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The best care for every patient

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

MEETING OF THE TRUST BOARD IN PUBLIC
WEDNESDAY 03 APRIL 2024

A meeting of the Trust Board will take place at 9.30am on Wednesday 03 April 2024 in the Boardroom
Norfolk & Norwich University Hospital and MS Teams
Papers for the meeting in public can be accessed via www.nnuh.nhs.uk

AGENDA

	Item	Timing	Lead	Purpose
0	Clinical/Departmental Visits – see separate schedule	08.45-09.15		
1	- Apologies & Declarations of Interest (Apologies from Julian, Chris, Alex & Ed) - Reflections on Clinical/Departmental Visits	09.30-09.40	Chair	Information/ Discussion
2	Experience of Care: Maternity Voices - Sarah Higson invited, with Lisa Mastrullo (Quality Improvement Lead Midwife), Jenny Whatling (Service User Lead- Maternity and Neonatal Voices Partnership (MNVP)) & Rosie Bloomfield (Patient Engagement & Experience facilitator)	09.40-10.00	RC	Discussion
3	Minutes of the Board meeting held in public on 07.02.24	10.00-10.05	Chair	Approval
4	Matters arising and update on actions		Chair	Discussion
5	Chief Executive's Update	10.05-10.20	CEO	Discussion
6	Staff Experience Report*	10.20-10.35	PJ	Discussion
7	**Reports for Information and Assurance:**			
	(a) People & Culture Committee (25.03.24)	10.35-10.50	SD	Information, Assurance & Approval as specified
	(b) IPR – Workforce data		PJ	
	(c) Quality and Safety Committee (26.03.24) inc ToRs for reapproval	10.50-11.05	PC	
	(d) IPR – Quality, Safety and Patient Experience data		BB/RC	
	(e) Research and Education Committee (27.03.24)	11.05-11.15	US	
	(f) Finance, Investments and Performance Committee (27.03.24)	11.15-11.35	NG	
	(g) IPR – Performance and Productivity data		CC	
	(h) Finance – YTD report		LS	
	(i) Major Projects Assurance Committee (27.03.24) inc ToRs for reapproval	11.35-11.45	NG	
8	Committees in Common	11.40-11.45	Chair	Information
9	Questions from members of the public	11.45-11.50	Chair	Discussion
10	Any other business			
11	**In its capacity as Corporate Trustee:** Charitable Funds Committee (13.03.24) inc Annual Plan (2024/25) & approval of grants >£100k	11.50-12.00	JH	Agreement

* 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 01 May 2024 in the Boardroom of the Norfolk and Norwich University Hospital

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REPORT TO TRUST BOARD

Date	**3 April 2024**
Title	**Experience of Care Story – Partnership working to embed service user voice in maternity services**
Author & Exec Lead	**Rosie Bloomfield - Patient Engagement and Experience Facilitator, Jenny Whatling – MNVP Service User Lead and Lisa Mastrullo – Quality Improvement Lead Midwife** **Rachael Cocker, Interim Chief Nurse**
Purpose	**For Information and Discussion**
Relevant Strategic Commitment	**1. Together, we will develop services so that everyone has the best experience of care and treatment.** **2. Together, we will support each other to be the best we can be, to be valued and proud of our hospital for all.** **3. Together, we will join up services to improve the health and wellbeing of our diverse communities.** **4. Together, we will provide nationally recognised, clinically led services that are high quality, safe and based on evidence and research.** **5. Together, we will use public money to maximum effect.**

Are there any quality, operational, workforce and 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✓**	
Identify which Committee/Board/Group has reviewed this document:	**Board/Committee:**		**Outcome:**

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1   Background/Context

1.1   An 'Experience of Care' story is where a service user, 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 their family and/or carers. It provides information on what was positive, what was sub-optimal and what would have made 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.

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1.3   In June 2022, Maternity Services shared an update underpinned by a service user experience of care story. This report illustrates how, since then, the Patient Engagement & Engagement Team, Maternity Services and the Maternity & Neonatal Voices Partnership (MNVP) have been working together to embed service user voice into service improvement in maternity services. In July 2022 we merged our FFT surveys with existing surveys being used for feedback collection in the community. The questions were co-produced with the MNVP to ensure we were collecting feedback on aspects of care that were most important to our service users. This change has allowed us to ensure feedback is collected and analysed via one channel, preventing duplication and increasing efficiency theming feedback. It also allows us to attend events together where the MNVP leads speak about maternity and the patient experience team speak to people about their experience of all services at NNUH. This has worked brilliantly at Pride for example.

Our partnership working has gone from strength to strength since then resulting in us being successful in receiving funding from NHS England to carry out a collaborative project focusing on health inequalities. The aims of this project were co-produced and as a result the Patient Engagement & Experience Team, MNVP and maternity attended a number of listening events across Norfolk focusing on the following health inequalities:

1 – Vulnerability: Chapelfield cohort has the largest cohort of vulnerable women and birthing people so one event was held in the Forum, Norwich.
2 – Ethnicity: Breckland cohort has 29.4% ethnicity categorised as white other and 7.9% BAME so one event was held in Watton and one in Dereham.
3 – Rurality: Norfolk Insights reported that 88% of North Norfolk is rural and this impacted of its deprivation score so one event was held in Sheringham.

Service users influenced the conversations so the themes that came out of the listening events were truly what mattered to them. The MNVP, maternity and the Patient Experience Team worked collaboratively to summarise the themes from the conversations and a small summary report was put together to inform improvement projects that we could focus on as a result of what service users had told us.

The project inspired a new way of working and, in September 2023, Maternity and the MNVP met for a planning session to review processes including feedback sources and pathways for action and escalation. As a result the MNVP and the maternity team have created subgroups to focus on different areas based on national priorities, local priorities and service user feedback themes. Details of this can be seen in the images below.

Our Values People focused Respect Integrity Dedication Excellence
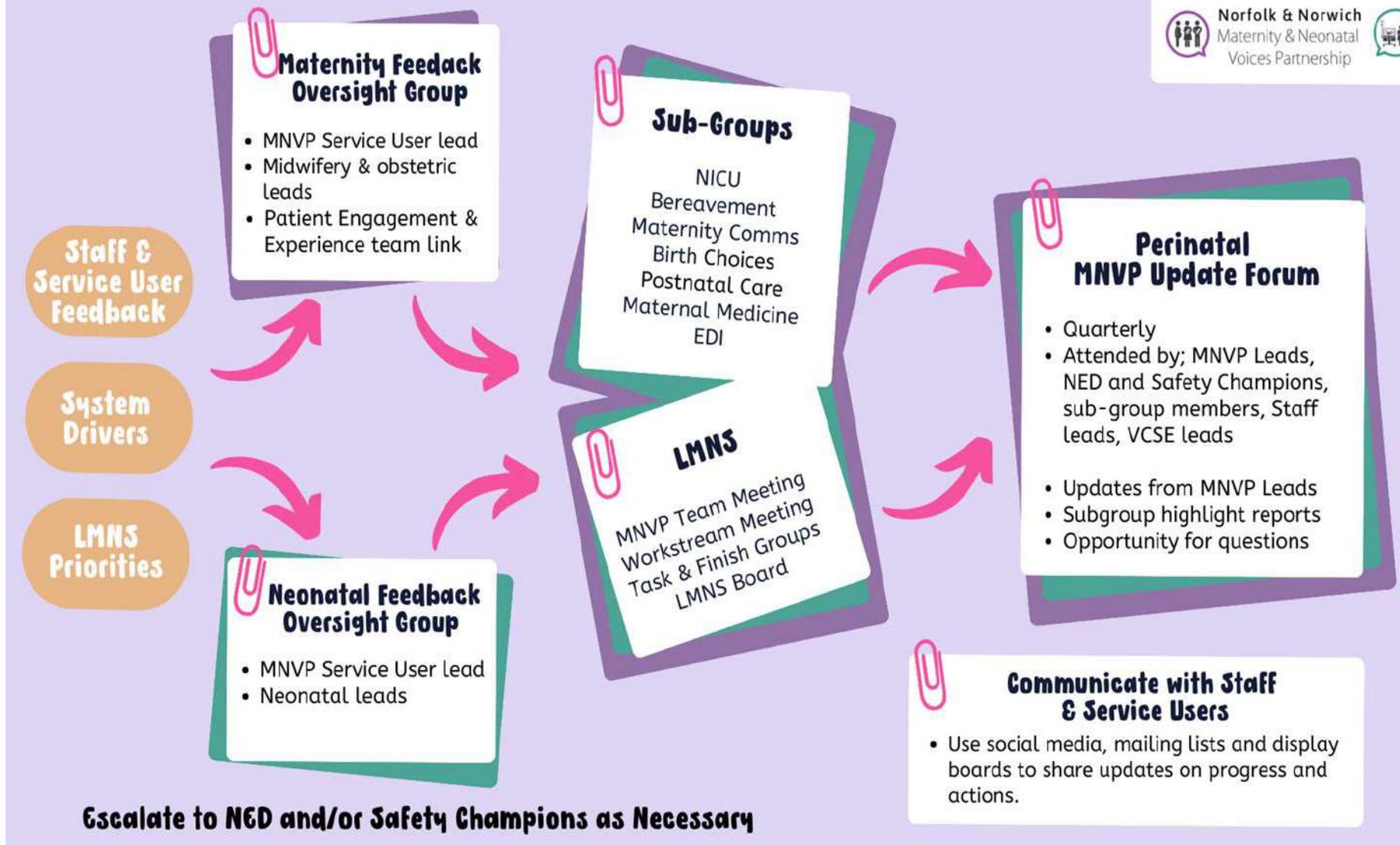
This image illustrates the new way of working within maternity and how feedback from the MNVP is to be embedded. In order to do this we have two feedback oversight groups, a variety of sub-groups with key members, LMNS meetings and an MNVP Update Forum. All of this is underpinned by communicating with staff and service users on progress and actions.

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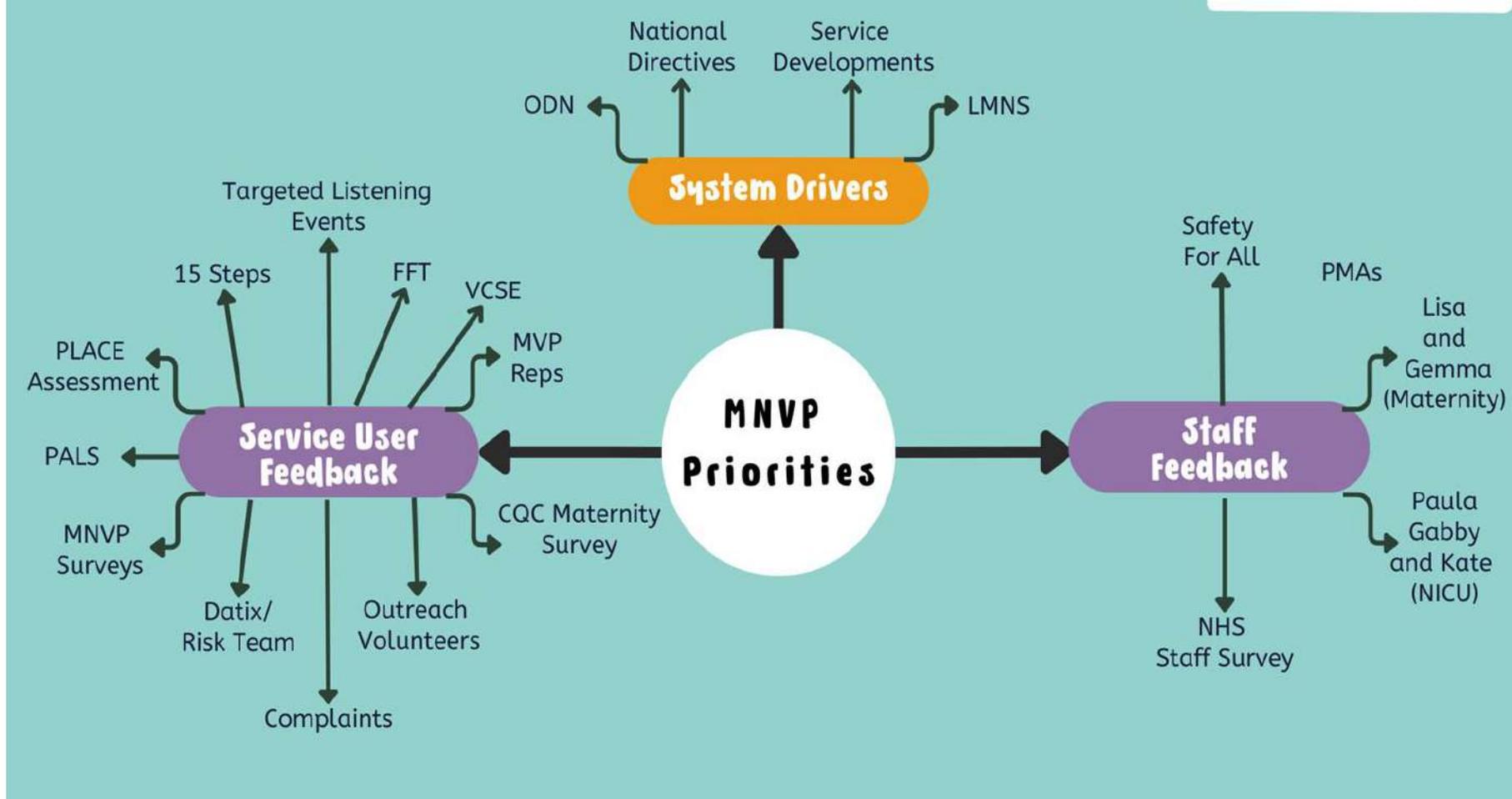
This diagram details more about the MNVPs priorities and feedback streams.
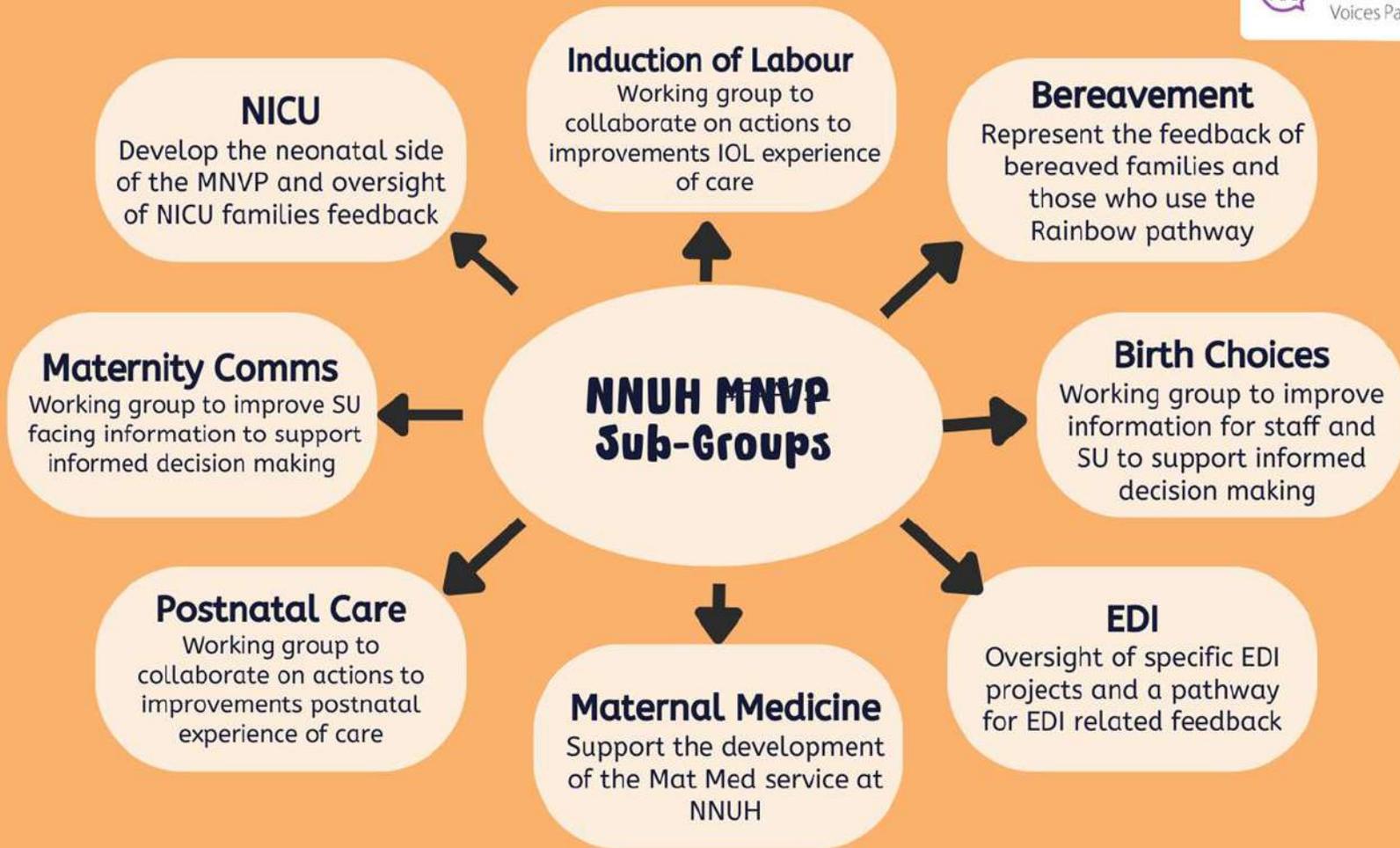
This diagram illustrates the MNVP subgroups based on service user feedback and MNVP priorities.

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This image illustrates the governance, reporting and escalation routes for the new way of working.

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2   Key issues, risks and actions

2.1   Key issues/risk

- We still have more work to do to identify what the barriers are to getting more feedback from under-served communities. The engagement approach is right but we need to work on creating trust or using trusted parties to support us.
- We also acknowledged that we need to offer something in return for people who are sharing their feedback with us at events so the team are working on incentives such as baby massage sessions, yoga and offering baby hand and footprints.
- These things take time – a lot more time than you'd expect! The VCSE's are incredibly stretched so they need to have the capacity to work with us. We need to offer a package which will help with their aims with minimal involvement from their staff/volunteers or additional benefit for them.

2.2 Key learning/actions

- The feedback from our listening events has been integral evidence for our newly formed focus groups and improvement plans – one of which includes postnatal care and infant feeding.
- A strong theme came through around concerns relating to experience of diagnosis and support for babies with Tongue Tie. This feedback was represented at a sub-group with the MNVP leads and other stakeholder to help improve the services. The LMNS are also using feedback from the listening events for the launch of this group.
- Our recent work also highlighted that we needed to do even more to address health inequalities and supporting under-served communities to share their experiences. This helped to make the case for an Engagement Facilitator within our local MNVP and Victoria joined the team in October. Victoria will be able to develop and maintain links with community groups and trusted community links on our behalf as we learnt being a trusted contact was vital. This will be vital to the new agree way of working within our Trust. The MNVP will be running regular engagement events to make and maintain connections with relevant groups, organisations and contacts to help build on their community links.
- An in-person MNVP engagement event took place on 7th February 2024 and there was a variety of different community connections and service users attend, alongside staff from the Trust. By attending the in-person event maternity staff made connections with a district councillor who has offered to explore grants and venues for antenatal education classes.
- We have developed the role of community engagement volunteer to widen the reach of the MNVP (as Norfolk is so vast and rural) and also develop trusted contacts in local communities rather than 'outsiders' popping in once a year to hear feedback. This is being supported by NNUH Patient Experience Team, Maternity Department and NNUH Volunteers based on the foundations of joint working established within the health inequalities project. This includes developing a comprehensive maternity specific training program to support the volunteers.
- The renewed approach to ensure service user voice is at the centre of decision making and improvements within maternity services has been recognised following the recent CQC inspection and good rating of the maternity department. There was praise regarding our relationship and partnership working with our MNVP.

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3   Conclusions/Outcome/Next steps

3.1   This report has provided valuable learning.

3.2   Continued partnership working with the MNVP is vital to our success when it comes to ensuring service user voice is at the centre of decision making and improvements within maternity services.

3.3   Develop a model for working with patient, service user and community representative groups that can be utilised by other services across the Trust. This model will utilise the lessons learnt from this partnership. It will be modelled on the new way of working - ensuring service user voice is embedded in decision making across the service, change is reported back, trusted volunteers are utilised within the community, our current volunteering safeguarding policies are utilised to support volunteers and recognise their contributions and that bespoke training packages are in place to support them in addition to our mandatory training.

Recommendations:

The Board is recommended to:

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

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MINUTES OF TRUST BOARD MEETING IN PUBLIC

HELD ON 07 FEBRUARY 2024

Present:	Mr T Spink	- Chairman
	Dr B Brett	- Interim Medical Director
	Mr R Clarke	- Chief Finance Officer
	Mr C Cobb	- Chief Operating Officer
	Ms S Dinneen	- Non-Executive Director
	Mr J Foster	- Non-Executive Director
	Mrs N Gray	- Non-executive Director
	Mrs J Hannam	- Non-Executive Director
	Mr N Hulme	- Interim Chief Executive
	Dr U Sarkar	- Non-Executive Director
In attendance:	Mrs E Batchelor	- Assistant to Board Secretary
	Ms A Berry	- Director of Transformation
	Mrs J Bradfield	- Head of Communications
	Mr J P Garside	- Board Secretary
	Ms S Gooch	- Director of Workforce
	Mr S Hackwell	- Director of Strategy and Major Projects
	Mr E Prosser-Snelling	- Chief Digital Information Officer
	Ms H Watts	- Deputy Chief Nurse

Members of the public and press

24/001 APOLOGIES, DECLARATIONS OF INTEREST, CHAIRMAN'S INTRODUCTION AND REFLECTIONS ON VISITS

Apologies were received by Dr Crispin, Mr Jones (Ms Gooch deputising), Professor ffrench-Constant and Professor Fontaine (Ms Watts deputising). No conflicts of Interest were declared in relation to matters for consideration by the Board.

The meeting was preceded by departmental visits:
- Pharmacy: Mr Spink & Ms Gooch
- Mortuary: Ms Dinneen, Mrs Gray & Dr Brett
- Earsham Ward: Mrs Hannam
- Edgefield ward: Mr Foster, Mr Garside and Mrs Watts

Mr Spink expressed thanks on behalf of the Board to all the staff who facilitated these visits and who do so much to maintain the Trust's services.

24/002 EXPERIENCE OF CARE - PATIENT/FAMILY REFLECTIONS

The Board received a presentation of the experience of a patient who has had a prolonged stay in hospital, complicated by falls and further illness requiring care from a number of different teams.

The Board discussed the challenges associated with the care of many frail patients for whom rapid 'turnaround' is crucial if the complications are to be avoided of deconditioning, interruption to care packages and delayed discharge.

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24/003 MINUTES OF PREVIOUS MEETING HELD ON 01.11.23
The minutes of the meeting held on 01.11.23 were **agreed** as a true record for signing by the Chair.

24/004 MATTERS ARISING AND UPDATE ON ACTIONS
There were no matters arising from the meeting held on 01 November 2023.

24/005 CHIEF EXECUTIVE REPORT
The Board received a report from Mr Hulme in relation to recent activity in the Trust since the last Board meeting and not covered elsewhere in the papers.

Mr Hulme informed that Board that we had 522 patients attending the Emergency Department on Monday. This illustrates the extremely high level of demand for the Hospital's services, which has put significant pressure on our inpatient areas, with many additional patients in escalation areas and requiring corridor care. The consequential impact on patients and staff is recognised.

Mr Spink noted that staff are expressing concern that this level of extreme pressure and use of escalation procedures is being seen by the System as normal. Mr Hulme indicated that a structure of daily meetings of senior leads has been commenced to decompress escalation areas and corridors. The intention is to continue this practice until we are out of escalation.

On behalf of the Board, Mr Spink expressed thanks to all the staff who have worked to care for patients and maintain their safety in these pressurised circumstances.

24/006 UPDATE FROM COUNCIL OF GOVERNORS (25.01.24)
The Board received a verbal update from Mr Spink with regard to the meeting of the Council of Governors on 25 January 2024. Mr Spink informed the Board that we have 3 new governors who have now undergone the induction process. The Council had received an update from Mr Hulme alongside reports on finance, EPR and NANOC.

24/007 COMMITTEES IN COMMON (11.12.23)
The Board received a verbal update from Mr Spink with regard to the Committees in Common meeting held in December. Mr Spink advised that the key focus was to get assurance regarding our collective work on EPR with the other Trusts.

Future areas of focus will be on developing the Acute Clinical Strategy and joint work in the system DAC programme.

24/008 REPORTS FOR INFORMATION AND ASSURANCE

(a) Audit Committee (13.12.23)
The Board received a report regarding the work of the Audit Committee, which met on 13 December 2023.

Mr Foster noted that the Committee received the regular update report from the Local Counter Fraud Service (LCFS). There has been an increase in reporting rates following fraud awareness sessions which is encouraging.

The Committee was updated on actions taken to enhance efficiency in Use of Resources and the Committee congratulated the Finance & Estates teams following receipt of the HFMA award for governance of the PFI agreement.

The Committee discussed the timing of an independent developmental review against the Well-led framework. The Committee agreed that should be added to

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the Agenda for the next Committee meeting so that a recommendation can be made to the Board as to the timing for this review, but this will be influenced by the timing of the outstanding CQC report.

The Board was informed that the Committee had reviewed and approved updates to number of key governance documents as part of its annual cycle. These are each considered to be good documents and are in the Resource Centre. Documents considered include:

- the Organisational Governance Framework, including the Board's decision to create a new Research & Education Assurance Committee. Other changes relate to increased reference to the ICS and emphasising the unitary nature of the Board with collective responsibility for decision making;
- the Board Assurance Framework, to reflect changes in the last quarter and review in accordance with the agreed SOP. The BAF will be used in developing the Work Programmes for each of the Board assurance committees for 2024/25;
- the Risk Management Strategy, which the Committee agreed to recommend for Board reapproval without substantive change.

The Board **noted** the work of its Audit Committee and **reapproved** the existing Risk Management Strategy.

(b) Quality and Safety Committee (30.01.24)
The Board received a report regarding the work of the Quality & Safety Committee.

Mrs Hannam explained that the Committee had received a report regarding the Trust's plans to introduce a stroke thrombectomy service and the huge difference this will make for patients. There is national support for development of this service at NNUH and funding is available for scanning equipment. A provisional timeframe is for implementation from March '25 but this will require agreement of the FBC and some capital works.

The Committee was briefed on a review of clinical documentation practice in the Trust. The evidence is that the Trust has a lower than average depth of coding than that nationally. This is exacerbated by relevant data being contained in source documentation across multiple paper and electronic records. The impact is to reduce the quality and accuracy of coding data which may distort comparison with other hospitals – for example in generating standardised mortality ratios. Improving this position will require senior clinical leadership and a number of targeted actions, which are being tracked through an Action Plan.

The Committee is scheduled to meet again on 27 February 2024, at which meeting the Committee is due to consider:
- fractured Neck of Femur (#NoF) Pathway
- Cancer Strategy
- prioritisation in the Capital Programme 2024/25

(c) IPR – Quality, Safety and Patient Experience Data
The Board received the Quality & Safety Performance Report, as considered by the Q&S Committee. The Board was informed that focussed work is ongoing to maintain nurse recruitment and retention. The metric for Care Hours per patient day has improved, which is positive particularly given the pressure on patient quality and experience during escalation.

(d) <u>People and Culture Committee (31.01.24)</u>
Mrs Dinneen highlighted particular items to the Board arising from the work of the People & Culture Committee.

i) *DBS checks:* The Committee had requested a report regarding the approach of the Trust to periodic repeating of DBS checks for staff, to complement those checks that are undertaken on recruitment. The position has been reviewed by the Management Board which confirmed that our current practice is consistent with national requirements. Introducing periodic rechecks would require significant infrastructure and resourcing. This level of expenditure would need to be balanced against other priorities and it was noted that there is an existing obligation for staff to inform the Trust if they are subject to criminal conviction or caution. The Committee supported the suggestion that it may be helpful to remind staff of this obligation, with provision of an accessible confidential mechanism for self-reporting.

ii) *HCA recruitment:* The Committee reviewed key metrics as reported in the Workforce IPR. With regard to the persistent number of HCA vacancies, it was noted that there may be an opportunity to introduce simplified procedures for recruitment of UEA students willing to work as part-time/bank HCAs. Committee members noted that it is consistent with the approach in other university hospitals where, for example, medical students are proactively provided with information about forthcoming vacancies & available shifts. It was recognised that there are a number of opportunities to enhance communication and engagement with potential HCAs and to make the Trust's offer more attractive.

iii) *Draft Workforce Strategy*: The Committee received an initial draft Workforce Development Strategy for discussion and comment. The Committee provided feedback on the outline and encouraged greater reference to the opportunities around co-location on NRP, the need to develop staff for non-clinical as well as clinical roles, and the expected impact of digital/AI initiatives in shaping future workforce needs.

iv) *Freedom to Speak-Up Policy (FTSU):* The Committee reviewed updates to the Trust's Freedom to Speak Up Policy as prepared by Mrs Dawson (Lead FTSU Guardian) and in line with the National FTSU Policy. The Trust policy has been reviewed with staff representatives and with the aim of ensuring correct channels for escalation are clear, and that emphasis is on the "normality" of speaking up. It includes additional information on avenues for direct reporting into safety teams and governance channels in divisions. The Committee agreed to recommend the updated policy to the Board, with the proposal that the Director of Workforce/CPO should have delegated authority to approve any updates to contact details and information links in the Policy as necessary within the annual review cycle. More substantive changes to the policy will still require approval of the Board.

The Board **noted** the work of its People and Culture Committee and **approved** the updated FTSU Policy with associated delegation of authority to CPO/Director of Workforce to approve updates to contact details and information links in the Policy as necessary within the annual review cycle.

(e) <u>IPR – Workforce Data</u>
The Board received the regular IPR of Workforce metrics. Despite operational pressure we have sustained mandatory training at over 90%. Sickness absences have increased however this is 1% lower that this time last year. The target for appraisal completion has been achieved and we currently have the highest number of staff ever as a Trust at 8638 members of staff.

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(f)　Finance, Investments and Performance Committee (31.01.24)
The Board received a report regarding key issues arising from the Finance, Investments & Performance Committee. Mr Spink explained that the focus had been on the pressure on the Trust currently with extra patients. In accordance with established practice, Committee members visited clinical areas in advance of the meeting (Jack Pryor Unit & Brundall Ward). Committee members noted the challenges associated with escalation in inpatient areas and discussed these with staff.

The Committee congratulated the success in reducing ambulance waits. The current position of escalation is however unsustainable and the Committee was updated on the System Capacity Plans. It is anticipated that an additional 48 beds in the community trust will become available in June.

(g)　IPR – Performance and Productivity Data
The Board received an update from Mr Cobb on operational performance in the Trust. Performance against the national ambulance 4-hour standard has reached 76% and the Trust is one of only 11 trusts nationally to achieve this. The policy has been to move risk out of community and into the hospital, releasing ambulances back to use for community emergencies. The Hospital is however now under enormous pressure and we do need to find a way to decongest the emergency pathway and reduce the use of escalation.

Mr Spink noted the significant improvement against a range of performance metrics and expressed thanks to everyone across the Trust who has worked on achieving this performance.

(h)　Finance – YTD Report
The Board received a report from Mr Clarke providing an update on the YTD financial position which is on Plan and the forecast outturn remains financial breakeven.

Non-Executives questioned what we can do differently to develop Cost Improvement Plans and recurrent efficiencies. Mr Clarke reflected that next year we should enjoy the benefit of full year effect of schemes implemented during this year. Planning has started early and it is hoped that our efforts won't be impeded by industrial action.

Mr Spink thanked all the team for their efforts in achieving the reported financial performance.

(i)　Major Projects Assurance Committee (31.01.24)
Mr Spink provided an update report from the Major Projects Assurance Committee:
- the paediatric theatre complex is now open with very positive feedback from staff and patients;
- the NANOC construction is nearing completion and the Diagnostic & Assessment Centre project is proceeding to schedule;
- the Committee was updated regarding the Transformation Programme with 5 key workstreams. The Committee encouraged progress in developing efficiency plans, in order to put the Trust in the best possible position to meet the challenges of the year ahead.

24/009　**QUESTIONS FROM MEMBERS OF THE PUBLIC**
Board members were invited to comment on the potential impact of news regarding several high-profile cases of cancer. Dr Brett explained that previous high-profile cases

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have been followed by an increase in enquiries from patients and referrals on the 2-week pathway.

24/010 **ANY OTHER BUSINESS**
There was no other business.

24/011 **DATE AND TIME OF NEXT MEETING**
The next meeting of the Trust Board in public will be at 9.30am on 03 April 2024 in the Boardroom of the Norfolk and Norwich University Hospital.

Signed by the Chair: …………..………………………… Date: .…………………………………
Confirmed as a true record by the Board on 06 March 2024 [TBC]

Decisions Taken:

24/003 – minutes of previous meeting	The minutes of the meeting held on 01.11.23 were **agreed** as a true record for signing by the Chair.
P24/008(a) – Risk Management Strategy	The Board **reapproved** the existing Risk Management Strategy.
P24/008(d) – Freedom to Speak-Up Policy (FTSU)	The Board **approved** the updated FTSU Policy with associated delegation of authority to CPO/Director of Workforce to approve updates to contact details and information links in the Policy as necessary within the annual review cycle.

Action Points Arising:
There were no formal actions arising.

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REPORT TO THE TRUST BOARD

Date	Wednesday, 03 April 2024
Title	Staff Experience Report - NHS Staff Survey 2023 Results
Author & Exec lead	Sarah Pask, Associate Director of Organisational Development & Learning on behalf of Paul Jones, Chief People Officer
Purpose	For Discussion and Information
Relevant Strategic Objective	1. We will be a provider of high-quality health and care services to our local population

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☐	**Increased staff engagement links to improved quality and performance**
	Operational	Yes☐ No✓	
	Workforce	Yes✓ No☐	**Staff engagement and morale**
	Financial	Yes☐ No✓	

1.   Background

1.1   The 2023 NHS Staff Survey launched at NNUH on 02 October 2023 and closed on 24 November 2023. The final response rate for the Trust was 47% with 4,378 staff sharing their views. This participation rate is above the national average for Acute Trusts (45%).

1.2   We are now in receipt of our benchmark report, which compares our organisation, against other acute Trusts. The initial high-level analysis is shared in this report.

1.3   The full staff survey results were made public date on Thursday, 07 March 2024 at 9:30 am.

1.4   The 106 question scores are grouped by the Staff Survey into theme scores which are reported at Trust, division, and staff group level and are benchmarked against 122 Acute Trusts**.**

1.5   We receive survey results in different ways as follows:
- Trust, Divisional and Staff Group scores for the 7 People Promise themes, and additional Staff Engagement and Morale themes

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- This is then split into 21 sub-scores which are aligned to the 9 themes
- There were 3 new questions in the 2023 survey
  - (Q17) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from;
    - patients / service users, their relatives or other members of the public (Q17a)
    - staff / colleagues (Q17b)
  - I can eat nutritious and affordable food while I am working

- All questions are benchmarked to the 122 acute trust scores which are;
  - Average
  - Best and
  - Worst

2.   Key updates

NNUH 2023 results compared with 2022

2.1   In comparison to 2022, all seven People Promise themes and the two additional themes of staff engagement and morale have improved and the rate of improvement for the NNUH is above the Acute Trust average. However, the NNUH results score below the Acute Trusts average on all of these themes.

2.2   When comparing the NNUH 2023 question to 2022 results, out of 106 questions 96 questions improved, 3 were new, (so no comparison to previous year) and 7 declined. Questions highlighting the highest and lowest scoring questions are covered in the supporting presentation.

2.3   Significant progress has been made with the actions in the People Promise programme which has contributed to improvements in experience by the NNUH in the last year. Within the People Promise workstreams, 26 actions have been achieved, 8 have been implemented and will be ongoing, whilst 7 are still to be achieved (see appendix A).

2.4   The NHSE People Promise team have shared some of the metrics about the improved performance of the 1st cohort sites in comparison with non-People Promise sites. This included reduced turnover, lower vacancies and improvement in staff engagement.

2.5   In summary, we have achieved:
- Reduction in turnover
- Lower vacancies

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- Highest level of staff in post in our history
- Improvement in 96 of 106 questions in the staff survey
- Improvement in all of the People Promise Themes on previous year, which are noted as being statistically significant
- Ranked in the 5 x most improved acute Trusts for staff survey results

2.6   The team also commented positively on our approach to having a named Executive Director leading each of our NNUH People Promise workstreams.

NNUH compared with the National Acute Trust Average

2.7   When comparing the 106 NNUH question scores to the national Acute Trust average, 5 score above average, 14 are aligned to the average and 87 are below average, with 7 questions being equal to the lowest scoring Trusts.

2.8   The NNUH question results which score above the Acute Trust national average are;
   - ✓ Q6d I can approach my immediate manager to talk openly about flexible working.
   - ✓ Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.
   - ✓ Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?
   - ✓ Q19d We are given feedback about changes made in response to reported errors, near misses and incidents.
   - ✓ Q31b Has your employer made reasonable adjustment(s) to enable you to carry out your work?

2.9   The NNUH scores equal to the lowest scoring Trust were on the following 7 questions;
   - ➢ Q6a I feel that my role makes a difference to patients / service users
   - ➢ Q3f I am able to make improvements happen in my area of work
   - ➢ Q3g I am able to meet all the conflicting demands on my time at work
   - ➢ Q3i There are enough staff at this organisation for me to do my job properly
   - ➢ Q13d The last time you experienced physical violence at work, did you or a colleague report it?
   - ➢ Q12e How often, if at all, do you feel worn out at the end of your working day/shift?
   - ➢ Q2a I look forward to going to work

2.10   From reviewing the results at Divisional level, Corporate Services is the only area with all 9 theme scores above the NNUH average, and above the national average. Medicine has 7 scores above the NNUH average and 2 aligned to the NNUH average. W&C has 7 scores above the NNUH average and 2 below the NNUH

average. All 9 theme scores in CSS, Medicine, Surgery and Women & Children are below the national average. Surgery and CSS have all 9 scores below the NNUH average.

2.11   From reviewing the results by staff group, Admin and Clerical has 8 scores above the NNUH average, and 1 below the NNUH average. Allied Health Professionals has 7 scores above the NNUH average, and 2 below the NNUH average. Nursing & Midwifery Registered, Additional Clinical Services, Allied Health Professionals and Estates & Ancillary all have a combination of scores above and below the NNUH average. Medical and Dental, Healthcare Scientists and Add Prof Scientific & Technical have all 9 scores below the NNUH average.

2.12   Two of the new questions in the survey raise the presence of unwanted behaviour of a sexual nature. This question has never been asked before, so provides an important baseline. We have undertaken further drill down analysis on this and discussed within our staff networks. A small working party has been formed, with volunteers from divisions to develop further insight, with the intension to hold a wider conversation with the organisation on targeted improvement actions.

2.13   The third new question was in relation to affordable and nutritious food at work which indicated 50% of staff responding positively to this question.

2.14   Following the review of the staff survey data, a number of themes are starting to emerge as priority areas to inform the next iteration of the People Promise plan. The table below highlights the emerging themes which are being highlighted by other data sources.

2.15   The primary themes appear to include;
- Poor behaviours (this includes physical violence, discrimination, unwanted behaviour of a sexual nature, bullying, harassment and abuse)
- Work pressure, staffing and burnout
- PDR quality and Leadership

We hope to gain further insight around the feedback on staff facilities when the full thematic analysis of the free text comments is completed.

