Our Vision
The best care for every patient

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

MEETING OF THE TRUST BOARD IN PUBLIC
WEDNESDAY 7 FEBRUARY 2024

A meeting of the Trust Board will take place at 9.30am on Wednesday 7 February 2024 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/Departmental Visits - separate schedule	08.45-09.15		
1	- Apologies & Declarations of Interest - Reflections on Clinical/Departmental Visits	09.30-09.40	Chair	Information/ Discussion
2	Experience of Care: Older Peoples Medicine - Sarah Higson	09.40-10.00	NF	Discussion
3	Minutes of the Board meeting held in public on 01.11.23	10.00-10.05	Chair	Approval
4	Matters arising and update on actions		Chair	Discussion
5	Chief Executive's Update - verbal	10.05-10.20	CEO	Discussion
6	Update from Council of Governors (25.01.24) – verbal	10.20-10.25	Chair	Information
7	Committees in Common (11.12.23 & 08.01.24) - verbal	10.25-10.30	Chair	Information
	Break	10.30-10.45		
	Reports for Information and Assurance:			
8	(a) Audit Committee (13.12.23)*	10.45-10.55	JF	Information, Assurance & Approval as specified
	(b) Quality and Safety Committee (30.01.24)	10.55-11.10	US	
	(c) IPR – Quality, Safety and Patient Experience data		ED/NF	
	(d) People & Culture Committee (31.01.24) inc updated Freedom to Speak-Up Policy – to approve	11.10-11.25	SD	
	(e) IPR – Workforce data		PJ	
	(f) Finance, Investments and Performance Committee (31.01.24)	11.25-11.40	TS	
	(g) IPR – Performance and Productivity data (h) Finance – YTD report		CC RC	
	(i) Major Projects Assurance Committee (31.01.24)	11.40-11.50	TS	
9	Questions from members of the public	11.50-12.00	Chair	Discussion
10	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 6 March 2024 in the Boardroom of the Norfolk and Norwich University Hospital

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REPORT TO TRUST BOARD

Date	**7 February 2024**
Title	**Experience of Care Story – Terry's experience**
Author & Exec Lead	**Rosie Bloomfield, Patient and Experience Facilitator & Professor Nancy Fontaine, Chief Nurse**
Purpose	**For Information and Discussion**
Relevant Strategic Commitment	**1. Together, we will develop services so that everyone has the best experience of care and treatment**

Are there any quality, operational, workforce and financial implications of the decision requested by this report? If so explain where these are/will be addressed.	**Quality**	Yes✓ No☐	
	Operational	Yes✓ No☐	
	Workforce	Yes✓ No☐	
	Financial	Yes✓ No☐	
Identify which Committee/Board/Group has reviewed this document:	**Board/Committee:** Patient Engagement and Experience Group (PEEG).	**Outcome:** A summary of experience and improvements shared by the team at the Patient Engagement and Experience Group (PEEG), December 2023.	

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 provides information on what was positive, what was sub-optimal and what would have made the experience more positive.

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

1.3   Terry is 88 years old; he usually lives alone with a package of care in place. Terry's past medical history includes hypertension, chronic kidney disease, aortic stenosis, Chronic obstructive pulmonary disease (COPD), ischemic heart disease and Barrett's oesophagus. Terry is a cheeky character; he is straight talking with an infectious smile. Terry was bought into ED via ambulance, he called his pendant alarm as he had a headache but didn't think he'd had a fall. Terry was seen by an OPM consultant. Diagnosis was background cognitive impairment and known postural hypotension, plan was for a urine sample, bladder scan and lying and standing BP. If all okay Terry could go home. Next day he was reviewed. Delayed discharge, lack of sleep, discomfort in his left shoulder needing more exploring. Moved to admissions unit. Reviewed later and made medically fit to discharge and ready for discharge the

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next day. NOK and carers called to arrange discharge for the next day. Later than night nursing documented concerns around Terry's mobility. Reviewed by hospital at night due to high BP and amlodipine given alongside ramipril. Terry was then transferred to Elsing ward at 12.30am. Review by OPM consultant that day. Medication for blood pressure stopped, plan to complete lying and standing BP and get home. However, his care package had been lost and a new one not available for another 5 days. Unfortunately, Terry's condition continued to worsen before his package of care was due to start, including catching covid, norovirus, showing signs of delirium and having inpatient falls. He then started rapidly deconditioning. Terry has experienced a long (over 62 days) wait for a short-term bed for discharge.

2   Key issues, risks and actions

2.1   Key issues
As a Trust we are continuing to make efforts to improve patient flow across the Trust and within the community. This involves reducing ambulance delays, getting patients seen quicker and supporting a quick but safe discharge for patients.

Terry's story highlights the importance of speedy discharge for older people and the impact deconditioning has on people while in hospital. It also highlights the positive impact the Older People's Medicine (OPM) Team can have when they are involved at the right time in a patient journey.

Terry was seen in OPED but was then moved to ED. A key learning has been that OPED needed to review its opening times to ensure it is offering a service that fully supports its patients' needs. Therefore, OPED is now open 24 hours so patients like Terry will be seen by geriatricians who are specialists in dealing with the health and care of older people. If Terry had stayed in OPED, he may have seen different outcomes when treated by specialists. Expanding the hours of OPED can help stop this happening in the future and ensure we have frail people in the right places seen by the right people.

2.2 Key learning/actions:

- Falls -
  On Brundall Ward the Baywatch system is used, this involves a member of staff being allocated to supervise patient/s identified as needing supervision. Posters are placed on the bay doors to identify that Bay Watch in progress and the allocated staff member's name is also added. Bay watch rules are displayed around the ward and the rules are also emphasised at the twice daily safety handovers. We use the Bay Watch staff allocation sheets to ensure that one staff member is not bay watching for the whole shift.
  We have dedicated falls link nurses and daily falls champions allocated for each shift. The falls champion folder includes an audit of all the patients including lying and standing completion and if the falls bundle initiatives are in place if needed.
  Ramblegard supplied chair and bed pads with audible alarms to trial for use on patients who were at high risk of falling. Initially we had two sets of seat and bed pads but this was increased to 4 sets due to the high number of patients who were at risk of falls on the ward. The trial started in April 2023 and finished on the 10th of August 2023. Since the falls tech was in use, we saw a slight decrease in the number of falls each month. This was only with four sets of falls tech, so we would conclude that the tech proved to be invaluable to the ward in maintaining patient safety. The graph below shows the falls per month from January 23 – August 23 which includes the trial of Ramblegard (April – August23).

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Falls per month
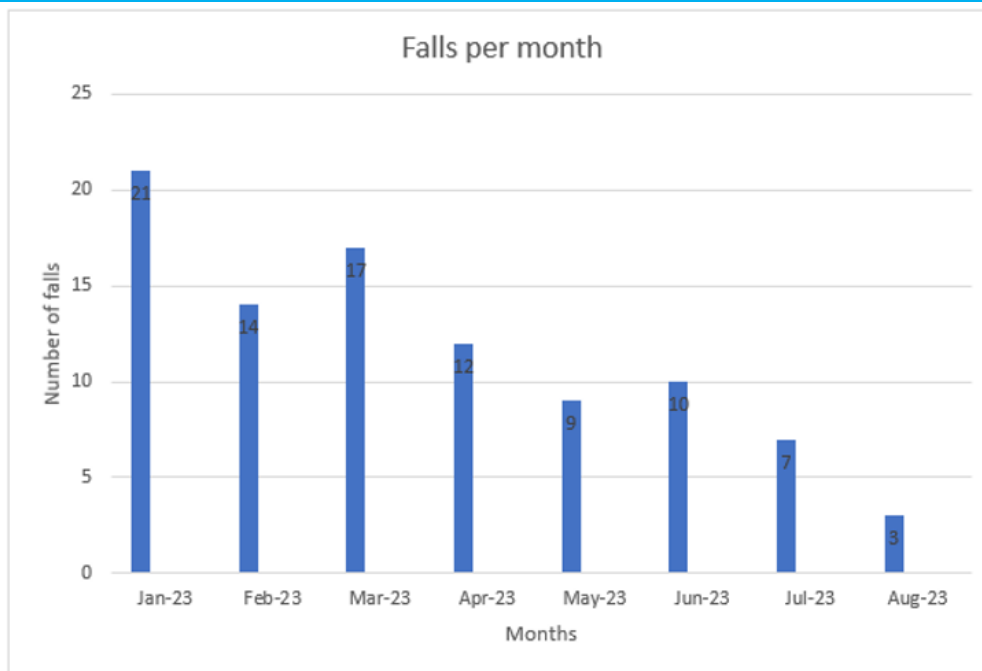
- Nutrition – Combined 'food and think drink' charts to monitor nutritional intake and moved from patient folders to clipboards alongside stool charts to make them more easily accessible. Implemented weight loss stickers in medical notes to highlight weight loss and request supplement prescription. Worked with dementia support team to develop and use a meal planned so families can complete a food planner each week for their relative with likes and dislikes. Two members of HCA team changes their shift patterns to 5pm start to support evening meals. Advanced practitioner has supported with nutritional care and created a nutritional board which is regularly updated. Staff complete BAPEN nutritional training and additional drop-in training session on the NHS toolkit. Ward complete patient/relative feedback forms on nutritional care. Staff complete a survey looking at how to improve compliance of patients drinking supplements.

- Step downs – We highlight the best two patients to step down and do risk assessments on all our high-risk patients to avoid them being moved when it is unsafe to do so.

- Deconditioning / frailty – Everything OPM do is to support deconditioning. This includes putting on activities to get people moving like colouring, painting, events to celebrate seasons like Christmas/remembrance, getting people out of bed, offering real clothes for them to get dressed.

- Infection control – Wards with OPM patients are high risk regarding outbreaks so carrying out additional training to support staff with the basics of infection control. New educator is helping with the creation of pocket cards to support with training around infection control.

- Exercise professionals – Really beneficial for deconditioning and noticed the difference for patients.

3   Conclusions/Outcome/Next steps

3.1   The experiences shared in this story have provided valuable learning.

3.2   Review data from Ramblegard and discuss the possibility of committing to more sets for targeted wards with patients at higher risk of falling.

3.3   There is a new Delirium Policy being developed which will hopefully enable quicker detection and resolution to prevent falls as there is a huge correlation between delirium and falls. Promote the use of the multiple falls response team and making sure that a clear risk assessment for using a side room has been completed for patients with delirium.

3.4   Continue investing time and funding into supporting the prevention of patient deconditioning, including fund raising for a dementia garden and investigating a role such as activities co-ordinator.

3.5   Voluntary Services has been awarded grant funded from N&N Hospitals Charity for an Inpatient Volunteer Project Coordinator post which will enable the embedding of the learning from the OPM Volunteer Coordinator role across ALL inpatient wards in recognition of the high numbers of older patients across the Trust. This includes eg; mealtime support, deconditioning/enrichment activities, the completion of "This is me" booklets (dementia support) and working with physios to provide a move to improve exercise programme. The funding will secure this post for 2 years.

3.6   Recognise the importance of HCA role and exercise professionals within deconditioning. More support for such roles would be beneficial for making patient experience and clinical outcomes better for this patient group.

3.7   Continue meeting every two weeks as an OPM team to discuss nutrition and share ideas. Creating new overhead patient boards including information on dietary requirements, high calorie snacks and build up drinks. OPM matrons are working towards getting a snack menu available across OPM wards, so the food is more appealing to our patients. Link up with nutritional steering group to share good practice.

Recommendations:
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"

Terry is 88 years old; he usually lives alone with a package of care in place. Terry's past medical history includes hypertension, chronic kidney disease, aortic stenosis, Chronic obstructive pulmonary disease (COPD), ischemic heart disease and Barrett's oesophagus. Terry is a cheeky character; he is straight talking with an infectious smile.

Terry was bought into ED via ambulance, he called his pendant alarm as he had a headache and didn't think he had a fall.

Terry was seen by an Older People's Medicine (OPM) consultant. Diagnosis was background cognitive impairment and known postural hypotension. Plan was to take a urine sample, bladder scan and take a lying and standing BP. If all okay Terry could go home.

Next day he was reviewed. Delayed discharge, lack of sleep, discomfort in his left shoulder. Planned an Xray of his shoulder, push oral fluids and review later. Terry was then moved to admissions unit. Reviewed later that day, made medically fit to discharge and ready for discharge the next day. NOK and carers called to arrange discharge for the next day.

Later than night nursing documented concerns around Terry's mobility, reviewed by hospital at night due to high BP and amlodipine given alongside ramipril. Terry was then transferred to Elsing ward at 12.30am. Reviewed by OPM consultant that day. Medication for blood pressure stopped, plan to complete lying and standing BP and get home. Care package had been lost, new one not available for another 5 days.

Terry unfortunately then started showing signs of delirium the day before his new care package was due to start. Terry tested positive for covid and had to be moved into a side room. He was still mobile with a frame, experiencing delirium and had his first inpatient fall. Unfortunately, Terry went on to have two more inpatient falls.

Terry also experienced swallowing difficulties and had a severe chocking episode and is now on a pureed diet and thickened fluids.

Terry had episodes of vomiting and tested positive for Noro Virus.

Terry lost over 6kg in weight and has severely deconditioned. Terry has experienced a long (over 62 days) wait for a short-term bed for discharge.

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What "point" it is trying to convey

The story highlights:
- The importance of speedy discharge for older people and the impact deconditioning has on people while in hospital.
- The positive impact the Older People's Medicine (OPM) Team can have when they are involved at the right time in a patient journey.
- The need to continue investing time and funding into supporting the prevention of patient deconditioning.

Who will be "speaking"	
Patient	Terrance Hill
Staff	Bex Crosswell – Elsing Ward Sister
	Emma Stotton – Brundall Ward Manager
	Rosie Bloomfield – Patient Engagement & Experience Facilitator.
Time allocation for each element	
Film	Case Study 5 mins
Questions	5 mins

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

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REPORT TO THE BOARD OF DIRECTORS

Date	**Wednesday 7 February 2024**
Title	**Workforce Integrated Performance Report**
Author & Exec lead	**Sarah Gooch, Director of Workforce, (on behalf of)** **Paul Jones, Chief People Officer**
Purpose	**For Information and Discussion**
Relevant Strategic Objective	- Our Patients: Together, we will develop services so that everyone has the best experience of care and treatment. - 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. - Our Resources: Together, we will use public money to maximum effect.

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
	Operational	Yes✓ No☐	Improved service delivery and support addressing waiting time
	Workforce	Yes✓ No☐	Reduction in vacancies, turnover, and improved morale
	Financial	Yes✓ No☐	Reducing bank, agency, overtime, and incentive payments

1. **Background/Context**

1.1 The Workforce Integrated Performance Report highlights key performance indicators for workforce for the Trust in the December 2023 reporting month.

1.2 This report informs the People and Culture Committee on the key highlights and risks and the improvement actions in place, where necessary.

2. **Key issues, risks and actions**

Key Highlights

2.1 As at the end of December, the overall compliance rate for mandatory training is 91.2% which is slight increase on last month of 0.5%. The Trust has maintained 90% compliance rate since December 2022.

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2.2 The monthly turnover rate for December 2023 is 0.8% which is the targeted monthly rate to achieve a reduction of the 12-month average turnover rate target below 10.0%. This compares to 1.0% in December 2023. The 12-month average turnover rate is 10.3%, compared to 13.9% December 2022.

2.3 The Trust 12 month rolling sickness absence is 4.7%, which compares to 5.7% for December 2022. Divisions have seen a steady decline in the last year. There is a slight increase in short term absence, which is expected during the winter months. The flu and covid vaccination programme had the highest uptake in the Region which will help to mitigate against the winter illnesses.

2.4 In the 12 months to December 2023, 90.3% of eligible staff (Non-Medical appraisals) had an appraisal which is a 2% increase on last months compliance rate. All Divisions have met the 90% compliance, with the exception of corporate, which will now have focused support.

Key Risks

2.5 The Trust's vacancy rate for December 2023 is 9.8% and the time to hire is under the target of 38 working days, reporting at 34.4 days. The staff in post of 8,638, is also the highest staff in post the Trust has reported.

These areas are all improved, however, there are still risks that remain and require focused action. The Healthcare Assistant vacancy rate remains above 20% and remains a priority recruitment that has focused support by the Recruitment Team. It should be noted that the vacancy rate is likely to increase from April 2024. This will be due to the outcome of the business planning cycle. Although, the nursing vacancy rate is now reporting under 10%, this may also be impacted by service developments. Both Nursing and HealthCare Assistant roles remain to have recruitment trajectories to ensure projection of future vacancies are mitigated with recruitment campaigns and support for newly qualified recruitment.

2. **Next steps**

3.1 To monitor the improvement actions and report back to the People and Culture Committee in six months.

Recommendation:
The Board is recommended to:

- To discuss and note the contents of this report

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Microsoft | Power BI

Workforce

[View in Power BI](↗)
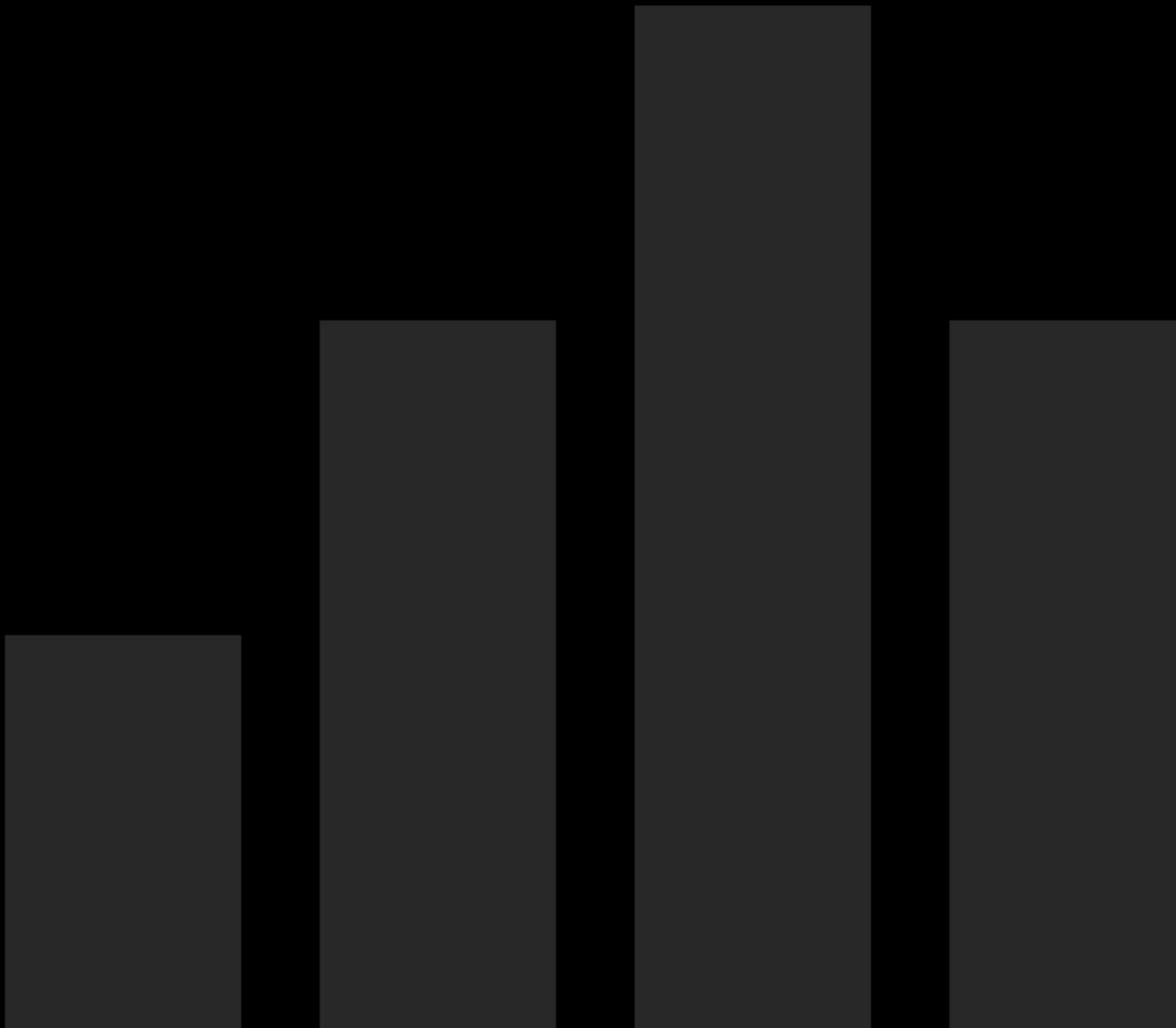
Workforce Summary

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

NNUH Digital Health
business intelligence

Topic	Metric Name	Date	Result	Variation		Assurance	
Sickness Absence	Monthly Sickness Absence %	Dec 2023	4.9%		Improvement (Low)		Inconsistent
Staff Turnover	Monthly Turnover	Dec 2023	0.8%		Improvement (Low)		No Target
Recruitment (Non-Medical)	Time to Hire - Time To Select	Dec 2023	10.3		Improvement (Low)		No Target
Staff in Post	Actual Substantive Headcount (WTE)	Dec 2023	8,638		Improvement (High)		No Target
Mandatory Training	Mandatory Training	Dec 2023	91.2%		Improvement (High)		Inconsistent
Non-Medical Appraisals	Non-Medical Appraisal	Dec 2023	90.3%		Improvement (High)		Not capable
Job Planning	Job Plans Signed Off % (Within 12months)	Dec 2023	56.0%		Concern (Low)		Not capable

SPC Variation Icons

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

SPC Assurance Icons

Capable Inconsistent Not capable

Mandatory Training

Mandatory Training

Dec 2023

Variation **H**

Assurance **?**

91.2% Result
90.0% Target

91.7% UPL
90.6% Mean
89.5% LPL

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

Mandatory Training

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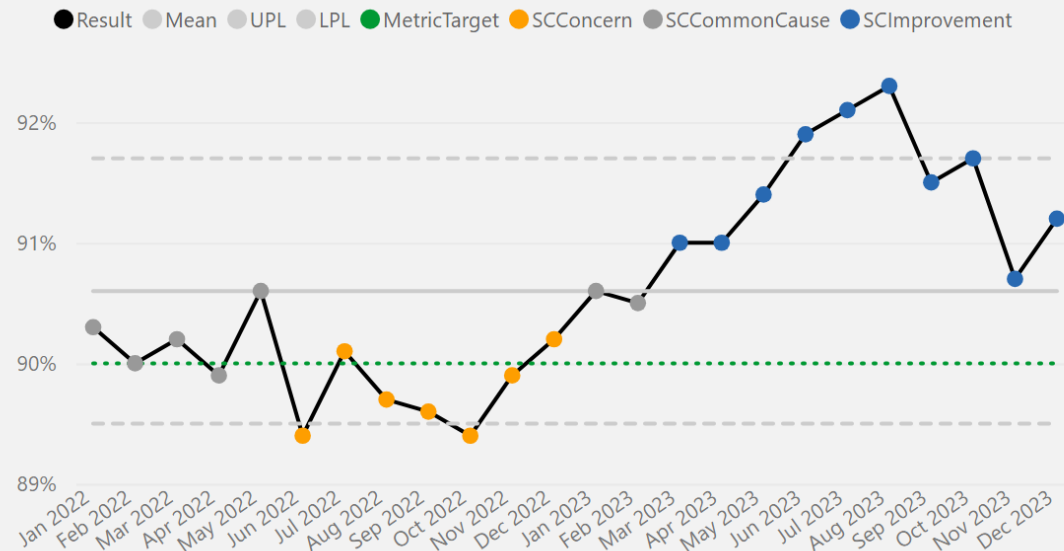
Assurance Commentary

As at the end of December the overall compliance rate was 91.2%. For Medical staff, the compliance rate for permanent staff was 93.0% - this figure reduces to 84.2% including the fixed term rotational junior doctors.

