

Key Issues Report

Issues for referral to reporting Committee/Group

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

Subject	Details of Issue	Action*
Operational Performance Report (Acute)	<p>Elective and diagnostics: Delivered the requirement to have zero patients waiting over 78 weeks for capacity reasons and a reduction of undated patents waiting over 65 weeks by the end of March. Regional and national congratulations have been received regarding the Trust's performance. The focus is now on those patients that will be waiting over 65 weeks at the end of September and today there were just under 9,000 patients left to date and treat. There had been good progress on diagnostics, whilst scanner issues and sickness had reduced performance to c92% rather than the 95% expected. Yesterday's acute planned care programme board confirmed the provision of additional support for other Trusts that were finding the requirements challenging. The Chair reflected on the end of March achievements, thanked the Director of Elective Care for her personal contribution, questioned whether the scanner issues had been resolved and if a risk remained regarding the impact on performance. Members also queried the learning from the improvements made, how that could be sustained, the residual risks, and recognised the teamwork demonstrated, there was no complacency and there was clarity on what good looks like. It was confirmed that the goal was a return to a maximum of 18 week waits for all patients.</p> <p>Cancer: Significant improvement in March with the expectation that the 75% 28-day faster diagnosis standard will be achieved following data validation. 223 patients remained on the backlog against a 230 requirement. This was still far too many patients waiting. Performance is already above the new combined 62-day standard of 70% with plans to achieve 80% by March 2025.</p> <p>Urgent and emergency care (UEC): Improvement had been seen across the standards due to the focus during March, with an ESNEFT validated performance of 81.2% against the 76% national four-hour standard. The non-admitted and journey time reductions were significant and ambulance handover times had improved. A stretch target has been agreed to achieve a minimum 82% and 85% in March 2025, whilst the new national standard is to achieve 78%. Once the UEC centre opens at Ipswich consistent performance at 85% is anticipated and the focus on every single patient was the right one. A second registrar overnight and</p>	Assurance

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	<p>managing patients from the front door had been successful and seeking to extend the consultants in charge in the Emergency Department (ED) from 9am to 12mn to respond when most breaches are seen. Home for Lunch is being launched across both sites as a patient safety initiative, ensuring a focus on the fundamentals of care and releasing capacity earlier in the day to achieve 35% of all discharges by 12md, an improvement from the current c17%. This will reduce that admitted journey time. Colchester has also seen sustained improvement. The results of the national incentive schemes for 2023/24 performance are anticipated shortly. The Chair and members thanked all Directors for their input into this improved ED performance, when also reflecting on the 3000 additional attendances during March. Members confirmed that there was further work to do on quality of care and the Quality and Patient Safety Committee (QPS) would be reviewing this as part of its deep dive into fundamentals of care in May. Mental health waits in ED and the high number of security hours recorded at Colchester Hospital, the number of admissions and the marked increase in emergency admissions later in the financial year were also questioned. The biggest risks were identified as bed capacity and the planned reduction in length of stay and it was confirmed that the increase in patients related to short stay and did not have a huge impact on bed modelling. A query was raised regarding the current position on modelling pathways to ensure that patients are seen in the most appropriate service which would alleviate some of the pressures in ED. The UEC plan is being refreshed and would be presented to a future meeting. A meeting of the System Oversight Assurance Committee had not taken place.</p>	
<p>Operational Performance Report (Ipswich and East Suffolk-IES & North East Essex Community-NEECS)</p>	<p>NEECS: Good performance continues for UCRS (urgent community response) and the number of patients accepted from Cleric, avoiding the need for an ambulance, had increased to 302; 97 more patients had been seen within two hours compared to February, at over 90%; 18 week and 6-week performance remained positive and good use had been made of elective recovery funding, which would continue. The Committee was updated on the continuation of ward enabling works to prepare patients for discharge, learning from the last financial year and extending the reach to other medical wards. This has improved the number of discharges, reducing length of stay on wards, and weekend working has improved Monday patient discharges. A reflection on performance across 2023/24 included UCRS, virtual wards, waiting times and community at the front door and working with system partners, a success story which would continue. The missed opportunities for our own community services to have intervened to avoid acute attendance and admission was also being considered. Members questioned whether funding for community at the front door had been secured and an update was provided on the plans. The review of the year demonstrated the improvements and effective use of funding, and members questioned what had made a difference and what could be done to maintain this.</p> <p>IES: UCRS reduced to below 70% for the first time, although twice the number of patients had been seen in comparison with the same time last year. Funding had already been secured and this will assist in managing that demand, working with colleagues in the Alliance and the system. One of the key outcomes for the integrated care team was to prevent crisis, to avoid acute attendance and proactively manage demand. The Woodbridge Holistic Assessment Team was set up in response to population health management data to engage with patients and provide a one-stop clinic to bring care closer to home, giving patients the chance to</p>	<p>Assurance</p>

