Trust Board (public) - 6 April 2022

Wed 06 April 2022, 08:30 - 15:00

via MS Teams only

Norfolk and Norwich University Hospitals NHS Foundation Trust

Agenda

Agenda

00 TB Agenda Public 06.04.22.pdf (1 pages)

1. Apologies, Declarations of Interest and Chairman's Introduction

Information and Discussion *David White*

2. Experience of Care - Patient/Family Reflections

Information *Nancy Fontaine*

Keeping people connected - family liaison

02 REPORT Keeping people connected- Family Liaison.pdf (3 pages)

3. Minutes of Board meeting held in public on 02.02.22

Approval *David White*

01a Unconfirmed TB Minutes 02.02.22 Public.pdf (7 pages)

3.1. Matters arising and update on actions

Discussion *David White*

03(b) Actions Arising Update (public).pdf (1 pages)

4. Chief Executive's Update (verbal)

Discussion *Sam Higginson*

5. Reports for Information and Assurance

5.1. People & Culture Committee (28.03.22) inc approval of Terms of Reference

05(a) Report on People and Culture Committee 28.03.22.pdf (2 pages)
05(a)(i) Draft People and Culture Committee ToRs - 2022.pdf (8 pages)

5.2. IPR - Workforce data

05(b) Workforce IPR Feb-2022.pdf (10 pages)

5.3. Quality & Safety Committee (29.03.22)

05(c) Report on QS Comm 29.03.22.pdf (2 pages)

5.4. IPR - Quality, Safety and Patient Experience data

05(d) Quality Safety IPR report 21.03.2022.pdf (18 pages)

5.5. Audit Committee (30.03.22) inc approval of Risk Management Strategy Extension, i) Committee ToRs and ii) Going Concern Statement

05(e) Report on Audit Comm 30.03.22.pdf (2 pages)
05(e)(i) Draft Audit Committee ToR - 2022.pdf (9 pages)
05(e)(ii) Going Concern Report to Board.pdf (2 pages)

5.6. Finance, Investments & Performance Committee (30.03.22)

05(f) Report on Finance Investments and Performance Comm 30.03.22.pdf (2 pages)

5.7. IPR - Performance & Productivity

05(g)(i) Performance and Activity IPR February - Final.pdf (45 pages)

5.8. Finance Report - Month 11

05(g)(ii)b Trust Finance Report M11.pdf (21 pages)

5.9. Use of Resources and Financial Governance Review Actions

05(g)(iii)a Cover Sheet - Use of Resources Update - March 2022.pdf (2 pages)
05(g)(iii)b Use of Resources Update - March 2022 v0.1.pdf (12 pages)

6. Trust Corporate Strategy (2022-2027)

06 Trust Board Caring with PRIDE FINAL.pdf (8 pages)

7. Questions from members of the public

8. Any other business

Date and Time of next Board meeting in public: The next Board meeting in public will be at 9.30am on Wednesday 8 June 2022 – location/arrangements TBC

MEETING OF THE TRUST BOARD IN PUBLIC
WEDNESDAY 6 APRIL 2022

A meeting of the Trust Board will take place at 9.30am on Wednesday 6 April 2022 via MS Teams only

Attendance at the meeting by members of public is by MS Teams only - details at www.nnuh.nhs.uk

AGENDA

	Item	Lead	Purpose
1	- Apologies - Declarations of Interest - Chairman's Introduction	Chair	Information/ Discussion
2	Experience of Care – Patient/Family Reflections - *Keeping people connected – family liaison*	NF	Information
3	- Minutes of the Board meeting held in public on 02.02.22 - Matters arising and update on actions	Chair	Approval & Discussion
4	Chief Executive's Update	CEO	Discussion
5	**Reports for Information and Assurance:** (a) People & Culture Committee (28.03.22) inc approval of ToRs	SD	Information, Assurance & Approval as specified
	(b) IPR – Workforce data	PJ	
	(c) Quality and Safety Committee (29.03.22)	PC	
	(d) IPR – Quality, Safety and Patient Experience data	ED/NF	
	(e) Audit Committee (30.03.22) inc approval of RM Strategy extension i) Terms of Reference for approval ii) Going Concern statement for approval	JF RC	
	(f) Finance, Investments and Performance Committee (30.03.22)	TS	
	(g) i) IPR – Performance and Productivity data ii) Finance Report – Month 11 iii) UOR Update and FGR Actions	CC RC RC	
6	Trust Corporate Strategy (2022 – 2027)	SDH	Approval
7	Questions from members of the public	Chair	Discussion
8	Any other business	Chair	Discussion

*** Documents uploaded to Resource Centre**

Date and Time of next Board meeting in public
The next Board meeting in public will be at 9.30am on Wednesday 8 June 2022 – location/arrangements TBC

REPORT TO THE TRUST BOARD OF DIRECTORS

Date	**6 April 2022**
Title	**Experience of Care Story – Keeping People Connected, Family Liaison Service**
Author & Exec lead	**Amrita Kulkarni, Head of Patient Experience** **Professor Nancy Fontaine, Chief Nurse**
Purpose	**For Information/Discussion and reflection**
Relevant Strategic Objective [delete as appropriate]	**1. We will be a provider of high quality health and care services to our local population** **2. We will be the centre for complex and specialist medicine for Norfolk and the Anglia Region** **3. We will be a centre of excellence for research, education and innovation** **4. We will be a leader in the design and delivery of health and social care services in Norfolk** **5. To deliver our financial plan and recovery programme, supporting the Trust's return to financial sustainability**

Are there any quality, operational, workforce or financial implications of the decision requested by this report? If so explain where these are/will be addressed.	**Quality**	**Yes☐ No☐**	
	Operational	**Yes☐ No☐**	
	Workforce	**Yes☐ No☐**	
	Financial	**Yes✓ No☐**	**A business case is being worked on to consider the continuation of the family liaison service after the temporary funding from the N&W CCG has ceased.**

1. Background/Context

1.1. An 'Experience of Care' story is where a patient or family member describes their experience of healthcare in their own words. The idea is to gain an understanding of what it is like for them and/or their family / carers; what was positive; what was sub-optimal and what would have make the experience more positive.

1.2. Listening to Experience of Care stories gives us the opportunity to learn about the things that we do well and consider where we can make improvements. It helps put patients at the heart of service development and improvements.

1.3. Today a family member (Nikki) would like to share their experience of using the Family Liaison Service whilst their loved one was an inpatient at our hospital. We also have feedback from the Ward sister about the vital contributions the Family Liaison Officer made in keeping the family member and patient connected and alleviating the pressures and issues the ward faced in keeping families and relatives updated about their loved ones.

1.4. During the pandemic keeping families connected has been a huge issue for the NHS and social care. Visiting was suspended as trusts struggled with infections, admissions and grappling with appropriate protocols for managing this.

1.5. At NNUH we instigated a number of initiatives right from the start, in March 2020, to try to mitigate the impact of the pandemic and especially the impact on

patients and families of visiting restrictions, for example:

- Developed local visiting protocol to enable visiting for patients at end of life, with dementia or other vulnerable people with a range of needs; we established early on that family carers should be recognized and supported to visit. This protocol has evolved over time and whilst restrictions remain has enabled a growing range of exemptions to enable visiting.
- Purchased i-pads for every ward and established Skype protocols
- Promoted the PALS messages to loved ones (2228 messages delivered since 01 Mar 2020 to 01 Mar 2022)
- Chaplaincy supported with virtual visiting as well as continuing to provide their pastoral care
- Relatives Liaison Team (established during waves 1 and 2) – redeployed, shielding colleagues ran a dedicated phone line to support contact.

1.6. Early in 2022, with the Omicron variant impacting again on visiting, the CCG provided funding for a temporary Family Liaison Service in each of the acute Trusts and community services.

1.7. This service has been established at NNUH with temporary/bank colleagues – they are ward based Family Liaison Officers (FLOs) – this is a new development enabled by the changes to how Covid is managed, IP&C requirements and staff status. The FLOs help the wards address the issues around communication with family members and keeping patients connected with relatives. This helps patients, families and ward staff who have been experiencing challenges with staffing cover amidst covid.

2. <u>Key issues, risks and actions</u>

2.1. Key learning: Focused approach needed in addressing the complaints and concerns received about families/NOK/relatives not receiving updates about their loved one during their hospital stay. The FLO role has shown the vital role of keeping people connected, the impact keeping families updated about the wellbeing of their loved one has on how patients and families experience their time at the NNUH.

3. <u>Conclusions/Outcome/Next steps</u>

3.1. The experiences shared in this story have provided valuable learning which are being used to build a business case for the need of this role to support patients and families and enhance the support for wards in meeting these needs.

Recommendation:

- The Board is asked to listen to and reflect on the story presented, using that information to inform future strategies and improvement plans.

Experience of Care – Patient Story – Board Meeting	
Brief outline of the "story"	
Nikki's mother, Sheila was an inpatient at the NNUH. Nikki struggled to reach anyone on the wards when she rang the ward for an update about Sheila, the phone rang without an answer for more than 1.5 hours on one occasion. With Sheila's dementia, even if she had a phone with her, she would have struggled to call Nikki herself to let her know how she was doing. It had been weeks before Nikki received a call from a Family Liaison Officer, Steph Saunders, who made sure she would check on Sheila and call Nikki with updates on how Sheila was. Steph (FLO) made sure any medical concerns were passed on to the ward sister/team so that someone who could provide answers about the Sheila's care got in touch with Nikki. Steph Ward (Gunthrope, Acting Ward sister) has shared from a ward perspective her feedback about the FLO service: One of the frequent complaints we receive is that relatives struggle to get their phone calls to the ward answered – Our unit is currently run on temporary staffing only and is often below the ideal staffing numbers and so the nurses find it challenging to keep in regular contact with the friends/ families / NOK of their patients. Having a ward based FLO has been a massive help and I expect will reduce the number of complaints around this. The number of calls into the ward is significantly reduced as Steph is organised and makes calls out to families early in the day reducing their anxiety as well as passing on messages to patients. This early communication often provides the patient comfort and settles them. All of this contact is of huge benefit to the ward as a whole, the nursing team and whole MDT are gaining from the FLO contact as we are able to gather information from relatives helping establish the patients' needs at home making discharge planning much easier and safer.	
What "point" it is trying to convey	
The need for continuation of FLO roles in addressing the complaints and concerns received about families/NOK/relatives not receiving updates about their loved one during their hospital stay and the impact of keeping families updated about the wellbeing of their loved one has on how patients and families experience their care and treatment at the NNUH.	
Who will be "speaking"	
Family member	Nikki? (awaiting confirmation if she wants to attend)
Staff	Steph Ward (Acting Ward sister) Steph Saunders (FLO)/Helena Scott/Boo Marshall (FLO Co-ordinator) Amrita Kulkarni? Sarah Higson?
Time allocation for each element	
Powerpoint slides	5-7 minutes
Staff	Included in the Powerpoint
Questions	5 mins
Any Other Pertinent Information	

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To provide every patient with the care we want for those we love the most

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MINUTES OF TRUST BOARD MEETING IN PUBLIC

HELD ON 2 FEBRUARY 2022

Present:	Mr D White	- Chairman
	Dr P Chrispin	- Non-Executive Director
	Mr R Clarke	- Chief Finance Officer
	Mr C Cobb	- Chief Operating Officer
	Prof E Denton	- Medical Director
	Ms S Dinneen	- Non-Executive Director
	Prof N Fontaine	- Chief Nurse
	Mr J Foster	- Non-Executive Director
	Prof C ffrench-Constant	- Non-Executive Director
	Mrs J Hannam	- Non-Executive Director
	Mr S Higginson	- Chief Executive
	Mr P Jones	- Chief People Officer
	Mr T Spink	- Non-Executive Director
In attendance:	Ms F Devine	- Director of Communications
	Mr J P Garside	- Board Secretary
	Mr S Hackwell	- Director of Strategy
	Mr A Lundrigan	- Chief Information Officer
	Ms V Rant	- Assistant to Board Secretary
	Members of the public and press	

22/001 **APOLOGIES, DECLARATIONS OF INTEREST AND CHAIRMAN'S INTRODUCTION**

No apologies were received. No conflicts of Interest were declared in relation to matters for consideration by the Board.

Mr White opened the meeting by putting on record gratitude to all staff for their tremendous effort in order to maintain treatment and care of patients during a very challenging time in the Trust.

22/002 **EXPERIENCE OF CARE - PATIENT/FAMILY REFLECTIONS**

Sue and Steve (foster carers), Ms Sarah Higson (Associate Director for Patient Engagement and Experience), Ms Amrita Kulkarni (Head of Patient Experience) and Ms Katherine Kitchener (Lead Transition Nurse) were in attendance to present the report.

The Board heard of the experience of a patient (K) with complex health needs and the challenges that had faced K and his foster carers, Sue and Steve, when he was transitioning from paediatric to adult services. The family indicated that there had been elements of outstanding care but other areas in which the Trust's services could have been improved and more patient-centred.

The family's experience has been used to inform improvements and a Lead Transition Nurse role has been established to oversee work to improve transition pathways for young patients. Developments in this area include:

- Patient and Parent information leaflets
- Establishing a pilot Transition Register
- Co-ordination of timeframes for smoother transition

- Urgent Care planning
- Working with and supporting adult wards/teams

Professor Fontaine indicated that overseeing the care of patients with complex care needs can be challenging for clinicians who are highly specialised. The Lead Transition Nurse has enabled smoother navigation of care through careful planning with the family and clinicians across multiple specialties.

Non-Executives reflected on the ambition to establish a transition ward and asked if there are examples of best practice from other trusts that could be used to inform our development. Ms Kitchener indicated that an 'adolescent' ward for young patients with long-term conditions would provide an opportunity for staff to get to know their patients as they move into the adult sector. For some patients the provision of overhead tracking would also be valuable, to facilitate mobilisation and transfers.

Mr White thanked the family for sharing their experiences and welcomed the steps that have been put in place to promote improvement of our service.

22/003 **MINUTES OF PREVIOUS MEETING HELD ON 3 NOVEMBER 2022**

The minutes of the meeting held on 3 November 2022 were **agreed** as a true record and approved for signing by the Chairman.

22/004 **MATTERS ARISING**

The Board reviewed the Action Points arising from its meeting held on 3 November 2022 as follows:

21/047 (21/037 Aug '21) Freedom to Speak-Up training - Carried forward. At item 22/007 the Board received a FTSU update which recommended that additional FTSU training should be scheduled to follow conclusion of the NHSI review of the national Speak Up Policy and agreement of the Trust FTSU strategy. **Action: Mr Garside**

22/005 **CHIEF EXECUTIVE REPORT**

The Board received a report from Mr Higginson in relation to recent activity in the Trust since the last Board meeting and not covered elsewhere in the papers.

Mr Higginson informed the Board that it has been operationally challenging over the last few weeks. The number of patients in hospital with Covid during Wave 3 has exceeded that in Wave 1. Pressure has been exacerbated by high numbers of patients without a criteria to reside (patients medically fit but awaiting social/home care support) with numbers increasing to 190 patients from 70 pre-pandemic.

This combination of factors has caused significant pressure on beds and we have needed to activate surge/super-surge plans, accommodating additional patients in 6 bedded bays. This is challenging for staff but is considered the right thing to do in balancing risks across all our patients. We are grateful to our staff who have continued to patient safety through working additional shifts and helping in many different ways.

At the same time, there has been continuing focus on elective recovery towards the national requirement that no patients should wait longer than 104 weeks by the end of March. Ring fencing of elective beds has continued to enable elective treatment to continue during this period.

Historically, vaccination rates in Trust staff have been high with 95% uptake on flu jabs and 98% having had their first or second Covid boosters. In line with the legislation on mandator vaccination of NHS staff, we have been providing additional support to a small number of staff who have not had the Covid vaccine.

The Trust and system partners are developing Plans for the year ahead in line with the national planning guidance and will be looking at how we can redesign care, elective challenges and community services to address elective issues. Financial plans are on track this year but we will be looking at how activity/services can be managed within the financial settlement for next year.

Initial Staff Survey results have been issued but we are waiting for further data to be released in order to enable analysis of performance relative to other trusts and across different staff groups. There is evidence of staff raising concerns about the quality of care and the pressure that they feel. We will be developing an action plan to take concrete measures and will be engaging with staff to listen to their concerns.

Non-Executives reflected on discharge issues and asked about improvements arising from the multi-agency discharge (MADE) event. Mr Higginson indicated that a target had been set to reduce the number of delayed discharges by 30% by the end of January. The development of virtual ward technology had been innovative and has had a positive impact on our ability to get patients home. We are committed to working more intensively with community partners and long-term solutions need to be identified. There are currently approximately 140 patients awaiting discharge, so there is still a long-way to go before the position is improved to an acceptable level.

22/006 **REPORTS FOR INFORMATION AND ASSURANCE**

(a) Quality and Safety Committee (25.01.22)

The Board received a report from Dr Chrispin concerning the Quality & Safety Committee meeting on 25 January 2022.

The Committee has been updated with regard to the operational position and the exceptional measures that have been required to accommodate in-patients, given high levels of emergency demand, pressure on the ED and delays in discharging patients to community care.

Dr Chrispin reported that the Committee had considered operational performance and noted the correlation of staffing pressures with the deterioration in some IPR metrics.

The Winter Surge plan was also reviewed. The Committee was assured that a structured, risk-based approach has been adopted – recognising the extraordinary practical challenges that have resulted from the pandemic. The Committee accordingly reviewed and approved a Standard Operating Procedure for circumstances in which it is necessary to accommodate additional patients on our wards. Whist we would always want to avoid having to use escalation measures if possible, it is right that we should plan our response to emergencies and extreme situations. The Committee recognised the huge challenges faced by staff in responding to such circumstances and put on record its thanks to our staff for the way that they have worked to keep patients safe.

It was recognised that our staff have been required to make difficult decisions during times of extraordinary pressure in order to maintain treatment for patients and the Committee emphasised that this should not become normalised practice.

The Committee received an update report regarding the work to assess the risk that patients may come to harm whilst waiting for investigation and treatment. The Committee was reassured that there are processes in place to escalate deteriorating patients and treatment is expedited for patients of the greatest clinical priority (P1 and P2). Waiting times for different types of patients are being addressed using a risk-based

approach but the potential for harm highlights the importance of maintaining our elective programme alongside the huge demand for unplanned & emergency care.

The Committee was updated with regard to ongoing preparation for implementation of the national Patient Safety Framework and development of the Trust's PSIRP. The Response Plan specifies a locally-agreed structure for responding to and investigating incidents. It involves a bespoke set of priorities reflecting local circumstances and risk profile.

(b) IPR – Quality, Safety and Patient Experience

The Board received and reviewed the IPR metrics relating to quality, safety and patient experience.

Professor Fontaine informed the Board that 98% of all reported incidents are now rated as 'no or low harm' and there has been a reduction in moderate and severe harm incidents. There has been a continued focus on reducing pressure ulcers supported by a programme to ensure that we have the right mattresses to help pressure ulcer management.

Professor Denton reported that the deterioration in mortality data associated with Covid is now plateauing. There has been a backlog of structed judgement reviews, as clinical staff have been required to prioritise clinical duties. There is a plan to address the backlog and in the meantime we continue to investigate 'alerts'.

(c) Finance, Investments and Performance Committee (26.01.22)

The Board received a report concerning the Finance, Investments & Performance Committee meeting on 26 January 2022. Mr Spink reported that the Committee:

- discussed the very significant increase in operational pressure in the last quarter. In common with Trusts across the country, the Trust has suffered due to Covid cases and staff absences. Despite these pressures, the Trust has continued to focus on reducing the elective backlog and maintaining the P2 lists;
- reviewed the YTD Financial position, noting the current surplus better than Plan, the risks to delivery of the capital programme, and a positive variance of £3.2m in delivery against the Cost Improvement Plan;
- reviewed the Trust's draft Green Plan;
- approved a business case to accept commissioning of NNUH as a Major Revision Centre for Knee Surgery;
- approved the OBC for expansion of the Virtual Ward from the current 25 beds. The final size of the Virtual Ward is still to be determined in conjunction with Commissioners and may be in the region of 160 beds with confirmation of sustainable funding. A Full Business Case will be developed and, in the meantime, the Committee approved expansion to 40 beds for 6 months.

(d) IPR – Finance, Performance and Productivity

Mr Cobb reported that the normal operational pathways in the hospital have been disrupted by the presence of Covid and the need to separate patients who have tested positive. In addition, we have the equivalent of four wards full of patients who are fit for discharge and this is severely restricting patient flow through the hospital.

Significant levels of Covid have required staff absence from work, affecting up to 19% of staff. Work is ongoing with other organisations in the system to facilitate discharges where possible but congestion in the hospital is having a knock-on effect in generating delays in the ED and in ambulance handovers. The Board encouraged the ongoing work in association with system partners to minimise these delays as far as possible, whilst recognising the associated challenges.

With regard to elective pathways, reallocation of theatre time has been focussed on reducing the 104-week backlog, with a particular focus on orthopaedics, oncology and gynaecology.

(e) Finance – Month 9 Report

The Board received a report concerning the financial position at Month 9. The YTD position is a surplus of £9.6m – a £5.2m favourable variance to Plan. The favourable variance is comprised of a combination of pay and non-pay elements and CIP forecast is better than Plan. The forecast outturn is a £9.1m surplus after repatriation of £4.8m of funding to the System.

The Trust has a solid cash position, but the capital programme and associated expenditure is behind trajectory; management actions are being taken to correct the Programme to bring this as close as possible to Plan.

(f) Use of Resources Update

Mr Clarke updated the Board with regard to progress in implementing the UoR Tactical Action Plan. There is a focus on completing all outstanding Internal Audit recommendations by the end of the year and we are on track to achieve this. There has also been success in completing the actions arising from the Financial Governance Review.

(g) People & Culture Committee (15.12.21 & 27.01.22)

The Board received a report concerning the People & Culture Committee meetings on 15 December 2021 and 27 January 2022.

Whilst recognising the competing demands for funding, and the need to manage our finances within our means, the Committee had emphasised the importance of endeavouring to ensure that we adequately resource our HR function and staff welfare/cultural development initiatives.

The Committee is overseeing development of a draft People & Culture Strategy. The process has been delayed by competing priorities but this is a really crucial step in developing the Trust, transforming our performance and planning our workforce for a sustainable future. The Committee will be updated at its next meeting and is also to receive a report regard plans to enhance the estate and facilities available for staff health and well-being.

Following the recommendation of the People & Culture Committee, the Board **approved** the Anti-Racism Strategy Pledge.

(h) IPR – Workforce

Mr Jones updated the Board on the latest Workforce metrics. Our mandatory training rates have exceeded the 90% target. There is however a risk around release of staff for face-to-face training where this is necessary. Operational priorities inevitably take precedence but if staff are not released for training this may create licensing issues in due course.

Non-Executives challenged the downward trend relating to Safer Staffing and when the direction can be expected to reverse. The Board was updated on the steps being taken to expediate processes with regard to recruitment. A number of new international nurses will be starting in the Trust in February. We are seeing the benefit from a number of Open Days to attract people into the organisation. Issuing conditional offers within 48 hours of interview is enabling people to start earlier than has been the case. A Student Experience Committee is also being established in partnership with UEA and will be

reviewing surveys and student feedback, to understand their experience of the Trust and how we can improve that to make the Trust a more attractive place of work.

Non-Executives questioned whether sufficient focus is given by service leads and managers to filling vacancies. Mr Jones explained that a difficulty is that people are extremely busy. Before vacancies are advertised, we are therefore seeking to agree the recruitment timetable to avoid subsequent delays.

22/007 **FREEDOM TO SPEAK UP 6 MONTHLY UPDATE**

The Board received a report from Ms Fran Dawson (Lead Freedom to Speak Up Guardian) providing an update on Freedom to Speak Up activity in the Trust.

A gap analysis is being undertaken to help inform our Speak Up Strategy, which is now under development. This will include reference to individual responsibilities for supporting appropriate culture and reinforce our steps to apply learning following investigation of concerns, both local and nationally.

Ms Dinneen explained that the People & Culture Committee had discussed issues raised through FTSU. Ms Dawson had explained that one theme was that staff could understand that operational pressures may require changes to be made to their working arrangements but found it difficult when these changes are made at very short notice and without adequate involvement or communication with staff.

As Chair of the Trust, Mr White emphasised the importance of staff feeling able to raise concerns so that the Board has an accurate understanding of the real position in the Trust.

As part of the Board Development Programme for 2022-23, FTSU training will be scheduled, following agreement of the updated national policy and strategy.

22/008 **NATIONAL INSTITUTE OF HEALTH RESEARCH (NIHR) CLINICAL RESEARCH NETWORK (CRN) EASTERN: PERFORMANCE AGAINST ANNUAL PLAN 2021/22**

As Host Organisation, the Board received a report concerning performance of the National Institute of Health Research (NIHR) Clinical Research Network (CRN) Eastern against its 2021/22 Annual Plan.

Professor Denton reminded the Board that the Trust hosts the Network which supports nationally funded and governed research for the NHS across the eastern region. The Network has performed well and in a number or respects is being used as an exemplar to assist other networks.

Non-Executives indicated that it would be interesting to hear more of particular research programmes and studies that have been supported through the Network and Professor Denton will work with the R&D team to identify an appropriate Research Story to present to the Board in due course. **Action: Professor Denton**

22/009 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

Ms Devine reported that a question has been asked regarding the Trust's position on the Norwich North-Western link. The position of the Trust has been to support the development - on the grounds that it would reduce the time of conveying emergency patients to the Trust from rural locations. Time has passed and Mr Hackwell agreed to review the Trust's position with executive colleagues to assess whether it should be reconsidered. **Action: Mr Hackwell**

22/010 **ANY OTHER BUSINESS**

There was no other business.

22/011 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Trust Board in public will be at 9.30am on 6 April 2022.

Signed by the Chairman: …… Date: ……
Confirmed and approved for signature by the Board on 6 April 2022 [TBC]

Decisions Taken:

22/003 Approval of Minutes	The minutes of the meeting held on 3 November 2022 were **agreed** as a true record and approved for signing by the Chairman.
22/006(g) Anti-Racism Strategy Pledge	Following the recommendation of the People & Culture Committee, the Board **approved** the Anti-Racism Strategy Pledge.

Action Points Arising:

	Action
21/047 (21/037 Aug '21) Freedom to Speak-Up training – carried forward	At item 22/007 the Board received a FTSU update which recommended that additional FTSU training should be scheduled to follow conclusion of NHSI review of the national Speak Up Policy and agreement of the Trust FTSU strategy. **Action: Mr Garside**
22/008 – CRN(E) performance update	Professor Denton will work with the R&D team to identify an appropriate Research Story to present to the Board in due course. **Action: Professor Denton**
22-009 – North Western link road	A question has been asked regarding the Trust's position on the Norwich North-Western link. The position of the Trust has been to support the development - on the grounds that it would reduce the time of conveying emergency patients to the Trust from rural locations. Time has passed and Mr Hackwell agreed to review the Trust's position with executive colleagues to assess whether it should be reconsidered. **Action: Mr Hackwell**

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To provide every patient with the care we want for those we love the most

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Action Points Arising from Trust Board meeting (public) – 02.02.22

Item	Action	Update – April 2022
21/047 (21/037 Aug '21) Freedom to Speak-Up training – carried forward	At item 22/007 the Board received a FTSU update which recommended that additional FTSU training should be scheduled to follow conclusion of NHSI review of the national Speak Up Policy and agreement of the Trust FTSU strategy. **Action: Mr Garside/Mr Jones**	We understand that the suite of 3 national e-learning videos regarding Speak-up (with the third aimed specifically at Board members) may be completed on 12 April 2022. Details to be circulated as soon as available. **Carried forward**
22/008 – CRN(E) performance update	Professor Denton will work with the R&D team to identify an appropriate Research Story to present to the Board in due course. **Action: Professor Denton**	To be scheduled alongside updates to Q&S Committee on Research Strategy implementation – **Carried forward**
22-009 – North Western link road	A question has been asked regarding the Trust's position on the Norwich North-Western link. The position of the Trust has been to support the development - on the grounds that it would reduce the time of conveying emergency patients to the Trust from rural locations. Time has passed and Mr Hackwell agreed to review the Trust's position with executive colleagues to assess whether it should be reconsidered. **Action: Mr Hackwell**	Board to be updated

REPORT TO THE TRUST BOARD

Date	**6 April 2022**
Title	**Chair's Key Issues from People and Culture Committee Meeting on 28.03.22**
Lead	**John Paul Garside on behalf of Sandra Dinneen (Committee Chair)**
Purpose	**For Information and assurance**

1 Background/Context

The People and Culture Committee met on 28 March 2022. Papers for the meetings were made available to Board members for information in the usual way via Admin Control. The meeting was quorate and the work of the Committee was observed by Mrs Janey Bevington (Public Governor).

2 Key Issues/Risks/Actions

The Committee identified the following items to highlight to the Board:		
1	Draft People & Culture Strategy	The Committee undertook an initial review of a draft P&C Strategy. The Committee welcomed this important development and encouraged incorporation of an overarching ambition, milestones and trajectories – with a sense of pace and urgency. A further 'working group' meeting is to be scheduled in May so that the draft is in good shape for review by the Committee at its next meeting on 27 June 2022. The draft will be subject to staff input and involvement as it is developed and the Strategy is intended to incorporate the various initiatives and recommendations of the NHS National People Plan.
2	Update on 2021 Staff Survey	The Committee received an update on the initial results of the Staff Survey and the actions to be taken to improve the experience of staff working in the Trust. It is recognised that, for many staff, thee experience of working in the Trust is heavily influenced by the extreme operational pressures. Responding to staff feedback in a meaningful and effective way will form an important part of our People & Culture Strategy, endeavouring to enhance workforce planning, staff support, health and well-being.
3	Estates Report – improving staff experience	The Committee received an update regarding Estates' initiatives to improve staff experience and well-being. The Committee requested that the processes around the capital programme should be considered – to ensure that adequate weight and priority is given to the risks associated with staff matters.
4	Gender Pay Gap Report	The Committee considered the annual Gender Pay Gap report, noting that this must not be confused with Equal Pay for people who do similar jobs or work of equal value. The Report confirms that both the Mean and Median GPG have fallen since last year. In common with other hospitals, there is a 'bonus' pay gap which relates to the nationally negotiated Clinical Excellence Award scheme for medical & dental staff and which tends to favour traditional 'male-pattern' career choices. The Committee was assured that the Trust's Gender Pay Gap does not stem from paying men and women differently for the same or equivalent work. Rather, it can be attributed to the composition of the medical workforce, as medical roles account for the overwhelming majority of the highest-earning posts in the Trust. In these roles, there are disproportionately more men than women. It was however

		noted that there has been significant growth in the percentage of women in medical roles, and this should see the gender pay gap diminish with time: • Female consultants have increased from 24% in 2011 to 31% in 2021 • Female non consultant medical roles increased from 45% in 2011 to 53% in 2021
5	Committee Annual Assessment	The Committee has undertaken its annual self-assessment, including consideration of the Board-questionnaire results and assessment of the Committee's satisfaction of its Terms of Reference. Reflecting this review, a draft Committee Annual Report has been prepared – for receipt by the Board at its next meeting – in which the Committee will invite the Board to take Partial Assurance from its work during the year. In the meantime, the Committee recommends minor updates to its ToRs (**attached**) as follows: • to state an expectation that a deputy will be sent to meetings if Committee members cannot attend (para 4.3); • to remove reference to monitoring premium pay budgets as this is reported to FIPC (para 7.2.1); • clarification of reporting lines around Health & Safety and Divisional Performance (para 8)

3 Conclusions/Outcome/Next steps

The next meeting of the Committee is scheduled for 27 June 2022 at which it will review the draft People & Culture Strategy prior to submission for Board approval in July.

Recommendation:

The Board is recommended to:

- **note** the work of its People and Culture Committee;
- **approve** the Committee's updated Terms of Reference.

PEOPLE AND CULTURE COMMITTEE

TERMS OF REFERENCE

1 CONSTITUTION AND PURPOSE

1.1 As part of the Trust's Governance Structure, a committee of the Board of Directors has been established to be known as the People and Culture Committee (hereafter *'the People and Culture Committee'* or '*the Committee'*).

1.2 The **Purpose** of the Committee is to:

i) provide assurance to the Board that the Trust has appropriate and effective strategies and plans relating to workforce, education, organisational development and culture, so as to enable the Trust to meet its Strategic Objectives;

ii) assist the Board in establishing ambitious but realistic goals and targets in relation to workforce, education, organisational development and culture and obtain assurance on implementation of the plans to achieve those goals and targets;

iii) act as a link to staff, stakeholders and strategic partners and provide a forum for discussion and consideration of best practice reports, guidance and initiatives relating to workforce (including health and well-being), education, organisational development and culture, to enable the Trust to continue its progress towards being a provider of outstanding care to patients and an employer and education provider of choice.

2 AUTHORITY

2.1 The Committee has no executive powers other than those specified in these Terms of Reference or as requested by the Trust Board. The Committee is authorised to investigate any activity within its Terms of Reference and all Trust staff are expected to co-operate with the Committee to facilitate satisfaction of its duties.

2.2 The Committee has authority to establish sub groups or working groups as it considers appropriate, efficient and necessary. Such reporting committees or working groups are listed at section 9 below and responsibility for overseeing the work of such committees rests with the Committee.

2.3 The Committee has authority for approval and monitoring implementation of policies relevant to its Terms of Reference, as specified at section 10.

3 MEMBERSHIP

3.1 Membership of the Committee shall comprise:

- Three Non–Executive Directors
- Chief Executive
- Chief People Officer
- Chief Operating Officer
- Chief Nurse
- Medical Director
- Chiefs of Division

3.2 The Committee will review its membership annually to ensure that it meets the requirements of the Trust. Members will be required to attend 75% of Committee meetings in any one year.

4. MEETINGS, ATTENDANCE AND QUORUM

4.1 Only members of the Committee are entitled to be present at its meetings. The Committee may however invite non-members to attend its meetings as it considers necessary, at the discretion of the Chair, and typically the following will be invited to attend meetings of the Committee as relevant Agenda items apply:

- Head of Organisational Development and Learning
- Director of Postgraduate Medical Education
- Lead for Non-Medical Education
- Lead Freedom to Speak-Up Guardian
- Guardian of Safe Junior Doctors Working Hours
- Responsible Officer for Medical Appraisal

4.2 The Committee may ask any or all of those who normally attend Committee meetings but who are not members to withdraw to facilitate discussion of any particular matters at the discretion of the Chair.

4.3 ~~In exceptional circumstances when~~ If a~~n executive~~ Committee member cannot attend a ~~Committee~~ meeting~~s~~, they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf.

4.4 Meetings of the Committee shall be Chaired by one of the Non-Executive Director members, with another acting as deputy in his/her absence. Responsibility for calling meetings of the Committee shall rest with the Committee Chair.

4.5 Meetings of the Committee shall be scheduled to take place at least quarterly and otherwise at a frequency sufficient to enable the Committee to satisfy its Purpose.

4.6 To be quorate at least 3 members of the Committee must be present with at least 1 Non-Executive Director and 2 Executive Directors.

4.7 If any member is unable to attend a meeting of Committee they may arrange for a substitute to attend in their place, with the agreement of the Committee Chair, and their substitute shall be counted for the purposes of quoracy.

4.8 A record of Action Points arising from meetings of the Committee shall be made and circulated to its members. Formal minutes must be kept as an account of the meeting together with agreed actions and decisions.

5 SUPPORT ARRANGEMENTS

5.1 The Board Secretary will arrange for appropriate administrative support to be provided to the Committee.

5.2 The Committee shall operate as follows:

- The Committee will routinely meet bi-monthly unless otherwise agreed.
- The Committee will establish an annual work programme, summarising those items and reports that it expects to consider at forthcoming meetings.
- Agendas for forthcoming meetings will be based on the Work Programme, reviewed by the Committee and agreed with the Committee Chair.
- Papers for the meeting should be submitted to the Committee secretary a minimum of 6 working days prior to the meeting. Papers on other matters will be put on the agenda only with the prior agreement of the Chair.
- Papers will be sent out by the Committee secretary at least 4 days before each meeting.

- To facilitate oversight by the Board of Directors of matters relating to people and culture, papers for meetings of the Committee will be circulated for information to those members of the Board who are not members of the Committee.
- Minutes will be prepared after each meeting of this Committee within 14 days and circulated to members of the Committee and others as necessary once confirmed by the Chair of the Committee. A record of action points arising from meetings of the Committee shall be made and circulated to its members with the minutes.
- Following each meeting of the Committee, the Chair of the Committee shall make a report to the next meeting of the Board of Directors highlighting any issues that require its particular attention, or require it to take action.
- The Terms of Reference of the Committee will be reviewed annually and will only be changed with the approval of the Trust Board.

6 DECLARATIONS OF INTEREST

6.1 All members must declare any actual or potential conflicts of interest relevant to the work of the Committee, which shall be recorded in the minutes accordingly. Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict.

7 DUTIES

In furtherance of its Purpose, particular duties of the Committee shall be to provide assurance to the Board in relation to:

7.1 obtain assurance on behalf of the Board that the Trust has appropriate and effective strategies and plans relating to workforce, education, organisational development and culture, so as to enable the Trust to meet its Strategic Objectives;

7.1.1 oversee development and monitoring of strategies and plans in relation to **Workforce** including:

a) workforce planning – to ensure that the Trust has sufficient and appropriately trained staff in the short, medium and long term to provide high quality care and services;

b) strategies to promote and protect staff Health & Wellbeing;

c) plans regarding staff recruitment, retention and remuneration;

d) succession planning and talent management;

e) staff appraisal and performance management

f) security management – violence & aggression (as per the 'NHS People Plan for 2020-21' and NHS Violence Prevention & Reduction Standard 2020).

7.1.2 oversee development and monitoring of strategies and plans in relation to **Education** including:

a) undergraduate and postgraduate education of healthcare professionals – both medical and non-medical;

b) professional development of non-clinical staff;

c) opportunities for development of new or innovative roles to promote cost-effectiveness and quality improvement in delivery of the Trust's services;

d) recognising the interrelationship between research and education and the benefits of developing clinical academic and joint posts with strategic partners.

7.1.3 oversee development and monitoring of strategies and plans in relation to **Organisational Development and Culture** including:

a) strengthening the organisational culture in accordance with the Trust's PRIDE values – notable for the hallmarks of People-focus; Respect; Integrity; Dedication and Excellence;

b) promotion of a culture in which Staff recommend the Trust:
i) as a place to work and deliver care and
ii) as a place for patients to receive care;

c) ensuring that staff feel free to speak-up, able to raise suggestions or concerns about the Trust, to enhance economy or efficiency in the Trust, the quality or safety of its services or workplace relations;

d) developing leaders and leadership within the Trust and the wider health and social care system;

e) plans to develop and maintain a motivated, engaged and resilient workforce;

f) arrangements for staff empowerment and responsibility through appropriate delegation of responsibilities within a robust performance and accountability framework.

7.2 assist the Board in establishing ambitious but realistic goals and targets in relation to workforce, education, organisational development and culture and obtain assurance on the effective implementation of the plans to achieve those goals and targets;

7.2.1 establish and keep under review appropriate metrics regarding to the remit of the Committee in order to obtain assurance on behalf of the Board of Directors, including but not limited to:
- rates of sickness and absence;
- rates of vacancy and recruitment 'time to hire';
- equality, diversity and inclusion;
- job-planning, appraisal and mandatory training;
- staff satisfaction feedback (including survey and exit feedback results);
. ~~rates of premium pay spending and compliance with workforce budgets;~~

7.2.2 receive reports on Divisional performance relating to the remit of the Committee, undertaking more detailed reviews as indicated.

7.2.3 promote innovation and improvement in the Trust's management of its workforce to enhance economy, efficiency, patient experience and outcomes;

7.3 act as a link to staff, stakeholders and strategic partners and provide a forum for discussion and consideration of best practice reports, guidance and initiatives relating to workforce, education and organisational development and culture, to enable the Trust to continue its progress towards being a provider of outstanding care to patients and an employer and education provider of choice.

7.3.1 receive and review reports relevant to the remit of the Committee, including those produced from time to time by or relating to:
- junior doctors surveys

- Guardian of Safe Junior Doctors Working Hours
- Health Education England (HEE)
- GMC
- undergraduate satisfaction surveys
- national Staff Survey
- Freedom to Speak Up feedback

7.3.2 consider best practice arrangements for enhancing staff engagement and communication;

7.4 review risks and mitigation related to the Trust's workforce and review reports or extracts from the Board Assurance Framework and Corporate Risk Register as relevant to the remit of the Committee;

7.5 consider matters referred to it by the Board or otherwise as relevant to its duties, provide appropriate recommendations to the Board and otherwise report back as required and appropriate;

7.6 oversee work of those reporting groups identified at section 10 below, approving their Terms of Reference and receiving such reports as the Committee considers appropriate;

7.7 undertake an annual review of Committee effectiveness and satisfaction of these Terms of Reference.

8 RELATIONSHIP WITH OTHER BOARD COMMITTEES

The remits of the Board assurance committees (Audit, People & Culture, Quality & Safety and Finance, Investments & Performance) are intended to operate as an integrated matrix, providing a comprehensive assurance framework for the Board as described in the approved Organisational Framework for Governance.

Through alignment of the relevant Terms of Reference and Work Programmes for each of the Committees gaps or unnecessary duplication will be avoided in their collective assurance function.

For the avoidance of doubt, it is noted that:

- the Health & Safety Committee reports to the People & Culture Committee with regard to the health and wellbeing of staff but to the Finance, Investments & Performance Committee with regard to premises, fire, radiation and equipment safety;
- the Finance, Investments & Performance Committee receives regular reports from the Divisional Performance Committee (DPC) through the Divisional Performance & Accountability Framework (PAF). The DPC also has a reporting line to the People & Culture Committee, as illustrated in the attached Reporting & Accountability Structure. The P&C Committee may choose to receive reports on elements of the PAF as are relevant to these Terms of Reference.

9 PROCESS FOR MONITORING COMMITTEE EFFECTIVENESS

9.1 The Committee shall submit an Annual Report to the Trust Board, reporting on the work of the Committee, member attendance and the results of its annual review of performance and function.

9.2 The Committee will carry out an annual review of its performance and function in satisfaction of these Terms of Reference and report to the Board on any consequent recommendations for change.

10 REPORTING COMMITTEES

10.1 The following committees or working groups have been established to report to the Committee:

- Nil currently

11 ASSOCIATED POLICIES

11.1 The Committee has delegated authority to approve and oversee implementation of the following polices:

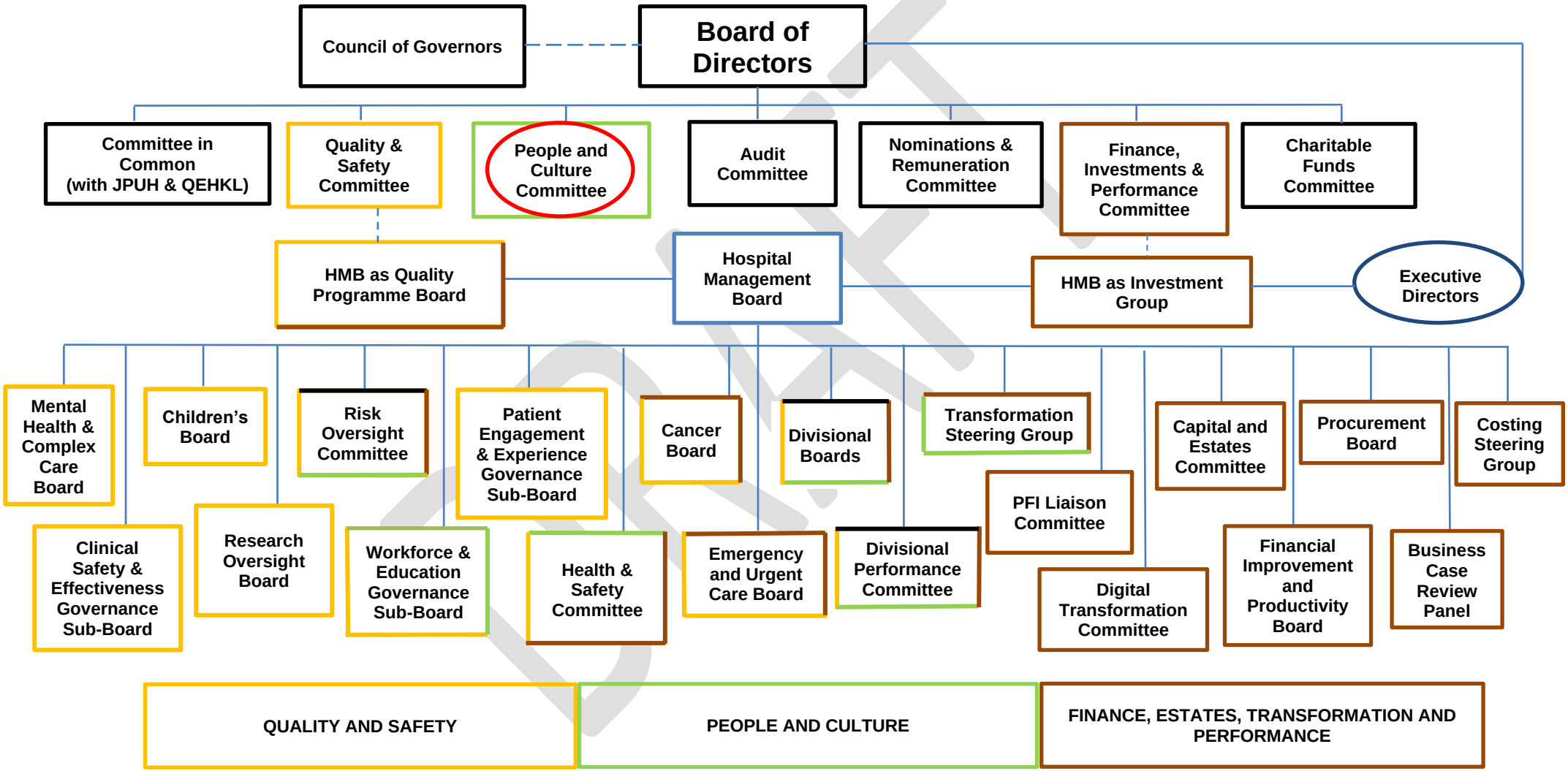
- Nil currently

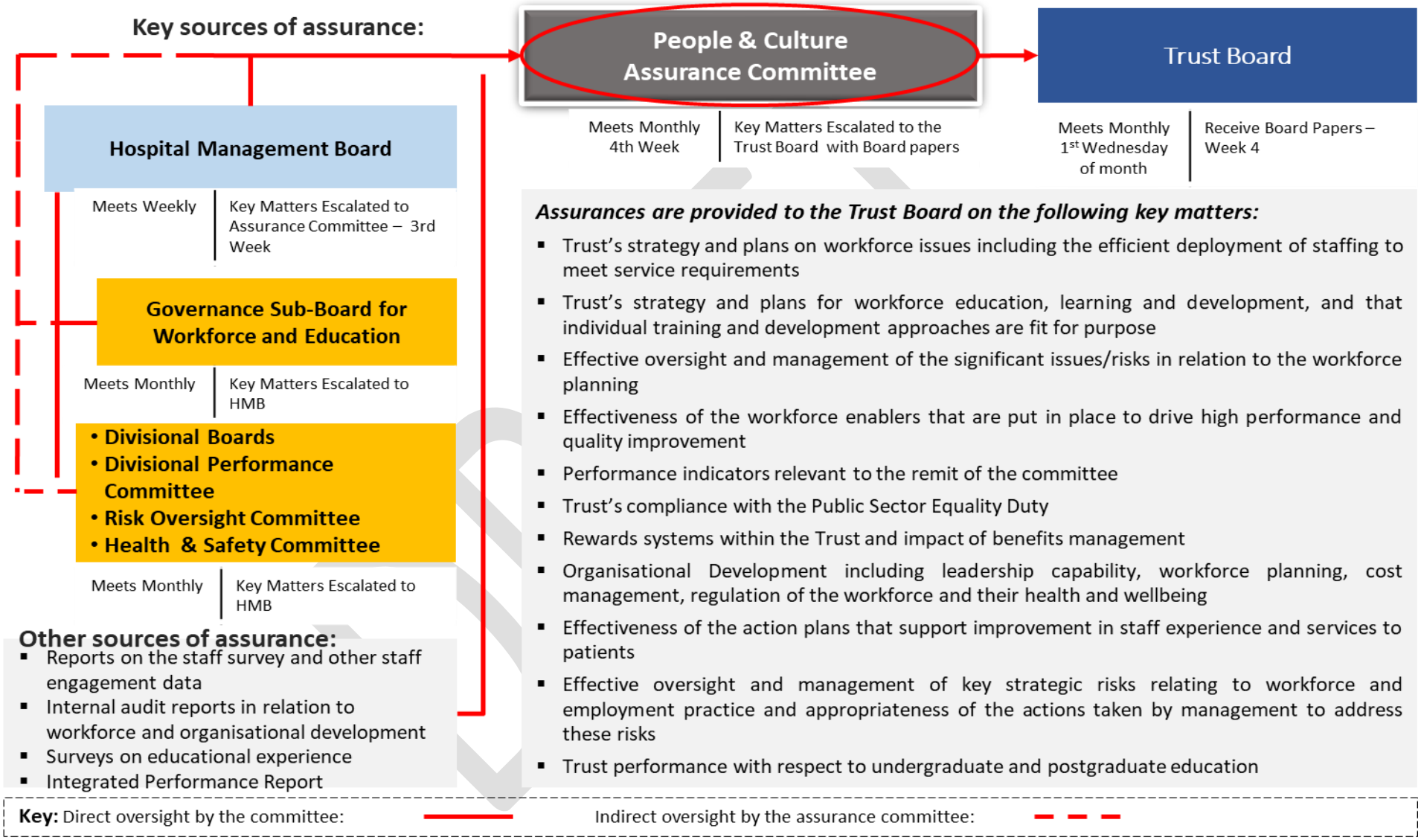
Date approved by the Board of Directors: 2 June 2021

Annual Review date: May 2022

Board of Directors and Management Board Reporting and Accountability Structure

Norfolk and Norwich University Hospitals NHS Foundation Trust




Key sources of assurance:
People & Culture Assurance Committee
Trust Board
Meets Monthly 4th Week
Key Matters Escalated to the Trust Board with Board papers
Meets Monthly 1st Wednesday of month
Receive Board Papers – Week 4
Hospital Management Board
Meets Weekly
Key Matters Escalated to Assurance Committee – 3rd Week
Governance Sub-Board for Workforce and Education
Meets Monthly
Key Matters Escalated to HMB
• Divisional Boards
• Divisional Performance Committee
• Risk Oversight Committee
• Health & Safety Committee
Meets Monthly
Key Matters Escalated to HMB
Other sources of assurance:
▪ Reports on the staff survey and other staff engagement data
▪ Internal audit reports in relation to workforce and organisational development
▪ Surveys on educational experience
▪ Integrated Performance Report
Assurances are provided to the Trust Board on the following key matters:
▪ Trust's strategy and plans on workforce issues including the efficient deployment of staffing to meet service requirements
▪ Trust's strategy and plans for workforce education, learning and development, and that individual training and development approaches are fit for purpose
▪ Effective oversight and management of the significant issues/risks in relation to the workforce planning
▪ Effectiveness of the workforce enablers that are put in place to drive high performance and quality improvement
▪ Performance indicators relevant to the remit of the committee
▪ Trust's compliance with the Public Sector Equality Duty
▪ Rewards systems within the Trust and impact of benefits management
▪ Organisational Development including leadership capability, workforce planning, cost management, regulation of the workforce and their health and wellbeing
▪ Effectiveness of the action plans that support improvement in staff experience and services to patients
▪ Effective oversight and management of key strategic risks relating to workforce and employment practice and appropriateness of the actions taken by management to address these risks
▪ Trust performance with respect to undergraduate and postgraduate education
Key: Direct oversight by the committee:
Indirect oversight by the assurance committee:

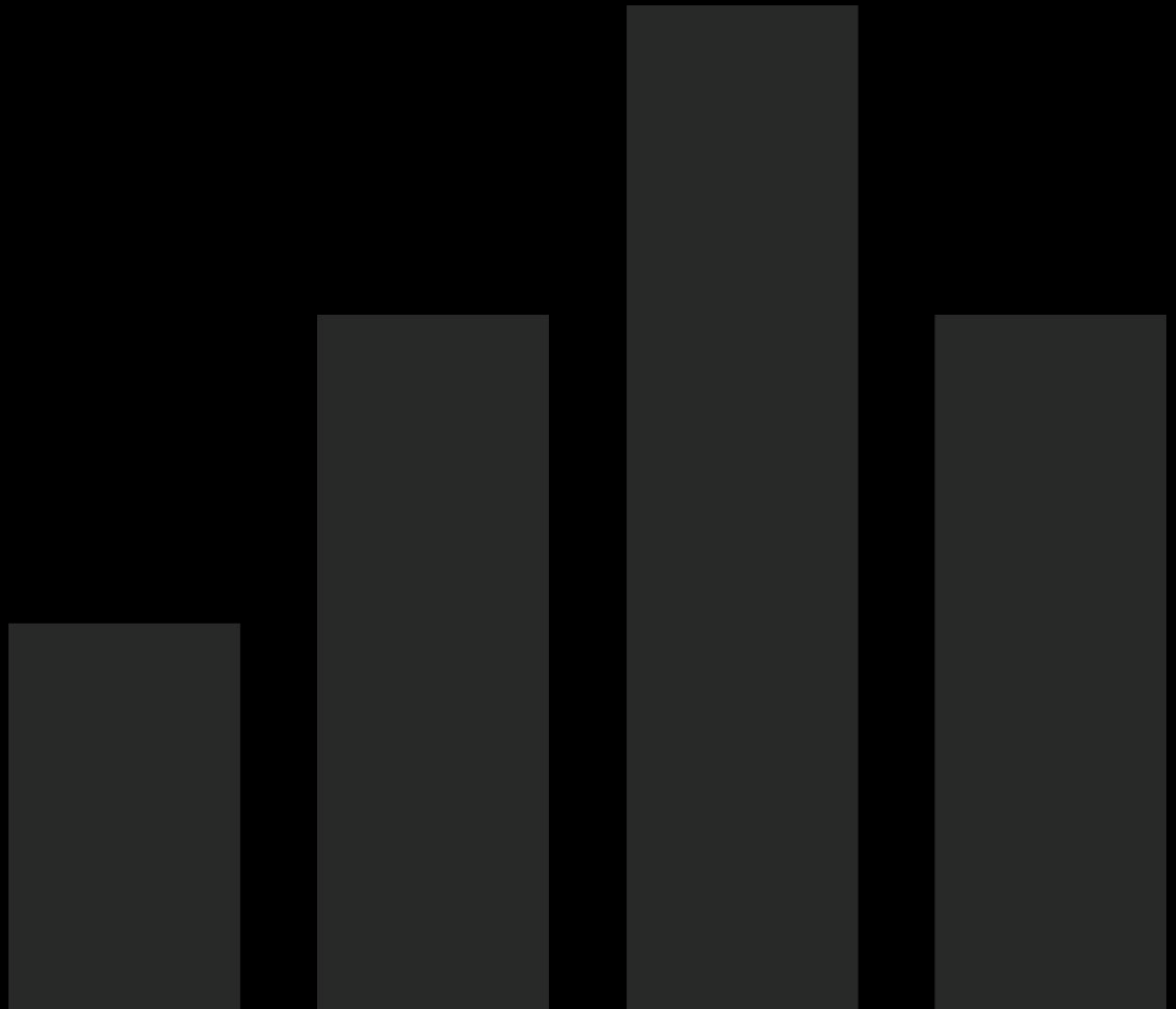
Microsoft | Power BI

Workforce

View in Power BI

Last data refresh:
30/03/2022 07:30:47 UTC

Downloaded at:
30/03/2022 08:09:36 UTC



Workforce Summary

All metrics designated as Trust IPR Metrics, where the variation for the latest month of data was not common cause.

NNUH Digital Health
business intelligence

Topic	Metric Name	Date	Result	Variation	Assurance
Non-Medical Appraisals	Non-Medical Appraisal	Feb 2022	85.0%	Improvement (High)	Not capable
Vacancies	Variance: Headcount (WTE)	Feb 2022	-944	Concern (Low)	Not capable
Sickness Absence	Monthly Sickness Absence %	Feb 2022	6.2%	Concern (High)	Unreliable
Recruitment (Non-Medical)	Time to Hire - Total	Feb 2022	85.2	Concern (High)	Unreliable

SPC Variation Icons

Common Cause | Concern (High) | Concern (Low) | Improvement (High) | Improvement (Low)

SPC Assurance Icons

Capable | Not capable | Unreliable

Mandatory Training

NNUH Digital Health
business intelligence

Mandatory Training

Feb 2022

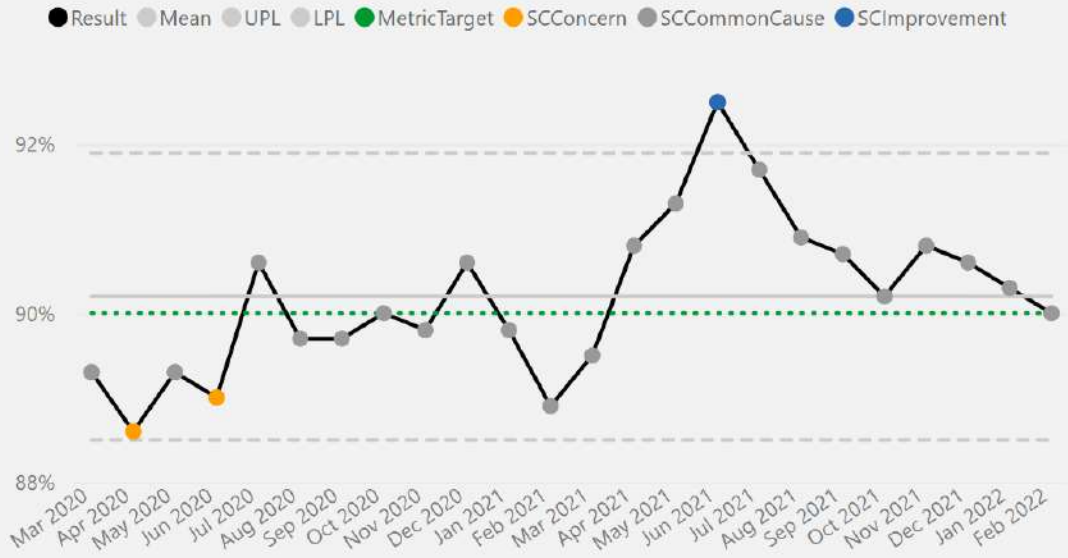
Variation | Assurance

90.0% Result	91.9% UPL
90.0% Target	90.2% Mean
	88.5% LPL

Analytical Commentary

Variation is Common Cause

Mandatory Training



Assurance Commentary

As at the end of February, the compliance rate was 90.0%.

For Medical staff, the compliance rate for permanent staff was 89.7% - this figure reduces to 82.1% including the fixed term rotational junior doctors.

Divisions have been informed of the subject areas and staffing groups that are currently under the 90% compliance rate to assist with improving compliance levels at Divisional level.

Improvement Actions

February 2022 – Resuscitation training will now follow a cycle of e-learning and face to face provision on a yearly, alternative rotation. The e-learning package is being developed and will be launched once completed.

Non-Medical Appraisals

NNUH Digital Health
business intelligence

Non-Medical Appraisal

Feb 2022

Variation	Assurance
H	F

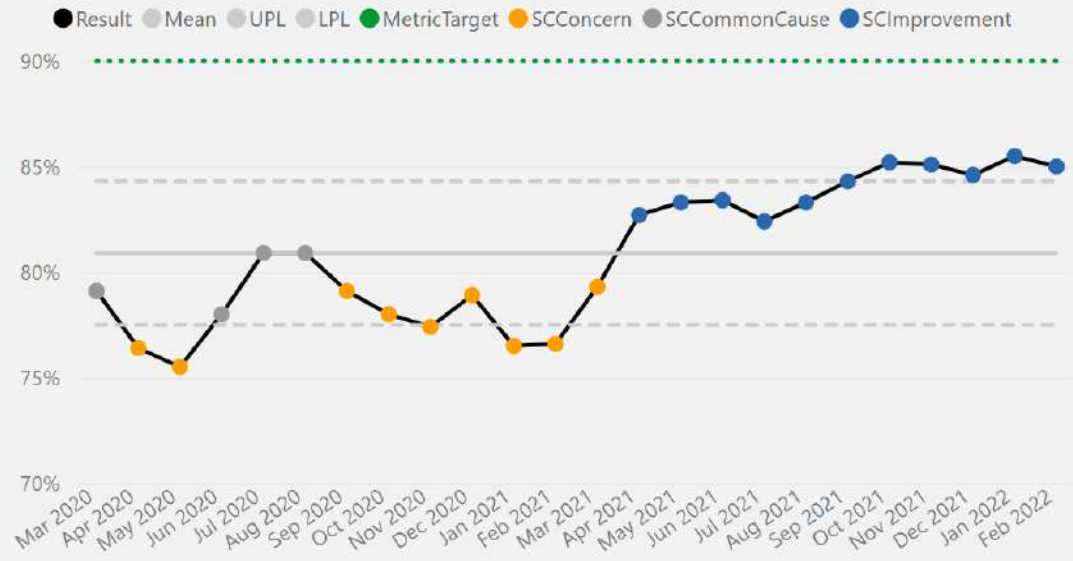
85.0% Result
90.0% Target

84.3% UPL
80.9% Mean
77.5% LPL

Analytical Commentary

Data point fell outside of process limits, Data is consistently above mean, and therefore the variation is Special Cause Variation - Improvement (High)

Non-Medical Appraisal



Assurance Commentary

For the Use of Resources 3.1 recommendation, it has been agreed to achieve the 90% by August 2022. This will lead to improvements for both the appraisal experience of our staff and the completion rates to achieve target.

85.0% of eligible staff (Non-Medical appraisals) had an appraisal during the last 12 months to February 2022, which is a much improved position from 12 months ago.

Qualitative improvements include the implementation of the new Personal Development Review form that is to be finalised by the end of March and converted to an e-form. Further improvements include revision to the Appraisal Policy, Managers and Employee Guidance, E-form and the appraisal reporting tool. Briefing sessions, webinars and recorded learning opportunities are currently being created to support line managers with the new cycle, process and form, to support the improvements in quality appraisals.

Improvement Actions

February 2022 – New Personal Development Review form has been drafted to be launched in April 22 to improve the quality of appraisals

February 2022 – New revised cascade approach agreed. The appraisal cycle will be aligned to corporate strategy and business cycle, allowing a clear alignment between individual goals and those of the Trust to improve compliance from April 2022

Sickness Absence

NNUH Digital Health
business intelligence

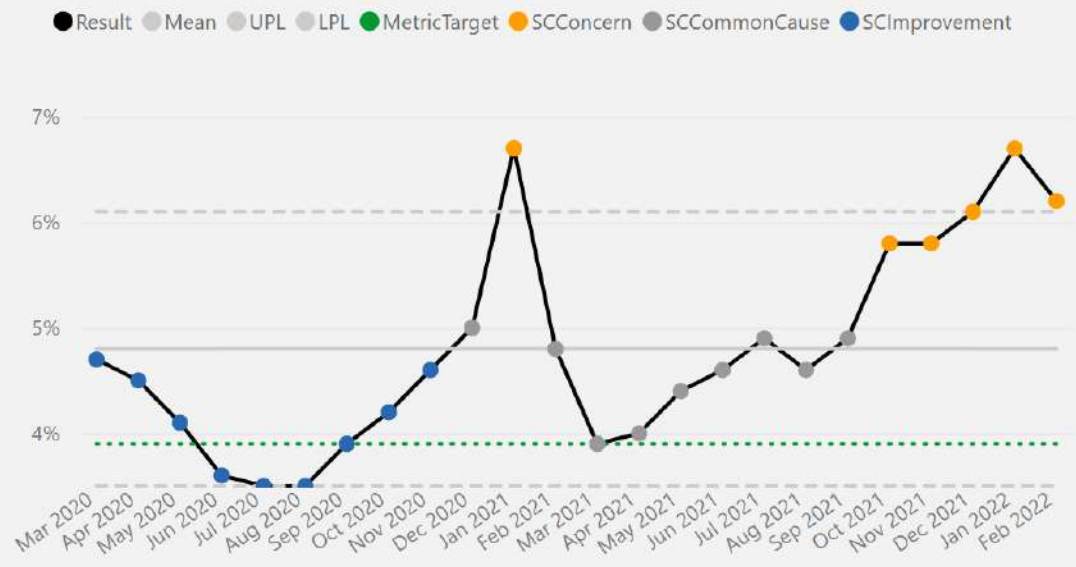
Monthly Sickness Absence %

Feb 2022

Variation	Assurance
H	?