Employee feedback - Summary from current data sources

Culture survey (with T-three)	2023 Staff survey data (quantitative)	2023 Staff survey free text (qualitative) Top 10 themes from reviewed so far (75%)
- Concern over staff shortages and the impact on patient care - Support for heavy workloads (overworked), little time for planning, innovation or addressing backlogs, time consuming admin tasks hindering clinical work - Bullying & poor behaviour are not adequately addressed - Concern over differential treatment of LGBQ+ staff and colleagues with neurodiversity - Greater involvement in decision making, kept up-to-date with changes - Addressing resource e.g. more clinic rooms, treatment and meeting rooms - IT issues impacting on staff workload and patient care - Be valued by the organisation - Desire for recognition of employees contributions - Communication and feedback, improved 2-way comms between snr mgt and frontline workers – feedback mechanisms perceived to be inadequate, with some concerns about unaddressed questions. Examples of how org is working to improve culture - Opportunities to develop	Themes; **Poor behaviours** – employees experiencing and under reporting physical violence, discrimination, unwanted sexual behaviour, bullying, harassment and abuse **Work pressure/ burnout** – emotionally and physically exhausted leading to burnout. Unable to meet the conflicting demands with unrealistic time pressures with insufficient staffing. **Appraisal/ PDR** – although we score above average in the quantity of PDR's completed, colleagues do not feel they have clear objectives, they are not feeling valued and they do not feel it helps to improve their job. **Leadership** – employees are not feeling valued or recognised for good work. Poor quality appraisals. Supporting workload pressures and helping to alleviate conflicting demands. Engaging and involving the team in decision making	1. Staff shortages (111 comments) 2. Overworked / under pressure (87 comments) 3. Poor management skills (73 comments) 4. Underpaid / pay inequity (65 comments) - notably about similar jobs in other Trusts being paid a band higher than NNUH 5. Bullying and harassment (61 comments) 6. Parking / public transport / poor staff facilities (61 comments) 7. Feeling undervalued by management (48 comments) 8. Low morale (46 comments) 9. Patient care and safety is being compromised (46 comments) 10. Lack of / denied access to training, education and progression opportunities (42 comments)

3. Responding to the Results

3.1 We need to make transformational, sustained improvement into how our staff feels about working at NNUH. A 3-year Improvement Plan, aligned to the 7 elements of the NHS People Promise, will be updated to reflect the 2023 results, and identify priority actions which will have the greatest impact. Significant improvement over multiple years is required to continue the improvement.

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4   **Next steps**

- The thematic analysis of the free text comments once completed will be provided to the Board for the next reporting period. This will build our understanding of staff experience.
- An engagement event will be held in April with representatives from unions and staff groups to agree meaningful actions which resonate with colleagues as priorities to inform the next iteration of the People Promise programme.
- Supported by the 'line manager briefing guide' managers have been asked to share their survey results and celebrate improvements on previous years, in addition departments have been asked to bring together local plans to help improve their teams experience. This will be fed back to Divisional/ Corporate leadership teams by the 30 April.
- Divisions and Corporate functions have been asked to review their results and develop up to three improvement actions to focus on locally to support cross-organisationally work on the People Promise workstreams.
- Following the success last year, the OD Team will provide themed workshops and multi-professional interventions (in conjunction with FTSU and Wellbeing) for teams identified as benefitting from focussed development from April 2024.
- A small working party has been formed, with volunteers from divisions to develop further insight into addressing unwanted sexual behaviours in the workplace. This will then include a wider conversation with the organisation on peoples experience and develop targeted improvement actions. Our neighbouring Trusts have asked to join this work.
- Following engagement with colleagues across the organisation, and finalisation of budgets, agree NNUN People Promise improvement actions for 2024/25

5.   **Conclusions**

5.1   Whilst we have made improvements on the previous year, our scores are still below the national average for acute trusts, indicating the extent of work we still need to do.

5.2   The commitment of staff in providing such extensive feedback provides, means we can inform where our efforts will best resonate with colleagues. We need to continue this intensive programme to support our colleagues experience at work and continue to communicate improvements being delivered through the year.

Recommendation: The Board is asked to:
- Acknowledge the progress made by the introduction of the People Promise improvement programme
- Note the 2023 staff survey results and emerging themes to inform an updated People Promise improvement programme
- Support engagement from divisional and departmental management to take ownership for results and support improvement actions

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Our Vision
The best care
for every patient

Appendix A

Key: - achieved - ✓ implemented and ongoing - 👉 still to be achieved ⟺

Your concerns:	What we said we'd do:
1. **You told us that staff shortages is one of your biggest concerns, impacting on patient care, stress, and exhaustion.** Owner: Paul Jones, Chief People Officer	✓ Better support to reduce the number of people leaving in their first 12 months ✓ Help colleagues to stay by offering more flexible working patterns and flexible pension options 👉 Each month, recruit 26 Registered Nurses and 30 Healthcare Assistants ✓ Implement Stay Conversations 👉 Apply learning from Stay Conversations to address common themes ✓ Help colleagues to maximise pension flexibilities, including retire-and-return and retire flexibly whilst continuing to work ✓ A reduction in the number of staff leaving ✓ Have a fast-track route to move from bank to permanent roles ✓ Achieve a significant reduction in our vacancies
2. **You told us that the lack of staff facilities and parking options made your life more difficult and extended your working day** Owner: Simon Hackwell, Director of Strategy and Major Projects	👉 Ensure car parking permits are distributed fairly ✓ Have 600 additional staff car parking spaces in place ✓ A new "holiday swap" facility for carpark permit holders to share their permit with a colleague during holidays ✓ Provide a new NNUH Thickthorn Shuttle Service with 200 additional parking spaces ⟺ Provide more cycle storage facilities and improved cycle routes 👉 Improve staff rest facilities 👉 Improve the experience of our Junior Doctors by developing a new mess facility 👉 Provide a new Infant feeding room to support colleagues returning from maternity leave ✓ Better support during periods of hot weather, including improved hydration, and cooler facilities

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3. **You told us operational pressures and moving to different parts of our service, created stress and adversely affected the quality of care you want to deliver** Owner: Chris Cobb, Chief Operating Officer	✓ Implement a process to better support you where moves are unavoidable, and ensure these are fairly allocated ↝ Continue reducing the number of "in shift" moves and ensure support where a move is unavoidable ↝ Reduce the incidence of 7 patients in a 6 bedded bay ⟷ Enable your line manager to have protected time to better support you
4. **You told us that you didn't always feel valued, empowered, or supported by leaders** Owner: Paul Jones, Chief People Officer	✓ Continue the "Licence to Lead" programme, to support managers in delivering good people management ⟷ Establish a NNUH Leadership Forum to ensure a two-way communication and flow of ideas across the organisation ✓ Establish "Living our Values" boards to recognise staff achievements through our PRIDE and annual award winners ✓ Publish a Staff Recognition Framework highlighting the range of options to thank individuals and teams for their work
5. **You told us that your wellbeing is compromised due to pressure of work and challenges in achieving a sensible work-life balance** Owner: Nancy Fontaine, Chief Nurse	⟷ Establish a Health and Wellbeing Lead in each Division to develop local wellbeing support ✓ Ongoing programme of "Support and Restore" days, Schwartz Rounds, and cost of living help ✓ A "Caring for You" Expo delivered to support personal and financial wellbeing ✓ A Wellbeing Hub with a drop-in service to access support and advocacy services ✓ Menopause Training delivered and promotion of support services for colleagues affected by menopause ⟷ A Carers Support Network to provide support for colleagues who have caring responsibilities ✓ Implement Preference Shifts in ward areas, to provide more flexibility in working patterns

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6. **You told us that poor behaviours are still far too common in many areas of our service, leading to poor experience at work** Owner: Erika Denton, Medical Director	✓ Develop a Cultural Change Programme that is owned by staff and embedded at all levels. This will enable positive changes and address poor behaviour
	✓ Expand the support available to you under our "No Excuse for Abuse" approach and provide manager training
	✓ Roll out a new Civility and Respect Code to provide better guidance and support for calling out poor behaviours
	✓ A new Diversity, Inclusion and Belonging Strategy launched, to support a more inclusive culture for our staff and patients
	✓ New Speak Up Policy launched, making clear the routes available for you to raise concerns and have these positively resolved
7. You told us using digital systems, can be frustrating and distract from providing care to patients Owner: Ed Prosser-Snelling, Chief Digital Information Officer	✓ Digital Service Team to visit 25 departments from an "in your shoes" perspective to understand concerns
	✓ Introduce Single Sign-on to work across applications without needing multiple logins
	⟺ Enable ICE results to be available on your Alertive app

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Our Vision
The best care for every patient

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

REPORT TO THE TRUST BOARD	
Date	**3 April 2024**
Title	**Chair's Key Issues Report from People and Culture Committee – 25.02.24**
Lead	**Ms Sandra Dinneen – Committee Chair**
Purpose	**For Information**

1   Background/Context

The People and Culture Committee met on 25 March 2024 and discussed matters in accordance with its Terms of Reference. Papers for the meeting have been made available to all Board members for information in the usual way via Admin Control. The meeting was held in 'workshop' format to facilitate discussion, particularly of the Staff Survey results.

2   Key Issues/Risks/Actions

The Committee identified the following matters of note to bring to the attention of the Board:

	Issues considered	Outcomes/decisions/actions
1	Staff Survey 2023	The Committee considered the results of the Survey and discussed 3 particular areas in syndicate groups: i) behaviour and respect; ii) practical/'hygiene' factors; iii) engagement. The discussions generated a range of ideas, which will be considered as part of the planned wider engagement with staff and staff groups to develop a revised action plan.

Strong emphasis was placed on the need for increased pace in delivering changes and improved two-way internal engagement and communications. |
| 2 | Draft Maternity Strategy | We received the draft Maternity Strategy. The team were thanked for the work that had gone into to its development and this is becoming a good document. The Board has previously provided feedback on an earlier version of the draft strategy, and this included the need to strengthen reference to system working, educational links, research opportunities, workforce development and digital. Some of these suggestions have been incorporated but others need some further work. The Committee asked the team particularly to review with the Management Board the sections on longer term strategic ambition and on research & education/training, so that an updated draft can be brought to the Board. Committee members offered to review an updated tracked-changes version between meetings if helpful. |
| 3 | Draft Workforce Strategy | We received an update on the ongoing work with the Divisions to develop the draft Workforce Strategy.   There was discussion of the need to reflect changing workforce models, within the context of significant financial and productivity challenges and a developing landscape of increasing demand for healthcare and evolving treatment approaches and options. This requires clear strategic thinking and longer-term aspiration. The |

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| | | Board has previously commented on the opportunity to standardise the approach to development & review of strategies, and we discussed the difference between plans and strategy to be reflected in the next draft. |

3   Conclusions/Outcome/Next steps

The Committee is scheduled to meet again on 25 June 2024 at which meeting the Committee is due to consider:

- draft Workforce Strategy
- Committee annual review
- report from the Responsible Officer for Medical Appraisal and Revalidation
- review final draft of staff survey action plan and
- next steps on culture

Recommendation: The Board is recommended to note the work of its People & Culture Committee.

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Workforce

[View in Power BI ↗](#)

Last data refresh:
15/03/2024 08:30:46 UTC

Downloaded at:
15/03/2024 14:04:12 UTC
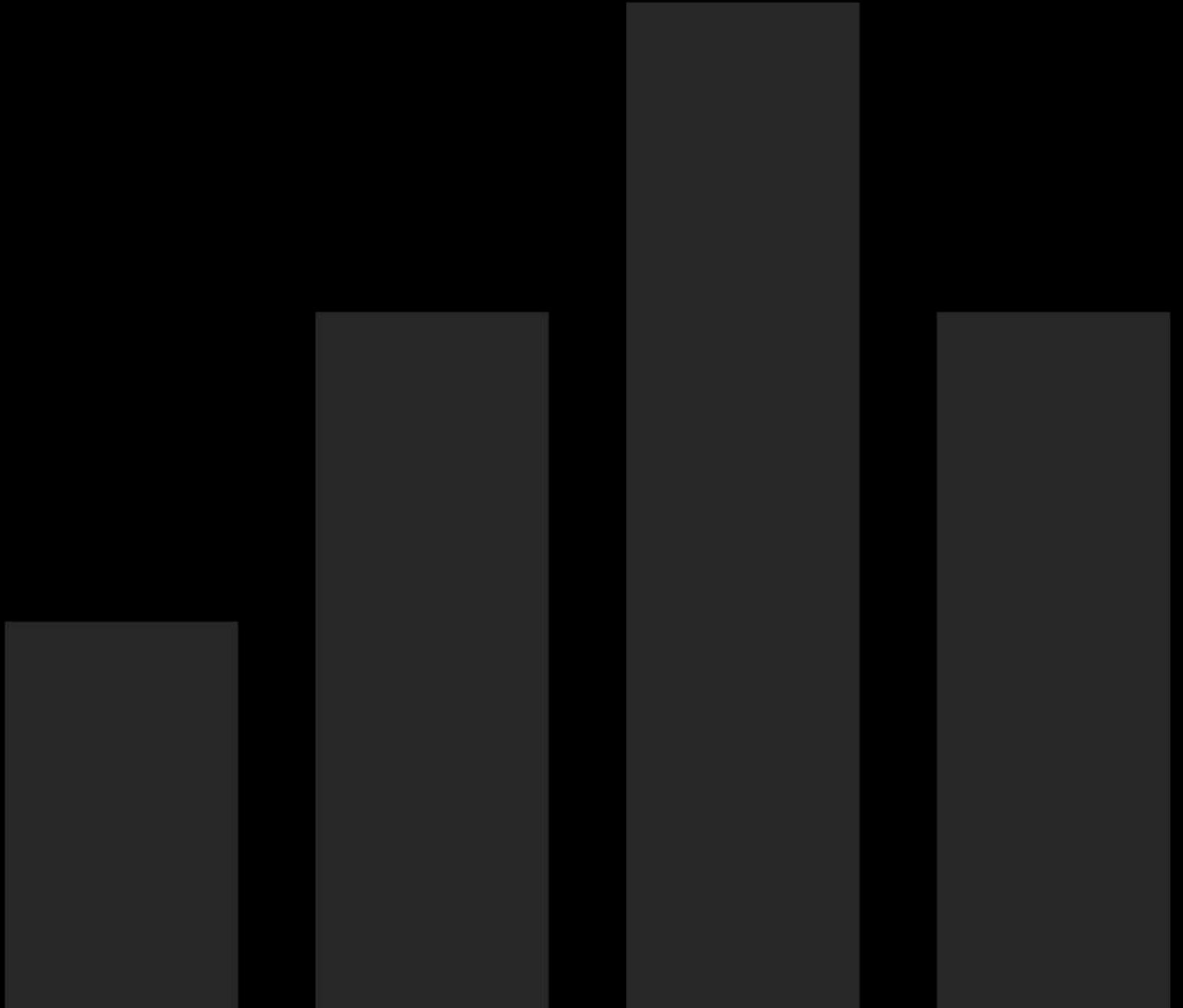
Workforce Summary

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
Staff Turnover	Monthly Turnover	Feb 2024	0.6%	Improvement (Low)	Inconsistent
Staff in Post	Actual Substantive Headcount (WTE)	Feb 2024	8,662	Improvement (High)	No Target
Mandatory Training	Mandatory Training	Feb 2024	92.7%	Improvement (High)	Inconsistent
Non-Medical Appraisals	Non-Medical Appraisal	Feb 2024	90.7%	Improvement (High)	Not capable
Job Planning	Job Plans Signed Off % (Within 12months)	Feb 2024	58.0%	Concern (Low)	Not capable

SPC Variation Icons

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

SPC Assurance Icons

Capable   Inconsistent   Not capable

Mandatory Training

NNUH Digital Health
business intelligence

Mandatory Training

Feb 2024

Variation	Assurance		
(H)	(?)	92.7% Result	92.0% UPL
		90.0% Target	90.8% Mean
			89.6% LPL

Mandatory Training

Legend: Result · Mean · UPL · LPL · MetricTarget · SCConcern · SCCommonCause · SCImprovement
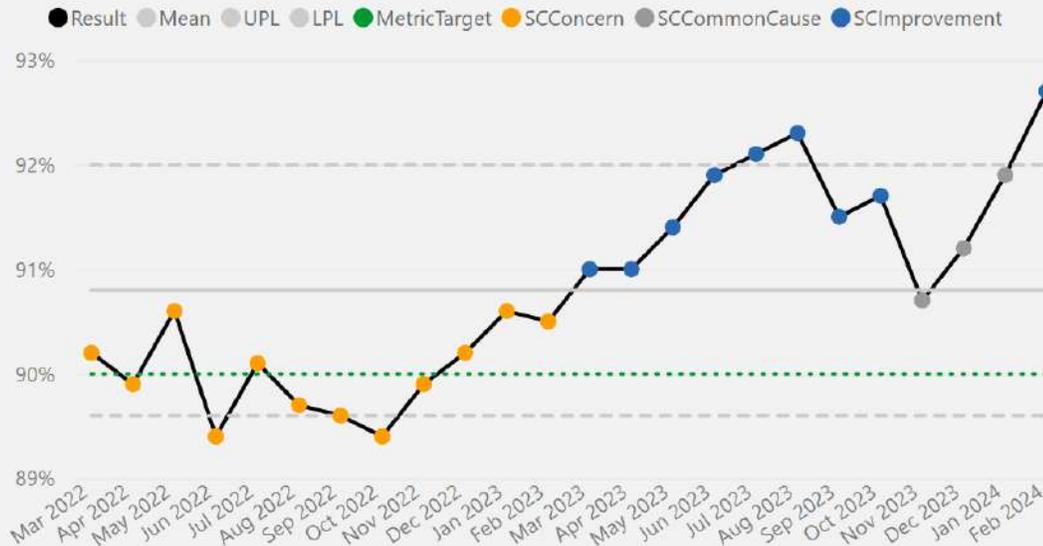
Assurance Commentary

As at the end of February the overall compliance rate was 92.7%. For Medical staff, the compliance rate for permanent staff was 92.9% - this figure reduces to 85.8% including the fixed term rotational junior doctors.

This is the 15th consecutive month where the Trust has achieved compliance against the target of 90%. This is the first time the Trust has sustained this level of compliance over a year.

Classroom based training are two areas of lower compliance with manual handling at 85% and Resus at 87%, however these have seen a positive rise in compliance this month of over 2%. A number of actions are being worked on as part of the CQC Evidence Group to reach compliance of 90%.

The recruitment of a new Manual Handling trainer is helping increase the availability for this training while the move to a blended approach for Resus is also having a positive impact.

Improvement Actions

Feb 2024 – New 'Did Not Attend' Reports are now being shared with Divisions and HR Business Partners

Feb 2024 – a new working group has been set-up to review Bank staff compliance

Sickness Absence

NNUH Digital Health business intelligence

Monthly Sickness Absence %

Feb 2024

	Variation	Assurance		
			5.1% Result	6.5% UPL
		?	3.9% Target	5.1% Mean
				3.7% LPL

Analytical Commentary

Variation is Common Cause

Monthly Sickness Absence %

Legend: ● Result ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
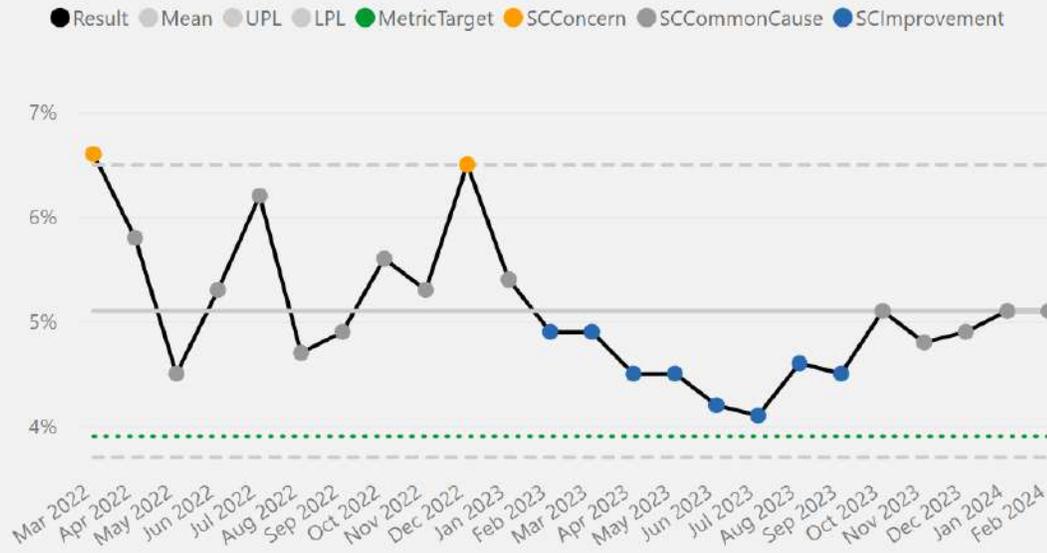
Assurance Commentary

The Trust's 12 month rolling average target for sickness absence is 3.9%. As at 29 February 2024, the rate is 4.7%. This compares to 5.5% in February 2023.

Latest national NHS sickness data (October 2023) reports the NHS England monthly average as 5.32%. The East of England reports a monthly average of 5.11% and Norfolk and Waveney reports at 5.76%. The Trust reports the lowest monthly sickness absence rate for Trusts in Norfolk and Waveney, 5.0% for the same period.

The monthly absence rate is 5.1% in February. Compared to the same month last year, short and long term absence are lower, whilst medium term absence is showing an increase.

Last month, 27% of referrals to Workplace & Heath Wellbeing relating to psychological ill health were attributed to workplace stress. The main issues cited in this month link to the current demands of the hospital – additional patients in bay / corridor as well as strike action implications. Relationship issues highlight behaviours of colleagues recognising that at time of pressure, colleagues behaviours are impacted, however the impact on the staff member remains. In addition support around shift allocation to aid wellbeing is also cited this month.

As part of the workforce KPI review, the compliance rate has been reviewed and will be discussed at the Workforce Education Sub Board in March for consideration.

From a muscular skeletal perspective, 11% were considered as caused by work this month. There are still ongoing concerns re: storage of equipment and injuries as a result.

Improvement Actions

February 2024 – Active promotion of the Employee Assistance Programme to support staff during / after challenging shifts, particularly in the context of the current escalations.

February 2024 – Active promotion of the Wellbeing Hub to support staff, particularly in the context of the current operational pressures and escalations.

Staff Turnover

NNUH Digital Health business intelligence

Monthly Turnover

Feb 2024

Variation **L**

Assurance **?**

0.6% Result	1.3% UPL
0.8% Target	1.0% Mean
	0.7% LPL

Analytical Commentary

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

Monthly Turnover

● Result ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
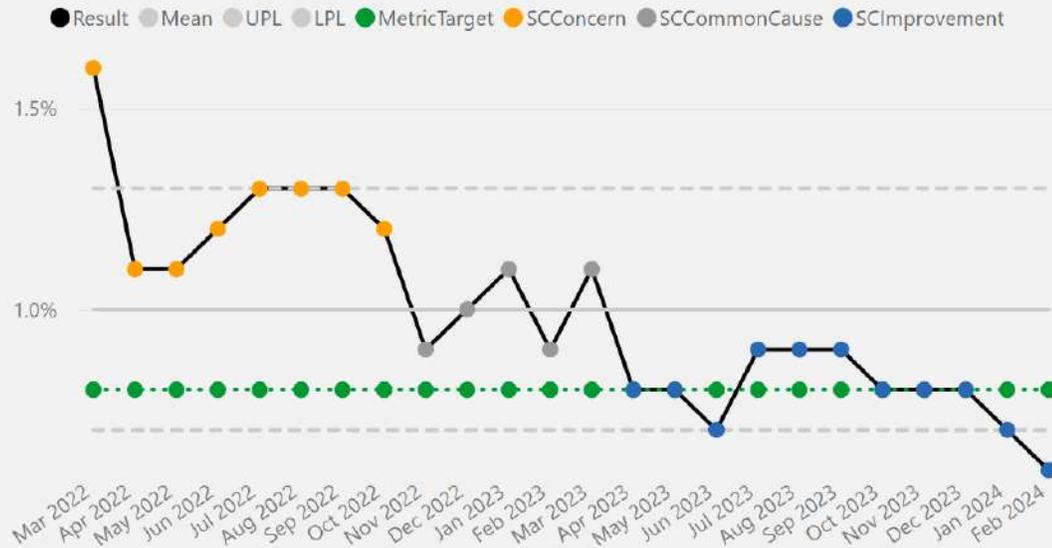
Assurance Commentary

The monthly turnover rate for February 2024 is 0.6% which is a decrease from January 2024 (0.7%) and lower than February 2023 (0.9%). The 12-month average turnover rate is 9.7%, a reduction of 0.3% from January 2024. This is the lowest 12-month average turnover rate since August 2020.

Of the 44 (FTE) leavers that left in the month of February, which compares to 52 in January 2024; 41 were from three main staffing groups. These are: nursing and midwifery (all grades), additional clinical services (e.g Healthcare Assistants and other support workers) and administration and clerical. Each staffing group has seen a decline in turnover from 24.9% to 13.3% for additional clinical services, 13.3% to 8.4% for nursing and midwifery and 15.5% to 11.0% for administration and clerical. These professional groups will remain an area of focus, with divisions particularly focusing on the administration and clerical staff group.

The number of Stay Conversations is currently averaging 21% for the last 12 months (172 surveys from 860 leavers) against the target of 40%. Completion in February was 24%. This is reported and monitored through the divisional performance committees.

The nationally benchmarked 2023 staff survey results were published 7 March. All 7 People Promise themes, plus staff motivation and morale have all seen an improvement compared with last year's results.

When comparing the NNUH 2023 question to 2022 results, out of 106 questions;
• 96 questions improved
• 3 were new (so no comparison to previous year)
• 7 declined

Improvement Actions

February 2024 – Staff survey results are published nationally in March and the data is being reviewed to inform future improvement plans.

February 2024 - Continued support for junior doctor colleagues with their right to take industrial action, ensuring the provision of advice and guidance including treating one another in accordance with our PRIDE values and automating workforce reporting and payroll processes through the use of Health Roster.

Staff in Post

NNUH Digital Health business intelligence

Actual Substantive Headcount (WTE)

Feb 2024

	Variation	Assurance		
	H		8,662 Result	8,447 UPL
			N/A Target	8,296 Mean
				8,144 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)

Actual Substantive Headcount (WTE)

● Result ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
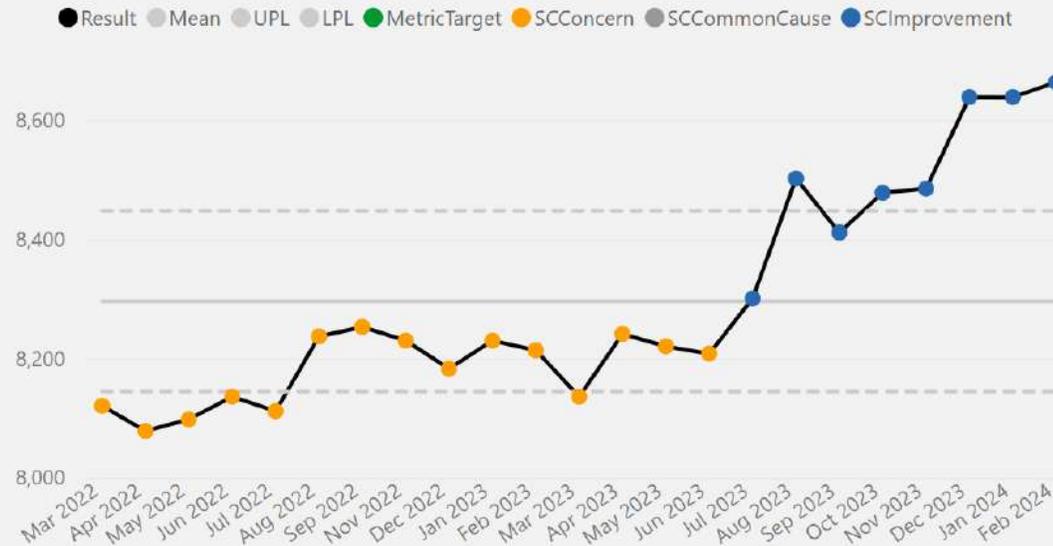
Assurance Commentary

Substantive staff in post is 8,662 for February 2024, an increase of 25 WTE on January 2024 (8,637). This compares to substantive staff in post of 8,213 for February 2023.

Increasing headcount requires vacancy reduction and turnover reduction to be achieved. Vacancy rate is at 10.0% for February 2024, which is a decrease from January 2024 (10.1%).
Through the Performance Assurance Framework, performance against trajectories for nursing vacancies in Medicine, Surgery, Midwifery and Paediatrics are reviewed on a monthly basis. Current trajectories are to achieve a 7.7% vacancy rate for registered nurses by March 2024, from a high point of 18.3% in April 2023.

December 2023 saw a 12 month increase in staff in post for HCSWs of 154 WTE (843 for December 2022 compared to 996 for December 2023). Due to the increases in establishment (1,231 for December 2023 compared to 1,096 for December 2022), the vacancy rate has reduced from 23.2% (December 2022) to 19.1% (December 2023).

Whilst a number of improvements have been achieved in recruitment and staff turnover, the ability to recruit, particularly HCAs, remains a risk for the Trust. Retention initiatives for the next year, are being reviewed, in line with the staff survey results and the stay conversations data. Daily pay is being explored to establish whether this would assist with retention at the Trust, for additional bank shifts undertaken.

Work with the Digital Health Team has commenced to establish a staff in post occupancy metric with key milestone measures to be built into the reporting framework. As part of the workforce KPI review, the target rate will be reviewed and discussed at the Workforce Education Sub Board in March for

Improvement Actions

February 2024 – Phase 1 of the Culture Change programme is complete and phase two is currently being developed with actions identified for 2024 which is being discussed with the new Chief Executive for the roadmap of improvements

February 2024 – Amended timelines for the second and third cycles of succession planning agreed at HMB. Actions delivered to actively promote the Trust's succession planning processes to support wider engagement with the second cycle.

Vacancies

NNUH Digital Health business intelligence

Variance: Headcount (WTE)

Feb 2024

Variation	Assurance		
		-960 Result	-873 UPL
	F	0 Target	-1,048 Mean
			-1,223 LPL

Analytical Commentary

Variation is Common Cause

Variance: Headcount (WTE)

● Result ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
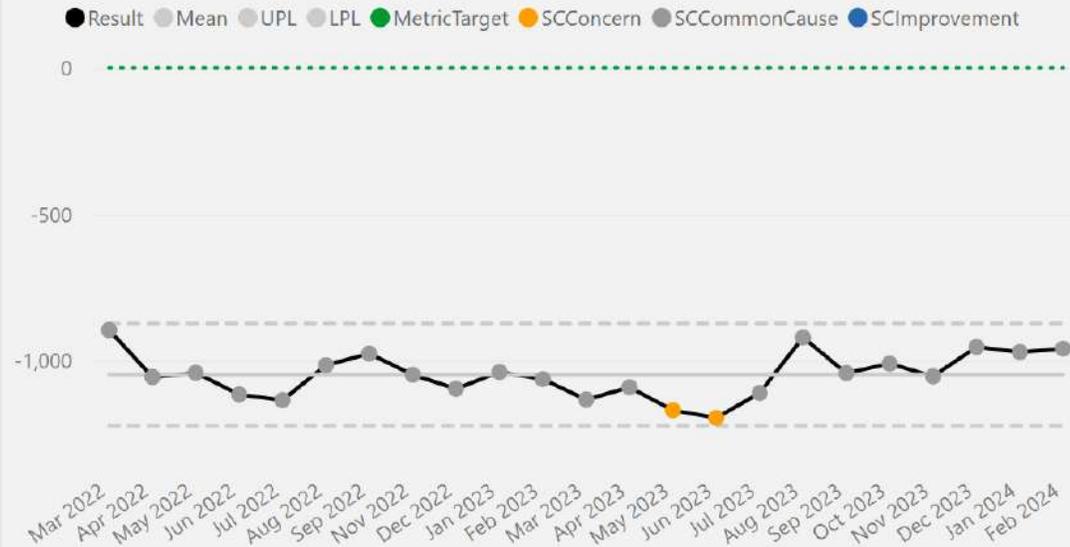
Assurance Commentary

The Trust vacancy rate for February 2024 is 10.0% which is a decrease from 10.1% in January. The staff in post has been increased and there has been an increase in the establishment in this month.

As part of the business planning cycle, divisional workforce plans have been developed with new services, hard to fill posts and workforce risks identified. Once this is approved at the end of cycle, the plans will formulate the 2024/2025 recruitment plan.

Due to the successful recruitment of international nurses in 2023, Nursing, Workforce, Finance and PD&E are working together to manage the newly qualified process for September 2024.

Recruitment events were held in February to attract nursing students due to qualify in Summer 2024, alongside the commencement of the career conversations with third year students.

The Trust is participating in system wide events to attract 'New to Care' applications to Health Care Assistant roles. The recruitment trajectory for Health Care Assistant roles continues as a risk due to skill mix changes in Divisions and recruited to the vacancy roles.

Improvement Actions

February 2024 - 24 individuals commenced their HCA induction training (8 Medicine, 13 Surgery, 3 W&C). 21 individuals are due to start their HCA induction training in March (1 CSS, 1 Corporate, 8 Medicine, 8 Surgery, 3 W&C).

February 2024 – development of divisional workforce plans, as part of operational planning, to support delivery of services. These are aligned to the finance and activity plans and include a focus on workforce risks and mitigations.

Recruitment (Non-Medical)

NNUH Digital Health — business intelligence

Time to Hire - Total

Feb 2024

Variation	Assurance	
		35.5 Result — 44.1 UPL
		38.0 Target — 37.2 Mean
		30.2 LPL

Analytical Commentary

Variation is Common Cause

Time to Hire - Total

Legend: ● Result ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
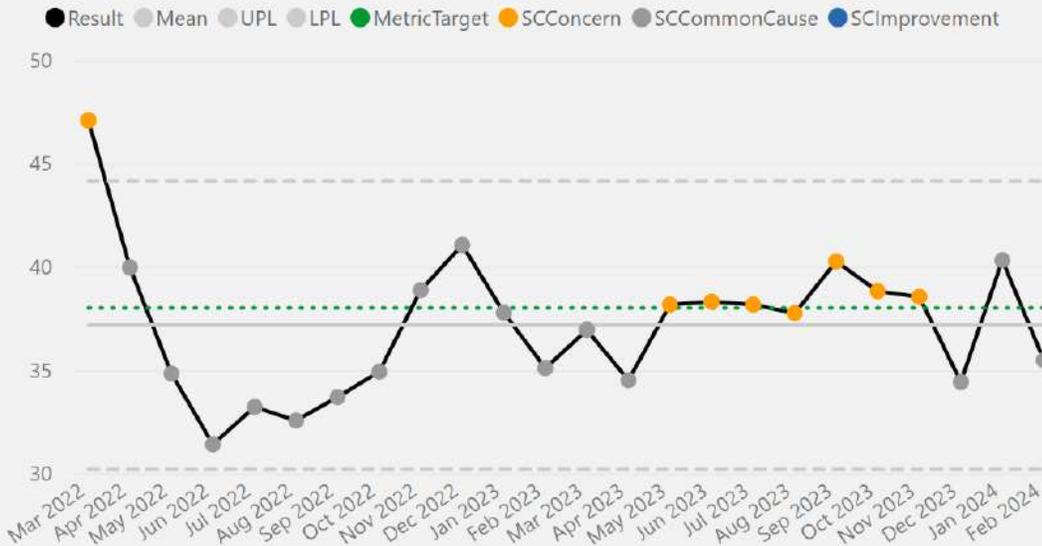
Assurance Commentary

February Time to Hire was 35.5 working days, which is below the Trust KPI of 38 days. This compares to 40 working days in January 2023.

Time to Offer is on target at 2 working days. Time to Select is 10.5 working days, just over the target of 10 working days. Time to check is 25 working days, just under the internal target of 26 days.

In February, 147 candidates have been recruited to roles within the Trust, 56 of which were external to the Trust (which equates to 38%, below the current average of 50%).

An HR dashboard that highlights vacancy rate v temporary staffing usage v sickness absence and maternity cover with a rag rating has been produced to support proactive recruitment support from the Recruitment Team.

The use of robotics continues to be explored to introduce efficiency in the recruitment processes and therefore an improved candidate experience.

Improvement Actions

February 2024 – Recruitment Advisors are using an HR Dashboard to support and prioritise recruitment

February 2024 – A recruitment campaign has been launched for Anaesthetic Consultants, which is a hard to fill post

Supplementary Metrics

Metric Name	Date	Result		Variation	Assurance
Time to Hire - Time To Select	Feb 2024	10.5		Common Cause	No Target

Job Planning

Job Plans Signed Off % (Within 12months)

Feb 2024

Variation: L
Assurance: F

58.0% Result	69.0% UPL
90.0% Target	59.4% Mean
	49.8% LPL

Analytical Commentary

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

Job Plans Signed Off % (Within 12months)

● Result ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
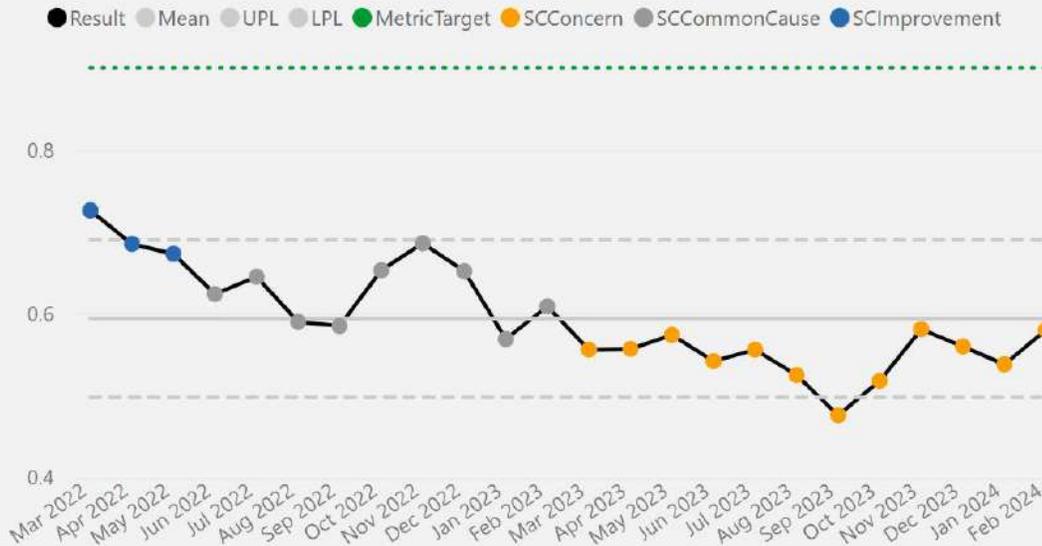
Assurance Commentary

Performance figures are affected by operational pressures within the hospital

Improvement Actions

- To review the Job Plan Assurance TORs to consider closer alignment with medics rostering
- To continue with updating the Beat with appropriate information
- To review 'Team' job planning functionality and to consider whether this should be used in the organisation.

