

## 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, 28 June 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> The number of patients waiting over 78 weeks has continued to decrease with increased activity during May. Detailed plans and trajectories are being finalised for delivery of 65-weeks and where possible achievement by December 2023. Three specialities are maintaining an 18-week performance and a further five specialities are working towards that for year end. The Intensive Support Team draft report has been received and factual accuracy comments have been returned. This is being integrated with the Elective Transformation Programme alongside the elective, cancer and diagnostics medium term plan. The plan was to achieve requirements and exit tier 1 by the end of July. This may be at risk due to the industrial action announced. The waiting list audit is due by the end of this month for presentation to the Audit and Risk Committee. Members observed the good progress, noted the risk for industrial action and questioned the trajectory of 65-week waiters.</p> <p><b>Urgent and emergency care (UEC)</b> – extensive training has been undertaken within Ipswich ED and good improvement is demonstrated in ambulance handovers across both sites. The narrative has changed regarding those patients waiting over 12 hours in the emergency department (ED), which now monitors from ‘time of arrival’ instead of from decision to admit. This keeps the focus on long waits, patient numbers have decreased and will continue to reduce. Despite some challenging days Colchester has shown improvement delivering just below 85% last week with a focus on flow and "Tomorrow’s Work Today". Job plans are being discussed on both sites to ensure consistency. Committee members questioned the position regarding ambulances at Colchester and Trust influence, infection prevention and the impact with closure of wards as appropriate in line with national standards, the narrative regarding Ipswich and the leadership development that has been taking place and progress being made.</p>	Assurance

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	<p><b>Cancer:</b> Good progress across all standards. Colorectal remains the challenge and clinical discussions are underway involving the Chief Medical Officer, both internally and with primary care. Committee members recognised the positive work that had been undertaken.</p>	
<p>Operational Performance Report Integrated Pathways (IES) and North East Essex Community Services (NEECS)</p>	<p><b>NEECS</b> – this is the second anniversary of transfer to ESNEFT and the hard work of colleagues and divisional support was recognised. At the last NICS collaborative confidence was expressed in the leadership, transparency and improvement leading to a welcome change in accountability arrangements which will be incorporated into the alliance. Presentation of a brief performance report in future reflects the achievements that are so important for staff and our local communities. Work continues with IES and teams to develop a medium-term plan for community services including women’s and children’s services with SROs to be appointed. Proactive engagement with primary care enables activity to be managed in a different way. Recovery work is progressing, and retention is better, enabling continuity of approach. Urgent Community Response Service (UCRS) investment has enabled a trajectory to be prepared, with further investment for next year confirmed. The Ward Olympics approach to recognise ‘gold standard’ performance and improve focus on the key quality issues each month has been welcomed by all staff, patients and families.</p> <p><b>IES</b> – the medium-term plan gives a good opportunity for more cross divisional learning and sharing of approaches, with divisional management team engagement in NEECS/IES in the coming weeks. Nursing demand, previous high levels of referrals, and the link with primary care is being discussed to confirm who is best placed to provide the best possible care for patients. An update was provided on the acceptance of CLERIC referrals and improving the two-hour response in UCRS, and this is being investigated.</p> <p>Committee members welcomed the report and the approach to joint working, comment was made that more learning was required, more information was sought on the Ward Olympics roll out which will form part of care accreditation. The Chair, on behalf of the Committee, thanked the NEECS Director for all her work at her last meeting.</p>	<p>Assurance</p>
<p>Performance and Workforce Report</p>	<p>Mandatory training performance has been maintained, currently at 92.41%; appraisals at 89.3%; vacancy rate just on target. A Head of Retention is now in post, with good performance demonstrated, and an over-established position for nursing. Healthcare Assistants are being recruited on a new apprenticeship programme with 8-weeks training before joining wards, supported by investment from the Integrated Care Board. Committee members questioned whether the Trust has contributed to external training for new roles and not then utilised those skill sets as they were not incorporated into our workforce model, the work with divisions on encouraging the use of these roles, staffing requirements for the elective orthopaedic centre, and recognised the extensive work to provide this positive performance. The current position regarding the NHS workforce plan and the potential impact and opportunities once published was also raised.</p>	<p>Assurance</p>