6.2% Result	6.1% UPL
3.9% Target	4.8% Mean
	3.5% LPL

Monthly Sickness Absence %



Improvement Actions

February 2022 – The Attendance Improvement Group (AIG) to review actions and interventions in seeking to improve attendance levels.

Analytical Commentary

Data point fell outside of process limits, and therefore the variation is Special Cause Variation - Concern (High)

Assurance Commentary

The Operating Plan for 2020/21 has set a 12 month rolling average target of 3.9% for sickness. As at 28 February 2022, that rate is 5.1%. The monthly absence figure for February is 6.2%. This monthly absence is significantly higher than 4.4% in February 2021. This can be seen in the increase in short term absence and medium term absence.

All figures include Covid related sickness absence. Had Covid sickness been excluded the 12-month rolling average rate would be 4.4%, which could account for the increase in short term absence.

The Attendance Improvement Group have identified actions in seeking to improve attendance:

- deep dive reviews into the top sickness reasons to identify any hotspots that could benefit from an intervention.
- deep dive review into the highest levels of absence by department to identify any hotspots.
- Attendance Slidedeck presentation being drafted for each Division
- review all long Covid sickness cases and continue to work with our system partners.
- A multi professional case conference with the manager, HR and Health and Wellbeing.
- A review of the ability for staff to have access to fast-track treatment will also be undertaken.
- Health Passport to be enhanced to Health & Wellbeing Passport
- Raising awareness of staff Health and Wellbeing offerings and further development of managers toolkits/guides.
- Representative attending ICS Attendance Working Group to develop a joint sickness management policy and tool kits for the whole Norfolk and Waveney system.

Staff Turnover

NNUH Digital Health
business intelligence

Monthly Turnover

Feb 2022

Variation | Assurance

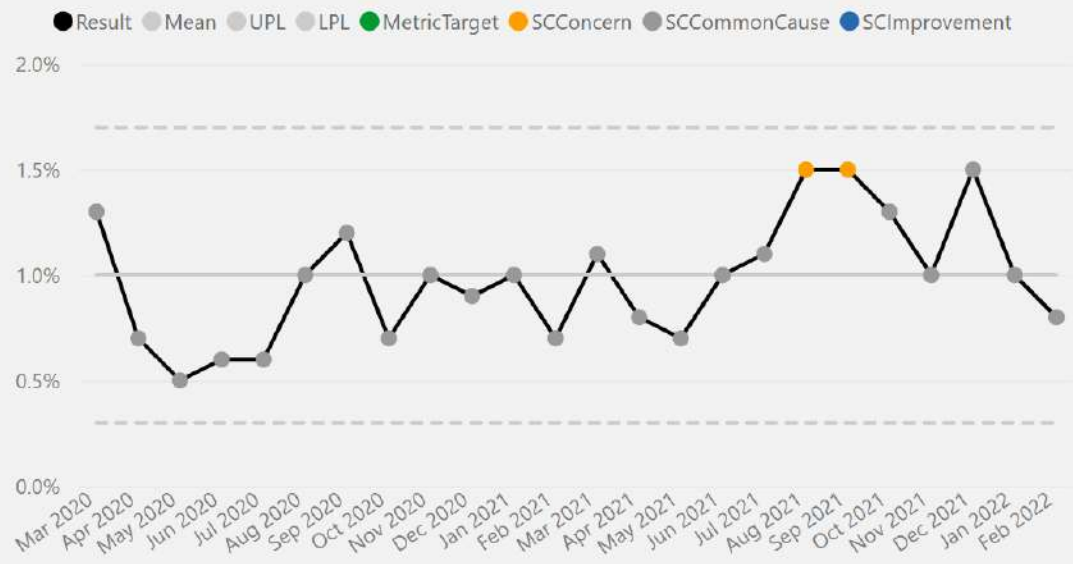
0.8% Result
N/A Target

1.7% UPL
1.0% Mean
0.3% LPL

Analytical Commentary

Variation is Common Cause

Monthly Turnover



Assurance Commentary

The monthly turnover rate for February 2022 is 0.85% which is a decrease from January (0.96%) and higher than February 2021 (0.70%). The 12-month average turnover rate is 13.4%, a slight increase of 0.1% from January 2022. By delivery of the actions outlined below, it is expected to see an improved turnover rate by August 2022.

The Retention Steering Board has been confirmed five pillars of Retention that include; supporting new starters, employee journey, focus support for multigenerational workforce, gathering intelligence and flexible working. All pillars are linked to the People Promise. Each pillar will have an assigned lead supported by a task and finish group with HR, Practice and Development and Divisional representation.
Additional Health and Wellbeing initiatives that include; dedicated Health & Wellbeing Expo day held in the East Atrium, commencement of monthly support groups for long covid, line managers and Junior Doctors, facilitator training to expand the delivery of the survive to thrive sessions and further mindfulness introduction sessions. The hot and uncomfortable group has been re-established to identify key actions for improvement.

Organisations with high levels of staff engagement evidence that staff are less likely to leave. The three-year staff survey improvement plan was agreed at People and Culture Committee in December 2021 and will be further reviewed in response to the 2021 results and identify priority areas for action.

Improvement Actions

February 2022 – Retention Steering Board confirmed five pillars of retention.

Staff in Post

NNUH Digital Health
business intelligence

Actual Substantive Headcount (WTE)

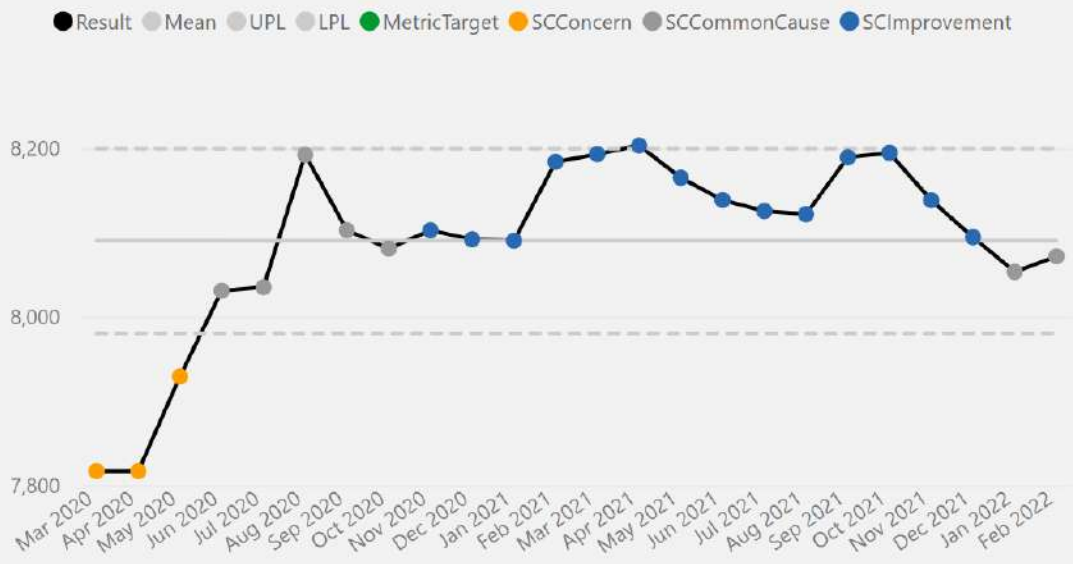
Feb 2022

Variation | Assurance

8,072 Result
N/A Target

8,200 UPL
8,090 Mean
7,980 LPL

Actual Substantive Headcount (WTE)



Improvement Actions

February 2022 – International nurses have commenced at the Trust

Analytical Commentary

Variation is Common Cause

Assurance Commentary

Substantive staff in post is 8,072 for February 2022, a slight increase from January 2022 (8,053). The head count has declined consistently since October 2021. With the actions outlined below, it is expected to see an improved headcount by August 2022.

Along with the retention actions and staff engagement actions, crucial workforce roles have been identified, such as Nursing, ODP's and Healthcare Assistants and Medical Workforce. This focus on recruitment for these critical roles will lead to an increase in the headcount and assist the Trust to become less reliant on temporary workforce (bank and agency) to fill workforce gaps. The first cohort of international nurses commenced February 2022. An additional corporate induction programme for Healthcare Assistants is being confirmed for April to ensure new starters can commenced at the Trust as soon as possible.

Two risks had been identified that would have impacted on the level of substantive staff at the Trust and therefore vacancy level. The first was the new legislation for the Covid-19 vaccination as a condition of employment across the NHS. This has been confirmed that this will no longer be required by statute to be fully vaccinated against COVID by 1st April 2022. A remedial action is to reach out to any employees that left the Trust due to the introduction of this legislation. The second risk was associated with the NHS Pension Scheme abatement and 16 hour rule. It has been confirmed that this has been extended until the 31st October 2022.

Vacancies

NNUH Digital Health
business intelligence

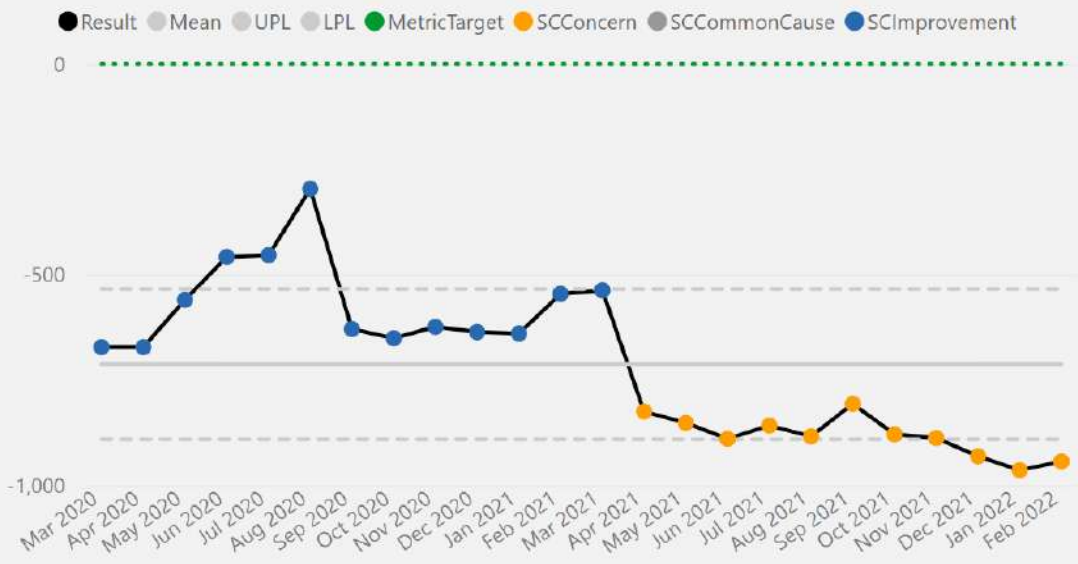
Variance: Headcount (WTE)

Feb 2022

Variation	Assurance
L	F

-944 Result
0 Target
-534 UPL
-713 Mean
-891 LPL

Variance: Headcount (WTE)



Improvement Actions

February 2022 – Newly qualified nursing career conversations continue with more conditional offers of employment being made

February 2022 – Pre-selection process for Healthcare Assistant rolled out to all ward areas

February 2022 – launch of new Recruitment social media platforms such as Twitter

Analytical Commentary

Data point fell outside of process limits, Data is consistently below mean, and therefore the variation is Special Cause Variation - Concern (Low)

Assurance Commentary

The vacancy % for February is 10.5%; a 0.2% decrease from January 2022 (10.7%) due to an increase in staff in post for February. With actions outlined below, it is expected to see an improved vacancy rate by August 2022.

Career conversations continues to be held with third year students. 70 third year students have been offered a role at the Trust for a start dates ranging from June to September. This is supported by career evenings for newly qualified for Surgery and ED held in February. Meetings with second year nursing students has also been held in February.

78 international nurses are in the recruitment pipeline with a further 11 places to recruit to.
The TeamNNUH website has been updated and includes promotional videos, these include ward areas across the Trust.
New recruitment social media accounts such as twitter, have been launched to expand the social presence.

The pre-selection process for Healthcare Assistants has been rolled out to all Healthcare Assistant roles.
The Internal Moves Policy has been updated and simplified to improve and expediate internal moves within the Trust.

Recruitment (Non-Medical)

NNUH Digital Health
business intelligence

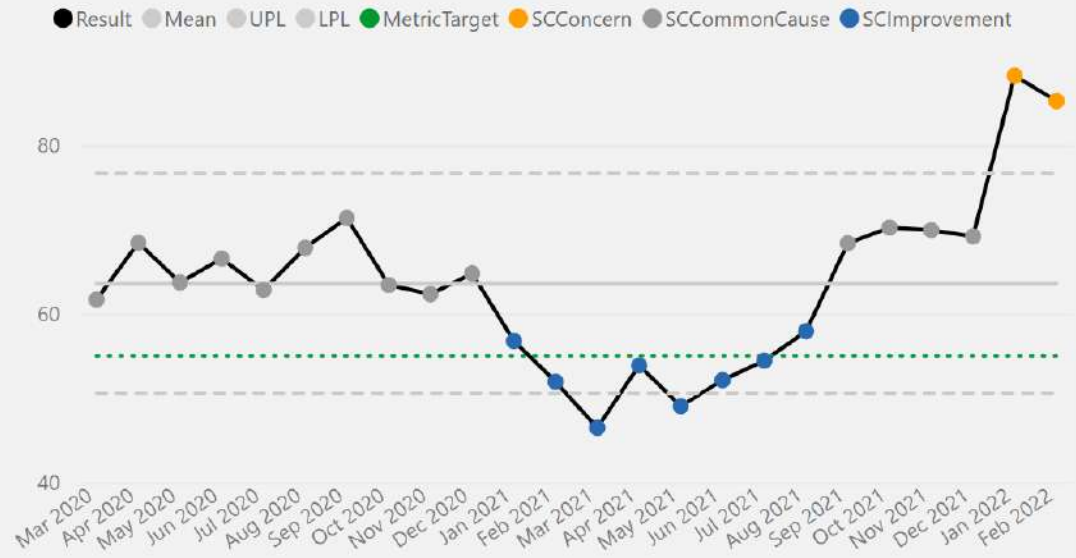
Time to Hire - Total

Feb 2022

Variation	Assurance
H	?

85.2 Result	76.7 UPL
55.0 Target	63.6 Mean
	50.5 LPL

Time to Hire - Total



Analytical Commentary

Data point fell outside of process limits, and therefore the variation is Special Cause Variation - Concern (High)

Assurance Commentary

A bespoke action plan has been developed to support the implementation of recruitment improvement that will positively impact on the Trust's time to hire. These will support the estimated trajectory of achieving the Trust target of 55 days for time to hire by June 2022. Time to Hire for February 2022 is 83.9 days which is in line with the trajectory.

A marked improvement for February is that the conditional offer letter is sent to the successful candidate within 48 hours. In relation to time to checks, the revision and communication of the internal transfer process and the application of this will make a significant reduction on time to offer, time to checks complete and therefore a positive impact on the overall time to hire.

When scrutinising the time to hire for the newly successful candidates in March, the total time to offer is reporting at an average of 3 days. This, in contrast to time to offer in February's reported TTH which averaged 33 days, is a positive impact of the improvements that have been put in place.

Improvement Actions

February 2022 – Conditional Offer letters sent within 48 hours of the candidate being offered the role
Further agreed improvement actions for Recruiting Managers;

- Reduction in time to manager from 15 to 10 days
- Undertaking the identity and right to work checks at interview
- When offering the post to the successful candidate, confirming a provisional start date with the candidate and advising the recruitment team of this date

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Time to Hire - Time with Manager	Feb 2022	17.6		Common Cause		No Target

Job Planning

NNUH Digital Health
business intelligence

Job Plans Signed Off % (Within 12months)

Feb 2022

Variation | Assurance

F

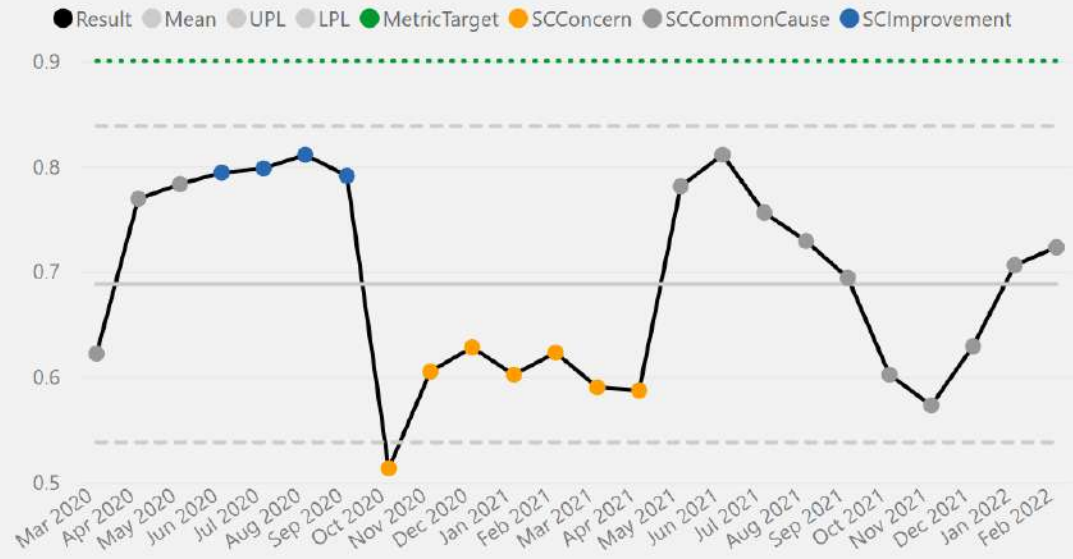
72.3% Result
90.0% Target

83.8% UPL
68.8% Mean
53.8% LPL

Analytical Commentary

Variation is Common Cause

Job Plans Signed Off % (Within 12months)



Assurance Commentary

February 2022 rate is 72.3% which is an increase from January 2022 (70.6%).
The Job Planning Assurance Board meets monthly to review compliance and provide guidance.

A job planning rollover process has been implemented that will shorten the approval process and make job planning more manageable for Service Directors and doctors. Roll over can be used where the Service Director has reviewed the job plan and noted there are no changes required for the need of the service or the doctor's personal circumstances.

For additional scrutiny, weekly progress reports are sent to the CODs and monitored by the Medical Director.

Improvement Actions

December 2021 –Job Planning Rollover Standard Operating Procedure agreed

REPORT TO THE TRUST BOARD

Date	**6 April 2022**
Title	**Chair's key Issues report from Quality and Safety Committee Meeting on 29.03.22**
Lead	**Dr Pam Chrispin – Non-Executive Director (Committee Chair)**
Purpose	**For Information**

1 Background/Context

The Quality and Safety Committee met on 29 March 2022. Papers for the meeting were made available to all Board members for information in the usual way via Admin Control. The meeting was quorate and was held by MS Teams due to the prevailing operational position.

The Committee identified the following matters to highlight to the Board. Key issues relate to the extremely difficult operational and clinical position that has resulted from the pandemic, and the associated challenges to quality and safety.

2 Key Issues/Risks/Actions

Key issues to highlight to the Board were identified as follows:		
1	Q&S current performance	In the context of the NNUH under very severe operational pressure the Committee considered relevant IPR metrics and the prevailing position noting in particular: • the sustained reduction in **pressure ulcers** since the elevated level during pandemic Wave 1; given all the exacerbating factors and pressures present in the Trust, the nursing team across the Trust are to be congratulated on this achievement; • the ongoing need to use **escalation areas** across the Trust is a matter of real concern as it reflects significant pressure in the emergency pathway and diminished experience for both patients and staff; • **congestion in the hospital**, as a consequence of the vast number of patients that we are **unable to discharge** to ongoing care, has implications throughout our patient pathway ultimately leading to delays in **ambulance handover.** The upstream impact of delaying ambulances is very worrying. The Committee received very strong assurance that if delayed transfers of care (DTOC) from the hospital are resolved this will lead to improvement in ED performance and reduced ambulance handover delays. Addressing the DTOC issue and ensuring that there is adequate capacity in the community on a sustainable basis will require a solution involving partners across the ICS.
2	Clinical Quality Impact Assessment (CQIA)	The Committee had a lengthy discussion regarding our CUIA process, in order to gain assurance on behalf of the Board that the process is well ordered and robust in promoting an appropriate balance and relationship between the imperatives of financial cost improvement and enhancing quality. The Committee was assured that the process is increasingly mature and embedded in our business planning and operational management. This is a really important element in supporting the Board to meet its duties 'in the round' and suggestions were made as to how future CQIA reporting may be enhanced.

3	Ophthalmology Risk 363 – inadequate capacity	The Committee received a report from the Surgical Division regarding the longstanding risk of inadequate capacity in our Ophthalmology Department. The current trajectory is to reduce the Residual Risk score to 8 by 2025 and the Committee sought assurance with regard to the adequacy of the planned measures. The Committee was informed of a series of actions (planned and underway) to procure additional specialist equipment and to optimise the efficiency of clinical and administrative processes, with the ambition to advance the risk closure date to 2023.
4	E-obs Project Update	The Chief Clinical Information Officer (Mr Prosser-Snelling – Consultant O&G) provided an update with regard to the implementation of the electronic-observations system, which commenced in April 2021. This is a central element of enhancing and modernising our monitoring of patients and detection of deterioration. The Committee was informed that introducing the system has been very positive. It was however a relatively 'naive' product and required a very significant level of clinician input to tailor it to the needs of our hospital; a key lesson that may be relevant to our future choice of EPR system will be to recognise the potential benefits of selecting a mature supplier with a product that can be assessed in practice at a reference site.
5	Quality Priorities for 2022/23	The Committee held an initial discussion concerning the Trust's draft Quality Priorities in the domains of Safety, Effectiveness and Patient Experience. The Committee will review a full draft of the Quality Priorities at its next meeting, prior to Board approval.
6	Committee annual assessment	The Committee is undertaking its annual review and received an assessment confirming compliance with its Terms of Reference. A separate meeting will be held to review the Committee's Work Programme – to establish the Committee's areas of focus for the year ahead informed by our Quality Priorities, Strategic Threats and most significant risks. As discussed by the Committee and Board last month, this will include increased frequency of reporting on Maternity to reflect national reports and initiatves in this area. The Committee's Annual Report is in preparation, for submission to the Board at its next meeting.

3 Conclusions/Outcome/Next steps: The next Committee meeting is scheduled for 26 April 2022 at which time the Committee will be reviewing matters including its Annual Report, Quality Priorities, Dementia Strategy, safer staffing, Annual Governance Statement and capital plan prioritisation.

Recommendation:
The Board is recommended to **note** and take assurance from the work of its Quality & Safety Committee.

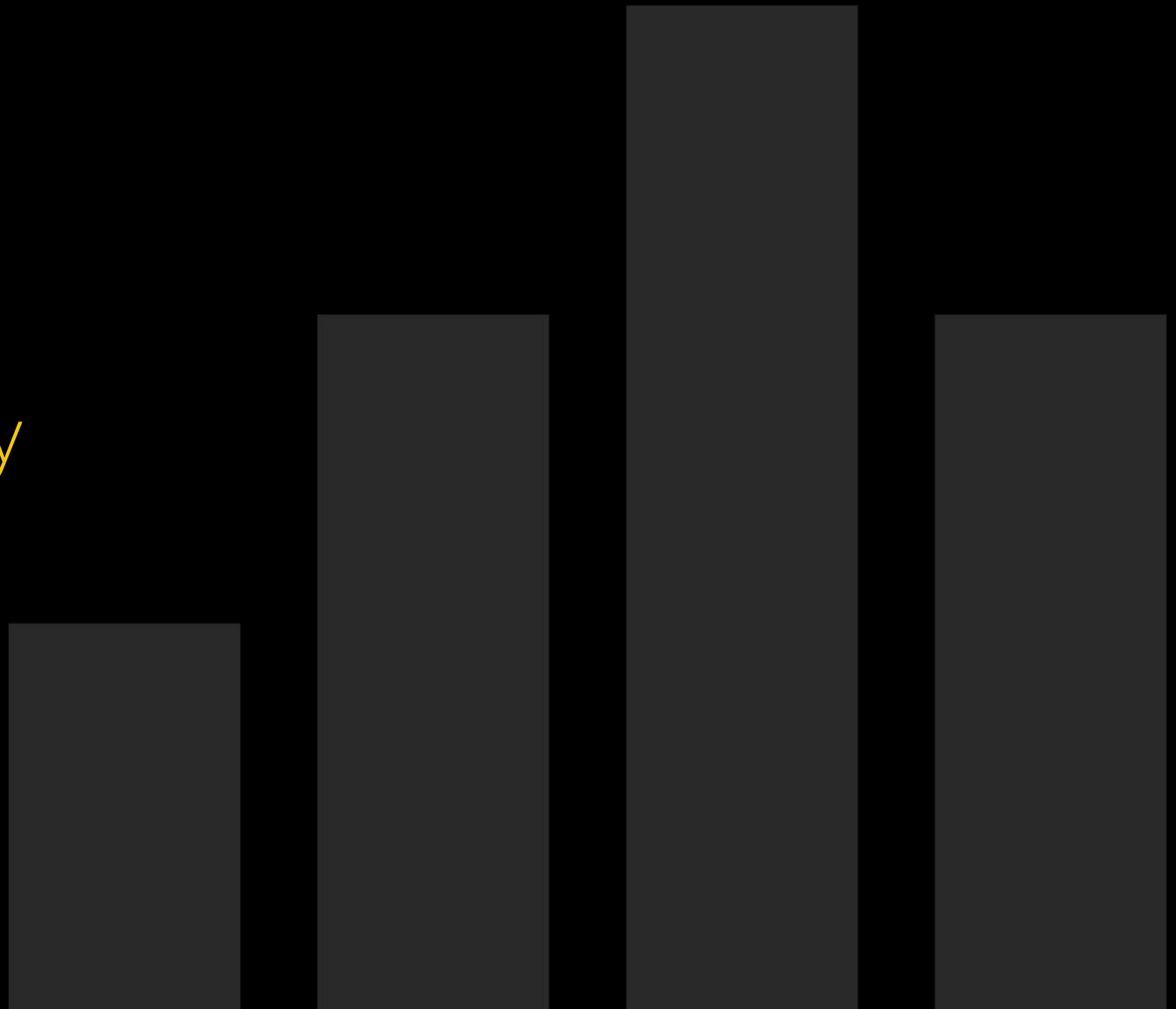
Microsoft | Power BI

Quality & Safety

View in Power BI

Last data refresh:
21/03/2022 08:31:56 UTC

Downloaded at:
21/03/2022 16:52:49 UTC



Quality Summary

All metrics designated as Trust IPR Metrics, where the variation for the latest month of data was not common cause.

NNUH Digital Health
business intelligence

Topic	Metric Name	Date	Result	Variation	Assurance
Adult Safeguarding	Safeguarding Adults	Feb 2022	42	Improvement (Low)	No Target
Complaints	Post-investigation enquiries	Feb 2022	0	Improvement (Low)	Capable
Palliative Care	Palliative Care Seen Within 48 Hours	Feb 2022	65.5%	Concern (Low)	Unreliable
Patient Concerns	PALS % Closed within 48hours	Feb 2022	62.8%	Concern (Low)	No Target
Patient Experience	Compliments	Feb 2022	614	Improvement (High)	No Target
Patient Experience	Friends & Family Score	Feb 2022	89.90%	Concern (Low)	Unreliable
Pressure Ulcers	Hospital Acquired Pressure Ulcers per 1,000 bed days	Feb 2022	1.1	Improvement (Low)	No Target
Safer Staffing	Safe Staffing CHPPD	Feb 2022	6.8	Concern (Low)	No Target
Safer Staffing	Safe Staffing Fill Rates	Feb 2022	77.40%	Concern (Low)	Not capable

SPC Variation Icons

Common Cause | Concern (High) | Concern (Low) | Improvement (High) | Improvement (Low)

SPC Assurance Icons

Capable | Not capable | Unreliable

Patient Safety

NNUH Digital Health
business intelligence

Serious Incidents

Feb 2022

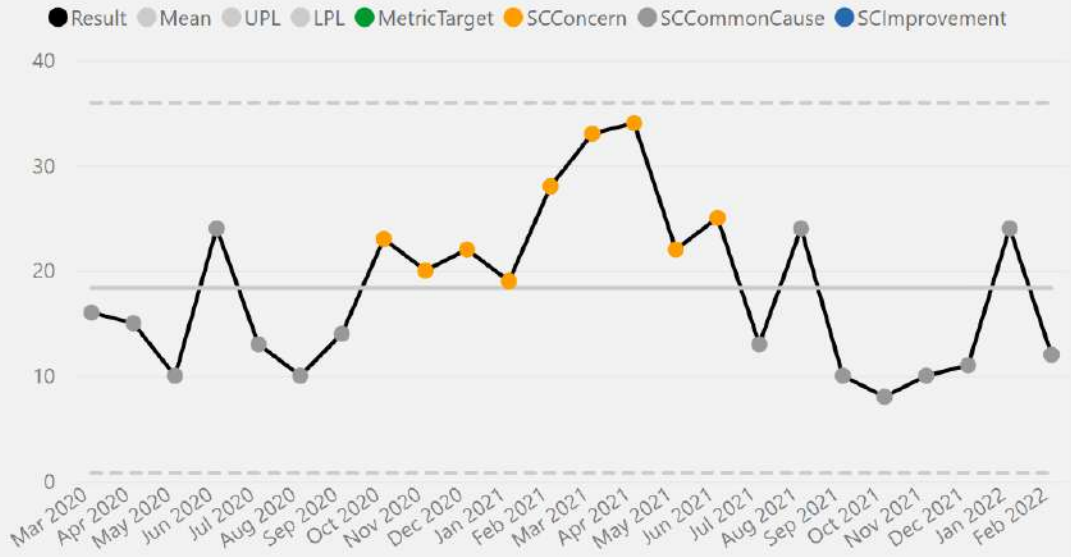
Variation	Assurance
	

12 Result	36 UPL
N/A Target	18 Mean
	1 LPL

Analytical Commentary

Variation is Common Cause

Serious Incidents



Assurance Commentary

Monthly Serious Incidents continue to be reported within expected limits. Duty of candour compliance has improved but this month did not meet the 95% target, due to staff absences.

No target set for the number of patient safety incidents reported but the numbers are consistent and within expected range.

Improvement Actions

Moderate and above harm incidents continue to be discussed and assessed through peer review at the Serious Incident Group with an increased focus of meeting Duty of Candour and confirmation of harm within 4 working days of the incident being reported.
The daily incident group meeting continues to promote psychological safety and reinforces a just and learning culture where staff can report and discuss incidents in a supported environment.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Duty of Candour Compliance	Feb 2022	93%		Common Cause		Unreliable
Incidents	Feb 2022	1,852		Common Cause		No Target

Pressure Ulcers

NNUH Digital Health
business intelligence

Hospital Acquired Pressure Ulcers per 1,000 bed days

Feb 2022

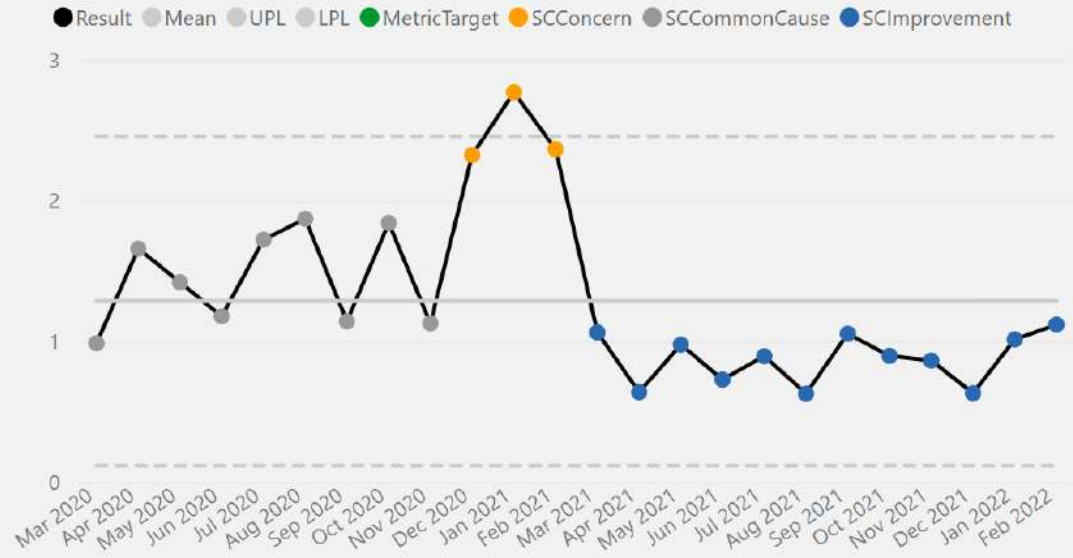
Variation | Assurance

1.1 Result	2.5 UPL
N/A Target	1.3 Mean
	0.1 LPL

Analytical Commentary

Data is consistently below mean, and therefore the variation is Special Cause Variation - Improvement (Low)

Hospital Acquired Pressure Ulcers per 1,000 bed days



Assurance Commentary

Sustained reduction of Cat 2 - 4 Hospital Acquired Pressure Ulcers (HAPU) over the last 12 months.
The Trust continues to be stable in its reported numbers in line with other Trust of this size under winter and covid pressures and remains a reduction on 12 months previously.

Improvement Actions

Numbers for February remain similar to January and reflect the ward acuity of patients, additional bed spaces and reduced staffing numbers seen during the last few months.
Purpose T continues to be implemented across the Trust with the majority of ward areas using this in place of Waterlow.
There are still some areas requiring support for implementation and additional tools and training support is being provided with strong links to the new mattresses being introduced in April. AIMS audits are being amended to reflect the changes in assessments and equipment.

Patient Falls

NNUH Digital Health
business intelligence

Patient falls per 1,000 bed days (moderate harm or above)

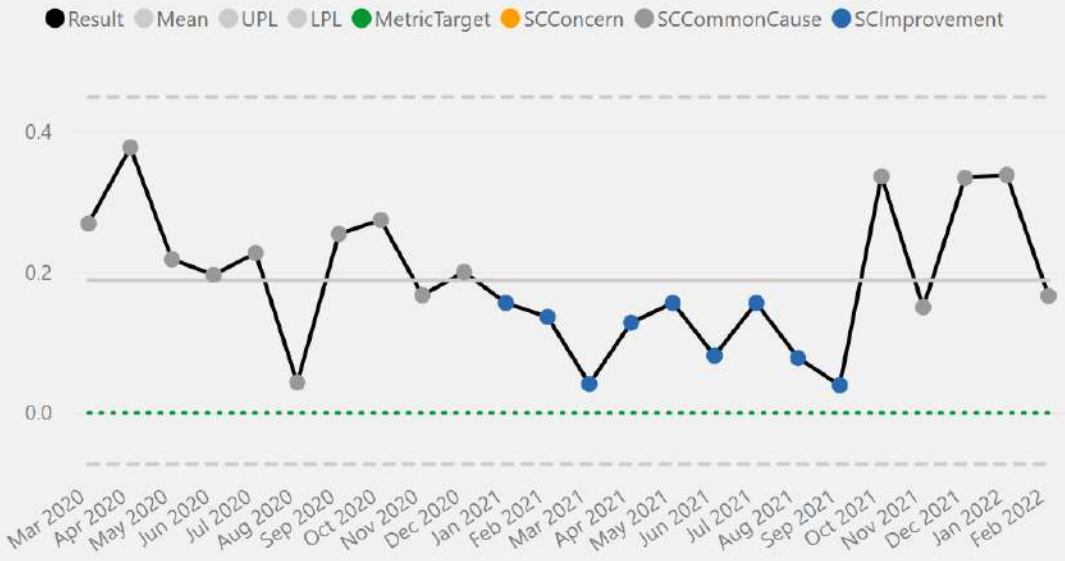
Feb 2022

Variation	Assurance		
		0.2 Result	0.4 UPL
		0.0 Target	0.2 Mean
			-0.1 LPL

Analytical Commentary

Variation is Common Cause

Patient falls per 1,000 bed days (moderate harm or above)



Assurance Commentary

The variation in the rate of falls causing moderate harm and above is reflective of the staffing challenges across the trust .

Improvement Actions

Falls Steering Group scheduled for March, it will oversee the implementation of the falls policy, monitor falls rates and trends and advise on practice changes.
A falls lead for the Trust is being recruited. The Falls Quality Improvement Programme is being led by Medicine and is rolling out improvement projects across the Trust.
The Emergency Department will be testing the yellow falls kit, this is a visual prompt to raise awareness of patients at risk of falling, adopted from East Kent where it resulted in 50% reduction in falls.

Patient Experience

NNUH Digital Health
business intelligence

Friends & Family Score

Feb 2022

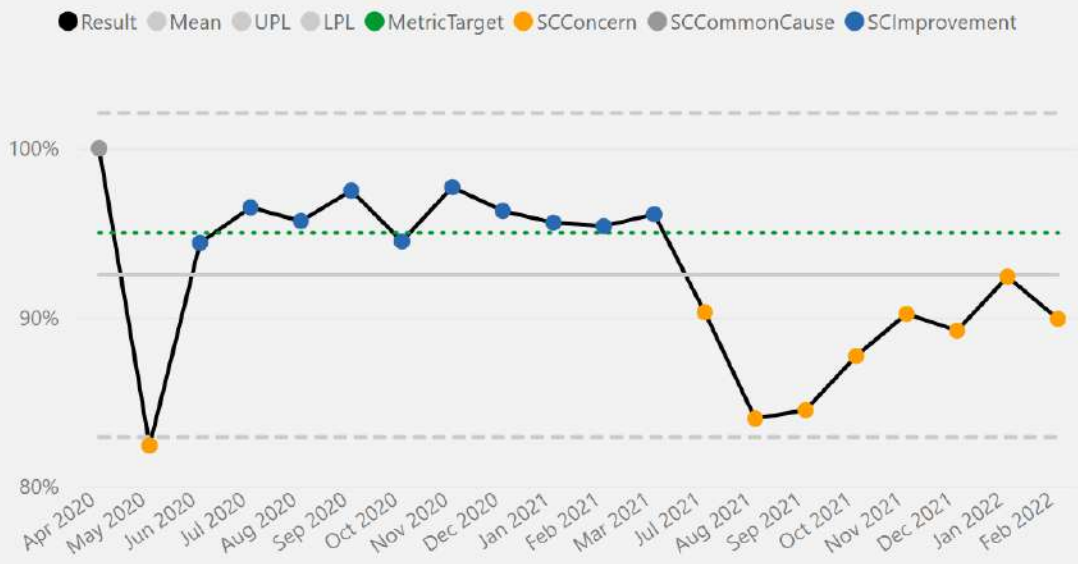
Variation	Assurance
L	?

89.90% Result	102.10% UPL
95.00% Target	92.50% Mean
	82.90% LPL

Analytical Commentary

Data is consistently below mean, and therefore the variation is Special Cause Variation - Concern (Low)

Friends & Family Score



Assurance Commentary

Improvement Actions

For a go live date for this service to be agreed at the next meeting with Maternity Services
Maternity Services and the Maternity Voice Partnership to approve the questionnaires within timeline agreed for go live.
To review the reduction of the FFT score and to take appropriate action dependent on outcomes.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Compliments	Feb 2022	614		Improvement (High)		No Target

Patient Concerns

NNUH Digital Health
business intelligence

PALS % Closed within 48hours

Feb 2022

Variation	Assurance
	

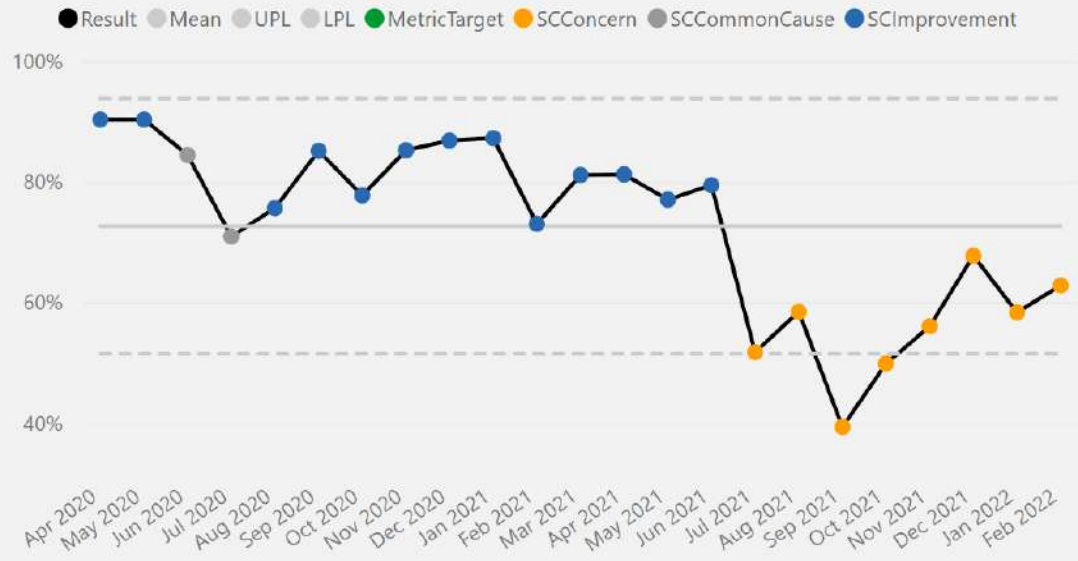
62.8% Result
N/A Target

93.8% UPL
72.6% Mean
51.4% LPL

Analytical Commentary

Data is consistently below mean, and therefore the variation is Special Cause Variation - Concern (Low)

PALS % Closed within 48hours



Assurance Commentary

Total PALS matters received 508

Concerns = 227
Enquiries = 95
Signposting = 58
Best Wishes = 128
Suggestions = 0

Main Subjects (Top 3)

Communications
Appointment delays and cancellations
Waiting times

The changes in processes implemented by the team have had a positive impact on the 48hr KPI performance.

Improvement Actions

For the team to monitor the processes which have been recently implemented to amend if required or to take further action if KPI performance is not maintained.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
PALS Enquiries	Feb 2022	508		Common Cause		No Target

Complaints

NNUH Digital Health
business intelligence

Complaints - Trust

Feb 2022

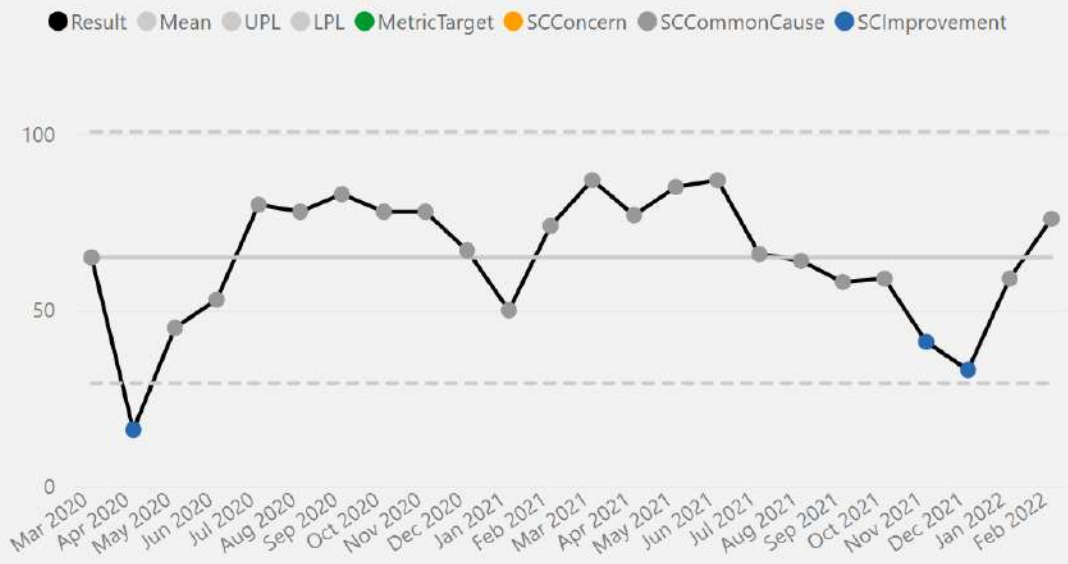
Variation | Assurance

76 Result
N/A Target
101 UPL
65 Mean
29 LPL

Analytical Commentary

Variation is Common Cause

Complaints - Trust



Assurance Commentary

Additional support continues to be provided to divisional colleagues during times of operational pressure to manage their complaints and to avoid delays.

Backlog of initial complaints received during the service transition have been processed and closed.

Improvement Actions

Divisional workshops have been reorganised due to team pressures and are scheduled to take place by the end of April.
Recent news article relating to complaints information to be reviewed and discussed at PEEG to identify any learning or service improvement.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Complaints - Acknowledgement	Feb 2022	99%	Common Cause	Unreliable
Complaints - Response Times - Trust	Feb 2022	100%	Common Cause	Unreliable
Post-investigation enquiries	Feb 2022	0	Improvement (Low)	Capable

Palliative Care

NNUH Digital Health
business intelligence

Palliative Care Seen Within 48 Hours

Feb 2022

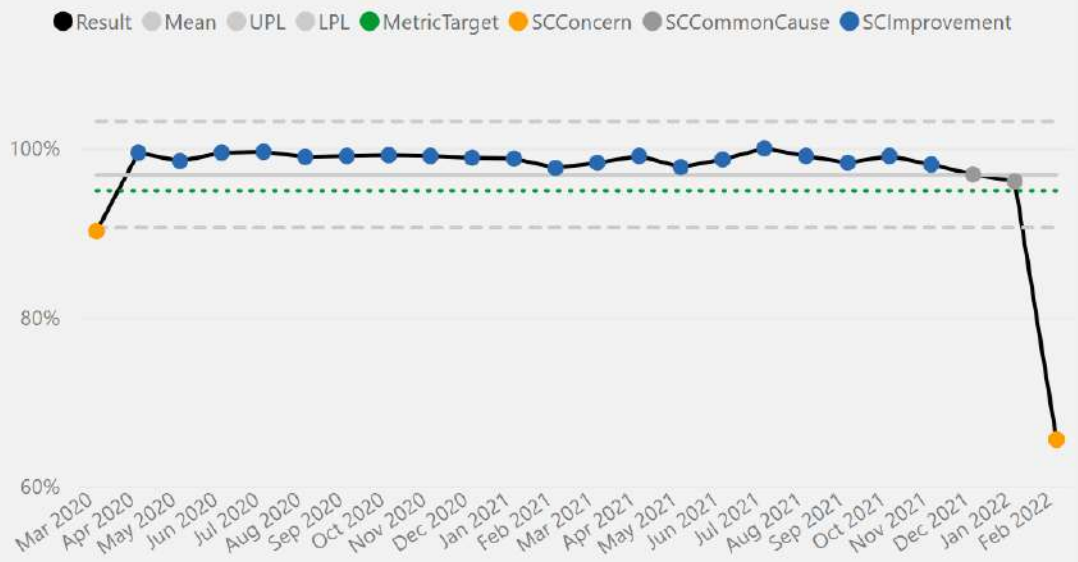
Variation	Assurance
L	?

65.5% Result	103.2% UPL
95.0% Target	96.9% Mean
	90.6% LPL

Analytical Commentary

Data point fell outside of process limits, and therefore the variation is Special Cause Variation - Concern (Low)

Palliative Care Seen Within 48 Hours



Assurance Commentary

The last available data is from December 2021.

Improvement Actions

To continue with palliative care education sessions for staff.
To work with operational teams to secure further funding for the Dementia/Palliative Care Clinical Nurse Specialist post.
To continue to work with NCH&C regarding the Carers Advice Line.
Explore with BI team access to timely data.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Palliative Care Died in Trust and Seen by SPCT	Feb 2022	57.1%	Common Cause	No Target
Palliative Care IP Referrals Accepted	Feb 2022	232.0	Common Cause	No Target

Mortality Rate

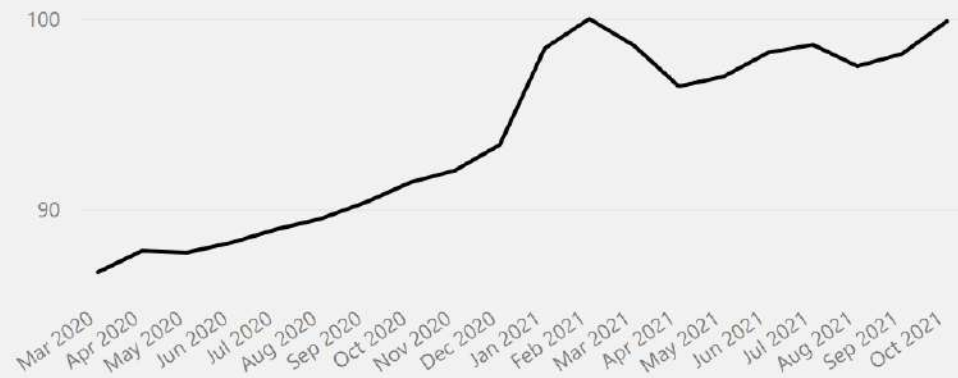
NNUH Digital Health
business intelligence

MetricName	Date	Result
HSMR	Oct 2021	99.87
SHMI	Oct 2021	119

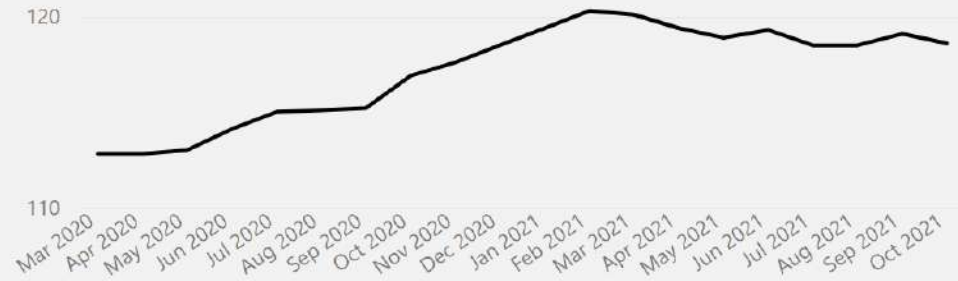
Assurance Commentary

HSMR and SMR remain statistically within expected range. SHMI remains statitiscally higher than expected, but when HED adjusted for palliative care is within expected.

HSMR



SHMI



Improvement Actions

To continue with progress against the SHMI Action plan
For Divisions to continue to complete SJRs to reduce the backlog.
To continue with the CUSUM alert (Coma, stupor and brain damage) review.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Crude Mortality Rate	Jan 2022	6.00%		Common Cause		No Target

Safer Staffing

NNUH Digital Health
business intelligence

Safe Staffing Fill Rates

Feb 2022

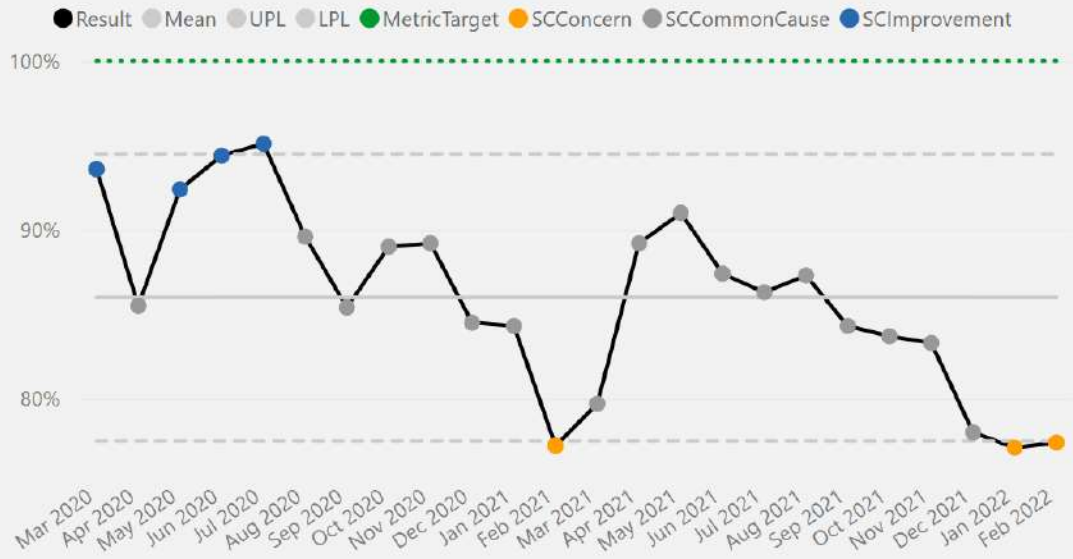
Variation	Assurance
L	F

77.40% Result	94.50% UPL
100.00% Target	86.00% Mean
	77.50% LPL

Analytical Commentary

Data point fell outside of process limits, and therefore the variation is Special Cause Variation - Concern (Low)

Safe Staffing Fill Rates



Assurance Commentary

In Feb, the RN/M fill rates fell below 90% on 28 occasions and below 90% on 32 occasions for HCA. The overall ward nursing fill rates for RN/M in Jan totalled 80.8% (decrease of 0.1% from Jan). The total CHPPD reduced to 6.8 with 3.8 for RNs. The RN/M vacancy rate in Feb increased from Januarys 11.4 % (n=299.8 WTE) to 11.6% (n=305.4 WTE). The HCAs vacancy rate decreased by n=5.8 WTE to n=284.2 WTE (21%) in Feb. Ingham have the highest RN vacancy factor for the third month at 45.1% (n=10.8 WTE) alongside a HCA vacancy of 47.2% (n=17.7 WTE). In Feb, 1,709 red flags were raised with 1,538 remaining open. 153 red flags were resolved, 32 were raised in error which is an improvement from previous months. The top three areas with the highest open red flags have changed from Hethel, Guist, and Ingham to Gissing (125/153), Gateley (106/118) and Mattishall (101/108). Safe staffing across the Trust has been extremely challenging with escalation beds remaining, Gunthorpe and an increase in ward bed bases. This has impacted on the increase of 2 RN on nights with 159 occasions in Feb.

Improvement Actions

The Trust continues to implement several strategies to increase the availability of RNs and HCAs to support clinical areas with fast-track recruitment and financial incentives.
The roster check and confirm project has been initiated with positive engagement from clinical leaders.
The safer staffing report will now be going to the Quality and Safety Committee on a monthly basis.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Safe Staffing CHPPD	Feb 2022	6.8		Concern (Low)		No Target

Infection Prevention & Control

NNUH Digital Health
business intelligence

MetricName	Date	Result	Target	Mean
C. difficile Cases Total	Feb 2022	3	N/A	7
CPE positive screens	Feb 2022	0	N/A	1
E. Coli trust apportioned	Feb 2022	3	119	4
HOHA C. difficile Cases	Feb 2022	0	57	2
Hospital Acquired MRSA bacteraemia	Feb 2022	0	0	0
Klebsiella trust apportioned	Feb 2022	1	25	2
MSSA HAI	Feb 2022	4	N/A	3
Pseudomonas trust apportioned	Feb 2022	3	24	1

Assurance Commentary

April- January 2022
20 trajectory cases of C.difficile - objective <57
81 E.coli - objective 119
37 Klebsiella - objective 25
25 Pseudomonas - objective 24
Risk of exceeding Gram negative objective submitted to Risk register

Hospital Acquired MRSA bacteraemia

E. Coli trust apportioned

C. difficile Cases Total

HOHA C. difficile Cases

MSSA HAI

Klebsiella trust apportioned

CPE positive screens

Pseudomonas trust apportioned

Improvement Actions

Ongoing support & guidance for:
NICU - Supportive measures commenced 02.12.21 following an increase in Klebsiella ESBL within the unit - no further cases in January
Gateley Covid outbreak declared 05.01.22 closed 15.02.22
Earsham Covid outbreak 1 declared 17.01.22 closed 16.02.22
Earsham Covid outbreak 2 declared 19.01.22 closed 16.01.22
Docking Covid outbreak declared 07.01.22 closed 16.02.22
Earsham Covid outbreak 3 declared 28.01.22 closed 24.02.22
Edgefield Covid outbreak 2 declared28.01.22 closed 25.02.22
Mattishall Covid outbreak declared 28.01.22 closed 04.03.2
Kimberley Covid outbreak 1 declared 04.02.22 closed 08.03.22
Dunston Covid outbreak 1 declared 08.02.22 closed 10.03.22
Dunston Covid outbreak 2 declared 09.02.22 closed 09.03.22
15 ongoing Covid outbreaks
Mattishall ward closed with noro virus 25.02.22 reopened 08.03.22

NNUH Staff COVID-19 Testing

Latest COVID test results from ICE for NNUH Staff Members, where possible staff mapped to data provided by HR.

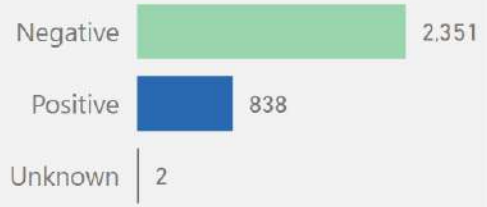
NNUH Digital Health
business intelligence

NNUH Staff Tested	Results Recieved	COVID-19 Confirmed
3,203	3,191	838

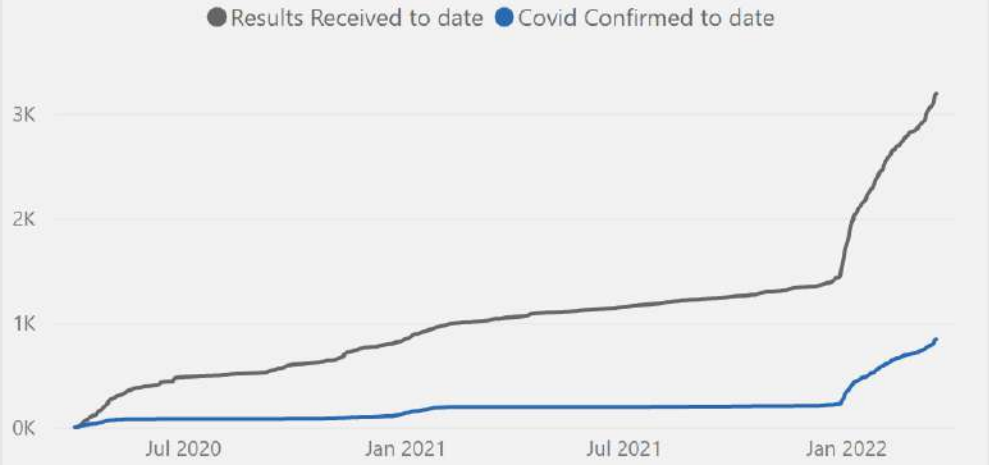
Median Hrs Test to Result: 23.6

Unmapped Staff *: 915

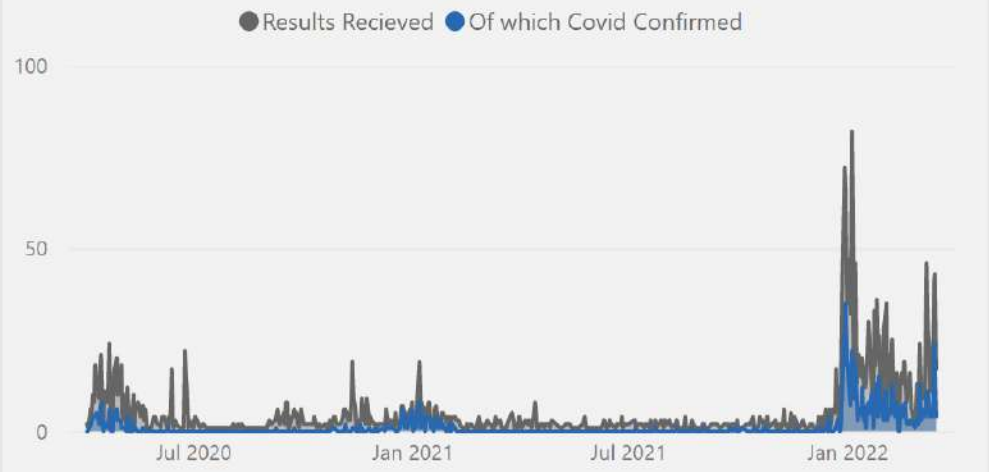
COVID-19 Status



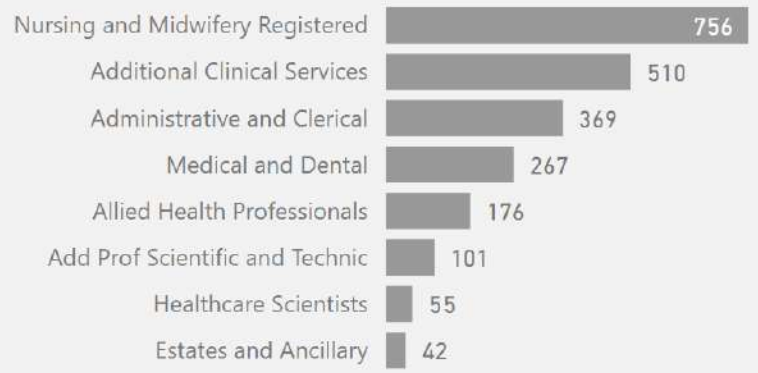
Cumulative NNUH Staff Testing to Date



NNUH Staff Results by date of Result



Results Received by Staff Group



Results Received by Organisation (10+ results)

* Of COVID-19 tests recorded on ICE as NNUH staff, a number of records were unable to be mapped back to HR data.