Recruitment Trajectories

Recruitment Trajectory - Trust Band 2 Healthcare Assistant

Metric ● Actual staff in post ● Anticipated Staff in post ● Planned Establishm... ● Staff in post (in...
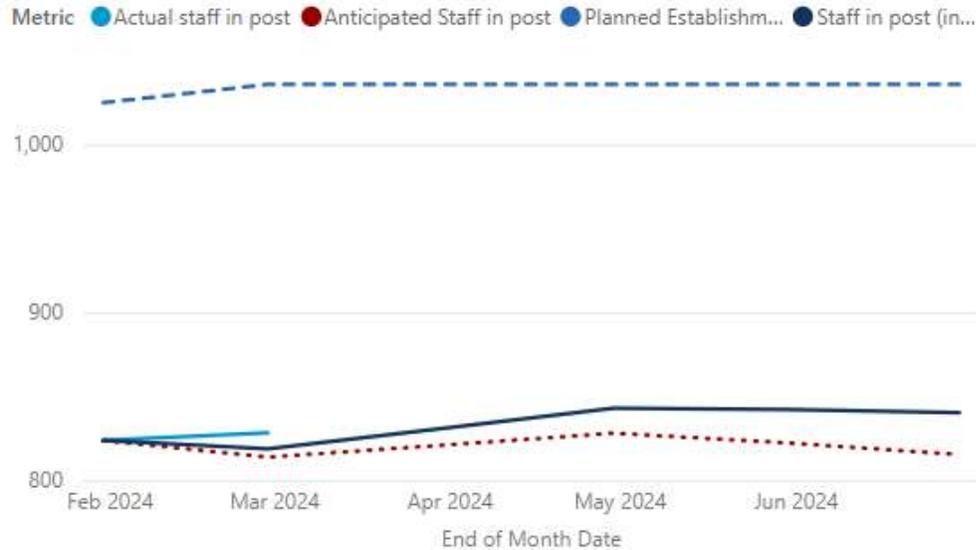
Metric	Jan-24	Feb-24	Mar-24	Apr-2
Actual staff in post	823.59	828.33		
Anticipated Staff in post	823.59	813.72	820.85	827
Anticipated Vacancy %	19.6%	21.4%	20.7%	20
Anticipated Vacancy % (increased capacity)	19.6%	20.9%	19.8%	18
Increased Capacity	5.00	5.00	5.00	5
Internal Promotions	0.87	0.87	0.87	0
Other Leavers	16.00	33.00	16.00	16
Planned Establishment	1,024.78	1,035.67	1,035.67	1,035
Planned Establishment %				
Recruitment Activity	24.00	24.00	24.00	24
Staff in post (increased capacity)	823.59	818.72	830.85	842

Recruitment Trajectory - Trust Band 5 Nurse

Metric ● Actual staff in post ● Anticipated Staff in post ● Anticipated Staff in ... ● Planned Establis...
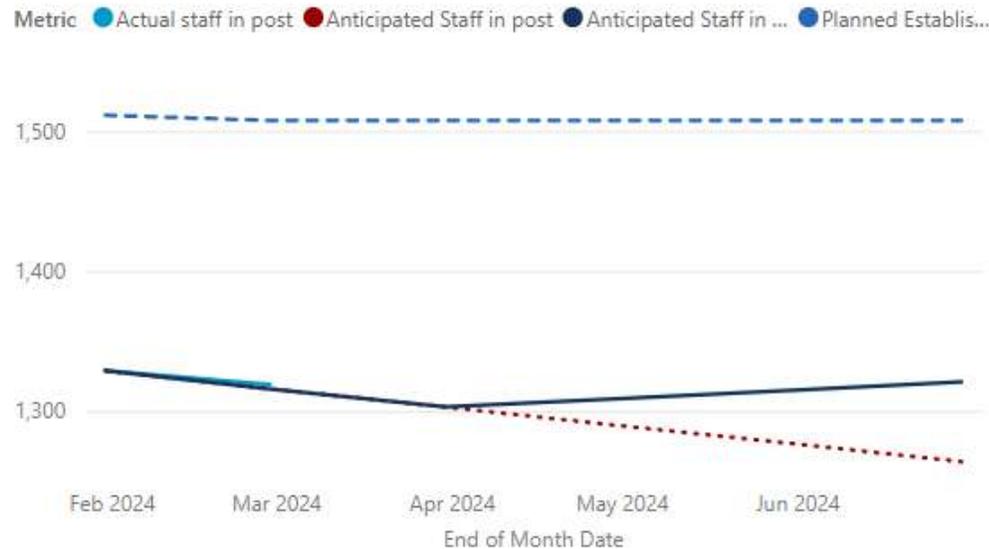
Metric	Jan-24	Feb-24	Mar-24	Apr-24
Vacancy % (INR)	12.1%	12.7%	13.6%	13.2%
Recruitment Activity	6.00	6.00	6.00	6.00
Promotions	7.00	7.00	7.00	7.00
Planned Establishment %				
Planned Establishment	1,511.33	1,507.62	1,507.62	1,507.62
Leavers	12.00	12.00	12.00	12.00
Increased Capacity				19.00
Anticipated Vacancy FTE (INR)	182.57	191.86	204.86	198.86
Anticipated Vacancy FTE	182.57	191.86	204.86	217.86
Anticipated Vacancy %	12.1%	12.7%	13.6%	14.5%
Anticipated Staff in post (INR)	1,328.76	1,315.76	1,302.76	1,308.76
Anticipated Staff in post	1,328.76	1,315.76	1,302.76	1,289.76
Actual staff in post	1,328.76	1,318.99		

REPORT TO THE TRUST BOARD (in public)

Date	3 April 2024
Title	Chair's Key Issues Report from Quality and Safety Committee
Lead	John Paul Garside (Board Secretary) on behalf of Dr Pam Chrispin – Committee Chair
Purpose	For Information and Agreement

1   Background/Context

The Quality and Safety Committee met on 26 March 2024 and discussed matters in accordance with its Terms of Reference. Papers for the meeting have been made available to all Board members for information in the usual way via Admin Control.

2   Key Issues/Risks/Actions

In addition to reviewing standard reports in accordance with its Terms of Reference, the Committee identified the following matters to highlight to the Board:

	Issues considered	Outcomes/decisions/actions
1	Cardiology review	The Committee received a report regarding our Cardiology service and an update to the previous review of the use of Drug Coated Balloons (DCBs) for cardiology procedures. The Committee heard that all the relevant recommendations have been implemented, with action monitored for compliance through audit where appropriate. Drug Coated Balloon use for these types of procedures has increased nationally since the review was undertaken in 2021. Audit evidence shows that our practice is not an outlier and the team have been invited by the British Cardiovascular Intervention Society (BCIS) to demonstrate DCB angioplasty procedures at the Advanced Cardiovascular Intervention meeting in January 2024: 3 patients underwent procedures which were live streamed to an audience of 1500 specialists and a panel of experts. The session was acknowledged as a highlight of the conference by the BCIS President. The Committee thanked the Department for its work in this area and for the audit information which provided good assurance.
2	Cancer Strategy	The Committee received an update report regarding implementation of the existing Cancer Strategy and heard about a really strong turnaround in performance following the pandemic and the high levels of demand. The Strategy is ready for a refresh and will benefit from some further work in horizon scanning, a broader 'system' view, an updated assessment of where our services are good, how our outcomes rate relative to benchmarks/peers and our ambitions for further development/improvement. The Committee also heard that there is a particular need to enhance capacity in our Acute Oncology Service and the executive are considering options.

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3	MCA audit	The Committee received a report from the Complex Health Team, with particular regard to implementation of the principles of the Mental Capacity Act (MCA) legislation and guidance and Deprivation of Liberty Safeguards (DoLs). The Committee heard that there are very significant issues with the DoLs regime nationally and its replacement is awaited. Inspection suggests that rates of compliance vary across the Trust but the Committee was specifically reassured that the Trust is not considered to be in breach of its statutory expectations. There is however further work to be done to ensure that our staff are actively engaged and that we are consistently applying the guidance - making decisions with patients in ways that enhance their autonomy and recognises the individual degree of mental capacity.
4	Safer Staffing	The Committee received a regular report regarding Safer Staffing relating to Nursing. This has a particular resonance for Quality & Safety through the Care Hours per Patient Day metric. Committee members reflected however that this practice of regular and detailed reporting with regard to nursing could be usefully extended to medical posts and AHPs. Committee members suggested that this may be something that the People & Culture Committee can consider.
5	Annual self-assessment & ToRs	The Committee undertook its annual self-assessment against its Terms of Reference. There are a couple of items for us to work on for next year but overall there is evidence of the Committee working in satisfaction of its Terms of Reference. The Committee recommends some updates to its ToRs as **attached** – to reflect introduction of the national PSIRF (Patient Safety Incident Response Framework) and the Board's decision to create the Research & Education Assurance Committee.

3   Conclusions/Outcome/Next steps

The Committee is scheduled to meet again on 23 April 2024 at which meeting the Committee is due to consider:
- Clinical Quality Impact Assessment (CQIA) of CIP schemes
- Complex care pathways & admission avoidance

Recommendation: The Board is recommended to **note** the work of its Quality & Safety Committee and to **approve** the updated Quality & Safety Committee ToRs.

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QUALITY AND SAFETY COMMITTEE

TERMS OF REFERENCE

1   CONSTITUTION AND PURPOSE
As part of the Trust's Governance Structure, the Board of Directors has established a committee of the Board to be known as the Quality and Safety Committee.

The **Purpose** of the Committee is to:
- provide scrutiny and challenge with regard to all aspects of quality and clinical safety, including strategy, delivery, clinical governance, ~~research~~ and clinical audit, in order to provide assurance and make appropriate reports or recommendations to the Board.

2   AUTHORITY
The Committee has no delegated 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 employees are directed to co-operate with any request made by the Committee.

The Committee is authorised to obtain independent professional advice as it considers necessary in accordance with these Terms of Reference.

3   MEMBERSHIP
Membership of the Committee shall comprise:
- ❖ Non-Executive Directors (three or four, which may include one Associate Non-Executive Director)
- ❖ Medical Director
- ❖ Chief Nurse
- ❖ Chief Executive
- ❖ A Patient Safety Partner (appointed in accordance with the Patient Safety Incident Response Framework (PSIRF) (Report template - NHSI website (england.nhs.uk))

The Board of Directors will review membership of the Committee regularly to ensure that it meets the evolving needs of the Trust.

4   MEETINGS, ATTENDANCE AND QUORUM
The Committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate, at the discretion of the Committee Chair. If not already members, the Chairman, Chief Executive or other Board director may be invited to attend any meeting of the Committee, particularly when the Committee is discussing areas of the Trust's operation that are the responsibility of that director.

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.

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.

To be quorate at least 3 members of the Committee must be present including at least one non-executive director and one executive director. Attendance at the meeting may be by teleconference or video-conferencing 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.

In accordance with Standing Orders, if it is necessary to resolve an issue at a meeting of the Committee by way of a vote, this shall be determined by a majority of the votes of the Members present and voting and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

5 SUPPORT ARRANGEMENTS

The Board Secretary will be responsible for providing secretarial support to the Committee. The Committee shall operate as follows:

- The Committee will routinely meet monthly unless agreed otherwise.
- 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 of matters relating to Quality and Safety, 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.
- The Terms of Reference of the Committee will be reviewed annually and will only be changed with the approval of the Trust Board.

6 DECLARATION 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 shall be to provide assurance to the Board in relation to:

7.1 the development and implementation of the Trust's Quality Strategy and Priorities;

7.2 Trust performance in relation to patient safety, experience and outcomes as reported in the monthly Integrated Performance Report (IPR) to the Board, noting any trends, exceptions and variances against plan on a Trust-wide and divisional basis, undertaking 'deep dives' on any major performance variations as appropriate at the discretion of the Committee;

7.3 the effectiveness of the Trust's clinical governance systems and processes at a corporate and Divisional level to:

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(a)   promote safety and excellence in patient care;

(b)   identify, prioritise and manage risk arising from clinical care on a continuing basis;

(c)   ensure the effective and efficient use of resources through evidence-based clinical practice;

7.4   compliance with relevant national standards and regulatory requirements;

7.5   review risks and mitigations related to the Trust's quality and safety and review reports or extracts from the Board Assurance Framework and Corporate Risk Register as relevant to the remit of the Committee and in line with the Board's risk appetite;

7.6   promotion within the Trust of a culture of open and honest reporting of any situation that may threaten the quality of patient care and compliance with the requirements of the Duty of Candour;

7.7   the processes within the Trust to ensure that appropriate action is taken in response to adverse clinical incidents, complaints and litigation and that learning is disseminated within the Trust and beyond if appropriate;

7.8   the development and implementation of strategy, plans and processes with regard to research and innovation in clinical and operational practice;

7.9   reports on significant concerns or adverse findings highlighted by external bodies in relation to clinical quality and safety and the actions being taken by management to address them;

7.10   the development and implementation of action plans arising from both inpatient and other care related surveys with recommendations to the Board as appropriate;

7.11   the systems and processes in place in the Trust in relation to infection control and to review progress against identified risks to reduce hospital associated infections.

8   RELATIONSHIP WITH OTHER BOARD COMMITTEES

The remits of the Board assurance committees (Audit, People & Culture, Quality & Safety, Research & Education 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.

9   PROCESS FOR MONITORING COMMITTEE EFFECTIVENESS

- 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 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.
- 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

There are no standing sub-committees which report to the Quality and Safety Committee. In order to obtain assurance with regard to the operation of the Trust's clinical governance and quality improvement processes, the Committee will however receive regular reports from the

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Quality Programme Board, Clinical Safety and Effectiveness Governance Sub-board and Patient Engagement and Experience Governance Sub-Board. These subsidiary elements of the governance structure remain managerially responsible to the Hospital Management Board to which they report.

Approved by the Trust Board of Directors on: 3 April 2024 [TBC]

Annual Review date: April 2025

Foundation Trust Board Reporting Structure

- Leadership of the Foundation Trust is provided by its Board of Directors (a unitary Board with a majority of Non-Executive Directors).
- The Board has established a structure of Board Committees with responsibility to seek assurance on behalf of the Board and/or to exercise specific delegated authority.
- That Committee structure is detailed below:

```
              ┌─────────────────────┐         ┌─────────────────┐
              │ Council of Governors │- - - - - │  Board of       │
              └─────────────────────┘         │  Directors      │
                                               └─────────────────┘
```

| N&N Hospitals Charity Committee – (reporting to Corporate Trustee) | Committee in Common (with JPUH & QEHKL) | Research & Education Assurance Committee | Quality & Safety Committee | People and Culture Committee | Audit Committee | Nominations & Remuneration Committee | Finance, Investments & Performance Committee | Major Projects Assurance Committee |

As at December 2023

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Key sources of assurance:

Quality & Safety (Q&S) Assurance Committee

Trust Board

Hospital Management Board (HMB)

| Meets Weekly | Key Matters Escalated to Assurance Committee – 3rd week |

HMB meeting as Quality Programme Board

| Meets Monthly | Key Matters Escalated to assurance committee 3d week |

Governance Sub-Boards for:
- Clinical Safety and Effectiveness
- Patient Engagement & Experience

| Meets Monthly | Key Matters Escalated to HMB |

- **Mental Health & Complex Care**
- **Children's Board**
- **Risk Oversight Committee**
- **Cancer Board**
- **Emergency & Urgent Care Board**

| Meets Monthly | Key Matters Escalated to HMB |

Other sources of assurance:
- Internal audit reports in relation to clinical quality and patient safety systems
- CQC and other regulatory inspections
- In-patient and other care related surveys
- Integrated Performance Report

| Meets Monthly 4th Week | Key Matters Escalated to the Trust Board with Board papers week 4 |

| Meets Monthly 1st Wednesday of month | Receive Board Papers – Week 4 |

Assurances are provided to the Trust Board on the following key matters:

- Development and implementation of the Trust's Quality Strategy
- Data and trends in patient safety, experience and outcomes, including undertaking necessary "deep dives"
- Appropriateness of the actions taken by management to address the significant concerns or adverse findings highlighted by external bodies in relation to clinical quality
- Development and implementation of action plans arising from both in-patient and other care related surveys with recommendations to the Board as appropriate
- Impact of Quality Impact Assessments of Cost Improvement Programmes on quality, patient safety and wider health and safety requirements arising from clinical practice and procedures
- Effectiveness of the clinical systems in maintaining compliance with the Care Quality Commission (CQC's) Essential Standards of Safety and Quality
- Systems and processes in place in relation to Infection Control and the progress against identified risks to reducing hospital acquired infections
- Appropriateness of the actions taken by management under the Patient Safety Incident Response Framework (PSIRF)
- Appropriateness of the actions taken by management to implement recommendations of internal audit reports relevant to quality and patient safety
- Advise the Board of key strategic risks relating to quality and patient safety and consider plans for mitigation as appropriate

Key: Direct oversight by the committee: ———— Indirect oversight by the assurance committee: – – – –

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Quality & Safety

View in Power BI ↗

Last data refresh:
20/03/2024 08:30:32 UTC

Downloaded at:
20/03/2024 11:55:31 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
Safer Staffing	Safe Staffing Care Hours Per Patient Per Day	Feb 2024	7.2	Improvement (High)	No Target
Safer Staffing	Safe Staffing Fill Rates	Feb 2024	90.90%	Improvement (High)	Not capable
Pressure Ulcers (AIMS)	Pressure Ulcers (AIMS)	Feb 2024	97.9%	Improvement (High)	No Target
Patient Experience	Friends & Family Score	Feb 2024	92.00%	Improvement (High)	Not capable
Patient Concerns	PALS % Closed within 5 days - Trust	Feb 2024	95.8%	Improvement (High)	Inconsistent
Patient Concerns	PALS % Closed within 7 days - Trust	Feb 2024	96.9%	Improvement (High)	Not capable
Palliative Care	Palliative Care Died in Trust and Seen by SPCT	Feb 2024	32.3%	Concern (Low)	No Target
Palliative Care	Palliative Care IP Referrals Accepted	Feb 2024	136.0	Concern (Low)	No Target
Nutrition and Hydration (AIMS)	Nutrition and Hydration (AIMS)	Feb 2024	95.4%	Improvement (High)	No Target
Falls (AIMS)	Falls (AIMS)	Feb 2024	92.2%	Improvement (High)	No Target
Complaints	Post-investigation enquiries	Feb 2024	3	Improvement (Low)	Capable

SPC Variation Icons

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

SPC Assurance Icons

Capable   Inconsistent   Not capable

Patient Safety

	Incident Type	Last Month	YTD
National Priorities	Maternity & Neonatal incidents which meet the 'Each Baby Counts' criteria referred to HSIB	1	6
	Maternal deaths referred to Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE)	1	3
	Neonatal Deaths Referred To PMRT	2	19
	Child Death referred to local Child Death Overview Panel (CDOP)	3	9
	Death involving patient with Learning Disability referred to local LeDeR reviewer	0	5
	Safeguarding Adults Referrals	65	624
	Information Governance incidents referred to Trust IG Lead for Data Security and Protection Toolkit completion	0	1
	Incidents related to National Screening Programmes referred to local Screening Quality Assurance Team	0	0
	Deaths of patients in custody, in prison or on probation referred to Prison and Probation Ombudsman	0	1
Trust PSII Priorities	Incidents meeting Never Event Criteria to undergo PSII	0	2
	Incidents resulting in death, assessed as more likely than not due to problems in care following Structured Judgement Review to undergo PSII	0	5
	Missed / Delay in Diagnosis to undergo PSII	0	3
	Sub-optimal care to undergo PSII	0	1
Local Level PSR	Incidents to undergo another Patient Safety Review (PSR) to provide a proportionate learning response	58	404

	Supplementary Metrics	Last Month	YTD
Other	Duty of Candour Compliance	100%	96%
	Incidents	2,149	22,311

Assurance Commentary

Total number of patient safety incidents reported on Datix in February was 1179, 96% of all incidents are reported as causing no or low harm. The number of incidents causing moderate harm reported in February was 60, this includes 27 emergency admissions of patient on waiting list: 2 Urology, 6 Gynaecology, 10 General Surgery, 9 Cardiology. 5 patients reported to have suffered severe harm. 2 Patient Falls (#NOF), 3 delayed treatment procedure. 11 patient deaths caused by safety incidents were reported in this period: 4 patient deaths whilst on a waiting list, 3 delay in treatment, 3 collapse/ Cardiac arrest (subject to SJRs),1 Maternal death has been escalated to MBRRACE and MNSI for external review. 1561 incidents were triaged to each of the learning response pathways during the month of February 1503 incidents triaged to the Green pathway, 57 to Amber for a Patient Safety Review, and 1 met the local priority for a missed or delayed diagnosis and was escalated for a full Patient Safety Incident Investigation. 9 incidents

Improvement Actions

Divisional Daily Incident Triage of reported incidents and weekly Complex Case Review Group (CCRG) are now active to support safety governance arrangements required for PSIRF. Divisional Governance teams are reviewing all incidents to allocate them to the proportionate learning response. We are working with the BI team to refresh the data and reporting requirements in IPR and PAF to reflect PSIRP. There are 9 Patient Safety Incident Investigations ongoing.

Patient Falls

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

Feb 2024

Variation | Assurance

0.3 Result	0.5 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)

●Result ●Mean ●UPL ●LPL ●MetricTarget ●SCConcern ●SCCommonCause ●SCImprovement
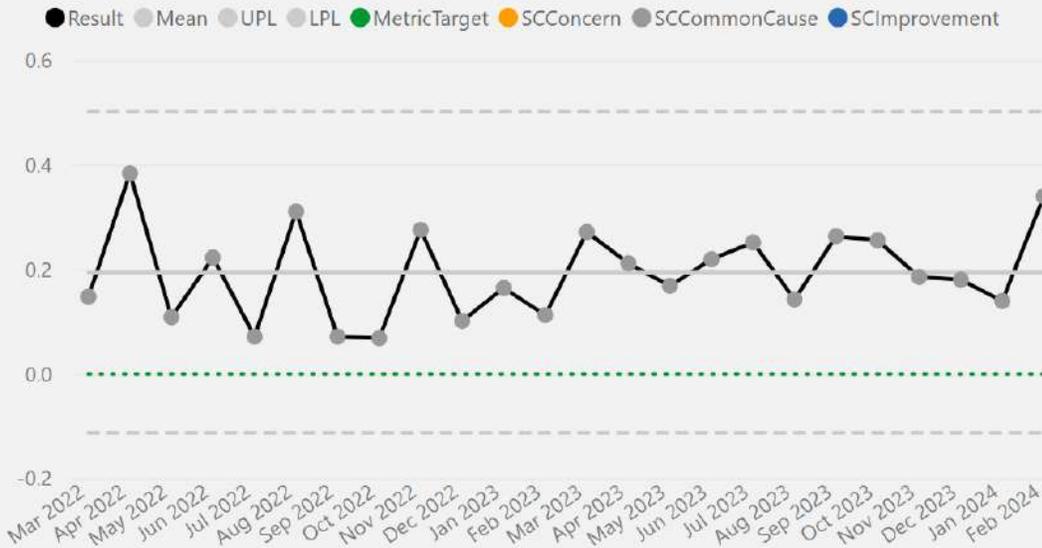
Assurance Commentary

Patient falls per thousand bed days has increased to 9.6 for February with a variation of common cause. There has also been an increase in falls per thousand bed days moderate harm and above at 0.3 with variation also at common cause but remains within the upper process limit of 0.5. It is notable that the bed occupancy metric continues to increase alongside the number of escalation beds in use.

Improvement Actions

Assistive Falls Technology added to Powergate, and all wards have now ordered. Implementation and training to the high-risk wards has been completed with the rollout of the rest of the Trust planned to be completed by the end of March 2024. New lying and standing blood pressure report available daily. Patient/Carer/Family Co-Production Falls Stories being planned with Voluntary Service partner. Falls specific Datix page implemented Feb 2024 capturing detailed falls thematic analysis. QI hour meetings focussing on ward themes and ward specific PDSA cycles, with 2 projects planned for medicine.

Patient Experience

NNUH Digital Health
business intelligence

Friends & Family Score

Feb 2024

Variation	Assurance
H	F

92.00% Result	93.50% UPL	
95.00% Target	91.40% Mean	
	89.30% LPL	

Analytical Commentary

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

Friends & Family Score

● Result ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
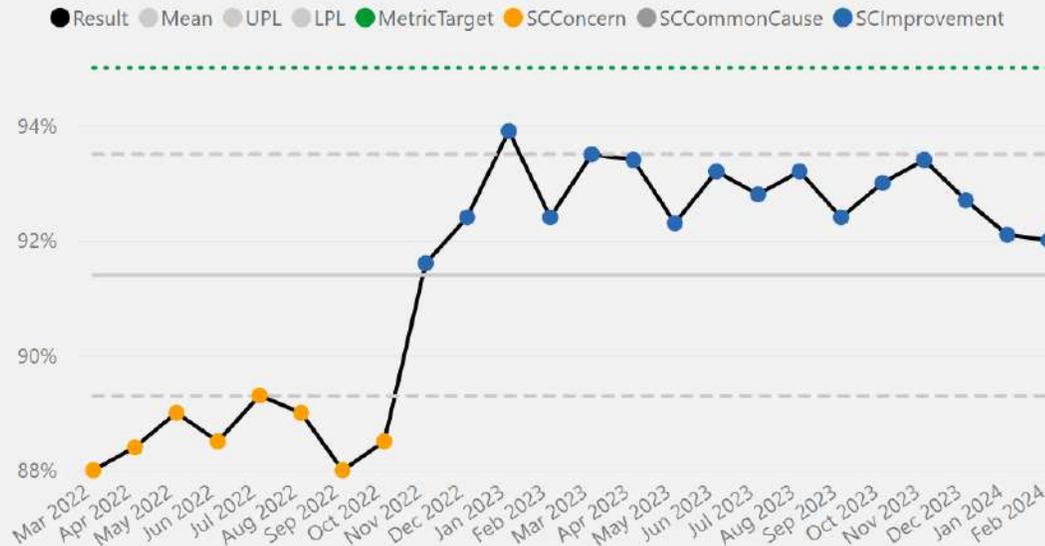
Assurance Commentary

3922 FFT responses were received in February, with 92% of people reporting positive experiences. This remains within our usual limits for responses.
Top feedback themes continue to be staff attitude, implementation of care, waiting time, communication, and environment. We continue to consistently hear far more positive themes than negative within FFT feedback.

Improvement Actions

Improved quality assurance is continuing to help identify areas to improve, and we are continuing to make changes to systems and processes as needed. We continue to meet with the provider in line with our monthly schedule to keep on track moving forward.
Issues with raising access to our server has delayed our test of SMS in Medicine Division. We are working with the provider and Digital Health team to resolve this. Updated FFT cards continue to be delivered to Medicine wards.

Supplementary Metrics

Metric Name	Date	Result		Variation	Assurance
Compliments	Nov 2023	144		Common Cause	No Target

Patient Concerns

NNUH Digital Health
business intelligence

PALS % Closed within 5 days - Trust

Feb 2024

Variation	Assurance		
H	?	95.8% Result	96.4% UPL
		90.0% Target	73.2% Mean
			50.0% 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 (High)

PALS % Closed within 5 days - Trust

● Result ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
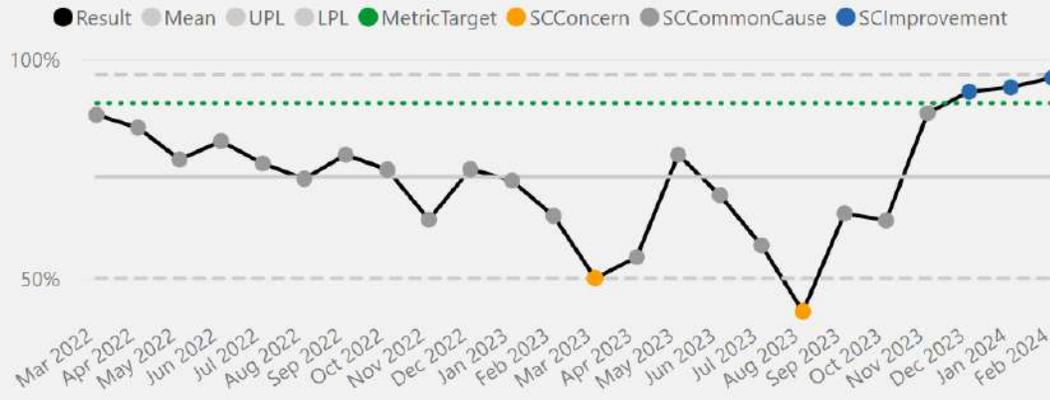
Assurance Commentary

453 PALS matters raised this month, the KPI continues to improve.
PALS KPI 95.8% of contacts were closed within 5 days from first received, target being 95%
PALS KPI 96.9% of contacts were closed within 7 days from first received – a sustained improvement on previous months and closer to the target of 100%
Main subject for PALS matters remained appointments including delays and cancelations at 37.
Unfortunately, there is long term sickness within the team again. The remaining staff have been excellent taking on additional hours to maintain performance and the experience for patients and families.

PALS % Closed within 7 days - Trust

● Result ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement

Improvement Actions

We continue with the temporary additional support for the team whilst we await the outcome of the financial planning cycle.
The additional phone lines are still awaited to enable direct contact for open level 2-4 complaints. Issue has been escalated and we continue to work with digital health to resolve.

Supplementary Metrics

Metric Name	Date	Result		Variation	Assurance
PALS Contacts - Trust	Feb 2024	454	~	Common Cause	No Target

Complaints

NNUH Digital Health business intelligence

Complaints (Trust)

Feb 2024

Variation — Assurance

52 Result	120 UPL
N/A Target	78 Mean
	36 LPL

Analytical Commentary

Variation is Common Cause

Complaints (Trust)

● Result ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
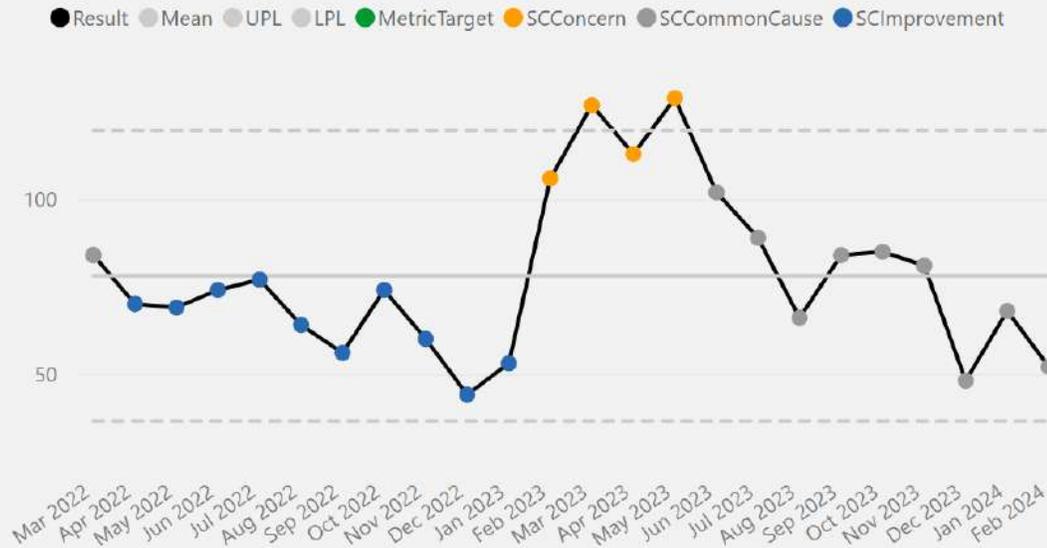
Assurance Commentary

89 complaints were received this month, of which 50 have been confirmed.
The most common subject for complaints this month was clinical treatment (10), closely followed by privacy, dignity, and wellbeing (9).
Our back log project is near to close with 8 cases remaining, allowing us to focus on a new service improvement called 'closing the gap'.
The KPI for response within the agreed timeframe has shown some improvement. This is due to additional bank support, phased returns and return of Complaint officer overseeing backlog.
We still await the outcome of the financial planning for the ongoing resource levels required. One member of staff remains on phased return. We continue to use bank staff to mitigate this impact.

Improvement Actions

Our new service improvement project utilising learning on backlog reduction is focusing on reducing the wait times from a complaint first received to closure to ensure we meet our KPIs. We have successfully recruited additional bank resources, to support this. Improvement plan weekly meetings continue.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Complaints - Acknowledgement	Feb 2024	95%		Common Cause		Inconsistent
Complaints - Response Times - Trust	Feb 2024	90%		Common Cause		Inconsistent
Post-investigation enquiries	Feb 2024	3		Improvement (Low)		Capable

8/18

55/126

Palliative Care

NNUH Digital Health
business intelligence

Palliative Care Seen Within 48 Hours

Feb 2024

Variation	Assurance		
		94.9% Result	102.1% UPL
		95.0% Target	98.4% Mean
			94.7% LPL

Analytical Commentary

Variation is Common Cause

Palliative Care Seen Within 48 Hours

● Result ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
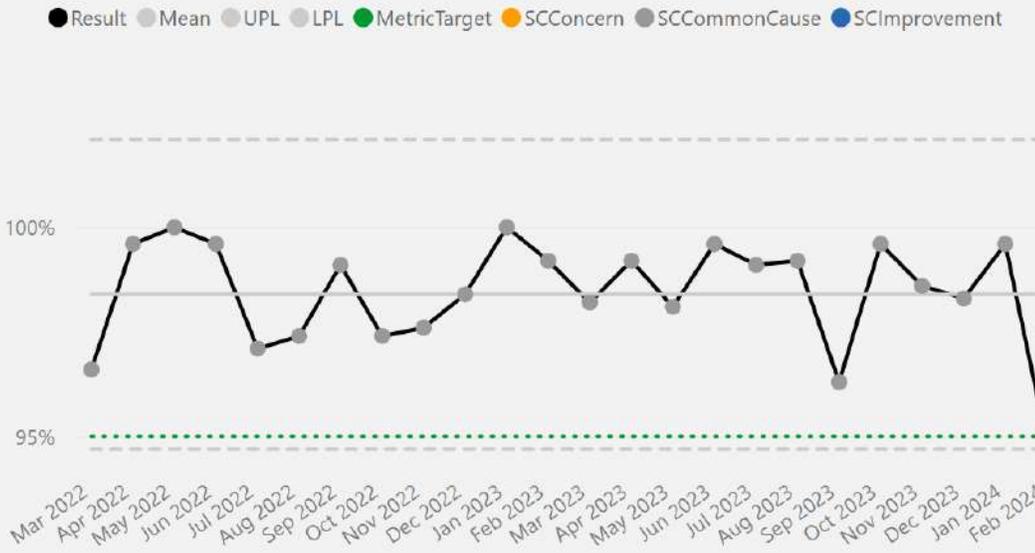
Assurance Commentary

New recommendations from NHS England re: syringe driver checks, and policy & monitoring chart altered accordingly – awaiting Nursing, Midwifery and Clinical Professionals approval.
Referrals are increasing with many referrals across the Trust which demonstrates the equitable access to Specialist Palliative Care services.

Improvement Actions

Data review has not been completed: There is a shortfall in data collection for February due to staff Annual Leave and vacancies within the team.

Supplementary Metrics

Metric Name	Date	Result		Variation	Assurance
Palliative Care Died in Trust and Seen by SPCT	Feb 2024	32.3%	⟳	Concern (Low)	No Target
Palliative Care IP Referrals Accepted	Feb 2024	136.0	⟳	Concern (Low)	No Target

Mortality Rate

MetricName	Date	Result
HSMR	Oct 2023	104.47
SHMI	Oct 2023	118

HSMR

SHMI

Assurance Commentary

HSMR is 103.2 and banded as statistically 'within expected' over a 12-month period. NNUH is one of 5 within the regional peer group banded as 'within expected' and is ranked 9th (lowest to highest) of the 13 Trusts.

The latest months HSMR (Oct 23) = 95.7 'within expected'. Crude mortality has reduced from 3.5 to 3.4% compared to the regional and national average of 3.2%.

SHMI (Sep 22- Aug 23) has reduced to 119.79 (121.29) but remains banded as statistically higher that expected using the 95% control limits published by NHS Digital.

The proportion of non-elective deaths with palliative care (58.4%) is higher than regional and national averages. The percentage of non-elective spells with palliative care spells (8.8%) is higher than regional and national averages. The 3-year palliative care rate shows that NNUH has a higher rate for palliative care but follows the trend seen nationally.

The proportion of spells with a comorbidity score of 20+ (16.6%) is above the regional average (15.2%) and national average (16.0%).

Improvement Actions

To develop an overarching action plan to address the recommendations for the completed review and to incorporate any recommendations made by the RCP once the report is available.

To continue with the various workstreams reviewing morality alerts and improving documentation.

To review the reporting structure for learning from deaths.

Supplementary Metrics

Metric Name	Date	Result		Variation	Assurance
Crude Mortality Rate	Jan 2024	5.40%		Common Cause	No Target

Safer Staffing

NNUH Digital Health
business intelligence

Safe Staffing Fill Rates

Feb 2024

Variation: H

Assurance: F

|	
90.90% Result	88.10% UPL
100.00% Target	84.30% Mean
	80.50% 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)

Safe Staffing Fill Rates

● Result ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
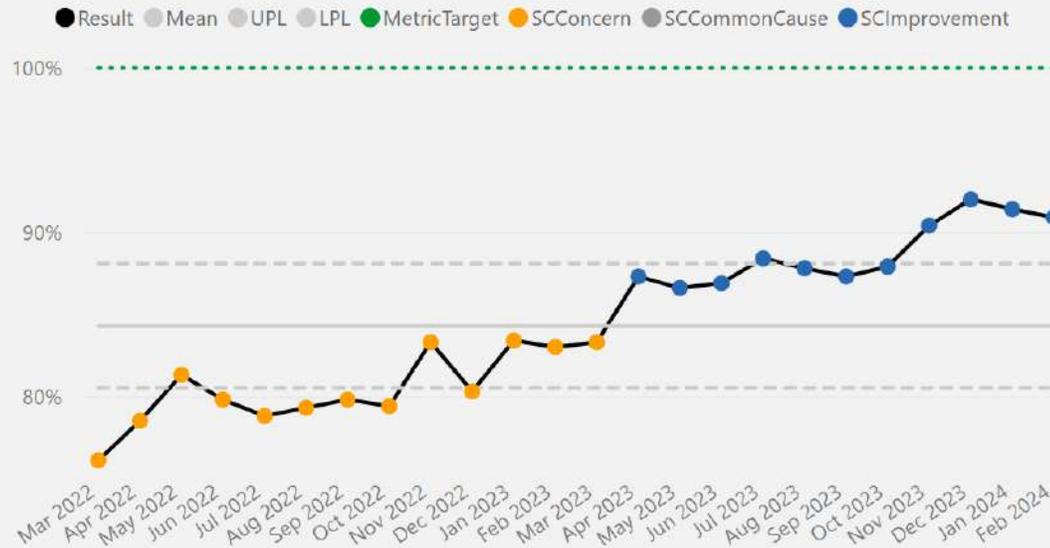
Assurance Commentary

In February, the Trust-wide RN/M vacancy rate decreased by 0.9% to 8.9% (n=242.1) with a reported turnover rate of 0.5% (5.8 new starters and 13.3 WTE leavers). The average Trust-wide RN/M fill rate increased from 94.8% in Jan to 95.2% in Feb. The Trust-wide HCSW vacancy rate increased in Feb to 14.4% (n=210.0), from 13.2% (n=189.9) in Jan, with a reported turnover rate of 0.6% (16.8 new starters and 7.2 WTE leavers).
Finance reported 2 areas with >20% vacancy rate in both RN and HCSW (Ingham & AMUK).
Trust wide CHPPD remained static at 7.2 although an improvement from 6.4 last year.
Red flags increased by 94 in February to 1,750 with 90% remaining open (in total, 153 were resolved and 149 raised in error). 915 of these were raised for a shortfall of HCA.
There were 294 Datix raised that caused harm relating to Nursing and Midwifery indicators, an increase from 235 in January. Of these, 8 were reported with moderate harm and 2 as severe harm (both falls).
An average of 58 escalation beds remains open with no funded establishment.

Improvement Actions

All Internationally recruited nurses are out in clinical practice, most are awaiting NMC pins but working as pre reg band 4s, a couple of resits in March.
The 2024/2025 Nursing Establishment review submitted into divisional business planning cycles.
Agency spend is being monitored, however with the number of escalation areas opened at present with no assigned budget, this is assumed to increase.
Check & Confirm continues divisionally.
3 times a day staffing meetings continue.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance

Maternity: Babies

Unplanned NICU ≥37 week Admissions (E3)

Feb 2024

Variation	Assurance		
		10 Result	25 UPL
	F	0 Target	13 Mean
			2 LPL

Analytical Commentary

Variation is Common Cause

Unplanned NICU ≥37 week Admissions (E3)

● Result ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
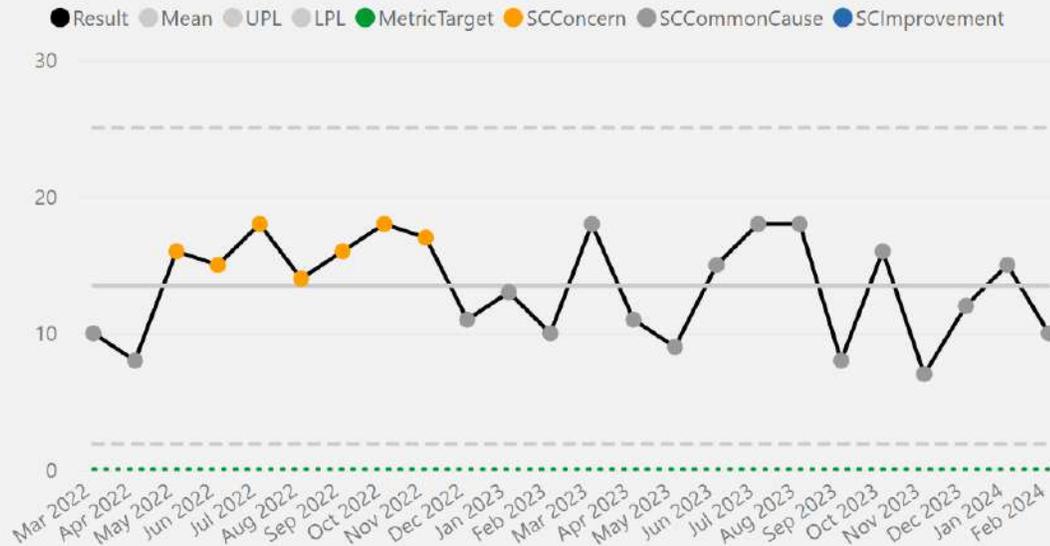
Assurance Commentary

In February 365 mothers delivered 367 babies. There were 2 stillbirths which are bring investigated / reviewed. There were no neonatal deaths. 1 termination of pregnancy due to fetal abnormality. All parents and families are being support by our bereavement team. 8.5% babies born pre-term - 100% of which received their magnesium sulphate - this is a continued consistent improvement on previous months.

