

CHAIR'S KEY ISSUES

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

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:		Performance Committee 27 July 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 noted that performance against all the National Standards was currently Red, and in most cases trending downwards". Two main issues were confirmed as impacting on the deteriorating performance across the Emergency Department, cancer, diagnostics and Referral to Treatment (RTT) metrics, the most difficult position seen to date. These were identified as:</p> <ul style="list-style-type: none"> • The Length of Stay increase across both sites and the numbers of patients within hospital who did not meet the Criteria to Reside. • The impact of infection control and prevention guidance, current COVID-19 positive inpatient numbers, closed beds and the movement of patients. <p>The Committee questioned the trajectories agreed earlier in the year bearing in mind reduced admissions/conveyances and how each factor was impacting. Detail was provided on cancer performance and discussions with primary care on appropriate referral pathways, particularly for Lower/Upper GI, with a further increase in patients in recent weeks.</p> <p>The format of the report is currently being re-considered. Inclusion of the Trust's aspirations against activity/delivery would be taken into account in the revised version being prepared.</p>	Assurance
Operational Performance Report (IES Community)	<p>All comparative indicators are green in relation to national benchmarks. Urgent Crisis Response (UCR) performance is close to the 90% stretch target. Challenges with regard to REACT data were being considered with circulation to Committee when resolved. An outstanding action regarding leg ulcers had been resolved with a joint template across East and West Suffolk now agreed to support future reporting.</p>	Assurance

	<p>Work continues on alignment of performance reporting across community provision. Inclusion of additional information was proposed to clarify the benefits realisation of integrated acute and community provision and the number of open referrals. Further work is required to assess the patient experience, learning from NEE Community.</p> <p>The Committee discussed how data could identify the correlation between input/output and whether a link could be made between community UCR and reduced acute attendances/admissions. The difficulty in demonstrating cause and effect was recognised. This would be considered as an important element to progress with the support of the BI team.</p>	
Operational Performance Report (NEE Community)	<p>The Committee received an update on the team's reflections after one year, the opportunities to level up services for local communities, vertical and horizontal integration, the pandemic and system working. Performance on the 18-week waiting time target had deteriorated particularly in Adult Speech and Language Therapy, Paediatric Therapies, Podiatry and Respiratory Services. Sickness remains high and the importance of staff wellbeing was highlighted with different approaches being considered. A reduction in appointment time from 60 to 30 minutes for paediatric therapy was described and the positive feedback received from both families and clinicians. Enhanced preparation pre-appointment enabled more focus in the 30 minutes available. Approaches were being made to those patients waiting recognising the potential for clinical harm. Social prescribing was supporting families until they are seen, and apprenticeships were being considered. A quarterly review on the impact of this change may be considered.</p> <p>The Committee was updated on the influx of patients on a seasonal basis and the pressures across the system due to lack of capacity and primary care challenges were recognised. The service continues to make the right decision for patients whilst more visibility of this challenge would be beneficial.</p> <p>Recent discussions had taken place on the impact of elective care challenges in other systems and the substantial increase in the number of patients who do not have a Criteria to Reside, with escalation to the Board.</p>	Escalation
Workforce Report	<p>The Committee received a detailed update: a vacancy rate of 5%, nursing at 1.8%, whilst not all staff were in post. Delays in the Disclosure and Barring (DBS) process were impacting on Time to Hire performance at 17.4 days. Sickness had increased and remains above target. The high turnover of HCAs continues and analysis has been undertaken on the reasons for this. Further work is planned. The impact of the recent national pay award is currently being worked through. The financial arrangements were detailed and the challenges regarding medical agency spend. Analysis would be included in future reports. The Committee challenged performance on mandatory training and assurance was required from the People & Organisational Development Committee on the action being taken to improve the position. The detail would be considered at this week's Committee meeting and process changes were detailed.</p> <p>The report currently contained additional detail which was not required at this Committee in future.</p>	Alert

Integrated Patient Safety & Experience Report	<p>The Committee was informed of the three key issues relevant to its remit: mental health, discharges/complaints and infection control. The challenge of supporting patients with complex mental health needs was described, the impact on staffing, the financial and operational position when enhanced supervision was required due to an inability to access Tier 4 and specialist mental health beds for children and young people. Discussions are underway with system partners. The Trust should not be regarded as a place of safety.</p> <p>Short notice discharges are leading to complaints. A workshop is planned for September to consider a different way of working for those patients that no longer meet the Criteria to Reside. There is a lack of consistency in approach in Essex and Suffolk to enable smooth discharges.</p> <p>Work is underway to understand how other organisations are managing infection control requirements and whether change is required to testing arrangements, recognising the balance of risk and potential of nosocomial transmission.</p> <p>The Committee questioned whether further debate was required at system level to ascertain the action being taken to resolve the mental health challenges, whilst recognising the challenges in this sector.</p>	Alert
Finance Report Month 3 2022/23 and Productivity	<p>The Committee received and noted the CKIs from the Finance Sub Committee and the assurance provided from detailed discussion prior to the meeting. A break-even position against plan was reported and a surplus of £159k. Agency spend reduced for technical issues with a national expectation of 10% agency reduction in year. The Divisional adverse variance to budget was at £7.7m with CIP delivery a major contributor alongside an overspend in surgery. Surgery and Estates were attending fortnightly meetings with the Managing Director and Director of Finance on their plans to recover. ERF delivery is at 93% with potential improvement due to late coding. Cash was stable at £68m. The capital underspend in-year was discussed and the potential for brokerage into 2022/23.</p> <p>A presentation was considered on productivity which would underpin preparations for the Well-led review, Value for Money external audit, external Use of Resources review in future and enable completion of the HFMA checklist. The assessment against national and local methodology was described in detail and this is being used to consider opportunities for cost improvement. The national discussion on NHS productivity was also referenced.</p>	Assurance
Deep Dive – Bed Model and Winter Schemes	<p>The Committee received a detailed presentation on the seasonal variation plan outlining the approach across both Ipswich and Colchester Hospitals. The baseline assumptions were set out alongside the positive impact of existing and new, innovative, schemes that had been confirmed as a high priority based on their return on investment in supporting bed mitigations, admission avoidance and flow efficiencies. The assumptions made took account of the current operational position. The Director of Finance confirmed that funding was available for the additional schemes.</p> <p>The Committee thanked the teams for this extensive plan and questioned sustainability of the changes proposed. There would be tight control to ensure delivery as anticipated. These would be amended as required to ensure that the outcome is a positive bed position.</p>	Information