

CHAIR'S KEY ISSUES

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

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:	Performance Assurance Committee, 25 January 2023
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>Extreme pressure was seen at the front door in December and the two-week reset did not release the capacity seen in previous years. Innovative ways of working were demonstrated and areas were repurposed at short notice to provide the support required. Performance has improved in January resulting in de-escalation and some closure of beds and notable improvements in ambulance offload delays. A drop in patient discharges was not seen during the recent industrial action and planning is underway for 6/7 February. Exit plans for all seasonal resilience schemes will be actioned by the end of March with a small number likely to be considered for the business planning process. An awayday will consider the new four-hour standard of 76% to ensure a clear vision and articulation for the future. A review/learning from this year's seasonal resilience plan and implementation of schemes will also be critical, incorporating lessons learned from a recent Intensive Support Team presentation, all of which will support discussion of the strategic risk on the Board Assurance Framework.</p> <p>A full understanding of the drivers of current performance would underpin the actions to be taken later this year. Patients attending with mental health needs was discussed and the improved partnership working with alliances supporting the management of patients in the community.</p> <p>A first draft to track key flow indicators was being considered. A system huddle meets regularly to discuss the pressure points and support required across all organisations.</p> <p>Positive progress has been seen on the 62-day cancer backlog. The national requirement is to resolve by March 2024 whilst the Trust aim is to do so by 31 March 2023 and on track. Breast 2 week wait performance has been challenging and Ipswich processes have now been adopted in Colchester. New clinical leadership will support with the colorectal pathway whilst this service will remain under close scrutiny.</p>	Assurance

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	<p>For elective care, lists were lost due to a reduction in the number of extra contractual sessions being undertaken. The size of the waiting list is reducing and on track to recover by the end of March. For 78 weeks, the main risk remains General Surgery and activity has been affected by seasonal pressures. Orthopaedics has resumed this week. The standard in 2023/24 is 65 weeks and business planning centres on delivery and productivity to ensure opportunities are maximised. The diagnostics position was also detailed.</p> <p>An observation was made regarding those patients waiting a long time for routine appointments and transfer to the two-week pathway. Short term capacity is required to reduce waiting times. The Committee questioned the impact of the reduced extra contractual activity, the number of patients waiting over 78 weeks and risks to patients and to the Trust of not achieving by year-end. For over 52 week waits clarity was sought on future expectations for demand management and the increase modelled pre year-end. The implications of not achieving the 78/65 week standards were set out, the reasons for the increase factored into the 52 week planning and the need for clarity on the stepped increase in capacity to deliver activity for next year. In response to a question on the Clacton Clinical Diagnostic Centre and estate limitations, the detail would be provided outside the meeting.</p>	
2.2 Operational Performance Report Integrated Pathways (IP) and North East Essex Community Services (NEECS)	<p>The ambition for Urgent Community Response is to move some activity from the ambulance service into community services and a gradual increase in confidence in this approach has been seen. A report is due in February on the work to establish a community hub. Capacity in the REACT service has been a challenge with an increase in activity and the highest achievement of the 18 weeks wait target seen for some time. Sustainable improvements are demonstrated for those patients to be seen in six weeks. Virtual ward development and the repurposing of Durban Ward were highlighted.</p> <p>The Committee thanked the team for the case studies which demonstrated flexibility of service delivery. Currently 5% of previous ambulance activity is now being dealt with as described. The aim for this and virtual wards was questioned and measurement of some of the transformational aspects was suggested. Work on bed modelling for 2023/24 and delivery of capacity is underway. The wrap around care is the important element of the virtual ward and this concept will evolve and consider the best use of resources for patients.</p>	Assurance
2.3 Workforce Report	<p>Those issues that could impact on operational performance were considered including sickness, vacancy rates, recruitment and specifically the SNEE bus travelling the region to encourage Healthcare Assistant recruitment. Vacancies will increase as the Dame Clare Marx Building develops and headcount would be added to the report following a Committee question. Increased volunteer numbers felt like good news and an update would be sought. The Committee questioned the sickness run rate/target as part of business planning, and whether there were any aspects of mandatory training that could affect productivity. Mandatory training should be removed as</p>	