Improvement Actions

There were 10 cases of babies unexpectedly admitted to NICU, these will be reviewed by our ATAIN team and discussed at clinical governance.

Supplementary Metrics

Metric Name	Date	Result		Variation	Assurance
Adjusted Still Births	Feb 2024	1		Not Applicable	No Target
Apgar score <7 @5, ≥37 weeks	Feb 2024	9	⊙	Common Cause	No Target
Early Neonatal Death	Feb 2024	0		Not Applicable	No Target
Mothers Transferred Out of Unit	Feb 2024	3	⊙	Common Cause	No Target

Saving Babies Lives

NNUH Digital Health
business intelligence

Topic ▲	Metric Name	Date	Result		Variation		Assurance
Smoking Awareness	Smoking Status at Delivery	Feb 2024	10.4%	⊙	Common Cause	☺	Inconsistent
Fetal Growth Restriction	Less Than 3rd centile born > 37+6 weeks	Feb 2024	2%	⊙	Common Cause	☹	Not capable
Fetal Growth Restriction	SGA detected Antenatally	Feb 2024	93%	⊙	Common Cause		No Target
Reducing Preterm Birth	Singleton Births Preterm	Feb 2024	9%	⊙	Common Cause	☺	Inconsistent
Reducing Preterm Birth	Singleton live births < 34 wks (AN corticosteroids within 7 days PN)	Feb 2024	57%	⊙	Common Cause	☺	Inconsistent

Assurance Commentary

In February there were 8.5% pre-term deliveries which 100% received magnesium sulphate. This has been the second month of 100% which is a significant improvement. 11.8% of our pregnant population were smoking at time of booking, with 10.4% at delivery. This figure is showing a consistent pattern and we await the LMNS/system wide team to support the smoking cessation services across the region. 93.3% of Small for Gestational Age cases were detected during the antenatal period. There were 2 babies with HIE grade III. 98% of our workforce are fetal monitoring trained and 92.8% have completed their Saving Babies Lives care bundle 3 training.

Improvement Actions

The diabetes midwifery and consultant team to review Version 3 of Saving Babies Lives Care Bundle (SBLCB) as this now includes a new element of compliance for diabetes.
To complete a series of audits for CO2 monitoring performance; Risk assessment, prevention, and surveillance of pregnancies at risk of fetal growth restriction (FGR); raising awareness of reduced fetal movement (RFM) and the use of steroids for fetal optimisation to maintain our compliance for 2023/24 and for our Year 5 submission.

Adult Safeguarding

Safeguarding Adults Referrals

Feb 2024

Variation | Assurance

65 Result	75 UPL
N/A Target	51 Mean
	26 LPL

Variation is Common Cause

Safeguarding Adults Referrals

● Result ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
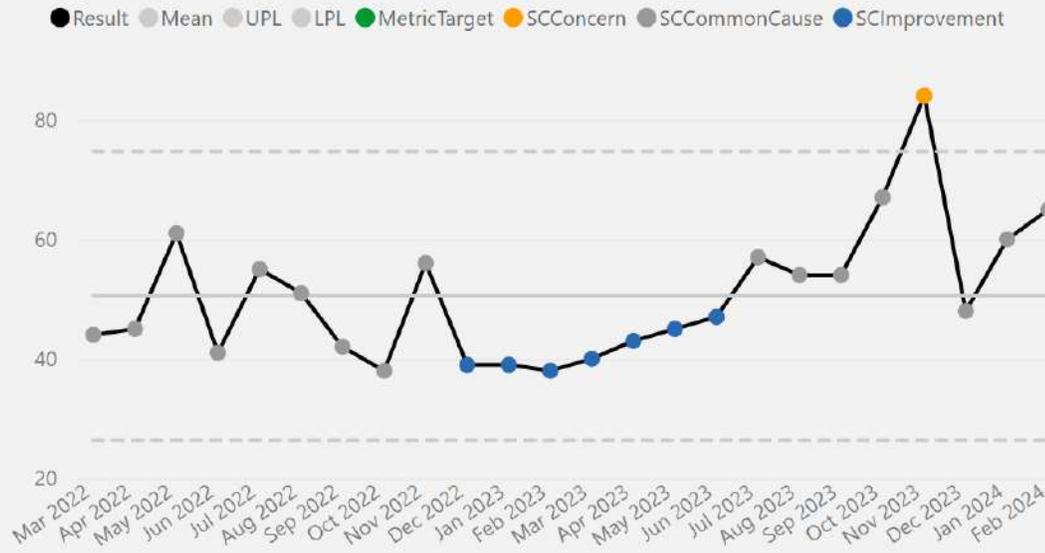
Assurance Commentary

The MCA Lead has produced resources to support with understanding of MCA and DoLS with the goal of improving compliance. These have been circulated to all ward areas and also accessible via The Beat. In addition, MCA posters are being finalised and will be published in the next few weeks.

We have identified an increase in safeguarding enquiries being raised by the CQC as opposed to just the local authority. The safeguarding team will be meeting with the Quality and Safety Team to better understand the CQC process and ensure that teams are responding accordingly and with the right information. This will also help us to pinpoint any gaps or concerns in particular areas, to facilitate a targeted approach of safeguarding support where identified. There is a trend regarding poor communication on discharge and there is work ongoing to explore the nature of the concerns and how to mitigate these.

Improvement Actions

Proposed Local Authority and Health Framework pilot: since the last report we had been informed by the adult's board that a data analyst had been identified to support the work around the pilot, hopefully to start in the spring, however, no further updates have been provided. Our safeguarding adults' lead is working alongside the TVN and Discharge Teams to identify themes for patient safety.

Children & Midwifery Safeguarding

NNUH Digital Health
business intelligence

Safeguarding Children and Midwife...

Feb 2024

Variation	Assurance		
		9 Result	22 UPL
		N/A Target	10 Mean
			-1 LPL
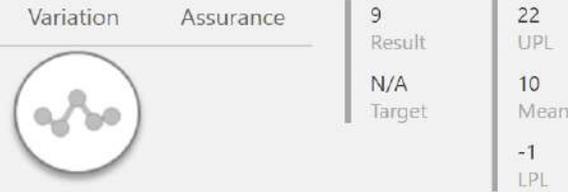
Analytical Commentary

Variation is Common Cause

Safeguarding Children and Midwifery Referrals

● Result ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
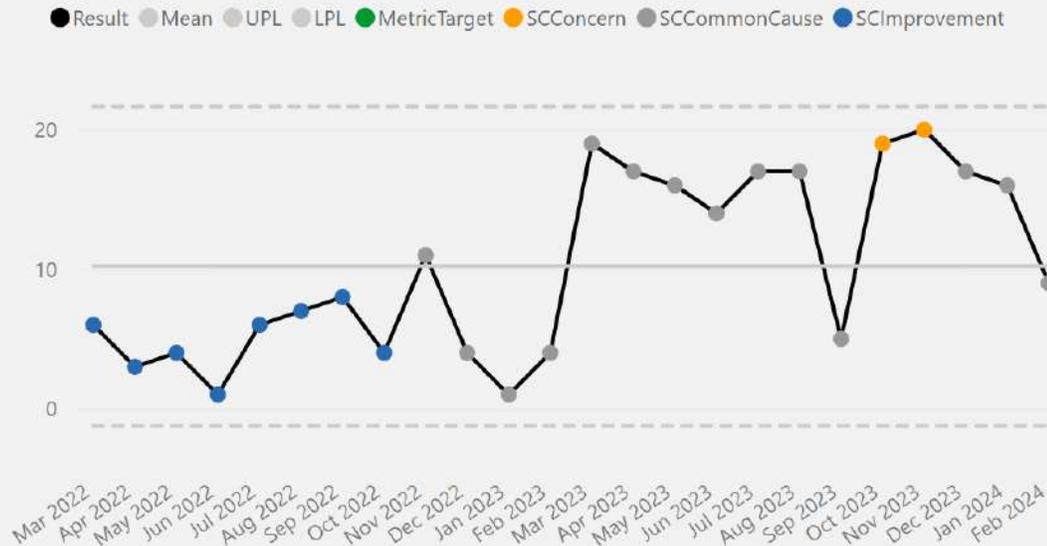
Assurance Commentary

Interviews for a fixed term Independent Domestic Violence Advocate (IDVA) happened end of February and a Health IDVA for NNUH was appointed, proposed start date 8th April. Their role will be to support with our work in domestic abuse and supporting both patients and staff when DA matters arise. This role will cover adults and children, who are now recognised as victims in their own right as per the Domestic Abuse Bill 2021. The Women and Children`s Safeguarding Committee continues to be held monthly. The safeguarding team are a regular member, helping departments identify gaps in safeguarding processes and following up with action plans such as bespoke training in specific topics or offering supervision to teams.

Improvement Actions

Since the Children`s Partnership introduced a Serious Youth Violence and Transitional Safeguarding meeting end of 2023, it has been set up for quarterly meetings, last meeting was held on 22nd February 2024. The purpose is to identify key areas in which organisations can support to reduce violence. TOR are bring drawn up to establish specific tasks that the group should aim to achieve. NNUH will continue to be a part of this group and effect change in our processes and policies that are identified to support children and young people to prevent them from exploitation and serious violence.

Supplementary Metrics

Metric Name	Date	Result		Variation	Assurance
Safeguarding Children Referrals	Feb 2024	7		Common Cause	No Target
Safeguarding Midwifery Referrals	Feb 2024	2		Common Cause	No Target

REPORT TO THE TRUST BOARD – in public

Date	3 April 2024
Title	Chair's Key Issues Report from Research and Education Assurance Committee
Lead	Dr Ujjal Sarkar – Committee Chair
Purpose	For Information and Agreement

1 Background/Context

Following the decision of the Board to establish a Research and Education Assurance Committee, the Committee met for the first time on 27 March 2024 and discussed matters in accordance with its Terms of Reference. Papers for the meeting have been made available to all Board members for information in the usual way via Admin Control.

This was a scene setting and scoping inaugural meeting – with the aim of establishing the Committee in practice, enabling discussion of how it plans to work and identifying future areas of focus. Establishing a new Board committee, specifically dedicated to research & education is a significant and important step for the Trust – reflecting the Board's commitment to ensuring that NNUH meets its obligations and fulfils its potential as a University Hospital.

2 Key Issues/Risks/Actions

This was the first meeting of the Committee and it identified the following matters to bring to the attention of the Board:

	Issues considered	Outcomes/decisions/actions
1	Review Terms of Reference	The Committee discussed its position within the Organisational Framework for Governance and the Terms of Reference for the Committee, as agreed by the Board. The Committee discussed a number of potential updates to the ToRs, primarily relating to consistency of terminology. We will work through these and return to the Board for any necessary approvals. In the meantime, the Committee requests revision of the Membership as currently agreed by the Board. With their agreement, the Committee requests addition of the CEO and Chief Digital Information Officer to the Committee Membership – to reflect the important strategic role of the Committee and the important contribution that digital innovation, capacity & capability will play with regard to both research & education.
2	Future reporting on research &	The Committee noted that the suite of regular IPR reports currently received by the Board does not include performance against any research or education metrics. It is intended that at its next meeting the Committee should agree a number of such metrics for future reports, in order to help maintain focus, establish ambitions and monitor progress.

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	education	
3	Draft education strategy	The Committee discussed the draft Education Strategy. This is the product of a great deal of work in response to previous feedback. There was a very rich conversation at the meeting and the Committee indicated a desire for the Strategy to reflect that discussion, to include clear strategic ambitions and measurable objectives. A particular note was also made about the role of the Trust in hosting the Radiology Academy and the Endoscopy Academy – with an role to educate the future workforce not only for our hospitals but also the wider system. The intention is that the Committee should review an updated draft at its next meeting so that the Strategy can be recommended to the Board for approval.
4	Research	The Committee considered the current position with regard to research in the Trust. There is evidence of some extremely good research underway in the Trust. This is less well understood or publicised than it might be and the Committee requested a research 'map' – detailing areas of activity, strengths & weaknesses. The current 5-year Research Strategy (2020-25) is coming towards its conclusion and our coming meetings will be a timely opportunity to discuss what follows, as we seek to be recognised as a Biomedical Research Centre.
5	Doctors in training	The Committee received a briefing with regard to the reported experience of junior doctors in training. NHSE and GMC have expressed concern and we remain under enhanced monitoring whilst our action plan is implemented. This is a real priority for the Trust and it was noted that one of the drivers to create this Committee was to ensure that the Board is adequately sighted on such matters affecting trainees and learners in the Trust.
6	Corporate Risk Register relevant to Research & Education	The Committee received the relevant extract from the CRR – as the first step in a regular quarterly cycle. There are currently no risks on the CRR relating to Research and limited items concerning Education. This may be a correct representation of our risk profile but this will be reviewed by the management teams and an update provided to the next meeting.

3   Conclusions/Outcome/Next steps

The Committee is scheduled to meet again on 26 June 2024 at which meeting it is due to consider:
- Research & Education metrics
- research 'map' – activity, strengths & weaknesses
- review of our existing Research Strategy (2020-25)
- plan to deliver Biomedical Research Centre (BRC) readiness
- draft Education Strategy update
- Education linkage with the Workforce Strategy

Recommendation:

The Board is recommended to:
- **note** the work of its Research & Education Assurance Committee
- **agree** to revision of the Committee Membership as specified in the ToRs, to add CEO and Chief Digital Information Officer

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REPORT TO THE TRUST BOARD – in public

Date	3 April 2024
Title	Chair's Key Issues Report from Finance, Investment and Performance Committee – 27.03.24
Lead	Mrs Nikki Gray – Non-Executive Director – Committee Chair
Purpose	For Information

1   Background/Context

The Finance, Investment and Performance Committee met on 27 March 2024 and discussed matters in accordance with its Terms of Reference. Papers for the meeting have been made available to all Board members for information in the usual way via Admin Control. The meeting was quorate and was attended by Bruce Fleming and Erica Betts (Public Governors) as Governor Observers.

The meeting was preceded by a visit to the Acute Medical Unit (AMU) – Mrs Gray, Mr Spink, Mr Foster, Mrs Betts and Mr Garside.

2   Key Issues/Risks/Actions

In addition to reviewing standard reports in accordance with its Terms of Reference, the Committee identified the following matters of note to bring to the attention of the Board:

	Issues considered	Outcomes/decisions/actions
1	Financial & Operational performance	The Committee received the regular suite of reports relating to financial and operational performance. We continue to address waiting times for elective care and the Committee expressed thanks to all the staff concerned in achieving: - Financial breakeven for 2023/24 - Sustained delivery of improved A&E waiting times - 'green' - Real improvement in waiting times for cancer care – 'green' The Hospital remains very congested and under extreme pressure requiring use of escalation spaces. The Committee was advised that the executive are very clear around the importance of addressing this and achieving de-escalation of the hospital when possible.
2	2024/25 planning	The Committee was updated with regard to operational and financial planning for 2024/25. National planning guidance has subsequently been issued (28.03.24) and there are ongoing system discussions, but the Committee was advised that the position appears to be very

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		challenging.
		The Committee noted the risk that £7.7m of lease renewals were at risk of not being fundable within the CDEL ceiling and discussed the associated risk of this leading to inadequate levels of service and safety being maintained. The Committee requested that Board be updated on this matter at their next meeting on 3 April.
3	Compliance with the national cap on agency spend	The Committee received a report it had requested on plans to reduce and restrict the cost of nursing agency use to within the national cap. This cap is currently set at 3.7% of the total pay bill and it is expected that this will be 3.2% for 2024/25. The YTD agency spend on Registered Nursing staff across the Trust in 2023/24 was reported to be 6.36%. Compliance with the national cap will therefore require considerable change in practice and the Committee received improvement trajectories. In addition to regular financial reports the Committee requested a specific update on progress in 6 months.
4	Health & Safety	The Committee has requested a review by HMB of the operation of its Health & Safety Committee, to ensure that this is functioning optimally, and has a clear view of the risk landscape affecting the Trust. The Committee was assured that the management review will be concluded in time to report to the Committee at its next meeting.
5	Norfolk & Norwich Orthopaedic Centre	The Committee was advised that the next phase of the NANOC project remains in the preparation stage and awaits the formal agreement of the PFI funders.
6	Digitisation of Histopathology	The Committee was updated with regard to the project to introduce digital histopathology. This project is intended to have a significant impact in terms of enhancing the capability, capacity, productivity and resilience of our histopathology service, which is provided to other trusts through the Eastern Pathology Alliance (EPA). Board members may recall that, when the FBC was approved by the Board in March 2023, the financial modelling assumed the repatriation of QEHKL activity into EPA. This has now been formally agreed, resolving that outstanding risk. The digitisation process is forecast to complete in Q4 24/25 and will enable East of England to grow a digitally enabled histopathology reporting network and specialist referrals beyond the region.

3   Conclusions/Outcome/Next steps
The Committee is scheduled to meet again on 24 April 2024 at which meeting the Committee is due to consider:
-    Cycle 4 of Operational Planning 2024/25
-    H&S Committee report
-    Committee draft Annual Report
-    Estates Premises Assurance

Recommendation: The Board is recommended to note the work of its Finance, Investments & Performance Committee.

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REPORT TO TRUST BOARD OF DIRECTORS

Date	**3 April 2024**
Title	**Performance and Activity IPR**
Author & Exec Lead	**Chris Cobb – Chief Operating Officer**
Purpose	**For Information**
Relevant Strategic Objective	**BAF 1.2 and BAF 1.3**

Are there any quality, operational, workforce and 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**✓	

- **Background/Context**

The attached report provides an update on compliance against the Operational Priorities 2023-24:

Urgent and Emergency Care:

- A&E Waiting Times – '*Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25'*: On Track – Sustained delivery.

- Increase Ambulance handover delays under 30 minutes – '*Reduce handover delays to support the management of clinical risk across the system*': Off Track – The average handover duration (minutes) has increased to an in-week high of 60 minutes average handover duration (over 30 minutes) in February. The overall percentage of ED Ambulance Handovers within 30 minutes in February was 55% compared to 66% in January, though higher than February 2023 (36%).

- Bed occupancy – '*Reduce adult general and acute (G&A) bed occupancy to 92% or below*': Off Track – It is unlikely that bed occupancy will reduce due to pressure on both alternative and non-elective beds. The original plan included 22 additional NANOC beds and running

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Cringleford (20) and Gunthorpe (28) empty (70 of 1000). None of these beds are available in the calculation due to their continued use to support ambulance handover.

Elective Care:

- 65 Week Waits – '*Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)':* Off Track – Industrial Action has significantly reduced the run rate of 65-week activity before, during and after periods of IA. The latest forecast (on 15th March 2024) is circa 2,400 patients waiting over 65 weeks on 1st April 2024. In response to the interim 24/25 draft planning assumptions target of '*eliminating 65 week waits by September 2024*', the current forecast identifies 1,175 patient breaches by September, across 4 specialties (T&O, Gynae, General Surgery and Plastics). This is based on several assumptions.

- 78 Week Waits – '*Eliminate waits of over 78 weeks for elective care*': Off Track – Industrial Action has significantly reduced the run rate of 78-week activity before, during and after periods of IA. The latest forecast based on the confirmed and provisional TCIs is circa 268 patients waiting over 78 weeks on 1st April 2024.

- Day Cases – '*Meet the 85%-day case expectations using GIRFT and moving procedures to the most appropriate setting*': On Track

- Theatre Utilisation – '*Meet the 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings*': Off Track – February performance improved by 0.3 percentage deciles compared to January, but remained below the national median. Reduced number of on the day cancellations in February (140) but higher than December, though more sessions were supported in month in February. Cancellations were predominantly due to patients having their treatment deferred, lists overrunning or the patients not attending.

- Outpatient follow-ups – '*Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024*': Off Track – Performance remains behind the target of 75%.

Cancer:

- 62-day Backlog – '*Continue to reduce the number of patients waiting over 62 days*': On Track – Fair Shares Requirement was to have no more than 225 patients waiting over 62 days by 31st March 2024. The Trust are currently 49 patients ahead of this target and 29 ahead of the revised H2 trajectory of no more than 205 patients on the backlog at the end of March.

- 28-Day Faster Diagnosis Standard – '*Meet the Cancer Faster Diagnosis Standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected Cancer are diagnosed or have Cancer ruled out within 28 days':* On Track – The provisional

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performance for February was 76.6%. This is ahead of target and the highest performance in 2023-24 so far. Improvements seen in Urology, Upper GI, Skin, Breast, Gynaecology, Head and Neck, and Lower GI.

- Lower GI Referrals with a FIT Test – '*Implement and maintain priority pathway changes for lower GI (at least 80% of FDS lower GI referrals are accompanied by a FIT result), skin (Teledermatology) and prostate cancer (best practice timed pathway)':* On Track.

Diagnostics:

- Diagnostic Test Within 6 Weeks – '*Increase the percentage of patients that receive a diagnostic test within 6 weeks in line with the March 2025 ambition of 95%':* Off Track – working towards 95% target in CT, MRI, Ultrasound and Echo by March 2025.

Recommendations:
The Trust Board is recommended to:
- **Acknowledge** the paper and latest position for information.

Integrated Performance Report:
Performance & Activity Domains

February 2024

Key 2023-24 Operational Priorities

- <u>Urgent and Emergency Care:</u>

  G A&E Waiting Times – '*Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25*': **On Track – Sustained delivery.**

  A Improve Ambulance handover delays under 30 minutes – '*Reduce handover delays to support the management of clinical risk across the system*': **Off Track – The average handover duration (minutes) has increased to an in-week high of 60 minutes average handover duration (over 30 minutes) in February. The overall percentage of ED Ambulance Handovers within 30 minutes in February was 55% compared to 66% in January, though higher than February 2023 (36%).**

  R Bed occupancy – '*Reduce adult general and acute (G&A) bed occupancy to 92% or below*': **Off Track – It is unlikely that bed occupancy will reduce due to pressure on both alternative and non-elective beds. The original plan included 22 additional NANOC beds and running Cringleford (20) and Gunthorpe (28) empty (70 of 1000). None of these beds are available in the calculation due to their continued use to support ambulance handover.**

- <u>Elective Care:</u>

  R 65 Week Waits – '*Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)*': **Off Track – Industrial Action has significantly reduced the run rate of 65-week activity before, during and after periods of IA. The latest forecast (on 15th March 2024) is circa 2,400 patients waiting over 65 weeks on 1st April 2024. In response to the interim 24/25 draft planning assumptions target of '*eliminating 65 week waits by September 2024*', the current forecast identifies 1,175 patient breaches by September, across 4 specialties (T&O, Gynae, General Surgery and Plastics). This is based on several assumptions.**

  R 78 Week Waits – '*Eliminate waits of over 78 weeks for elective care*': **Off Track – Industrial Action has significantly reduced the run rate of 78-week wait activity before, during and after periods of IA. The latest forecast based on the confirmed and provisional TCIs is circa 268 patients waiting over 78 weeks on 1st April 2024.**

  G Day Cases – '*Meet the 85%-day case expectations using GIRFT and moving procedures to the most appropriate setting*': **On Track**

  R Theatre Utilisation – '*Meet the 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings*': **Off Track – February performance improved by 0.3 percentage deciles compared to January, but remained below the national median. Reduced number of on the day cancellations in February (140) but higher than December, though more sessions were supported in month in February. Cancellations were predominantly due to patients having their treatment deferred, lists overrunning or the patients not attending.**

  R Outpatient follow-ups – '*Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024*': **Off Track – Performance remains behind the target of 75%.**

2

Key 2023-24 Operational Priorities

- <u>Cancer:</u>

  G 62-day Backlog – '*Continue to reduce the number of patients waiting over 62 days*': **On Track – Fair Shares Requirement was to have no more than 225 patients waiting over 62 days by 31st March 2024. The Trust are currently 49 patients ahead of this target and 29 patients ahead of the revised H2 trajectory of no more than 205 patients on the backlog at the end of March.**

  G 28-Day Faster Diagnosis Standard – '*Meet the Cancer Faster Diagnosis Standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected Cancer are diagnosed or have Cancer ruled out within 28 days*': **On Track – The provisional performance for February was 76.6%. This is ahead of target and the highest performance in 2023-24 so far. Improvements seen in Urology, Upper GI, Skin, Breast, Gynaecology, Head and Neck, and Lower GI.**

  G Lower GI Referrals with a FIT Test – '*Implement and maintain priority pathway changes for lower GI (at least 80% of FDS lower GI referrals are accompanied by a FIT result), skin (Teledermatology) and prostate cancer (best practice timed pathway)*': **On Track.**

- <u>Diagnostics:</u>

  R Diagnostic Test Within 6 Weeks – '*Increase the percentage of patients that receive a diagnostic test within 6 weeks in line with the March 2025 ambition of 95%*': **Off Track – working towards 95% target in CT, MRI, Ultrasound and Echo by March 2025.**

Urgent and Emergency Care

Performance – Ambulance Handovers

Week Ending	07-Jan	14-Jan	21-Jan	28-Jan	04-Feb	11-Feb	18-Feb	25-Feb	03-Mar
Ambulance handover delays (hours)	**240**	**130**	**293**	**366**	**326**	**445**	**709**	**473**	**241**
Ambulance handovers recorded	832	808	826	717	827	779	706	729	842
Average handover delay duration (mins)	17	10	21	31	24	34	60	39	17
Difference from baseline of 505 handovers	65%	60%	61%	70%	61%	65%	72%	69%	60%

Ambulance Handover Delays (Hours)
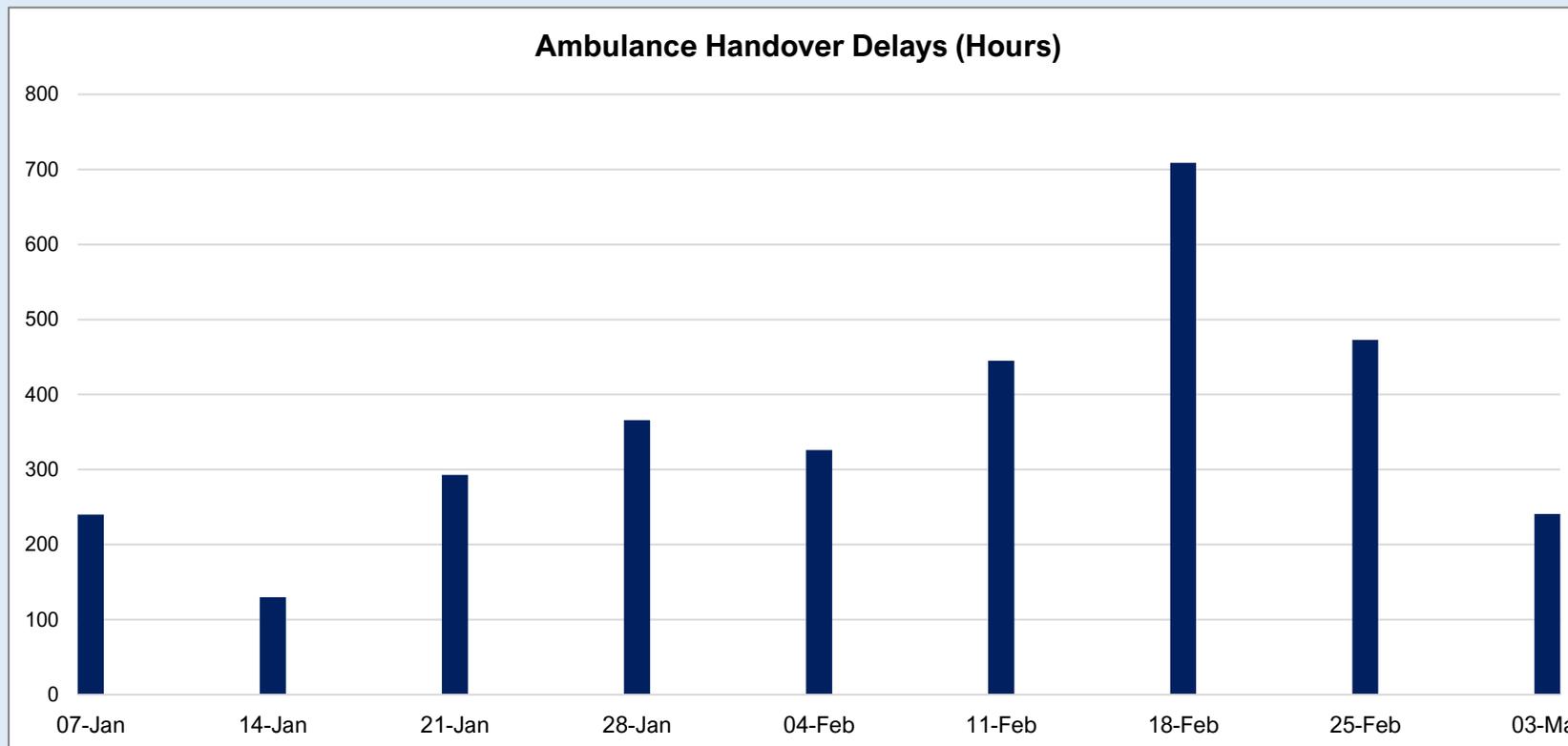
Current Position

The average number of ambulance handover delays (hours) in the period from 29th January to 3rd March increased by 181 hours compared to period from 1st to 28th January.

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Commentary

The 4 charts below illustrate NNUH's actual 2023/24 Winter ED performance (from 17th September to 10th March) compared to 2021/22 and 2022/23.
Since 7th January, ED attendances and ambulance arrivals have been consistently higher than the last 2 years over the same period. 4-hour performance has been higher than both 2021/22 and 2022/23 for every week except for 3 weeks in January. The number of Handovers over 60 minutes were lower than 2021/22 and 2022/23 from 26th November to 14th January, with the percentage of ambulances arriving to ED with a handover over 60 minutes consistently lower for 2023/24 for all except one week since November.

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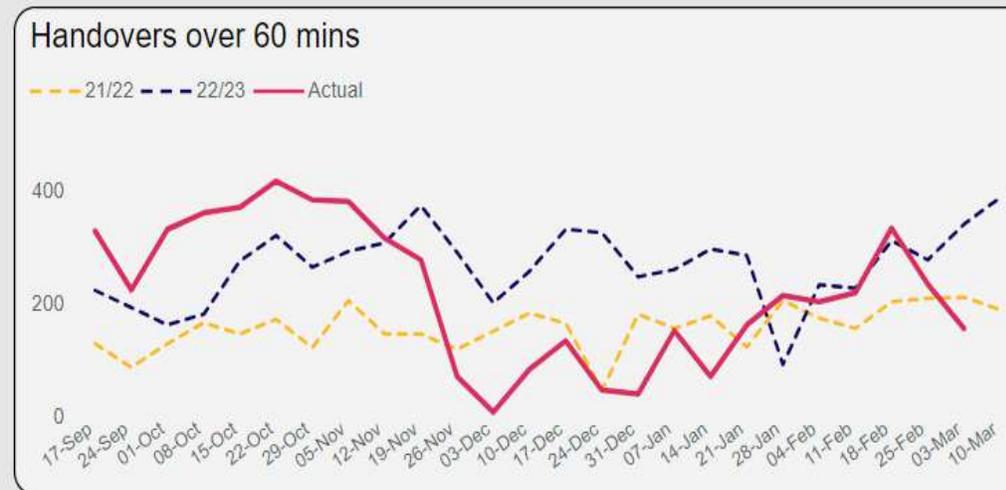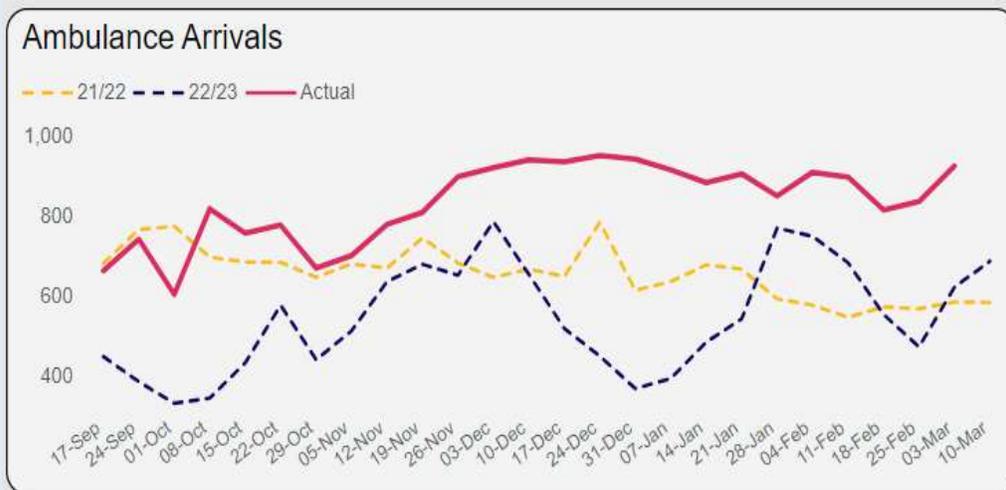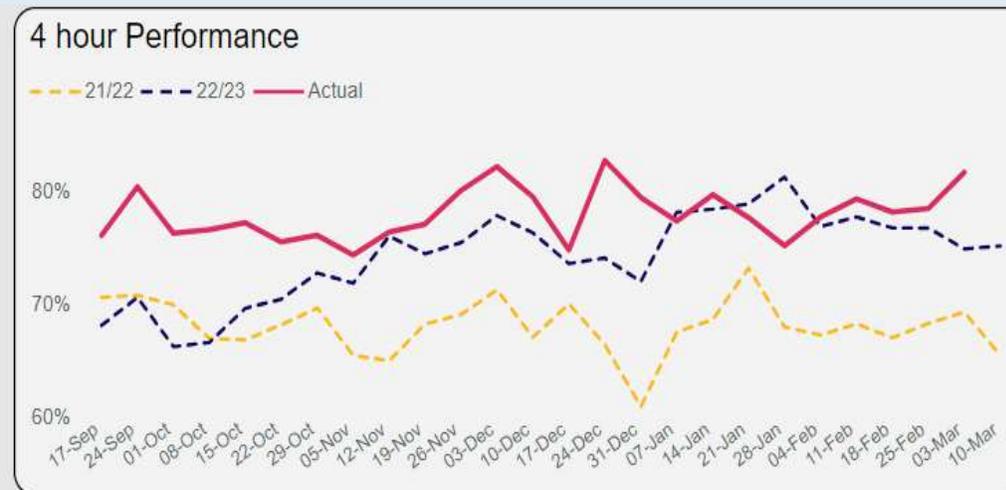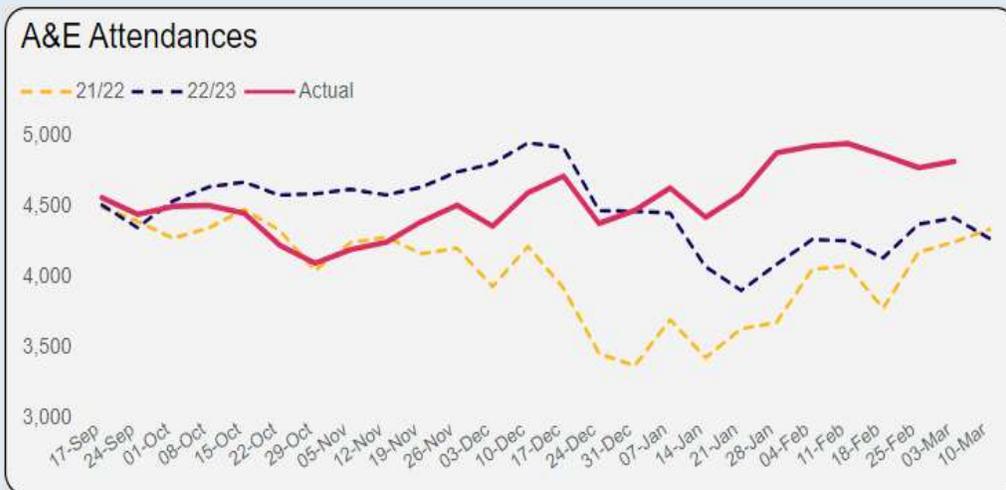
30 Minute Performance	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Total
Addenbrookes Hospital	92.57%	86.95%	93.34%	98.54%	97.64%	99.31%	95.92%	98.30%	92.00%	92.45%	77.72%	72.79%	76.93%	90.34%
Basildon & Thurrock Hospital	54.17%	59.44%	70.33%	74.18%	79.41%	84.79%	81.15%	88.18%	78.03%	83.84%	72.64%	74.20%	85.83%	75.86%
Bedford Hospital South Wing	94.21%	89.11%	96.84%	96.69%	91.98%	97.77%	97.31%	94.84%	93.85%	92.25%	86.91%	84.87%	92.42%	93.00%
Broomfield Hospital	61.95%	73.86%	87.42%	91.19%	87.42%	84.80%	76.99%	78.17%	74.77%	73.96%	72.03%	82.82%	79.26%	78.82%
Colchester General Hospital	81.59%	48.04%	85.30%	91.02%	81.15%	89.91%	72.21%	84.89%	73.75%	80.03%	64.71%	61.87%	65.34%	75.37%
Hinchingbrooke Hospital	81.67%	78.47%	87.60%	87.97%	91.24%	92.67%	93.47%	91.61%	80.92%	65.57%	69.31%	80.08%	87.57%	83.70%
Ipswich Hospital	67.35%	64.22%	73.41%	75.60%	69.37%	76.96%	76.83%	74.91%	59.89%	60.11%	53.55%	54.22%	50.90%	65.95%
James Paget Hospital	42.75%	43.40%	67.25%	56.43%	69.14%	79.86%	51.68%	48.67%	49.33%	65.37%	57.56%	52.93%	56.40%	56.98%
Lister Hospital	42.02%	38.36%	51.42%	43.52%	43.32%	62.68%	51.62%	49.64%	47.02%	47.20%	39.54%	54.08%	54.32%	48.06%
Luton And Dunstable Hospital	76.04%	65.36%	73.35%	70.38%	69.31%	70.04%	68.68%	68.15%	65.41%	67.59%	58.05%	59.36%	59.43%	67.01%
Norfolk & Norwich University Hospital	35.55%	22.75%	40.44%	31.98%	44.19%	37.38%	33.43%	42.13%	21.99%	59.86%	82.56%	65.73%	55.10%	44.08%
Peterborough City Hospital	58.64%	50.39%	56.88%	62.27%	69.74%	65.25%	70.48%	63.36%	46.58%	41.32%	53.14%	57.74%	57.36%	57.93%
Princess Alexandra Hospital	38.63%	37.81%	60.43%	50.86%	52.66%	48.27%	45.06%	44.36%	34.64%	39.46%	48.72%	46.69%	46.16%	45.67%
Queen Elizabeth Hospital	53.83%	41.57%	62.29%	47.58%	45.01%	55.33%	49.14%	47.68%	40.92%	60.10%	67.64%	43.29%	71.77%	52.78%
Southend University Hospital	71.57%	64.10%	74.19%	65.77%	61.10%	67.36%	80.62%	86.11%	71.79%	75.77%	68.49%	71.59%	81.87%	72.33%
Watford General Hospital	56.21%	55.89%	59.29%	72.22%	77.57%	76.10%	69.97%	70.81%	73.87%	66.76%	62.51%	64.29%	70.37%	67.37%
West Suffolk Hospital	70.94%	68.21%	91.57%	92.28%	93.24%	93.59%	87.59%	82.53%	76.31%	85.18%	70.88%	59.30%	81.32%	81.00%
Total	63.51%	58.11%	72.43%	71.09%	71.97%	75.42%	70.71%	71.43%	63.59%	68.05%	65.06%	63.87%	68.27%	67.96%

> 60 Minute Performance	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Total
Addenbrookes Hospital	1.16%	3.90%	1.21%	0.00%	0.08%	0.00%	0.73%	0.24%	2.22%	2.70%	13.82%	17.47%	11.64%	4.24%
Basildon & Thurrock Hospital	25.23%	22.86%	12.90%	9.25%	6.64%	3.01%	6.61%	2.58%	8.24%	4.93%	13.98%	11.14%	4.01%	10.11%
Bedford Hospital South Wing	1.96%	6.27%	1.24%	0.48%	2.67%	0.56%	0.67%	1.52%	1.82%	2.86%	5.26%	7.17%	3.33%	2.75%
Broomfield Hospital	15.41%	7.35%	5.20%	1.96%	3.61%	4.53%	7.64%	5.99%	10.17%	11.33%	12.35%	5.90%	5.04%	7.42%
Colchester General Hospital	8.71%	35.91%	3.33%	1.56%	9.50%	3.22%	11.21%	3.81%	9.94%	6.01%	16.52%	16.46%	13.39%	10.74%
Hinchingbrooke Hospital	8.00%	11.26%	4.35%	4.83%	2.40%	2.49%	1.55%	3.65%	9.14%	20.49%	18.95%	11.85%	5.51%	8.04%
Ipswich Hospital	16.19%	18.60%	10.99%	10.45%	14.82%	8.06%	7.97%	10.59%	21.41%	21.71%	25.15%	25.13%	28.69%	16.90%
James Paget Hospital	29.86%	35.47%	16.35%	26.33%	15.14%	9.11%	31.34%	34.58%	35.04%	19.12%	27.06%	32.72%	27.92%	26.16%
Lister Hospital	29.71%	32.97%	19.62%	25.98%	26.58%	10.45%	17.85%	22.78%	24.59%	22.83%	32.25%	19.65%	17.53%	23.29%
Luton And Dunstable Hospital	7.72%	17.21%	8.60%	11.49%	12.05%	10.97%	11.53%	11.78%	15.44%	12.81%	19.35%	16.97%	16.81%	13.29%
Norfolk & Norwich University Hospital	48.47%	63.57%	42.65%	51.89%	38.12%	45.48%	46.55%	41.66%	64.22%	29.99%	9.11%	19.41%	31.81%	40.99%
Peterborough City Hospital	11.98%	16.74%	11.86%	12.01%	9.09%	8.51%	7.07%	10.79%	26.68%	32.45%	26.54%	21.19%	21.50%	16.65%
Princess Alexandra Hospital	36.81%	39.94%	16.60%	23.65%	22.42%	25.20%	26.70%	27.85%	43.47%	34.59%	24.85%	25.11%	27.44%	28.82%
Queen Elizabeth Hospital	28.94%	42.99%	20.94%	37.80%	37.60%	28.28%	33.99%	34.65%	40.33%	17.19%	12.89%	34.79%	10.34%	29.29%
Southend University Hospital	11.08%	13.29%	7.45%	13.20%	12.82%	10.32%	6.04%	2.75%	14.10%	7.89%	15.51%	13.57%	6.87%	10.38%
Watford General Hospital	12.43%	18.40%	12.72%	4.04%	2.20%	2.25%	4.61%	4.28%	1.79%	5.98%	8.01%	9.89%	5.33%	7.07%
West Suffolk Hospital	13.75%	16.04%	0.18%	0.99%	0.59%	0.65%	1.94%	4.13%	9.28%	3.37%	15.77%	24.76%	7.39%	7.60%
Total	18.08%	23.69%	11.54%	13.88%	12.73%	10.18%	13.18%	13.15%	19.88%	15.07%	17.49%	18.42%	14.39%	15.51%

Commentary

- < 30 minutes: Ranking 14th out of 17 in the region for February 2024 (a reduction in performance compared to November, December and January).
- > 60 minutes: Ranking 17th out of 17 in the region for February 2024 (an increase of 12.40% deciles compared to January and 22.70% deciles compared to December).
- NNUH remain 17th in the region for both metrics for the period from February 2023 to February 2024.
- However, both 30-minute and 60-minute ambulance performance has improved compared to February 2023.

