

## COMMITTEE KEY ISSUES

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

<b>ORIGINATING BOARD / COMMITTEE / TASK &amp; FINISH GROUP:</b>	Performance and Finance Committee, 24 May 2023
<b>CHAIR:</b>	Eddie Bloomfield, Non-Executive Director
<b>LEAD EXECUTIVE DIRECTOR:</b>	Nick Hulme, Chief Executive

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
Operational Performance Report (Acute)	<p><b>Elective</b> – A report set out the actions taken to date regarding patients waiting over 78 weeks for treatment, the challenges and risks. The national elective intensive support team visited on 15 May with a report awaited. Resources and support have been offered; a robust training programme for staff is a key issue. The number of patients waiting has reduced by 71 to 193. Members confirmed the current gap in assurance and referred to several strands of work. This Committee and the Audit and Risk Committee would work together to support a return to full assurance to include the output from external, fortnightly meetings. There was further action required to reflect the recent letter on elective priorities for this year, enabling the Board checklist to be reviewed whilst avoiding duplication. This would be considered further, and the Committee sought a timeline to meet the requirements. Assurance was sought on the dates and plans for those individual patients waiting over 78 weeks for treatment.</p> <p><b>Urgent and emergency care (UEC)</b> – An improved position across both sites in the 4-hour standard and 12 hour waits. All deliverables and milestones for the new UEC medium term plan were to be confirmed by the end of May, led by the operational teams, supported by transformation. The ambulance handover position was being maintained and the Trust demonstrated strong performance in the region. Members recognised the improvement, whilst questioning corridor care management and impact on patients’ dignity.</p> <p><b>Cancer</b> – Good improvement on 28 faster diagnosis and 62-day performance although not achieving the national standard of 70%. This was in line with trajectory and delivery of just over 70% was expected by July. The backlog has increased following recent industrial action. A successful workshop was held this month which will be reflected in the elective medium-term plan. Two week wait performance had reduced with some improvement seen in May. Discussion across the system was encouraging. Members questioned plans to recover the 28-day performance and diagnostic colonoscopy and triangulation of activity to meet</p>	<p>Escalation</p> <p>Alert</p>

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	the business plan ambitions. As presented it is not easy to assess. This would be revised as part of the existing work on reducing the length of the integrated report.	
Operational Performance Report Integrated Pathways (IES) and North East Essex Community Services (NEECS)	<p>The focus was on the Urgent Community Response Service (UCRS) linked to an outstanding action regarding capacity and reporting. The different models and capacity in IP and NEECS were described, which enable appropriate response to a patient when they need it, as soon as possible. Volume had been added to reporting in addition to response times and there was learning to be shared with IES. One intervention which demonstrated the ability for NEECS to respond differently was set out, helping a patient and their family whilst they wait for an ambulance. Voluntary sector provision was also positive and swift.</p> <p>The Committee queried the requirements to meet performance targets in Essex, recognising the higher activity and focus on the individual alongside the two hour response. A business case was being considered to increase resources and the degree of confidence in gaining approval was requested. This is potentially one of the benefits of being an integrated provider and it represented a significant opportunity. The level of Trust investment was discussed and whether there was the right balance between management of patient flow and strategic direction. The quality improvement specific services sections were welcomed.</p>	Assurance
Performance and Workforce Report	A report on statutory, mandatory and role essential training was received to close an outstanding action. This detailed the work undertaken and compliance trajectories. 90.27% had now been achieved. A plan is in place to ensure sufficient training space to meet the requirement and an internal audit is scheduled for June 2023. The potential of including a month-on-month trajectory to enable monitoring of individual subjects would be considered. The team was congratulated on achieving compliance and progress against all metrics was encouraging. Assurance was sought on sickness management.	Alert
Performance and Quality Report	Complaints have increased in relation to the early pregnancy loss pathway with ring fenced beds planned. Work was underway to improve the long waits for some patients in gynaecology; long waits in the Emergency Department remain a concern for patients although they appreciate how hard staff are working. The Quality and Patient Experience (QPS) Committee Chair referred to the impressive service developments in progress that will assist patient flow and improve patient experience.	Assurance
Finance Report Month 1 2023/24	Financial profiling includes some months of surplus or deficit resulting in break-even by year end. At month 1 a deficit of £1.2m was planned and a £900k deficit was reported. The full detail of the current position was considered including delivery of the capital plan and the work still to do. Concern was expressed on under-delivery of the cost improvement plan (CIP). This would be reviewed in detail with divisions at the Executive Management Committee in June; corporate CIPs had also been considered. Assurance was sought on the link between the Accountability Framework report and the surgical division position/CIP progress and the actions to take place were detailed. The reduction in bank and agency expenditure was welcomed.	Assurance

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	A system position was included in the report and verbal update provided on the recent ICB Finance Committee with limited opportunity for non-executive director financial challenge due to vacancies. The focus on the Newmarket hub capital business case was described, linking it to ESNEFT developments.	
Final Business Plan 2023/24	The plan was considered prior to presentation to Board, reflecting the submissions made to NHS England. Clarity was sought on where in the governance framework the success measures would be reported in year. This linked with the revised integrated performance report and action considered earlier in the meeting, and a reminder that the metrics included must enable the Board to discharge its duty. A meeting would be arranged to consider the first draft which may be presented to the next meeting. Reflecting on discussion at QPS, assurance was sought on deliverability of a 10% increase in theatre utilisation.	Alert
Deep dive: 2023/24 bed model	<p>A detailed presentation focussed on the background, context, patients in beds projections (bed base demand) and capacity, leading to a base bed plan. 2019/20 admissions were utilised and the forward projection at site and specialty level was described, taking account of length of stay, levels of elective activity, a review of emergency base demand, specialty mix, risk assessed schemes and agreed business cases, discharge impact and funding. This resulted in the numbers of patients projected and a summary for both acute sites. Ipswich is within 9/10 beds to projections whilst for Colchester there is a significant difference and the general upward trend in patients in beds remains.</p> <p>Assurance was sought on funding of the capacity plan and whether this enabled delivery of the business plan with sufficient beds to meet patient requirements. Members referred to the numbers of medically fit for discharge patients, which are not reducing, and a request had been made for this to be included in the model. Paediatric elective seems low compared to emergency paediatrics. The need for acute beds should fall in the longer term and this links with discussion on maximising the opportunities of being an integrated provider. The data underpinning the revised strategic plan to reflect population needs, and investment in social care, were also referenced as impacting on the model. The Associate Director of Finance – Analytics was thanked for the quality of the model which had enabled this discussion.</p>	Assurance
Accountability Framework Report	Noted. Whilst performance was not improving, it was confirmed that the metrics had not changed in the last financial year. These have now been revised and approved and the focus is on the future.	