

CHAIR'S KEY ISSUES

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

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:	Performance Assurance Committee, 22 March 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
Welcome	Changes to Committee agenda management were reported to reflect the Deloitte well-led review outcome.	
Operational Performance Report (Acute)	<p>Urgent and Emergency Care (UEC) – steady performance whilst challenged across both sites and not where we want it to be. There was significant planning prior to recent industrial action with lessons to be learned. Business planning remains a focus linked to national funding availability and an increase in the number of beds at Colchester is being considered. Work is ongoing on the UEC strategy across ESNEFT; mental health service provision was raised; appointments had been made at Ipswich and the Colchester ED build had been handed over. Committee members questioned the disparity between the two hospitals on assessment/length of stay and the impact on patient experience; the work being done to synchronise performance; acknowledged the change in admissions since November and sought more detail on the comparison with others on medically fit for discharge and long stay patients. Physical constraints were described and how these impact on performance.</p> <p>Cancer – slow but steady improvement and an explanation was provided on delivery of the planned trajectory. The focus remains on Urology and the 28 day faster diagnosis performance. The positive trend was welcomed, whilst the assumptions for diagnostics next year were questioned and whether this was sufficiently ambitious.</p> <p>Elective Care – the national requirement for no patients to be waiting 78 weeks or more at the end of March is a priority. The ICB/region have been fully updated on the current position. The impact of meeting the requirement to offer reasonable notice for patients has been challenging following recent industrial action. Daily meetings continue and the Director of Elective Recovery is in place to enable additional focus. There was a question on the number of open pathways, which was much increased from two years ago, what the aim should be and how important it is for staff and patients to reduce this. Further work will be undertaken</p>	<p>Assurance</p> <p>Alert</p>

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
	as part of planning for the 65 week requirement. Good progress was recognised on patients waiting over 104 weeks.	
Operational Performance Report Integrated Pathways (IES) and North East Essex Community Services (NEECS)	<p>One of the outcomes for the eight combined, integrated neighbourhood teams in Ipswich and East Suffolk is reducing the number of people in crisis requiring ambulance call out/Emergency Department (ED) attendance. Significant progress has been made in the last two years and the approach to measurement is changing using population health management data to provide a more complete suite of information. Falls is a huge driver and impact monitoring is due to start in April. UCRS (Urgent Community Response)/REACT services are positive and there was discussion on performance against the local stretch target of 90% which exceeds the national requirement of 75%, a measure which only accounts for response times. This linked to discussion earlier in the meeting on the development of community hubs.</p> <p>NEECS – GP registration, particularly for those new to the area, and the work with ambulance services/ UCRS was described with the aim of more consistency of service for patients. Capacity challenges remain, whilst an improved approach to how neighbourhood teams operate has received positive feedback and engagement with Primary Care Network leads. The focus on Patient Experience, Live Well and Die Well and the difference this was making to patients and their families was described.</p> <p>The Committee questioned longer term trends, as this was not sufficiently clear; assurance was sought on UCR data/referrals, whether this was a like for like comparison and patient impact; the timeline for the SystmOne audit and working across the Suffolk and North East Essex system. Further understanding of the work being undertaken within Alliances was required at Committee/Board level. Additional assurance was sought regarding consistency of measures and an expanded data set to include volume of activity and rates of declined referrals.</p>	Assurance Alert
Performance and Workforce Report	<p>The work undertaken on sickness management, including upskilling managers, had led to a reduction in the percentage of leavers and a significant increase in the number of exit interviews to enable improvement. Sickness has reduced following these interventions. The Committee recognised the progress made, the reduction in short term absence and the impact on reduced agency spend should be noted. More detailed review through the People and Organisational Development Committee was proposed to understand the vacancy and sickness rates by profession and division, trends, and how that is being used to address longer term issues. Time to recruit and the numbers of additional staff employed was positive in what remains a difficult market. Agency and insourcing were questioned, reflecting discussion at Audit and Risk Committee. Further work is planned to consider how workforce is managed with a project due to begin shortly. Triangulation between performance, workforce and quality would continue to develop.</p>	Assurance