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Commentary

NNUH has given assurance that it will achieve the **ED 4 Hour target of 76%** for the month of March 2024 (rolling mid-month performance **78.77%**).

NNUH would require an average of less than **153 breaches** per day to achieve the target when using historic attendances seen throughout 2023/24.

This represents a maximum limit of **1,071** breaches per week.

			Calculation
a	Agreed weekly breach limit	1,071	
b	Days in week	7	
c	**Average daily breach limit**	**153**	a / b = c
d	Average daily attendances required	638	c / (1 - e) = d
e	Target performance	76%	

ED 4 Hour Performance - March 2024: 78.77%

Category	Fri Mar 01	Sat Mar 02	Sun Mar 03	Mon Mar 04	Tue Mar 05	Wed Mar 06	Thu Mar 07	Fri Mar 08	Sat Mar 09	Sun Mar 10	Mon Mar 11	Tue Mar 12	Wed Mar 13	Thu Mar 14	Fri Mar 15	Sat Mar 16	Sun Mar 17	Mon Mar 18	Tue Mar 19	Wed Mar 20	March Average
Breaches	142	200	124	149	132	151	167	181	162	122	137	127	166	156	171	192	109	135	142	150	151
Attendances	642	721	671	771	695	710	651	678	727	670	746	684	685	709	727	787	705	761	719	742	710
Performance	77.88%	72.26%	81.52%	80.67%	81.01%	78.73%	74.35%	73.30%	77.72%	81.79%	81.64%	81.43%	75.77%	78.00%	76.48%	75.60%	84.54%	82.26%	80.25%	79.78%	78.77%

ED 4 Hour Performance – Monthly History 2023/24

Category	2023 Apr	2023 May	2023 Jun	2023 Jul	2023 Aug	2023 Sep	2023 Oct	2023 Nov	2023 Dec	2024 Jan	2024 Feb
Performance	78.63%	75.78%	76.93%	78.58%	77.08%	77.25%	76.28%	78.10%	79.10%	77.37%	79.55%

The NNUH ED 4 Hour Target includes attendances for ED, Cromer MIU, GP Streaming and the Walk in Centre.

Percentage of ED Attendances in 4 Hours or Less by Trust

Key
NNUH
Target - - -
National Average - - -
QEH / JPUH
Recommended Peers
All other Type 1 Trusts
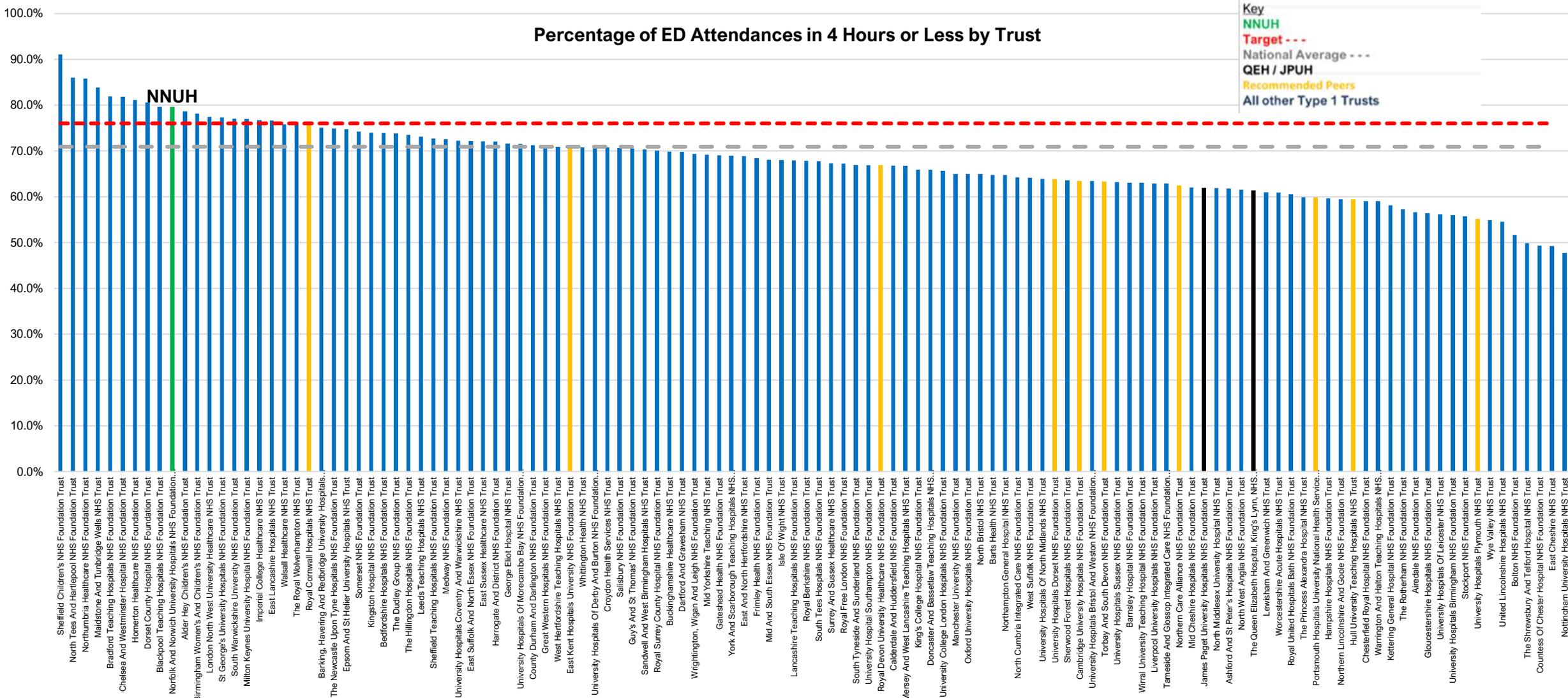
Commentary

In February, NNUH were ranked 10th across all Type 1 NHS Trusts and the best performing amongst our recommended peers (for most similar attributes) with 79.6% of ED patients either admitted, transferred or discharged within 4 hours of arrival. This is an increase on the previous month (77.4%) and ahead of the national target of 76%, and the national average of 71%.

No Criteria to Reside
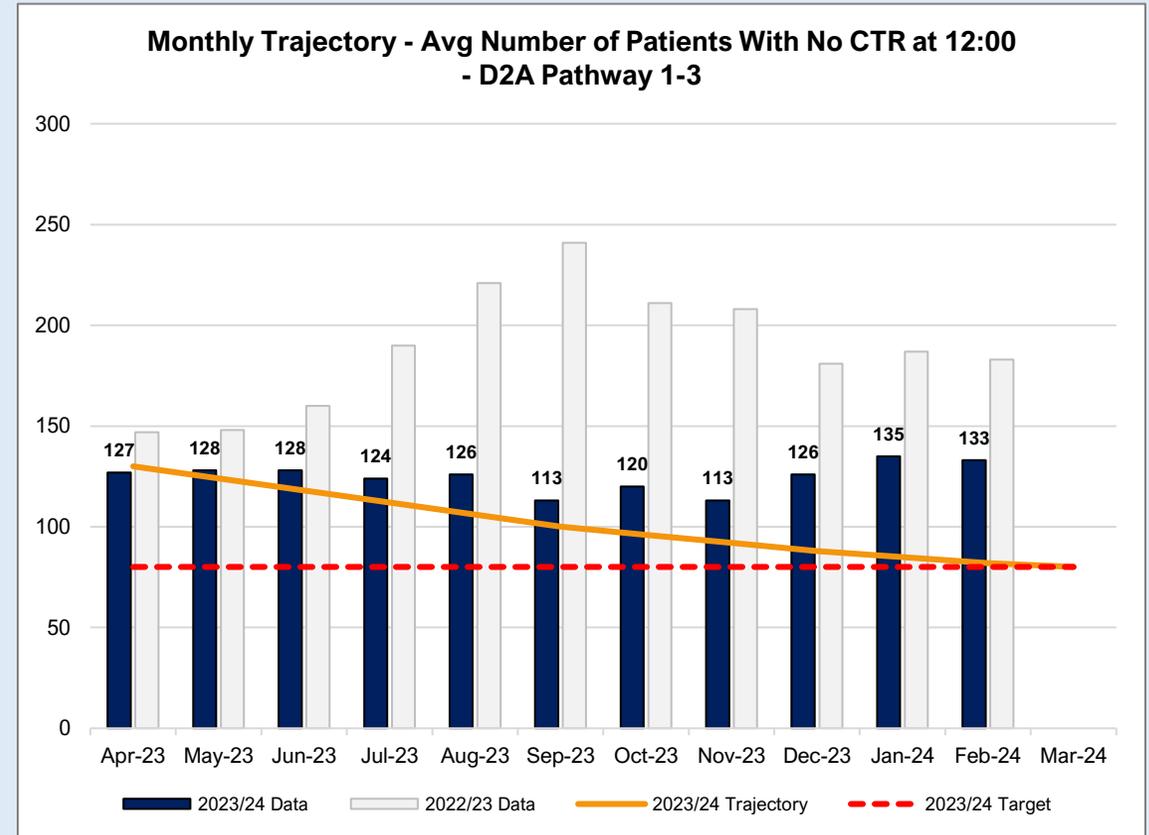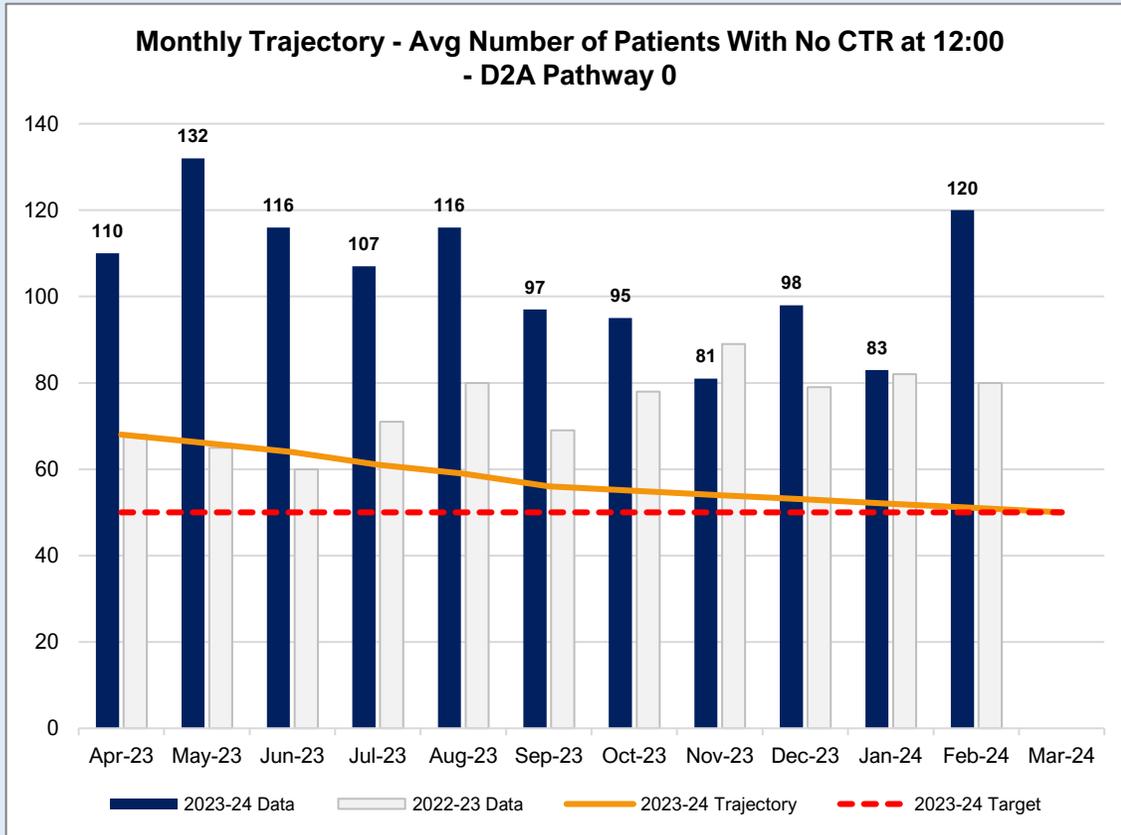
Commentary

February 2024 Performance
No Criteria to Reside D2A Pathway 0 (P0) for February increased to its second highest average in 2023/24. No Criteria to Reside D2A Pathway 1-3 (P1-3) for February reduced from January (-2) but remained higher than the previous 9 months in 2023/24.

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Commentary

February 2024 Performance
In February, the average number of patients on the Virtual Ward was 53 – lower than the 6 months previously.

Virtual Ward Activity

System Bed Plan
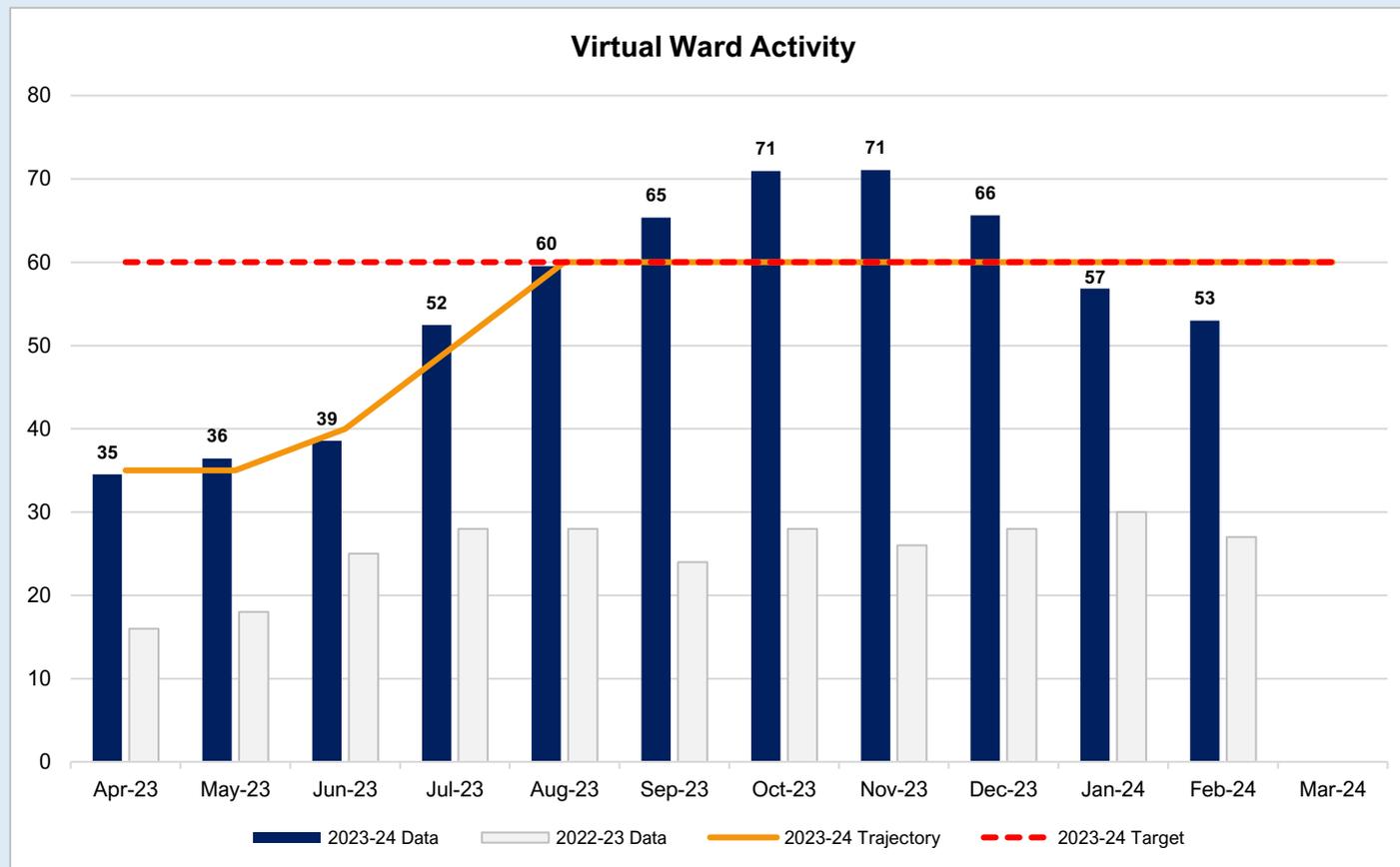
	System changes	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target Change	Actual delivered 31/1/24	Apr'24	May'24	Jun'24	Jul'24	Aug'24	Sep'24	24/25 Plan Add'l
NNUH	NNUH Increase Virtual Ward to 60 (60 from 15th Jul funded, up to 80 unfunded)		41	61	60	60	60	60	60	80	80	60	19	39	60	60	60	60	60	60	0
NNUH	Remove 7 in 6 escalation (wc 19/6/23)		0										0	0							
NNUH	Close Cringleford Ward & relocate POA to Cringleford (31/7/23)			0									0	0							
NNUH	Close Gunthorpe Ward (relocate)						0						-20	-20							
NNUH	*NNUH Close Medical Ward X (20 beds Apr'24)*												-20	0							
NCHC	Community Virtual Ward Step Up (System) - Central phased from 30th September: Original plan 23 in Sept & 53 in Dec									20	20	20	105	20	20	20	20	20	20	20	20
NCHC	Priscilla Bacon Lodge (18, 15/9/23)							18	18	18	18	18	0	0	20	20	0	0	0	0	0
NCHC	Priscilla Bacon Hospice (additional 8 beds)									2	2	2	8	2	8	8	8	8	8	8	8
NCHC	Burlingham House (additional winter beds from Jan'24)									10	10	10	10	10							
NCHC	Mayflower (35 beds)												35	0							
NCHC	Pathway 1 activity - increase non bed-based solutions (night sits)									23	23	23	23	23	23	23	23	23	23	23	23
NCHC	Willow Unit (formerly Modular Unit)											48	48	0	0	0	48	48	48	48	48
ICB	ICB Beds (reduced to 26 from 1/7/23 to 1/1/24 & reinstated to 28 in Jan'24)			26	26	26	26	26	26	28	28	28	2	2	28	28	28	28	28	28	28
ICB	Addiotional pressure beds (4xKelling, 2xAlder & 1xBeech)									7	7	7	7	7							
ICB	Improvement in D2A processes												0	0							

Virtual Ward		
Community Beds		
P1 capacity		

	Target Change	Actual delivered 31/1/24	24/25 Plan Add'l
	124	59	20
	70	-6	84
	23	23	23

Cancer

13

Cancer – 62-Day Backlog Profile

62 Day Backlog – NNUH Actuals Vs Trajectory (19th March 2024)
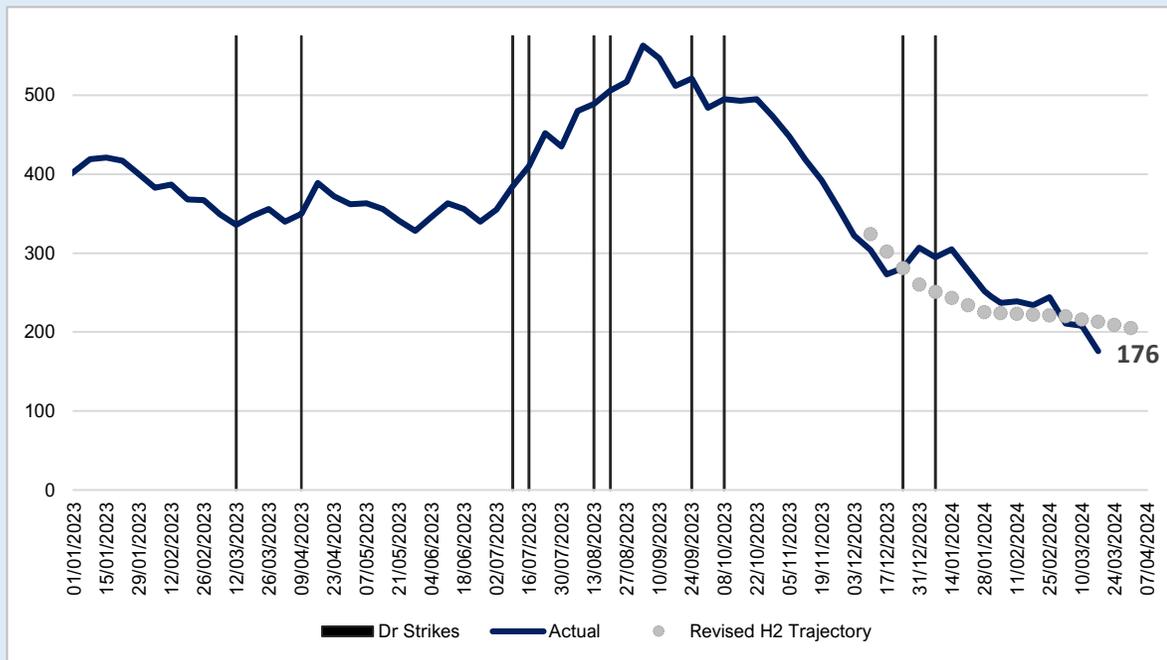
Suspected Tumour Type	Number Past Day 62	Change in number past day 62 (4 week)	Change in number past day 62 (12 weeks)
Brain	0	0	-2
Breast	0	-7	-7
Children's	1	+1	-3
Gynaecological	23	-10	-42
Haematological	4	+2	-3
Head & Neck	13	-9	-3
Lower Gastrointestinal	47	+10	-10
Lung	5	+2	-1
Sarcoma	11	-4	-6
Skin	15	-9	-50
Upper Gastrointestinal	8	-1	+1
Urological	49	-33	-5
Other	0	0	0
All Suspected Cancers	**176**	**-58**	**-131**

Commentary

February 2024 Performance

The 62-day backlog saw a net decrease of 58 patients waiting over 62 days up to 19th March compared to the prior 4-week period, and a net decrease of 131 patients compared to the prior 12-week period (below left). The Trust is now ahead of the Fair Shares Requirement of 225 and the revised H2 trajectory of no more than 205 patients on the backlog at 31st March 2024.

The largest contributors to the 62-day backlog are Urology, Gynaecology and Lower GI. The backlog has reduced in Gynaecology and Urology by a total of 43 patents over the last 4 weeks. However, the backlog in Lower GI has increased by 10 patients over the same period.

Improvement Actions

1. Additional Robotic sessions commenced weekend of 27th January to support recovery. 3 out of 4 weekends through to June 24.
2. Additional 'Wet' Lab work outsourced from December to support Skin Histology turnaround using additional regional monies. Funding secured for Q1 & Q2 in 24/25.
3. Paediatric backfill being utilised by Gynaecology to support Cancer Recovery.
4. Additional weekend lists utilising Regional funding for diagnostics continues through to March 2024.
5. Continued focus on fast clinical review post histology/radiology reporting to ensure timely removal from the pathway
6. Increased scrutiny on patients waiting between day 28-62 to reduce rollovers and book to succeed.

Risk To Delivery

Industrial Action may slow the current improvement rate.

GREEN
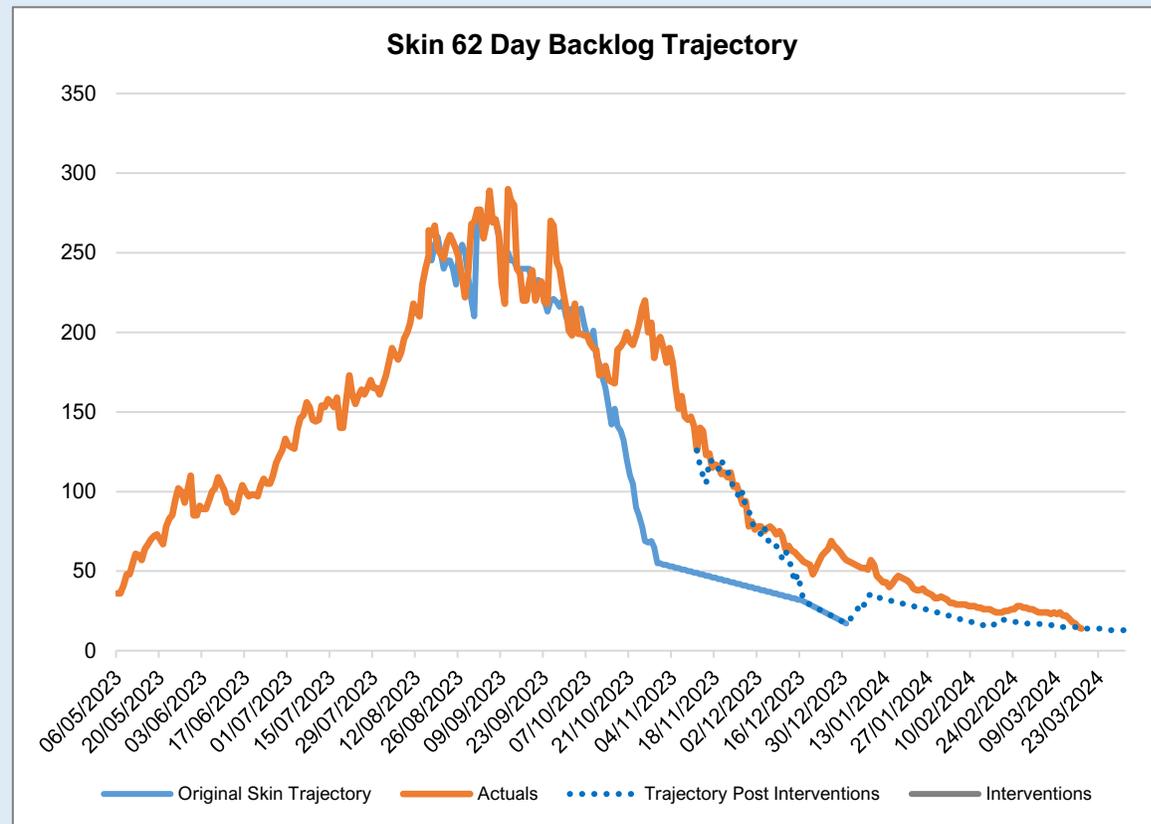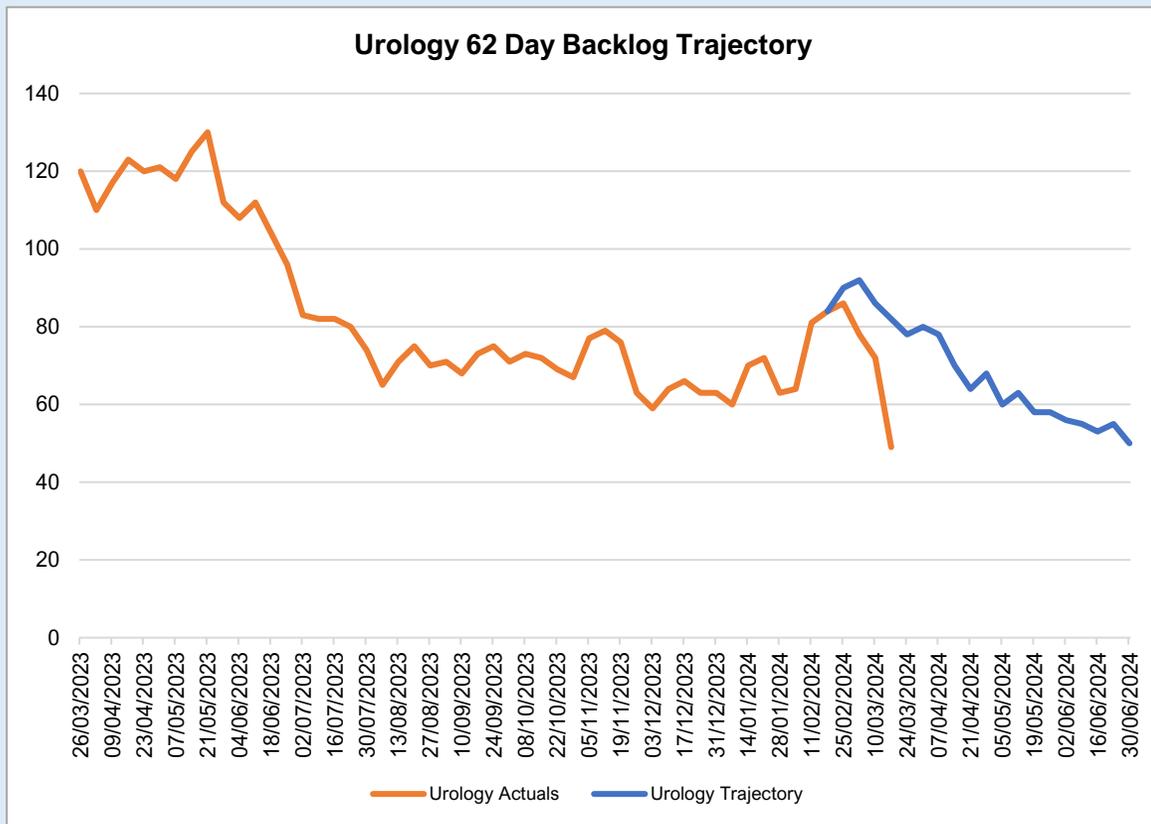
Urology Interventions

- Additional diagnostic capacity increased FDS to >70% in December. Increased number of diagnosed patients requiring surgery.
- Additional weekend robotic surgery capacity to address above increase and high number of late tertiary referrals.
- Consultant Nurse post recruited, however, benefits not immediate due to training requirements.

Skin Interventions

- Additional Weekend capacity through Portland Clinic freeing up Cancer capacity in week. Funding to continue through Q1 & Q2 24/25
- Additional 'Wet' Lab work outsourced from December to support Skin Histology turnaround. Work to continue through Q1 & Q2 24/25
- Bid to continue current Teledern SDF funding to be submitted to the Cancer Alliance.
- Expression of interest made to explore the use of AI for Skin Cancer referrals.

Lower GI 62 Day Backlog Trajectory

Legend: Lower GI Actuals, Lower GI Trajectory

Gynae 62 Day Backlog Trajectory

Legend: 62Day Gynae Trajectory, Actuals, Intervention dependant Trajectory
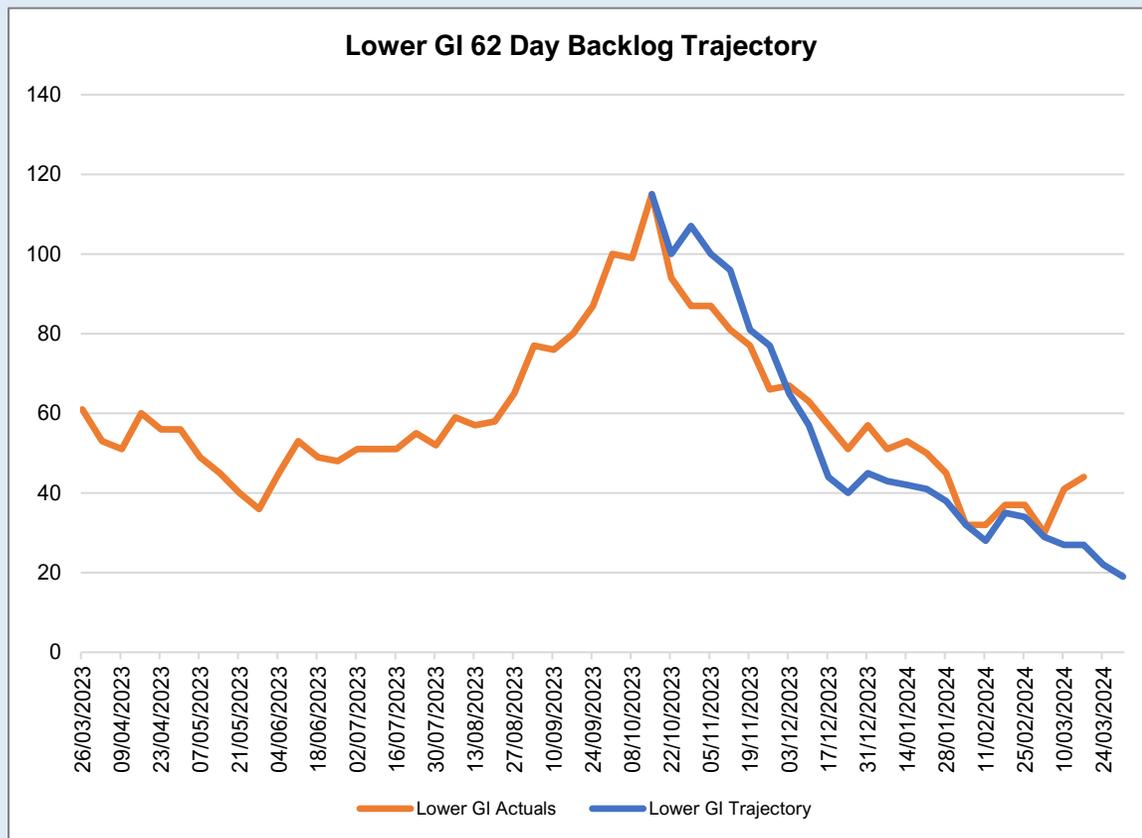
Increase in backlog due to delays resulting from industrial action.

Lower GI Interventions
- Endoscopy insourcing continues – 24 lists a month from November to February.
- Additional Endoscopy activity has reduced the overall waiting list size and reducing the number of patients approaching 62 days.
- Backlog expected to downturn towards trajectory by end of March.
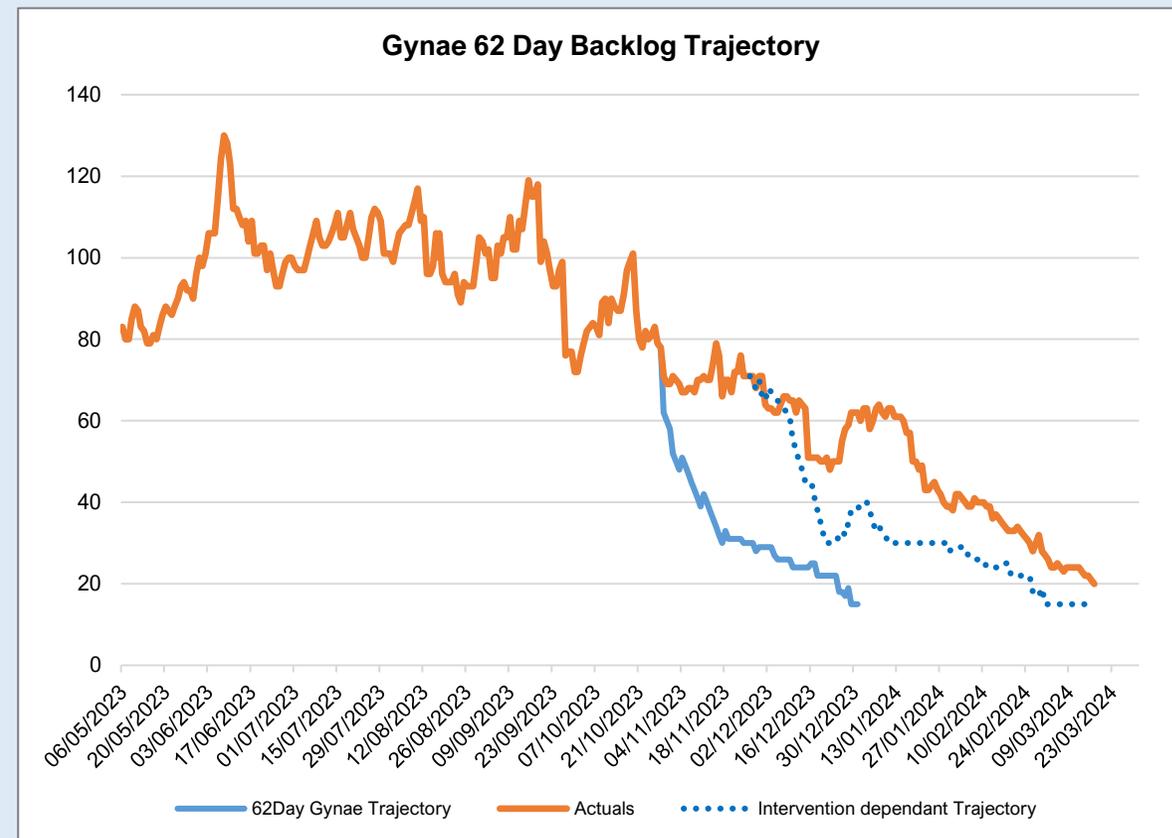
Gynae backlog continues to improve, continued focus and implementation of interventions will support improvements back to trajectory.

Gynaecology Interventions
- Paediatric backfill being utilised by Gynaecology to support Cancer Recovery.
- Additional weekend lists utilising Regional funding for diagnostics continues through to March 24.

