East Suffolk and North Essex NHS Foundation Trust

Key Issues Report

Issues for referral

Originating Committee/Group and meeting date:	Performance and Finance Committee, 28 February 2024
Chair:	Mr Eddie Bloomfield, Non-Executive Director
Lead Executive (as appropriate):	Mr Adrian Marr, Director of Finance

Subject	Details of Issue	Action*
Operational Performance Report (Acute)	**Elective/Elective Recovery Board checklist:** Ms Lough presented the checklist which included the same three remaining ambers. She was confident that the Trust was on course to eliminate 65 week waits by the end of March, although nationally the target deadline had been extended to September 2024. In response to the Trust's plans for improving orthopaedic outpatient performance, Ms Lough was confident that the standard would be delivered by the end of September 2024. The opening of the Elective Orthopaedic Centre (EOC) in August 2024 would mean that activity and capacity would be enhanced ahead of that September target. **Cancer Standard update:** Ms Lough stated that the 75% diagnosis standard was forecast to be achieved, and a significant amount of activity was over-delivered in January 2024. The number of patients waiting over 62 days remained slightly higher than anticipated, with the Trust sitting at 72% against a national target of 70%. Plans were in place to achieve an improved position in March 2024. **Urgent and Emergency Care (UEC) deep dive:** Ms Hilliard presented the Colchester Urgent and Emergency Care Performance Improvement plan. She summarised performance from April 2023 to February 2024, during the winter period the 76% target was met. Taking into consideration historic performance, and working with BI colleagues, projections were indicating that the 76% target would continue to be met in March 2024 through implementing a range of assurance schemes including: timely streaming and redirection, consultant cover in the Emergency Department (ED) at night, community at the front door, porters introducing a transfer team, and reducing the number of 12 hour plus patients in ED. She added that a range of accountability controls had been introduced to review performance and make changes to the Trust's response and action plan accordingly. Mr Tobin stated that for the Ipswich site, 4 hour performance was the main concern ahead of the opening of a new Urgent Treatment Centre (UTC) later this year. In terms of the main factors contributing to 12 hour delays and adversely affecting the site's capacity to deliver against the 76% target, he cited bed capacity constraints as a concern, and highlighted the significant growth in waiting times for patients in the waiting area, and the frequent attendance of individuals with mental health issues in the ED waiting longer to receive support by mental health colleagues. Ms Taylor stated that the Ipswich team had implemented shared learning from the Colchester site ED experience. This included using electronic observations and an early warning system for	Assurance

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	patients in the ED. Communicating with patients and ensuring they remained hydrated while waiting was also highlighted, and Ms Taylor added that a risk-based approach was used by the team to monitor all ED attendees. The discharge lounge team were proactively working to enhance flow, and this had resulted in several compliments being received. Mr Tobin stated that operational managers had attended training on how to improve ED performance by ensuring there was timely streaming and redirection, rapid assessment and treatment, and that the hours of operation of the UTC and its capacity were maximised. He provided an overview of the full range of improvement schemes and described the command and control arrangements in place to support collaborative learning from the ED experience on both sites. There were a number of areas in which external partner support was needed in order to improve the overall position and the processing of Clinically Ready to Proceed patients. There were queries raised by Non-Executive members about the potential for normalising corridor care, and the plans to resolve underlying capacity constraints on the Colchester site. Ms Lough acknowledged that there were slightly different issues across the two main hospital sites, and highlighted the need to share ownership of the plan to improve flow across the teams that could work together to reduce breaches. Dr Gordon added that the impact of the UTC in Colchester demonstrated the benefits of using a strategic approach. Alternative long term plans beyond increasing bed capacity would have to be considered, looking at importing practice from other providers who had managed to improve their ED position through the adoption of drastic measures such as extensive boarding.	
Operational Performance Report Ipswich and East Suffolk (IES) and North East Essex Community Services (NEECS)	Mr Chandiwana highlighted on behalf of NEECS that good progress had been made in terms of the Urgent Community Response Service despite funding challenges. The service required expansion to maintain capacity. Community at the Front door funding is due to expire at the end of March 2024 and there were discussions with system partners due to take place on the potential to extend this offer. Identifying frail primary care patients at an early stage to provide them with resilience and avoid them reaching crisis point was a priority for the service. Mr Little stated that urgent response in the community was an important aspect, however, in working as a system to manage demand there were further mitigations required. He cited diabetes management as an example where a reduction of the need to access further interventions had been achieved through using a preventative model of care. Community Services was on the list of future deep dive topics.	Assurance
Workforce Performance Report	As part of the review of the Committee action log, a point was raised by Mr Millar regarding the workforce productivity action. Mr Humpston would welcome an offline discussion with relevant colleagues with a view to achieving synergy between the clinical strategy and workforce strategy. Ms O'Hara highlighted that sickness absence remained slightly higher than anticipated. The Trust vacancy rate remained low but was due to increase because of aligning this with the bank performance. The Trust had received its staff survey results, while these were embargoed until early March, and improvement had been seen across all indicators. Work was continuing at pace on the NHS People Promise, including on improving retention. In response to a query from the Committee Chair about EOC recruitment, Ms O'Hara stated that the recruitment days held recently had attracted significant numbers of expressions of interest and an update on this was due to be provided at a future meeting.	Assurance