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
Performance and Quality Report	Triangulation with operational performance concentrated on those patients with a mental health need which is the significant challenge in relation to cohorting in ED in the absence of available beds. Committee members questioned the support required from security and the risk. The planned mental health summit was encouraging. A query was raised as to whether this would enable a more strategic approach with partners to transform care across the system and use resources in a different way to make sure patients are safe. An update would be provided next month. There are significant growth monies in mental health and how this is being utilised would be raised by members of the Committee in their role as members of the Integrated Care Board Finance Committee.	Alert
Finance Report Month 11 2022/23	A cumulative surplus of £96k was reported with plan to achieve the year end break even forecast. The Cost Improvement Programme (CIP) was £17.5m against a £25.2m plan; cash was at £47.7m and forecast to rise to £92m at year end due to draw down of PDC capital. The biggest financial risk is the potential for pay awards which may impact on this and future years' positions, with approximate costs provided. The Finance Sub-Committee had been stood down whilst Mr Millar's support continued to be provided to the Director of Finance. Committee members sought assurance on the confidence in achieving the required capital spend by year-end. Capital management was discussed and the preference for more careful planning of spend in future years and investing where there is real value. CIP and agency will be challenging if ESNEFT is to meet the targets set for next year. Triangulation of agency spend with the workforce data would be helpful, whilst this is a complicated picture, and a deep dive would be scheduled to consider workforce/agency/bank/ divisional performance.	Assurance
Draft Financial Framework 2023/24	<p>A detailed discussion had taken place prior to the meeting and divisional debates are being finalised on the agreed cost pressures. The area of outstanding focus relates to capacity and the bed model for discussion with the ICB. This is complicated and the available funding at a system level was detailed. A conclusion on the SNEE discussions and the impact for ESNEFT is awaited and progress is required as soon as possible. Further debate is expected during April prior to plans being finalised.</p> <p>The Committee questioned the timeline for submission, the ICB position, there was discussion on outputs and Key Performance Indicators to support investment. The operational position, cost pressures and deliverability was considered, whether this was achievable, and the challenges of re-prioritising and resetting the financial framework. Further meetings this week will clarify those elements that won't be supported and the risks. The bridge to get to break even was reviewed in detail to aid understanding and more information was provided on the operational position and the assumptions made to deliver the bed capacity model covering elective/non-elective. An Elective Recovery Fund update and potential allocation was also detailed, as was the work on additional theatre capacity. Committee members questioned elements to ascertain the detailed thinking and planning which underpinned the plan, and the Director of</p>	Alert

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
	Finance was asked to ensure that this analysis and the assumptions were set out clearly for presentation to the Board. The need for a better understanding of the work taking place in Alliances was reiterated.	
Draft Business Plan 2023/24	The background, context, triangulation, a plan on a page, performance ambitions and risks to delivery were introduced. The ambition was to continue to achieve diagnostic improvements and to achieve one year earlier than the national requirement of March 2025. The Committee questioned how much work had been done on improving productivity. This had been considered and opportunities would be provided to divisions. A paper would be provided to the Board next week.	Assurance
BAF risk 6 (operational performance, emergency care)	This risk would be split into elective and emergency care. Today's discussion supports the assurance in place to meet performance standards and there is more to do to identify the controls and gaps in control. Committee members questioned the pace of resolving system controls, whether there was duplication between the Emergency Care Programme Board and Time Matters Board and the consequence score. The two programmes of work are different and splitting them, with the support of the Deputy Director of Nursing, would make it easier to articulate the requirements.	Alert
Accountability Framework Report	The month 10 report was received. The position regarding those not achieving was questioned. Assurance was provided on the policy in place, the discussions underway, the support provided in-year and as part of the business planning process to enable a deliverable plan.	Assurance