Trust Board (public) - 3 August 2022

Wed 03 August 2022, 09:30 - 11:15

Boardroom

Norfolk and Norwich University Hospitals NHS Foundation Trust

Agenda

Agenda

00 TB Agenda Public 03.08.22.pdf (1 pages)

1. Apologies and Declarations of Interest

Information/Discussion *Tom Spink*

1.1. Chairman's Introduction

verbal *Tom Spink*

Information

1.2. Reflections on Clinical/Departmental Visits

Discussion *All*

2. Experience of Care - Patient/Family Reflections

Information *Nancy Fontaine*

02 Patient Experience-Reflections -Connie's Experience of Care.pdf (4 pages)

3. Minutes of the Board meeting held in public on 8 June 2022

Approval *Tom Spink*

03 Unconfirmed TB Minutes 08.06.22 Public.pdf (6 pages)

4. Matters arising and update on actions

Discussion *Tom Spink*

04 Update on Actions Arising (public).pdf (1 pages)

5. Chief Executive's Update

Verbal *Sam Higginson*

Information

6. Reports for Information and Assurance

Information and Assurance

6.1. Quality & Safety Committee (26.07.22)

Pamela Chrispin

- 06(a) Report on Quality & Safety Comm 26.07.22.pdf (2 pages)
- 06(a)(i) TRUST BOARD REPORT_Cardiology_FINAL.pdf (2 pages)
- 06(a)(i)a Cardiology Presentation_Trust Board_Aug 2022 v2.pdf (11 pages)
- 06(a)(ii) Appendix 1_PCI_Patient Information Leaflet.pdf (2 pages)
- 06(a)(iii) Appendix 2 NNUH prelude to report .pdf (2 pages)
- 06(a)(iv) Appendix 3_ISR Action Plan_August 2022.pdf (15 pages)
- 06(a)(v) Appendix 4 _Supporting Information_PCI.pdf (4 pages)

6.2. IPR - Quality, Safety and Patient Experience data

Erika Denton and Nancy Fontaine

- 06(b) Quality Safety IPR for July 2022.pdf (19 pages)

6.3. Finance, Investments & Performance Committee (27.07.22)

Tom Spink

- 06(c) Report on Finance, Investments & Performance Comm 27.07.22.pdf (2 pages)

6.4. IPR - Performance and Productivity data

Chris Cobb

- 06(d)(i) Performance and Activity IPR Final.pdf (39 pages)
- 06(d)(i)a - IPR - Productivity - June 2022.pdf (7 pages)

6.5. Finance Report - Month 3

Roy Clarke

- 06(d)(ii) Trust Public Board Cover Sheet - M3 Finance Report.pdf (2 pages)
- 06(d)(ii)a Trust Finance Report M3 - Public Board.pdf (7 pages)

6.6. IPR - Workforce data and update on staff survey actions

Paul Jones

- 06(e) IPR - Workforce Jun-22 data.pdf (10 pages)
- 06(e)(i) Staff Experience - Priority Actions - 3.08.2022.pdf (9 pages)

7. Questions from members of the public

Discussion *Tom Spink*

8. Any other business

Discussion *Tom Spink*

Date and Time of next Board meeting in public - The next Board meeting in public will be at 9.30am on Wednesday 2 November 2022 in

the Boardroom of the Norfolk and Norwich University Hospital

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MEETING OF THE TRUST BOARD IN PUBLIC
WEDNESDAY 3 AUGUST 2022

A meeting of the Trust Board will take place at 9.30am on Wednesday 3 August 2022 in the Boardroom Norfolk & Norwich University Hospital

Papers for the meeting in public can be accessed via www.nnuh.nhs.uk

AGENDA

	Item	Timing	Lead	Purpose
0	Clinical Visits (08.45 – 09.15hrs)	08.45-09.15		
1	- Apologies, Declarations of Interest - Chairman's Introduction - Reflections on Clinical/Departmental Visits	09.30-09.45	Chair	Information/ Discussion
2	Experience of Care – Patient/Family Reflections - *My NNUH Experience 'Connie'* - *https://www.canva.com/design/DAFGM3VoPM0/Tpyw3zfG73SCq8kmOP6vmQ/watch?utm_content=DAFGM3VoPM0&utm_campaign=designshare&utm_medium=link&utm_source=publishsharelink* - *Connie (patient), Sarah Higson (Associate Director for Patient Experience), Amrita Kulkarni (Head of Patient Experience) and Joel Fiddy (Divisional Governance Manager) attending*	09.45-10.10	NF	Information
3	Minutes of the Board meeting held in public on 08.06.22	10.10-10.15	Chair	Approval
4	Matters arising and update on actions		Chair	Discussion
5	Chief Executive's Update	10.15-10.25	CEO	Discussion
6	**Reports for Information and Assurance:**			
	(a) Quality and Safety Committee (26.07.22) inc - cardiology update – Dr Ryding (Consultant Cardiologist)* (b) IPR – Quality, Safety and Patient Experience data	10.25-10.40	PC ED/NF	Information, Assurance & Approval as specified
	(c) Finance, Investments and Performance Committee (27.07.22) (d) i) IPR – Performance and Productivity data ii) Finance – Month 3 report	10.40-10.55	TS CC RC RC	
	(e) IPR – Workforce data & update on staff survey actions *- Sarah Gooch (HR Business Partner) attending*	10.55-11.10	PJ	
7	Questions from members of the public	11.10-11.15	Chair	Discussion
8	Any other business			

*** 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 2 November 2022 in the Boardroom of the Norfolk and Norwich University Hospital TBC

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REPORT TO THE TRUST BOARD OF DIRECTORS

Date	**3 August 2022**
Title	**Experience of Care Story – My NNUH Experience 'Connie'**
Author & Exec lead	**Amrita Kulkarni, Head of Patient Experience** **Professor Nancy Fontaine, Chief Nurse**
Purpose	**For Information and Discussion**
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☐**	
	Operational	**Yes✓ No☐**	
	Workforce	**Yes☐ No✓**	
	Financial	**Yes☐ No✓**	

1. **Background/Context**

1.1 An 'Experience of Care' story is where a patient or family member describes their experience of healthcare in their own words. The idea is to gain an understanding of what it is like for them and their family and/or carers. It gives you 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.

1.3 Today a patient shares their experience of care at our Trust. Connie (adapted name for the purpose of the video) presented at A&E with excruciating pain in her hips and groin. She was unable to walk without support, unable to sit down comfortably and had no bowel movement for a couple of days.
There was a five hour wait in before Connie was moved to the Emergency Assessment Surgical Unit but she wasn't given a call button and told just to shout if she needed help.

1.4 The story will highlight the good elements of Connie's experience, what could be improved and some suggestions that would have made a difference to her.

2. Key issues, risks and actions

2.1 Key learning/actions:

- Involving patients, families and carers in discharge to ensure patients' and families/carers are prepared.
- Giving patients the necessary knowledge of their condition to support with recovery post-discharge.
- Taking time to assist with patient understanding.
- Providing continuation of the care throughout a patient's journey through hospital wards/departments.
- The impact hospital experiences have on patients' mental health and the need to support patients during their stay and after a traumatic stay/diagnosis/event.
- Improved information about wound care and dressing types for patients. This is to help improve patient choice and continuity of care when it comes to wound care in both acute and community settings.

3. Conclusions/Outcome/Next steps

3.1 The experiences shared in this story have provided valuable learning. Therefore we will share Connie's story divisionally through Governance Meetings and Educational Forums next month.

3.2 Co-develop quality improvement initiatives with an initial focus on:

- Inpatient experience at night – Aim: to improve the patient experience at night by 20% before May 2023
- Wound care support, information and advice – Aim: to develop and implement a patient wound care education pack/bundle before Jan 2023

3.3 Review the improvements with patient panel and Connie to help improve services collaboratively.

Recommendation:

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.

Experience of Care – Patient Story – Board Meeting	
Brief outline of the "story"	
Connie (adapted name for the purpose of the video) presented at A&E with excruciating pain in her hips and groin. She was unable to walk without support, unable to sit down comfortably and had no bowel movement for a couple of days. There was a five hour wait in before Connie was moved to the Emergency Assessment Surgical Unit but she wasn't given a call button and told just to shout if she needed help. Another four hours passed before Connie was told they believed she had a Perianal Abscess, and they would prepare her for surgery. Preparation for Connie's surgery started the following morning. Without being told much about the operation or her wound Connie was told they are happy with her wound and she will be discharged that day. Connie was unable to sit in the car when she was picked up by her sister but was discharged with concerns about how to cope at home and very little information. A few adjustments were able to be made at home by family members to help with the first night. Still in a lot of a pain, Connie called 111 for advice and 111 contacted an out of hours GP for advice. Her pain increased so Connie calls the SDEC number given to her on discharge from the Trust. An out of hours GP called and advised them to go to A&E because it sounded like her inner wall had ruptured. The GP said he would call the hospital and tell them of her arrival. Connie is driven from Cromer to NNUH in a "makeshift nappy" made up of an incontinence bed pad and masking tape. When Connie arrived at A&E, they had no knowledge of her and she had to wait in the main reception. After explaining she couldn't sit down a member of staff said she had to be in a wheelchair and used force to make her sit down. There was a three hour wait before Connie got to the Emergency Surgical Ward. Once on the ward Connie was told she needed to be operated on again. Connie was told they found another abscess while operating on her and they had to drain that too. A consultant said he was pleased with how the procedure had gone. However Connie voiced her concerns about it. Connie experienced a number of issues with her wound dressing while in hospital and support on the ward varied. Some staff were very good, but there could have been improvements in the way others treated Connie during her stay. Once discharged Connie continued to struggle to get the support necessary for her wound. District nurses struggled to get the wound dressings needed. Connie also talks of the mental health impact her experience has had on her.	
What "point" it is trying to convey	
The story highlights: • The importance of involving patients, families, and carers in discharge to ensure patients' and families/carers are prepared. This will help aid recovery and cut down on readmissions. • The importance of giving patients the necessary knowledge of their condition and the impact this may have on them and their loved ones. • The impact hospital experiences have on patients' mental health and the need to support patients during their stay and after a traumatic stay/diagnosis/event. • The need for improved information about wound care and dressing types for patients. This is to help improve patient choice and continuity of care when it comes to wound care in both acute and community settings.	
Who will be "speaking"	
Patient	Connie, via the video clip
Staff	Head of Patient Experience – Amrita Kulkarni Divisional Governance Manager (Surgical, Critical and Emergency Care)- Joel Fiddy
Time allocation for each element	

Film	6.07 minutes
Staff	Joel Fiddy – comments included in video.
Questions	5 mins

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MINUTES OF TRUST BOARD MEETING IN PUBLIC

HELD ON 8 JUNE 2022

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

22/023 **APOLOGIES AND DECLARATIONS OF INTEREST**

Apologies were received from Professor ffrench-Constant. No conflicts of Interest were declared in relation to matters for consideration by the Board.

In his first public meeting as Interim Chair, Mr Spink thanked Mr White for his efforts and dedication to the Trust and over the last 3 years. On behalf of the Trust, Mr White was thanked and sent best wishes for his recovery from ill-health.

22/024 **EXPERIENCE OF CARE – MATERNITY (INC NATIONAL DRIVERS REVIEW)**

The Board received a report and presentation from the maternity services team – Stephanie Pease (Divisional Midwifery Director), Lisa Mastrullo (Quality Improvement Midwife), Beth Gibson (Clinical Director) and Jenny Whatling (Chair – Maternity Voices Partnership).

The reports outlined the work of the Maternity Voices Partnership and the position against the findings of the Ockenden Report into Maternity Services, detailing ongoing actions and next steps. There are 15 immediate and essential actions and the dates for implementation will be reported to the Q&S Committee. **Action: Professor Fontaine**

Dr Gibson also outlined the position regarding the perinatal MMBRACE data. This provides good assurance for the Board and shows that the NNUH is consistently in the 'yellow' range (ie 5-15% better than expected).

Mr Higginson asked about mandatory training and noted that we have set ourselves the rate of 90% - which is more challenging that many other Trusts. Performance is currently at 89.7% for maternity.

22/025 **MINUTES OF PREVIOUS MEETING HELD ON 6 APRIL 2022**

The minutes of the meeting held on 6 April 2022 were **agreed** as a true record for signing by the Chairman.

22/026 **MATTERS ARISING**

The Board reviewed the Action Points arising from its meeting held on 6 April 2022 as follows:

21/047 (21/037 Aug '21) details of the national e-learning programme regarding Speak-up (with the third aimed specifically at Board members) has been circulated - https://www.e-lfh.org.uk/programmes/freedom-to-speak-up/ Action closed

22/008 – Research update - a Research Story to present to the Board has been scheduled in conjunction with the Quality & Safety Committee Work Programme. Action closed.

22/009 – North Western link road - Mr Hackwell reported that additional information had been received from the Council with regard to the carbon impact of the scheme. In the circumstances, it is not recommended to change the position of the Trust. The Board noted its commitment to appropriately addressing climate change factors wherever possible. It is recognised that these are complex matters and the Board **agreed** not to change its position but emphasised again its commitment to supporting the Green Plan.

22/017 – At item 2 on the Agenda, the Board received a follow-up update from the Ockenden Report. Action closed.

22/018 & 22/018(d) – mortality reporting – the appropriate range for mortality will be reviewed through the Quality & Safety Committee – as the HSMR and SHMI are already benchmarked metrics. This will then be reported to the Board through the Quality & Safety Committee. Action closed.

22/027 **REFLECTIONS ON THE VISITS**

The Board reflected on the pre-meeting clinical visits to Ingham Ward, Mulbarton Ward, the Acute Medical Unit and Clinical Biochemistry. Board members confirmed how useful these are in facilitating direct contact with staff, enhancing visibility and providing context and triangulation with other sources of information.

22/028 **CHIEF EXECUTIVE REPORT**

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

Mr Higginson identified a series of notes of thanks to individuals and partners:

- our volunteers who provide such support to the Trust (this is Volunteers Week);
- Norfolk & Norwich Festival, for holding the Jenny Lind concert to support the Hospital in what we hope will be a re-established ongoing relationship;
- LGBT+ staff as we celebrate Pride month in June and look forward to taking part in Norwich Pride celebrations in July;
- Cromer Hospital staff for hosting the visit from the Minister of State for Health;
- Our teams for all their work as we remain on track to deliver the elective programme 104-week target by the end of June.

Mr Higginson also reported that the hospital remains under significant pressure with 124 patients in hospital without a 'criteria to reside'. This is inevitably impacting on our Emergency Department performance and ability to admit patients to the wards.

22/029 **REPORTS FOR INFORMATION AND ASSURANCE**

(a) Quality and Safety Committee

The Board received a report from Dr Chrispin regarding the work of the Quality & Safety Committee and highlighted three items in particular:

i) the number of patients with mental health difficulties requiring support in the acute hospital environment. This had also been noted on the pre-meeting visit to AMU and Mr Higginson commented that this remains a contributory factor for extended waits in ED. This is an issue that needs to be addressed at a system level and this will be highlighted again with ICS leaders accordingly.

Action: Mr Spink/Mr Higginson

ii) Quality Account – on the recommendation of the Quality & Safety Committee, the Board **approved** the Quality Account for 2021/22. It was noted that there are some final inclusions and delegated authority was confirmed for Mr Higginson and Dr Chrispin to agree final amendments – notably commentary from Healthwatch and CCGs.

iii) The Committee received a report regarding medical staffing and vacancy rates. This is an important element of triangulating with activity and safety performance. A report will be provided to the People & Culture Committee, to highlight areas of medical vacancy and hard to fill posts, with plans to address these.

Action: Mr Jones

(b) IPR – Quality, Safety and Patient Experience

The Board was informed that pressure ulcer and falls performance has improved. We are trialling different shift patterns as mapping of falls by time of day identified higher numbers occurring midday and we are looking to attract staff to work between 10am to 2pm to increase supervision of patients. The use of yellow socks and blankets to highlight patients at high risk of falls will be rolled out across the wards following the pilot in the Emergency Department.

We continue to dedicate one ward for the care of patients who have tested positive for Covid. We have performed well, remaining within trajectory for infection prevention and control targets. Performance relating to 1:1 care in labour was achieved at 99.7% and the number of 3rd/4th degree tears (1.8%) and post-partum haemorrhages have reduced.

(c) Finance, Investments and Performance Committee

Mr Spink reported on the work of the Finance, Investments & Performance Committee and highlighted the focus on key performance metrics reflecting national priorities and challenges. Improved performance for ambulance handovers and CIP progress was noted.

(d) IPR – Finance, Performance and Productivity

Mr Cobb reported that performance against the 104-week target is better than trajectory with the number of relevant patients awaiting treatment down to 392 patients, of whom all but 19 have an admission date and with plans in place for all the remainder. We are in a good position to achieve compliance with the standard within the requisite timeframe and Mr Cobb thanked the Divisions of Surgery and Women &Children in particular for their efforts in achieving this.

The next challenge and focus will be to reduce the number of patients waiting over 78 weeks by the end of March 2023. A Norfolk mutual aid agreement is being established by the Acute Trusts in order that workload can be shared across the hospitals.

The number of patients waiting over 62 days on the cancer pathway has increased and in the next stage of post-pandemic performance recovery it is essential that balanced focus is given to these pathways, alongside the longest-waiting patients.

Mr Cobb explained that work is underway to increase the levels of activity to achieve the target of 110% of 2019/20. Non-Executives asked about theatre utilisation and whether planned improvement actions would achieve a green rating on areas currently rated amber/red. Mr Cobb explained that theatre efficiency has been adversely affected by the prioritisation of 104-week waiters, which has disrupted routine working and schedules. This is expected to correct when we start to focus on 78-week wait performance but additional support is being put in place for Ophthalmology, Dermatology and Plastics in particular.

(e) Finance (Month 1) Report

The Board received a report from Mr Clarke regarding the Trust's financial position, which is on plan and is a breakeven position, inclusive of a provision of £0.9m claw-back for activity underperformance.

Spend on the capital programme is £4.5m behind Plan, largely due to schemes missing planned milestones. The Trust is holding sufficient cash that no revenue support is currently required.

Cost Improvement (CIP) delivery in April was £0.8m (£0.6m behind Plan) and management focus is needed to identify further CIPs if we are to achieve the year end forecast of £9m deficit, as per Plan.

(f) IPR - Workforce

Mr Jones reported that sickness absence has reduced but remains higher than levels reported in the last two years. Around one third of absences are related to Covid and there has been a rise in the number of stress related absences.

22/030 **STAFF SURVEY – PRIORITY IMPROVEMENT ACTIONS**

The Board received a report from Mr Jones concerning priority improvement actions in response to the Staff Survey. These have been summarised in a Plan on a Page, listing 6 priority workstreams:

1) staff shortages;
2) staff facilities;
3) manager support and appreciation;
4) staff wellbeing;
5) addressing poor behaviours;
6) flexible working.

Each workstream has an assigned Executive owner and milestones/metrics to monitor progress. All managers will be sharing the Staff Survey results with their teams and will develop local improvements. A Staff Council with representatives from all staff groups, is being established to provide a forum for staff engagement on improvement actions. Delivery of improvement actions will be overseen by the Staff Council, Workforce & Education Sub-Board and the Management Board. Progress updates will be provided to the People & Culture Committee. Mr Jones confirmed that a detailed plan and forward trajectory will be established, similar in nature to the 104-week recovery programme, and this will enable the P&C committee to track progress.

Action: Mr Jones

Non-Executives welcomed the approach whereby responsibility is shared across the Executive Team, recognising that enhancing staff feedback requires a joined-up approach across all aspects of Trust activity. There was challenge whether the plan is

ambitious enough and can be enhanced by additional detail. Mr Jones explained that a number of issues around staff experience, culture and wellbeing are also addressed through the People & Culture and Corporate Strategies. The Plan on a Page provides a summary which can be used with staff. Mr Jones confirmed that we will engage widely across all staff groups/levels to ensure there is wide representation on the Staff Council.

The Board **agreed** the Executive leads for each of the priority workstreams, endorsing the principle that every leader will share their team results and develop local improvements. The Board **confirmed its support** for improving staff experience, with communication of the improvement plan and provision of regular updates on progress.

22/031 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

22/032 **ANY OTHER BUSINESS**

There was no other business raised.

22/033 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Trust Board in public will be at 9.30am on 3 August 2022 in the Boardroom of the Norfolk and Norwich University Hospital.

Signed by the Chairman: …… Date: ……
Confirmed as a true record and approved for signature on 03.08.2022 [TBC]

Decisions Taken:

22/025 – Minutes of last meeting	The minutes of the meeting held on 6 April 2022 were **agreed** as a true record for signing by the Chairman.
22/026 (22/009 Feb '22) North Western link road	Mr Hackwell reported that additional information had been received from the Council with regard to the carbon impact of the scheme. In the circumstances, it is not recommended to change the position of the Trust. The Board noted its commitment to appropriately addressing climate change factors wherever possible. It is recognised that these are complex matters and the Board **agreed** not to change its position but emphasised again its commitment to supporting the Green Plan.
22/029(a)(ii) – Quality Account	The Board **approved** the Quality Account for 2021/22, with delegated authority to Mr Higginson and Dr Chrispin to agree final amendments.
22/030 – Staff Survey improvement Actions	The Board **agreed** the Executive leads for each of the priority workstreams, endorsing the principle that every leader will share their team results and develop local improvements. The Board **confirmed its support** for improving staff experience, with communication of the improvement plan and provision of regular updates on progress.

Action Points Arising:

	Action
22/024 – dates for Ockenden priority actions	The reports outlined the work of the Maternity Voices Partnership and the position against the findings of the Ockenden Report into Maternity Services, detailing ongoing actions and next steps. There are 15 immediate and essential actions and the dates for implementation will be reported to the Q&S Committee. **Action: Professor Fontaine**

22/029(a)(i) – mental health commissioning	The number of patients with mental health difficulties requiring support in the acute hospital environment. This had also been noted on the pre-meeting visit to AMU and Mr Higginson commented that this remains a contributory factor for extended waits in ED. This is an issue that needs to be addressed at a system level and this will be highlighted again with ICS leaders accordingly. **Action: Mr Spink/Mr Higginson**
22/029(a)(iii) medical vacancies	A medical staffing report will be provided to the People & Culture Committee, to highlight areas of medical vacancy and hard to fill posts, with plans to address these. **Action: Mr Jones**
22/030 Staff Survey – Priority Improvement Actions	Mr Jones confirmed that a detailed plan and forward trajectory will be established, similar in nature to the 104-week recovery programme, and this will enable the P&C committee to track progress. **Action: Mr Jones**

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Action Points Arising from Trust Board meeting (public)

From meeting on 8 June 2022:		
22/024 – dates for Ockenden priority actions	The reports outlined the work of the Maternity Voices Partnership and the position against the findings of the Ockenden Report into Maternity Services, detailing ongoing actions and next steps. There are 15 immediate and essential actions and the dates for implementation will be reported to the Q&S Committee. **Action: Professor Fontaine**	Regular maternity reporting established to Q&S Committee and Board. **Action complete**
22/029(a)(i) – mental health commissioning	The number of patients with mental health difficulties requiring support in the acute hospital environment. This had also been noted on the pre-meeting visit to AMU and Mr Higginson commented that this remains a contributory factor for extended waits in ED. This is an issue that needs to be addressed at a system level and this will be highlighted again with ICS leaders accordingly. **Action: Mr Spink/Mr Higginson**	**Action complete**
22/029(a)(iii) medical vacancies	A medical staffing report will be provided to the People & Culture Committee, to highlight areas of medical vacancy and hard to fill posts, with plans to address these. **Action: Mr Jones**	Report received by P&C Committee – with ongoing future reporting. **Action complete**
22/030 Staff Survey – Priority Improvement Actions	Mr Jones confirmed that a detailed plan and forward trajectory will be established, similar in nature to the 104-week recovery programme, and this will enable the P&C committee to track progress. **Action: Mr Jones**	An update report was provided to the People & Culture Committee. An action tracker was included to report progress against each initiative, together with a RAG rating. This will also be reported to the Hospital Management Board monthly. **Action complete**

JPG

REPORT TO TRUST BOARD

Date	**3 August 2022**
Title	**Chair's key Issues report from Quality and Safety Committee Meeting on 26.07.22**
Author & Exec Lead	**John Paul Garside on behalf of Dr Pam Chrispin – Non-Executive Director (Committee Chair)**
Purpose	**For Information**

The Quality and Safety Committee met on 26 July 2022 at the Centrum building. Papers for the meeting were made available to all Board members for information in the usual way via Admin Control. The meeting was quorate and was attended by Mrs Elaine Bailey and Mrs Jackie Hammond (Public Governors) as observers.

In addition to consideration of the usual suite of information and reports concerning quality and safety in the Trust, the Committee received a series of reports in accordance with its Work Programme. The following matters were identified to highlight to the Board:

1	Clinical Visits	The Committee began its meeting with a visit to the Cotman Centre – in Zone 1 of the NRP. This houses the Trust's Cytology and Histopathology Departments. There are a number of aspects of the visits worthy of highlighting to the Board: • the Cytology service processes cervical cytology samples for the entire Eastern region. The Committee saw that sample processing is clearly defined, well-organised and highly automated. Historically the service has consistently achieved the expected turnaround targets (TATS) but, following disruption to screening programmes during the pandemic, the volume of samples received by the Dept has increased from 400,000pa to around 500,000. A backlog has resulted, which is being addressed. The Committee had reviewed a report relating to difficulties encountered in the transportation process for samples from cross the region. The Committee was assured by the conscientious and patient-focussed approach that had been taken by the Dept leaders in pursuing this issue and tracking it to conclusion **– in line with our key priority of quality improvement.** • the visit to the Histopathology Department had provided helpful background to the Digital Histopathology SOC which is making its way through the committee and Board approval process. The Department obviously delivers a crucial element of the diagnostic pathway for many patients, including many on the **62-day cancer pathway – one of our key priorities**. The processes involved in preparing and distributing tissue samples for interpretation is labour-intensive and inflexible, with clear opportunity for modernisation, in line with the **priority of our people promise plan**.
2	Maternity quarterly update	The Committee received the quarterly update with regard to serious incidents reported in the maternity service. Serious incidents are reported and managed under the National SI Framework and, in accordance with the Ockenden Review, they are reported to the Trust Board to provide assurance that processes for learning are in place and embedded into everyday practice. The Committee receives these reports on a regular basis as part of its agreed Work Programme and copies are available in the Resource Centre.

3	Cardiology Invited Service Review	The Committee received a presentation with regard to the review of practice and governance in Cardiology. The Committee has been updated during preparation of the report and will monitor progress hereafter.

Conclusions/Outcome/Next steps: The next Committee meeting is scheduled for 27 September 2022 and will review matters including:

- Divisional focus – Surgical Division
- IP&C Annual Report
- Waiting Time Harm Review
- Mortality Reporting

Recommendations: The Board is recommended to **note** the work of its Quality & Safety Committee

REPORT TO TRUST BOARD

Date	**3rd August 2022**
Title	**Review of Drug Coated Balloon use in Cardiology and linked Invited Service Review by the Royal College of Physicians**
Author & Exec Lead	**Author: Dr Bernard Brett, Deputy Medical Director; Exec Lead: Professor Erika Denton, Medical Director**
Purpose	**For Information**
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.** **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☐**	The quality issues highlighted in the Royal College of Physicians report have been addressed through the action plan.
	Operational	**Yes☐ No✓**	
	Workforce	**Yes☐ No✓**	
	Financial	**Yes☐ No✓**	
Identify which Committee/Board/Group has reviewed this document:	**Board/Committee:** Quality and Safety Committee		**Outcome:** To complete the outstanding recommendations as stated in the ISR report and to ensure the patient information leaflet is on the Trust website and available with the report.

1. Background/Context

1.1. A concern was raised through the speak-up process about the use of drug coated balloons (DCBs) for management of patients with coronary artery disease. Concerns related to whether the hospital was using the DCBs in accordance with recommended guidelines, and whether patients were adequately informed and consented for their use.

1.2. A series of processes have been undertaken following these concerns being raised. Initially an internal in depth review was undertaken by Dr Bernard Brett, Deputy Medical Director who explored the concerns, including aspects related to research. A key recommendation from Dr Brett was to seek an external independent specialist review of the clinical issues raised. The Royal College of Physicians (RCP) conducted an invited service review (ISR). Due to the pandemic this review was conducted remotely by reviewing data in digital formats and interviews with multidisciplinary clinical colleagues through Microsoft Teams.

1.3. Outcomes from these reviews have been presented at the Care Quality Commission (CQC) engagement meeting, Clinical Safety and Effectiveness Sub Board, and most recently to the Quality & Safety Committee.

2. Key issues, risks and actions

2.1. Drug Eluting Stents (DES) are recommended by international guidelines (European society of Cardiology) for most Percutaneous Coronary Interventions (PCI). An alternative approach of DCB angioplasty is recognised as a treatment option for in-stent restenosis, and de novo lesions in coronary vessels that are less than 3mm in diameter. There is less evidence to support the use of DCB angioplasty in a broader range of indications for example for coronary arteries greater than 3mm in diameter.

2.2. Following the internal review a number of actions were identified and implementation commenced prior to the ISR review being undertaken. These included improving the consent process, information given to patients (Appendix 1) and a standard operating procedure to define the use of DCBs within the Trust.

3. Conclusions/Outcome/Next steps

3.1. The Royal College of Physicians report made 14 recommendations, which mirrored the recommendations in Dr Brett's report. These recommendations have been accepted in full and an action plan developed.

3.2. A series of Serious Incident Group (SIG) meetings have taken place to re-review the cases included in the invited service review, plus any patients who had suffered from acute coronary occlusions following Percutaneous Coronary Intervention (PCI). The SIG meetings attendees included Consultant colleagues across a number of specialities, the Deputy Medical Director, the Associate Medical Director for Quality & Safety, and the Associate Director for Quality & Safety, the Associate Director of Patient Experience & Engagement and the Serious Incidents and Family Liaison Officer. The overall conclusion was that there had been no harm caused to these patients. Details of Trust's review of the report and the re-review clinical cases are attached (Appendix 2) as a prelude to the redacted ISR report on the Resource Centre.

3.3. The team were using the DCBs outside of European guidelines/recommendations but within licenced terms of the clinical product. Since the external review was undertaken by the ISR team, recent statistical data concerning DCBs has been published and shows that the use of DCB's has increased across the United Kingdom and that NNUH is not a significant outlier in using these devices. The majority of the recommendations from the action plan (Appendix 3) are complete and progress is being made against those which are outstanding. Governance frameworks have been strengthened, plus a review and improvements are being made of the policy and processes for new therapy and procedures, which will be communicated to all clinical staff across the organisation.

3.4. Duty of Candour has been appropriately applied following the SIG meetings for three patients where care has been graded as poor, discussions regarding the review will take place with relevant patients as they attend clinic or via the telephone helpline which will be coordinated by the cardiology team. Additional information (Appendix 4) for patients and their families will be available on the Trust's website.

3.5. To provide further updates as required to the Quality and Safety Committee and the Trust Board.

Recommendations: The Board is recommended to note the content of this report, the detail in the appendices and progress against the action plan.

Trust Board
3 August 2022

Royal College of Physicians Invited Service Review
Drug Coated Balloon (DCB) Coronary Angioplasty

Situation

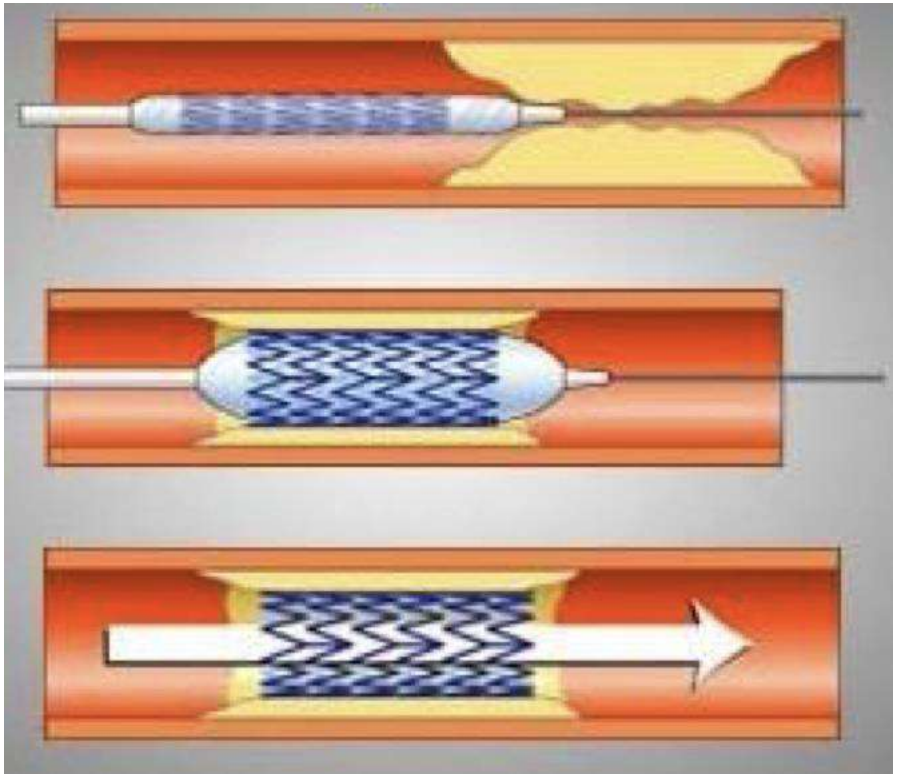
Concerns raised internally about the use of drug coated balloons (DCBs) in the management of patients with coronary artery disease

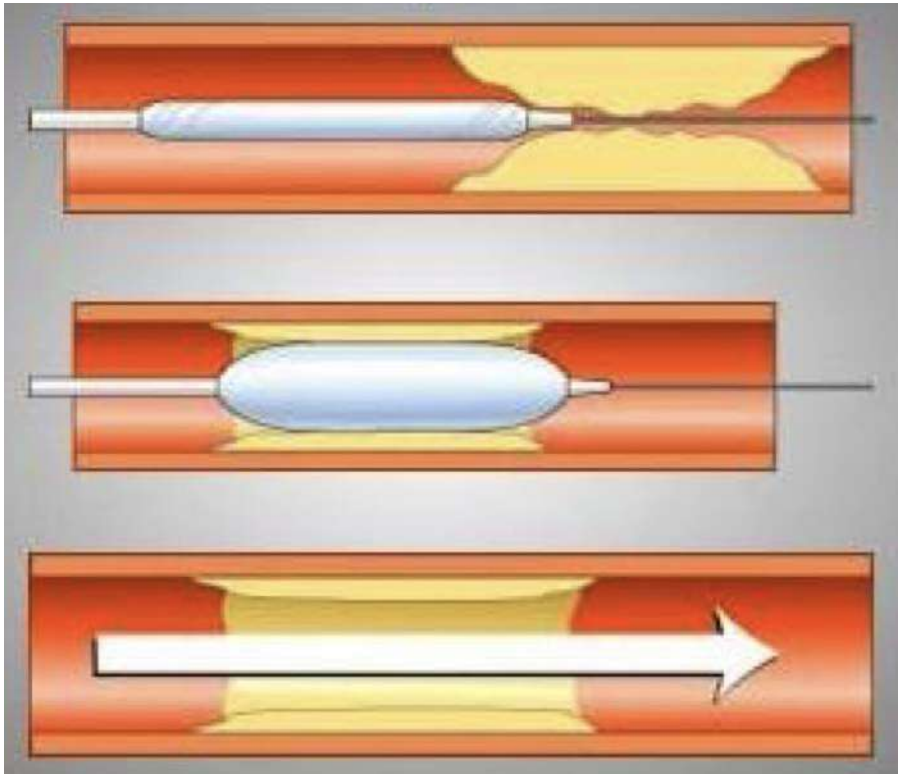
- Use outside guidelines
- Consent
- Outcomes

What is the difference between a Stent and a Drug Coated Balloon (DCB)?

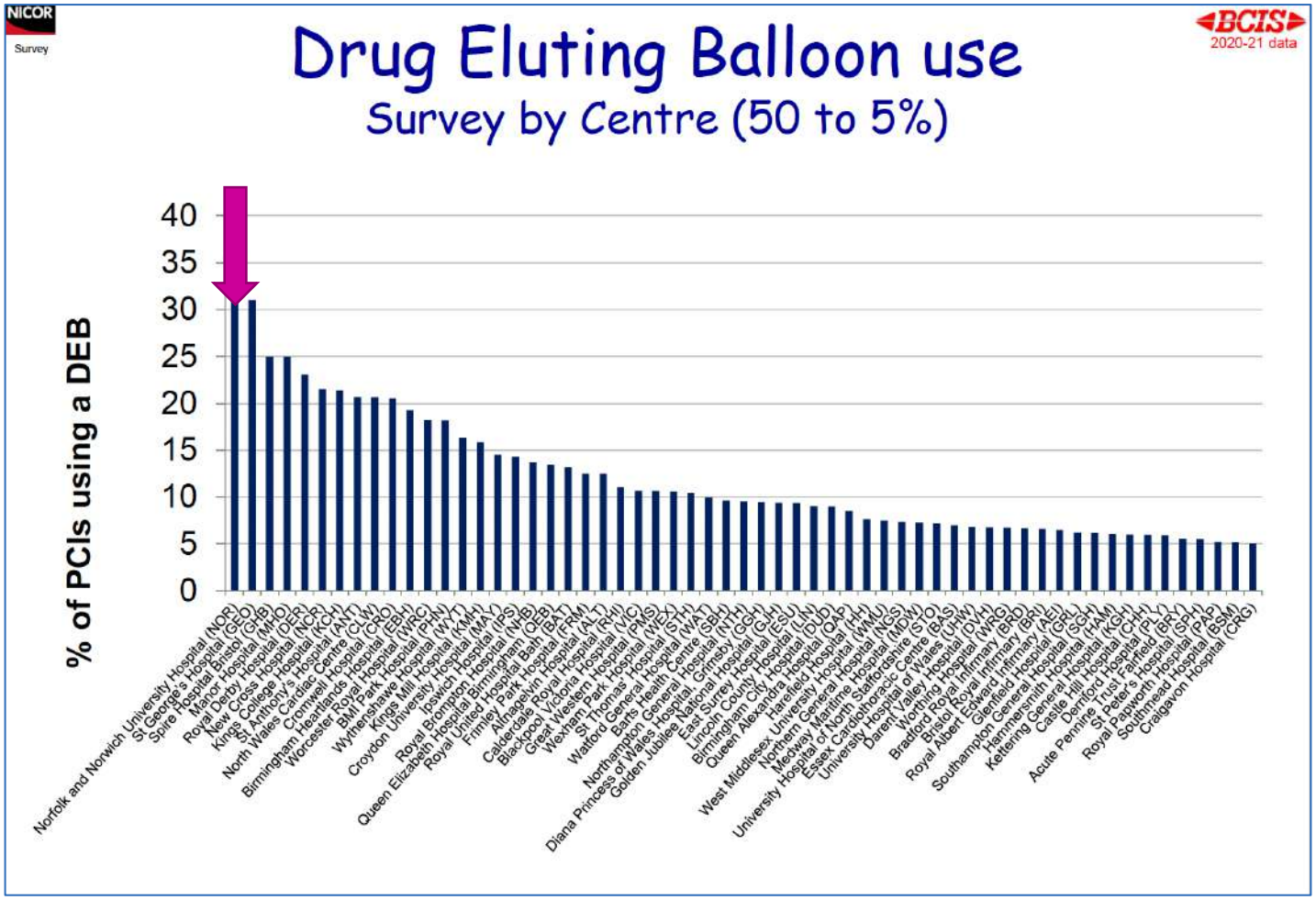
Stent

DCB





Use of DCB in UK: National Audit: ACI 2022



Assessment

- Internal review conducted by Deputy Medical Director and external Invited Service Review(IRS)conducted by the Royal College of Physicians (RCP)

- Agreement put in place for DCB angioplasty to be undertaken within specific criteria

Recommendations

- IRS report made 14 recommendations which mirror internal review recommendations largely covering:
  - Governance processes
  - Consent
  - Patient information

- Action plan developed (almost completed)

- Actions in progress include:
  - Enrolment into prospective registry / RCT
  - Strengthening of new procedures policy

Summary of Action Plan

Key actions completed include:

- Development of DCB Standard Operating Procedure
- Revised consent documentation / patient information with additional consent training for staff
- Improved Percutaneous Coronary Intervention (PCI) governance structure
  - Liaison with Liverpool Heart and Chest Hospital
  - Weekly PCI Morbidity and Mortality (M&M) meetings
  - Learning points have been shared using 'Cath Lab OWL' (Organisation Wide Learning poster)
- Framework developed to provide definitions of harm related to cardiac procedures to report to Serious Incident Group (SIG)

Ongoing Audit to monitor performance and governance

- SOP compliance (>99%)
- Consent compliance (>95%)
- DCB outcomes 2021/22
  - 309 patients (1484)
  - no deaths or re-intervention within 30 days

(supported by evidence)

Clinical Record Reviews

16 cases reviewed by IRS team who deemed

- 6 unsatisfactory
- 2 very poor care

All 16 cases re-review through established SIG process

Additional review for 36 patients with acute vessel closure within 24hrs of an interventional cardiology procedure (stent or DCB) within the last 8 yrs.

- No significant care or service deliveries problems identified.

Duty of Candour

- We have apologised to our patients where harm has been identified through these reviews. This has been completed in writing or when the patient has been seen as part of their ongoing care.

- Patient helpline will be available following publication of report to address any concerns raised.

- Updated and improved information made available on NNUH website cardiology section

Summary

Recommendations fully accepted and will be implemented

PCI consent and governance overhauled

Duty of Candour undertaken

Learning shared divisionally, Clinical Safety and Effectiveness Sub Board (CSEB)

Reported to the Care Quality Commission (CQC) and Quality & Safety Committee

PCI service is safe and carefully audited

Questions?

The Heart is a muscle that pumps blood around the body. The vessels supplying blood to the heart are known as coronary arteries. If these become narrowed or blocked problems such as angina (chest discomfort) or heart attacks can occur.

Coronary Angiography is a test to check whether or not the heart arteries are healthy. Pictures of the heart arteries are taken using x-rays and special dye. Your doctor may have recommended this test because you have angina, or a suspected heart attack, or because you need heart surgery (e.g. valve replacement).

The angiogram pictures are used to plan your treatment, which may include continuing medication or in addition undergoing Coronary Intervention (see below) or Cardiac Surgery (Coronary Bypass Surgery or Heart Valve Surgery or both).

How is an angiogram performed? An angiogram is carried out in a specially designed x-ray facility known as a “Cath Lab”. It is usually done by a doctor assisted by nurses, a physiologist who monitors the heart rhythm and blood pressure and a radiographer who helps with the x-ray equipment.

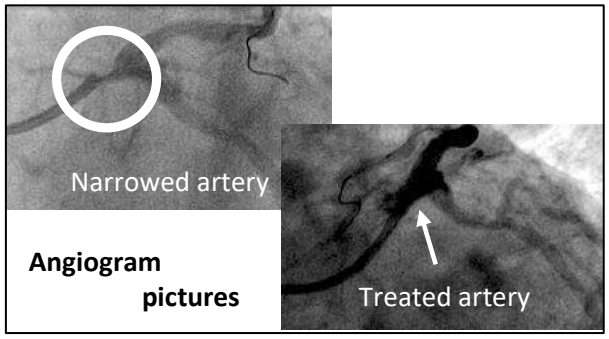
Patients are usually awake but sedated, and local anaesthetic is used to numb the skin. A small tube is then inserted into an artery in the wrist or groin, and a long thin tube (catheter) is pushed along the arteries to the heart, under x-ray guidance. X-ray dye is injected into the heart arteries whilst an x-ray movie is recorded.


The Cath Lab

At the end of the test all the equipment is removed. It is very important to stop bleeding from the puncture site: we use a plastic bracelet with a pressure bubble at the wrist which is left in place for 1-2 hours. In the groin a ”plug” is inserted or the artery is compressed by hand for 10-15 minutes, followed by 4 hrs bed rest.

How are arteries treated? Narrowed or blocked arteries can be treated to improve the blood supply to the heart**.** This is called Percutaneous Coronary Intervention (PCI). It can often be undertaken at the same time as an angiogram, but this is not always possible.

The first step is to stretch the narrowed artery with balloons. Sometimes special balloons or drills may be required if the artery is very hardened. Once the artery has been successfully stretched a metallic stent is implanted. Most people do very well with this treatment, but a small proportion of stents can block or re-narrow in the future. We use Drug Eluting Stents (DES) which have a drug coating to reduce re-narrowing.



An alternative approach is to use Drug Coated Balloons (DCB), which avoids the permanent implantation of stents. After stretching the artery, a special balloon is used to deliver drug treatment, and then removed, leaving nothing behind. This is an established treatment where a stent has re-narrowed, or where the artery is small (< 3mm diameter). DCB treatment in larger arteries is currently outside international guidelines and is not standard practice in the UK. Specialists at NNUH and many other centres around the world are experienced in treating larger arteries with DCB, and studies demonstrate comparable outcomes compared to stents. If your specialist believes that treatment with a DCB outside guidelines may be a good alternative to stenting, this will be discussed with you in detail, and you will be asked to provide specific consent for this. You are of course free to decline consent for this.

What are the risks? Unfortunately, all medical procedures carry risks. The risk of a serious problem is small and should be balanced against the risk of doing nothing.

Steps are always taken to minimise risks where possible.

The figures quoted below are averages based on national audit data (2019-20).

You should be aware that:

- Risk varies between patients depending on their age, and other health conditions.
- **Your** risk may be different to the average.
- X-rays can lead to a very small increased lifetime risk of cancer.
- X-ray dye can cause a severe allergic reaction in about 1 in 2500 patients.
- X-ray dye can cause kidney damage, more commonly in patients with diabetes and those with impaired kidney function.
- Damage can occur to the artery used to reach the heart leading to a large bruise, blood loss or more serious complications requiring surgical repair. This is rare using the wrist artery (1 in 500) but is more common using the groin artery (1 in 67).
- Coronary angiography carries an average risk of stroke (1 in 5000), heart attack (1 in 5000) and death (1 in 2000).
- Elective PCI carries a risk of stroke (1 in 2500), heart attack (1 in 1700) and death (1 in 500).
- Urgent PCI for a patient with a heart attack carries a risk of stroke (1 in 1700), heart attack (1 in 1000) and death (1 in 140).

Research studies are important for developing new treatments, and you may be asked to consider participating in a trial. If this is the case you will be given detailed information about the risks and benefits and asked to give written informed consent. Studies led by cardiology researchers at NNUH in recent years have been funded by the Norfolk Heart Trust, the National Institute of Health Research and an unrestricted educational grant from B Braun (a manufacturer of DCBs).

Outcomes Data is collected for all PCI procedures and submitted to the National Institute of Cardiovascular Outcomes Research (NICOR) to monitor hospital and individual operator outcome statistics, (see https://www.bcis.org.uk/public-information/public-reports/). The PCI outcome data for patients treated at NNUH is very good. The Cardiology Department also conducts an internal audit of all procedures and holds regular meetings to review procedural outcomes and complications.

