

Key Issues Report

Issues for referral

Originating Committee/Group and meeting date:	Performance and Finance Committee, 29 November 2023
Chair:	Eddie Bloomfield, Non-Executive Director
Lead Executive (as appropriate):	Adrian Marr, Director of Finance

Subject	Details of Issue	Action*
Operational Performance Report (Acute)	<p>Elective: Ms Lough reported that there had not been significant changes to the checklist since the last meeting of the Committee. Upon being invited to comment on the top three performance indicators by the Committee Chair, Ms Lough stated that some patients waiting over 26 weeks for the validation element had experienced challenges linked to software issues, and those patients had been contacted to be taken through a manual validation process. On the validation of booking appointments for patients well ahead of time, Ms Lough stated that Trauma and Orthopaedics was the only area to not have met this standard, but all patients were now due to be seen before the end of the year. The Trust anticipated no patients to be waiting over 78 weeks by the end of November 2023, and maintained ambitions to deliver the faster diagnosis across all standards through utilising the checklist. Ms Lough also highlighted the work taking place with primary care partners to improve care across all patient pathways. The Committee noted this update.</p> <p>OPEL Framework: Mr Meers stated that the framework had been revised this year and included technical guidance to ensure that all Trusts were doing their coding in a consistent way based on the nine ICS agreed indicators. Each of those nine measures could have a 0-6 score, an average 3.6 score per indicator moved providers into Black segmentation. ESNEFT's average scores were between a 2 and a 3 and the Colchester site contributed more than the Ipswich site towards this score. The go-live date for the new dashboard system was not going to be achieved simultaneously by all providers across the region. The new system would give partners across the system enhanced visibility of performance. Operations teams across ESNEFT sites would have access to these new solutions, and this would support decision making internally by Silver and Gold Command leads. Mr Millar enquired whether a monthly update on OPEL reporting could be provided, and Mr Meers confirmed that automation of systems was taking place across all indicators. When this work was completed Mr Meers took an action to incorporate OPEL reporting into monthly reports to the Committee. Mr Darby confirmed that discussions were due to be held with the Care Quality Commission (CQC) on the links between OPEL and the new CQC inspection framework. The Committee noted this update.</p> <p>Cancer Standard update: Ms Lough presented the consolidated cancer position, highlighting the work that was taking place to reduce backlogs and deliver faster diagnosis. In October 2023 the Trust had delivered a</p>	Assurance

Subject	Details of Issue	Action*
	<p>68% performance on faster diagnosis and was focusing on colorectal pathways to maintain performance in terms of metric output. All other pathways were receiving similar attention as there had been increases in referrals across most pathways. The lower colorectal GI pathway had been a challenge for some time, some elements of the pathway in terms of discharge rates were being reviewed but overall there had been positive steps. The main risks of the colorectal pathway were highlighted, together with the mitigations which included ICB funding to deliver an enhanced workforce resource. Ms Lough also highlighted the potential impact of any further industrial action on performance in this area. The Committee noted this update, and a referral was made to the Quality and Patient Safety Committee to look into how the work taking place to improve cancer pathways could be supported and monitored from a quality perspective, which the Chair of QPS and the Chief Nurse both offered to lead on.</p> <p>Urgent and Emergency Care (UEC): Mr Meers summarised the challenges on the Ipswich site in October 2023, including technical problems with the virtual ward solution. Flow into the Emergency Department had improved using the refreshed Seasonal Variation Plans, but ambulance offload delays remained a challenge. Clinical Leaders were engaged in plans to improve this position, and how to process patients while additional cubicle capacity was being created. Ms Stace stated that on the Colchester site there had been similar challenges in October 2023, however an improvement had been seen in November in terms of ambulance offloads. Medium term plan actions had also been enacted in November, using an enhanced new ambulatory care model which was currently being embedded. She added that multi agency discharge events had been held, and the bedded frailty area on the Colchester site had been used to support this work. The discharge lounge was also being used to accommodate a number of patients. Mr Millar enquired about 12-hour waits across both sites. Ms Stace stated that reporting methodology had changed to start the clock from time of arrival, and Mr Meers highlighted the differences in performance between admitted patients and those not admitted. The Committee noted this update and agreed that at its next agenda setting meeting it would consider whether it wished to hold a deep dive in this area.</p> <p>System Oversight Assurance Committee: Ms Lough stated that discussions had recently focused on the H2 reset which the Committee discussed in full during the finance section of the meeting.</p>	Alert
Operational Performance Report Ipswich and East Suffolk (IES) and North East Essex Community Services (NEECS)	<p>IES & NEECS: Ms Stace offered assurance on the integration between acute and community, virtual ward and community at the front door model. Frailty and community at the front door models had delivered admission avoidance. She added that work was taking place on delivering more utilisation of virtual ward. Mr Little highlighted the contribution of the frailty pathway in terms of utilising virtual ward. A financial viability assessment of the pathway was due to be carried out alongside work to increase capacity ahead of winter. Mr Marr stated that triangulation of capacity would be undertaken as part of business and operational planning to ensure that initiatives such as virtual ward delivered value for money. He reminded colleagues that the Trust had committed to funding a new Electronic Patient Record (EPR) which would absorb a significant proportion of available resource. The Committee noted this report.</p>	Assurance