This is the 13th consecutive month where the Trust has achieved compliance against the target of 90%. This is the first time the Trust has sustained this level of compliance over a year.
Classroom based training remains the primary area of lower compliance. Work is on-going with Divisions to focus on raising attendance and continues to be monitored by the CQC Evidence Group for completion.

Improvement Actions

December 2023 - Targeted messages were sent to staff who have fallen below on their compliance. Each month the topics of lower compliance (Resus, MCA & DoLS and Safeguarding) are reviewed and reminder messages sent.

December 2023 – Our additional manual handling trainer has now commenced in the role and is being inducted.

Non-Medical Appraisals

Non-Medical Appraisal

Dec 2023

Variation: **H**

Assurance: **F**

90.3% Result	89.4% UPL	
90.0% Target	85.2% Mean	
	81.0% LPL	

Analytical Commentary

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

Non-Medical Appraisal

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

Assurance Commentary

In the 12 months to December 2023, 90.3% of eligible staff (non-medical appraisals) had an appraisal. This represents a 2.0% increase in performance compared to the previous month.

This is the first month since January 2023 that the 90% target has been achieved.

All divisions have now achieved the target. However the Corporate department is at 79.2%. The HRBP team are supporting Heads of Department to review the compliance and are putting in place plans to achieve 90% by the end of January 2024. Oversight of this is provided by the relevant Executive Director.

Appraisal training remains available to line managers to assist with the quality of the appraisals.

Improvement Actions

December 2023 – Divisional trajectories for the 23/24 cascade continued to be monitored through December's Performance Assurance Framework, with plans established to mitigate risk.

Sickness Absence

NNUH Digital Health — business intelligence

Monthly Sickness Absence %

Dec 2023

	Variation	Assurance		
	L	?	4.9% Result	6.7% UPL
			3.9% Target	5.2% Mean
				3.7% LPL

Analytical Commentary

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

Monthly Sickness Absence %

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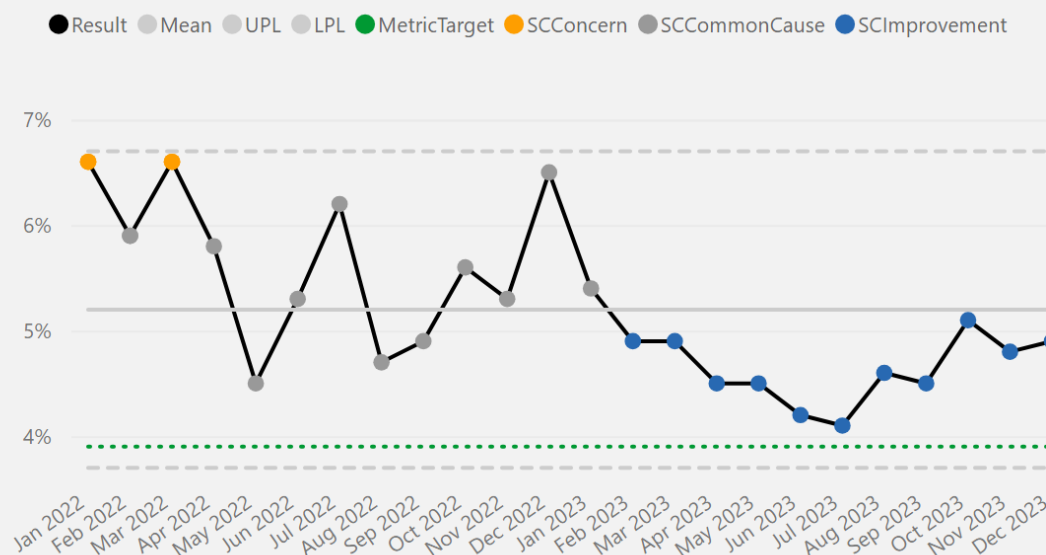
Assurance Commentary

The Trust's 12 month rolling average target for sickness absence is 3.9%. As at 31 December 2023, the rate is 4.7%. This compares to 5.7% in December 2022.

Latest national NHS sickness data (August 2023) reports the NHS England monthly average as 4.88%. The East of England reports a monthly average of 4.58% and Norfolk and Waveney reports at 5.15%. The Trust reports the lowest monthly sickness absence rate for Trusts in Norfolk and Waveney, 4.57% for the same period.

The monthly absence rate is 4.9% in December. Covid related absence is 0.3% of absence in December. All areas of sickness absence have seen a decrease when comparing to last year, short term has reduced by 0.6%, medium has reduced by 0.5% and long term has reduced by 0.6 %.

Last month, 38% of referrals to Workplace & Heath Wellbeing relating to psychological ill health were attributed to workplace stress. Of these work-related cases 36% were in the Medicine division & 27% from Clinical Support Services. It was noted that there were multiple cases from the clinical engineering department. The main issues cited within Workplace Health & Wellbeing referrals continue to be work relationships (45% of referrals), including perceived bullying by colleagues and work demands.

From a muscular skeletal perspective, 17% were considered as caused by work this month. No specific trend in location or incident type identified.

Improvement Actions

December 2023 - The new staff wellbeing hub opened in December where drop in facilities will be available on every week day 10am –3pm

December 2023 – Our new Civility and Respect policy was agreed at PACS, which aims to provide a framework to better manage poor behaviours at work. This will be launched at the end of January with line manager briefings, communications, and training.
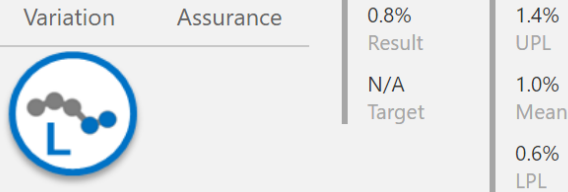
Staff Turnover

NNUH Digital Health business intelligence

Monthly Turnover

Dec 2023

Variation: (L)
Assurance

|	
0.8% Result	1.4% UPL
N/A Target	1.0% Mean
	0.6% LPL

Analytical Commentary

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

Monthly Turnover

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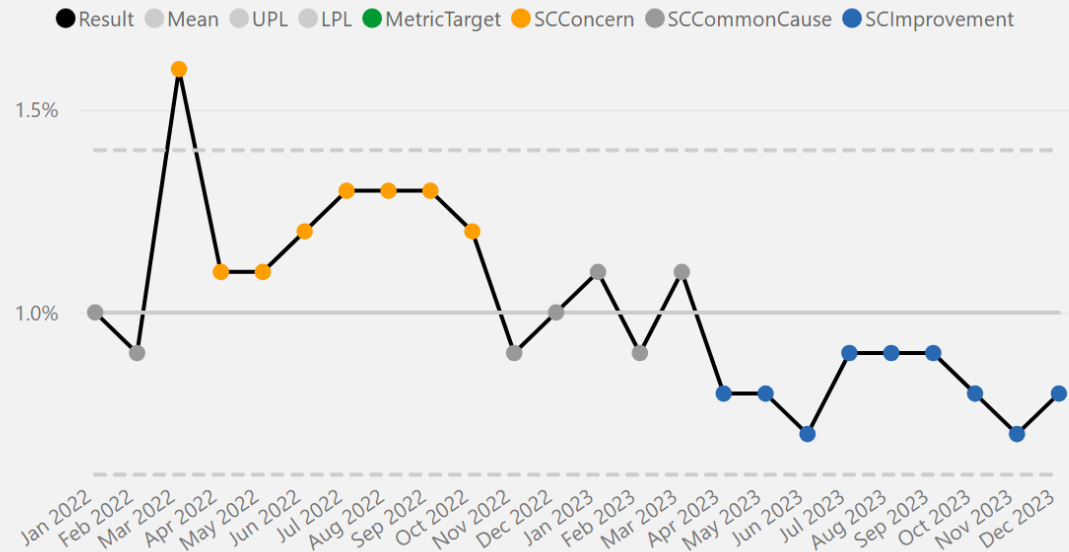
Assurance Commentary

The monthly turnover rate for December 2023 is 0.8% which is a small increase from November 2023 (0.7%) and lower than December 2022 (1.0%). The 12-month average turnover rate is 10.3%, a reduction of 0.2% from November 2023. Turnover has consecutively fallen for the last 12 months, comparing also to a high of 15.1% in July 2022.

Of the 59 leavers that left in the month of December, 49 were from three main staffing groups. These are nursing and midwifery (all grades), additional clinical services (e.g Healthcare Assistants, Receptionist) and administration and clerical. Each staffing group has seen a decline turnover from 25% to 14% for additional clinical services, 13.3% to 9.1% for nursing and midwifery and 15.5% to 11.5% for administration and clerical. These professional groups will remain an area of focus, with a divisional consideration for administration and clerical.

The number of Stay Conversations is currently averaging 22% (138/639 leavers since April) against the target of 40%. Completion in December reduced to 13%, which was impacted by peak annual leave and pressures of industrial action. The Surgery Division are piloting a separation of stay and exit interviews and this will be evaluated in the coming months.

Improvement Actions

December 2023 – Embargoed initial staff survey results have been received and plan to be shared with the relevant committees

December 2023 - Continued support for junior doctor colleagues with their right to take industrial action, ensuring the provision of advice and guidance including treating one another in accordance with our PRIDE values, reviewing staffing levels and providing a framework for bank incentives for non-medical staff to increase capacity over the seasonal period

Staff in Post

Actual Substantive Headcount (WTE)

Dec 2023

Variation	Assurance		
		8,638 Result	8,401 UPL
		N/A Target	8,244 Mean
			8,088 LPL

Analytical Commentary

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

Actual Substantive Headcount (WTE)

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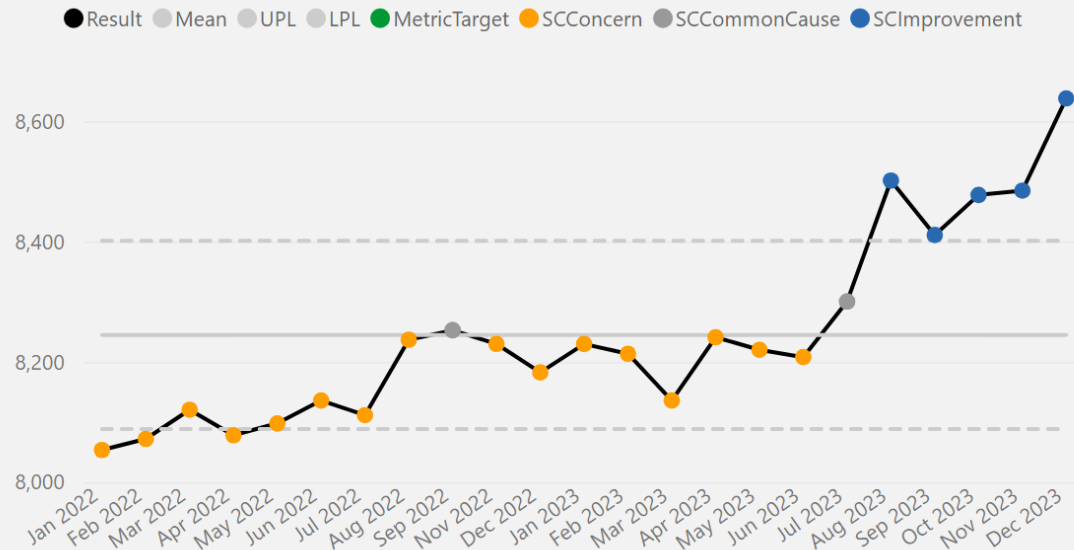
Assurance Commentary

Substantive staff in post is 8,638 for December 2023, an increase of 153.3 from November 2023 (8,484). This compares to substantive staff in post of 8,182.0 for December 2022.

Increasing headcount requires vacancy reduction and turnover reduction to be achieved. Vacancy rate is at 9.9% for December 2023, which is a decrease from November 2023 (11.1%), despite a 51.7 increase in budget.

Through the Performance Assurance Framework, performance against trajectories for nursing vacancies in Medicine, Surgery, Midwifery and Paediatrics are reviewed on a monthly basis. Current trajectories are to achieve a 7.7% vacancy rate for registered nurses by March 2024, from a high point of 18.3% in April 2023. A review of the establishment, staff in post and therefore vacancies within ward areas in the Divisions is currently being undertaken to inform revised trajectories to work alongside the business planning cycle.

Whilst a number of improvements have been achieved in recruitment and staff turnover, the ability to recruit, particularly HCAs, remains a risk for the Trust. The proposals to create HCA roles at Band 3 may help to alleviate this, however the number of candidates applying for roles continues to be lower than needed.

Improvement Actions

December 2023 – Phase 1 of the Culture Change programme is complete and phase two is currently being developed with actions identified for 2024. It is planned to share the roadmap with the relevant committees

December 2023 – Preference shifts are being rolled out across inpatient wards, with the learning from the pilot areas being incorporated. Early data shows that 54% of staff in the pilot wards have opted to use the flexibility available, with 81% of preference requests agreed, helping staff in clinical areas where flexible working may not be an option

Vacancies

Variance: Headcount (WTE)

Dec 2023

Variation | Assurance

F

-954 Result	-867 UPL
0 Target	-1,047 Mean
	-1,227 LPL

Analytical Commentary

Variation is Common Cause

Variance: Headcount (WTE)

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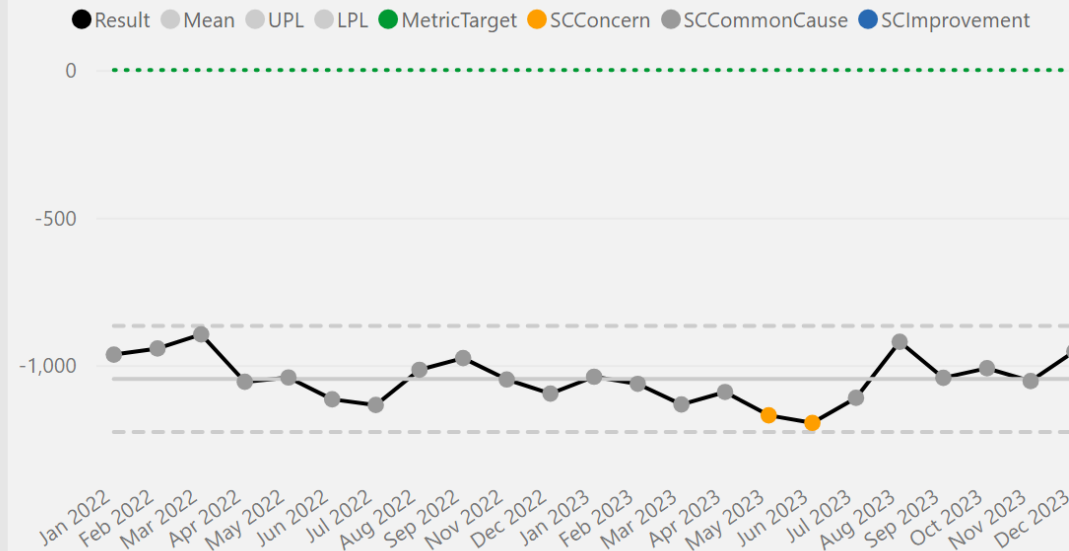
Assurance Commentary

The Trust vacancy rate for December 2023 is 9.9% which is a decrease from 11.1% in November.

Trust wide trajectories are in place for key clinical posts that span the next two years, inclusive of data relating to internal promotions, so that we can monitor the progress of our recruitment planning to achieve a reduction in the vacancy gap. It has been agreed at Performance Assurance Framework meeting that all Divisions will review their finance against their establishment within the next month to ensure accuracy of reporting.

International RN recruitment via the International Recruitment Hub and the Trust recruitment continues with 168 Nurses expected to arrive as part of the commitment to NHSEI by December 2023. 92 Nurses arrived in November. Nursing, Workforce, Finance and PD&E are working together to manage the newly qualified process for September 2024.

The recruitment trajectory for Health Care Assistant roles continues as a risk due to skill mix changes in Divisions and recruited to the vacancy roles.

Improvement Actions

December 2023 - 32 individuals commenced their HCA induction training (18 Medicine, 11 Surgery, 3 CSS). A further 25 HCAs are due to start (4 CSS, 17 Medicine, 3 Surgery, 1 W&C) in January.

Recruitment (Non-Medical)

NNUH Digital Health business intelligence

Time to Hire - Total

Dec 2023

Variation	Assurance		
		34.4 Result	45.2 UPL
		38.0 Target	38.6 Mean
			31.9 LPL

Analytical Commentary

Variation is Common Cause

Time to Hire - Total

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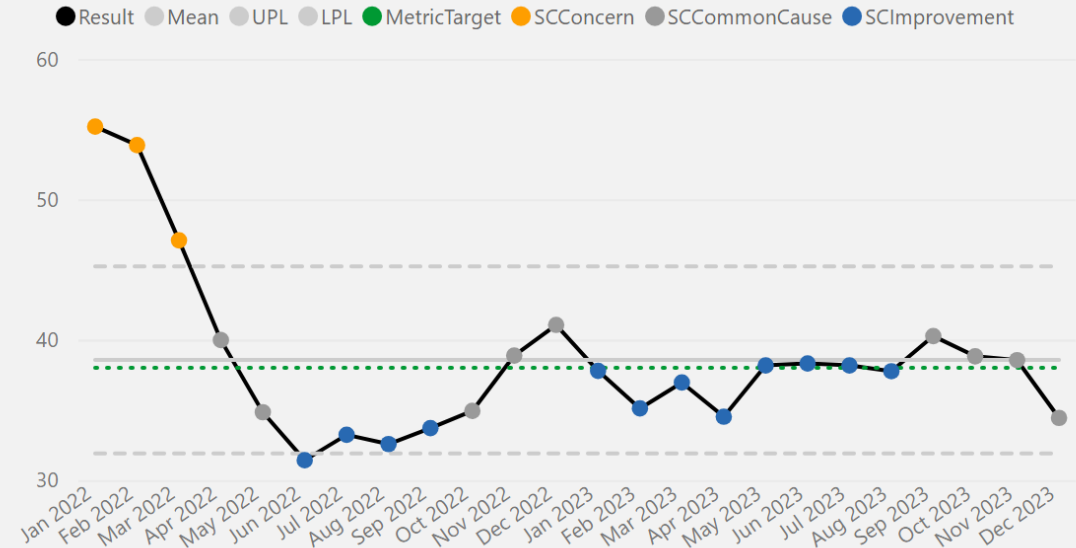
Assurance Commentary

December Time to Hire was 34.4 working days, which is below the Trust KPI of 38 days, this compares to 41 working days in December 2022.

In 2023, the Time to Hire was slightly over the Trust target for 3 months out of the 12, reporting at 40 (Sep), 38.8 (Oct) and 38.5 (Nov).

Time to Offer is on target at 2 working days. Time to Select is also on target at 10 working days. Time to check is 24.7 working days which is below the internal target of 26 days.

In December, 142 candidates have been recruited to roles within the Trust, 49 of which were external to the Trust (which equates to 35%, below the current average of 50%).

A review on internal recruitment is being explored, due to the average recruitment split between internal and external being around 50%. The use of robotics continues to be explored. The Trust is engaging with the ICS to establish an aligned time to hire and target to improve benchmarking.

Improvement Actions

December 2023 - 32 individuals commenced their HCA induction training (18 Medicine, 11 Surgery, 3 CSS). A further 25 HCAs are due to start (4 CSS, 17 Medicine, 3 Surgery, 1 W&C) in January.