More information is available for at the British Heart Foundation website: www.bhf.org.uk/informationsupport

These videos may be of interest: www.youtube.com/watch?v=e3fgzcXu7LE and www.youtube.com/watch?v=6wGnLrLImto

Norfolk and Norwich University Hospitals NHS Foundation Trust

@CardioTeam NNUH

Leaflet written by Dr Alisdair Ryding and Dr Tim Gilbert v3.0 2021. Review date Dec 2024 ID 18201

Coronary Angiography and Percutaneous Coronary Intervention (PCI)

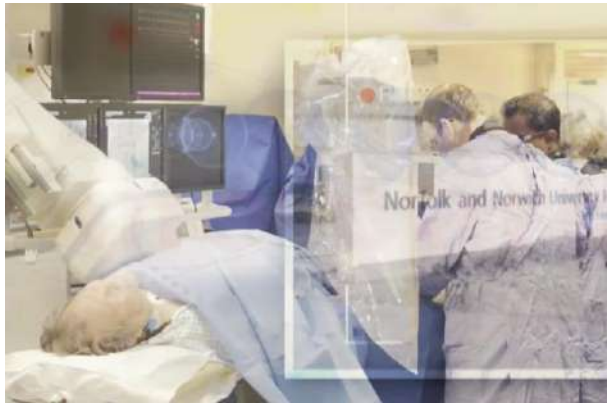
A guide for patients at the Norfolk and Norwich University Hospitals NHS Foundation Trust

Why do I need this procedure?

How is it done?

Where is it done?

What are the risks and benefits?



IN TRAN communication for all

Overview of Interventional Cardiology services at the Norfolk and Norwich, the Invited Service Review of the Cardiology service and the NNUH's re-review of clinical cases – July 2022

The Cardiology department at the Norfolk and Norwich University Hospital is a high-volume Percutaneous Coronary Interventions (PCI) centre undertaking over 1500 procedures per year. The outcomes for patients undergoing interventional cardiology procedures are very good, with low risk-adjusted 30-day mortality rates. These rates are significantly better than the National average (data from National Institute for Cardiovascular Outcomes Research).

Following concerns raised by a member of staff about the use of Drug Coated Balloons outside of accepted guidance, an in depth internal review was carried out which resulted in several recommendations, one of which was to seek an external review. The Trust requested the independent review from the Royal College of Physicians' (RCP) Invited Service Review (ISR) team. Due to the pandemic the ISR team conducted a virtual review which involved interviewing a number of multidisciplinary colleagues but did not provide individual Consultants an opportunity to present and discuss their decision making for their patients involved in the review.

The external review and the internal review acknowledge that there is a clear clinical rationale for using Drug Coated Balloons (DCB) rather than stents in individual cases and in particular situations. These are carefully defined in the recommendations we have agreed to action. There are concerns within the service about the potential long and short term issues associated with the use of stents. However, for assurance we continually monitor and report on long and short term outcomes for all out patients.

The ISR makes 14 recommendations, largely connected with governance processes, consent and patient information. We accept these recommendations in full. Most of the ISR's findings resonate with those that arose from the internal review. In response, we developed an action plan for the recommendations. Most have been implemented. The remainder are on track for delivery.

16 clinical cases were reviewed by the ISR team as part of the review and we have ensured all 16 have been thoroughly re-reviewed through our well established Serious Incident Group (SIG), which has formal Terms of Reference. This Group reviews internally reported incidents from across the Trust. These reviews included participation from Consultant colleagues across a number of specialities, the Deputy Medical Director, the Associate Medical Director for Quality & Safety, and the Associate Director for Quality & Safety, the Associate Director of Patient Experience & Engagement and the Serious Incidents and Family Liaison Officer.

Additionally, we have ensured a comprehensive review through the same process of a further 20 out of 36 patients who suffered from an acute vessel closure within 24 hours of an interventional cardiology procedure in the last 8 years. The Cardiology department reviewed the remaining 16 cases to ensure there were no other significant care or service delivery problems.

The internal reviews found that the many of these cases were complex, and there was evidence of discussion with, and or involvement of colleagues in the decision-making process in most cases (although these discussions were not always documented in the notes). In addition, in several of the cases there was evidence of discussion with colleagues at Papworth, the regional cardiothoracic centre. We found that the outcomes for patients in 13 of the 16 reviewed by the ISR team were very good or excellent. Of those, 3 of 16 case where the outcomes were concluded to be poor or very poor, duty of candour communications have been completed and the patient and or the family have been contacted. Of the 2 cases that the ISR team graded as having very poor care both had good long-term outcomes.

In terms of the patients concerned, the ISR review team graded 6 of the 16 cases as unsatisfactory and thought 2 of these had very poor care. They concluded that had it not been for the use of DCBs being outside of the accepted guidance at the time, they would have rated the care of 12 of the 16 as good.

Critically, the internal SIG review investigated the actual health outcomes for these 6 patients and concluded that they were excellent or good outcomes for four of the patients and poor for two. These two patients had already been through the SIG process prior to this additional review, the Consultants for these patients and the multidisciplinary team concluded that moderate harm was appropriate for each of these cases, with duty of candour applied in accordance with our SIG process and separate to this review.

Consultants from the cardiology team have fully acknowledged the findings of the internal and external review and formally applied duty of candour with the three patients where their care has been graded as poor. The team will communicate with appropriate patients about the review when providing ongoing care. The cardiology team have organised a helpline to allow patients or persons calling on their behalf to leave a message. A trained health professional will review the message and contact the caller within 72 hours to provide a personalised response to their enquiry and allay any concerns they may have from the report and its findings. The PCI leaflet and supporting information will be made available on the Trust Website for patients, their families and members of the public to access to respond to general queries.

We welcome the in depth review of our service and thank the ISR team for their very clear recommendations which will help us deliver improved quality of care for our patients.

Invited Service Review for Drug Coated Balloons Action Plan

Action Reference	Description of Action	Timescale to be completed	Action Lead	Status of Action	Date Comment Added	Comment on Action	Date Action Closed
3.1.1	**Trust Board**						
3.1.1 A	The healthcare organisation should consider sharing this report with the regulator Care Quality Commission.	0 – 6 months (from issue of the report January 22) To be completed by: End of July 22	Bernard Brett, Deputy Medical Director	**Complete**	27/07/2022	The Cardiology team gave a presentation which summarised the review and progress against the action plan to the CQC at the April 2022 engagement meeting. The redacted report has been sent to the CQC following presentation to the Quality & Safety Committee.	July 2022
3.1.1.B	This report should be considered by the Trust Board or relevant subcommittee and oversight of an action plan should be provided to a Non-Executive Board member to ensure these recommendations are successfully implemented.	0 – 3 months (from issue of the report January 22) To be completed by: End of April 22	Bernard Brett, Deputy Medical Director	**Complete**	26/07/2022	A summary of the report and progress against the action plan was reported to: • Clinical and Safety Effectiveness Sub Board (CSESB) (April 2022) • Quality and Safety Committee (July 2022)	July 2022
3.1.1.C	If the Trust wish to continue the use of DCBs they should only be considered under the following circumstances: • In-stent restenosis,	0 - 3 Months (from issue of the initial feedback letter March 2021)	Alisdair Ryding, Service Director - Cardiology	**Complete**	17/06/2022	The guidance for use of DCBs as per the recommendation was implemented immediately upon receipt of the initial feedback letter whilst the	June 2022

Action Reference	Description of Action	Timescale to be completed	Action Lead	Status of Action	Date Comment Added	Comment on Action	Date Action Closed
	• Vessels <3.0mm diameter, • Vessels >3.0mm diameter if at least one of the following apply: 1. Patient is enrolled in a formal prospective research registry of DCB use with appropriate ethics and R&D approval. 2. Patient is enrolled in a formal randomised controlled trial (RCT) of DCB versus second or third generation drug-eluting stent. 3. Patient has signed a bespoke consent that clearly highlights the DCB use would be outside UK conventional and guideline-directed practice and has indicated specifically that this is their choice.	To be completed by: End of April 21				Standard Operating Procedure (SOP) (ID: 19533) was reviewed, updated and completed a formal governance process. This was approved at CSESB in January 2022 and published in June 2022. The PCI Consent form (ID: 12873) was updated to address point 3 in April 2021. An audit of compliance with restricted use was undertaken (June 21 – January 22). 24 Primary Percutaneous Coronary Intervention (PPCI) cases were treated with DCB: 5 potentially outside of guidelines (approximately 2% of cases.)	
3.1.1.D	The above arrangements should be in place for no longer than a period of 6	6 – 12 months (from issue	Alisdair Ryding, Service Director - Cardiology	**In Progress**	14/07/2022	A prospective registry has now been set up with ethical and institutional	

Action Reference	Description of Action	Timescale to be completed	Action Lead	Status of Action	Date Comment Added	Comment on Action	Date Action Closed
	months from the issue of this report, after which time it is expected that all patients deemed suitable for outside current ESC guidelines DCB use should either be enrolled in a formal prospective research registry or RCT. The Trust should monitor adherence to these criteria, in particular around issues of patient consent. Consideration should be given to asking the British Cardiovascular Intervention Society (BCIS) for advice for independent peer review of these recommendations. Please see recommendation K in relation to point 3.	of the report January 22) To be completed by: End of January 23				approval (recruitment will start next month). We are about to start participation in a multicentre randomised controlled trial of DCB vs Stents.	
3.1.2	**Clinical Record Review**						
3.1.2.E	The cardiology department should review the findings from the clinical record review (CRR) and ensure that any key learning points are fed back to the cardiology department at	0 – 6 months To be completed by: End of Sept 21	Alisdair Ryding, Service Director - Cardiology	**Complete**	13/09/2021	Completing this recommendation led to a change in how return to the labs are coded. Data validation has been completed on all of the	September 2021

Action Reference	Description of Action	Timescale to be completed	Action Lead	Status of Action	Date Comment Added	Comment on Action	Date Action Closed
	the governance meeting to embed learning within the workforce. This should include a review of entries made to the NICOR database.					cases included in the review.	
3.1.3	**Initiation and development of the Drug Coated Balloon (DCB) programme**						
3.1.3.F	The Trust should reflect on the findings in relation to the set up and initiation of the outside current ESC guidelines DCB use. Consideration should be given to whether there is any learning to be taken from the use of new technologies and programmes of innovation across the Trust (ToR 2). As part of this reflection, it is recommended the Research and Development (R&D) department review its criteria for what is considered a research project as opposed to a clinical evaluation to ensure appropriate arrangements are in place	0 – 6 months (from issue of the report January 22) To be completed by: End of October 22 (extended due to additional NNUH internal action of linking policy to risk management system)	Bernard Brett, Deputy Medical Director	**In Progress**	27/07/2022	The New Therapies and Procedures Policy (ID: 992) has been reviewed, updated and approved at CSESB in July 22. Once published on TrustDocs this will be disseminated to all Consultant staff by the Medical Director. A series of meetings have taken place with key personal (Risk, Medical Devices Committee Chair, Research and Drugs and Therapeutics Medicines Management Committee Chair to strengthen governance further and utilise the risk management system to support decision	

Action Reference	Description of Action	Timescale to be completed	Action Lead	Status of Action	Date Comment Added	Comment on Action	Date Action Closed
	at the start of a programme (ToR 3).					made about new therapies or procedures. System testing planned for August and next meeting with key leads planned for beginning of September 22.	
3.1.3.G	The initiation and ongoing development of the DCB programme should be specifically reviewed and consideration given to the following: • The cardiology team should approach either another department in the Trust or an external cardiology team with mature research and clinical governance structures in place to learn from how they best support new technologies or off-label therapeutic use programmes. This would provide the opportunity for the cardiology leadership team to learn from and implement robust	0 – 6 months (from issue of the report January 22) To be completed by: End of July 22	Alisdair Ryding, Service Director - Cardiology	Complete	16/03/2022	Liaison with Liverpool Heart and Chest Hospital has taken place and will continue to establish better governance. Outcomes to be sent through for first point and audit completed of consent process. Have met with Associate Director of Quality & Safety to define set criteria for levels of harm for reporting incidents. Morbidity & Mortality meetings continue. Outline business case developed to request additional admin resource to support this process.	March 2022

Action Reference	Description of Action	Timescale to be completed	Action Lead	Status of Action	Date Comment Added	Comment on Action	Date Action Closed
	governance processes for the benefit of transparency, patient safety and accountability (ToR 2 and ToR 5). • This should include a rolling audit program to monitor outcomes, issues of consent and appropriate reporting into executive level committees. There needs to be regular appraisal of the DCB programme, and the executive team should actively monitor this on a risk register (ToR 5).						
3.1.4	**Funding and Conflict of Interest**						
3.1.4.H	In the interests of openness and transparency, potential conflicts of interest should be clarified by the Trust and members of the cardiology team, particularly in relation to research funding support and consultancy fees for	0 – 6 months (from issue of the report January 22) To be completed by: End of September 22	Alisdair Ryding, Service Director - Cardiology	**In Progress**	14/03/2022	Professor Vassilios has agreed to undertake a cost effectiveness analysis between DCBs and Stents. Involvement of the Health Economy Team from UEA to complete this study.	

Action Reference	Description of Action	Timescale to be completed	Action Lead	Status of Action	Date Comment Added	Comment on Action	Date Action Closed
	staff, paid for by the DCB manufacturer. This relationship between the funder and Trust should also be made clear to patients as outlined in recommendation K (ToR 2). If a potential conflict of interest is identified the following should be considered: • Independence in the clinical decision making for using DCBs e.g. an independent chair in the MDT such as a non-interventional cardiologist. • Independent and external review of programme outcomes. • The Trust should consider a health economics cost evaluation study to compare the costs between DCBs and stents to provide an accurate evidence base to support the	Extension due to allowing the individual the 6 month timeframe from when they agreed to undertake the action.					

Action Reference	Description of Action	Timescale to be completed	Action Lead	Status of Action	Date Comment Added	Comment on Action	Date Action Closed
	increased use of DCBs within the NHS setting (ToR 2).						
3.1.5	**Monitoring outcomes**						
3.1.5.I	The cardiology team should take steps to improve their data collection and analysis processes in relation to the DCB programme. This should include: • Clarity over the submission of data to NICOR and other relevant databases for capturing data such as complications and re-intervention (ToR 2). • The relevant approvals should be sought and application to a randomised controlled trial or prospective registry if the Trust wish to consider supporting the DCB programme and within the parameters outlined in recommendation C. The DCB safety data	6 – 12 months (from issue of the report January 22) To be completed by: End of January 23	Alisdair Ryding, Service Director - Cardiology	**Complete**	09/02/2022		February 2022

Action Reference	Description of Action	Timescale to be completed	Action Lead	Status of Action	Date Comment Added	Comment on Action	Date Action Closed
	should also take into account primary and secondary endpoints other than mortality (ToR 3). • The cardiology department should work closely with the R&D department to ensure that data capture protocols are agreed and shared between the two teams. • The Trust should ensure there is externality and impartiality with respect to the management of the DCB programme data outputs. The Trust may consider ensuring that all research and evaluation outputs are peer-reviewed by an appropriate committee within the Trust, or externally (ToR 3 and ToR 4).						

Action Reference	Description of Action	Timescale to be completed	Action Lead	Status of Action	Date Comment Added	Comment on Action	Date Action Closed
3.1.6	**Protocols and Pathways**						
3.1.6J	As a priority the cardiology team should be required to update the DCB SOP. This is to ensure there is utmost clarity on how, when and where any variations in practice for use of DCBs are clearly documented. As part of this revision to the SOP the following needs to be included: • A requirement for all off-label use of DCB to be discussed at an appropriate MDT and this should be recorded within MDT meeting notes and the patient's case notes. • The JACC DCB consensus document should be used to inform the SOP with respect to the imaging guidance. • The DCB in coronary angioplasty SOP should be reviewed by the appropriate	0 – 6 months (from issue of the report January 22) To be completed by: End of September 22	Alisdair Ryding, Service Director - Cardiology	**Complete**	17/06/2022	Linked to 3.1.1.C	June 2022

Action Reference	Description of Action	Timescale to be completed	Action Lead	Status of Action	Date Comment Added	Comment on Action	Date Action Closed
	governance committee. • A clear policy on informed patient consent (see recommendation K). • Ensure that any overriding decisions made to not follow the SOP are accounted for (ToR 3).						
3.1.6.K	There is an urgent requirement by the Trust and the cardiology team to ensure that patients being treated with DCBs off-label are appropriately consented and informed with the use of an approved patient consent form and patient information leaflet. As part of this the Trust should ensure • That staff have appropriate training and an induction training on how to consent patients objectively, and that	0 - 3 Months (from issue of the initial feedback letter March 21) To be completed by: End of June 21	Alisdair Ryding, Service Director - Cardiology	**Complete**	16/03/2022	Consent training has taken place at Clinical Governance. An observational audit of consent is planned for all cath lab procedures. SOP and consent form have also been sent to the BCIS for comment (18/01/2022). Audit of consent undertaken every 3 months (91 - 100% compliance) next audit due in February 2022. Medical defence training on consent is planned.	March 2022

Action Reference	Description of Action	Timescale to be completed	Action Lead	Status of Action	Date Comment Added	Comment on Action	Date Action Closed
	patients are aware that the Trust is an outlier compared to the rest of the UK and there is a current limited evidence base for this (ToR 3). • The consent form and patient information leaflet be shared with BCIS and the NICE audit and policy committee for their review (ToR 3).					An observational audit has been undertaken on the consent process.	
3.1.7	**Teamwork and Leadership**						
3.1.7.L	The Trust should reflect on the findings regarding oversight of the DCB programme (in line with recommendation G) consider reviewing its lines of accountability, reporting structures and escalation process for concerns (ToR 4).	6 – 12 months (from issue of the report January 22) To be completed by: End of January 23	Erika Denton, Medical Director & Rees Millbourne, Senior Business Manager (Medical Director's Office)	**In Progress**	27/07/2022	A series of communications from the Medical Director directly to medical and dental staff and to all staff through Trust communications about raising concerns have taken place. Learning from this review and the DCB programme shared and discussed at CSESB. Action will not be closed until New therapies and procedures policy and risk	

Action Reference	Description of Action	Timescale to be completed	Action Lead	Status of Action	Date Comment Added	Comment on Action	Date Action Closed
						management system are linked and communicated to all staff.	
3.1.7.M	The cardiology department should put support measures in place to ensure that staff who raise concerns about the programme are appropriately supported. The line management supervision time should allow for staff to openly discuss concerns (ToR 4).	6 – 12 months (from issue of the report January 22) To be completed by: End of January 23	Crawford Jamieson, Chief of Division - Medicine	**Complete**	18/07/2022	There have been changes to the Clinical Leadership team, who have supported and allocated time for attendance at various meetings such as the Clinical Governance, Cath Lab team meetings, and patient care planning MDT meetings. These meetings are well attended and staff are engaging in open discussions	July 2022
3.1.8	**Governance**						
3.1.8.N	There is a general need to improve the existing clinical governance processes which need to be made more robust. For example, this should include: • Ensuring the morbidity and mortality meetings take place monthly and involve members of the wider medical team, to include	6 – 12 months (from issue of the report January 22) To be completed by: End of January 23	Alisdair Ryding, Service Director - Cardiology	**Complete**	16/03/2022	PCI M+M takes place weekly (protected time). Multidisciplinary team attend. Cases are identified by automatic triggers from the electronic database including 30 day mortality, complications, staff concerns.	March 2022

Action Reference	Description of Action	Timescale to be completed	Action Lead	Status of Action	Date Comment Added	Comment on Action	Date Action Closed
	appropriate cardiac surgical expertise. These meetings should be job planned in the clinicians' schedules and attendance monitored and reviewed as part of the appraisal process (ToR 1, 4, 5). • Criteria for morbidity and mortality cases to be reviewed in these meetings, to include complications, readmissions and/or requirement for re-intervention, as well as patient deaths. This would provide opportunities for learning to be shared and embedded across the cardiology team (ToR 5). • Processes in place for reviewing trends, sharing learning and measuring the success					Learning points are disseminated amongst the cath lab team. Meeting has taken place about reporting incidents and adverse outcomes to SIG and evidence of these discussed at SIG.	

Action Reference	Description of Action	Timescale to be completed	Action Lead	Status of Action	Date Comment Added	Comment on Action	Date Action Closed
	of actions arising (ToR 5). • A clear Trust policy on the process for incidents and adverse outcomes to be reviewed at a serious untoward incident (SUI) level or root cause analysis (RCA) is also required (ToR 5).						

Supporting information regarding interventional cardiology procedures

Why do we use Drug Coated Balloons for some cardiology procedures?

Angioplasty and Stenting are part of a procedure called percutaneous coronary intervention or PCI, which is performed to improve the blood flow from the arteries of the heart to the heart muscle.

Drug Coated Balloon (DCB) treatments have been in clinical use for almost 15 years. DCBs are licensed for use to deliver a drug to prevent re-narrowing of the arteries instead of leaving a stent in the artery.

At NNUH, we have been using DCB since 2009 to treat re-narrowing within existing stents, smaller arteries and bifurcation lesions (areas of narrowing where blood vessels branch), which are proven to respond well to this treatment. In common with other centres around the world, use has gradually expanded to include a wider range of indications including larger arteries and stable and unstable coronary disease (heart attacks).

What does the procedure involve?

Balloon angioplasty is used in the majority of PCI procedures to stretch the narrowed artery and enlarge the channel for blood flow. Routinely a drug eluting stent is implanted, but if a good result is achieved with balloon dilatation, a drug coated balloon can be used instead to deliver a special drug that prevents re-narrowing of the artery and assists in the healing process. Once in position the balloon is inflated over a period of about 30 seconds to deliver the drug to a specific area. The balloon is then deflated and removed leaving only the drug coating behind.

Why did we ask the Royal College of Physicians to carry out a review of our use of DCBs?

This procedure is used nationally and internationally for a range of issues to treat blood vessels of the heart and is used for a broader range of presentations in other European and international centres and it is licensed for all these conditions. However, there is ongoing debate and research in the cardiology community about using DCB for a broader range of interventions.

Following concerns raised internally, we carried out our own internal review, led by our Deputy Medical Director, which identified a need to improve our consent process and information given to patients. We then invited the Royal College of Physicians to carry out an independent review of our service to see if there were any further recommendations and actions.

Why do we use DCB more than some centres?

The evidence we have suggests that the treatment is as safe and effective as drug eluting stents and our cardiologists see it as a good treatment option in many specific patient groups. DCBs are widely used across the UK. The main rationale for using DCB is that it does not leave permanent metal in the coronary artery and has the potential to allow better coronary artery remodelling compared to standard techniques such as drug eluting stents. Drug coated balloons can help reduce the bleeding risk when treating coronary arteries because shorter courses of blood thinning medication can be used compared to stents.

Our experience is that the practice is safe, acute complications are very rare and patients do well. DCB treatment can simplify procedures for patients where stenting would otherwise be complex. In addition, it can improve outcomes in patients at high bleeding risk (eg patients requiring anticoagulation, or frail patients).
There is clear evidence of the feasibility and safety of using DCB in a busy PCI practice at NNUH and results have been extensively peer reviewed by international experts at different meetings.
Randomised comparisons with drug eluting stents show comparable outcomes in small coronary arteries. NNUH is currently participating in an international multicentre randomised controlled trial comparing DCB and drug eluting stents in larger arteries.
There are a number of high-profile centres across Europe also using DCB more widely. Over the last few years outcomes of patients treated with DCB have been presented at numerous meetings including the Euro PCR and Transcatheter Therapeutics (TCT), which are the best known coronary interventional meetings in the world as well as a specific annual DCB meeting in Birmingham which has been attended by an international audience.
Data published by the British Cardiovascular Intervention Society shows our Trust performs better than the national average on survival 30 days after PCI.
Overall, the outcomes for the department are very good with low 30-day mortality rates for interventional Cardiology procedures to coronary vessels that are significantly better than the national average according to National Audit of Percutaneous Coronary Interventions data (NICOR).
The NNUH is a high-volume centre with over 1,500 PCI procedures per year.
Our Friends and Family Test scores from patients for the angio-suite remain extremely high with 97.3% of patients rating the service as ‘very good’ and 2.7% as ‘good’.

What have we done since the Royal College review started?
We are making good progress against many of the recommendations made by the Royal College of Physicians and we are confident that this service has been and remains safe for patients.
The main concern raised was in relation to the cardiology department’s use of Drug Coated Balloons outside of current European Society of Cardiology guidelines. There was concern regarding whether or not appropriate consent had been taken before patients received treatment with these devices and whether or not these treatments should have been part of a formal research programme with appropriate ethical approval and patient consent.
We have already taken actions to improve patient information and policies in relation to angioplasty procedures. This includes a revised standard operating procedure for DCB and other procedures to the cardiac blood vessels, refreshed patient information materials and training for staff around the consent process
DCBs continue to be carried out at NNUH and under the recommendations set out by the Royal College of Physicians in the following circumstances

- In-stent restenosis,
- Vessels <3.0mm diameter,
- Vessels >3.0mm diameter if at least one of the following apply:

1. Patient is enrolled in a formal prospective research registry of DCB use with appropriate ethics and R&D approval

2. Patient is enrolled in a formal randomised controlled trial (RCT) of DCB versus second or third generation drug-eluting stent
3. Patient has signed a bespoke consent that clearly highlights the DCB use would be outside UK conventional and guideline-directed practice and has indicated specifically that this is their choice.
The cardiology department has implemented a rigorous process for reviewing PCI outcomes and complications, to ensure learning from these cases. Outcomes after DCB treatment and compliance with the RCP recommendations are under continual monitoring.

What actions have we taken after the review?
All sixteen clinical cases that were reviewed by the independent service review (ISR) team virtually were re-reviewed by the Trust through its well-established Serious Incident Group that reviews internally reported incidents.
These reviews included participation from Consultant colleagues across a number of specialities, the Deputy Medical Director, the Associate Medical Director for Quality & Safety, and the Associate Director for Quality & Safety, the Associate Director of Patient Experience & Engagement and the Serious Incidents and Family Liaison Officer.
Additionally, we have ensured a comprehensive review through the same process of a further 20 out of 36 patients who suffered from an acute vessel closure within 24 hours of an interventional cardiology procedure in the last 8 years. The Cardiology department reviewed the remaining 16 cases to ensure there were no other significant care or service delivery problems.
The internal reviews found that the many of these cases were complex, and there was evidence of discussion with, and or involvement of colleagues in the decision-making process in most cases (although these discussions were not always documented in the notes). In addition, in several of the cases there was evidence of discussion with colleagues at Papworth, the regional cardiothoracic centre. We found that the outcomes for patients in 13 of the 16 reviewed by the ISR team were very good or excellent. Of those, 3 of 16 case where the outcomes were concluded to be poor or very poor, duty of candour communications have been completed and the patient and or the family have been contacted. Of the 2 cases that the ISR team graded as having very poor care both had good long-term outcomes.
In terms of the patients concerned, the ISR review team graded 6 of the 16 cases as unsatisfactory and thought 2 of these had very poor care. They concluded that had it not been for the use of DCBs being outside of the accepted guidance at the time, they would have rated the care of 12 of the 16 as good.
Critically, the internal SIG review investigated the actual health outcomes for these 6 patients and concluded that they were excellent or good outcomes for four of the patients and poor for two. These two patients had already been through the SIG process prior to this additional review, the Consultants for these patients and the multidisciplinary team concluded that moderate harm was appropriate for each of these cases, with duty of candour applied in accordance with our SIG process and separate to this review.
Consultants from the cardiology team have fully acknowledged the findings of the internal and external review and formally applied duty of candour with the three patients where their care has been graded as poor. The team will communicate with appropriate patients about the review when providing ongoing care.

We welcome the in-depth review of our service and thank the ISR team for their very clear recommendations which will help us deliver improved quality of care for our patients.

Microsoft | Power BI

Quality & Safety

View in Power BI

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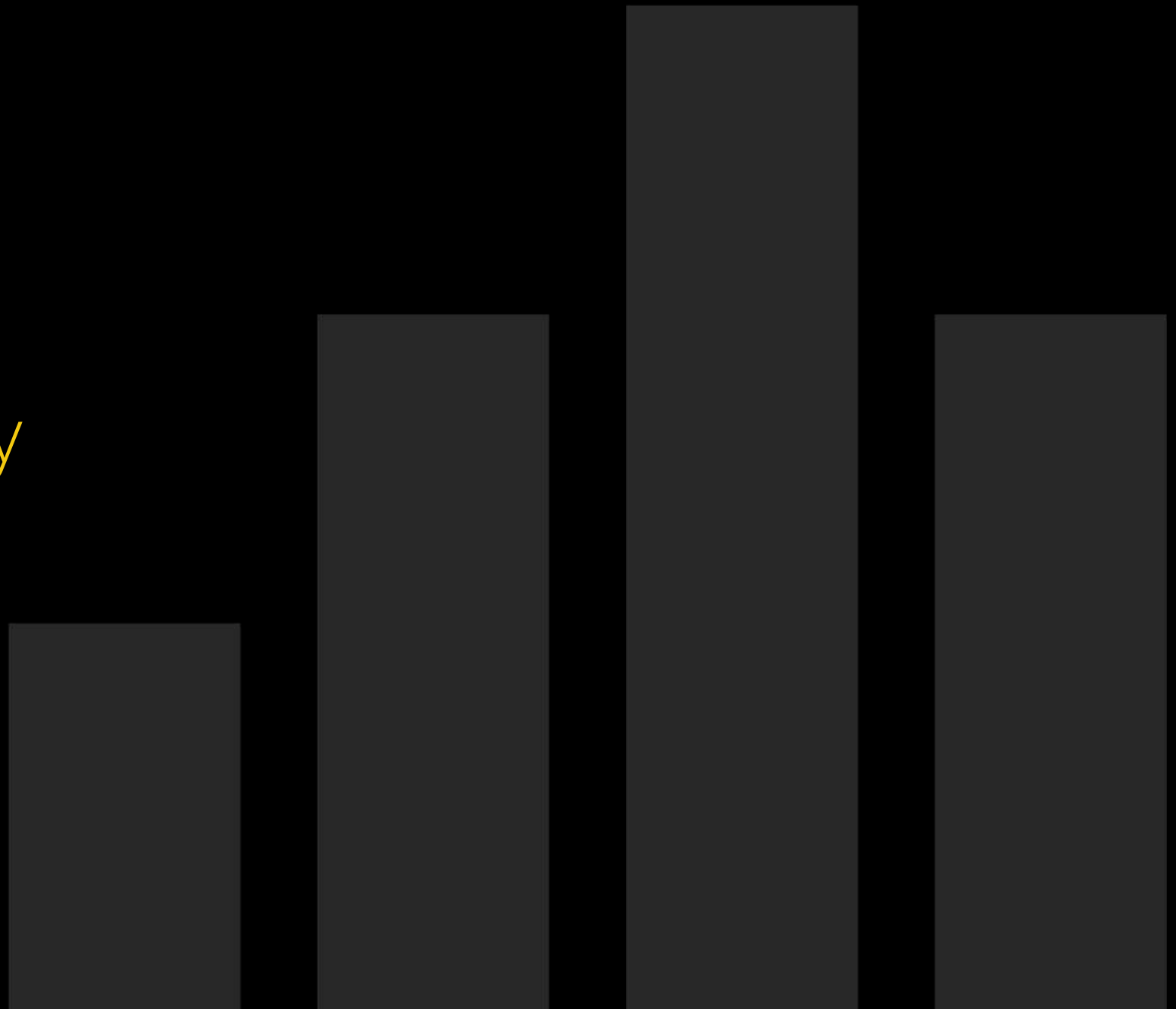
15/07/2022 07:30:45 UTC

Downloaded at:
15/07/2022 13:11:16 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
Children & Midwifery Safeguarding	Safeguarding Children	Jun 2022	0	Improvement (Low)	No Target
Children & Midwifery Safeguarding	Safeguarding Children and Midwifery	Jun 2022	1	Improvement (Low)	No Target
Children & Midwifery Safeguarding	Safeguarding Midwifery	Jun 2022	1	Improvement (Low)	No Target
Complaints	Post-investigation enquiries	Jun 2022	5	Improvement (Low)	Capable
Patient Concerns	PALS % Closed within 48 hours - Trust	Jun 2022	35.6%	Concern (Low)	No Target
Patient Safety	Incidents	Jun 2022	2,007	Improvement (Low)	No Target
Pressure Ulcers	Hospital Acquired Pressure Ulcers per 1,000 bed days	Jun 2022	1.0	Improvement (Low)	No Target
Safer Staffing	Safe Staffing Care Hours Per Patient Per Day	Jun 2022	6.8	Concern (Low)	No Target
Safer Staffing	Safe Staffing Fill Rates	Jun 2022	79.80%	Concern (Low)	Not capable
Saving Babies Lives	CTG Training and Human factors situational awareness compliance	Jun 2022	81%	Concern (Low)	Unreliable
Saving Babies Lives	Smoking Status at Delivery	Jun 2022	6.9%	Improvement (Low)	Unreliable

SPC Variation Icons

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

SPC Assurance Icons

Capable | Not capable | Unreliable

Patient Safety

NNUH Digital Health
business intelligence

Serious Incidents

Jun 2022

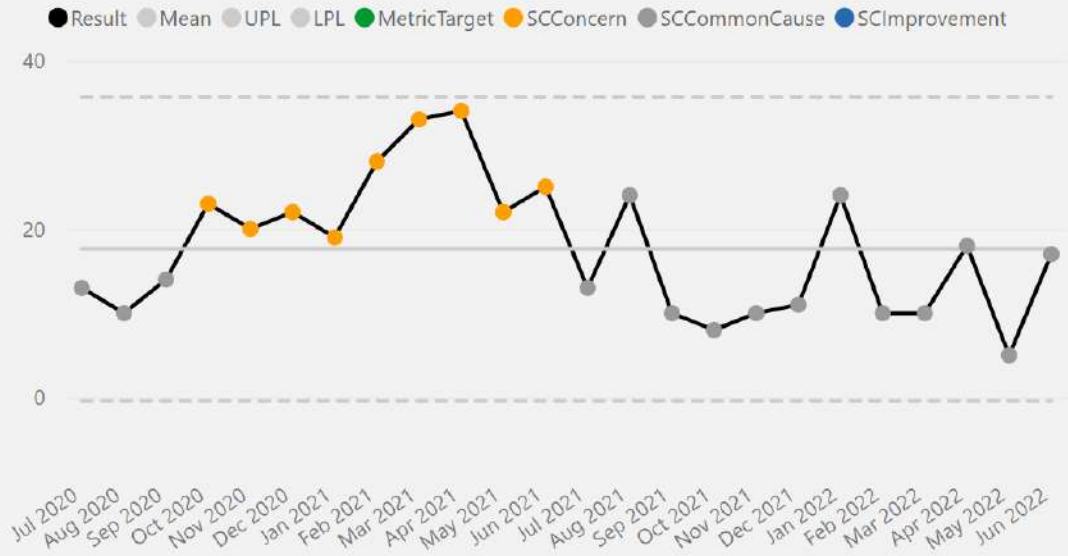
Variation	Assurance
	

17 Result	36 UPL
N/A Target	18 Mean
	0 LPL

Analytical Commentary

Variation is Common Cause

Serious Incidents



Assurance Commentary

17 Serious Incidents were reported in June; 5 falls, 3 related to surgical procedures, 2 Category 4 pressure ulcers (same patient), 2 sub optimal care, 2 maternity, 1 self harm, 1 treatment delay and 1 delay in diagnosis. Investigations ongoing to identify contributory factors and learning. The pattern of reporting is within the expected limits between 0 and 36 per month.
Main themes from incidents:
-Recognising and responding to risk (Falls, Pressure ulcers, deterioration)
-Information transfer ineffective within or between teams

There were 27 incidents that met the criteria for formal Duty of Candour. 26 met the 10 day standard (96%), 1 breached by 1 day.

Improvement Actions

The Daily incident group meeting promotes psychological safety and reinforces a just and learning culture; staff can report and discuss incidents in a supportive environment.
There is a Trustwide falls QI programme aimed at reducing the number of falls causing serious harm which make up 28% of SIs reported since July 2021. New risk assessment tools for falls and pressure ulcers implemented. Intra-hospital transfer e-learning package and digital risk assessment tool being developed.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Duty of Candour Compliance	Jun 2022	96%		Common Cause		Unreliable
Incidents	Jun 2022	2,007		Improvement (Low)		No Target

Pressure Ulcers

NNUH Digital Health
business intelligence

Hospital Acquired Pressure Ulcers per 1,000 bed days

Jun 2022

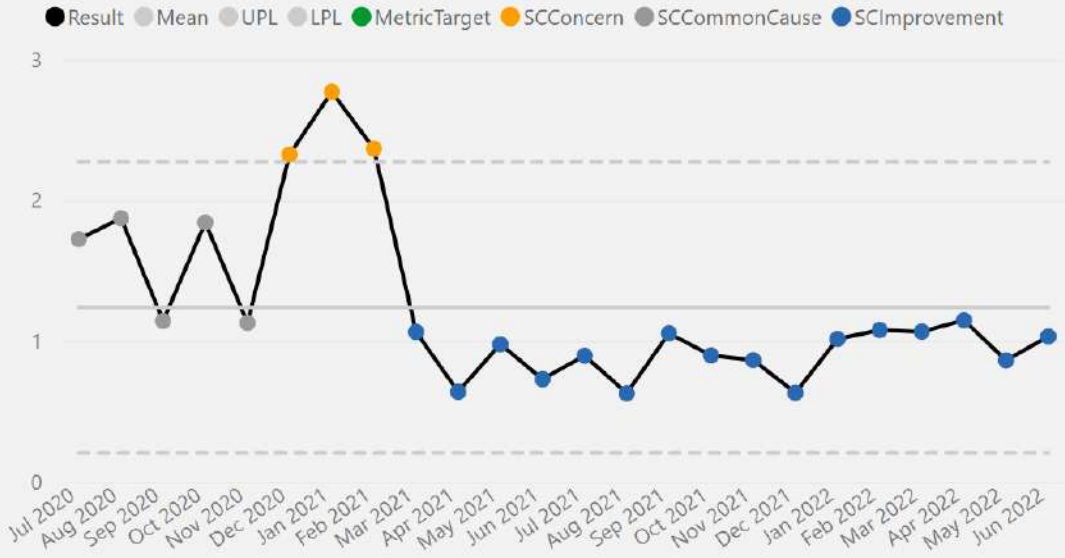
Variation | Assurance

1.0 Result	2.3 UPL
N/A Target	1.2 Mean
	0.2 LPL

Analytical Commentary

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

Hospital Acquired Pressure Ulcers per 1,000 bed days



Assurance Commentary

June has seen a rise in the number of category 3 pressure ulcers across the Trust and have included three unstageables from May that have debrided to a final classification (Category 3) and appear in June's figures; another two were end of life patients with corresponding skin changes; one was a moisture damage deterioration. There has also been an increase in device related damage across all ward areas affecting patients in a poor state due to Covid infection or at end of life. The rise in pressure ulcer incidents has been related to the rise in admission numbers, increased inpatient numbers in bays and non-bay areas, and patients who are in an increasingly frail state on admission, with decreased CHPPD impacting on timely delivery of care. Equipment and care plans are being appropriately utilised on the whole but implmentation has been impacted by these factors.

Improvement Actions

August sees the focused HCA training programme and induction to assist with staffing and care delivery. Tissue Viability involved in training and knowledge delivery to support quicker care implementation by these new staff. Pressure Ulcer performance and benchmarking have recently transferred to Model Hospital. A series of actions need to take place:

- Map NNUH data collection against Model Hospital (MH) methodology for reporting
- Complete any remedial action to align with methodology
- Quality assure MH reports
- Review IPR slides to include MH Peer and National Median

Patient Falls

NNUH Digital Health
business intelligence

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

Jun 2022

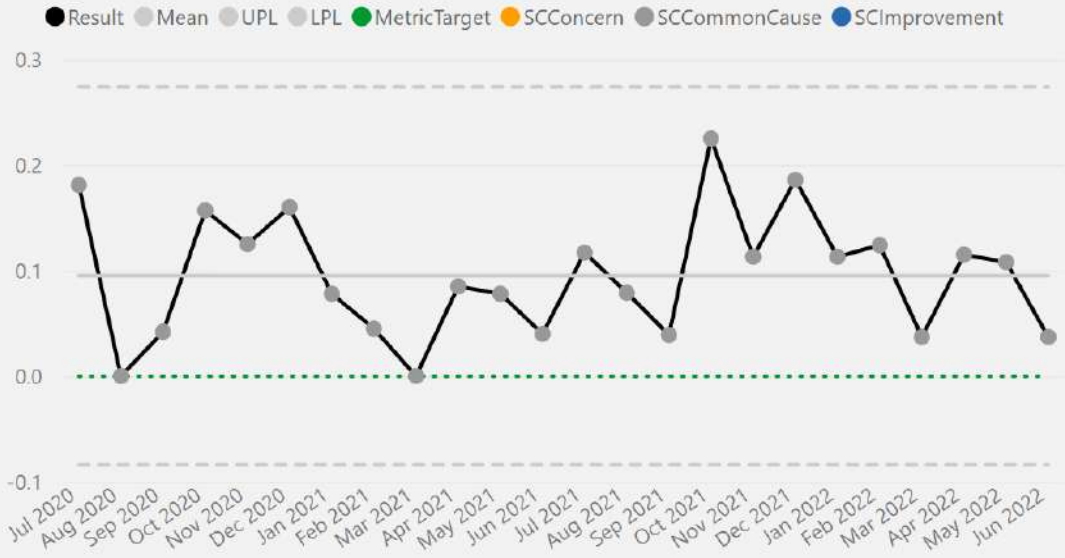
Variation | Assurance

0.0 Result	0.3 UPL
0.0 Target	0.1 Mean
	-0.1 LPL

Analytical Commentary

Variation is Common Cause

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



Assurance Commentary

The falls rate per thousand bed days is 0. 6 falls that caused moderate or above harm were reported in June, this continues to be above the median of 4. Five of these were reported as Serious Incidents (SI's)

Improvement Actions

A trial of the new Multi Factorial Assessment is ongoing across two medical and one surgical ward. Changes made based on feedback to be tested and signed off by steering group. Final version to be agreed by 01/08/22. QI work ongoing; Think Yellow project in the ED to be relaunched 4th July, with a Trustwide roll out in August.
Completion of Preventing Falls in Hospital training: Medicine 80%, Surgery 60%. Discussions ongoing for medical staff to be included. The falls content for HCA & International Nurse induction training has been updated.

Patient Experience

NNUH Digital Health
business intelligence

Friends & Family Score

Jun 2022

Variation	Assurance
	

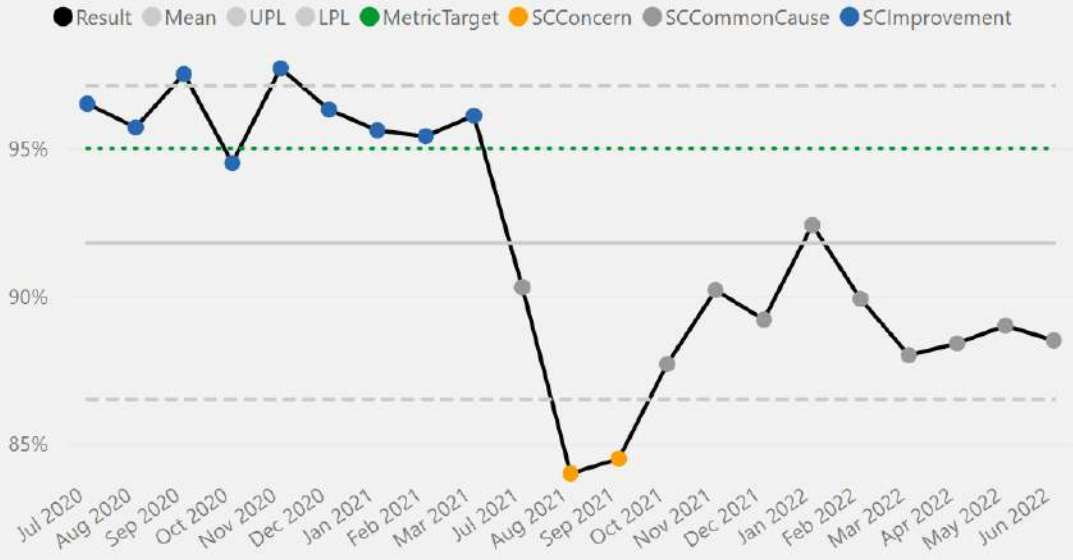
88.50% Result
95.00% Target

97.10% UPL
91.80% Mean
86.50% LPL

Analytical Commentary

Variation is Common Cause

Friends & Family Score



Assurance Commentary

The maternity roll out is proving successful with 99 people in June completing the extra questions on the maternity survey. There has been increased engagement from clinical support services following Patient Experience meeting with the team, including an increase in compliments for the department recorded as well – 28 in May, 42 in June.
FFT scores continue to be business as usual for the Patient Engagement & Experience Group and June's score stays the same as May.

Improvement Actions

The rollout of SMS has progressed and the team is mapping the necessary data to roll this out with areas struggling to collect FFT in other ways.
Inclusion/exclusions used within the system for existing departments are to be used – unless extra need to be added for specific areas.
Review of maternity data is to be discussed at Maternity Feedback and Experience Meeting on 23rd August

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Compliments	Jun 2022	1,099		Common Cause		No Target

Patient Concerns

NNUH Digital Health
business intelligence

PALS % Closed within 48 hours - Tr...

