

CHAIR'S KEY ISSUES

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

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:	Performance Committee 25 May 2022	
CHAIR:	Eddie Bloomfield - Non-Executive Director	
AGENDA ITEM	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?
Operational Performance Report (Acute)	<p>Urgent Care – ED Performance: ESNEFT Whole Economy performance sits above the national/regional average. In month both ESNEFT sites have increased by 0.4% with Ipswich above the regional average but falling short of the national average. Attendances decreased by 2.7% in month.</p> <p>Urgent care - Ambulances: The number of ambulance handover delays increased in month for ESNEFT by 35.1% this was reflected at both sites with Colchester at 48.6% and Ipswich at 21.2%.</p> <p>Performance has improved across the board; for 15 minute handovers by 18.2%.</p> <p>Urgent care – Mental health: MH ED attendances have decreased by 12.1% across ESNEFT in month; both sites decreasing with Colchester by 5.0% and Ipswich by 24.1%.</p> <p>Inpatients: Average number of long length of stay patients across ESNEFT decreased by a further 6 patients in month predominately due to Colchester decreasing by 27 patients whereas Ipswich has increased by 21 patients.</p> <p>The percentage of beds occupied by 21+ length of stay patients decreased by 1.1% in month and continues to remain lower than the national level.</p> <p>Cancer performance: In month two week wait performance increased by 0.5% with 62 day wait performance decreasing by 1.2% both below the national standard. 28 day faster diagnosis decreased by 3.4% in month.</p> <p>Diagnostics performance: 6 week performance deteriorated by 3.7% in month.</p> <p>RTT performance: Performance against the 18 week standard is above the national average, despite decreasing by 1.0% in month.</p> <p>Recovery - Diagnostics: Diagnostic activity also increased across the board compared to last month. CT, MRI, Ultrasounds and Endoscopies exceeding 2019-20 activity levels; by 134.3%, 158.4%, 130.7% and 121.9% respectively.</p> <p>Recovery RTT: 52+ week waiters increased by a further 282 patients in month with 78+ week waiters also increasing. The longest waiting patients within bands 98+ and 104+ weeks have seen a reduction.</p>	Assurance

	NM presented slides providing detail on the trajectories for cancer, ED, RTT and activity plans. This will be included in future performance reports.	
Operational Performance Report (IES Community)	<p>The Committee noted that IES community services was generally maintaining high levels of performance. There had been further improvement in the progress towards the 2 hour response target of urgent community responses, 65% in March and close to 80% for April.</p> <p>Performance of the REACT service was back on track, slightly exceeding the target for admissions avoided. The Ipswich and East Suffolk review and development of discharge to assess was now underway.</p> <p>The Committee was informed that the team continued to work very closely with EEAST, looking at the ways to assist the control room, prevent ambulance despatches and conveyances to hospital. Due to the work undertaken as predicted a rise in referrals from EEAST control rooms and a reduction of referrals from paramedic crews on scene had been seen, indicating that ambulances were not being dispatched. The Committee requested more numerical trajectories for future performance which could be monitored by the Committee.</p>	Assurance
Operational Performance Report (NEE Community)	<p>The Committee were informed that 3 new community services accountability framework metrics had been approved by the Informatics Programme Board, with a timeframe agreed for a 8 further metrics.</p> <p>Data cleansing of the new clinical waiting time report had started, with the first of the main errors (relating to continence products) to be resolved by end May.</p> <p>NEECS Friends & Family results for March were above the community services national average.</p> <p>The Committee was informed that the team had been focused on the reducing Hospital Acquired Functional Decline audit, to support improved patient outcomes and flow, which had begun at both the community wards and the older people's acute wards on 16 May.</p> <p>The Internal Governance audit for NEECS received a score of 'reasonable assurance', which was recognized as a notable achievement for a first audit of this new division.</p> <p>The Committee requested more numerical trajectories as above and greater alignment of reporting between the two community services.</p>	Assurance
Workforce Report	<p>The Committee were informed that sickness had decreased in month (April) from 6.97% to 6.22% and currently there were 380 staff absent.</p> <p>The vacancy rate had decreased to 4.8% from 7.0% in the previous month. The Time to hire (AfC posts) was at 11.51 days, a further decrease on the previous month from 12.8 days. The number of joiners v leavers was 134 v 118 in month. The annual position remained that there was a higher number of joiners than leavers (2152/1563 12 months rolling data). M01 saw 124 (HC) movers internally within the organisation.</p> <p>Mandatory training had seen a decrease in overall compliance in April.</p> <p>The Committee was informed that POD would be receiving a volunteering report at the next meeting tomorrow, 26 May 2022, and had a deep dive on workforce scheduled which would include recruitment, retention and the forecast for the year would take these matters forward.</p>	Information
Integrated Patient Safety & Experience Report	<p>The Committee was informed that there continued to be a high number of requests for security to support the use of 1:1 enhanced therapeutic observations across both sites across the last financial year. The Committee noted that a paper around security support would be going to ODG from the divisions.</p>	Assurance

	<p>The Trust had seen fewer COVID-19 outbreaks during April compared to March. Across the Trust the number of COVID-19 dedicated areas had reduced as the prevalence had decreased within the hospital and the surrounding communities. The IP&C group chaired by the Trust DIPC had continued to meet weekly to discuss the implementation of national guidance at ESNEFT.</p>	
<p>Finance Report Month 1 2022/23 (Including update on 22/23 planning process)</p>	<p>The Committee were advised of the 3 distinct phases to financial planning for 22/23:</p> <ul style="list-style-type: none"> • Stage A – draft financial plan submission 17 March 2022. The Trust had submitted a balanced revenue position, based on low level of COVID and inflation assumptions consistent with national planning guidance. • Stage B – ‘final’ financial plan submission 28 April 2022. The Trust reported a deficit of £16.1m based on national / regional planning assumptions in relation to COVID-19 prevalence and price inflation with £14m additional risks. The national team had responded to the submissions with an additional £1.5bn of revenue. SNEE as a system had received revenue allocation of £24m from this. The Committee was informed that there were conditions attached to the receipt of this money. The expectation was that SNEE as a system would submit a balanced plan, if this was not achieved access to capital (such as TIF) could be withdrawn. • Stage C – ‘final v2’ – financial plan submission 9 June 2022 to the ICS and 20 June 2022 to region. Work was underway with partners on the allocations and ensuring that the system could report a balanced position. A meeting of the finance Non-Executive sub group was planned prior to the 9 June 2022 submission. <p>The Trust had reported an actual deficit of £0.7m in M1, a favourable variance of £2.9m to the external plan. No financial reporting for M1 was required to be submitted to NHSE/I; reporting beginning from M2. The key focus would be on CIP with a CIP target of £27.6m. Forecast CIP delivery for 22/23 was £22.6m - £4.9m adverse. Recurrent or full year effect (FYE) CIP forecast was £16.9m - £10.7m adverse. This area would be closely monitored by the region. Of the FYE forecast of £16.9m, 19% had passed the Quality Impact Assessment (QIA) and a key focus for the next few weeks was progressing with the QIA approvals.</p> <p>Cash was £71m at the end of April, compared to close to £100m at the end of March. The decline in cash was a product of the significant capital programme and associated costs at the end of last year. £800k had been spent on capital in M1 resulting in a YTD £2.4m underspend.</p> <p>The Committee received and noted the CKIs from the newly formalised Finance subcommittee and the assurance therein.</p>	<p>Assurance</p>