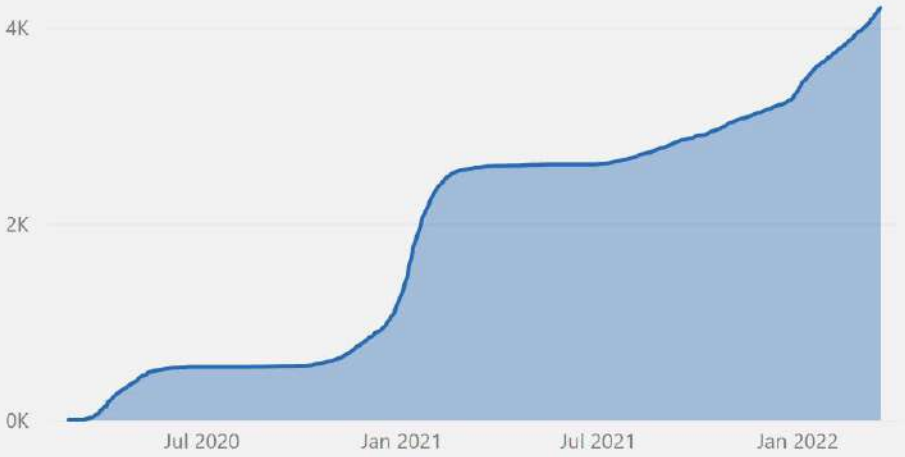
COVID-19 Report - Timeseries

To date record of swabs taken, confirmed cases, discharges and deaths

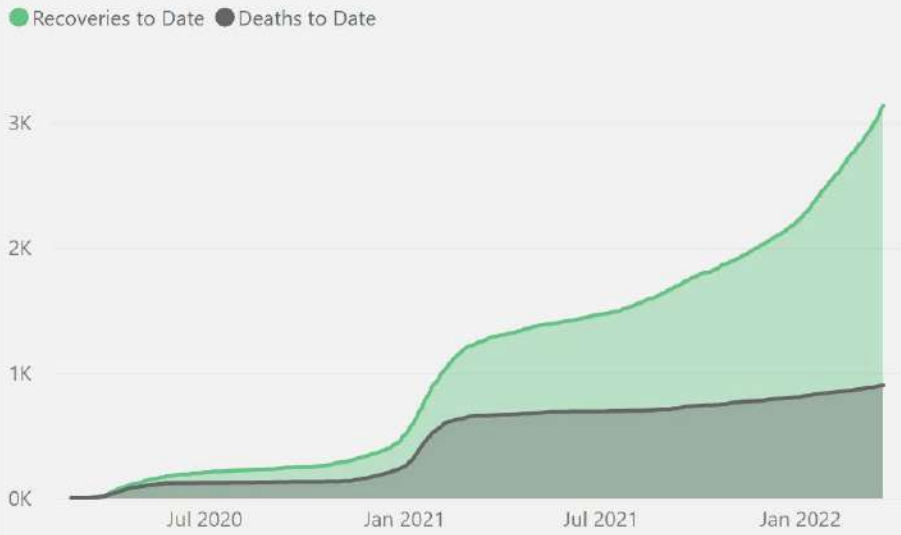
NNUH Digital Health
business intelligence

Cumulative	Total Swabs Taken	Patients Swabbed	Confirmed Cases	Recoveries	Deaths
01/03/20 - 19/03/22	206,237	66,313	4,201	3,134	899

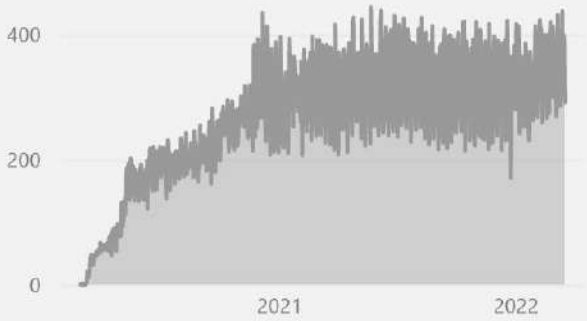
Cumulative Confirmed at NNUH



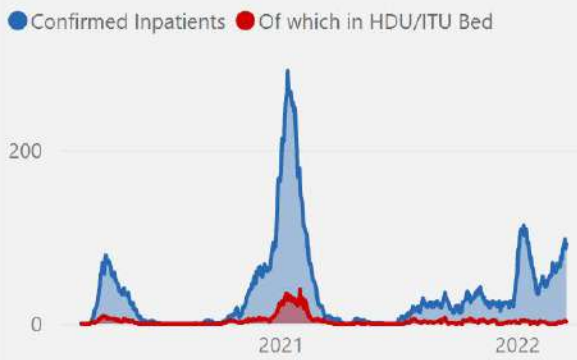
Cumulative Recoveries & Deaths



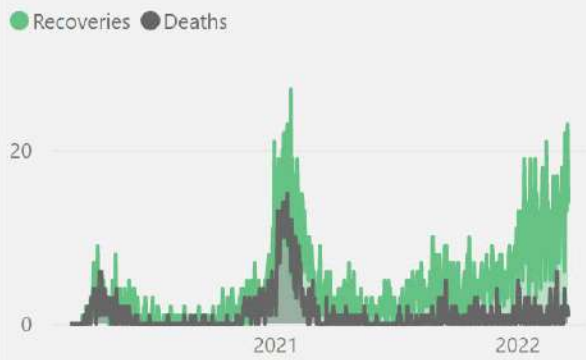
Patients Swabbed per day



Confirmed Inpatient per day (<=14 days)



Recoveries & Deaths per day



Maternity: Babies

NNUH Digital Health
business intelligence

Unplanned NICU ≥37 week Admissions (E3)

Feb 2022

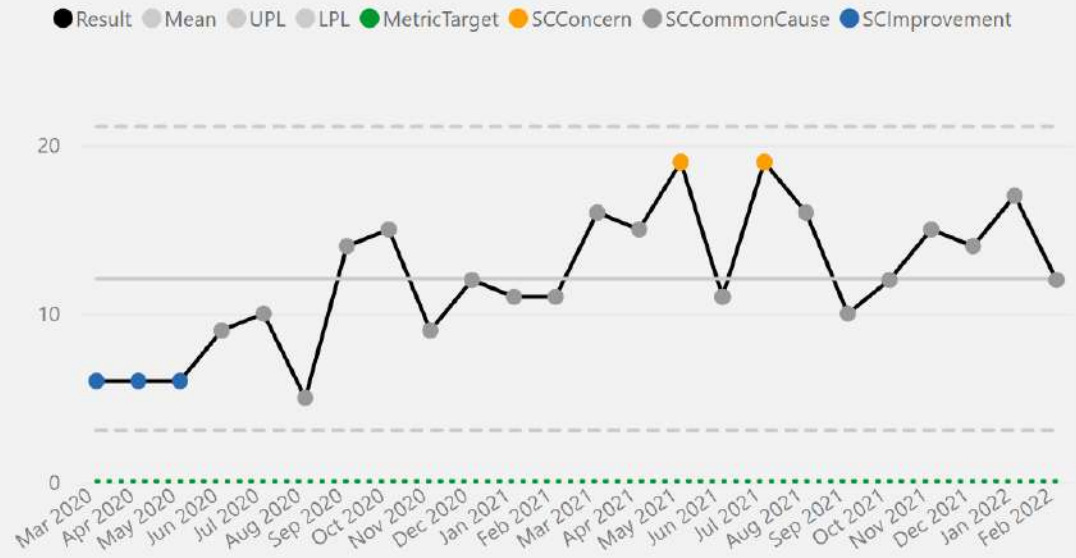
Variation	Assurance
	

12 Result
0 Target
21 UPL
12 Mean
3 LPL

Analytical Commentary

Variation is Common Cause

Unplanned NICU ≥37 week Admissions (E3)



Assurance Commentary

There were 12 unplanned NICU >37 week admissions. All admissions were due to Respiratory Distress Syndrome, hypoglycaemia or jaundice. Fortunately this number has decreased from 17 in January. NICU and Delivery Suite had periods of extreme high acuity during February whereby a number of mothers were transferred to neighbouring units for induction of labour.

Improvement Actions

All appropriate cases have been discussed at Avoidable Term Admissions In Neonates (ATAIN).
A new process for completing incident reports for ATAIN babies has commenced to ensure investigation is timely. A weekly report is now run for all ATAIN babies and shared with relevant members of staff including the governance team who will check if a Datix has been submitted. This will enable us to report to HSIB within the 7 day timeframe if required.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Adjusted Still Births	Feb 2022	2		Not Applicable		No Target
Apgar score <7 @5, ≥37 weeks	Feb 2022	4		Common Cause		No Target
Early Neonatal Death	Feb 2022	1		Not Applicable		No Target
Mothers Transferred Out of Unit	Feb 2022	1		Not Applicable		No Target

Saving Babies Lives

NNUH Digital Health
business intelligence

Topic	Metric Name	Date	Result		Variation		Assurance
Smoking Awareness	Smoking Status at Delivery	Feb 2022	12.1%		Common Cause		Unreliable
Fetal Growth Restriction	Less Than 3rd centile born > 37+6 weeks	Feb 2022	2%		Common Cause		Not capable
Fetal Growth Restriction	SGA detected Antenatally	Feb 2022	61%		Common Cause		No Target
Reducing Preterm Birth	Singleton Births Preterm	Feb 2022	8%		Common Cause		Unreliable
Reducing Preterm Birth	Singleton live births < 34 wks (AN corticosteroids within 7 days PN)	Feb 2022	46%		Common Cause		Unreliable
Effective Fetal Monitoring	CTG Training and Human factors situational awareness compliance	Feb 2022	86%		Common Cause		Unreliable

Assurance Commentary

We are currently not meeting targets within a number of the SBL elements. A meeting is planned with the Better Births Lead to address these concerns as a matter of urgency. CO monitoring at booking was 71.9% - still short of the 95% target. We continue to work on improving this.
We are working to address compliance with GAP/GROW training compliance which for February was 73.5%. GAP/GROW has been added to out mandatory training schedule and we hope this will increase training compliance and detection of small for gestational age babies.

Improvement Actions

To increase compliance with carbon monoxide monitoring, we have created completed a set of actions:
1. Recruited inpatient and outpatient champions to work closely with the LMNS Public Health Midwife in driving up compliance at booking and 36 weeks.
2. Established regular meetings with champions, Public Health Midwife and DDMD.
3. Shared communications with all staff reminding them of the importance of CO monitoring compliance.
4. Training all MCA's in performing CO monitoring.
The maternity department are developing a training compliance policy for all statutory and mandatory training. There will be stricter rules around staff who DNA or are not up to date with training compliance.

New fetal monitoring lead midwife and PDM's have action plan to improve GAP training compliance.
Review data feed for <30week deliveries by Digital Maternity team, to confirm correct details are being pulled across.

Adult Safeguarding

NNUH Digital Health
business intelligence

Safeguarding Adults

Feb 2022

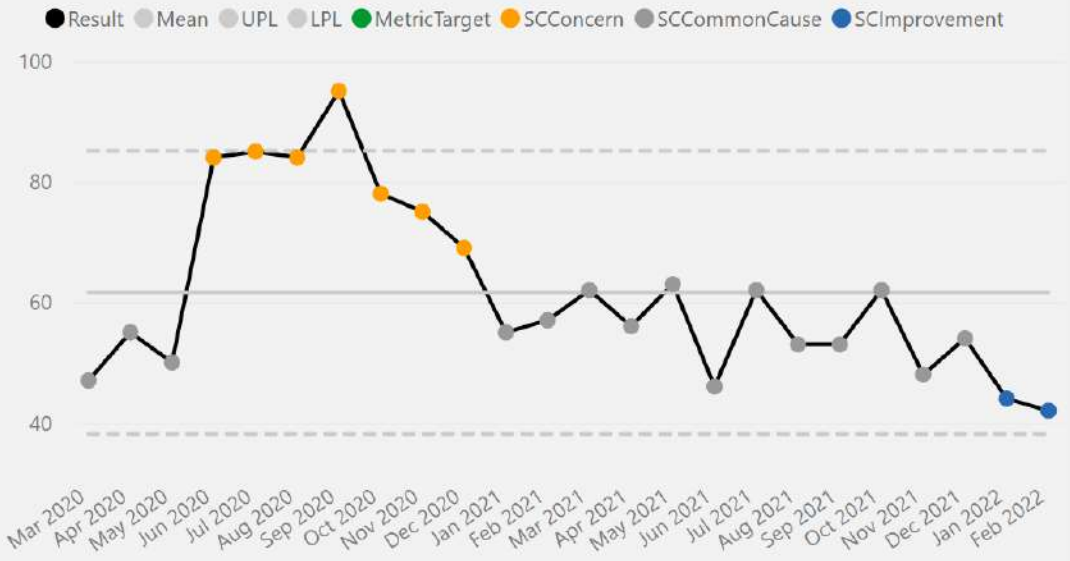
Variation | Assurance

42 Result
N/A Target
85 UPL
62 Mean
38 LPL

Analytical Commentary

2 out of 3 data points have been close to the process limits, and therefore the variation is Special Cause Variation - Improvement (Low)

Safeguarding Adults



Assurance Commentary

NNUH is working alongside the other acutes, local authority and CCGs to streamline safeguarding processes. This includes an ongoing review of policies and training packages to facilitate an integrated pathway.

Improvement Actions

The NNUH Safeguarding team and local authority are undertaking a thematic review of the referrals, and will look to develop an action plan to streamline this process. The scoping meeting facilitated by an external agency was due to be held on 16th December 2021, however, this has been rescheduled for March 2022.

Children & Midwifery Safeguarding

NNUH Digital Health
business intelligence

Safeguarding Children and Midwife...

Feb 2022

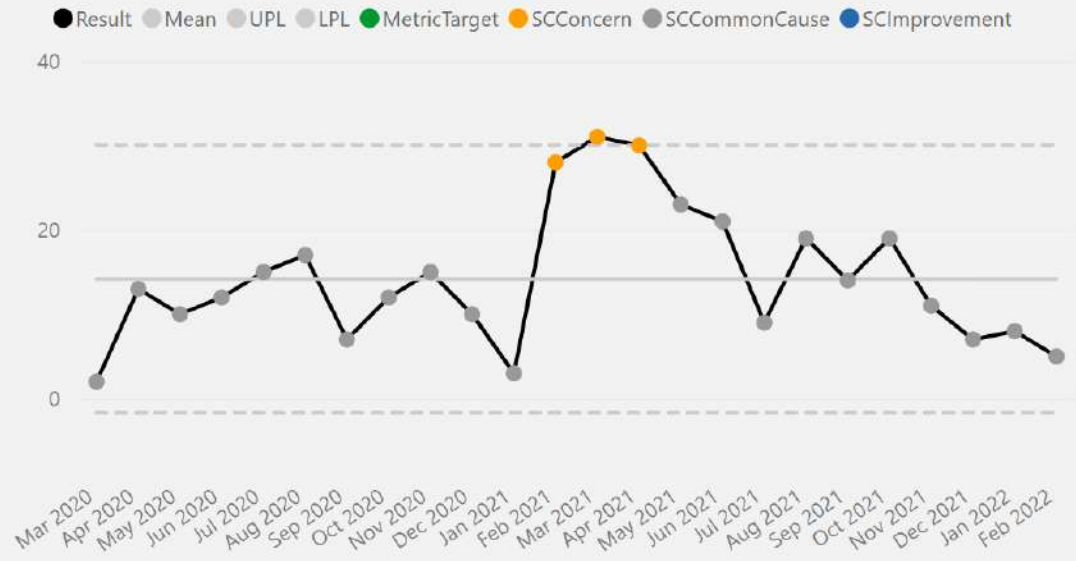
Variation | Assurance

5 Result
N/A Target
30 UPL
14 Mean
-2 LPL

Analytical Commentary

Variation is Common Cause

Safeguarding Children and Midwifery



Assurance Commentary

The Complex Health team has identified an increase in the number of children and young people presenting to hospital at risk of exploitation. The team is assessing how to collate this information and work alongside police and local authority to ensure the safety of children and young people in the community.
The safeguarding team will also be working alongside the other acutes to streamline processes as we migrate to become an ICS.

Improvement Actions

There are ongoing conversations within the Complex Health Hub to put into action how we can launch and promote a trauma informed approach to working throughout the organisation.

Discussions are ongoing to develop the service specifications and pathways of care for Children's Mental Health.

Staff are being supported through supervision to manage complex cases.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Safeguarding Children	Feb 2022	3	Common Cause	No Target
Safeguarding Midwifery	Feb 2022	2	Common Cause	No Target

Our Vision
To provide every patient with the care we want for those we love the most

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

REPORT TO THE TRUST BOARD

Date	**6 April 2022**
Title	**Chair's Key Issues from Audit Committee Meeting on 30.03.22**
Lead	**Julian Foster – Non-Executive Director (Committee Chair)**
Purpose	**For Information, assurance and approval as specified**

1 Background/Context

The Audit Committee met on 30 March 2022. Papers for the meeting were circulated to all Board members for information in the usual way. The meeting was quorate and Mr Chris Hind (Public Governor) attended as observer.

In addition to reviewing and agreeing the External Audit Plan 2021/22, Internal Audit and LCFS plans (2022/23) and timetable for completion of the Annual Report and Accounts, the Committee identified the following matters to highlight to the Board:

2 Key Issues/Risks/Actions

Issues to Highlight and escalate:		
1	Implementation of Internal Audit recommendations	The Committee was updated on considerable progress in improving the position in implementation of IA recommendations. All actions arising from 2021/21 audits have been completed; and the Committee was informed that there are no overdue actions arsing from Counter Fraud investigations or 2021/22 Internal Audit reviews. The Committee commended the management focus and effort in delivering this achievement
2	Draft Head of Internal Audit Opinion (HOIA)	The Committee received the Draft HOIA for 2021/22. The HOIA will form part of the supporting documentation on which the Board can rely in approving the Annual Report and Accounts and associated statements. It is also an important component in the Committee's assessment of the Trust's integrated governance arrangements. Because of the continued focus on weak areas of operation there were a number of adverse opinion audits during the year, with significant weaknesses in succession planning and cyber security identified, among other areas. The HOIA is one of qualified positive assurance and this reflects the significant work undertaken in improving the position in implementing IA recommendations.
3	Divisional Annual Governance Statements	The Committee has previously agreed with a proposal that the Divisions should prepare annual Divisional Governance Statements. At this meeting the Committee received and reviewed the inaugural suite of these annual statements. Suggestions were made for further refinement (e.g. additional reference to 'people' aspects of divisional governance), but the Committee commended this initiative which will support preparation of the Chief Executive's Annual Governance Statement in the Annual Report.

4	FT Code of Governance Annual Review	The Committee received the output of the annual review of our compliance against the Foundation Trust Code of Governance. The Code is applied on a comply or explain basis and the Trust is assessed as compliant with all elements of the Code other than 3 areas that require explanation: i) A5.12 - agreement to hold some Board meetings in private for specified purposes (e.g. commercial or personal confidentiality); ii) B6.2 - the Code recommends an externally facilitated developmental review against the Well-led framework every 3 years following NHSE/I guidance https://www.england.nhs.uk/wp-content/uploads/2020/08/Well-led_guidance_June_2017.pdf Our last review reported in Nov 2018 and a triennial review is therefore now falling due. However, in the meantime, the CQC has assessed the Trust against the Well-led Framework (April 2020) and RSM were commissioned to undertake the Financial Governance Review (October 2020). It was also appropriate that the Trust's focus has been on essential work in responding to the pandemic. It may be appropriate to review the position during 2022/23; iii) D2.3 - the approach to NED remuneration (follows national guidance rather than the now superseded approach of the Code). The associated explanations were **agreed** for inclusion in the Annual Report.
5	Risk Management Strategy	The Committee has been overseeing enhanced focus on risk management and it is positive to note the way in which this is becoming increasingly embedded in our business and operational processes and planning. The Trust's Risk Management Strategy is due for renewal and the Committee accepted the request that the term of the current RM Strategy should be extended by 6 months to October 2022, during which time a planned Risk Maturity exercise will enable assessment of progress and next steps. Approval/Renewal of the Risk Management Strategy is one of the matters reserved to the Board under the Scheme of Delegation and the Committee **agreed to recommend** that the Board approve extension of the term of the current Risk Management Strategy to October 2022.
6	Clinical Audit	The Committee considered a report on the activities of the clinical audit programme and noted the reasonable assurance opinion recently received from the internal auditors relating to this area.
7	Annual self-assessment review of Committee	The Committee conducted its annual self-assessment and noted the results of the Board questionnaire, with 12/13 respondents agreeing or strongly agreeing that the Committee effectively performs its role. The Committee approved its Work Programme for 2022/23 and recommends re-approval of its Terms of Reference unchanged, as **attached.** The Committee's Annual report will be prepared for receipt by the Board at its meeting in May.

3 Conclusions/Outcome/Next steps

The next Committee meeting is scheduled for 25 May 2022 at which it will focus on the Annual Report & Accounts (2021/22) prior to their approval by the Board at its meeting on 8 June 2022.

Recommendation: The Board is recommended to:

- **note** the work of its Audit Committee;
- **approve** extension of the term of the current Risk Management Strategy to October 2022;
- **approve** the Committee's Terms of Reference.

AUDIT COMMITTEE

TERMS OF REFERENCE[1]

1. CONSTITUTION AND PURPOSE

In accordance with the Constitution of the Trust, a Non-Executive Committee is established, to be known as the Audit Committee ("the Committee"). The Terms of Reference of the Committee shall reflect the requirements of NHSI documents - NHS Foundation Trust Code of Governance (July 2014) and 'Governance over audit, assurance and accountability: guidance for foundation trusts' (March 2015)

The **Purpose** of the Committee is to maintain oversight of and provide assurance to the Board with regard to:

- the integrity of the Trust's financial statements and reporting of financial performance;
- the relevance and robustness of governance structures; and
- the effectiveness of the Trust's systems of risk management and internal control.

2. AUTHORITY

The Committee has no executive powers, other than those specified in these Terms of Reference or otherwise requested by the Trust Board or in its Scheme of Delegation.

The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain legal or other independent professional advice and to secure the attendance of persons with relevant experience and expertise from within or without the Trust as it considers necessary.

3. MEMBERSHIP

The Committee shall consist of not less than three Non-Executive members, appointed by the Board from amongst the independent Non-Executive Directors of the Trust. The Chairman of the Trust shall not be a member of the Committee.

One of the members will be appointed Chair of the Committee by the Board. The Committee Chairman may nominate one of the remaining members to act as deputy in his/her absence, failing which, in the absence of the Committee Chairman the remaining members shall elect one of themselves to chair the meeting. Members will be required to attend at least half of the meetings of the Committee each year. At least one member of the Committee should have recent and relevant financial experience as determined by the Trust Board.

[1] These Terms of Reference are based on the model contained in the NHS Audit Committee Handbook 2011, updated to reflect the HFMA NHS Audit Committee Handbook 2018, but also reflect the UK Corporate Governance Code (2018) and ICSA Guidance on Terms of Reference for Audit Committees (2020). They are informed by NHSI: Audit and assurance: a guide to governance for providers and commissioners (December 2019)

4. MEETINGS, ATTENDANCE AND QUORUM

The Committee must consider the frequency and timing of meetings necessary to allow it to discharge all its responsibilities. Meetings shall however be held not less than four times a year at appropriate times in the reporting and audit cycle. The External Auditor or Head of Internal Audit may request that a meeting be held if they consider that one is necessary.

A quorum for the Committee shall be two members. Attendance at the meeting may be by teleconference or videoconferencing at the discretion of the Committee Chair. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions invested in, or exercised by the Committee.

At least once a year the Committee shall meet privately with the External and Internal Auditors. The Head of Internal Audit and representative of External Audit have a right of direct access to the Chair of the Committee.

Attendance at meetings of the Committee shall be as follows:

- Chief Finance Officer, Deputy Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings of the Committee;
- counter fraud specialist will attend a minimum of two committee meetings a year;
- Chief Executive is expected to attend at least one Committee meeting annually, to discuss the process for assurance that supports the Annual Governance Statement (AGS) and should attend when the Committee considers the draft AGS and the annual report and accounts;
- Medical Director shall attend two meetings per annum, timed to coincide with discussion and review of Clinical Audit in the Trust;
- Chief Nurse shall attend two meetings per annum, timed to coincide with discussion and review of matters relating to Risk Management in the Trust.

The Chairman of the Trust, Chief Executive and other executive directors may be invited to attend any meeting of the Committee, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director. The Executive responsible for Risk Management, or a deputy of appropriate seniority, will also be expected to attend meetings of the Committee that are considering matters relating to Risk Management.

The Committee may ask any or all of those who normally attend Committee meetings but who are not members to withdraw to facilitate discussion of any particular matters at the discretion of the Chair.

In exceptional circumstances when an executive member cannot attend Committee meetings, they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf with agreement of the Committee Chair.

5. SUPPORT ARRANGEMENTS

The Board Secretary will be responsible for providing secretarial support to the Committee and provide appropriate support to the Chair and committee members.

The Committee shall operate as follows:

- The Committee will establish an annual Work Programme, summarising those items that it expects to consider at forthcoming meetings.

- Agendas for forthcoming meetings will be based on the Work Programme, reviewed by the Committee and agreed with the Committee Chair.

- Papers for the meeting should be submitted to the Committee secretary a minimum of 6 working days prior to the meeting. Papers on other matters will be put on the agenda only at the request of or with the prior agreement of the Chair.

- Papers will be sent out by the Committee secretary at least 4 working days before each meeting.

- To facilitate oversight by the Board of Directors, papers for meetings of the Committee will be circulated for information to those members of the Board who are not members of the Committee.

- Minutes will be prepared after each meeting of this Committee within 14 days and circulated to members of the Committee and others as necessary once confirmed by the Chair of the Committee. A record of action points arising from meetings of the Committee shall be made and circulated to its members with the minutes.

- Following each meeting of the Committee, the Chair of the Committee shall make a report to the next meeting of the Board of Directors highlighting any issues that require its particular attention, or require it to take action.

- The Terms of Reference of the Committee will be reviewed annually and will only be changed with the approval of the Trust Board.

6. DECLARATIONS OF INTERESTS

All members must declare any actual or potential conflicts of interest relevant to the work of the Committee, which shall be recorded in the Minutes accordingly. Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict.

7. DUTIES

In furtherance of achievement of its Purpose, particular duties of the Committee are as follows:

7.1 Integrated Governance, Risk Management and Internal Control

The Committee shall review the implementation and ongoing quality and effectiveness of integrated governance, risk management and internal control, across the whole of the Trust's activities (clinical and non-clinical), that supports the achievement of the Trust's objectives.

In particular, the Committee will review the adequacy and effectiveness of:

7.1.1 the structures, processes and responsibilities within the Trust for identifying and managing key risks;

7.1.2 all risk and control related disclosure statements, (in particular the Quality Report and Annual Governance Statement), together with any accompanying Head of Internal Audit Statement, External Audit Opinion or other appropriate independent assurances, prior to endorsement by the Board;

7.1.3 the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks, the fitness for purpose of the Board Assurance Framework and the appropriateness of the disclosure statements identified at 7.1.2;

7.1.4 the operational effectiveness of relevant policies and procedures for ensuring that there is compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications;

7.1.5 the policies and procedures relating to counter fraud, bribery and corruption;

7.1.6 the Trust's 'Speak-Up' procedures (FTSU) to ensure that arrangements are in place for Trust employees to raise concern (in confidence) about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters and for the proportionate and appropriate investigation and follow-up of allegations. In the Trust's governance structure, FTSU reports into the Board's People and Culture Committee and the Audit Committee may take assurance from the People & Culture Committee, in accordance with 7.5 below;

7.1.7 the structures, processes and responsibilities within the Trust with regard to Emergency Preparedness, Resilience and Response & Business Continuity.

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these and may also seek reports and assurances from directors and managers as appropriate.

7.2 <u>Internal Audit</u>

The Committee shall ensure that there is an effective Internal Audit function that meets the Public Sector Internal Audit Standards (2017) and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board. This will be achieved by:

7.2.1 monitoring the effectiveness of Internal Audit and carrying out an annual review, ensuring that the Internal Audit function has adequate resources, access to information and appropriate standing within the Trust;

7.2.2 approving the Internal Audit strategy and programme of work, ensuring that this is consistent with the audit needs of the Trust and there is co-ordination between the Internal and External Auditors to optimise audit resources. The Audit Committee shall take into account any recommendations made by other Committees of the Board in relation to matters falling within their Terms of Reference;

7.2.3 reviewing the major findings of Internal Audit work (and management response);

7.2.4 approving the audit fee and the appointment or dismissal of the Internal Auditors;

7.3 External Audit

The Committee shall review and monitor the independence and objectivity of the External Auditors (as appointed by the Council of Governors) and the effectiveness of the audit process. In particular, the Committee shall review the work and findings of the External Auditor and shall consider the implications of the External Auditor's work and the responses of Trust managers to it. This will be achieved by:

7.3.1 agreeing with the Council of Governors the criteria for appointment, reappointing and removing External Auditors, considering the performance of the External Auditor including agreement of the audit fees, making appropriate recommendations to the Council of Governors on appointment and reappointment of the External Auditor;

7.3.2 discussion and agreement with the External Auditor, before the audit commences, concerning the nature and scope of the audit;

7.3.3 discussing with the external auditors their evaluation of audit risks and assessment of the Trust and the impact on the audit fee;

7.3.4 review of all External Audit reports, including agreement of the annual audit letter before its submission to the Board, and any work performed outside the annual audit plan, together with management responses;

7.3.5 review and monitor the external auditor's independence and objectivity and effectiveness of the audit process, including the provision of any non-audit services, taking into consideration relevant UK professional and regulatory requirements;

7.3.6 in the event of the external auditors resigning, making appropriate recommendations to the Council of Governors as required. It is for the Chairman of the Board to inform NHSI of the reasons for ceasing an auditor's appointment;

7.3.7 developing and implementing a policy regarding the supply of non-audit services by the External Auditor, taking account of relevant ethical guidance, and monitoring that service, in accordance with the agreement of the Council of Governors.

The Committee shall also assess the effectiveness of the audit process by:

7.3.8 reviewing any representation letters requested by the external auditor before they are signed by management,

7.3.9 review and agree management's response to the auditor's findings and recommendations.

7.4 Counter Fraud

The Committee will satisfy itself that the Trust has adequate arrangements in place for counter fraud, bribery and corruption that meet the NHS Counter Fraud Authority's standards and will review the outcomes of work in these areas.

Specifically, it will:

- approve the Trust's Counter Fraud strategy and Local Counter Fraud Specialist annual

work plan, including the resources allocated for the delivery of the strategy and work plan;

- receive and review progress reports of the Local Counter Fraud Specialist against the four principles of the overall NHS Counter Fraud Strategy;
- monitor the implementation of management actions arising from counter fraud reports;
- receive and discuss reports arising from quality inspections by the counter fraud service;
- make recommendations to the Trust Board as appropriate in respect of Counter Fraud at the Trust;
- receive, review and approve the annual report of the Local Counter Fraud Specialist.

7.5 Other Assurance Functions

Where appropriate the Audit Committee shall review the findings of other significant assurance sources and shall consider any implications for the governance of the Trust.

These will include, but will not be limited to, any reviews by Department of Health and Social Care arm's length bodies or regulation/inspectors – for example the CQC, NHS Resolution etc and professional bodies with responsibility for the performance of staff or functions – for example, Royal Colleges, accreditation bodies etc

In addition, as part of its approach to providing assurance to the Board, the Committee will consider the work of other committees within the organisation (in particular the three other Board Assurance Committees), whose work can provide relevant assurance to the Audit Committee's overview of the systems and processes of integrated governance.

In reviewing issues around clinical risk management, the Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function.

7.6 Financial Reporting

The Committee shall monitor the integrity of the financial statements of the organisation and any formal announcements relating to its financial performance.

The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

7.6.1 the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;

7.6.2 changes in, and compliance with, accounting policies and practices and estimation techniques;

7.6.3 unadjusted mis-statements in the financial statements;

7.6.4 any unusual transactions and know they have been accounted for;

7.6.5 significant judgements in preparation of the financial statements;

7.6.6 significant adjustments resulting from the audit

7.6.7 explanations for significant variances.

7.7 Charitable Funds[2]

7.7.1 With respect to the Trust's Charitable Funds, the Committee will report to the Trust Board of Directors (in its capacity as Corporate Trustee). With the support of Internal Audit and External Audit, the Committee will provide assurance with respect to the governance of the charitable funds including expenditure from charitable funds in accordance with the relevant objects.

7.7.2 The Committee will review the Annual Report and Accounts of the Trustees prior to its consideration and approval by the Corporate Trustee.

8. PROCESS FOR MONITORING COMMITTEE EFFECTIVENESS

8.1 The Committee shall submit an Annual Report to the Trust Board reporting on the work of the Committee in support of the Annual Governance Statement, specifically commenting on the completeness and embeddedness of risk management in the organisation and the integration of governance arrangements.

8.2 The Committee will report to the Council of Governors identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken.

8.3 A separate section of the Annual Report should describe the work of the Audit Committee in discharging its responsibilities.

Approved by the Board of Directors on: ~~7 April 2021~~

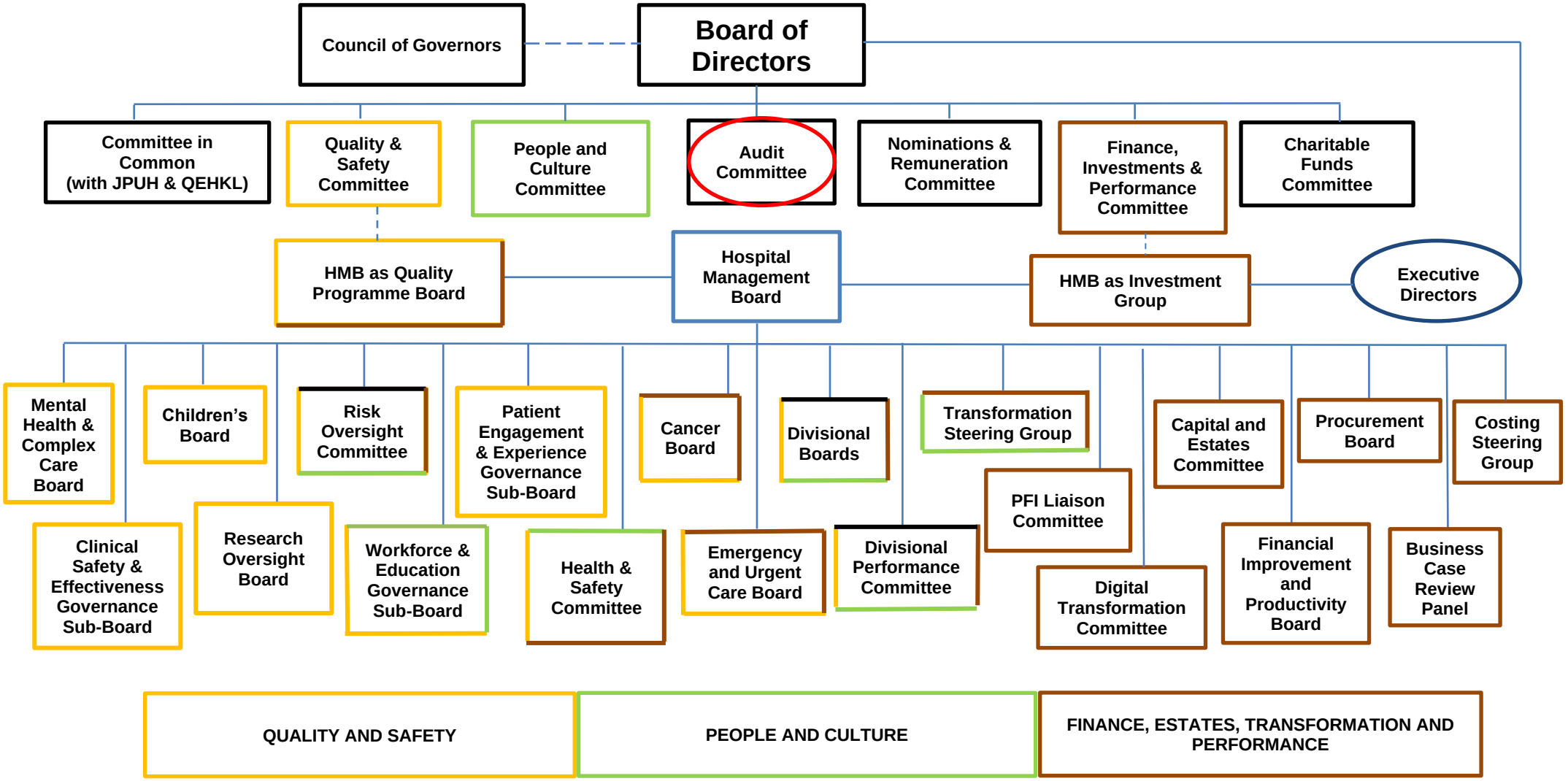
Annual Review date: ~~30 April 2022~~

[2] Relevant guidance is found in

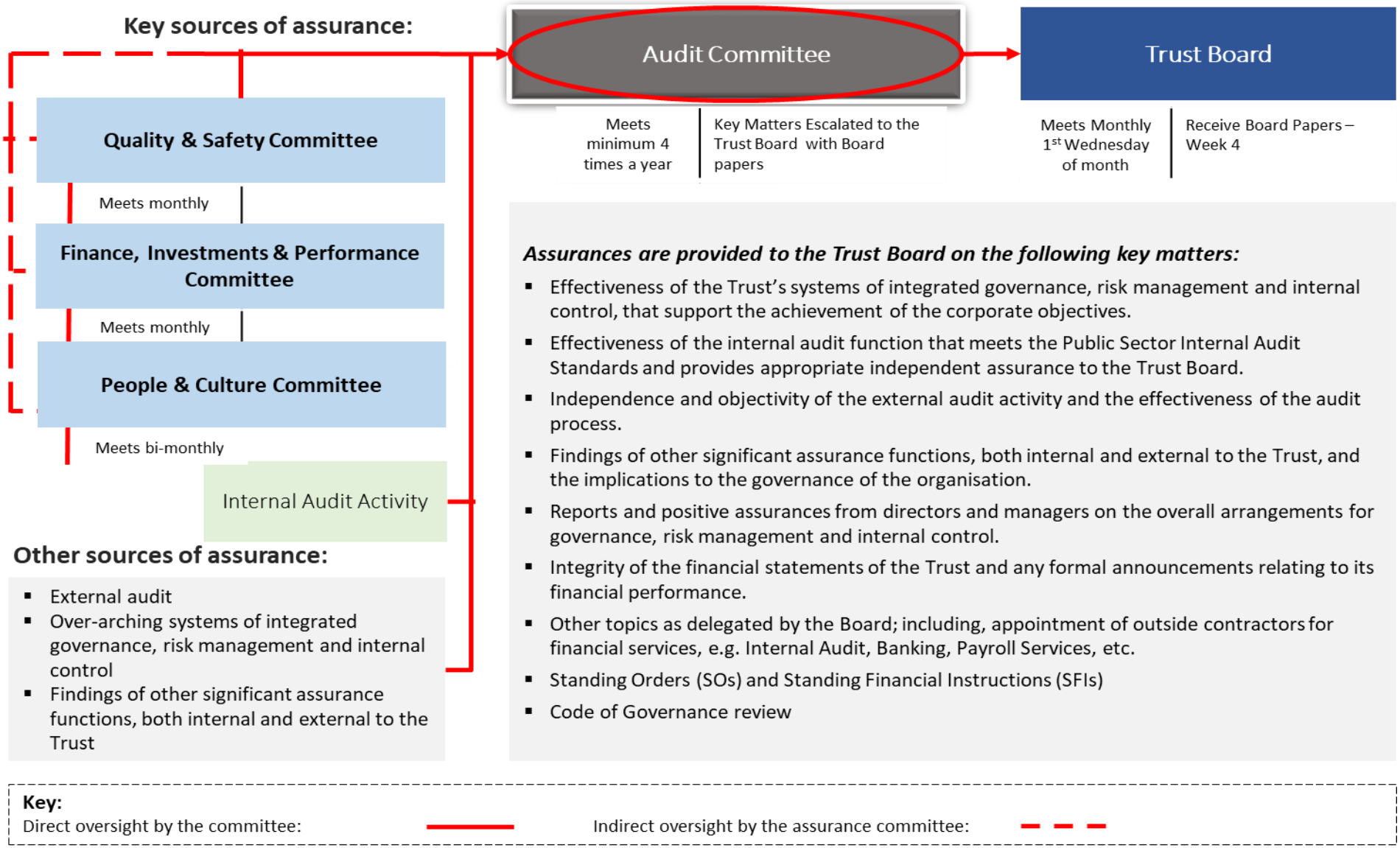
- Charity Commission document CC14 "Investment of Charitable Funds (2004);
- Charity Commission document CC10 "the Hallmarks of an Effective Charity (2008);
- National Audit Office – Charitable Funds Associated with NHS bodies (June 2000).

Board of Directors and Management Board Reporting and Accountability Structure

Norfolk and Norwich University Hospitals NHS Foundation Trust



As at November 2021


Key sources of assurance:
Quality & Safety Committee
Meets monthly
Finance, Investments & Performance Committee
Meets monthly
People & Culture Committee
Meets bi-monthly
Internal Audit Activity
Audit Committee
Meets minimum 4 times a year
Key Matters Escalated to the Trust Board with Board papers
Trust Board
Meets Monthly 1st Wednesday of month
Receive Board Papers – Week 4
Other sources of assurance:
External audit
Over-arching systems of integrated governance, risk management and internal control
Findings of other significant assurance functions, both internal and external to the Trust
Assurances are provided to the Trust Board on the following key matters:
Effectiveness of the Trust's systems of integrated governance, risk management and internal control, that support the achievement of the corporate objectives.
Effectiveness of the internal audit function that meets the Public Sector Internal Audit Standards and provides appropriate independent assurance to the Trust Board.
Independence and objectivity of the external audit activity and the effectiveness of the audit process.
Findings of other significant assurance functions, both internal and external to the Trust, and the implications to the governance of the organisation.
Reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
Integrity of the financial statements of the Trust and any formal announcements relating to its financial performance.
Other topics as delegated by the Board; including, appointment of outside contractors for financial services, e.g. Internal Audit, Banking, Payroll Services, etc.
Standing Orders (SOs) and Standing Financial Instructions (SFIs)
Code of Governance review
Key:
Direct oversight by the committee:
Indirect oversight by the assurance committee:

REPORT TO THE TRUST BOARD

Date	**6 April 2022**
Title	**Going Concern Assessment**
Author & Exec lead	**Stephen Beeson (Deputy Director of Finance – Operations)** **Roy Clarke (Chief Finance Officer)**
Purpose	**For approval**

1. Background/Context

1.1 The Board is required under IAS 1 Presentation of Financial Statements to assess as part of the accounts preparation process, the Trust's ability to continue as a going concern. The accounts have been prepared on a going concern basis and the key factors taken into consideration in making this assessment are set out below

2. Key issues, risks and actions

2.1 The basis on which the Financial Statements are prepared is fundamental to them showing a true and fair view. The ability of an entity to continue trading is fundamental to the basis of preparation. The GAM and the Treasury's Financial Reporting Manual (FReM) both give clear guidance on where a going concern basis of preparation would be expected. These manuals state "*the anticipated continued provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents is normally sufficient evidence of going concern*." There is an expectation from auditors that entities are able to evidence their ability to continue to trade for at least six months following the approval of the financial statements.

2.2 A financial settlement for the NHS has been agreed for the 2022/23 year, being a fixed system envelope arrangement based on the Half 2 envelope for 2021/22. Our financial allocation is confirmed and provides for inflation, growth, elective recovery and efficiency. Our underlying operational plan assumes an activity level of 104% of the 2019/20 delivered activity, consistent with planning guidance, and at both a Trust level and ICS level there is a risk adjusted deficit plan (£600k deficit) due to the technical adjustment related to the adoption of IFRS16.

The surplus position of the Trust for 2021/22, and the current minor deficit operational plan for 2022/23 supports the assessment and provides evidence that the preparation of the accounts on a going concern basis is reasonable.

2.3 Therefore, as the financial framework directs that the assessment for adopting the going concern basis should solely be based on the anticipated future provision for services in the public sector - which has been addressed above, it is appropriate to consider the Trust a going concern

2.4 On the basis outlined in this paper, the Board are recommended to adopt the following statement on the basis of preparation of the accounts:

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

3. Conclusions/Outcome/Next steps

3.1 The preparation of the Financial Statements will be on the basis of the Trust being a Going Concern, which follows national direction and is evidenced through the operational plan for 2022/23.

Recommendation:
The Trust Board is recommended to:

- Approve the basis of preparation of the Financial Statements on a Going Concern basis and the adoption of the statement for inclusion in the accounts:

  "These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case"

REPORT TO THE TRUST BOARD	
Date	**6 April 2022**
Title	**Chair's Key Actions from Finance, Investments and Performance Committee meeting on 30 March 2022**
Lead	**Tom Spink – Non-Executive Director (Committee Chair)**
Purpose	**For information and assurance**

1 Background/Context

The Finance, Investments and Performance Committee met on 30 March 2022. The meeting was quorate and was attended by Jackie Hammond (Public Governor) as observer. Papers for the meetings were made available to Board members for information in the usual way via Admin Control.

Due to the operational position and Covid restrictions, the Committee met by Teams and the meeting did not commence with a departmental visit. The Committee considered the standard suite of information regarding operational and financial performance and actions to improve the Use of Resources position. The Committee further considered issues relating to financial and operational planning, for discussion by the Board later in its meeting.

The following issues were identified to highlight to the Board in public:

2 Key Issues

1	Performance and Productivity IPR	**i) Non-Elective demand**: The Committee was updated on the extreme pressure facing the Trust as a consequence of the very high number of patients in hospital whilst they are awaiting discharge to ongoing care in the health & social care system. From repeated and triangulated reports to the Committee, it is apparent that the resulting congestion in the hospital, together with Covid-related disruption to patient flow, has led to prolonged stays in the Emergency Department and delayed handover from ambulances. Committee members challenged whether there is anything further that the Trust can do to improve the position in ED and to reduce ambulance handover times. The Committee noted the ethical challenges facing Trust staff as we endeavour to limit and mitigate risk to patients across the entire patient pathway. The Committee expressed support for the Executive in the measures taken to manage risk within the hospital, including the use of escalation areas when necessary. It is however clear that sustainable improvement can only be achieved by system-wide action. The Committee awaits the outcome of the next ICS Risk Forum which is intended to agree a system-wide SOP to balance clinical risk throughout the emergency pathway. In the meantime, Committee members noted the enormous pressure facing the Trust and expressed their thanks to all the staff concerned in supporting our services to keep patients as safe as possible.

		ii) Elective demand: The Committee was updated with regard to the elective care programme, which has been maintained in order to limit the risks to patients from excessive waiting times. The Committee was assured regarding the progress and trajectory for ensuring that within the allotted timeframe no patients are waiting longer the 104 weeks. The Committee was advised that delivery of this objective is complex and there are a number of influencing factors that create risk to achievement, but this is a matter of real focus and collective endeavour from across specialities.
2	Major Estates Projects	The Committee was updated on progress with respect to major Estates projects: • regarding the **Diagnostic & Assessment Centre (DAC)** programme, the Committee sought particular assurance on how the programme will meet the significant workforce challenge of staffing the new facilities. The DAC programme now has a dedicated workforce lead, who will work with all three acute Trusts; • with regard to the **N&N Orthopaedic Centre (NANOC),** the contracting position has been complicated and this has been addressed through the remedial steps taken by the Board. A review of the lessons learned will be used to mitigate risks to future projects. This is a significant component of our steps to increase capacity and to address the lengthy waiting times for elective care. The building is expected to be delivered in September and to be commissioned and ready for patient care in the autumn.
3	Regular Finance Reports	The Committee received the standard finance reports and commended the favourable position at M11, together with positive performance in delivering CIP plans (positive variance of £3m) and in implementing the Use of Resources Tactical Action Plan. The 2022/23 financial plan cycle 3 was reviewed and although there are various risks, including inflation, the Committee was assured of the quality of the plan.
4	Digital	The Committee was updated with regard to the Trust's Digital Strategy and measures to ensure cyber security.
5	Committee Annual Review	The Committee has commenced its annual review and at its next meeting will consider its Annual Report prior to submission to the Board. An issue for further consideration is whether the remit of the Committee is too extensive to be covered in the time available. One option would be for a sub-committee or separate committee to have responsibility for capital investments, business cases & innovation/transformation.

3 Conclusions/Outcome/Next steps

The next Committee meeting is scheduled for 27 April 2022.

Recommendation: The Board is recommended to **note** the work the Finance, Investments & Performance Committee;

COVID-19 Update

March 2022

Current Position: Local COVID State 3 – High Prevalence of Covid-19 Within the Hospital

Executive Summary – February 2022

COVID-19

There was an increase in the prevalence of active COVID-19 throughout February 2022. The Trust remained at Local COVID-19 State 3 with high numbers of covid positive patients in inpatient beds causing significant disruption and blocked beds. COVID (+) admissions were managed through Brundall, Cringleford, Dunston , and the virtual ward. The green areas for elective care remained protected.

Staff absence rates increased during February causing disruption to wards and re-deployment of staff.

Non-Elective Care

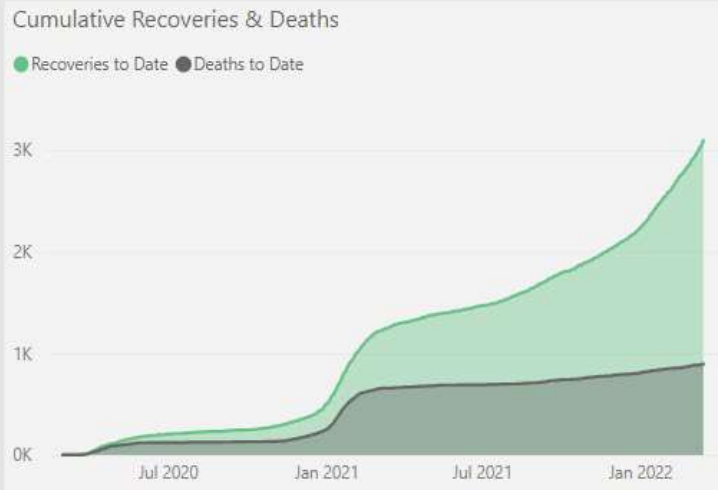
The Trust remained under significant pressure throughout February. The effect of COVID-19 on staff availability, poor discharges, and outflow from the hospital significantly impacted all aspects of the non-elective care pathways. The Trust managed in a congested state with a constant reliance on escalation beds to expand capacity. Patients on D2A pathways 1-3 without a criteria to reside in hospital continue to be exceptionally high.

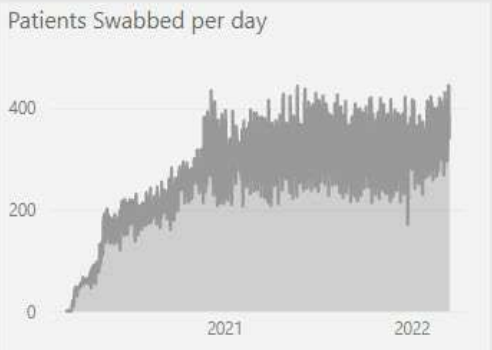
Elective Care

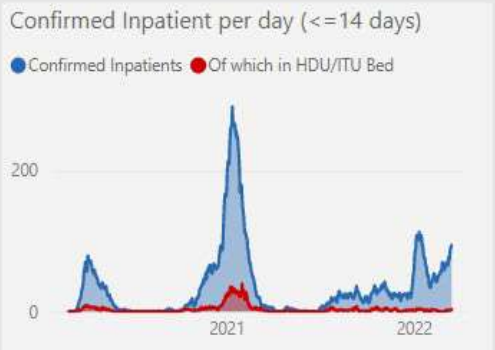
Elective care in February was hampered by the effects of COVID-19 on staff and patient availability, as well as delays in support from the Independent Sector. The interventions that specialities have commenced continue to show benefit with a further reduction in the number of 104+ week breaches in February.

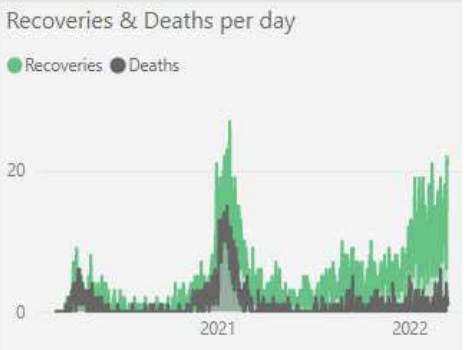
COVID-19 Report: Time Series

Cumulative	Total Swabs Taken	Patients Swabbed	Confirmed Cases	Recoveries	Deaths
01/03/20 - 16/03/22	205,141	65,963	4,154	3,096	895









Commentary

There was an increase in the prevalence of active COVID-19 throughout February 2022 which been be viewed within the confirmed inpatient numbers.

The Trust remained at Local COVID-19 State 3 with high numbers of covid positive patients in inpatient beds causing significant disruption and blocked beds.

COVID (+) admissions were managed through Brundall, Cringleford and Dunston wards, and the virtual ward. The green areas for elective care remained protected.

COVID-19 Report: Current Local Covid State

Level	West Block B	West Block C	Centre Block D	Centre Block E	Centre Block G	East Block H	East Block I	East Block K	East Block L	East Block M
4			Denton Ward 37 Low Risk Pathway - Negative C-19 Confirmed 6584 Elective Surgery	Earsham Ward 24 Medium Risk Pathway - Asymptomatic Awaiting Results 6642 Medicine #NOF	Gateley Ward 24 Medium Risk Pathway - Asymptomatic Awaiting Results 6012 Trauma and Orthopaedics					
3	Blakeney Ward 32 Medium Risk Pathway - Asymptomatic Awaiting Results 3237 Maternity	Cley Ward Obstetrics 32 Medium Risk Pathway - Asymptomatic Awaiting Results 5953 Obstetrics	Dilham Ward 36 Low Risk Pathway - Negative C-19 Confirmed 7637 Elective Surgery	Emergency Assesment Unit Surgical 24 Medium Risk Pathway - Asymptomatic Awaiting Results 6609 Surgical Assessment Unit	Gissing Critical Care 8 Low Risk Pathway - Negative C-19 Confirmed Critical Care	Hethel Ward 37 Medium Risk Pathway - Asymptomatic Awaiting Results 6598 Respiratory	Intwood Ward 25 Low Risk Pathway - Negative C-19 Confirmed Orthopaedics	Kilverstone Ward 37 Medium Risk Pathway - Asymptomatic Awaiting Results 6756 Cardiology	Jack Pryor Unit 16 Medium Risk Pathway - Asymptomatic Awaiting Results Escalation	Mattishall Ward 37 Medium Risk Pathway - Asymptomatic Awaiting Results 6629 Endocrinology
2	Buxton Ward 33 Medium Risk Pathway - Asymptomatic Awaiting Results 6682 Paediatrics	Coltishall Ward 37 Medium Risk Pathway - Asymptomatic Awaiting Results 5954 Paediatric Assessment Unit	Docking Ward 36 Medium Risk Pathway - Asymptomatic Awaiting Results 6743 Upper GI / Thoracic / Emergency General Surgery	Edgefield Ward 39 Medium Risk Pathway - Asymptomatic Awaiting Results 6610 Urology	Guist Ward 37 Medium Risk Pathway - Asymptomatic Awaiting Results 6596 Gastroenterology	Heydon Neuroscience Ward 37 Medium Risk Pathway - Asymptomatic Awaiting Results 6766 Neurosciences	Ingham Ward 33 Medium Risk Pathway - Asymptomatic Awaiting Results 6013 Stroke	Kimberley Ward 38 Medium Risk Pathway - Asymptomatic Awaiting Results 6794 General Medicine	Loddon Ward 30 Medium Risk Pathway - Asymptomatic Awaiting Results 1396 OPM Short Stay / OPAC	OPED / PAED ED Medium Risk Pathway - Asymptomatic Awaiting Results EUC
1	Brundall Ward 35 High Risk Pathway - Confirmed / Suspected C-19 3385 Respiratory - COVID	Cringleford Ward 20 High Risk Pathway - Confirmed / Suspected C-19 7831 COVID Assessment / Testing	Dunston Ward 33 High Risk Pathway - Confirmed / Suspected C-19 1357 COVID	Elsing Ward 37 Medium Risk Pathway - Asymptomatic Awaiting Results 6675 OPM	Gunthorpe Ward 35 Medium Risk Pathway - Asymptomatic Awaiting Results	Acute Medical Unit (H) 34 Medium Risk Pathway - Asymptomatic Awaiting Results 6684 Medical Assessment Unit	Acute Medical Unit (I) 32 Medium Risk Pathway - Asymptomatic Awaiting Results 7768 Medical Assessment Unit	Acute Medical Unit (K) 32 Medium Risk Pathway - Asymptomatic Awaiting Results 6606 SDEC/AOS	Langley Ward 32 Medium Risk Pathway - Asymptomatic Awaiting Results 6639 Renal	Mulbarton Ward 35 Medium Risk Pathway - Asymptomatic Awaiting Results 6624 Oncology/Haematology

Local Covid State 3	39-68 Positive COVID-19 Inpatients in General and Acute beds (Excluding critical care, maternity and paediatric beds)

Key:

- High Risk Pathway - Confirmed / Suspected C-19
- Medium Risk Pathway - Asymptomatic Awaiting Results
- Low Risk Pathway - Negative C-19 Confirmed

Commentary

The Trust de-escalated to Local COVID-19 State 2 on Tuesday, 15th February 2022, and subsequently escalated again to Local COVID-19 State 3 on Wednesday, 23rd February 2022. Due to an increase in the number of patients in March testing positive for covid-19, Dunston ward was opened as red capacity and Cringleford converted to covid testing. The segregation of COVID/non-COVID and protected elective areas of the hospital was maintained in January.

Integrated Performance Report:

Performance & Activity Domains

February 2022

Non-Elective Care Standards

The Trust remained under significant pressure throughout February. The effect of COVID-19 on staff availability, poor discharges, and outflow from the hospital significantly impacted all aspects of the non-elective care pathways. The Trust managed in a congested state with a constant reliance on escalation beds to expand capacity.

Safer, Better, Faster (SBF) Performance Dashboard

Ref	KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
1	4hr Standard	95% (N)	Actual	76.34%	72.33%	70.51%	70.16%	69.06%	70.32%	69.11%	67.83%	67.98%	66.59%	69.23%	67.72%
			Trajectory	78.51%	79.43%	80.67%	82.87%	83.45%	85.78%	85.99%	86.02%	86.45%	87.35%	87.69%	87.92%
2	Initial Assessment <15 mins (ED)	85% (N)	Actual	57.16%	61.02%	57.57%	53.14%	52.71%	56.78%	45.97%	46.07%	49.53%	48.21%	47.82%	39.12%
			Trajectory	52.90%	54.06%	56.89%	58.02%	60.90%	64.80%	69.43%	71.04%	75.88%	79.98%	82.67%	84.98%
3	Avg Time in ED (Non-Admitted)	<220 (N) <180 (L)	Actual	208	221	230	234	243	236	250	267	277	273	259	287
			Trajectory	182	181	180	178	175	175	175	175	175	175	175	175
4	Avg Time in ED (Admitted)	<220 (N) <200 (L)	Actual	365	373	410	415	468	454	546	612	621	599	658	695
			Trajectory	314	311	308	298	285	278	268	260	251	240	238	228
5	Admitted within 1 hour of clinically ready to proceed*	100% (N)	Actual	18.07%	18.57%	47.45%	48.51%	33.51%	38.39%	24.70%	22.35%	17.09%	25.33%	17.00%	17.47%
			Trajectory	9.50%	30.00%	45.00%	50.00%	55.00%	60.00%	65.00%	70.00%	75.00%	80.00%	85.00%	85.00%
6	Total Time in ED <12 hours	100% (N)	Actual	97.05%	97.84%	96.53%	96.86%	95.36%	95.50%	92.50%	90.03%	88.57%	88.82%	88.08%	86.82%
			Trajectory	97.10%	97.90%	98.01%	98.90%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%
7	Ambulance Handovers <=15mins	90% (N)	Actual	60.37%	63.51%	56.85%	47.80%	43.32%	44.91%	34.35%	26.36%	27.25%	29.63%	26.78%	22.66%
			Trajectory	56.80%	57.00%	58.76%	59.05%	61.24%	65.98%	70.65%	28.00%	36.00%	50.00%	69.00%	84.00%
8	>21 Days LLoS Patients	86 (N) 80 (L)	Actual	82.6	93.6	81.7	93.0	99.5	105.7	138.5	137.4	158.2	157.4	164.1	144.5
			Trajectory	96	88	86	85	82	81	80	79	78	79	80	81
9	14-20 Days LLoS Patients	TBC (N) 49 (L)	Actual	70.1	61.6	69.0	67.4	75.1	71.4	81.3	81.9	89.7	86.4	85.4	84.5
			Trajectory	84	87	82	75	70	65	60	53	48	46	49	50
10	SDEC as % of Emergency Attendances	>30% (N)	Actual	45.42%	47.33%	43.81%	44.35%	51.15%	51.23%	51.73%	48.94%	51.54%	49.74%	50.63%	53.07%
			Trajectory	22.68%	23.85%	24.00%	24.86%	25.78%	26.85%	27.83%	28.79%	29.61%	29.97%	30.00%	30.42%
11	Triage	<60 mins (L)	Actual	91.92%	95.08%	94.51%	91.79%	89.69%	91.17%	84.68%	84.15%	86.52%	84.66%	82.88%	77.02%
			Trajectory	98.10%	98.90%	99.00%	99.00%	99.00%	99.10%	99.42%	99.58%	99.75%	99.89%	99.92%	99.96%
12	GP Streaming	TBC (N)	Actual	17.62%	16.28%	17.63%	17.82%	16.46%	17.63%	13.76%	13.97%	16.43%	17.68%	19.52%	19.79%
			Trajectory	17%	17%	17%	20%	20%	20%	22%	24%	28%	28%	28%	28%

Key:
- More than 10% away from Trajectory
- Within 10% of Trajectory
- National target or trajectory hit
- National target and trajectory hit

Performance – ED 4 Hour Standard

KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
4hr Standard	95% (N)	Actual	76.34%	72.33%	70.51%	70.16%	69.06%	70.32%	69.11%	67.83%	67.98%	66.59%	69.23%	67.77%
		Trajectory	78.51%	79.43%	80.67%	82.87%	83.45%	85.78%	85.99%	86.02%	86.45%	87.35%	87.69%	87.92%

Commentary

February 2022 Performance

Sustained increase in the acuity of patients both via the ambulatory and ambulance pathways had an impact on the Trust's 4-hour performance.

ED 4-hour performance remained extremely challenged at 67.4% in February 22. The challenge often presenting at the start of the day with the 4-hour performance often starting below 20% due to high numbers of patients in ED from 07:00. The exit block from ED also compounded by sustained high levels of attendances both ambulatory and via ambulance conveyances. Staffing was a major concern with nursing and medical staffing stretched and presenting regular shortfalls.

Improvement Actions

1. Role and pathway development - Senior Clinician at the front door to reduce both time to first clinician and divert inappropriate attendances aided by a reconfiguration of the pathways and layout of the ED. Continued building work which started early January and will be completed within 8 weeks

2. Bookable appointments: ambition is to move as quickly as possible to bookable only attendances for minors. Requested support from regional NHSEI EUC Lead via CSORT; STP UEC Programme Manager to support too.

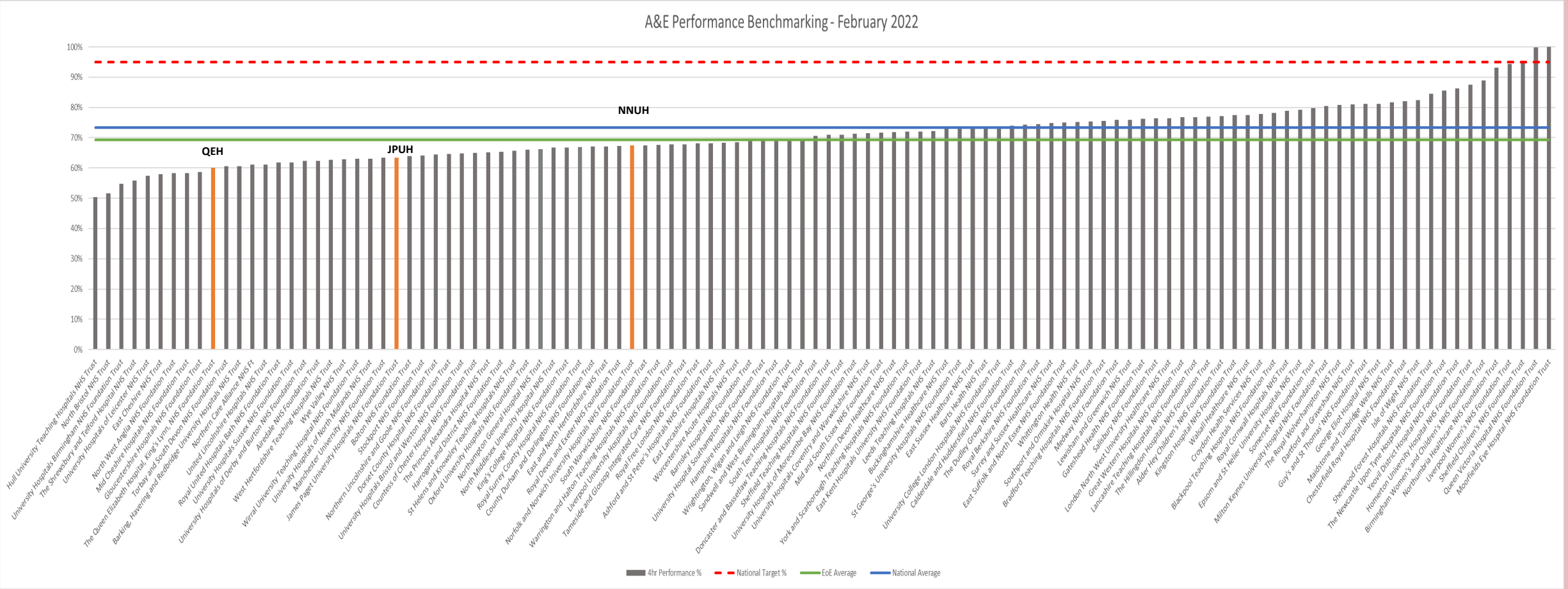
3. Trust was selected for the ''Recovery Unit'' but this is deferred for UEC; NHSEI region supporting instead with site visits in March

4. Immediate actions include modifying the progress tracker role to prevent avoidable breaches within 15 min of targets, extended day senior manager oversight and SBF reset.