Jun 2022

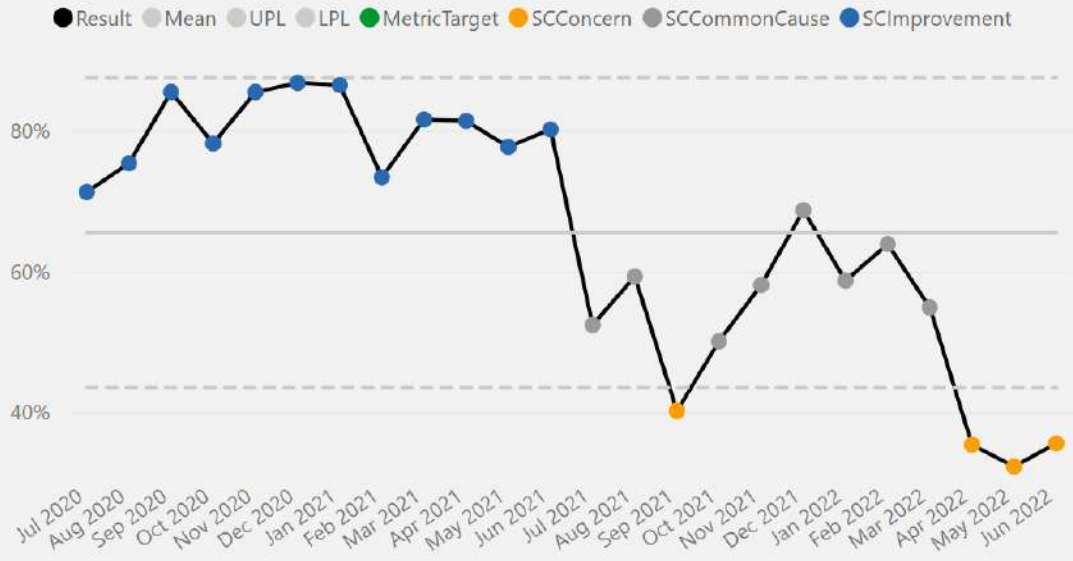
Variation	Assurance
	

35.6% Result	87.5% UPL
N/A Target	65.5% Mean
	43.5% LPL

Analytical Commentary

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

PALS % Closed within 48 hours - Trust



Assurance Commentary

Total PALS matters received 448
Concerns = 261; Enquiries = 100; Signposting = 79; Best Wishes = 5; Suggestions = 3
Main Subjects (Top 3)

- Waiting times
- Appointment delays and cancellations
- Communications

The top 3 are the same topics but waiting times has moved to the top – indicative of the impact of the pandemic on performance and expectations. Improvement work is underway to address these; Family Liaison deployment supporting communication and Personalised Outpatient Programme (POP) and Patient Initiated Follow Up (PIFU) supporting reduction in appointment delays.
There is a small improvement in PALS team performance (48 hours) in June, building on May, and support is continuing with the team regarding sickness return, new starters. Work has commenced with Datix and Information colleagues to review KPIs to reflect updated combined policy and processes.

Improvement Actions

To continue to provide support and ongoing training to the two new members of the team.
Support the long term sickness absence return to work process with ongoing Health and Wellbeing support.
Complete a review of the PALS 48hr KPI following the transfer to a combined PALS and Complaints service. A review of new processes to ensure triage and allocation to appropriate team member at initial call stage ie; PALs or formal complaint. Refresh & relaunch of Let's Resolve it Together Training

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
PALS Contacts - Trust	Jun 2022	435	Common Cause	No Target

Complaints

NNUH Digital Health
business intelligence

Complaints (Trust)

Jun 2022

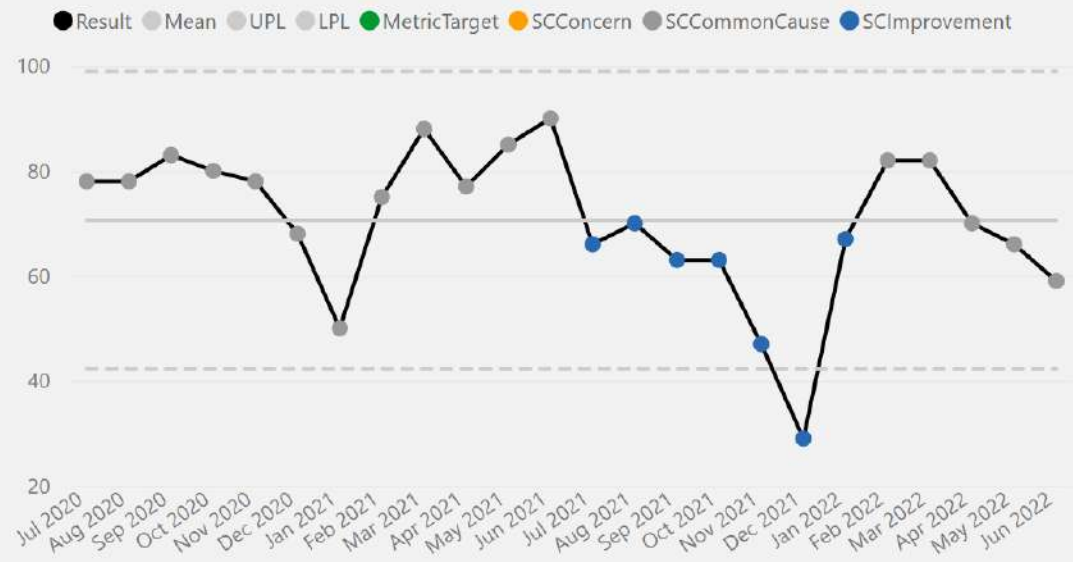
Variation | Assurance

59 Result
N/A Target
99 UPL
71 Mean
42 LPL

Analytical Commentary

Variation is Common Cause

Complaints (Trust)



Assurance Commentary

The Patient Panel sub group continue to support with reviewing the policy, process and definitions as well as style of response letters. Regular meetings with divisional colleagues established and will inform further training and development as needed to support the achievement of timeframes and KPIs as well as learning. Staff who had been on sickness absence are returning to full capacity.
Top 3 themes in June:
Access to treatment/drugs
Admission, discharge and transfers
Satff behaviours and values.
These reflect the current intense activity in the system and increased patient and public frustration with access to healthcare in general. Staff communication and behaviour are linked to heightened frustrations for patients and staff struggling with workload and maintaining the values in the face of this. Divisions are expected to review patient feedback alongside other data to triangulate and identify areas for improvement. Each Division reports to PEEG on a schedule, highlighting their data, actions and improvements.

Improvement Actions

To provide additional support to the team to ensure they are able to maintain momentum to achieve KPIs, including appropriate office space, additional temporary administrative support to clear high workload to support returning team, health and wellbeing and bolster the resilience of the wider team longer term.
Improvement work:
-Safer, Better, Faster addressing flow which should reduce patient moves
-Discharge support by voluntary services; drivers, settle in, D2A follow up calls.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Complaints - Acknowledgement	Jun 2022	98%	Common Cause	Unreliable
Complaints - Response Times - Trust	Jun 2022	94%	Common Cause	Unreliable
Post-investigation enquiries	Jun 2022	5	Improvement (Low)	Capable

Palliative Care

NNUH Digital Health
business intelligence

Palliative Care Seen Within 48 Hours

Jun 2022

Variation | Assurance

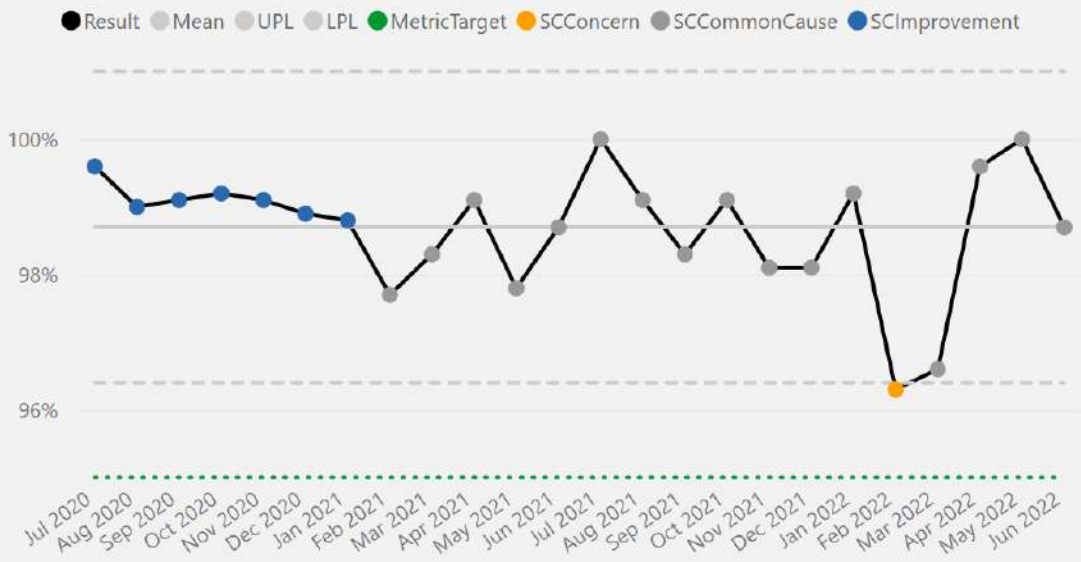
98.7% Result
95.0% Target

101.0% UPL
98.7% Mean
96.4% LPL

Analytical Commentary

Variation is Common Cause

Palliative Care Seen Within 48 Hours



Assurance Commentary

In June the Specialist Palliative Care (SPC) team reviewed 225 new inpatients: 98.7% were seen within 48 hours of referral and 61.9% of all those who died within the Trust were seen by the SPC team.

Improvement Actions

A Consultant Led model of triage is being commenced in July. Patients will be triaged daily by a Consultant and will be prioritorised into the following groups:
-Priority 1 or 2, CNS assessment and ongoing review
-Medical assessment then review by CNS
-End of life but no issues identified, SPC education team to suport ward
-Discharge related referrals to the SPC discharge team
-Referral rejected as no identified needs beyond ward based care

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Palliative Care Died in Trust and Seen by SPCT	Jun 2022	62.4%	Common Cause	No Target
Palliative Care IP Referrals Accepted	Jun 2022	229.0	Common Cause	No Target

Mortality Rate

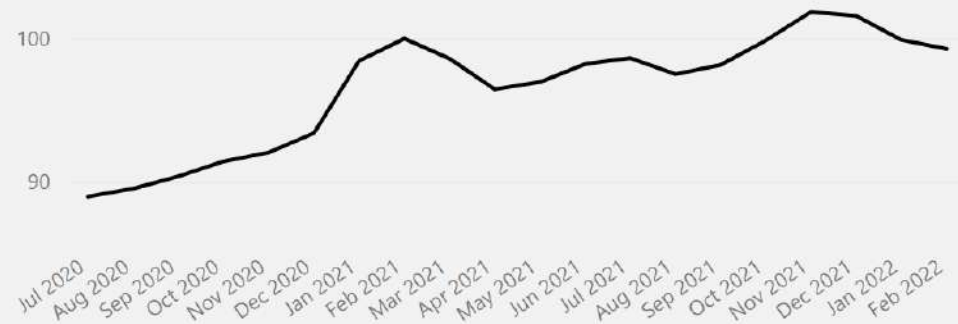
NNUH Digital Health
business intelligence

MetricName	Date	Result
HSMR	Feb 2022	99.28
SHMI	Jan 2022	120

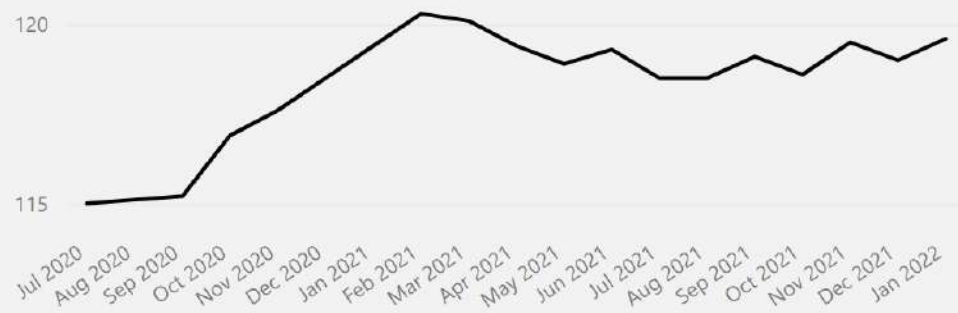
Assurance Commentary

Mortality data is scrutinised in detail at the Mortality Surveillance Group and discussed at Learning from Deaths Committee where learning is shared and recommendations for Service Improvement are made by Multi-Disciplinary teams. Concerns are escalated to Clinical Safety and Effectiveness Sub-Board.

HSMR



SHMI



Improvement Actions

Continue to escalate to Dr Foster Intelligence (DFI) lack of access to patient level data from the system due to changes by DFI. This impacts our ability to investigate mortality outlier alerts in a timely way.
To assess the risk associated with lack of DH resource to further develop the Mortality Governance System (MGS). This continues to threaten the robustness of mortality governance processes. This has been escalated.
Without this development work, analysis of Structured Judgement Reviews and cohort reviews for thematic learning is a manual process with no identified capacity to complete. To progress against the SHMI Action plan, an update will be provided via next report to Quality & Safety Committee
For Divisions to continue to complete SJRs to reduce the backlog.
To continue the CUSUM alert (Coma, stupor and brain damage) review.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Crude Mortality Rate	May 2022	4.90%		Common Cause		No Target

Safer Staffing

NNUH Digital Health
business intelligence

Safe Staffing Fill Rates

Jun 2022

Variation	Assurance
L	F

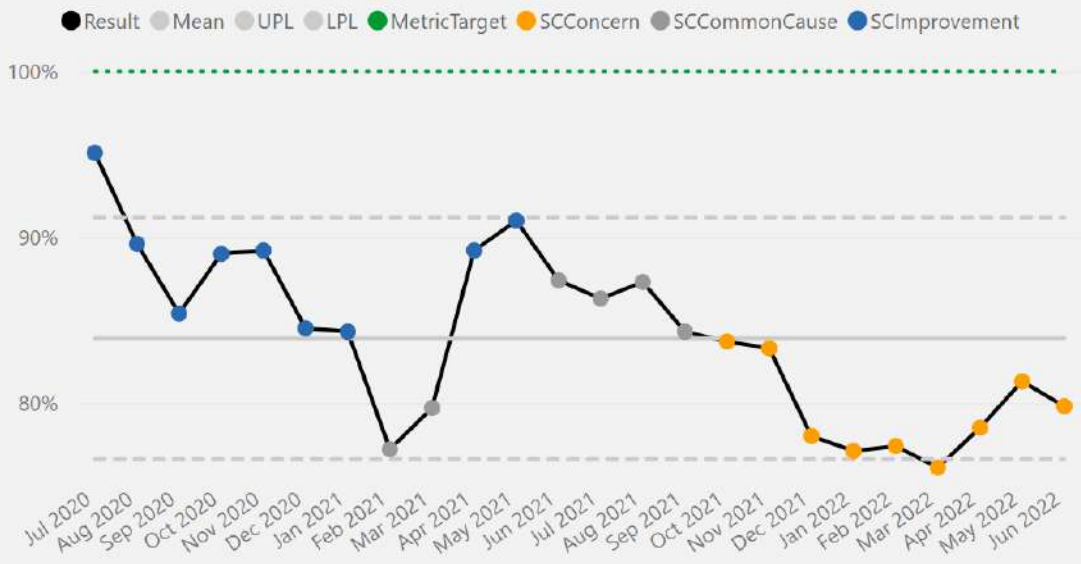
79.80% Result
100.00% Target

91.20% UPL
83.90% Mean
76.60% LPL

Analytical Commentary

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

Safe Staffing Fill Rates



Assurance Commentary

The RN/M vacancy rate increased by 0.6% to 13.7% (n=364 WTE) in June, with a RN/M turnover rate of 0.7% equating to 16.4 WTE leavers. The Trust recruited 16.7 new starters. Trust wide Support Worker vacancies increased by 1.5% to 20.1% (279.5 WTE) in June with a Trust-wide turnover of 1.8% equating to 17.9 WTE leavers and recruited 27 WTE new starters. In June, there were 16 areas with a RN vacancy rate above 20% and 10 of these are in Medicine. There were 13 areas across the divisions with HCA fill rates below 75% which aligns to the HCA vacancies above 20%. There are currently 23 areas with HCSW vacancies above 20% (12 in Medicine, 7 in Surgery Critical and Emergency Care and 4 in Women's and Children). Trust-wide CHPPD decreased in June to 6.8 from 7.0 in May. Red flags decreased by 191 in June to 1,788 with 72% remaining open. 473 were resolved and 53 were raised in error. 901 Raised Red Flags were for shortfall of HCA and 791 for Shortfall of RN. Gateley, Mattishall and Heydon had the highest open red flags for June.

Improvement Actions

The Nursing establishment acuity data collection has been completed and will go through clinical consultation at end of July. The Safer Staffing policy has been circulated and will go to ratification at WESB in August. 10 international nurses arrived in June with a further 24 expected in July with planned OSCE in November. Long line agency support workers have been booked on AMUK, Earsham, Gateley, Guist, Kimberley and Mattishall.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance

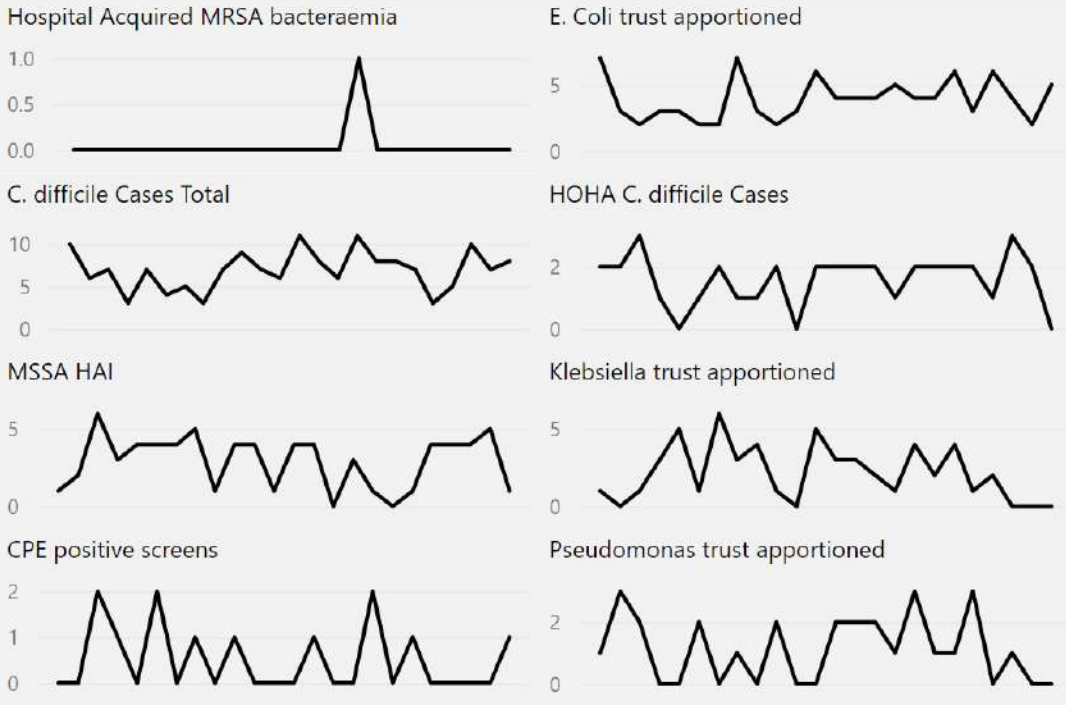
Infection Prevention & Control

NNUH Digital Health
business intelligence

MetricName	Date	Result	Target	Mean
C. difficile Cases Total	Jun 2022	8	N/A	7
CPE positive screens	Jun 2022	1	N/A	1
E. Coli trust apportioned	Jun 2022	5	119	4
HOHA C. difficile Cases	Jun 2022	0	57	2
Hospital Acquired MRSA bacteraemia	Jun 2022	0	0	0
Klebsiella trust apportioned	Jun 2022	0	25	2
MSSA HAI	Jun 2022	1	N/A	3
Pseudomonas trust apportioned	Jun 2022	0	24	1

Assurance Commentary

All Healthcare onset, Healthcare associated (HOHA) and Community onset, Healthcare associated (COHA) cases of C.difficile undergo a Post Infection Review with the CCG, clinical and IP&C teams. None of the HOHA cases for June have been deemed trajectory. 5 cases of 30 have been deemed trajectory to date with a threshold of 83 for 2022-2023.
Gram negatives: To date 27 cases E.coli with a threshold of 96, 3 cases of Pseudomonas with a threshold of 26 and 3 cases of Klebsiella with a threshold of 48.



Improvement Actions

Supportive measures on Heydon following 2 cases of HAI C.difficile was concluded on 21/06/22 with no further cases and good engagement from the clinical team working alongside the IP&C team.
Elsing ward was closed due to a COVID outbreak on 01/06/22 and reopened on 12/06/22.
Mulbarton ward was closed on 25/06/22 due to a COVID outbreak and reopened on 05/07/22. The IP&C team supported the ward teams to facilitate complete ward cleans prior to reopening. Learning will continue to be widely circulated.

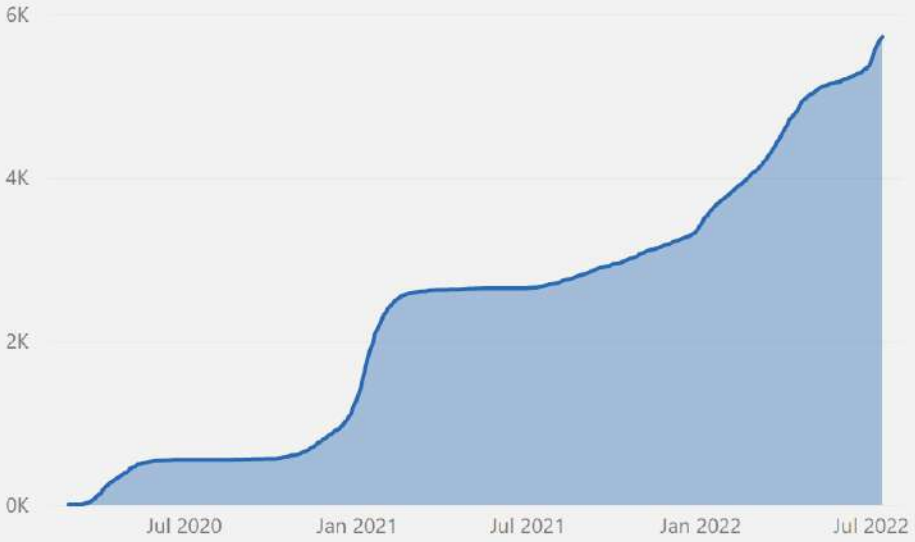
COVID-19 Report - Timeseries

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

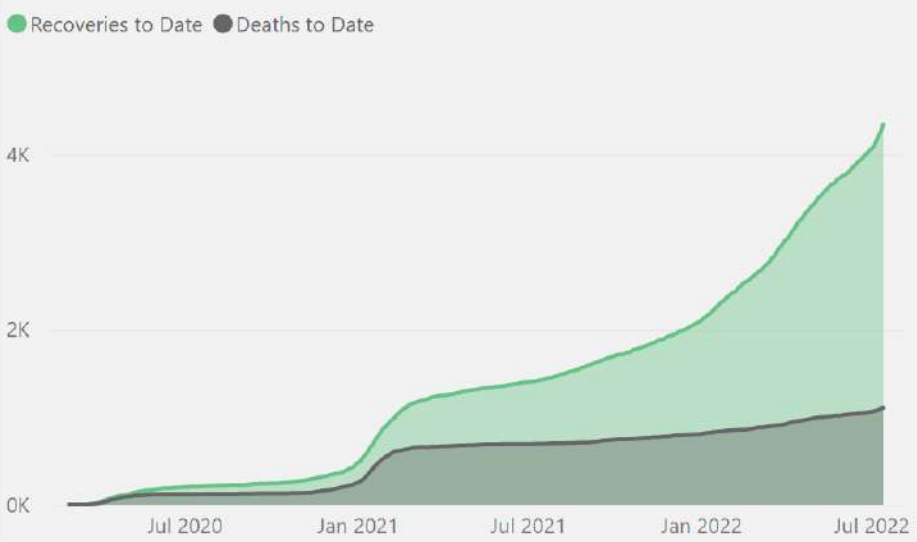
NNUH Digital Health
business intelligence

Cumulative	Total Swabs Taken	Patients Swabbed	Confirmed Cases	Recoveries	Deaths
01/03/20 - 14/07/22	235,958	76,894	5,723	4,335	1,104

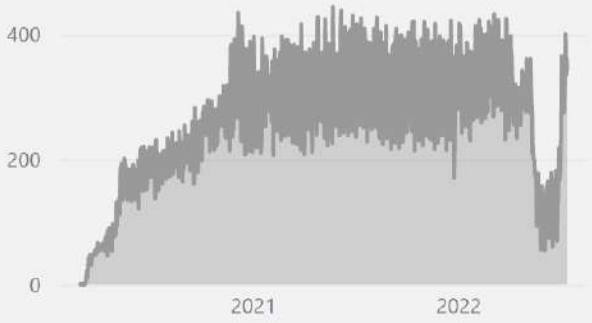
Cumulative Confirmed at NNUH



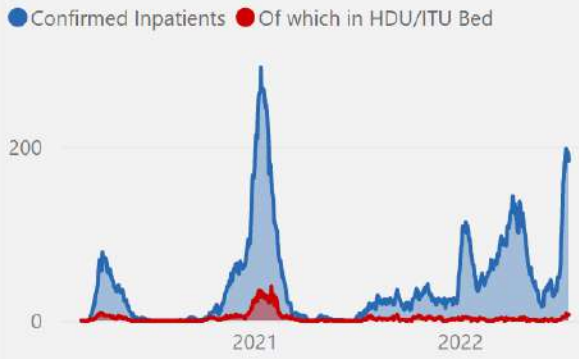
Cumulative Recoveries & Deaths



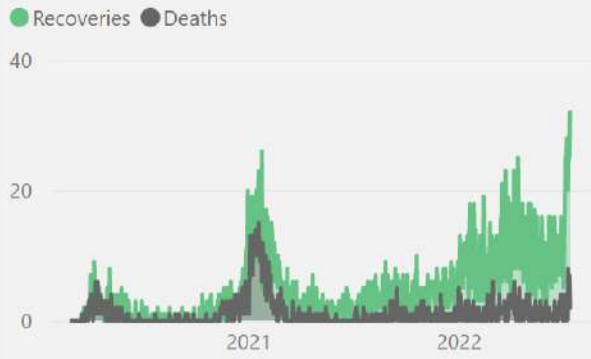
Patients Swabbed per day



Confirmed Inpatient per day (<=14 days)



Recoveries & Deaths per day



NNUH Staff COVID-19 Testing

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

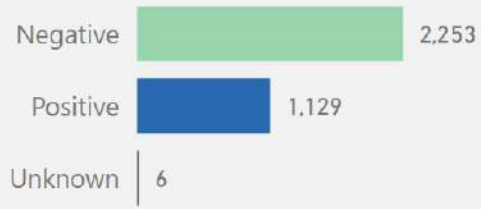
NNUH Digital Health
business intelligence

NNUH Staff Tested	Results Recieved	COVID-19 Confirmed
3,395	3,388	1,129

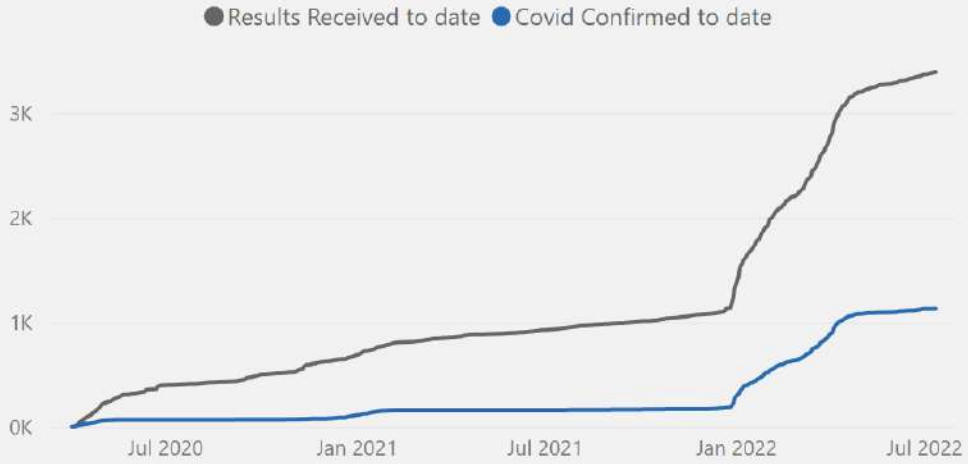
Median Hrs Test to Result: 21.8

Unmapped Staff *: 988

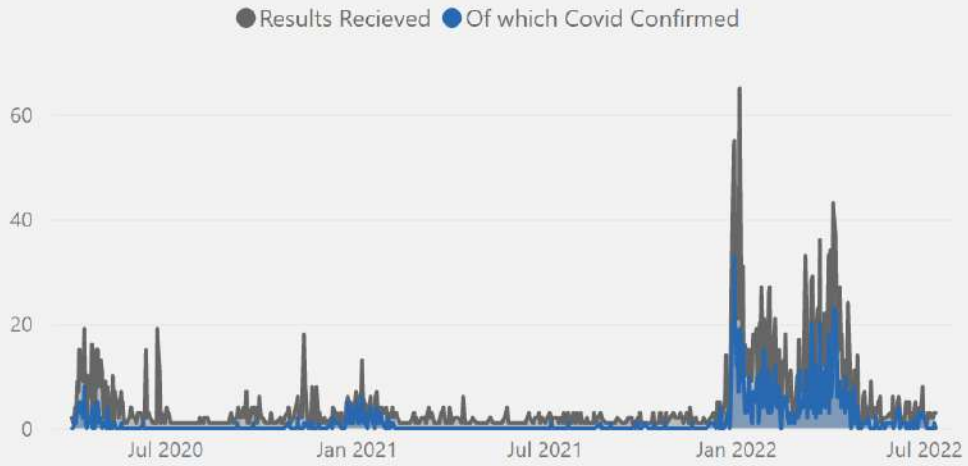
COVID-19 Status



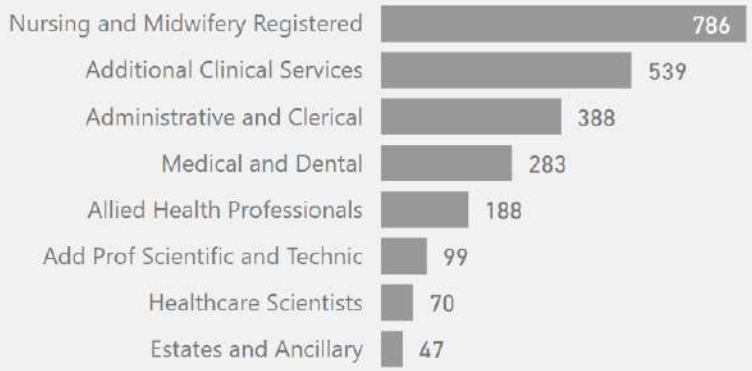
Cumulative NNUH Staff Testing to Date



NNUH Staff Results by date of Result



Results Received by Staff Group



Results Received by Organisation (10+ results)

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

Maternity: Mothers

NNUH Digital Health
business intelligence

Mothers Delivered

Jun 2022

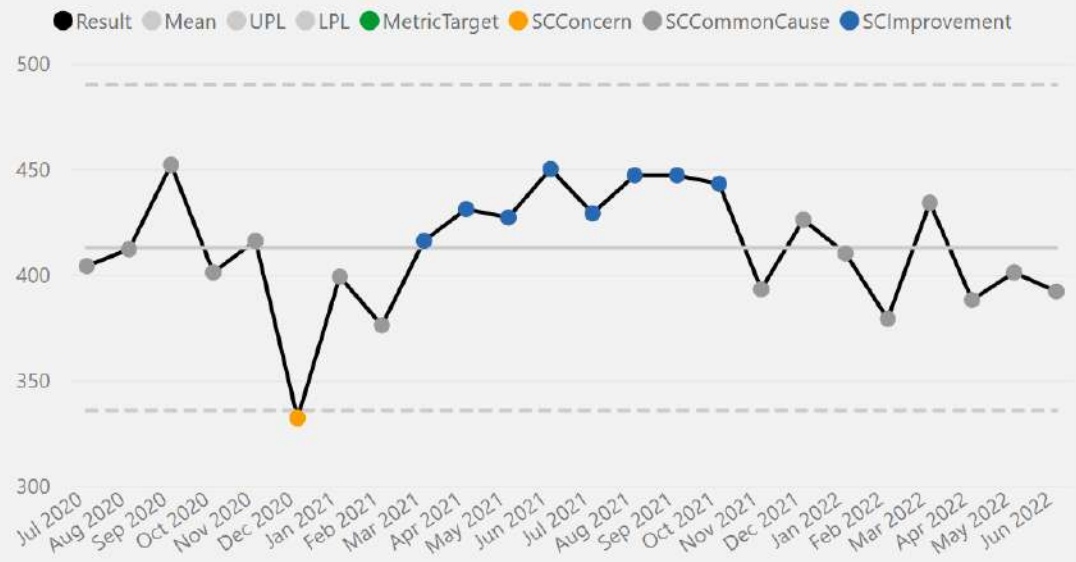
Variation | Assurance

392 Result
N/A Target
490 UPL
413 Mean
336 LPL

Analytical Commentary

Variation is Common Cause

Mothers Delivered



Assurance Commentary

1:1 care in labour was only acheived in 97.9% of cases. The birth rate has remained stable. In June, 397 babies were delivered to 392 mothers. High levels of sickness and covid related absence is severely impacting staffing levels on Delivery Suite and therefore the achievement of 100% of mothers receiving 1:1 care in labour. We have a high number of complex cases which has a direct affect on the acuity within the unit. They require a higher level of care and in most cases 1:1 care following labour.
Mitigations are in place to enable us to achieve 1:1 care in labour in 100% of cases. To increase the number of staff available during periods of high acuity we mobilise specialist midwives to work clinically and have a manager of the day maintaining operational oversight of the unit.

Improvement Actions

Continue to share Learning with the teams.
The importance of making contact with their midwife when in labour to be reinforced with women to avoid any potential BBA's.
We continue to monitor the clinical appropriateness of Caesareans via weekly CTG meetings chaired by the Intrapartum Lead Consultant and are awaiting the outcome of a funding bid for a fetal monitoring lead clinician.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
1:1 Care in Labour	Jun 2022	97.9%		Common Cause		No Target
3rd & 4th Degree Tears	Jun 2022	1.7%		Common Cause		Unreliable
Births Before Arrival	Jun 2022	2		Common Cause		No Target
Post Partum Haemorrhage ≥1500mls	Jun 2022	3.3%		Common Cause		No Target

Mothers Delivered

392

Babies Delivered

397

Maternity: Babies

NNUH Digital Health
business intelligence

Unplanned NICU ≥37 week Admissions (E3)

Jun 2022

Variation

Assurance

F

15 Result

0 Target

23 UPL

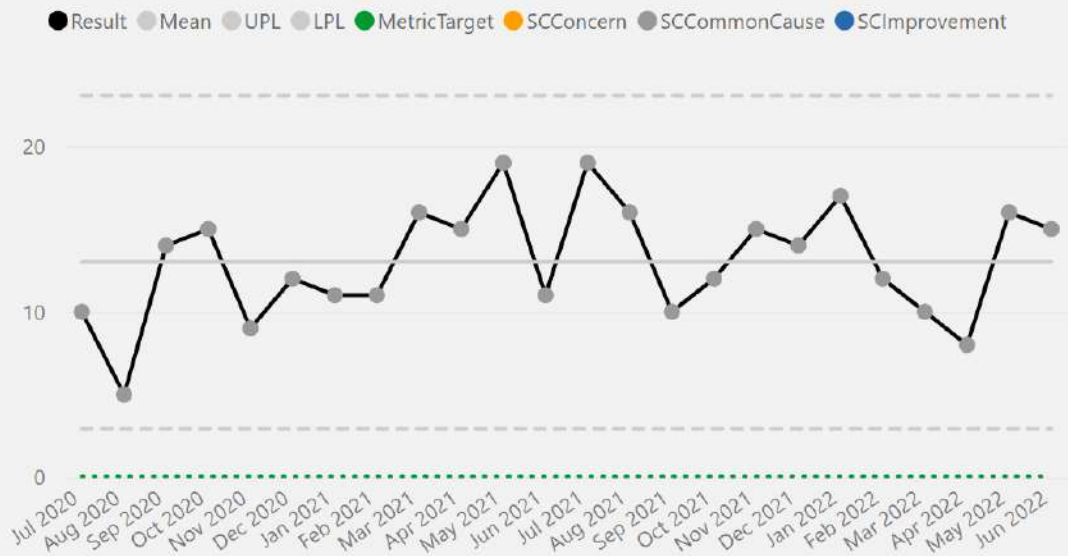
13 Mean

3 LPL

Analytical Commentary

Variation is Common Cause

Unplanned NICU ≥37 week Admissions (E3)



Assurance Commentary

There were 15 unplanned admissions into NICU >37 weeks in June. Respiratory Distress Syndrome (RDS) remains the common cause for admission. Two babies were admitted for hypoglycaemia.

Improvement Actions

A Cross divisional working group has been set up to evaluate preterm deliveries transfered to NICU.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Adjusted Still Births	Jun 2022	3		Not Applicable		No Target
Apgar score <7 @5, ≥37 weeks	Jun 2022	4		Common Cause		No Target
Early Neonatal Death	Jun 2022	1		Not Applicable		No Target
Mothers Transferred Out of Unit	Jun 2022	1		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	Jun 2022	6.9%		Improvement (Low)		Unreliable
Fetal Growth Restriction	Less Than 3rd centile born > 37+6 weeks	Jun 2022	2%		Common Cause		Not capable
Fetal Growth Restriction	SGA detected Antenatally	Jun 2022	72%		Common Cause		No Target
Reducing Preterm Birth	Singleton Births Preterm	Jun 2022	6%		Common Cause		Unreliable
Reducing Preterm Birth	Singleton live births < 34 wks (AN corticosteroids within 7 days PN)	Jun 2022	33%		Common Cause		Unreliable
Effective Fetal Monitoring	CTG Training and Human factors situational awareness compliance	Jun 2022	81%		Concern (Low)		Unreliable

Assurance Commentary

Deep dive exercise undertaken to review progress with CNST against updated guidance published in May 2022. CNST safety action 6 asks to demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2. Process indicators at risk of not achieving the required 80% are:
-The percentage of women where Carbon Monoxide (CO) measurement is recorded at booking
-The percentage of women where CO measurement is recorded at 36 weeks.

Current compliance, 86% (booking) and 47.7% (36 weeks) with consistent increase with compliance in both since October 2021. Maternity Health Supporter based in the LMNS has been present in clinical areas to train staff, share information and drive-up compliance. More MCA's have been trained in the use of CO monitors and opportunities to test outside of routine appointments utilised in areas such as MAU. Concerns raised regarding broken monitors, all monitors in ANC have been sent for repair.

Improvement Actions

To increase compliance with carbon monoxide monitoring we have created a set of actions, some of which have been completed:
-Recruited inpatient and outpatient champions to work closely with the LMNS Public Health Midwife in driving up compliance at booking and 36 weeks.
-Established regular meetings with champions, Public Health Midwife and DDMD.
-Shared communications with all staff explaining the importance of CO monitoring compliance.
-Training all MCA's in performing CO monitoring.
-The maternity department are developing a training compliance policy for all statutory and mandatory training. There will be stricter rules around staff who DNA or are not up to date with training compliance.
-New fetal monitoring lead midwife and Practice Development Midwives have an action plan to improve Growth Assessment Protocol (GAP) training compliance.
-Review data feed for <30week deliveries by Digital Maternity team, to confirm correct details are being pulled across.

Adult Safeguarding

NNUH Digital Health
business intelligence

Safeguarding Adults

Jun 2022

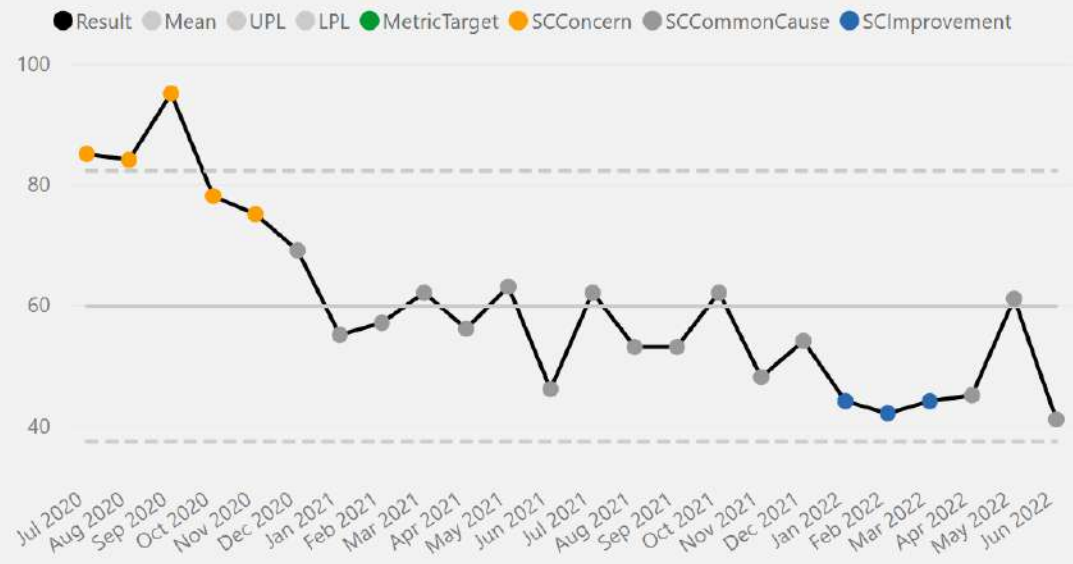
Variation | Assurance

41 Result
N/A Target
82 UPL
60 Mean
37 LPL

Analytical Commentary

Variation is Common Cause

Safeguarding Adults



Assurance Commentary

The safeguarding team continue to participate in the daily SIGs to facilitate in the identification of potential safeguarding concerns. The Associate Director for Complex Health is currently working with the Local Authority regarding section 42's to identify gaps, and to review and streamline processes. Section 42 enquiries are only confirmed following a management review and strategy discussion. This data does not include the pre-enquiry information requests received in the reporting period which may become confirmed following this level of review. There were 2 confirmed section 42's in June.

Improvement Actions

A task and finish group to review and align the safeguarding referral process across the system was convened on 29th April 2022 with partners from the Local Authority, CCGs and other acutes. The partners met in June and have agreed a Norfolk Threshold Guidance.
The Norfolk Safeguarding Adults Board (NSAB) will publish the new guidance and initially NHS providers will trial it. If successful, it will be rolled out to other providers. The ICB is reinstating the Safeguarding Adults Health Action Forum (SAHAF) which provides peer support for leads, and NNUH will participate in this.

Children & Midwifery Safeguarding

NNUH Digital Health
business intelligence

Safeguarding Children and Midwife...

Jun 2022

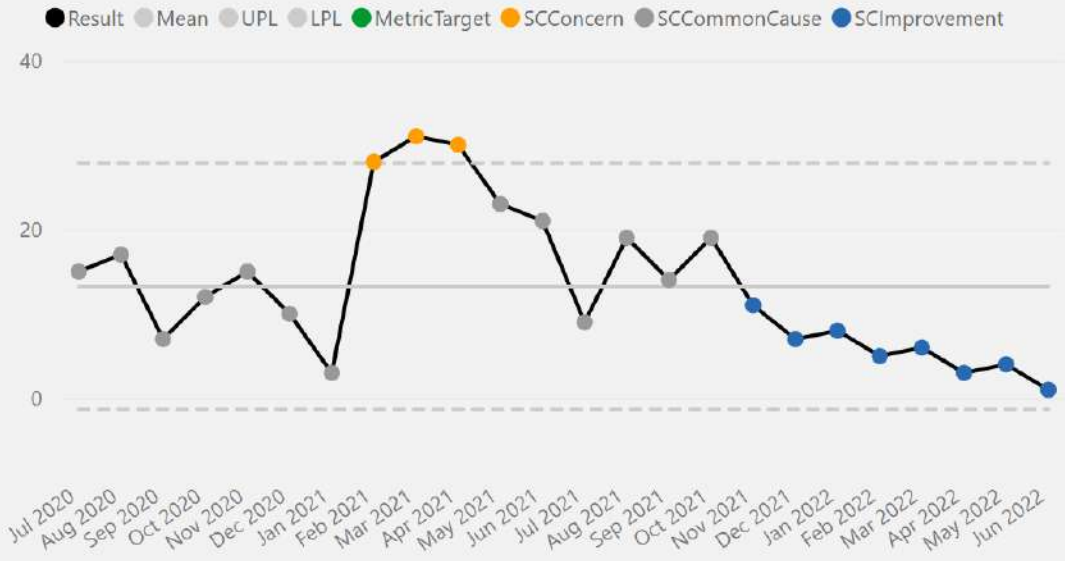
Variation	Assurance
L	

1 Result	28 UPL
N/A Target	13 Mean
	-1 LPL

Analytical Commentary

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

Safeguarding Children and Midwifery



Assurance Commentary

There has been a reduction in the number of children's referrals reported on Datix in June. Referrals are being made and are only accepted via telephone, so the only way of measuring this is through reporting the referral onto Datix. This was discussed at the Safeguarding Assurance Committee on 13/07/22.
There are 250 + midwives who require regular safeguarding supervision. The Named Midwife for Safeguarding is working to implement this alongside the midwifery managers. The work to become a trauma informed organisation is ongoing. On 6th, 7th, and 8th July, some members of the Complex Health Hub accessed training which will be embedded in the development of the trust`s objectives to fulfil the trauma informed principles of safety, choice, collaboration, trustworthiness, and empowerment.

Improvement Actions

Safeguarding team to explore a simpler electronic form to record referrals
Ongoing collaboration within the Complex Health Hub to promote a trauma informed approach to working throughout the organisation.
Discussions are ongoing to develop the service specifications and pathways of care for Children's Mental Health. Staff are being supported through supervision to manage complex cases.
The Named Midwife for Safeguarding is reviewing the supervision model for midwives in order to implement regular supervision for this group.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Safeguarding Children	Jun 2022	0		Improvement (Low)		No Target
Safeguarding Midwifery	Jun 2022	1		Improvement (Low)		No Target

REPORT TO TRUST BOARD

Date	**3 August 2022**
Title	**Chair's key Issues report from Finance, Investments and Performance Committee meeting on 27.07.22**
Author & Exec Lead	**Mr Tom Spink (Interim Chairman) as Committee Chair**
Purpose	**For Information**

The Finance, Investments and Performance Committee met on 27 July 2022. Papers for the meeting were made available to Board members for information in the usual way via Admin Control.

The Committee considered the standard suite of information regarding operational and financial performance and implementation of the capital programme. Of the 7 agreed priorities for 2022/23 *(i) 104 weeks waits; ii) 78 week waits; iii) 62-day Cancer plan; iv) improving ambulance handovers; v) continuing our quality improvement journey; vi) delivering our financial plan; and vii) improving the experience of our staff),* 5 fall squarely within the remit of this Committee.

The following issues were identified to highlight to the Board:

1	Clinical Visits	On this occasion, the meeting did not commence with clinical visits, due to operational pressures (heightened escalation status) and to allow adequate time for consideration of a heavy agenda.
2	Performance & Productivity IPR	The Committee was updated on key performance metrics and priorities: - 104-week wait – achieved - 78 weeks – ahead of trajectory; - 62 day cancer – behind trajectory; - Ambulance handovers – showing improvement; - 110% activity – behind trajectory. The Committee was advised that some cancer specialties are particularly challenged by increases in demand. This is a clear area of priority and a series of 'super clinics' will be taking place over the next 8 weeks with a view to improve 2-week wait and 62 day performance. The Committee was advised that there is a clear correlation between ambulance performance and the number of patients awaiting discharge from hospital. There is good evidence that if we can decongest hospital beds, we can improve ambulance handover times. This will require a system solution. A system escalation was triggered requiring all healthcare partners to facilitate patients to be transferred out of hospital to support easing of pressure in the hospital.

