East Suffolk and North Essex NHS Foundation Trust

COMMITTEE KEY ISSUES

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

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:	Performance and Finance Committee, 26 July 2023
CHAIR:	Eddie Bloomfield, Non-Executive Director
LEAD EXECUTIVE DIRECTOR:	Nick Hulme, Chief Executive

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
Operational Performance Report (Acute)	**Urgent and emergency care (UEC)**: The expected deterioration in all metrics had materialised. Changes being made during June/July have resulted in improvements across both sites including a reduction in length of stay and better patient flow. Work is continuing to improve variable performance with capacity enhanced within divisional teams to enable time for transformational work. Recent data shows that the Trust was ranked sixth in the country for ambulance 4-hour performance and 21st for 12-hour arrivals to the Emergency Department (ED). Wider Integrated Care Board (ICB) discussion was detailed relating to same day emergency care, Urgent Treatment Centres (UTCs), tomorrow's work today and internal trust processes, which could be a focus of a future deep dive. The variability in provision is the main concern and teams are being supported to ensure that it is everybody's business to enable timely care into ED. The first time to clinician assessment is the key metric and this needs to be consistent for all patients in terms of safety and moving them through their journey. Members reflected on the worst position seen for some time whilst recognising the signs of improvement and the narrative describing progress. Concern remained regarding differences across the two sites. Amendment of trajectories and the timing of this, and whether performance would return post-industrial action, were questioned and assurance was sought regarding a return to business as usual. **Cancer**: Industrial action has impacted on 62-day performance whilst the 28-day faster diagnosis and patient backlog is improving and ahead of trajectories set for this year. Many sites are compliant, upper GI and colorectal remain a concern and the increase in referrals is being reviewed. 2 week waits for breast are not currently being achieved which affects overall performance. The colorectal service has been supported, with a robust plan now in place, whilst the position is expected to worsen in the short term. The focus has been on what is within our gift, ensuring an effective triage system and communicating with our patients as soon as they can be removed from a cancer pathway as we work with GP colleagues. Our own aspirations	Assurance

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	are to continue to improve. Questions were asked related to the colorectal service and process mapping, and the level of confidence in reaching agreement with primary care on referral rates. **Elective**: Verbal confirmation was received on 12 July of de-escalation from Tier 1 following the last three months' improvement. Formal confirmation is awaited. This is testament to the work of all teams in a very short period. Good progress is being made with continued reduction in the number of patients waiting over 78/104 weeks and delivery is on track for no patients waiting over 65 weeks by 31 March 2024. The impact of industrial action and the lost opportunity to book patients was described. An outpatient productivity review held with NHS England (NHSE) saw the level of ESNEFT engagement recognised and a positive outcome on the progress made to date. The Board elective recovery checklist was presented as a standing item as agreed. One previously red rated element was now green and the other was no longer applicable, there were five amber rated actions, with the remainder green, giving regional and national assurance on our priorities. This position would be shared with the Suffolk and North East Integrated Care System (SNEE) Board later this month. Further analysis is required on year-to-date impact by specialty to feed into 65-week plans. First and follow up appointments had improved, which was positive, and the position on reducing follow ups to meet national requirements was questioned. **Diagnostics**: We continue to see improvement in recovery, particularly medical imaging, with more work to do on echoes. The cancer and diagnostic division has done excellent work to prepare for the radiographers' industrial action and limit the patient impact as far as possible with appointments being re-booked. The impact of Suffolk Police withdrawing their response to patients presenting with a mental health need and the security hours in-month to support patients was questioned and whether this was expected to worsen before it gets better. A formal letter had been sent to the ICB seeking assurance on progress.	Alert
Operational Performance Report Integrated Pathways (IES) and North East Essex Community Services (NEECS)	**IES**: There were some issues affecting the pickup rate for Cleric, which was evidenced by the data; the number of referrals has significantly increased. More patients engaged through that service and fewer have needed ambulance attendance as a result with a response rate of over 75% being maintained. The number of referrals for nursing is consistently higher due to the increase in demand for diabetes services, insulin care and catheters in the community for those who were not house bound. Further information was sought on why referrals have increased, and thanks were given for the data analysis enabling the pattern of demand to be fully understood across both services. **NEECS:** Referrals had increased in UCRS (Urgent Care Response Service) which is positive for patients to be seen within two hours and 70% performance was achieved in June with some additional capacity following support from the ICB. A demand and capacity analysis has been undertaken by the ICB regarding community nursing team capacity. UTC increased demand had been seen in Clacton and changes in triage	Assurance