Supplementary Metrics

Metric Name	Date	Result		Variation	Assurance
Time to Hire - Time To Select	Dec 2023	10.3	◯	Improvement (Low)	No Target

Job Planning

NNUH Digital Health
business intelligence

Job Plans Signed Off % (Within 12months)

Dec 2023

Variation

L

Assurance

F

56.0% Result	69.8% UPL
90.0% Target	60.7% Mean
	51.6% LPL

Analytical Commentary

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

Assurance Commentary

Job Plans Signed Off % (Within 12months)

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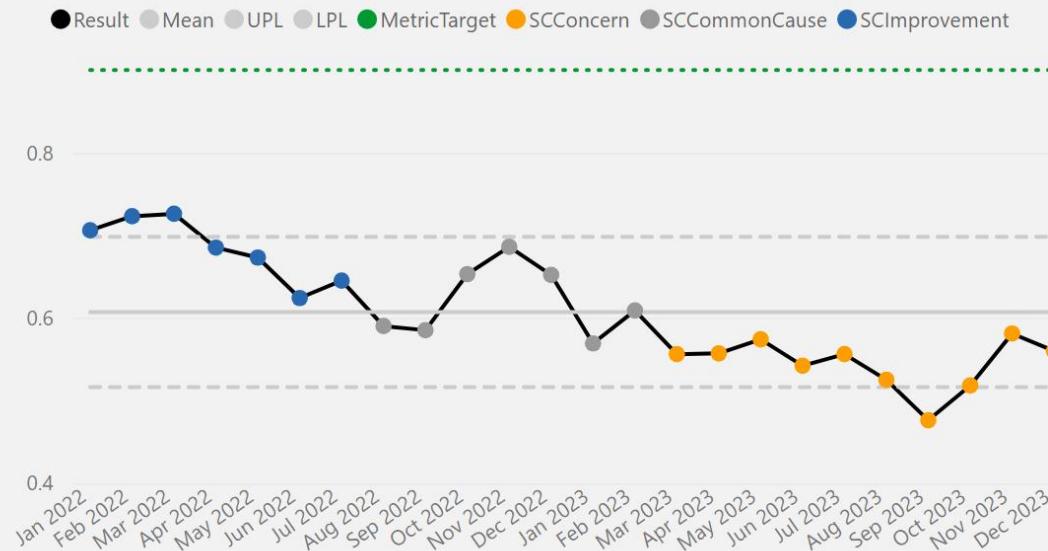
Improvement Actions

– To review the Job Plan Assurance TORs to consider closer alignment with medics rostering
– To continue with updating the Beat with appropriate information.

Recruitment Trajectories

Recruitment Trajectory - Trust Band 2 Healthcare Assistant
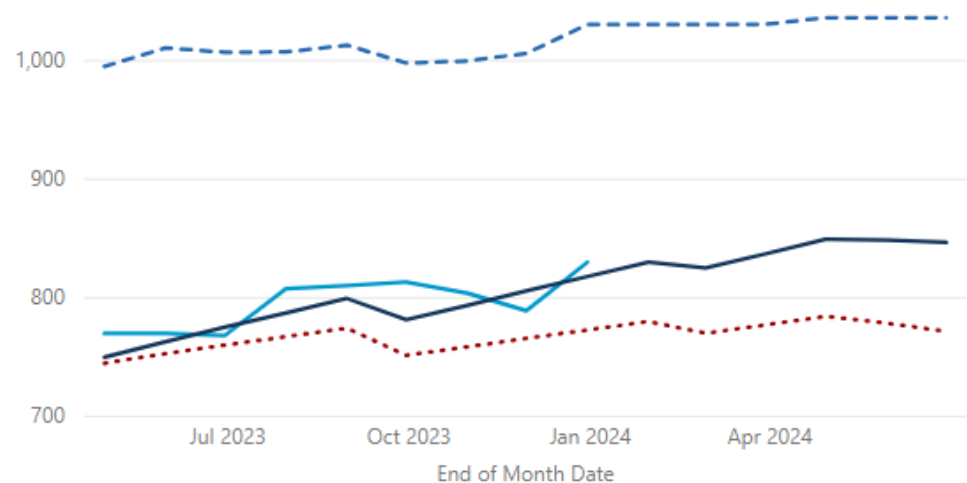
Metric		Oct-23	Nov-23	Dec-23	Jan-2
Actual staff in post		803.14	788.39	829.27	
Anticipated Staff in post		757.91	765.04	772.17	779
Anticipated Vacancy %		24.1%	23.9%	25.0%	24
Anticipated Vacancy % (increased capacity)		20.6%	19.9%	20.6%	19
Increased Capacity		5.00	5.00	5.00	5
Internal Promotions		0.87	0.87	0.87	0
Other Leavers		16.00	16.00	16.00	16
Planned Establishment		998.89	1,005.29	1,029.55	1,029
Planned Establishment %		00.0%	00.0%	00.0%	00
Recruitment Activity		24.00	24.00	24.00	24
Staff in post (increased capacity)		792.91	805.04	817.17	829

Recruitment Trajectory - Trust Band 5 Nurse
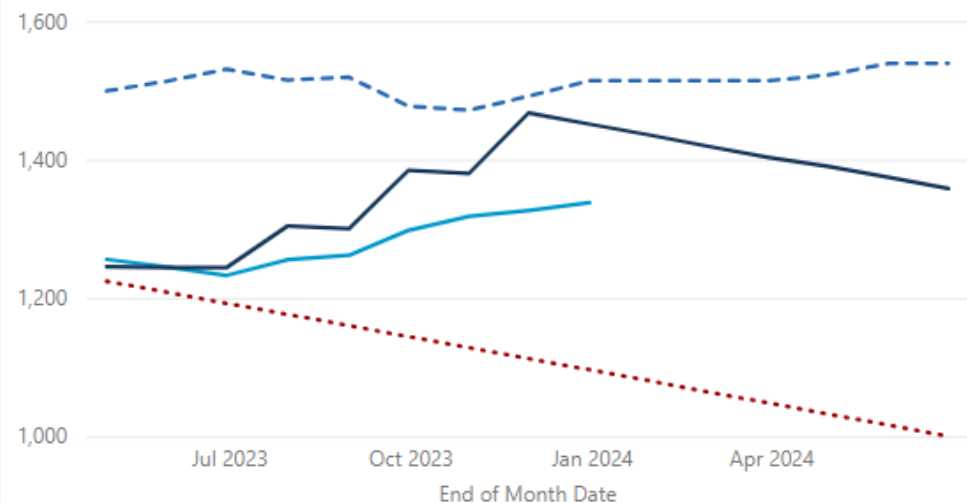
Metric	Oct-23	Nov-23	Dec-23	Jan-24
Vacancy % (INR)	06.2%	01.6%	04.1%	05.2%
Recruitment Activity	6.00	6.00	6.00	6.00
Promotions	7.00	7.00	7.00	7.00
Planned Establishment %	00.0%	00.0%	00.0%	00.0%
Planned Establishment	1,471.09	1,491.42	1,513.69	1,513.69
Leavers	15.00	15.00	15.00	15.00
Increased Capacity	12.00	103.00		
Anticipated Vacancy FTE (INR)	91.09	24.42	62.69	78.69
Anticipated Vacancy FTE	343.05	379.38	417.65	433.65
Anticipated Vacancy %	23.3%	25.4%	27.6%	28.6%
Anticipated Staff in post (INR)	1,380.00	1,467.00	1,451.00	1,435.00
Anticipated Staff in post	1,128.04	1,112.04	1,096.04	1,080.04
Actual staff in post	1,317.74	1,326.33	1,337.36	

Staff Survey

Current View:
Trust
2022

Division
All

Promise / Theme
All

Question
All

Year
2022

NHS
Norfolk and Norwich
University Hospitals
NHS Foundation Trust

Hold CTRL to select multiple selections. Please be aware Promise and Theme scores only show on individual divisions.

6.8
Promise 1: We are compassionate and inclusive

5.2
Promise 2: We are recognised and rewarded

6.1
Promise 3: We each have a voice that counts

5.4
Promise 4: We are safe and healthy

5.1
Promise 5: We are always learning

5.8
Promise 6: We work flexibly

6.3
Promise 7: We are a team

6.1
Theme: Staff Engagement

5.1
Theme: Morale

Hover to find out more: ?

People Promise and Theme Scores by Year and Comparators

Survey Year ● 2021 ● 2022 ---- Best Acute Comparator —— Trust Comparator

X-axis: We are compa... and inclusive | We are recogn... and rewarded | We each have a voice that counts | We are safe and healthy | We are always learning | We work flexibly | We are a team | Staff engag... | Morale
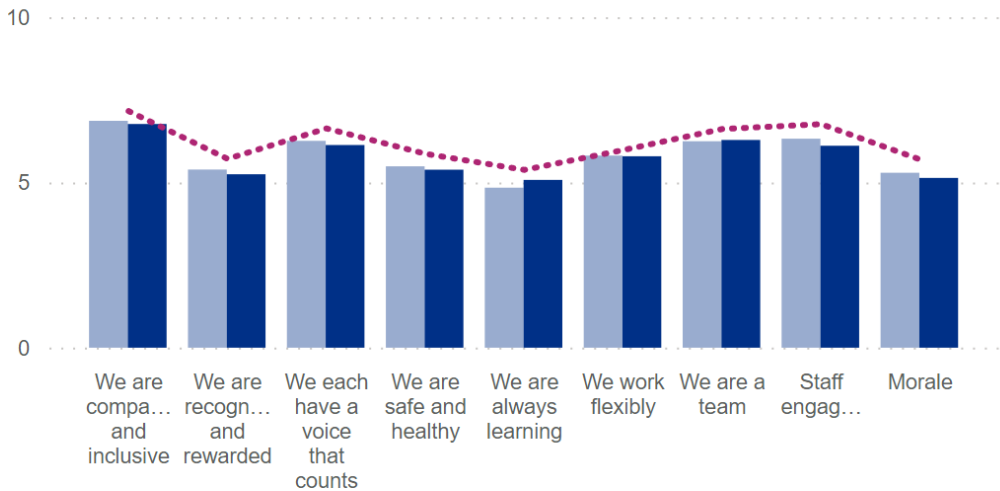
Year on Year Difference

People Promise/Theme	21 & 22 Diff
We are always learning	0.24
We are a team	0.04
We work flexibly	-0.02
We are compassionate and inclusive	-0.09
We are safe and healthy	-0.10
We each have a voice that counts	-0.13
We are recognised and rewarded	-0.14
Morale	-0.15
Staff engagement	-0.21

% Scored Positively by Division

X-axis: Corporate | Women & Childre... | Clinical Support ... | Surgical Division | Medical Division
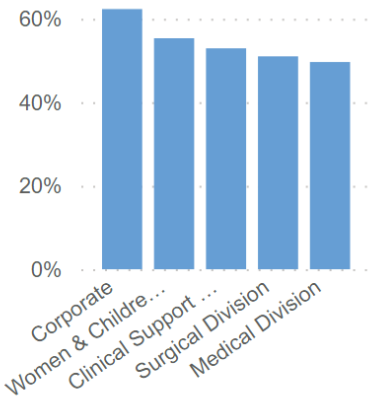
% Scored Positively by Question Breakdown

Division	% Scored Positively	Avg Acute %	21 & 22 Diff
Clinical Support Division			
We are compassionate and inclusive	63.8%	70.12%	-2.2%
We are recognised and rewarded	43.4%	50.61%	-2.9%
We each have a voice that counts	56.7%	64.37%	-1.2%
We are safe and healthy	47.7%	51.57%	-1.4%
We are always learning	42.2%	49.96%	2.1%
We work flexibly	47.3%	53.75%	0.0%
We are a team	58.8%	64.42%	-0.9%
Staff engagement	53.4%	64.31%	-3.4%
Morale	44.3%	51.02%	-1.0%
Corporate			
We are compassionate and inclusive	70.9%	70.12%	-0.3%
We are recognised and rewarded	58.1%	50.61%	0.4%
We each have a voice that counts	65.8%	64.37%	0.0%
We are safe and healthy	56.4%	51.57%	0.0%
We are always learning	52.8%	49.96%	5.2%
We work flexibly	67.4%	53.75%	6.7%
We are a team	68.6%	64.42%	2.6%
Staff engagement	63.2%	64.31%	-1.6%
Morale	54.5%	51.02%	-0.3%
Medical Division			
We are compassionate and inclusive	60.4%	70.12%	-2.9%
We are recognised and rewarded	39.9%	50.61%	-1.6%
We each have a voice that counts	53.6%	64.37%	-3.5%
We are safe and healthy	42.4%	51.57%	-1.9%
We are always learning	42.9%	49.96%	1.6%

REPORT TO BOARD OF DIRECTORS

Date	**7 February 2024**
Title	**Performance and Activity IPR**
Author & Exec Lead	**Chris Cobb – Chief Operating Officer**
Purpose	**For Information**
Relevant Strategic Objective	**BAF 1.2 and BAF 1.3**

Are there any quality, operational, workforce and financial implications of the decision requested by this report? If so explain where these are/will be addressed.	**Quality**	Yes☐ No✓	
	Operational	Yes☐ No✓	
	Workforce	Yes☐ No✓	
	Financial	Yes☐ No✓	

- **Background/Context**

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

Urgent and Emergency Care:

- A&E Waiting Times – '*Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25'*: On Track – Sustained delivery since January 2023.

- Increase Ambulance handover delays under 30 minutes – '*Reduce handover delays to support the management of clinical risk across the system*': On Track – The percentage of ED Ambulance Handovers in 30 minutes is improved for the last 2 months. The average handover delay in December was under 30 minutes, at 22 minutes. The Home for Lunch Taskforce has led to approximately 100 additional discharges per week, with the majority taking place earlier in the day.

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

Our Values **P**eople focused **R**espect **I**ntegrity **D**edication **E**xcellence

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

Elective Care:

- 65 Week Waits – '*Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)':* On Track – Industrial Action has significantly reduced the run rate of 65-week activity before, during and after periods of IA. As such, NNUH's H2 submission in November 2023 forecasted 1,805 patients waiting over 65 weeks on 1st April 2024 (an increase of 905 breaches from the original 2023/24 planning submission). The latest forecast (on 19th January 2024) is circa 2,134 patients waiting over 65 weeks on 1st April 2024 – this is based on several assumptions. However, the current position remains circa 6,000 ahead of trajectory.

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

- Theatre Utilisation – '*Meet the 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings*': Off Track – Industrial Action impacted December performance, with a reduction of 2.3 percentage deciles compared to November. Reduced number of on the day cancellations in December (123) accounting for 179 operating hours, predominantly due to patients having their treatment deferred, the procedure no longer being required, lists overrunning or emergency cases taking priority.

- Outpatient follow-ups – '*Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024*': Off Track – Performance remains behind the target of 75%. Meetings have been undertaken with Divisions and individual specialties to discuss the future management of patients over 12 months past their follow up target date.

Cancer:

- 62-day Backlog – '*Continue to reduce the number of patients waiting over 62 days*': On Track – Fair Shares Requirement was to have no more than 225 patients waiting over 62 days by 31st March 2024. The Trust are currently 53 away from this. This is predominantly from 70 patients within Urology, 50 within Lower GI, 43 within Gynaecology and 39 within Skin. The main reasons for this are detailed below.
    - Skin – Summer increase in referrals coupled with Industrial Action and competing priorities against achieving the 78-week objective left the Skin backlog reaching a peak of over 250 patients on the Skin backlog in September 2023. This has reduced by 211 since September, and 24 in the last 4 weeks alone.
    - Gynaecology – Paediatric backfill is being utilised and additional weekend lists using regional funding for diagnostics are continuing through to March 2024. Reduction of 34 from the backlog in the last 12 weeks.

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- o Lower GI – Capacity issues for CTC and Endoscopy led to a peak high of over 100 patients in October. Additional Endoscopy activity in November and December reduced the overall waiting list size from 680 to 480 patients and reduced the number of patients approaching 62 days by 43 in the last 12 weeks. Endoscopy insourcing continues.
  - o Urology – The backlog has increased by 14 in the last 12 weeks due to increased demand on Robotic Surgery and reduction in turnaround of PET-CT over Christmas. Additional Robotic sessions commencing on 27th January to support recovery. Alliance Medical addressing delays to PET-CT, with 10 additional urgent PET-CTs requested on 24th January.

- 28-Day Faster Diagnosis Standard – '*Meet the Cancer Faster Diagnosis Standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected Cancer are diagnosed or have Cancer ruled out within 28 days*': On Track – The provisional performance for December was 72.8% - slightly behind target. This is predominantly due to performance improvements in Breast, Lung, Skin, Gynaecology and Lower GI.

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

Diagnostics:

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

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

Integrated Performance Report:
Performance & Activity Domains

December 2023

Key 2023-24 Operational Priorities

- Urgent and Emergency Care:

  G A&E Waiting Times – '*Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25*': **On Track – Sustained delivery since January 2023.**

  G Improve Ambulance handover delays under 30 minutes – '*Reduce handover delays to support the management of clinical risk across the system*': **On Track – The percentage of ED Ambulance Handovers in 30 minutes is improved for the last 2 months. The average handover delay in December was under 30 minutes, at 22 minutes. The Home for Lunch Taskforce has led to approximately 100 additional discharges per week, with the majority taking place earlier in the day.**

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

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  R Theatre Utilisation – '*Meet the 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings*': **Off Track – December performance reduced by 2.3 percentage deciles compared to November. Reduced number of on the day cancellations in December (123) accounting for 179 operating hours, predominantly due to patients having their treatment deferred, the procedure no longer being required, lists overrunning or emergency cases taking priority.**

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2

Key 2023-24 Operational Priorities

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  - **Gynaecology – Paediatric backfill is being utilised and additional weekend lists using regional funding for diagnostics are continuing through to March 2024. Reduction of 34 from the backlog in the last 12 weeks.**
  - **Lower GI – Capacity issues for CTC and Endoscopy led to a peak high of over 100 patients in October. Additional Endoscopy activity in November and December reduced the overall waiting list size from 680 to 480 patients and reduced the number of patients approaching 62 days by 43 in the last 12 weeks. Endoscopy insourcing continues.**
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- <u>Diagnostics:</u>

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

Urgent and Emergency Care

Performance – Ambulance Handovers

Week Ending	05-Nov	12-Nov	19-Nov	26-Nov	03-Dec	10-Dec	17-Dec	24-Dec	31-Dec	07-Jan	14-Jan
Ambulance handover delays (hours)	**1,041**	**626**	**563**	**141**	**8**	**114**	**202**	**91**	**58**	**240**	**130**
Ambulance handovers recorded	600	675	692	796	817	838	819	853	864	832	808
Average handover duration (mins)	104	56	49	11	1	8	15	6	4	17	10
Difference from baseline of 505 handovers	19%	34%	37%	58%	62%	66%	62%	69%	71%	65%	60%

Ambulance handover delays (hours)
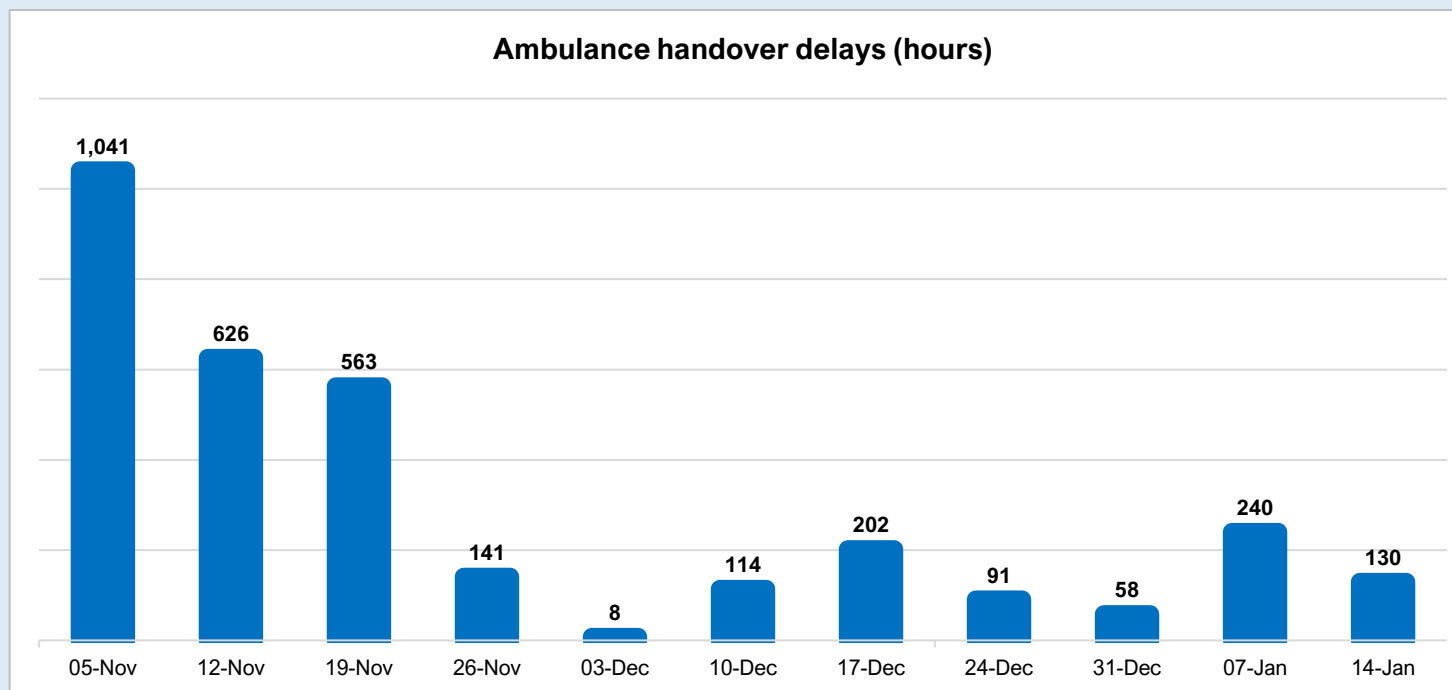
Current Position

The number of patient delays has reduced considerably from the peak in October 2023 and from 10 weeks previous (5th November). The average handover duration has improved by over 1.5 hours since 5th November, whilst the number of ambulance arrivals has increased by 35%.

