

COMMITTEE KEY ISSUES

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

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:	Performance and Finance Committee, 23 August 2023
CHAIR:	Eddie Bloomfield, Non-Executive Director
LEAD EXECUTIVE DIRECTOR:	Adrian Marr, Director of Finance

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
Operational Performance Report (Acute) – NHS England letters	<ul style="list-style-type: none"> • Elective recovery checklist, a standing item for approval by Chair/Chief Executive by the end of September. Out of 28 metrics, five ambers remain. There is some cross-over with the more recent letter regarding elective capacity and the narrative updates detailed the position on the remaining three items. The Committee sought assurance on the three deliverables and the challenges were discussed. The colorectal plan is being considered by the ICB in September. It is an ambitious plan. In terms of 65 weeks all specialties have plans with the biggest risk to achievement being industrial action, with detail provided on the number of patient contacts lost. Children's and young people's recovery, a national issue, was also questioned to provide assurance that there is the appropriate focus, whether the plan is sufficiently robust for outpatients/follow ups, and the process for confirmation of the self-certification/ triangulation with other data. This will be reviewed again at Committee next month. • Protecting and expanding elective capacity, setting out outpatient transformation, with a plan already in place whilst the timeframe will be accelerated from November to 30 October to meet requirements. This template will be presented to Committee next month. The number of patients waiting over 78 weeks for treatment continues to reduce, there are no patients waiting over 104 weeks, and on track for delivery of 65 weeks by 31 March 2024. Written confirmation now received of de-escalation from Tier 1. Post meeting update: for presentation to Board on 7 September 2023. • Changes to cancer waiting times standards, dataset and guidance, reducing standards from 10 to three from October this year, removing the 2 week wait standard, with a focus on 28-day faster diagnosis. Improvement is being seen month on month. The teams have been nominated for two national awards, which was celebrated. Regarding virtual wards, assurance was sought on achieving the standards for UCR (Urgent Care Response) services, support to care homes and the definition of a transfer of care hub. 	Alert

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	<ul style="list-style-type: none"> • Delivering operational resilience across the NHS this winter, setting an incentive scheme to enable a share of the £150m capital if standards are achieved. The detail of the universal offer was provided, led by the system, with self-assessment against a maturity matrix to identify four priority areas, yet to be agreed. The system return of the surge planning template is required by 11 September, will be considered by this Committee at the next meeting and could be identified as a deep dive to include the seasonal variation plan. The flexibility of funds utilisation to ensure best value is to be confirmed. There was also a separate letter regarding changes to definitions, tolerances and operational escalation reporting levels. Internal operational processes are already being reviewed and clarity across the system is important with pressures already being seen from neighbouring systems. Committee members questioned the percentage of patients to be moved from ED, with reference to discussion at the Quality and Patient Safety Committee (QPS), mortality reviews and excess deaths, and assurance was sought that this link is being considered. Corridor care and the review underway regarding patients with a mental health need were also raised with reference to QPS yesterday, and how Trust performance compares with the rest of the country. 	
Operational Performance Report Integrated Pathways (IP) and North East Essex Community Services (NEECS)	<p>IP: System discussion is continuing regarding nursing activity, referral pathways and quantifying non-housebound need. 18 months' funding has been secured to meet that demand whilst this work continues to consider different models of delivery, working with NEECS and primary care. Work is also underway regarding UCR demand and accountability.</p> <p>NEECS: UCR has been working well with response times stabilised at over 70%. The proactive care implementation framework is being launched to support patients. Some changes are to be made to the virtual ward pathways to increase capacity and take account of a planned audit. Initiatives introduced on the older people's and community hospital wards, including estates improvements, are seeking to improve quality and patient experience.</p> <p>Members welcomed the clarity of the report, questioned whether UCR was a seven-day service and if the management changes have enabled opportunities to improve across both acute and community in Colchester and NEECS.</p>	Assurance
Workforce Performance Report	Positive performance and achievement of targets. A TRAC award has been received for being a proactive employer and the Trust has been recognised by ESR (Electronic Staff Record) as one of the most flexible employers. Admin and clerical days are being held and those that apply will support achievement of the apprenticeship target. Equality, diversity and inclusion remains a concern with more training arranged to increase awareness, and medical locum spend. Members recognised the good performance and asked whether this success could provide an opportunity to thank staff. There was reference to a QPS question regarding the impact of absences on safety of services, medical staff safeguarding and basic life support training. Staff absences do impact on operational management, and the rapid response team could be	Assurance