Risk To Delivery

RED

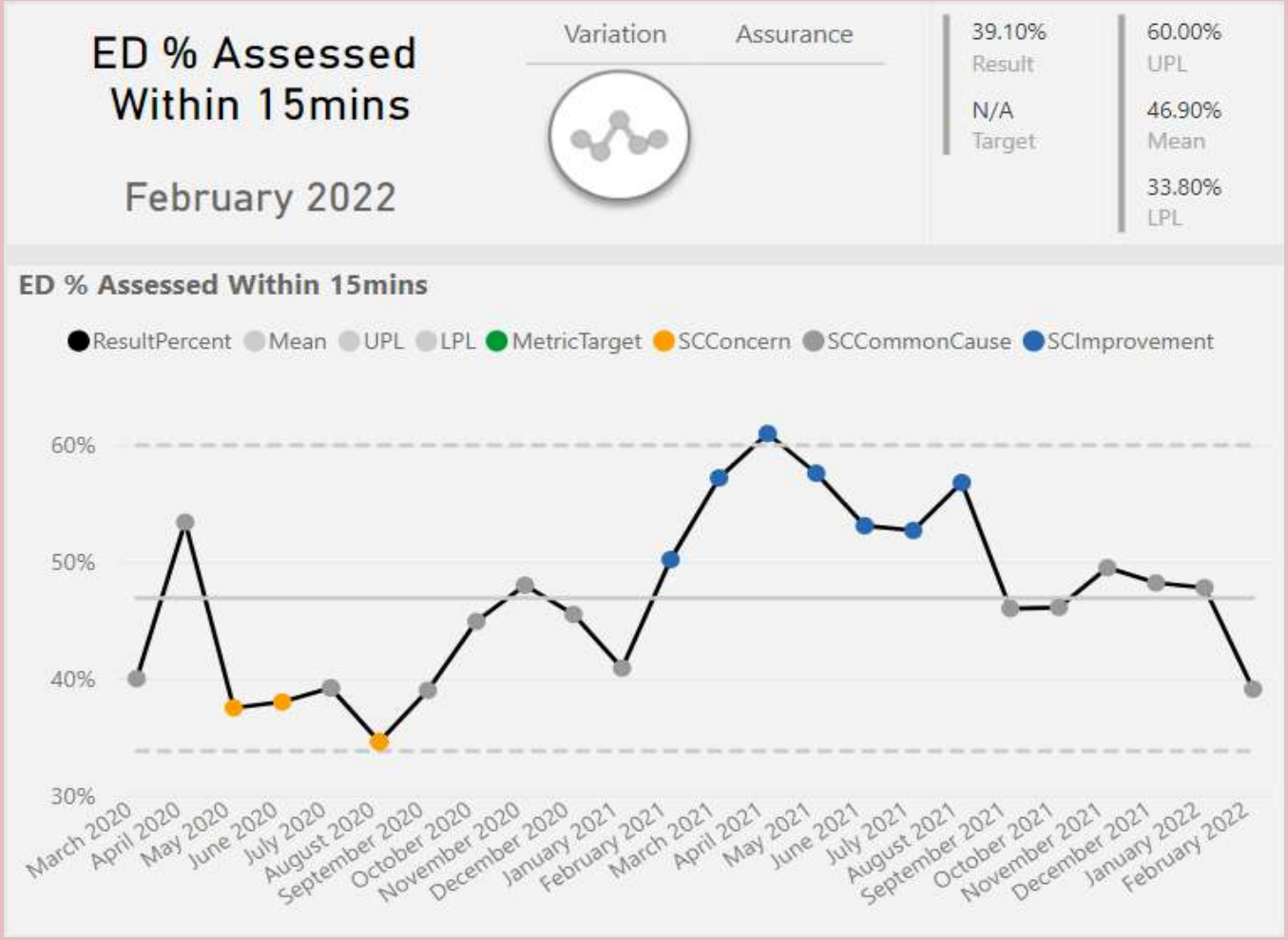
Performance – ED 4 Hour Standard Benchmarking



Comments

NNUH was ranked 71 out of 112 submitting Trusts for England A&E 4-hour performance in February 2022. This was slightly below the EoE regional average performance of 69.3% and the national average of 73.3%. The JPUH and QEH hospitals also struggled in February, and the levels of performance were below the NNUH.

Performance – ED Assessed Within 15 Mins %



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Initial Assessment <15 mins (ED)	85% (N)	Actual	57.16%	61.02%	57.57%	53.14%	52.71%	56.78%	45.97%	46.07%	49.53%	48.21%	47.82%	39.12%
		Trajectory	52.90%	54.06%	56.89%	58.02%	60.90%	64.80%	69.43%	71.04%	75.88%	79.98%	82.67%	84.98%

Commentary

February 2022 Performance

Assessment within 15 mins remained a significant challenge and continues to be significantly below our target and trajectory as a result of the team regularly operating within a congested department with limited physical space to see and assess patients, high volumes of ambulance attendances, and sustained staffing shortfalls due to sickness.

The main risk to delivery of this trajectory remains a shortage of physical capacity to place staff and patients in an appropriate area within ED. The layout of ED is under review as the leadership team attempt to decide how best to use the existing footprint. Focus remains on ensuring safe and effective front door assessment in line with patients' arrival time and source.

Improvement Actions

1. Improved monitoring process of performance on a live basis to enable real time decision making and actions driven by dashboard.

2. The initial reconfiguration of ED has started ahead of a major phased building programme, will address some of the physical space issues; creating 2 additional assessment spaces, the reconfiguration of the hub room into clinical space for the early assessment and treatment by the clinical team for the Minors, the move of Ambulatory Majors to the original Minors location and the reconfiguration of the Portakabin into an effective RATS location. Paper will go to HMB in March

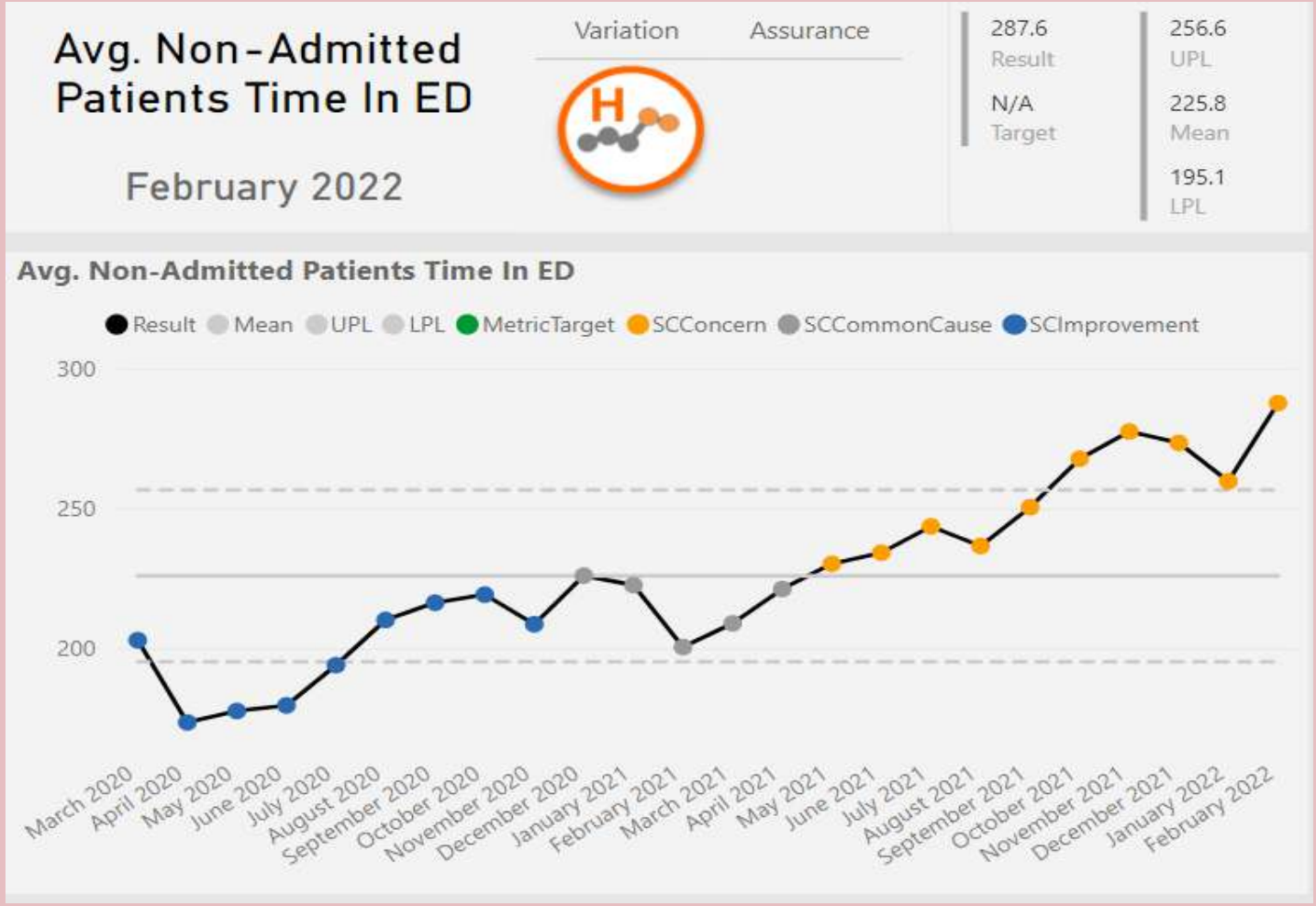
3. Enhanced escalation of this standard to ED Matron and Operational Manager to explore mitigations in real time in addition to the Escalation Triggers currently in use

4. Place a Senior Clinician at the front door to reduce both time to first clinician, and divert inappropriate attendances.

Risk To Delivery

RED

Performance – Average non admitted patient time in ED



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Avg Time in ED (Non-Admitted)	<220 (N)	Actual	208	221	230	234	243	236	250	267	277	273	259	287
	<180 (L)	Trajectory	182	181	180	178	175	175	175	175	175	175	175	175

Commentary

February 2022 Performance

Both data indicators for ambulatory pathways indicate a decline in performance against targets, and remain significantly off-trajectory. Demand profile remains similar with higher walk-in arrivals between (10:00-15:00), this subsequently compounds significant physical capacity issues across the department including in the waiting room/ambulatory, and other areas.

Recruitment is underway to obtain additional ENPs to release the medical team to work in the other areas of the department, leaving the NNUH Minors to be run like the Cromer MIU, with patients to have a time slot allocated to reduce footfall and peaks in demand, which are not able to be met.

Improvement Actions

1. Action plan to re-evaluate space and improve turnover of Ambulatory patients once they have been assessed to allow for more rapid and effective utilisation of space. Work has started in the old Minors locations to increase capacity for the ambulatory minor illness cohort of patients.

2. Improved use of GP Streaming – with the relation of the Ambulatory Majors location.

3. SDEC to be reinforced with additional clinicians.

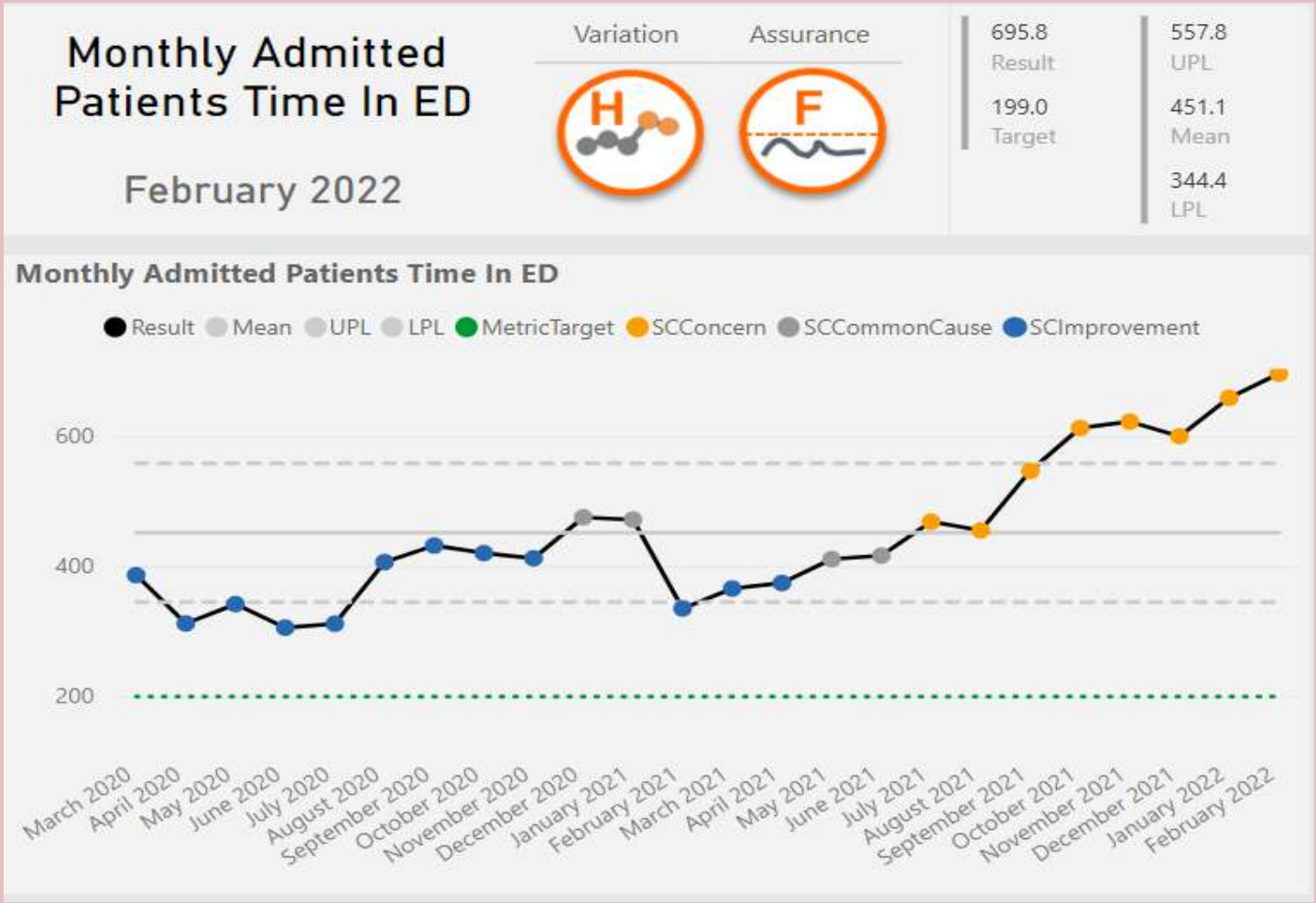
4. Complete the recruitment of the ENPs.

5 Review of the patients on a non-admitted pathway staying in the department over 4 hours.

Risk To Delivery

RED

Performance – Average admitted patient time in ED



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Avg Time in ED (Admitted)	<220 (N)	Actual	365	373	410	415	468	454	546	612	621	599	658	695
	<200 (L)	Trajectory	314	311	308	298	285	278	268	260	251	240	238	228

Commentary

February 2022 Performance

February saw a continued decline in performance with an average waiting time of 685 minutes for patients with a DTA waiting in ED, with performance remaining significantly off trajectory. The exit block of patients from ED to the onward ward is the main contributory factor to the admitted time within ED, as the hospital maintains numbers of patients medically fit for discharge, and high acuity within Medicine as well as wards dealing with both COVID and norovirus within January and February. The Trust is progressing Clinically Ready to Proceed into business as usual, but it is not always a safe exercise when wards were regularly in surge beds within bays throughout the month of January.

Improvement Actions

1. Convert the trigger based test of change process and learning to BAU once the policy/SOP is formally adopted by the Trust.

2. Move the patients waiting on admission into the existing Trolley Bay location to ensue the front of ED and clinical assessment and treatment space is available for new patients.

Risk To Delivery

RED

Performance – Admitted within 1 hour of Clinically Ready to Proceed

KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Admitted within 1 hour of clinically ready to proceed*	100% (N)	Actual	18.07%	18.57%	47.45%	48.51%	33.51%	38.39%	24.70%	22.35%	17.09%	25.33%	17.00%	17.47%
		Trajectory	9.50%	30.00%	45.00%	50.00%	55.00%	60.00%	65.00%	70.00%	75.00%	80.00%	85.00%	85.00%

Commentary

February 2022 Performance

The clinically ready to proceed within 60 min % performance saw a slight decline on the previous month and significantly off trajectory, remaining the most challenged area of the new access standards. Continued delayed discharges and the number of patients without criteria to reside continued to increase to unprecedented levels at the beginning of January, with over 160+ patients on the list continuously. This position improved towards the end of February, but with ward reconfiguration and an increase in COVID beds needed has significantlyy impacted flow. All possible escalation areas have been utilised as required and OPEL 4 status enacted throughout February with unprecedented actions, including adding a 7th and 8th patient to mitigate capacity issues (8th patient placement ceased).

Improvement Actions

1. Daily escalations and calls are in place for the ICS to alleviate pressures, where possible.

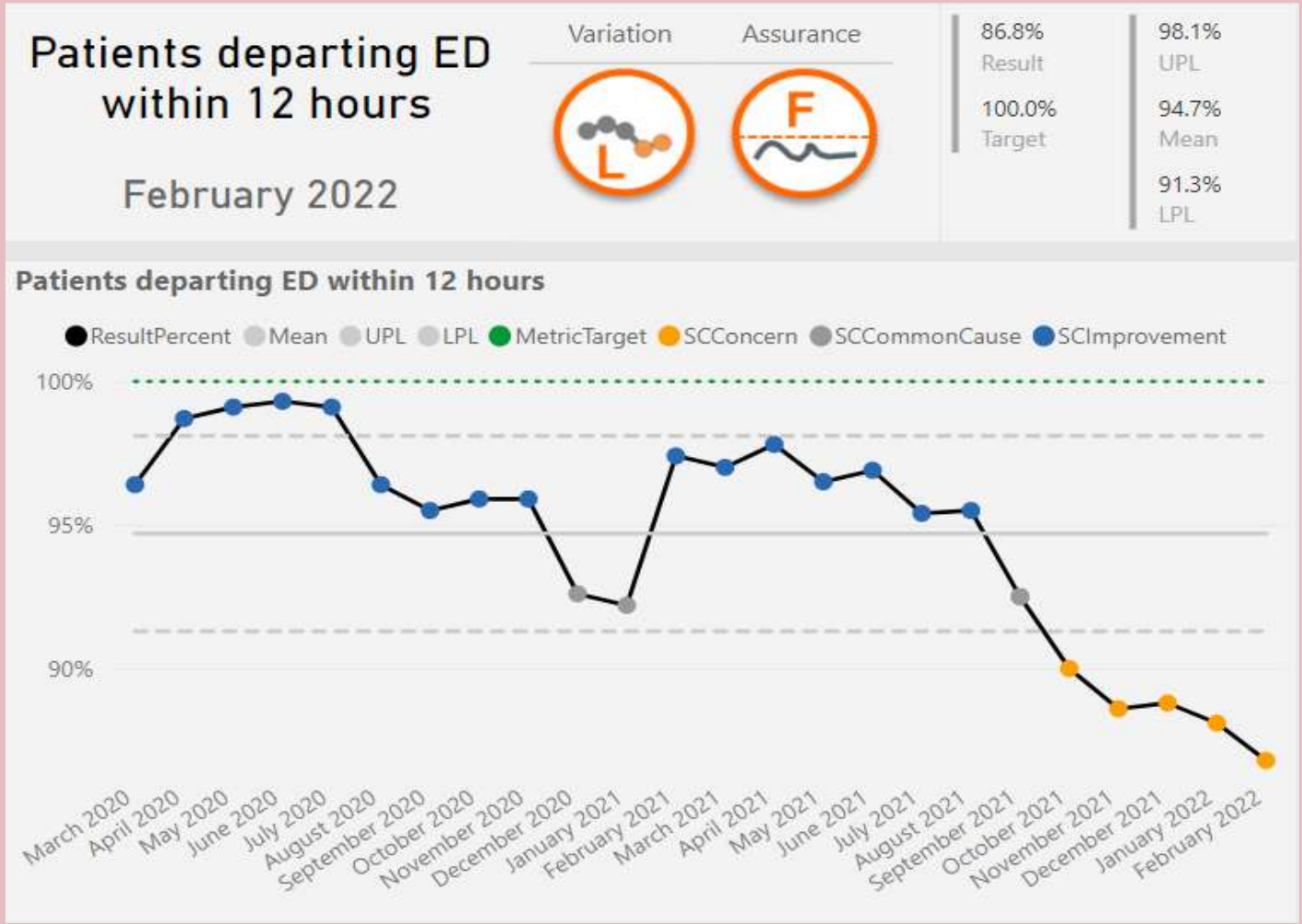
2. EEAST remaining on REAP 3-4 continues to reduce the numbers of patients that would otherwise be re-directed on admission avoidance pathways. Second cohort area implemented to safely offload ambulances as quickly as possible.

3. National task force for discharge – Central System is now part of workstream 3 – community capacity. Need to decompress number of patients without a criteria to reside from 150+ to <84.

Risk To Delivery

RED

Performance – Patients Departing ED within 12 hours



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Total Time in ED <12 hours	100% (N)	Actual	97.05%	97.84%	96.53%	96.86%	95.36%	95.50%	92.50%	90.03%	88.57%	88.82%	88.08%	86.82%
		Trajectory	97.10%	97.90%	98.01%	98.90%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%

Commentary

February 2022 Performance

There remains no system resolution to enable ED to achieve 100% due to the continued capacity issues for mental health patients, who often remain in the department for over 12 hours whilst awaiting an appropriate mental health placement. We again had record numbers of Trust 12-hour DTA breaches within February 2022, the vast majority of which were due to a lack of bed capacity and is the highest amount over the past 12 months, as inpatient demand far outstripped capacity.

Daily monitoring of numbers of patients with an ED episode of 12 hrs or more via site flow meetings and by the ED Triumvirate – the daily challenge is to ensure this is a single figure number with a view to improve this as work develops. These patients are a focus at each of our patient flow meetings.

Improvement Actions

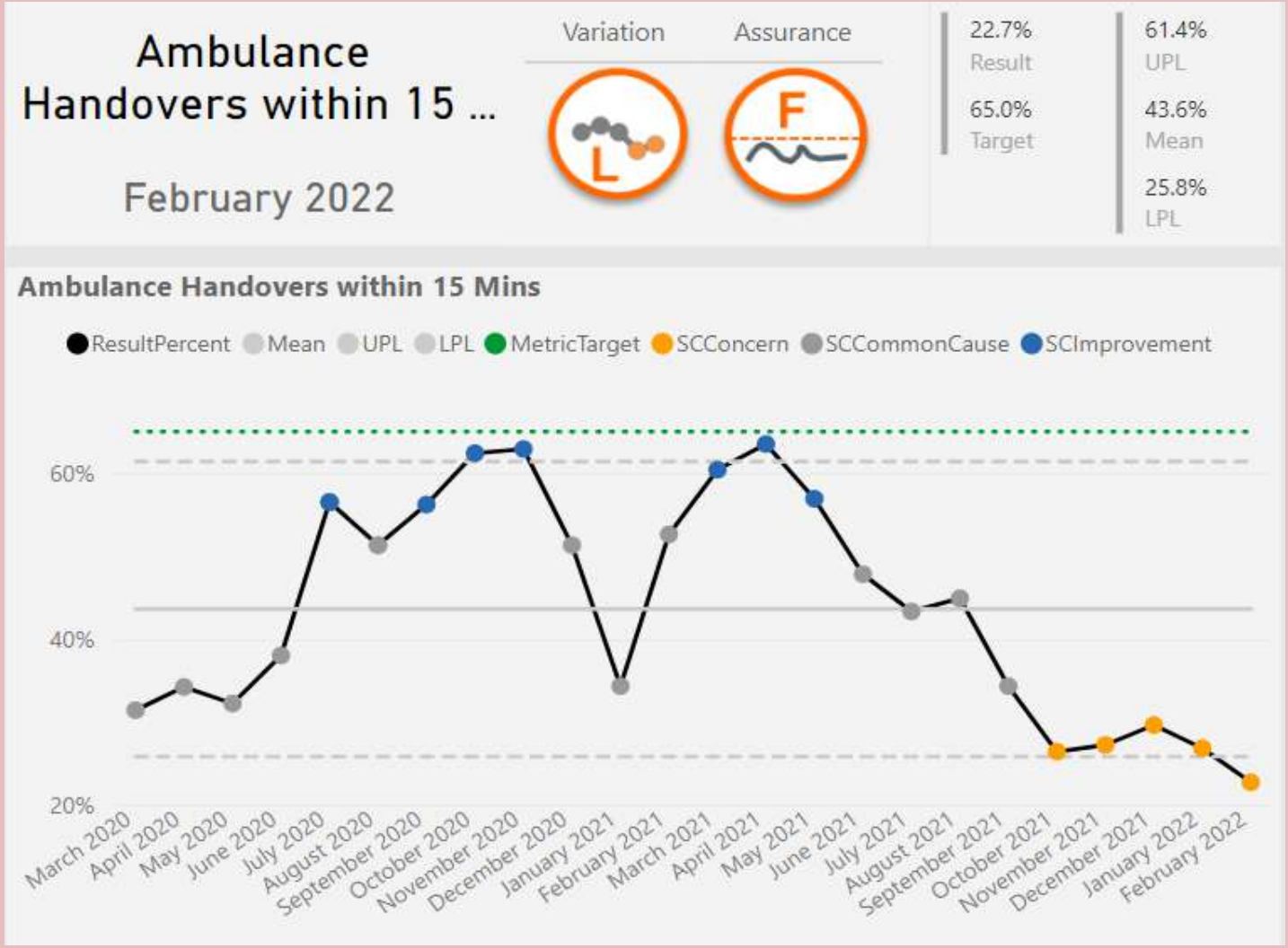
1. Ongoing liaison and engagement with Norfolk & Suffolk Foundation Trust, Norfolk County Council, NHS England, and other partner organisations involved with the delivery of Mental Health services.

2. Focus at each patient flow meeting throughout the day.

Risk To Delivery

RED

Performance – Ambulance Handovers <15 mins



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Ambulance Handovers <=15mins	90% (N)	Actual	60.37%	63.51%	56.85%	47.80%	43.32%	44.91%	34.35%	26.36%	27.25%	29.63%	26.78%	22.66%
		Trajectory	56.80%	57.00%	58.76%	59.05%	61.24%	65.98%	70.65%	28.00%	36.00%	50.00%	69.00%	84.00%

Commentary

February 2022 Performance

Handovers were again severely challenged during February. The % of ambulances offloaded within 15 mins performance declined on Januarys performance. The Trust's position reflects the wider regional and national picture of difficulties in sustaining performance and number of ambulances breaching 60 minutes, with the ambulance cohort opened daily throughout January.

Physical capacity issues cited across ED access standards has also impacted handovers. A plan to re-design the ED space is being prepared ahead of 22/23 capital planning and other interim, short term actions and minor works are being made to alleviate the problems.

Improvement Actions

1. Continued work with the region, EEAST and ICS on resilience planning and daily/weekly escalation calls. Revised trajectories agreed – require reduction in NCR2R numbers to deliver

2. Working across the ICS to standardise expectations and role of the HALOs.

3. Plan in place to have 12-12 7/7 cover for cohort capacity to enable 8 patients to experience quicker ambulance offloads and resilience during peak hours, with an extended cohort location adjacent to the ED.

Risk To Delivery

RED

Performance – 15 Minute Handover % Trends EoE

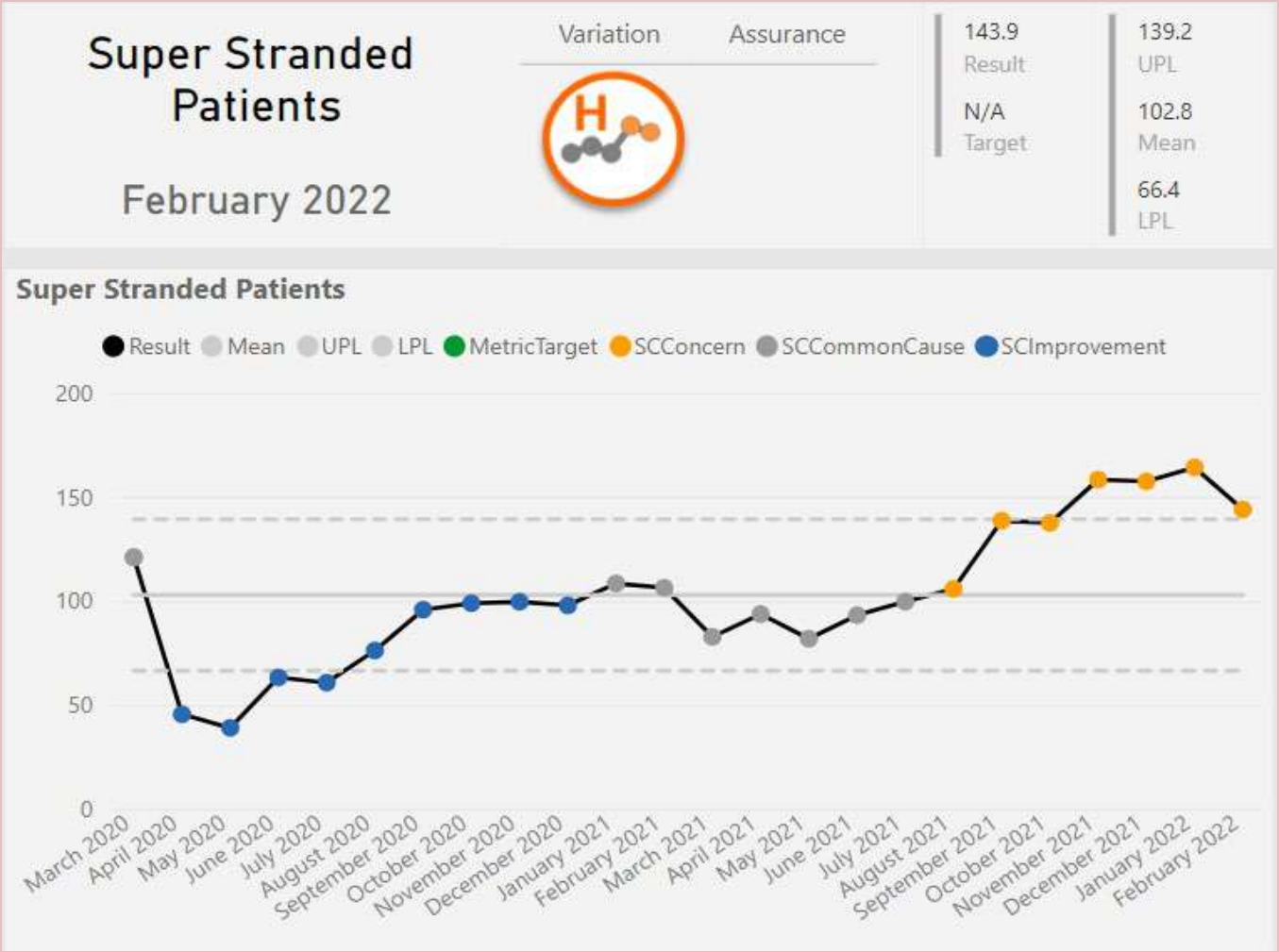
NNUH Digital Health
business intelligence

Hospital Name	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Total
Addenbrookes Hospital	37.28%	42.67%	42.13%	38.95%	31.43%	27.66%	29.52%	24.45%	25.13%	35.36%	34.48%	32.55%	31.85%	33.49%
Basildon & Thurrock Hospital	67.97%	69.22%	68.44%	66.29%	55.60%	54.18%	50.11%	44.82%	39.47%	35.69%	40.19%	45.17%	40.35%	53.17%
Bedford Hospital South Wing	48.91%	60.26%	57.65%	65.66%	60.42%	60.24%	53.22%	48.02%	47.45%	43.45%	43.26%	43.32%	42.32%	52.22%
Broomfield Hospital	44.31%	50.06%	44.24%	42.54%	66.86%	54.47%	47.73%	37.46%	29.57%	26.95%	30.39%	33.15%	22.51%	41.88%
Colchester General Hospital	29.73%	35.56%	33.22%	30.25%	30.88%	23.01%	14.77%	14.84%	15.13%	14.57%	16.46%	19.49%	16.94%	23.07%
Hinchingbrooke Hospital	28.06%	27.79%	23.37%	22.77%	21.05%	15.11%	13.27%	14.30%	12.56%	15.41%	12.23%	13.69%	16.04%	18.37%
Ipswich Hospital	41.16%	44.14%	39.89%	41.09%	35.26%	25.13%	27.23%	31.64%	31.20%	30.38%	27.00%	31.30%	30.32%	33.61%
James Paget Hospital	33.45%	48.38%	44.76%	36.36%	31.09%	31.93%	21.29%	24.28%	17.55%	20.92%	17.57%	22.75%	18.81%	29.59%
Lister Hospital	26.61%	25.70%	21.96%	19.20%	13.26%	14.75%	10.61%	6.90%	7.33%	7.96%	9.21%	8.32%	8.20%	14.62%
Luton And Dunstable Hospital	48.15%	47.54%	47.93%	47.89%	48.68%	46.28%	44.67%	44.18%	44.07%	38.85%	41.51%	39.37%	38.05%	44.57%
Norfolk & Norwich University Hospital	52.68%	60.31%	63.51%	57.12%	47.83%	43.56%	45.06%	34.32%	25.87%	27.10%	29.32%	26.28%	21.97%	43.83%
Peterborough City Hospital	20.50%	18.05%	18.93%	16.26%	9.83%	6.97%	4.86%	5.91%	7.45%	5.38%	5.27%	4.22%	4.55%	10.32%
Princess Alexandra Hospital	11.74%	17.14%	30.11%	25.43%	23.45%	21.50%	20.50%	19.01%	12.45%	12.78%	14.75%	17.29%	15.50%	18.94%
Queen Elizabeth Hospital	55.17%	59.19%	58.86%	52.50%	49.97%	46.31%	42.45%	37.76%	29.28%	32.41%	31.04%	41.41%	29.90%	44.20%
Southend University Hospital	23.15%	21.40%	21.04%	22.16%	21.53%	23.49%	19.15%	15.21%	13.93%	10.21%	13.20%	12.40%	9.79%	18.09%
Watford General Hospital	30.76%	31.06%	40.66%	34.81%	29.27%	25.90%	29.38%	28.06%	26.54%	25.17%	5.63%	6.69%	6.69%	27.09%
West Suffolk Hospital	50.70%	50.63%	52.47%	47.88%	46.01%	42.95%	41.25%	40.30%	38.41%	40.06%	36.41%	37.36%	41.34%	43.67%
Total	**39.59%**	**42.90%**	**42.88%**	**40.20%**	**37.44%**	**33.97%**	**31.35%**	**28.42%**	**25.58%**	**25.53%**	**25.27%**	**26.72%**	**24.44%**	**33.28%**
Rank	**3**	**2**	**2**	**3**	**6**	**6**	**4**	**7**	**9**	**8**	**8**	**9**	**10**	**6**

Comments

Performance challenged due to high volumes of patients with a DTA waiting for beds, and constant use of cohorting preventing surge ability. Continued work with the region, EEAST and ICS on resilience planning.

Performance – Long Length of Stay >21 Day Patients



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
>21 Days LLoS Patients	86 (N)	Actual	82.6	93.6	81.7	93.0	99.5	105.7	138.5	137.4	158.2	157.4	164.1	143.9
	80 (L)	Trajectory	96	88	86	85	82	81	80	79	78	79	80	81

Commentary

February 2022 Performance

The number of super stranded patients remained static for much of January up until the MADE event held w/c 17th January, which presented a challenge impacting on patient flow out of ED, as acute beds remained blocked. This is also being seen in the community and mental health Trusts', leading to increasing delays of patients on pathways 1-3.
The lack of domiciliary care provision (pathway 1) remains a system risk, there are further actions planned to reduce the backlog, Gunthorpe Home First unit has reduced pathway 1 patients' in acute wards, to reduce deconditioning and care needs for discharge.

Improvement actions

1. MADE Events have occurred in the community and NNUH holding their own w/c 17th January 2022, further MADE in April for NNUH in planning phase.

2. Daily IDT and Home First hub teams call discussing all patients' on discharge to assess pathway 1-3, emphasis on alternative care options.

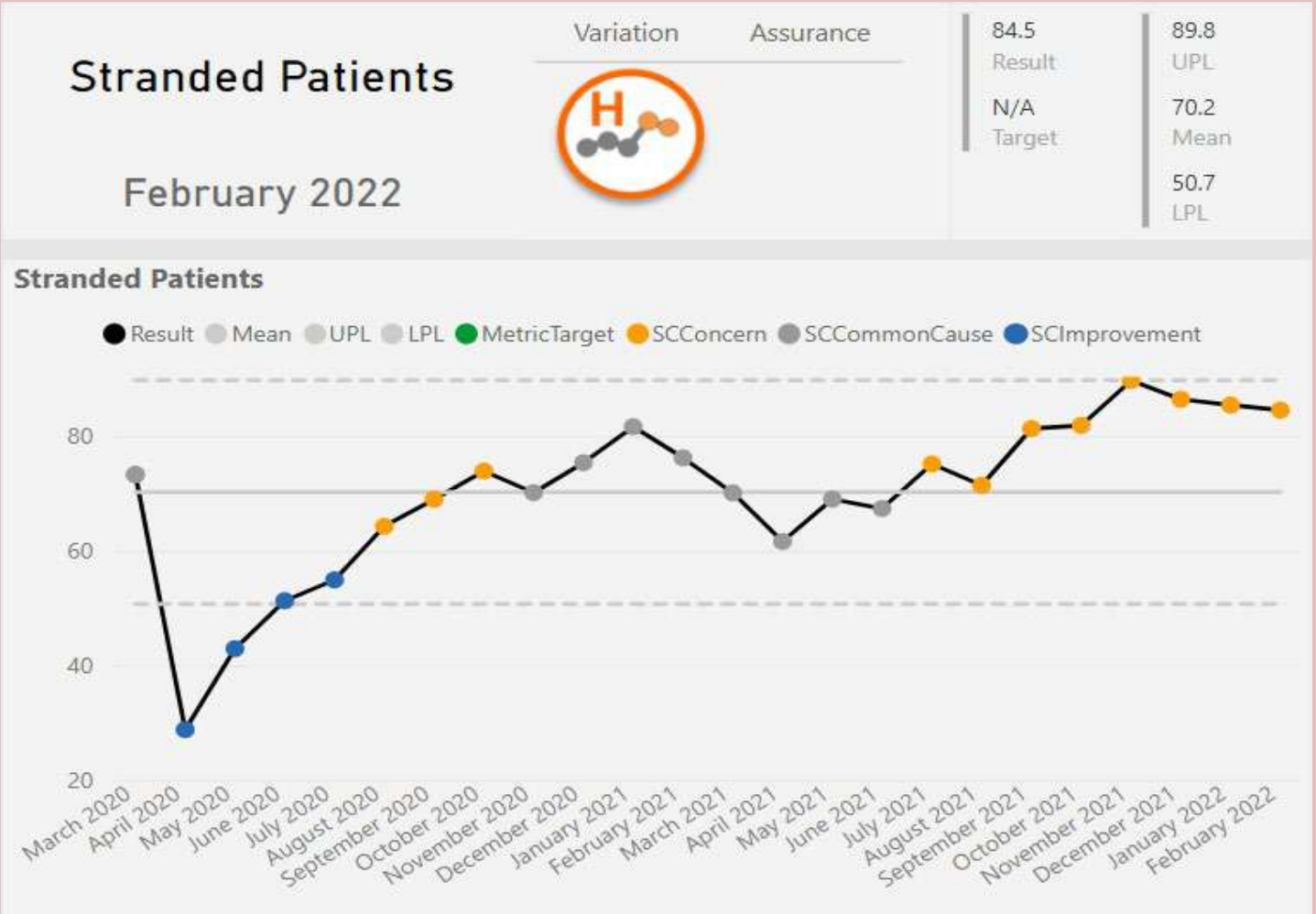
3. Re-introduced weekly executive review meeting with IDT, SS & Operational Managers. These provide a different perspective to unblock issues that are often not escalated to the right individual at the right time. Attendance and timings have been implemented to seek maximum value for progressing patients pathways.

4. Clear, assigned actions are circulated pre- and post- meeting, and during the week with either Red (Not Complete) or Green (Complete). Planned discharges, any LLoS patients planned for discharge to ensure plans are followed and prevent additional delays.

Risk To Delivery

RED

Performance – Long Length of Stay 14-20 Day Patients



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
14-20 Days LLoS Patients	TBC (N)	Actual	70.1	61.6	69.0	67.4	75.1	71.4	81.3	81.9	89.7	86.4	85.4	84.5
	49 (L)	Trajectory	84	87	82	75	70	65	60	53	48	46	49	50

Commentary

February 2022 Performance

Discharge to assess pathways 1-3 remain pressured, this has caused stagnation across the system in both acute, community and mental health settings. Despite numerous national and local financial initiatives the Social Care Market remains to have a lack of capacity to meet demand, this is leading to community and mental health beds being blocked with an inability to obtain domiciliary care and short term beds. There has been further progress since the MADE event with focused multi-agency/system actions being taken to reduce stranded patients. Further system wide actions planned to provide a sustained reduction. System partners remain engaged in an improvement plan with varying care providers.

Improvement Actions

1. Planned daily focus on patients with no criteria to reside and rationale through Silver Operational Meetings.

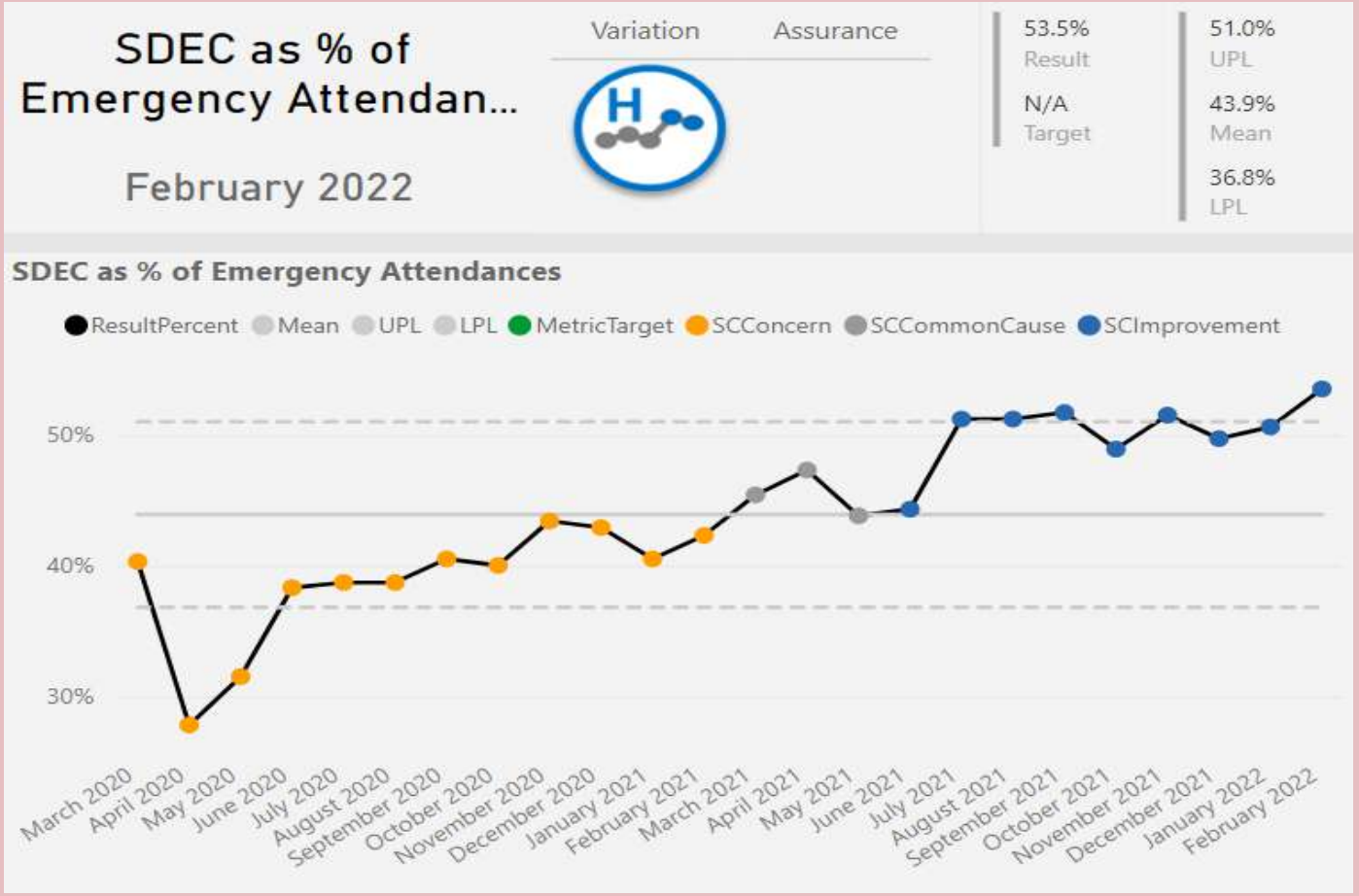
2. Expand the use of the Virtual Ward – standard operating procedures for patients that can automatically meet the criteria for the virtual ward due to be produced. Increase in capacity for the VW has commenced.

3. Winter funding obtained to provide a 'care hotel' in the community for patients awaiting short-term POC. Gunthorpe ward opened with 'Home First' methodology to promote reablement.

Risk To Delivery

RED

Performance – SDEC as % of Emergency Attendances



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
SDEC as % of Emergency Attendances	>30% (N)	Actual	45.42%	47.33%	43.81%	44.35%	51.15%	51.23%	51.73%	48.94%	51.54%	49.74%	50.64%	53.45%
		Trajectory	22.68%	23.85%	24.00%	24.86%	25.78%	26.85%	27.83%	28.79%	29.61%	29.97%	30.00%	30.42%

Commentary

February 2022 Performance

Targeted focus to optimise use of SDEC to support capacity pressures has resulted in highest performance to date this year. Recognised regionally and by the national NHSEI teams and site visits to capture our processes and look at further expansion planned for March. Work continues on exploring reporting activity as Type 5 as per national planning guidance – awaiting NHSEI confirmation of NNUH go live dates and planning meetings.

Improvement Actions

1. Medical SDEC has a new lead for the work stream run via the SBF programme. The aim is to identify and standardise further pathways.

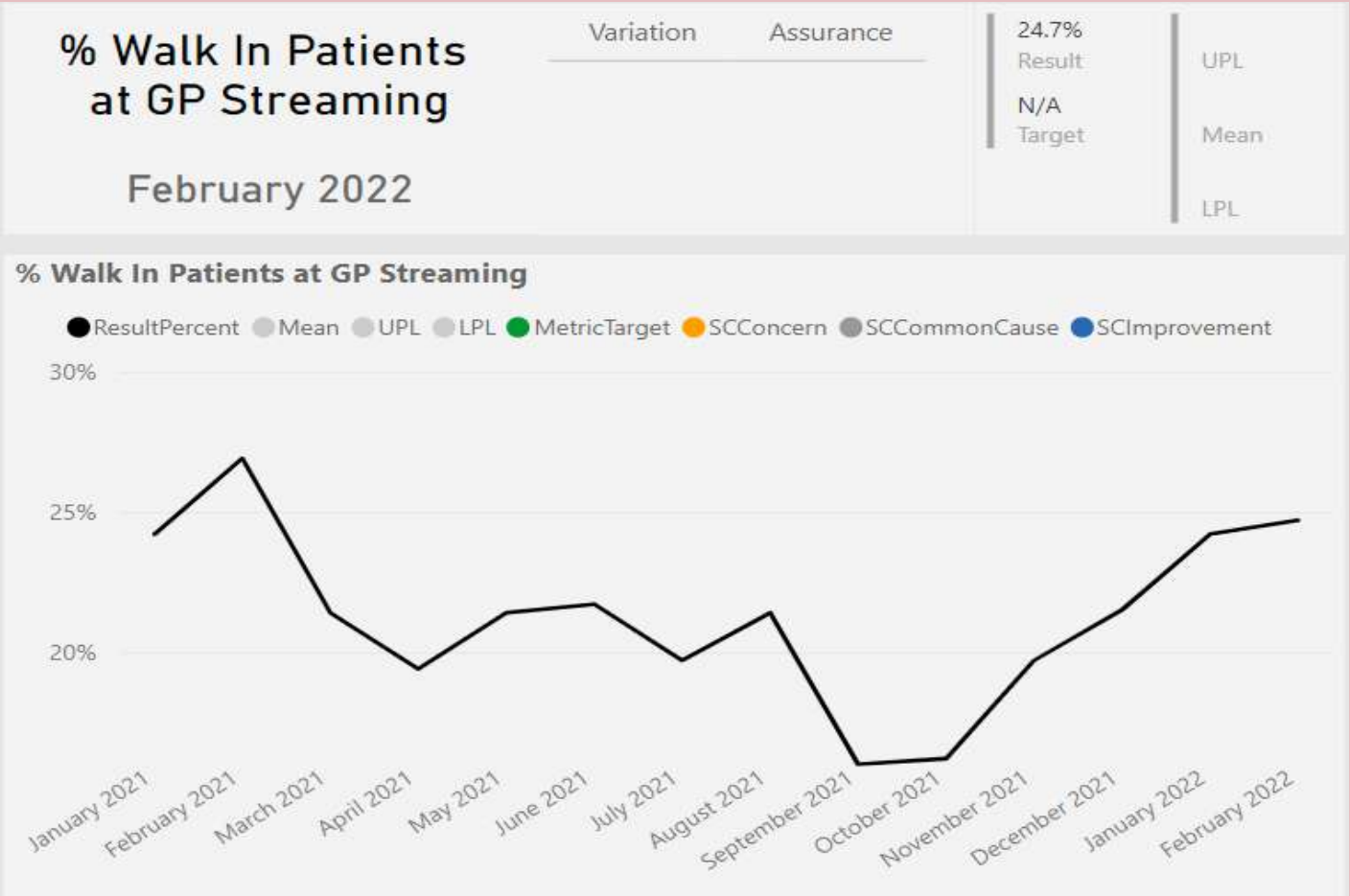
2. A focus on patient discharge to reduce bed occupancy will prevent escalation into the SDEC area.

3. Kick off meeting held in October with surgical stakeholders to increase the number and variety of the surgical SDEC pathways.

Risk To Delivery

GREEN

Performance – GP Streaming



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
GP Streaming	TBC (N)	Actual	17.62%	16.28%	17.63%	17.82%	16.46%	17.63%	13.76%	13.97%	16.43%	17.68%	19.52%	19.79%
		Trajectory	17%	17%	17%	20%	20%	20%	22%	24%	28%	28%	28%	28%

Commentary

February 2022 Performance

Due to staffing pressures, Primary Care have been unable to supply 3 members of staff consistently. This is being addressed by a pilot of ED streaming to the GPs to release more capacity as they will not be double navigating, which started at the end of September, and has had mixed success with criteria changes, leading to changes in performance week to week. This is now being closely managed by the work stream lead. Risks include availability of GPs and as yet unknown impact of the 10 point plan.

Improvement Actions

1. Launch of IPAD pilot at front door.

2. Project manager will focus on the GPFD across the ICS and acute trusts with an aim to standardise the processes.

3. UTC programme rollout – this will convert the GP Front Service to a urgent treatment centre model.

Risk To Delivery

RED

Elective Care Standards

Elective care in February was hampered by the effects of COVID-19 on staff and patient availability, as well as delays in support from the Independent Sector. The interventions that specialities have commenced continue to show benefit with a further reduction in the number of 104+ week breaches in February.

Safer, Efficient, Transformative (SET) Performance Dashboard

Area	KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
RTT	RTT Waiting List	73432 (Sep 2020)	Actual	63607	64574	67084	69477	71460	72675	73655	75583	75209	75541	75257	76150	
			Trajectory													
	RTT 52 Week Breaches	11817 (Sep 2020)	Actual	11339	10764	10235	10054	10268	10807	11303	12053	12037	12232	11437	10387	
			Forecast													
	RTT 78 Week Breaches	0	Actual	2117	2833	3426	3731	4201	5112	5355	4844	4361	4238	3928	3412	
			Forecast													
	RTT 104 Week Breaches	0	Actual	30	86	184	330	493	656	933	1211	1368	1505	1516	1303	
			Forecast													
Cancer	Cancer 2WW Performance	93% (N)	Actual	85.8%	62.0%	62.5%	53.5%	54.0%	46.3%	60.0%	56.3%	55.3%	63.8%	64.1%	70.2%	
			Trajectory		76.4%	75.3%	82.0%	85.0%	86.0%	90.0%	92.6%	93.3%	93.0%	89.3%	93.0%	92.8%
	Cancer 2WW Backlog	38 (Feb 20)	Actual	29	280	422	642	820	455	242	338	279	341	100	242	
			Trajectory		264	353	225	131	93	77	48	23	27	76	41	22
	Cancer 62 Day Performance	74% National Avg (Feb 20)	Actual	60.2%	62.0%	54.2%	55.8%	53.6%	51.5%	47.6%	51.1%	45.4%	55.0%	47.7%	54.9%	
			Trajectory		64.3%	67.0%	64.5%	66.3%	70.2%	74.3%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
	Cancer 62 Day Backlog	174 (Feb 20)	Actual	222	208	262	256	382	446	447	431	380	335	378	326	
			Trajectory		223	222	219	217	196	205	174	146	145	181	159	143
	Cancer 62 Day Waits >104 Days	0	Actual	105	82	66	70	66	84	113	117	100	95	109	87	
			Trajectory		73	60	34	29	21	28	26	16	12	27	19	9
	Cancer Faster Diagnosis Standard	75% (N)	Actual	80.4%	75.9%	73.8%	63.7%	55.9%	57.8%	76.8%	77.2%	74.4%	73.4%	72.1%	79,9%	
			Trajectory		75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Clinical Priority	P2 Patients Waiting >28 Days for Theatre	0	Actual	879	780	580	434	358	332	26	97	88	135	130	188	
			Trajectory		841	630	372	106	0	0	0	0	0	0	0	0
Outpatients	Outpatient Virtual Activity % Total	25% (N)	Actual	44.3%	39.4%	37.8%	36.2%	34.7%	32.9%	31.9%	32.3%	31.8%	31.7%	31.9%	30.8%	
			Trajectory	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
	Advice and Guidance Requests per 100 New	12 per 100	Actual	6.5%	5.6%	6.0%	5.6%	5.6%	5.7%	5.5%	5.3%	5.5%	5.6%	5.4%	5.4%	
			Trajectory								12%	12%	12%	12%	12%	12%
	% PIFU of Outpatient Activity	1.5%	Actual	1.4%	1.3%	1.2%	1.3%	1.3%	1.4%	1.5%	1.5%	1.7%	1.9%	1.9%	2.1%	
			Trajectory							1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%
Health Inequalities	Waiting List - Health Inequality Indicators	Variation	Ethnicity		No	No	No	No	No	No	No	No	No	No	No	
			IMD		No	No	No	No	No	No	No	No	No	No	No	
Activity	Activity Targets	95% (2019/20)	OP		91%	95%	92%	90%	92%	92%	90%	94%	93%	94%	94%*	
			Electives		79%	84%	84%	88%	84%	93%	88%	89%	87%	89%	89%*	
			Diagnostics		95%	92%	98%	94%	98%	86%	83%	88%	88%	84%	87%	
			Trajectory		70%	75%	80%	85%	85%	85%	95%	95%	95%	95%	95%	95%
Theatres	Achieve Upper Decile: Orthopaedics	Touchtime 85% (N) Cases 1.9 (N)	Touchtime	84%	59%	73%	66%	74%	79%	74%	63%	92%	87%	75%		
			Cases Per Session	1.7	1.3	1.4	1.5	1.6	1.5	1.5	1.3	1.5	1.6	1.4		
	Achieve Upper Decile: Ophthalmology	Touchtime 85% (N) Cases 3.8 (N)	Touchtime	68%	64%	71%	66%	76%	72%	76%	66%	98%	71%	58%		
			Cases Per Session	3.5	3.4	4.4	5.4	4.7	5.1	4.8	3.8	5.3	4.2	3.1		
	Theatre Utilisation	Touchtime (Elective incl. day Case) 89%	Actual					80%	80%	82%	77%	79%	79%	79%	79%	
			Trajectory					74.0%	75.0%	78.0%	80.0%	82.0%	84.0%	86.0%	88.0%	89.0%
	Theatre Cancellations	On Day Cancellations (15)	Actual					131	90	97	126	136	116	116	137	
			Trajectory					22	22	22	20	20	18	18	15	15
	Theatre Sessions	Late Starts (30%)	Actual					90%	90%	92%	94%	92%	94%	92%	90%	
			Trajectory					65.0%	60.0%	58.0%	55.0%	50.0%	45.0%	40.0%	35.0%	30.0%
		Early Finishes (25%)	Actual					60%	58%	51%	65%	63%	64%	65%	50%	
			Trajectory					40.0%	38.0%	36.0%	34.0%	30.0%	28.0%	28.0%	25.0%	25.0%
		Av. Cases per List (2)	Actual					3.35	3.3	3.3	3.26	2.04	1.95	1.96	1.91	
			Trajectory					1.98	1.98	1.98	1.99	1.99	1.99	2.00	2.00	2.00

Performance – RTT 104 Week Breach Trajectory

KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
RTT 104 Week Breaches	0	Actual	30	86	184	330	493	656	933	1211	1368	1505	1516	1303
		Forecast												

Commentary

February 2022 Performance

The interventions initiated at speciality level continue to reduce the number of patients forecast to breach 104 weeks wait by 31st March. However, with the change in focus of the National requirement to zero 104 waits at 30th June, the cohort of patients to be treated increased by approximately 2,300.

The Trust amended the 1st October recovery patient tracking list (PTL) to include all patients that will breach 104 weeks by 31st July 2022 to be treated by 30th June 2022. This approach will result in a 4 week "buffer period" in July to prevent daily 104 week breaches and efficiently reduce the length of the waiting list to 100 weeks by 30th June.

The graph shown to the left displays progress against the revised trajectory. The Trust is currently ahead of trajectory with an action plan supporting further interventions for specialities of concern.

Improvement Actions

1. Continue to remove the P2 backlog.

2. Move to upper quartile performance in theatres.

3. Create additional theatre capacity through agreed interventions

4. Additional use of the Independent Sector and out-of-hours insourcing.

Risk To Delivery

RED

Performance – RTT 104 Week Breaches: Action Plan

NNUH Digital Health
business intelligence

	NNUH 104 Week Operational Plan	Due Date	Action/Benefit	Owner	Status
1	Ringfence Elective Surgical Beds	Apr-21	Protect Recovery from Covid/Non-Elective pressures	COO	In Place
2	Identify All patients that have or will breach before July 31	28-Jan-22	Bring Forward all July patients into the 30 June PTL to create a 4-week breach buffer in July. Effectively reduce wait to 100 Weeks by 30 June.	Dep COO Elective	Complete
3	Create PTL and Recovery Trajectory to treat all patients by 30 June	15-Feb-22	Provide visibility on level of challenge	Dep COO Elective	In Place
4	Calculate run rate at specialty level and determine forecast position at current run rate	18-Feb-22	Provide forecast compliance to Hospital Management Board/NHSE	COO	Complete
5	Construct weekly governance framework with COO/DCOO oversight of 104 delivery	18-Feb-22	Provide weekly oversight of Divisions to measure progress and support	Dep COO Elective	Complete
6	Ensure all outpatients have booked TCI	25-Mar-22	No outpatients can remain unbooked after 25 March in case further interventions are required	DODs	Ongoing
7	Ensure all patients with "No further Action" (Radiology) on PTL are validated	25-Mar-22	No patients can remain on the PTL without the next steps identified after 25 March in case further interventions are required	DODs	Ongoing
8	Validate 104 week waits on PTL by most challenged specialties	01-May-22	Review of specialties where a clock stop may have been missed and/or another action affecting the PTL	Data Quality Team	Ongoing
9	Conduct capacity modelling by specialty against 104 week PTL and identify shortfalls	01-Apr-22	Determine allocated theatre time in minutes by specialty against minutes of each patient on PTL by procedure code	CODs	Ongoing
10	Redistribute theatre lists to address shortfalls as required	01-May-22	Amend theatre schedules to allocate additional time to challenged specialties	COD Surgery/W&C	Not Yet Started
11	Identify and agree additional interventions with specialties at risk to ensure delivery at specialty level	01-Apr-22	Early Identification of gap can allow mutual aid/external support to focus on challenged specialties	COO	Ongoing
a	Gynaecology	01-Apr-22	Confirmed Medacs lists on Saturdays & Sundays between April and June x4 pts per day	DOD W&C Division	In Place
b	Oral Surgery	01-Apr-22	Additional lists – Medacs clinics	DOD Surgical Division	In Place
c	Pain Management	01-Apr-22	Extra lists in place from 21/03	DOD Surgical Division	Ongoing
d	Paediatric Surgery	01-Apr-22	Extra lists planned – dates TBC	DOD Surgical Division	Ongoing
e	Dermatology	01-Apr-22	Sunday lists confirmed April and May	DOD Surgical Division	In Place
f	Audio Vestibular Medicine	01-Apr-22	Remaining 3 patients to be booked within deadline	DOD Surgical Division	Ongoing
g	Paediatric Plastic Surgery	01-Apr-22	All remaining patients have TCIs	DOD Surgical Division	Ongoing
h	Thoracic Surgery	01-Apr-22	Complex patient now resolved	DOD Surgical Division	Complete
12	Engage with JPUH & QEH for Mutual Aid where possible	01-Apr-22	Explore Mutual Aid opportunities	DCOO/DOD Surgery	Ongoing
13	Prepare for patient choice comms in April	07-Apr-22	Issue Progress of Choice to 104 patients	COO	Not Yet started

Commentary

To support the delivery of the 104 week wait cohort, a specific operational action plan has been derived with associated action owners and dates for these to be completed by. The completion and progress against these actions are monitored daily by the COO and cascaded to service leads and divisional triumvirates.