3	Emergency Department Activity Analysis (action 22/081)	The Committee had requested an analysis of the patient profile in the Emergency Department and this was considered at the meeting – with a number of striking highlights. There have been a number of changes to the non-elective profile between 2016 and 2022 including: - Higher age profile and acuity than the national average reflecting a high elderly population in this region; - 11% rise in attendances (58% increase of majors); - Increase in number of walk-in patients; - Admission avoidance and Same Day Emergency Care has reduced adult admissions; - Average length of stay increased to average of 8 days; - Non-elective bed days increased annually by 6,910. The Committee was advised that the data shows a picture of an older more frail population in whom the complexity scores have increased. This is seen in the increased number of 'majors' cases and increased length of stay. Relative to peers, we are in the top-most quartile for admission avoidance – so performance is good, but the data is consistent with an increasing workload of increasingly complex patients and a congested hospital experiencing delayed discharges. The Committee requested a further report regarding the 'what next' implications of the data, particularly the dramatic increase in the numbers of majors cases. It will be essential for the Trust and system to understand whether we have the appropriate services and capacity to accommodate and treat such large numbers of patients of such clinical complexity.
4	Finance Reports:	The Committee reviewed the regular finance reports. Whilst noting positive financial performance generally, the Committee noted the need to accelerate progress regarding the Cost Improvement Plans. The Committee was intending to consider reports on key Strategic Initiatives to improve our Use of Resources but this was deferred to the next meeting to allow additional time.
5	Major Estates Projects	The Committee was updated with regard to major projects, notably the N&N Orthopaedic Centre and the Paediatric theatre complex. These projects remain under enhanced monitoring to drive delivery as soon as possible.
6	Business cases	The Committee considered business cases as reported elsewhere relating to: - development of a Mechanical Thrombectomy service - creation of the NNUH Diagnostic & Assessment Centre - introduction of Digital Histopathology

3 Conclusions/Outcome/Next steps

The next Committee meeting is scheduled for 28 September 2022, at which time it is scheduled to consider matters including:

- Divisional Review – Division of Medicine
- Elective Surgery Centre SOP

Recommendation:

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

Our Vision
The best care for every patient

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

Integrated Performance Report:

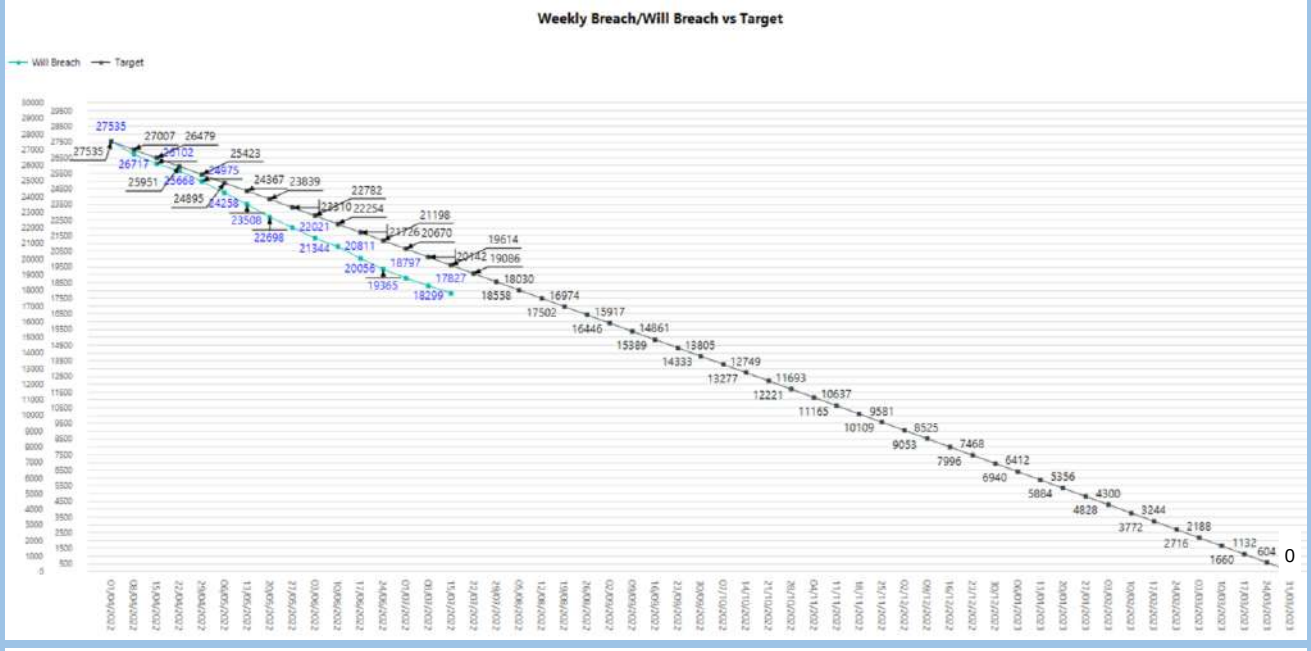
Performance & Activity Domains

June 2022

Key 2022-23 Operational Priorities

- **78-Week Breaches:** Better Than Trajectory
- **62-Day Cancer:** Off Track
- **Ambulance Handovers:** Improved
- **110% Activity:** Off Track (Provisional Data)

Performance – RTT 78-Week Breaches



Commentary

June 2022 Performance

The 2022-23 Operational Planning Guidance outlines the ambition to eliminate the 78-week breaches by the end of March 2023. The Trust continues to see a reduction in the over 78-week wait patients. As of the 14th July, the number of patients that need to be treated before the end of March 2023 has reduced from 27,535 to 17,977.

The backlog has been broken down into Quarters with Q2 ending on the 30th September. The table below highlights the significant challenge ahead:

Category	104 Backlog	Quarter 2	Quarter 3	Quarter 4
New		672	3,980	3,907
Follow up		207	283	401
Day Case Diagnostic	1	113	90	95
Inpatient Diagnostic		1	1	2
Day Case	23	1,691	1,850	1,420
Inpatient	27	1,155	893	547
Not on a List		241	183	287
Total	**51**	**4,080**	**7,280**	**6,659**

Q2 started with 8,863 in April, now at 4,014.

Mutual aid has been secured with JPUH and QEH for 1,000 New outpatient appointments. This was initially highlighted for T&O, however, having contacted this patient group there are circa 500 patients that have agreed to be treated elsewhere. Following a postcode overlay, this equates to circa 250 patients for each Trust that will be tertiary referred this month. The same process is now being undertaken in Gynaecology.

All patients over 40 weeks in ENT are also being contacted by South Norfolk CCG to ensure the appointment is still required.

The admitted backlog will be assisted by the increased theatre capacity via NANOC and the Paediatric Theatre backfill detailed below.

Improvement Actions

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

1. Protection of ringfenced surgical beds.
2. Construction of NANOC.
3. Construction of Paediatric theatres.
4. Backfill of Paediatric theatres (main – conversion to adult) – business case required.
5. Participation in National POP pilot.

Risk To Delivery

GREEN

Performance – NNUH 78-Week Recovery Forecast (Specialty Level)

NNUH Digital Health
business intelligence

Specialty		Weekly Averages	01/04/2022	08/04/2022	15/04/2022	22/04/2022	29/04/2022	06/05/2022	13/05/2022	20/05/2022	27/05/2022	03/06/2022	10/06/2022	17/06/2022	24/06/2022	01/07/2022	08/07/2022	15/07/2022	22/07/2022	29/07/2022	05/08/2022	12/08/2022	19/08/2022	26/08/2022	02/09/2022	09/09/2022	16/09/2022	23/09/2022	30/09/2022
100 - General Surgery	Starting Cohort		621	621	621	621	621	621	621	621	621	621	621	621	621	621	621	621	621	621	621	621	621	621	621	621	621	621
	Will Breach		621	593	562	552	521	503	470	455	419	394	373	352	335	311	287	269										
	Weekly Removals	23		28	31	10	31	18	33	15	36	25	21	21	17	24	24	18										
	Target	24	621	597	573	550	526	502	478	455	431	407	383	360	336	312	288	265	241	217	193	170	146	122	98	75	51	27	3
	Difference		0	-4	-11	2	-5	1	-8	0	-12	-13	-10	-8	-1	-1	-1	4										
	Future TCIs	38																	15	12	5	3	1	1	1	0	0		0
	Provisional TCIs	25																	0	0	3	9	4	3	1	1	3		1
101 - Urology	Starting Cohort		385	385	385	385	385	385	385	385	385	385	385	385	385	385	385	385	385	385	385	385	385	385	385	385	385	385
	Will Breach		385	375	367	358	337	328	313	300	296	280	275	257	238	224	213	203										
	Weekly Removals	12		10	8	9	21	9	15	13	4	16	5	18	19	14	11	10										
	Target	15	385	370	356	341	326	311	297	282	267	252	238	223	208	194	179	164	149	135	120	105	90	76	61	46	32	17	2
	Difference		0	5	11	17	11	17	16	18	29	28	37	34	30	30	34	39										
	Future TCIs	50																	18	14	12	5	0	1	0				
	Provisional TCIs	13																	5	0	3	3	1	0	1				
107 - Vascular Surgery	Starting Cohort		113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113	113
	Will Breach		113	99	100	94	85	80	78	74	68	68	64	57	54	52	50	48										
	Weekly Removals	4		14	-1	6	9	5	2	4	6	0	4	7	3	2	2	2										
	Target	4	113	109	104	100	96	91	87	83	78	74	70	65	61	57	52	48	44	40	35	31	27	22	18	14	9	5	1
	Difference		0	-10	-4	-6	-11	-11	-9	-9	-10	-6	-6	-8	-7	-5	-2	0										
	Future TCIs	16																	8	5	2	1							
	Provisional TCIs	1																	0	0	0	1							
108 - Spinal Surgery	Starting Cohort		127	127	127	127	127	127	127	127	127	127	127	127	127	127	127	127	127	127	127	127	127	127	127	127	127	127
	Will Breach		127	119	117	114	111	101	97	91	84	84	83	79	75	65	64	63										
	Weekly Removals	4		8	2	3	3	10	4	6	7	0	1	4	4	10	1	1										
	Target	5	127	122	117	112	108	103	98	93	88	83	78	74	69	64	59	54	49	44	40	35	30	25	20	15	10	6	1
	Difference		0	-3	0	2	3	-2	-1	-2	-4	1	5	5	6	1	5	9										
	Future TCIs	11																	4	1	1	2	2	1					
	Provisional TCIs	0																	0	0	0	0	0	0					
110 - Trauma and Orthopaedic	Starting Cohort		2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332	2,332
	Will Breach		2,332	2,254	2,192	2,148	2,080	2,000	1,924	1,832	1,749	1,696	1,612	1,531	1,439	1,351	1,298	1,221										
	Weekly Removals	74		78	62	44	68	80	76	92	83	53	84	81	92	88	53	77										
	Target	89	2,332	2,243	2,154	2,064	1,975	1,886	1,797	1,708	1,618	1,529	1,440	1,351	1,262	1,172	1,083	994	905	816	726	637	548	459	370	280	191	102	13
	Difference		0	11	38	84	105	114	127	124	131	167	172	180	177	179	215	227										
	Future TCIs	183																	39	39	31	36	13	13	3	3		1	5
	Provisional TCIs	4																	1	0	1	0	2	0	0	0		0	0
120 - Ear Nose and Throat	Starting Cohort		1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473	1,473
	Will Breach		1,473	1,399	1,313	1,289	1,234	1,172	1,084	992	944	833	777	655	599	547	522	490										
	Weekly Removals	66		74	86	24	55	62	88	92	48	111	56	122	56	52	25	32										
	Target	56	1,473	1,417	1,360	1,304	1,248	1,191	1,135	1,079	1,022	966	910	853	797	741	684	628	571	515	459	402	346	290	233	177	121	64	8
	Difference		0	-18	-47	-15	-14	-19	-51	-87	-78	-133	-133	-198	-198	-194	-162	-138										
	Future TCIs	102																	39	27	25	6	2	1	1	1			
	Provisional TCIs	1																	0	0	1	0	0	0	0				
130 - Ophthalmology	Starting Cohort		378	378	378	378	378	378	378	378	378	378	378	378	378	378	378	378	378	378	378	378	378	378	378	378	378	378
	Will Breach		378	361	352	339	324	312	295	285	277	268	256	240	224	213	178	170										
	Weekly Removals	14		17	9	13	15	12	17	10	8	9	12	16	16	11	35	8										
	Target	14	378	364	349	335	320	306	291	277	262	248	233	219	204	190	176	161	147	132	118	103	89	74	60	45	31	17	2
	Difference		0	-3	3	4	4	6	4	8	15	20	23	21	20	23	2	9										
	Future TCIs	19																	8	3	5	0	3		0				
	Provisional TCIs	7																	2	1	0	1	2		1				
140 - Oral Surgery	Starting Cohort		215	215	215	215	215	215	215	215	215	215	215	215	215	215	215	215	215	215	215	215	215	215	215	215	215	215
	Will Breach		215	209	203	192	182	158	148	125	103	92	82	79	67	63	63	59										
	Weekly Removals	10		6	6	11	10	24	10	23	22	11	10	3	12	4	0	4										
	Target	8	215	207	199	190	182	174	166	157	149	141	133	125	116	108	100	92	83	75	67	59	51	42	34	26	18	9	1
	Difference		0	2	4	2	0	-16	-18	-32	-46	-49	-51	-46	-49	-45	-37	-33										
	Future TCIs	29																	6	14	2	3		2	1	1			
	Provisional TCIs	8																	5	2	0	0		0	0	1			
143 - Orthodontic	Starting Cohort		59	59	59	59	59	59	59	59	59	59	59	59	59	59	59	59	59	59	59	59	59	59	59	59	59	59
	Will Breach		59	50	43	35	34	28	25	23	23	20	18	18	16	16	15	15										
	Weekly Removals	3		9	7	8	1	6	3	2	0	3	2	0	2	0	1	0										
	Target	2	59	57	54	52	50	48	45	43	41	39	36	34	32	30	27	25	23	21	18	16	14	12	9	7	5	3	0
	Difference		0	-7	-11	-17	-16	-20	-20	-20	-18	-19	-18	-16	-16	-14	-12	-10										
	Future TCIs	11																	1	2	1		2			4		1	
	Provisional TCIs	0																	0	0	0		0			0		0	

Commentary

There were 8,863 patients in the ''80 weeks by September'' cohort on the 1st April.

This has already reduced to 4,014 patients, but will present a difficult ask over the summer holiday period.

The speciality level forecast indicates any areas adrift from, or at risk with trajectory.

Performance – NNUH 78-Week Recovery Forecast (Specialty Level)

NNUH Digital Health
business intelligence

Specialty		Weekly Averages	01/04/2022	08/04/2022	15/04/2022	22/04/2022	29/04/2022	06/05/2022	13/05/2022	20/05/2022	27/05/2022	03/06/2022	10/06/2022	17/06/2022	24/06/2022	01/07/2022	08/07/2022	15/07/2022	22/07/2022	29/07/2022	05/08/2022	12/08/2022	19/08/2022	26/08/2022	02/09/2022	09/09/2022	16/09/2022	23/09/2022	30/09/2022
160 - Plastic Surgery	Starting Cohort		192	192	192	192	192	192	192	192	192	192	192	192	192	192	192	192	192	192	192	192	192	192	192	192	192	192
	Will Breach		192	182	193	192	187	177	169	158	141	133	128	121	110	100	94	91										
	Weekly Removals	7		10	-11	1	5	10	8	11	17	8	5	7	11	10	6	3										
	Target	7	192	185	177	170	163	155	148	141	133	126	119	111	104	97	89	82	74	67	60	52	45	38	30	23	16	8	1
	Difference		0	-3	16	22	24	22	21	17	8	7	9	10	6	3	5	9										
	Future TCIs	17																	8	3	2	1	1	1	1		0		0
	Provisional TCIs	25																	4	2	6	5	0	1	2		3		2
171 - Paediatric Surgery	Starting Cohort		109	109	109	109	109	109	109	109	109	109	109	109	109	109	109	109	109	109	109	109	109	109	109	109	109	109
	Will Breach		109	100	98	107	109	107	100	97	93	84	80	76	70	70	69	66										
	Weekly Removals	3		9	2	-9	-2	2	7	3	4	9	4	4	6	0	1	3										
	Target	4	109	105	101	96	92	88	84	80	76	71	67	63	59	55	51	46	42	38	34	30	26	21	17	13	9	5	1
	Difference		0	-5	-3	11	17	19	16	17	17	13	13	13	11	15	18	20										
	Future TCIs	7																	3	4								
	Provisional TCIs	1																	0	1								
191 - Pain Management	Starting Cohort		176	176	176	176	176	176	176	176	176	176	176	176	176	176	176	176	176	176	176	176	176	176	176	176	176	176
	Will Breach		176	166	154	153	144	134	119	110	106	94	76	70	60	51	51	42										
	Weekly Removals	9		10	12	1	9	10	15	9	4	12	18	6	10	9	0	9										
	Target	7	176	169	163	156	149	142	136	129	122	115	109	102	95	88	82	75	68	62	55	48	41	35	28	21	14	8	1
	Difference		0	-3	-9	-3	-5	-8	-17	-19	-16	-21	-33	-32	-35	-37	-31	-33										
	Future TCIs	11																		7	1	3						
	Provisional TCIs	1																		0	1	0						
214 - Paediatric Trauma and Orthopaedic	Starting Cohort		71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71
	Will Breach		71	64	62	62	60	55	53	49	46	44	44	43	40	37	36	32										
	Weekly Removals	3		7	2	0	2	5	2	4	3	2	0	1	3	3	1	4										
	Target	3	71	68	66	63	60	57	55	52	49	47	44	41	38	36	33	30	28	25	22	19	17	14	11	9	6	3	0
	Difference		0	-4	-4	-1	0	-2	-2	-3	-3	-3	0	2	2	1	3	2										
	Future TCIs	7																	1	2	3	1						
	Provisional TCIs	0																	0	0	0	0						
215 - Paediatric Ear Nose and Throat	Starting Cohort		222	222	222	222	222	222	222	222	222	222	222	222	222	222	222	222	222	222	222	222	222	222	222	222	222	222
	Will Breach		222	220	213	206	197	192	185	179	178	164	160	150	137	129	123	121										
	Weekly Removals	7		2	7	7	9	5	7	6	1	14	4	10	13	8	6	2										
	Target	8	222	214	205	197	188	180	171	163	154	146	137	129	120	112	103	95	86	78	69	61	52	44	35	27	18	10	1
	Difference		0	6	8	9	9	12	14	16	24	18	23	21	17	17	20	26										
	Future TCIs	18																	3	7	4	2	2					
	Provisional TCIs	0																	0	0	0	0	0					
217 - Paediatric Oral and Maxillofacial Surgery	Starting Cohort		20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
	Will Breach		20	16	16	22	22	20	20	19	22	22	21	19	19	18	18	15										
	Weekly Removals	0		4	0	-6	0	2	0	1	-3	0	1	2	0	1	0	3										
	Target	1	20	19	18	18	17	16	15	15	14	13	12	12	11	10	9	9	8	7	6	5	5	4	3	2	2	1	0
	Difference		0	-3	-2	-4	-5	-4	-5	-4	-8	-9	-9	-7	-8	-8	-9	-6										
	Future TCIs	7																	5		2							
	Provisional TCIs	0																	0		0							
219 - Paediatric Plastic Surgery	Starting Cohort		41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41
	Will Breach		41	41	41	37	36	37	36	34	31	31	31	31	30	28	25	23										
	Weekly Removals	1		0	0	4	1	-1	1	2	3	0	0	0	1	2	3	2										
	Target	2	41	39	38	36	35	33	32	30	28	27	25	24	22	21	19	17	16	14	13	11	10	8	6	5	3	2	0
	Difference		0	2	3	1	1	4	4	4	3	4	6	7	8	7	6	6										
	Future TCIs	8																	2		6							
	Provisional TCIs	1																	0		1							
310 - Audio Vestibular Medicine	Starting Cohort		43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43
	Will Breach		43	34	40	41	36	36	35	31	35	28	24	26	24	18	20	17										
	Weekly Removals	2		9	-6	-1	5	0	1	4	-4	7	4	-2	2	6	-2	3										
	Target	2	43	41	40	38	36	35	33	31	30	28	27	25	23	22	20	18	17	15	13	12	10	8	7	5	4	2	0
	Difference		0	-7	0	3	0	1	2	0	5	0	-3	1	1	-4	0	-1										
	Future TCIs	9																	4	4			1					
	Provisional TCIs	0																	0	0			0					
330 - Dermatology	Starting Cohort		743	743	743	743	743	743	743	743	743	743	743	743	743	743	743	743	743	743	743	743	743	743	743	743	743	743
	Will Breach		743	697	662	628	583	550	518	486	458	426	413	393	380	373	362	353										
	Weekly Removals	26		46	35	34	45	33	32	32	28	32	13	20	13	7	11	9										
	Target	28	743	715	686	658	629	601	572	544	516	487	459	430	402	374	345	317	288	260	231	203	175	146	118	89	61	32	4
	Difference		0	-18	-24	-30	-46	-51	-54	-58	-58	-61	-46	-37	-22	-1	17	36										
	Future TCIs	35																	6	11	10	3	4	0			1	
	Provisional TCIs	4																	1	1	1	0	0	1			0	
840 - Audiology	Starting Cohort		79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79
	Will Breach		79	73	72	66	59	47	45	52	53	62	56	57	50	42	41	35										
	Weekly Removals	3		6	1	6	7	12	2	-7	-1	-9	6	-1	7	8	1	6										
	Target	3	79	76	73	70	67	64	61	58	55	52	49	46	43	40	37	34	31	28	25	22	19	16	13	9	6	3	0
	Difference		0	-3	-1	-4	-8	-17	-16	-6	-2	10	7	11	7	2	-4	-1										
	Future TCIs	34																	6	11	5	2	4	4	2			
	Provisional TCIs	0																	0	0	0	0	0	0	0			

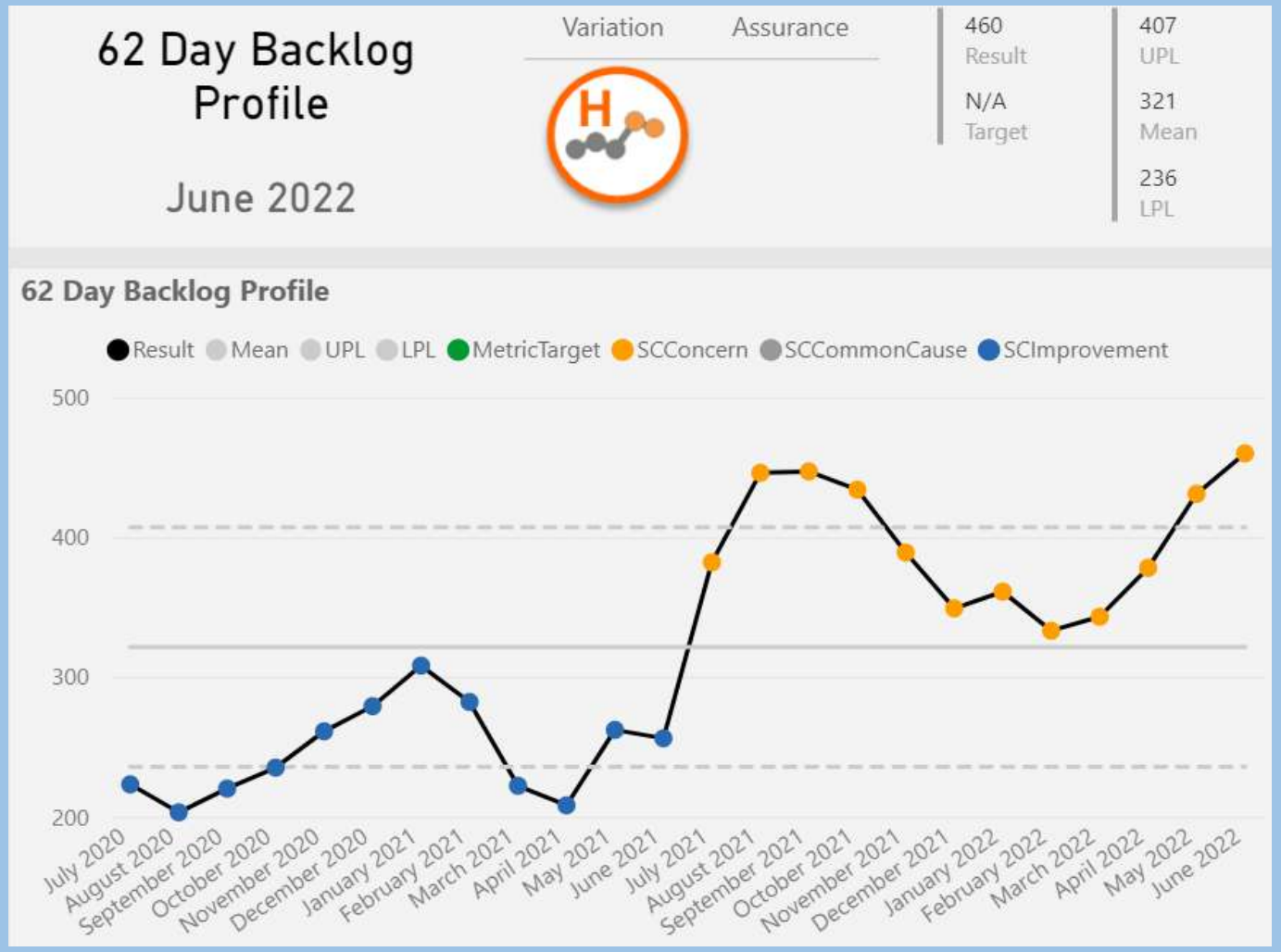
Commentary

There were 8,863 patients in the ''80 weeks by September'' cohort on the 1st April.

This has already reduced to 4,014 patients, but will present a difficult ask over the summer holiday period.

The speciality level forecast indicates any areas adrift from, or at risk with trajectory.

Performance – Cancer 62-Day Backlog Profile



Commentary

June 2022 Performance

The continued focus on achieving the 104 weeks position by the end of June has been a contributing factor for the increase in the number of patients waiting over 62 and 104 days.

Administrative gaps across numerous body sites is causing multiple delays in pathways, patients are taking longer to be removed from the waiting list, which is causing the backlog to be over inflated.

Improvement Actions

1. Deep dive paper presented at HMB w/c 04th July 2022. Oncology Business Case to be presented to HMB in August to assist in resolving the current issues.

2. Additional CTC sessions are planned in Q1 & Q2 22/23, utilising Cancer Alliance funding. Ongoing resource requirements under review.

Risk To Delivery

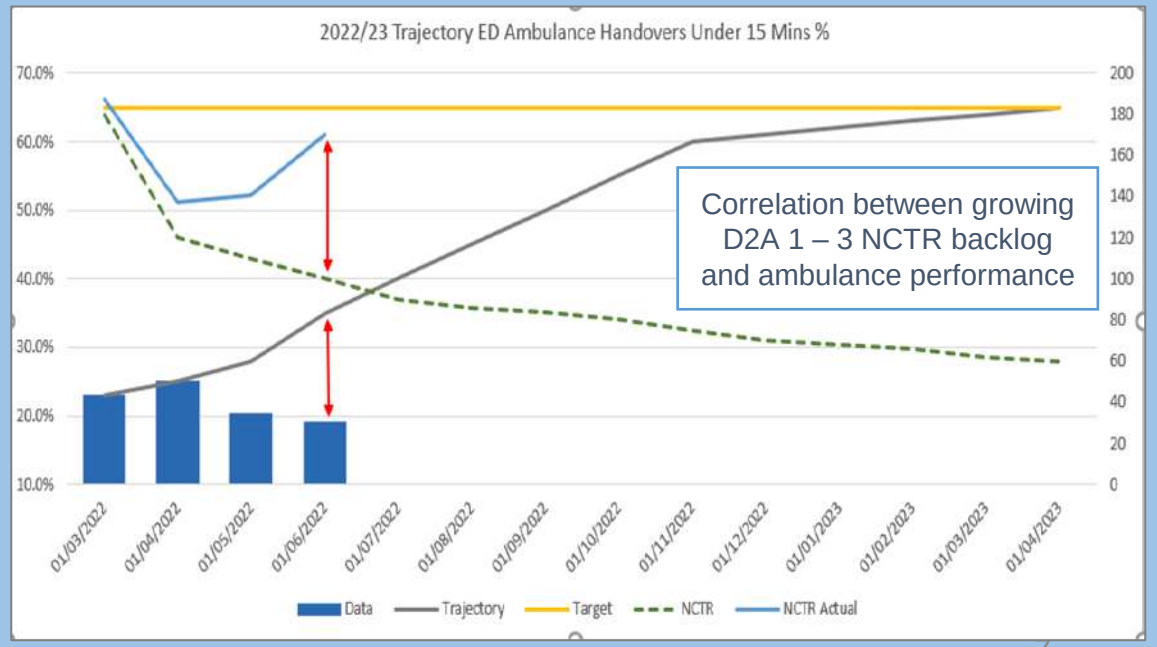
RED

Performance – Ambulance Performance < 15 Minutes

NNUH Digital Health
business intelligence

Hospital Name	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Total
Addenbrookes Hospital	31.43%	27.66%	29.52%	24.45%	25.13%	35.36%	34.48%	32.55%	31.87%	29.27%	25.57%	30.90%	27.10%	29.69%
Basildon & Thurrock Hospital	55.60%	54.18%	50.11%	44.82%	39.47%	35.69%	40.19%	45.17%	40.35%	26.01%	19.98%	21.80%	23.34%	39.77%
Bedford Hospital South Wing	60.42%	60.24%	53.22%	48.02%	47.45%	43.45%	43.26%	43.32%	42.32%	44.60%	38.31%	43.34%	42.63%	47.26%
Broomfield Hospital	66.86%	54.47%	47.73%	37.46%	29.57%	26.95%	30.39%	33.15%	22.51%	16.46%	19.85%	27.52%	29.61%	35.41%
Colchester General Hospital	30.88%	23.01%	14.77%	14.84%	15.13%	14.57%	16.46%	19.49%	16.94%	13.16%	11.53%	17.10%	14.29%	17.48%
Hinchingbrooke Hospital	21.05%	15.11%	13.27%	14.30%	12.56%	15.41%	12.23%	13.69%	16.04%	11.00%	11.67%	12.74%	13.58%	14.20%
Ipswich Hospital	35.26%	25.13%	27.23%	31.64%	31.20%	30.38%	27.00%	31.30%	30.32%	22.62%	21.95%	27.14%	25.97%	28.36%
James Paget Hospital	31.09%	31.93%	21.29%	24.28%	17.55%	20.92%	17.57%	22.75%	18.81%	17.34%	19.95%	23.35%	16.08%	22.56%
Lister Hospital	13.26%	14.75%	10.61%	6.90%	7.33%	7.96%	9.21%	8.32%	8.20%	5.44%	4.95%	5.68%	3.78%	8.50%
Luton And Dunstable Hospital	48.68%	46.28%	44.67%	44.18%	44.07%	38.85%	41.51%	39.37%	38.05%	36.51%	34.81%	35.09%	31.95%	40.68%
Norfolk & Norwich University Hospital	47.83%	43.56%	45.06%	34.32%	25.87%	27.10%	29.32%	26.28%	21.97%	19.51%	24.53%	19.95%	24.24%	31.86%
Peterborough City Hospital	9.83%	6.97%	4.86%	5.91%	7.45%	5.38%	5.27%	4.22%	4.55%	2.44%	4.01%	5.29%	3.79%	5.56%
Princess Alexandra Hospital	23.45%	21.50%	20.50%	19.01%	12.45%	12.78%	14.75%	17.29%	15.50%	11.99%	15.90%	15.34%	16.72%	16.96%
Queen Elizabeth Hospital	49.97%	46.31%	42.45%	37.76%	29.28%	32.39%	31.04%	41.41%	29.90%	20.49%	32.30%	29.85%	20.46%	34.84%
Southend University Hospital	21.53%	23.49%	19.15%	15.21%	13.93%	10.21%	13.20%	12.40%	9.79%	10.01%	13.66%	10.96%	10.30%	14.97%
Watford General Hospital	29.27%	25.90%	29.38%	28.06%	26.54%	25.17%	5.63%	6.69%	6.69%	6.70%	7.61%	5.93%	4.64%	19.80%
West Suffolk Hospital	46.01%	42.95%	41.25%	40.30%	38.41%	40.06%	36.41%	37.36%	41.34%	34.29%	36.39%	38.72%	29.42%	38.95%

KPI	1. Ambulance Handover < 15 min		
Target	65%		
	Actual	Trajectory	Latest Update
Apr-22	24.93%	25.0%	Performance: Performance is 10% below trajectory with us ranking 11th in the EoE. Root Cause: Sustained critical incident and OPEL 4 position across the Trust and ICB – main factor is the increasing D2A 1 – 3 backlogs within the acute, community and mental health hospitals. Peaked at 179 patients without a Criteria to Reside in the NNUH, accounting for 20% of the bed base, and resulting in exit block at the front door. Actions for the Next Period: July position is further deteriorating – CEO and ICB Director escalation to address D2A backlogs. Limited internal mitigation options, but the ED team are working directly with EEAST to ensure clinical oversight and prioritisation of delayed patients in ambulances. Agreement to continue with cohort capacity throughout July.
May-22	20.59%	28.0%	
Jun-22	25.1%	35.0%	
Jul-22		40.0%	
Aug-22		45.0%	
Sep-22		50.0%	
Oct-22		55.0%	
Nov-22		60.0%	
Dec-22		61.0%	
Jan-23		62.0%	
Feb-23		63.0%	
Mar-23		65.0%	



110% Activity – June 2022 Forecast vs Plan Electives (Provisional)

NNUH Digital Health business intelligence

	Plan - Elective IP	Plan - Elective DC	Plan - Total	Actual Delivery - Elective IP	Actual Delivery - Elective DC	Actual Delivery - Total	% Acheivement of Plan (Plan = 110%) Total	Elective IP	Elective DC
Trust Total	**1,211**	**8,477**	**9,687**	**1,017**	**7,770**	**8,787**	**90.7%**	**84.0%**	**91.7%**

Medicine

Specialty		Plan - Elective IP	Plan - Elective DC	Plan - Total	Actual Delivery - Elective IP	Actual Delivery - Elective DC	Actual Delivery - Total	Total	Elective IP	Elective DC
301	Gastroenterology	24	1,989	2,013	20	1,852	1,872	93.0%	82.1%	93.1%
302	Endocrinology	1	11	12	1	13	14	118.3%	82.5%	122.4%
303	Clinical Haematology	34	908	941	17	876	893	94.9%	50.5%	96.5%
308	Blood and Marrow Transplantation	1	7	8	0	0	0	0.0%	0.0%	0.0%
315	Palliative Medicine	0	0	0	0	0	0	0.0%	0.0%	0.0%
320	Cardiology	30	293	323	12	292	304	94.2%	40.5%	99.6%
340	Respiratory Medicine	17	88	105	6	104	110	104.6%	35.8%	117.6%
341	Respiratory Physiology	5	0	5	0	0	0	0.0%	0.0%	0.0%
343	Adult Cystic Fibrosis	3	0	3	0	0	0	0.0%	0.0%	0.0%
361	Renal Medicine	36	31	67	42	47	89	132.4%	117.2%	149.7%
400	Neurology	1	51	52	0	116	116	223.1%	0.0%	227.0%
410	Rheumatology	1	193	194	0	233	233	120.0%	0.0%	120.8%
430	Elderly Medicine	0	7	8	0	15	15	194.1%	0.0%	204.7%
800	Clinical Oncology	40	1,721	1,762	19	1,784	1,803	102.3%	46.9%	103.7%
1	**Medicine Total**	**194**	**5,300**	**5,494**	**117**	**5,332**	**5,449**	**99.2%**	**60.4%**	**100.6%**

CSS

Specialty		Plan - Elective IP	Plan - Elective DC	Plan - Total	Actual Delivery - Elective IP	Actual Delivery - Elective DC	Actual Delivery - Total	% Acheivement of Plan (Plan = 110%) Total	Elective IP	Elective DC
811	Interventional Radiology	0	3	3	0	4	4	127.0%	0.0%	127.0%
4	**CSS Total**	**0**	**3**	**3**	**0**	**4**	**4**	**127.0%**	**0.0%**	**127.0%**

Commentary

The focus on the delivery of the 104-week breaches impacted the volumes of activity through theatres due to complexity/case mix.

110% Activity – June 2022 Forecast vs Plan Electives (Provisional)

NNUH Digital Health business intelligence

Surgery		Plan - Elective IP	Plan - Elective DC	Plan - Total	Actual Delivery - Elective IP	Actual Delivery - Elective DC	Actual Delivery - Total	% Acheivement of Plan (Plan = 110%) Total	Elective IP	Elective DC
Specialty										
100	General Surgery	103	159	262	81	137	218	83.1%	78.3%	86.2%
101	Urology	212	726	938	188	675	863	92.0%	88.9%	92.9%
107	Vascular Surgery	51	73	124	56	43	99	79.8%	108.7%	59.3%
108	Spinal Surgery	33	9	42	21	3	24	57.6%	65.0%	32.0%
110	Trauma and Orthopaedic	232	166	399	188	138	326	81.8%	81.1%	82.9%
120	Ear Nose and Throat	85	191	276	46	157	202	73.3%	53.4%	82.2%
130	Ophthalmology	4	562	566	6	292	298	52.7%	157.5%	52.0%
140	Oral Surgery	22	260	283	13	226	239	84.5%	58.1%	86.8%
141	Restorative Dentistry	0	1	1	0	0	0	0.0%	0.0%	0.0%
160	Plastic Surgery	56	212	267	45	131	176	65.9%	80.9%	61.9%
173	Thoracic Surgery	40	6	46	34	1	35	76.5%	85.5%	16.6%
191	Pain Management	0	199	199	0	102	102	51.1%	0.0%	51.2%
192	Intensive Care Medicine	1	0	1	0	0	0	22.4%	22.4%	0.0%
214	Paediatric Trauma and Orthopaedic	12	19	32	12	9	21	64.6%	93.1%	46.3%
215	Paediatric Ear Nose and Throat	8	16	24	14	18	32	132.7%	171.3%	112.7%
216	Paediatric Ophthalmology	0	1	1	0	9	9	608.4%	0.0%	608.4%
217	Paediatric Oral and Maxillofacial Surgery	0	2	2	0	2	2	81.1%	0.0%	84.2%
219	Paediatric Plastic Surgery	1	3	4	0	1	1	23.3%	0.0%	30.2%
254	Paediatric Audio Vestibular Medicine	0	1	1	0	0	0	0.0%	0.0%	0.0%
330	Dermatology	4	325	330	3	258	261	79.2%	67.1%	79.3%
2	**Surgery Total**	**866**	**2,933**	**3,799**	**707**	**2,201**	**2,908**	**76.6%**	**81.6%**	**75.1%**

Women and Children's		Plan - Elective IP	Plan - Elective DC	Plan - Total	Actual Delivery - Elective IP	Actual Delivery - Elective DC	Actual Delivery - Total	% Acheivement of Plan (Plan = 110%) Total	Elective IP	Elective DC
Specialty										
171	Paediatric Surgery	31	29	60	19	31	50	82.5%	59.8%	107.1%
251	Paediatric Gastroenterology	1	11	12	0	22	22	182.6%	0.0%	199.5%
252	Paediatric Endocrinology	0	14	15	2	10	12	81.4%	540.3%	69.6%
258	Paediatric Respiratory Medicine	1	35	35	0	0	0	0.0%	0.0%	0.0%
260	Paediatric Medical Oncology	0	1	1	0	37	37	6095.8%	0.0%	6095.8%
262	Paediatric Rheumatology	1	7	7	0	14	14	192.8%	0.0%	209.1%
420	Paediatrics	2	54	57	0	37	37	65.4%	0.0%	68.0%
421	Paediatric Neurology	0	0	0	0	1	1	388.5%	0.0%	388.5%
501	Obstetrics	1	0	1	54	0	54	5681.0%	5681.0%	0.0%
502	Gynaecology	114	89	203	119	81	200	98.3%	104.4%	90.6%
3	**W&C Total**	151	240	391	193	233	426	108.8%	127.9%	96.9%

110% Activity – June 2022 Forecast vs Plan Outpatients (Provisional)

NNUH Digital Health business intelligence

	Plan - NEW	NEW - Face to Face	NEW with Procedure - Face to Face	NEW - Telephone	NEW - Video	NEW - TOTAL	Plan = 110% NEW % Achievement of Plan
Trust Total	**23,062**	**16,247**	**3,540**	**2,533**	**405**	**19,185**	**83.2%**

Medicine

Specialty		Plan - NEW	NEW - Face to Face	NEW with Procedure - Face to Face	NEW - Telephone	NEW - Video	NEW - TOTAL	Plan = 110% NEW % Achievement of Plan
300	General Internal Medicine	447	369	0	1	0	**370**	**82.8%**
301	Gastroenterology	594	95	0	183	0	**278**	**46.8%**
302	Endocrinology	178	133	0	0	0	**133**	**74.6%**
303	Clinical Haematology	507	495	0	18	2	**515**	**101.6%**
306	Hepatology	133	70	0	17	0	**87**	**65.6%**
307	Diabetes	327	149	0	118	25	**292**	**89.3%**
308	Blood and Marrow Transplantation	1	1	0	0	0	**1**	**122.2%**
315	Palliative Medicine	222	193	0	4	0	**197**	**88.7%**
320	Cardiology	748	563	69	95	1	**659**	**88.1%**
329	Transient Ischaemic Attack	107	98	13	8	0	**106**	**98.9%**
331	Congenital Heart Disease	15	6	0	2	0	**8**	**52.3%**
340	Respiratory Medicine	249	226	1	13	0	**239**	**96.0%**
341	Respiratory Physiology	127	25	0	50	0	**75**	**58.8%**
350	Infectious Diseases	0	2	0	137	0	**139**	**0.0%**
361	Renal Medicine	97	37	0	9	0	**46**	**47.4%**
400	Neurology	545	316	1	8	0	**324**	**59.5%**
401	Clinical Neurophysiology	379	331	277	0	0	**331**	**87.4%**
410	Rheumatology	424	284	4	9	0	**293**	**69.1%**
430	Elderly Medicine	126	102	0	0	0	**102**	**80.8%**
653	Podiatry	130	85	0	0	0	**85**	**65.6%**
800	Clinical Oncology	1,003	273	0	222	0	**495**	**49.4%**
1	**Medicine**	**6,359**	**3,853**	**364**	**894**	**28**	**4,775**	**75.1%**

Women and Children's

Specialty		Plan - NEW	NEW - Face to Face	NEW with Procedure - Face to Face	NEW - Telephone	NEW - Video	NEW - TOTAL	Plan = 110% NEW % Achievement of Plan
171	Paediatric Surgery	247	192	97	21	17	**230**	**93.2%**
251	Paediatric Gastroenterology	36	33	0	0	0	**33**	**91.6%**
252	Paediatric Endocrinology	26	26	0	1	1	**28**	**106.2%**
253	Paediatric Clinical Haematology	3	2	0	0	0	**2**	**69.7%**
258	Paediatric Respiratory Medicine	36	17	0	11	0	**28**	**78.5%**
260	Paediatric Medical Oncology	1	2	0	0	0	**2**	**141.3%**
262	Paediatric Rheumatology	23	20	0	0	0	**20**	**86.8%**
263	Paediatric Diabetes	4	1	0	0	0	**1**	**23.2%**
264	Paediatric Cystic Fibrosis	1	0	0	0	0	**0**	**0.0%**
321	Paediatric Cardiology	0	36	0	0	0	**36**	**0.0%**
420	Paediatrics	445	198	0	150	0	**348**	**78.2%**
421	Paediatric Neurology	54	69	0	0	0	**69**	**126.9%**
422	Neonatal Critical Care	0	0	0	0	0	**0**	**0.0%**
424	Well Baby	0	0	0	0	0	**0**	**0.0%**
501	Obstetrics	584	271	0	0	186	**456**	**78.1%**
502	Gynaecology	1,148	999	421	12	0	**1,011**	**88.0%**
503	Gynaecological Oncology	70	51	5	0	0	**51**	**72.6%**
505	Fetal Medicine Service	0	48	0	0	0	**48**	**0.0%**
3	**W&C**	**2,680**	**1,965**	**523**	**195**	**204**	**2,364**	**88.2%**

110% Activity – June 2022 Forecast vs Plan Outpatients (Provisional)

NNUH Digital Health business intelligence

Surgery

Specialty		Plan - NEW	NEW - Face to Face	NEW with Procedure - Face to Face	NEW - Telephone	NEW - Video	NEW - TOTAL	Plan = 110% NEW % Achievement of Plan
100	General Surgery	1,309	1,275	40	221	0	**1,495**	**114.2%**
101	Urology	1,344	1,190	166	341	0	**1,531**	**113.9%**
107	Vascular Surgery	198	187	9	15	0	**202**	**101.8%**
108	Spinal Surgery	188	71	1	7	0	**78**	**41.4%**
110	Trauma and Orthopaedic	1,478	1,306	5	73	0	**1,379**	**93.3%**
120	Ear Nose and Throat	1,724	1,194	606	138	0	**1,331**	**77.2%**
130	Ophthalmology	1,933	1,385	515	3	4	**1,392**	**72.0%**
140	Oral Surgery	420	476	0	0	0	**476**	**113.3%**
141	Restorative Dentistry	4	0	0	0	0	**0**	**0.0%**
143	Orthodontic	24	57	3	0	0	**57**	**236.0%**
144	Maxillofacial Surgery	27	22	0	0	0	**22**	**81.8%**
160	Plastic Surgery	362	281	14	4	5	**290**	**79.9%**
173	Thoracic Surgery	32	19	0	0	0	**19**	**60.3%**
190	Anaesthetic	11	0	0	0	0	**0**	**0.0%**
191	Pain Management	229	57	0	84	0	**141**	**61.5%**
211	Paediatric Urology	16	12	3	4	0	**16**	**100.0%**
214	Paediatric Trauma and Orthopaedic	281	102	0	180	2	**284**	**101.0%**
215	Paediatric Ear Nose and Throat	212	113	32	17	0	**129**	**60.9%**
216	Paediatric Ophthalmology	192	152	9	0	1	**153**	**80.0%**
219	Paediatric Plastic Surgery	20	29	7	0	0	**29**	**146.8%**
254	Paediatric Audio Vestibular Medicine	246	241	121	0	0	**241**	**98.0%**
257	Paediatric Dermatology	57	54	24	0	0	**54**	**94.3%**
304	Clinical Physiology	183	143	120	0	0	**143**	**78.1%**
310	Audio Vestibular Medicine	162	136	100	3	8	**147**	**90.5%**
317	Allergy	5	2	1	0	0	**2**	**43.1%**
330	Dermatology	1,149	835	693	0	0	**835**	**72.6%**
658	Orthotics	153	95	0	0	0	**95**	**62.1%**
840	Audiology	555	300	148	0	0	**300**	**54.0%**
2	**Surgery**	**12,515**	**9,731**	**2,614**	**1,089**	**20**	**10,841**	**86.6%**

Clinical Support Services

Specialty		Plan - NEW	NEW - Face to Face	NEW with Procedure - Face to Face	NEW - Telephone	NEW - Video	NEW - TOTAL	Plan = 110% NEW % Achievement of Plan
311	Clinical Genetics	11	0	0	0	0	**0**	**0.0%**
650	Physiotherapy	768	375	4	144	94	**613**	**79.8%**
651	Occupational Therapy	341	188	34	74	24	**286**	**83.9%**
652	Speech and Language Therapy	48	6	0	6	7	**20**	**40.9%**
654	Dietetics	308	88	0	126	25	**239**	**77.6%**
711	Child and Adolescent Psychiatry	11	9	0	1	3	**13**	**113.6%**
811	Interventional Radiology	6	17	0	5	0	**22**	**363.6%**
4	**CSS**	**1,494**	**683**	**38**	**356**	**153**	**1,192**	**79.8%**

Activity – Non-Theatre Activity 120% – Medicine

Speciality	Values	April	May	June	July	August	September	October	November	December	January	February	March	Year to Date
308 - Blood and Marrow Transplantation														
	22/23 Actual	0	0	1										1
Recovery Trajectory	19/20 - 120%	19	8	5	4	5	12	7	4	11	7	6	4	32
	% of 19/20	0%	0%	25%										4%
	Variance to 120%	-19	-8	-4										-31
301 - Gastroenterology														
	22/23 Actual	1,811	2,037	1,851										5,699
Recovery Trajectory	19/20 - 120%	2,147	2,317	2,202	2,552	2,099	2,162	2,371	2,198	2,258	2,406	2,252	1,368	6,666
	% of 19/20	101%	105%	101%										103%
	Variance to 120%	-336	-280	-351										-967
303 - Clinical Haematology														
	22/23 Actual	825	968	876										2,669
Recovery Trajectory	19/20 - 120%	946	1,100	978	1,024	1,048	966	1,058	1,051	1,003	1,092	1,028	886	3,024
	% of 19/20	105%	106%	107%										106%
	Variance to 120%	-121	-132	-102										-355
800 - Clinical Oncology														
	22/23 Actual	1,776	1,817	1,786										5,379
Recovery Trajectory	19/20 - 120%	1,975	2,116	1,844	2,177	2,045	1,963	2,134	1,889	1,812	1,966	1,760	1,914	5,935
	% of 19/20	108%	103%	116%										109%
	Variance to 120%	-199	-299	-58										-556
302 - Endocrinology														
	22/23 Actual	6	10	13										29
Recovery Trajectory	19/20 - 120%	5	18	8	19	13	10	17	16	7	13	14	7	31
	% of 19/20	150%	67%	186%										112%
	Variance to 120%	1	-8	5										-2
320 - Cardiology														
	22/23 Actual	275	270	309										854
Recovery Trajectory	19/20 - 120%	313	328	260	304	300	304	330	344	334	402	413	419	901
	% of 19/20	105%	99%	142%										114%
	Variance to 120%	-38	-58	49										-47
410 - Rheumatology														
	22/23 Actual	203	223	233										659
Recovery Trajectory	19/20 - 120%	202	217	216	224	218	175	220	260	205	239	222	113	635
	% of 19/20	121%	123%	129%										125%
	Variance to 120%	1	6	17										24
340 - Respiratory Medicine														
	22/23 Actual	86	115	104										305
Recovery Trajectory	19/20 - 120%	97	90	94	106	98	91	96	96	97	115	112	74	281
	% of 19/20	106%	153%	133%										130%
	Variance to 120%	-11	25	10										24
361 - Renal Medicine														
	22/23 Actual	51	48	48										147
Recovery Trajectory	19/20 - 120%	29	36	30	43	24	35	34	31	28	35	35	26	95
	% of 19/20	213%	160%	192%										186%
	Variance to 120%	22	12	18										52
400 - Neurology														
	22/23 Actual	124	115	116										355
Recovery Trajectory	19/20 - 120%	62	65	44	49	58	47	67	44	47	68	72	52	172
	% of 19/20	238%	213%	314%										248%
	Variance to 120%	62	50	72										183

Commentary

To compensate for the reduced throughput in Main Theatres to match the demands of 104 and 78 weeks and the cancer priorities, the non-theatre day cases will aim to deliver at 120% of 19/20 levels.

