

Key Issues Report

Issues for referral

Originating Committee/Group and meeting date:	Performance and Finance Committee, 27 March 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)	<p>Elective/Elective Recovery Board checklist: The year-end position for the checklist confirmed two rather than three remaining ambers with the cancer pathway redesign and FIT testing in primary care now rated as green. Patient waits over 65 weeks have been virtually eliminated whilst nationally the requirement is to achieve by September. 411 patients are currently undated at the end of March with some further work to do prior to month end. In total, 40,640 patients were to be treated and 40,229 have been dated or treated, despite industrial action and building works, a huge achievement. For patients waiting over 78 weeks, we are forecasting no capacity breaches at the end of March, one of the very few trusts to forecast this. Members welcomed this tremendous performance, and the Committee formally acknowledged the team effort demonstrated whilst questioning the opportunity to learn lessons from this positive action. The amber rated action in relation to the RTT pathway and PAS validation was queried and whether this should be green as validation is being undertaken. Questions were also raised regarding diagnostics, the dramatic drop in over six week waits during February and sustainability, faulty MRIs, and the reassurance provided to local people that whilst we wish to improve further ESNEFT is in a good place in comparison with other Trusts. A full response was provided regarding diagnostics including a demand and capacity review due for completion shortly which will support planning and management of referrals.</p> <p>Cancer Standard update: There had been a huge achievement with regard to the 28 day Faster Diagnosis Standard which we achieved in February and on track to deliver in March. The 62 day backlog saw a significant reduction with further progress in March to achieve requirements and on track for delivery to the fair shares allocation of 230 patients. Planning for 2024/25 is underway with performance already above the combined standard of 70%, with plans to deliver 80%.</p> <p>System Oversight Assurance Committee: The regional focus on performance was considered and committed non-recurrent funding was confirmed for the unscheduled care hub for the next 12 months. Concern was raised in relation to workforce growth, there was a focus on workforce productivity and the link to activity and some evidence that flow was the main reason for reduction in activity. Staff morale and vacancy factors in the system were also highlighted and a specific productivity target for the system is a priority. The Audit and Risk Chair</p>	Alert

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	<p>referred to observation of the Risk Oversight Committee this week, the corporate risk register and questioned if the risk of providing a core pharmacy service in Ipswich and Microbiology required further triangulation. The time patients spend in the Emergency Department (ED) had increased and flow within ED and a deep dive was suggested from a patient and quality perspective at the Quality and Patient Safety Committee (QPS). The Chair of the People and Organisational Development Committee advised of Committee discussion last week and the action being taken in relation to workforce productivity.</p> <p>Urgent and Emergency Care (UEC): Last month a deep dive indicated that it would be challenging to achieve the standard by the end of March, although the Board was presented with a more positive update. The Chair requested detail on the current and likely end of March position and the detail of any positive financial impact. Two members had visited the Ipswich ED in the last month which had been helpful. 80.77% ESNEFT delivery is projected on 31 March. In the first 25 days, 1,916 more patients waited less than four hours compared to February, 603 more patents were offloaded in less than 30 minutes than the same period in February, in Ipswich there had been a significant reduction of 225 patients waiting more than 12 hours, the admitted journey time has reduced from 507 to 363minutes in February and 563 to 422 in Colchester. There had also been reductions in non-admitted journey times. The focus in Ipswich remains on sustainability and minor changes have been made to create more space prior to moving into the new Urgent Treatment Centre. Every patient has mattered from a breach perspective and a full review of the data is being considered to include an assessment of the staffing available. Across the wider organisation this has been a fantastic achievement. At Colchester no action has been taken to reduce the burden on bed capacity at this current time however Community at the Front Door and the ambulatory care model overnight have made a huge difference. A significant increase has been seen in patients with a mental health need and further work is required as this is not the right environment for them. The detail of the incentive capital payments was provided, whilst there is a significant shortfall in our current capital plan and discussions are ongoing on the incentive to EDs. Members questioned the drop in attendances at Colchester, patient acuity, medical and clinical skill mix and the movement of staff to achieve better outcomes, and whether there were underlying models and best practice elsewhere. A future discussion on this, bed capacity and the infection control impact would be welcomed. An end of year message to staff would be considered by Board next week.</p>	
Operational Performance Report Ipswich and East Suffolk (IES) and North East Essex Community Services (NEECS)	For NEECS, there has been emphasis on building confidence in the community teams to support patients at home and there is now more transparency regarding the Better Care Fund (BCF) and agreement that any slippage of this £5.9m fund will automatically support reablement and ward bed capacity. The recent Alliance Committee discussed the need for data to demonstrate delivery and a deep dive analysis of the schemes in place. In relation to IES, the step up of the REACT services hasn't been improved financially and other mechanisms are being considered to address that demand, ensuring that IES works more closely with Medicine Ipswich to prepare joint proposals to use existing funding streams. Members questioned the BCF position in IES, further detail was provided on the onward journey for patients in Colchester, and the potential of communication to patients to enhance their understanding of the integrated service provided whilst recognising that there is	Assurance