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The best care
for every patient

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Norfolk and Norwich
University Hospitals
NHS Foundation Trust

- This data is provided directly from EEAST and is for EEAST ambulance handovers only.
- The data calculates hours lost due to ambulance delays from 30 minutes onwards – the same as NHS England's national reports
- The data only includes handovers with pin compliance

Norfolk & Norwich University Hospital	October			November			December			January		
	Total	per week	%	Total	per week	%	Total	per week	%	Total	per week	%
Total handovers	2,936	663		3,547	828		4,147	936		1,794	897	
Hours lost	5,649	1,275		2,530	590		548	124		402	201	
Average handover times	142			63			24			31		
< 30 minutes	713	161	24%	2,138	499	60%	3,386	765	82%	1,325	663	74%
> 60 minutes	1,736	392	59%	987	230	28%	350	79	8%	239	120	13%
> 3 hours	866	196	29%	355	83	10%	37	8	1%	28	14	2%
> 4 hours	603	136	21%	207	48	6%	4	1	0%	2	1	0%

Weekly number of handovers

Number of handovers over 3 hours

Weekly % handovers within 30 minutes

Weekly % handovers over 1 hour

Weekly average handover time

Weekly hours lost due to handover delays SPC chart

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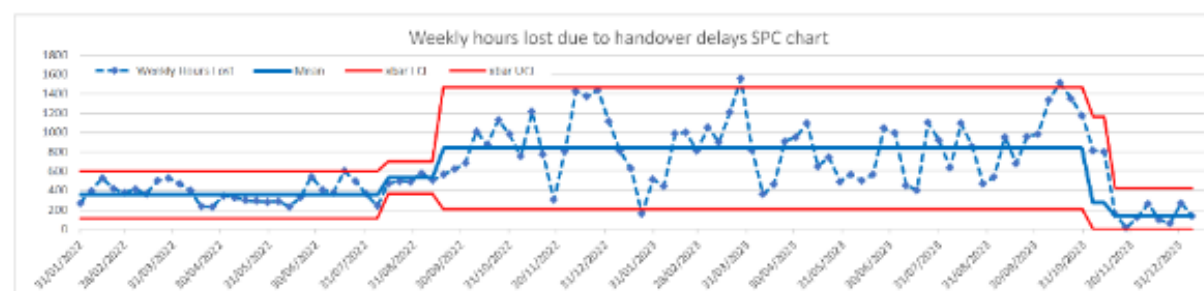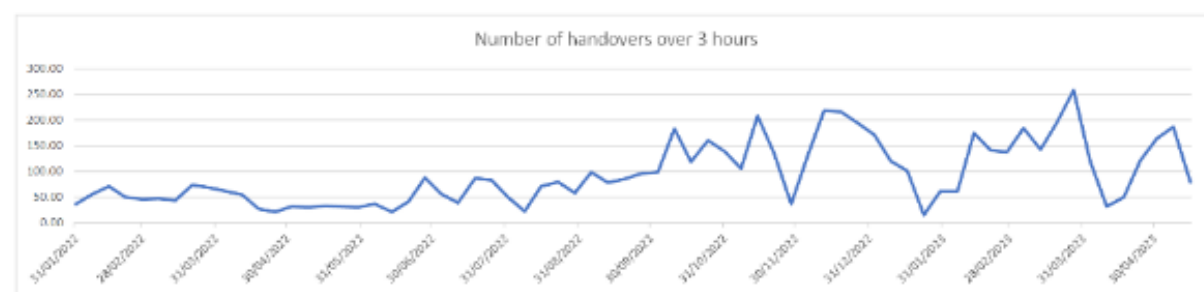
30 Minute Performance	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Addenbrookes Hospital	62.39%	87.22%	92.57%	86.95%	93.34%	98.54%	97.64%	99.31%	95.92%	98.30%	92.00%	92.45%	77.72%	90.33%
Basildon & Thurrock Hospital	38.53%	58.16%	54.17%	59.44%	70.33%	74.18%	79.41%	84.79%	81.15%	88.18%	78.03%	83.84%	72.64%	70.99%
Bedford Hospital South Wing	76.62%	86.07%	94.21%	89.11%	96.84%	96.69%	91.98%	97.77%	97.31%	94.84%	93.85%	92.25%	86.91%	91.88%
Broomfield Hospital	32.11%	60.84%	61.95%	73.86%	87.42%	91.19%	87.42%	84.80%	76.99%	78.17%	74.77%	73.96%	72.03%	73.50%
Colchester General Hospital	44.83%	78.06%	81.59%	48.04%	85.30%	91.02%	81.15%	89.91%	72.21%	84.89%	73.75%	80.03%	64.71%	75.04%
Hinchingbrooke Hospital	61.42%	81.96%	81.67%	78.47%	87.60%	87.97%	91.24%	92.67%	93.47%	91.61%	80.92%	65.57%	69.31%	81.84%
Ipswich Hospital	48.21%	67.83%	67.35%	64.22%	73.41%	75.60%	69.37%	76.96%	76.83%	74.91%	59.89%	60.11%	53.55%	66.79%
James Paget Hospital	26.01%	43.36%	42.75%	43.40%	67.25%	56.43%	69.14%	79.86%	51.68%	48.67%	49.33%	65.37%	57.56%	53.91%
Lister Hospital	21.70%	43.06%	42.02%	38.36%	51.42%	43.52%	43.32%	62.68%	51.62%	49.64%	47.02%	47.20%	39.54%	44.70%
Luton And Dunstable Hospital	62.21%	71.24%	76.04%	65.36%	73.35%	70.38%	69.31%	70.04%	68.68%	68.15%	65.41%	67.59%	58.05%	68.14%
Norfolk & Norwich University Hospital	31.18%	39.62%	35.55%	22.75%	40.44%	31.98%	44.19%	41.40%	32.70%	44.70%	38.90%	59.86%	82.56%	41.99%
Peterborough City Hospital	33.41%	47.91%	58.64%	50.39%	56.88%	62.27%	69.74%	65.25%	70.48%	63.36%	46.58%	41.32%	53.14%	55.34%
Princess Alexandra Hospital	32.72%	48.60%	38.63%	37.81%	60.43%	50.86%	52.66%	48.27%	45.06%	44.36%	34.64%	39.46%	48.72%	44.79%
Queen Elizabeth Hospital	27.29%	41.08%	53.83%	41.57%	62.29%	47.58%	45.01%	55.33%	49.14%	47.68%	40.92%	60.10%	67.64%	49.19%
Southend University Hospital	30.34%	58.64%	71.57%	64.10%	74.19%	65.77%	61.10%	67.36%	80.62%	86.11%	71.79%	75.77%	68.49%	67.37%
Watford General Hospital	38.06%	48.16%	56.21%	55.89%	59.29%	72.22%	77.57%	76.10%	69.97%	70.81%	73.87%	66.76%	62.51%	63.65%
West Suffolk Hospital	57.05%	73.26%	70.94%	68.21%	91.57%	92.28%	93.24%	93.59%	87.59%	82.53%	76.31%	85.18%	70.88%	80.20%
Total	42.59%	60.89%	63.51%	58.11%	72.43%	71.09%	71.97%	75.65%	70.67%	71.58%	64.59%	68.05%	65.06%	65.86%

> 60 Minute Performance	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Addenbrookes Hospital	23.49%	3.23%	1.16%	3.90%	1.21%	0.00%	0.08%	0.00%	0.73%	0.24%	2.22%	2.70%	13.82%	4.06%
Basildon & Thurrock Hospital	35.35%	21.18%	25.23%	22.86%	12.90%	9.25%	6.64%	3.01%	6.61%	2.58%	8.24%	4.93%	13.98%	13.29%
Bedford Hospital South Wing	14.15%	6.90%	1.96%	6.27%	1.24%	0.48%	2.67%	0.56%	0.67%	1.52%	1.82%	2.86%	5.26%	3.57%
Broomfield Hospital	42.52%	18.41%	15.41%	7.35%	5.20%	1.96%	3.61%	4.53%	7.64%	5.99%	10.17%	11.33%	12.35%	11.27%
Colchester General Hospital	32.36%	5.88%	8.71%	35.91%	3.33%	1.56%	9.50%	3.22%	11.21%	3.81%	9.94%	6.01%	16.52%	11.38%
Hinchingbrooke Hospital	25.19%	9.56%	8.00%	11.26%	4.35%	4.83%	2.40%	2.49%	1.55%	3.65%	9.14%	20.49%	18.95%	9.37%
Ipswich Hospital	32.78%	15.30%	16.19%	18.60%	10.99%	10.45%	14.82%	8.06%	7.97%	10.59%	21.41%	21.71%	25.15%	16.46%
James Paget Hospital	57.11%	34.73%	29.86%	35.47%	16.35%	26.33%	15.14%	9.11%	31.34%	34.58%	35.04%	19.12%	27.06%	28.56%
Lister Hospital	52.81%	26.91%	29.71%	32.97%	19.62%	25.98%	26.58%	10.45%	17.85%	22.78%	24.59%	22.83%	32.25%	26.56%
Luton And Dunstable Hospital	22.29%	12.00%	7.72%	17.21%	8.60%	11.49%	12.05%	10.97%	11.53%	11.78%	15.44%	12.81%	19.35%	13.33%
Norfolk & Norwich University Hospital	57.00%	44.79%	48.47%	63.57%	42.65%	51.89%	38.12%	45.48%	46.55%	41.66%	64.22%	29.99%	9.11%	44.88%
Peterborough City Hospital	33.88%	21.11%	11.98%	16.74%	11.86%	12.01%	9.09%	8.51%	7.07%	10.79%	26.68%	32.45%	26.54%	17.59%
Princess Alexandra Hospital	40.68%	24.84%	36.81%	39.94%	16.60%	23.65%	22.42%	25.20%	26.70%	27.85%	43.47%	34.59%	24.85%	29.82%
Queen Elizabeth Hospital	60.07%	43.43%	28.94%	42.99%	20.94%	37.80%	37.60%	28.28%	33.99%	34.65%	40.33%	17.19%	12.89%	33.78%
Southend University Hospital	47.13%	20.00%	11.08%	13.29%	7.45%	13.20%	12.82%	10.32%	6.04%	2.75%	14.10%	7.89%	15.51%	13.97%
Watford General Hospital	31.84%	18.29%	12.43%	18.40%	12.72%	4.04%	2.20%	2.25%	4.61%	4.28%	1.79%	5.98%	8.01%	9.76%
West Suffolk Hospital	23.10%	12.68%	13.75%	16.04%	0.18%	0.99%	0.59%	0.65%	1.94%	4.13%	9.28%	3.37%	15.77%	7.88%
Total	37.16%	19.96%	18.08%	23.69%	11.46%	13.79%	12.68%	10.05%	13.09%	13.04%	19.88%	15.07%	17.49%	17.38%

Commentary

- < 30 minutes: Ranking 2nd out of 17 in the region for December 2023 (an improvement of 22.7% compared to November and 43.7% compared to October – both comparisons to October and November are the best performance improvements across the region).
- > 60 minutes: Ranking 3rd out of 17 in the region for December 2023 (an improvement of 20.1% compared to November and 55.1% compared to October – both comparisons to October and November are the best performance improvements across the region).
- However, NNUH remain 17th in the region for the period from December 2022 to December 2023.

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Commentary

Improved ED 4-hour performance compared to November: **Trust only = 64% / WIC = 100% / Combined = 79.1%.**

N&W highlights for December data:

- % of ambulance handovers > 60 minutes improved by a further 8% for N&W in December to 12.5% vs 15.3% for EoE and 11.6% Nationally. NNUH delays reduced by 19% to 7.4%, JPUH increased by 8% to 24.2% and QEH improved by 3% to 12%.
- Total A&E attendances remained fairly static for the system in December. Attendances reduced at QEH and JPUH but increased by 2.7% at NNUH.
- 4-hour performance (all type) remained fairly static for the system for December at 72.2% vs 66.8% for EoE. JPUH performance declined by 5.5% to 64.2%, QEH improved by 2.3% to 61.4% and NNUH remained fairly static at 79%.
- Mean time in dept for admitted pts improved by 7.7% to 470 minutes for the system vs 556 for EoE. NNUH saw a significant improvement reducing by 20.4% to 376 minutes. JPUH time increased by 4.9% to 524 minutes and QEH increased by 2.1% to 579 minutes.
- The % of type 1 patients with a 12+ hour stay in ED improved by 16.5% for the system to 7.1% vs 10.5% for EoE.
- Emergency admissions per day remained similar for the system overall. JPUH and QEH saw small reductions (-4 and -2/day) and NNUH had a small increase (+4/day).
- G&A bed occupancy improved slightly to 94.9% for the system. JPUH improved by 1.4% to 93.9%, QEH improved by 2.3% to 96.2% but NNUH increased by 1% to 94.6%.

The chart across details the 2023/24 monthly performance for the percentage of patients that spend less than 12 hours in ED at NNUH. December performance was the best performing month across 2022/23 and 2023/24 so far.

ED 4hr Target — December 2023
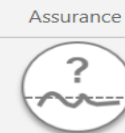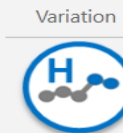
		Variation	Assurance	
79.1% Result	78.8% UPL	H	?	
76.0% Target	73.4% Mean			
	68.0% LPL			

ED 4hr Target

ResultPercent ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCommonCause ● SCImprovement
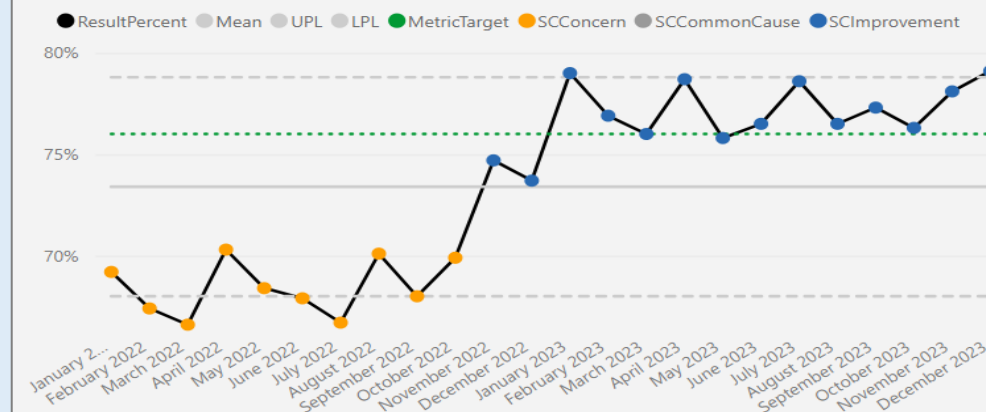
Patients departing ED within 12 hours — December 2023

		Variation	Assurance
97.2% Result	94.1% UPL	H	F
100.0% Target	90.0% Mean		
	85.9% LPL		

Patients departing ED within 12 hours

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

Average Daily - 4hr Performance

	Dec-2022	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Diff to Last Month	Diff to Dec 2022
All Type Performance									
National	62.9%	72.7%	71.8%	70.2%	69.0%	68.4%	68.1%	-0.3%	5.2%
East of England	60.7%	71.6%	69.0%	68.7%	67.7%	67.3%	66.8%	-0.4%	6.2%
Norfolk & Norwich University Hospital	74.4%	78.6%	77.0%	77.2%	76.3%	78.1%	79.0%	1.0%	4.7%
Type 1 Performance									
National	49.1%	61.0%	59.2%	57.6%	55.8%	55.1%	54.5%	-0.6%	5.3%
East of England	47.6%	60.8%	57.0%	56.4%	55.1%	54.8%	53.9%	-0.9%	6.3%
Norfolk & Norwich University Hospital	50.0%	63.7%	59.3%	60.4%	59.2%	62.5%	64.0%	1.6%	14.0%

Percentage of ED Attendances in 4 Hours or Less by Trust

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

Commentary

In December, NNUH were ranked 8th across all Type 1 NHS Trusts and the best performing amongst our recommended peers (for most similar attributes) with 79% of ED patients either admitted, transferred or discharged within 4 hours of arrival. This is an increase on the previous month (78%), ahead of the national target of 76%, and the national average of 69%.

Home For Lunch

PHASE 1 (Oct-Dec'24) Achievements

- Increased morning discharges and moved discharge profile until earlier in the day.
- Approximately 100x extra discharges per week and bulk of discharges moved from 17:00-20:00 to 14:00-17:00.
- Communication & Engagement: Criteria Led Stickers; Patient Information and Leaflets; The Beat Page; Comms email; Trust-wide and role specific events; posters and on screens in the canteen and atrium.
- Alternatives to Emergency Departments for paramedics developed, including QR codes.
- Ringfenced medical SDEC to protect flow through the unit.
- Process changes in Imaging have reduced inpatient waits from over a week to under 28 hours.
- Principles of Clinical Standards agreed in conjunction with Trust's PRIDE values - instigation of Directory of Services.
- Gunthorpe Ward converted into a bedded and seating Discharge Unit with maximum stay of 36 hours.
- 2x additional vehicles funded to increase discharges.
- WardView now follows the user on any desktop.

PHASE 2 (Jan-Mar'24) Initiated

- Increase morning and weekend discharges to focus on aligning with admission profile, as outlined in Trust's winter plan, and to maintain ability to move patients from ambulances into Trust within 30 minutes.
- Four areas of focus: (1) embed standard processes and flows; (2) address weekend and evening structures to maximise discharge / flow; (3) simplify the assess to admit process and (4) strengthen alternative flow pathways.

Ensure discharge profile supports admission profile
30% discharges before noon

Enable trust to step out escalation beds and divisional rebalance of beds

Maintain ability to offload ambulances in 30 minutes

To enable staff to give the best quality care

Place patients in the right place at the start of their care

Home for Lunch Principles
Improving Safety for Every Patient

Embedding daily flow	Weekend and evening operating model	Design the acute clinical 'assess to admit' process	Alternatives to ED
SRO: Chief Operating Officer **Leads: Deputy Chief Nurse & Co-CoD: Medicine and Chief Registrar**	**SRO: Chief Nurse** **Lead: Deputy Chief Operating Officer & Medical Lead**	**SRO: Medical Director** **Lead: Chief of Service: ED & Co-CoD: Medicine**	**SRO: Transformation Director** **Lead: AMU Consultant, Co-CoD: Medicine, CSORT Lead**
• **Early decisions**/ Senior review ward rounds	• Improved planning and discharges for weekends	• Standardise & minimise all flows from ED to assessment areas	• Alternatives to admission – hot clinics pathways
• **Clear patient plans** (Expected Discharge Date/ Criteria Led Discharge)	• Standard flow through weekend	• Create an Assess to Admit model – senior decision making at the front door and future role of AMU	• Respiratory rapid access

• **Pull and early discharge** inc Red to Green compliance, TTOs, Discharge Letters, Bloods, pathology Imaging
  • How are we doing information
  • Metrics & compliance of professional standards
	• Discharge arrangements at the weekend
	
	• Evening and night flow/processes
		• Development of an acute frailty service/model
		
		• Single interface between 0001/0002/GP referrals – both directions
			• Continued development of the hospital DoS
			
			• Refinement of acute pathways as alternative to admission (Virtual Ward)
			
			• Support to nursing/care homes
			
			• Working with EEAST /urgent care hub on conveyance

Developing our way of working and Spirit of Improvement

No Criteria to Reside

Monthly Trajectory - Avg Number of Patients With No CTR at 12:00 - D2A Pathway 0

Legend: 2023-24 Data | 2022-23 Data | 2023-24 Trajectory | 2023-24 Target

Values (2023-24 Data): Apr-23: 110, May-23: 132, Jun-23: 116, Jul-23: 107, Aug-23: 116, Sep-23: 97, Oct-23: 95, Nov-23: 81, Dec-23: 98

Monthly Trajectory - Avg Number of Patients With No CTR at 12:00 - D2A Pathway 1-3

Legend: 2023/24 Data | 2022/23 Data | 2023/24 Trajectory | 2023/24 Target

Values (2023/24 Data): Apr-23: 127, May-23: 128, Jun-23: 128, Jul-23: 124, Aug-23: 126, Sep-23: 113, Oct-23: 120, Nov-23: 113, Dec-23: 127

Commentary

No Criteria to Reside D2A Pathway 0 (P0) and Pathway 1-3 for December has increased compared to the past 3 months and remains behind trajectory. Continued sustained improvement against the same month in 2022/23 for Pathway 1-3.

Virtual Ward Activity

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Commentary

December 2023 Performance
In December, the average number of patients on the Virtual Ward was 86, compared to 88 in November and 86 in October.

