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, 23 November 2022
CHAIR:	Eddie Bloomfield, Non-Executive Director
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 performance had seen a decrease in the four-hour standard across both sites and increases in attendances. The focus on reducing ambulance offload delays, with a detailed plan and improvement trajectory in place, has impacted on other areas within the Emergency Department. The team is looking at how space can be used differently and ways of working were detailed as the right way forward for the longer term. Monitoring continues against the seasonal variation schemes to review whether schemes are providing the expected benefit. The Committee questioned patient waits overnight prior to being seen. The biggest challenge is the inability to match demand to capacity for those patients that require admission and clinical prioritisation focusses on the sickest patients. Service delivery for those with minor conditions needs to continue but the level of risk in the department is unacceptable. How we support those patients that are within our gift to manage is the focus to avoid deconditioning in hospital. Solutions for care in the community are being assessed, working with other organisations. Positive progress was welcomed on cancer services across five out of six indicators with sustainable plans in place. Breast is compliant across all standards, a great achievement when reflecting on previous performance and the backlog of patients is reducing Trust-wide. Further assurance was sought on improvement in 104 day waits, currently 26 patients. The length of their treatment was reducing. Service sustainability was also questioned, and it was confirmed that the capacity and demand work was undertaken based on a set of assumptions to ensure effective ongoing management of those patients waiting. Diagnostics has seen a reduction and a significant improvement is expected to be demonstrated in January.	Assurance

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	Elective activity has remained static, the main drivers being general surgery and dermatology. Mutual aid and further plans to reduce waits were described. The Division of Surgery is undertaking a robust demand and capacity review as part of business planning preparations. The dermatology service was undertaking a similar piece of work. A long-term sustainable solution would be required with the right balance of productivity and value for money.	
2.2 Operational Performance Report Integrated Pathways (IP) and North East Essex Community Services (NEECS)	An update on development of Discharge to Assess and Home Care delivery in Ipswich and East Suffolk closed an outstanding Committee action. This referenced its importance for patient outcomes in discharging patients from hospital when they were medically fit, as well as the consequence on flow. The agreed principles, a definition of Pathways 0-3 and the development areas were provided. For those with highly complex needs it can be challenging to be proactive. Senior case managers are being put in place as part of a multi-disciplinary team working with ward clinical teams to clarify the expected date of discharge to enable support to be put in place. The home care market and reablement capacity has improved. The Committee questioned the system response, whether increased funding provided to Councils would impact and the social care issues for some patients in relation to their return home. An example was provided on how beds are commissioned and funded more easily, the work required on longer term structural funding and support from social workers and social prescribing. The long-standing principle is for patients to return home as soon as possible. The anticipated outcomes were questioned and the impact this would have on performance, such as reducing ambulance conveyances and the number of people in our virtual frailty wards. How risks for all services, acute and community, are presented would be considered in more detail outside the meeting. Confidence on NEECS data was confirmed other than UCRS (Urgent Community Response Service) with work to be completed on this by the end of December. A meeting with NHS England today provided positive confirmation of the exemplary way in which UCRS was operating. A pilot was suggested on discharge and admission avoidance, largely thanks to voluntary sector support.	Assurance
2.3 Workforce Report	Sickness remained of concern and the latest position was presented. The focussed approach on dealing with bank and agency spend, recruitment and careers events was detailed. The Committee questioned staff vaccination numbers and whether a cumulative view of starters/leavers could be included in future. Mandatory training remained a concern, specifically the lack of movement in the top four subject areas. Focus was requested on safeguarding.	Assurance
2.4 Integrated Patient Safety & Experience Report	The statutory guidance was reiterated regarding the treatment of patients with mental health issues. Due to the number of occasions that the Mental Health Act has been applied there was a need to determine how the Trust will undertake its responsibilities. The current challenges within paediatrics were presented using	Alert