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	increased, with more conversation required on this. Consultant vacancies are reducing, but there remain some hard to fill posts locally and nationally, and divisions are confident that the risk to patients is being mitigated. Assurance was also provided regarding pharmacy vacancies.	
Performance and Quality Report	Workforce at Colchester is a challenge with areas of escalation being staffed by those drawn from other areas, which means that quality metrics vary with more bank staff in place than we would like to see. This is one of the key risk areas. A deep dive is being presented to QPS in October on harm free care which will include some of the discharge elements. Assurance was provided on the Mental Health Steering Group and a more collaborative review with system partners following recent inquests to ensure that those pathways were safer for patients. The Committee also questioned if there were signs of rising cases of COVID-19 and a revision of the swabbing procedure and vaccination programme for flu and the virus were discussed.	Assurance
Finance Report Month 4 2023/24	The year-to-date position was ahead of plan. Under-delivery of the cost improvement programme (CIP) remains of concern, whilst there was an improvement in-month. A 90% full year effect CIP plan is being requested by the end of September, which will be extremely challenging. The underspend on the capital programme and the ICS and regional position was detailed. This performance was recognised as being in stark contrast to others, whilst there was concern regarding the impact on ESNEFT. Assurance was sought on year-end achievement bearing in mind other pressures, how the Trust's CIP compares with other system organisations and the net effect of industrial action on budgets. The national Elective Recovery Fund assurance process was considered with loss of activity being the most significant impact. A report would be provided to the next meeting. Assurance was also sought on the capital underspend relating to the Dame Clare Marx building.	Alert
ESNEFT Medium Term Capital Plan	Assurance was provided on the process to prioritise schemes. The current forecast funding is significantly less than forecast capital expenditure if schemes not yet approved are included. Based on current assumptions it will not be possible to approve all proposed schemes and to deliver a balanced five-year plan. These schemes were detailed together with the risks to plan delivery and a prioritisation matrix considering strategic fit, quality/patient care, cost/income impact, risk to be mitigated and ease of delivery.	Assurance
Review of Trust Banking arrangements	Standing Financial Instructions (SFIs) require a periodic review of commercial banking arrangements. The Committee was asked to consider the report and approved the recommendations: <ol style="list-style-type: none"> 1. Given the benefits that the Government Banking Service (GBS) provides that the Trust continues to use GBS for its banking arrangements and does not enter into a potentially costly and arguably unnecessary procurement exercise. 2. SFIs are amended to reflect current banking arrangements by retaining a requirement to review but not necessarily re-tender banking arrangements every three, rather than five, years. 	Assurance

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Trust business plan quarter 1 update	Good progress was demonstrated against the Board approved plan with most objectives on track to deliver by 31 March 2024, whilst recognising the impact of industrial action. Further work is required for 2024/25 planning to ensure that all objectives where practical are specific, measurable, achievable, realistic and timely, having reflected on the definition and reporting arrangements for some set this year. Members questioned the executive assessment/rationale and RAG status, the use of data and forecasting. This would be considered at the meeting being held to discuss performance, triangulation and future reporting.	Alert
Board Assurance Framework	Seven of the 11 risks are aligned to this Committee, with partnership working confirmed as reserved for the Board to review three times each year. Comments were sought on the content and new format to enable oversight of these strategic risks. An additional risk is being developed for the Elective Orthopaedic Centre and an in-house session will be provided to the Board to include risk tolerance. The Committee discussed the content, ratings proposed following risk owner review and the process for each Committee to consider. There remained a question regarding oversight of the transformation risk. It was proposed that the Key Issues Reports were reviewed after each meeting to confirm if any discussion would change the content of risks. The process would be confirmed and included within the report for presentation to the Board in September and this Committee would review the deep dives that had already taken place to confirm the future programme and enable assurance to be provided to the Board and the Audit and Risk Committee. This was recognised as work in progress, the format was welcomed, enabling ease of review and update.	Assurance
Committee Terms of Reference	The annual review was considered with some proposed changes to membership. It was confirmed that the Director of Finance would be the lead Executive Director and the Directors of Operations would be added to the membership rather than in attendance. Additional wording would be confirmed to recognise the statutory nature of the Integrated Care Board, the impact of system discussion and decisions on the Trust, without over-burdening Committees. This would include a review of the mapping of ICB meetings.	Assurance
Self-Certification	Relevant items were considered prior to presentation to the Board. This had also been reviewed by the Audit and Risk and QPS Committees, with some further changes to be made from the latter.	Assurance
Escalation to Board/Audit and Risk Committee	Progress regarding the internal review on waiting lists was questioned, with comments from the Audit and Risk Committee being taken account of and the audit currently at the quality assurance stage.	Alert
Accountability Framework Report	The summary of month 3 was noted . Surgery and anaesthetics performance was questioned, and an update was provided on the improvements being made.	Assurance