This process and tracking will commence in July and be managed as part of the 104-week elective process, established in October.

Activity – Non-Theatre Activity 120% – Surgery

NNUH Digital Health business intelligence

Speciality	Values	April	May	June	July	August	September	October	November	December	January	February	March	Year to Date
130 - Ophthalmology														
	22/23 Actual	204	224	294										722
Recovery Trajectory	19/20 - 120%	612	714	642	743	670	679	642	718	544	670	557	410	1,968
	% of 19/20	40%	38%	55%										44%
	Variance to 120%	**-408**	**-490**	**-348**										-1,246
191 - Pain Management														
	22/23 Actual	38	43	43										124
Recovery Trajectory	19/20 - 120%	102	109	109	108	90	120	112	120	91	95	113	67	320
	% of 19/20	45%	47%	47%										46%
	Variance to 120%	**-64**	**-66**	**-66**										-196
107 - Vascular Surgery														
	22/23 Actual	23	17	21										61
Recovery Trajectory	19/20 - 120%	41	44	50	47	40	49	31	40	40	43	28	47	136
	% of 19/20	68%	46%	50%										54%
	Variance to 120%	**-18**	**-27**	**-29**										-75
120 - Ear Nose and Throat														
	22/23 Actual	23	27	24										74
Recovery Trajectory	19/20 - 120%	38	30	49	42	54	37	55	48	44	40	40	38	118
	% of 19/20	72%	108%	59%										76%
	Variance to 120%	**-15**	**-3**	**-25**										-44
100 - General Surgery														
	22/23 Actual	12	21	24										57
Recovery Trajectory	19/20 - 120%	31	28	29	52	20	38	32	37	31	19	37	35	88
	% of 19/20	46%	91%	100%										78%
	Variance to 120%	**-19**	**-7**	**-5**										-31
140 - Oral Surgery														
	22/23 Actual	99	213	184										496
Recovery Trajectory	19/20 - 120%	293	245	210	227	215	162	251	221	148	202	191	146	748
	% of 19/20	41%	104%	105%										80%
	Variance to 120%	**-194**	**-32**	**-26**										-252
330 - Dermatology														
	22/23 Actual	299	255	259										813
Recovery Trajectory	19/20 - 120%	376	391	346	378	408	324	420	385	349	344	349	293	1,112
	% of 19/20	96%	78%	90%										88%
	Variance to 120%	**-77**	**-136**	**-87**										-299
101 - Urology														
	22/23 Actual	125	113	111										349
Recovery Trajectory	19/20 - 120%	70	71	110	128	106	108	152	134	108	109	101	106	251
	% of 19/20	216%	192%	121%										167%
	Variance to 120%	**55**	**42**	**1**										98
214 - Paediatric Trauma and Orthopaedic														
	22/23 Actual	4	4	3										11
Recovery Trajectory	19/20 - 120%	2	1	2	2	5	4	5	2	4	2	4	1	6
	% of 19/20	200%	400%	150%										220%
	Variance to 120%	**2**	**3**	**1**										5
160 - Plastic Surgery														
	22/23 Actual	96	69	92										257
Recovery Trajectory	19/20 - 120%	37	49	54	60	56	53	56	56	26	56	38	26	140
	% of 19/20	310%	168%	204%										220%
	Variance to 120%	**59**	**20**	**38**										117
110 - Trauma and Orthopaedic														
	22/23 Actual	38	57	53										148
Recovery Trajectory	19/20 - 120%	17	22	16	25	25	23	12	30	7	29	10	18	54
	% of 19/20	271%	317%	408%										329%
	Variance to 120%	**21**	**35**	**37**										94

Activity – Non-Theatre Activity 120% – W&C

NNUH Digital Health
business intelligence

Speciality	Values	April	May	June	July	August	September	October	November	December	January	February	March	Year to Date
258 - Paediatric Respiratory Medicine														
	22/23 Actual	0	0	2										2
Recovery Trajectory	19/20 - 120%	40	44	42	52	41	31	40	36	23	55	36	28	126
	% of 19/20	0%	0%	6%										2%
	Variance to 120%	**-40**	**-44**	**-40**										-124
420 - Paediatric														
	22/23 Actual	29	20	37										86
Recovery Trajectory	19/20 - 120%	48	43	41	60	50	61	73	88	73	84	71	25	132
	% of 19/20	73%	56%	109%										78%
	Variance to 120%	**-19**	**-23**	**-4**										-46
502 - Gynaecology														
	22/23 Actual	23	19	19										61
Recovery Trajectory	19/20 - 120%	13	19	24	34	12	17	20	14	29	23	25	28	56
	% of 19/20	209%	119%	95%										130%
	Variance to 120%	**10**	**-0**	**-5**										5
252 - Paediatric Endocrinology														
	22/23 Actual	19	15	11										45
Recovery Trajectory	19/20 - 120%	11	12	12	14	11	24	13	12	14	29	20	13	35
	% of 19/20	211%	150%	110%										155%
	Variance to 120%	**8**	**3**	**-1**										10
262 - Paediatric Rheumatology														
	22/23 Actual	20	15	14										49
Recovery Trajectory	19/20 - 120%	6	2	6	7	4	8	7	11	6	10	5	10	14
	% of 19/20	400%	750%	280%										408%
	Variance to 120%	**14**	**13**	**8**										35
251 - Paediatric Gastroenterology														
	22/23 Actual	3	7	11										21
Recovery Trajectory	19/20 - 120%	5	0	1	4	1	5	1	1	1	0	2	1	6
	% of 19/20	75%		1100%										420%
	Variance to 120%	**-2**	**7**	**10**										15
260 - Paediatric Medical Oncology														
	22/23 Actual	18	33	37										88
Recovery Trajectory	19/20 - 120%	0	2	2	1	0	1	2	1	1	2	0	1	5
	% of 19/20		1650%	1850%										2200%
	Variance to 120%	**18**	**31**	**35**										83

Supplementary Report

Non-Elective Care

Non-Elective Summary Overview

NNUH Digital Health
business intelligence

NNUH Non-Elective Recovery & Improvement Plan 2022/23

Core Clinical Review Standards

KPI	1. Ambulance Handover < 15 min			2. Ambulance Handover < 30 min			3. Ambulance Handover > 60 min			4. Initial Assessment < 15 mins			5. Admitted within 1 hour of clinically ready to proceed			6. Total Time in ED < 12 hours			7. Average Time in ED (Non-Adm)			8. 4hr Standard		
Target	65%			95%			5%			100%			100%			98%			220			95%		
	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update
Apr-22	24.93%	25.0%	Behind trajectory due to exit block out of ED and lack of space to receive patients quickly; directly linked to the rise in D2A 1 – 3 backlogs	52.18%	50.0%	10% off trajectory due to the discharge backlogs and inability to transfer patients from ED into the assessment units for admission	30.37%	32.0%	On trajectory, but only due to focus on zero tolerance for long delays with use of the trigger tool and placing additional patients in bays	43.52%	31.7%	Adrift from trajectory, linked to lack of available capacity to see patients in – reconfiguration helped, but the volumes of walk-in attendances and gaps in GP streaming have caused delays	23.39%	19.2%	Significantly behind trajectory due to exit block on the wards with the rise in delayed pathway 1 – 3 patients – continue to use surge capacity and pushing discharges and plans internally	88.58%	88.4%	Still below trajectory, but the average time for admitted patients is over 12hrs, affecting the overall wait time	272	293	On track despite increased attendances	70.26%	63.9%	Better than predicted despite significant overcrowding and CRTP delays; team focusing on avoidable breaches, which will continue
May-22	20.59%	28.0%		45.82%	54.0%		31.71%	28.0%		37.22%	40.0%		16.46%	24.0%		88.73%	89.0%		275	290		68.42%	64.0%	
Jun-22	25.12%	35.0%		52.94%	62.0%		25.77%	25.0%		40.24%	49.0%		15.30%	30.0%		88.68%	90.0%		282	286		68.11%	66.0%	
Jul-22		40.0%			69.0%			20.0%			62.0%			38.0%			90.5%			280			68.0%	
Aug-22		45.0%			75.0%			16.0%			68.0%			49.0%			91.0%			275			70.0%	
Sep-22		50.0%			80.0%			12.0%			76.0%			57.0%			92.0%			270			72.0%	
Oct-22		55.0%			84.0%			10.0%			80.0%			70.0%			94.0%			261			76.0%	
Nov-22		60.0%			88.0%			9.0%			86.0%			78.0%			95.0%			250			78.0%	
Dec-22		61.0%			91.0%			8.0%			89.0%			87.0%			96.0%			240			85.0%	
Jan-23		62.0%			92.0%			8.0%			95.0%			94.0%			97.0%			232			89.0%	
Feb-23		63.0%			93.0%			7.0%			98.0%			98.0%			97.5%			228			91.0%	
Mar-23		65.0%			95.0%			5.0%			100.0%			100.0%			98.0%			220			95.0%	

Non-electiveImprovement Additional Internal KPIs

KPI	9. SDEC Activity as total of emergency presentations excl. ED			10. Average Time in ED (Adm)			11. Virtual Ward Activity			12. Average LOS			13. D2A 0 Patients NC2R			14. GP Streaming			15. D2A 1 - 3 Patients NC2R (now <6.5% of bed base, was 2.5%)			16. Discharges Before 12 Noon		
Target	60%			220			Avg. 60 Patients			4.5			50			28%			60			25%		
	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update
Apr-22	51.53%	53.1%	Slightly lower than forecast, but still significantly above national average. NHSE/I visit planned	669	635	Slightly better than last month, but remains very high due to long waits for a bed	16	20	Improved, but still below trajectory – workshop planned to review pathways	5.2	5.4	Improvement mainly due to drive on more effective R2G and Divisional focus on C2R and increasing pathway zero discharges	68	68	Good progress made with large reduction in patients without a criteria to reside being delayed - new digital process embedded	19.8%	15.0%	Sickness has contributed to lower performance than expected – to be included in the NHSE/I review	137	130	Performance deteriorated and the impact directly correlates with the poor ED position due to exit block – support via the ICS and the region	15.8%	14.0%	Just holding position, but next month will be a challenge due to fewer D2A planned discharges
May-22	52.79%	53.0%		666	625		18	25		5.1	5.4		65	67		16.3%	16.0%		134	120		15.8%	15.0%	
Jun-22	53.08%	54.0%		659	620		25	30		5.0	5.3		60	66		16.1%	17.0%		146	110		15.9%	16.0%	
Jul-22		54.5%			613			32			5.2			65			18.0%			100			17.0%	
Aug-22		55.0%			599			35			5.1			64			19.0%			90			18.0%	
Sep-22		56.0%			580			41			5			63			20.0%			86			19.0%	
Oct-22		56.5%			542			46			4.9			62			22.0%			84			20.0%	
Nov-22		57.0%			500			49			4.8			61			24.0%			80			21.0%	
Dec-22		57.5%			402			54			4.8			60			25.0%			75			22.0%	
Jan-23		58.0%			300			56			4.7			58			26.0%			70			23.0%	
Feb-23		59.0%			240			58			4.6			55			27.0%			68			24.0%	
Mar-23		60.0%			220			60			4.5			50			28.0%			66			25.0%	

Performance – Ambulance Performance < 30 Minutes

NNUH Digital Health business intelligence

Hospital Name	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Total
Addenbrookes Hospital	78.60%	70.58%	70.93%	68.39%	68.20%	81.17%	82.11%	77.44%	78.25%	70.00%	71.65%	80.84%	73.26%	74.78%
Basildon & Thurrock Hospital	93.46%	92.43%	87.39%	83.89%	83.33%	76.09%	82.67%	89.63%	80.36%	64.68%	60.36%	59.42%	59.60%	79.52%
Bedford Hospital South Wing	95.33%	93.55%	92.85%	88.70%	86.91%	80.14%	84.71%	83.54%	83.30%	87.48%	81.10%	89.32%	90.66%	87.71%
Broomfield Hospital	98.42%	90.02%	87.67%	75.22%	72.20%	65.59%	71.65%	72.52%	62.17%	49.42%	55.58%	69.47%	73.36%	73.84%
Colchester General Hospital	97.78%	89.50%	77.02%	82.29%	84.08%	79.11%	80.89%	88.00%	84.08%	74.02%	76.50%	82.78%	73.29%	82.78%
Hinchingbrooke Hospital	68.39%	58.54%	48.34%	51.75%	52.79%	55.30%	49.10%	56.88%	53.43%	42.14%	51.95%	54.02%	52.43%	53.88%
Ipswich Hospital	87.98%	80.40%	79.63%	80.99%	75.25%	77.71%	74.77%	72.01%	71.90%	67.17%	72.71%	79.81%	73.40%	76.72%
James Paget Hospital	80.15%	82.07%	68.89%	71.15%	57.13%	72.69%	65.83%	67.87%	55.03%	54.23%	57.76%	67.12%	51.08%	67.08%
Lister Hospital	70.23%	67.51%	60.68%	52.60%	45.81%	51.58%	55.14%	49.45%	50.75%	41.01%	31.25%	38.72%	39.14%	51.43%
Luton And Dunstable Hospital	91.38%	90.02%	86.62%	84.69%	85.09%	80.29%	81.42%	80.95%	78.10%	79.12%	78.61%	82.02%	76.43%	83.00%
Norfolk & Norwich University Hospital	81.62%	77.23%	80.10%	65.44%	57.90%	57.45%	60.03%	54.91%	46.49%	43.24%	51.25%	45.42%	52.14%	62.06%
Peterborough City Hospital	48.83%	41.77%	38.15%	41.16%	48.27%	38.10%	39.20%	36.91%	37.48%	28.28%	33.89%	36.06%	35.89%	39.27%
Princess Alexandra Hospital	61.97%	59.38%	59.62%	50.64%	41.76%	45.70%	47.16%	50.78%	43.81%	40.62%	50.69%	50.00%	54.43%	51.00%
Queen Elizabeth Hospital	79.95%	72.95%	70.72%	66.75%	56.37%	59.53%	59.28%	72.84%	61.41%	43.66%	62.47%	58.09%	45.48%	63.04%
Southend University Hospital	84.96%	85.76%	83.09%	70.71%	68.41%	57.38%	64.61%	56.70%	49.09%	40.76%	45.92%	47.08%	52.02%	65.09%
Watford General Hospital	76.66%	70.88%	72.03%	75.18%	72.30%	69.32%	57.35%	55.64%	50.89%	52.36%	54.01%	46.35%	33.72%	64.90%
West Suffolk Hospital	91.31%	89.30%	91.84%	89.28%	84.66%	87.54%	88.38%	88.57%	91.07%	85.17%	89.28%	90.58%	79.92%	88.35%

KPI	2. Ambulance Handover < 30 min		
Target	95%		
	Actual	Trajectory	Latest Update
Apr-22	52.18%	50.0%	
May-22	45.82%	54.0%	
Jun-22	52.14%	62.0%	
Jul-22		69.0%	
Aug-22		75.0%	
Sep-22		80.0%	
Oct-22		84.0%	
Nov-22		88.0%	
Dec-22		91.0%	
Jan-23		92.0%	
Feb-23		93.0%	
Mar-23		95.0%	

Performance: Ranking 11th in region with the same deterioration of 10% behind trajectory.

Root Cause: Continued issues, relating to the overall ED capacity and flow – exit block continues to be the main challenge with increasing high D2A 1 – 3 delays.

Actions for the Next Period: Work with System partners to progress D2A recovery plans; internally drive pathway zero discharges and use of alternative pathways, like SDEC and the virtual ward.

Performance – Ambulance Performance > 60 Minutes

NNUH Digital Health business intelligence

Hospital Name	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Total
Addenbrookes Hospital	6.22%	13.31%	11.89%	13.99%	12.52%	6.19%	4.74%	7.66%	6.73%	13.06%	11.98%	4.53%	9.29%	9.36%
Basildon & Thurrock Hospital	0.78%	1.83%	4.33%	4.95%	4.51%	8.05%	5.47%	2.10%	6.77%	16.13%	18.68%	21.03%	19.79%	7.93%
Bedford Hospital South Wing	1.29%	1.96%	1.91%	5.17%	5.17%	9.03%	6.28%	7.38%	5.62%	4.38%	7.97%	2.59%	2.60%	4.63%
Broomfield Hospital	0.12%	3.70%	3.12%	10.68%	12.41%	15.42%	11.82%	13.79%	20.74%	27.16%	24.47%	13.83%	10.91%	12.21%
Colchester General Hospital	0.23%	2.46%	8.30%	7.52%	4.95%	6.09%	5.64%	2.26%	4.01%	8.60%	6.62%	5.86%	10.47%	5.43%
Hinchingbrooke Hospital	9.10%	16.48%	26.78%	18.45%	18.04%	18.97%	22.39%	15.75%	20.10%	30.65%	19.94%	19.42%	20.69%	19.46%
Ipswich Hospital	3.12%	4.65%	5.84%	7.26%	10.87%	9.15%	10.57%	14.49%	11.15%	14.91%	12.41%	6.65%	10.70%	9.17%
James Paget Hospital	7.46%	8.05%	17.63%	15.52%	25.99%	13.72%	17.78%	16.97%	27.88%	29.66%	23.97%	18.22%	31.79%	18.36%
Lister Hospital	9.97%	12.80%	16.17%	20.34%	25.64%	21.45%	17.96%	21.64%	17.65%	23.72%	36.20%	27.19%	29.72%	20.93%
Luton And Dunstable Hospital	1.19%	1.59%	2.59%	4.44%	3.76%	7.28%	6.49%	6.95%	8.38%	9.21%	8.50%	5.13%	8.38%	5.50%
Norfolk & Norwich University Hospital	5.16%	8.22%	7.67%	18.49%	23.18%	23.89%	22.29%	27.70%	36.78%	38.70%	31.59%	32.17%	27.25%	21.16%
Peterborough City Hospital	25.40%	29.64%	32.31%	27.46%	21.58%	32.66%	28.78%	31.54%	33.01%	38.57%	36.52%	27.61%	31.25%	30.15%
Princess Alexandra Hospital	17.88%	17.96%	15.25%	23.90%	30.33%	29.07%	26.88%	25.12%	31.26%	34.62%	20.87%	21.22%	19.13%	23.78%
Queen Elizabeth Hospital	9.04%	13.47%	17.02%	19.16%	26.85%	26.30%	27.87%	13.96%	21.74%	44.30%	25.14%	27.45%	38.75%	23.19%
Southend University Hospital	2.75%	3.10%	4.95%	8.72%	13.31%	17.18%	15.96%	23.74%	29.70%	35.01%	33.10%	31.62%	23.96%	16.46%
Watford General Hospital	7.20%	10.60%	11.07%	8.99%	10.68%	10.68%	11.97%	10.57%	12.85%	12.36%	11.07%	18.54%	32.95%	11.78%
West Suffolk Hospital	1.38%	2.72%	0.94%	3.19%	5.34%	4.33%	3.43%	3.12%	2.65%	4.98%	2.40%	1.58%	5.70%	3.16%

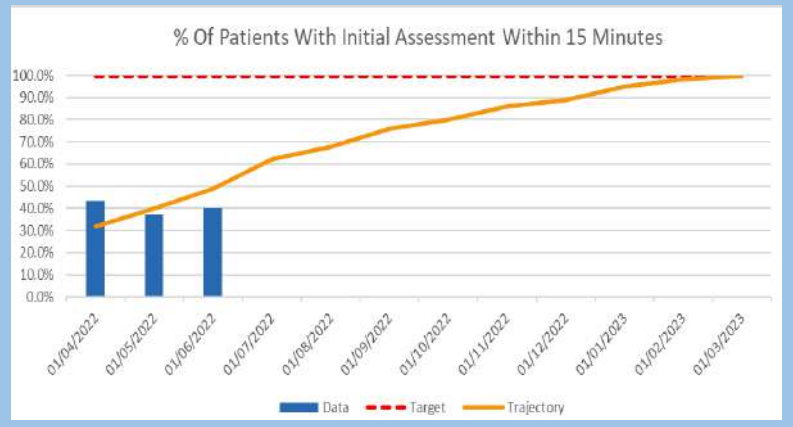
KPI	3. Ambulance Handover > 60 min		
Target	5%		
	Actual	Trajectory	Latest Update
Apr-22	30.37%	32.0%	
May-22	31.71%	28.0%	
Jun-22	27.25%	25.0%	
Jul-22		20.0%	
Aug-22		16.0%	
Sep-22		12.0%	
Oct-22		10.0%	
Nov-22		9.0%	
Dec-22		8.0%	
Jan-23		8.0%	
Feb-23		7.0%	
Mar-23		5.0%	

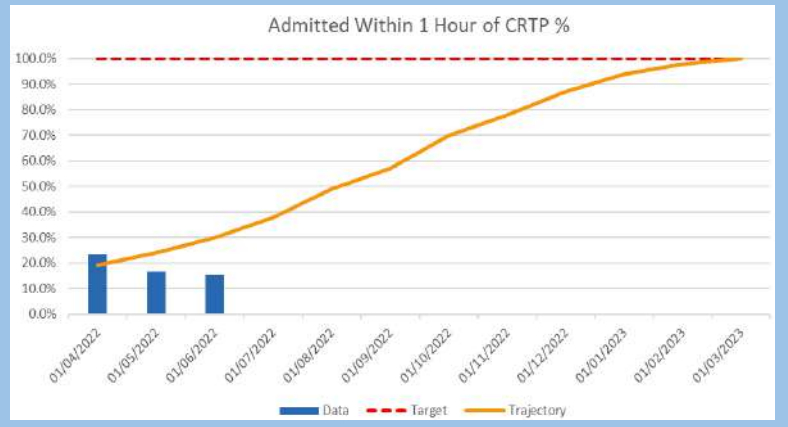
Performance: Ranking 12th in region, only 2% adrift from trajectory, but the volumes of breaches remain a concern.

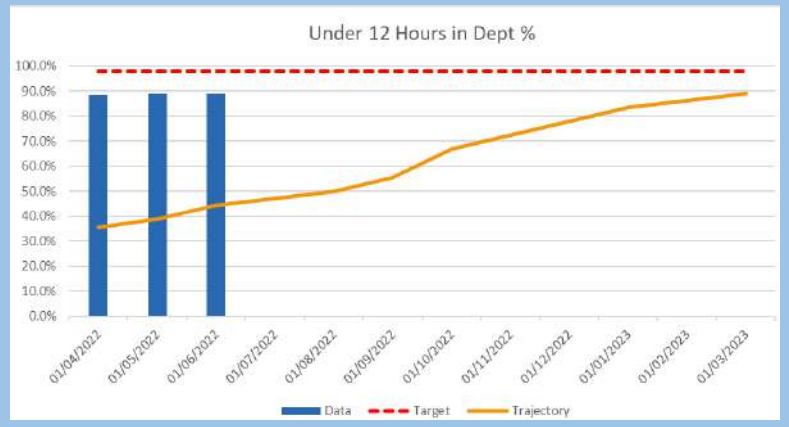
Root Cause: Capacity constraints across the Trust have caused more extensive delays in beds being available for patients with a decision to admit, with the average wait rising to nearly 13 hours; this has directly affected the ability to receive ambulances effectively.

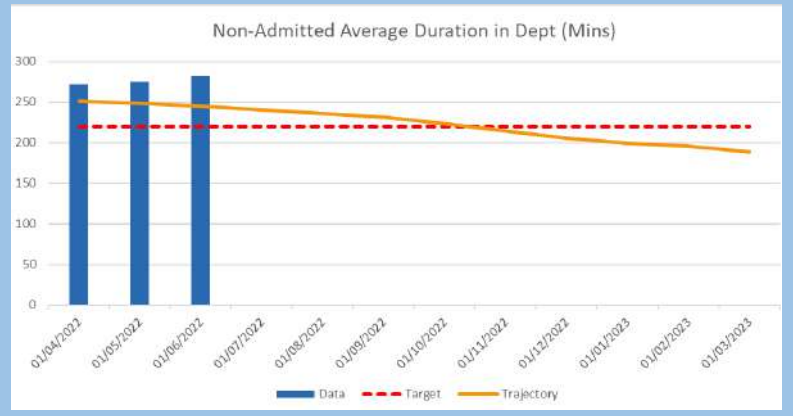
Actions for the Next Period: Work with EEAST and ED teams to ensure safety reviews and clinical prioritisation takes place. Progress outputs of System intervention actions and continue focus on the pathway zero discharge processes.

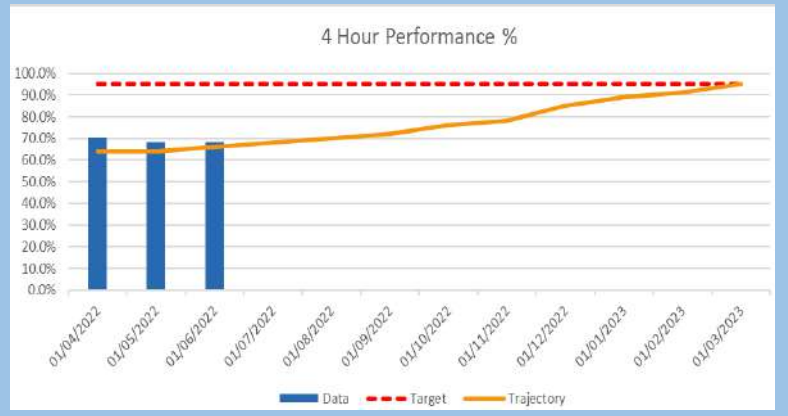
Performance – ED Performance

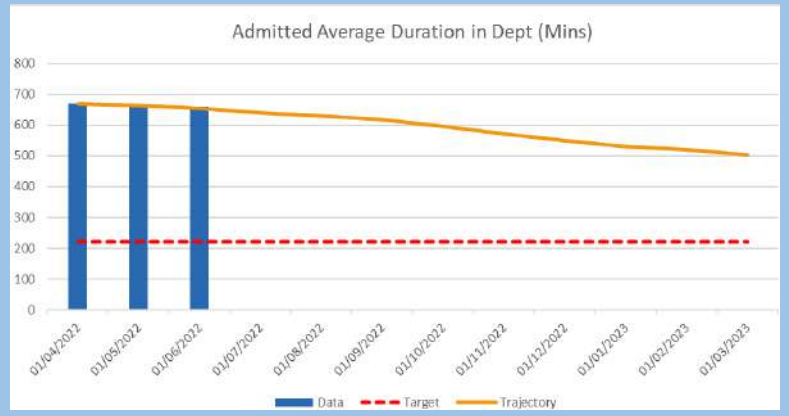












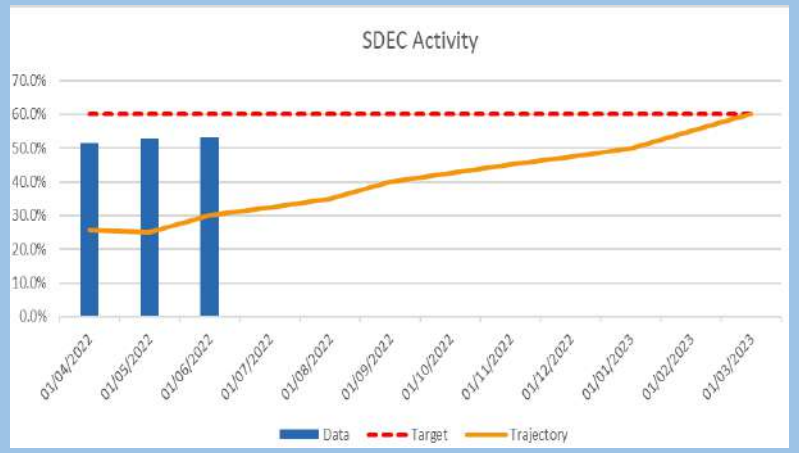
Commentary

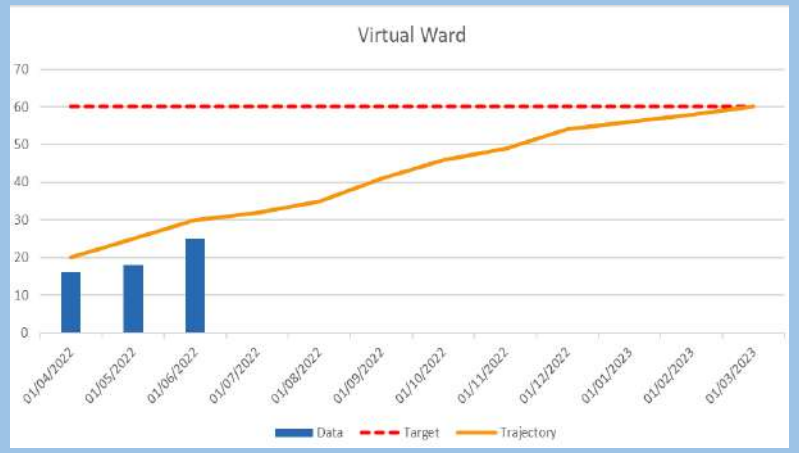
Performance: The overall the position reflects the extremely challenged situation and the Trust being in a constant state of business continuity and OPEL 4 status. However, we are maintaining the 4hr and admitted trajectories, despite the challenges faced as a result of a focus on the non-admitted pathways and elements within the influence of the ED department. The CRTP poor performance is the most adrift, and corresponds to the poor discharge profile.

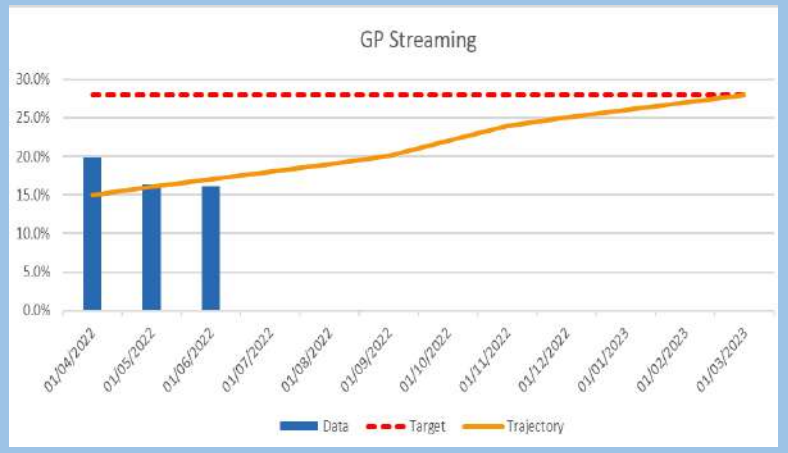
Root Cause: Attendances continue to be higher than previous with the average rising from 686 patients a week to 726 during June – this is across the board, but mostly paeds and minors, which is why the 4hr position has not deteriorated as much as the other standards, but the average time for no-admitted has deteriorated because of the increased volumes.

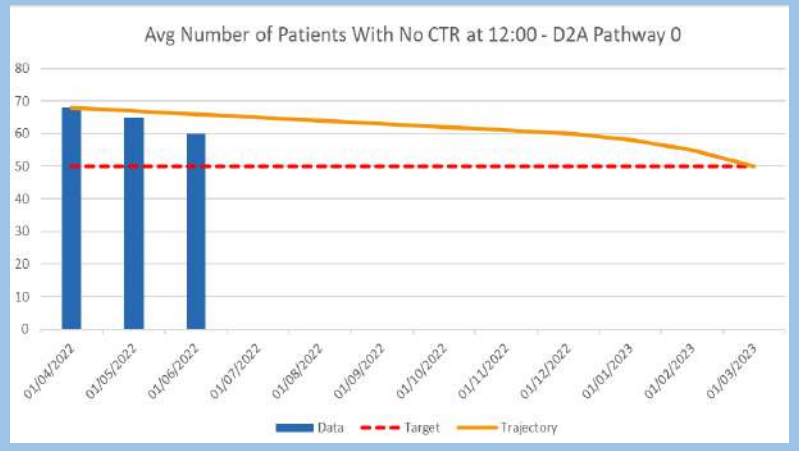
Actions for the Next Period: Missed opportunities audit supported by NHSE/I on 27th July – will inform alternative pathway management options. Other actions linked to discharge improvement via the ICS.

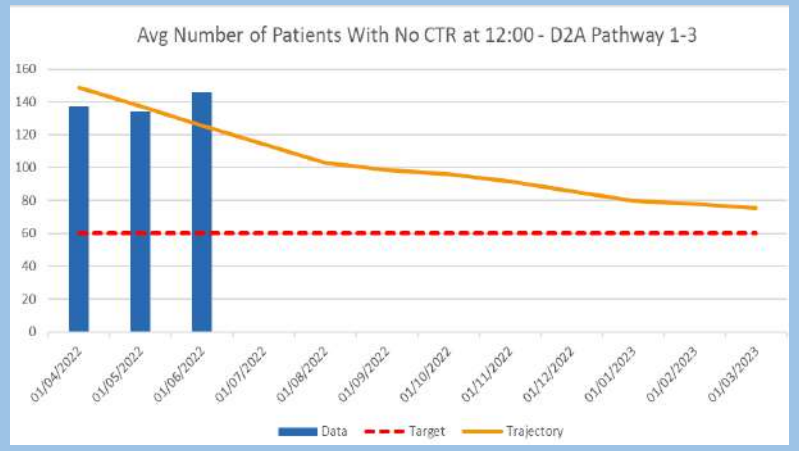
Performance – Through & Out: Alternative Pathways & Discharge

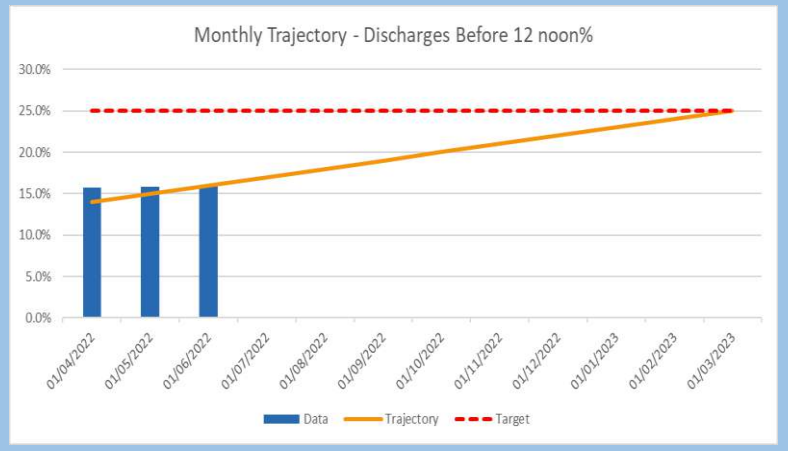












Commentary

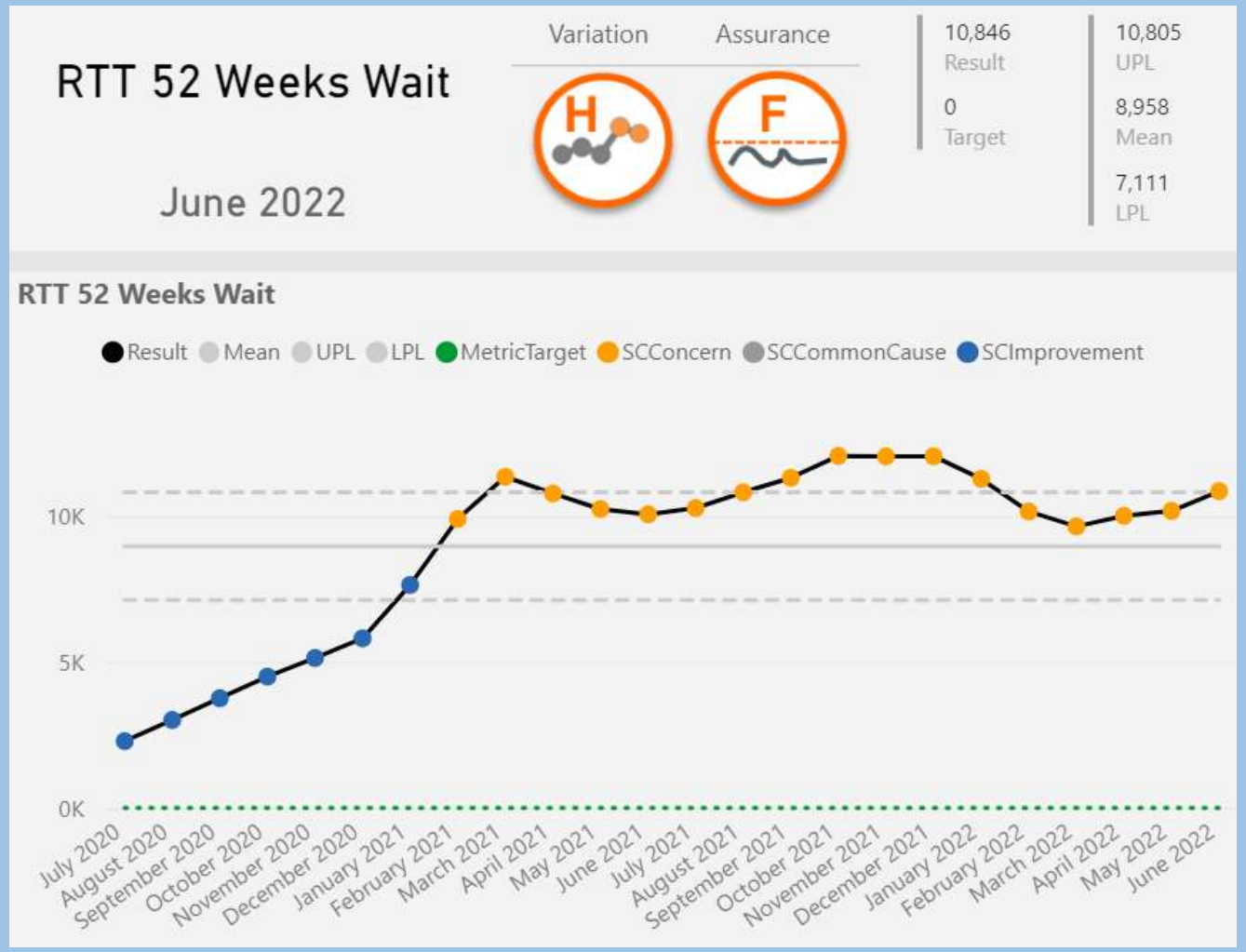
Performance: All standards are on or ahead of trajectory, except virtual ward and D2A 1 – 3 pathways, which have consistently not achieved.

Root Cause: GP streaming – staff shortages in Primary Care reduced capacity and ability to achieve the trajectory improvement target. D2A 1 – 3 backlogs deteriorated due to cessation of the winter funded schemes at the end of June – significant drop in daily discharges, resulting in growing backlog and extensive delays for our patients without a criteria to reside. Virtual ward referrals low with insufficient patients meeting the current criteria.

Actions for the Next Period: Rollout centralised bed management changes and implement the recommendations from the NHSE/I UEC team visit once the feedback is received. Workshop postponed to ensure appropriate availability of the clinical teams. Virtual ward paper scheduled for HMB to address underutilisation and agree operational approach to increasing activity. ICS discharge improvement plans to be enacted. NNUH launching the national 100-Day Challenge with support from System partners (discharge initiative output from the national task force work streams).

Elective Care

Performance – RTT 52-Week Breaches



Commentary

June 2022 Performance

There has been a slight increase in the number of the 52-week breaches going from 10,247 in May to 10,805 in June.

Current performance:

Surgery	8,985	↑
W&C	1,715	↑
Medicine	137	↑
DCSS	9	↑

Of the 10,846 patients, 8,049 are in 4 specialities, which have risen by 496 patients in month. These are:

T&O	2,668	↑
ENT	2,256	↑
Gynaecology	1,572	↑
Dermatology	1,553	↑

The Trust continues to receive assistance from Medacs for 6 specialities. Outsourcing to Spire will also continue.

Improvement Actions

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

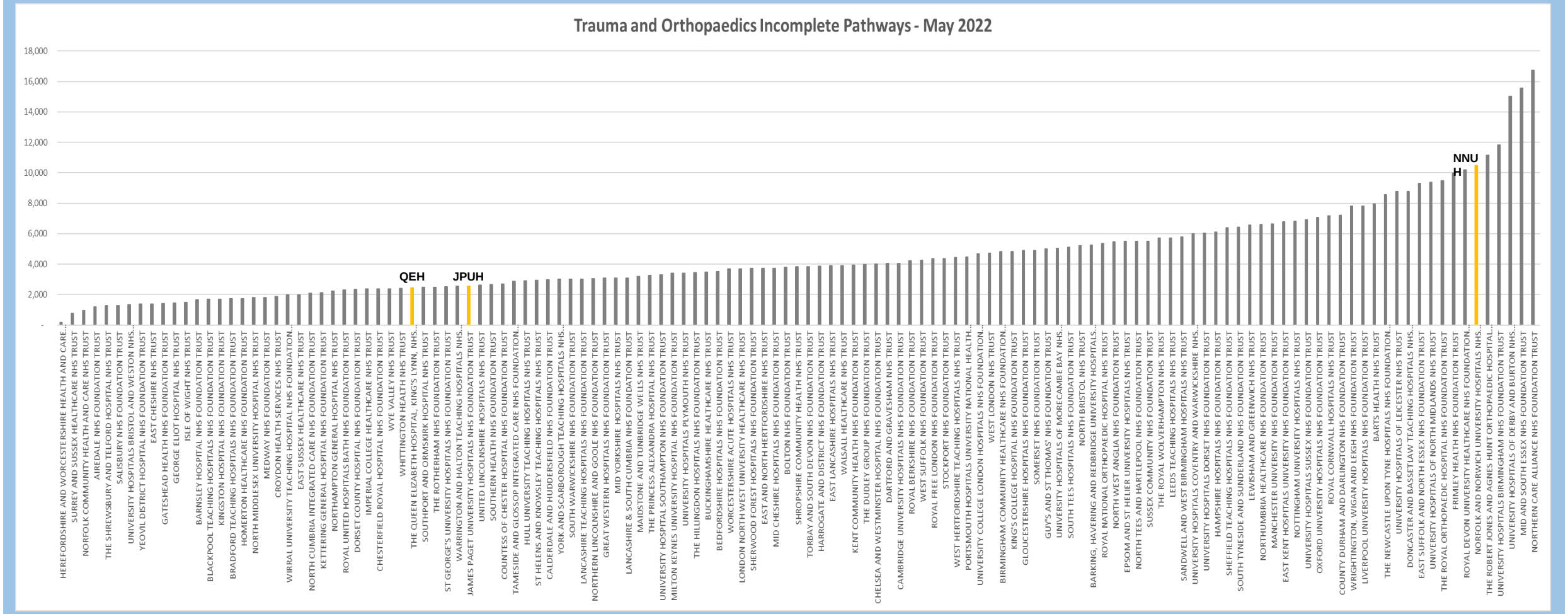
2. Insourcing and Independent Sector solutions are continuing.