Cancer – 28-Day Faster Diagnosis Standard

Commentary

February 2024 Performance (Provisional)

The provisional faster diagnosis performance in February was 76.6%. This is an increase from 62.8% in January and 72% in December and is the highest performance in 2023/24 so far. The improvement in performance is due to patient choice and Industrial Action causing a downturn in performance in January, with improvements seen in Urology, Upper GI, Skin, Breast, Gynaecology, Head and Neck, and Lower GI.

Improvement Actions
1. Interventions for Urology, Skin, Gynaecology and Lower GI, as outlined in the previous slides.
2. Continued increased activity in Breast and Skin to recover and maintain position.

Green

Cancer – Lower GI Referrals with a FIT Test

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LGI FIT
February 2024

Variation	Assurance
H	P

88.3% Result	90.7% UPL
80.0% Target	85.6% Mean
	80.5% LPL

LGI FIT

● ResultPercent ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
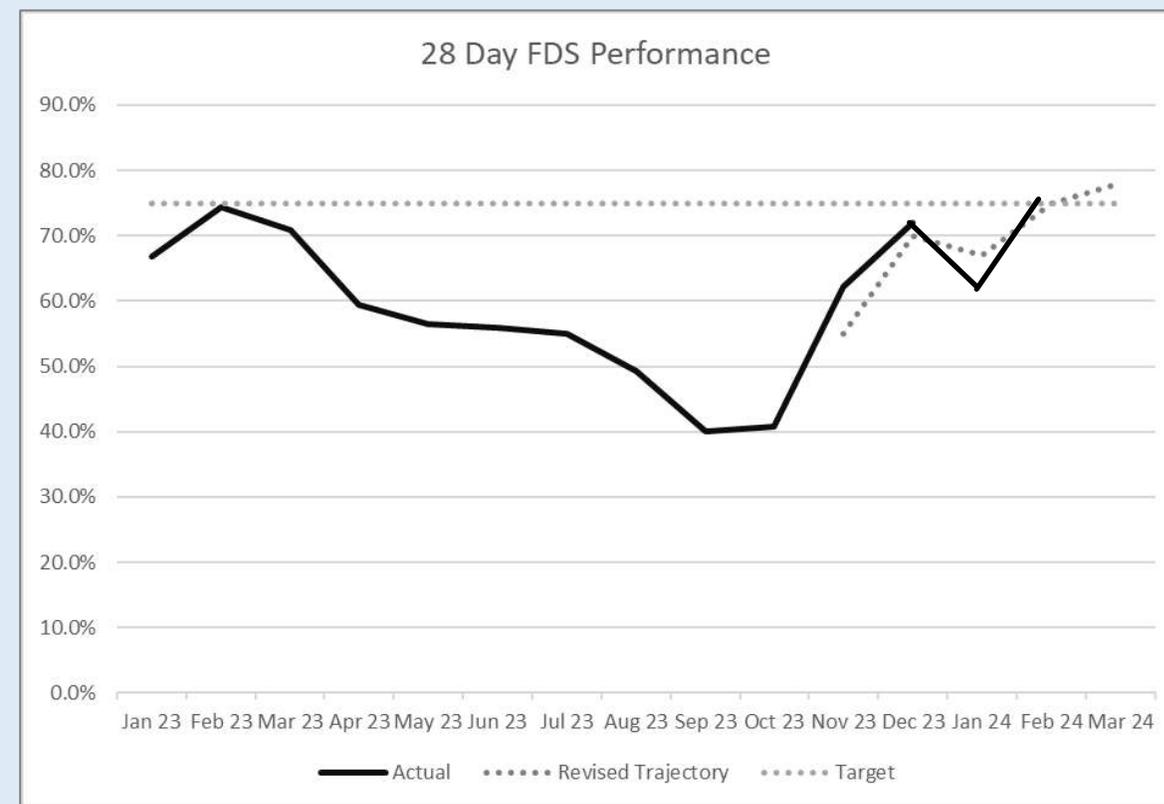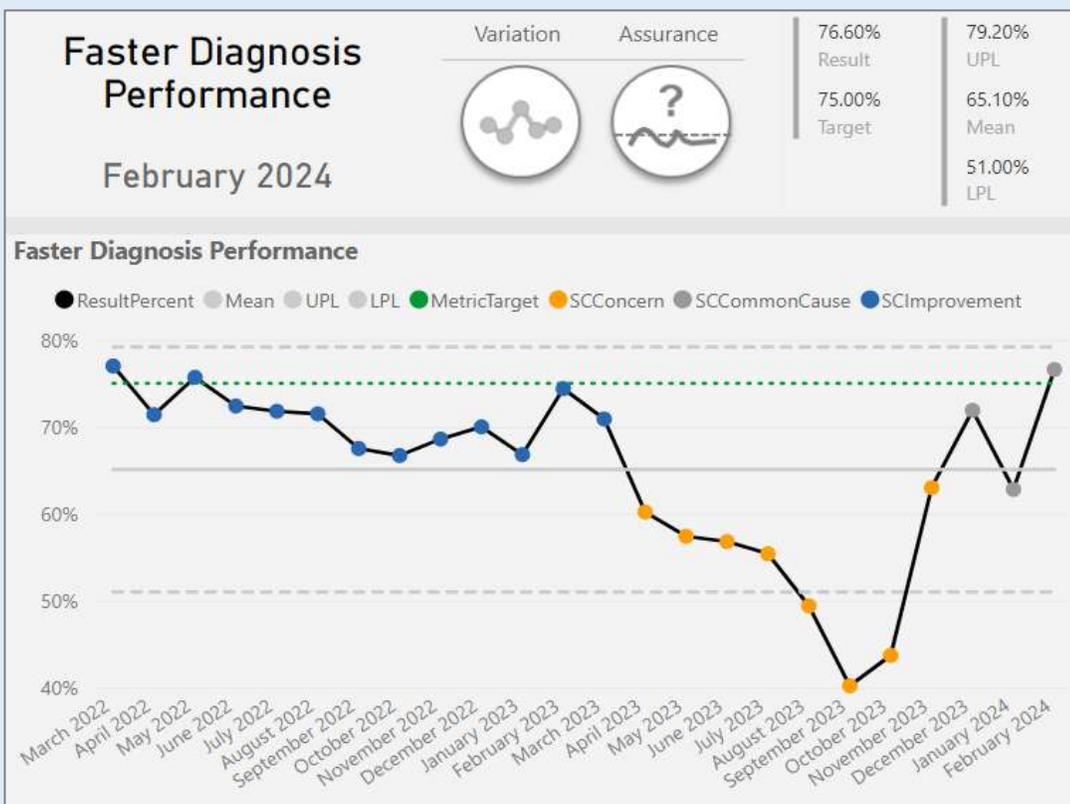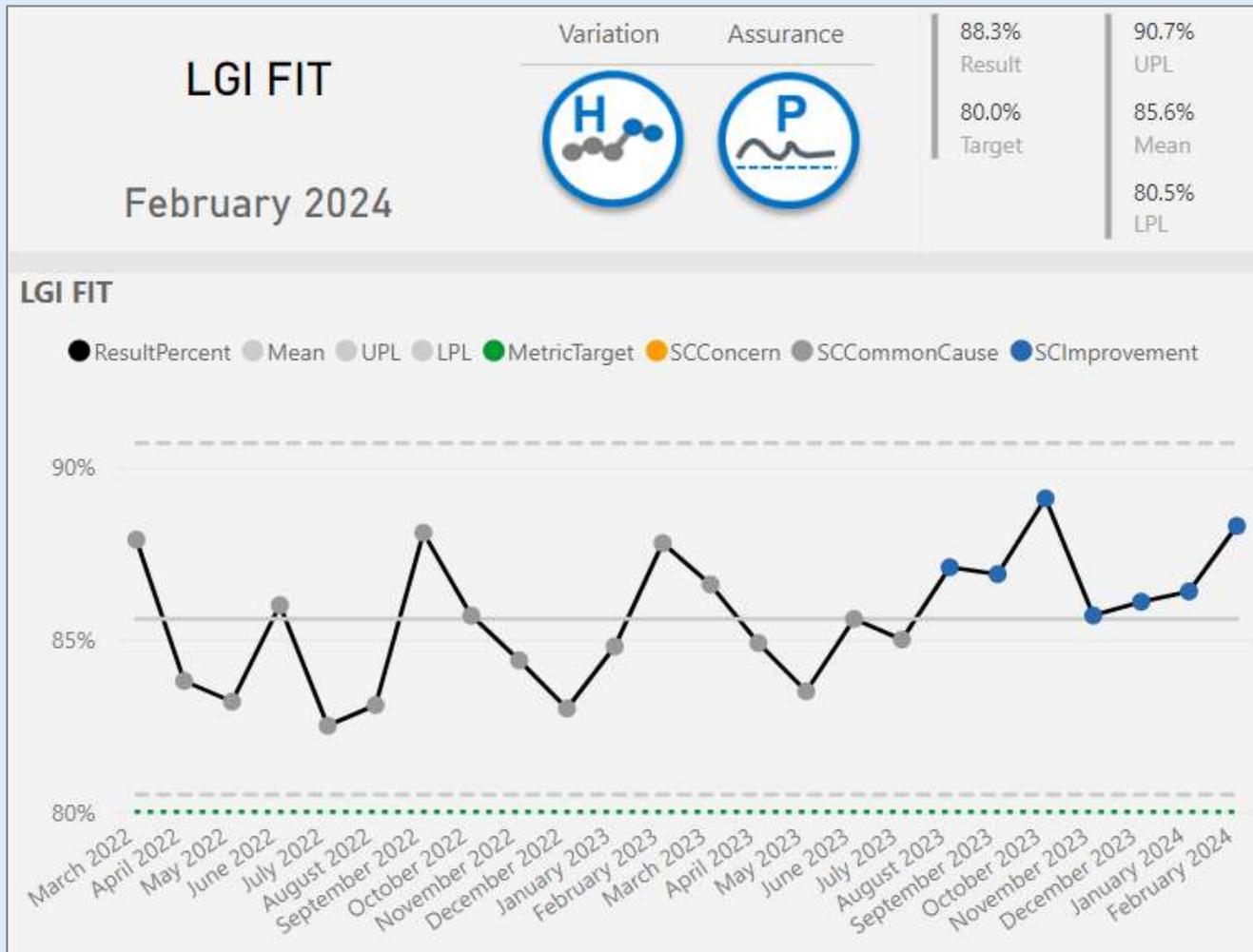
Commentary

February 2024 Performance
Performance increased to 88.3% in February compared to 86.4% in January. February performance is the second highest performing month in 2023/24 so far and remains ahead of target for all LGI referrals having an accompanying FIT result, enabling effective triage and straight to test investigations where criteria met.

Improvement Actions
1. FIT negative service led in Primary Care ceased due to funding.
2. Process in place to ensure FIT negative patients are safety netted in Primary Care.

Risk To Delivery

GREEN

Commentary

February 2024 Performance

Improved performance in February. Continued improvement expected in March (below right). Performance improvements in Lung, Lower GI, Haematology, Breast and Gynaecology.

Improvement Actions

Interventions as per previous slides for key body sites

Risk To Delivery

1. Industrial action still poses a risk in terms of cancellation of activity.

AMBER

62 Day Performance — February 2024. Variation / Assurance. Result 47.00%, Target N/A, UPL 61.00%, Mean 49.00%, LPL 37.00%.

62 Day Performance — Actual, March 24 Target, Trajectory (Jan 2023 – Apr 2024)

Elective Care

20

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Specialty			NO TCI Total 17-Mar	NO TCI Admitted	NO TCI Non Admitted	17-Mar	18-Mar	19-Mar	20-Mar	21-Mar	22-Mar	23-Mar	24-Mar	25-Mar	26-Mar	27-Mar	28-Mar	29-Mar	30-Mar	31-Mar	Forecast 18/3 = 268	Target 8/3 = 244
502 - Gynaecology	Breaches	Admitted	156	132	24		0	0	0	0	0	5	5	0	0	0	0	0	0	0	124	124
		N-Admitted					4	1	2	3	2	0	0	2	2	2	2	2	0	0		
	Improvement	Forecast					156	152	151	149	146	144	139	134	132	130	128	126	124	124		
		Actual					156	151	151													
110 - Trauma and Orthopaedic	Breaches	Admitted	88	66	22		2	2				3					7				61	60
		N-Admitted					1	1										11				
	Improvement	Forecast					88	83	82	82	82	82	82	79	79	79	79	72	72	61		
		Actual					88	83	81													
100 - General Surgery	Breaches	Admitted	36	16	20		1	1								3		1			16	15
		N-Admitted					1	3						1	2	1		1	5			
	Improvement	Forecast					36	34	30	30	30	30	30	30	29	27	23	23	21	16		
		Actual					36	34	32													
160 - Plastic Surgery	Breaches	Admitted	16	14	2		0	1													15	14
		N-Admitted					0	0														
	Improvement	Forecast					16	16	16	16	16	16	16	16	16	16	16	16	16	16		
		Actual					16	16	15													
108 - Spinal Surgery	Breaches	Admitted	21	12	9		0	0													16	13
		N-Admitted					0	0							1			4				
	Improvement	Forecast					21	21	21	21	21	21	21	21	21	20	20	20	16	16		
		Actual					21	21	22													
130 - Ophthalmology	Breaches	Admitted	14	14	0		1	0			2										11	10
		N-Admitted					0	0														
	Improvement	Forecast					14	14	14	14	13	11	11	11	11	11	11	11	11	11		
		Actual					14	13	15													
120 - Ear Nose and Throat	Breaches	Admitted	11	5	6		1	3													6	5
		N-Admitted					0	1														
	Improvement	Forecast					11	11	11	9	9	9	9	9	9	9	8	8	8	4		
		Actual					11	10	6													
107 - Vascular Surgery	Breaches	Admitted	1	1	0		0	0													1	1
		N-Admitted					0	0														
	Improvement	Forecast					1	1	1	1	1	1	1	1	1	1	1	1	1	1		
		Actual					1	1	1													

The Trust has agreed an end of year position of under 303 78-week breaches. We are currently forecasting that the final position will be 268-280 patient breaches.

78 Weeks Wait Position to 31st March 2024 (Based on TCIs)

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Patients No TCI - Predicted Clock Stops By Date

Specialty			NO TCI Total 17-Mar	NO TCI Admitted	NO TCI Non Admitted	17-Mar	18-Mar	19-Mar	20-Mar	21-Mar	22-Mar	23-Mar	24-Mar	25-Mar	26-Mar	27-Mar	28-Mar	29-Mar	30-Mar	31-Mar	Forecast 18/3 — 268	Target 8/3 — 244
216 - Paediatric Ophthalmology	Breaches	Admitted	3	3	0		0	0													3	0
		N-Admitted					0	0														
	Improvement	Forecast					3	3	3	3	3	3	3	3	3	3	3	3	3	3		
		Actual					3	3	3													
191 - Pain Management	Breaches	Admitted	4	4	0		0	0													3	0
		N-Admitted					0	0									1					
	Improvement	Forecast					4	3	3	3	3	3	3	3	3	3	3	3	3	2		
		Actual					4	4	4													
101 - Urology	Breaches	Admitted	1	1	0		0	0													1	1
		N-Admitted					0	0														
	Improvement	Forecast					1	1	1	1	1	1	1	1	1	1	1	1	1	1		
		Actual					1	0	1													
330 - Dermatology	Breaches	Admitted	22	4	18		0	0					1								6	0
		N-Admitted					3	2					1						9			
	Improvement	Forecast					22	19	19	19	19	19	19	18	18	17	17	17	17	8		
		Actual					22	19	17													
214 - Paediatric Trauma and Orthopaedic	Breaches	Admitted	1	0	1		0	0													0	0
		N-Admitted					1	0														
	Improvement	Forecast					1	0	0	0	0	0	0	0	0	0	0	0	0	0		
		Actual					1	0	0													
219 - Paediatric Plastic Surgery	Breaches	Admitted	3	3	0																3	0
		N-Admitted																				
	Improvement	Forecast					3	3	3	3	3	3	3	3	3	3	3	3	3	3		
		Actual					3	3	3													
215 - Paediatric Ear Nose and Throat	Breaches	Admitted	3	1	2																2	0
		N-Admitted					1															
	Improvement	Forecast					3	2	2	2	2	2	2	2	2	2	2	2	2	2		
		Actual					3	2	2													
251 - Paediatric Gastroenterology	Breaches	Admitted	1	0	1																1	1
		N-Admitted																				
	Improvement	Forecast					1	1	1	1	1	1	1	1	1	1	1	1	1	1		
		Actual					1	1	1													
Total		Planned	381	276	105	381	381	364	358	353	349	345	340	331	328	322	315	306	298	268		
		Actual					381	361	357													

65 Weeks – Specialty Level Forecast to 31st March 2024

Specialty		Weekly Averages	26/01/2024	02/02/2024	09/02/2024	16/02/2024	23/02/2024 (Half Term)	01/03/2024 (IA)	08/03/2024	15/03/2024	22/03/2024	31/03/2024 (Public Holiday)	Current Run Rate Forecast: 2,389
110 - Trauma and Orthopaedic	Starting Cohort	-	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	
	Will Breach	-	1,530	1,449	1,318	1,235	1,151	1,072	898	820	736	664	664
	Weekly Removals	103	120	81	131	83	84	79	174	78	84	72	
	Target	410	1,359	1,215	1,070	926	782	638	494	350	206	21	
	Difference	-	171	234	248	309	369	434	404	470			
	Future TCIs	140									78	62	
	Provisional TCIs	9									8	1	
502 - Gynaecology	Starting Cohort	-	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	
	Will Breach	-	896	846	799	742	706	659	591	540	496	446	446
	Weekly Removals	48	31	50	47	57	36	47	68	51	44	50	
	Target	270	1,020	912	803	695	587	479	371	263	154	15	
	Difference	-	-124	-66	-4	47	119	180	220	277			
	Future TCIs	94									44	50	
	Provisional TCIs	9									3	6	
100 - General Surgery	Starting Cohort	-	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	
	Will Breach	-	514	482	436	392	346	315	291	258	244	237	237
	Weekly Removals	36	37	32	46	44	46	31	24	33	14	7	
	Target	129	793	709	625	541	457	373	289	204	120	12	
	Difference	-	-279	-227	-189	-149	-111	-58	2	54			
	Future TCIs	20									14	6	
	Provisional TCIs	1									0	1	
330 - Dermatology	Starting Cohort	-	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	
	Will Breach	-	752	644	573	496	447	407	339	286	249	216	216
	Weekly Removals	67	71	108	71	77	49	40	68	53	37	33	
	Target	143	1,180	1,055	930	805	679	554	429	304	179	18	
	Difference	-	-428	-411	-357	-309	-232	-147	-90	-18			
	Future TCIs	70									37	33	
	Provisional TCIs	0									0	0	
130 - Ophthalmology	Starting Cohort	-	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	
	Will Breach	-	377	332	315	273	261	225	189	169	147	131	131
	Weekly Removals	28	23	45	17	42	12	36	36	20	22	16	
	Target	85	904	809	713	617	521	425	329	233	137	14	
	Difference	-	-527	-477	-398	-344	-260	-200	-140	-64			
	Future TCIs	33									20	13	
	Provisional TCIs	5									2	3	
120 - Ear Nose and Throat	Starting Cohort	-	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	
	Will Breach	-	378	337	295	265	235	209	181	149	133	125	125
	Weekly Removals	33	41	41	42	30	30	26	28	32	16	8	
	Target	75	1,106	989	871	754	637	519	402	285	168	17	
	Difference	-	-728	-652	-576	-489	-402	-310	-221	-136			
	Future TCIs	21									13	8	
	Provisional TCIs	3									3	0	

Specialty		Weekly Averages	26/01/2024	02/02/2024	09/02/2024	16/02/2024	23/02/2024 (Half Term)	01/03/2024 (IA)	08/03/2024	15/03/2024	22/03/2024	31/03/2024 (Public Holiday)	Current Run Rate Forecast 2,389
101 - Urology	Starting Cohort	-	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	
	Will Breach	-	254	233	219	197	184	172	156	147	136	122	122
	Weekly Removals	15	16	21	14	22	13	12	16	9	11	14	
	Target	74	546	488	430	372	314	256	198	141	83	8	
	Difference	-	-292	-255	-211	-175	-130	-84	-42	6			
	Future TCIs	18									9	9	
	Provisional TCIs	7									2	5	
160 - Plastic Surgery	Starting Cohort	-	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	
	Will Breach	-	319	299	269	249	231	212	183	152	127	115	115
	Weekly Removals	25	37	20	30	20	18	19	29	31	25	12	
	Target	76	341	305	269	233	197	160	124	88	52	5	
	Difference	-	-22	-6	0	16	34	52	59	64			
	Future TCIs	29									19	10	
	Provisional TCIs	8									6	2	
108 - Spinal Surgery	Starting Cohort	-	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	
	Will Breach	-	240	226	194	172	154	141	131	116	105	101	101
	Weekly Removals	17	16	14	32	22	18	13	10	15	11	4	
	Target	58	260	233	205	178	150	122	95	67	39	4	
	Difference	-	-20	-7	-11	-6	4	19	36	49			
	Future TCIs	14									11	3	
	Provisional TCIs	1									0	1	
171 - Paediatric Surgery	Starting Cohort	-	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	
	Will Breach	-	103	99	91	88	85	80	76	65	58	52	52
	Weekly Removals	5	9	4	8	3	3	5	4	11	7	6	
	Target	33	157	140	123	107	90	74	57	40	24	2	
	Difference	-	-54	-41	-32	-19	-5	6	19	25			
	Future TCIs	13									7	6	
	Provisional TCIs	5									4	1	
215 - Paediatric Ear Nose and Throat	Starting Cohort	-	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	
	Will Breach	-	100	90	81	75	69	64	58	53	45	39	39
	Weekly Removals	6	4	10	9	6	6	5	6	5	8	6	
	Target	27	169	151	133	115	97	79	61	43	26	3	
	Difference	-	-69	-61	-52	-40	-28	-15	-3	10			
	Future TCIs	14									8	6	
	Provisional TCIs	0									0	0	
320 - Cardiology	Starting Cohort	-	3,528	3,528	3,528	3,528	3,528	3,528	3,528	3,528	3,528	3,528	
	Will Breach	-	54	45	39	31	30	29	26	24	21	21	21
	Weekly Removals	4	6	9	6	8	1	1	3	2	3	0	
	Target	12	511	456	402	348	294	240	186	132	77	8	
	Difference	-	-457	-411	-363	-317	-264	-211	-160	-108			
	Future TCIs	3									3		
	Provisional TCIs	0									0		

24

Follow up OP Attendances as % of ...

February 2024

Variation: [neutral variation icon]
Assurance: F

94.8% Result	113.8% UPL
75.0% Target	99.7% Mean
	85.6% LPL

Follow up OP Attendances as % of 19/20

● ResultPercent ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
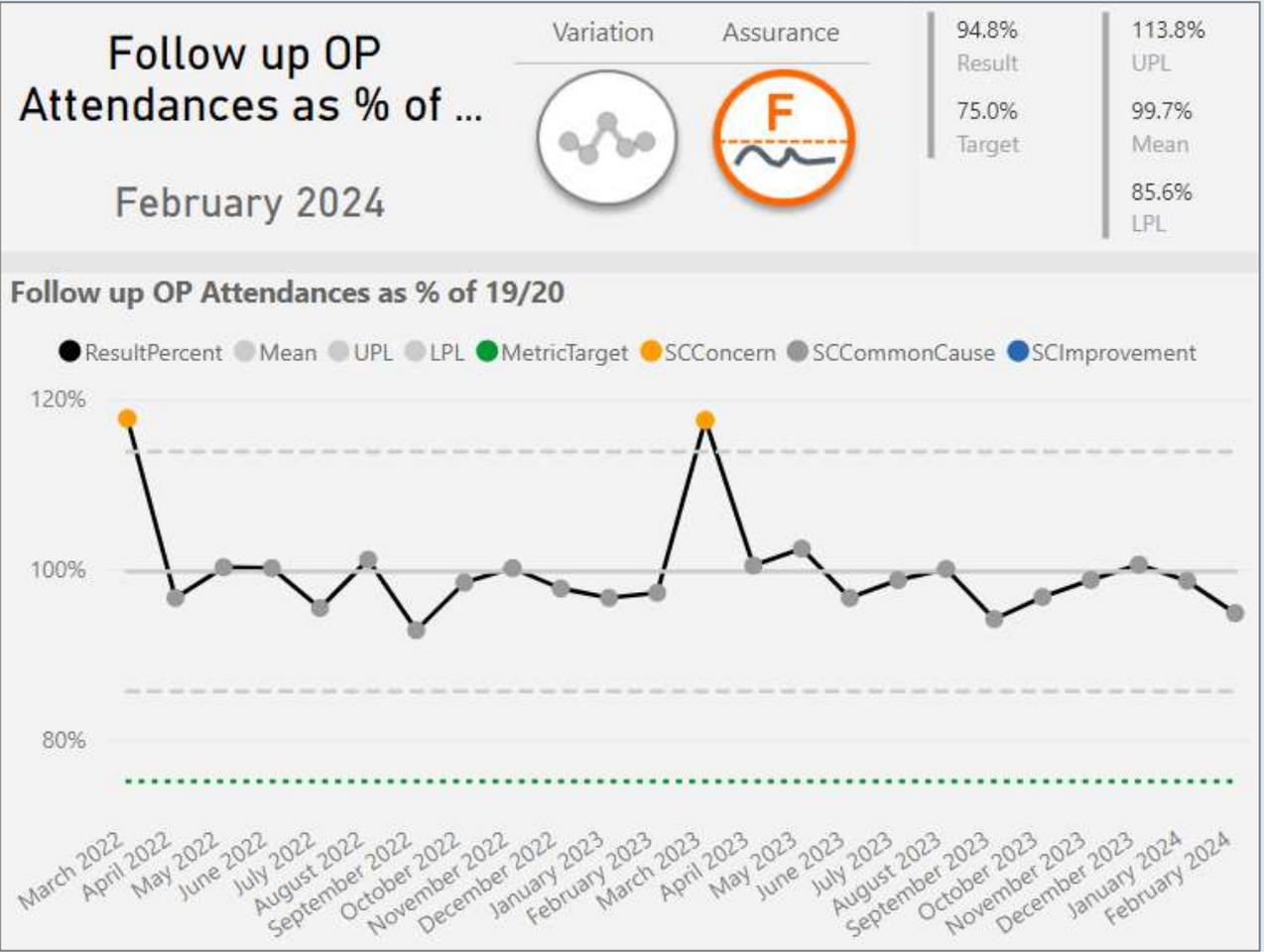
Commentary

February 2024 Performance
Trust wide performance for February improved to 94.8% (the second-best performing month in 2024/25 so far), though remains behind the target of 75% of 2019/20 follow up activity.

Division	February 2024
Surgery	90.9%
Medicine	95.8%
Women and Children	116.9%
Clinical Support Services	87.9%

Improvement Actions
Meetings have been undertaken with the COO/COD's/DOD's and specialty managerial and clinical teams to discuss how they intend to manage any patient that is over 12 months past their follow up target date. Divisions to focus on follow up backlog.

Follow up activity continues to be closely tracked through the weekly Elective Priorities Divisional and monthly Divisional Performance meetings with focus on delivery against Commissioned targets.

Risk To Delivery

RED
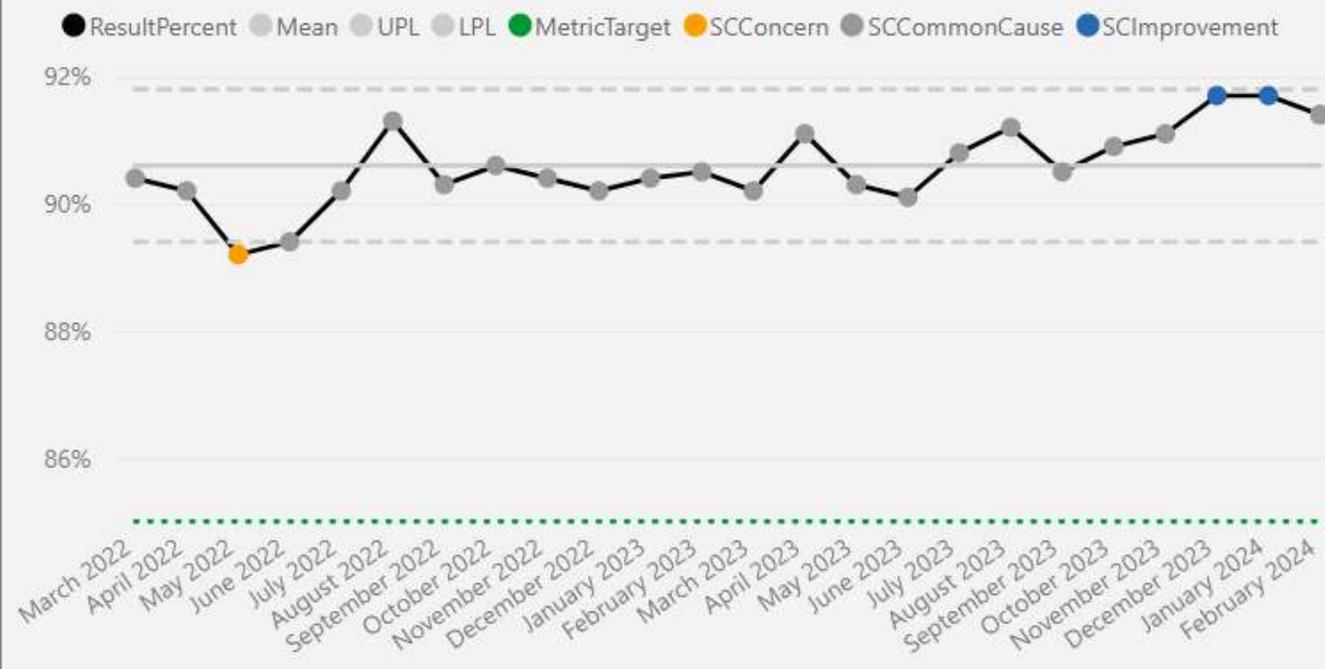
Commentary

February 2024 Performance
In February, NNUH delivered 91.4% of elective activity as day cases against the 85% target. This is a slight reduction from December (91.7%) and January (91.7%) but an improvement from the first 8 months of 2023/24.

Risk To Delivery

GREEN

Capped Theatre Utilisation %: Touch time within planned session vs planned session time, National Distribution

Theatre Utilisation — Variation / Assurance

78.8% Result	84.2% UPL
N/A Target	79.6% Mean
	75.0% LPL

February 2024

Theatre Utilisation

● ResultPercent ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
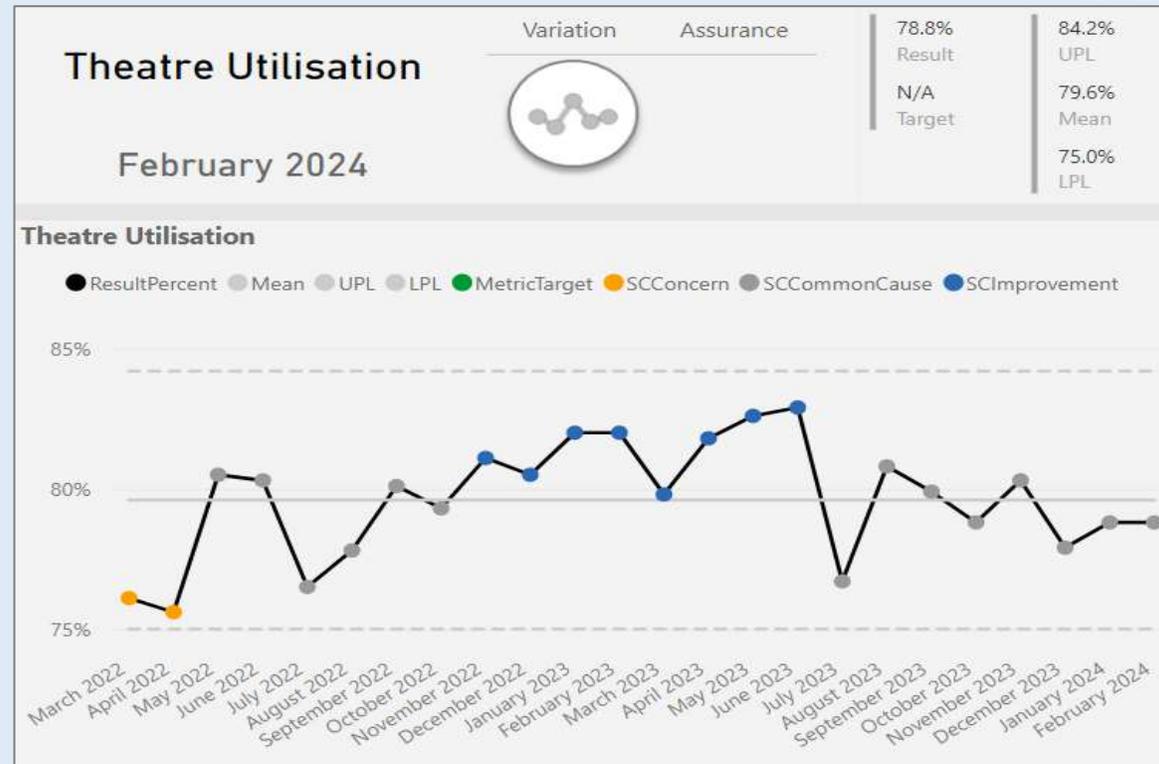
Commentary

February 2024 Performance

Touch time delivery across all Theatres showed an improvement to 79.2% in February from 78.9% in January and 77.9% in December. The national comparison (above left) is in quartile 2 (76%) and below the national median and recommended peers median.

Many adjustments to theatre operating lists were required to balance delivery of Cancer and 78 Weeks – this is not always very efficient in terms of utilisation.

The booking levels for both Level 2 and Level 3 Theatres improved in month at 82% and 80% respectively. A total of 988 sessions ran in month compared to 920 in 2023..

Level 3 theatres delivered 78.23% across February compared to 76.30% in January and 74.55% in December, while Level 2 utilisation was 73.36% in February compared to 73.98% in January and 76% in December.

The number of on the day cancellations reduced to 140 in February compared to 187 in January, but higher than December (123), however it should be noted that there were more sessions supported in month.

42 (30%) of the cancellations were for clinical reasons, such as the treatment being deferred (25), or the procedure no longer being required (8). 61 (44%) were for non-clinical reasons primarily due to lists overrunning (23) or an emergency admission (12) and 37 (26%) due to patient reasons, including the patient being unfit for procedure (7) or did not attend (14).

Improvement Actions

1. POA remains a significant challenge due to ongoing workforce challenges. Additional clinics have now been added during the week and on Saturdays.
2. The first 250 patients have been pre-screened by the digital POA system; these are all long waiting patients that hadn't been POA'd. A further cohort of x350 patients will be added to the system ahead of the full assessment being available. Phase two is anticipated in early April for testing.
3. Deep dive of utilisation in specialties with highest opportunity levels has been conducted, workshops will now be scheduled.

Risk To Delivery

27/33

Commentary

DM01 - Diagnostic performance and actions for MRI and CT:

MRI
- MRI performance for February was 65.1%, up from 61.34% in January.
- Demand was 698 more exams than forecasted and 312 more than planned.
- MRI staffing levels have improved following December and January sickness levels.

CT
- CT performance for February was 54.9%, up from 44.83% in January.
- CT mobile van on site currently extended until May 2024, with case being worked up to extend further.
- Demand was 935 more exams than forecasted and activity delivered in month has been 1,170 more exams than planned.
- Business case being produced to extend current CT7 mobile van into 24/25 and to keep the current CT5 mobile van after 1st July, until the CDC opens in March 2025.

Wisbech CDC
1. Access to Wisbech CDC for CT activity has been funded for Q4 of 23/24, however due to IT connectivity challenges this went operational on 14th March for 3 days per week.
2. Further discussions underway for both CT and MRI N&W access to Wisbech for 24/25.