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Performance and Quality Report	<p>The Chief Nurse reflected on:</p> <ul style="list-style-type: none"> <li>• The quality impact assessment relating to any changes in contractual provision of services</li> <li>• For those patients waiting over 78 weeks the clinical impact will be closely observed, recognising the planned seven days of industrial action</li> <li>• The lead-in time for the workforce relating to redesign of the Urgent Treatment Centre/ED and the importance of ensuring that strong plans are in place to provide the right workforce</li> <li>• Concerns regarding resuscitation in the ED and acuity, with a solution being considered</li> <li>• From a community perspective, the difficulties with fundamentals of care delivery and vacancies, which is being monitored through the Board's Quality and Patient Safety Committee (QPS)</li> <li>• Maternity workforce challenges due to increases in short term sickness, activity and acuity of the women presenting, reporting through the Every Birth Every Day Programme Board and QPS. This potentially will be a performance issue if it cannot be rectified quickly.</li> </ul> <p>The Chair reflected on the mental health deep dive at QPS and patient use of 111.</p>	Assurance
Finance Report Month 2 2023/24	<p>The Trust is £100k ahead of the financial plan, with a predicted break-even position at year end. Agency spend is £1.3m lower than historical spend, the divisional budget position was presented, and peer review of cost improvement programmes (CIP) is underway for consideration through the Executive Management Committee (EMC). The Elective Recovery Fund and cash position were set out with changes in practice underway to deliver improved better payment practice code performance, at 85% currently. A break-even capital position was now predicted, a positive change. The system and regional adverse variance positions were detailed, which is raising significant concerns. An update was provided on the ICB Finance Committee held in June and the key areas of discussion. Committee members questioned the confidence regarding year end break-even, the underlying financial position, the system position and the need for cross divisional challenge on CIPs to investigate savings opportunities.</p>	Assurance
Deep dive: elective activity	<p>All Non-Executive Directors were invited, and the Trust Chair was in attendance, to consider elective recovery following recent Board debate. A full set of papers had been circulated and an update was provided on this morning's national Tier 1 meeting, when the Trust was congratulated on its approach since March, the assurance and grip which was evident and the significant progress made. The national team has suggested discussing de-escalation at the next meeting.</p> <ul style="list-style-type: none"> <li>• <b>Updated Referral to Treatment (RTT) trajectory scenarios for 2023/24</b> to reflect national information and reports. The expectation is that the number of patients waiting is expected to rise over the year. The Trust's waiting list has been lower than the national position since the start of the pandemic, whilst more recently it has increased. The missing demand is nearly 48% less in comparison with 39% nationally.</li> </ul>	Alert

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	<p>Treatment rates were identified compared with historical and national levels, as were the numbers of patients waiting, which at the end of May 2023 was over 86,000. The plan for treating those patients waiting 65+ weeks by the end of March 2024 was slightly ahead of trajectory.</p> <ul style="list-style-type: none"> <li>• <b>Presentation</b> – waiting list growth, the monthly total number of patients waiting and the trend, with a significant decrease in May as this was not impacted by industrial action. The figures demonstrated why the Trust was in Tier 1 for 78+ weeks. Treatments and clock starts, which are driving the increase in patients waiting in total, and waits by 52+, 65+, 78+, 104+ weeks and current delivery of 18+ weeks, in comparison with the national position, was also considered.</li> </ul> <p>Committee members questioned the impact of industrial action; projections into 2024/25; thanked the team for the impressive modelling and questioned the 65+ week position and the focus on a patient’s pathway to manage pressure points; the impact of capital developments and theatre capacity constraints this year, with increased capacity in the next financial year; understanding was sought regarding gastroenterology performance and the reasons for this; the numbers of patients accepting offers of treatment elsewhere and why the longest waiters are not seen first.</p> <ul style="list-style-type: none"> <li>• <b>Board elective recovery checklist</b> - a full position statement and a RAG rating for each element was considered in response to the letter received in May. Discussion focussed on the red rated elements with an update provided on each: 25% reduction in outpatient follow up; full use of protected capacity in elective surgical hubs, with no hubs in place. Assurance is to be provided on Trust’s plans which was likely to reduce this to an amber rating as agreed with the national team.</li> </ul> <p>The Chair reflected on the assurance arrangements. This is reported through the SNEE recovery and adaptation board chaired by their Chief Executive, the system elective care programme board and should be reported to EMC and this Committee pre-Board. It was <b>confirmed</b> that this would be presented as a standing item until assurance was received with reporting through the Key Issues Report to Board. A question was raised regarding risks to performance across the system which may require mutual aid, and the impact of other providers on Trust performance.</p>	
Board Assurance Framework Risk 2, financial performance	This was deferred to the next meeting to enable additional time for the deep dive discussion on elective recovery.	Information
Accountability Framework Report	The summary of month 1 was noted.	Assurance