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	further work to do. The Committee was advised of the future involvement of our communities in co-production of these messages.	
Workforce Performance Report	Appraisal performance was slightly below the 90% target and the reasons were described. This was likely to continue for two months. The investment in support to Healthcare Assistants has demonstrated a significant improvement in the retention rate and enhanced support to patients on wards. An update on recruitment for the ESEOC confirmed that 42% of posts are now filled. Members questioned the reduction in ward fill rates and the impact on discharge and flow, and acknowledged the consistent and highly creditable performance and that this should also be communicated. Further detail was provided on the reduction in bank rates from 1 April and alignment with Agenda for Change terms and conditions, encouraging staff to work substantively and ensuring that pay was fair and equitable.	Assurance
Patient Safety and Quality Report	The Deputy Director of Nursing advised of a reduction in the number of incidents regarding boarding and the discussions taking place with patients and ward ownership of those patients. There was an increase in complaints in December/January although this seems to be decreasing with positive work on communications. Falls and pressure ulcers are being kept under review. The first mock care accreditation review has taken place prior to this programme being implemented. Mental health had already been raised and the system CYP programme ends on 31 March. Much of this work takes place in the community to prevent admission, and the use of this money in the community is being considered with the system. An Integrated Care Board (ICB) external review is being undertaken in April in relation to sterile services and the number of incidents had reduced significantly.	Assurance
Finance Report Month 11	<p>The planned surplus at year end was forecast to be achieved, a £25.5m capital underspend includes the unplanned impact of IFRS16 which had been resolved for this financial year, thereby eliminating that underspend. The cash position was positive and under-delivery of the cost improvement programme plan was reported of £8.9m against a target of £23.2m. The system is forecasting break-even for 2023/24 with additional support provided to West Suffolk Hospital NHS Foundation Trust (WSH NHSFT). Members questioned the overspend and whether there were underlying issues in MSK and Special Surgery, the position in Surgery, Gastroenterology and Anaesthetics and link to the Accountability Framework. The premium cost required to deliver additional activity was recognised although further assurance was requested in relation to the requirements asked of divisions and the confidence for next year. These levels of overspend are not sustainable or equitable and it was recognised that further work was required across all divisions.</p> <p>A meeting of the ICB Finance Committee focussed on discussing the WSH NHSFT financial position and the PA Consulting report. Workforce triangulation, operational performance and the planning submission for 2024/25 were also presented.</p>	Alert
Business planning and financial framework 2024/25	The final national operational planning guidance had not yet been published. The key announcements for health and care in the Spring Budget were described including the additional £2.5bn revenue funding to protect current funding levels and support continued reductions in waiting times and improved performance, £3.4bn capital funding over three years for technological and digital transformation and the £35m over three years to improve	Alert

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	<p>maternity safety. The inflationary challenges, cost pressures and capacity developments and the detail of the second full plan revenue submission on 21 March was provided with the final guidance required to confirm a break-even position and enable the full and final submission due on 2 May following additional stress testing and triangulation. The March 2025 RTT target is required to enable this final work to be undertaken. The Committee welcomed the clear plan provided and members reiterated the importance of receiving the final guidance and of the triangulation to be undertaken.</p> <p>The Committee retrospectively approved the Trust's first full plan submission to NHS England, which had been discussed at the ICB Finance Committee.</p>	
Governance	<p>No amendments had been made to the risk ratings for the six strategic Board Assurance Framework (BAF) risks aligned to this Committee. The changes were identified with some actions now closed and the financial sustainability and estates risks continue to be the highest rated within the Committee's remit. The Chair recognised the work undertaken and sought comments on any additional changes required following discussion today. Members questioned if a new set of BAF risks would be prepared for the next financial year and whether the corporate risk register would be presented to this Committee in future. The Committee was reminded that this is the continuing framework to enable the Board to understand the challenges being managed and to gain assurance. It would be helpful to find a way for Non-Executive Directors to understand and contextualise some of the discussion linked to the issues included within the corporate risk register rather than the detail being presented. A Key Issues Report from ROC was being considered for presentation to the Audit and Risk Committee in future and further assurance was provided about the changes made to the corporate risk register to recognise the closure of this financial year. This would be explored further by the Director of Governance and Chair of the Audit and Risk Committee.</p> <p>The e-survey to support all Board Committee reviews of effectiveness would be sent in early April. The results would be considered with Committee Chairs prior to a review of Terms of Reference and presentation to the Board.</p>	Alert
Accountability Framework Report	<p>The Month 10 report was received which included revised metrics for 2024/25 considered by the Executive Management Committee (EMC) on 21 March for final approval by EMC in two weeks' time. The red ratings for the caring and safe domains were highlighted and Executives were questioned on the action being taken. Additional discussion would take place at QPS in future.</p>	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