

CHAIR'S KEY ISSUES

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

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:	Performance Assurance Committee, 21 December 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)	<p>The main concern is patient flow and the level of demand for emergency care. The current position was set out including impact on ambulance offload delays. Support is being provided to the East of England Ambulance Service to direct patients into our UCRS (Urgent Community Response Service). The Emergency Care Intensive Support Team (ECIST) has been supporting the Time Matters fortnight, highlighting areas of improvement and good practice including UTC redirection where patients are seen on arrival with a decision made in the first five minutes on redirecting and provision of advice. Despite the challenges, we have demonstrated that patient safety arrangements are robust on the Colchester site and ECIST will be using this to share good practice with other organisations. Tremendously high levels of demand are being seen and the work on Estimated Date for Discharge with clinicians was detailed and updates provided:</p> <ul style="list-style-type: none"> • Seeking to reduce the number of ambulances coming to hospital with UCRS and REACT services. The Managing Director is leading on development of a new strategy for managing the redirection of calls to the Ambulance Service through to the UCRS/REACT community services. This may include the development of community hubs, linked to the work that has been done in Leicestershire • An escalation process established for offload delays extending beyond one hour to release ambulance crews, cohorting patients as necessary • Many of the seasonal variation plans have been implemented, with some delays on development of the virtual ward and bridging beds in Colchester for patients awaiting pathway 1 care. Additional capacity is to be available from the Christmas week on the Ipswich site and Care Quality Commission approval for additional care home beds is awaited • ECIST provided support to both sites with a focus on emergency departments and assessment units • The Flo for Flow scheme, supporting earlier discharge for patients on the Colchester site, has been working well and consideration is being given to extending this to further wards 	

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	<ul style="list-style-type: none"> Freeing up capacity earlier in the day and reviewing how patients are drawn out of the Emergency Department. <p>The Committee questioned conveyance rate differences by site, the approach to clinical discussions on risk and the attitude of patients and their families. Collecting data on virtual wards to enable a review of outcomes would support future planning and enable change where necessary. Communicating about the operational pressures in the Trust and across the system is important and there is a higher level of awareness within the medical workforce. Discussions are underway with Suffolk and Essex County Councils in relation to additional capacity, utilising the funds made available to them to support discharge back into the community. An increase in length of stay has been seen, mostly at Colchester, and is an area of focus.</p> <p>The national emphasis was questioned, the impact of public messaging/strikes and whether this was changing behaviour. Messaging relating to the industrial action was making the most significant impact and a reduction in activity had been seen. A snapshot of the number of patients without a Criteria to Reside would be included in future reports.</p> <p>Cancer – some good progress made on 2 week waits in most tumour sites with the position deteriorating in some specialties. The 28-day faster diagnosis standard colorectal pathway remains of most concern. This is also impacting on 62-day performance due to the level of demand in that pathway. Executive oversight is supporting the reduction in numbers of patients on our waiting list. The Committee questioned the numbers waiting more than 104 days and assurance was provided on the review of that cohort of patients.</p> <p>Referral to Treatment/elective care – the two key specialties with the greatest number of over 78-week waits were General Surgery and Gastroenterology. Additional capacity had been sourced for General Surgery to be delivered by the end of March 2023. Further capacity was being considered for Gastroenterology. The Chief Executive was invited to a meeting with the national lead for elective care, Jim Mackey, and a commitment was made that ESNEFT will deliver a maximum wait of 78 weeks by the end of March. NHS England has required additional information to be signed off by the Board and the assurance template was considered. The number waiting had increased since early September and the detail per specialty and risks to trajectory were set out, together with the planned interventions. For Gastroenterology, locum cover/support from other Trusts was detailed, with reasonable confidence of delivery at this stage and a reduction anticipated by the end of January. The BMA rate card continues to affect some pathways and the Committee was advised of current discussions and planning.</p> <p>Committee members had found it helpful to attend the evening Time Matters ‘reset’ meetings focussed on the three key areas: Assess to admit, doing Today’s work today and Home First for Discharge. There is an opportunity to deal with some of the constraints, improving information to patients and clinicians, using the</p>	Escalation

