

## Key Issues Report

### Issues for referral to reporting Committee/Group

<b>Originating Committee/Group and meeting date:</b>	Performance and Finance Committee – 24 January 2024
<b>Chair:</b>	Mr Eddie Bloomfield, Non-Executive Director
<b>Lead Executive Director (as appropriate):</b>	Mr Adrian Marr, Director of Finance

Subject	Details of Issue	Action*
Action Log and Matters Arising	The Committee Chair noted that an action had been remitted to P&F from the Board to consider opportunities for review of national targets since these were likely to be focused on patient experience, and to consider where the Trust's level of ambition should be set. Mr Marr stated that there were opportunities to go further, faster across several areas and Mr Khatib encouraged the Committee to consider the whole patient journey as part of that discussion. The action will be absorbed into the current work on business planning.	Information
Estates and Facilities CIP (Cost Improvement Programme) Update	The Director of Estates and Facilities provided an update on his Divisional CIP position, and shared with the Committee his reflections on the levels of awareness of financial performance within the team. The historic CIP target performance reflected a lack of proactive thinking on how best to deliver the CIP, and there had been limited progress in terms of delivering the CIP which in turn had an adverse effect on the Trust as a whole. The implementation of current plans would not result in targets being met this year, and the support of external parties had been sought to identify contract optimisation opportunities that could generate cost savings in the longer term. Mr Millar thanked Mr Sammons for an insightful update on the current position, and enquired whether other Divisions may be experiencing similar challenges in terms of culture and ownership in this area. The Committee Chair and other members stated that it was not within the Committee's remit to agree amendments to the Division's CIP plan in the way the paper invited the Committee to do. Mr Khatib enquired whether the current structure was appropriate in terms of supporting the delivery of CIP. Mr Humpston enquired whether CIP targets were set at a level which was achievable. Mr Marr stated that he would welcome a discussion about what was realistic and achievable in terms of CIP targets, and added that there was a need to ensure that contributions from all Divisions were allocated equitably. Mr Meers stated that early delivery of CIP targets could potentially support the timely delivery of the EPIC project. Mr Sammons stated that, as stated in his BAF risk, he was incorporating collective reporting into business as usual as a means of promoting ownership of this within his department.	Assurance

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Operational Performance Report (Acute)	<p>Ms Lough provided an update on the Elective Recovery checklist, noting that progress continued to be made on meeting outcome delivery. A cancer pathway redesign issue was highlighted, where an options appraisal was taking place with Divisions to improve performance. The national ambition to eliminate waits over 78 weeks by the end of March 2024 remained in place, and Ms Lough provided an overview of regional performance against this ambition. The SNEE position on reducing cancer backlog waits was the best it had ever been, and faster diagnosis delivery had also exceeded all previous levels in terms of performance. Industrial action and bank holidays had impacted the January 2024 position through lost slot opportunities. In response to a question about Ms Lough's expectation on long wait performance, she stated that she was anticipating 200-250 patients to still be waiting over 65 weeks at the end of March, not taking into account any further industrial action that may take place.</p> <p>Mr Meers provided an update on the OPEL framework guidance and revised reporting implemented in December 2023, both sites complied with new reporting requirements and had only escalated up to OPEL Level 4 only on one occasion in the reporting period. The implementation of the new framework had resulted in reduced escalations and ambulance diverts regionally, as there was enhanced visibility of performance across providers in SNEE. Correspondence had been received which introduced regional escalation of any ambulance waits over 4 hours, any such incidents would be reported going forward. The two main hospital sites were collaborating to eliminate ambulance offload delays, and patients were being swabbed for Covid on arrival.</p> <p>Ms Stace added that the drive around the Trust being able to offload in a timely manner was also linked to the Ambulance Service's ability to respond quickly and the Ambulance Service in the region had identified several risks. Current pressures were significantly lower than at the same time last year and the management of risk had produced improvements in overall performance. Mr Meers added that 12-hour waits had improved across both sites and there was a focus on patient safety across our waiting rooms and cubicles.</p> <p>Ms Lough reported that the SMIT for SSD had been stood down following assurance received of no further incidents, and Mr Darby would continue to monitor developments going forward as part of business as usual.</p>	Assurance
Operational Performance Report (IES & NEE Community)	<p>Mr Little stated that the volume of referrals had decreased in line with seasonal variation but remained at high levels. He added that ESNEFT Integrated Network Teams had received wide recognition for their work, including the Woodbridge team who had introduced an effective crisis prevention frailty model. There were urgent community hub conversations ongoing which extended across the range of current issues on which regional collaboration was required.</p> <p>Ms Stace stated that NEECS had focused on enhancing the community offer to include the development of neighbourhood teams. In order to meet demand and extend the capacity of teams to respond round the clock, the alliance would be asked to support with funding but there was investment required in more than just monetary terms.</p>	Assurance
Workforce Performance Report	<p>Ms O'Hara stated that mandatory training and appraisal performance was currently above target. The Trust had had a temporary peak in sickness absence relating to stress and anxiety. Nursing turnover and overall</p>	Information