Virtual Ward Activity

Legend: 2023-24 Data | 2022-23 Data | 2023-24 Trajectory | 2023-24 Target

System Bed Plan

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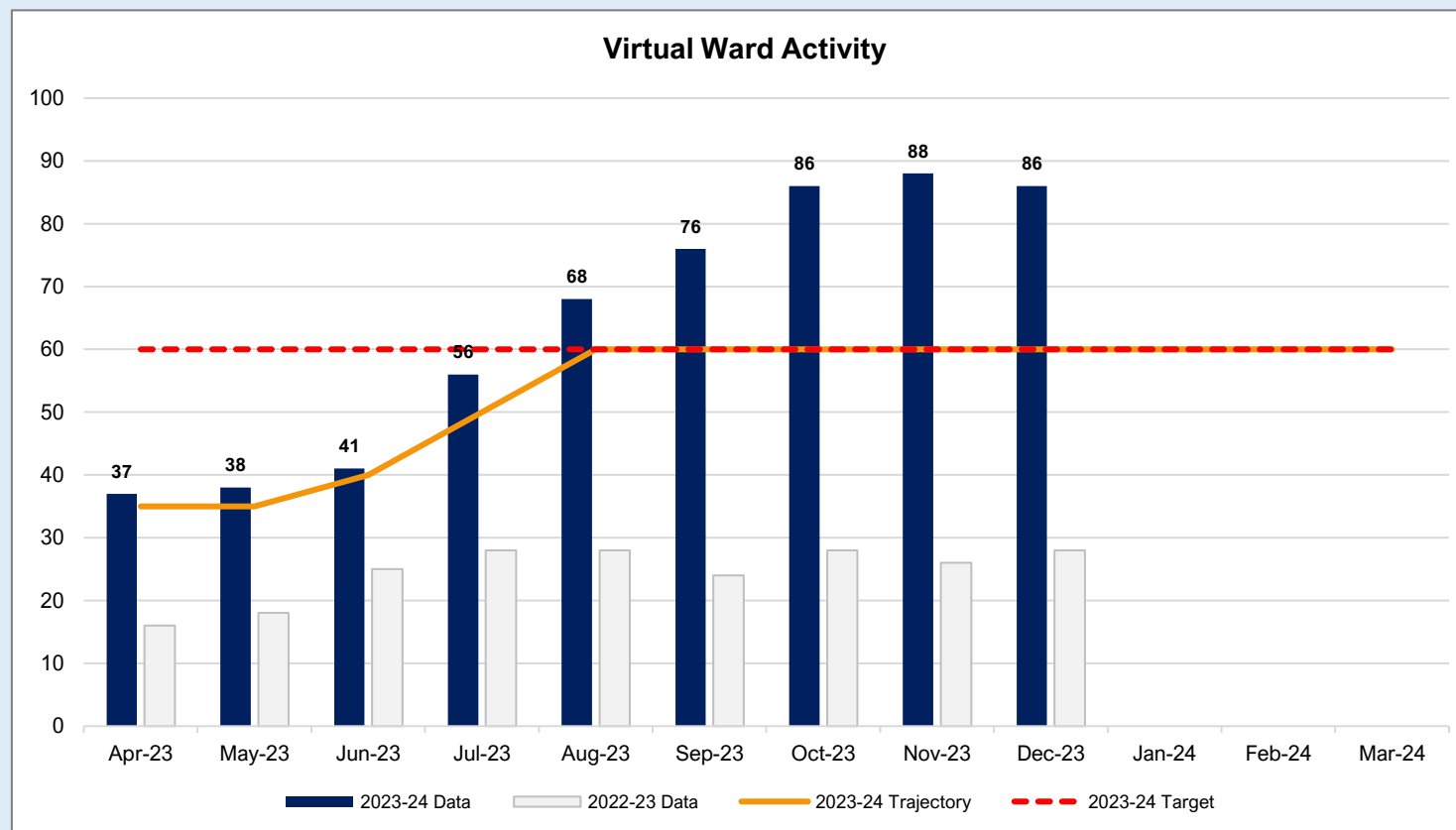
Key
- Delivery Period
- Due Date
- Must be done by date
- On Track - Process Driven
- Dependent on additional capacity

	System changes	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Additional Capacity	Cumulative Additional Capacity	£	SRO	Change Lead
1	NNUH Increase Virtual Ward to 60 (from 40 to 60 by 15th Jul)		38 40 49 41	49 45 61	.								20	20		Chief Information Officer NNUH	
S1	Community Virtual Ward Step Up (System) - - Norwich - phased from 30th Sept 23					26			53			.	79	99		COO NCHC	Kirsty Rowden
2	Remove 7 in 6 escalation												0	99		Dep Chief Nurse NNUH	
8	Close Cringleford Ward & relocate POA to Cringleford			2 .									0	99		COO NNUH	
12	*Close Gunthorpe Ward (relocate)*				3 .								-20	79		COO NNUH	
13	*Staffing model for additional capacity agreed between NCHC/NCC/NNUH*												0	79		COO NCHC	Rob Mack
S2	Priscilla Bacon Lodge (18, 15/9/23)					.							18	97		COO NCHC	Rob Mack
S3	Priscilla Bacon Hospice (additional 8 beds)					.							8	105		COO NCHC	Andrew Butcher
S4	ICB Beds												-17	88	1.614	AD Local Commissioning	Jacinta Bidewell
S5	Mayflower (35 beds)					.							35	123		COO NCHC	Rob Mack / Danny Edmonds / Jacinta Bidewell / Marcus Bailey
S6	Pathway 1 activity - increase non bed-based solutions												0	123	870k	AD Local Commissioning	Jacinta Bidewell
16	*NNUH Close Medical Ward X (20 beds Apr'24)*											4	0	123		Director of Strategy/COD Medicine	
S7	NCHC Modular Facility (48, 1,2,24)										24	48	0	123	1.85m (q4)	COO NCHC	Rob Mack
s8	Improvement in D2A processes												0	123		AD Local Commissioning	Jacinta Bidwell

Virtual Ward	99
P2 Beds	24

13

Cancer

Cancer – 62-Day Backlog Profile

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62 Day Backlog – NNUH Actuals Vs Trajectory (w/e 21st January 2024)

Legend: Dr Strikes — Actual ••• Revised H2 Trajectory
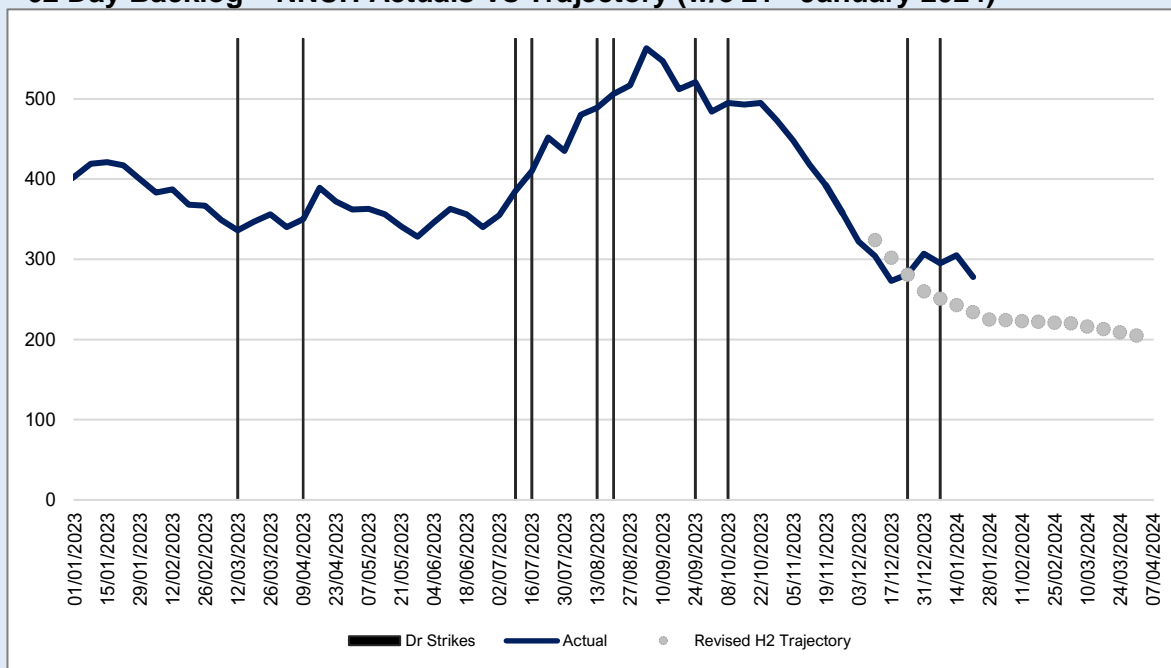
Suspected Tumour Type	Number Past Day 62	Change in number past day 62 (4 week)	Change in number past day 62 (12 weeks)
Brain	0	-1	0
Breast	9	-1	-7
Children's	2	0	-1
Gynaecological	43	-12	-34
Haematological	6	0	+3
Head & Neck	24	+11	-2
Lower Gastrointestinal	50	-1	-43
Lung	7	+2	0
Sarcoma	14	+1	-2
Skin	39	-24	-152
Upper Gastrointestinal	13	+8	+8
Urological	70	+13	+14
Other	1	+1	-1
All Suspected Cancers	**278**	**-3**	**-217**

Commentary

December 2023 Performance
The 62-day backlog saw a net decrease of 3 patients waiting over 62 days up to the week ending 21st January compared to the prior 4-week period, and a net decrease of 217 patients compared to the prior 12-week period (below left). Despite this, the Trust is slightly behind the revised H2 trajectory of no more than 205 patients on the backlog at 31st March 2024.

The largest contributors to the 62-day backlog are Urology, Skin, Gynaecology, and Lower GI. The backlog has reduced in Skin, Gynaecology and Lower GI by a total of 37 patents over the last 4 weeks, however Urology has increased by 13 patients over the same period due to increased demand on Robotic Surgery and reduction in turnaround of PET-CT over Christmas.

Improvement Actions
1. Additional Robotic sessions to commence weekend of 27th January to support recovery.
2. Alliance Medical addressing delays to PET-CT, with 10 additional urgent PET-CT's requested on 24th January.
3. Additional 'Wet' Lab work outsourced from December to support Skin Histology turnaround.
4. Paediatric backfill being utilised by Gynaecology to support Cancer Recovery.
5. Additional weekend lists utilising Regional funding for diagnostics continues through to March 2024.
6. Review of referral process and timed pathway with MDT on 29th January to focus on reducing time between diagnostic testing.

Risk To Delivery
Further Industrial Action may slow the current improvement rate.

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2ww Backlog Trajectory

62 Day Skin Backlog Trajectory
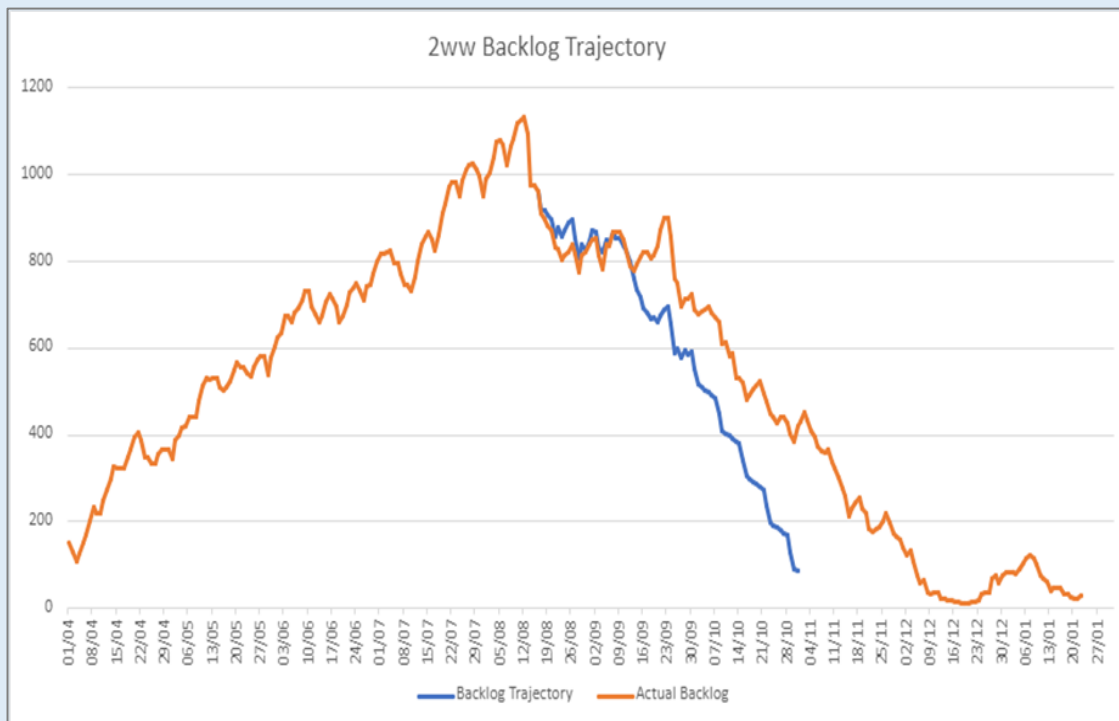
In-Week Position
- Patients waiting over 14 days for first appointment now under control.
- Portland clinic outsourcing continues every weekend.
- Excision capacity has continued to reduce the over 62-day number.
- Run Rate increasing post-Christmas and Industrial Action, plans to be back on plan in February.
- Skin FDS continues to improve.
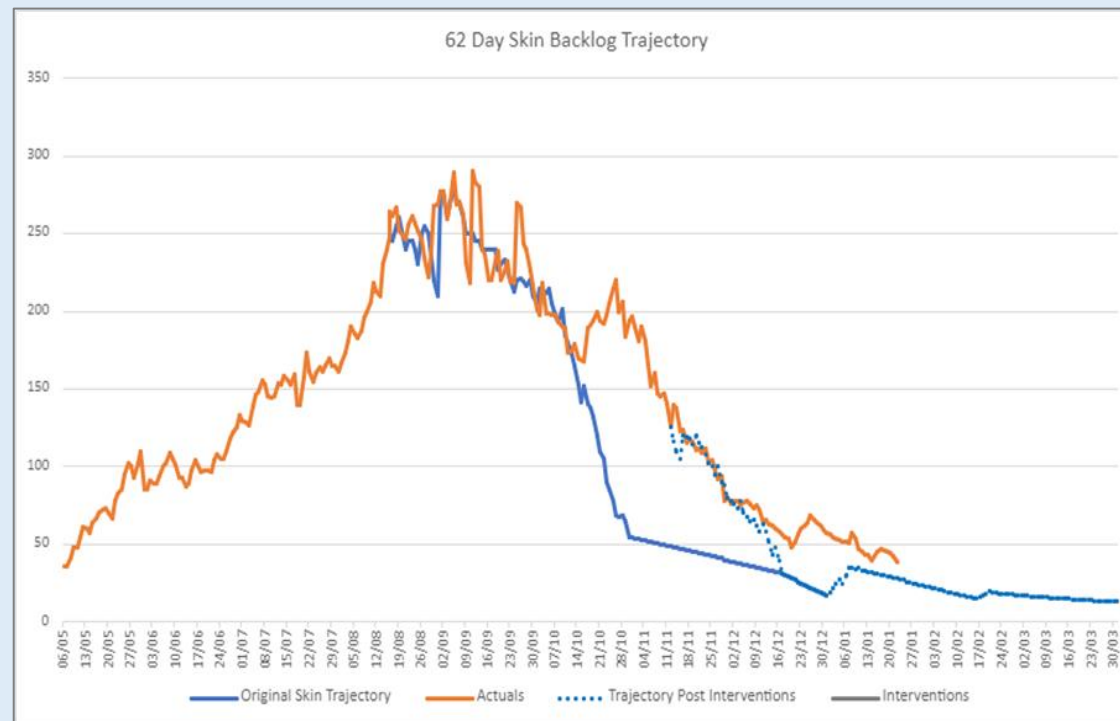
Steps to Mitigate
- Additional Weekend capacity through Portland Clinic freeing up Cancer capacity in week.
- Additional 'Wet' Lab work outsourced from December to support Skin Histology turnaround.
- Targeting of booking excisions within 62 days to reduce rollovers into the 62-day backlog.
- Capacity / Demand planning exercise underway to ensure adequate Plastic Surgeon capacity.

Lower GI

Gynaecology
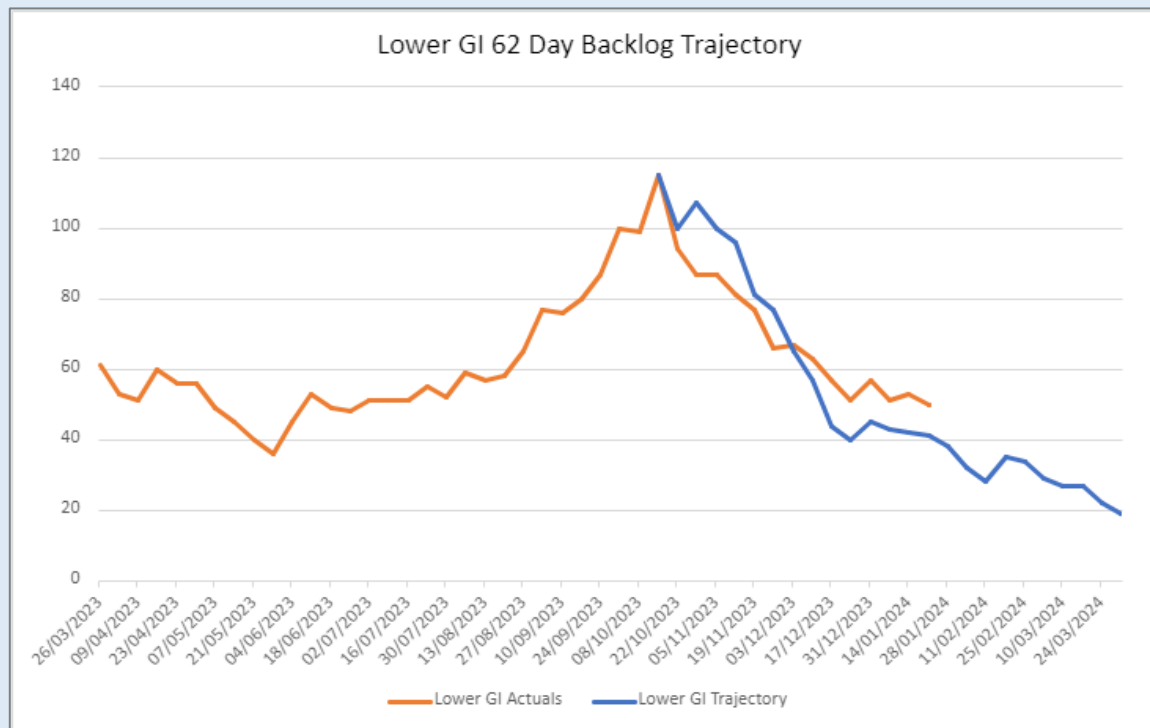
Lower GI Interventions

- Endoscopy insourcing continues – 24 lists completed in November and December.
- Additional Endoscopy activity has reduced the overall waiting list size from 680 to 480 patients and reducing the number of patients approaching 62 days.
- High levels of samples sent to Histology, causing a minor delay to removal from pathway – further Histology resource implemented to continue to support above.
- Lower levels of removals through Industrial action due to General Surgeons covering emergency activity. High level of removals planned in preceding fortnight to bring backlog back to planned run rate.
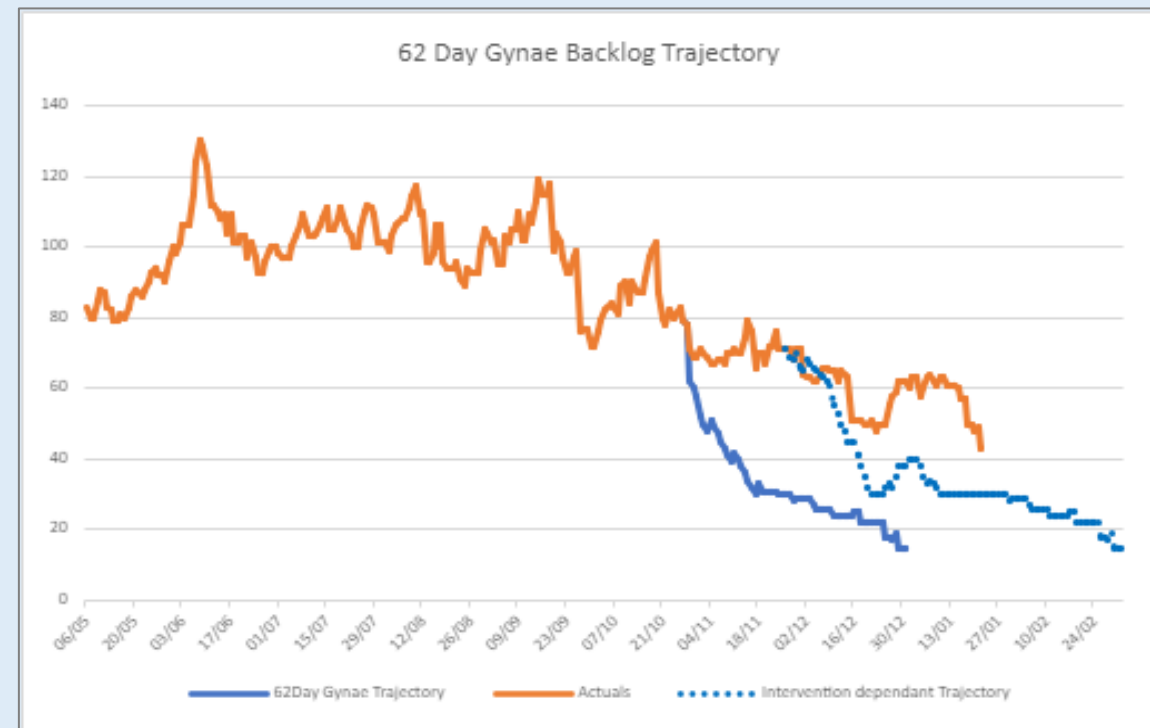
Gynaecology Interventions

- Paediatric backfill being utilised by Gynaecology to support Cancer Recovery.
- Additional weekend lists utilising Regional funding for diagnostics continues through to March 24.
- Review of referral process and timed pathway with MDT on 29th January to focus on reducing time between diagnostic testing.

Cancer – 28-Day Faster Diagnosis Standard

Commentary

December 2023 Performance (Provisional)
The provisional faster diagnosis performance in December was 73.8%. This is the highest performing month since February 2023 (74.4%) and is now ahead of trajectory. Skin and Gynaecology are the largest improving bodysites.