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	a specific example. An update was provided on discharges and where there is an impact on patient experience this continues to be highlighted and issues rectified, with an example provided. The impact of COVID-19 cases is significant for nosocomial transmission and flow. Cases have reduced and the risk will continue to be balanced to ensure that patients receive the right care in the right place at the right time. Detail was provided on the incident at Colchester Hospital, the action taken and clear learning required in terms of systems and processes. The Committee questioned the scale of the COVID-19 cases, and it was confirmed that numbers were relatively small. Patients' vaccination status was not a consideration and a rapid risk assessment is undertaken based on clinical risk.	
2.5 Finance Report Month 7 2022/23 and Finance Sub Group Chair's Key Issues Report	A £320k ytd surplus was reported, £67.1m cash, agency costs were high at £1.7m, £936k of which related to consultants for increased surgery. The Divisions overspent by £2.9m with general increasing pressure on pay and non-pay. The current year effect on CIP was good but the full year effect forecast delivery was £16m against the £27m target, playing a significant part in next year's budget setting process. The capital ytd underspend was £29m and negotiations on brokerage continue with the national team. The Director of Estates and Facilities is leading on an alternative plan to understand how current build project timeframes can be flexed. The degree of confidence on capital brokerage was questioned. This Trust is not alone in its request and it is an iterative process, a position supported by the regional team. It was not possible to confirm when a decision may be made and the multi-faceted, high-risk issue was detailed. The Committee questioned the Divisional non-pay overspend and whether this could be influenced further. It included premium spend from contractors, pressures on drugs and the subgroup could look at that in more detail next month. The current position would be borne in mind as future financial planning was considered. Continued pressure would be exerted on CIP delivery and agency spend recognising the scale of the challenge. The aim was to make permanent appointments rather than using either bank or agency and this receives detailed focus.	Assurance
2.6 NHS Oversight Framework 2022/23	The System Oversight Framework took effect with the formation of Integrated Care Boards on 1 July 2022 to ensure alignment of priorities across the NHS and with wider system partners. A full update was provided on the current position to enable Committee understanding of the consequences of performance. The framework included the role of ICBs and the oversight cycle dependent on an organisation's segmentation. ESNEFT is segment 2; one formal review has been undertaken with the ICB. The Special Measures regime has been replaced by the Recovery Support Programme. The framework is based on five national themes: quality of care, access and outcomes; preventing ill health and reducing health inequalities; finance and use of resources; people; leadership and capability, with a further theme included, local strategic priorities. There are 63 metrics which were presented, 36 relating to Trust reporting, 27 at system level. Data to	Assurance

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	support additional metrics has not yet been published nationally. Patricia Hewitt, Chair of the Norfolk and Waveney ICS, has been appointed to review ICSs and local flexibilities and it is not clear how that will impact on priorities. The Committee questioned if targets are to be set for indicators, such as reduction in bullying and harassment in the staff survey. This is the next level of detail that is not yet available. The framework sets out the direction of travel and another version is expected.	
2.7 ESNEFT Financial Framework 2023/24	Following discussion at Executive Leadership Team, a first draft review of the detailed Trust position was set out by the Director of Finance pending receipt of planning guidance expected in January 2023. This included reference to COVID-19 spend, delivery of elective recovery, high inflation, reduced social care capacity and the risk to NHS finances in both 2023/24 and 2024/25. Additional pay pressure may also be seen and non pay pressures are incrementally increasing. Two thirds of systems are reporting a deficit at month 6 and more stringent rules are being implemented for those that are not achieving financial balance. Non recurrent funding is not expected to be available for 2023/24, the potential underlying deficit was described and the work that SNEE ICB has done in producing longer term planning assumptions. The ESNEFT revenue projections were based on national assumptions and included options to bridge the financial gap. These would be developed further as more intelligence was received. The position is looking extremely challenging. The ramifications were discussed in detail, with recognition that the business planning process is critical. Committee time would need to be made available to ensure sufficient detailed discussion prior to presentation to the Board.	Alert
4.1 Board Assurance Framework Risks	Five of the nine strategic risks were relevant. The Committee questioned whether partnership working should be managed at Board level, the link between the clinical strategy and next year's position, reference was made to other bodies described and how these fit together. Additional actions also required timescales. Committee would require time to look at one or two per month to consider the adequacy of controls, gaps in assurance and whether the planned actions would support the ambition/target risk score in line with the Trust's risk tolerance/appetite.	Assurance
5.2 Accountability Framework Policy	In addition to the monthly update, the policy was presented for information and assurance, approved by the Executive Management Committee in October. This supports the framework which aims to align delivery of all clinical and non-clinical operational performance targets, quality indicators and outcome measures and clearly sets out the accountability for performance. Segmentation and consequences were included as the major amendment.	Assurance