

CHAIR'S KEY ISSUES

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

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:		Performance Committee 27 April 2022
CHAIR:		Eddie Bloomfield - Non-Executive Director
AGENDA ITEM	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?
Operational Performance Report (Acute)	<p>The Committee were informed that March had been a challenging month in ED. The number of COVID patients had increased significantly and impacted on flow.</p> <p>The Committee was informed of the immediate actions taken during March and into April to support delivery including the introduction of hot clinics to avoid admission from ED allowing patients to return the following day for specialist review or diagnostic tests, Consultant only admission until midnight to ensure senior decision making and an expansion of the REACT team which enabled their referrals to treble in March compared to February.</p> <p>The Committee was informed that the number of COVID patients today was 70 at Colchester and 71 at Ipswich.</p> <p>RTT and Elective Recovery: Finalised position for end of March for over 104 weeks was 26, which was 2 more than indicated in the report. This was 24 OMFS patients, with 2 complex patients in surgery unable to be treated by the end of March, but who have been treated in April. The risk for end of June remains OMFS with 9 patients currently unable to be treated. The national/regional team are seeking mutual aid from alternative providers. The internal ambition of no patients waiting over 78 weeks by end of September, is forecasting to be achieved by a large number of services, however there are 2 main services which are at risk, General Surgery and T&O.</p> <p>There is still a significant number of cancer referrals being received together with increased emergency flow and trauma cases. This is leading to the cancellation of elective services, but this is being kept to an absolute minimum. Workforce continues to be a challenge. The final recovery plans are to be submitted in April.</p> <p>A piece of work had been launched on ICS demand and capacity and was expected to be helpful. Mutual aid to West Suffolk Hospital continues.</p> <p>Diagnostic plans are being progressed, endoscopy remains a challenge and is being progressed through the Vanguard Unit.</p> <p>The Managing Director informed the Committee that whilst the figures were encouraging these compared to 19/20 data and might deteriorate in future months. Wider mutual aid is also being discussed by the system and across the whole</p>	Assurance

	region and it was flagged that this might become an issue later in the year. This needs to be flagged as a risk within the Risk Register.	
Operational Performance Report (IES Community)	<p>The Committee noted that IES community services had seen a steady rise throughout the year in the proportion of patients per WTE for community therapy teams, but there had been a drop off back to levels seen at the start of the year. There was no clear reason for this and it was intended to monitor these movements and then consider a deep dive should these variations persist.</p> <p>A significant drop in the number of declines for REACT had been seen, down to 7.4% from 11.3%. It should be noted however that there is a correlating decrease in referrals to the service and also worth noting that the Suffolk home care market remains highly challenged, a factor affecting capacity to move patients into long term care and thereby capacity to accept new referrals.</p> <p>The REACT team had been working with the ambulance service to look at reducing conveyancing.</p> <p>Targeted monitoring was discussed and there had been a significant improvement and IES were now at 66% against a UCR target of 70%.</p>	Assurance
Operational Performance Report (NEE Community)	<p>The Committee were informed that performance reporting via the Accountability Framework was improving, however, work was required to ensure that the metrics better represent community services. Details of what NEECS had achieved to date and plans for the coming year were provided.</p> <p>NEECS expect to receive £858,738 from the ERF pot to support waiting times recovery in MSK & Spinal, Outpatients Physiotherapy, Podiatry, Respiratory, Paediatric Therapies, SLT and Dietetics. The allocation proposal has been circulated to all divisions and approval to start recruitment is anticipated w/e 22/4/22.</p> <p>The new waiting time reports were now available. Whilst the Division can be confident that the reports are now pulled from the correct data source, data errors were still being identified and further work was required before NEECS can be confident that waiting times are accurately reflected. Support was being provided to patients waiting.</p> <p>Community nursing remains constrained and there was now a focus on transforming that component of the service. The detailed plan was reviewed weekly by the DMT. There had been a lot of interest from staff regarding rotational posts.</p> <p>ESNEFT Board has approved the proposal to include the North-East Essex Diabetes Service (NEEDS) into the NICS contract. Work was underway to complete a two-year back-to-back contracting arrangement with the CCG and Suffolk GP Federation as the mandated sub-contractor, effective from 1st May 2022.</p> <p>A slide had been added to the report on the Pain Service and the development taking place.</p>	Assurance
Workforce Report	<p>The Committee were informed that sickness increased in month 12 from 5.86% to 6.97% and remains above the target of 3.5%. This is mainly due to the increase in COVID sickness. The sickness review group is meeting regularly to review long term and complex short term cases and identify any further actions to improve the position. However, it was noted that there were 592 staff on sickness absence today so a significant improvement.</p> <p>Turnover was high in March. The number of joiners v leavers 137 v 147 in-month. Annual position remains that there are a higher number of joiners than leavers (1904/1642 12 months rolling data). M12 saw 108 (HCA) movers internally within the organisation.</p>	Information