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

GREEN
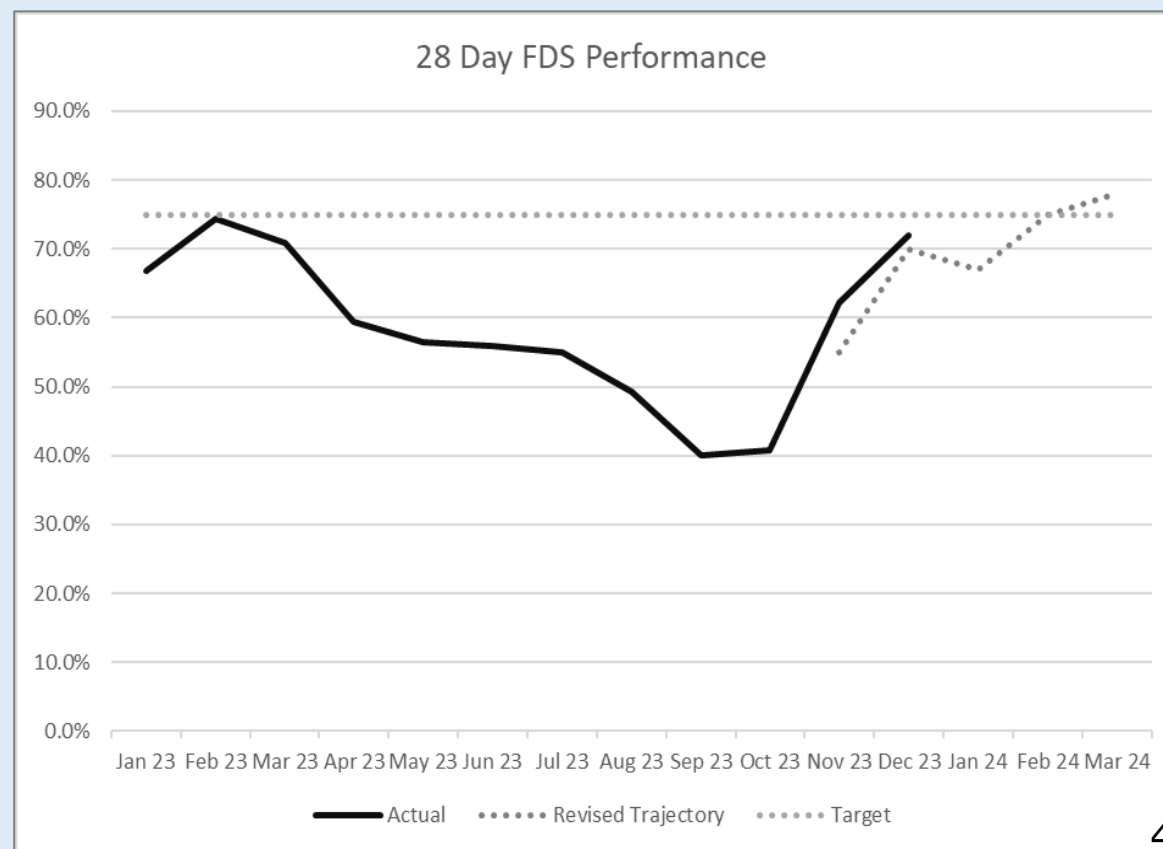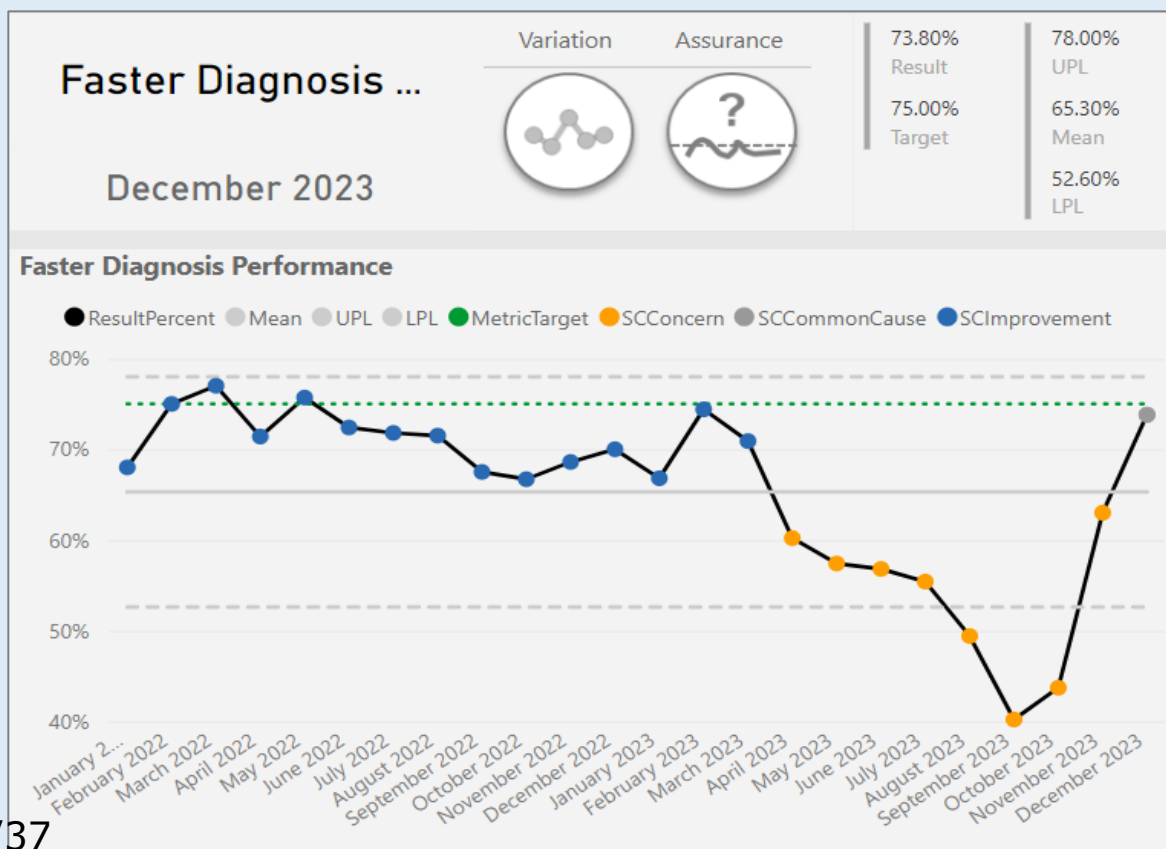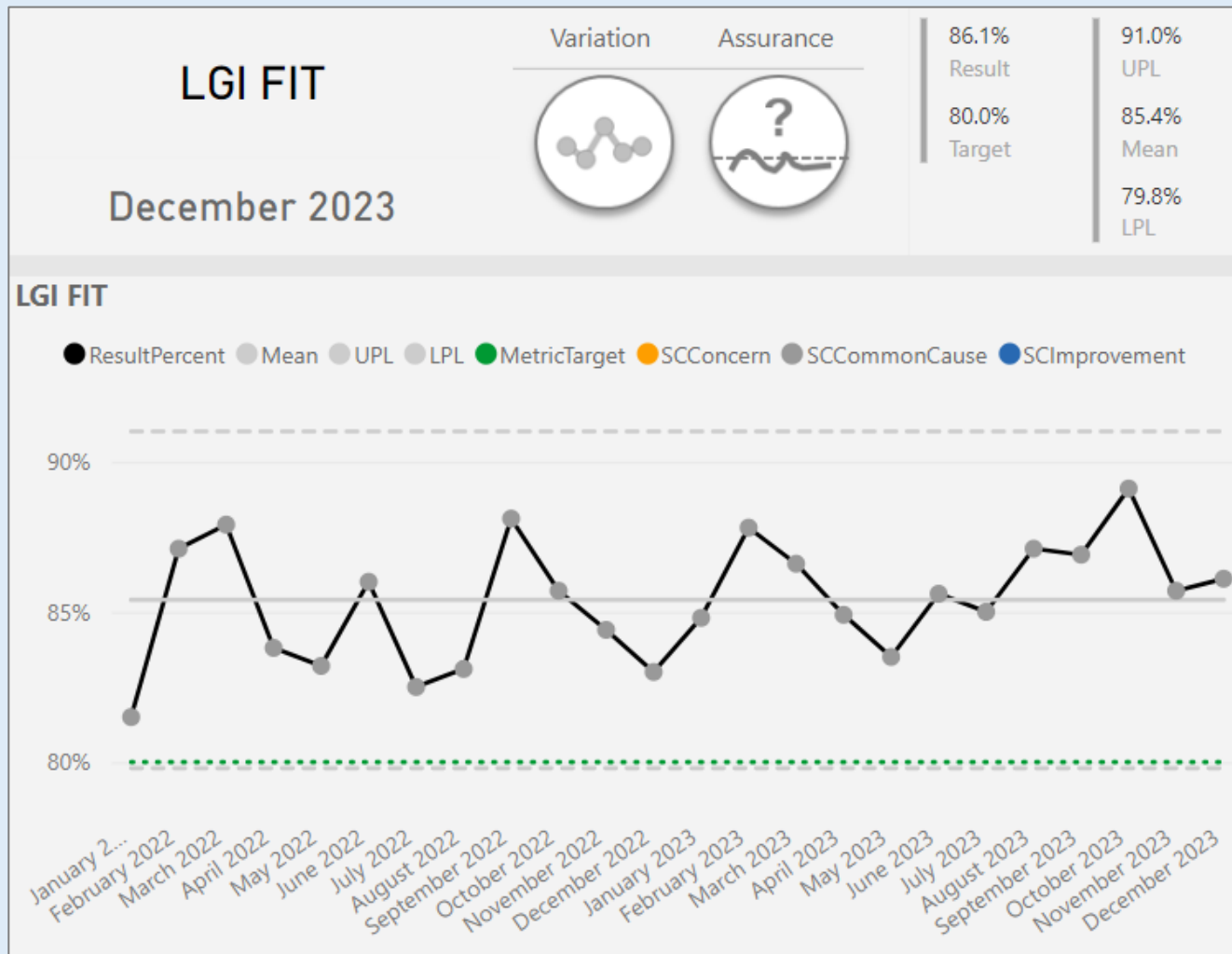
Commentary

December 2023 Performance

Performance increased to 86.1% in December compared to 85.7% in November and remains ahead of target for all LGI referrals having an accompanying FIT result, enabling effective triage and straight to test investigations where criteria met.

Improvement Actions

1. FIT negative service led in Primary Care continues.

Risk To Delivery

GREEN
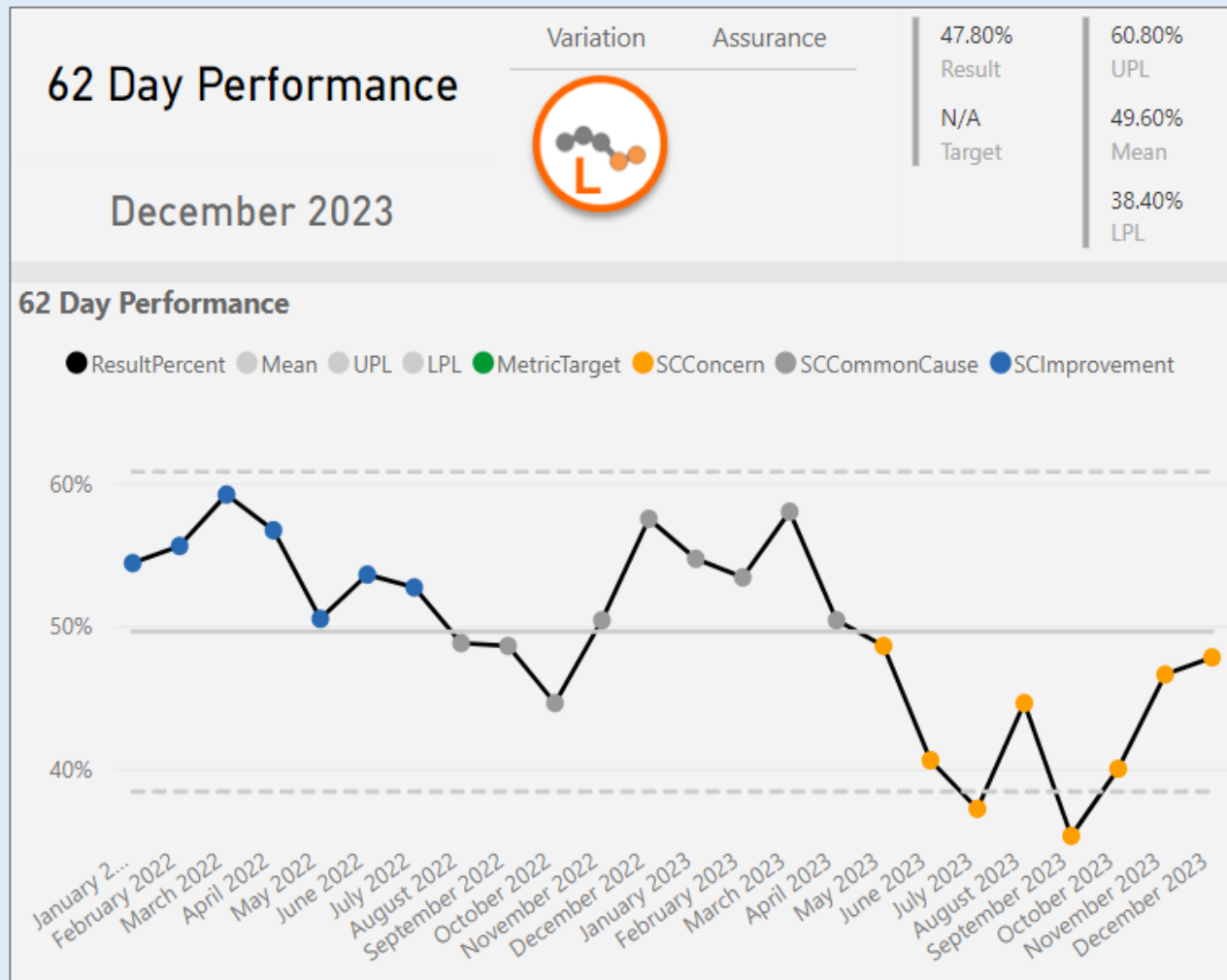
Commentary

December 2023 Performance
62-day performance remains low during implementation of key recovery actions to improve backlog position; however, it has seen a gradual increase from 39.9% in October to 45.1% in November and 47.8% in December.

Improvement Actions
Interventions as per previous slides for key body sites

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

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Elective Care

Performance – RTT 65-Week Breaches
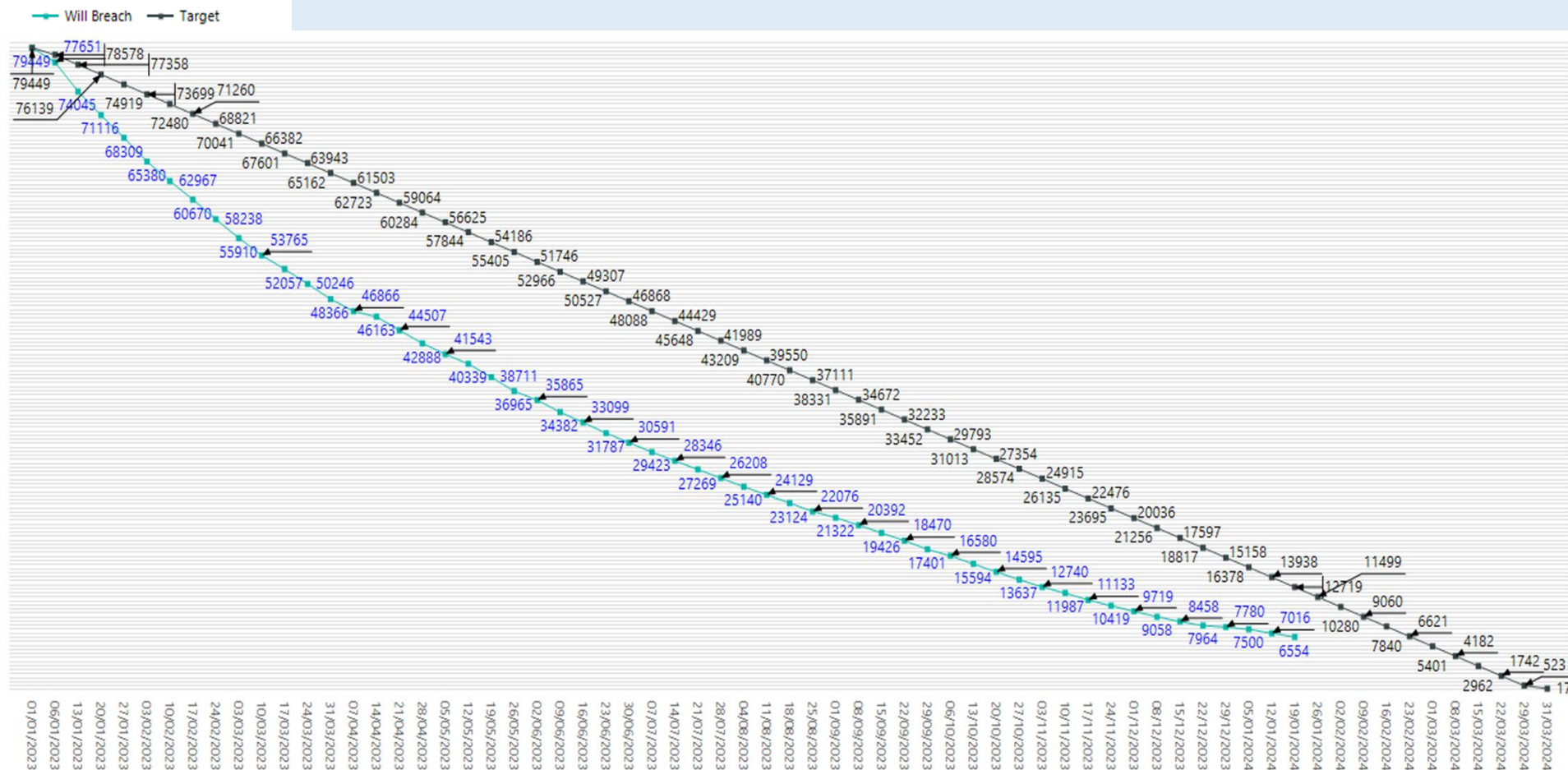
Recovery Actions
1. Continue Go Further Faster
2. Additional IS agreed for Q4
3. Additional funding for 78-week cohort
4. Additional Theatres from December 2023

Commentary

For the overarching requirement of 65-week delivery by 31st March 2024, delivery is ahead of trajectory at a Trust level, with 6,554 patients remaining in the cohort against a target of 12,719.

The impact of Industrial Action has increased the forecasted number of breaches on 1st April 2024 to 2,134. However, if Industrial Action goes ahead in February half-term this figure is forecasted to increase by 222 patients to approximately 2,356 breaches.
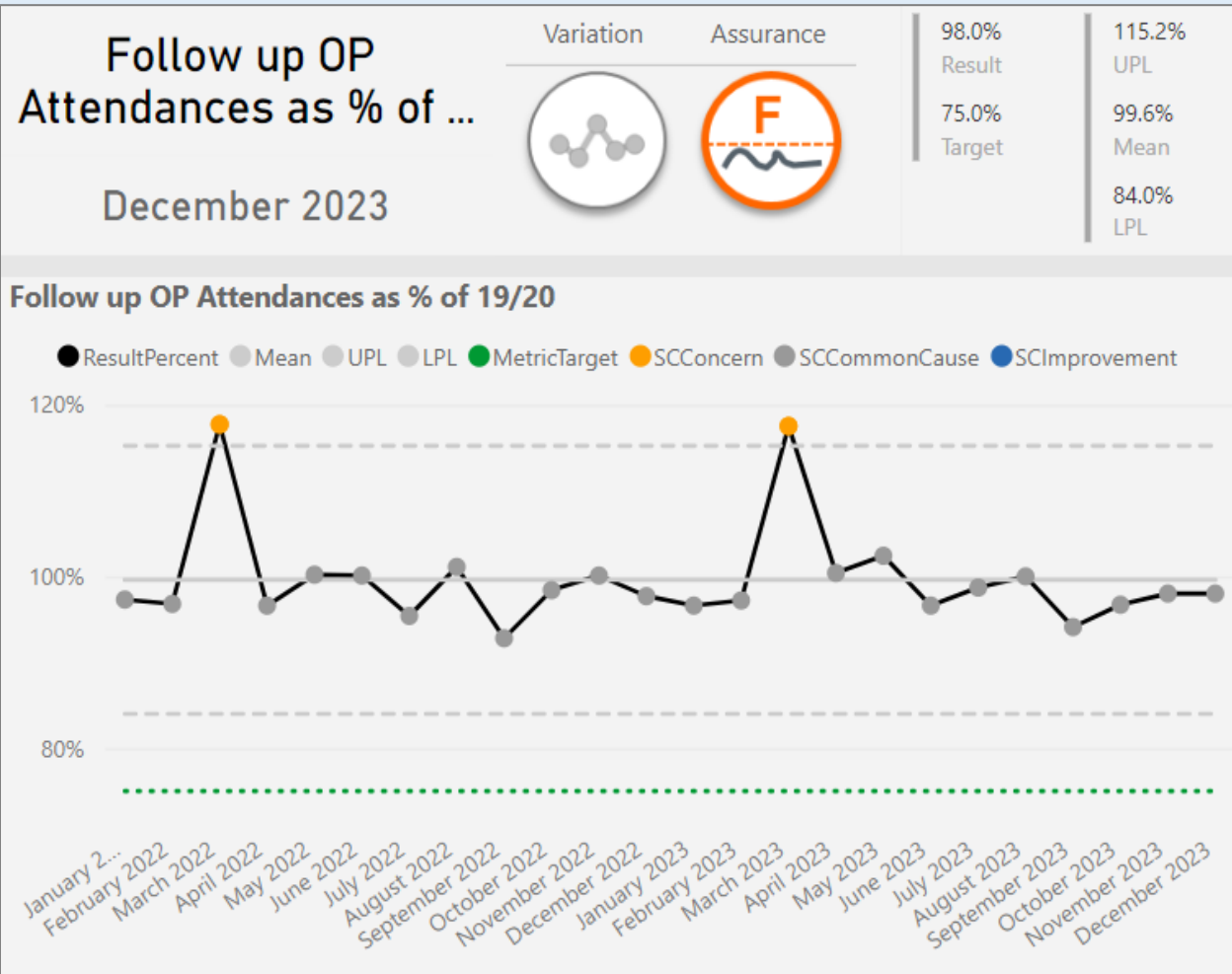
Commentary

December 2023 Performance

Trust wide performance for December remained the same as November at 98%, against the target of 75% of 2019/20 follow up activity.