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	<p>be assessed by several different professionals in one session. This included liaison with the voluntary sector and social services. The service had received an HSJ silver award. In response to a question about the potential of widening this service, members were advised of services in other areas that are slightly different and focussed on that population's needs. Evidencing the value of preventative intervention has been challenging and comparison with other areas using the population health management data will enable a review of impact and targeted interventions. The link with GP practice provision and productivity was questioned, and the Director's work was welcomed. It was suggested that all directorates/divisions could be invited to present on what they were proud of in the same way that NEECS had done. It was confirmed that divisions were presenting to the Executive Management Committee (EMC).</p> <p>During the previous year a quarterly report had been received on virtual wards and it was proposed that this formed part of the performance report in future. Members questioned sight of all metrics to deliver the business plan and highlighted the importance of having a clear cycle of reporting. The priority was reviewing the patient's journey across all services with the data and narrative important in demonstrating how that service performance was monitored.</p>	
Workforce Performance Report	<p>The workforce metrics and an update on recruitment for the Essex and Suffolk Orthopaedic Centre was received. The vacancy rate had reduced and a decline in stress and anxiety had resulted in a reduction in sickness. A People and Performance Manager has been recruited and starts next week. Members recognised the positive performance and thanked the Deputy Director of People and Organisational Development and the team for their achievements. Questions were raised regarding recent reports regarding the Mid and South Essex requirement to cut 600 posts and the potential impact on our own recruitment plans, and agency trend data. The support that could be provided to other Trusts and the benefit that could be gained within our own system and across systems was also questioned. The Chair of the People and Organisational Development Committee (POD) highlighted the tremendous ownership of workforce issues across ESNEFT and confirmed that a workforce productivity paper will be considered at POD in June.</p>	Assurance
Patient Safety and Quality Report	<p>The Interim Chief Nurse referred to the boarding of patients, the Home for Lunch initiative and focus on discharges, and triangulation of all information including complaints and inquests. The Group A Strep outbreak in Suffolk has resulted in a number of staff requiring swabbing and the Trust tries not to move staff, although that is difficult when staffing challenges are experienced within community services. The deep dive on fundamentals of care will take place at QPS next month and will identify any further areas of concern. Members questioned progress on the independent review of sterile services with no current concerns in relation to Trust processes. The report is awaited and would be presented to QPS, which was also considering a review of another service. The impact on performance was questioned.</p>	Assurance
Finance Report Month 12 2023/24	<p>A draft year-end surplus of £1.338m was reported, £20,000 ahead of plan, and a £23,000 overspend on CDEL (capital departmental expenditure limit), with detail also provided on cash position, divisional and system plans. The draft annual accounts will be submitted on 24 April, subject to external audit review. Members congratulated the Director of Finance and his team for this excellent financial performance. Cost improvement programme (CIP) delivery, implementation of stretching but realistic and deliverable targets and</p>	Assurance

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	<p>the link to the 2024/25 plan were questioned and discussed. This was included within the financial framework and it was confirmed that the Trust must meet its £25m requirement and make the most of its own capacity, and this remains a significant risk. Financial support is provided to divisions to enable them to work on CIP initiatives. Resource has also been invested in the Making Time Matter team and it is essential that the output is maximised.</p> <p>Feedback was provided on the ICB Finance Committee meeting held on 9 April including progress on implementation of the West Suffolk Hospital (WSH) financial recovery plan. Areas of concern were raised, and a subsequent request had been made to the ICB.</p>	
Financial Framework 2024/25	Following consideration of a detailed report, the Committee recommended the framework to the Board for approval.	Escalation – for Board approval
Business Planning 2024/25	The Committee considered a detailed report and recommended the plan for Board approval.	Escalation – for Board approval
Board Assurance Framework	No amendments to risk ratings were proposed for the six strategic risks aligned to this Committee and the changes made to controls, gaps and associated actions were highlighted. BAF6A, sustainable delivery of emergency care performance targets, is being reconsidered and whether the risk rating is reduced to reflect positive performance. This would be formulated for presentation to Committee should that be the outcome of those considerations. Questions were raised regarding a potential increase in the risk rating for BAF3, insufficient capital resources to progress investments. The revenue risk feels a little high and population growth in North East Essex, the infrastructure to support that and the capital consequences was questioned. In the medium term there was likely to be a reduction in the potential to bid against capital resource.	Assurance
Committee Work Programme	The Committee was advised of the amendments made to the programme for 2024/25. A change proposed to the BAF had been actioned and further discussion would confirm the timing of the strategic risks deep dive programme. Workforce productivity was scheduled, with a date to be confirmed pending further work being undertaken nationally, and this had been discussed in detail during the meeting. The work programme was approved .	Assurance
Accountability Framework Report Month 11	The report was received.	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