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

Risk To Delivery

GREEN 23

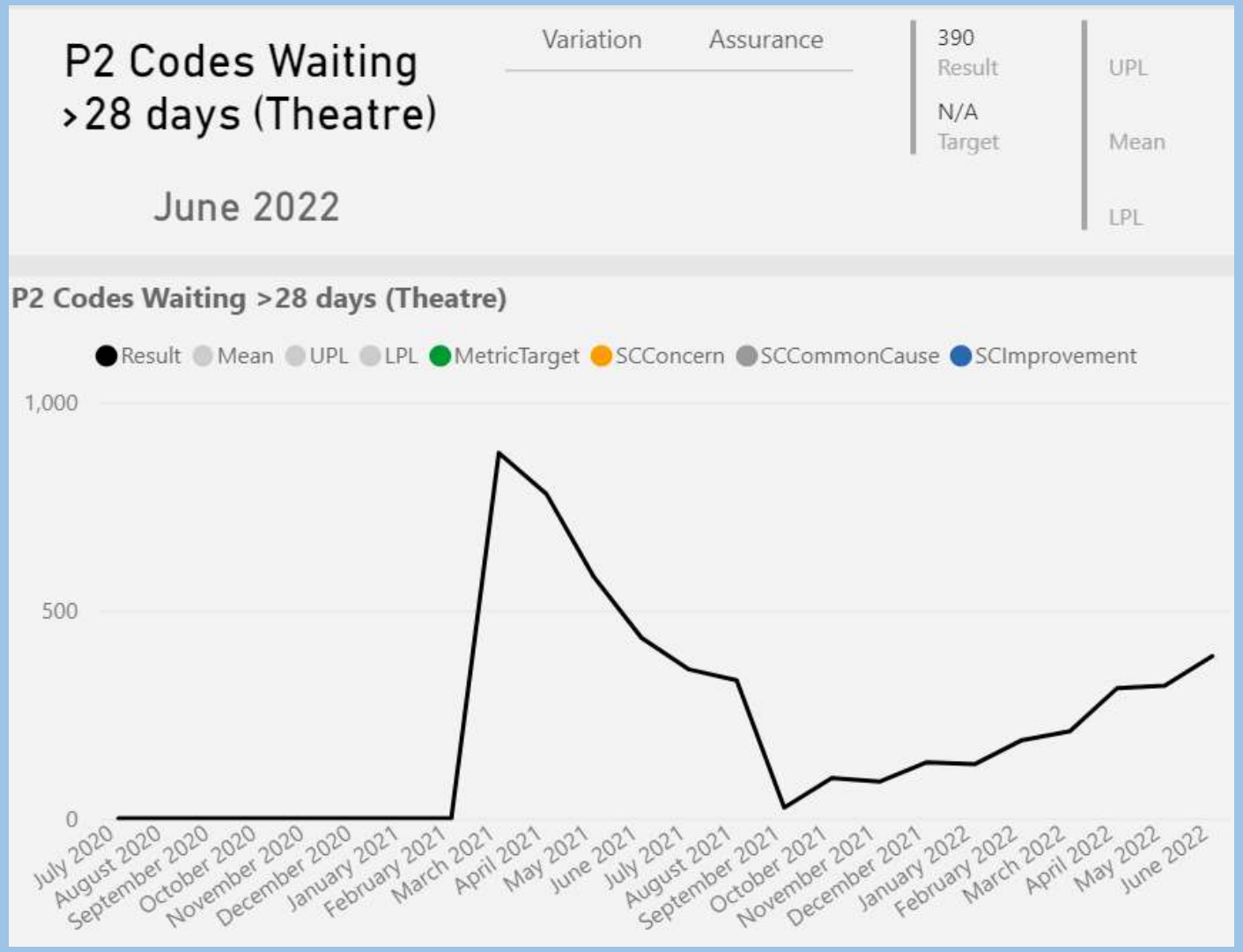
Performance – T&O Waiting List Benchmarking



Comments

NNUH had the 6th largest Orthopaedics Waiting List in England as of May 2022 with 10,490 patients.

Performance – P2 Patients Waiting > 28 Days for Theatre



Commentary

June 2022 Performance

The P2 position saw further deterioration in month with the number of patients waiting > 28 days reaching 390. The level of patients with a TCI booked improved slightly to 43.4%. The ongoing campaign of clearing our longest waiting patients has continued to have an impact.

Improvement Actions

1. Review theatre plans with specialities with the biggest backlogs: Urology, General Surgery, Plastics & Orthopaedics.

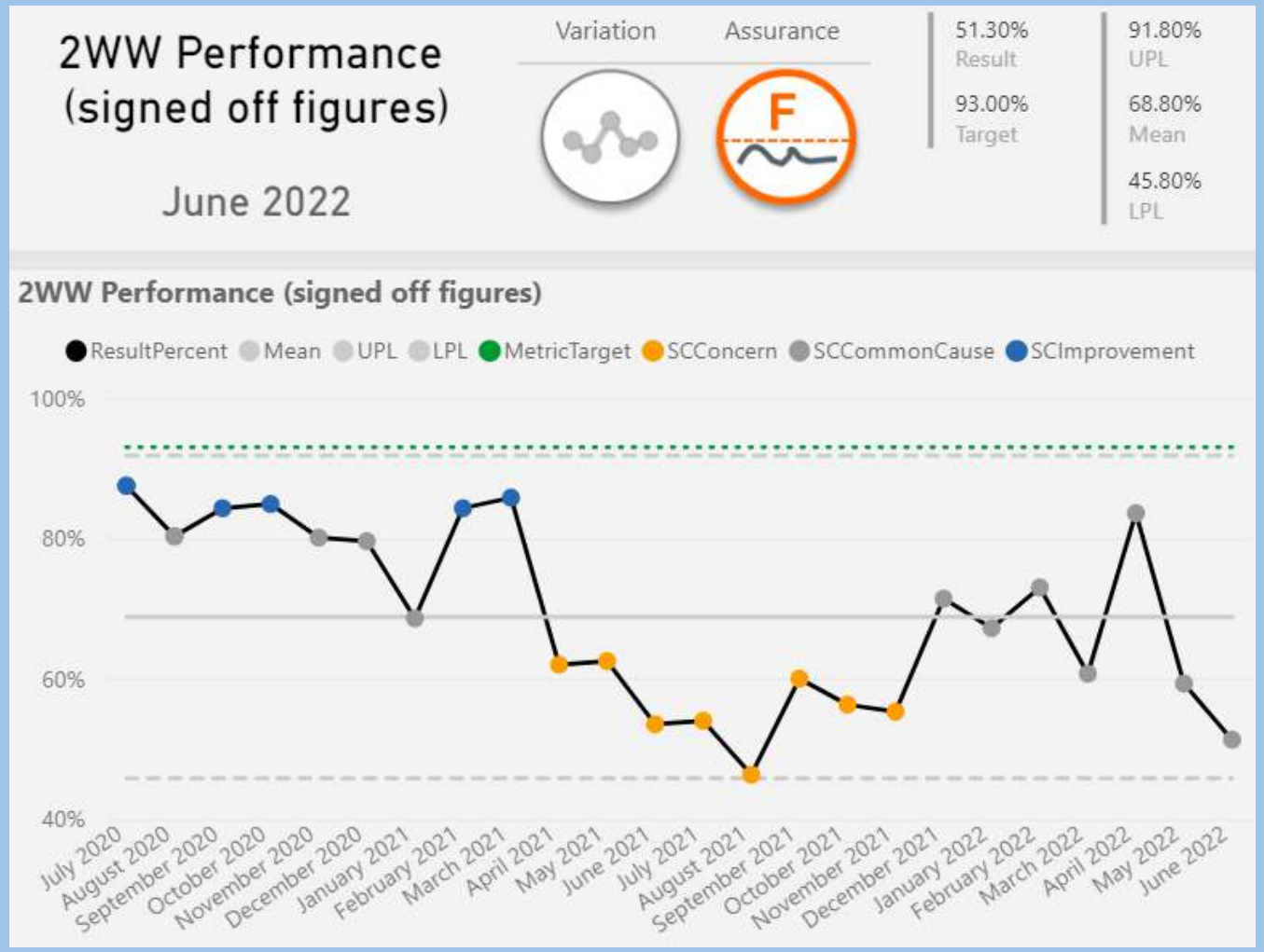
2. Validation of patients to ensure P2 prioritisation is appropriate.

3. Clinical review of remaining backlog being completed.

Risk To Delivery

RED

Performance – Cancer 2WW Performance



Commentary

June 2022 Performance

Improvements in the backlogs within Urology and ENT within June has resulted in a poor performance in month with expectations of improved performance within July, however, Skin and Gynaecology continue to have high volumes of patients, waiting over 14 days and performance of <10%.

Data quality issues have been identified within Lower GI, which has improved their body site performance from circa 55% month on month to 77% in June. Further opportunity has been identified to ensure robust recording of accurate data to improve this in the coming months.

Improvement Actions

1. Capacity and Demand modelling for first appointment capacity is underway to attempt to baseline capacity against the current increases in demand.

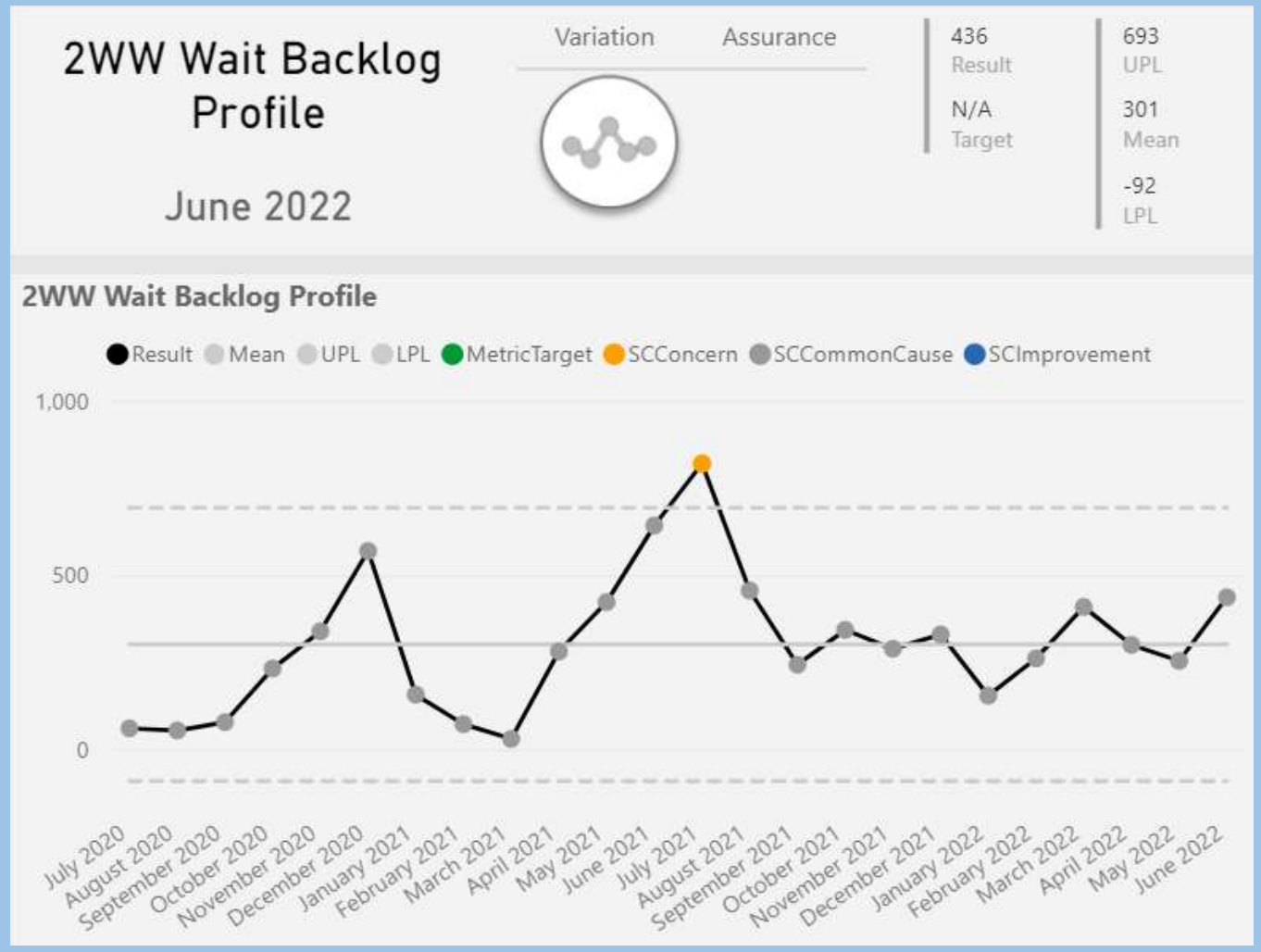
2. Weekend ''super'' clinics were planned for July in Skin, however, due to COVID-related sicknesses, there has been a reduced programme in month.

3. Locum consultants being explored in Dermatology to provide additional capacity to tackle the current backlog.

Risk To Delivery

RED

Performance – Cancer 2WW Backlog



Commentary

June 2022 Performance

The bulk of the 2WW backlog is now confined to only two body sites: Gynaecology and Skin.

Improvement Actions

1. Review of 2WW slots within 'benign' Gynaecology clinics to support increases in capacity. This will have an effect on routine waits.

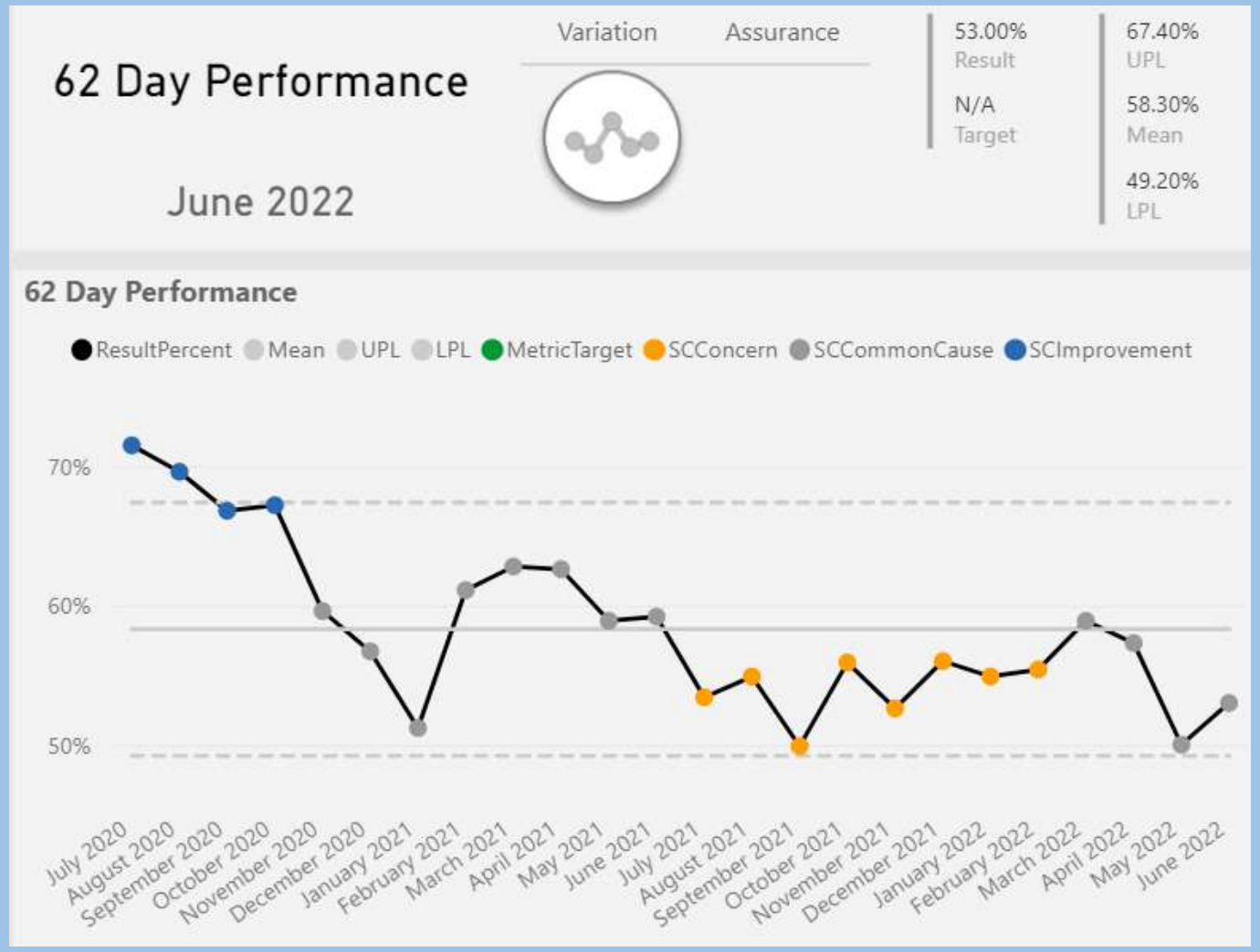
2. Additional weekend ''super'' clinics in Dermatology being provided in July and August to tackle the increased referral numbers. However, July clinics not progressed as planned due to COVID-related sicknesses.

3. Review of clinic space at Cromer Hospital to provide additional Skin 2WW capacity.

Risk To Delivery

RED

Performance – Cancer 62-Day Performance



Commentary

June 2022 Performance

Performance is still provisional for June, reporting to NHS digital is not due until w/c 01st August 22. The completeness of data is low, but the expected performance is still to be just above 50%, due to the high volumes of patients still in the 62-day backlog. Long delays within Oncology are expected to continue due to long term sickness and retirees.

Improvement Actions

1. Deep dive paper presented at HMB w/c 04th July 2022. Oncology Business Case to be presented to HMB in August to assist in resolving the current issues.

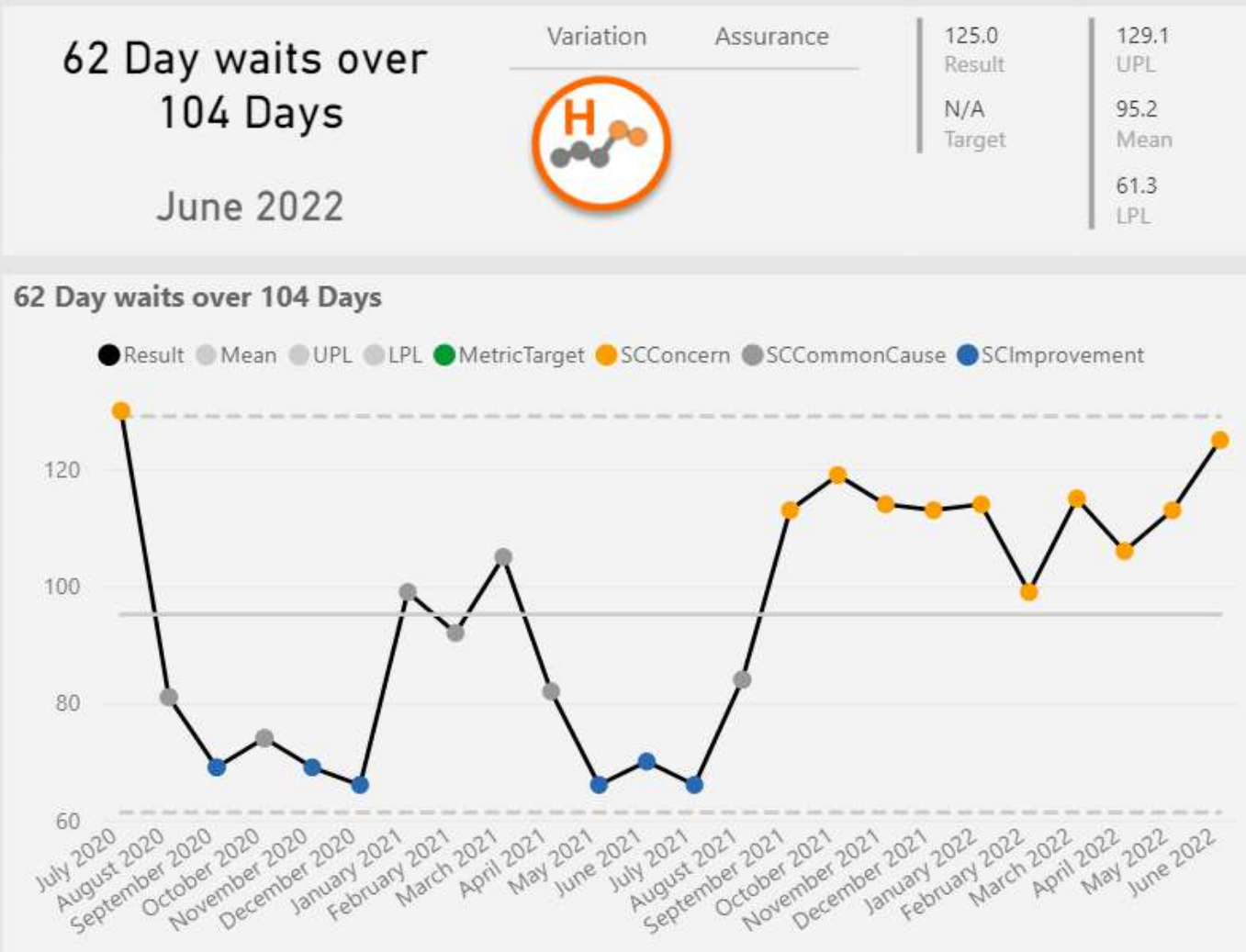
2. Additional treatment capacity for Skin patients is being provided at weekends.

3. Additional CTC sessions are planned in Q1 & Q2 22/23, utilising Cancer Alliance funding. Ongoing resource requirements under review.

Risk To Delivery

RED

Performance – Cancer 62-Day Waits over 104 Days



Commentary

June 2022 Performance

The continued focus on achieving the 104-week position by the end of June has been a contributing factor for the increase in the number of patients waiting over 62 and 104 days.

Improvement Actions

1. Renewed focus on cancer, additional governance in place for w/c 18th July 22 to ensure cancer receives equitable focus as the 78-week programme.

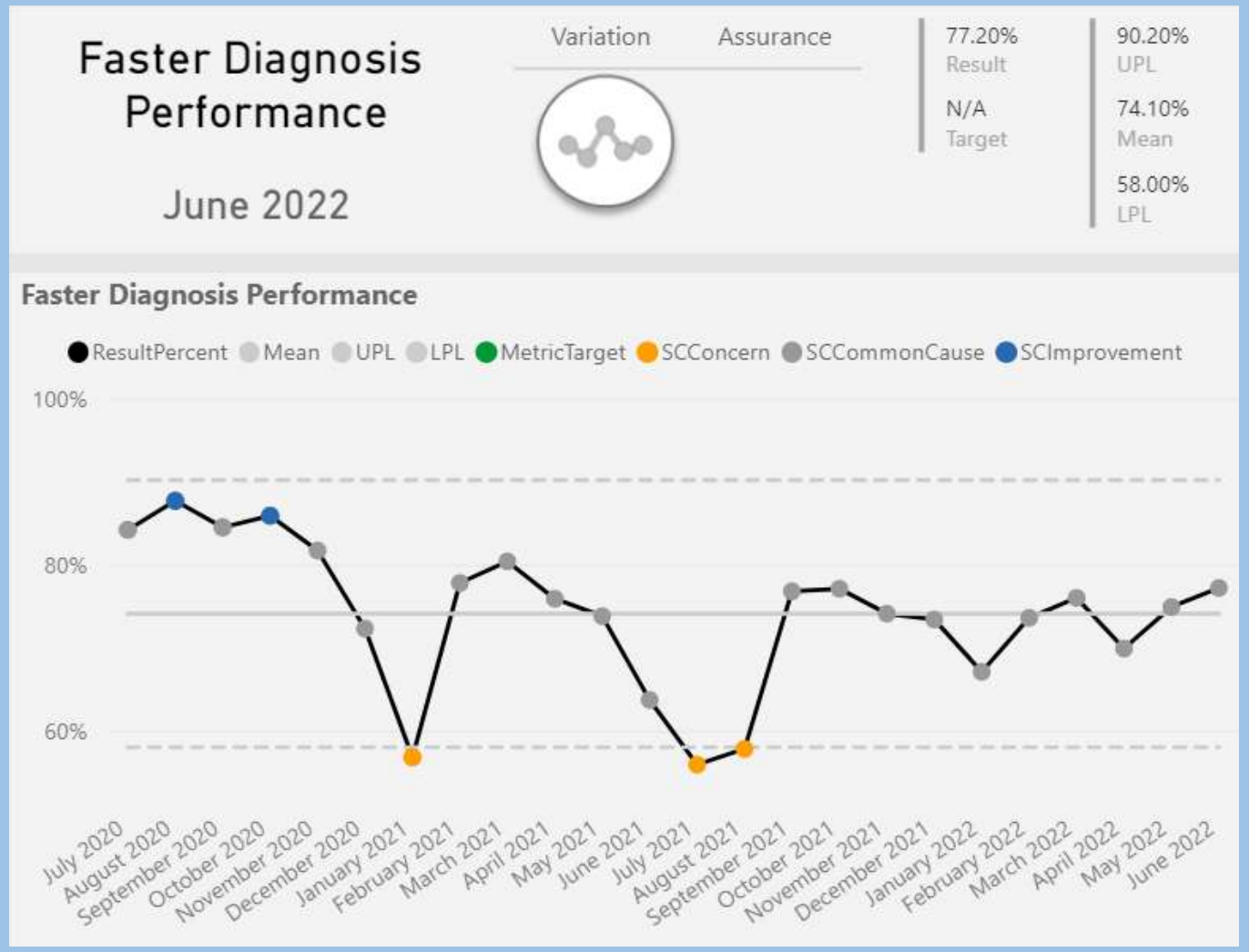
2. Additional data quality/operational reporting in place from w/c 18th July 22. Providing more focused approach to each stage of the pathway to identify bottlenecks and areas for improvement.

3. Approval from HMB to progress the Digital Histopathology Artificial Intelligence system. This will remove the need for a second reporter for prostate biopsies, freeing clinical time. Implementation within 7 months.

Risk To Delivery

RED

Performance – Faster Diagnosis Standard



Commentary

June 2022 Performance (Provisional)

Provisional performance data for June shows that the Trust is on plan to achieve the faster diagnosis standard.

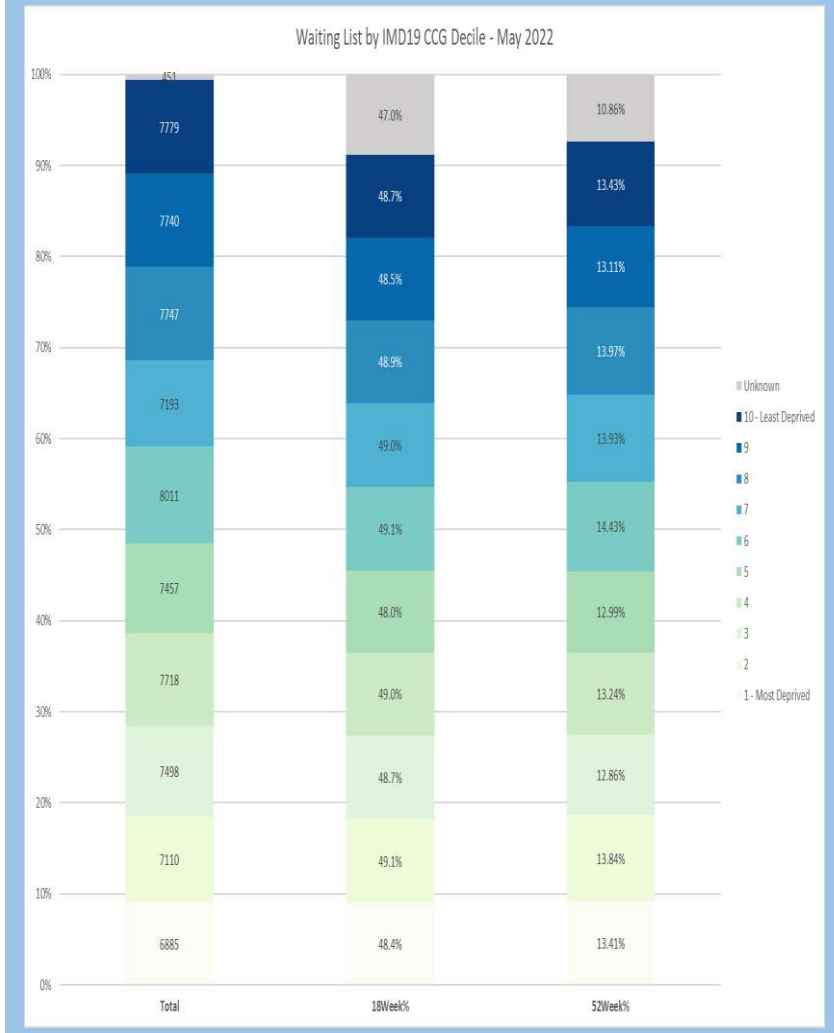
Improvement Actions

Continued data quality review to ensure completeness of information for submission to NHS digital is key to ensuring we meet the standard.

Risk To Delivery

AMBER

Performance – Waiting List Health Inequalities



Commentary

Trust Waiting List: Deprivation

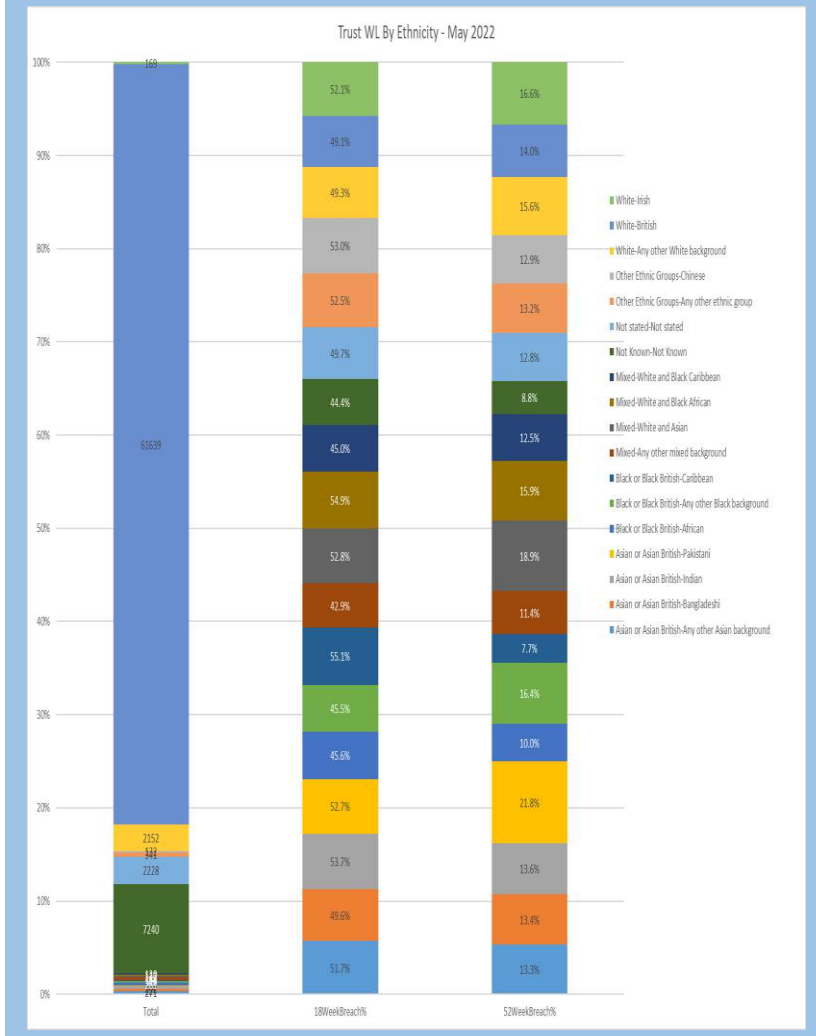
As part of the monitoring of health inequalities, the Trusts waiting list is monitored for variation in demographics.

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

Broadly 50% of each indices group are waiting over 18 weeks and 13% of each group – over 52 weeks.

There was no significant variation or concern in June 2022.

Performance – Waiting List Health Inequalities



Commentary

Trust Waiting List: Ethnicity

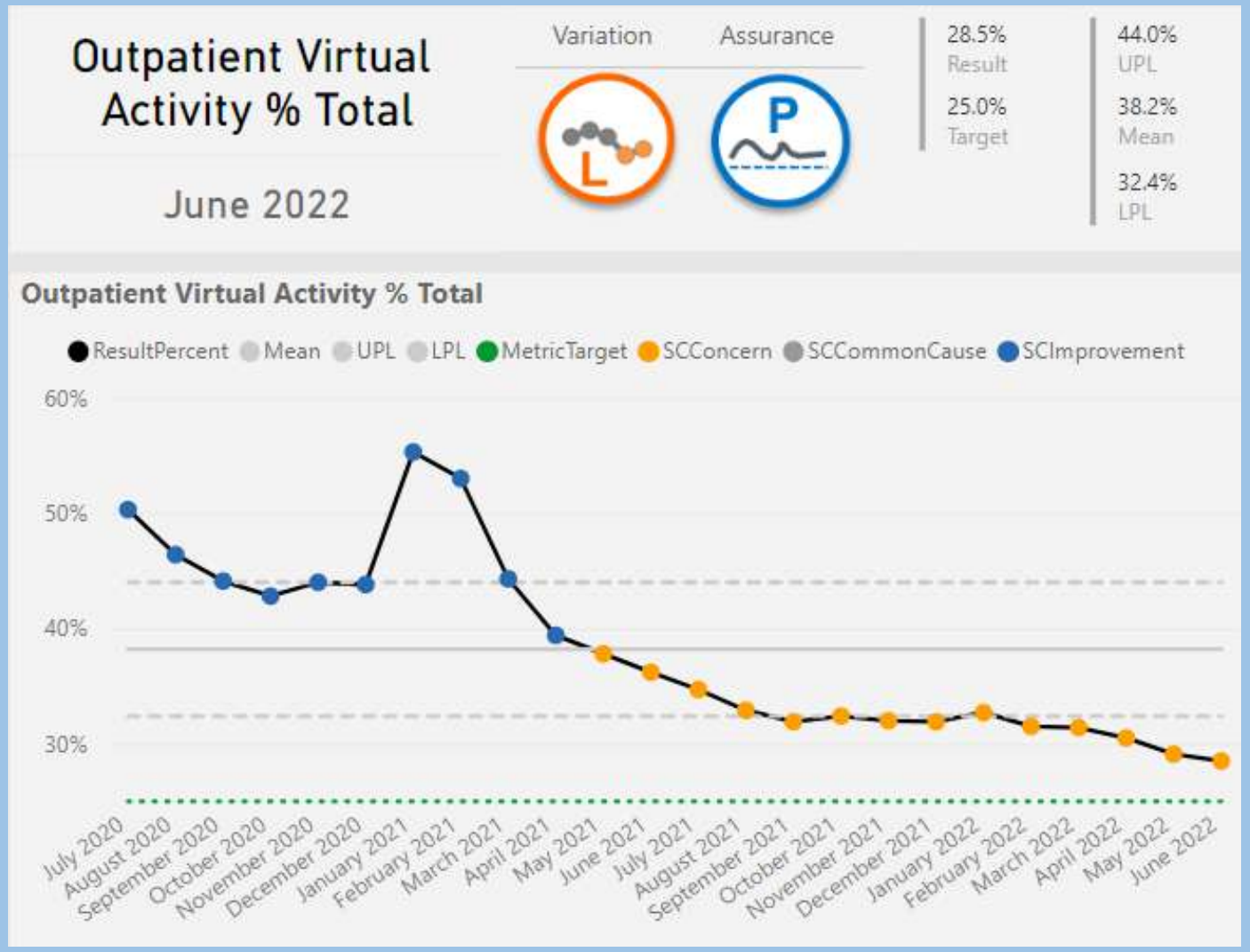
As part of the monitoring of health inequalities, the Trusts waiting list is monitored for variation in demographics.

The waiting list is heavily weighted towards White – British (62,800 patients), with 31,000 patients waiting over 18 weeks and 8,900 patients waiting over 52 weeks.

Some smaller ethnic groups have moderate variances in % waiting over 18 or 52 weeks, but the volumes are small.

There was no significant variation or concern in June 2022.

Performance – Remote Outpatients



Commentary

June 2022 Performance

The Trust delivered 28.5% of its outpatient appointments remotely during June, which is a slight drop form 29.1% in May, however, we are still ahead of the 25% national target.

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

Improvement Actions

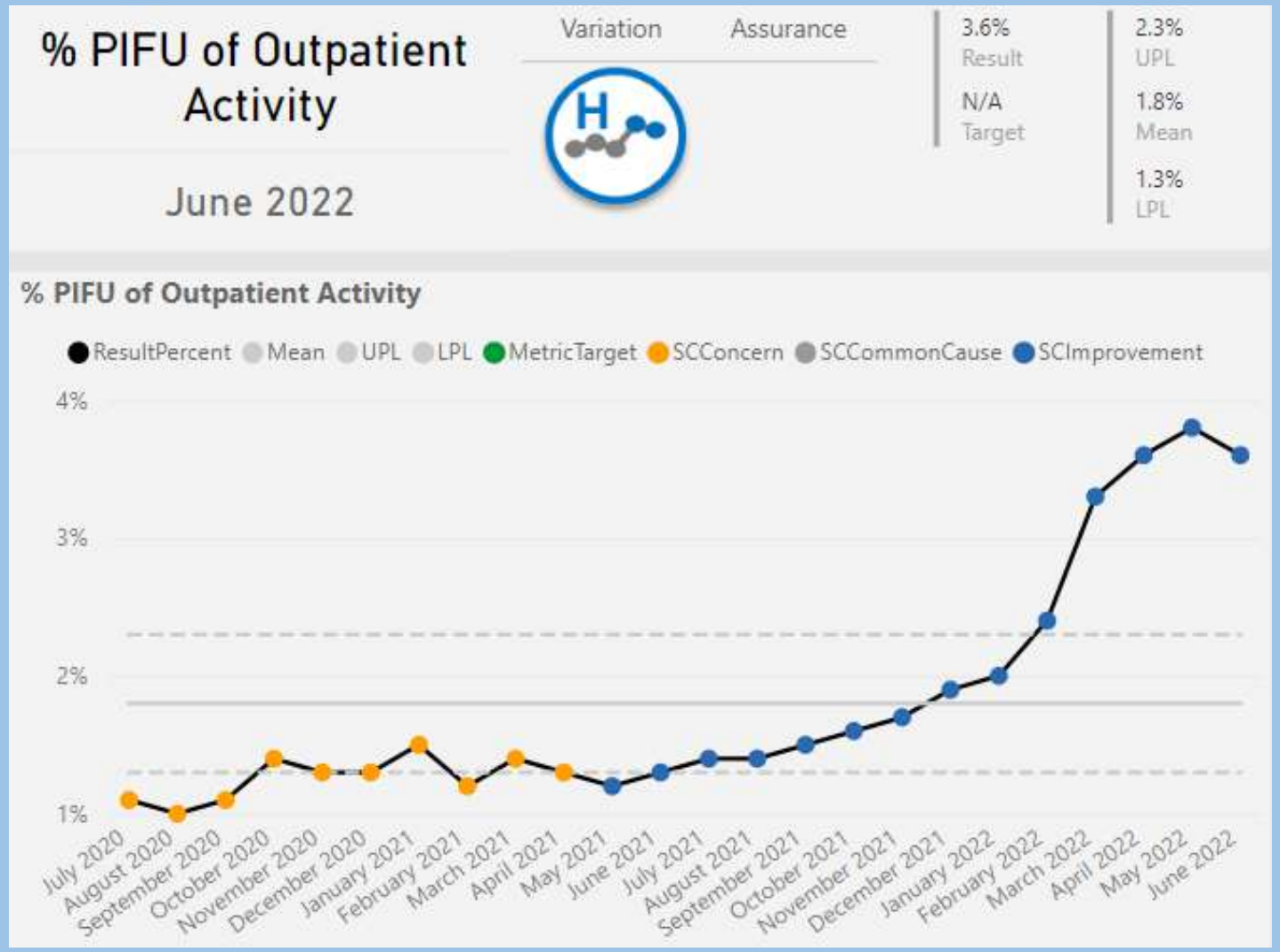
1. Comms going out to promote usage of Attend Anywhere for HMP.

3. Areas with lower virtual consultation numbers identified and clinical engagement to follow.

Risk To Delivery

GREEN

Performance – Patient Initiated Follow Up (PIFU)



Commentary

June 2022 Performance

The Trust has delivered the national standard, although PIFU activity has slipped slightly to 3.6%. This will increase with XPIFU pathways going live from 20th July 2022.

Improvement Actions

1. XPIFU pathways signed off for 6 different specialities with more awaiting departmental approval. Go live for XPIFU and integration with Infinity set for 20th July 2022, which will result in a large increase in the PIFU number.

2. Ongoing engagement and process mapping across all specialties to identify more pathways appropriate for XPIFU.

3. Posters going up in waiting areas on 14th July 2022 to further promote the programme to patients and colleagues in outpatient areas.

Risk To Delivery

GREEN

Performance – Advice & Guidance

Commentary

June 2022 Performance

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

Improvement Actions

1. With the focus being largely on POP, we have been advised by Head of Elective Access and Performance that BI do not currently have the capacity for this, so further work on the project will commence once BI have more capacity.

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

Risk To Delivery

RED

Performance – Theatre Dashboard: Utilisation

Commentary

June 2022 Performance

The touch time delivery across all theatres showed a slight further growth at 80.75% (an improvement of 0.7%) in month. Level 3 theatres delivered 83.77% (previously 83.3%), while Level 2 maintained at 79%.

ENT, Oral Health and Vascular all delivered improvements in utilisation.

The relaxation of patient testing & isolation has enabled lists to be re-booked after patient cancellations.

Improvement Actions

1. Share action plan and trajectory of improvement for POA capacity, NHSI Officer to provide further support.

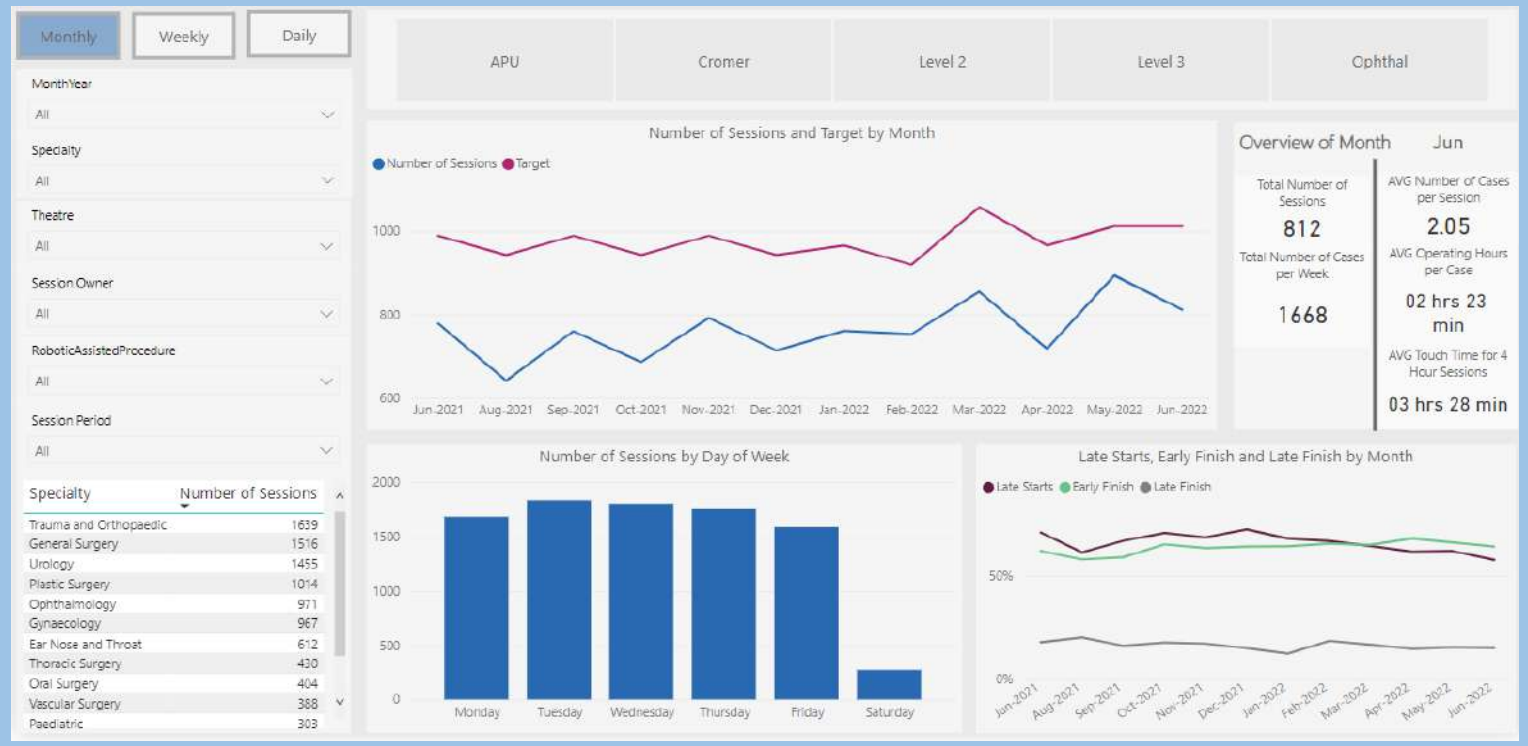
2. Theatre data to be reviewed at the end of each session to ensure proactive closure of sessions reduced by last minute cancellations.

3. Weekly review meetings continue, with focus on review of performance and prospective booking levels.

Risk To Delivery

AMBER

Performance – Theatre Dashboard: Sessions



Commentary

June 2022 Performance

The number of sessions in month reduced due to a number of factors. A total of 812 sessions were delivered in June, with a large number of sessions removed via the 6-4-2 forward look or cancelled at short notice due to changes in the availability of session cover.

COVID-19 sickness impacted on some sessions in terms of both consultant cover, but also in terms of patients being cancelled at short notice and a lack of patients ready to accept short-notice TCIs (mainly due to challenges within the POA system).

Additional capacity continued across weekends via the Medacs Healthcare insourcing campaign, providing up to x 11 all day sessions per week. Focus remains on clearance of the longest waiting patients.

The level of on the day cancellations continues to be the significant factor in early finishes, as the cancellations are too late to refill the theatre slots.

Improvement Actions

1. Specialities to review cover plans for next two months to avoid last minute cancellations.

2. Formal locking of theatre sessions to be introduced to avoid start delays through list order changes being known. Sessions continue to be prioritised for specialties with the longest waits.