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	<p>Estimated Date of Discharge/Clinical Criteria for Discharge, and supporting patients to be discharged home. There was some encouraging work, bringing the whole organisation together. Communication has been critical through briefings hand delivered to wards to ensure that staff can see the impact of the actions being taken. Regular 'you said, we did' updates are important as change is embedded.</p>	
<p>2.2 Operational Performance Report Integrated Pathways (IP) and North East Essex Community Services (NEECS)</p>	<p>A stable picture was demonstrated for IP with improvements on UCRS and RTT compliance. Further work is required to assess the differential in referral numbers for community therapies per 100,000. Committee discussed the importance of understanding what was within the Trust's control in re-balancing resourcing between acute and community treatments and suggested this was included in scenario planning for 2023/24. There was a need for transformation, possibly through the Alliances, to drive a move towards preventative care.</p> <p>NEECS - The continuing work on RTT was noted, working with the Primary Care Network to ensure visibility and that primary care contributed appropriately. There was also a focus on support to older people in community facilities to reduce that group being in acute hospital beds when it was not necessary for their treatment. This supported individuals to get better care more appropriate for their condition and reducing medical interventions.</p> <p>The Committee discussed a query regarding Speech and Language Therapy for paediatric-age patients; this was recognised as a challenged area with no obvious further steps for improvement given the limitations on available staff. There was work being undertaken to see whether other types of services could be consolidated; and also with other providers. There was a clearer vision across the North-East Essex Alliance but possibly organisations were finding it harder to work together effectively.</p>	<p>Assurance</p>
<p>2.3 Workforce Report</p>	<p>The Committee noted a range of issues that were affecting workforce including positive progress on consultant appointments and sickness absences. The introduction of a daily 'heatmap' for staffing on a ward basis was welcomed and the Committee looked forward to further assurance regarding detailed differences that arise. The work that had been undertaken to prepare for any industrial action that might be experienced was noted.</p> <p>The People and Organisational Development Committee was requested to have a deeper review into the position on short and long-term absence as there were some concerns that the gains on short-term absences were being negated by more long-term absences.</p>	<p>Alert</p>
<p>2.4 Integrated Patient Safety & Experience Report</p>	<p>The Committee was updated on any performance impacts on quality of care and welcomed the positive management of infection control outbreaks which were not significantly impacting on quality in the way that had been seen in the past. It also welcomed the use of dementia specialists to support appropriate patients to leave care more quickly than would otherwise be the case.</p>	<p>Assurance</p>
<p>2.5 Finance Report Month 8 2022/23</p>	<p>The position was largely aligned with the previously agreed plan. Key issues were the challenges in delivering the Cost Improvement Plan trajectory, which was not moving from about 44% of the full year effect target, and</p>	<p>Assurance</p>

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and Finance Sub Group Chair's Key Issues Report	<p>the key risk on spending capital funds if national agreement could not be obtained to proposed brokerage. In terms of business planning for 2023/24 it seemed likely that this would be a very challenging settlement; initial planning guidance was expected just before the festive period, with more detail in the first half of January 2023.</p> <p>The Committee was concerned about transparency of risks to financial performance across the Integrated Care System and partners within the system and would continue to focus on this through the remainder of the year. It noted that there were continuing discussions with the Integrated Care Board (ICB) on this subject.</p>	
2.6 Business planning	<p>Current year performance was presented and completion of the HFMA checklist review confirmed. ESNEFT scored favourably in the regional benchmarking, a good outcome, with strong assurance on underpinning financial processes. The main risks to delivery of the current year's plan are the ED issues as discussed and halving the number of 52 week waits. The 2023/24 planning environment and a proposed internal planning framework were detailed, with data presented. The national focus is on the 19% reported drop in productivity. The ask of divisions is for a year of consolidation and focus on maximising expected benefits of recent projects, productivity opportunities, improving ESNEFT as an employer of choice, minimising demands for additional funds and not embarking on new schemes unless externally or internally self-funded. This is reliant on the financial framework.</p> <p>The Committee questioned the assumption of external support and accuracy of service demand forecasts. Nationally there has been recognition that this is a highly complex environment and the ambitions previously set out did not match reality. Risks to delivery of next year's plan and alignment with the corporate risk register and Board Assurance Framework will be worked through once the guidance is published. The ICB role will be to maximise the benefit of investment in social care. The complicated nature of this process was recognised and the importance of demonstrating the impact of community services. The Committee also questioned the impact of the Hewitt review, which is likely to be referenced in the guidance, whilst the implications are unclear. The outline dates were provided with final plan submission currently due on 30 March.</p>	Assurance
4.1 Clinical Coding Update	<p>This report enables delivery of an element of the terms of reference. It had not been presented for some months with six monthly updates in future, and covered the depth of coding; uncoded episodes, which highlight where there are issues with process, monitored on a weekly basis; formal annual audit and regular ongoing audits; training and costs of delivery. There is a balance between quality of coding and completion and audits enable assurance that standards are being maintained. Growth over time was highlighted and how this challenge had been managed, with a focus on service sustainability and providing development to junior trainees.</p> <p>The Committee congratulated the team on progress and the importance of this work was recognised. The consequence of delayed coding, staff retention and remote working and limited improvement in primary procedures standards were questioned. Episodes are coded following a patient's discharge. This could impact</p>	Assurance

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	financially and delay accurate reporting of mortality statistics, more so for HSMR than SHMI. The team is in a much better position than it was three years ago whilst there remains reliance on agency staffing. Technically, with electronic notes, the team does not need to be on site but the ability to access all relevant systems is restricted. There is flexibility of approach and low staff turnover. For primary procedures an audit and training programme supports improvement. In future, the financial impact of the audit would be considered.	
5.1 Accountability Framework Report	The month 7 report was received. Reporting continues whilst meetings are not taking place with Divisions and Executive Directors are supporting those areas of concern. The improvement in Women's and Children was acknowledged.	Assurance