

Key Issues Report

Issues for referral

Originating Committee/Group and meeting date:	Performance and Finance Committee, 20 December 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 & Cancer Standard Update: Ms Lough reported for this item, providing an update on performance against the key three deliverables on the elective checklist. The three amber rated areas reported last month remained rated amber. For cancer deliverability the Trust was on track to meet diagnostic targets and had reduced backlogs and patient waiting lists. The Trust had received confirmation from Colchester Orthopaedic colleagues that they had committed to weekend working to step up activity as part of reducing backlogs further, and similar discussions were ongoing with colleagues in Ipswich. An update was also provided by the Medical Director as part of this agenda item on the work recently carried out to ensure that the Sterile Services Division (SSD) remained compliant with standards. Dr Tillett highlighted that there had been no impact on elective activity this week as a result of the previously identified issues within SSD. Ms Lough highlighted that the Trust was ranked second in England for its diagnostic performance but there remained challenges as reported in the monthly position, impacted by industrial action. Referral to Treatment (RTT) performance was closely monitored and reviewed as there had been some recent fluctuations in performance.</p> <p>Urgent and Emergency Care (UEC): Ms Stace highlighted that Colchester performance had improved in November, however, ambulance attendances remained high at times and the opening of a new hub on the Colchester site had had a positive effect in terms of managing those. Bed capacity and issues relating to delays persisted but regionally and nationally they compared well in terms of performance. Community at the front door and ambulatory emergency care pathways had gone live and had had a positive effect in terms of decompressing pressured areas. In response to a question about delayed discharges due to care home admission issues, Ms Stace stated that the Trust was working to identify the full range of factors contributing to such delays including the lack of availability of suitable housing. The Committee agreed to hold an Urgent Care deep dive in the coming months. On emergency admissions, Ms Stace stated that the increase was partly attributable to changes in how those were reported. Ms Stace informed the Committee that the Trust had received a letter regarding excessive patient delays on 18 December which highlighted that despite good overall management there had been excessive ambulance waits on occasion. There was a new requirement to class some of these as never events and report them to the Board going forward. The Trust had responded</p>	Assurance

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	to that letter in full. On Ipswich emergency (ED) performance, Ms Lough stated that there was particular acuity and complexity in November, with unprecedented attendance numbers and a peak in demand. The increased prevalence of Covid-19 seen in recent weeks had also impacted adversely on the position.	
Operational Performance Report Ipswich and East Suffolk (IES) and North East Essex Community Services (NEECS)	<p>IES: Mr Little reported that for Ipswich and East Suffolk there had been an increase in community nursing referrals. Commissioners were engaged in ongoing discussions about demand, with a view to developing a partnership model. Mr Little added that the neighbourhood level activity provided an opportunity to reduce the overall level of need to access community services. A discussion ensued on social prescribing and its potential to reduce health inequalities.</p> <p>NEECS: Ms Stace provided an update, highlighting that the UCRS (Urgent Care Response Service) had received a good response and was due to receive referrals from the newly established ED hub. Funding and resource implications were being mitigated to ensure that those who could be managed in the community could be seen there. Community at the front door was a key part of the community offer, and a business case discussion with input from the wider system was due to be held in the New Year in order to develop a full-scale community model.</p>	Assurance
Workforce Performance Report	The Committee Chair enquired whether brief workforce performance highlights could be provided in future reports and this suggestion was agreed by the Committee. Ms O'Hara stated that sickness absence had decreased overall, and the Trust was working to maintain good levels of retention as well as sharing best practice with system colleagues. The vacancy rate remained low at 3.1% and mandatory training compliance remained high. Employee Relations cases had increased, reflecting increased confidence to speak out. Long term sickness was being managed closely and many cases had been brought to conclusion recently. The Committee noted that industrial action had had an impact on theatre utilisation.	Assurance
Patient Safety and Quality Report	Mr Darby provided an update, highlighting that an enhanced boarding policy had been implemented to improve ED patient flow and improve patient safety. In the area of maternity, a rapid review quality meeting had been held and the regional midwifery team had visited and provided positive feedback on the culture of the division. Evidence for the Clinical Negligence Scheme for Trusts was due to be reviewed at an extraordinary Quality and Patient Safety Committee meeting later today before being presented at the January 2024 Board. Seasonal Variation guidance and plans had been enacted to manage Covid and flu in the winter months. An analysis of the top three complaints had showed that communication, access to treatment, and patient care were the main themes. There was work ongoing with families to improve discharge communication in complex cases. The Trust was preparing for the introduction of the new Care Quality Commission Single Assessment Framework in January 2024.	Assurance
Finance Report	Mr Marr invited Ms Belok, a member of his team, to present the standard finance report to the Committee. Ms Belok stated that the year to date position showed the Trust was ahead of plan and a moderate surplus had been reported in month. The forecast outturn showed a £1.3m surplus and there was no risk to the Trust achieving that position at year end. Agency and bank spend remained stable, the Cost Improvement Programme (CIP) position remained static and there was a need to make further progress to achieve the	Alert re IFRS16

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	<p>required position. The cash position was also stable and no liquidity issues were reported. The capital position was under plan year to date by £14.8m, a breakeven position was forecast at year end and this was being actively managed. Regionally the wider system in SNEE reported a small deficit but was favourable to plan. West Suffolk projected a £6.3m deficit at year end, depending on the delivery of their financial recovery plan. IFRS16 implementation meant that lease-related costs were no longer matched by national funding as in November 2023 this funding was delegated to Integrated Care Boards (ICBs). For the SNEE system in 2023/24 the funding totalled £8m, with forecast costs totalling £37m, which presents a risk for the Trust depending on how it is allocated and if there is not a national solution. Planning guidance was due to be issued in early January 2024 but within the Trust business planning meetings were due to be held with Divisions as planned in the first two weeks of January. Mr Millar enquired whether the Committee could have an update from the Director of Estates and Facilities on CIP delivery within his Division, and it was agreed that this would be provided at the next meeting of the Committee.</p> <p>Mr Marr reported that the SNEE ICS Finance Committee had discussed a redirection of resources from Acute to Community and Primary Care as a feature of forthcoming contractual discussions. The Committee also received an update on the delivery of the West Suffolk NHS FT Financial Recovery Plan, and discussed the wider implications of the introduction of the IFRS16. West Suffolk data in relation to their new hospital programme had been scrutinised and a number of follow up points had been raised by the Committee on which the WSFT would need to provide clarification. The Trust was working with West Suffolk to do some comparative work on their approach to financial management, and the Committee agreed to receive an update on this work at its January 2024.</p>		
Board Assurance Framework (BAF)	The Committee received the latest version of the BAF and agreed to consider which risk it wished to have a deep dive session on at its agenda setting meetings in the future. Mr Millar enquired whether the impact of the implementation of IFRS16 should be reflected on the BAF, and the Committee agreed that this would be considered as part of the process for maintaining the BAF.	Assurance	
Escalation to Board/Audit and Risk Committee	The Committee noted that its members had been briefed on the Executive Team's response to a letter from clinical staff in which they had raised concerns regarding patient safety.	Information	
Accountability Framework Report	Mr Marr presented the report, highlighting that three Divisions were rated at 1 with some making progress towards a score of 2. The SRO indicators for 2024/25 were currently being reviewed. All corporate areas were at a score of 3 or 4, with the exception of the Estates and Ops teams.	Assurance	
Any other business	The Committee noted that a sub-group had been established to support next year's planning process, and encouraged Executive and Non-Executive Committee members to attend these meetings.	Information	
*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