Subject	Details of Issue	Action*
Workforce Performance Report; bank and agency staffing update	Ms O'Hara highlighted that sickness absence had increased to 5% mainly due to Covid. Stress and anxiety cases were being offered enhanced wellbeing support. The Trust's turnover rate was at the lowest ever level, and recruitment initiatives had been accelerated. Staff appeared to have more confidence to speak up on bullying and harassment. In response to a query about non-divisional corporate staff Ms O'Hara stated that work was being carried out to ensure that this category of staff was being adequately supported and monitored in terms of performance for the purposes of reporting on mandatory training. In response to a query about midwives and nurses, Ms O'Hara took an action to review whether performance data relating to sub-categories of Women's & Children staff could be disaggregated for the purposes of reporting performance against workforce plans. The Committee noted this update.	Assurance
Patient Safety and Quality Report	Mr Darby highlighted that Covid cases had reduced in the last month compared to the same time last year but were rising currently. Influenza was also below last year's levels but rising regionally. He reported paediatric bed pressures and the emergence of a new c-diff strain which accounted currently only for 1% of cases nationally. At ESNEFT there had been more c-diff cases last month and the Trust was aware of the need to monitor closely for cases of the new variant. He also highlighted issues relating to contamination of instruments, and the additional safety checks implemented to address these. Mixed sex accommodation breaches had increased in October and work was taking place to maintain the dignity of patients. Falls had increased in month but harm associated with falls had decreased, and plans were in place to oversee an overall reduction in falls. Complaint themes highlighted were mainly about communications, appointment waits, and waiting times. The CQC visit to the Clacton Diagnostic Centre was supportive and would not have an impact on the overall rating, the evidence required by the CQC had been submitted. The neonatal peer review on the Ipswich site was also positive and points had been raised relating to medical rotas. The Committee noted this report.	Assurance
Finance Report Month 7 2023/24	Mr Marr advised of a favourable variance to plan, with a surplus reported and forecast a year end breakeven or modest surplus position. Junior doctors are a particular concern as across several specialties there were issues relating to rota management. Mr Marr invited the People and Organisational Development Committee to consider whether it wished to look into this in detail at a future meeting. Operational divisions were underspent in month, and reserves were being managed robustly. Cost Improvement Programme (CIP) delivery was a mixed picture of under-delivery as well as good performance across the Divisions, the Trust's cash position was stable, and capital was underspent in year. The SNEE position was an adverse variance against plan, and the region also reported a deficit position. The Committee noted this report.	Assurance
H2 reset update	The Trust H2 plan had been submitted to region, and discussions were taking place with providers who were reporting a financial position less favourable than that of ESNEFT. The Committee Chair enquired about potential additional funding as a result of the reset, and Mr Marr reported that while there was some positive movement in this area, the allocation of funds had been based on which Trusts were experiencing the most pressure, therefore resulting in ESNEFT potentially receiving less than expected funding.	Assurance