Performance – RTT 104 Week Breaches: Forecast (23rd March 2022)

NNUH Digital Health business intelligence

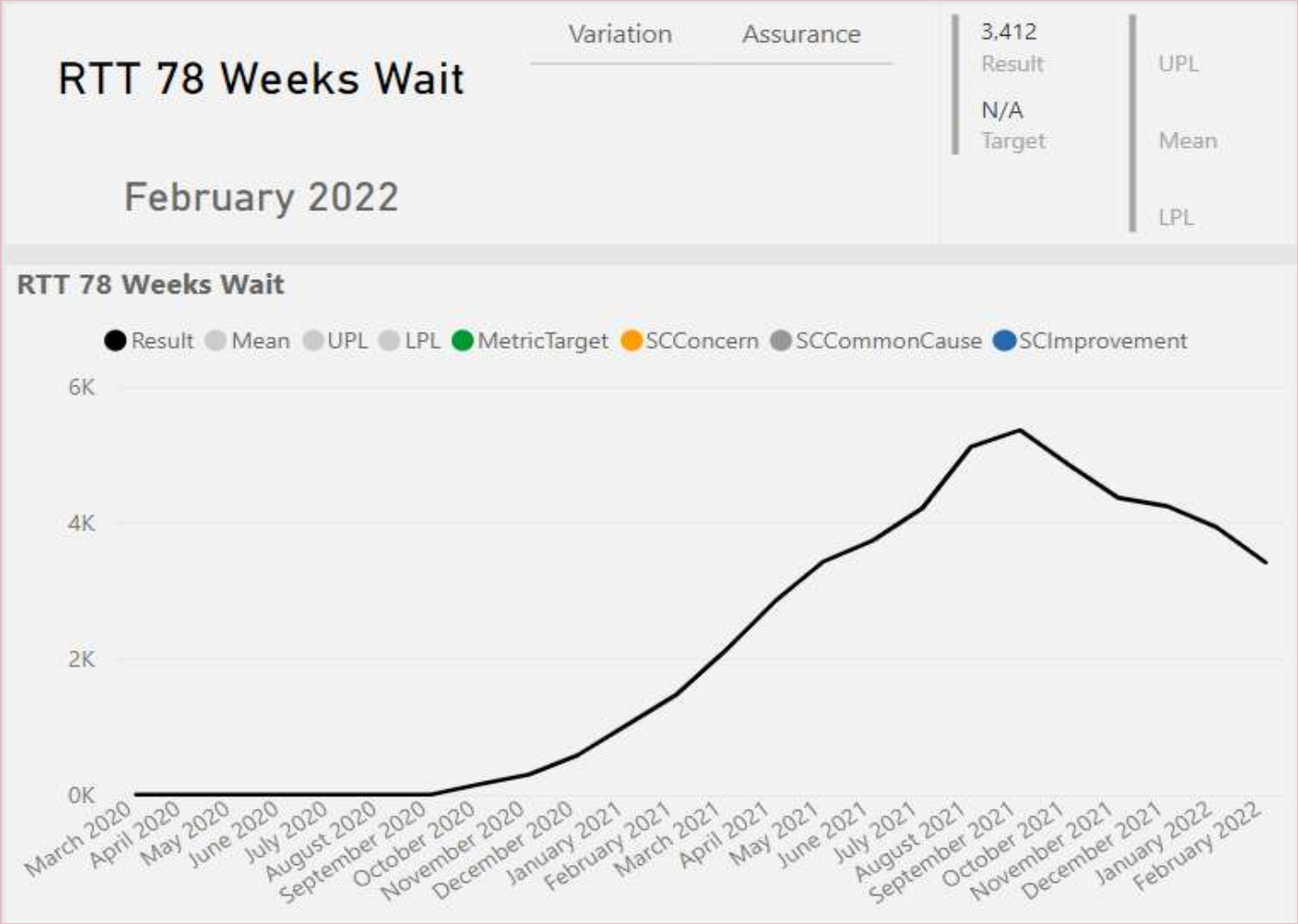
Previous 6 weeks activity

Prospective Extrapolation of average weekly activity of previous 6 weeks

Specialty		28/01/2022	04/02/2022	11/02/2022	18/02/2022	25/02/2022	04/03/2022	11/03/2022	18/03/2022	23/03/2022	6 week average	Specialty	Have TCI	Unbooked	Recovery Actions	25/03/2022	01/04/2022	08/04/2022	15/04/2022	22/04/2022	29/04/2022	06/05/2022	13/05/2022	20/05/2022	27/05/2022	03/06/2022	10/06/2022	17/06/2022	24/06/2022	01/07/2022	08/07/2022	15/07/2022	22/07/2022	29/07/2022	Breach Prediction 1 July
502 - Gynaecology	Breaches	347	327	307	290	429	411	386	360	332		502 - Gynaecology	58	274	Confirmed Medacs lists	332	305	278	256	234	207	185	158	131	104	82	55	28	1	-21	-43	-65	-86	-107	
	Removals	21	20	20	17	29	18	25	22	28	22				Sat & Sun April to June- 4 pts per day	22	27	27	22	22	27	22	27	27	27	22	27	27	27	22	22	22	21	21	
191 - Pain Management	Breaches	28	27	26	25	52	51	45	42	34		191 - Pain Management	20	14	Extra lists in place from 21/3	34	31	28	25	22	19	16	13	10	7	4	1	-2	-5	-8	-11	-14	-17	-20	
	Removals	1	1	1	1	7	1	6	3	8	3					3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
171 - Paediatric Surgery	Breaches	25	27	29	28	33	28	25	22	20		171 - Paediatric Surgery	6	14	Extra lists planned - dates tbc	20	18	16	14	12	10	8	6	4	2	0	-2	-4	-6	-8	-10	-12	-14	-16	
	Removals	7	-2	-2	1	-1	5	3	3	2	2					2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
330 - Dermatology	Breaches	64	61	58	54	118	115	101	92	79		330 - Dermatology	14	65	Sunday Lists confirmed for April + May	79	71	41	33	25	-5	-13	-21	-51	-59	-67	-75	-83	-91	-99	-107	-115	-123	-131	
	Removals	6	3	3	4	15	5	14	9	13	8					8	8	30	8	8	30	8	8	30	8	8	8	8	8	8	8	8	8	8	
140 - Oral Surgery	Breaches	117	112	107	104	126	120	113	105	92		140 - Oral Surgery	14	78	Additional Lists + medacs clinics	92	82	71	54	36	25	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45	
	Removals	1	5	5	3	3	6	7	8	13	6					23	10	11	17	18	11	10	5	5	5	5	5	5	5	5	5	5	5	5	
310 - Audio Vestibular Medicine	Breaches	8	9	10	11	14	13	13	11	10		310 - Audio Vestibular Medicine	7	3	Remaining 3 pts to be Booked within deadline 23/3	10	10	7	5	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	0
	Removals	1	-1	-1	-1	0	1	0	2	1	0					0	0	3	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
219 - Paediatric Plastic Surgery	Breaches	7	7	7	7	9	8	8	7	7		219 - Paediatric Plastic Surgery	7	0		7	5	4	2	2	2	1	0	0	0	0	0	0	0	0	0	0	0	0	
	Removals	0	0	0	0	1	1	0	1	0	1					0	2	1	2	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	
173 - Thoracic Surgery	Breaches	1	1	1	1	2	1	1	0			173 - Thoracic Surgery	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Removals	0	0	0	0	0	1	0	1		0					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
120 - Ear Nose and Throat		249	231	213	193	325	290	260	233	222		120 - Ear Nose and Throat	33	189		209	184	159	134	109	84	59	34	9	-16	-41	-66	-91	-116	-141	-166	-191	-216	-241	
	Breaches	27	18	18	20	27	35	30	27	11	24					25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	
110 - Trauma and Orthopaedic	Breaches	904	833	762	700	1021	939	866	811	741		110 - Trauma and Orthopaedic	176	565		740	669	598	527	456	385	314	243	172	101	30	-41	-112	-183	-254	-325	-396	-467	-538	
	Removals	51	71	71	62	84	82	73	55	70	71					71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	
160 - Plastic Surgery	Breaches	98	86	74	68	104	90	79	66	60		160 - Plastic Surgery	7	53		56	46	36	26	16	6	-4	-14	-24	-34	-44	-54	-64	-74	-84	-94	-104	-114	-124	
	Removals	0	12	12	6	5	14	11	13	6	10					10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
217 - Paediatric Oral and Maxillofacial Surgery	Breaches	11	10	9	8	13	12	12	11	10		217 - Paediatric Oral and Maxillofacial Surgery	2	8		10	9	8	7	6	5	4	3	2	1	0	-1	-2	-3	-4	-5	-6	-7	-8	
	Removals	0	1	1	1	2	1	0	1	1	1					1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
215 - Paediatric Ear Nose and Throat	Breaches	9	7	5	4	16	15	15	14	14		215 - Paediatric Ear Nose and Throat	5	9		12	16	14	12	10	8	6	4	2	0	-2	-4	-6	-8	-10	-12	-14	-16	-18	
	Removals	2	2	2	1	7	1	0	1	0	2					2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
214 - Paediatric Trauma and Orthopaedic	Breaches	30	26	22	20	39	33	30	27	26		214 - Paediatric Trauma and Orthopaedic	7	19		23	19	15	11	7	3	-1	-5	-9	-13	-17	-21	-25	-29	-33	-37	-41	-45	-49	
	Removals	2	4	4	2	5	6	3	3	1	4					4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
107 - Vascular Surgery	Breaches	95	87	79	73	86	79	58	52	44		107 - Vascular Surgery	8	36		41	30	19	8	-3	-14	-25	-36	-47	-58	-69	-80	-91	-102	-113	-124	-135	-146	-157	
	Removals	12	8	8	6	15	7	21	6	8	11					11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	
100 - General Surgery	Breaches	312	279	246	215	318	268	227	196	147		100 - General Surgery	28	119		147	109	71	33	-5	-43	-81	-119	-157	-195	-233	-271	-309	-347	-385	-423	-461	-499	-537	
	Removals	27	33	33	31	39	50	41	31	49	38					38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	
130 - Ophthalmology	Breaches	43	38	33	27	49	45	35	34	28		130 - Ophthalmology	7	21		28	22	16	10	4	-2	-8	-14	-20	-26	-32	-38	-44	-50	-56	-62	-68	-74	-80	
	Removals	8	5	5	6	11	4	10	1	6	6					6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	
108 - Spinal Surgery	Breaches	36	27	18	13	40	33	26	25	24		108 - Spinal Surgery	9	15		18	11	4	-3	-10	-17	-24	-31	-38	-45	-52	-59	-66	-73	-80	-87	-94	-101	-108	
	Removals	-2	9	9	5	5	7	7	1	1	7					7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
101 - Urology	Breaches	157	136	115	98	155	128	105	76	54		101 - Urology	26	28		54	32	10	-12	-34	-56	-78	-100	-122	-144	-166	-188	-210	-232	-254	-276	-298	-320	-342	
	Removals	28	21	21	17	20	27	23	29	22	22					22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	
840 - Audiology	Breaches	20	18	16	12	39	21	20	16	15		840 - Audiology	12	3		11	5	-1	-7	-13	-19	-25	-31	-37	-43	-49	-55	-61	-67	-73	-79	-85	-91	-97	
	Removals	4	2	2	4	5	18	1	4	1	5					6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	
143 - Orthodontic	Breaches	16	11	6	5	10	6	6	6	5		143 - Orthodontic	4	1		4	2	0	-2	-4	-6	-8	-10	-12	-14	-16	-18	-20	-22	-24	-26	-28	-30	-32	
	Removals	2	5	5	1	1	4	0	0	1	2					2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
	Weekly Removals	198	217	217	187	280	294	275	221	242	245	Total Booked/Unbooked	450	1514																						

Predicted breaches of 104 Weeks wait on 1 July

Performance – RTT 78 Week Breaches



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
RTT 78 Week Breaches	0	Actual	2117	2833	3426	3731	4201	5112	5355	4844	4361	4238	3928	3412	
		Forecast													

Commentary

February 2022 Performance

The 22-23 Operational Planning guidance outlines the ambition to eliminate 78 week breaches by the end of March 2023.

As we have reduced the numbers of patients breaching 104 weeks since October 2021, the 78 week breaches have subsequently reduced in parallel.

With the continued focus on reducing the numbers of our long waiting patients and sustaining a position of 0 104 week patients from July, it is expected that the numbers of 78 week breaches will fluctuate and are contingent on speciality level positions.

There are approximately 25,000 patients waiting between RTT Weeks Wait 26-77 that would require a clock stop prior to 31st March 2023, in addition to any existing breaches.

Improvement Actions

A set of 5 strategic capacity and sustainability interventions will help support and reduce the volumes of long waits including

1. Protection of ringfenced surgical beds
2. Construction of NaNOC
3. Construction of Paediatric Theatres
4. Backfill of Paediatric Theatres (main – conversion to adult)
5. Participation in National POP Pilot

Risk To Delivery

RED

Performance – RTT 52 Week Breaches

KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
RTT 52 Week Breaches	11817 (Sep 2020)	Actual	11339	10764	10235	10054	10268	10807	11303	12053	12037	12232	11437	10387
		Forecast												

Commentary

February 2022 Performance

The Trust continues to strive to achieve against the H2 Planning Guidance. Prioritisation is given to the sickest patients, and those likely to breach 104 weeks by the end of June 2022.

The 52+ week position reduced in February to 10,387 giving a gap of – 916 against the target of 11,303 by the end of March. This gap has reduced through March to 11,044 which is -259 against the September position.

The Trust has agreed continued assistance from Medacs through to the end of June for 6 specialities.
Outsourcing to Spire will also continue with an agreement that they will perform 420 T&O procedures before the end of June.

Improvement Actions

1. Continued focus on creating additional capacity (WLI at weekends) to treat the most urgent patients to then focus on longer waiting patients.

2. Insourcing and Independent Sector solutions are continuing.

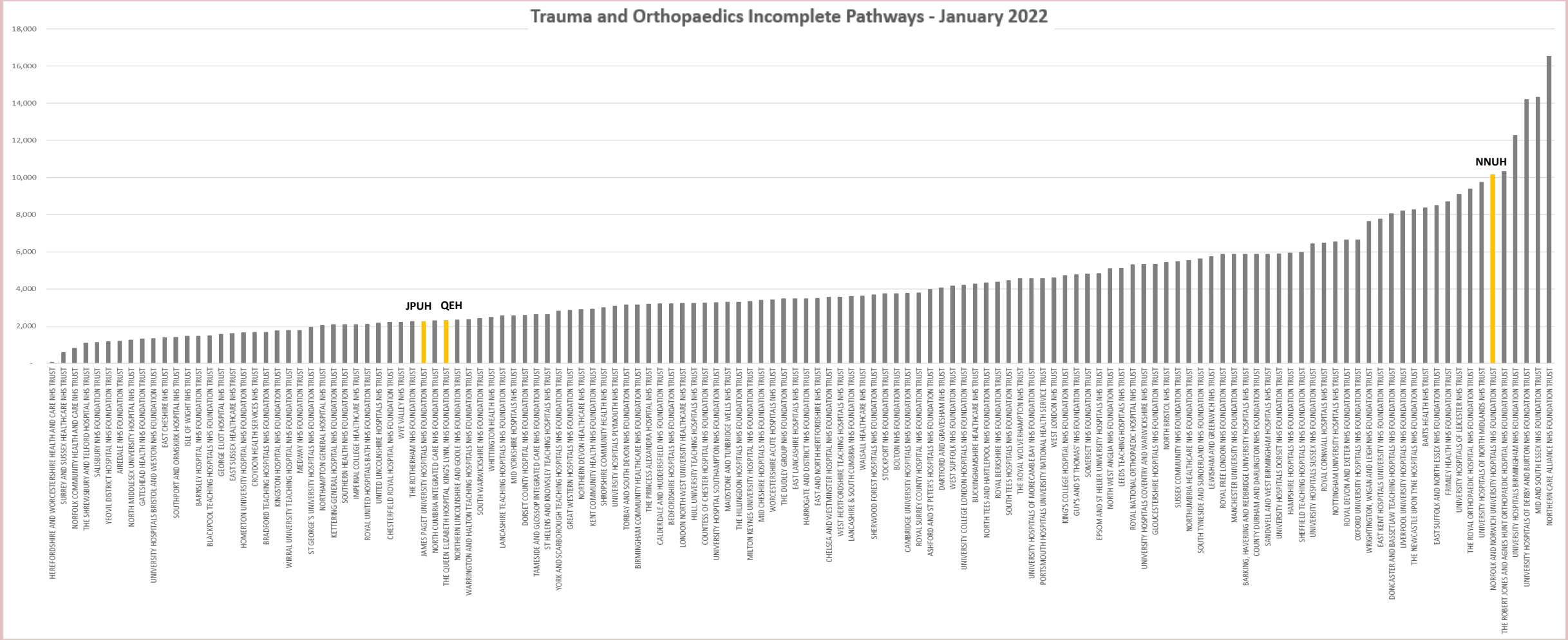
3. Development of 5 interventions to increase theatre capacity is ongoing.

4. Efficiency and productivity initiatives being included in the H2 planning and forecasting.

Risk To Delivery

RED

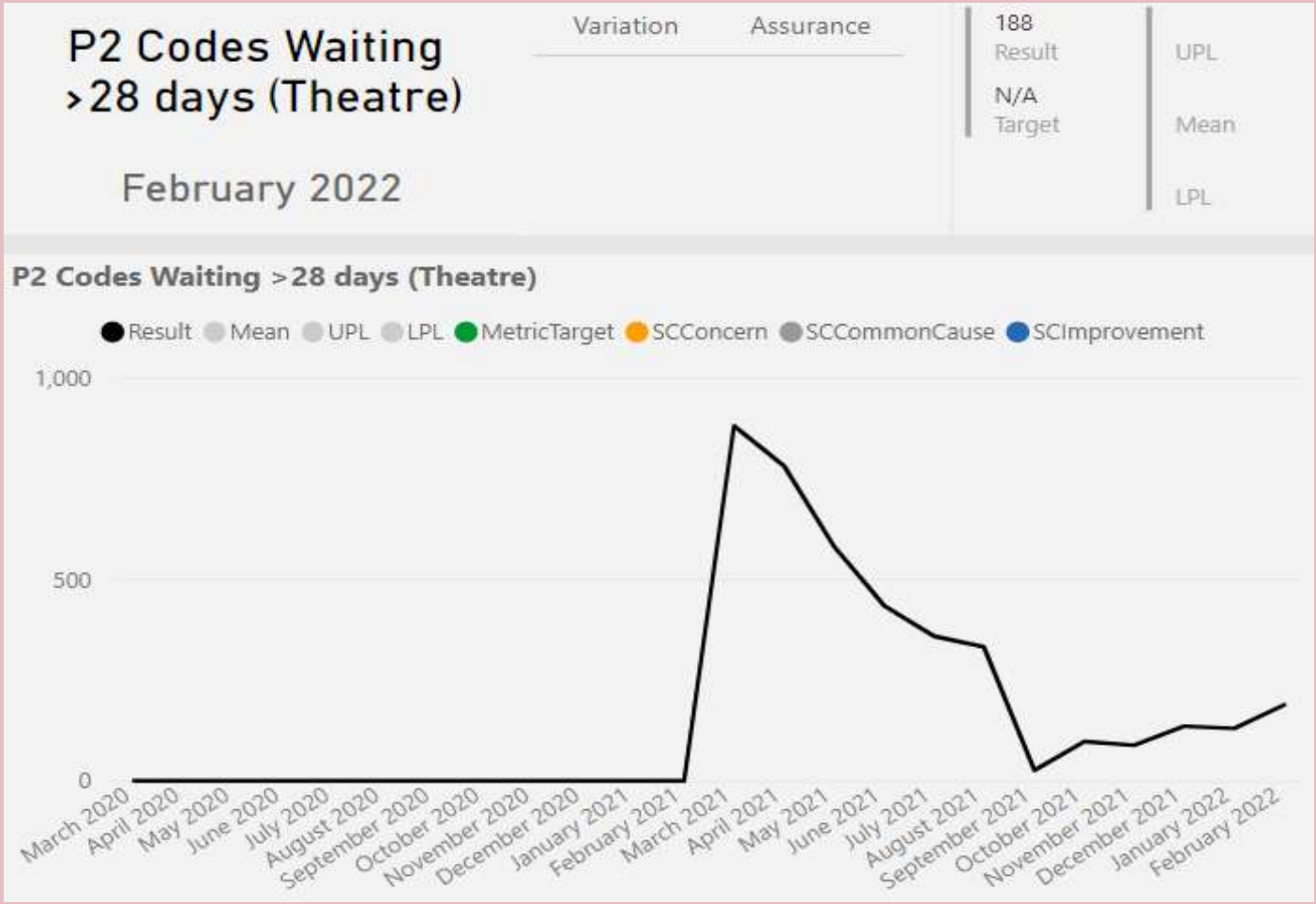
Performance – T&O Waiting List Benchmarking



Comments

NNUH had the 6th largest Orthopaedics Waiting List in England as of January 2022 with 10,156 patients. The Trust also had 580 patients waiting over 104 weeks in T&O.

Performance – P2 Patients Waiting > 28 Days for Theatre



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
P2 Patients Waiting >28 Days for Theatre	0	Actual	879	780	580	434	358	332	26	97	88	135	130	188
		Trajectory		841	630	372	106	0	0	0	0	0	0	0

Commentary

February 2022 Performance

The P2 position deteriorated in month with the number of patients waiting >28 days reaching 188. The level of bookings remained consistent with 46% of the backlog dated, however, the clearance of our longest waiting patients has had an impact.
ENT, General Surgery, Gynaecology, Urology and Vascular saw the highest growth of patients waiting >28 days.

Improvement Actions

1. Continuation of booking controls to ensure only prioritised patients are booked.

2. Validation of patients to ensure P2 prioritisation is appropriate.

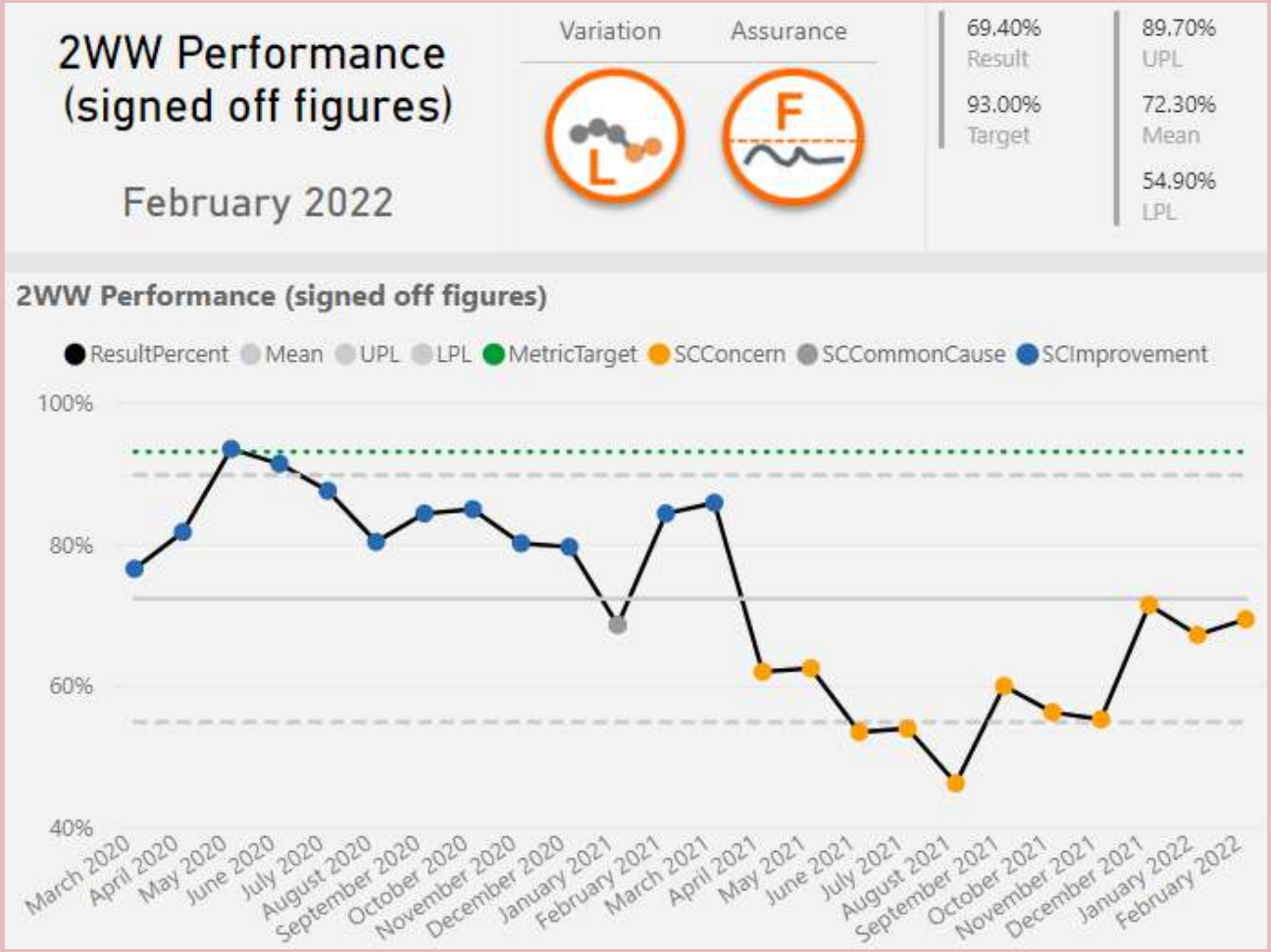
3. Ensure all P2 patients are POA'd.

4. Clinical review of remaining backlog being completed.

Risk To Delivery

RED

Performance – Cancer 2WW Performance



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Cancer 2WW Performance	93% (N)	Actual	85.8%	62.0%	62.5%	53.5%	54.0%	46.3%	60.0%	56.3%	55.3%	63.8%	64.1%	70.2%
		Trajectory		76.4%	75.3%	82.0%	85.0%	86.0%	90.0%	92.6%	93.3%	93.0%	89.3%	93.0%

Commentary

February 2022 Performance

Additional activity since January to address the backlog of patients waiting over two weeks in Breast, Gynaecology, and Skin. This has shown an improvement in the number of patients waiting over 14 days, however, although performance has improved a plan around increasing capacity in the longer term is underdevelopment as referrals continue to increase.

Improvement Actions

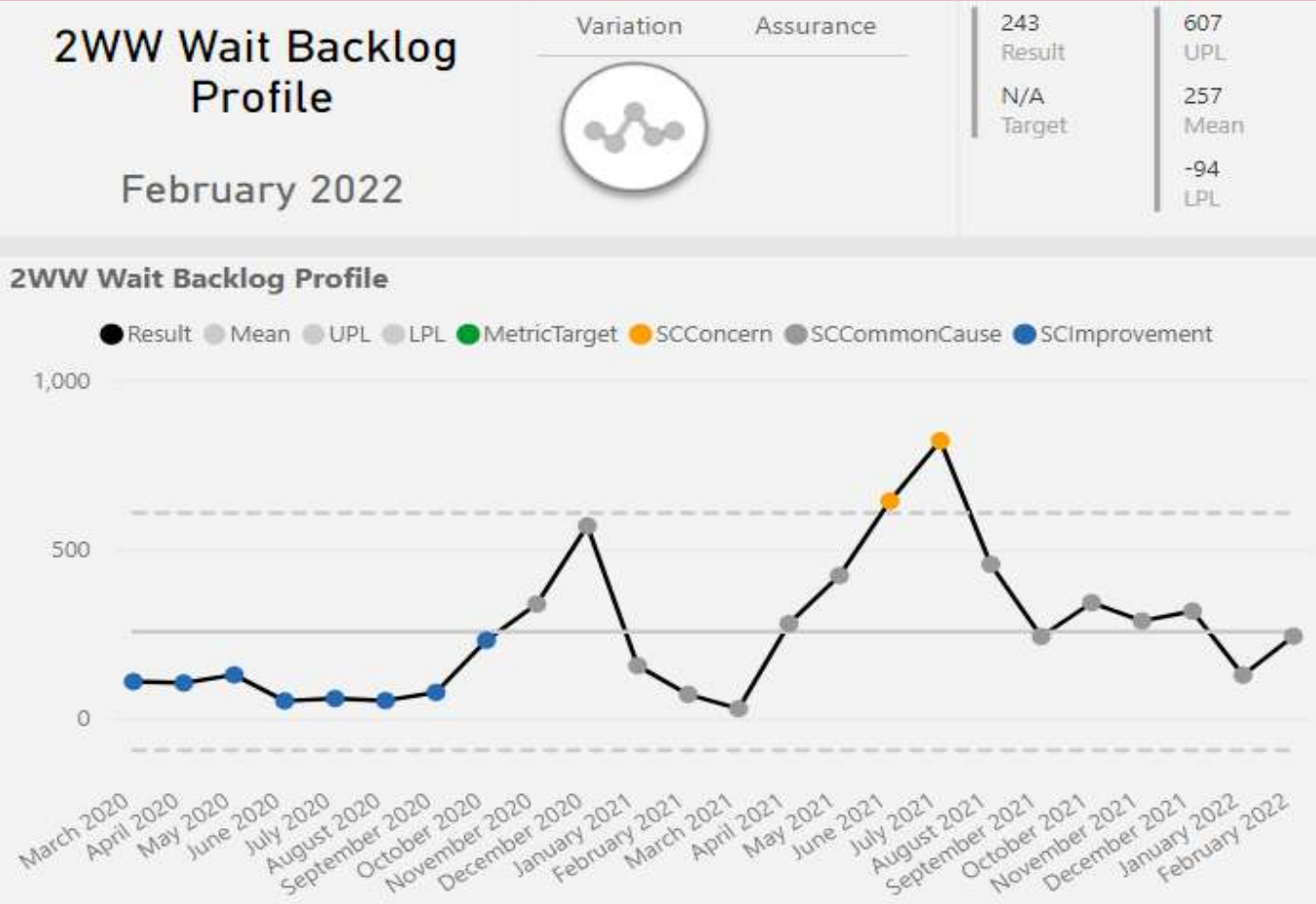
1. Continued planning of additional capacity in Breast to ensure demand does not outstrip capacity.

2. Longer term planning work around Skin to ensure adequate capacity in summer peaks.

Risk To Delivery

RED

Performance – Cancer 2WW Backlog



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Cancer 2WW Backlog	38 (Feb 20)	Actual	29	280	422	642	820	455	242	338	279	341	100	242
		Trajectory		264	353	225	131	93	77	48	23	27	76	41

Commentary

February 2022 Performance

The Breast and Gynaecology 2WW backlogs have recovered through February, however, increases in demand in Upper GI, Lower GI, Skin and Head and Neck have put increased pressure across multiple body sites.

Improvement Actions

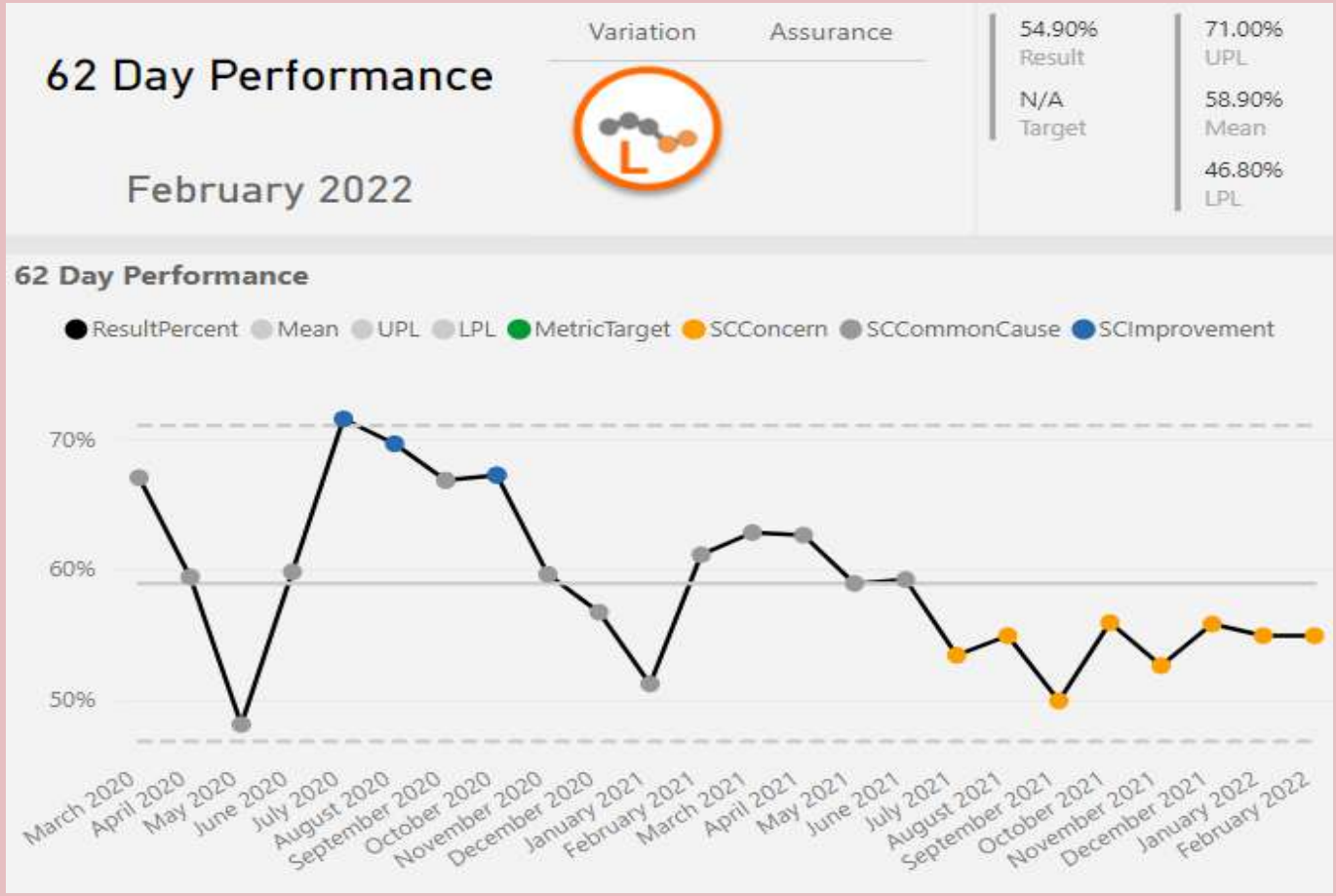
1. Additional ad hoc clinics/Straight to test Endoscopy sessions planned to reduce new backlogs in above body sites.

2. Wider planning on prospective two week wait demand in 2022/23 to baseline capacity to meet potential demand.

Risk To Delivery

RED

Performance – Cancer 62 Day Performance



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Cancer 62 Day Performance	74% National Avg (Feb 20)	Actual	60.2%	62.0%	54.2%	55.8%	53.6%	51.5%	47.6%	51.1%	45.4%	55.0%	47.7%	54.9%
		Trajectory		64.3%	67.0%	64.5%	66.3%	70.2%	74.3%	75.0%	75.0%	75.0%	75.0%	75.0%

Commentary

February 2022 Performance

The Divisions continue to implement the agreed actions to improve cancer performance against the 62 day standard, both in reducing the backlog and delivering treatment within 62 days. There are a number of complex patients within the patient group, plus the impact of COVID-19 on patients and staff, which has led to a lack of real progress in month.

Improvement Actions

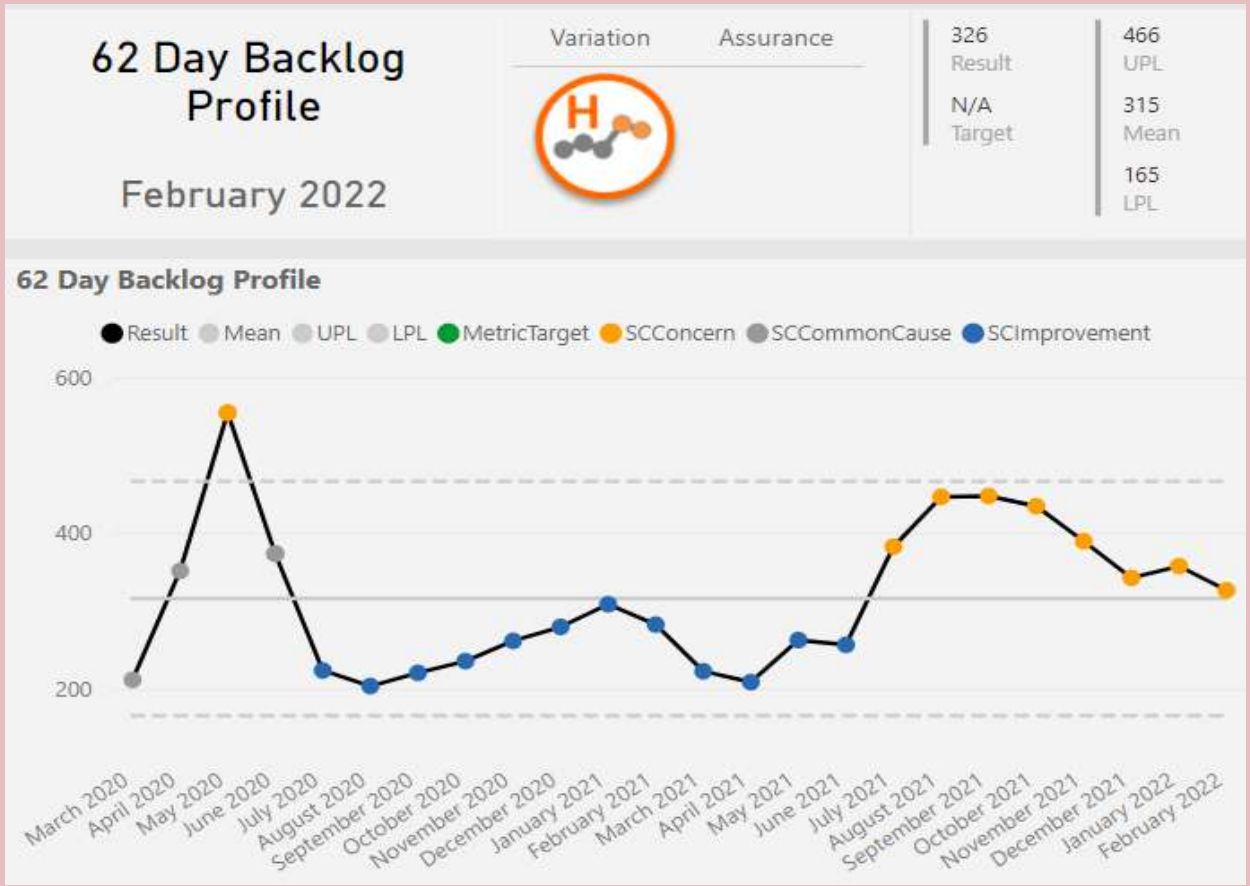
1. Surgical Division to review Urology and Gynaecology theatre capacity to reduce delays to theatre.

2. Increase of 62 in 62 process back to twice weekly to provide focus to operational teams.

Risk To Delivery

RED

Performance – Cancer 62 Day Backlog Profile



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Cancer 62 Day Backlog	174 (Feb 20)	Actual	222	208	262	256	382	446	447	431	380	335	378	326
		Trajectory		223	222	219	217	196	205	174	146	145	181	159

Commentary

February 2022 Performance

The number of patients over 62 days has again started to decrease after a minor increase at the end of January, there has been a reduction of patients rolling over the 62 day mark in the last month. With backlog reduction taking place in the in body sites with the volumes (Urology, Lower GI and Gynaecology). Highlighting patients requiring fast turnaround of Histology and Radiology via the 62 in 62 process has had a positive impact on waiting times.

Improvement Actions

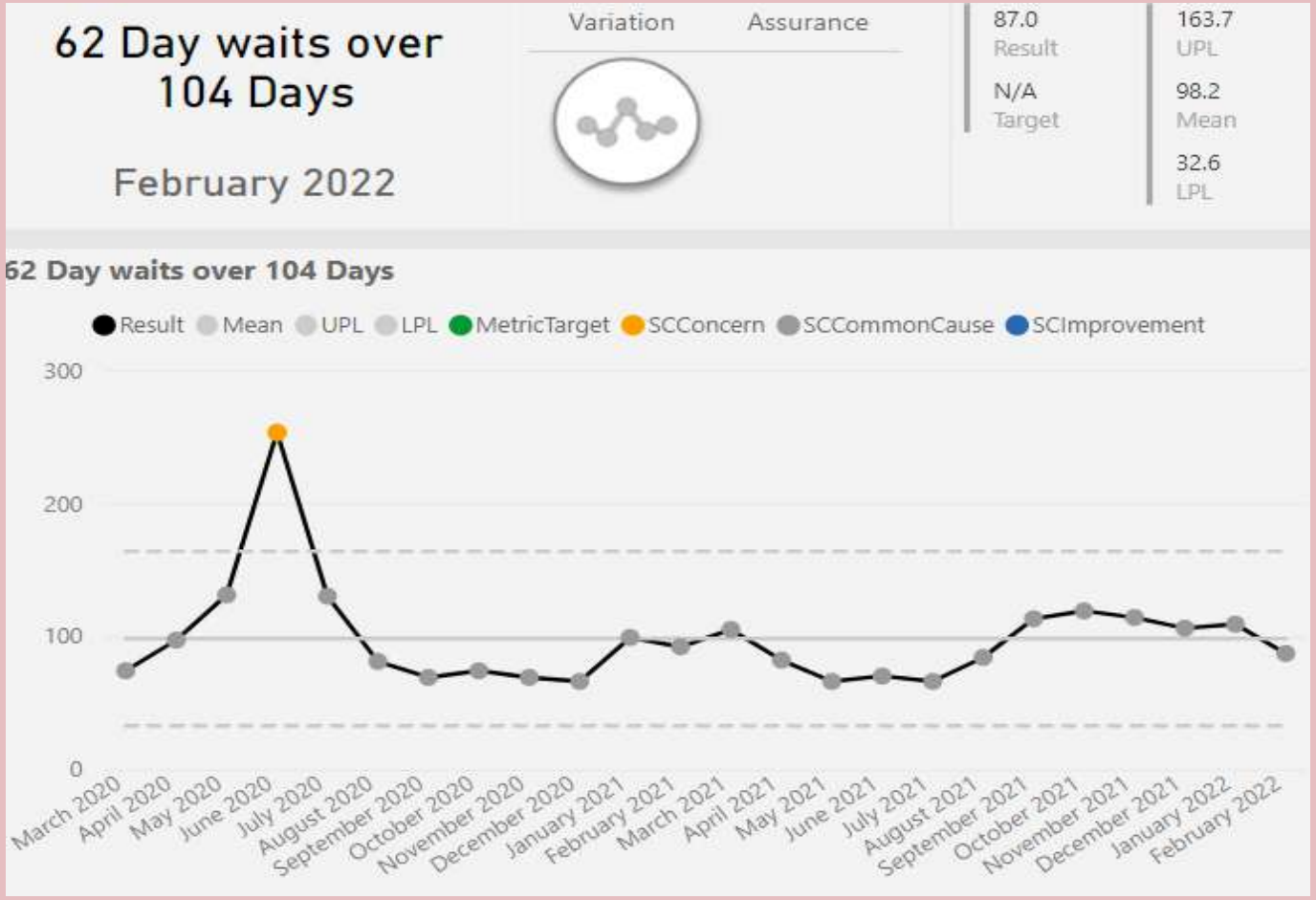
1. Ongoing review of theatre capacity for Urology and Gynaecology to continue reductions in backlog.

2. 62 in 62 process continues weekly to assist divisional teams in progressing patients along their pathway.

Risk To Delivery

RED

Performance – Cancer 62 Day Waits over 104 Days



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Cancer 62 Day Waits >104 Days	0	Actual	105	82	66	70	66	84	113	117	100	95	109	87
		Trajectory		73	60	34	29	21	28	26	16	12	27	19

Commentary

February 2022 Performance

The number of patients under 104 days is now under the 100 mark, with a high volume of patients currently in the backlog with treatment plans in place in month. Work to reduce the overall 62 day backlog has contributed to a downward trend, with further reductions expected through to 31/03. There is still an increased focus utilising the 62 in 62 process to highlight over 104-day patients as a priority through March.

Improvement Actions

1. Review of template biopsy capacity and explore additional space for further sessions.

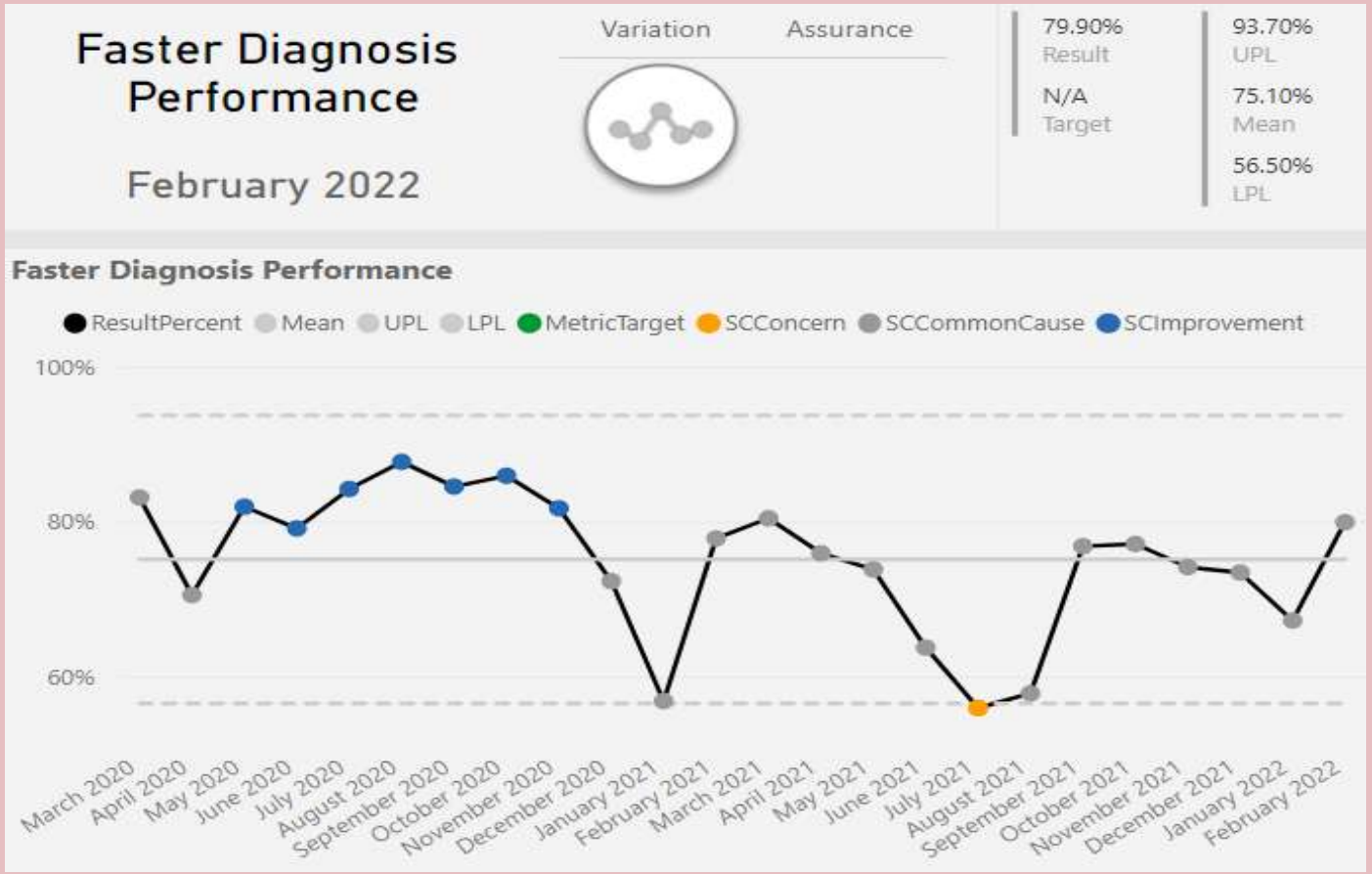
2. Additional CTC sessions are planned in February and March utilising Cancer Alliance funding.

3. Surgical Division to review Urology and Gynaecology theatre capacity to reduce delays to theatre.

Risk To Delivery

RED

Performance – Faster Diagnosis Standard



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Cancer Faster Diagnosis Standard	75% (N)	Actual	80.4%	75.9%	73.8%	63.7%	55.9%	57.8%	76.8%	77.2%	74.4%	73.4%	72.1%	79,9%
		Trajectory		75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%

Commentary

February 2022 Performance

The Faster Diagnosis performance improved in February, and is ahead of trajectory.

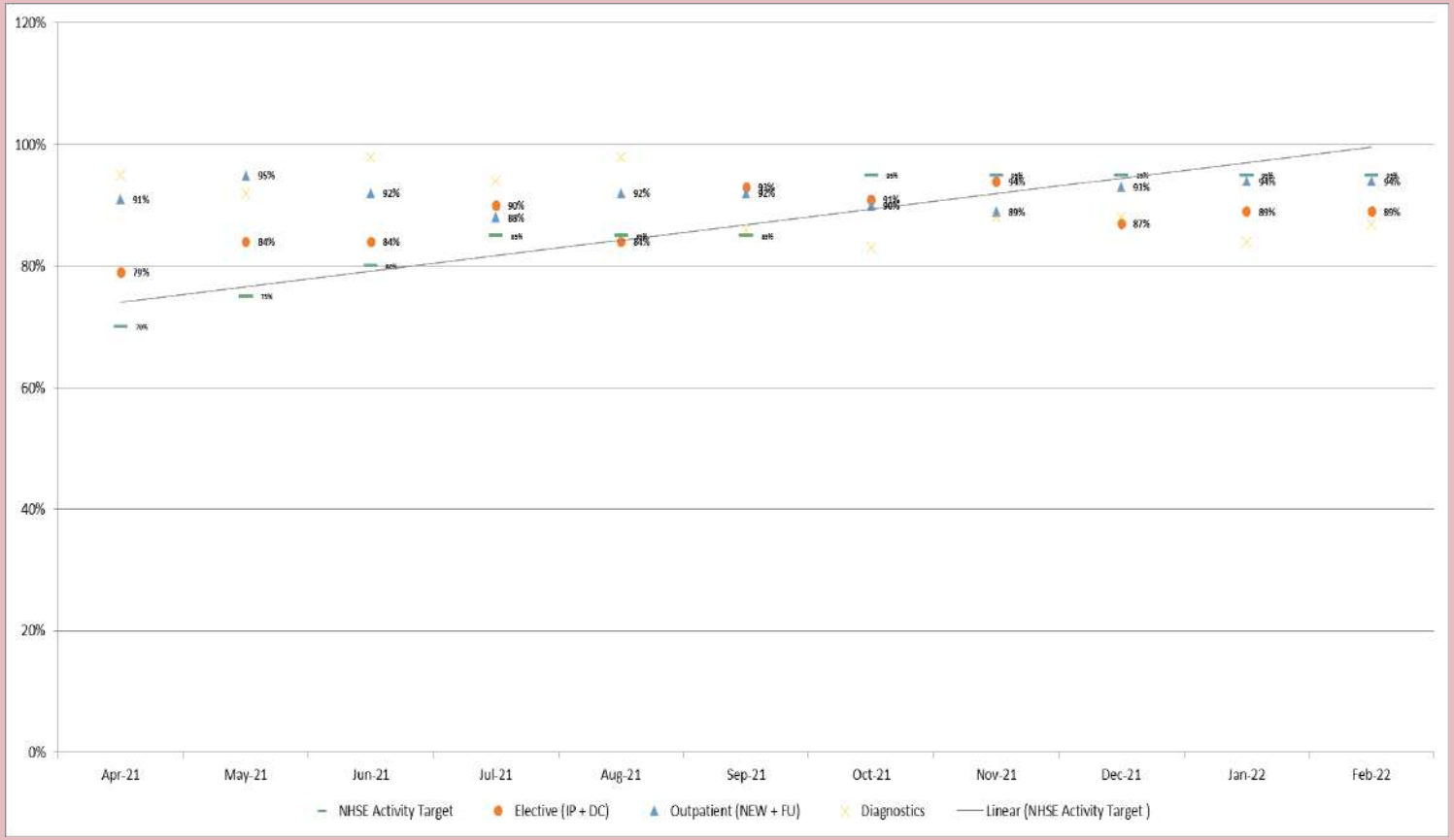
Improvement Actions

To explore a dedicated patient pathway resource to ensure high data completeness for ongoing submissions.

Risk To Delivery

AMBER

Performance – H2 Activity Requirements



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Activity Targets	95% (2019/20)	OP		91%	95%	92%	90%	92%	92%	90%	94%	93%	94%	94%*
		Electives		79%	84%	84%	88%	84%	93%	88%	89%	87%	89%	89%*
		Diagnostics		95%	92%	98%	94%	98%	86%	83%	88%	88%	84%	87%
		Trajectory		70%	75%	80%	85%	85%	85%	95%	95%	95%	95%	95%

Commentary

February 2022 Performance

The activity threshold level is set against a baseline value of all elective activity delivered in 2019/20:

October 95%
November 95%
December 95%
January 95%
February 95%
March 95%

In February 2022, the Trust under-performed against February 19/20 levels:
89% Elective Admitted Care (Inpatient and Day case) *
94% Outpatient Appointments (New and Follow Up) *
87% DM01 Diagnostics

** Provisional data*

Improvement Actions

1. Implement Model Hospital efficiency measures to increase productivity.

2. Increased use of out-of-hours and weekends.

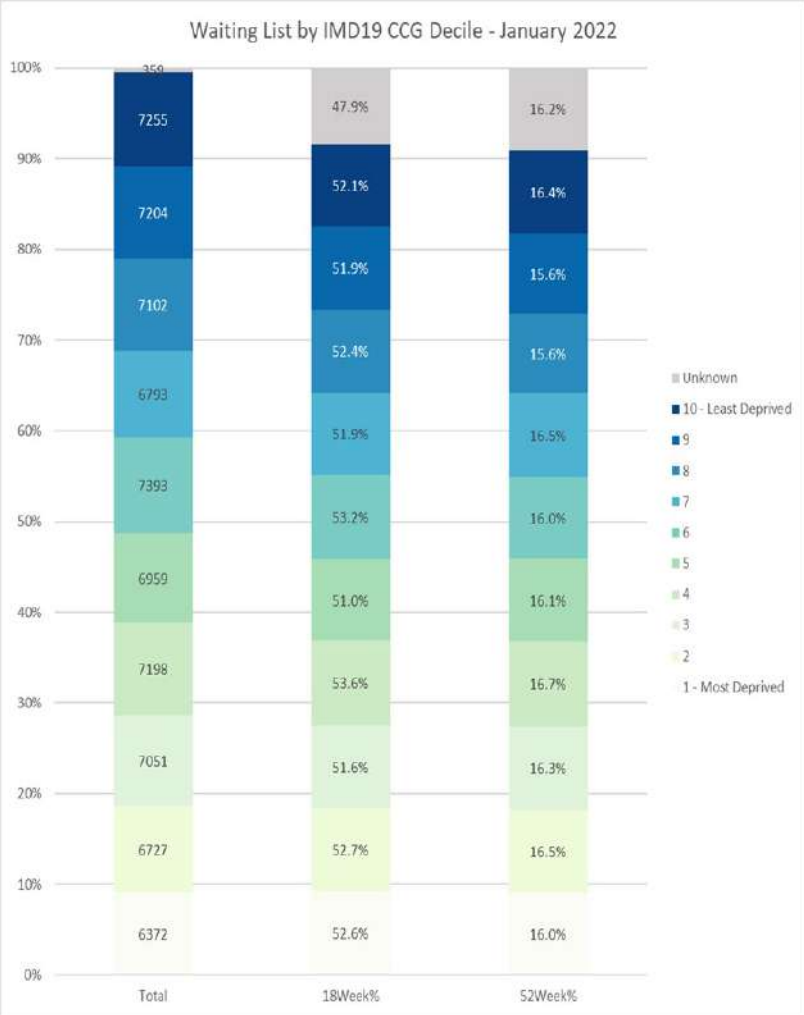
3. Maximise use of IS.

4. Engage with system on transformation of key pathways.

Risk To Delivery

AMBER

Performance – Waiting List Health Inequalities



Commentary

Trust Waiting List: Deprivation

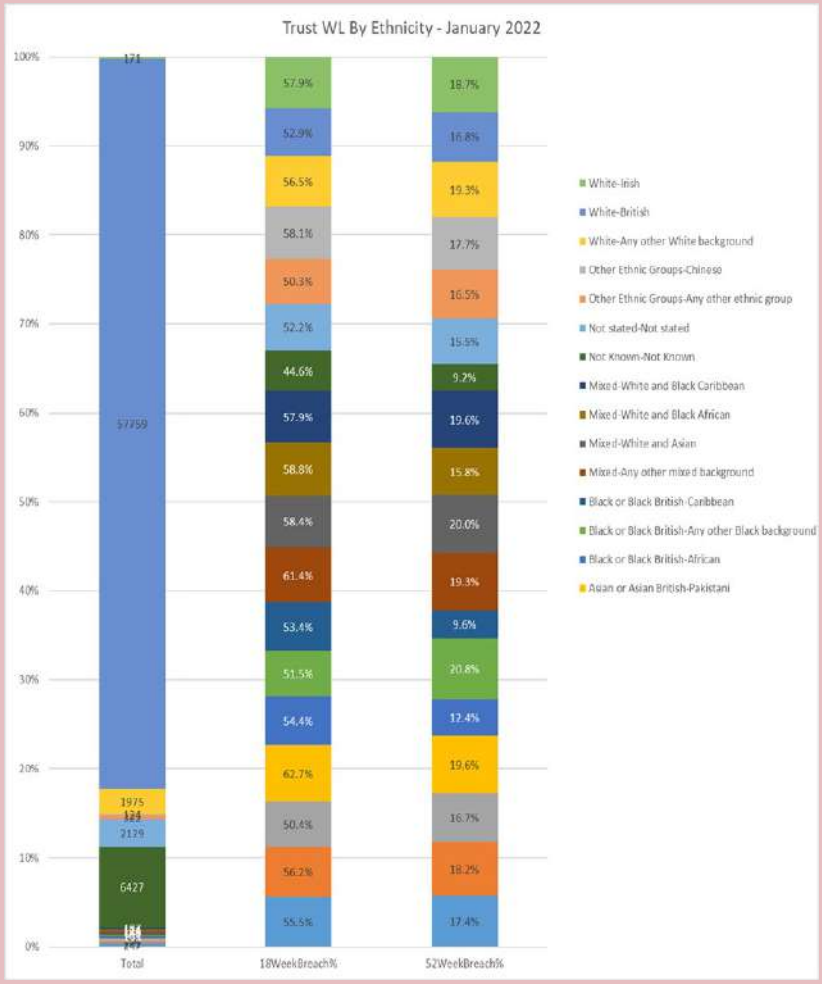
As part of the monitoring of health inequalities, the Trusts waiting list is monitored for variation in demographics.

<u>The Index of Multiple Deprivation (IMD)</u>
The indices rank 32,844 small areas (neighbourhoods) across England. The indices comprise 39 indicators organised across 7 domains which are combined and weighted to calculate the overall Index of Multiple Deprivation. Outputs displayed in deciles (10 equal groups) of deprivation (1-10) and quintiles (5 equal groups of 20%).

There was no significant variation or concern in February 2022.

KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Waiting List - Health Inequality Indicators	Variation	Ethnicity		No	No	No	No	No	No	No	No	No	No	No
		IMD		No	No	No	No	No	No	No	No	No	No	No

Performance – Waiting List Health Inequalities

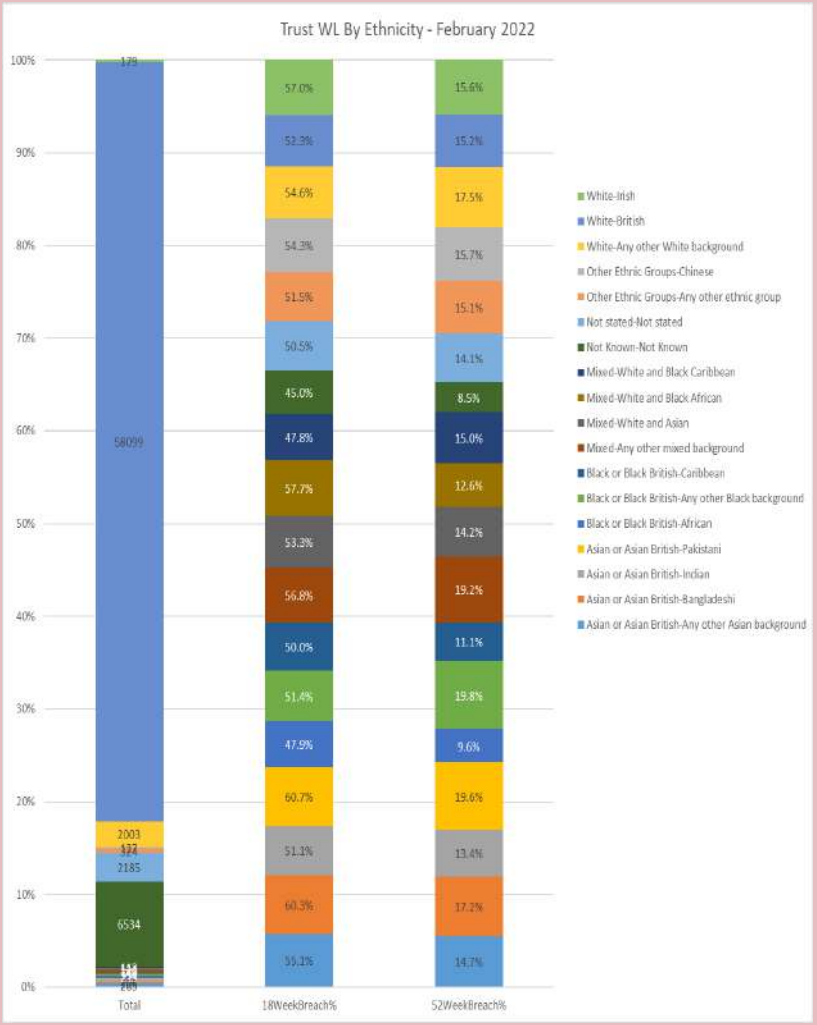


Commentary

Trust Waiting List: Ethnicity

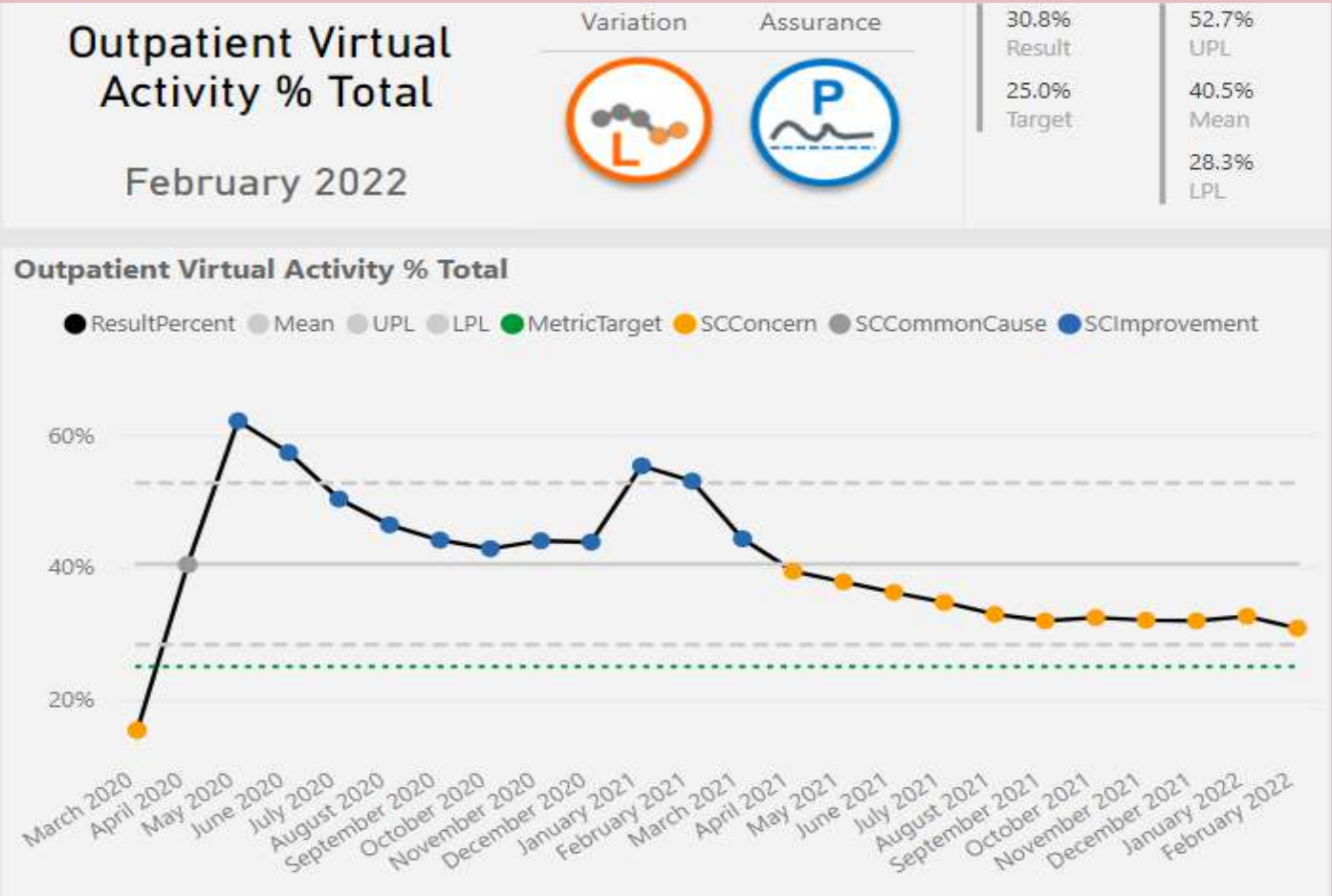
As part of the monitoring of health inequalities, the Trusts waiting list is monitored for variation in demographics.