Division	December 2023
Surgery	94.6%
Medicine	99.1%
Women and Children	104.0%
Clinical Support Services	103.4%

Improvement Actions

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

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

AMBER (based on adjusted rate)
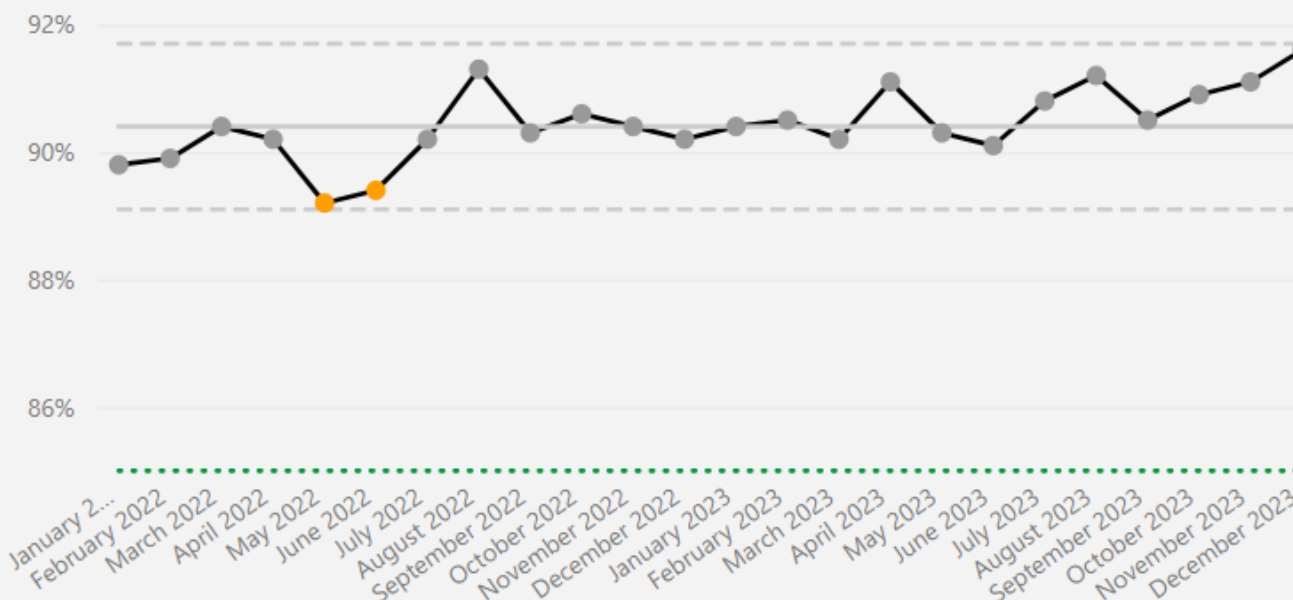
Commentary

December 2023 Performance

In December, NNUH delivered 91.6% of elective activity as day cases against the 85% target. This is a slight increase from November (91.1%), and a consistent rise across the last 3 months.

Risk To Delivery

GREEN
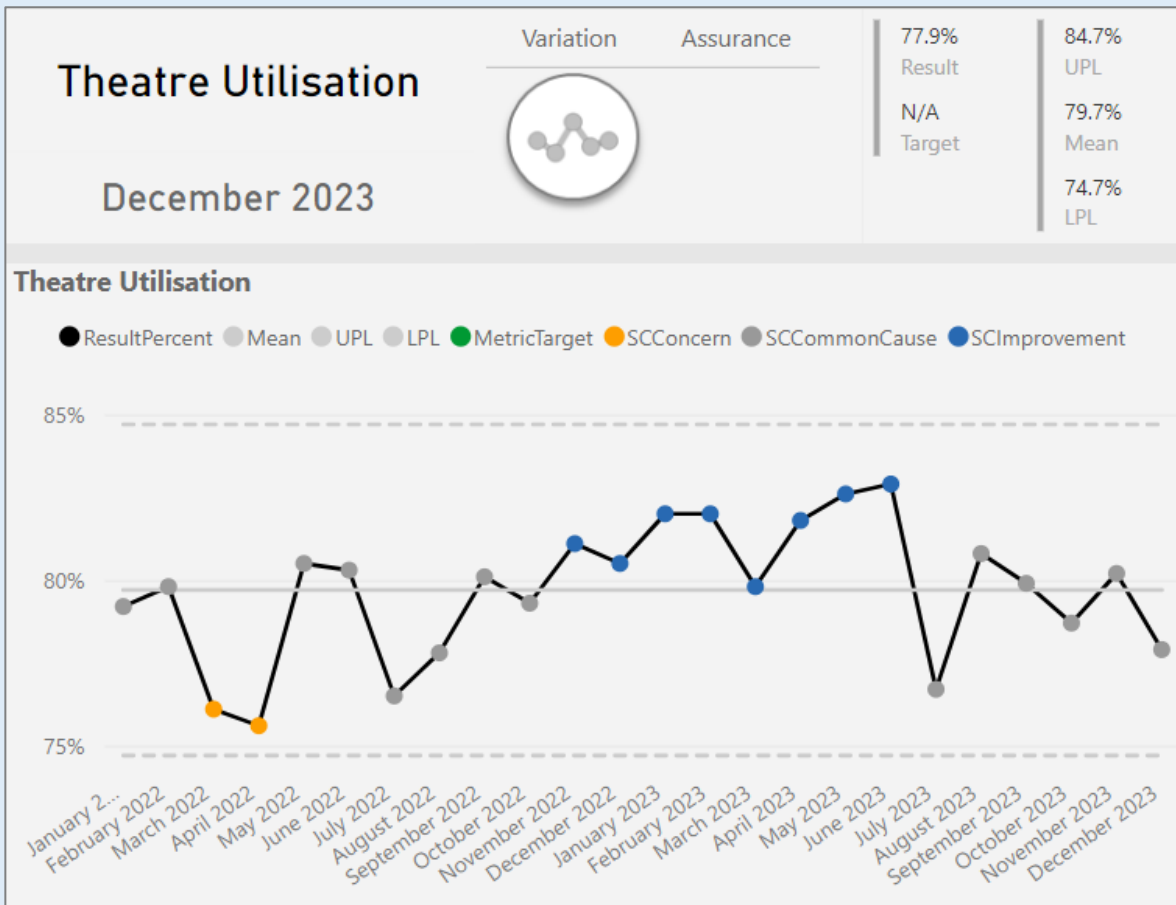
Commentary

December 2023 Performance

The impacts of industrial action were evident in our Theatre performance during December; touch time delivery across all Theatres showed a reduction to 77.9% in December, compared to 80.2% in November.

The booking levels for both Level 2 and Level 3 Theatres were slightly behind target at 76% and 72% respectively, partly down to the need to reprioritise patient bookings in response to a reduced programme. A total of 627 sessions ran in month compared to 680 in 2022.

Level 3 theatres delivered 78.25% across November, compared to 77.34% in October, while Level 2 utilisation was 79.89% compared to 78.67% in October.

The reduction in overall sessions meant that the level of on the day cancellations reduced during this period with a total of 123; this accounted for 179 (elective) operating hours; x56 were clinical with x43 being due to patients having their treatment deferred or the procedure no longer being required. There were x43 non-clinical cancellations, predominantly due to lists overrunning (15) and emergency cases taking priority (17).

Improvement Actions

1. SDAU now located on DPU to avoid the disruption of potential escalation.
2. Work continues on the development of the electronic POA system; formal sign off of the pre-screening campaign should be in place this week with the live patient links being sent to Urology patients by the end of January.
3. The replacement for the Newton Theatre tracker has been developed and final updates are currently being made ahead of live release in January 2024.
4. Deep dive of utilisation in specialty's with highest opportunity levels.

Risk To Delivery

RED

Commentary

DM01 - Diagnostic performance and actions for MRI and CT:

MRI
- MRI performance for December was 64%, down from 68% but higher than the first 6 months of 2023/24.
- Mobile van extended until the end of December. Final new starters will be in by the beginning of January.
- Can outsource to Global from January if required but will require funding for this.
- Demand was 492 exams more than forecasted.

CT
- CT performance for December was 38%, down from 39% in November, but higher than the 3-month period from August to October. This is due to the bank holiday impact and the impact of pushing Inpatient / ED work to Outpatients to respond to demand – these cases are longer studies.
- CT van to come on site where MRI van vacates from 2nd January.
- Plan to use Wisbech from mid-January to March to support recovery once contracts and agreed policies and PGD's in place. Proposed capacity now increased from 2 days per week to 3. Delays in information from Wisbech and CUH means that this will need to be picked up from January 2024.
- Demand was 464 exams more than forecasted.
- Given the current CT/MRI backlogs, IA impact and the addition of another CT mobile van, outsourcing of reporting is required to be funded as soon as possible to prevent further build-up of reporting backlog.

Wisbech CDC
1. High level funding bid approved for access to Wisbech CDC from January to March 2024 to help with NNUH CT backlogs and because Wisbech CDC had some under delivery in activity.
2. Wisbech will not be reporting these exams, and these completed exams will be returned to NNUH for reporting. However, there is a reporting backlog at NNUH for which outsourcing of reporting is required to be funded.
3. 3 days have been offered and will incorporate contrast studies
4. There is a risk that patients will not want to travel the distance (approximately 55 miles each way).

Diagnostics DM01 – Performance
December 2023
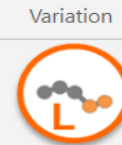
Variation	Assurance		
L	F	55.20% Result	71.70% UPL
		95.00% Target	64.20% Mean
			56.70% LPL

Diagnostics DM01 - Performance
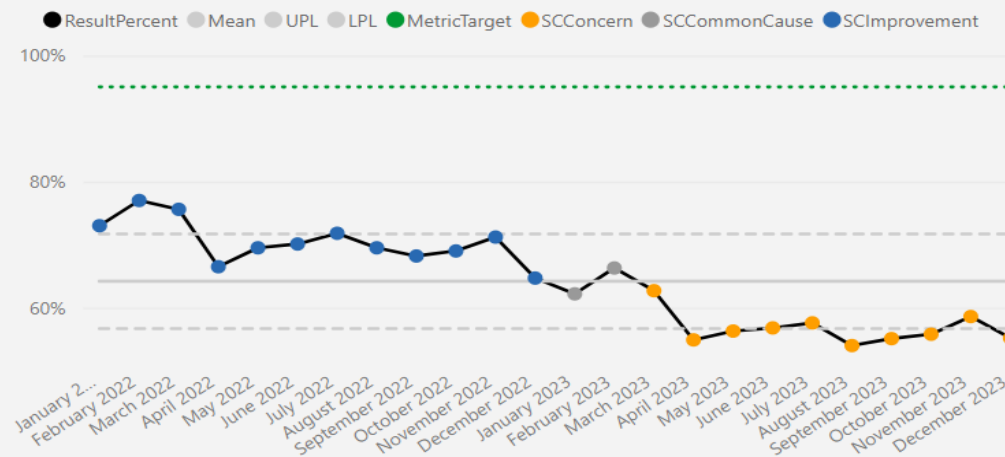
DM01 - Magnetic Resonance Imaging
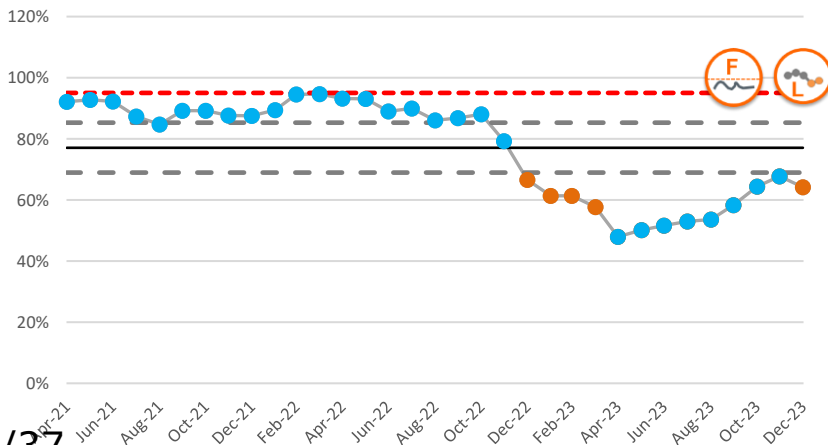
DM01 - Computed Tomography
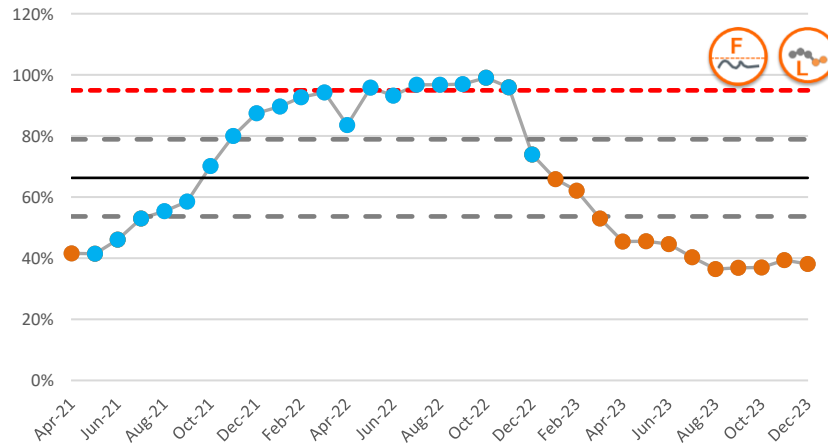
Exam Type	Exam Type Percentage
Barium Enema	83.6%
DEXA Scan	77.1%
CT	38.1%
MRI	64.2%
Ultrasound	65.5%
Echocardiography	44.6%
Flexi Sigmoidoscopy	84.1%
Gastroscopy	83.5%
Colonoscopy	65.3%

Commentary

December 2023 Performance

The number of patients added to a PIFU list as a percentage of the monthly outpatient activity decreased from 5.5% in October to 5.3% in November to 5.1% in December. The most recent position (19th January) illustrates improved performance to 5.4%, with a 14.5% conversion from PIFU to Outpatient attendance (below right).
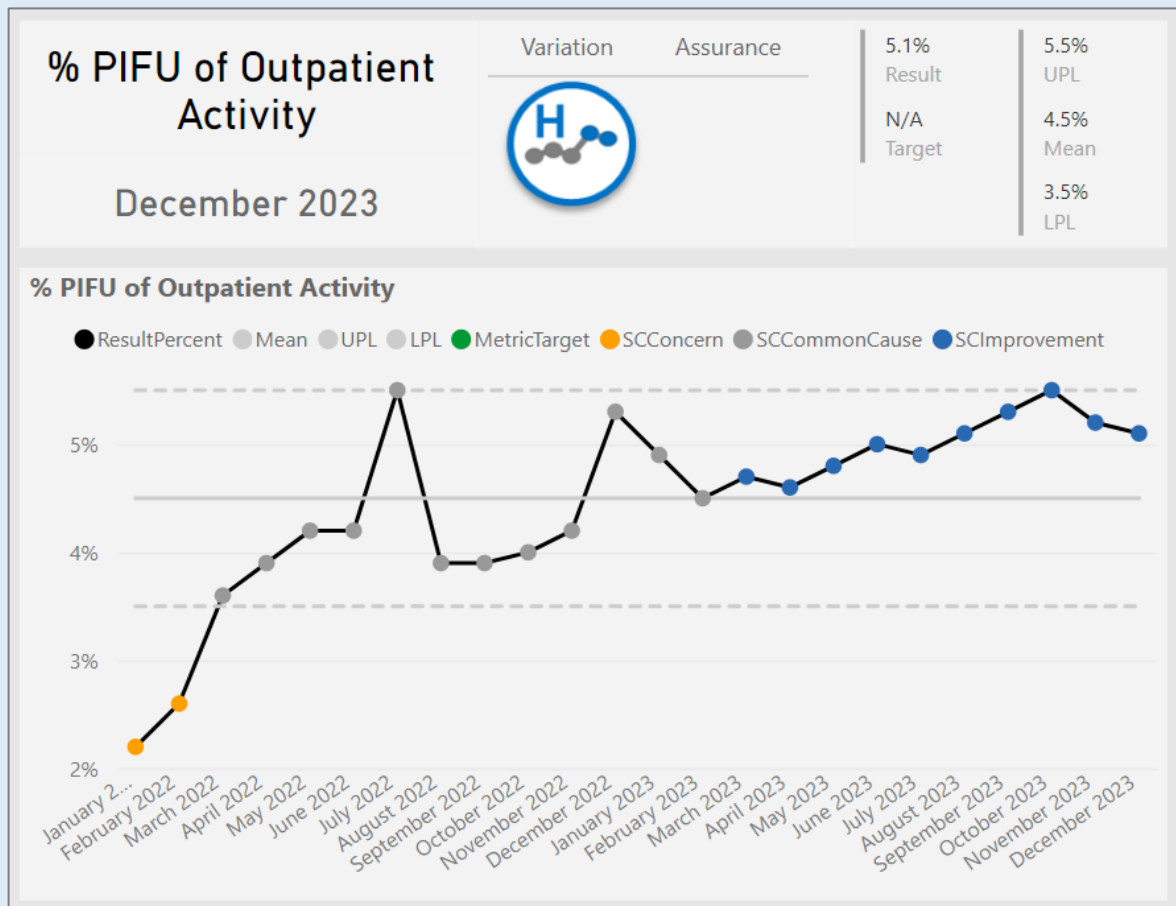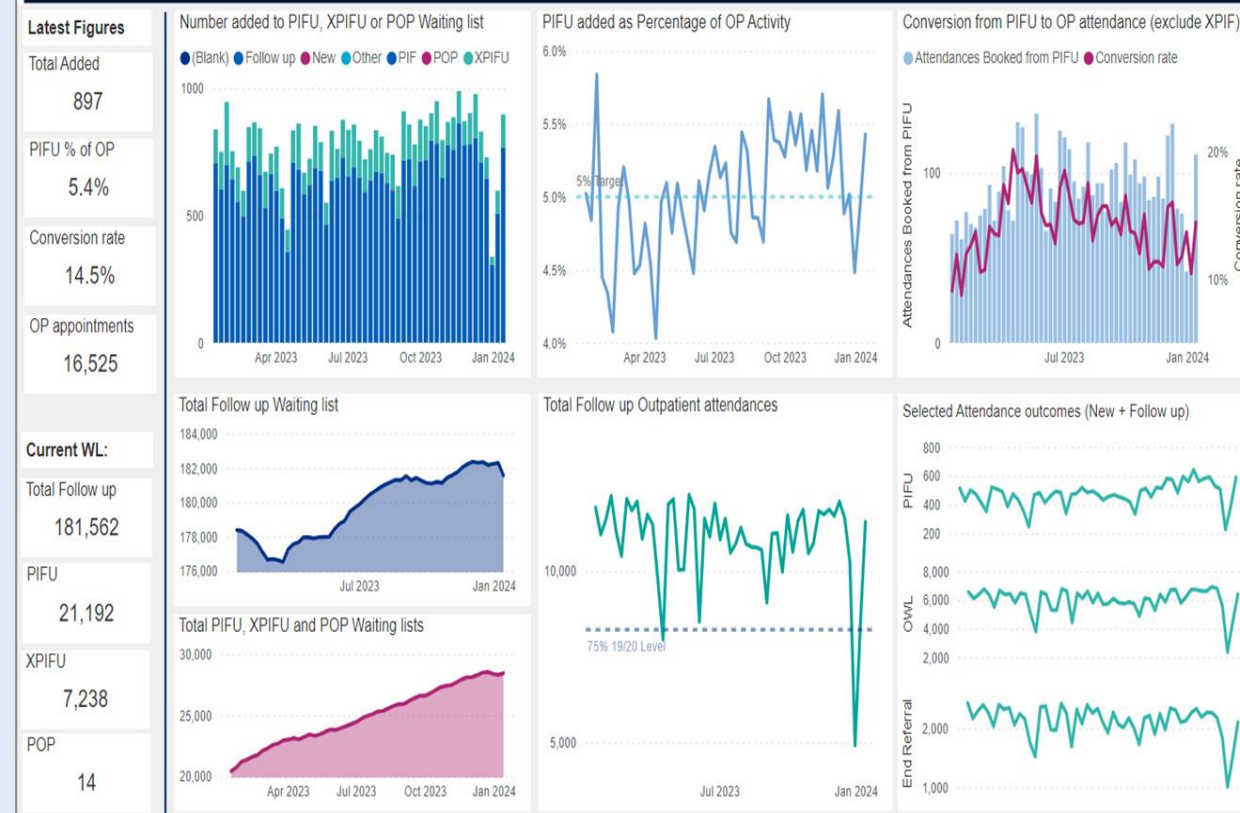
PIFU Utilisation – Comparison Nationally and with Further Faster Providers (November 2023)

NHS
Norfolk and Norwich
University Hospitals
NHS Foundation Trust

PIFU utilisation rate, National Distribution

Go Further Faster Organisation Name	Provider Value
Torbay and South Devon NHS Foundation Trust	7.1%
Homerton Healthcare NHS Foundation Trust	6.4%
Northumbria Healthcare NHS Foundation Trust	6.1%
Calderdale and Huddersfield NHS Foundation Trust	4.9%
Norfolk and Norwich University Hospitals NHS Foundation Trust	4.8%
University Hospitals Plymouth NHS Trust	4.6%
Maidstone and Tunbridge Wells NHS Trust	4.5%
South Warwickshire NHS Foundation Trust	4.3%
Dudley Group NHS Foundation Trust	4.2%
Royal Devon University Healthcare NHS Foundation Trust	4.2%
Nottingham University Hospitals NHS Trust	4.1%
Wye Valley NHS Trust	3.4%
Royal National Orthopaedic Hospital NHS Trust	3.3%
University Hospitals of Leicester NHS Trust	3.0%
Hull University Teaching Hospitals NHS Trust	2.4%
Manchester University NHS Foundation Trust	2.2%
Medway NHS Foundation Trust	2.1%
Northern Care Alliance NHS Foundation Trust	2.0%
George Eliot Hospital NHS Trust	1.9%
Barking, Havering and Redbridge University Hospitals NHS Trust	1.7%
United Lincolnshire Hospitals NHS Trust	1.7%
Walsall Healthcare NHS Trust	1.5%
Royal Wolverhampton NHS Trust	1.5%
Barts Health NHS Trust	1.3%
Sandwell and West Birmingham Hospitals NHS Trust	0.2%

NNUH's PIFU Utilisation rate for all outpatient appointments was 4.8% in November. This remained the same as October and the 5th highest across the organisations in the Go Further Faster programme.

Data taken from Model Hospital on 15.01.2024

Activity Planning Run Rate

Commentary

December 2023 Performance (provisional)
The table below (left) details the top specialties (across Daycases, Elective and Non-Elective) that delivered above their plan in December. The graph below (right) summarises the activity versus plan. The subsequent slides provide a detailed position for each specialty.