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Patient Safety and Quality Report	Ms Rutland highlighted that the Trust was using boarding on the wards as part of mitigating ED related risks. Patients who were being boarded on wards or kept waiting for longer in the ED department were being kept informed of developments. The prevalence of infection control issues was not as significant this year compared to the previous year. Pressure ulcers and falls had fluctuated as per the annual trend. Care accreditation is progressing.	Assurance
Finance Report	In terms of revenue performance, Mr Burgess reported a small surplus and a favourable variance of £2.1m in terms of the current position, and delivery of a small surplus was forecast at year end. ERF performance remained strong at 105.1%, however CIP (cost improvement) performance was an area where further improvement was required as there was a shortfall. The capital accounting treatment of the EPR project was subject to audit, and the outcome of the audit exercise was likely to endorse the Trust's approach. The SNEE system and Ambulance Trust were also reporting surplus positions, and West Suffolk Hospital (WSH) NHS FT continued to work to deliver against its financial recovery plan. In response to a query from Mr Khatib, Mr Marr stated that the underlying deficit brought forward from the current year to the following financial year related to CIP under-delivery, and adversely affected the Trust's ability to invest in services. In terms of the accounting treatment of capital in relation to the EPR, confirmation is awaited soon on whether this could be treated as revenue or capital. Issues relating to IFRS16 were due to be resolved nationally. Mr Marr also provided a summary of recent discussions at the ICB Finance Committee, highlighting that WSH was currently undertaking a Deloitte Well Led Review and that changes had been made to the membership of that Committee. In response to a query from Mr Humpston, Mr Chalkias took an action to provide an overview of the system governance arrangements to the Committee in due course, to provide clarity on the decision making and accountability arrangements for system level issues.	Assurance
Business planning	**2023/24 update:** In terms of progress against the business planning objectives for 2023/24, Mr Burgess stated that at the end of the financial year an assessment against performance standards and milestones was due. Progress year to date was good with many completed and most on track to be completed. **2024/25:** Mr Burgess advised that planning guidance had not been formally issued to date and was anticipated to be issued after the Chancellor had made his Budget Statement to Parliament in early March. NHS England released draft guidance in early February on which Board members had been briefed. Templates were subsequently issued, with a high level submission due on 29 February, a first full submission due on 21March which required more detail, with a final submission due on 2 May. Headline modelling had been set out by the Trust in its early submission. Mr Burgess asked the Committee to retrospectively approve the submission made by the Trust yesterday which was in line with what had been discussed at the business planning Board seminar. In response to a query from Mr Khatib about mitigations for risks that had not been fully mitigated to date, Mr Marr stated that divisions would need to manage those and had options in terms of contingency funding at divisional and Trust-wide level. Mr Marr also provided an update from a system wide finance meeting this morning to discuss the planning guidance, focused on productivity and workforce growth. A referral to the People and Organisational Development Committee was made to discuss and explore how to monitor this going forward.	Assurance

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Board Assurance Framework (BAF)	The latest version of the BAF was presented by Mr Chalkias. This included the key changes to each risk owned by the Committee as previously requested. In light of the deep dive held earlier, the Committee focused its discussion on BAF risk 6a and BAF risk 3. It was agreed that as part of the next review of those risks the likelihood and impact would be examined in more detail by the Lead Executive owners to reflect the discussion held as part of the deep dive, and the links with the Trust's strategic plan and system wide discussions. There was also a specific point about bed capacity in Colchester raised by Mr Millar which would need to be included in the next review. This was in line with the agreed process for maintaining the BAF.	Assurance
Accountability Framework Report	The Month 9 report was received.	Assurance
Any other business	In response to a query raised about discussion on cross-cutting themes and the interdependencies between the quality and performance aspects of the issues discussed today, Mr Chalkias took an action to consider where may be the most appropriate forum to hold this discussion with Board colleagues.	Information

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