There was no significant variation or concern in February 2022.



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Waiting List - Health Inequality Indicators	Variation	Ethnicity		No	No	No	No	No	No	No	No	No	No	No
		IMD		No	No	No	No	No	No	No	No	No	No	No

Performance – Remote Outpatients



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Outpatient Virtual Activity % Total	25% (N)	Actual	44.3%	39.4%	37.8%	36.2%	34.7%	32.9%	31.9%	32.3%	31.8%	31.7%	31.9%	30.8%
		Trajectory	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%

Commentary

February 2022 Performance

The Trust delivered 30.8% of its outpatient appointments remotely during February, which is a slight drop form 31.9% in January however we are still ahead of the 25% national target

The Trust remains in the upper decile nationally for numbers and % of outpatient appointments delivered virtually during February 2022. We also remain ahead of other Trusts locally.

Improvement Actions

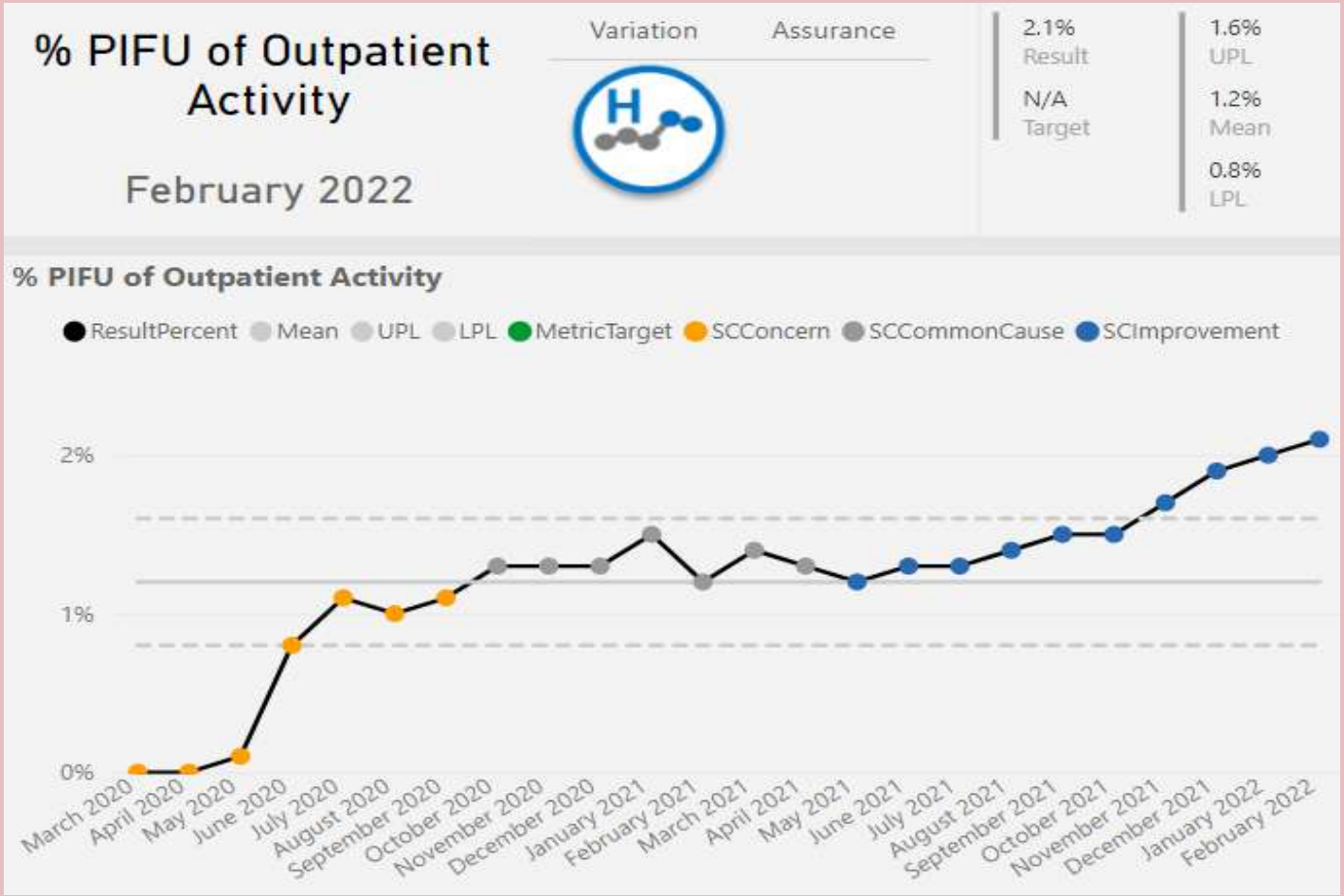
1. All divisions have been asked to report on the status of individual consultants and the current status of Virtual consultations in relation to each consultant with commentary on performance against target. Returns have been received, and this shows which areas have the potential to increase their virtual performance and highlights reoccurring reasons for a lack of Virtual Performance.

2. Prison Service have now approved use of Attend Anywhere as a platform for virtual appointments. This should provide an increase in Virtual Performance as they can now be provided for the Prison Service. Test appointment booked for 30/03/22 with the plan to go live following that.

Risk To Delivery

GREEN

Performance – Patient Initiated Follow Up (PIFU)



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
% PIFU of Outpatient Activity	1.5%	Actual	1.4%	1.3%	1.2%	1.3%	1.3%	1.4%	1.5%	1.5%	1.7%	1.9%	1.9%	2.1%
		Trajectory							1.5%	1.5%	1.5%	1.5%	1.5%	1.5%

Commentary

February 2022 Performance

PIFU activity continues to increase to 2.1%. With POP about to commence we will see a further considerable rise in PIFU Performance.

Improvement Actions

1. Two different PIFU Pathways are to be used, PIFU and XPIFU (extended PIFU) for which SOP and Guidance is now available.

2. Specialities are identifying patients who are currently on an outpatient waiting list who can be converted to PIFU and reporting data to Deputy Elective Access & Performance Manager for conversion.

3. DrDoctor to be used as the primary system for patients to communicate with booking staff while on a PIFU Pathway.

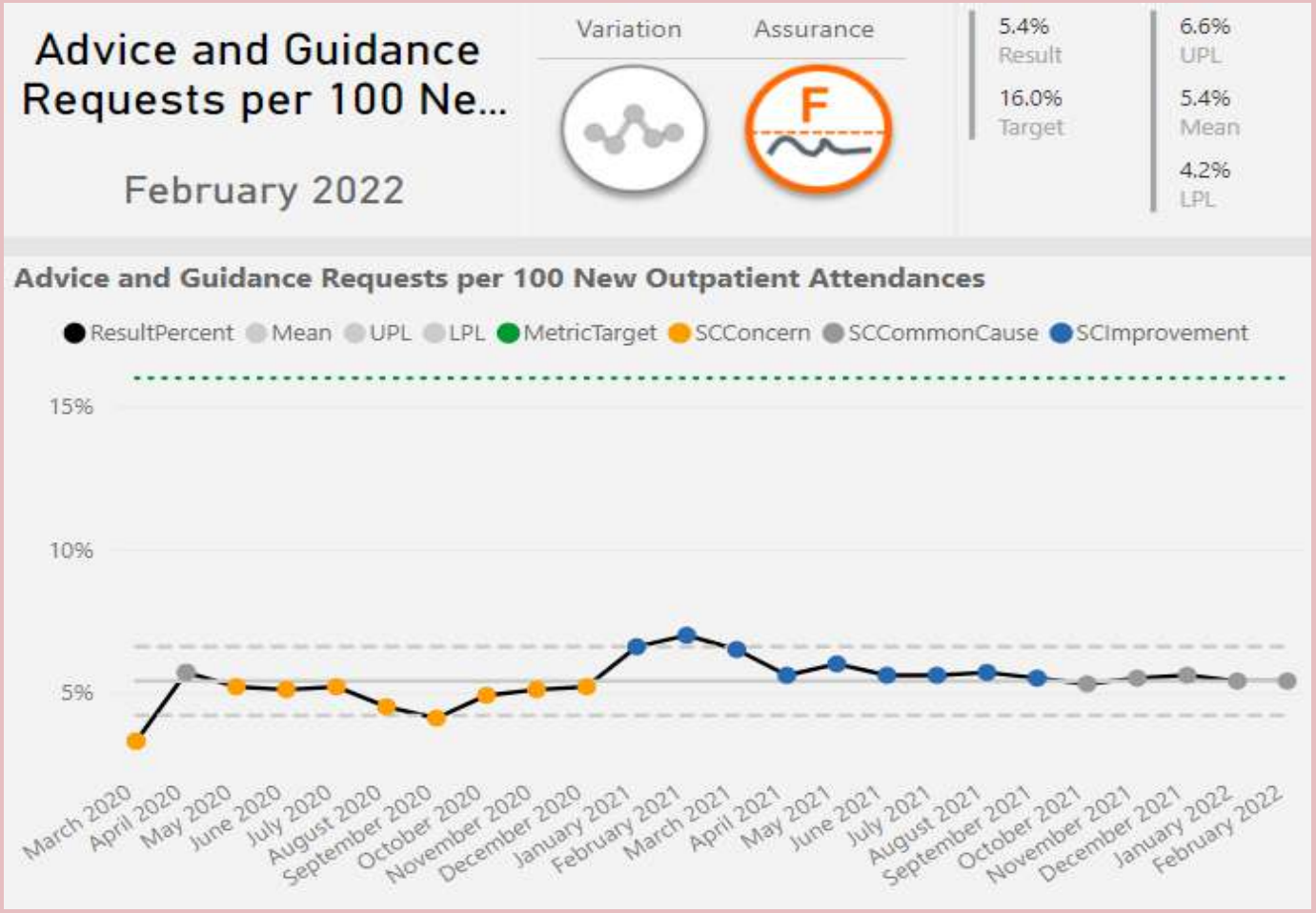
4. Assistant Project Manager in PMO delivering training for DrDoctor and PIFU to Admin Leads who will champion the training within their teams. Training Pack being sent out COP 18/03/22 with training sessions to follow.

5. RPA being used to discharge patient who come to the end of their PIFU date for conversions in POP.

Risk To Delivery

GREEN

Performance – Advice & Guidance



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Advice and Guidance Requests per 100 New Outpatient	12 per 100	Actual	6.5%	5.6%	6.0%	5.6%	5.6%	5.7%	5.5%	5.3%	5.5%	5.6%	5.4%	5.4%
		Trajectory								12%	12%	12%	12%	12%

Commentary

February 2022 Performance

In relation to the newly introduced target of 12 A&G requests per 100 new outpatient appointments, we continue to sit below the target.

Improvement Actions

1. Contacted all specialities listed as priorities by Head of Elective Access and Performance to better understand their current A&G situation and the resources they are dedicating to it. All have advised that it has not been a priority to them and they lack the time and resources to put in to it.

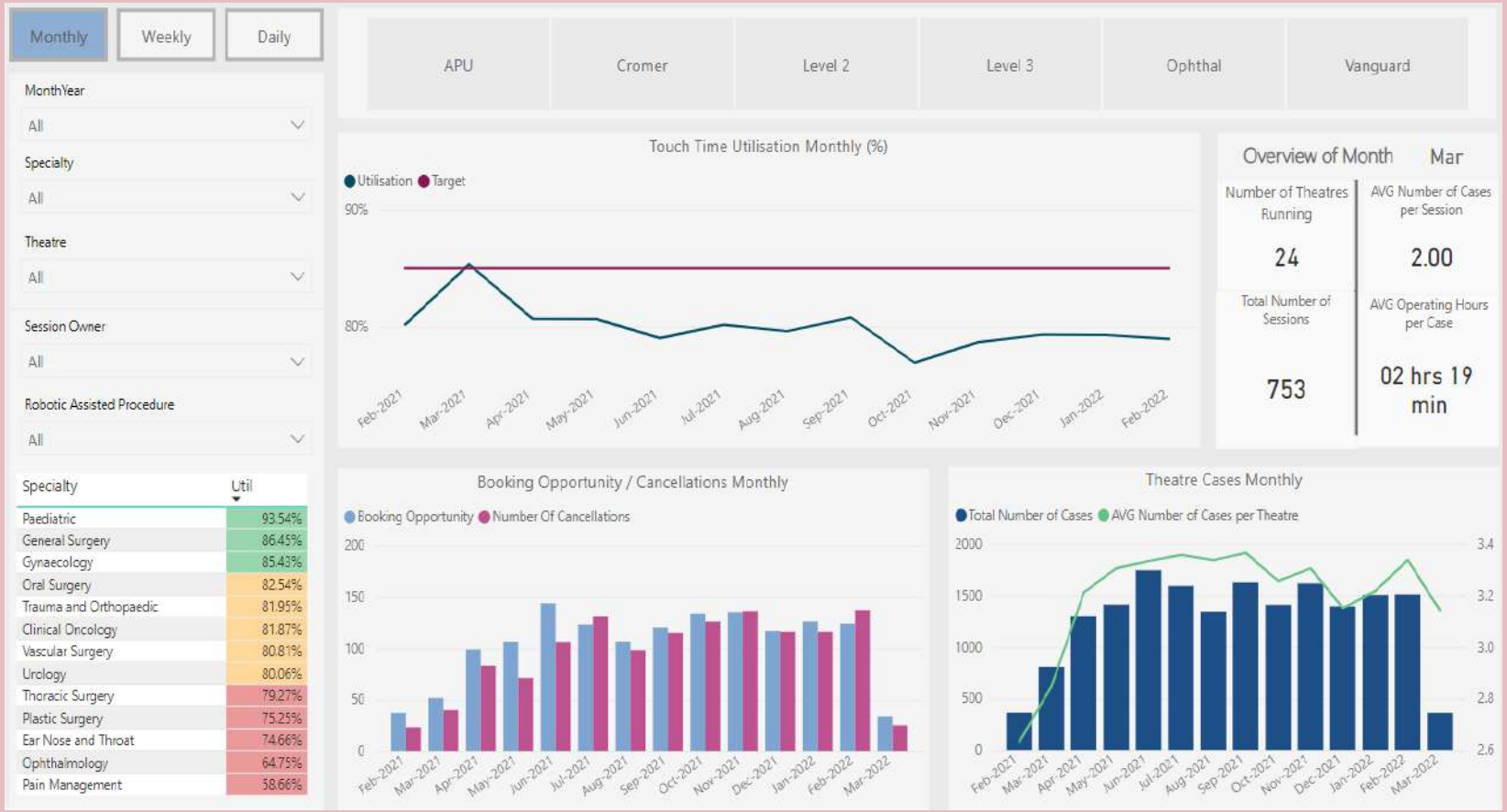
2. RITS request submitted to look in to the possibility of A&G being provided as a triage option on the Outpatient Referral Console.

3. With focus being largely on POP we have been advised by Head of Elective Access and Performance that BI do not currently have the capacity for this so further work on the project will commence in the new financial year.

Risk To Delivery

RED

Performance – Theatre Dashboard: Utilisation



Specialty	Util
Paediatric	93.54%
General Surgery	86.45%
Gynaecology	85.43%
Oral Surgery	82.54%
Trauma and Orthopaedic	81.95%
Clinical Oncology	81.87%
Vascular Surgery	80.81%
Urology	80.06%
Thoracic Surgery	79.27%
Plastic Surgery	75.25%
Ear Nose and Throat	74.66%
Ophthalmology	64.75%
Pain Management	58.66%

Commentary

February 2022 Performance

Touch time delivery across all theatres maintained at 79% in February; level 3 theatres ran at 81% and despite a booking level of 83%, level 2 maintained a slightly lower utilisation of 78%.

Intercase downtime was an average of 17 minutes, with 94% of sessions starting on time.

Improvement Actions

1. Specialties to ensure pool of patients ready for TCI are created to facilitate repatriation of sessions.

2. Weekly review meeting continues with focus on review of performance and prospective booking levels.

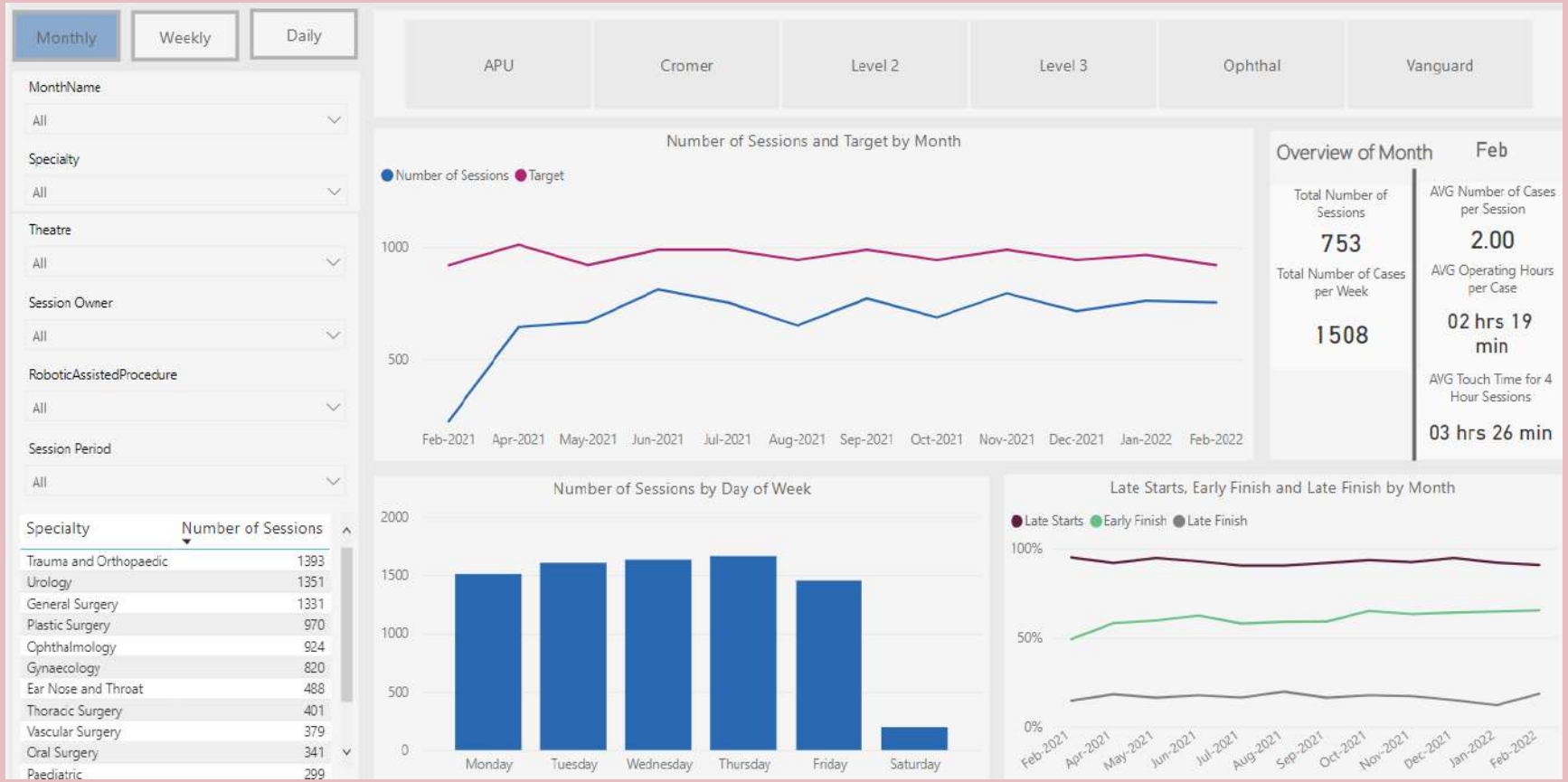
3. Theatre booking case study learning underway to ensure lessons learnt are captured and acted upon.

Risk To Delivery

AMBER

KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Theatre Utilisation	Touchtime (Elective incl. day Case) 89%	Actual					80%	80%	82%	77%	79%	79%	79%	79%
		Trajectory					74.0%	75.0%	78.0%	80.0%	82.0%	84.0%	86.0%	88.0%

Performance – Theatre Dashboard: Sessions



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Theatre Sessions	Late Starts (30%)	Actual					90%	90%	92%	94%	92%	94%	92%	90%
		Trajectory					65.0%	60.0%	58.0%	55.0%	50.0%	45.0%	40.0%	35.0%
	Early Finishes (25%)	Actual					60%	58%	51%	65%	63%	64%	65%	50%
		Trajectory					40.0%	38.0%	36.0%	34.0%	30.0%	28.0%	28.0%	25.0%
	Av. Cases per List (2)	Actual					3.35	3.3	3.3	3.26	2.04	1.95	1.96	1.91
		Trajectory					1.98	1.98	1.98	1.99	1.99	1.99	2.00	2.00

Commentary

February 2022 Performance

Additional capacity continued across weekends via the Medacs Healthcare insourcing campaign; providing x9 all day sessions per week.

The weekday timetable remains challenging around both theatre and consultant staffing.

Two Ophthalmic theatres were closed for life cycle refurbishment throughout the month, activity was maintained through the relocation to an alternative theatre.

Improvement Actions

1. Continued application of theatre 6-4-2 policy to reduce last minute cancellation of sessions through lack of cover.

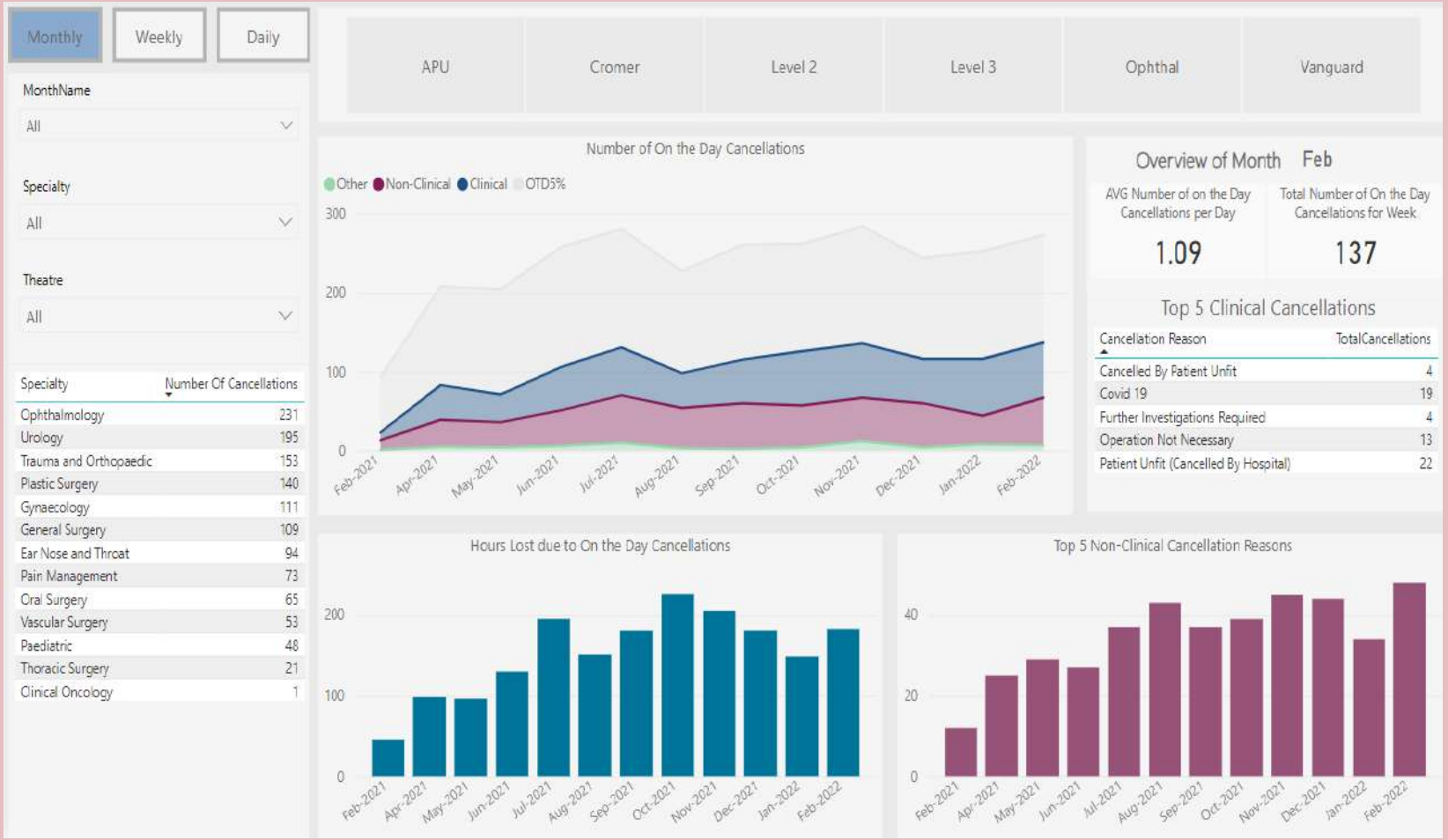
2. Theatre staffing allocations to be signed off by associated Matron.

3. Sessions continue to be prioritised for specialties with longest waits.

Risk To Delivery

RED

Performance – Theatre Dashboard: Cancellations



Specialty	Number Of Cancellations
Ophthalmology	231
Urology	195
Trauma and Orthopaedic	153
Plastic Surgery	140
Gynaecology	111
General Surgery	109
Ear Nose and Throat	94
Pain Management	73
Oral Surgery	65
Vascular Surgery	53
Paediatric	48
Thoracic Surgery	21
Clinical Oncology	1

Cancelation Reason	TotalCancellations
Cancelled By Patient Unfit	4
Covid 19	19
Further Investigations Required	4
Operation Not Necessary	13
Patient Unfit (Cancelled By Hospital)	22

KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Theatre Cancellations	On Day Cancellations (15)	Actual					131	90	97	126	136	116	116	137
		Trajectory					22	22	22	20	20	18	18	15

Commentary

February 2022 Performance

The on the day cancellation rate increased to 137 in month (116 in January), this was primarily through clinical cancellations increasing.

Patient fitness was the main reason behind clinical cancellations with a total of 22; there were 19 cancellations due to COVID-19 related reasons and a further 13 cancellations as the operation was no longer necessary.

There were 48 non-clinical cancellations; 27 (56%) of which were due to patients declining surgery on the day or not attending.

9 were through a lack of theatre time on the day, caused by the complexity of some of the longest waiting patients.

Improvement Actions

1. RCA's to be completed for patients cancelled due to Op no longer being indicated to identify themes and inform action plan.

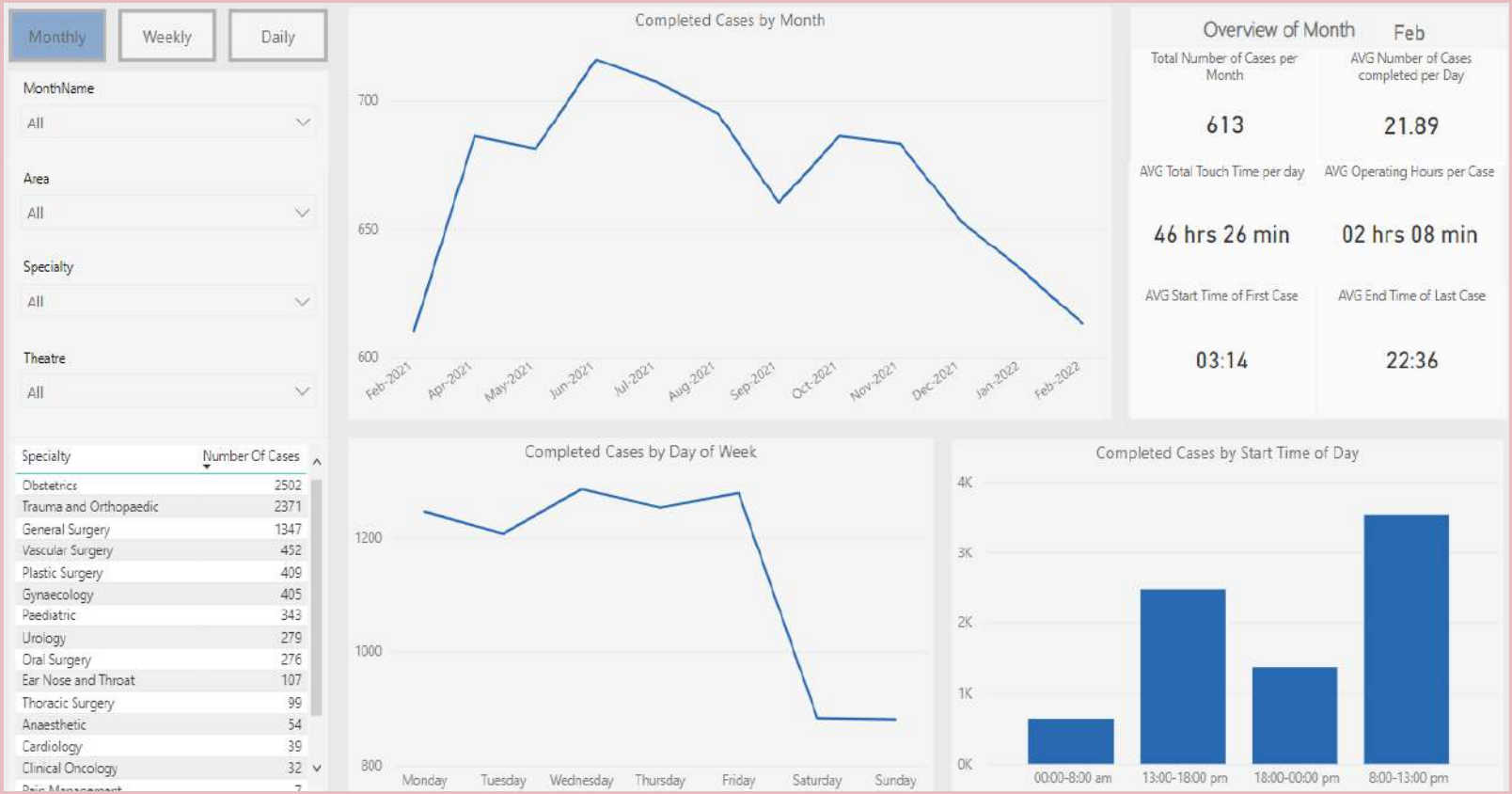
2. Additional POA capacity to be insourced to facilitate last minute patient booking.

3. Review of administration support to facilitate pre-admission cancellation prevent role being reinstated.

Risk To Delivery

RED

Performance – Theatre Dashboard: Emergency Theatres



Commentary

February 2022 Performance

Activity continued to be delivered in line with demand (P1a and b cases). Demand for additional C-section capacity increased during the month, requiring additional capacity which continues to place additional pressure on the service.

Improvement Actions

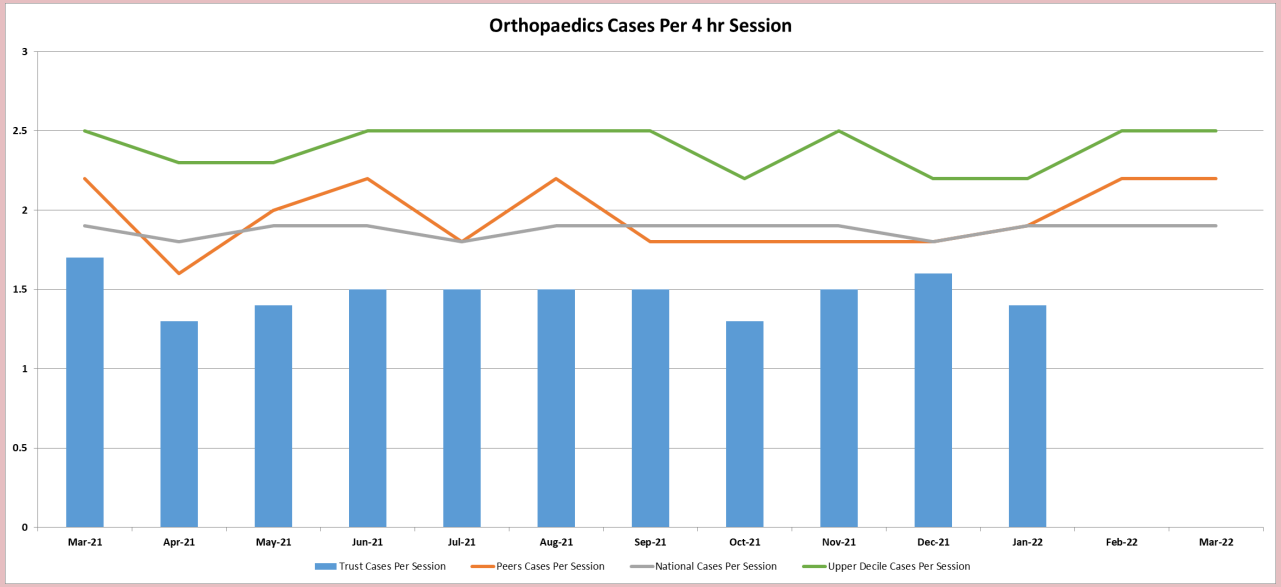
1. Reminder for specialties to attend the daily 08:15 meeting to facilitate flow through the NCEPOD theatres.

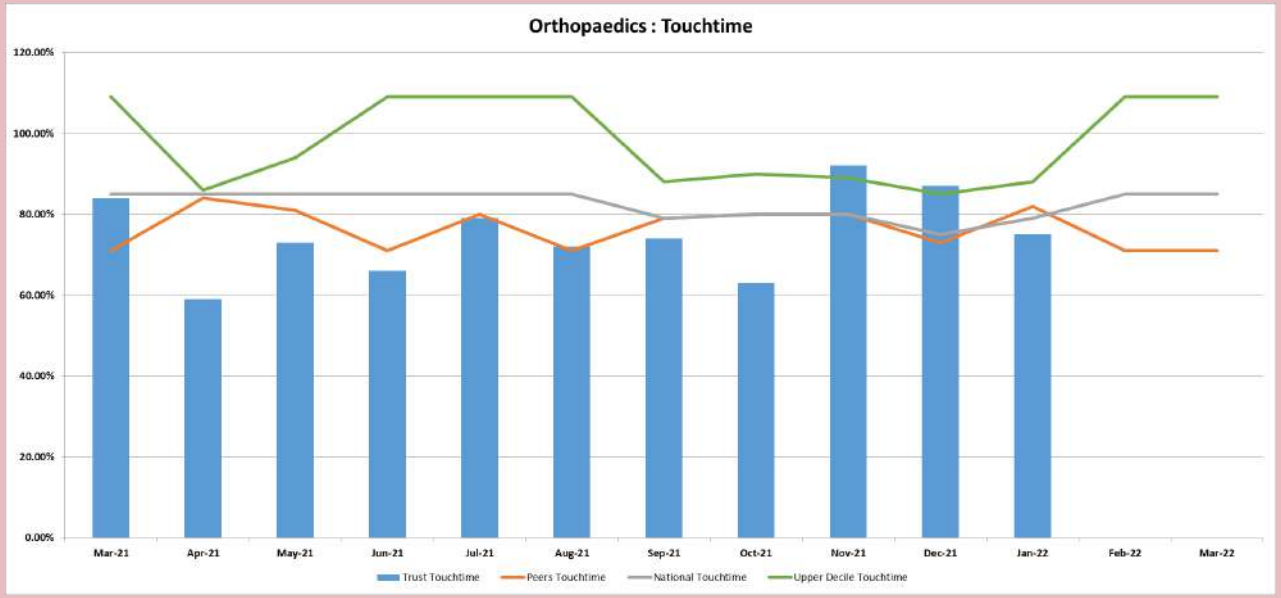
2. Agreement to re-allocate x1 day per week of Trauma capacity to support clearance of longest waiting Orthopaedic patients to continue.

Risk To Delivery

AMBER

Performance – Model Hospital Orthopaedics





Commentary

January 2022 Performance

The average number of cases per 4-hour session was 1.4 in January, which is reflective of the patient complexity of patients being treated. Touch time utilisation ran at 75% compared to peer average of 82%.

Improvement Actions

1. Agreement to repurpose some trauma capacity back to elective on a planned basis.

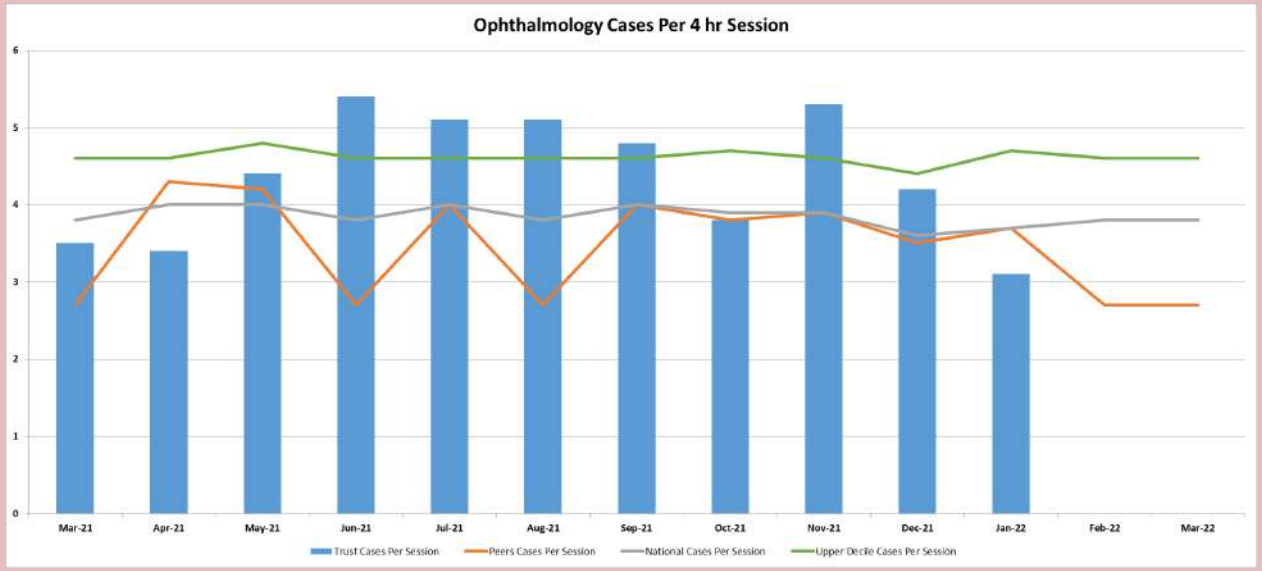
2. Designs for the new cold-elective site have been signed off and recruitment to the unit is now underway to ensure the additional capacity can be realised in July.

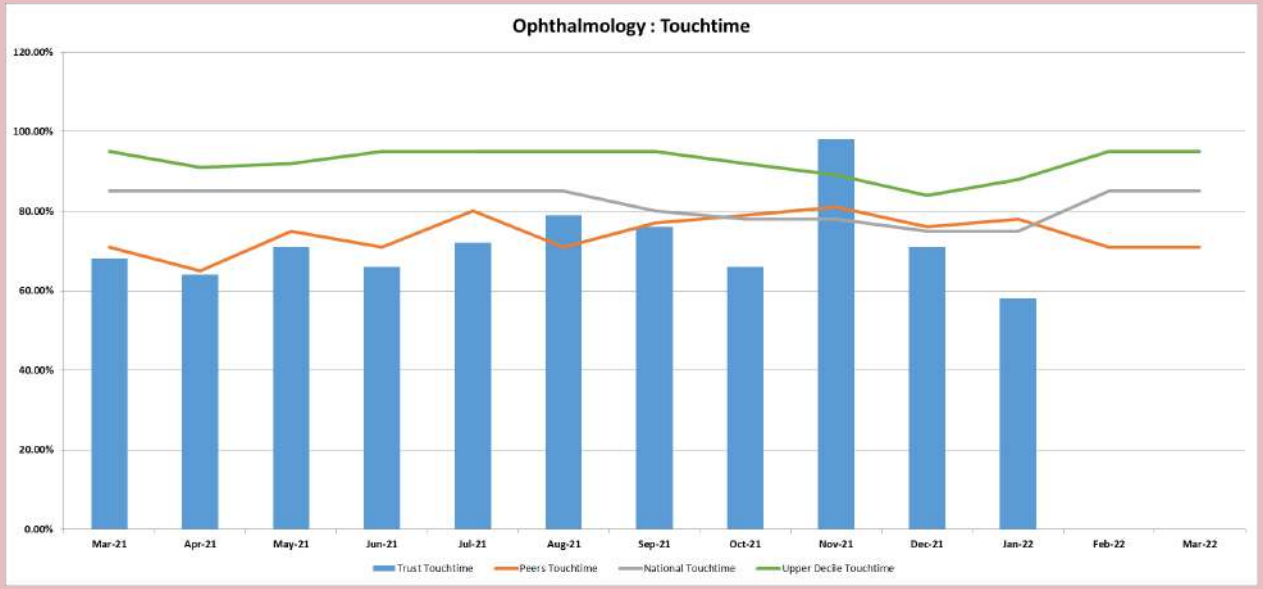
3. Plans to work closely with the Orthopaedics Service Director and senior clinicians to implement the recommended interventions and practices to increase activity.

Risk To Delivery

RED

Performance – Model Hospital Ophthalmology





Commentary

January 2022 Performance

The average number of cases per 4-hour session was 3.1 with touch time utilisation running at 58% compared to peer average of 78%.

Refurbishment of theatres commenced in January 2022 and service was impacted by levels of theatre staffing reducing ability to open both theatres.

Improvement Actions

1. Work with the team to understand staffing trajectory to ensure both spaces are operational.

2. Continue work with the team to understand reasons for late starts as we remain an outlier.

2. Use the new theatres dashboard and data to inform and drive efficiency improvement.

Risk To Delivery

RED

Norfolk and Norwich University Hospitals NHS Foundation Trust

Finance Report February 2022

22 March 2022

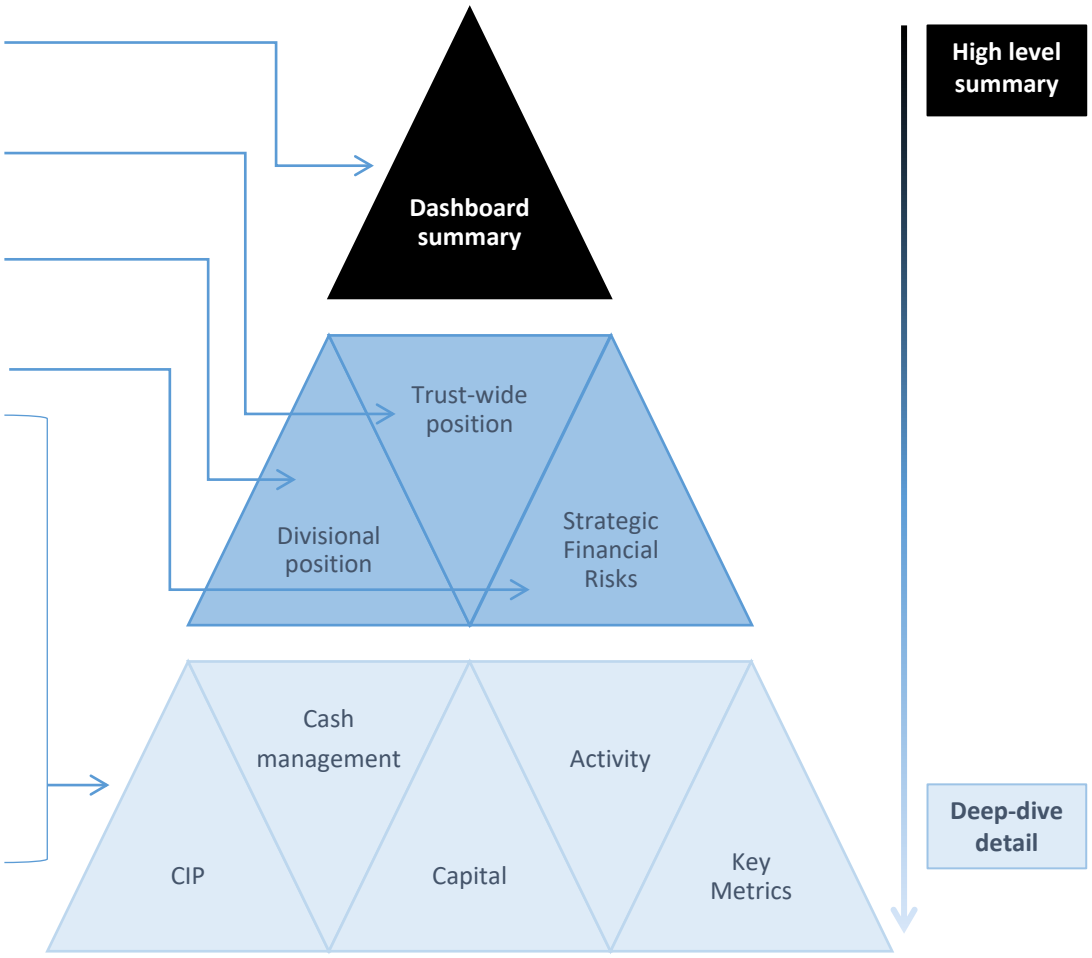
Roy Clarke, Chief Finance Officer

Norfolk and Norwich University Hospitals NHS Foundation Trust

Contents

This report sets out the Trust's financial performance and forms part of the Trust's performance reporting suite.

The report has been structured to provide the reader with an overview of the Trust's financial performance using the following framework.



Norfolk and Norwich University Hospitals
NHS Foundation Trust

1.1 Executive Dashboard

The Trust operational plan position at Cycle 5 is a 21/22 planned Breakeven position, comprising of an actual £7.1m surplus for H1 and a £7.1m forecast deficit for H2.

The year to date position on a control total basis as at February 2022 is a surplus of £9.7m. This is a £8.2m favourable variance to the surplus plan of £1.5m. The favourable variance of £8.2m is made up of an underspend in Pay of £4.5m, £6.3m underspend as a result of reduced activity, Non OPEX of £1.2m offset by a net drugs cost of £2.3m and £3.2m of income repatriation to the System.

FOT: Forecast outturn is a £9.1m surplus, £9.1m favourable to the planned breakeven position. This is made up of a £13.9m operational surplus offset by £4.8m repatriation of funds to the System.

Activity: The activity for the year to date continues to be lower than the 2019/20 activity levels, which reflect the level of activity that the national elective recovery targets had expected. The definitions relating to the incentive element of this plan have changed for the second half of the year, but there has been no expectation that activity levels would increase to a level where this leads to any reward payments being received. There has been no improvement in the gap between current year activity and the 2019/20 baseline position over the past month. Whilst this level of activity will not negatively impact in the current year, it is a risk for the 2022/23 year as the activity targets and baselines are developed and agreed through the business planning cycle process.

Cash held at 28 February 2022 is £86.7m. The closing balance is £45.1m above the H2 submitted forecast as result of the continued and significant delays to the capital programme and other working capital movements. The cash flow plan for this period shows a closing cash balance at 31 March 2022 of £65.4m.

Capital: As at 28 February, the Trust has underspent against plan by £5.4m. This significant underspend is caused by an increasing number of schemes missing planned milestones that were agreed in month 7. This level of expenditure is £12.0m adverse to the original April 2021 plan submission.

Management action is required to ensure the delivery of Capital Expenditure in line with the plan. Failure to deliver the planned programme on the approved trajectory creates a risk of an ICS reduction in the CDEL and this could compromise delivery of operational improvements.

	Oct to Date			YTD			Full Year			
	Actual £m	Plan £m	Variance £m	Actual £m	Plan £m	Variance £m	FOT £m	Plan £m	Variance £m	RAG
Clinical Income	249.9	236.9	12.9	535.0	519.2	15.8	586.6	566.6	20.0	
Other Income	81.8	91.7	(9.9)	195.7	205.2	(9.5)	209.9	223.5	(13.7)	
Pay	(183.6)	(184.6)	1.0	(402.6)	(407.1)	4.5	(438.2)	(444.2)	6.0	
Non Pay	(90.2)	(95.4)	5.2	(197.8)	(196.3)	(1.5)	(217.3)	(215.6)	(1.7)	
Net Drugs Cost	(31.1)	(29.9)	(1.2)	(68.2)	(65.9)	(2.3)	(74.9)	(71.8)	(3.1)	
Non Opex	(24.3)	(24.4)	0.1	(52.4)	(53.7)	1.2	(56.9)	(58.5)	1.6	
Surplus / (Deficit)	2.6	(5.7)	8.2	9.7	1.5	8.2	9.1	0.0	9.1	
COVID (Out of System) Expenditure	2.7	0.0	(3.4)	6.1	0.0	6.1	8.1	0.0	8.1	
COVID (Out of System) Income	(2.7)	0.0	3.4	(6.1)	0.0	(6.1)	(8.1)	0.0	(8.1)	
Reported Surplus / (Deficit)	2.6	(5.7)	8.2	9.7	1.5	8.2	9.1	0.0	9.1	
Headline Surplus / (Deficit)*	1.6	(6.1)	1.6	10.4	3.2	7.2	10.8	1.6	9.1	
Cash at Bank (before support funding)**	-	-	-	86.7	41.6	45.1	65.4	21.1	44.3	
Capital Programme	-	-	-	37.9	43.2	(5.4)	47.7	52.4	(4.7)	
CIP	-	-	-	14.1	11.1	3.0	15.0	12.6	2.4	
Inpatients*** (000's)	46.9	65.5	(18.6)	121.6	135.9	(14.4)	149.8	149.8	0.0	
Outpatients*** (000's)	238.4	324.5	(86.1)	599.0	669.8	(70.8)	736.0	736.0	0.0	
A&E*** (000's)	44.4	60.0	(15.5)	118.5	141.9	(23.4)	153.1	153.1	0.0	

** Headline surplus / (deficit) reflects impact of donated income and donated asset depreciation in line with statutory reporting*

*** Fcst as at September Reporting*

**** Plan is Trust Activity plan*

The NHSEI full year plan submitted in November to include H2 is a planned deficit of £7.1m. This is a breakeven position for H1 and a planned £7.1m deficit for H2. NHSEI technical reporting requirements have prevented the Trust amending the planned H1 position to the actual £7.1m surplus reported.

Norfolk and Norwich University Hospitals NHS Foundation Trust

1.2 Executive Dashboard

Risks

As part of the monthly review of the Financial Risk Register, there were no changes in risk scoring in the month.

Strategic Financial Risks	Extreme (15-25)	High (9-12)	Moderate (5-8)	Low (1-4)
Total This Month	7	6	2	0
Total Last Month	7	6	2	0
Overall Trend	↔	↔	↔	↔

Divisional Performance

The CSS division is underspent by £5.3m mostly as a result of vacancies. Surgery is underspent by £3.2m as a result of reduced expenditure on clinical supplies. Women's & Children's, Medicine and Corporate have small favourable variances.

The CSS Division is showing a favourable position of £5.3m, mostly relating to vacancies against their establishment. Surgery is underspent by £3.2m as result of reduced clinical supplies expenditure, however, within the division, Emergency and Urgent Care has a pay overspend as a result of locum expenditure covering vacant ED shifts. Women's & Children's, Medicine and Corporate have small favourable variances.

As actual activity is significantly lower than prior year and the reduced expenditure is not proportional to this, all divisions are RAG-rated either amber or red.

'Other' includes Clinical Income block and Top up funding along with R&D and the Trust Reserves. The net adverse variance of £1.7m is driven by £2.6m from additional income predominantly relating to high cost devices income (recognised based on usage), £1.2m reduced depreciation as a result of the capital spend being behind plan and reduced call on contingency of £0.7m offset by an adjustment of £7.1m relating to H1 actual over performance.

YTD Divisional Performance Excl. COVID	Medicine		Surgery		Women's & Children's		CSS		Corporate Incl. COVID		Other		Total	
	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m
YTD Surplus / (Deficit)	(208.8)	0.5	(152.1)	3.2	(52.3)	0.8	(87.1)	5.3	(114.3)	0.1	624.3	(1.7)	9.7	8.2
Full Year FOT	(228.5)	0.0	(168.8)	0.0	(57.9)	0.0	(101.0)	0.0	(124.5)	0.0	680.7	9.1	(0.0)	9.1
CIP*	4.4	(0.1)	1.5	(0.2)	0.3	(0.2)	2.0	(0.1)	0.8	(0.2)	5.1	3.7	14.1	3.0
BPP**	95%	0%	95%	0%	94%	(1%)	94%	(1%)	88%	(7%)	-	-	95%	0%
Inpatients***	48.7	(34.1)	34.1	(3.5)	18.0	2.4	20.1	20.1	-	-	-	-	120.8	(15.1)
Outpatients***	155.1	(96.6)	317.4	3.3	77.8	17.1	41.6	(1.8)	-	-	-	-	591.9	(77.9)
A&E***	0.0	0.0	118.5	(23.4)	0.0	0.0	0.0	0.0	-	-	-	-	118.5	(23.4)

CIP RAG					
FINANCE RAG***					
PAF RAG***					

**Divisional variance against FY plan submitted to regulator*

*** Better Payment Practice measured based on % of invoices paid within 30 days*

***Activity variance against Draft Activity plans (000's)*

**** Prior Quarter PAF Rating*

Cost Improvement Programme

YTD the Trust has delivered £14.1m of CIPs against a budgeted plan of £11.1, a favourable variance of £3.0.

The favourable variance of 3.0m is comprised of a planning variance of nil and a performance variance of £3.0m. The performance variance has arisen through £3.9m of accelerated CIP delivery above budgeted plan; offset by £0.9m of unidentified schemes compared to budgeted plan and £0.8m of adverse performance against budgeted schemes across pay and discretionary spend initiatives.

The risk adjusted forecast outturn CIP delivery for FY21/22 is currently calculated as £15.4m based on the latest forecast financial performance of Gateway 2 schemes, progress against milestone delivery and performance against quality and performance indicators.

FY21/22 CIP Plan Development

As at 14 March 2022, the programme consists of £11.3m of Gateway 2 approved schemes; £5.2m of FYE of FY20/21 schemes; £0.2m of Gateway 1 approved schemes, which are being reviewed and developed to be progressed or removed from the programme; and £0.1m of schemes within the CIP development pipeline (Gateway 0).

FY21/22 CIP Plan - Divisional Breakdown	FY21/22 Indicative Target £m	FY21/22 FIP Board Approved £m	FYE FY20/21 £m	Gap £m	FY21/22 RAG Adj. Forecast Delivery £m	Gap £m
Medicine	7.2	5.2	2.4	0.4	7.4	0.2
Surgery	8.7	2.1	1.7	(4.9)	3.5	(5.2)
Women's & Children's	2.7	0.6	0.2	(1.9)	0.6	(2.1)
CSS	4.1	2.3	0.5	(1.3)	2.8	(1.3)
Corporate	3.7	1.2	0.3	(2.2)	1.2	(2.5)
Total	26.4	11.3	5.2	(9.9)	15.4	(11.0)

Norfolk and Norwich University Hospitals NHS Foundation Trust

2.1 Financial Performance – February 2022

For the month of February 2022, the position on a control total basis is £0.1m favourable. This is a £1.6m favourable variance to the planned £1.5m deficit for the month. The main drivers for the favourable variance of £1.6m are £1.1m divisional pay underspends due to vacancies, £1.5m non pay underspend as a result of reduced activity and £0.6m of income relating CNST following successful achievement of the maternity incentive scheme, offset by £1.6m of income repatriation to the System.

Income:
Income is reporting an favourable variance of £1.3m in February 2021. This favourable variance is due to a £0.8m of Elective + income, £0.5m or R&D Income, £0.5m of income relating to cost and volume devices, £0.3m additional income for the critical care expansion and £0.6m of income relating CNST following successful achievement of the maternity incentive scheme, offset by a £1.6m provision for repatriation of funds to the System

Pay:
The operational pay variance excluding COVID is £0.6m favourable as a result of vacancies against the establishment. In February there were c. 988 vacancies across the Trust with c. 769 premium WTE thus a net 218 WTE vacancy. Of the net vacancy the majority are AHP/Scientific where less premium staffing is available support the substantive staff base. Including COVID there is a £0.2m favourable position against plan for February 2022.

Net Drugs Cost:
There is a £0.4m adverse variance In February. This is increased costs of £0.2m predominantly across neurosciences and respiratory and reduced income of £0.2m.

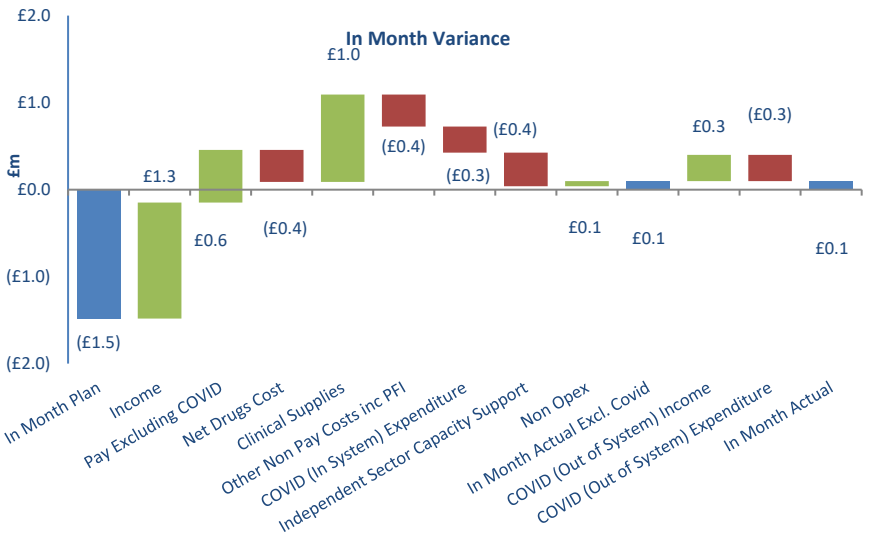
Non Pay:
There is a £0.6m favourable variance in February 2022. Predominantly as a result of reduced levels of activity. Activity in January was approx. 94.7% of 19/20 levels

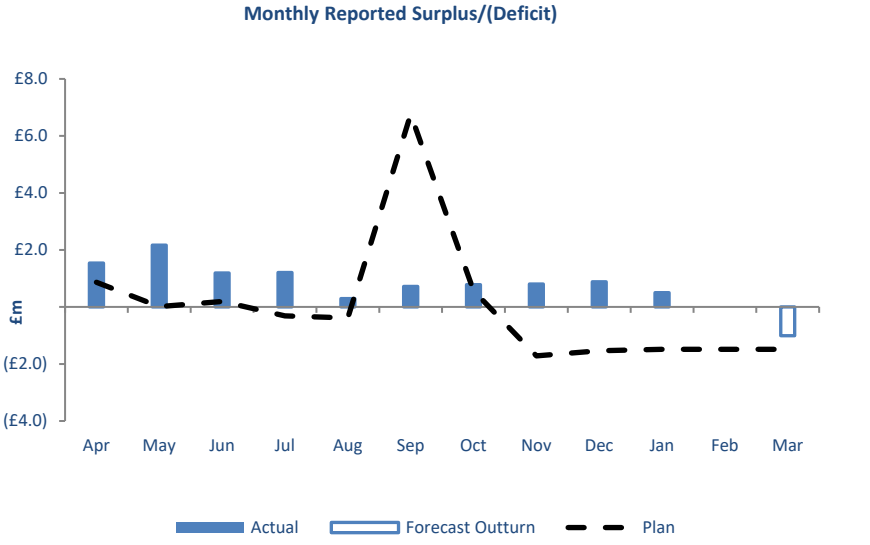
In System COVID 19 Expenditure:
In System COVID expenditure is £0.3m adverse to plan for February 2022.

Independent Sector Capacity Support & Insourcing (Elective +):
Independent Sector Capacity Support is underspent by £0.4m for February 2022, offset by an overspend of £0.8m on Insourcing for Elective + activity. Income relating to Elective + activity is included with Income detailed above.

Non Operating Expenditure:
Non operating expenditure is £0.1m favourable to plan for January 2022. This is as a result of reduced depreciation expenditure due to reduced delivery against the capital programme.

Out of System COVID 19 Expenditure:
The COVID-19 expenditure in month is £0.3m, with offsetting income of £0.3m and therefore an in month breakeven position. The main area of expenditure remains testing.





Norfolk and Norwich University Hospitals NHS Foundation Trust

2.2 Financial Performance – Year to Date

The year to date position on a control total basis as at February 2022 is a surplus of £9.7m. This is a £8.2m favourable variance to the surplus plan of £1.5m. The favourable variance of £8.2m is made up of an underspend in Pay of £4.6m, £7.3m underspend as a result of reduced activity, Non OPEX of £1.2m and £0.6m of income relating CNST following successful achievement of the maternity incentive scheme, offset by a net drugs cost of £2.2m and £3.2m of income repatriation to the System.

Income:
Income is reporting a favourable variance of £7.3m year to date due to: £2.2m of increased High Cost Devices recharged based on usage, offset by additional clinical supplies costs;£3.47m relates to R&D is matched by additional non pay expenditure, £1.5m relating to Elective + and is matched by additional non pay expenditure, £0.3m relating to private patients. The remaining balance relates to a number of small favourable variances across the operational divisions.

Pay:
Including COVID, there is a £4.5m favourable position against plan year to date. This comprises of a £2.6m adverse variance for In System COVID and IS capacity support, and an operational variance of £7.1m favourable relating to net vacancies against establishment, mainly in CSS. Year to date, the average monthly number of net vacancies after offsetting premium staff is 234. This had consistently reduced through the year as a result of targeted recruitment, however, increased in December and January as a result of ward closures and availability of staff.

Net Drugs Cost:
There is a £2.2m adverse variance year to date This is increased costs of £1.3m predominantly across neurosciences and respiratory and reduced income of £0.9m.

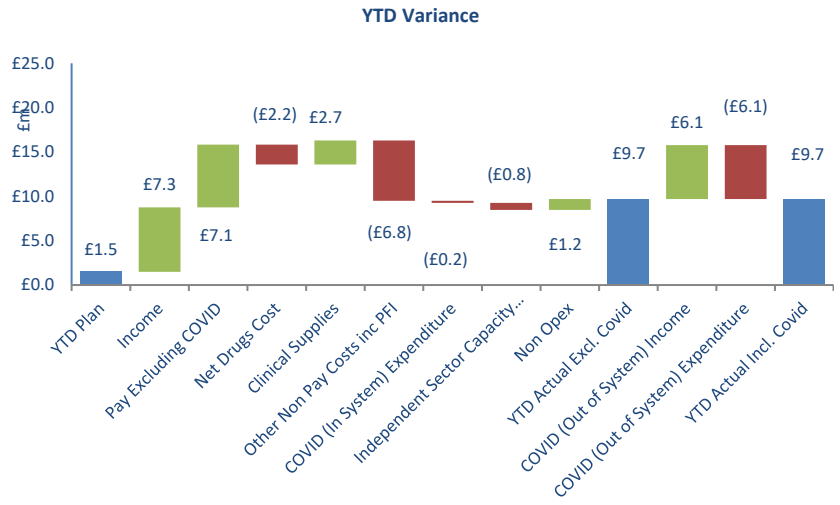
Non Pay:
Including COVID, there is a £5.8m adverse position against plan year to date. This comprises of a £0.6m adverse variance for COVID, and an adverse operational variance of £5.2m. The adverse operational variance is a result of a YTD budget adjustment of £7.1m representing the H1 cumulative underspend offset by £1.9m underspends as a result of reduced activity levels.

