

CHAIR'S KEY ISSUES

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

PART A:

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:		Performance Committee (sitting as Integrated Assurance)	DATE OF MEETING ISSUE RAISED: 23 February 2022	
CHAIR:		Eddie Bloomfield-Non-executive director	LEAD EXECUTIVE DIRECTOR: Adrian Marr, Director of Finance	
Agenda Item	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?	PAPER ATTACHED √	
Operational Performance Report (Acute)	<p>The Committee were informed that the ED performance is attracting both internal and external interest. The Trust fares well within the region, but the region performs poorly nationally. A whole system approach is being taken to address this, with a focus on ambulance offloads.</p> <p>From 28 February, 'super week' launches across ESNEFT to improve performance, linking in with the East of England Ambulance Service who are running a 'perfect day' at the same time.</p> <p>The Committee heard the serious concerns that continue around mental health, and the risk being carried by the Trust. We are currently working with ICS colleagues to make a short term investment to mitigate the risk of mental health patients, especially young people, being inappropriately placed in an acute setting. There are very real concerns about the commissioning challenge that has not delivered the care needed and is now leading to some very difficult situations. This is recognised as a national issue.</p> <p>The Committee were informed that the draft divisional plans for the reduction in waiting times for elective activity have been completed, for submission nationally on 4 March. ESNEFT currently only has 5 specialities with an over 70 week wait, and over 50,000 patients have been treated this year, by continuing elective work. The system ambition is to ensure there are no 104 week waits by the end of June 22, so we continue to work with WSH and partners for this ambition.</p>	Assurance		
Operational Performance Report (IES Community)	The Committee noted the improvement in the decline rate for the REACT service, and the work to address the discharge to assess pathways, which will begin in March, with external partners.	Assurance		

Operational Performance Report (NEE Community)	<p>The Committee were informed that the divisional director post has been filled with a job share between Dr Max Hickman and Dr David Gannon.</p> <p>The division has seen a good increase in its friends and family score, and the new Frailty Unit will open on 28th February to help improve the service to our elderly patients.</p> <p>One remaining concern is Primary Care returning to normal levels. The division continues to work with system partners on this.</p>	Assurance	
Workforce Report	<p>The Committee were updated on the sickness figures, which currently stand at 5.9%, with the main reason being stress and anxiety. Engagement with the Wellbeing Hub has increased. Interviews for a new EDI lead will be held in early March, and the Trust is looking to hire a Career Coach to help with staff progression and retention.</p>	Information	
Finance Report Month 10 2021/22 (Including CIP Report)	<p>The M10 finance report was presented. At M10, the Trust reported a year to date revenue surplus of £6.7m. It was clarified that bank spend in month was higher than previous month's because of incentive payments made to staffing working in CCU and ED (as guided by region). The Trust is on track to deliver the agreed £13.2m surplus year-end position with region.</p> <p>The capital programme and performance against the capital departmental expenditure limit (CDEL) was also considered. It was noted that this represents a more challenging target for the Trust to deliver in 21/22. The capital programme is underspent against plan by £11.7m. A large proportion of this underspend relates to STP funding and the building for better care programme. The Trust expects this unspent resource to be deferred to later years and to form part of the year-end assessment of CDEL delivery. However, there is a shortfall of close to £3m related to the Trust's core, business as usual capital. It was confirmed that the Trust is exploring all options to ensure that this capital will be spent by the end of the year, and is confident that it will be able to achieve its CDEL. However a number of risks to this were highlighted: supply chain issues in relation to the delivery of equipment (Brexit / COVID-19 impact); late notification and confirmation of funding from DHSC; the complexity of many capital schemes and the ability to deliver these on time.</p>	Assurance	
Business planning update 22/23	<p>A detailed session with Non-Executive Directors to review and discuss the latest information regarding the 22/23 financial framework, and the implications for the Trust, had been held on Friday 18th February. Coupled with the report that had been provided to the committee, the presentation and related discussion was focussed on the key current identified issues:</p>	Information	

	<p>Elective Recovery Fund (ERF). Whilst there has been some detail of how the ERF will operate in 22/23, final formal guidance is still awaited. This clearly presents a challenge for the Trust in confidently modelling workforce, activity and financial plans. What is known is that under-performance against a value based activity target for elective activity will result in reduction in funding (expected to be 75% of national tariff) at both a system and organisational level. However, there is confidence that the Trust's activity ambitions and plans mean that it well placed to achieve the performance expected next year.</p> <p>System working. The Trust has produced a draft plan that shows a balanced revenue position, but although there have been discussions around cost savings levels to ensure consistency, there now needs to be further work to align, or at least understand core assumptions (such as price inflation). The importance of the system assessment in relation to ERF and Capital expenditure can also not be understated.</p> <p>Infection Prevention and Control (IPC) guidance. Following the release of guidance covering the period 21/22 winter, further national updates on IPC requirements are expected imminently. Like ERF, without this clarification the impact on productivity, staffing levels, activity is uncertain.</p> <p>Capital programme 22/23. It was stressed that the current 22/23 capital plan is overcommitted. A review to prioritise and streamline the plan had taken place at the Trust's last Investment Group. The current over-programming value is approximately £5m. It was highlighted that for the first time in financial framework guidance there is provision for Systems to over-programme or have reserve schemes in hand to ensure they maximise use of their capital envelope, while ensuring they do not overspend at year end. NHSE/I will accept systems or regions over-programming by up to 5% at the planning stage, so long as this is based on a clear plan for which elements of plans could be scaled back or deferred if necessary.</p> <p>Price inflation. It was noted that in an attempt to mitigate and manage the risk around inflationary price pressures that are so prevalent in the wider UK and World economy presently, the Trust has in its financial planning modelled an additional 1% for non-pay relative to the national price expectation set out in the 22/23 national tariff guidance. Additionally, the Trust has conservatively included a further £2.5m pay and £4m non-pay inflation reserve to cope with the anticipated cost pressures.</p>		
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	<p>Further risk modelling around the 22/23 financial plan (such as scenario modelling of variable price inflation rates) was requested.</p> <p>Next steps and key dates in relation to business planning were then discussed. The focus over the coming weeks is to ensure that the various Trust level plans (activity, workforce and financial) are triangulated, and shared and discussed with system partners. The national deadlines for submission of plans are March 17th in draft and April 28th in final. Before this, there are various interim submissions that the system would like to be made (such as Friday 25th February) to support awareness and triangulation of plans for SNEE.</p>		
Integrated Patient Safety & Experience Report, including a review of Ockenden	<p>The Committee received and noted the ESNEFT Quality Account which is a work in progress and on track.</p> <p>One never event was reported in February which is being fully investigated, and trajectories are in place to address the overdue actions and PSRs, most of which sit in Maternity.</p> <p>The Committee received a review one year on from the Ockenden report, with 41 actions from the maternity self-assessment, and were updated on the progress made with the amber and red outstanding items.</p> <p>The Committee noted the QPS forward plan.</p>	Assurance	
BAF Risks	<p>The Committee discussed a refreshed approach, and recognised the work being done to improve understanding and assurance around risks. A more detailed look on a key BAF entry will be included in future meetings.</p>	Assurance	