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	turnover rates were at their lowest levels since 2021. Since the Trust had established regular bank and agency meetings with the Divisions there had been an enhanced capacity to maintain safer staffing levels. The Committee noted the very positive Workforce position.	
Patient Safety and Quality Report	Mr Darby stated that the Infection Control BAF had been reviewed and an update on the outcome of that review would be provided at QPS. The ICB had confirmed that the Trust had been placed in Enhanced Surveillance for Infection Control and a first meeting was due to be held to discuss the Trust's plans to make improvements in this area. There were internal and external discussions on ventilation in theatres and decontamination, including on lessons learned from the recent decontamination incident which, as the Committee heard earlier, had now been stood down. The prevalence of measles in England was also highlighted. Mr Darby was also looking into making improvements to patient experience and quality through the provision of an improved patient transport service. The CQC Single Assessment Framework's implementation was progressing, and regular relationship meetings were due to be replaced with an annual meeting between the CQC at CEO level. The Board had approved the Trust's annual Clinical Negligence Scheme for Trusts (CNST) submission which had been signed formally by the ICB and Mr Hulme for final submission. Complaint themes remained unchanged and related to communication, care, and access. The ED department in Colchester were trialling a new approach with regards to security and the outcome of this would be reported to the Committee in due course.	Alert
Finance Report Month 9	<p>Mr Marr stated that the ICB Finance Committee had not met since the last P&amp;F Committee meeting, but there had been correspondence relating to IFRS16 on the suitability and implementation of new policy. The Trust reported a revenue surplus year to date and was on course to meet its control total surplus at year end. Due to the current comfortable financial position, discussions with partners on maximising the position would take place, and the Committee agreed to recommend that a Board-level discussion also be held on collaborating with key partners to identify potential financial opportunities in this context.</p> <p>The pay position reflected ongoing discussions on medical staffing, and agency staff expenditure had reduced. Non-pay was overspent, particularly in clinical supplies. Divisional performance varied with some being overspent and others underspent, while the cash position was stable. Capital was underspent year to date but was forecast to reach a closing position of breakeven. SNEE was also forecasting a breakeven position, and was the only ICB to do so nationally. Further progress was required on CIP.</p>	Alert
2024/25 Financial Framework – Planning Guidance to Date	Mr Marr reported that in December 2023 the Trust received a planning letter in which it was stated that financial discussions were ongoing with HM Treasury which meant that the full planning guidance could not yet be issued in full. Targets to reduce waiting times and a focus on workforce productivity were some of the elements anticipated to be in the guidance. NHS England were likely to delegate specialist commissioning elements to ICBs, including SNEE and overspent systems would be required to repay debt up to 0.5% of turnover. Changes to Cabinet Office controls to the East of England were being rolled out across England which meant that any contracts over £10m would require Cabinet Office sign off, and SFIs would need to be	Information

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	amended to reflect this. Business Planning in the organisation was continuing at pace while the release of the full planning guidance was anticipated.	
Board Assurance Framework	Mr Chalkias presented the current version of the BAF, highlighting that the strategic risks owned by the Committee continued to be regularly reviewed by BAF risk owners working jointly with the risk team. As a result of these reviews gaps and associated key control actions had been updated but there had been no changes in risk ratings. A risk trend had been added to the BAF template to provide enhanced visibility of rating changes. The Committee chair invited the Committee to consider whether the strategic discussions to which Mr Marr made reference earlier could potentially meet the threshold for inclusion on to the financial sustainability risk, and Mr Marr stated that he would consider this was part of his regular review of his BAF risk.	Assurance
Accountability Framework Report Month 8	Mr Marr reported that SROs were involved in discussions about metrics for 24/25, and highlighted the proposed amendments to the metrics in the well led domain, specifically with regard to roster management. Workforce productivity was likely to be a main area of focus, and Mr Humpston agreed to receive a referral to the POD Committee to look further into this at a future meeting.	Alert

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