Subject	Details of Issue	Action*
West Suffolk Hospital Recovery Plan ICB Finance Committee	Revised West Suffolk recovery plan was on course, but underlying position was to be considered as part of business planning. The ICB Finance Committee had considered and approved the EPR Business Case, and discussions had also focused on the West Suffolk financial position. The Committee noted these reports.	
Business planning 2023/24 Quarter 2	Mr Marr summarised delivery against plan, detailing the objectives most at risk. The 65 weeks target and recurrent CIP delivery were current risk areas that had been previously highlighted to the Committee. While acknowledging the impact of industrial action, Mr Marr noted that this should not become an impediment to committing to the delivery of business plans. The Committee noted this report.	Assurance
Financial planning principles 2024/25	Mr Marr emphasised the financial context of consolidation and highlighted the system risks taken into consideration as part of financial planning. There were a number of opportunities to be incorporated into the financial framework for 2024/25, however, relevant guidance had not been issued yet. CIP and productivity targets were anticipated to be introduced, alongside a focus on triangulation between workforce and activity planning. The Committee noted this report, and Mr Marr accepted an invitation to consider convening a small sub-group of the Committee to support the financial and business planning work internally.	Assurance
Board Assurance Framework; Estates and Facilities deep dive	The Committee received a deep dive presentation of the BAF Estates risk using the new process for presenting and preparing deep dives as approved by the Audit and Risk Committee. Mr Sammons outlined his approach to risk within the Division and stated that in reviewing the BAF risk he had considered the full range of different elements of risk. The BAF risk definition had been updated to highlight the fact that if the Trust properties were not maintained adequately this would have an adverse impact on patient and staff experience, making links between the condition of the Trust estate and the quality of care provided. Based on the number and severity of events that had occurred since he had taken up his post, Mr Sammons was recommending an overall increase of the BAF risk from 12 to 16 due to the frequency of incidents that needed to be managed. These had ranged from water bursts and loss of power supply to less significant incidents. Mr Sammons had commissioned an external review of the Trust's estates strategy and was also working to develop the metrics needed to measure what was important in terms of delivering the individual components of the strategy. The likelihood of the risk could be reduced through good maintenance of the Trust estate, but the severity was likely to remain high. Mr Khatib enquired whether medical devices were due to be covered as part of this presentation, and Mr Sammons stated that he was considering how to incorporate this element into the risk. A discussion ensued on the risk management system used to review and manage BAF risks, and several helpful points were made by Committee members that will inform the development of the risk management framework going forward. The Committee endorsed the recommendation to increase the BAF risk score to 16 and noted that this would be escalated to the Board for final approval through the Key Issues Report and at the forthcoming Risk Session in December 2023.	Alert
Treasury Management Policy	Mr Marr presented the policy as reviewed for approval. The point relating to increasing the level of reporting to Committee to quarterly was highlighted. The Trust was due to receive larger levels of interest rates this year compared to last year. The Committee Chair enquired whether a specific list to which the policy made	Assurance

Subject	Details of Issue	Action*
	reference was due to be provided to the Committee, and Mr Marr took an action to clarify this point offline. The Committee Chair also enquired about the role of the Committee in relation to approving investment strategy and policy, and Mr Marr confirmed that this duty was discharged through the approval of this policy. The Committee approved the policy as presented.	
Escalation to Board/Audit and Risk Committee	Please see BAF section.	
Accountability Framework Report	The summary of month 6 was noted . Mr Marr stated that the Clinical Divisions were mostly scoring a 2 with one Division scoring a 1. Corporate areas were mostly at 3, with the exception of Estates and Finance at 2. The new format of DAM meetings had been well received by the Divisions. The Committee noted this report.	Assurance

*Key:		Approval	Positive action required regarding an item of business or support for a decision
Escalation	Support/decision required by reporting committee to resolve an issue within its remit	Alert	Proactive notification of subject matter/risk that reporting committee is currently dealing with or mitigating which may require future action/decision
Assurance	Evidence or information to demonstrate that appropriate action is being taken within a reporting committee's remit	Information	No action required. Reporting to update on discussion within a reporting committee's remit