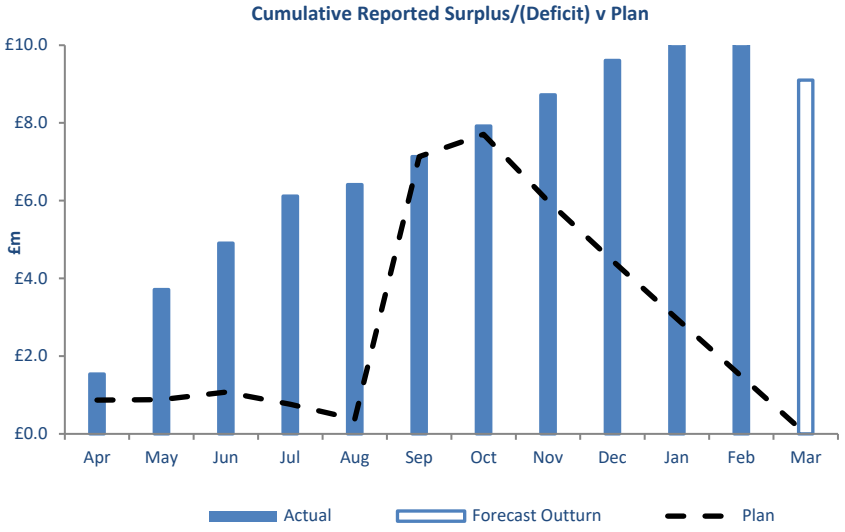
In System COVID 19 Expenditure:
In System COVID expenditure is £0.2m adverse year to date.

Independent Sector Capacity Support & Insourcing (Elective +):
Independent Sector Capacity Support is underspent by £0.7m YTD, offset by an overspend of £1.5m on Insourcing for Elective + activity. Income relating to Elective + activity is included with Income detailed above.

Non Operating Expenditure:
Non operating expenditure is £1.2m favourable to plan year to date. this is as a result of reduced depreciation expenditure due to reduced delivery against the capital programme.

Out of System COVID 19 Expenditure:
The COVID-19 expenditure year to date is £6.1m, with offsetting income of £6.1m and therefore breakeven. Of this £1.3m has been spent in the vaccination programme and £4.8m on Testing.





Norfolk and Norwich University Hospitals NHS Foundation Trust

2.3 Forecast Outturn Full Year

Forecast outturn is a £9.1m surplus, £9.1m favourable to the planned breakeven position. The Operational Forecast Outturn is a £13.9m surplus, based on current run rates and committed expenditure. The Trust is repatriating £4.8m of funding back to the System resulting in a £9.1m surplus, £9.1m favourable to the Breakeven plan.

1. **Pay – Vacancies v Establishment:** Underspends as a result of net vacancies in establishment due to recruitment delays, off-set by premium pay costs - £5.0m

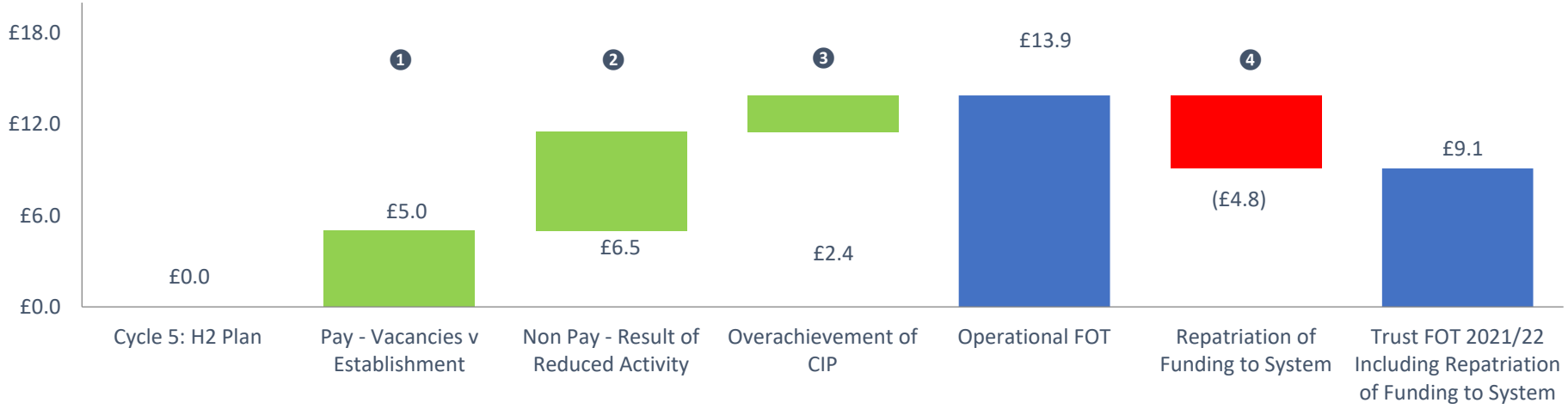
2. **Non Pay - Result of Reduced Activity:** Underspends as a result of reduced activity and lower than planned COVID patients - £6.5m

3. **Overachievement of CIP:** Forecast Overachievement of CIP - £2.4m

This results in a risk adjusted upside forecast outturn of a £13.9m surplus, £13.9m favourable to the operational plan of breakeven

4. **Repatriation of Funding to System:** Repatriation of Funding to support System position - (£4.8m)

This results in a risk adjusted upside forecast outturn of a £9.1m surplus, £9.1m favourable to the operational plan of breakeven

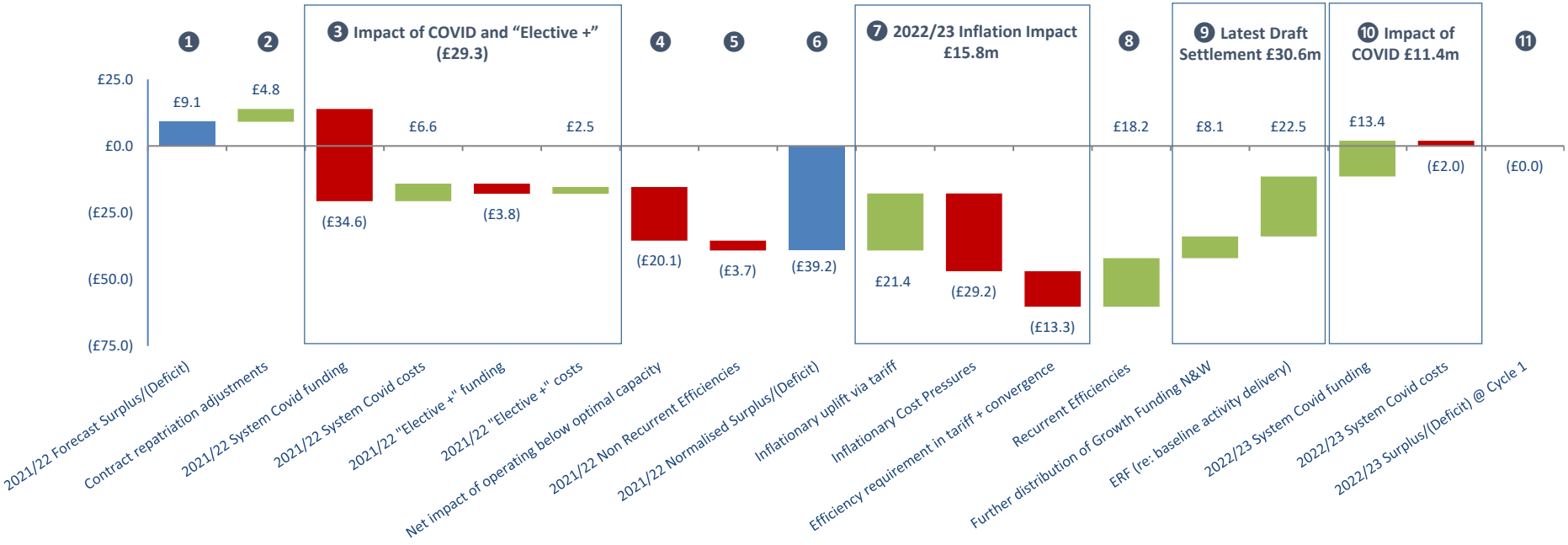


Norfolk and Norwich University Hospitals NHS Foundation Trust

2.4 22/23 Cycle 2 Plan

Key planning assumptions have been updated to reflect planning guidance and latest local modelling, including draft system settlement, economic factors, capital charges and the efficiency programme, to arrive at a Cycle 2 breakeven plan (£25.4m at Cycle 1). There is identified delivery risk to this plan of £31.7m which would result in a downside deficit of £31.7m (£55.4m at Cycle 1).

1. **2021/22 Forecast Outturn:** £9.1m surplus
2. **Contract repatriation adjustments** – Non recurrent repatriation of funds back to the system of £4.8m
3. **Impact of COVID and "Elective +" –** Removal of 21/22 COVID Income (£34.6m), COVID Expenditure (£6.6m), "Elective +" funding (£3.8m) and "Elective +" expenditure (£2.5m). **Net adverse movement of £29.3m**
4. **Net impact of operating below optimal capacity –** Non Recurrent savings as a result of reduced activity results in adverse movement of £20.1m
5. **2021/22 Non Recurrent Efficiencies –** removal of 21/22 non recurrent efficiencies results in adverse movement of £3.7m
6. **2021/22 Normalised Outturn:** £39.2m deficit
7. **2022/23 Inflation Impact** – Tariff inflation of £20.6m offset by Cost inflation of £28.9m and efficiency requirements in tariff & convergence of £13.3m resulting in adverse movement of £21.6m
8. **2022/23 Recurrent Efficiencies** - planned 22/23 recurrent efficiencies results in favourable movement of £18.2m
9. **Latest Draft Settlement** - The draft system settlement has been revised for Cycle 2 to include £8.1m of growth and capacity funding, inclusive of £2.9m for UEC Capacity funding; and £22.5m of Non Recurrent Elective Recover Funds (ERF). Total £30.6m
10. **Impact of COVID** – Inclusion of 22/23 COVID Income of £13.4 offset by COVID expenditure of £2.0 results in favourable movement of £11.4m
11. **2022/23 Plan @ Cycle 2:** Breakeven



Norfolk and Norwich University Hospitals NHS Foundation Trust

3.1 Divisional Performance - Summary

The CSS division is underspent by £5.3m mostly as a result of vacancies. Surgery is underspent by £3.2m as a result of reduced expenditure on clinical supplies. Women's & Children's, Medicine and Corporate have small favourable variances.

The below commentary is against the year to date position:

Clinical Income: Clinical Income subject to the block agreement is not allocated to divisions, therefore the divisional positions do not reflect the value of work done. Clinical Income is reflected in 'Other'.

Medicine: Favourable to plan by £0.5m YTD, driven by a £1.3m adverse variance in relation to clinical supplies due to H1 activity being 103.3% of plan (excluding outpatients) along with additional expenditure on drugs not backed by additional income of £0.6m. Pay has a favourable variance of £1.5m driven by average net vacancies after premium pay of 141. Other income has a favourable variance of £0.9m, reflecting the income for non-pay costs billed to Phillips as a result of a worldwide product recall of Sleep Apnoea equipment.

Surgery & EUC: Favourable to plan by £3.2m YTD, driven by favourable variances in Clinical Supplies of £1.4m as a result of activity delivery being 88.7% v plan (excluding outpatients). Non Clinical Supplies are underspent by £0.6m due to capacity being procured via COVID budgets. Within Pay, the Division is reporting a £0.6m favourable Year to Date.

Women's & Children's: Favourable to plan by £0.8m YTD, the adverse variance in non pay is due to pass through expenditure to QEH & JPUH for Ockenden offset by additional income. The favourable variance in pay of £1.0m mainly due to vacancies in the Nursing establishment.

Clinical Support: Favourable to plan by £5.3m. £3.2m of this is within Pay due to the number of vacancies across the division (notably within Therapies Imaging, and Cellular Pathology), and £2.3m underspends in clinical supplies, due to reduced activity within Cytology and Interventional Radiology.

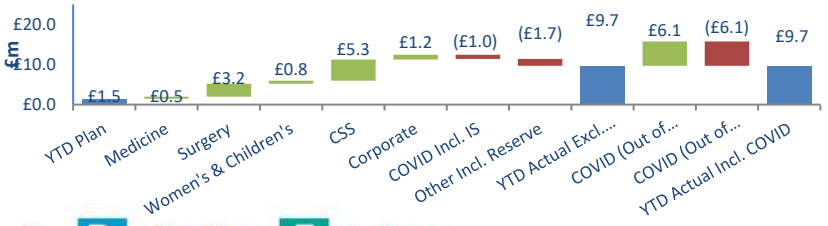
Corporate Incl. COVID: Favourable to plan by £0.1m, due to £2.3m favourable variance in non-pay, off-set by a £2.1m adverse variance in pay. Of the variances £2.7m is movement between pay and non pay due to categorisation of actual In System COVID expenditure

Other: 'Other' includes Clinical Income block and Top up funding along with R&D and the Trust Reserves. The net adverse variance of £1.7m is driven by £3.7m from additional income predominantly relating to high cost devices income (recognised based on usage) and £1.2m reduced Depreciation as a result of the capital spend being behind plan, and reduced call on contingency of £0.7m offset by an adjustment of £7.1m relating to H1 actual over performance.

YTD Divisional Performance Excl. COVID	Medicine		Surgery		Women's & Children's		CSS		Corporate Incl. COVID		Other		Total	
	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m
Clinical Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	535.0	15.8	535.0	15.8
Other Income	3.2	0.9	5.5	0.1	1.8	0.8	12.7	0.8	8.5	0.0	163.9	(12.1)	195.7	(9.5)
Pay	(110.1)	1.5	(123.3)	1.2	(44.6)	1.0	(66.2)	3.2	(40.8)	(2.1)	(17.6)	(0.2)	(402.6)	4.5
Non Pay	(33.7)	(1.3)	(25.0)	2.0	(3.9)	(0.8)	(31.7)	1.6	(81.7)	2.3	(21.8)	(5.3)	(197.8)	(1.5)
Net Drugs Cost	(68.3)	(0.6)	(9.4)	(0.0)	(5.5)	(0.2)	(1.9)	(0.4)	(0.3)	(0.1)	17.2	(1.1)	(68.2)	(2.3)
Non Opex	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(52.4)	1.2	(52.4)	1.2
YTD Surplus / (Deficit)	(208.8)	0.5	(152.1)	3.2	(52.3)	0.8	(87.1)	5.3	(114.3)	0.1	624.3	(1.7)	9.7	8.2
Actual (M1-6)	(114.5)	(0.9)	(87.7)	0.6	(28.3)	0.4	(46.8)	3.5	(64.1)	0.1	348.6	(3.7)	7.1	(0.0)
Actual (M7 to date)	(94.3)	1.4	(64.4)	2.6	(23.9)	0.4	(40.3)	1.7	(50.2)	0.1	275.7	2.0	2.6	8.2
Full Year FOT	(228.5)	0.0	(168.8)	0.0	(57.9)	0.0	(101.0)	0.0	(124.5)	0.0	680.7	9.1	(0.0)	9.1
CIP*	4.4	(0.1)	1.5	(0.2)	0.3	(0.2)	2.0	(0.1)	0.8	(0.2)	5.1	3.7	14.1	3.0
BPP**	95%	0%	95%	0%	94%	(1%)	94%	(1%)	88%	(7%)	-	-	95%	0%
Inpatients***	48.7	(34.1)	34.1	(3.5)	18.0	2.4	20.1	20.1	-	-	-	-	120.8	(15.1)
Outpatients***	155.1	(96.6)	317.4	3.3	77.8	17.1	41.6	(1.8)	-	-	-	-	591.9	(77.9)
A&E***	0.0	0.0	118.5	(23.4)	0.0	0.0	0.0	0.0	-	-	-	-	118.5	(23.4)

CIP RAG						
FINANCE RAG***						
PAF RAG***						

*Divisional variance against FY plan submitted to regulator
** Better Payment Practice measured based on % of invoices paid within 30 days
**Activity variance against Draft Activity plans (000's)
*** Prior Quarter PAF Rating



Norfolk and Norwich University Hospitals NHS Foundation Trust

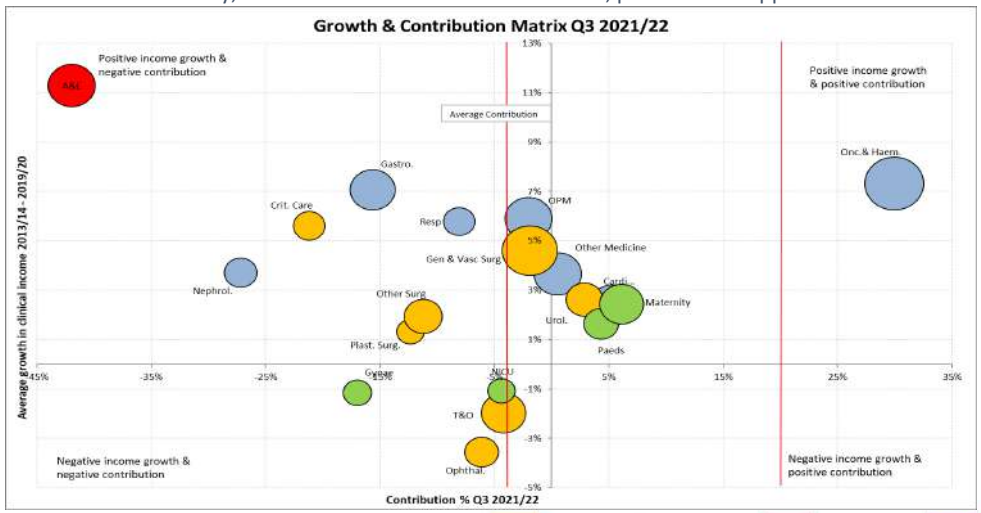
3.2 Divisional Performance - Service Line Reporting Q3 2021/22

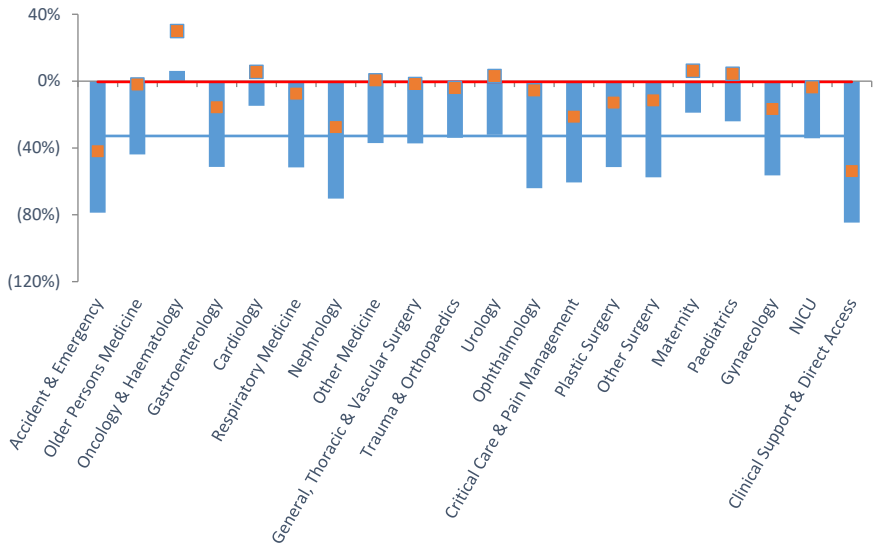
SLR data for the period October 2021 - December 2021 reflects a slight decline in activity compared to Q2, in particular in Medicine and Emergency Services. In turn this has led to a decline in levels of contribution (income less costs before overheads) compared Q1 & Q2 21/22.

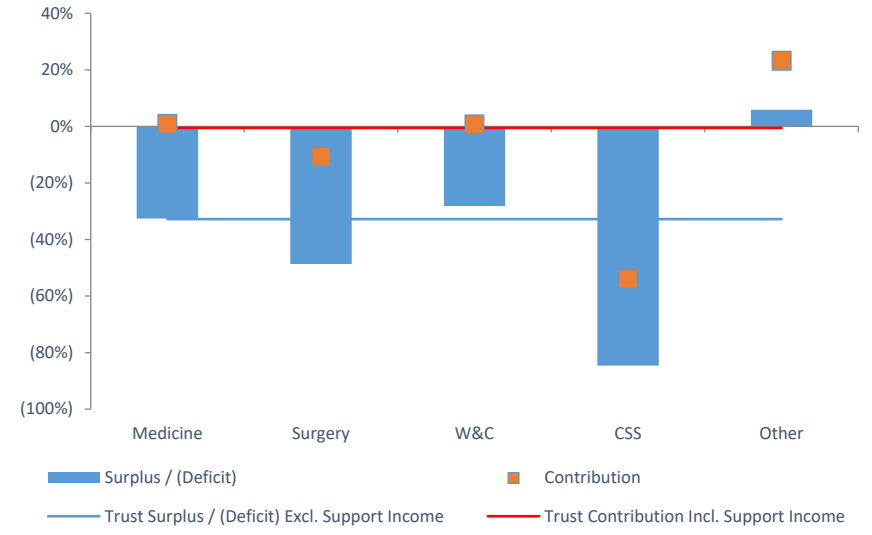
The level of income that would be earned (using Payment by Results prices) in Q3 was 7% lower than Q2 and also fell below 19/20 levels. Controllable costs also fell compared to Q2 but to a lower extent, causing a decline in contribution levels; and costs are 13% above 19/20 levels. Q3 therefore was the worst quarter this year for contribution levels, with a decline shown in all divisions compared to Q2:

Division	% of 'PbR' Income	Contribution		
		19/20	20/21	YTD 21/22
Medicine	42.7%	14%	(10%)	1%
Emergency	5.9%	(35%)	(58%)	(42%)
Surgery	34.4%	6%	(29%)	(6%)
Women & Children's	16.6%	5%	(8%)	1%
Clinical Support	0.4%	(61%)	(142%)	(54%)

Income has been priced under PBR; the top up received is not allocated to divisions in these SLR reports, which are intended to show a business as usual view. The table BELOW shows how the Divisions' activity, costs and income are reflected in SLR, prior to this support income:







Norfolk and Norwich University Hospitals NHS Foundation Trust

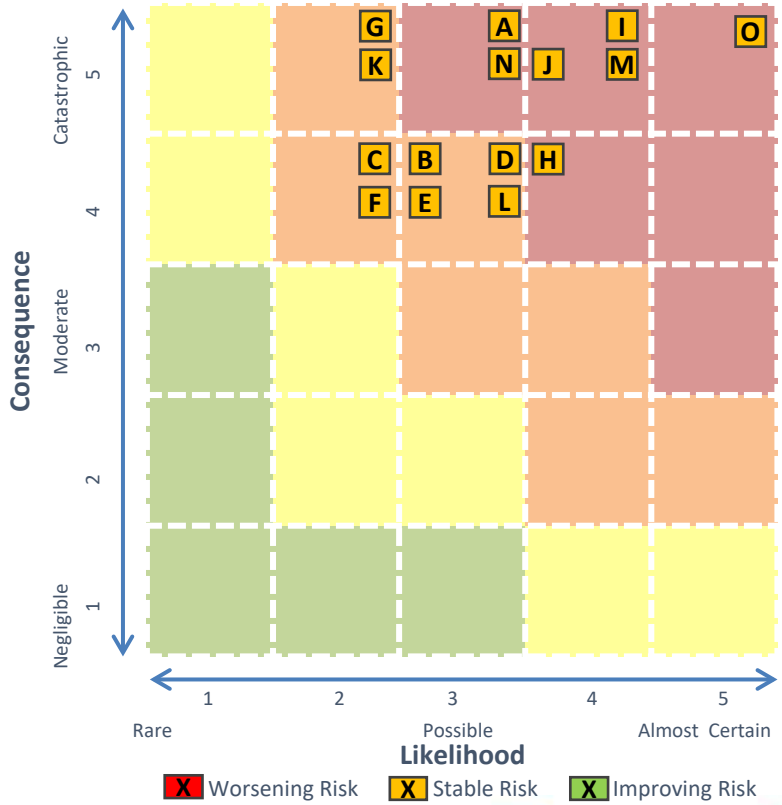
4. Strategic Financial Risks

The Trust's overall risk profile remains stable, there were no changes in risk scoring in the month.

As part of FY21/22 annual planning 13 key strategic and operational risks with an initial score of ≥ 12 were identified. Two further risks have subsequently been identified.

The Finance Directorate continues to formally review the Financial Risk Register, on a monthly basis, reviewing the risks and adding new risks which have been identified across the finance portfolio.

As part of the monthly review of the Financial Risk Register, there were no changes in risk scoring in the month.



	ID	Description	Risk Score	*Prior Month*
A	624	IF the Trust does not have a detailed financial strategy in place to deliver financial sustainability THEN the Trust will fail to achieve its strategic and operational priorities.	15	15
B	1534	IF the Trust is unable to generate the FY21/22 planned activity and case mix, THEN the income generated may be lower than planned levels.	12	12
C	1535	IF the Trust is unable to deliver the FY21/22 required activity levels per the national recovery framework, THEN additional funding available through the Elective Recovery Fund may not be available to invest back in recovering activity.	8	8
D	1536	IF the Trust's capacity plan does not reflect the available clinical space and workforce effective hours, THEN there is a risk that activity assumptions underpinning the FY21/22 plan are not valid, potentially leading to lower levels of income or higher levels of costs than planned through the use of third party capacity.	12	12
E	1539	IF the Trust does not deliver forecast activity growth levels within the identified cost envelope or IF there is a change in case mix to less profitable procedures, THEN this will lead to lower income as a proportion of cost levels driving a higher deficit than planned.	12	12
F	1540	IF the Trust creates additional capacity at additional cost to the Trust in order to reduce the waiting list, and does not secure the financial resources for this, THEN this will create additional cost pressures which will need to be mitigated through additional efficiency delivery, or the Trust will incur a higher deficit than planned.	8	8
G	1532	IF the Trust fails to control expenditure in line with the plan, including mitigation of identified but unfunded cost pressures, THEN the Trust will fail to deliver to plan, negatively impacting the I&E and cash position and increasing the distress funding requirement.	10	10
H	1533	IF the Trust enacts service developments or changes that result in an increase in cost that is not mitigated by a corresponding increase in the value of the Trust's income contracts, THEN the financial position will be negatively impacted.	16	16
I	1527	IF the efficiency requirement is not identified and delivered on an annual basis THEN the Trust is at risk of significantly failing its I&E and cash plans, alongside delivery of the Trust's Financial Strategy.	20	20
J	1529	IF the Trust does not deliver the financial improvements within its own control, THEN the access to technical solutions, including FRF, may no longer be available.	20	20
K	1526	IF the Trust is unable to manage its financial performance in line with the Operational Plan, THEN there is a risk that the Trust will require additional distress funding to meet its financial obligations.	10	10
L	1528	IF the Trust cannot secure sufficient emergency capital PDC to support the delivery of the capital programme, THEN the planned capital programme will be delayed, negatively impacting the ability to deliver planned activity levels and increasing costs leading to additional pressure to financial performance.	12	12
M	1548	IF additional or revised regulatory requirements do not align with the framework utilised in developing the Financial Strategy THEN additional financial pressures may arise, negatively impacting the Trust's ability to deliver sustainable financial improvement.	20	20
N	1724	IF the rebased nursing and midwifery rosters are not uploaded in a timely manner on to Allocate THEN the Trust will not utilise its nursing and midwifery resources efficiently to deliver effective patient care.	15	15
O	1725	IF programme management arrangements in place to deliver the capital programme fail to deliver in line with plan THEN the capital programme may underspend resulting in failure to improve operational capacity at the level required to deliver patient care and be at risk of reputational damage.	25	25

Norfolk and Norwich University Hospitals NHS Foundation Trust

5. Cash

Cash held at 28 February 2022 is £86.7m. The closing balance is £45.1m above the H2 submitted forecast as result of the continued delay to the capital programme and other working capital movements. The cash flow plan for this period shows a closing cash balance at 31 March 2022 of £65.4m.

Cash Financial Arrangements - financial envelope for 2021/22

A financial settlement for the NHS has been agreed for the full year of 2021/22. It is a fixed system envelope arrangement as was in place for the second six months of 2020/21. Our financial allocation has been confirmed and is consistent with that received in 2020/21, increased for inflation, growth and efficiency.

The Trust draft operational plan for the 21/22 shows a break even position. As a result it is not expected that any revenue cash support will be required during the year. The cash flow plan for this period showed a closing cash balance at 31 March 2022 of £21.1m.

The twelve month rolling cash flow forecast before revenue funding support shows the cash balance remaining static after March 2022 in line with the breakeven Cycle 2 Business Plan to a closing cash balance of £65.2m at end February 2023, thus no revenue support would be required in 2022/23.

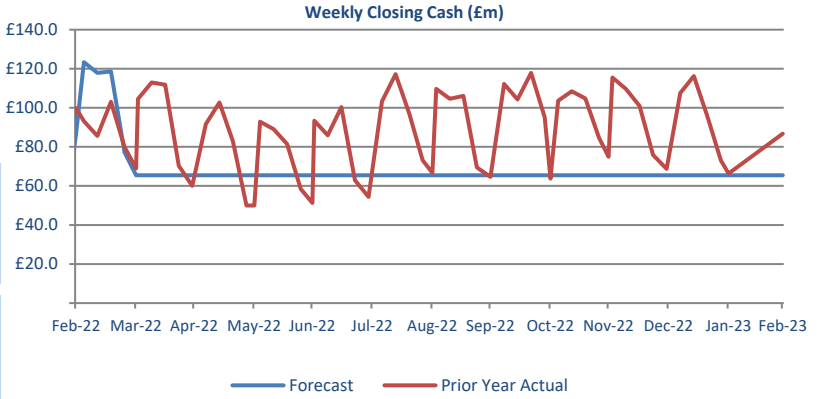
Cash balances are forecast to reduce by c. £21.3m however remain positive in March 2022 thus no revenue support would be required. This has been assumed and is reflected in the cash forecast graph alongside.

The very small deterioration in cash position in the second half year relates to the assumption that the block funding and top up arrangements will reduce in line with the increased efficiency assumptions and a FOT of a £9.1m surplus.

The availability of funding has been properly considered and guidance issued by NHSE/I in March 2021 stated that 'where providers do require supplementary revenue cash support providers will be able to apply for revenue cash support from DHSC via the NHSE/I capital and Cash team. Therefore should the Trust require additional support , there are mechanisms in place to access this.

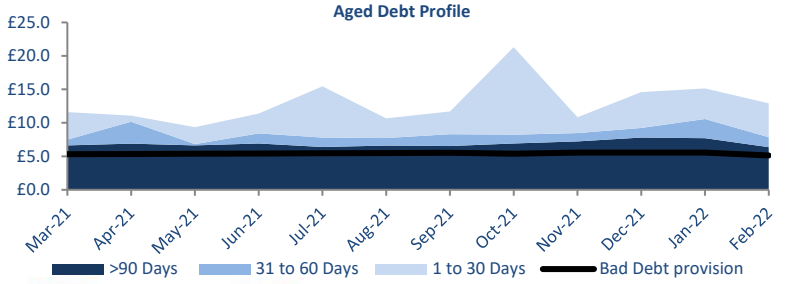
Capital - The Trust's capital plan includes identified funding streams for all expenditure. The receipt of funding is subject to a national process, therefore the cash flow forecast for capital is based on best understanding on the timing of approvals. Accordingly this may change, however it should not impact the cash flow significantly overall as expenditure can mostly be managed to align with funding.

Aged Debt - Debtors at February 2022 is £14.2m, of which £6.4m is over 90 days. Of the NHS debt greater than 90 days, £0.9m is JPUH, down £1.0m from the prior month. Of the Non NHS debt greater than 90 days £2.2m relates to TPW, £0.5m relates to Big C and £1.0m relates to private/overseas patients. The Trust continues to focus on resolving these debts.



Debtors by Type	Total Debt			Debt > 90 days		
	Dec-21 £m	Jan-22 £m	Feb-22 £m	Dec-21 £m	Jan-22 £m	Feb-22 £m
NHS	8.26	8.82	6.84	2.48	2.41	1.49
Non NHS	7.00	6.97	7.38	5.32	5.30	4.86
Total	15.26	15.79	14.22	7.80	7.71	6.35

Better Payments Practice Code YTD	No. of Invoices			£m		
	Total Invoices Paid	Total Invoices paid within target	Performance %	Total Invoices Paid	Total Invoices paid within target	Performance %
NHS	3,033	2,454	80.9%	72,938	65,762	90.2%
Non NHS	117,764	112,052	95.1%	309,452	278,250	89.9%
Total	120,797	114,506	94.8%	382,390	344,012	90.0%



Norfolk and Norwich University Hospitals NHS Foundation Trust

6.1 Activity (Income PbR)

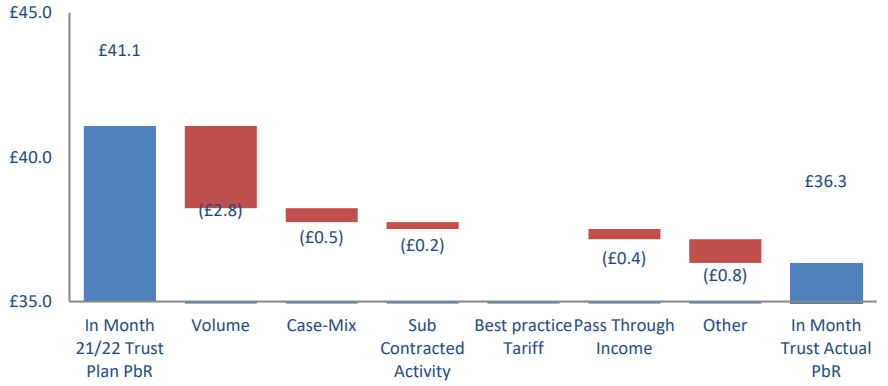
We have now moved in to Half 2 of 2021/22 and the measure of activity for Elective Recovery Funding has changed, from standard activity counts (spells/attendances) to RTT Clock Stops. A target of achieving 89% of 2019/20 levels has been set by NHSE/I, which is approximately equivalent of undertaking 95% of 2019/20 activity levels – as not all activity results in an RTT Clock Stop. Elective Recovery Funding will also be determined by RTT performance, with achievement over 89% potentially resulting in additional funding – for every 1% of over achievement the Trust could receive 1% of a financial baseline – calculated as the financial value of 2019/20 activity in 2021/22 tariffs and currency.

Income for the second half of 2021/22 continues to be set nationally, in the form of block (fixed) funding. Elective Recovery Funding will be paid based on achievement of RTT clock stops, compared to 2019/20, not units of activity as it has been in Half 1. The target for additional funding has been set as 89% of 2019/20 RTT Clock Stop levels. For each 1% of over achievement potential funding equivalent to 1% of a financial baseline could be paid. There is no assumption that any additional funding will be achieved during H2.

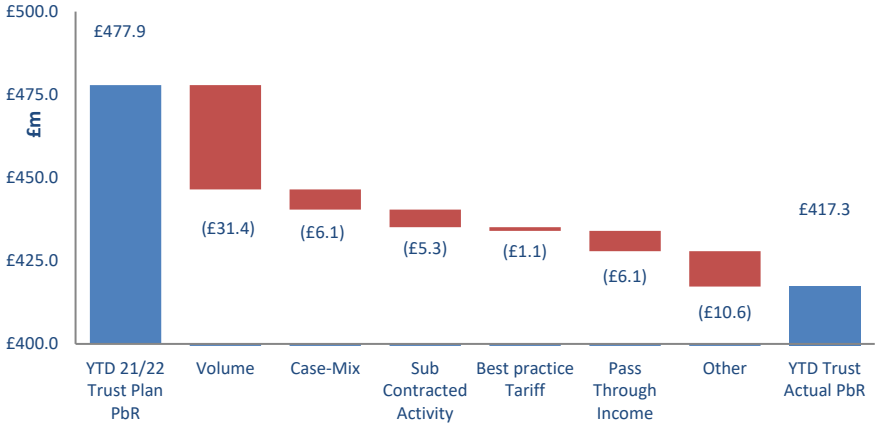
Performance v 2021/22 Base Plan: Despite being block funded, full contract monitoring processing and reporting is still being completed so that true levels of activity and income can be understood – i.e. had the Trust been paid on a Payment by Results (PbR) basis. Currently these figures are based on a mixture of the 2021/22 Tariffs and in the absence of negotiations with Commissioners, some assumptions around locally agreed pricing. A clinical income 'Base Plan' for 2021/22 has been derived from the 2020/21 draft annual plan, with some known changes reflected. The activity graphs on the following slides do not include activity undertaken in the independent sector i.e. only illustrate NNUH activity because data is not available at the time of writing. The graphs opposite shows that 'actual' performance would be below the base plan for February 2022, and 2021/22 year to date (Apr to Feb). The variance to plan remains much improved from that seen in 2020/21 to date. The case-mix variance is provided for illustrative purposes, but the in-month position does indicate that case-mix is returning to something similar to that seen in 2019/20. The graph shows that under a normal activity based contract the Trust would have a reduced income level for the month of £4.8m. Comparisons are difficult because of changes in recording etc over the last 18 months A planned change in recording of CAU from 1st July 2021 activity also reduces the calculated non-elective income, distorting the figures.

Elective Recovery Fund: The NNUH H2 plan assumes £nil delivery of ERF due to risks of delivery plus system requirements. The N&W system have estimated £9.5m possible upside, with NNUH being £5m of this. However this is potentially overstated due to mismatch of ASI presentation in the system calculation. The £5m estimate was expected to be received between October and February (£0 for March). Calculations for each month so far October to January have indicated that the 89% target has not been met, particularly once the adjustment for ASI is factored in. February performance is not yet known, but based on activity estimates then there continues to be no expectation around additional funding.

In Month PbR Performance v 21/22 Underlying Plan



YTD PbR Performance v 21/22 Underlying Plan



Norfolk and Norwich University Hospitals NHS Foundation Trust

6.2 Activity - POD

Activity in the first half of 2021/22 was measured against 2019/20 base-line, with expectations set by NHSE as a percentage of 2019/20 levels (adjusted for working days) Starting with 70% target in April rising by 5% each month, with 85% being highest target. The Trust had its own recovery plan for Half 1. No formal targets have been set by NHSE for Half 2, but it is generally expected that in order to achieve the RTT Clock Stop target of 89% (of 2019/20 levels) activity levels will need to be 95%, of 2019/20 levels. Actual results have been measured here against both, with comparisons to 2019/20 and 2020/21 activity levels also provided for info.

Day Case & Elective Inpatient Spells

Provisional figures for February indicate that Day Case activity levels will fall just short of the desired level of 95% of December 2019 levels (94%). Medical Divisions has exceeded the 95% aim, but Surgical Division falling some way short. The graph opposite reflects that activity levels continue to fall short of those in 2019/20. The number of Elective Inpatient spells remains much lower than that seen in 2019/20, Women & Children Division did exceed 2019/20 levels in February, but all other Divisions fell short. In terms of the Trust's own activity plan based on estimates for February the levels of activity for both Day Case and Elective look to have fallen short of the plan. Day Case 93%, Elective 94%.

Outpatient Activity

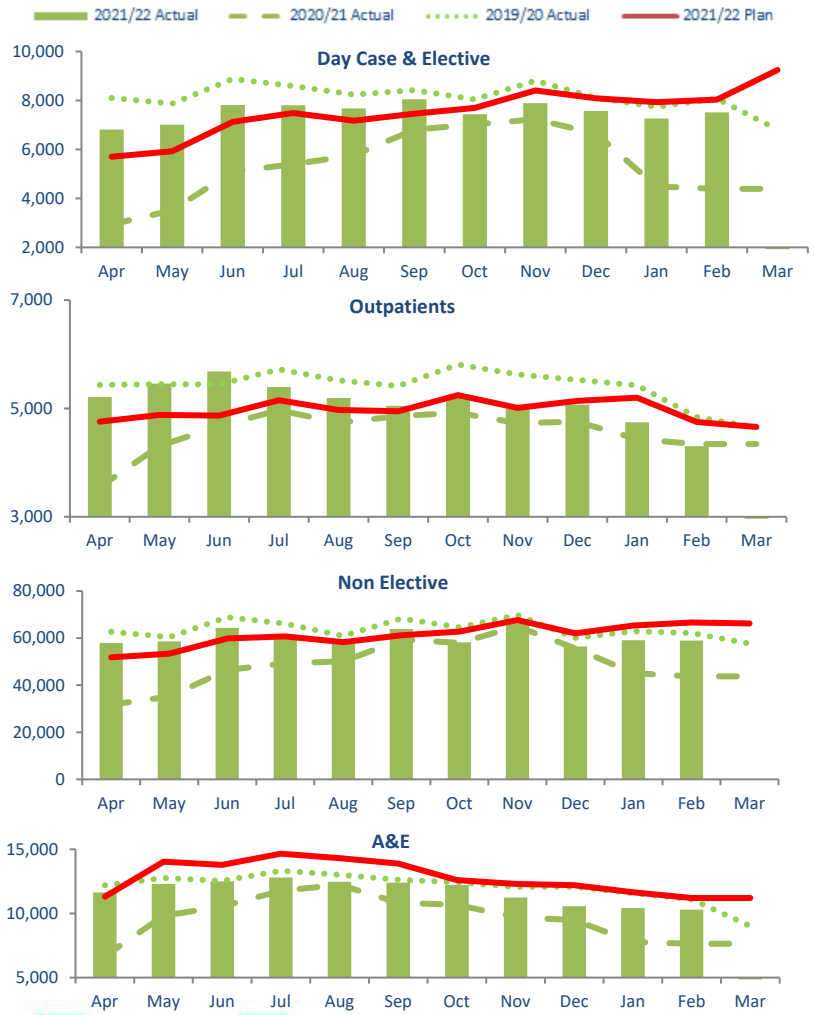
Provisional figures for February indicate that the levels of activity will fall just short of the desired level of 95% of December 2019 activity levels (achieving 94.9%). The Trust's own proposed plan is more ambitious, and therefore activity will fall short of that plan also (achieving just 89%of plan). Appointments with a procedure are expected to be 86% of 2019/20 levels. New attendances, without a procedure however are only expected to achieve 93% of 2019/20 levels and Follow Up 99%. Good performances seen in General Surgery and Paediatric Surgery. ENT activity levels remained well below 2019/20 levels in February, although an improvement has been seen in New appointments. Ophthalmology activity in February is estimated to be below 2019/20 levels across all outpatient areas. Vascular Surgery and Spinal Surgery both are estimated to have good months in February, exceeding 95% target across new and follow up attendances.

Non Elective Spells (Including Maternity)

It can be seen from the graph opposite that non-elective activity has increased each month from that seen in 2020/21, but estimates for February 2022 indicate that levels will be less than those in February 2021. The graph shows that activity in May and June exceeded that seen in 2019, but remained lower than 2019 activity since. Activity levels overall continue to be in line with the monthly average seen in 2019, but like-for-like comparisons are not straight forward because of recording changes. When comparing non-elective spell count to that seen in 2019/20 it is noticeable that Women & Children division is seeing a significant increase on 2019/20 levels. It should be noted that figures for Women & Children Division include CAU activity now recorded as Same Day Emergency Care (SDEC) activity, previously recorded as non-elective. The number of Non-Elective discharges in January and estimated for February are lower than we have seen in earlier months of the year, and lower compared to 2019/20.

A&E (Emergency Department

A&E activity levels in February 2022 continued the downward trend seen since August 2021. Attendances were the lowest they have been this financial year, representing only c.93% of the number of attendances in February 2020. The level of activity in Half 2 has also been lower than the Trust's planned levels.



Norfolk and Norwich University Hospitals NHS Foundation Trust

7. CIP

Year to date the Trust has delivered £14.1m of CIPs against a budgeted plan of £11.1m, a positive variance of £3.0m, comprised of: a planning variance of nil; and a performance variance of £3.0. This has arisen through accelerated delivery of additional CIP above budgeted plan offset by adverse performance in pay and discretionary spend initiatives. The risk adjusted forecast outturn CIP delivery is currently £15.4m against a CIP target of £26.4m presenting a significant risk to achievement of the target.

FY21/22 CIP Performance:

YTD the Trust has delivered £14.1m of CIPs against a budgeted plan of £11.1m, a positive variance of £3.0m, comprised of:

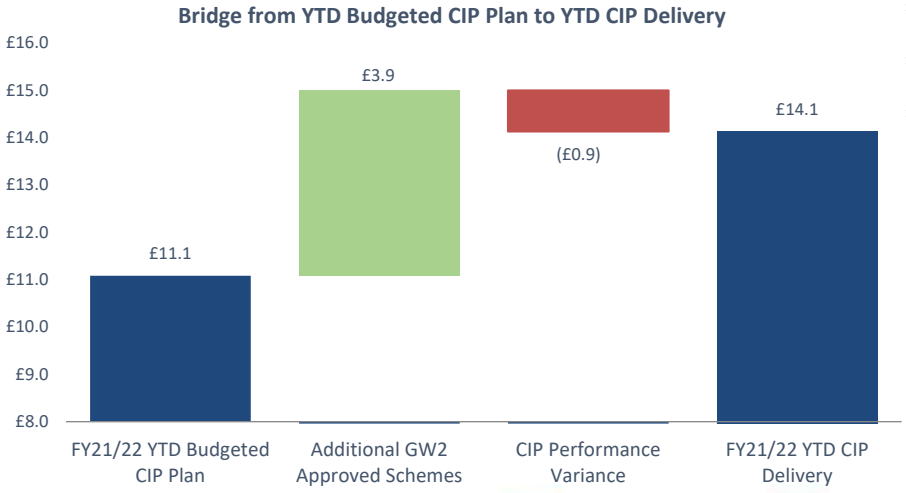
- A planning variance of nil; and
- A performance variance of £3.0m, see bridge below. This has arisen through:
  - £3.9m of additional GW2 approved schemes above budgeted plan;
  - Offset by £0.9m of adverse performance against budgeted schemes across pay, discretionary spend and digital dictation initiatives.

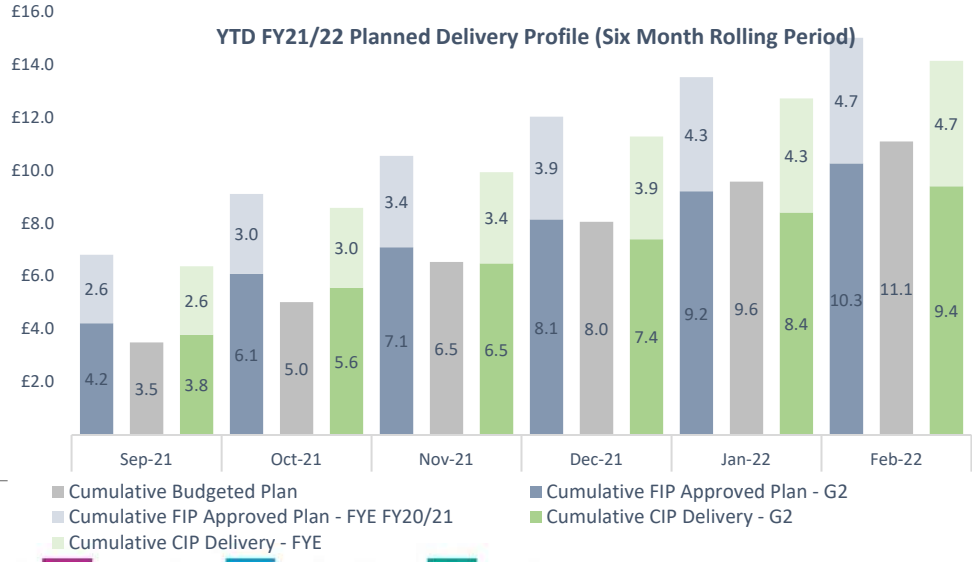
The risk adjusted forecast outturn CIP delivery for FY21/22 is currently calculated as £15.4m based on the latest forecast financial performance of Gateway 2 schemes, progress against milestone delivery and performance against quality and performance indicators.

As at 14 March 2022, the programme consists of £11.3m of Gateway 2 approved schemes; £5.2m of FYE of FY20/21 schemes; £0.2m of Gateway 1 approved schemes, which are being reviewed and developed to be progressed or removed from the programme; and £0.1m of schemes within the CIP development pipeline (Gateway 0).

The initiatives that comprise these values are subject to revision as a result of any revisions to planning guidance or national priorities.

FY21/22 CIP Plan - Divisional Breakdown	FY21/22 Indicative Target £m	FY21/22 FIP Board Approved £m	FYE FY20/21 £m	Gap £m	FY21/22 RAG Adj. Forecast Delivery £m	Gap £m
Medicine	7.2	5.2	2.4	0.4	7.4	0.2
Surgery	8.7	2.1	1.7	(4.9)	3.5	(5.2)
Women's & Children's	2.7	0.6	0.2	(1.9)	0.6	(2.1)
CSS	4.1	2.3	0.5	(1.3)	2.8	(1.3)
Corporate	3.7	1.2	0.3	(2.2)	1.2	(2.5)
Total	26.4	11.3	5.2	(9.9)	15.4	(11.0)





Norfolk and Norwich University Hospitals NHS Foundation Trust

8.1 Capital

Introduction and Background

This report provides an update on the delivery of the Trust's capital programme as at 28 February 2022, month 11. Performance in this report is monitored against the latest approved internal plan, which is the revised plan approved by the Capital and Estates Committee in October 2021.

Year-to-date performance – 28 February 2022

Year-to-date as at month 11, the Trust has underspent against plan by £5.4m. This significant underspend is caused by an increasing number of schemes missing planned milestones that were agreed in month 7. This level of expenditure is £12.0m or 24% adverse to the original April 2021 plan submission.

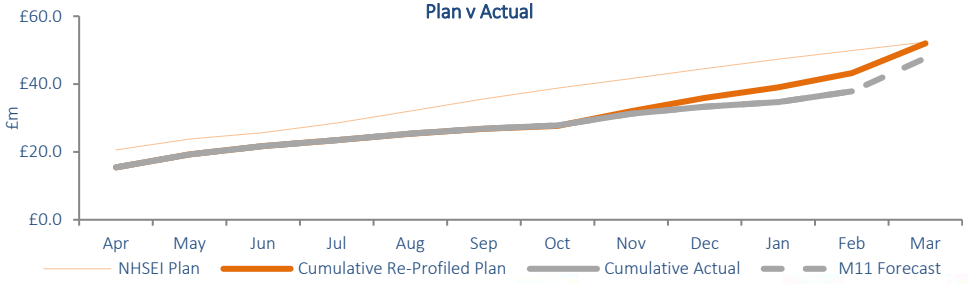
The key schemes driving the YTD variance are: Digital Aspirant (£1.8m), equipment replacement scheme (£0.9m) and EPR/digital hospital programme (£0.9m).

Forecast Outturn

The significant year-to-date underspend, overall lack of reliability in forecast milestone achievement, and the continued high number of risks to delivery at scheme level places the forecast outturn at high risk. As the Trust is now in the final month of delivery, urgent management action is required in several areas to reduce delivery risk.

The current forecast outturn is to deliver £47.66m, which is £4.36m less than plan. Key drivers are the following schemes being less than plan; Digital Aspirant (£2.8m), EPR (£1m) and equipment replacement (£0.7m). Additionally, the final DAC MOU was recently approved for £0.5m which has released internal funds that cannot be utilised by year end increasing the full year variance by £0.5m.

YTD NHSEI Plan £'000	YTD Actual £'000	YTD Variance £'000	YTD Re-profiled Plan £'000	YTD Actual £'000	YTD Variance £'000	FY NHSEI Plan £'000	FY OT £'000	FY Variance £'000
49,681	37,864	(11,997)	43,227	37,864	(5,363)	52,371	47,657	4,714



While funding availability is no longer considered a significant risk to the programme, there is increased risk of not being able to deliver the programme within the next 3 weeks.

The chart to the right provides details of confidence ratings for delivery across three domains:

An assessment based on **availability of funding**:

£47.7m has been approved which includes internally generated funding and the distress PDC already secured. It also includes £3.2m of distress funding carried forward from 20/21 along with recently approved funding of £6m TIF for the elective centre, £1m for Digital Aspirant, £1.3m for the DAC and £0.2m for pathology digital diagnostics.

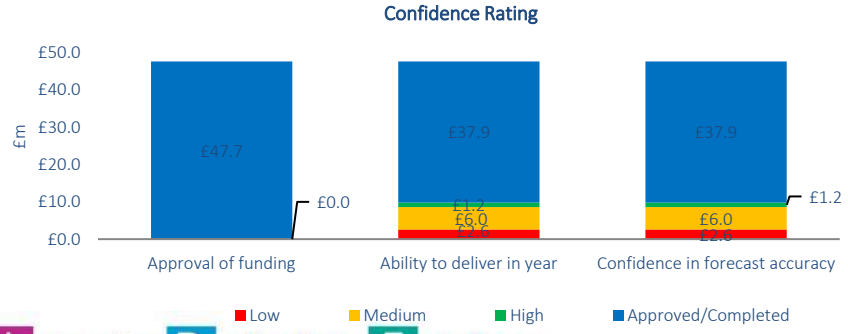
An assessment based on the **internal ability to deliver:**

At present, eleven schemes have a low deliverability rating (no change from last month), and twenty six schemes have a medium deliverability rating (twenty three last month). The eleven schemes with low deliverability rating are the theatres refurbishment scheme (£6.84m), funding unallocated within the programme (£1.1m), digital aspirant (£1m), courtyard works (£0.2m), cath lab 2 (£0.2m), EPR (£0.2m), isolation unit (£0.1m), lung function lab (£0.1m), charity cafe (£0.03m) and the pharmacy aseptic suite (-£0.04m). These risks are detailed further on pages 7 and 8.

An assessment based on **forecasting accuracy:**

All schemes have been assigned a rating to reflect the level of in-year variation. Eleven schemes have a low risk rating (the same eleven above), and twenty six have a medium confidence rating (the same twenty six above). This is mainly due to schemes currently holding a contingency and not knowing if this will be required over the next 3 weeks.

Failure to deliver the planned 21/22 programme will directly impact future years' capital programmes, as investment planned in future years will need to be curtailed to accommodate slippage.



Norfolk and Norwich University Hospitals NHS Foundation Trust

9.1 Statement of Comprehensive Income

The year to date position on a control total basis as at February 2022 is a surplus of £9.7m. This is a £8.2m favourable variance to the planned £1.5m surplus. £5.8m of out of system COVID expenditure is offset by £5.8m of income. The headline surplus which includes donated income of £2.4m and donated asset depreciation of £1.6m is £10.4m.

	In Month Month 11 - February 2022			October to Date			Year to Date			Forecast outturn FY 2021/22		
	Actual £m	Trust Plan £m	Variance £m	Actual £m	Trust Plan £m	Variance £m	Actual £m	Trust Plan £m	Variance £m	FOT £m	Trust Plan £m	Variance £m
Clinical Income	50.3	47.4	2.9	249.9	236.9	12.9	535.0	519.2	15.8	586.6	566.6	20.0
NT Drugs Income	1.5	1.7	(0.1)	7.8	8.5	(0.7)	17.4	18.5	(1.1)	18.7	20.2	(1.4)
Total Clinical Income	**51.9**	**49.1**	**2.8**	**257.7**	**245.4**	**12.2**	**552.4**	**537.7**	**14.8**	**605.4**	**586.8**	**18.6**
Other Income Incl. Non NHS Clinical Income	16.7	18.3	(1.7)	81.8	91.7	(9.9)	195.7	205.2	(9.5)	209.9	223.5	(13.7)
Total Operating Income	**68.6**	**67.4**	**1.1**	**339.5**	**337.1**	**2.4**	**748.1**	**742.9**	**5.3**	**815.2**	**810.3**	**4.9**
Medical Staff	(11.7)	(11.0)	(0.6)	(59.2)	(55.3)	(3.9)	(129.8)	(122.0)	(7.8)	(143.4)	(133.1)	(10.4)
Nursing	(13.8)	(14.4)	0.5	(69.5)	(72.0)	2.5	(153.0)	(157.2)	4.2	(166.0)	(171.6)	5.7
A&C	(4.3)	(4.4)	0.1	(21.3)	(22.0)	0.7	(46.8)	(48.7)	1.9	(50.5)	(53.1)	2.6
Other Staffing Groups	(6.4)	(6.6)	0.2	(32.0)	(32.9)	1.0	(69.8)	(72.3)	2.5	(75.6)	(78.9)	3.3
Other Employee Expenses	(0.6)	(0.7)	0.1	(1.7)	(2.4)	0.7	(3.2)	(6.8)	3.6	(2.6)	(7.4)	4.8
Total Employee Expenses	**(36.9)**	**(37.1)**	**0.2**	**(183.6)**	**(184.6)**	**1.0**	**(402.6)**	**(407.1)**	**4.5**	**(438.2)**	**(444.2)**	**6.0**
Drugs Costs	(7.9)	(7.7)	(0.2)	(38.9)	(38.3)	(0.6)	(85.6)	(84.3)	(1.3)	(93.7)	(92.0)	(1.7)
Clinical Supplies	(7.1)	(7.7)	0.7	(35.9)	(37.8)	1.9	(75.4)	(78.2)	2.7	(82.3)	(85.9)	3.6
Non Clinical Supplies	(9.4)	(9.2)	(0.2)	(42.2)	(45.9)	3.7	(96.5)	(93.1)	(3.4)	(106.6)	(102.3)	(4.3)
PFI	(2.4)	(2.3)	(0.1)	(12.1)	(11.7)	(0.4)	(25.9)	(25.1)	(0.8)	(28.5)	(27.4)	(1.1)
Total Expenditure Excl. Employee Expenses	**(26.8)**	**(26.9)**	**0.2**	**(129.1)**	**(133.7)**	**4.7**	**(283.4)**	**(280.7)**	**(2.8)**	**(311.0)**	**(307.6)**	**(3.4)**
Total Operating Expenditure	**(63.6)**	**(64.0)**	**0.4**	**(312.6)**	**(318.3)**	**5.7**	**(686.0)**	**(687.7)**	**1.7**	**(749.2)**	**(751.8)**	**2.6**
Total Operating Surplus/(Deficit)	**4.9**	**3.4**	**1.5**	**26.8**	**18.8**	**8.1**	**62.1**	**55.1**	**7.0**	**66.0**	**58.5**	**7.5**
Total Non Operating Expenditure	(4.8)	(4.9)	0.1	(24.3)	(24.4)	0.1	(52.4)	(53.7)	1.2	(56.9)	(58.5)	1.6
Total Surplus/(Deficit)	**0.1**	**(1.5)**	**1.6**	**2.6**	**(5.7)**	**8.2**	**9.7**	**1.5**	**8.2**	**9.1**	**0.0**	**9.1**
COVID (Out of System) Income	0.3	0.0	0.3	2.7	0.0	2.7	6.1	0.0	6.1	8.1	0.0	8.1
COVID (Out of System) Expenditure	(0.3)	0.0	(0.3)	(2.7)	0.0	(2.7)	(6.1)	0.0	(6.1)	(8.1)	0.0	(8.1)
Total Surplus / (Deficit)	**0.1**	**(1.5)**	**1.6**	**2.6**	**(5.7)**	**8.2**	**9.7**	**1.5**	**8.2**	**9.1**	**0.0**	**9.1**
Control Total Adjustments												
Donated Income & Equipment	(0.4)	0.0	(0.4)	(0.2)	0.0	(0.2)	2.4	2.7	(0.4)	2.7	2.7	0.0
Donated Assets Dep'n	(0.1)	(0.1)	(0.1)	(0.8)	(0.5)	(0.3)	(1.6)	(1.0)	(0.6)	(1.1)	(1.1)	0.0
Headline Surplus / (Deficit)	**(0.4)**	**(1.6)**	**1.1**	**1.6**	**(6.1)**	**7.7**	**10.4**	**3.2**	**7.2**	**10.8**	**1.6**	**9.1**
NHSEI Adjustments												
Reverse H1 Surplus	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(7.1)	7.1	0.0	(7.1)	7.1
Donated Income & Equipment	0.4	0.0	0.4	0.2	0.0	0.2	(2.4)	(2.7)	0.4	(2.7)	(2.7)	0.0
Donated Assets Dep'n	0.1	0.1	0.1	0.8	0.5	0.3	1.6	1.0	0.6	1.1	1.1	0.0
Provider Top Up Funding	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.4	(3.4)	0.0	3.4	(3.4)
System Envelope Planning Adjustment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(3.4)	3.4	0.0	(3.4)	3.4
Adjusted Financial Performance Surplus/(Deficit) (NHSEI Reporting)	**0.1**	**(1.5)**	**1.6**	**2.6**	**(5.7)**	**8.2**	**9.7**	**(5.6)**	**15.3**	**9.1**	**(7.1)**	**16.3**

Norfolk and Norwich University Hospitals NHS Foundation Trust

9.2 Pay Expenditure

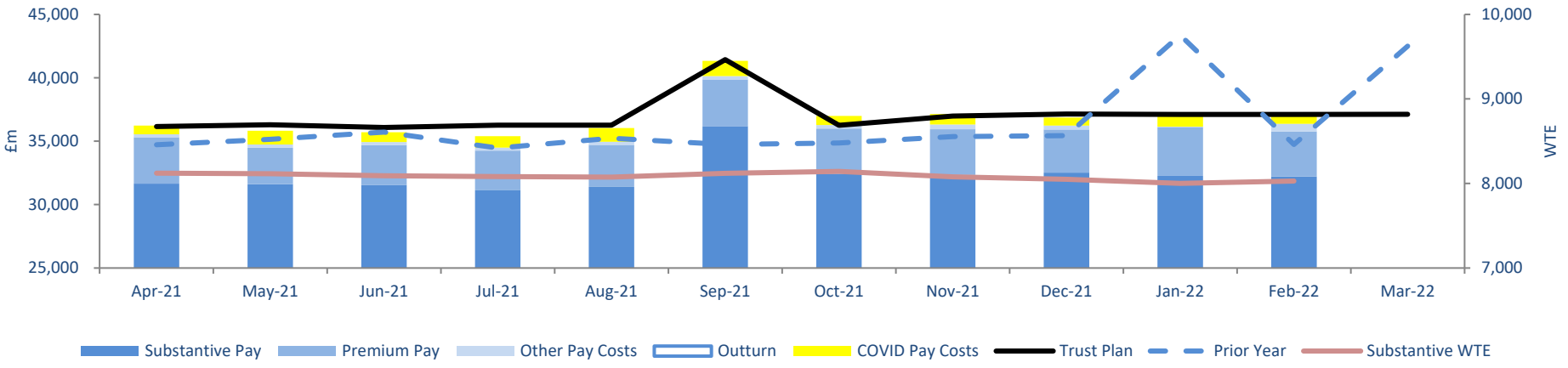
Year to date expenditure is £401.8m, a favourable position to plan of £5.2m. This is predominantly as a result of vacancies against establishment in CSS (£2.7m). £5.2m was paid in September relating to the national 3% pay award and is fully matched by additional income.

