East Suffolk and North Essex NHS Foundation Trust

CHAIR'S KEY ISSUES

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

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:	Performance Assurance Committee, 28 September 2022
CHAIR:	Richard Spencer - Non-Executive Director (for Eddie Bloomfield)
LEAD EXECUTIVE DIRECTOR:	Neill Moloney, Managing Director and Deputy Chief Executive

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
2.1 Operational Performance Report (Acute)	Urgent and Emergency Care is challenging on both sites with increasing COVID-19 numbers and capacity being affected. Executive led recovery programmes continue with additional clinical actions being developed to respond to the pressure. Examples were provided as part of a full update which included increasing senior focus and intervention at the front door to support reduced admissions and enhanced engagement with the Ambulance Trust (EEAST). Whilst several KPIs were noted as having improved during August, performance is not where we planned it to be and in recent weeks increases in admissions and length of stay have been seen. Those elements that are within this Trust's control remain a focus and progress can be made outside of the agreed seasonal variation plan. The Committee sought assurance on performance at Ipswich. Flow has impacted performance and the size of the department is a factor linking to the new build. The trend was more positive in September. Good progress against other indicators was acknowledged. One element affecting performance is the number of beds available that cannot be utilised. An action was agreed to consider the format of information for inclusion in the report. A brief overview was provided on the seasonal plan with some delay of smaller schemes to October. Whilst two of the biggest schemes will be implemented in September as planned, flow for flow and virtual ward, they will not deliver the anticipated bed savings in the same month. A slide update will be provided to Committee after the meeting and each month. This plan was ambitious with an element of risk, some of which has materialised, one of the contributory factors to current performance. For cancer services improvement was seen across all standards other than 28-day faster diagnosis. This will fluctuate and the September position is likely to worsen. Two areas, Lower GI and Skin, were	Assurance

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	previously of concern and good plans are now in place, the backlog of patients, PTL numbers and over 104 days is reducing. Significant challenges remain in colorectal services with conversations to take place in relation to the delays, all included within the clinical pathway recovery programme. Assurance was sought on the urgent two-week referral from GPs not meeting the target with more information to be provided in the next report. Detailed plans are in place to improve diagnostics and the confidence levels on delivery are being discussed with teams. Waiting times are reducing for scans whilst growth in the waiting time for clinical staff to report on those is being seen. A deeper dive into the longer-term potential for workforce transformation (e.g. skills, use of AI) to increase workforce efficiency in diagnostics was proposed for the People and Organisational Development Committee. An update was provided on discussions underway regarding the British Medical Association (BMA) guide on pay rates for consultant participation in non-contractual work. This included the potential financial cost and risk to patients through provision of elective care and extra contractual activity. Other staff groups are considering industrial action which represents a further risk.	Escalation Alert
2.2 Operational Performance Report Integrated Pathways (IP) and North East Essex Community Services (NEECS)	A single report was welcomed which was beginning to highlight some differences. Further analysis will establish whether these are operational or relate to data capture. Development of further joint metrics will be an iterative process. The headlines were presented: IP: • Speech and Language Therapy and the differential in referrals by 100,000 population • Elements not included around community hospitals, flow and discharge demonstrating the interaction between acute and community • Relationship building with the ambulance service and linking into community clinicians to make good clinical decisions • The importance of co-location of teams. NEECS: • Staff retention is a key issue, and a number of staff retirements are anticipated. A deeper dive into retention and voluntary turnover rates Trust-wide was proposed for the People and Organisational Development Committee to consider what is within our gift to change • Demonstrating to residents that we are doing a good job on quality of service delivery • Integration of crises services to ensure people are offered the right treatment at the right place at the right time. Demonstrating the benefits of a single acute and community provider and admission avoidance were important, recognising the number of residents that don't interact with the acute trust. Consideration	Assurance Escalation

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	would be given to where outpatient delays may be impacting, and the report would develop. The focus of this report is largely on access waiting times. There are some elements of service that are complex, and this will be drawn together to enable the Committee to see waiting times for all services.	
2.3 Workforce Report	Retention is being considered in the monthly Divisional Accountability Meetings; the Trust has over-recruited and successfully appointed to consultant positions in the last six weeks. A full mandatory training review and reset of portfolios has been completed and currently at 89.1% with a further data upload to complete. The Committee raised concern about lack of progress for particular competencies and questioned when performance will achieve over the 90% target. Assurance was provided that the detail had been considered at the People and Organisational Development Committee in July with a timeline for completion of all elements. COVID-19 related sickness and vacancy rates were discussed, with assurance provided that the increase of 198 related to the seasonal variation plan implementation.	Assurance
2.4 Integrated Patient Safety & Experience Report	The same three issues were highlighted relevant to the Committee's remit: mental health, discharges/ complaints and infection control. An update on the continuing pressures being experienced for those patients with a mental health need referred to a protocol agreed across Suffolk and North East Essex to ensure consistency for young people who experience periods of crisis and require admission to acute hospitals. The Chair of the Quality and Patient Safety Committee provided assurance that a detailed report had been reviewed in August. The Committee questioned if the revised protocol would have an impact from a performance perspective and whether QPS was assured that the voices of patients are heard if they don't make a formal complaint about discharge.	Alert
2.5 Finance Report Month 5 2022/23 and Finance Sub Group Chair's Key Issues Report	The year-to-date (ytd) position was a £314k revenue surplus as planned; the NHSE ceiling on agency costs had been exceeded by £400k, £1.7m ytd; medical staffing is a key area of spend; divisions overspent by £2m and £10.4m cumulatively and the Sub Committee discussed the link between the surplus and Divisional ytd adverse variance. There were three main reasons for this: • Non pay inflation funding received late in the planning round, held centrally, and allocated to divisions in month 6, c£2.8m ytd • Divisional contingency budgets £3.1m on a ytd basis • ERF reserves of £2.3m on a ytd basis not allocated due to lack of performance. Cost Improvement Plan delivery was largely non recurrent with the focus remaining on recurrent savings. Improvements month on month are marginal. The cash balance is at £78m and capital under spend of £18.1m mainly due to delays on the Dame Clare Marx Building. Discussions continue on potential brokerage. The ICB position is showing a £400k adverse variance and EEAST is £2.4m against their	Assurance

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	annual deficit plan of £1m, which could worsen significantly. This will be a key area of focus at the ICB Finance meeting in October. The Finance Sub Group did not wish to see the gap in reported internal/external positions to continue to grow. Progress is being made on capital and brokerage which constitutes the single biggest financial risk together with inflation.	
3.1 Medical Agency Costs (Consultant Agency Spend)	Agency expenditure is a key cost driver. There has been success in consultant recruitment but agency costs do not reduce. NHSE/I has set the agency expenditure limits for 2022/23 at a system level based on 2021/22 actual spend reduced by 10%. This equates to a limit of £15.9m. A deep dive review was completed for two divisions and the reasons for spend are many and varied. The Committee sought assurance regarding substantive recruitment, whether this was always required and if there were alternative ways of providing the necessary support. The Establishment Control Form process and Executive agreement for agency doctors was explained. The importance of transforming the workforce over the longer term was recognised as essential, ensuring that business and workforce planning are aligned and more robust. The complexity of consultant job planning was recognised. There is evidence that progress is being made and the majority of sessions are covered. The priority will always be patient safety.	Assurance
4.2 BAF (Board Assurance Framework) risks	No new risks. Timetable for new BAF risks presented following Executive review, for Committees in October and Board in November.	Assurance