Diagnostics DM01 – Performance — February 2024

Variation	Assurance		
		64.20% Result	71.10% UPL
	F	95.00% Target	63.10% Mean
			55.10% LPL

Diagnostics DM01 - Performance

Legend: ● ResultPercent ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
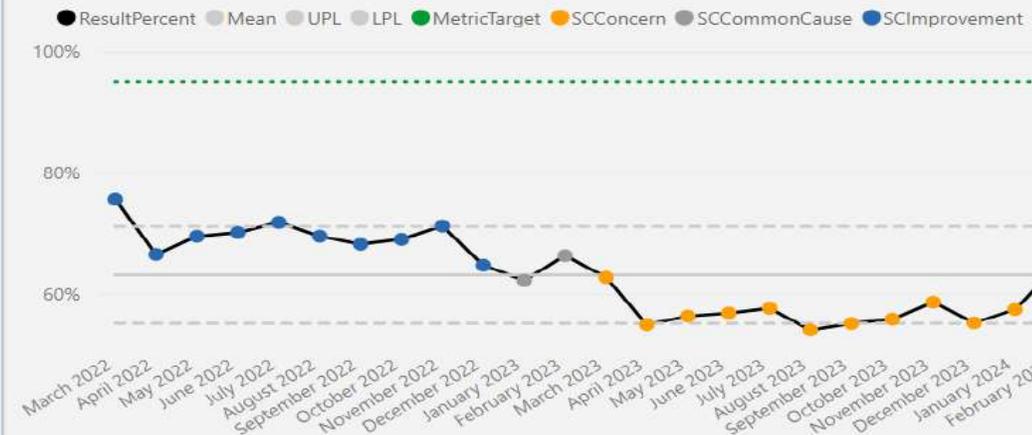
DM01 - Magnetic Resonance Imaging
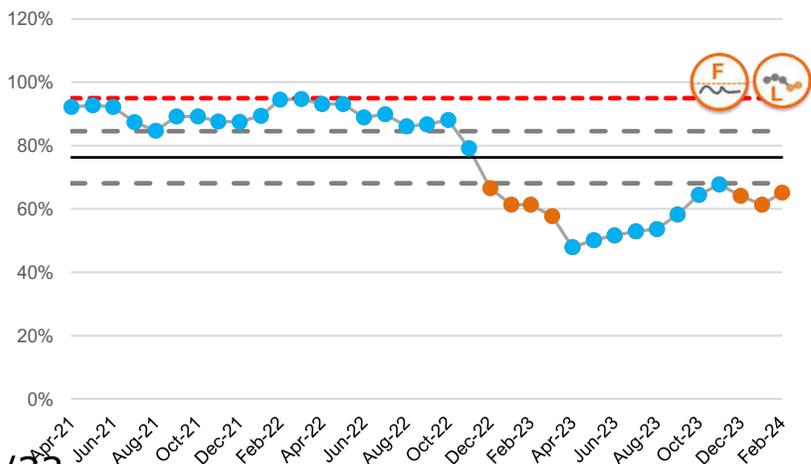
DM01 - Computed Tomography
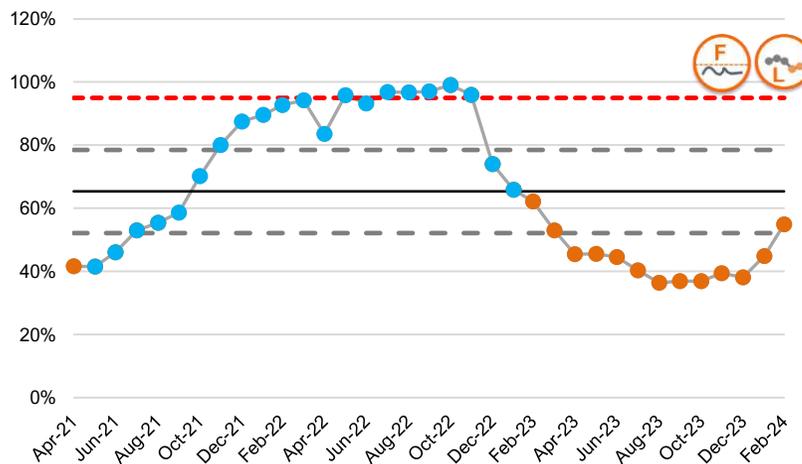
Exam Type	Exam Type Percentage
Barium Enema	98.7%
DEXA Scan	92.4%
CT	54.9%
MRI	65.1%
Ultrasound	71.2%
Echocardiography	46.2%
Flexi Sigmoidoscopy	92.6%
Gastroscopy	89.1%
Colonoscopy	75.3%

Commentary

February 2024 Performance

The number of patients added to a PIFU list as a percentage of the monthly outpatient activity reduced from 5.5% in January to 5.4% in February, though remains above the 5% target.
The most recent position (19th March) illustrates reduced performance to 4.4%, with a 18.3% conversion from PIFU to Outpatient attendance (below right).
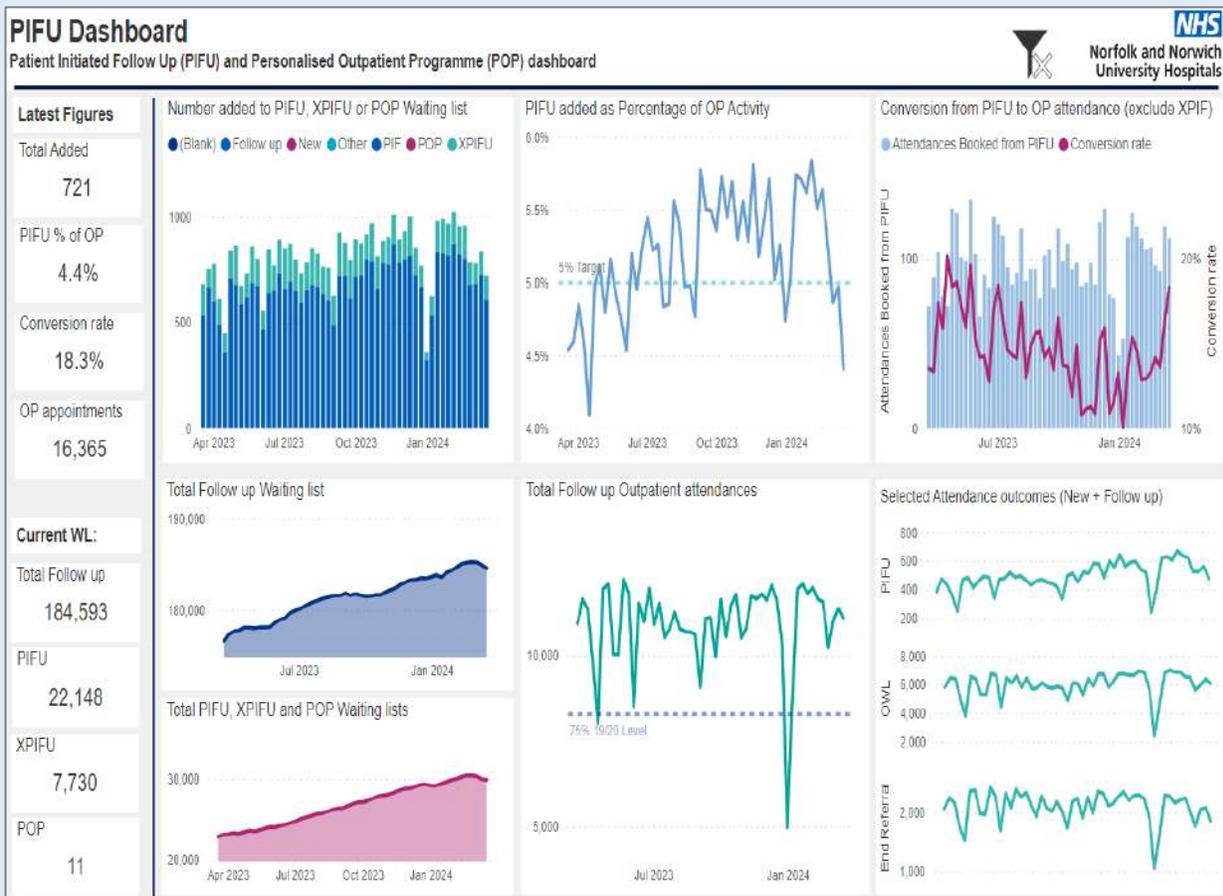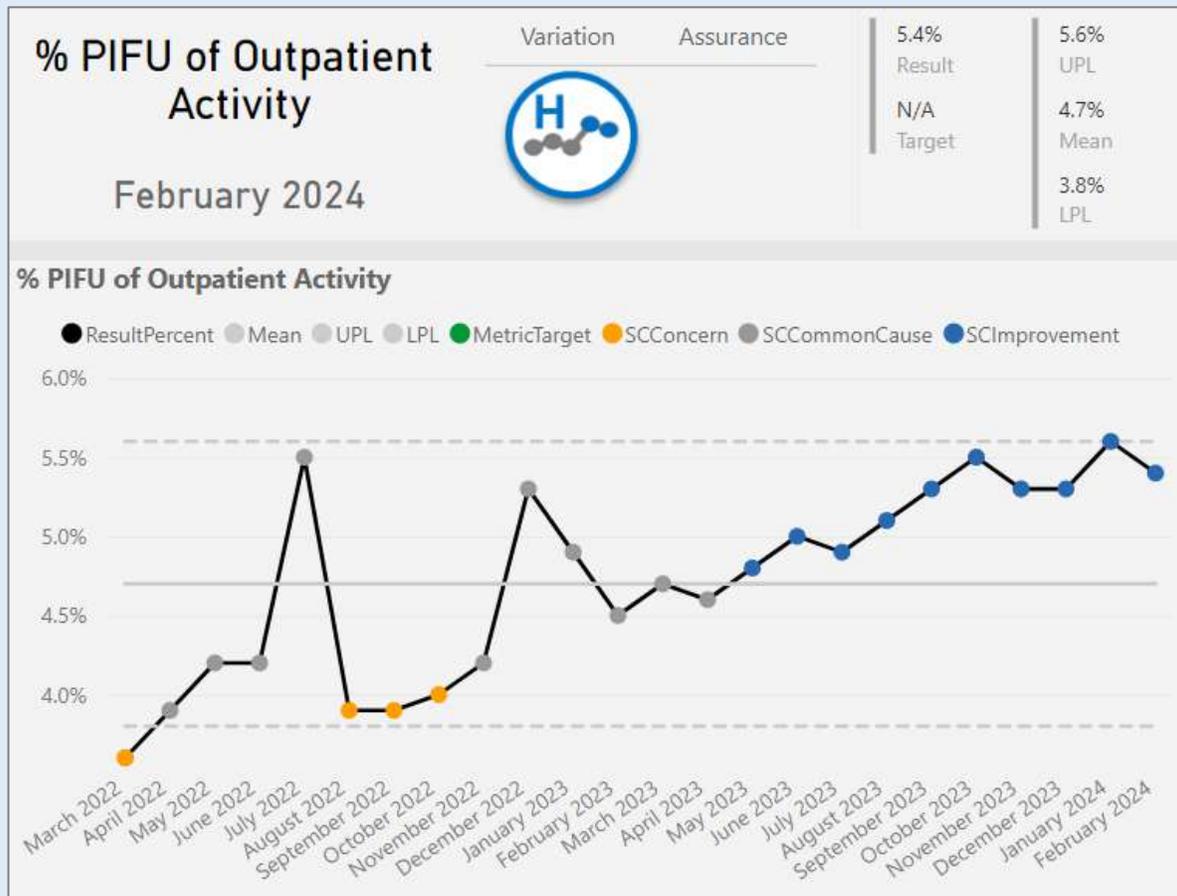
PIFU Utilisation – Comparison Nationally and with Further Faster Providers (January 2024)
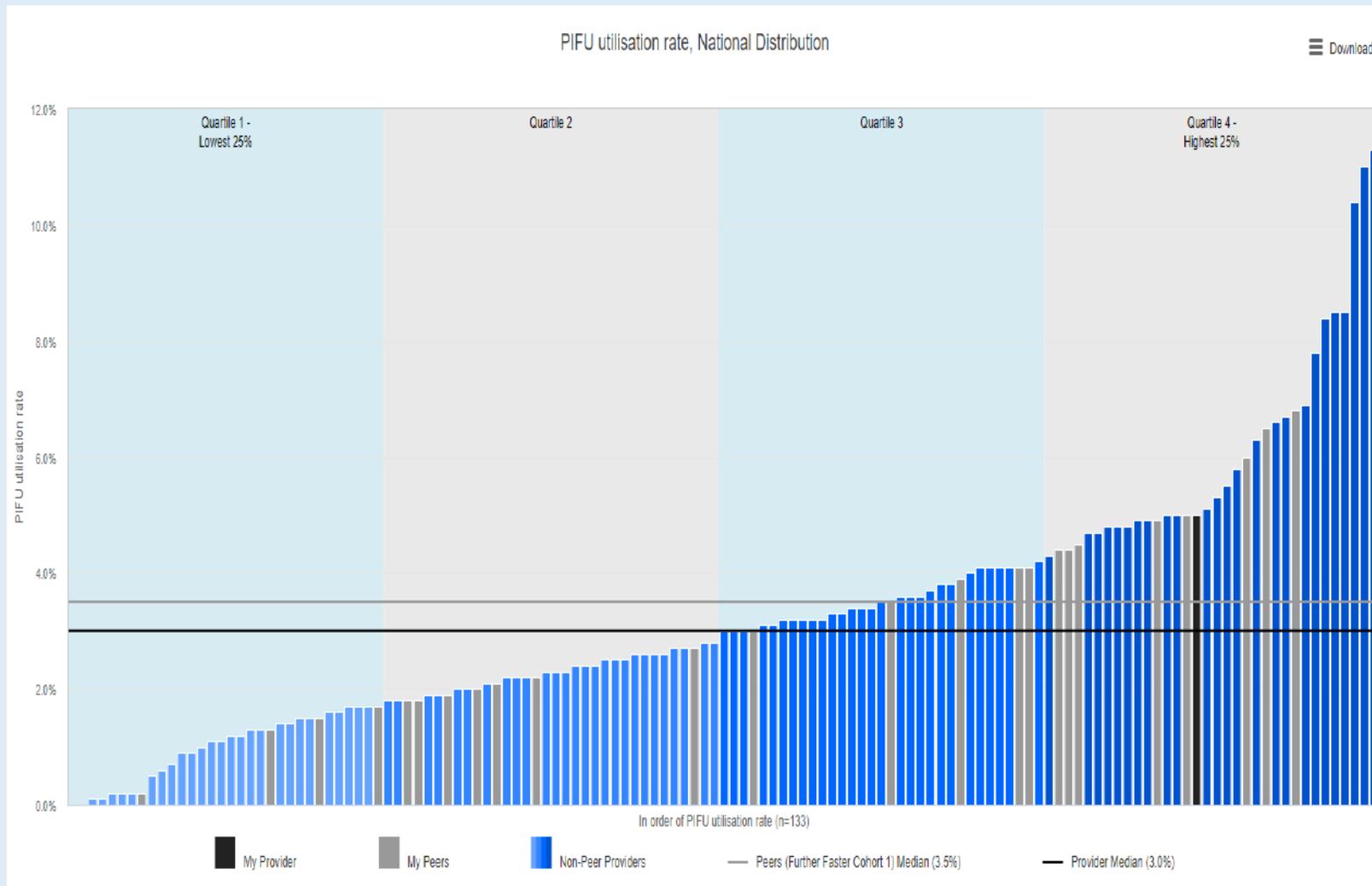
Go Further Faster Organisation Name	Provider Value
Torbay and South Devon NHS Foundation Trust	6.8%
Northumbria Healthcare NHS Foundation Trust	6.5%
Homerton Healthcare NHS Foundation Trust	6.0%
Norfolk and Norwich University Hospitals NHS Foundation Trust	5.0%
Royal Devon University Healthcare NHS Foundation Trust	5.0%
Calderdale and Huddersfield NHS Foundation Trust	4.9%
Maidstone and Tunbridge Wells NHS Trust	4.5%
Nottingham University Hospitals NHS Trust	4.4%
University Hospitals Plymouth NHS Trust	4.4%
South Warwickshire NHS Foundation Trust	4.1%
Wye Valley NHS Trust	4.1%
University Hospitals of Leicester NHS Trust	3.9%
Northern Care Alliance NHS Foundation Trust	3.5%
Royal National Orthopaedic Hospital NHS Trust	3.0%
United Lincolnshire Hospitals NHS Trust	2.7%
Manchester University NHS Foundation Trust	2.2%
Walsall Healthcare NHS Trust	2.1%
Dudley Group NHS Foundation Trust	2.0%
Medway NHS Foundation Trust	1.9%
Royal Wolverhampton NHS Trust	1.8%
Hull University Teaching Hospitals NHS Trust	1.8%
Barking, Havering and Redbridge University Hospitals NHS Trust	1.7%
George Eliot Hospital NHS Trust	1.5%
Barts Health NHS Trust	1.3%
Sandwell and West Birmingham Hospitals NHS Trust	0.2%

NNUH's PIFU Utilisation rate for all outpatient appointments was 5% in January. This is improved from October-December, is the 19th highest nationally, and the 4th highest across the organisations in the Go Further Faster programme.

Data taken from Model Hospital on 11.03.2024

Activity Planning Run Rate

Commentary

February 2024 Performance (provisional)
The table below (left) details the top specialties (across Daycases, Elective and Non-Elective) that delivered above their plan in February. The graph below (right) summarises the activity versus plan. The subsequent slides provide a detailed position for each specialty.

Activity Type	Specialty	Positive Variance
Daycase	Clinical Haematology	246
	Dermatology	99
	Rheumatology	45
	Urology	45
	Oral Surgery	43
Elective	Obstetrics	55
	Plastic Surgery	10
	Paediatric Trauma and Orthopaedics	10
	Thoracic Surgery	9
	Clinical Oncology	8
Non-Elective	Respiratory Medicine	177
	Acute Internal Medicine	114
	General Medicine	102
	Cardiology	90
	Urology	48

February 2024 Activity Estimates v 2023/24 Business Plan

Category	2023/24 Business Plan	2023/24 Actual (Estimate)
OP Follow Up	38,553	38,248
OP New	16,950	17,214
OP Proc	12,962	13,454
Elective	1,247	857
Non-Elective	4,901	5,464
Day Case	8,443	8,255

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NHS Norfolk and Norwich University Hospitals NHS Foundation Trust

	Medicine Division	Daycase				Elective				Non Elective				OP - Procedure				OP - New (Exc Procedure)				OP - Follow Up (Exc Procedure)				Total			
		Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved
300	General Medicine	0	0	0	0.0%	0	0	0	0.0%	294	192	102	153.0%	0	0	0	0.0%	560	363	197	154.1%	249	186	63	133.7%	1,103	742	361	148.7%
301	Gastroenterology	2,015	2,437	(421)	82.7%	10	8	2	129.4%	267	286	(18)	93.6%	16	7	10	239.1%	360	507	(148)	70.9%	568	649	(81)	87.5%	3,236	3,893	(656)	83.1%
302	Endocrinology	12	8	4	144.3%	0	1	(1)	0.0%	121	116	6	104.9%	0	1	(1)	8.4%	174	207	(33)	84.2%	421	611	(190)	68.9%	728	944	(215)	77.2%
303	Clinical Haematology	1,201	955	246	125.7%	13	11	2	122.9%	64	60	4	106.1%	0	0	0	0.0%	532	534	(2)	99.7%	2,155	2,018	136	106.8%	3,965	3,578	387	110.8%
306	Hepatology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	137	163	(26)	83.9%	510	387	123	131.7%	647	550	97	117.7%
307	Diabetic Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	1	3	(2)	18.9%	243	326	(83)	74.6%	2,401	1,983	418	121.1%	2,644	2,311	333	114.4%
308	Blood and Marrow Transplantation	1	5	(4)	21.5%	1	0	1	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	1	(1)	0.0%	41	48	(7)	86.2%	43	53	(10)	81.8%
315	Palliative Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	192	212	(20)	90.4%	499	571	(72)	87.4%	690	783	(92)	88.2%
320	Cardiology	336	323	13	104.1%	19	23	(4)	82.7%	372	282	90	131.7%	1,080	1,242	(163)	86.9%	1,383	875	508	158.1%	1,599	2,005	(406)	79.8%	4,788	4,750	39	100.8%
326	Acute Internal Medicine	0	0	0	0.0%	0	0	0	0.0%	114	0	114	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	114	0	114	0.0%
328	Stroke Medicine	0	0	0	0.0%	0	0	0	0.0%	138	106	31	129.5%	0	0	0	0.0%	13	0	13	0.0%	48	12	36	388.7%	199	119	80	167.4%
329	TIA	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	24	(24)	0.0%	91	85	6	107.1%	0	0	0	0.0%	91	109	(18)	83.5%
331	Congenital Heart Disease Service	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	20	24	(4)	84.3%	95	82	13	116.1%	115	106	9	109.0%
340	Respiratory Medicine	97	95	2	101.7%	7	9	(3)	70.2%	380	203	177	187.4%	303	375	(72)	80.8%	309	342	(33)	90.3%	759	822	(63)	92.3%	1,855	1,847	8	100.4%
341	Respiratory Physiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	26	0	26	0.0%	63	157	(94)	40.1%	149	254	(105)	58.7%	238	411	(173)	57.9%
343	Adult Cystic Fibrosis	0	0	0	0.0%	2	1	1	300.0%	0	0	0	0.0%	0	0	0	0.0%	1	0	1	0.0%	40	46	(6)	87.7%	43	46	(3)	92.9%
350	Infectious Diseases	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
361	Nephrology	29	43	(14)	66.9%	15	31	(16)	48.5%	126	103	23	122.4%	16	19	(3)	84.5%	62	147	(85)	42.1%	562	660	(97)	85.2%	810	1,003	(192)	80.8%
370	Medical Oncology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
400	Neurology	126	134	(8)	94.3%	1	1	0	104.9%	125	114	11	109.7%	8	9	(1)	84.4%	412	578	(166)	71.2%	935	966	(31)	96.8%	1,606	1,802	(195)	89.2%
401	Clinical Neurophysiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	364	260	104	140.1%	31	71	(40)	43.5%	0	2	(2)	6.1%	395	333	62	118.6%
410	Rheumatology	238	193	45	123.6%	0	0	0	0.0%	5	5	0	104.4%	28	25	3	110.5%	316	402	(86)	78.6%	1,654	1,789	(136)	92.4%	2,241	2,414	(174)	92.8%
430	Geriatric Medicine	8	9	(1)	85.0%	1	0	1	0.0%	546	571	(25)	95.7%	0	0	0	0.0%	100	114	(14)	88.0%	57	59	(2)	95.9%	712	754	(41)	94.5%
653	Podiatry	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	94	92	2	102.3%	391	488	(97)	80.1%	485	580	(95)	83.6%
800	Clinical Oncology	1,779	1,832	(53)	97.1%	26	18	8	147.2%	150	181	(31)	82.9%	7	5	2	134.6%	564	492	71	114.5%	3,416	3,526	(111)	96.9%	5,941	6,054	(113)	98.1%
	Total - Medicine (NNUH)	**5,842**	**6,033**	**(191)**	**96.8%**	**94**	**101**	**(7)**	**93.3%**	**2,704**	**2,220**	**485**	**121.8%**	**1,849**	**1,971**	**(122)**	**93.8%**	**5,655**	**5,692**	**(37)**	**99.3%**	**16,547**	**17,164**	**(617)**	**96.4%**	**32,692**	**33,181**	**(489)**	**98.5%**

	Women and Children's Division	Daycase				Elective				Non Elective				OP - Procedure				OP - New (Exc Procedure)				OP - Follow Up (Exc Procedure)				Total			
		Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved
171	Paediatric Surgery	30	41	(11)	72.9%	9	12	(3)	73.2%	33	38	(5)	87.8%	116	101	15	115.3%	181	147	34	123.0%	421	174	247	242.0%	790	513	277	154.0%
242	Paediatric Intensive Care	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
251	Paediatric Gastroenterology	13	8	5	164.1%	1	0	1	0.0%	0	0	0	0.0%	0	0	0	0.0%	35	38	(3)	92.1%	126	120	6	105.0%	176	166	10	105.8%
252	Paediatric Endocrinology	10	14	(4)	71.4%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	20	25	(5)	80.0%	116	98	18	118.4%	146	137	9	106.6%
253	Paediatric Clinical Haematology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	3	2	1	150.0%	17	8	9	212.5%	20	10	10	200.0%
258	Paediatric Respiratory Medicine	2	0	2	0.0%	0	0	0	0.0%	0	0	0	0.0%	1	0	1	0.0%	35	24	11	147.6%	128	104	24	123.0%	166	128	38	129.7%
260	Paediatric Medical Oncology	22	25	(3)	88.0%	0	0	0	0.0%	1	8	(7)	9.4%	0	0	0	0.0%	6	2	4	300.0%	100	104	(4)	95.8%	128	139	(11)	92.3%
262	Paediatric Rheumatology	9	8	1	112.5%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	22	20	2	110.0%	158	126	32	125.4%	189	154	35	122.7%
263	Paediatric Diabetic Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	5	4	1	125.0%	110	124	(14)	88.7%	115	128	(13)	89.9%
264	Paediatric Cystic Fibrosis	0	0	0	0.0%	0	0	0	0.0%	1	0	1	0.0%	0	0	0	0.0%	0	1	(1)	0.0%	25	20	5	125.0%	26	21	5	123.8%
321	Paediatric Cardiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	36	27	9	133.3%	53	58	(5)	91.4%	89	85	4	104.7%
420	Paediatrics	44	58	(14)	75.6%	1	2	(1)	43.8%	115	253	(137)	45.6%	0	0	0	0.0%	624	353	271	176.8%	269	261	8	103.1%	1,053	927	126	113.6%
421	Paediatric Neurology	0	0	(0)	0.0%	0	0	0	0.0%	1	0	1	0.0%	0	0	0	0.0%	69	57	12	121.1%	134	115	19	116.3%	204	172	31	118.3%
422	Neonatology	0	0	0	0.0%	0	0	0	0.0%	203	206	(4)	98.3%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	203	206	(4)	98.3%
424	Well Babies	0	0	0	0.0%	0	0	0	0.0%	164	167	(3)	98.2%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	164	167	(3)	98.2%
501	Obstetrics	0	0	0	0.0%	55	0	55	0.0%	698	662	36	105.4%	0	0	0	0.0%	426	630	(204)	67.7%	1,611	1,315	296	122.5%	2,790	2,607	183	107.0%
502	Gynaecology	118	99	19	119.2%	106	139	(33)	76.1%	198	165	33	120.0%	930	1,165	(235)	79.8%	604	1,010	(406)	59.8%	789	723	66	109.2%	2,745	3,301	(556)	83.2%
503	Gynaecological Oncology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	12	12	1	104.7%	66	68	(3)	96.3%	270	172	98	157.2%	348	252	96	138.2%
505	Fetal Medicine Service	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	66	50	16	131.8%	42	44	(2)	94.6%	108	94	14	114.4%
560	Midwife Episode	0	0	0	0.0%	0	0	0	0.0%	262	217	45	120.9%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	262	217	45	120.9%
	Total - Women & Children (NNUH)	**248**	**253**	**(5)**	**97.8%**	**172**	**153**	**18**	**111.9%**	**1,677**	**1,716**	**(39)**	**97.7%**	**1,059**	**1,277**	**(218)**	**82.9%**	**2,198**	**2,458**	**(260)**	**89.4%**	**4,368**	**3,566**	**802**	**122.5%**	**9,722**	**9,424**	**298**	**103.2%**
	Women & Children (NNUH) Exc. Maternity	**248**	**253**	**(5)**	**97.8%**	**117**	**153**	**(37)**	**76.0%**	**716**	**837**	**(120)**	**85.6%**	**1,059**	**1,277**	**(218)**	**82.9%**	**1,772**	**1,828**	**(56)**	**96.9%**	**2,757**	**2,251**	**506**	**122.5%**	**6,669**	**6,600**	**69**	**101.0%**

Our Vision — The best care for every patient

NHS — Norfolk and Norwich University Hospitals NHS Foundation Trust

Surgery Division		Daycase				Elective				Non Elective				OP - Procedure				OP - New (Exc Procedure)				OP - Follow Up (Exc Procedure)				Total			
		Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved
100	General Surgery	160	167	(7)	95.9%	83	103	(21)	80.1%	309	299	10	103.4%	113	107	5	104.9%	1,646	1,511	135	108.9%	2,498	2,757	(259)	90.6%	4,808	4,944	(136)	97.3%
101	Urology	347	302	45	114.8%	100	193	(93)	51.8%	177	129	48	136.9%	832	787	45	105.8%	805	876	(71)	91.9%	1,494	1,667	(173)	89.6%	3,755	3,955	(200)	94.9%
107	Vascular Surgery	59	41	18	143.5%	40	49	(9)	81.3%	58	37	21	157.6%	50	61	(11)	82.5%	234	154	80	151.9%	211	207	4	102.0%	653	549	104	118.9%
108	Spinal Surgery Service	9	5	4	171.4%	21	28	(7)	74.1%	8	11	(3)	76.5%	0	0	0	0.0%	198	111	87	178.4%	326	291	35	112.0%	562	446	116	126.1%
110	Trauma & Orthopaedics	135	194	(59)	69.6%	129	163	(34)	79.3%	200	171	29	116.7%	16	15	1	105.9%	1,408	1,404	4	100.3%	2,098	2,027	71	103.5%	3,987	3,974	12	100.3%
120	ENT	75	119	(44)	62.9%	29	70	(41)	41.8%	88	90	(2)	98.1%	974	1,198	(224)	81.3%	412	407	5	101.2%	389	584	(195)	66.6%	1,967	2,468	(501)	79.7%
130	Ophthalmology	246	331	(85)	74.3%	5	4	1	120.7%	14	9	5	155.6%	3,801	3,772	29	100.8%	912	894	17	101.9%	1,763	2,074	(311)	85.0%	6,740	7,084	(344)	95.2%
140	Oral Surgery	273	230	43	118.7%	10	16	(6)	62.1%	37	20	17	184.8%	0	0	0	0.0%	541	423	118	128.0%	660	565	95	116.9%	1,521	1,253	268	121.4%
141	Restorative Dentistry	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	8	9	(1)	88.2%	4	6	(2)	65.2%	22	12	9	174.8%	34	28	6	121.2%
143	Orthodontics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	353	272	81	129.6%	49	32	17	152.7%	151	251	(100)	60.1%	553	556	(3)	99.5%
144	Maxillo-facial Surgery	0	0	0	0.0%	0	0	0	0.0%	3	3	(0)	96.3%	10	13	(3)	77.1%	23	23	(0)	99.1%	156	134	22	116.4%	192	173	19	110.9%
150	Neurosurgery	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	9	0	9	0.0%	12	0	12	0.0%
160	Plastic Surgery	144	161	(17)	89.5%	48	37	10	127.9%	121	143	(22)	84.8%	569	434	135	131.1%	333	291	42	114.4%	556	526	30	105.7%	1,771	1,592	179	111.2%
173	Thoracic Surgery	2	3	(1)	60.6%	40	32	9	127.9%	10	11	(1)	90.3%	0	0	0	0.0%	24	23	1	102.3%	89	114	(26)	77.7%	165	183	(18)	90.1%
180	Accident & Emergency	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	10	10	0	100.0%	11	0	11	0.0%	21	10	11	210.0%
190	Anaesthetics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	425	541	(116)	78.6%	425	541	(116)	78.6%
191	Pain Management	130	195	(65)	66.7%	0	0	0	0.0%	0	0	0	0.0%	28	59	(31)	47.6%	220	253	(33)	86.8%	591	533	59	111.0%	969	1,040	(71)	93.2%
192	Critical Care Medicine	0	0	0	0.0%	1	0	1	0.0%	40	33	7	121.2%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	41	33	8	123.9%
214	Paediatric Trauma and Orthopaedics	16	16	0	100.6%	20	9	10	210.6%	5	5	(0)	93.0%	5	10	(5)	48.1%	319	273	46	116.9%	335	402	(67)	83.4%	700	715	(16)	97.8%
215	Paediatric Ear Nose and Throat	29	15	14	188.5%	3	10	(7)	32.5%	0	0	0	0.0%	50	34	17	149.2%	55	54	1	102.0%	53	67	(14)	79.6%	190	179	11	106.2%
216	Paediatric Ophthalmology	9	8	1	108.4%	0	0	0	0.0%	0	0	0	0.0%	23	33	(10)	70.1%	114	94	20	121.2%	334	426	(92)	78.3%	480	561	(82)	85.4%
217	Paediatric Maxillo-facial Surgery	12	6	6	200.0%	0	0	0	0.0%	2	0	2	0.0%	0	0	0	0.0%	1	0	1	0.0%	0	0	0	0.0%	15	6	9	250.0%
219	Paediatric Plastic Surgery	32	11	21	303.6%	0	2	(2)	0.0%	7	3	4	228.4%	23	23	(0)	98.7%	41	26	14	155.3%	35	24	12	149.0%	138	88	50	156.1%
254	Paediatric Audiological Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	306	250	55	122.1%	98	129	(31)	76.2%	55	65	(9)	85.5%	460	445	15	103.4%
257	Paediatric Dermatology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	46	21	25	222.6%	34	27	6	122.9%	42	50	(8)	84.4%	121	98	24	124.4%
304	Clinical Physiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	105	141	(36)	74.5%	29	21	9	141.6%	40	35	5	113.3%	174	197	(23)	88.5%
310	Audiological Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	175	140	35	125.0%	58	55	3	105.3%	306	247	60	124.2%	539	442	97	122.1%
317	Allergy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
330	Dermatology	435	336	99	129.4%	0	0	0	0.0%	4	2	2	200.0%	2,662	2,008	655	132.6%	326	190	135	171.1%	718	744	(26)	96.5%	4,145	3,280	865	126.4%
658	Orthotics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	76	96	(20)	78.8%	294	232	62	126.5%	370	328	41	112.6%
840	Audiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	167	233	(67)	71.4%	140	193	(53)	72.7%	404	356	48	113.6%	711	782	(71)	90.9%
Total - Surgery & Emergency (NNUH)		**2,113**	**2,141**	**(28)**	**98.7%**	**529**	**716**	**(187)**	**73.9%**	**1,083**	**966**	**117**	**112.1%**	**10,317**	**9,621**	**696**	**107.2%**	**8,117**	**7,577**	**540**	**107.1%**	**14,059**	**14,929**	**(870)**	**94.2%**	**36,218**	**35,949**	**269**	**100.7%**

Clinical Support Services Division		Daycase				Elective				Non Elective				OP - Procedure				OP - New (Exc Procedure)				OP - Follow Up (Exc Procedure)				Total			
		Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved
311	Clinical Genetics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
650	Physiotherapy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	24	55	(31)	44.4%	624	692	(68)	90.2%	1,705	1,765	(60)	96.6%	2,353	2,512	(159)	93.7%
651	Occupational Therapy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	199	37	162	536.9%	233	215	18	108.2%	636	641	(5)	99.2%	1,067	893	174	119.5%
652	Speech & Language Therapy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	4	1	3	416.0%	40	23	17	172.5%	123	114	9	108.2%	167	138	29	121.2%
654	Dietetics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	296	241	55	122.8%	319	266	53	119.9%	615	507	108	121.3%
656	Clinical Psychology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	9	0	9	0.0%	9	0	9	0.0%
711	Child and Adolescent Psychiatry	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	29	23	6	126.1%	16	36	(20)	44.4%	45	59	(14)	76.3%
713	Medical Psychotherapy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
811	Interventional Radiology	1	4	(3)	25.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	20	29	(9)	69.0%	83	72	11	115.3%	104	105	(1)	99.0%
812	Diagnostic Imaging	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	1	0	1	0.0%	0	0	0	90.0%	1	0	1	0.0%
822	Chemical Pathology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
Total - Clinical Support (NNUH)		**1**	**4**	**(3)**	**25.0%**	**0**	**0**	**0**	**0.0%**	**0**	**0**	**0**	**0.0%**	**227**	**93**	**134**	**244.3%**	**1,242**	**1,223**	**19**	**101.6%**	**2,891**	**2,894**	**(3)**	**99.9%**	**4,362**	**4,214**	**148**	**103.5%**

REPORT TO TRUST BOARD

Date	**3 April 2024**
Title	**Month 11 IPR – Finance**
Author & Exec Lead	**Liz Sanford (Interim Chief Finance Officer)**
Purpose	**For Information**
Relevant Strategic Commitment	**1 Together, we will develop services so that everyone has the best experience of care and treatment** **5 Together, we will use public money to maximum effect.**

Are there any quality, operational, workforce and financial implications of the decision requested by this report? **If so explain where these are/will be addressed.**	**Quality**	**Yes✓ No☐**	**Delivery of the financial plan supports the delivery of operational, quality and workforce plans**
	Operational	**Yes✓ No☐**	**Delivery of the financial plan supports the delivery of operational, quality and workforce plans**
	Workforce	**Yes✓ No☐**	**Delivery of the financial plan supports the delivery of operational, quality and workforce plans**
	Financial	**Yes✓ No☐**	**Delivery of the financial plan supports the delivery of operational, quality and workforce plans**
Identify which Committee/Board/Group has reviewed this document:	**Board/Committee: FIPC & HMB**		**Outcome: Report for information only, no decisions required.**

1 Background/Context

The Trust operational plan for FY23/24 as outlined in Cycle 5 of the 2023/24 planning process is breakeven on a control total basis. In line with national guidance the Trust has implemented the transition from accounting for PFI under IAS17 to IFRS16.

2 Key issues, risks and actions

For February 2024, the Trust delivered a £4.4m surplus, which on a control total basis is £2.9m favourable to plan.

£3.0m of additional industrial action funding and non recurrent savings of £0.9m offset by £1.0m industrial action costs (income of £0.6m and direct expenditure of £0.4m).

Year to date, position is a £0.2m deficit on a control total basis, £1.2m favourable to plan, which includes an additional £3.4m relating to industrial action costs, offset by agreed funding of £3.0m. Recurrent performance is £24.7m adverse of which year to date. CIP under delivery is £9.8m, divisional expenditure is £13.9m adverse and a £1.0m VAT charge for energy costs due to HMRC enquiry into PFI contracting arrangement.

The year to date position is supported by £25.9m of non recurrent mitigations, being use of non recurrent reserves of £17.4m, £4.1m of interest income, reduced PDC charge of £1.3m, overperformance against API of £0.3m, a £0.9m prior year adjustment to the PFI accounting treatment and non-recurrent underspends of £2.3m from the Financial Recovery Plan, offset by £0.4m of excess costs from the most recent industrial action. Industrial action costs of £7.8m over Apr-Oct are offset by £7.8m additional funding provided through the 'H2 Reset'.

Forecast Outturn (FOT): The forecast outturn remains breakeven at Month 11 reporting and includes the £4.2m PDC charge reduction through the PFI transition to IFRS16 which has now been formally agreed. As a result of this written confirmation the confidence level in the declared FOT is high.

ERF Income: In line with National Guidance issued on 8th November further easing of the elective targets has been applied. At Month 8 a 4% adjustment was made to ERF values which results in a year to date decrease of £4.6m in the value-based income target. Year to date performance is £0.3m favourable against the revised ERF target.

Cash: Cash held at 29th February 2024 was £97.8m, £19.6m higher than the FY23/24 submitted forecast as result of the phasing to the capital programme and SoFP movements. Cash balances are forecast to remain favourable in 2023/24.

Capital Expenditure: In month the Core Programme was underspent by £0.2m. The current forecast outturn is in line with plan for the Core Programme. There is a high risk of a system CDEL overspend following the IFRS16 policy announcement during month 8.

PFI Contract: In December, as required, the Trust undertook a technical adjustment to reflect the adoption of IFRS16 on PFI.

Annual Asset Valuation: The Trust will receive the independent asset valuation report on 31st March 2024. The latest draft of the valuation report suggests an impairment in asset values. This impairment will not impact on the control total position.

3   Conclusions/Outcome/Next steps

Year to date, the Trust has delivered a £0.2m deficit against the planned £1.4m deficit, £1.2m favourable to plan. Forecast Outturn remains Breakeven. The Trust underspent Capital Expenditure by £0.2m for the month. The latest Capital Forecast is on plan.

Recommendations: The Board is recommended to **Note** the contents of the report

Finance Report February 2024

3 April 2024

Liz Sanford, Interim Chief Finance Officer

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NHS
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.

1.0	**Executive Dashboard**	**Page 3-4**
2.1	Financial Performance	Pages 5-6
2.2	Forecast Outturn	Pages 7-8
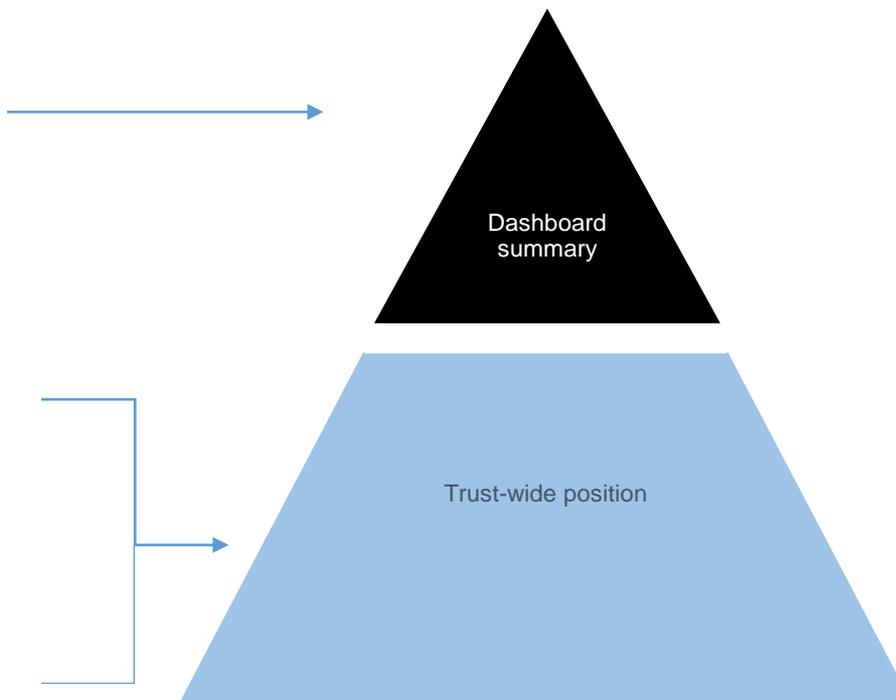
Dashboard summary

Trust-wide position

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1.1 Executive Dashboard

NHS Norfolk and Norwich University Hospitals NHS Foundation Trust

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	In Month			Year to date		
	Actual	Plan	Variance	Actual	Plan	Variance
SOCI						
	£m	£m	£m	£m	£m	£m
Clinical Income	68.4	64.6	3.8	705.7	692.8	12.9
Other Income	11.6	9.3	2.3	105.8	94.0	11.8
TOTAL INCOME	80.0	73.9	6.1	811.6	786.9	24.7
Pay	(43.2)	(44.3)	1.1	(480.2)	(476.2)	(3.9)
Non Pay	(22.5)	(18.8)	(3.6)	(230.2)	(209.5)	(20.6)
Drugs (Net Expenditure)	(3.2)	(2.4)	(0.8)	(35.3)	(28.9)	(6.5)
TOTAL EXPENDITURE	(68.9)	(65.6)	(3.3)	(745.7)	(714.6)	(31.0)
Non Opex	(6.7)	(6.9)	0.1	(66.1)	(73.7)	7.5
Control Total Surplus / (Deficit)	4.4	1.5	2.9	(0.2)	(1.4)	1.2
Statutory Surplus / (Deficit)	3.0	1.3	1.7	(24.6)	(1.3)	(23.3)
Other Financial Metrics						
	£m	£m	£m	£m	£m	£m
Cash at Bank (before support funding)	97.8	78.2	19.6	97.8	78.2	19.6
Capital Programme Expenditure	4.9	7.0	(2.1)	30.7	33.4	(2.7)
CIP Delivery	2.6	3.4	(0.8)	14.4	24.6	(10.2)
Activity Metrics*						
	%	%	%	%	%	%
Day Case*	98%	100%	(2%)	101%	100%	1%
Elective Inpatient*	88%	100%	(12%)	92%	100%	(8%)
Outpatients - New & Procedures*	101%	100%	1%	101%	100%	1%
Activity performance v baseline*	100%	100%	0%	101%	100%	1%
Value based Activity performance v baseline**	96%	100%	(4%)	112%	100%	12%

* Activity count as a % of 23/24 Planned Delivery and not adjusted for the reduction in API
** Adjusted for the reduction to ERF

ERF Income: In line with National Guidance issued on 8th November further easing of the elective targets has been applied. At Month 8 a 4% adjustment was made to ERF values which results in a year to date decrease of £4.6m in the value-based income target. Year to date performance is £0.3m favourable against the revised ERF target.