Pay Expenditure (Excl. Out of System COVID)	Apr-21 £m	May-21 £m	Jun-21 £m	Jul-21 £m	Aug-21 £m	Sep-21 £m	Oct-21 £m	Nov-21 £m	Dec-21 £m	Jan-22 £m	Feb-22 £m	Mar-22 £m	FY £m
Substantive staff	**31.7**	**31.6**	**31.5**	**31.1**	**31.4**	**36.2**	**32.4**	**32.3**	**32.5**	**32.3**	**32.2**		**355.2**
Medical Internal Locum Staff	0.9	0.9	0.6	0.7	0.7	0.8	0.8	0.8	0.9	0.8	0.7		8.8
Medical External Locum Staff	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.1		1.9
Additional Medical Sessions	0.3	(0.1)	0.1	0.1	0.1	0.2	0.2	0.3	0.2	0.2	0.2		2.0
Nursing Bank Staff	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		1.3
Nursing Agency Staff	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.1
Nursing Overtime	0.4	0.2	0.3	0.3	0.4	0.4	0.4	0.4	0.3	0.3	0.2		3.5
Other Bank (AHPs/A&C)	0.2	1.4	1.4	1.4	1.5	1.6	1.5	1.4	1.2	1.7	1.5		14.8
Other Agency (AHPs/A&C)	0.2	0.3	0.4	0.4	0.3	0.4	0.3	0.4	0.4	0.5	0.5		4.2
Other Overtime (AHPs/A&C)	0.1	0.1	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.2		1.3
Premium Pay	**3.7**	**2.9**	**3.1**	**3.1**	**3.3**	**3.7**	**3.6**	**3.6**	**3.4**	**3.9**	**3.5**		**37.8**
Total Direct Pay Costs	**35.3**	**34.5**	**34.7**	**34.3**	**34.7**	**39.9**	**36.0**	**35.9**	**35.9**	**36.1**	**35.8**		**393.0**
Redundancy	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0
Apprenticeship Levy	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.1	0.1	0.1		1.6
Local CEA	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1		1.1
Annual Leave, Flowers & Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	(0.2)	0.4		0.4
COVID In System	0.3	0.8	0.6	0.7	0.9	0.9	0.4	0.4	0.3	0.5	0.5		6.4
Total Other Pay Costs	**0.5**	**1.0**	**0.8**	**1.0**	**1.2**	**1.2**	**0.7**	**0.8**	**0.6**	**0.6**	**1.1**		**9.5**
Total Pay Costs - Actual	**35.8**	**35.5**	**35.5**	**35.2**	**35.9**	**41.0**	**36.7**	**36.7**	**36.5**	**36.7**	**36.9**		**402.4**
Total Pay Costs - Plan	**36.2**	**36.3**	**36.1**	**36.3**	**36.3**	**41.4**	**36.3**	**37.0**	**37.1**	**37.1**	**37.1**		**407.1**
Favourable / (Adverse) v Plan	**0.3**	**0.8**	**0.6**	**1.0**	**0.4**	**0.4**	**(0.5)**	**0.2**	**0.6**	**0.4**	**0.2**		**4.6**

Substantive WTE	Apr-21 WTE	May-21 WTE	Jun-21 WTE	Jul-21 WTE	Aug-21 WTE	Sep-21 WTE	Oct-21 WTE	Nov-21 WTE	Dec-21 WTE	Jan-22 WTE	Feb-22 WTE	Mar-22 WTE
A&C	1,562	1,560	1,565	1,565	1,573	1,579	1,581	1,571	1,553	1,563	1,575	
Medical	1,181	1,173	1,170	1,166	1,168	1,195	1,223	1,191	1,198	1,189	1,208	
Nursing	3,683	3,691	3,677	3,685	3,664	3,665	3,652	3,626	3,612	3,575	3,568	
Other	1,696	1,691	1,678	1,665	1,669	1,681	1,686	1,689	1,686	1,673	1,677	
Total	**8,121**	**8,115**	**8,090**	**8,081**	**8,075**	**8,120**	**8,141**	**8,077**	**8,049**	**8,001**	**8,028**	

Premium Source (Excl. Out of System COVID) YTD			Total Trust Total £m	Total Trust *Premium Cost* £m*
Medical	**Source**	Internal Locum	8.8	*1.8*
		External Locum	1.9	*0.9*
		WLI/NAG	2.0	*1.0*
		Total	**12.6**	***3.7***
Nursing	**Source**	Bank	13.6	*0.0*
		Overtime	3.2	*1.1*
		Agency	1.8	*0.4*
		Total	**18.6**	***1.5***
A&C & Other	**Source**	Bank	2.5	*0.0*
		Overtime	1.6	*0.5*
		Agency	2.5	*0.6*
		Total	**6.6**	***1.1***
Total	**Source**	Bank/Internal Locum	24.8	*1.8*
		Overtime	4.8	*1.6*
		Agency/External Locum	6.2	*1.9*
		WLI/NAG	2.0	*1.0*
		Total	**37.8**	***6.3***

** Incremental cost of premium staff over substantive staff*

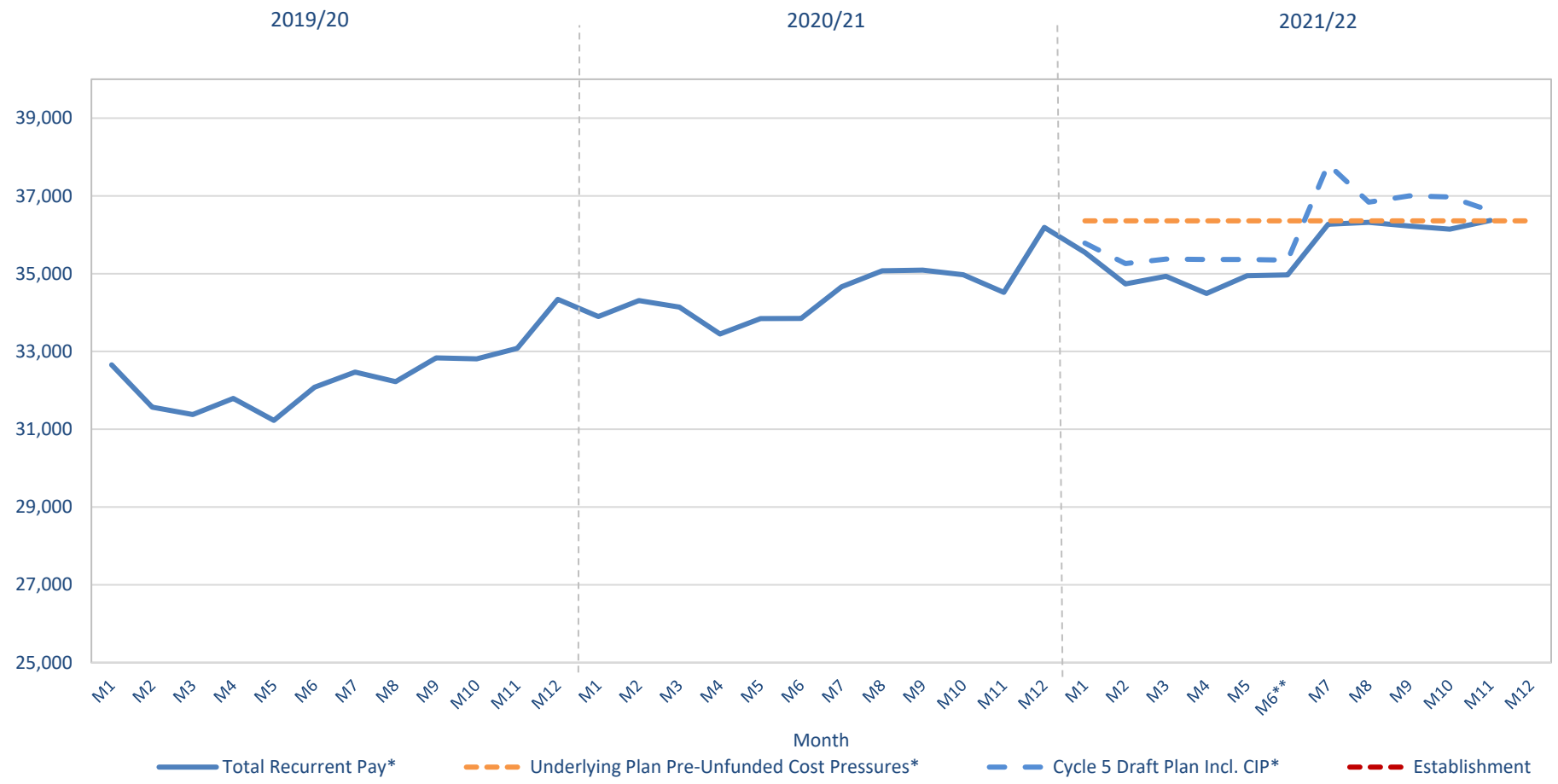


Norfolk and Norwich University Hospitals NHS Foundation Trust

9.3 Pay Expenditure Run Rate

Pay expenditure run rate is favourable to both the Underlying Plan and Cycle 5 plan. Since May, pay has returned to similar levels seen through H2 2020/21 after slight increases in March 2021 and April 2021. The increase seen since October is due to national 3% pay increase.

Pay Expenditure Actual Run Rate FY19/20 to date Compared To Underlying Plan FY21/22 and Cycle 4 H1 Draft Budget*



*Excludes all COVID expenditure
**Excludes £5.2m for back dated H1 3% Pay Increase

Norfolk and Norwich University Hospitals NHS Foundation Trust

9.4 Statement of Financial Position

The Statement of Financial Position at the end of February has increased by £18.9m compared to the opening balance, this reflects the £9.7m surplus to date on a control total basis, in addition to £0.8m of donated asset additions & depreciation, together with £8.4m of capital funding via PDC.

Property, plant and equipment
This balance is £18.3m higher than the opening balance. The key items are capital expenditure of £23.2m offset in part by depreciation of £19.5m, together with a £14.7m transfer from trade and other receivables relating to the capitalisation of a lifecycle maintenance prepayment.

Trade and Other Receivables – non current
This balance is £13.6m lower than the opening balance, with the key item being a transfer of £14.7m to PPE for the capitalisation of a lifecycle maintenance prepayment.

Trade and Other Receivables - current
This balance is £0.8m lower than the opening balance. The key items are £0.7m of COVID income and £1.8m of drugs income.

Cash
This is £17.7m higher than the opening balance. The key reasons are a reduction in capital creditors and capital accruals of £7.0m, the YTD surplus of £10.4m, together with other working capital movements - in particular an increase in deferred income of £12.0m.

Trade and other payables
This is £6.2m lower than the opening balance. The key reason is the settlement of 2 credit notes (totalling £15.3m) raised to N&W CCG relating to repatriation of COVID unspent funds and a regional true-up of resources. This is offset in part by an increase in general accruals of £16.5m and a reduction in capital creditors and capital accruals of £7.0m.

Provisions
This balance is £2.9m higher than the opening balance. The key reason is a reclassification of £3.2m relating to VAT reclaims offset in part by a £1.5m reduction in the provision required relating to the Clinicians Pension Tax Scheme from 2019/20.

Borrowings
The £4.6m decrease in non-current borrowings relates to capital repayment for the PFI contract.

Deferred Income
This balance is £12.0m higher than the opening balance. The key items are £3.5m which relates to education funding received in advance of costs, £3.2m of system funding, £1.3m of TIF, £0.6m of virtual ward funding, £0.9m for mechanical thrombectomy, £0.7m of pay award deferrals, and £0.8m of devices.

February 2022	Actual Mar-21 £m	Actual Feb-22 £m	Movement £m	Prior Month £m
Property, plant and equipment	349.0	367.3	18.3	365.8
Trade and other receivables	62.5	48.9	(13.6)	48.5
Total non-current assets	**411.5**	**416.2**	**4.7**	**414.3**
Inventories	13.1	14.5	1.4	14.8
Trade and other receivables	31.3	30.5	(0.8)	37.6
Cash and cash equivalents	68.9	86.6	17.7	66.3
Total Current assets	**113.3**	**131.6**	**18.3**	**118.7**
Trade and other payables	(114.3)	(108.1)	6.2	(103.5)
Borrowings - PFI & Finance Lease	(5.0)	(5.0)	0.0	(5.0)
Provisions	(0.5)	(0.3)	0.2	(0.3)
Deferred Income	(15.8)	(31.7)	(15.9)	(25.1)
Total current liabilities	**(135.6)**	**(145.1)**	**(9.5)**	**(133.9)**
Total assets less current liabilities	**389.2**	**402.7**	**13.5**	**399.1**
Borrowings - PFI & Finance Lease	(182.4)	(177.8)	4.6	(178.3)
Borrowings - Revenue Support	0.0	0.0	0.0	0.0
Provisions	(4.8)	(7.9)	(3.1)	(7.8)
Deferred Income	(5.3)	(1.4)	3.9	(1.4)
Total non-current liabilities	**(192.5)**	**(187.1)**	**5.4**	**(187.5)**
Total assets employed	**196.7**	**215.6**	**18.9**	**211.6**
Financed by				
Public dividend capital	290.7	299.1	8.4	294.8
Retained Earnings (Accumulated Losses)	(121.1)	(110.1)	11.0	(109.8)
Revaluation reserve	27.1	26.6	(0.5)	26.6
Total Taxpayers' and others' equity	**196.7**	**215.6**	**18.9**	**211.6**

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix

Appendix A – System Financial Position

Year to Date (M10) N&WHCP is reporting a surplus of £11.6m against a planned deficit of £0.9m, £11.6m favourable to plan. Full Year Forecast outturn is a £9.9m surplus, £12.7m favourable against the planned £2.7m deficit.

	Year to Date			Forecast Outturn Full Year		
	Actual £m	Plan* £m	Variance £m	Actual £m	Plan* £m	Variance £m
JPUH	0.2	(0.7)	0.9	0.0	(0.8)	0.8
NNUH	9.7	(5.7)	15.3	9.1	(7.1)	16.2
NSFT	0.6	0.0	0.6	0.6	0.0	0.6
NCHC	0.8	(0.5)	1.3	0.0	(0.7)	0.7
QEHKL	0.4	1.1	(0.6)	0.2	(0.0)	0.3
Sub Total - Providers	**11.6**	**(5.8)**	**17.4**	**9.9**	**(8.7)**	**18.6**
N&W CCG	(3.5)	4.9	(8.5)	(10.1)	5.9	(16.1)
Adjustments - HDP	3.5	0.0	3.5	7.2	0.0	7.2
Adjustments - ERF	0.0	0.0	0.0	0.0	0.0	0.0
Adjustments - WAF	0.0	0.0	0.0	1.3	0.0	1.3
Adjustments - ARRS	0.0	0.0	0.0	1.7	0.0	1.7
Sub Total - CCG	**0.0**	**4.9**	**(4.9)**	**0.0**	**5.9**	**(5.9)**
Total N&WHCP	**11.6**	**(0.9)**	**12.5**	**9.9**	**(2.7)**	**12.7**

**Plan submitted to NHSEI*

Appendix B – Corporate Reserve

The H2 plan includes £1.0m of corporate reserves of which £1.04m has been assigned leaving £0.04m over-allocated. The underlying position included £1.0m of corporate reserves of which £0.85m has been assigned recurrently leaving £0.15m unallocated.

	Receiving Division / Department	FY 21-22 Plan £k	Underlying Position £k
Opening Plan		**1.00**	**1.00**
Nurse Roster Rebasing	ALL / Nursing	(0.45)	(0.45)
HR Resourcing - Priorities	Corporate / HR	(0.16)	(0.16)
Sustainability Plan	Corporate / Trust Management	(0.04)	0.00
Intranet	Corporate / Communications	(0.09)	(0.06)
Anti-racism strategy	Corporate / Trust Management	(0.01)	0.00
Hard FM Costs	Corporate / Facilities	(0.18)	(0.18)
International Recruitment	Corporate / Trust Management	(0.12)	0.00
Latest Plan / Remaining Budget		**(0.04)**	**0.15**

Our Vision
To provide every patient with the care we want for those we love the most

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

REPORT TO TRUST BOARD

Date	**6th April 2022**
Title	**Use of Resources Update**
Author & Exec Lead	**Rob Marshall (Associate Director of Finance) and Roy Clarke (Chief Finance Officer)**
Purpose	**For Information**

Background/Context

This paper provides an update on the progress against the strategic enablers and an updated position for the Tactical Action Plan, including an update on the performance against GIRFT recommendations.

Financial Strategy

The Trust's Financial Strategy was approved by the Trust Board on 6 October 2021. The Board gave delegated authority to the Trust Executive to update the Financial Strategy for operational planning guidance. This has now been received and will be reported to HMB; Finance, Investments and Productivity Committee; and the Trust Board next month.

The Trust's current capacity and capability to deliver the scale of improvement set out within the strategy poses a significant risk which requires further work to mitigate.

The Trust had set a stretch target for each of the Strategic Initiatives to be developed, documented and approved through Gateway 2 by the end of December 2021. Development has been limited since the previous update. This has been discussed at FIP Board and significant progress is required.

Tactical Action Plan Update

An Evidence Group Deep Dive was held on 3rd March 2022. The meeting continued to provide support and challenge to delivery leads and monitor progress against the individual recommendations that comprise the Tactical Action Plan. Of the remaining nine actions, one remains in SRO intervention (15.1), four recommendations have a status of Green and five are rated Amber.

As at 28 February 2022, the position shows that of the 324 individual actions within the Tactical Action Plan: 277 have been completed; 28 are currently on track; there are 4 overdue by less than 30 days and 15 are overdue by greater than 30 days. **The overdue actions have been followed up with the responsible officers and the current status understood, see *Section 4.***

Tactical Action Plan Refresh

The Trust undertook an annual review of its Use of Resources against the national framework (KLOEs), including a review of the latest Model Health data. This was presented to HMB on 1st June 2021.

The review identified two key recommendations:

- Targeted change programmed around identified opportunity themes should be developed and incorporated into the Financial Strategy, and delivery overseen by the Transformation Steering Group; and
- The Use of Resources Tactical Action Plan should be refreshed to reflect the findings and reset delivery expectations.

A formal timetable for a refresh of the Use of Resources Tactical Action Plan is being developed in line with national UoR Framework proposals and Model Health System data refresh dates.

The refreshed Tactical Action Plan is planned to be launched in Q1 FY22/23.

Getting It Right First Time (GIRFT)

Virtual deep dive for Acute and General Medicine rescheduled for 16th May 2022, Geriatric Medicine deep dive booked for 28th April 2022. The number of actions awaiting agreement or a delivery deadline continues to reduce.

To improve performance the following actions have been identified:

- Continue meeting with individual specialties to obtain an update on existing GIRFT actions and agree on National Report recommendations.
- Commence engagement with other action owners to identify accessibility and training requirements on Datix.

Recommendations:

The Board is recommended to NOTE the contents of the report.

Norfolk and Norwich University Hospitals NHS Foundation Trust

Use of Resources Update

6 April 2022

Norfolk and Norwich University Hospitals NHS Foundation Trust

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Norfolk and Norwich University Hospitals NHS Foundation Trust

2. Financial Strategy – Strategic Initiative Development

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After a period of internal development and engagement, the Trust's financial strategy was approved by the Trust Board on 6th October 2021.

The Trust's final Financial Strategy has:

1. Set out the significant financial challenge facing the Trust over the short and medium term (next 1-10 years), as well as a very long term view to coincide with the end of the PFI contract in FY37/38;
2. Identified a strategic framework that the Trust will pursue in response to this challenge, to move it to a position of financial sustainability;
3. Highlight the risks to successful delivery of the proposed strategic initiatives, and the related financial impact; and
4. Set out the financial framework and governance arrangements that will be required to support and monitor delivery of the strategy.

The Trust's current capacity and capability to deliver the scale of improvement set out within the strategy poses a significant risk which requires further work to mitigate.

The Trust had set a stretch target for each of the Strategic Initiatives to be developed, documented and approved through Gateway 2 by the end of December 2021.

The table to the right outlines the progress as at 4 March 2022. Development has been limited since the previous update. This has been discussed at FIP Board and significant progress is required.

***** The Executive Sponsor for 1.6a *Length of Stay Reduction* has been revised from the Chief Nurse to the Medical Director during the month. This was agreed via Change Control by the Executive Team.

	Strategic Initiative	Executive Sponsor	Gateway 0 Submission	Gateway 1 Approved	Gateway 2 Approved
1. Existing Capacity Management	1.1 Elective Repatriation	Director of Strategy	✓	✓- 29/11/21	
	1.2 Diagnostic Utilisation	Chief Operating Officer	✓	✓- 29/11/21	
	1.3 Gastroenterology Repatriation		✓	✓ -15/11/21	✓- 30/11/21
	1.4 Outpatients Transformation		✓	✓- 29/11/21	
	1.5 Theatre Productivity		✓	✓- 29/11/21	
	1.6a Length of Stay Reduction	Medical Director*	X		
	1.6b Elective Waiting List Reduction	Chief Operating Officer	✓	✓- 29/11/21	
	1.7 Demographic Growth	Chief Operating Officer	✓	✓- 29/11/21	
2. Workforce Controls	2.1 Establishment Review	Chief People Officer	✓	✓- 18/10/21	✓- 02/11/21
	2.2 Review of Business Administration Processes	Chief Information Officer	✓		
	2.3 EDMS		✓		
	2.4 Premium Pay Reduction	Chief People Officer	✓	✓- 22/11/21	
3. Contract Management	3.1 PFI Alternate Procedure	Chief Finance Officer	✓	✓- 22/11/21	✓- 30/11/21
	3.2 Local Pricing Reviews (ITU)		FY24 start date		
	3.3 R&D	Medical Director	✓		
4. System Collaboration	4.1 System Back Office Collaboration	Chief Finance Officer	✓	✓- 22/11/21	✓- 30/11/21
	4.2 EPA Review		✓	✓- 22/11/21	✓- 30/11/21
	4.3 Acute Management Structure	Chief Executive	✓	✓- 22/11/21	
	4.4 Procurement Efficiency Challenge	Chief Finance Officer	✓	✓- 22/11/21	✓- 30/11/21

Norfolk and Norwich University Hospitals NHS Foundation Trust

3. Tactical Action Plan – Evidence Groups

An Evidence Group Deep Dive was held on 3rd March 2022. The meeting continued to provide support and challenge to delivery leads and monitor progress against the individual recommendations that comprise the Tactical Action Plan. Of the remaining nine actions, one remains in SRO intervention (15.1), four recommendations have a status of Green and five are rated Amber.

Quality Programme Board

The progress against the individual Use of Resources recommendations continues to be monitored and scrutinised through the use of Quality Improvement Evidence Groups, feeding in to Quality Programme Board.

A formal, rolling programme for a deep dive across each recommendation has been developed to ensure that each recommendation is reviewed and challenged at least once every three months, alongside ensuring that any recommendation in SRO intervention is reviewed monthly.

Tactical Action Plan Refresh

The Trust undertook an annual review of its Use of Resources against the national framework (KLOEs), including a review of the latest Model Health data. This was presented to HMB on 1st June 2021.

The review identified two key recommendations:

- Targeted change programmed around identified opportunity themes should be developed and incorporated into the Financial Strategy, and delivery overseen by the Transformation Steering Group; and
- The Use of Resources Tactical Action Plan should be refreshed to reflect the findings and reset delivery expectations.

A formal timetable for a refresh of the Use of Resources Tactical Action Plan is being developed in line with national UoR Framework proposals and Model Health System data refresh dates.

The refreshed Tactical Action Plan is planned to be launched in Q1 FY22/23.

Evidence Groups

A UoR Evidence Group was held on Thursday 3rd March 2022 to review progress against the action plans and covered the following recommendations:

Recommendation	Current Status	Decision at Evidence Group	Review Date
UoR 8.1			06/05/2022
UoR 9.1		*	TBC
UoR 12.1			08/04/2022
UoR 13.1			06/05/2022
UoR 14.1			08/04/2022
UoR 15.1			08/04/2022
UoR 17.1			08/04/2022

*A decision to provisionally turn this recommendation BLACK with the performance standards to be monitored through the Divisional Performance & Accountability Framework (PAF) Meetings was discussed within the meeting. This is subject to Chairs' Action ahead of the next Evidence Group.

Two change controls were submitted and approved at the meeting: one for UoR 12.1 – Effective Use of e-Rostering next month to amend the 'What good looks like'; and one for UoR 15.1 – Progress implementation of improvements in HR operations to extend the due date.

Of the seven recommendations presented at the evidence group, three met there aspirational target rating, the other retained their Amber status.

The progress of each individual recommendation, alongside the dates of Change Controls raised, can be seen within Appendix 1.

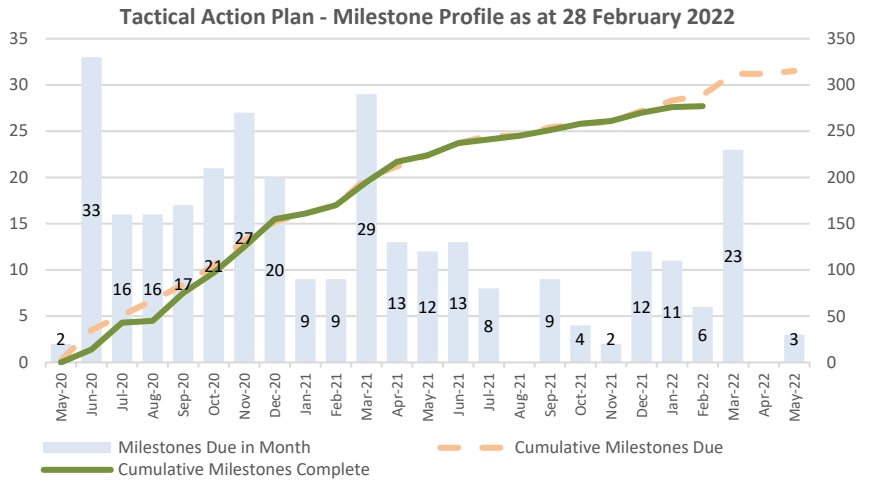
Norfolk and Norwich University Hospitals NHS Foundation Trust

4. Tactical Action Plan - Performance

The Trust has completed 277 individual actions, with 19 showing as overdue. These have been followed up with the responsible officers and the current status understood. These must be completed or subject to Change Control ahead of the next Evidence Group.

As at 28 February 2022, the position shows that of the 324 individual actions within the Tactical Action Plan (see table below): 277 have been completed; 28 are currently on track; there are 4 overdue by less than 30 days and 15 are overdue by greater than 30 days.

The overdue actions are outlined on the following pages, alongside the proposed route to resolution.



Strategic Enabler/Recommendation	Evidence Group RAG	Position as at 28 February 2022					Position as at 31 January 2022				
		Blue	Green	Amber	Red	Total	Blue	Green	Amber	Red	Total
Financial Governance Review		5	0	0	0	5	5	0	0	0	5
Financial Strategy		5	0	0	0	5	5	0	0	0	5
Alignment of Improvement Functions		1	0	0	0	1	1	0	0	0	1
GIRFT Governance		8	0	0	0	8	8	0	0	0	8
UoR 3 - Consideration should be given to regular use of service line reporting	BLACK	10	0	0	0	10	10	0	0	0	10
UoR 4 - Investigate and address the drivers of the high spend on non-high cost drugs	BLACK	1	0	0	0	1	1	0	0	0	1
UoR 8 - Deliver expected reductions in long length of stay and better utilisation of non-elective beds	GREEN	22	1	0	0	23	21	2	0	0	23
UoR 9 - Improve performance against constitutional operational standards	AMBER*	40	11	0	10	61	40	11	3	7	61
UoR 10 - Improve internal capacity and capability to drive CIPs	GREEN	21	4	2	1	28	21	6	0	1	28
UoR 11 - Review operational and business planning processes to reduce reliance on temporary capacity	AMBER	29	0	0	2	31	29	0	1	1	31
UoR 12 - Continue working to embed effective use of e-Rostering	GREEN	48	2	0	2	52	48	2	0	2	52
UoR 13 - Ensure that revised job planning processess translates into optimisation of consultant workforce	AMBER	23	3	0	0	26	23	3	0	0	26
UoR 14 - Consider use of modern systems in payroll to ensure faster and traceable transactions	AMBER	16	2	0	0	18	16	2	0	0	18
UoR 15 - Progress implementation of improvements in HR operations	AMBER	19	4	1	0	24	19	5	0	0	24
UoR 16 - Continue working to develop procurement collaboration with NHS partners	BLACK	9	0	0	0	9	9	0	0	0	9
UoR 17 - Implement identified actions to reduce the cost of its PFI	GREEN	7	1	1	0	9	7	2	0	0	9
UoR 18 - Review the workforce model and recruitment strategies	BLACK	13	0	0	0	13	13	0	0	0	13
Total		277	28	4	15	324	276	33	4	11	324

Blue Action is signed off as completed. **Green** Action is on track to deliver in line with its due date. **Amber** Action is overdue, but by less than 30 days. **Red** Action is overdue by greater than 30 days.

Norfolk and Norwich University Hospitals NHS Foundation Trust

4. Tactical Action Plan – Overdue Actions

The Trust has completed 277 individual actions, with a further 19 showing as overdue. These have been followed up and the current status understood. These must be completed or subject to Change Control ahead of the next Evidence Group.

The table below provides an update on the current overdue milestones (19 as at 28 February 2022) and the identified actions to ensure that these are completed.

Overdue Action	Due Date	Days Overdue	Executive Sponsor	Explanation and Next Steps
9.5.2a Prioritise the clinically most urgent patients, e.g. for Cancer and P1/P2 Surgical Treatments . Improve our position against baseline for Cancer 2WW performance	01/01/2022	58	Chief Operating Officer	**Ongoing:** 2WW Target 93%. 2WW. Jan Performance: 64.10%, 2WW Breaches: 100 Additional activity through January to address the backlog of patients waiting over two weeks in Breast, Gynaecology, and Skin. This has shown an improvement in the number of patients waiting over 14 days, however, performance has not improved due to addressing the issue in month. Improvements in performance will be seen in February.
9.5.3a Prioritise the clinically most urgent patients, e.g. for Cancer and P1/P2 Surgical Treatments. Improve our position against baseline for Cancer 62 Day performance	01/01/2022	58	Chief Operating Officer	**Ongoing:** 62-Day Target 75%. Jan Performance: 47%, 62-Day Backlog: 378 The number of patients waiting over 62 days had increased by 31/01. There has been an increase in referrals pre-Christmas, patient choice to delay treatments or diagnostics due to the current COVID-19 wave, and a reduction of activity due to leave over January, and staff isolating in Lower GI and Gynaecology, resulting in additional patients waiting longer than 62 days. However, early February data is promising with a reduction in the backlog by 08/02 with further reductions planned by 28/02. However, this will continue to reflect in poor 62 day performance due to treating a larger proportion of patients in the backlog.
9.5.4a Prioritise the clinically most urgent patients, e.g. for Cancer and P1/P2 Surgical Treatments	01/01/2022	58	Chief Operating Officer	**Ongoing:** Target 9, Jan Performance: 109 There has been a slight increase in the number of patients waiting over 104 days, primarily due to case complexity, patient choice and an increase in patients over 62 days due to demand. Early February activity has already reduced the number of 104+ days to under 100 with plans to reduce these further by 28/02, in line with plans to reduce the number of patients over 62 days. There will be an increased focus utilising the 62 in 62 process to highlight over 104-day patients as a priority through February and March. The main body sites with patients over 104 days are Gynaecology, Urology, and Lower GI. Key themes are complexity of patients requiring multiple investigations and additional MDT/Trust input, delays to diagnostic testing (CTC for Lower GI, template biopsy for Prostate), and delays to theatre.

Norfolk and Norwich University Hospitals NHS Foundation Trust

4. Tactical Action Plan – Overdue Actions (Cont.)

The Trust has completed 277 individual actions, with a further 19 showing as overdue. These have been followed up and the current status understood. These must be completed or subject to Change Control ahead of the next Evidence Group.

The table below provides an update on the current overdue milestones (19 as at 28 February 2022) and the identified actions to ensure that these are completed

Overdue Action	Due Date	Days Overdue	Executive Sponsor	Explanation and Next Steps
9.5.6a Embed outpatient transformation, taking all the possible steps to avoid outpatient attendances of low clinically value and redeploying that capacity where it is needed	31/12/2021	59	Chief Operating Officer	**Ongoing:** Target Remote Outpatients: 25%. PIFU:2%, A&G 5% Jan Performance: 31.9%. PIFU: 1.9%. A&G: 5.4% The Trust delivered 31.9% of its outpatient appointments remotely during January, ahead of the 25% national target. Performance has stabilised at 31% for several months. PIFU activity continues to perform ahead of target. Work is now starting with Endocrinology to support them with the implementation of PIFU, as they have not previously been using it. In relation to the newly introduced target of 12 A&G requests per 100 new outpatient appointments, we continue to sit below the target.
9.5.7a Eliminate waits of over 104 weeks by March 2022	31/12/2021	59	Chief Operating Officer	**Ongoing:** Data as of 21st February 2022: 1,877 The January activity has highlighted that the interventions that specialities have commenced has started to show the benefit with a slight reduction in the number of 104+ week breaches forecasted by the end of March 2022. This benefit is expected to increase as confirmed activity undertaken in the Private Sector feeds through. it is looking increasingly likely that some specialities will not manage to achieve the zero breach target. On the 1st of October the Trust was forecasting 5,335 104+ week breaches by the 31st December. This had been reduced to 3,270, which has further reduced to 2,584 by the end of January. Additional interventions were agreed at the end of January to further reduce the 104-week waiting list
9.5.8a Hold or where possible reduce the number of patients waiting over 52 weeks	31/12/2021	59	Chief Operating Officer	**Ongoing:** Target 11,196. Jan Performance : 11,437 The Trust continues to strive to achieve against the H2 Planning Guidance. Prioritisation is given to the sickest patients, and those likely to breach 104 weeks by the end of March 2022. The 52+ week position peaked in October with 3,461 patients. This has continued to reduce over the last 3 months to 2,474 by the end of January. The Trust has agreed additional 40 Varicose Veins at Global, and 40 knees at Spire Cambridge. Further additional Sunday lists have been agreed for T&O at Spire Norfolk, who have also agreed 3 Gynae lists and a number of Urology lists. Insourcing has continued on both Saturdays and Sundays, and includes additional ENT clinics, and backfill of all lists. This will continue to be monitored via the SET Improvement Programme.

Norfolk and Norwich University Hospitals NHS Foundation Trust

4. Tactical Action Plan – Overdue Actions (Cont.)

The Trust has completed 277 individual actions, with a further 19 showing as overdue. These have been followed up and the current status understood. These must be completed or subject to Change Control ahead of the next Evidence Group.

The table below provides an update on the current overdue milestones (19 as at 28 February 2022) and the identified actions to ensure that these are completed

Overdue Action	Due Date	Days Overdue	Executive Sponsor	Explanation and Next Steps
9.6.1a Improve timely admission to hospital for ED patients achieving the revised Emergency Care Access Standards	31/12/2021	59	Chief Operating Officer	**Ongoing:** Target 79.98%, Jan Performance: 47.8% Assessment within 15 mins remained a significant challenge and continues to be significantly below our target and trajectory as a result of the team regularly operating within a congested department with limited physical space to see and assess patients, high volumes of ambulance attendances, and sustained staffing shortfalls due to sickness. The main risk to delivery of this trajectory remains a shortage of physical capacity to place staff and patients in an appropriate area within ED. The layout of ED is under review as the leadership team attempt to decide how best to use the existing footprint. Focus remains on ensuring safe and effective front door assessment in line with patients' arrival time and source.
9.6.2a Improve timely admission to hospital for ED patients achieving the revised Emergency Care Access Standards	31/12/2021	59	Chief Operating Officer	**Ongoing:** Target 80%, Jan Performance: 11.6% The clinically ready to proceed within 60 min % performance saw a slight decline on the previous month and significantly off trajectory, remaining the most challenged area of the new access standards. Continued delayed discharges and the number of patients without criteria to reside continued to increase to unprecedented levels at the beginning of January, with over 160+ patients on the list continuously. This position improved towards the end of January, but with ward reconfiguration, an increase in COVID beds needed, and the loss of JPU to the yellow bed base meant that yellow capacity was insufficient and impacted flow. All possible escalation areas have been utilised as required and OPEL 4 status enacted throughout January with unprecedented actions, including adding a 7th patient to mitigate capacity issues.
9.6.3a Eliminate 12-hour waits in ED	31/12/2021	59	Chief Operating Officer	**Ongoing: Target 99%** Jan Performance: 88.1% There remains no system resolution to enable ED to achieve 100% due to the continued capacity issues for mental health patients, who often remain in the department for over 12 hours whilst awaiting an appropriate mental health placement. We again had record numbers of Trust 12-hour DTA breaches within January 2022, the vast majority of which were due to a lack of bed capacity and is the highest amount over the past 12 months, as inpatient demand far outstripped capacity. Daily monitoring of numbers of patients with an ED episode of 12 hrs or more via site flow meetings and by the ED Triumvirate – the daily challenge is to ensure this is a single figure number with a view to improve this as work develops. These patients are a focus at each of our patient flow meetings.

Norfolk and Norwich University Hospitals NHS Foundation Trust

4. Tactical Action Plan – Overdue Actions (Cont.)

The Trust has completed 277 individual actions, with a further 19 showing as overdue. These have been followed up and the current status understood. These must be completed or subject to Change Control ahead of the next Evidence Group.

The table below provides an update on the current overdue milestones (19 as at 28 February 2022) and the identified actions to ensure that these are completed

Overdue Action	Due Date	Days Overdue	Executive Sponsor	Explanation and Next Steps
9.6.4a Improve timely admission to hospital for ED patients achieving the revised Emergency Care Access Standards	31/12/2021	31	Chief Operating Officer	**Ongoing:** Target 88.72%, Jan Performance 26.8% Handovers were severely challenged during January. The % of ambulances offloaded within 15 mins performance declined very slightly on December performance. The Trust's position reflects the wider regional and national picture of difficulties in sustaining performance and number of ambulances breaching 60 minutes, with the ambulance cohort opened daily throughout January. Physical capacity issues cited across ED access standards has also impacted handovers. A plan to re-design the ED space is being prepared ahead of 22/23 capital planning and other interim, short term actions and minor works are being made to alleviate the problems.
10.1.6f Complete Demand Analysis - define TEO resource requirement, following; - Financial strategy - Development of Strategic Initiatives (SI's) - Other initiatives -	31/01/2022	28	Chief Operating Officer	**Ongoing:** The PMO continues to chase on the progress of the Trusts SIs and the development of supporting workbooks. The TEO has reached out to the SROs for the SIs to ascertain whether support is required from the TEO, the deadline for response is 31/1/22. If all SROs do not respond it is not possible to complete this action.
10.1.6g Define Transformation & Efficiency remit & responsibility gain executive support and approval -	31/12/2021	59	Chief Operating Officer	**Ongoing:** The TEO has reached out to the Executive team to gain support for the structure of the Delivery Team and the service offering, the deadline for response is 31/1/22.
10.1.6k Report findings to Hospital Management Board	31/01/2022	28	Chief Operating Officer	**Ongoing:** It is not possible to complete action at time of writing as awaiting response from Executive colleagues / SROs (SIs).
11.4.6 Clear plan to link the capacity plans to the activity plans for H2 and the WLI work, and monitor on a monthly basis.	13/12/2021	77	Chief Operating Officer	**Ongoing:** Regular weekly meetings have been taking place with each Division to ensure all WLIs have been delivered, and everything requested is fully booked.
11.4.7 Capacity plans and a clear monitoring process to be fully embedded within the Business and Financial planning.	07/01/2022	52	Chief Operating Officer	**Ongoing -** Monitoring of additional WLI sessions to make sure Divisions are delivering activity within capacity (weekly WLI meetings). - Monitoring of Theatre and clinic utilisation, Endoscopy, and Imaging. - Monitoring of the actual activity delivery in PAF.

Norfolk and Norwich University Hospitals NHS Foundation Trust

4. Tactical Action Plan – Overdue Actions (Cont.)

The Trust has completed 277 individual actions, with a further 19 showing as overdue. These have been followed up and the current status understood. These must be completed or subject to Change Control ahead of the next Evidence Group.

The table below provides an update on the current overdue milestones (19 as at 28 February 2022) and the identified actions to ensure that these are completed

Overdue Action	Due Date	Days Overdue	Executive Sponsor	Explanation and Next Steps
12.1.4 Develop divisional-level KPI dashboard by November 2020	31/07/2021	212	Chief People Officer	**Ongoing:** Ongoing work with Daniel Starling in the BI team to create dashboard. Sample reports have been produced and supplied to the BI team for development. Update requested from digital health on 16.02.2022
12.12.04 Creation of KPI Dashboard reporting to IPR replacing current roster indicator dashboard.	31/07/2021	212	Chief People Officer	
15.1.3.10 The development of a People & Culture Strategy	31/01/2021	28	Chief People Officer	**Ongoing:** The draft People & Culture Strategy is to be discussed at People and Culture Committee on 28th March 2022 and will be shared in advance with key stakeholders.
17.1.3 Dilapidations Survey	01/02/2022	27	Chief Finance Officer	**Ongoing:** The dilapidations survey has been agreed and a desktop review is underway.

Norfolk and Norwich University Hospitals NHS Foundation Trust

5. Getting It Right First Time – Performance Update

Virtual deep dive for Acute and General Medicine rescheduled for 16th May 2022, Geriatric Medicine deep dive booked for 28th April 2022. The number of actions awaiting agreement or a delivery deadline continues to reduce.

Delivering the GIRFT programme is integral to the Trust achieving improved Use of Resources and to drive the development of the efficiency programme.

Since 1st November 2021, initial meetings have been held with individual specialties to obtain an update on action progress and establish a plan for all new actions. Many of the overdue actions are awaiting further information and updated data to be provided by NHS GIRFT to enable for progress to be made.

Follow-up meetings with specialties to monitor action progress are organised from week commencing 7th March. Discussions regarding the uploading of actions to Datix will take place during these meetings, including establishing accessibility and training requirements for action owners.

The table (across) outlines the overall performance against the GIRFT recommendations up to 25th February 2022. The variation since the last update on 31st January 2022, and from 6 month's ago in September 2021 are detailed below:

- 527 completed actions (+43 since January, +281 since September);
- 177 actions are on track (+6 since January, +139 since September);
- 1 action is overdue by less than 30 days (+1 since January, September);
- 193 actions are overdue by greater than 30 days (+8 since January, +10 since September), which are all in relation to the GIRFT programme and will be subject to revision;
- 129 actions do not yet have an agreement status or delivery deadline (-94 since January, +33 since September), and
- 98 actions have been proposed to be marked as not accepted (+8 since January, +18 since September).

Next Steps

- Continue meeting with individual specialties to obtain an update on existing GIRFT actions and agree on National Report recommendations.
- Commence engagement with other action owners to identify accessibility and training requirements on Datix.

Area	Position as at 25 Feb 2022							
	Awaiting Agreement/Agreement date	Not accepted	Blue	Green	Amber	Red	Total	Grand Total
Surgery	50	35	246	33	0	97	376	461
Breast Surgery	0	1	29	10	0	12	51	52
Dermatology	37	0	18	0	0	1	19	56
Emergency Medicine	0	1	11	15	0	5	31	32
General Surgery	0	2	21	0	0	6	27	29
Hospital Dentistry	0	9	0	0	0	0	0	9
Intensive and Critical Care	0	0	13	2	0	0	15	15
Ophthalmology	0	6	30	0	0	10	40	46
Oral and Maxillofacial	9	0	15	0	0	4	19	28
Orthopaedic Surgery	0	6	30	0	0	0	30	36
Spinal Surgery	0	3	15	1	0	14	30	33
Urology	0	2	22	0	0	4	26	28
Vascular	3	3	30	0	0	12	42	48
Ear, Nose and Throat	0	0	8	0	0	22	30	30
Paediatric T&O	0	0	1	0	0	5	6	6
Plastic Surgery and Burns	1	2	0	1	0	0	1	4
T&O (Trauma)	0	0	3	4	0	2	9	9
Medicine	46	48	218	121	0	79	418	512
Cardiology	0	3	4	6	0	2	12	15
Diabetes	1	1	12	2	0	4	18	20
Endocrinology	0	2	16	7	0	5	28	30
Neurology	9	1	25	15	0	2	42	52
Renal	0	5	34	24	0	12	70	75
Rheumatology	4	10	16	21	0	5	42	56
Stroke	0	11	5	8	0	11	24	35
Gastroenterology	-1	10	66	12	0	3	81	90
Lung	33	5	4	0	0	9	13	51
Anaesthesia and Periop Med	0	0	36	26	0	26	88	88
W&C	27	0	25	9	0	3	37	64
Obstetrics and Gynaecology	26	0	15	0	0	3	18	44
Paediatric Surgery	0	0	9	0	0	0	9	9
Neonatology	1	0	1	9	0	0	10	11
CSS	3	15	38	8	1	2	49	67
Imaging and Radiology	0	7	12	1	0	1	14	21
Pathology	3	8	26	7	1	1	35	46
CORP	3	0	0	6	0	12	18	21
Claims and Learning	0	0	0	0	0	12	12	12
Trust wide	0	0	0	6	0	0	6	6
ICS	3	0	0	0	0	0	0	3
Grand Total	129	98	527	177	1	193	898	1125

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 1 – Evidence Group RAG Ratings

The January 2020 Use of Resources report identified 11 recommendations, which were reviewed and formed the basis of a tactical, detailed action plan. Two further actions which had not been fully actioned from the previous inspection were also added.

These recommendations formed the immediate programme of work within the Trust's Use of Resources Programme, with the progress being monitored and scrutinised through the use of Quality Improvement Evidence Groups, feeding in to Quality Programme Board.

A formal rolling programme for deep dive across each recommendation has been developed to ensure that each recommendation is reviewed and challenged at least once every three months, alongside ensuring that any recommendation in SRO intervention is reviewed monthly.

The table below outlines the progress and Evidence Group RAG rating for each recommendation, alongside any revised completion dates via QPB approved change control documents.

Recommendation	Initial Outcome Delivery Date	Evidence Group RAG Rating (incl. Change Control Revised Outcome Dates)													Current Outcome Delivery Date	Aspirational Rating for Next Evidence Group
		22/03/2021	12/04/2021	07/05/2021	04/06/2021	09/07/2021	06/08/2021	07/09/2021	15/10/2021	04/11/2021	10/12/2021	07/01/2022	04/02/2022	04/03/2022		
UoR 3 – Consideration should be given to regular use of service line reporting	31/12/2020															
UoR 4 – Investigate and address the drivers of the high spend on non-high cost drugs	TBC															
UoR 8 – Deliver expected reductions in long length of stay and better utilisation of non-elective beds	31/12/2020			31/09/2021						31/03/2022					31/03/2022	
UoR 9 – Improve performance against constitutional operational standards	31/12/2020			31/03/2022											31/03/2022	
UoR 10 – Improve internal capacity and capability to drive CIPs	31/07/2020			30/06/2021							31/03/2022				31/03/2022	
UoR 11 – Review operational and business planning processes to reduce reliance on temporary capacity	30/06/2020									07/01/2022					07/01/2022	
UoR 12 – Continue working to embed effective use of e-Rostering	30/09/2020		31/07/2021				30/09/2021			31/01/2022			31/03/2022		31/03/2022	
UoR 13 – Ensure that revised job planning processess translates into optimisation of consultant workforce	31/03/2021		30/06/2021						31/05/2022						31/05/2022	
UoR 14 – Consider use of modern systems in payroll to ensure faster and traceable transactions	30/04/2021					31/10/2021							31/03/2022		31/03/2022	
UoR 15 – Progress implementation of improvements in HR operations	30/04/2021		31/10/2021							31/03/2021					31/03/2022	
UoR 16 – Continue working to develop procurement collaboration with NHS partners	31/03/2021		31/03/2022													
UoR 17 – Implement identified actions to reduce the cost of its PFI	31/07/2021							Deferred		13/12/2021					13/12/2021	
UoR 18 – Review the workforce model and recruitment strategies	31/03/2021		31/05/2021													

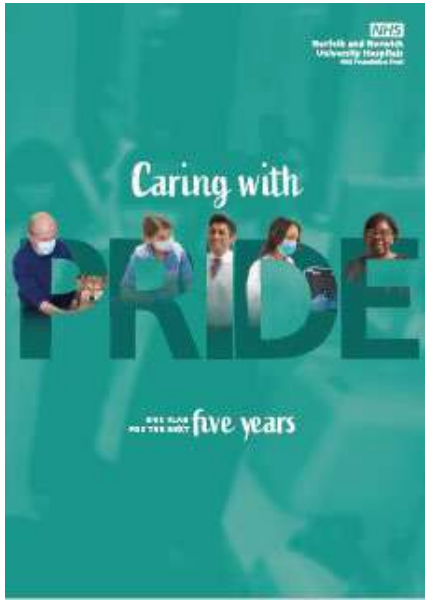
REPORT TO THE TRUST BOARD OF DIRECTORS

Date	**6th April 2022**		
Title	**Caring with PRIDE, our plan for the next five years (2022/23-2026/27)**		
Author & Exec lead	**Jim Barker (Head of Strategy); Simon Hackwell (Director of Strategy and Major Projects).**		
Purpose	**For Final Approval**		
Relevant Strategic Objective [delete as appropriate]	**1. We will be a provider of high quality health and care services to our local population** **2. We will be the centre for complex and specialist medicine for Norfolk and the Anglia Region** **3. We will be a centre of excellence for research, education, and innovation** **4. We will be a leader in the design and delivery of health and social care services in Norfolk** **5. To deliver our financial plan and recovery programme, supporting the Trust's return to financial sustainability**		
Are there any quality, operational, workforce or financial implications of the decision requested by this report? If so explain where these are/will be addressed.	**Quality**	**Yes✓ No☐**	**The Trust's five-year plan is an overarching public document that sets the narrative and tone for the development of our Hospitals and organisation as a whole. It consolidates each of the corporate pillars of Quality, Operations, Workforce and Finance and is the vehicle through which the organisation confirms and prioritises current plans and commits to future directions and outcomes. There are two documents appended to this introduction, the first, '*Caring with PRIDE, our plan for the next five years*' is our five-year plan, and the second is an accompanying engagement report that describes the detailed process the NNUH Team undertook to produce our five-year plan.**
	Operational	**Yes✓ No☐**	
	Workforce	**Yes✓ No☐**	
	Financial	**Yes✓ No☐**	

1. Context

The Trust's existing strategy ran from 2016/17 until 2020/21. As part of its corporate responsibility, it has been incumbent upon the Trust to agree a new five-year plan. Our 'Caring with PRIDE' five-year plan is submitted via accompanying link to Trust Board ahead of final approval for wide publication. The link to the final document will be made available to the public and all stakeholders following approval at this Board, and via the launch activities described in this paper.

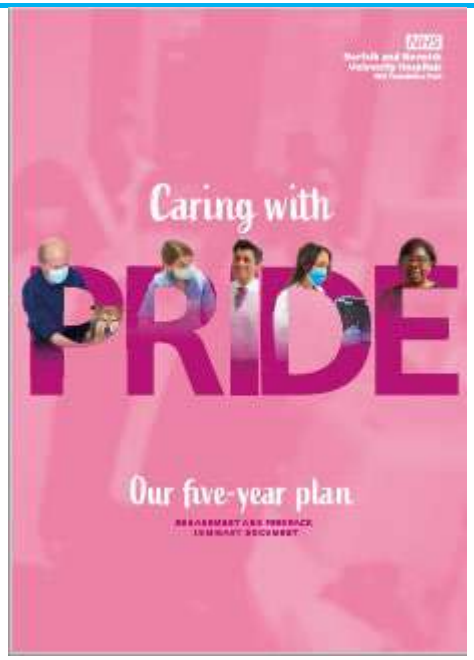
'Caring with PRIDE' has been developed with oversight from the Strategy Working Group of the Board, which was convened at the direction of the Board of Directors and had terms of reference formally approved by Trust Board on the 3rd of June 2020. The document has been designed in collaboration with accessibility leads and Healthwatch Norfolk to ensure that it can be read by a wide range of people. 'Caring with PRIDE' will be accompanied by an easy read version, which will also be translated into key languages for people for whom English is not a first language.



The purpose of the Board Strategy Working Group has been to provide a time limited forum for discussion and collective review, development, and ambition of the Trust's short, mid and long term strategy and strategic objectives, and to make appropriate recommendations to the Board. The Board Strategy Working Group met from June 2020 until February 2022. **Following approval of 'Caring with PRIDE', Trust Board is asked to decide the future of the Board Strategy Working Group**. While, the original purpose of the Group was limited to the production of this strategy, it has been a useful forum and given the scope and ambition contained within 'Caring with PRIDE', it might be useful to continue to meet, albeit less frequently, in support of the scheduled Strategic Trust Board meetings.

2. Background

Strong engagement has been the underpinning principle behind the development of 'Caring with PRIDE, our plan for the next five years'. The agreed engagement plan was launched under the banner '*Healthcare at NNUH: What matters to you*' in late Spring 2021 and ran for 6 months. To underline this we have produced an engagement and feedback report that will be published as a companion document at the same time as 'Caring with PRIDE'.



Engagement was designed to ensure a wide range of stakeholder input into the review of our vision, goals, and priorities for the next five years. Clearly the Covid-safe environment of the pandemic had some impact on our ability to engage with communities in person, nevertheless more than a thousand people have contributed to the development of our strategy.

Through the online survey:

- Over 600 people gave their feedback to the outline strategy, which included c1,600 free text views.
- At over 50% of respondents, it was our staff who gave the most feedback followed by our members and the public at 48%.
- Our partners, including associate Providers, Primary Care, the UEA, and the Norwich Research Park made up 1% of respondents to the online survey, and were subsequently engaged directly through other routes.

In addition to the online promotion, in person (virtual) engagement was carried out through over 60 direct activities including interviews, focus groups, 'connected' sessions and meetings, where further input from over 400 more people was received across a range of stakeholder groups, including:

- Hospital Divisional Board interviews and meetings. We have four Divisions, these are: Medicine; Surgical, Critical Care and Emergency Care; Women's and Children's; and Clinical Support Services.
- Meetings with Divisional Triumvirate Directors. 'Triumvirate' is the term we use to collectively describe our Medical (Consultants), Nursing and operational teams.
- Matrons and senior operational team meetings.

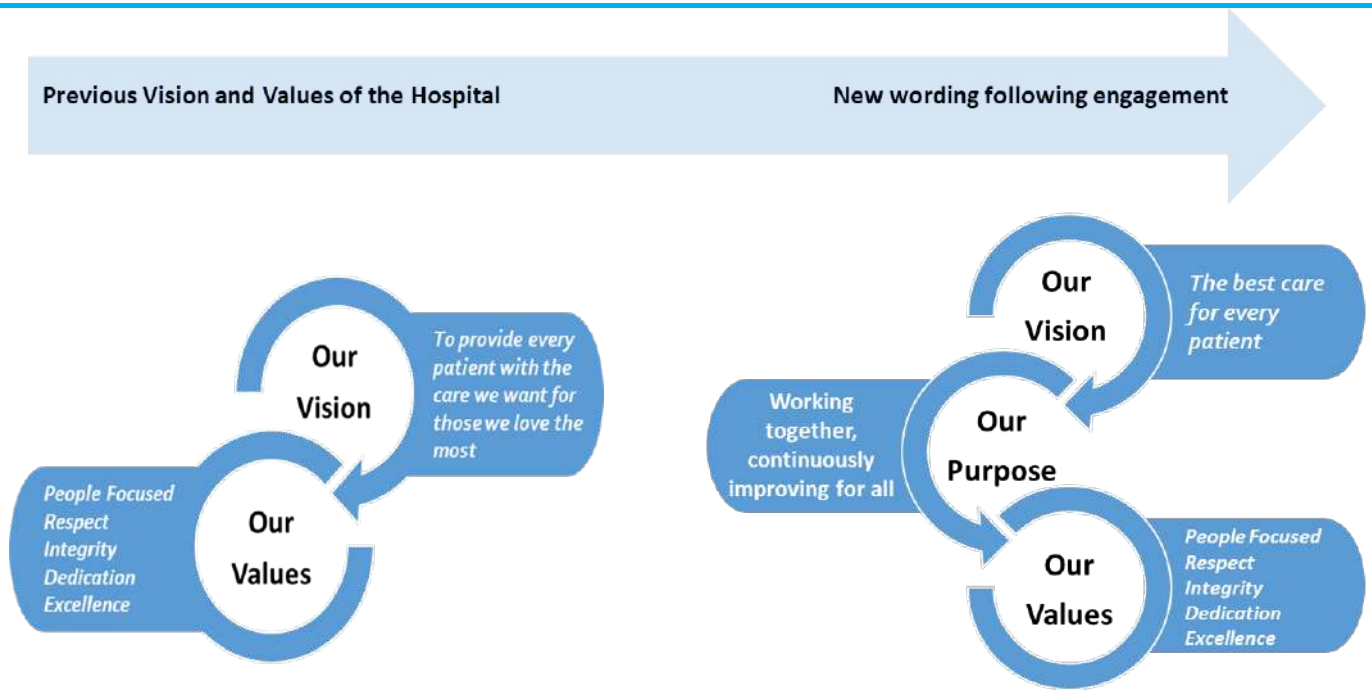
- Specialty and service team meetings.
- Each of our Staff Network Groups (LGBTQ, Diverse Ability, NNUH Together, and Women's networks).
- Five separate Governor's meetings covering each Norfolk and Waveney locality (West, North, Norwich, South and Great Yarmouth and Waveney).
- GP engagement through our Primary Care Network Clinical Directors forum.
- Our Patient Panel, Carers Forum, and Patient Experience network meetings.
- We are also grateful to Healthwatch Norfolk for coming on site to ask patients and visitors questions in support of the development of our strategy.

3. Key themes from emerging from the engagement included:

- The link between quality of services and a supported and resilient NNUH Team.
- Reference to person centred services, including support to carers and families of patients.
- A strong sense of commitment to patient safety.
- Tackling waiting times were of key importance to patients and the NNUH Team.
- A representative approach to service review and development (hospital teams, patients, and carers working together to develop services).
- The requirement for digital maturity was widely recognised as being critical.
- Strong support for an overarching integrated clinical strategy - a systematic, structured, clinically led approach to the long-term configuration and prioritised development of our hospital services.
- Common feedback that the Trust needs to understand and meet the essential needs of our population.
- The importance of partnership working with Integrated Care System (ICS) Partners.
- Renewing and strengthening the importance to us as a major university teaching hospital of the right environment for teaching and education, learning and research.
- The importance of the use of language to everyone's understanding of what is being said.

4. How engagement has shaped our thinking

Based on our learning from engagement, we have reworded the hospitals **Vision statement** to be shorter and more understandable to people, while still retaining its core message. We are also introducing a **statement of purpose** that underlines our organisational commitment to inclusivity, teamwork, and continuous improvement:



In support of renewing our Hospital's Vision it was agreed to update the Trusts current logo. Our NNUH Team were asked to do this and were offered a choice of three new options to vote on. The figure below shows our new hospital logo, which gained over 60% of the vote.

Our Vision
The best care for every patient

In place of objectives or goals, we are publishing a set of '**commitments**' to convey the areas which we will collectively focus our efforts on in the next five years. This approach is more fitting and user friendly to set out overarching aims for the next five years, rather than the traditional language used in NHS strategies. Nonetheless the Commitments should be viewed and used as the Trust's key strategic objectives. The evolution of our commitments through engagement is shown below.

Our Values **P**eople focused **R**espect **I**ntegrity **D**edication **E**xcellence

Original Commitment Title	**Final Commitment Title**	Original wording of our commitment statements	**Final wording of our commitment statements following engagement**
To Our Patients	**Our Patients**	We will plan each step of your care with you and ensure that you have the best possible experience of our hospitals each and every time.	**Together, we will develop services so that everyone has the best experience of care and treatment**
To Our People	**Our Team**	We want everyone to feel proud to work here and have the opportunities to reach their full potential	**Together, we will support each other to be the best that we can be, to be valued and proud of our hospital for All.**
To Our Partners	**Our Partners**	We will work with you to get the most out of our collective expertise, to join up our services and to improve the health and wellbeing of our diverse communities.	**Together, we will join up services to improve the health and wellbeing of our diverse communities.**
Our Services	**Our Services**	We aim to deliver the highest quality of care in all of our hospital, specialist and complex services by ensuring that they are clinically led and based on evidence and research.	**Together, we will provide nationally recognised, clinically led services that are high quality, safe, and based on evidence and research.**
Our Resources	**Our Resources**	The taxpayers investment in our hospitals will be used to maximum effect to ensure services are delivered at the best possible value.	**Together, we will use public money to maximum effect.**

Our commitments are designed to give focus to our supporting plans and respond to the national, local, and organisational requirements and challenges we face. 'Caring with PRIDE' also describes the range of supporting plans and actions that will collectively deliver our commitments and progress the Trust towards achieving our Vision. These plans have been prioritised across the five-year lifespan of the strategy.

5. <u>Next steps: publishing, embedding, and delivering 'Caring with PRIDE'</u>

Publishing and launching 'Caring with PRIDE' will be a key programme of work, ensuring that each of our many stakeholder groups receive our plan for the next five years. **It is our intention for 'Caring with PRIDE' to be published as a digital document to avoid printing costs and reduce our impact on the environment.**

However, we have designed the document such that sections can be printed and used as posters across the Trust, to increase awareness for those who do not regularly access computers and provide opportunities to see the key messages from 'Caring with PRIDE'.

On approval, 'Caring with PRIDE' will be shared with our patients, families and carers, our staff, Governors and Patient Panel, GPs, partners and the wider community. Feeding back to those stakeholders who generously spent time giving us their views to help us draft 'Caring with PRIDE', is a priority. Following publication, it is important to us that we maintain an ongoing conversation about the five-year plan by discussing and reporting on our progress regarding delivering the plan, in public.

Our plan in summary for sharing and communicating 'Caring with PRIDE' includes:

Internally:

- Document uploaded to intranet with homepage banner highlighting and linking to 'Caring with PRIDE'.
- Regular updates on the Strategy through the Staff Hub and Team Brief
- There will be a series of engagement events in support of the publication of 'Caring with PRIDE':
  - Staff groups and networks, Governors, Patient Panel
  - Connected and open conversation sessions.
  - Cascade of 'Caring with PRIDE' through our Divisions, staff and patient network meetings.
- All internal governance will be aligned under our five commitment areas including the Business Assurance Framework.
- The core messages of 'Caring with PRIDE' will be embedded in our HR processes including NNUH appraisals and regular line manager one-to-one sessions.

Externally:

- Our strategy will be uploaded to the NNUH website with homepage banner highlighting and linking to 'Caring with PRIDE'.
- Key stakeholder letters with links to document to health and social care system and research partners, including GPs, Primary Care Networks, James Paget University Hospital, The Queen Elizabeth Hospital King's Lynn, the Norfolk and Waveney Clinical Commissioning Group, Integrated Care System, Healthwatch, the Health Overview and Scrutiny Committee, MPs and Norwich Research Park colleagues.
- Sharing the document with our 16,000 -strong Trust membership through a special edition of The Pulse in May – features and a summary of the strategy with QR code link to the full online full version.
- Briefing note for external stakeholder and community groups, including Patient groups, Carers Forum, Norfolk Maternity Voices Partnership
- Information leaflet onsite for patients and visitors to our hospitals
- Social media awareness campaign across our platforms with a reach of more than 60,000 followers
- Press release and media engagement
- An easy read summary of 'Caring with PRIDE' is in development and will be published along with translated copies of this version.
- All new corporate resources will be updated digitally:
  - All letterheads and external communications will carry the new hospital Vision and logo.

- We will support the delivery of our plans through the publication of an annual operating plan, track progress through our internal governance processes including Trust Board and Board Committees, and report on this progress through our annual report.

6. Conclusion

'Caring with PRIDE, our plan for the next five years' is the product of detailed engagement. It describes the relationship between our Vision, Purpose, and Values, and how they work together to continuously improve our hospitals as a place to work for our NNUH Team, and to be cared for as one of our many patients. In support of delivering these components 'Caring with PRIDE' describes five commitments, each of which has a set of agreed priorities and supporting plans that have been prioritised across the five-year lifespan of the strategy.

Recommendation:
The Board is asked to:

1. Receive the 'Caring with PRIDE' strategy document and approve its publication acknowledging:
   - The detailed approach to engagement and design of our 'Caring with PRIDE' strategy.
   - Our new Vision and Purpose statements.
   - Our five commitments and supporting plans for Our Patients, Our NNUH Team, Our Partners, Our Services and Our Resources.
   - The detailed approach to publication, launch, embedding and delivery.
2. Decide on the future of the Board Strategy Working Group.