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	it was not felt relevant to the Committee's remit. The recruitment and retention team's work was acknowledged as this was a credible position in a difficult labour market, with the lowest vacancy rate in the region.	
2.4 Integrated Patient Safety and Experience Report	<p>Updates were provided on the three issues of concern impacting on performance, which remain the same – mental health as already discussed, discharges-complaints, and infection control – and the developments that support improvement. A review is being undertaken to maximise the support provided by the children and young people mental health specialist roles across outpatients and community hospitals. Details of new dementia specialist support workers and a learning disability trainee advanced nurse practitioner were also provided. Enabling effective flow of patients out of hospital settings is important whilst ensuring that communication and wrap around care is appropriate. Currently COVID-19 and flu numbers have reduced.</p> <p>The challenge of managing beds and impact on mixed sex accommodation breaches was questioned, which is generally in the Ipswich assessment unit. Assurance was sought on oversight of estates maintenance and the approach was described in relation to the ongoing and more detailed reviews that underpin future backlog maintenance requirements. The action required and the impact on complaints is considered at the Quality and Patient Safety Committee and the anxiety and distress of patients and families is recognised. Assumptions have been made about communication and reflection is required to improve the experience prior to autumn/winter next year. With regard to the effect of industrial action, as much activity as possible was maintained, whilst the ability to derogate may be reduced for the February dates.</p>	Assurance
2.5 Finance Report Month 9 2022/23 and Finance Sub Group Chair's Key Issues Report	<p>Ytd surplus of £230k and plan to achieve break-even; bank/agency costs stable but remains an opportunity to reduce costs. Of most concern is the recurrent cost improvement plan forecast, under delivery of £11.7m recurrently and impact on 2023/24, and ERF (Elective Recovery Fund) for next year with payment to move to actual delivery. The capital underspend is at £35.9m with a meeting this week on brokerage which will enable a break-even outturn if confirmed. Cash is stable and the system financial position was presented with the aim of break-even, whilst there is a potential impact on 2023/24 planning.</p> <p>The Sub group confirmed that the report shows a consistent picture leading towards year-end with confidence in achieving the projected position, whilst there was concern regarding variances, CIP, risks and ERF. The Committee questioned the NEECS variance and future membership of the finance sub group.</p>	Assurance
2.6 Financial planning 2023/24	The draft financial framework was based on the information available including the submission requirements for system and provider draft and final plans following publication of national planning guidance in December. A final submission is likely in April/May. Significant uncertainty remains on income at ICS/Trust level and a specific funding allocation for ESNEFT requires agreement. Headline assumptions have been requested from SNEE ICB. Reference was made to moving ICBs back to a fair share funding distribution and access to additional capacity funding was described.	Assurance

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	<p>The Committee recognised the complexity and the detail to be worked through by the team. The strategic focus on target delivery, the workforce required and the cost will enable the financial gap to be assessed and how that is bridged. Work is needed on a blend of financial/productivity solutions, underpinned by realistic assumptions. The concern is how the tariff for elective activity will work based on a fair share basis with the potential to be disadvantaged in comparison with others. Work with divisions includes managing expectations as the scale of what we will be facing is unknown. A question was raised about when a longer-term view will be available to enable more effective planning. A meeting of an extended sub group would be held to consider this in more detail prior to a first draft being presented to the next meeting.</p>	
2.7 Business planning	<p>A summary of the operational planning guidance for 2023/24 set out the performance targets and other requirements. The first review of divisional and corporate business plans has been undertaken with requests made for the next iteration. Where a target/timescale is not included this is due to the detail being unavailable. This provided good assurance that the process is underway. The confidence of maintaining performance should Divisional Accountability Meetings not take place was questioned. It was confirmed that monitoring continues.</p>	Assurance
4.1 BAF risk 3, capital expenditure	<p>A schedule of strategic risk deep dives was agreed with the focus at this meeting on capital. Supporting commentary was considered following a further review of this risk and mitigations with a mixed picture, good system working, a track record of successful bids and the potential to access additional funding. The impact of external factors, comparison to 12 months ago and the risk assessments undertaken on the capital management programme were considered. The approach taken was welcomed whilst clarity was required on the ask for funding. With a six facet survey due, the level of confidence in estimating the capital costs of investments, risk of inflation and supplier vulnerability was questioned. There were mixed views on whether the risk score should remain at 12 or be increased to 16. On balance the Committee agreed to keep the score at 12.</p>	Assurance
5.1 Accountability Framework Report	<p>The month 8 report was received.</p>	Assurance