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1.2 Executive Dashboard

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Risk

The Trust's overall risk profile remains stable, with no changes in risk scoring this month.

As part of FY23/24 annual planning there were 13 key strategic and operational risks identified with an initial score of ≥ 9. 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.

There are nine risks rated as 'Extreme' on the risk register which have a potential risk assessed financial impact of £46.6m, of which £30.9m has crystalised Year to Date. A further £5.4m is forecast to crystallise.

The Year to Date crystalised risks are:

CIP Under Delivery (Risk B) is £10.2m adverse year to date - £14.4m delivered against the budgeted plan of £24.6m, comprising of a planning variance of £9.8m and an adverse performance variance of £0.4m, which equates to an underperformance of c. 45%. The risk adjusted forecast outturn CIP delivery is currently £16.7m against a target of £28.0m presenting a significant risk to achievement.

Failure to control expenditure in line with plan (Risk C) has a crystalised impact of £15.5m year to date, comprising £4.4m of spend to cover year to date industrial action and overspends in Divisional Pay (£5.2m) and Drugs (£5.0m). Support funding of £7.8m was received mitigating the risk associated with industrial action for Apr-Oct and a further £3.0m has been received partly mitigating the risk associated with Industrial action for Dec-Feb.

The Trust creating further capacity at additional cost beyond the level allowed for in the plan (Risk G) has a crystalised impact of £3.9m year to date. This is as a result of having to bring forward the use of the Independent Sector to deliver activity lost due to industrial action. Support funding of £7.8m has been received mitigating the risk associated with industrial action for Apr-Oct and a further £3.0m has been received partly mitigating the risk associated with Industrial action for Dec-Feb.

Financial Recovery Plan (FRP): Performance against the agreed mitigations in Month 11 was £0.2m against a planned £0.7m. The main driver of the variance was failure to implement mitigations.

Risk Rating		Risks	Financial Impact FY23/24 (Cycle 4) £m	Financial Impact FY23/24 (Revised) £m	YTD Crystallised Impact £m
Extreme	15+	B, C, D, E, F,G , J, K, M	45.4	46.6	30.9
High	9-14	A, H, I, L	15.3	15.3	0.0
Moderate	5-8	-		0.0	0.0
Low	1-4	-		0.0	0.0
Total			60.7	61.9	30.9
Risk mitigated through Non Recurrent YTD underspends & Release of Expenditure Reserves					(32.1)
Total			60.7	61.9	(1.2)

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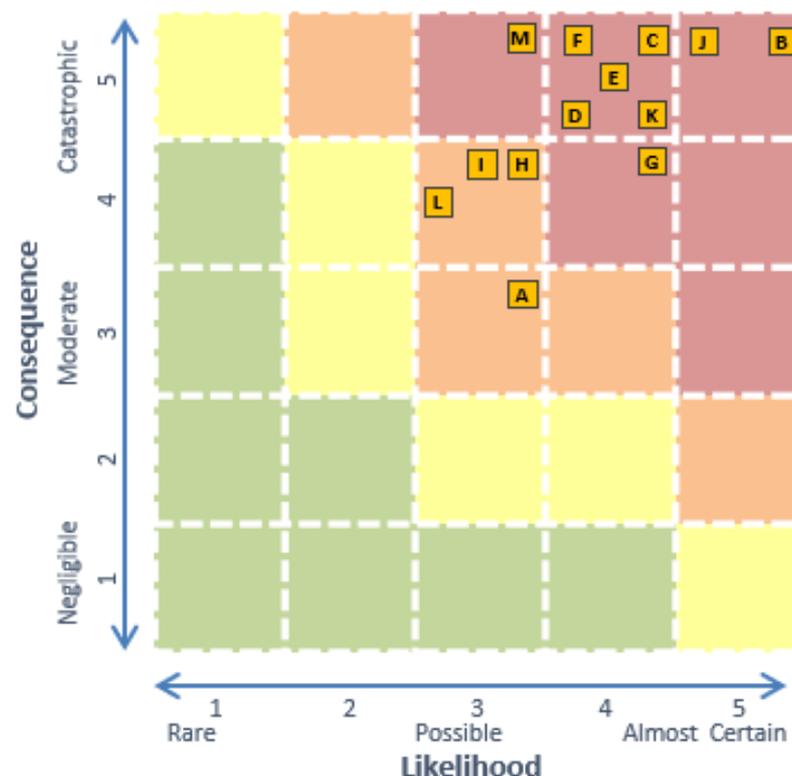
2.1 Financial Performance – February 2024

For February 2024, the Trust delivered a £4.4m surplus, which on a control total basis is £2.9m favourable to plan. £3.0m of additional industrial action funding along with £0.8m winter funding and £0.4m of private patient income is partially offset against £0.6m increase in bad debt provision, £0.3m CO2 penalty charge and £0.4m of independent sector expenditure.

Income: Income variance for February is £6.1m favourable. This is due to £3.0m of additional funding for the industrial action that took place in December, January and February, £0.8m of additional winter funding, £0.4m of private patient income and £1.3m for income in relation to pass-through activity - drugs, devices, EPA, Cancer Alliance and R&D.

Pay: Pay is favourable to plan for February by £1.1m. This is due to underspends in A&C of £0.2m, Corporate of £0.3m and delayed investment of £1.2m, offset by unidentified CIP of £0.6m. Surgery is overspent by £0.9m, including £0.5m of undelivered CIP, and Medicine is overspent by £0.2m. Pay control in clinical divisions requires additional focus as the pay recovery processes implemented in the last quarter of 22/23 have not been sustained. This is particularly in relation to Medical pay across all divisions. February agency spend was 3.79%, an increase from 2.89% in January as a result of additional use of escalation beds, and 0.09% higher than the NHSE threshold of 3.70%. Registered Nursing has the highest rate; 5.74% in February up from 4.88% in December.

Net Drugs Cost: The net drugs position is £0.8m adverse to plan. The majority of this is due to overspends in Cystic Fibrosis, Neurology and Paediatrics.

Non-Pay: Non-Pay is £3.6m adverse to plan in February. This is due to £1.6m overspends in Clinical Supplies, which are partly offset by income for devices identified above, £0.6m increase in the bad debt provision, £0.3m CO2 penalty charge, £0.4m of IS/UEC, £0.5m of Cancer Alliance and £0.2m of R&D offset by income identified above.

Non-Operating Expenditure: There is a £0.1m favourable variance in February. This is due to a £0.4m increase in depreciation and PFI costs, offset by £0.5m relating to additional interest income received and a forecast reduction in PDC charge, both because of higher cash balances.

Financial Recovery Plan (FRP): Performance in Month 11 is in line with the Recovery Plan. Underperformance against the individual Financial Recovery plans of £0.4m and deterioration of the underlying expenditure in Medicine (£0.2m) & Surgery (£0.2m) is offset by over performance of the mitigations inherent to the underlying plan.

Waterfall chart (£m): In Month Plan £1.5, Income £6.1, Pay £1.1, Net Drugs Expenditure (£0.8), Clinical Supplies (£1.6), Other Non Pay Costs (£2.0), Non Opex £0.1, In Month Actual £4.39

Monthly Reported Surplus/(Deficit)

Legend: Actual | Forecast Outturn | Plan

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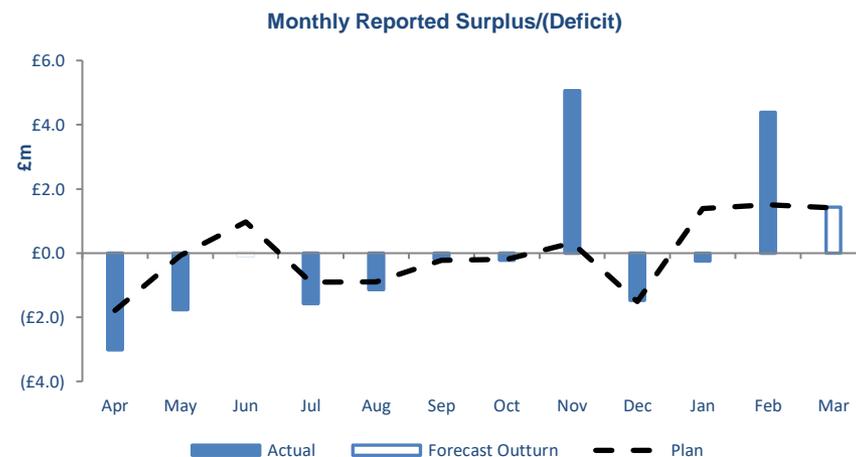
2.2 Financial Performance – Year to date

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Year to date, position is a £0.2m deficit on a control total basis, £1.2m favourable to plan. Recurrent performance is £24.7m adverse of which year to date CIP under delivery is £9.8m, divisional expenditure is £13.9m adverse and a £1.0m VAT charge for energy costs due to HMRC enquiry into PFI contracting arrangement.

Income: Income is reporting a favourable variance of £24.7m year to date. This is due to £7.8m for industrial action support agreed as part of the H2 reset plus an additional £3.0m for industrial action in December, January and February, £0.3m year to date over performance against API, increased pass-through income for R&D & E&T of £3.9m and high-cost devices £2.2m, £0.7m of funding for International Recruitment, £0.6m for Overseas Patients with the balance relating to increased Consultant recharges to other acute hospitals, increased Workplace Health and Wellbeing Activity and other pass through activity.

Pay: Pay is overspent by £3.9m year to date. This is due to additional pay for industrial action of £4.4m, and £6.1m of unidentified CIP, of which £4.5m is in Surgery, offset by underspends across Corporate, Nursing and A&C, and delayed investments totalling £6.6m. Pay control in clinical divisions requires additional focus with the overspend in pay evident, despite investment in the 2023/24 approved budgets. Pay is overspending in medical staffing in all divisions, and in nursing in Medicine and Clinical Support Services. Year to date, agency spend is 3.5%, 0.2% lower than the set threshold of 3.7%. Registered Nursing is the largest user of agency spend, being 6.3% of total nursing spend.

Net Drugs Cost: Year to date net drugs position is £6.5m adverse. This is due to increased expenditure on drugs included within block agreements of £5.9m and unachieved CIP of £0.6m.

Non-Pay: Year to date, non pay is £20.6m adverse to plan. This is due to £3.9m additional expenditure on the independent sector to sustain activity levels, UEC of £1.1m, R&D expenditure of £2.6m offset by income, £8.3m overspends in clinical supplies (including pass through devices of £2.2m), a £1.0m VAT provision for energy costs due to HMRC enquiry into PFI contracting arrangement, £0.6m increase in the bad debt provision, with the remainder of the variance, £3.1m, being unidentified CIP, of which £1.6m is Surgery.

Non-Operating Expenditure: Year to date non-operating expenditure is showing a £7.5m favourable variance due to a £0.9m prior year adjustment to the PFI accounting treatment and £6.6m relating to additional interest income received and a forecast reduction in PDC charge, both because of higher cash balances.

Full Year Reported Surplus/(Deficit) v Plan

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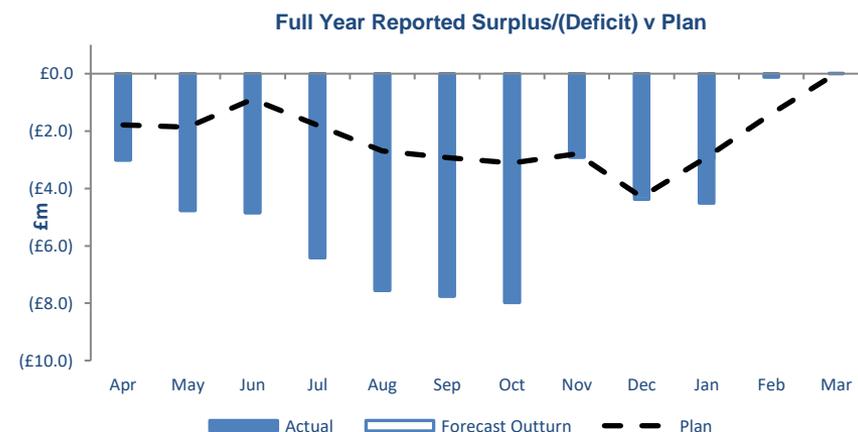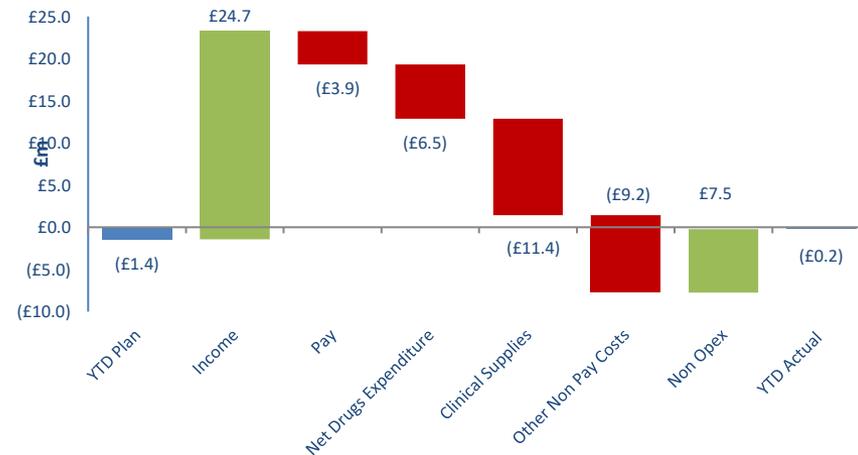
2.3 23/24 Forecast Outturn v Cycle 4 (Lens 1)

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> Year-to-date, £30.9m of risks and £32.1m of mitigations have crystalised, resulting in a £1.2m favourable variance to plan at month 11. For the remainder of the year, further risk crystallisation is forecast at £5.4m, requiring a further £4.2m of mitigations to achieve the breakeven plan. Further mitigations of £3.9m have been identified, primarily being use of reserves and other non-recurrent funds, resulting in a breakeven FOT at Month 11.

❶ Year to date crystalised risk of £30.9m, £10.2m relating to Industrial Action, of which £3.4m relates to December to February. CIP Under-delivery is £10.2m.

❷ Year to date crystalised mitigations of £32.1m, of which £7.8m relates to the Industrial Action Support Funding agreed as part of the H2 reset and £3.0m relates to the Industrial Action Support Funding agreed relating to Dec to Feb.

❸ Year to date performance £1.2m favourable to plan.

❹ Further run rate risk of £4.7m forecast to crystallise through remainder of the year based on current run rates.

❺ Future variable activity under performance against the plan of £0.4m due to non-delivery of stepped increase in the agreed activity plan.

❻ Income due for Advice & Guidance of £2.0m.

❼ Baseline Forecast Outturn of £1.9m deficit, £1.9m adverse to the breakeven plan.

❽ PDC reduction as a result of PFI transition to IFRS16 of £4.2m

❾ As a result of the additional funding provided through the H2 reset an additional £5.0m was to be directed to increased capacity to support UEC and elective delivery over M10-12, with £2.3m planned for March

❿ Baseline Forecast Outturn including National 'reset' of breakeven.

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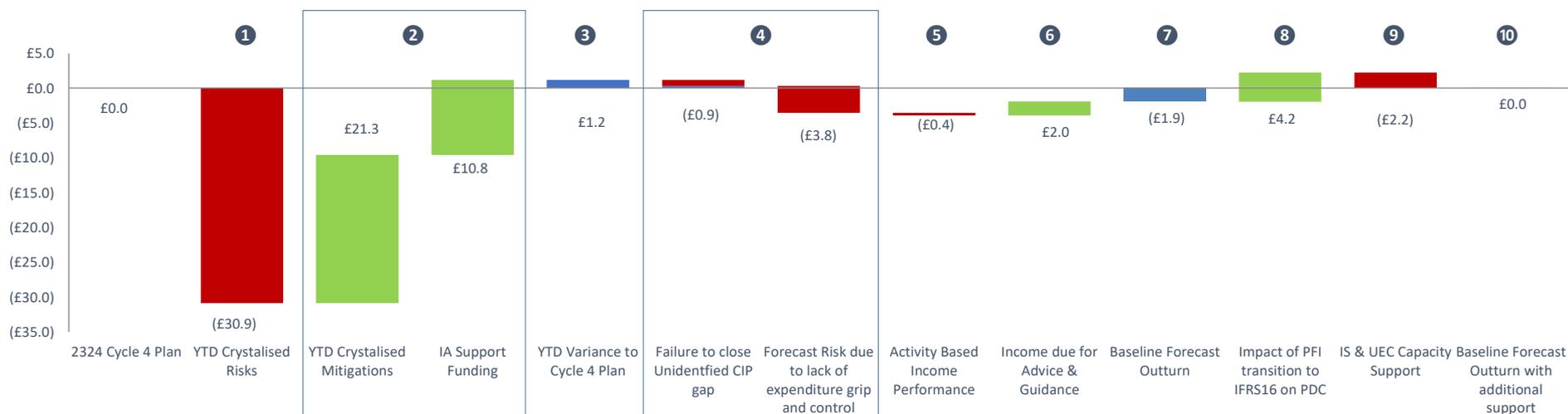
2.4 23/24 Forecast Outturn v Cycle 5 (Lens 2)

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Forecast outturn remains breakeven at Month 11, no change to the Cycle 5 (H2 Reset) plan. Additional risks totalling £5.0m, of which £3.4m relates to industrial action in Dec to Jan, are offset by additional mitigations totalling £5.0m of which £4.2m is as a result of the forecast reduced PDC charge following the transition of the PFI contract to IFRS16.

❶Total impact of Dec to Feb industrial action £0.4m of which £1.8m relates to direct pay costs and £1.6m as a result of lost activity, offset by agreed support funding of £3.0m

❷Underlying performance deteriorated by £3.6m, £6.7m additional expenditure offset by £3.1m of overperformance against API contract.

❸Adverse performance against the mitigations agreed as part of the Financial Recovery Plan of £1.6m.

❹£1.0m VAT provision for energy costs due to HMRC enquiry into PFI contracting arrangement.

❺Phasing of expenditure relating to LIMS replacement programme has created a favourable variance of £0.4m

❻Recently announced income due for Advice & Guidance of £2.0m

❼Impact of the PFI transition to IFRS16 on the PDC charge resulting favourable variance of £4.2m.

❽Forecast Outturn of breakeven, no change to Cycle 5 (H2 Reset) plan.

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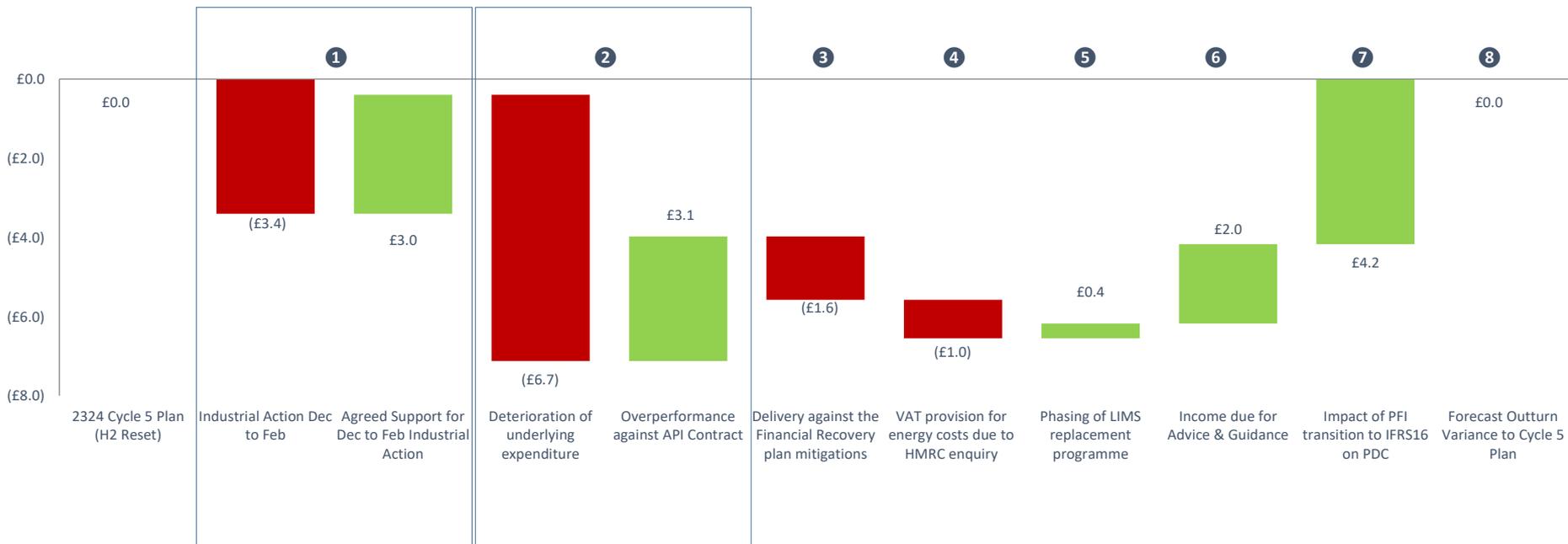
REPORT TO THE TRUST BOARD – meeting in public

Date	3 April 2024
Title	Chair's Key Issues Report from Major Projects Assurance Committee
Lead	Mrs Nikki Gray – Non-Executive Director & Committee Chair
Purpose	For Information & Agreement

1 Background/Context

The Major Projects Assurance Committee met on 27 March 2024 and discussed matters in accordance with its Terms of Reference. Papers for the meeting have been made available to all Board members for information in the usual way via Admin Control. The focus of this meeting was on specified major estates projects and an overview of progress in the Transformation Programme.

2 Key Issues/Risks/Actions

In addition to reviewing standard reports in accordance with its Terms of Reference, the Committee identified the following matters of note to bring to the attention of the Board:

	Issues considered	Outcomes/decisions/actions
1	Norfolk & Norwich Orthopaedic Centre (NANOC)	The Committee was updated regarding the timetable for completion of the NANOC. We are experiencing some delays in delivery of equipment for the new Centre, but the plan is to use the completed Aylsham Suite as a delivery hub for clinical equipment and we are expecting the Centre to be available for use from I July 2024.
2	Major Project – Diagnostic & Assessment Centre (DAC)	The Committee received updates on the DAC Programme with dashboard reports to monitor onward progress. Target date for first patient in the NNUH DAC remains 26 February 2025.
3	Update on Transformation Programme & Strategic Transformation Plan	The Committee was updated with regard to the Transformation Programme and RAG-rated progress in the 5 key strategic programmes. In financial terms, the full year effect (FYE) of schemes currently approved through Gateway 2 is £19.7m, 79% of the recurrent CIP requirement. This represents a recurrent shortfall carried forward into FY24/25 of £5.3m. The Committee received an update regarding development of our Strategic Transformation Programme and plans for 2024/25. The Committee was advised that as at 11 March 2024, the programme for 2024/25 consists of £3.8m of Gateway 2 approved schemes;

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		£3.3m of Gateway 1 approved schemes; and £3.3m of schemes within the CIP development pipeline (Gateway 0). Committee members expressed concern that there is a very real challenge for the Trust to develop and deliver the necessary cost-improvements in 2024/25. This was recognised by the executive, who are continuing focussed work with divisional staff.
5	Annual Committee self-assessment	In accordance with its Terms of Reference the Committee undertook a review of its performance taking into account: - Feedback from Board members - Assessment of satisfaction of Terms of Reference - Review of Terms of Reference There is evidence of the Committee working in accordance with its Terms of Reference. The Committee recognised however that there have been difficulties in some of the major estates projects and in delivery of elements of the Transformation Programme and this needs to be reflected in the assessment outcome. At its next meeting the Committee will accordingly review its draft Annual Report confirming partial assurance. In the meantime, the Committee **agreed to recommend** that the Board should reapprove the Committee's Terms of Reference (as **attached**).

3   Conclusions/Outcome/Next steps

The Committee is scheduled to meet again on 24 April 2024 at which meeting the Committee is due to consider:
- the regular suite of reports, including an update on the Laboratory Information Management System (LIMS) replacement
- the Committee's Annual Report 2023/24
- lessons learned from previous projects

Recommendation:

The Board is recommended to:
- i)   **note** the work of its Major Projects Committee and
- ii)   **re-approve** its Terms of Reference for a further year.

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MAJOR PROJECTS ASSURANCE COMMITTEE

TERMS OF REFERENCE

1 CONSTITUTION, CONTEXT AND PURPOSE

1.1 The Trust faces a significant challenge in delivery of major projects:
- the Norfolk & Norwich Orthopaedic Centre (NANOC) is under construction;
- a Diagnostic & Assessment Centre (DAC) on the Norwich Research Park is under construction;
- it is intended that the Trust will implement an Electronic Patient Record (EPR);
- the Trust has a wide-reaching transformation programme to secure significant efficiency and quality improvements at a strategic level.

1.2 Successful delivery of these schemes will be of strategic importance to the Trust. The Board of Directors has accordingly established a committee of the Board to be known as the Major Projects Assurance Committee (or 'MPAC'). The position of the Committee within our Organisational Framework for Governance is illustrated at **Appendix 1.**

1.3 The **Purpose** of the Committee is to provide scrutiny and challenge with regard to delivery of certain major projects as selected by the Board, in order to obtain assurance and make appropriate reports or recommendations to the Board.

1.4 To ensure clarity over which projects fall within the remit of the Committee, and to avoid duplication with the work of the other Board assurance committees, there will be a defined schedule approved by the Board (as per **Appendix 2**). This schedule will be reviewed by the Board of Directors as part of its regular review of the MPAC Terms of Reference and otherwise as required. An indicative financial threshold >£10m is to be applied in identifying the Major Projects to fall under the remit of the Committee, but this threshold will be applied at the discretion of the Board.

1.5 The Board may be asked to add or remove Projects from the schedule at Appendix 2 by the relevant project SRO, by MPAC or another Board assurance committee or by the Board at its own initiation.

1.6 For the avoidance of doubt, it is noted that the MPAC is an assurance committee. Executive and managerial responsibility for relevant projects remains with the executive directors, project SROs and the Hospital Management Board.

2 AUTHORITY

2.1 The Committee has no delegated powers other than those specified in these Terms of Reference or as requested by the Trust Board.

2.2 The Committee is authorised to investigate any activity within its Terms of Reference and all Trust employees are directed to co-operate with any request made by the Committee.

2.3 The Committee is authorised to obtain independent professional advice as it considers necessary in accordance with these Terms of Reference.

2.4 To avoid doubt, it is noted that authority and responsibility for approval of business cases, does not fall within the scope of this Committee but rather rests with the Capital and Estates Committee, Hospital Management Board Investment Group, the Finance,

Major Projects Assurance Committee Terms of Reference Doc ID: 20439
Approved by the Board of Directors: 03.04.24 Date of next review: April 2025   1

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1/8   118/126

Investments & Performance Committee and Board of Directors as detailed in the Scheme of Delegation. The MPAC becomes engaged with regard to assurance oversight of implementation programmes and project management once business cases have been approved.

3   MEMBERSHIP
3.1   Membership of the Committee shall comprise:
   ❖ At least three Non-Executive Directors
   ❖ Chief Executive
   ❖ Director of Strategy and Major Projects
   ❖ Director of Transformation
   ❖ Chief Digital Officer
   ❖ Chief Operating Officer
   ❖ Chief Finance Officer
   ❖ Clinical Executive (Medical Director or Chief Nurse)

3.2   The Board of Directors will review membership of the Committee annually to ensure that it meets the evolving needs of the Trust.

3.3   The Committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate, at the discretion of the Committee Chair. If not already members, any Board director may attend any meeting of the Committee.

4   MEETINGS, ATTENDANCE AND QUORUM
4.1   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.

4.2   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.

4.3   Meetings of the Committee shall be Chaired by one of the Non-Executive Director members, with another acting as deputy in his/her absence.

4.4   Responsibility for calling meetings of the Committee shall rest with the Committee Chair.

4.5   To be quorate at least 3 members of the Committee must be present including at least one Non-Executive Director. 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.

4.6   In accordance with Standing Orders, if it is necessary to resolve an issue at a meeting of the Committee by way of a vote, this shall be determined by a majority of the votes of the Members present and voting and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

5   SUPPORT ARRANGEMENTS
5.1   The Board Secretary will be responsible for ensuring provision of administrative and company secretarial support to the Committee.

5.2   The Committee shall operate as follows:
   • the Committee will routinely meet monthly (c.10x per annum) unless agreed otherwise;
   • the Committee will establish an annual Work Programme, summarising those items that it expects to consider at forthcoming meetings;

Major Projects Assurance Committee Terms of Reference Doc ID: 20439
Approved by the Board of Directors: 03.04.24 Date of next review: April 2025   2

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- agendas for forthcoming meetings will be based on the Work Programme, reviewed by the Committee and agreed with the Committee Chair;
- unless otherwise agreed, 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 days before each meeting unless otherwise agreed;
- to facilitate oversight by the Board of Directors, papers for meetings of the Committee will be made available 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 DECLARATION 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 shall be to:

7.1 provide assurance to the Board in relation to:

7.1.1 the **delivery of Major Projects** (as defined by the Board and detailed at Appendix 2) to include arrangements to ensure the successful application of the Board approved Management Case and implementation plan including (but not limited to):

a) adequate and robust programme and project arrangements for the effective management of major projects

b) that projects are underpinned by strong monitoring and governance

c) compliance with any conditions relating to relevant business cases, regulatory or Board approvals

d) achievement of major delivery milestones

e) compliance with agreed budgets

f) review and management of risks and mitigations

g) adequate and appropriate corrective action to rectify escalated issues

h) completion of post-project reviews and benefits realisation assessment

7.1.2 implementation of the Trust's **Strategic Transformation Programme** to achieve:

a) service transformation and system & process optimisation to enhance productivity, cost-effectiveness and patient experience

b) progress towards delivery of the Trust's Strategic Commitments

Major Projects Assurance Committee Terms of Reference Doc ID: 20439
Approved by the Board of Directors: 03.04.24 Date of next review: April 2025   3

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3/8   120/126

c) appropriate response to risks and opportunities associated with Transformation Workstreams, including interdependencies and connection with wider system working

d) significant financial savings

e) greater understanding of the organisational capacity and cultural readiness for ongoing transformation and change

7.2   review reports received from external and multi-party sources, such as:

-    DAC Gateway Review

-    N&W DAC Programme Board and

-    N&W EPR Programme Board

7.3   review reports or extracts from the Board Assurance Framework and Corporate Risk Register as relevant to the remit of the Committee

7.4   advise the Board with regard to insights and lessons learnt from the work of the Committee and its oversight of Major Projects.

8   RELATIONSHIP WITH OTHER BOARD COMMITTEES & THE HOSPITAL MANAGEMENT BOARD

8.1   The respective roles of the Board Assurance committees are outlined in the Organisational Governance Framework. In practice, issues of finance, quality, safety and performance are inextricably linked. Through alignment of the relevant Terms of Reference and Work Programmes for each of the Board Committees overlap or gaps in their collective assurance function will be avoided and overseen by the Audit Committee in its annual review of the Committee structure.

8.2   For the avoidance of doubt, it is noted that the following items remain within the area of responsibility of the Finance, Investments & Performance Committee (as specified in its Terms of Reference):
- management of the NNUH PFI Contract;
- development and approval of business cases;
- review, prioritisation and monitoring of the Capital Plan;
- digital capacity & capability falling outside the EPR Programme.

8.3   Whilst the Major Projects Assurance Committee will focus on a defined list of Major Projects (updated over time), core change activity must remain 'Business As Usual' for the other Board assurance committees to oversee as relevant to their ToRs. Inclusion in the remit of the MPAC is by exception; the default position is that assurance regarding change and improvement activity will rest with the relevant assurance committee (Quality & Safety, People & Culture and Finance, Investments & Performance) unless determined otherwise by the Board.

8.4   The list of major projects to be overseen by the MPAC will be reviewed by the Board as part of reviewing its Terms of Reference and otherwise as required. The Board may be asked to add Projects onto the MPAC list by the relevant project SRO, by another Board assurance committee or by the Board at its own initiation.

8.5   Whilst the Major Projects Assurance Committee will seek assurance on behalf of the Board, executive and managerial responsibility for relevant projects remains with the executive directors, project SROs and the Hospital Management Board.

Major Projects Assurance Committee Terms of Reference Doc ID: 20439
Approved by the Board of Directors: 03.04.24 Date of next review: April 2025   4

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4/8   121/126

9 PROCESS FOR MONITORING COMMITTEE EFFECTIVENESS

9.1 A report to the Board will be made following each meeting of the Committee, highlighting any key issues and matters of escalation.

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.

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

10 REPORTING COMMITTEES

10.1 In order to obtain assurance with regard to the implementation of Major Projects, the Committee will receive regular reports from relevant operational and managerial committees which may include:
- Capital & Estates Committee
- DAC Programme Board
- EPR Programme Board
- Transformation Steering Group
- Digital Transformation Group.

11 APPENDICES

11.1 **Appendix1:** Current Reporting & Accountability Structure (as approved by Board of Directors from time to time)

11.2 **Appendix 2:** Current List of Major Projects agreed as falling under remit of Major Projects Assurance Committee (as approved by Board of Directors from time to time)

11.3 **Appendix 3:** Extract from current Organisational Framework for Governance depicting Key Sources of Assurance for the Major Projects Assurance Committee (as approved by Board of Directors from time to time)

Approved by the Trust Board on: 3 April 2024 TBC

Annual Review date: April 2025

Major Projects Assurance Committee Terms of Reference Doc ID: 20439
Approved by the Board of Directors: 03.04.24 Date of next review: April 2025   5

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5/8   122/126

Appendix1: Current Reporting & Accountability Structure (as approved by Board of Directors from time to time)

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

Foundation Trust Board Reporting Structure

- Leadership of the Foundation Trust is provided by its Board of Directors (a unitary Board with a majority of Non-Executive Directors).
- The Board has established a structure of Board Committees with responsibility to seek assurance on behalf of the Board and/or to exercise specific delegated authority.
- That Committee structure is detailed below:

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                      Council of Governors --------- Board of Directors

N&N Hospitals      Committee in      Research &      Quality &      People and     Audit          Nominations &      Finance,         Major
Charity Committee  Common            Education       Safety         Culture        Committee      Remuneration       Investments &    Projects
– (reporting to    (with JPUH &      Assurance       Committee      Committee                     Committee          Performance      Assurance
Corporate Trustee) QEHKL)            Committee                                                                        Committee        Committee
```

RESEARCH AND EDUCATION	QUALITY AND SAFETY	PEOPLE AND CULTURE	FINANCE, ESTATES, TRANSFORMATION AND PERFORMANCE

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Appendix 2 (to the MPAC ToRs):

Current List of Major Projects agreed as falling within the remit of the Major Projects Assurance Committee – as at March 2024

In order to ensure clarity as to the remit and scope of the Major Projects Assurance Committee (MPAC), and to avoid duplication with regard to the work of this Committee and that of the other Board assurance committees, the Board of Directors has agreed this schedule of major projects that will be overseen by the MPAC:

1. Completion of the construction of **Norfolk & Norwich Orthopaedic Centre (NANOC)**

2. Completion of the construction of **paediatric theatre complex** in the Jenny Lind Children's Hospital

3. Construction of the NNUH **Diagnostic & Assessment Centre (DAC)** on the NRP – (recognising the role of the DAC Programme Board with respect to the 3-site Norfolk & Waveney DAC Programme)

4. The NNUH **Strategic Transformation Programme** comprising workstreams:
   i) Length of Stay
   ii) Outpatients
   iii) Diagnostics
   iv) Theatres
   v) Digital – business admin processes
   vi) Pharmacy

5. Implementation of the **Electronic Patient Record** system (recognising the role of the EPR Programme Board with respect to the 3-site Norfolk & Waveney EPR Programme).

6. Commissioning & Implementing the **Laboratory Information Management System** (LIMS)

This schedule will be reviewed by the Board of Directors as part of its regular review of the MPAC Terms of Reference and otherwise as required. The Board may be asked to add or remove Projects from this schedule by the relevant project SRO, by another Board assurance committee or by the Board at its own initiation. An indicative financial threshold >£10m is to be applied in identifying the Major Projects to fall under the remit of the Committee, but this threshold will be applied at the discretion of the Board.

For the avoidance of doubt, it is noted that the Major Projects Assurance Committee is an assurance committee. Executive and managerial responsibility for relevant projects remains with the executive directors, project SROs and Hospital Management Board.

Major Projects Assurance Committee Terms of Reference Doc ID: 20439
Approved by the Board of Directors: 03.04.24 Date of next review: April 2025   7

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7/8   124/126

Key sources of assurance:

Hospital Management Board

| Meets Weekly | Key Matters Escalated to Assurance Committee – 3rd Week |

Transformation Steering Group

| Meets Monthly | Key Matters Escalated to HMB |

Capital & Estates Committee

| Meets Monthly | Key Matters Escalated to HMB |

**• Digital Transformation Cmtee
• DAC Programme Board**

| Meets Monthly | Key Matters Escalated to HMB |

Other sources of assurance:

- Findings of other significant assurance functions, internal and external to the Trust e.g. external Gateway reviews, DAC Programme Board & EPR Programme Board

Major Projects Assurance Committee

| Meets Monthly 4th Week | Key Matters Escalated to the Trust Board with Board papers |

Trust Board

| Meets Monthly 1st Wednesday of month | Receive Board Papers – Week 4 |

Assurances & reports are provided to the Trust Board on the following:

- scrutiny over effective management & delivery of major projects
- compliance with any conditions relating to relevant business cases, regulatory or Board approvals
- achievement of major delivery milestones and compliance with agreed budgets
- key risks relating to major projects and plans for mitigation
- completion of post-project reviews and benefits realisation assessment.
- delivery of the Trust's Strategic Transformation Programme and the development of sustainable efficiency, productivity and improvement processes
- review of reports received from external and multi-party sources
- insights and lessons learnt from the work of the Committee not least with respect to stakeholder liaison, the Trust's Estates Strategy, Green Plan, Financial & Workforce Strategies

Key: Direct oversight by the committee: ——— Indirect oversight by the assurance committee: – – –

Major Projects Assurance Committee Terms of Reference Doc ID: 20439
Approved by the Board of Directors: 03.04.24 Date of next review: April 2025   8

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Plan on a page:

PLAN AND AMBITIONS FOR 2024/25

1. Financial	Income target: £4.5m income in 2024/25	
	Expenditure target: £4.9m *(building on £4.3m in 2023/24)*	
	Legacy Target: >15 notifications	
	VfM: 9:1 ratio (at least 90p in each £1 of expenditure is spent on charitable activities)	

2. Major grant funding – subject to individual approvals	A. Jenny Lind Children's Hospital – parental/staff accommodation (?£0.5-£2m)	B. Staff & public rest/catering facilities associated with NANOC (?£200k-£1.5m)
	C. Research funding (towards Charity Strategy aim of £0.5m pa)	D. Surgical robot (?£1m)
	E. Stroke & Neurosciences – thrombectomy (?£50k-£0.5m)	F. Cromer Hub & Research base (?£200k)
	G. Oncology/Haematology service expansion (?£300k-£0.5m over 3 years)	H.

3. Significant projects	A. Cromer Hub & Research Admin base	B. Charity Website implementation
	C. Dementia garden	D. Extension of NNUH mobile cafe
	E. DAC café preparation	F. Implementation of new CRM (donor management) and accounting software
	G. Final Boudicca Unit estates work	H. ? Staff accommodation

4. Fundraising & Income Generation	A JLCH - parental accommodation – depending on Paediatric Strategy	B Children & Young Persons Centre – depending on Paediatric Strategy
	C Acute Oncology Service development – depending on Cancer strategy	D Cromer dialysis – depending on FBC
	E Stroke thrombectomy – depending on FBC	F Fundraising strategy actions

5. Governance & Infrastructure	A. Finish implementation of new CRM (donor management) and accounting software
	B. Website implementation (Q2 – once CRM work completed)
	C. Cromer Hub & Research Admin base
	D. Funded support for production of Impact Report & Annual Report
	E. Develop & 'right-size' Charity Team (within 9:1 ratio)
	F. Development of plans for permanent Charity building
	G. NANOC opening & NANOC donor recognition

Agreed by N&N Hospitals Charity Committee 13.03.24