	<p>There are 75.3 consultant vacancies of which: 27 substantive/ NHS locum appointments have been made and are due to start shortly; 48.3 vacancies are being actively worked on and established posts for dermatology and microbiology are being used for SAS appointments.</p> <p>As a result of an increased establishment in M12 (165.6 WTE) the vacancy rate increased to 7.0% from 5.6% in M11. Time to hire (AfC posts) was at 12.8 days (a further improvement on performance of 2 days on the previous month). Agency spend M12 @ £2.4m of which £1.6m was spent on Medical cover. Spend YTD @ £14.3m (Same period 2020-21 £14.1m). There are additional agency costs of £3.4m for NEE community services.</p> <p>Workforce challenges remain and contribute to further reliance on contingent staffing as a result of sickness, self-isolation and escalation. Bank utilisation and spend remains on an upward trajectory and further impacted by incentivised pay rates.</p> <p>Mandatory Training – March saw a decrease in overall compliance. ESR Optimisation programme is progressing and all 10 core subjects for mandatory training are ready to move to OLM.</p> <p>Call volumes increased in March by 3919 calls from the previous month. The staff on the Helpline were now starting to take Employee Relations calls and raising tickets. Preparation has now started to start cross training staff in ER and Recruitment processes as part of phase two Employee Helpdesk project.</p>	
<p>Integrated Patient Safety & Experience Report</p>	<p>With the restarting of the Quality & Patient Safety Committee (QPS) the Committee received a reduced report identifying key items of information for the Committee. In particular the Chief Nurse noted that there continued to be challenges with capacity in the system to find appropriate beds for adults, young people and children requiring inpatient mental health support.</p> <p>There have been particular challenges in relation to young people who have mental health needs that are exacerbated due to social situations and safeguarding concerns. The acute hospitals are noted to be ‘places of safety’, however this is not necessarily true, nor is it therapeutic for the patient.</p> <p>Adult attendances at both ED’s for patients presenting with Mental Health issues continue to be consistently high and also often result in delays due to review by the relevant services and allocation of appropriate beds.</p> <p>There is collaborative working across all organisations to address the delays and identify mitigations to support both the patients and the staff in managing care.</p>	<p>Assurance</p>
<p>Finance Report Month 12 2021/22 (Including CIP Report)</p>	<p>At M12, the Trust reported a surplus of £8.2m for the year (after adjusting for non-control total items) against a plan to break-even. This surplus would assist other partners in the system in order to work towards a break even position for the ICS system.</p> <p>Final CIP delivery outturn was £18m against a target of £28m for 21/22.</p> <p>In March the Trust spent £42.6m on the capital programme, bringing the full year total to £73.6m. This meant that the Trust exceeded its CDEL by approximately £7.5m. An allowable overspend of £6.4m had previously been confirmed by EOE NHSE/I, and as part of the regional review of year-end system positions the further spend was welcomed.</p> <p>The Trust held cash of £99.7m at the end of March.</p> <p>The Committee received and noted the CKIs from the newly formalised Finance subcommittee and the assurance therein.</p>	<p>Assurance</p>
<p>Financial Framework 22/23</p>	<p>The Director of Finance presented the financial framework for 22/23 for approval and the Committee was informed of the key changes since the draft submission and will be presented to the Trust Private Board today.</p>	<p>Approval</p>

Business planning update 22/23	<p>The Director of Finance informed the Committee that internally business planning and budget setting had been completed. Final review sessions with Executives had been held and EMC had approved final Trust and final divisional plans. The following issues were highlighted.</p> <p>Key issues:</p> <ul style="list-style-type: none"> • IPC guidance updated 14th April – impact still being assessed. • Updated ERF guidance and baselines issued 8th April. • Final contractual form and financial negotiations with CCG/ICS to be finalised and agreed. • SDF allocations will be issued during the year, and currently not included in plan values. Cost is assumed to equal income. <p>Key risks:</p> <ul style="list-style-type: none"> • COVID – Significant impact on ability to meet targets and ambitions: Operational pressures and cost of treating and managing COVID, capacity diverted away from elective recovery and lost ERF income, staff sickness. • Inflation – Funding assumes 2.7% price rises, provision made for average inflation of 4.5%, but utilities nearer 50%. However pay review body recommendations awaited, with expectation that any rise above 2% will be centrally funded. Further work on inflationary risks and pressures underway. <p>Next steps:</p> <ul style="list-style-type: none"> • Final plan submission (finance, activity and workforce) to NHSE due 28th April. • A final financial submission to NHSE is expected to be made following the 28th April submission, but this is to be confirmed. • The final plan would be presented for approval to the Trust Board on 5 May 2022. • The new trajectories for 22/23 will be included as appropriate within the Accountability Framework and DAM meetings. Work will be developed on the basis of the “wagon wheel” to present progress on business plan trajectories to the Performance Committee. 	Approval
BAF Risks	<p>The Committee discussed the BAF Report and BAF Risk 03 – Long Term Financial Sustainability. The risk and the appropriate scoring would be considered further outside of the meeting by the Director of Finance and Assistant Director of Governance - Risk & Compliance.</p>	Information
Deep Dive - Cancer	<p>The Head of Cancer Performance and Strategy provided a presentation to the Committee which detailed the response to the pandemic by NHS cancer services which had focused on three phases:</p> <ul style="list-style-type: none"> • Phase 1: ensure continuation of essential cancer treatment and screening for high risk individuals during the initial peak of the pandemic. • Phase 2: restore disrupted services as far as possible to at least pre-pandemic levels. • Phase 3 full recovery of NHS cancer services in England, including ensuring that care for all patient groups continues to be safe, effective and holistic. <p>The presentation set out the national NHS plan to deliver the third phase and ESNEFT’s progress against the national recovery plan.</p>	Information