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	and capacity were enhanced to manage this. Ongoing discussions regarding UTC/minor injuries provision in Harwich were detailed. The workforce impact at Clacton to manage this increased demand was queried and the strategic direction on service provision to patients in Harwich.	
Workforce Performance Report	A focus on sickness and particularly long-term sickness has resulted in just above 4% being sustained for two months. 108 people were recruited ahead of plan, 74% of student nurses have been retained, time to hire is 11.3 days, mandatory training is above target at 92.87% and five divisions were above the 90% target for appraisal performance. Employee relations is a focus and investigators are being employed and trained to progress cases much more quickly. Committee members questioned international nurse numbers and the trend, Healthcare Assistant recruitment and links with the national workforce plan. Consultant appointments and whether this had plateaued was discussed in some detail and the People and Organisational Development (POD) would consider this alongside new roles as a potential future deep dive. Analysis of the 40 vacancies and how these were being managed was requested for inclusion to provide additional context, factoring in a summary on Associate Specialists and alignment with the national workforce plan.	Assurance
Performance and Quality Report	The Chief Nurse referred to the positive discussion during the meeting on the quality dimensions of performance. With another junior doctors' strike announced during August the importance of robust harm reviews and appropriate patient prioritisation was highlighted. An increased number of complaints were being received from those patients waiting. We know that when our departments become pressurised the time taken for staff to have a conversation that is compassionate and meaningful is not always achieved leaving patients feeling unsupported. There is a huge focus on customer service at Colchester to remind staff how they need to communicate. What might be helpful in relation to ED performance data and to provide additional assurance is the inclusion of the large programmes of work and the positive or negative impact on performance delivery. From an equality, diversity and inclusion (EDI) perspective, considering silent communities that are accessing our services is important, recognising that there was more work to do from a global majority and LGBTQ+ perspective. This would be picked up through the EDI Steering Group and POD. Assurance was sought on long waits and nutrition for patients, certainly in ED, and this had been resolved.	Assurance
Finance Report Month 3 2023/24	The favourable in-year position against plan continues and the year-end break-even forecast had not changed. Concern remains regarding under-delivery of the cost improvement programme (CIP) and a Financial Sustainability Group is now in place following discussion at Executive Management Committee. The context across the country was described and the Trust's underlying position will worsen should CIP not achieve as planned. The Committee discussed how long it would be for divisional performance to impact on the Trust-wide position being reported on a control total basis, surgical division performance and the	Assurance

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	level of and difficulty in achieving CIP in an organisation that has managed its finances and budget setting effectively alongside the management of industrial action and service delivery to patients. Elective Recovery Fund analysis and potential implications were reviewed with the baseline requirement reduced by 2% across the whole year to reflect the financial impact of industrial action in April. There is no material risk to the reported position at month 3 but concern was expressed for month 4 as negotiations with HM Treasury are unlikely to have concluded on the percentage impact for June and July. Members highlighted the cost/non-cost of industrial action and the significant risk that this represents to ESNEFT, the system and nationally. ERF is judged on a system basis, so ESNEFT is linked to the performance of others. The national financial recovery actions, expenditure controls and East of England best practice were provided. Divisions and corporate areas will self-assess against these controls by 14 August for discussion at a future Committee. The work being done with WSH on system-wide CIPs was questioned. The current financial position for SNEE was provided. The ICB has a duty to break-even across the system and the financial escalation process had been agreed and was set out. Members sought further understanding of the direct or indirect consequences for ESNEFT and updates were provided regarding regulatory involvement. Non-Executive Director members continued to attend the ICB Finance Committee	Alert
Policy on Implementing Overseas Visitors Hospital Charging Regulations	The revised policy relates to the collection of fees as mandated by statute for patients who are not entitled to free NHS Care, other than in primary care and within the ED. With an additional sentence regarding health inequalities included in the key principles section the policy was **approved**. It was confirmed that this was applicable to both elective and emergency care.	Assurance
Board Assurance Framework Risk 2, financial performance/ medium term financial outlook	It was proposed that the current risk rating was maintained due to the ongoing uncertainty in respect of future revenue streams, the current spending review ends in 2024/25, inflationary pressures are likely to continue, the system financial position, future capital developments in West Suffolk and the lack of an Integrated Care Partnership clinical strategy providing the opportunity to maximise opportunities on a service basis. ESNEFT is in a relatively stable financial situation, continues to test its financial plan assumptions, pursues CIP and productivity opportunities and enhances governance control processes. There is a significant financial risk for all NHS organisations in future. There was discussion on the target risk rating suggested move from an 8 to a 12 and whether this was deemed too ambitious when reflecting on the risks. The proposal was **supported** by the Committee with further work on the target risk rating prior to Board consideration.	Assurance

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Accountability Framework Report	The summary of month 2 was **noted** including the progress being made by specific divisions.	Assurance