

Key Issues Report

Issues for referral

Originating Committee/Group and meeting date:	Informal Performance and Finance Committee, 25 June 2025
Chair:	John Humpston, Non-Executive Director
Lead Executive (as appropriate):	Adrian Marr, Director of Finance

Subject	Details of Issue	Action*
Welcome	Due to implementation of Epic, the Committee has moved to bi-monthly with additional informal meetings focussed on reporting by exception to provide the necessary assurance and rigour within existing governance structures.	Assurance
Operational Performance Report (Acute)	<p>For Colchester, whilst urgent and emergency care performance looks positive, there have still been significant 12-hour delays and corridor care continues to be in use. A Quality Discharge Initiative has been launched to improve throughput within the wards with the aim of mitigating the need for patients to be cared for in corridors and temporary escalation areas. Metrics are being measured on a day-to-day basis. This initiative focuses on improved communication, discharge support and board rounds, Home before lunch and is supported with learning audits on each ward. It also links with the work that we are doing in response to the Care Quality Commission (CQC). ED 12-hour waits have seen a week-on-week reduction in the last four weeks. We are also working on a trajectory for improvement for patients with a mental health need as part of the urgent and emergency care plan. Use of the Better Care Fund is being reconsidered to ensure best value and PA Consulting have done some work for EEAST with the recommendations including three collaborative opportunities. Members welcomed this summary whilst referring to the data and virtual ward usage which remain static. The importance of enabling a culture shift prior to the winter months was highlighted with a trajectory set for the end of July. The medically fit for discharge data was referenced and whether a more strategic local authority approach was possible. Support to those with mental health needs and how quickly EPUT can support facilities at Colchester was questioned. A joint Time to Care event at Ipswich has resulted in a reduction in 7+ days patients and further events are planned. The Medicine and Community management team has written to the clinical team seeking improvement in the four-hour performance to ensure clinical leadership and ownership. The variable performance when looking at daily figures was also discussed.</p> <p>For elective care, the ICB and regional discussions have focussed on 52 weeks, with significant work undertaken, improvement month on month on those patients waiting over 65 weeks, and the end of March 2026 position is the focus. Cancer is seeing a reduction in performance month on month, and the Committee was advised of the changes in structure and a new clinical director appointment. A 13% higher clock start rate is being tracked and discussed with the ICB, and more patients treated in one cohort may impact another pathway. Members referred to the slide on RTT recovery and questioned if the focus now needs to move to 52 weeks performance, the plan in place to manage staff absences whilst</p>	Alert

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	<p>cancer standards fluctuate, and how the increase in paediatric ENT was being managed. The GIRFT team will be supporting this in July to maximise some of the pathways following work already undertaken internally.</p> <p>The Committee welcomed the assurance provided.</p>	
Workforce Performance	<p>Vacancy rates, sickness and turnover figures were provided, which will fluctuate during the summer months. We remain behind plan on agency and bank staffing in terms of cost, the new agency control process has been implemented, and the resident doctor review was now complete. The increase in non-consultant career grade doctors was questioned, and reference was made to clinical accountability and cultural alignment and whether the People and Organisational Development Committee should consider this further.</p>	Assurance
Patient Safety and Quality Report	<p>The Chief Nurse provided an update in relation to CQC requirements. Reference was also made to the plan to reduce care in corridors as already discussed. There are a significant number of cases of CPE on the Ipswich site, which is impacting operationally, and the Committee was advised of the work to address this. The programme for ventilation cleaning is linked to an overall risk assessment and prioritisation of the works required. The reduction in agency spend has been positive and the Chief Nurse was asked if this had created any quality concerns. It was confirmed that workforce decisions were not made that would impact on the quality of care. A briefing would be required on the national maternity investigation and what this could mean.</p>	Alert
Finance Month 2	<p>The month 2 report was received, and current performance was provided in detail including reference to potential increased cost relating to the pay award, divisional discussions on the financial position and cost improvement plan (CIP) delivery, the system position and the risk in later months. The Committee was advised that ICB incentive monies and UEC bonus capital of £5m is not cash backed. It is received as a reward for good performance and if this cannot be resolved nationally agreement would be required on what is affordable. This will be a very tight year. Members questioned the most difficult element being faced, the cost of drugs and clinical negligence, the additional £8m incentive monies and whether this was included in the Trust's plan. The increased requirement for CIP was confirmed as the most challenging.</p>	Alert
ESEOC Gateway 5 Review	<p>Due to the level of investment, a Department of Health & Social Care review is required. The final report was presented confirming a green rating. The extent of the review was described, the two recommendations will be taken forward and a final report will be presented to this Committee and to the Investment Group. Everyone involved was congratulated by the Committee Chair for this significant achievement.</p>	Alert
Performance Assessment Framework 2025/25	<p>An update was provided on the more streamlined version of the framework and the reduction from c40 metrics to 21. We are now entering the process to validate quarter 1 performance which will result in an overall score ranging from segment 1 to 5. Providers will not be impacted by the ICB assessment, those with financial challenges are automatically limited to a rating of between 3 and 5 and the results are expected later in July. A separate capability assessment will be undertaken. A self-assessment had been prepared but it was not possible to assess against peers at this stage. There remains uncertainty on the metrics and their ranking, an important determinant of the overall score, and this process is expected to evolve. The impact of segmentation was described. Members questioned the binary nature of the framework, the absence of maternity service metrics and whether the narrative will impact on scoring.</p>	Alert

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