Risk To Delivery

RED

Performance – Theatre Dashboard: Cancellations

Commentary

June 2022 Performance

The on the day cancellation rate dropped slightly in June with a total of 145 cancellations in month (158 in May).

There were 70 clinical cancellations with almost 50% attributable to the patients being unfit (32) and a further 13 patients cancelled due to the operation no longer being required; this was a positive improvement from May (26), which is representative of the reduction in patient waiting times (below 104 weeks).

Levels of non-clinical cancellations increased in month from 64 to 75, with 13 due to a lack of theatre time on the day, however, a total of 26 were through patients not attending/cancelling on the day.

Improvement Actions

1. Deep dive into trends of patient non-attendance to be conducted.

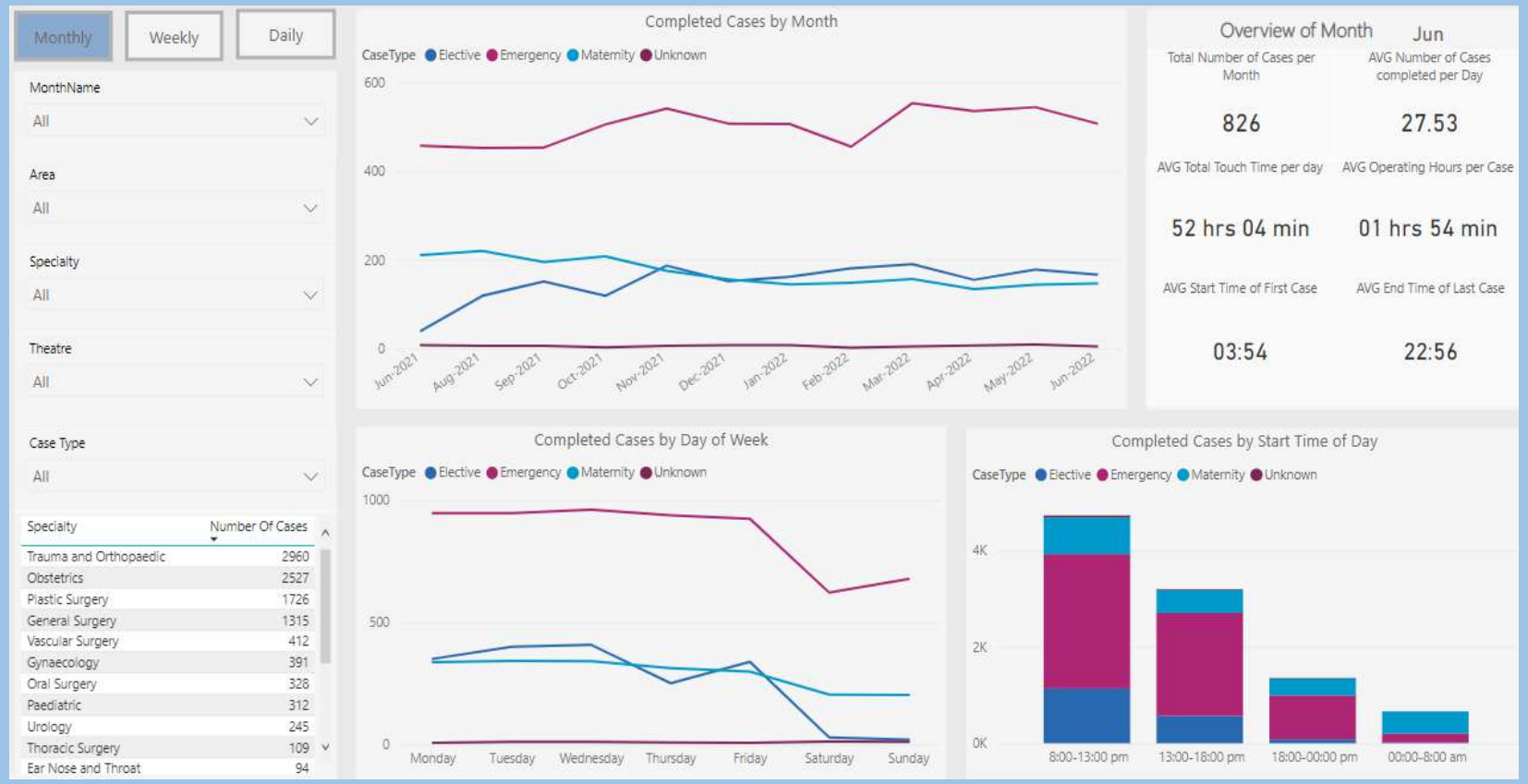
2. Specialities to conduct RCAs for patients cancelled due to the operation no longer being indicated to identify themes and inform action plan.

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

Risk To Delivery

RED

Performance – Theatre Dashboard: Emergency Theatres



Commentary

June 2022 Performance

Non-elective demand reduced during June, with a total of 826 cases in month (875 in May). There was, however, a significant increase in Trauma, with a total of 440 cases, compared to 259 in May.

Additional capacity was provided within NCEPOD and Ambulatory Procedure Unit to facilitate.

Improvement Actions

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

2. APU to be prioritised for Trauma.

Risk To Delivery

AMBER

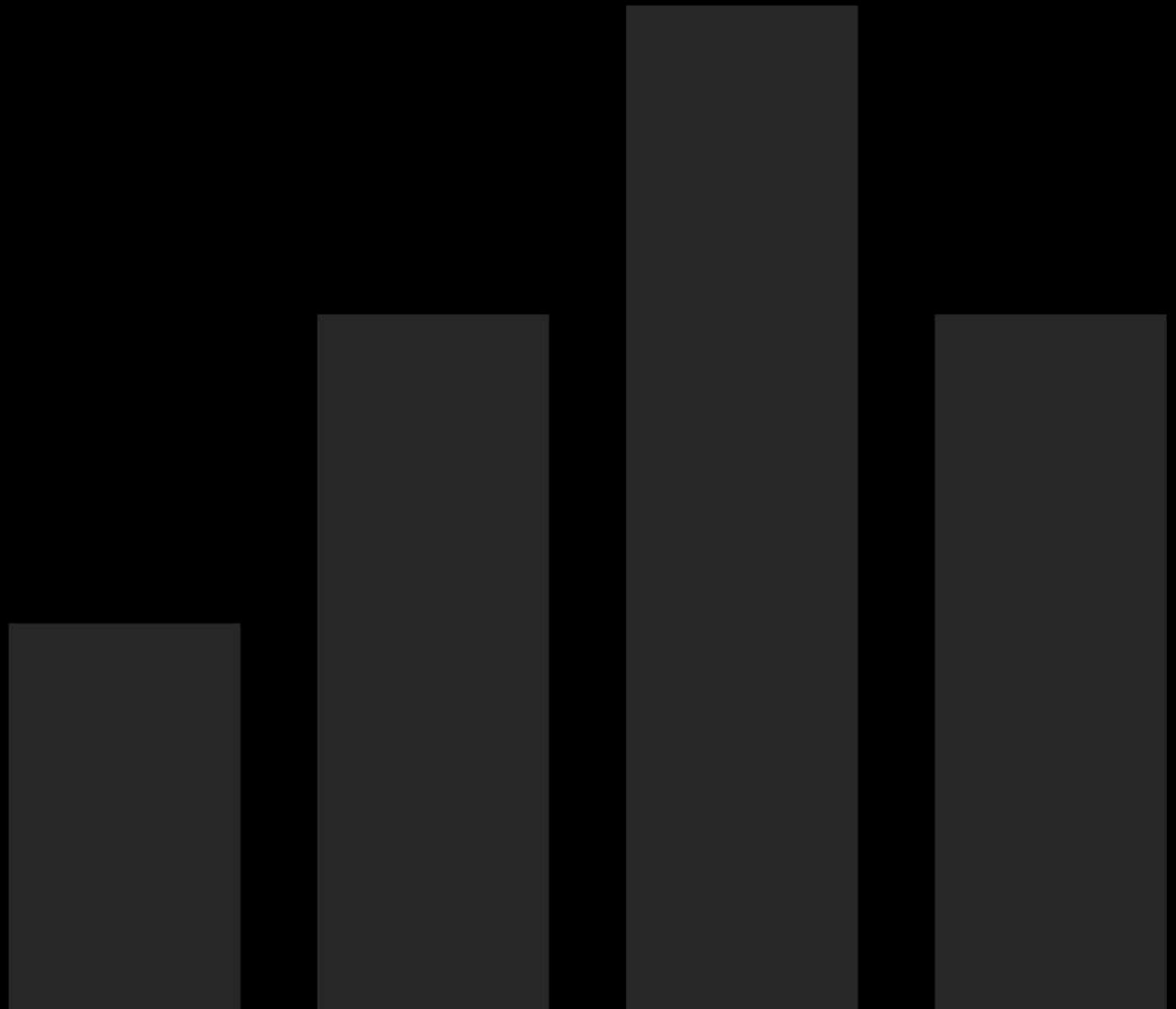
Microsoft | Power BI

Productivity

View in Power BI

Last data refresh:
14/07/2022 07:31:31 UTC

Downloaded at:
14/07/2022 13:50:01 UTC



Productivity 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
Activity: Day Case Elective	Activity (DC)	Jun 2022	7,770	Improvement (High)	No Target
Activity: Inpatient Elective	Activity (IP)	Jun 2022	1,017	Improvement (High)	No Target
Activity: Non-Elective Discharges	Activity (Non-Elective)	Jun 2022	4,419	Concern (Low)	No Target

SPC Variation Icons

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

SPC Assurance Icons

Capable | Not capable | Unreliable

Activity: Day Case Elective

NNUH Digital Health
business intelligence

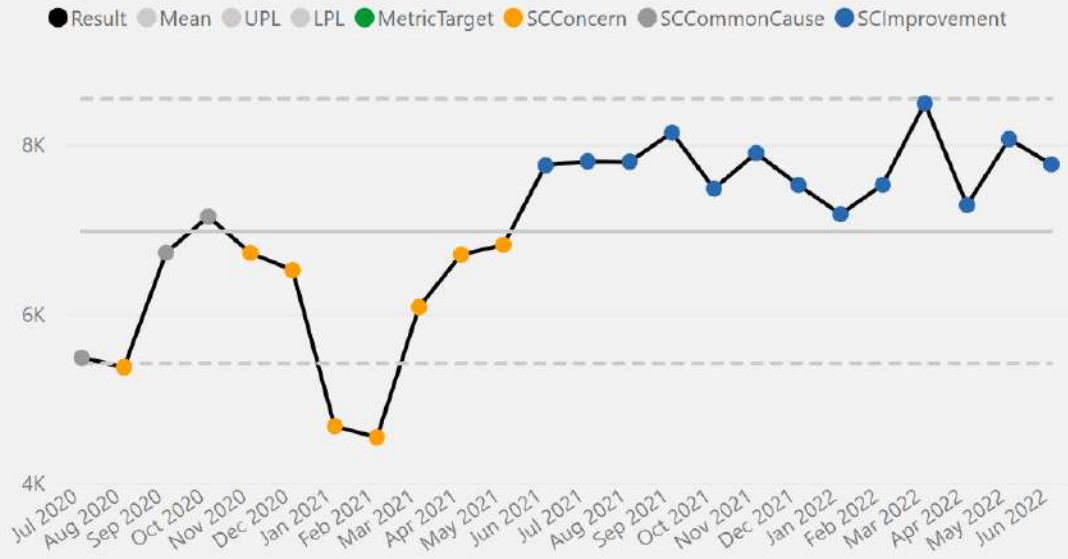
Activity (DC)

Jun 2022

Variation	Assurance
	

7,770 Result	8,544 UPL
N/A Target	6,979 Mean
	5,414 LPL

Activity (DC)



Improvement Actions

Analytical Commentary

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

Assurance Commentary

Please be aware that activity numbers include acute service integration (ASI) and independent sector (IS). All figures are forecast at this time and reflect all daycase activity excluding regular day attenders and private patients.

For NNUH, there were 7,248 day cases in June 2022, falling short of the plan of 7,954. Medical Division exceeded plan but other Divisions underperformed. Notable large negative variances in Ophthalmology, Pain Management, Dermatology and Gastro.

Acute service integration activity for QEH and JPH is forecasted on plan with 494 daycases expected. Spire activity is also forecasted at plan (13 cases).

Activity: Inpatient Elective

NNUH Digital Health
business intelligence

Activity (IP)

Jun 2022

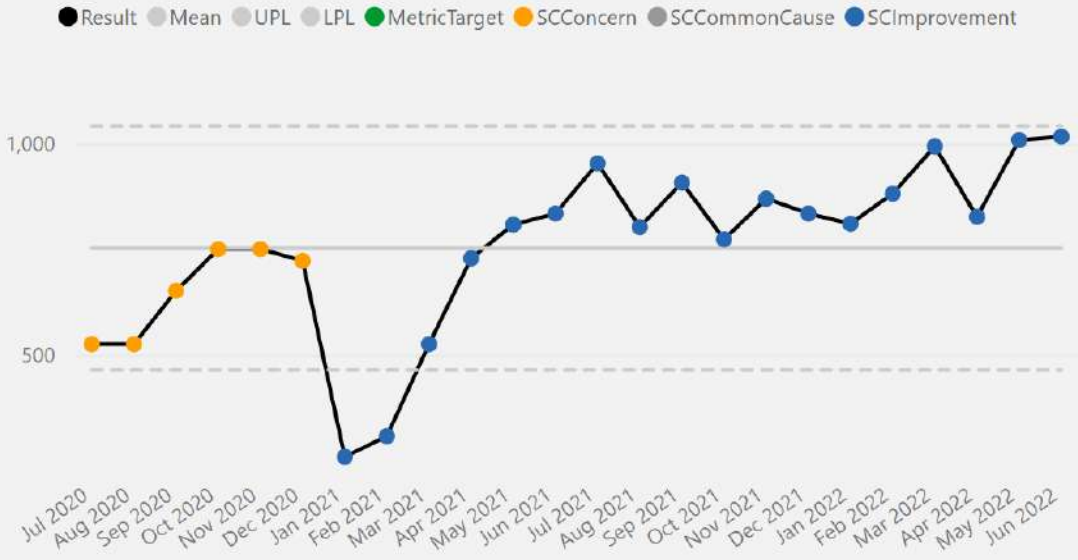
Variation | Assurance

1,017 Result	1,042 UPL
N/A Target	753 Mean
	465 LPL

Analytical Commentary

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

Activity (IP)



Assurance Commentary

Please be aware that activity numbers include acute service integration (ASI) and independent sector (IS). All figures are forecast at this time and reflect all elective inpatient discharges, excluding private patients.

For NNUH, there were 871 elective inpatient discharges in June 2022, falling short of the internal plan of 1,065. Medicine and surgery are both under plan, with large negative variances in Oncology, Cardiology, T&O/Spinal and ENT.

Acute service integration activity for QEH and JPH is forecasted on plan with 81 elective inpatients expected. Spire activity is also forecasted at plan (67 cases).

Improvement Actions

Activity: Non-Elective Discharges

NNUH Digital Health
business intelligence

Activity (Non-Elective)

Jun 2022

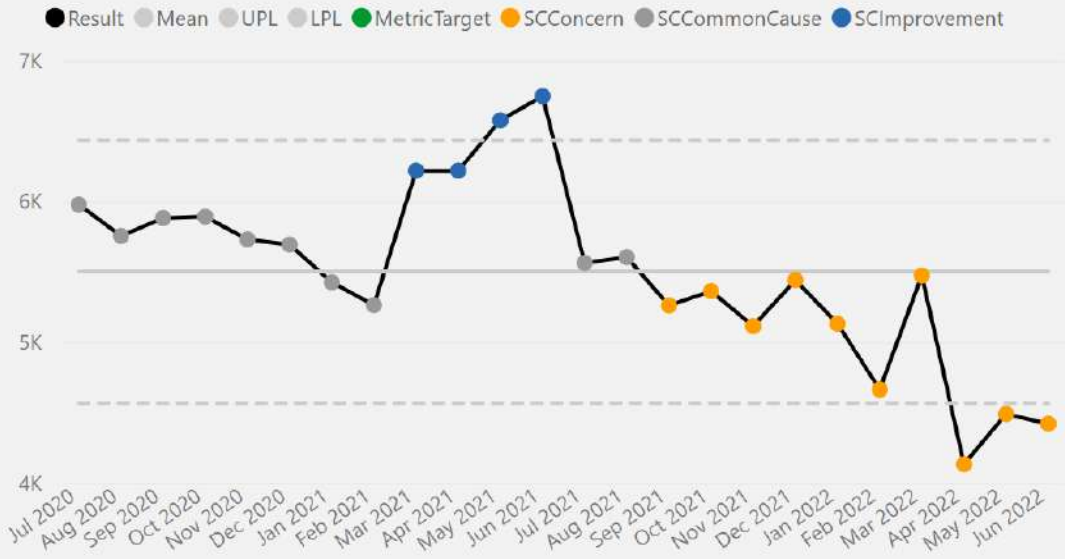
Variation | Assurance

4,419 Result	6,433 UPL
N/A Target	5,500 Mean
	4,566 LPL

Analytical Commentary

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

Activity (Non-Elective)



Assurance Commentary

Please be aware that activity numbers include acute service integration (ASI). All figures are forecast at this time and reflect all non elective discharges including maternity, but excluding private patients.

For NNUH, there were 4,331 non elective discharges in June 2022, falling short of the internal plan of 4,735. All divisions were under plan, with large negative variances in OPM, General Medicine, General Surgery and Obstetrics

Acute service integration activity for QEH and JPH is forecasted on plan with 88 non elective inpatients expected.

Improvement Actions

Activity: Outpatient

NNUH Digital Health
business intelligence

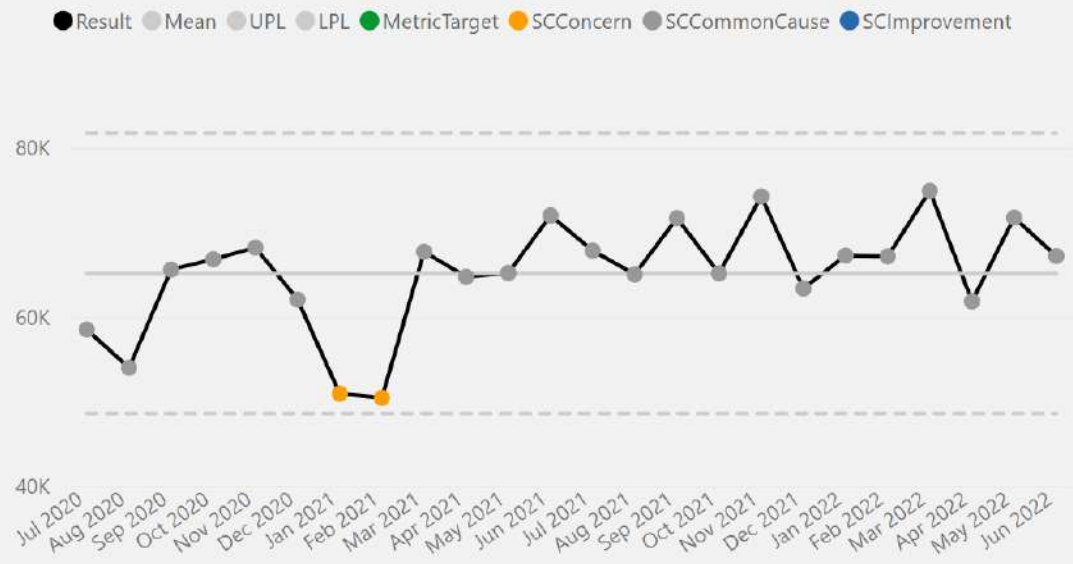
Activity (OP)

Jun 2022

Variation | Assurance

67,189 Result
N/A Target
81,740 UPL
65,140 Mean
48,540 LPL

Activity (OP)



Improvement Actions

Analytical Commentary

Variation is Common Cause

Assurance Commentary

Please be aware that activity numbers include acute service integration (ASI). All figures are forecast at this time and reflect all outpatient appointments both consultant and non consultant led, but excluding private patients and ghost clinic activity.

There were 11,119 outpatient procedures at NNUH in June 2022, falling short of the plan of 12,462. All divisions were under plan, with large negative variances in Cardiology, ENT, General Surgery, Dermatology and Gynaecology.

There were 14,677 new appointments (excluding procedures) at NNUH in June 2022, falling short of the plan of 17,702. 18% were telephone/video. All divisions were under plan with particularly large negative variances in Clinical Oncology, Gastro, Ophthalmology and Dermatology.

There were 37,908 follow up appointments (excluding procedures) at NNUH in June 2022, exceeding the plan of 33,532. 42% were telephone/video. Overall performance above plan, driven by Clinical Oncology, Cardiology, General Surgery, Orthodontics and Audiology.

Acute service integration activity for QEH and JPH is forecasted on plan with 3,485 outpatient attendances expected.

Activity: ED Attendances

NNUH Digital Health
business intelligence

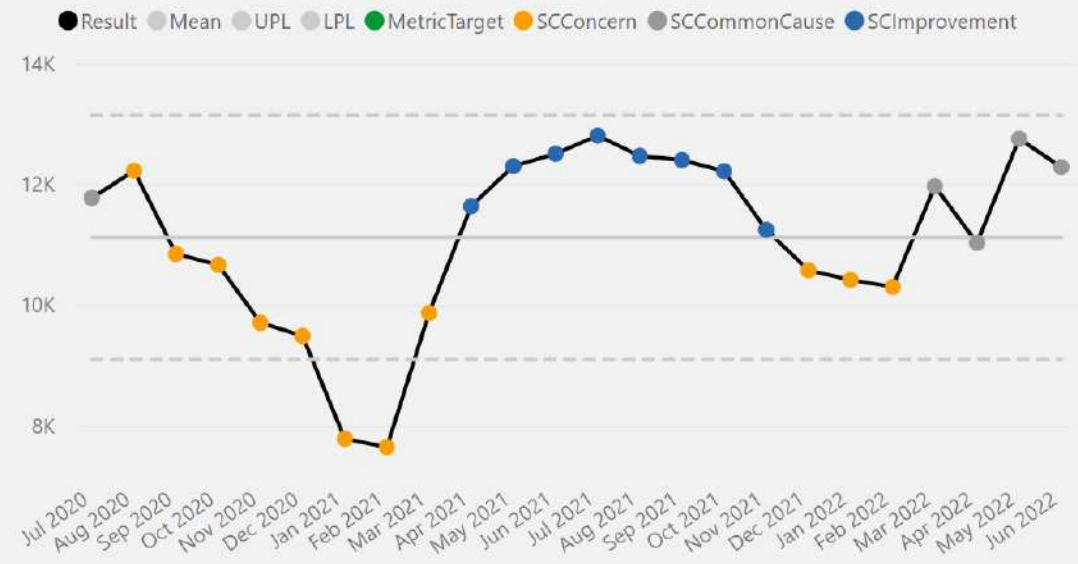
Activity (ED)

Jun 2022

Variation | Assurance

12,283 Result
N/A Target
13,141 UPL
11,117 Mean
9,094 LPL

Activity (ED)



Improvement Actions

Analytical Commentary

Variation is Common Cause

Assurance Commentary

There were 12,283 A&E attendances in June 2022, falling short of the plan of 12,604. 1,195 (10%) were at Cromer MIU, whilst 2,218 (18%) were for children (CHED).

REPORT TO THE TRUST BOARD

Date	**3 August 2022**			
Title	**Month 3 IPR - Finance**			
Author & Exec lead	**Roy Clarke (Chief Finance Officer)**			
Purpose	**For Information**			
Relevant Strategic Objective	**5. To deliver our financial plan and recovery programme, supporting the Trust's return to financial sustainability**			
Are there any quality, operational, workforce or financial implications of the decision requested by this report?	**Quality**	**Yes✓ No☐**	These are discussed throughout the document.	
	Operational	**Yes✓ No☐**		
	Workforce	**Yes✓ No☐**		
	Financial	**Yes✓ No☐**		

Context: This paper outlines the Trust's financial performance for June 2022 within the context of the current financial regime the NHS is operating under.

The Trust operational plan for FY22/23 (as submitted on 20th 2022) is breakeven.

For the month of Jun 2022, the Trust delivered a surplus position of £0.9m, which on a control total basis is £1.5m adverse to plan. The position sees a deteriorating expenditure run rate and also includes a further provision for income claw-back of £0.8m due to the Trust's activity performance falling below the required baseline offset by reduced expenditure.

Year to date as at June 2022, the position is a £1.1m surplus which on a control total basis is £1.4m adverse to plan. The position includes a provision for income claw-back of £2.3m due to the Trust's activity performance falling below the required baseline offset by reduced expenditure.

Activity: June elective activity was significantly behind plan, with estimated performance at 87% of plan for all elective activity. In response to a national request the plan has been re-profiled so that April and May match actuals with the underperformance from those months spread across December to March. As a result YTD performance is currently 95% despite June's significant underperformance. Value based activity performance for June was 88%, 94% YTD.

110% of 2019/20 Baseline: The Activity Metrics show the proportion of delivery against the 2022/23 plan, which is an activity baseline of 110% of 2019/20 delivery, which equates to 104% of weighted value in financial terms.

Cash: Cash held at 30 June 2022 is £84.5m. The closing balance is £11.3m above the FY22/23 submitted forecast as result of the continued delay to the capital programme and other working capital movements. Cash balances are forecast to reduce by c.£20.4m however remain positive in March 2023 thus no revenue support would be required.

Forecast outturn is breakeven, unchanged from the FY22/23 breakeven plan submitted on 20th June. There is identified delivery risk to the breakeven plan of £39.6m which would result in a downside deficit of £39.6m. This is offset by mitigations totalling £39.6m resulting in the breakeven FOT.

Capital: Year-to-date as at 30 Jun 2022, the Trust has underspent against plan by £5.2m. This significant underspend is caused by a number of schemes missing planned milestones. The current forecast outturn expenditure (excluding IFRS16 and charitably funded schemes) is to overspend by £1.1m. Urgent action is required to mitigate this through curtailment/deferral of schemes.

The Trust Board is recommended to Note the contents of the report.

Norfolk and Norwich University Hospitals NHS Foundation Trust

Finance Report
June 2022

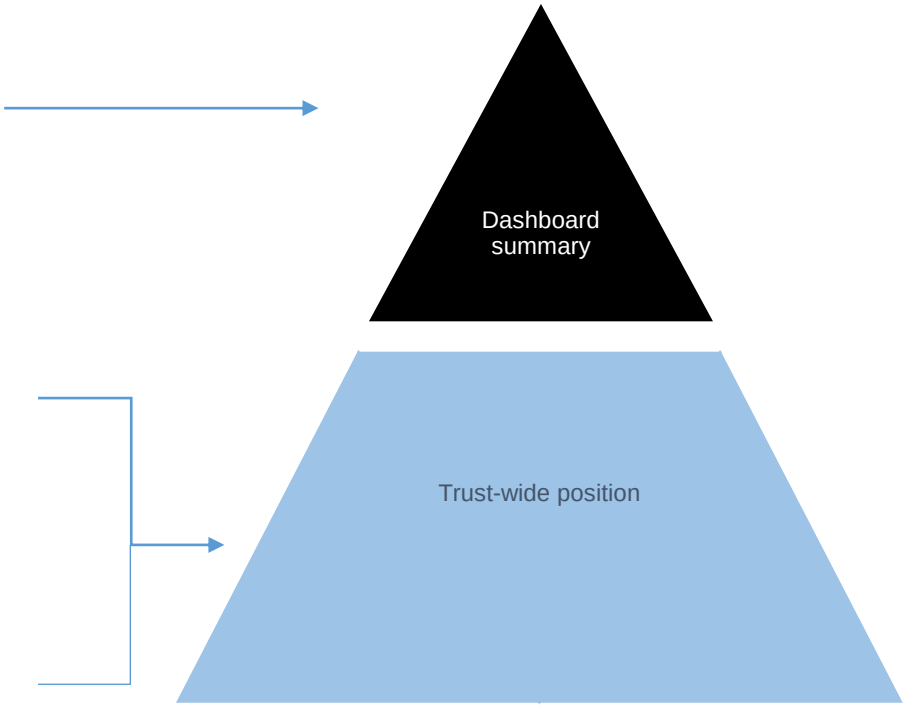
Roy Clarke, Chief Finance Officer

Norfolk and Norwich University Hospitals NHS Foundation Trust

Contents

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

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



1.1 Executive Dashboard

Norfolk and Norwich University Hospitals NHS Foundation Trust

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For the month of June 2022, the Trust delivered a surplus position of £0.9m, which on a control total basis is £1.5m adverse to plan. The position sees a deteriorating expenditure run rate and also includes a further provision for income claw-back of £0.8m due to the Trust's activity performance falling below the required baseline offset by reduced expenditure.

Year to date as at June 2022, the position is a £1.1m surplus which on a control total basis is £1.4m adverse to plan. The position includes a provision for income claw-back of £2.3m due to the Trust's activity performance falling below the required baseline offset by reduced expenditure.

Activity: June elective activity was significantly behind plan, with estimated performance at 87% of plan for all elective activity. In response to a national request the plan has been re-profiled so that April and May match actuals with the underperformance from those months spread across December to March. As a result YTD performance is currently 95% despite June's significant underperformance. Value based activity performance for June was 88%, 94% YTD.

Forecast outturn is breakeven, unchanged from the FY22/23 breakeven plan submitted on 20th June. There is identified delivery risk to the breakeven plan of £39.6m which would result in a downside deficit of £39.6m. This is offset by mitigations totalling £39.6m resulting in the breakeven FOT. The risk for financial delivery has increased.

Cash: Cash held at 30 June 2022 is £84.5m. The closing balance is £11.3m above the FY22/23 submitted forecast as result of the continued delay to the capital programme and other working capital movements. Cash balances are forecast to reduce by c.£20.4m however remain positive in March 2023 thus no revenue support would be required.

110% of 2019/20 Baseline: The Activity Metrics show the proportion of delivery against the 2022/23 plan, which is an activity baseline of 110% of 2019/20 delivery, which equates to 104% of weighted value in financial terms.

Capital: Year-to-date as at 30 Jun 2022, the Trust has underspent against plan by £5.2m. This significant underspend is caused by a number of schemes missing planned milestones. The current forecast outturn expenditure (excluding IFRS16 and charitably funded schemes) is to overspend by £1.1m. Urgent action is required to mitigate this through curtailment/deferral of schemes.

	In Month			YTD		
	Actual	Plan	Variance	Actual	Plan	Variance
SOCI	£m	£m	£m	£m	£m	£m
Clinical Income	58.4	58.9	(0.5)	171.4	173.0	(1.6)
Other Income	7.6	7.3	0.3	22.8	21.8	1.0
TOTAL INCOME	**66.0**	**66.2**	**(0.2)**	**194.2**	**194.9**	**(0.7)**
Pay	(38.7)	(38.2)	(0.6)	(115.1)	(114.4)	(0.7)
Non Pay	(17.7)	(17.0)	(0.6)	(52.2)	(52.0)	(0.2)
Drugs (Net Expenditure)	(2.8)	(2.6)	(0.2)	(8.0)	(7.8)	(0.1)
TOTAL EXPENDITURE	**(59.2)**	**(57.8)**	**(1.4)**	**(175.3)**	**(174.3)**	**(1.0)**
Non Opex	(5.9)	(6.0)	0.1	(17.7)	(18.0)	0.2
COVID (Out of System) Net Expenditure	(0.0)	0.0	(0.0)	(0.0)	0.0	(0.0)
Reported Surplus / (Deficit)	0.9	2.4	(1.5)	1.1	2.6	(1.4)

Other Financial Metrics	£m	£m	£m	£m	£m	£m
Cash at Bank (before support funding)	84.5	73.2	11.3	84.5	73.2	11.3
Capital Programme Expenditure	2.3	3.2	(0.9)	7.1	12.3	(5.2)
CIP Delivery	0.8	1.4	(0.6)	2.5	4.2	(1.7)

Activity Metrics*	%	%	%	%	%	%
Day Case*	92%		(8%)	98%		(2%)
Elective Inpatient*	84%		(16%)	91%		(9%)
Outpatients - New & Procedures*	86%		(14%)	94%		(6%)
Activity performance v baseline*	87%		(13%)	95%		(5%)
Value based Activity performance v baseline	88%		(12%)	94%		(6%)

** Activity count as a % of 22/23 Planned Delivery*

Norfolk and Norwich University Hospitals NHS Foundation Trust

1.2 Executive Dashboard

Risk

As part of the monthly review of Financial Risk Register, one risk has increased in value as a result of increased expenditure run rate in month.

As part of FY22/23 annual planning 13 key strategic and operational risks with an initial score of ≥ 12, as part of the monthly review process a 14th risk with a score ≥ 12 was identified in May. 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 ten risks rated as 'Extreme' on the risk register which have a potential risk assessed financial impact of £39.6m, of which £2.7m has crystalised YTD due to Risk F, Income Deductions as a result of failure to deliver weighted elective activity in line with plan (£2.3m) and Risk B, Failure to deliver the efficiency requirement (£1.7m).

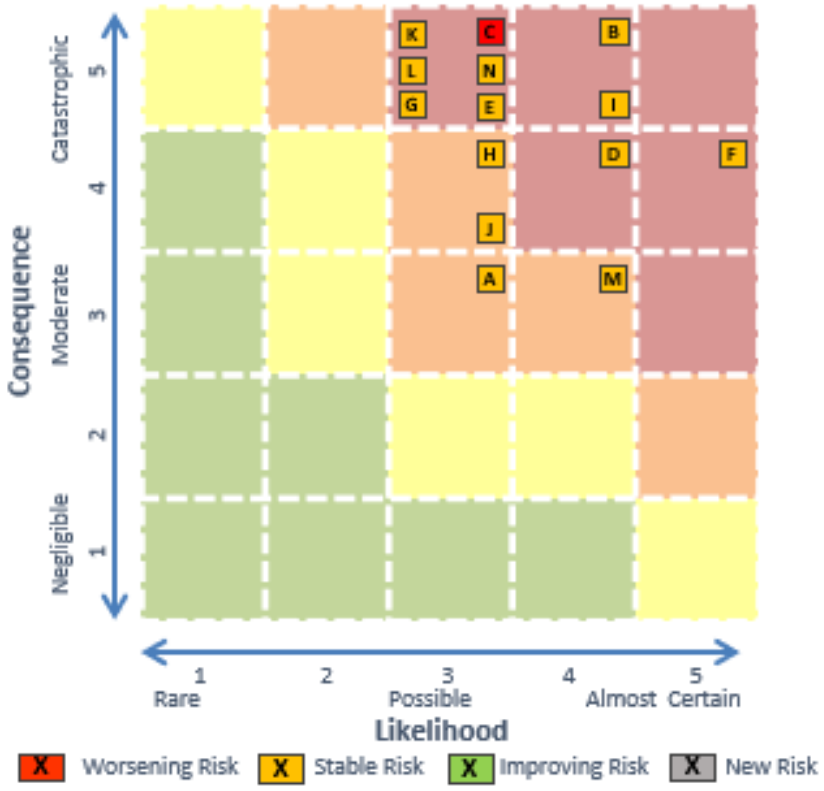
Risk C, the risk the Trust fails to control expenditure in line with the plan, has been increased as a part of the Finance Directorates monthly review. This is due to the increases in expenditure run rate across Pay (£0.4m), Drugs (£0.4m) and Non Pay (£0.3m).

Income claw-back as a result of failure to deliver weighted elective activity in line with plan (Risk F) has a crystalised impact of £2.3m YTD at June as a result of activity being c. 95%.
Year to date, CIP Delivery is £2.5m, £1.7m adverse to the budgeted plan of £4.2m, comprising of a planning variance of £1.5m and a performance variance of £0.2m.

Gateway 2 approved CIP is currently £16.4m, £6.7m adverse to the Trust efficiency target of £23.1m. The risk adjusted forecast outturn CIP delivery is £14.4m based on the latest forecast financial performance of gateway 2 scheme, progress against milestone delivery and performance against quality and performance indicators. The remaining balance needs to be identified to support the Trust in the delivery of it's financial plan.

Management Actions:
- **Identify remaining CIP's to meet Trust's efficiency target**
- **Deliver on existing CQIA approved CIP including YTD shortfall**
- **Deliver Trust activity plan including YTD shortfall**
- **Agree and implement a variation to the capital programme**

Risk Rating		Risks	Financial Impact FY22/23 £m	Risk Assessed Impact £m	YTD Crystallised Impact £m
Extreme	15+	B, C, D, E, F, G, I, K, L, N	76.4	39.6	4.0
High	9-14	A, H, J, M	6.0	0.0	0.0
Moderate	5-8	-	0.0	0.0	0.0
Low	1-4	-	0.0	0.0	0.0
Total			82.4	39.6	4.0
Risk mitigated through Non Recurrent YTD underspends & Release of Expenditure Reserves					(4.0)
Total			88.4	39.6	0.0



Norfolk and Norwich University Hospitals NHS Foundation Trust

2.1 Financial Performance – June 2022

For the month of Jun 2022, the position on a control total basis is £1.5m adverse to plan. This is a £0.9m surplus. The position includes a provision for income claw-back of £0.8m due to the Trust's activity performance falling below the required baseline offset by reduced expenditure.

Income:
Income is reporting an adverse variance of £0.2m in June. This adverse variance is due to a provision for income claw-back of £0.8m due to the Trust's activity performance falling below the required baseline and reduced income from private patient activity (£0.1m), offset by favourable variances in R&D income (£0.4m) and Devices income (£0.3) which are offset by matching expenditure as noted below.

Pay:
Pay for June is £0.6m adverse to plan. This is due to £0.3m of unidentified CIP in month and £1.4m of agency/external locum expenditure offset by £1.1m of vacancies. Nursing Agency spend in June has increased by c. £0.3m due to an increase in hours booked of 13%. Nursing expenditure was on plan for June.

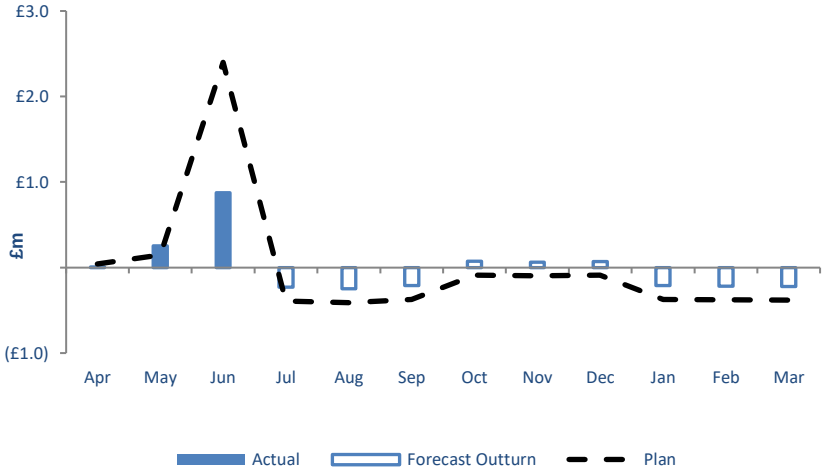
Net Drugs Cost:
There is a small £0.2m adverse variance in June. This is deterioration of £0.4m against the £0.2 favourable position reported in May.

Non Pay:
There is a £0.6m adverse variance in June. This is made up of an underspend in Clinical Supplies of £0.2m as a result of the reduced activity levels, additional expenditure of £0.7m on R&D and Devices (offset by additional income as per above). The underlying expenditure level has increased in June by £0.3m v Apr & May as activity levels increase.

Non Operating Expenditure:
There is a small £0.1m favourable variance in June.

Out of System COVID 19 Expenditure:
The COVID-19 expenditure in month is £0.2m, with offsetting income of £0.2m and therefore an in month breakeven position. The main area of expenditure remains testing. Expenditure is £0.3m favourable to plan due to the reduced prevalence of COVID and step down in COVID restrictions.

Monthly Reported Surplus/(Deficit)



Norfolk and Norwich University Hospitals NHS Foundation Trust

2.2 Financial Performance – Year to Date

Year to date as at Jun 2022, the position on a control total basis is £1.4m favourable to plan. This is a £1.1m surplus. The position includes a provision for income claw-back of £2.3m due to the Trust's activity performance falling below the required baseline offset by reduced expenditure.

Income:
Income is reporting an adverse variance of £0.6m year to date. This adverse variance is due to a provision for income claw-back of £2.3m due to the Trust's activity performance falling below the required baseline, offset by favourable variances in Devices income (£0.5m), R&D Income (£1.0m), Personalised Outpatient Programme (£0.1m) & Digital Aspirant (£0.1m), all of which are offset by matching expenditure as noted below.

Pay:
Year to date pay is £0.7m adverse to plan. This is due to £0.8m of unidentified CIP and £3.2m of agency/external locum expenditure offset by £3.4m of vacancies.

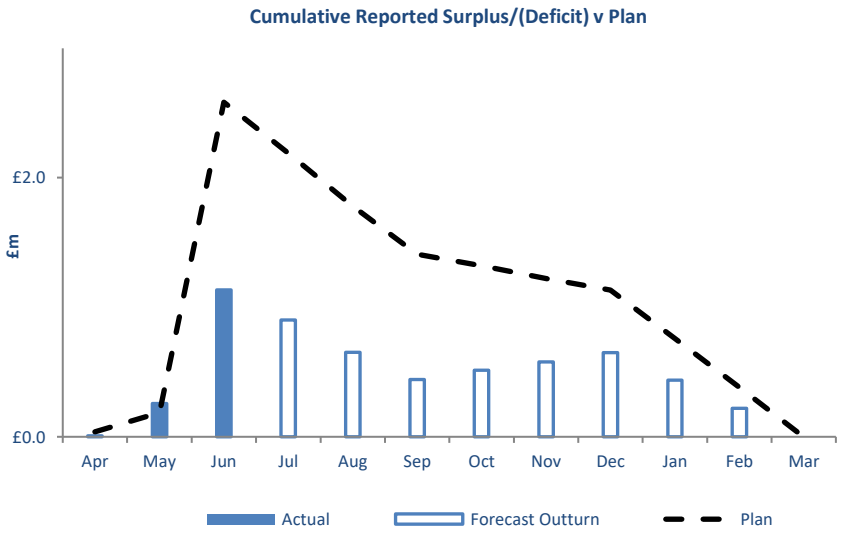
Net Drugs Cost:
There is a small £0.1m adverse variance YTD.

Non Pay:
Year to date non pay is £0.2m adverse to plan. This is made up of an underspend in Clinical Supplies of £1.1m as a result of the reduced activity levels and additional expenditure of £1.3m on R&D and other pass through expenditure (offset by additional income as per above).

Non Operating Expenditure:
Year to date non operating expenditure is showing a small £0.2m favourable variance as a result higher rates of interest on cash balances

Out of System COVID 19 Expenditure:
The COVID-19 expenditure year to date is £0.4m, with offsetting income of £0.4m and therefore an in month breakeven position. The main area of expenditure remains testing. Expenditure is £1.1m favourable to plan due to the reduced prevalence of COVID and step down in COVID restrictions.

All divisions are struggling to deliver their financial plans, with the surgical division having the greatest gap due to pay spend in ED, reduced activity and CIP shortfall.



Norfolk and Norwich University Hospitals NHS Foundation Trust

2.3 22/23 FOT

Forecast outturn is breakeven, unchanged from the FY22/23 breakeven plan submitted on 20th June. There is identified delivery risk to the breakeven plan of £39.6m which would result in a downside deficit of £39.6m. This is offset by mitigations totalling £39.6m resulting in the breakeven FOT.

❶ **Risk:** Risk of income deduction for Trust's failure to deliver weighted activity in line with the plan. **Total Risk: £10.9m**
Mitigation: Full delivery of Activity Plan for remainder of the year would ensure the Trust receives only the £0.9m of deductions from April. **Total Mitigation: £10.0m.**
Net Risk £0.9m

❷ **Risk:** Risk of overspends due to failure to identify and deliver Trust's efficiency programme. **Total Risk: £9.3m**
Mitigation: Full identification and delivery of Efficiency Programme. **Total Mitigation: £9.3m**
Net Risk £0.0m

❸ **Risk:** Risk of overspends if inflation rates increase beyond levels allowed for within the plan. **Total Risk: £3.0m**
Mitigation: Inflation rates remain within levels allowed for within the plan. **Total Mitigation: £3.0m**
Net Risk £0.0m

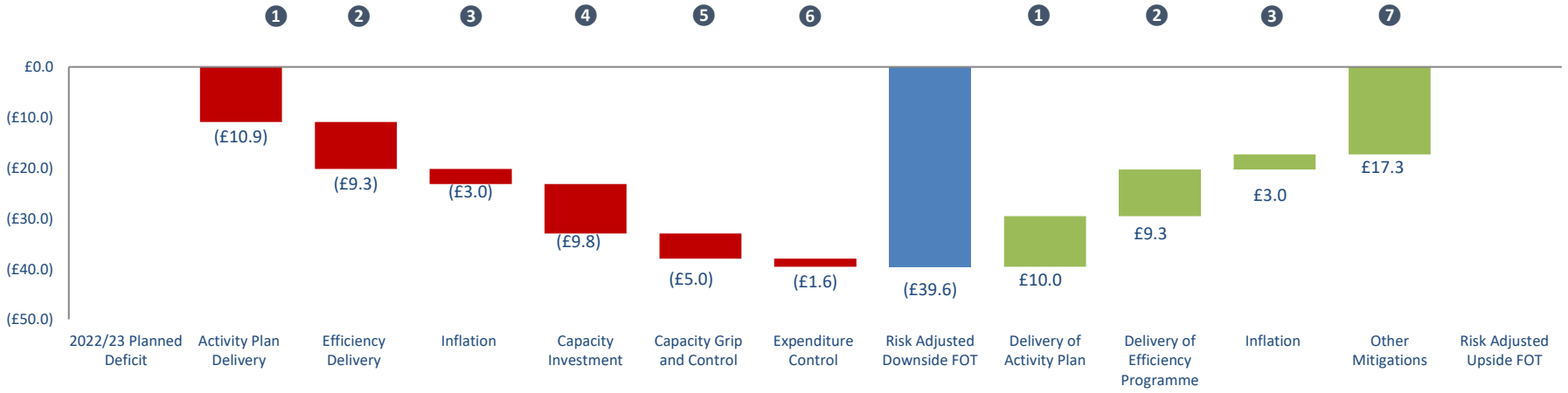
❹ **Risk:** Risk of requirement to add additional capacity at an additional cost. **Total Risk: £9.8m**

❺ **Risk:** Risk of the Trust's capacity plan not reflecting available clinical space and workforce effective hours. **Total Risk: £5.0m**

❻ **Risk:** Risk of overspends due to failure to control in expenditure in line with plan. **Total Risk: £1.6m**

❼ **Other Mitigations:** Grip and control of expenditure plan including ensuring the use of the capacity available is optimised and other non recurrent underspends. **Total Mitigation: £17.3m**

This results in a risk adjusted upside forecast outturn breakeven, unchanged from the FY22/23 breakeven plan submitted on 20th June.



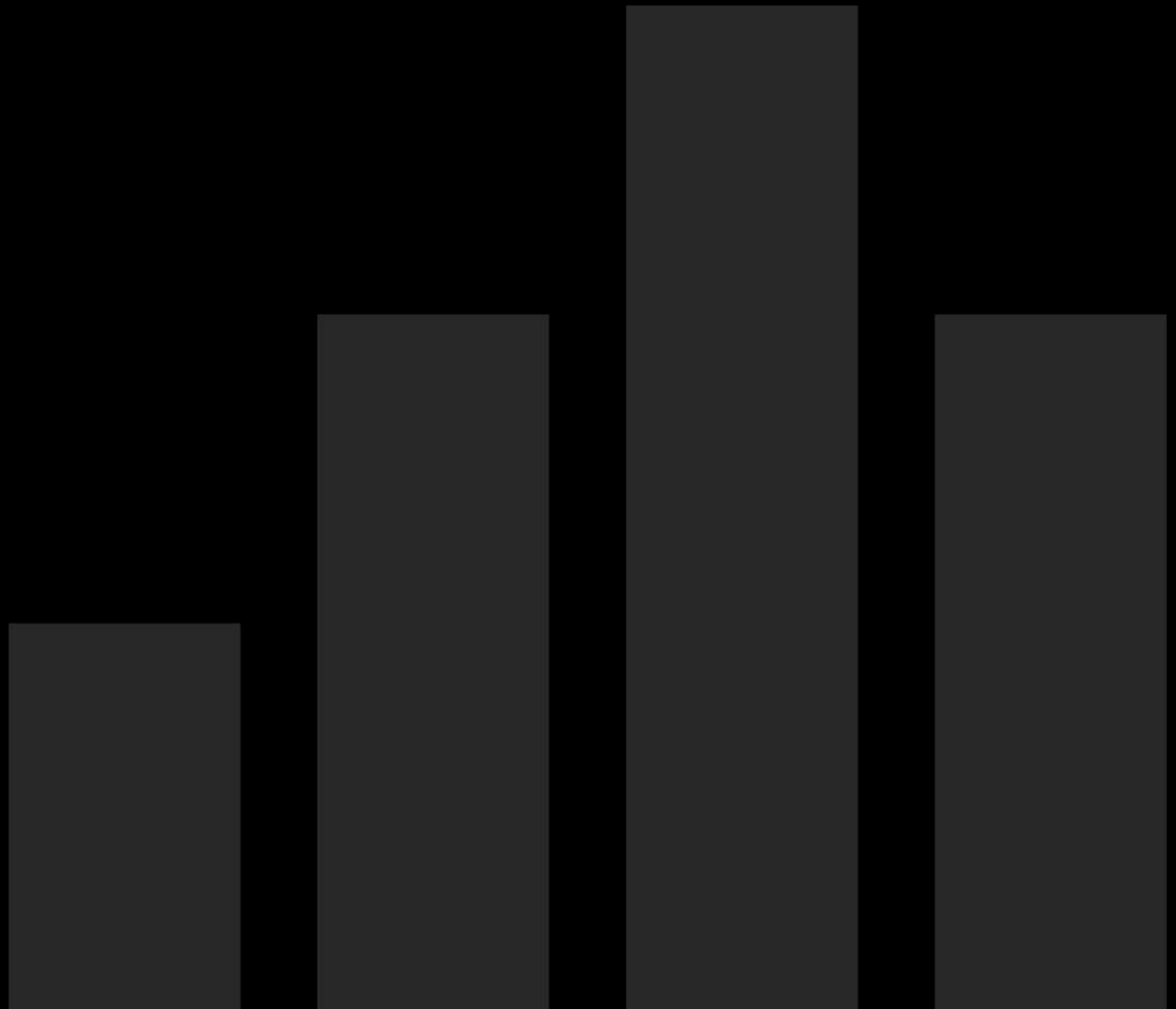
Microsoft | Power BI

Workforce

View in Power BI

Last data refresh:
15/07/2022 07:30:13 UTC

Downloaded at:
15/07/2022 14:22:36 UTC



Workforce Summary

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

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business intelligence

Topic	Metric Name	Date	Result	Variation	Assurance
Non-Medical Appraisals	Non-Medical Appraisal	Jun 2022	76.6%	Concern (Low)	Not capable
Vacancies	Variance: Headcount (WTE)	May 2022	-1,042	Concern (Low)	Not capable

SPC Variation Icons

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

SPC Assurance Icons

Capable | Not capable | Unreliable

Mandatory Training

NNUH Digital Health
business intelligence

Mandatory Training

Jun 2022

Variation | Assurance

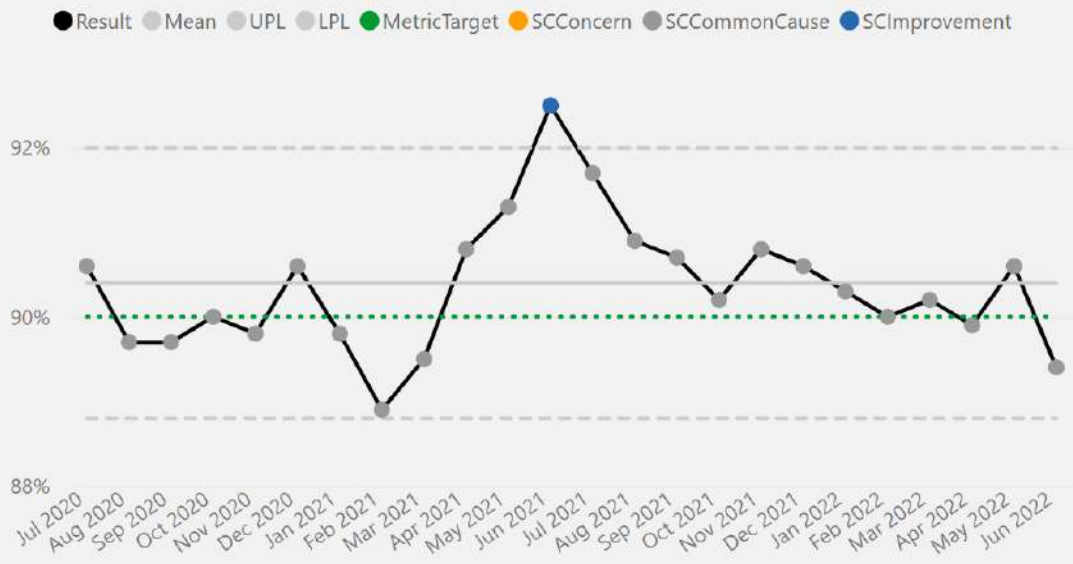
89.4% Result
90.0% Target

92.0% UPL
90.4% Mean
88.8% LPL

Analytical Commentary

Variation is Common Cause

Mandatory Training



Assurance Commentary

As at the end of June, the compliance rate was 89.4%. For Medical staff, the compliance rate for permanent staff was 87.2% - this figure reduces to 81.8% including the fixed term rotational junior doctors.

Due to the planned switch over from level 2 Safeguarding Adults to Safeguarding level 3, the overall compliance shows a slight decrease this month. This is part of the Trust's 3-year programme for moving across to the new Safeguarding requirements. Emails to Divisional leadership teams and to the individuals directly affected have previously been sent to inform of the change.

Following this month's Evidence Board further work to understand from Divisions why the non-attendance rates on classroom training are so high is being planned.

The new 3 Acute's harmonised Mandatory Training policy which is currently going through the governance sign off process in each organisation will bring in consequences for non-compliance, which should support raising compliance.

The new Resuscitation eLearning is being finalised and is planned to launch soon. This will move the current annual classroom requirement to bi-annual with an annual eLearning requirement.

Improvement Actions

June 2022 – The final stage of the 3-year programme to transition the Safeguarding level 3 for clinical colleagues has now been finalised. We expected this to cause a dip in our compliance but this has been agreed by our commissioners.

June 2022 - Resuscitation eLearning to have the demonstration video content added and then following testing this package can be launched

June 2022 - Targeted emails were sent to staff who have fallen below on their compliance in the areas of Resuscitation Adults and Paediatrics and Infection Control.

Non-Medical Appraisals

NNUH Digital Health
business intelligence

Non-Medical Appraisal

Jun 2022

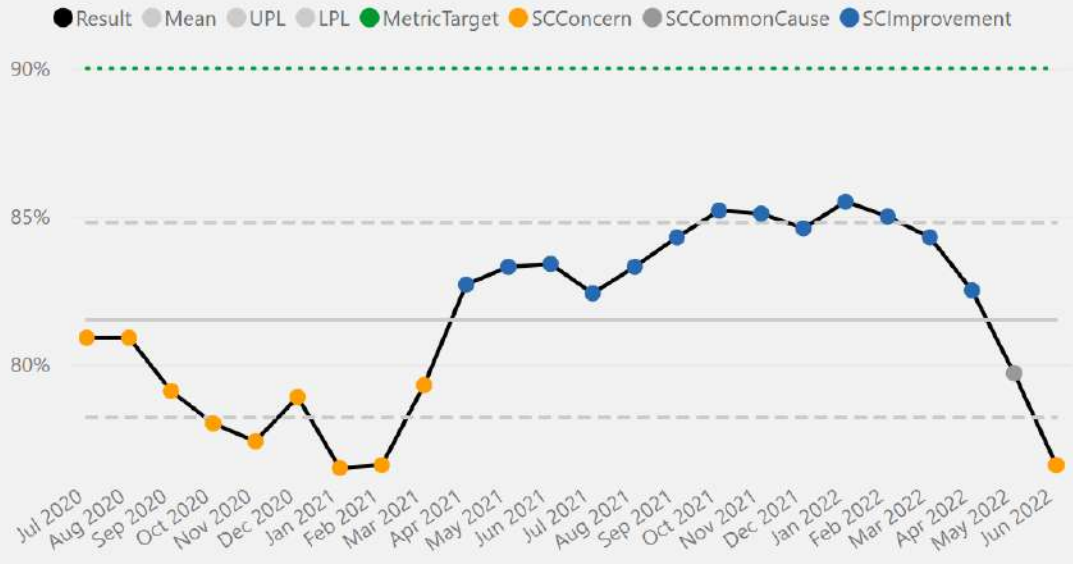
Variation	Assurance
L	F

76.6% Result	84.8% UPL
90.0% Target	81.5% Mean
	78.2% LPL

Analytical Commentary

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

Non-Medical Appraisal



Assurance Commentary

For the Use of Resources 3.1 recommendation, the Trust must achieve 80% compliance by August 2022, with the Trust internal target of 90%.

In the 12 months to June 2022, 76.6% of eligible staff (Non-Medical appraisals) had a PDR (appraisal). This represents a 3.1% decrease in performance compared to the previous month. Due to the introduction of the cascade method of appraising, which is aligned to the Trust business planning process, there has been a slight reduction in compliance however this is planned to increase as we move towards compliance reaching over 90% by September 2022.

As at 30th June 2022, 403 employees had attended the training workshop since April 2022. The course ran every week day during June 2022 to reach a wide audience, to ultimately improve the quality of PDR discussions and staff experience.

Regular communications are taking place within the Divisions to ensure the new process is understood, and that we focus on enhancing the quality of PDR discussions. This is supported by the guidance and frequently asked questions that have been communicated during June and placed on the intranet hub page. This is to provide further guidance and clarity on the process, seeking to enhance quality of PDR discussions.

Each Division has a trajectory in place to reach 90% compliance. It is noted that Surgery division have revised their trajectory and timescales to achieve this. HRBPs review PDR completion reports on a weekly basis, making interventions where appropriate to support Divisional progress on PDR completion.

Improvement Actions

June 2022 – The FAQs and guidance to support managers and staff has been updated

June 2022 – Divisional compliance trajectories reviewed through the Performance Assurance Framework

Sickness Absence

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business intelligence

Monthly Sickness Absence %

Jun 2022

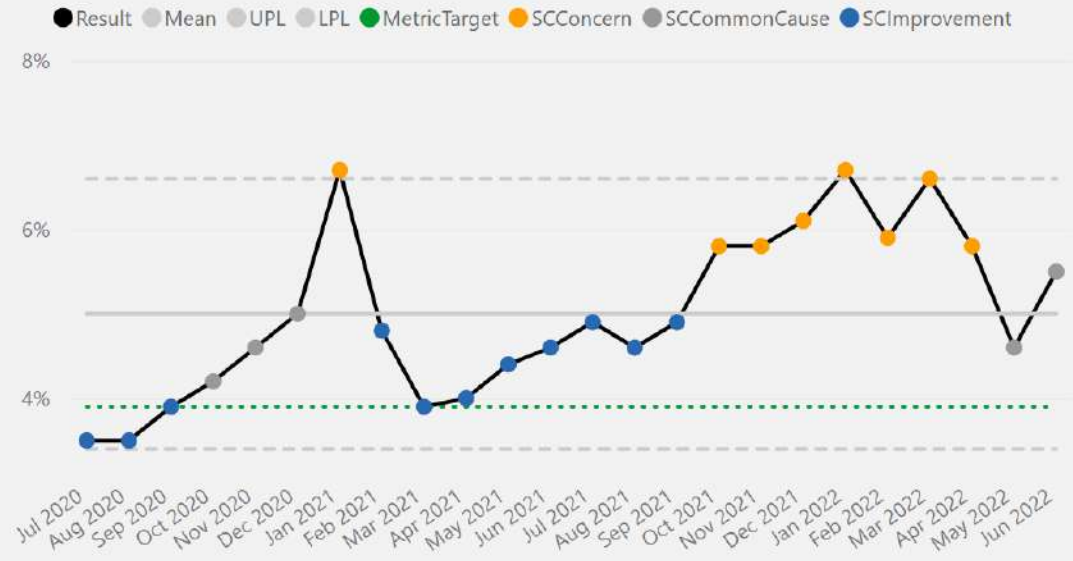
Variation	Assurance
	

5.5% Result	6.6% UPL
3.9% Target	5.0% Mean
	3.4% LPL

Analytical Commentary

Variation is Common Cause

Monthly Sickness Absence %



Assurance Commentary

The Operating Plan for 2020/21 has set a 12 month rolling average target of 3.9% for sickness. As at 30 June 2022, that rate is 5.6%. The monthly absence figure for June is 5.48%. This monthly absence is higher than the 4.51% for June 2021. When comparing with our System Partners, the Trust sickness absence is less than three Trust's but higher than three other Trust's. This indicates further work needs to be actioned to reduce the Trust's sickness absence.

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

The Trust did amend the mask wearing policy during June 2022 in accordance with national guidance of which the Trust has now revoked in patient areas. It was felt that this may have the consequence of increased short term absence. In the month of May covid sickness absence was 0.8% and in June has risen to 1.4%.

Due to the hot weather/heatwave predicted in July, this may result in an increase in short term sickness absence.

The Trust is participating in an ICS project, developing an Attendance and Wellbeing Policy framework in seeking to reduce absence across the ICS.

The work-related Occupational Health referrals have seen a slight shift change in reasons for psychological distress this month. 50% of the psychological work related referrals have cited demands and shortage of staff as reasons for ill health. 60% of these cases were clinical and 40% administration. Impact of higher number of patients per bay is having significant impact on staff health. Continued support is being

Improvement Actions

June 2022 - further revisions have been made to the Managers Toolkit for Stress and Mental Ill Health, to guide supporting staff with these challenges for readiness for launch

June 2022 - Training sessions commenced for know your staff and attendance and planned for the summer

Staff Turnover

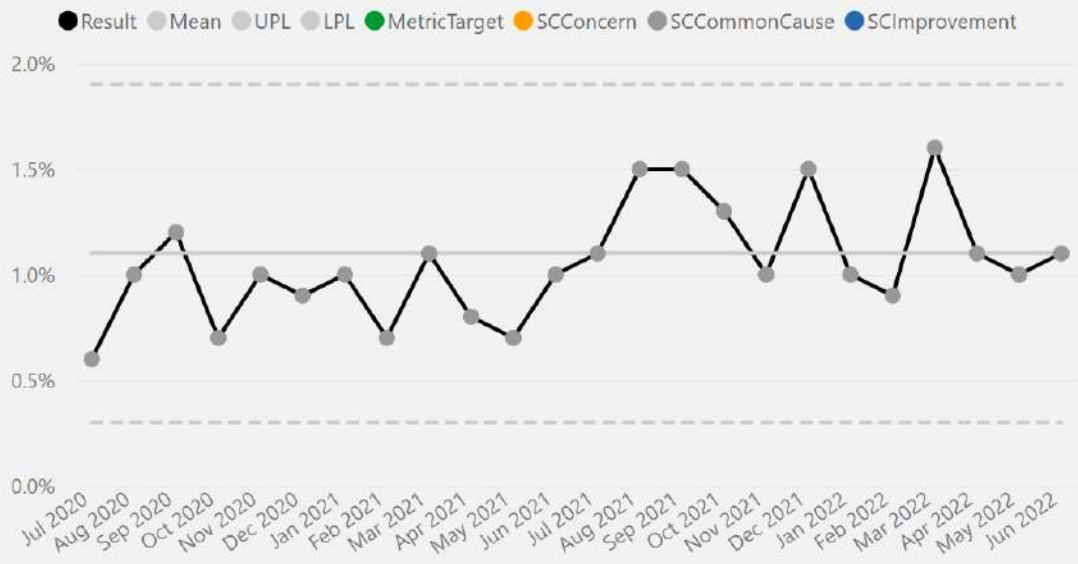
NNUH Digital Health
business intelligence

Monthly Turnover

Jun 2022

Variation	Assurance
1.1% Result	1.9% UPL
N/A Target	1.1% Mean
	0.3% LPL

Monthly Turnover



Improvement Actions

June 2022 – Under the Support for New Starters pillar key actions completed

June 2022 – Under the Flexible Working pillar key actions completed

June 2022 – Under the Multi-Generational Support pillar pillar key actions completed

Analytical Commentary

Variation is Common Cause

Assurance Commentary

The monthly turnover rate for June 2022 is 1.1% which is an increase from May (1.0%) and higher than May 2021 (1.0%). The 12-month average turnover rate is 14.7%, an increase of 0.1% from May 2022.

By delivery of the actions agreed at the Retention Board, it is expected to see a decrease to 10%, overall, by the end of the financial year. In order to focus our efforts, we have agreed five pillars of retention, and each pillar has an action set in place for delivery over the next 3-6 months. Delivery of actions is monitored the Retention Board.

Additional support is provided by the People Promise Manager, who is also drawing on best practice from colleagues in the wider system.

Under the Support for New Starters pillar, the following actions have been delivered: New HCA recruitment open days set up and running; HCA mentor/buddy system in place across divisions; HCA appreciation promoted on NNUH social media (achieving care certificates); HCA pilot underway in Medicine to join Red to Green MDTs; culture survey launched to identify key manager/team new starter actions to inform a new starter charter and a management new starter pack

Under the Flexible Working pillar, the following actions have been delivered: inclusion of standard wording into all job descriptions and job adverts; Advert request forms to have flexible working as a prompt; standard wording within the interview invitation to let candidates know we are open to flexible working and to discuss at interview; interview forms have a flexible working prompt and discussion capture

Under the Multi-Generational Support pillar, pensions

Staff in Post

NNUH Digital Health
business intelligence

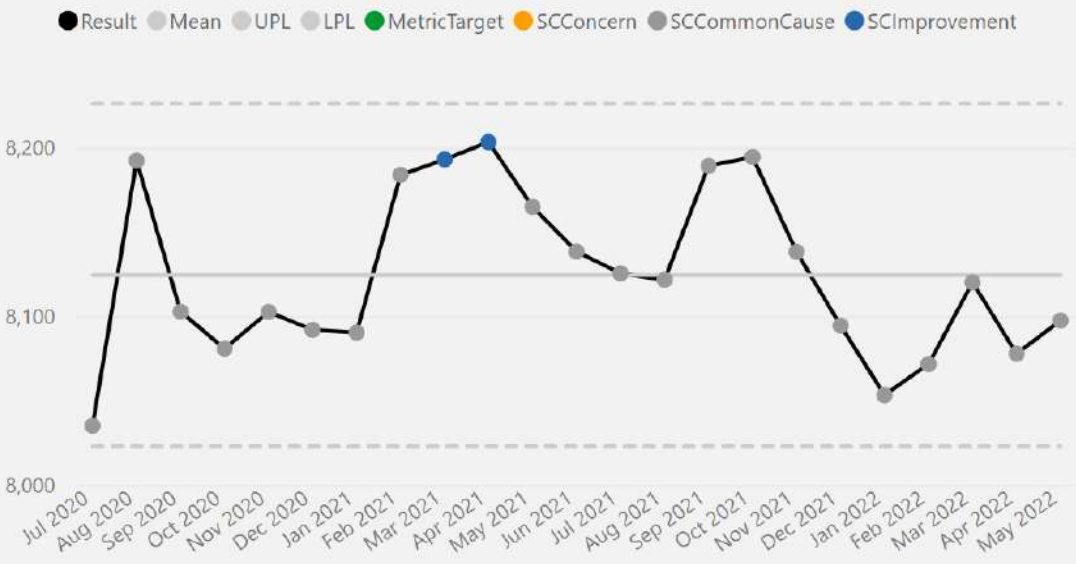
Actual Substantive Headcount (WTE)

May 2022

Variation | Assurance

8,097 Result	8,226 UPL
N/A Target	8,124 Mean
	8,023 LPL

Actual Substantive Headcount (WTE)



Improvement Actions

June 2022 - A series of Open Conversations took place during June 2022, inviting discussion on our priority areas, People Promise commitments and People and Culture Strategy.

June 2022 - A dedicated People Promise page has been added to the Staff Hub with links to the staff survey results, the six priority areas and the Staff Council.

June 2022 - Staff Council launched and an invitation for staff to nominate themselves for the Staff Council has been published.

Analytical Commentary

Variation is Common Cause

Assurance Commentary

Substantive staff in post is 8,135.7 for June 2022, an increase from May 2022 (8,097).

With the actions outlined below, it is expected to see an improved headcount by September 2022 and a further increase by supporting the target of vacancy reduction and turnover reduction.

Along with the retention actions and staff engagement actions, crucial workforce roles have been identified, such as Nursing, ODP's and Healthcare Assistants and Medical Workforce. Recruitment trajectories for nursing across Medicine, Surgery, Midwifery and Paediatrics have been developed. Progress against recruitment trajectories is reviewed monthly through the Performance Assurance

The NNUH People Promise six priority areas have been presented into a poster format, to highlight to staff the actions the Trust is taking and how this links to the staff survey and NNUH People Promise commitments. The poster has been printed and distributed to staff and can be found at Appendix A for information. This highlights the priority areas to improve staff experience and therefore improve our retention of staff

These actions are also supported by a further cohort of international nurses commencing at the Trust. Additional spaces at the induction programmes for Healthcare Assistants were made available in June.

Vacancies

NNUH Digital Health
business intelligence

Variance: Headcount (WTE)

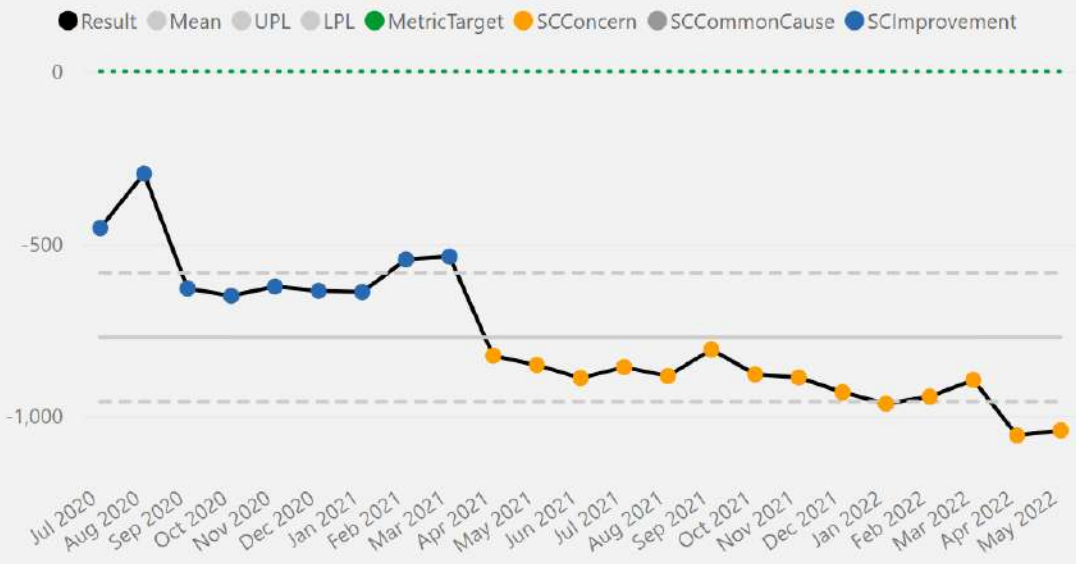
May 2022

Variation	Assurance
L	F

-1,042 Result
0 Target

-584 UPL
-771 Mean
-958 LPL

Variance: Headcount (WTE)



Analytical Commentary

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

Assurance Commentary

Managers are encouraged to recruit to their vacancies and seek ESR1 approval for all unfilled posts to allow them to advertise.

The vacancy % for June is 12.1%; a 0.7% increase from May 2022. This is due to budget increases of 112 FTE

With actions outlined below, it is expected to see an improved vacancy rate by September 2022.

71 international nurses have been recruited to the Trust with an additional 41 in our recruitment pipeline.

Following the introduction of career conversations, 90 third year students have now been offered a role at the Trust for a start date ranging from July to September.

Healthcare assistant recruitment checks is now led by Recruitment team members dedicated to providing focused support. This has streamlined the process, enabled provisional start dates to be agreed at the beginning of the recruitment check process and expediated provisional bookings made on the HCA training course, pending pre-hire checks.

Improvement Actions

June 2022 - Recruitment action plans and trajectories are in place to close the vacancy gap for critical nursing workforce roles for Medicine, Surgery, Midwifery and Paediatrics, and healthcare assistants across Medicine and Surgery.

June 2022 – 90 newly qualified nurses and 9 ODP (Operating Department Practitioners) are due to commence employment between July and September

June 2022 – a total of 71 international nurses have joined the Trust since last October.

Recruitment (Non-Medical)

NNUH Digital Health
business intelligence

Time to Hire - Total

Jun 2022

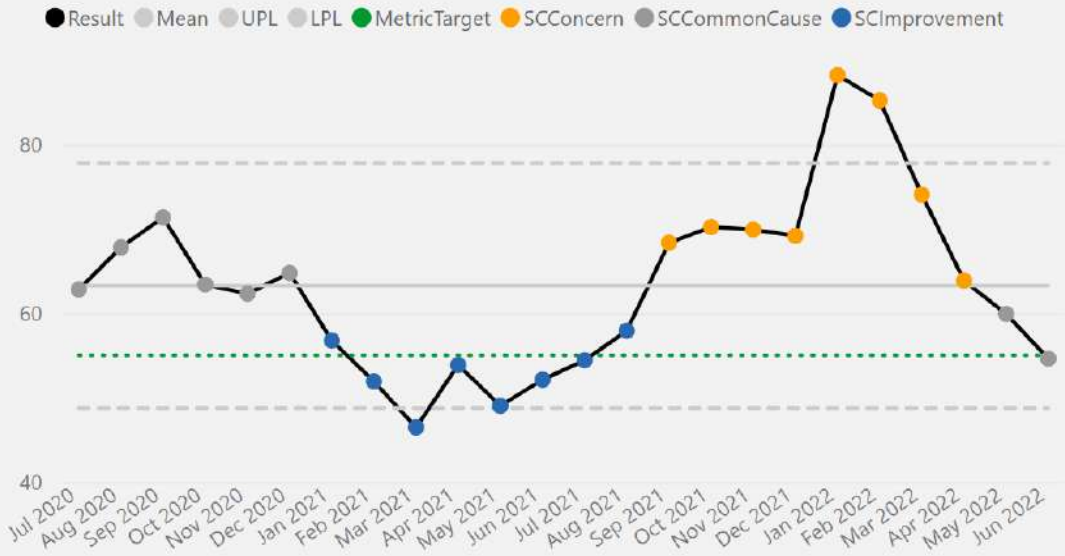
Variation	Assurance
	

54.6 Result	77.8 UPL
55.0 Target	63.3 Mean
	48.8 LPL

Analytical Commentary

Variation is Common Cause

Time to Hire - Total



Assurance Commentary

Improvements within our recruitment processes continued to reduce Time to Hire. June Time to Hire was 54.6 days. Month on month volumes remain at the peaked rate from January 2022.

Time to Offer has reduced further this month, and is now reporting at 1.8 days, which is an improved position of 5 days in April. This not only improves the overall time to hire but enhances the candidate experience. Another element of time to hire is 'time to checks complete' which has remained under target for each month of the past 5 months.

The average Time with Manager across all divisions was 15.6 days. The target Time with Manager is 10 days.

Improvement Actions

June 2022 - The advert request form and the interview pack have both been further updated to provide additional guidance to support managers to achieve the 10 day 'time with manager' target.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Time to Hire - Time with Manager	Jun 2022	15.6		Common Cause		No Target

Job Planning

NNUH Digital Health
business intelligence

Job Plans Signed Off % (Within 12months)

Jun 2022

Variation

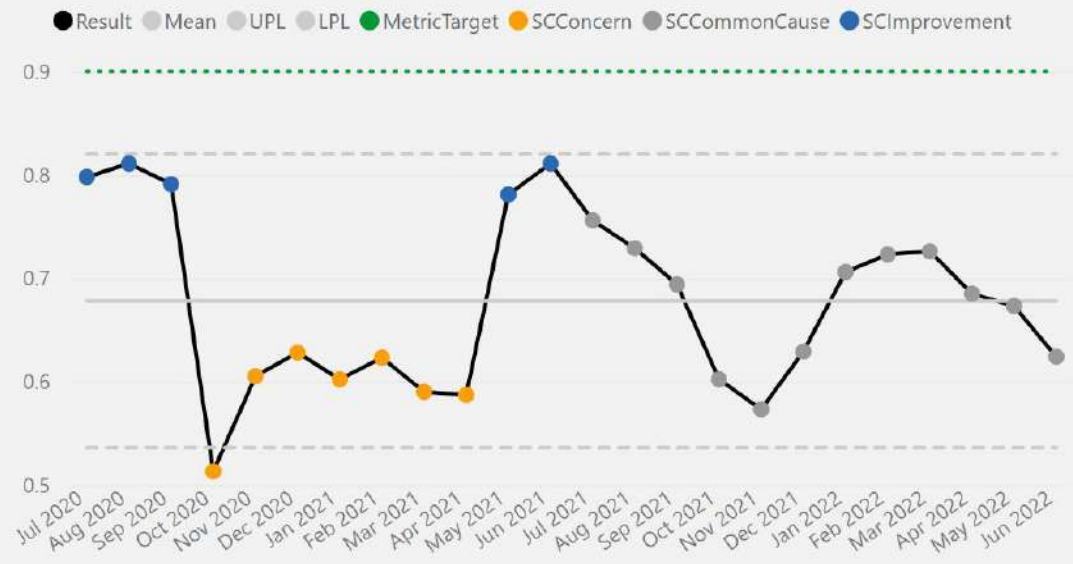
Assurance

F

62.4% Result
90.0% Target

82.0% UPL
67.8% Mean
53.6% LPL

Job Plans Signed Off % (Within 12months)



Analytical Commentary

Variation is Common Cause

Assurance Commentary

The June 2022 rate is 62.4% which is a decrease in performance of 4.9% for June compared to the previous month.

Job plan progress is reviewed weekly with the Medical Director and monthly at Medical and Dental Governance Committee, where actions have been identified for improvement against KPI.

With the exception of Surgery, Divisions are to provide a trajectory of obtained 90% KPI compliance to the Medical Director, supported by associated action plans. Surgery Division continue with their speciality focused month for job planning.

Additional support provided to cover system administrators annual leave for continuation of service and end user support.

Improvement Actions

June 2022 – All Divisions to provide trajectories to deliver the 90% compliance to the Medical Director.

REPORT TO TRUST BOARD

Date	**Wednesday 3rd August 2022**		
Title	**Staff Experience - Priority Improvement Actions**		
Author & Exec lead	**Julia Buck, People Promise Manager for** **Paul Jones, Chief People Officer**		
Purpose	**For discussion and information**		
Relevant Strategic Objective	- Our NNUH Team: Together, we will support each other to be the best that we can be, to be valued and proud of our hospital for all.		
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☐**	Improved patient care, via improved staff experience
	Operational	**Yes☐ No✓**	Improved service delivery and support addressing waiting time
	Workforce	**Yes✓ No☐**	Improved staff experience and morale which will lead to a reduction in vacancies, turnover and sickness absence
	Financial	**Yes☐ No✓**	Reducing bank, agency and overtime

1. Background/Context

1.1 The NHS Staff Survey 2021 results were published publicly on the 30th March 2022. The findings have been reviewed and widely shared alongside other areas of insight, such as the People Promise Self-Assessment, Audit outcomes, Culture Change Programme and Speak Up data.

1.2 Following engagement with staff, six priority areas have been identified, which will make the biggest difference to them if delivered:

- Staff Shortages
- Staff Facilities
- Manager Support and Appreciation
- Staff Wellbeing
- Addressing Poor Behaviours
- Flexible Working

The six priority areas have been presented into a poster format, to highlight to staff the actions the Trust is committed to taking and how this links to the staff survey and NNUH People Promise commitments. The poster has been printed and distributed to staff and can be found at Appendix A for information.

1.3 A highlight report showing the current progress and latest activity against milestones (as of 22nd June 2022) which are RAG rated, can be found at Appendix B.

2. Key issues, risks and actions

2.1 There continues to be traction and progress against a number of actions, since the last report the following have been delivered:

- Launch of the "No Excuse for Abuse" campaign, with posters distributed across the Trust, supported by wider communication across all available media
- DATIX forms have also been updated so an automatic notification is made to WH&WB where a DATIX is completed for an incident involving abuse. Staff are also signposted to additional wellbeing resources via a QR code on the DATIX form for them to access should they wish.
- The draft Protocol for withdraw of care due to poor behaviours was reviewed by the Ethics Committee on 12th July, and their feedback has been incorporated, this is being shared with committee members. The Protocol is also being shared at JSCC with union colleagues for further engagement to ensure this can be operationalised on launch.
- A schedule for senior leadership visits has been populated by triumvirates and executive directors for all areas between now and end of March 2023. Visits have already commenced in Surgery and Radiology, and triumvirates will provide feedback from visits at the following week's HMB to enable key points to be considered.
- Detailed planning is underway for an Expo event on 10th August in the East Atrium to continue our commitment to providing practical support to colleagues facing cost of living challenges. This builds on the "Caring for You, Caring for Your Finances" booklet already produced. The expo involves a number of external partner organisations (Citizens Advice, Money Helper, NHS Pensions, UNISON, RCN and others) together with our staff benefits providers. A hamper has been secured for a prize draw on the day, together with other incentives and this promises to be an excellent event, with a wide range of information and advice available for staff. Posters are being printed for circulation this week, together with support from our communications team. A copy of the Expo Event poster can be found at Appendix C for information.

2.4 We have six overall priority areas, with a total of 24 initiatives being progressed to deliver these. Two initiatives have been rated as amber and two red at this stage:

Amber:

Schwartz Rounds and Rest and Restore Days - both require budget approval, these have been identifed as part of the People and Culture Resource Plan and will be agreed against the budget commitment for the strategy at HMB

Red:

- **Personal Development Reviews** – Target of 90% of staff by end of September. Divisions have trajectories supported by plans to complete PDRs which are monitored via Divisional Performance Committee (PAF). Operational pressures have led to some divisions to amend their trajectories for completion beyond the September date agreed at HMB.

- **Wellbeing discussions –** Wellbeing discussions form part of the PDR, so has a reliance on meeting the PDR trajectories.

Wider supporting activities

2.5 A series of Open Conversations are underway for each of the six priority areas, led by each executive lead. The first took place on Friday 15th July regarding the work underway to address poor behaviours. This was well attended and prompted a range of questions and suggestions from staff.

2.6 Nominations for the Staff Council have now closed, with thirty-seven staff becoming members. Expressions of interest have been received from a range of staff, across all occupations, grades and every division being represented.

2.7 The inaugural meeting will be on 17th August 2022 and all representatives have been emailed to confirm that they will be a member, along with the meeting schedule for the remainder of the year to March 2023. A summary of discussion will be shared following every meeting.

3. Conclusions/ Next steps

3.1 The Trust has significant number of actions with a challenging implementation timeline. A formal escalation process via the People Promise Manager will produced to ensure Executive Leads are updated where delivery may be at risk or support is required as it is important that traction is not lost. These can be escalated to weekly meetings of the Executive Team.

3.3 As can be seen on the highlight report, all actions are broadly on track, although the completion of PDRs should be noted as a significant risk to delivery at this stage, particularly with absences over the holiday period.

Recommendation:

The Trust Board is recommended to:

- Note the Executive leads for each of the priority workstreams and position on delivery.

Appendix A

NNUH People Promise - our staff survey priority actions to improve your experience at work

Your concerns:	What we will do:	What you will see:
1. Staff shortages Owner: Paul Jones, Chief People Officer	• Reduce our overall vacancies • Reduce the timescale between applying for a role and joining us • Do more to help retain current staff • Reduce short-term absences.	**More staff on our wards and at work by:** • Reducing overall vacancies to 10% and key clinical roles to 5% (March 2023) • Achieving an average of 55 days from placing job ad to completing employment checks (June 2022) • Reducing staff turnover to under 10% (end March 2023) • 20% reduction in staff absence triggers, as set out in the Attendance Policy (end March 2023).
2. Staff facilities Owner: Simon Hackwell, Director of Estates and Strategy	• Improve facilities • Offer revised travel to work options.	**Improved and refurbished staff facilities by:** • Agreed refurbishments/improvement plan (July 2022) • Refurbishment programme communicated (August 2022) • Revised travel to work options and parking offering published (September 2022) • Implementation of the updated travel options (March 2023).
3. Manager support and appreciation Owner: Chris Cobb, Chief Operating Officer	• Ensure leaders are more visible across Trust • Implement a new approach to Personal Development Reviews (PDRs) • Ensure uptake of "Licence to Lead" by line managers.	**Greater visibility and support from management teams by:** • A monthly programme of senior management visits to ward and specialty areas (from June 2022) • Meaningful PDR discussion with your line manager (90% of staff by end September 2022) • A minimum of 500-line managers complete "Licence to Lead" (March 2023).
4. Staff Wellbeing Owner: Nancy Fontaine, Chief Nurse	• Better support wellbeing at work to help address burnout • Offer support and information to help with cost-of-living pressures • Take action to minimise "in shift" staff moves.	**Increased support for your wellbeing by:** • A wellbeing conversation as part of your PDR (90% by end September 2022) • Schwartz Rounds reintroduced, increase Professional Nurse Advocate and Professional Midwifery Advocate roles and promotion of other wellbeing support (end September 2022) • A monthly programme of "Rest & Restore" days (ongoing to March 2023) • Practical cost-of-living support and information (June 2022) • 50% reduction of "in shift" moves reported through E-Roster (October 2022).
5. Addressing poor behaviours Owner: Erika Denton, Medical Director	• Address poor behaviours from staff and managers • Address poor behaviours from service users.	**Poor behaviours by patients and staff being addressed by:** • Agreed divisional actions for areas reporting high incidence of bullying or feeling unable to speak up in the Staff Survey (June 2022) • A revised Dignity at Work policy (September 2022) • Implementing new NNUH Leadership Standards making the expectations of all leaders clear (July 2022) • "No excuse for abuse" campaign launched (June 2022) • Protocol to withdraw patient care where behaviour is unacceptable (July 2022).
6. Flexible working Owner: Paul Jones, Chief People Officer and NNUH Wellbeing Guardian	• Improve access to flexible working for existing and new staff.	**Improved access to and equity of decisions about flexible working by:** • At least 25% of job ads include options for flexible working (June 2022) • Introducing divisional oversight for approving flexible work requests to ensure greater equity (September 2022) • Organisational measures to monitor progress, with flexible working patterns recorded on E-roster (October 2022).

Appendix B

Task Status Key
Milestone or task is on schedule
Milestone or task is behind schedule
Milestone or task is overdue or unlikely to meet schedule
Milestone or task is complete

Project Plan

No.	Key Milestone Description	Owner	Associated Actions		Due Date	Task Status	Baseline/ Progress update
1	**Staff Shortages** • Reduce our overall vacancies • Reduce the timescale between applying for a role and joining us • Do more to help retain current staff • Reduce short-term absences.	Paul Jones	Actions required to complete this milestone: 4			0	
			1.1	Reducing overall vacancies to 10% and key clinical roles to 5% (March 2023)	31/03/2023	**On schedule**	Workshop will be held with key stakeholders on actions needed to meet 5% goal
			1.2	Achieving an average of 55 days from placing job ad to completing employment checks (June 2022)	30/06/2022	**Complete**	55 days met in June, with governance in place to ensure sustainability. Meeting Time with Manager KPI provides opportunity to achieve 48 days.
			1.3	Reducing staff turnover to under 10% (end March 2023)	31/03/2023	**On schedule**	Five retention workstreams underway. Focus in supporting HCA new starters and preceptorship for newly qualified nurses to improve overall experience.
			1.4	20% reduction in staff absence triggers, as set out in the Attendance Policy (end March 2023)	31/03/2023	**On schedule**	Divisional data being shared via HRBPs to enable plans/governance to be agreed

2	**Staff Facilities** • Improve facilities • Offer revised travel to work options.	Simon Hackwell	Actions required to complete this milestone: 4			0	
			2.1	Agreed refurbishments/improvement plan (July 2022)	31/07/2022	**On schedule**	Prioritised schedule of areas for refurbishment awaiting final sign-off from Octagon. Communication plan to be developed to share with staff still to complete
			2.2	Refurbishment programme communicated (August 2022)	31/08/2022	**On schedule**	Following agreement with Estates and Serco programme of work will be shared with staff
			2.3	Revised travel to work options and parking offering published (September 2022)	30/09/2022	**On schedule**	
			2.4	Implementation of the updated travel options (March 2023)	31/03/2023	**On schedule**	
3	**Manager support and appreciation** • Ensure leaders are more visible across Trust • Implement a new approach to Personal Development Reviews (PDRs) • Ensure uptake of "Licence to Lead" by line managers.	Chris Cobb	Actions required to complete this milestone: 3			0	
			3.1	A monthly programme of senior management visits to ward and specialty areas (from June 2022)	30/06/2022	**Complete**	Visits commenced for Surgical division, CSSD. Schedule populated to March 2023 and shared with organisation
			3.2	Meaningful PDR discussion with your line manager (90% of staff by end September 2022)	30/09/2022	**Risk to Delivery**	Divisions each have a completion trajectory, however some are behind target and unlikely to meet 90% by end of September without remedial action (monitored via monthly Performance Boards)
			3.3	A minimum of 500-line managers complete "Licence to Lead" (March 2023)	31/03/2023	**On schedule**	43 managers completed at end of May. A further 410 have completed 60% of their Licence.
4		Nancy Fontaine	Actions required to complete this milestone: 5			0	

	Staff Wellbeing • Better support wellbeing at work to help address burnout • Offer support and information to help with cost-of-living pressures • Take action to minimise "in shift" staff moves.		4.1	A wellbeing conversation included as part of your PDR (90% by end September 2022)	30/09/2022	**Risk to Delivery**	Reliant on the successful completion of appraisals, therefore with some areas being behind trajectory, this is at risk
			4.2	Schwartz Rounds reintroduced, increase Professional Nurse Advocate and Professional Midwifery Advocate roles and promotion of other wellbeing support (September 2022)	30/09/2022	**Risk to Delivery**	Funding is identified for Schwartz Rounds - subject to final approval at HMB as part of People and Culture Strategy Resource Plan.
			4.3	A monthly programme of "Rest & Restore" days (ongoing to March 2023)	31/03/2023	**Risk to Delivery**	A programme of Rest & Restore Days in place to end October 2022. Funding required to end of year - subject to funding approval as part of Resourcing Plan for the People Strategy
			4.4	Practical cost-of-living support and information (June 2022)	30/06/2022	**Complete**	Booklet compiled and published. Large Expo on financial wellbeing event being planned for 10/8/22
			4.5	50% reduction of "in shift" moves reported through E-Roster (October 2022)	31/10/2022	**On schedule**	50% reduction achieved in May 2022, considerably ahead of trajectory. Work underway to ensure this is achieved on a sustainable basis.
5	**Addressing Poor Behaviours** • Address poor behaviours from staff and managers • Address poor behaviours from service users.	Erika Denton	Actions required to complete this milestone: 5			0	
			5.1	Agreed divisional actions for areas reporting high incidence of bullying or feeling unable to speak up in the Staff Survey (June 2022)	30/06/2022	**Complete**	Each area has identified a range of interventions appropriate to their area. HRBPs to ensure divisional governance is in place to monitor delivery.
			5.2	A revised Dignity at Work policy (September 2022)	30/09/2022	**On schedule**	

			5.3	Implementing new NNUH Leadership Standards making the expectations of all leaders clear (July 2022)	31/07/2022	**On schedule**	Report to be provided to HMB during July setting proposals
			5.4	"No excuse for abuse" campaign launched (June 2022)	30/06/2022	**Complete**	Campaign launched and posters now being distributed.
			5.5	Protocol to withdraw patient care where behaviour is unacceptable (July 2022)	31/07/2022	**On schedule**	Protocol revised following feedback from Ethics Committee. Engagement via JSCC 20/7 for finalisation and launch.
6	**Flexible Working** • Improve access to flexible working for existing and new staff.	Paul Jones/ Wellbeing Guardian	Actions required to complete this milestone: 3			0	
			6.1	At least 25% of job ads include options for flexible working (June 2022)	30/06/2022	**Complete**	TRAC template now includes standard wording to encourage applications on a flexible basis, together with modifications to interview templates and recruitment request forms
			6.2	Introducing divisional oversight for approving flexible work requests to ensure greater equity (September 2022)	30/09/2022	**On schedule**	HRBPs engaging with divisions regarding considerations. Work commenced on Flexible Working Policy refresh.
			6.3	Organisational measures to monitor progress, with flexible working patterns recorded on E-roster (October 2022)	31/10/2022	**On schedule**	E-roster team providing divisional guide for communication and action.

Appendix C

Team NNUH
Caring for your finances Expo

NHS
Norfolk and Norwich
University Hospitals
NHS Foundation Trust

10th August 2022
9:00 – 16:30
East Atrium

With the costs of living increasing, come along to find out how to make your money go further. Support, advice and guidance available from:

- Citizens Advice
- MoneyHelper
- UNISON
- NHS Pensions
- RCN
- Workplace Health
- Chaplaincy
- Wagestream
- Royal Medical Benevolent Fund

Find out about staff benefits, discounts and more.

FREE prize draw - WIN a Molton Brown hamper

FREE £5.00 voucher - visit Wagestream and sign up on the day to receive a FREE £5 voucher (Redeemable at N&N Hospitals Charity Mobile Café)