Activity Type	Specialty	Positive Variance
Daycase	Clinical Haematology	152
	Dermatology	54
	Urology	52
	Rheumatology	45
	Vascular Surgery	32
Elective	Obstetrics	80
	Clinical Haematology	13
	Thoracic Surgery	9
	Gastroenterology	8
	Paediatric Trauma and Orthopaedic	7
Non-Elective	Geriatric Medicine	225
	General Medicine	132
	Respiratory Medicine	102
	Acute Internal Medicine	97
	General Surgery	43

December 2023 Activity Estimates v 2023/24 Business Plan

	2023/24 Business Plan	2023/24 Actual (Estimate)
OP Follow Up	34,922	32,845
OP New	16,281	14,978
OP Proc	11,724	11,522
Elective	907	817
Non-Elective	5,199	5,711
Day Case	7,855	7,786

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Medicine Division	Daycase				Elective				Non Elective				OP - Procedure				OP - New (Exc Procedure)				OP - Follow Up (Exc Procedure)				Total			
	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved
300 General Medicine	0	0	0	0.0%	1	0	1	0.0%	325	193	132	168.5%	0	0	0	0.0%	525	364	161	144.3%	156	185	(29)	84.3%	1,007	742	265	135.7%
301 Gastroenterology	1,988	2,241	(252)	88.7%	15	7	8	212.8%	256	287	(31)	89.2%	15	7	8	214.2%	373	503	(130)	74.1%	489	653	(164)	74.9%	3,137	3,698	(562)	84.8%
302 Endocrinology	8	8	(0)	96.0%	2	1	1	200.0%	103	117	(14)	87.8%	0	0	0	0.0%	169	205	(36)	82.5%	419	606	(187)	69.1%	701	937	(236)	74.8%
303 Clinical Haematology	1,089	937	152	116.2%	24	11	13	214.3%	52	59	(8)	87.2%	0	0	0	0.0%	411	536	(125)	76.6%	1,620	2,011	(392)	80.5%	3,196	3,556	(360)	89.9%
306 Hepatology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	96	154	(58)	62.5%	533	380	153	140.4%	629	533	96	117.9%
307 Diabetic Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	3	(3)	0.0%	261	324	(63)	80.6%	2,041	1,973	68	103.4%	2,302	2,300	2	100.1%
308 Blood and Marrow Transplantation	3	5	(2)	63.5%	5	0	5	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	1	(1)	0.0%	41	47	(6)	86.7%	49	53	(4)	92.6%
315 Palliative Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	199	201	(2)	99.0%	410	571	(161)	71.8%	609	772	(163)	78.9%
320 Cardiology	321	307	14	104.7%	13	20	(7)	63.1%	317	286	31	110.8%	824	1,242	(418)	66.4%	1,051	856	195	122.7%	1,405	2,016	(611)	69.7%	3,931	4,727	(796)	83.2%
326 Acute Internal Medicine	0	0	0	0.0%	0	97	0	0.0%	97	0	97	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	97	97	0	0.0%
328 Stroke Medicine	0	0	0	0.0%	1	0	1	0.0%	114	106	8	107.3%	0	0	0	0.0%	13	0	13	0.0%	37	12	24	295.2%	164	119	46	138.6%
329 TIA	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	24	(24)	0.0%	88	80	8	109.9%	0	0	0	0.0%	88	104	(16)	84.7%
331 Congenital Heart Disease Service	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	14	24	(10)	58.1%	105	82	23	127.6%	119	106	13	111.8%
340 Respiratory Medicine	100	97	3	103.6%	5	9	(4)	56.8%	308	205	102	149.9%	256	358	(101)	71.7%	221	340	(119)	65.0%	730	824	(94)	88.5%	1,620	1,833	(213)	88.4%
341 Respiratory Physiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	33	0	33	0.0%	66	156	(89)	42.7%	202	251	(49)	80.6%	302	407	(105)	74.2%
343 Adult Cystic Fibrosis	0	0	(0)	0.0%	0	0	0	0.0%	1	0	1	0.0%	0	0	0	0.0%	0	0	0	0.0%	32	45	(13)	72.0%	33	45	(12)	73.6%
350 Infectious Diseases	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
361 Nephrology	42	43	(1)	96.6%	17	31	(14)	54.9%	107	104	4	103.6%	20	17	3	115.9%	91	143	(52)	63.7%	569	676	(107)	84.2%	846	1,013	(167)	83.5%
370 Medical Oncology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
400 Neurology	126	124	2	101.8%	1	1	0	112.5%	128	115	14	111.9%	7	10	(3)	67.1%	365	572	(207)	63.8%	687	961	(274)	71.5%	1,314	1,782	(468)	73.7%
401 Clinical Neurophysiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	303	262	41	115.6%	29	71	(41)	41.4%	2	3	(2)	50.8%	334	336	(2)	99.3%
410 Rheumatology	226	181	45	124.8%	0	0	0	0.0%	6	5	1	129.9%	25	26	(1)	95.7%	280	395	(115)	70.8%	1,605	1,786	(181)	89.9%	2,142	2,393	(251)	89.5%
430 Geriatric Medicine	20	9	11	231.8%	0	0	0	0.0%	798	573	225	139.3%	0	0	0	0.0%	76	113	(37)	67.4%	40	58	(18)	69.3%	934	752	182	124.2%
653 Podiatry	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	60	89	(29)	67.1%	437	480	(43)	91.1%	497	569	(72)	87.3%
800 Clinical Oncology	1,814	1,806	8	100.4%	22	17	5	131.3%	179	181	(2)	99.1%	6	5	1	113.6%	503	489	14	102.8%	3,077	3,514	(438)	87.5%	5,601	6,012	(412)	93.1%
Total - Medicine (NNUH)	**5,737**	**5,757**	**(20)**	**99.7%**	**107**	**98**	**9**	**109.1%**	**2,791**	**2,230**	**560**	**125.1%**	**1,489**	**1,954**	**(464)**	**76.2%**	**4,892**	**5,617**	**(725)**	**87.1%**	**14,636**	**17,136**	**(2,500)**	**85.4%**	**29,651**	**32,792**	**(3,140)**	**90.4%**

Women and Children's Division	Daycase				Elective				Non Elective				OP - Procedure				OP - New (Exc Procedure)				OP - Follow Up (Exc Procedure)				Total			
	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved
171 Paediatric Surgery	38	43	(5)	88.1%	6	12	(6)	47.8%	24	38	(14)	63.0%	73	103	(30)	70.9%	117	132	(15)	88.4%	252	183	69	137.7%	509	511	(2)	99.7%
242 Paediatric Intensive Care	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
251 Paediatric Gastroenterology	15	8	7	189.1%	1	0	1	0.0%	0	0	0	0.0%	0	0	0	0.0%	26	30	(4)	86.7%	113	104	9	109.1%	156	142	14	109.6%
252 Paediatric Endocrinology	15	14	1	107.1%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	32	20	12	160.0%	109	88	21	123.9%	156	122	34	127.9%
253 Paediatric Clinical Haematology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	3	2	1	150.0%	19	8	11	237.5%	22	10	12	220.0%
258 Paediatric Respiratory Medicine	3	0	3	0.0%	0	0	0	0.0%	0	0	0	0.0%	1	0	1	0.0%	51	22	29	233.6%	86	86	0	100.5%	141	108	33	131.0%
260 Paediatric Medical Oncology	17	25	(8)	68.0%	1	0	1	0.0%	2	8	(6)	27.9%	0	0	0	0.0%	2	1	1	200.0%	90	104	(14)	86.5%	112	138	(26)	81.3%
262 Paediatric Rheumatology	12	8	4	150.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	21	22	(1)	95.5%	124	116	8	107.0%	157	146	11	107.6%
263 Paediatric Diabetic Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	4	4	0	100.0%	94	112	(18)	83.5%	98	116	(18)	84.1%
264 Paediatric Cystic Fibrosis	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	1	(1)	0.0%	28	18	10	155.6%	28	19	9	147.4%
321 Paediatric Cardiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	38	29	9	130.2%	36	58	(22)	62.0%	74	87	(13)	84.7%
420 Paediatrics	41	56	(15)	72.7%	2	2	(0)	96.1%	194	327	(133)	59.3%	0	0	0	0.0%	585	383	202	152.8%	242	236	6	102.4%	1,064	1,004	60	105.9%
421 Paediatric Neurology	0	0	(0)	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	62	55	7	112.7%	110	119	(9)	92.4%	172	174	(2)	98.7%
422 Neonatology	0	0	0	0.0%	0	0	0	0.0%	231	240	(9)	96.4%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	231	240	(9)	96.4%
424 Well Babies	0	0	0	0.0%	0	0	0	0.0%	203	187	16	108.6%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	203	187	16	108.6%
501 Obstetrics	0	0	0	0.0%	80	0	80	0.0%	725	731	(6)	99.2%	0	0	0	0.0%	417	630	(213)	66.2%	1,460	1,314	146	111.1%	2,682	2,675	7	100.3%
502 Gynaecology	59	70	(11)	84.3%	90	98	(8)	91.9%	201	206	(5)	97.7%	779	1,037	(258)	75.1%	548	960	(412)	57.0%	657	719	(62)	91.4%	2,334	3,090	(756)	75.5%
503 Gynaecological Oncology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	10	15	(5)	67.1%	55	65	(10)	84.0%	149	169	(20)	88.4%	214	249	(35)	86.0%
505 Fetal Medicine Service	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	55	52	3	105.8%	33	44	(11)	74.1%	88	96	(8)	91.3%
560 Midwife Episode	0	0	0	0.0%	0	0	0	0.0%	286	200	86	143.2%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	286	200	86	143.2%
Total - Women & Children (NNUH)	**200**	**225**	**(25)**	**89.0%**	**180**	**112**	**68**	**160.4%**	**1,867**	**1,937**	**(70)**	**96.4%**	**863**	**1,155**	**(292)**	**74.7%**	**2,016**	**2,408**	**(393)**	**83.7%**	**3,603**	**3,478**	**125**	**103.6%**	**8,728**	**9,315**	**(587)**	**93.7%**
Women & Children (NNUH) Exc. Maternity	**200**	**225**	**(25)**	**89.0%**	**100**	**112**	**(12)**	**89.0%**	**855**	**1,006**	**(150)**	**85.1%**	**863**	**1,155**	**(292)**	**74.7%**	**1,599**	**1,778**	**(180)**	**89.9%**	**2,143**	**2,164**	**(21)**	**99.0%**	**5,759**	**6,440**	**(680)**	**89.4%**

Activity Planning Run Rate (Surgery and CSS Divisions) - December 2023 [Provisional]

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Surgery Division		Daycase Estimate	Plan	Var	% Achieved	Elective Estimate	Plan	Var	% Achieved	Non Elective Estimate	Plan	Var	% Achieved	OP - Procedure Estimate	Plan	Var	% Achieved	OP - New (Exc Procedure) Estimate	Plan	Var	% Achieved	OP - Follow Up (Exc Procedure) Estimate	Plan	Var	% Achieved	Total Estimate	Plan	Var	% Achieved
100	General Surgery	130	183	(53)	71.2%	82	92	(9)	89.9%	305	262	43	116.2%	101	115	(14)	87.7%	1,517	1,546	(29)	98.1%	2,040	2,253	(213)	90.6%	4,176	4,450	(275)	93.8%
101	Urology	301	249	52	120.8%	108	176	(68)	61.6%	136	143	(7)	95.4%	774	702	72	110.2%	861	888	(27)	97.0%	1,569	1,385	184	113.3%	3,750	3,543	207	105.8%
107	Vascular Surgery	57	25	32	225.4%	28	43	(14)	66.2%	62	38	24	162.0%	31	42	(11)	73.8%	139	175	(35)	79.7%	148	187	(40)	78.8%	465	510	(45)	91.1%
108	Spinal Surgery Service	9	7	2	135.3%	24	20	4	121.4%	10	12	(2)	86.4%	0	0	0	0.0%	139	127	12	109.4%	202	234	(32)	86.4%	384	399	(15)	96.3%
110	Trauma & Orthopaedics	111	118	(7)	94.2%	100	154	(54)	64.8%	210	199	11	105.6%	13	17	(3)	79.9%	1,326	1,372	(46)	96.6%	1,814	1,712	102	106.0%	3,575	3,572	3	100.1%
120	ENT	65	91	(26)	71.4%	31	63	(32)	48.7%	107	94	13	114.3%	911	1,045	(134)	87.2%	400	388	12	103.0%	368	400	(32)	91.9%	1,882	2,081	(199)	90.4%
130	Ophthalmology	267	273	(6)	97.8%	1	3	(2)	35.1%	12	16	(4)	75.0%	3,238	3,129	109	103.5%	765	860	(95)	88.9%	1,512	1,532	(20)	98.7%	5,795	5,813	(19)	99.7%
140	Oral Surgery	171	210	(39)	81.4%	10	12	(2)	87.1%	18	30	(12)	60.1%	0	0	0	0.0%	303	404	(101)	75.0%	412	500	(88)	82.4%	914	1,156	(241)	79.1%
141	Restorative Dentistry	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	6	3	3	216.7%	3	4	(1)	79.2%	15	12	3	125.9%	24	18	6	130.4%
143	Orthodontics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	310	239	71	129.7%	20	26	(7)	75.0%	134	196	(62)	68.3%	463	461	2	100.5%
144	Maxillo-facial Surgery	0	0	0	0.0%	0	0	0	0.0%	1	3	(2)	32.9%	6	20	(14)	28.4%	27	19	8	142.5%	132	109	23	121.1%	166	151	15	109.8%
150	Neurosurgery	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	7	0	7	0.0%	0	0	0	0.0%	7	0	7	0.0%
160	Plastic Surgery	98	161	(63)	60.8%	41	39	2	104.1%	107	149	(43)	71.3%	431	455	(24)	94.7%	323	310	13	104.1%	435	551	(117)	78.8%	1,433	1,666	(232)	86.0%
173	Thoracic Surgery	4	0	4	0.0%	42	33	9	127.5%	13	19	(6)	67.6%	0	0	0	0.0%	15	21	(6)	71.4%	78	90	(12)	86.2%	152	164	(11)	93.1%
180	Accident & Emergency	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	14	9	5	155.6%	33	21	12	162.4%	33	21	12	159.4%
190	Anaesthetics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	352	436	(84)	80.7%	352	436	(84)	80.7%
191	Pain Management	151	176	(25)	85.6%	0	0	0	0.0%	0	0	0	0.0%	21	54	(33)	38.5%	117	230	(113)	50.8%	460	482	(22)	95.4%	748	942	(194)	79.4%
192	Critical Care Medicine	0	0	0	0.0%	2	1	1	185.4%	43	55	(12)	78.5%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	45	56	(11)	80.3%
214	Paediatric Trauma and Orthopaedics	16	23	(7)	70.6%	9	2	7	449.6%	7	7	0	103.6%	5	4	1	113.7%	160	210	(50)	76.0%	328	364	(36)	90.1%	525	610	(86)	86.0%
215	Paediatric Ear Nose and Throat	21	11	10	184.2%	7	10	(3)	71.1%	5	0	5	0.0%	74	54	20	136.6%	118	50	68	235.5%	52	71	(19)	73.7%	277	196	81	141.2%
216	Paediatric Ophthalmology	3	5	(2)	60.0%	0	0	0	0.0%	0	0	0	0.0%	19	32	(13)	58.7%	115	88	27	130.5%	255	268	(13)	95.2%	391	392	(1)	99.7%
217	Paediatric Maxillo-facial Surgery	13	6	7	216.7%	0	0	0	0.0%	7	0	7	0.0%	0	0	0	0.0%	1	0	1	0.0%	0	0	0	0.0%	21	6	15	350.0%
219	Paediatric Plastic Surgery	7	11	(4)	63.4%	0	2	(2)	0.0%	9	3	6	286.6%	30	24	6	122.9%	30	27	3	109.5%	36	25	11	144.3%	112	92	19	120.8%
254	Paediatric Audiological Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	240	155	84	154.4%	85	117	(32)	72.8%	45	53	(8)	85.7%	370	325	45	113.9%
257	Paediatric Dermatology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	54	22	32	242.3%	36	12	24	293.3%	36	41	(5)	88.5%	126	75	51	167.2%
304	Clinical Physiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	110	122	(12)	90.2%	26	19	7	137.4%	43	30	13	144.2%	180	171	9	105.0%
310	Audiological Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	126	131	(4)	96.7%	48	45	3	106.8%	237	174	63	136.1%	411	349	62	117.6%
317	Allergy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
330	Dermatology	363	309	54	117.6%	0	0	0	0.0%	1	2	(1)	50.0%	2,376	1,989	387	119.5%	274	59	215	466.2%	595	503	92	118.3%	3,609	2,861	748	126.1%
658	Orthotics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	6	75	(69)	8.0%	183	175	8	104.5%	189	250	(61)	75.7%
840	Audiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	125	209	(84)	59.9%	108	110	(2)	97.8%	270	310	(40)	87.1%	503	629	(126)	79.9%
Total - Surgery & Emergency (NNUH)		**1,787**	**1,858**	**(71)**	**96.2%**	**485**	**649**	**(163)**	**74.8%**	**1,053**	**1,032**	**21**	**102.0%**	**9,000**	**8,562**	**438**	**105.1%**	**6,982**	**7,192**	**(210)**	**97.1%**	**11,769**	**12,104**	**(334)**	**97.2%**	**31,077**	**31,396**	**(319)**	**99.0%**

Clinical Support Services Division		Daycase Estimate	Plan	Var	% Achieved	Elective Estimate	Plan	Var	% Achieved	Non Elective Estimate	Plan	Var	% Achieved	OP - Procedure Estimate	Plan	Var	% Achieved	OP - New (Exc Procedure) Estimate	Plan	Var	% Achieved	OP - Follow Up (Exc Procedure) Estimate	Plan	Var	% Achieved	Total Estimate	Plan	Var	% Achieved
311	Clinical Genetics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
650	Physiotherapy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	24	21	3	115.6%	649	580	69	112.0%	1,400	1,255	145	111.6%	2,074	1,856	218	111.7%
651	Occupational Therapy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	143	32	111	446.8%	173	198	(25)	87.5%	629	536	93	117.4%	946	766	180	123.4%
652	Speech & Language Therapy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	1	0	1	0.0%	19	34	(15)	55.5%	97	101	(4)	95.7%	117	135	(18)	86.7%
654	Dietetics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	222	217	5	102.3%	251	206	45	121.8%	473	423	50	111.8%
656	Clinical Psychology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	8	0	8	0.0%	0	0	0	0.0%	8	0	8	0.0%
711	Child and Adolescent Psychiatry	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	9	6	3	150.0%	6	34	(28)	17.6%	15	40	(25)	37.5%
713	Medical Psychotherapy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
811	Interventional Radiology	7	4	3	175.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	15	29	(14)	51.7%	55	72	(17)	76.4%	77	105	(28)	73.3%
812	Diagnostic Imaging	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
822	Chemical Pathology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
Total - Clinical Support (NNUH)		**7**	**4**	**3**	**175.0%**	**0**	**0**	**0**	**0.0%**	**0**	**0**	**0**	**0.0%**	**169**	**53**	**116**	**318.3%**	**1,087**	**1,064**	**23**	**102.2%**	**2,446**	**2,204**	**242**	**111.0%**	**3,709**	**3,325**	**384**	**111.6%**

Industrial Action Impact – Potential February Half Term (w/c 19/02/2024)

Summary	IA Impact Predicted Worse Case	(Does not include impact on subsequent weeks)
Cancer 62 day	54	
78 weeks	107	
65 weeks	222	

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Our Vision: The best care for every patient

NHS Norfolk and Norwich University Hospitals NHS Foundation Trust

2a. 78 Week Wait Position - 24 January 2024

Specialty		Weekly Averages	01/12/2023	08/12/2023	15/12/2023	22/12/23 (IA)	29/12/23 (Public Holiday)	24/12/20 (Public Holiday)	18/01/20 (IA)	19/01/2024	26/01/2024	02/02/2024	09/02/2024	16/02/2024	23/02/20 24 (Half Term)	01/03/2024	08/03/2024	15/03/2024	22/03/2024	31/03/20 24 (Public Holiday)	Current Run Rate Forecast 735	Bromsgrove	Bury	Medacs	Additional NNUH Theatre Allocation	Forecast No IA 284	IA Impact 107	Forecast with IA 391	Provisional Cost of Independent Sector/NNUH weekends
110 - Trauma and Orthopaedic	Starting Cohort	-	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072									
	Will Breach	-	1,113	1,037	942	888	865	830	756	675	619	584	549	509	473	424	382	346	310	274	274	50	19	32	0	173	36	209	
	Weekly Removals	64	76	76	95	54	23	35	74	81	56	35	35	40	36	49	42	36	36	36		£730k	£tbc	£160k					£890k
	Target	68	2,042	1,925	1,808	1,691	1,573	1,456	1,339	1,222	1,105	988	870	753	636	519	402	285	167	17									
	Difference	-	-929	-888	-866	-803	-708	-626	-583	-547																			
	Future TCIs	275									56	34	32	37	30	46	40												
	Provisional TCIs	14									0	1	3	3	2														
502 - Gynaecology	Starting Cohort	-	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948									
	Will Breach	-	651	623	598	594	586	579	568	549	523	485	461	417	398	362	357	346	335	324	324	50	0	138	35	101	19	120	
	Weekly Removals	15	23	28	25	4	8	7	11	19	26	38	24	44	19	36	5	11	11	11		£45k		£400k					£445k
	Target	53	1,564	1,474	1,384	1,295	1,205	1,115	1,026	936	846	756	667	577	487	397	308	218	128	13									
	Difference	-	-913	-851	-786	-701	-619	-536	-458	-387																			
	Future TCIs	71									18	24	8	17	3	1	0												
	Provisional TCIs	121									8	14	16	27	16	35	5												
330 - Dermatology	Starting Cohort	-	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835									
	Will Breach	-	666	600	544	493	478	449	413	400	352	323	310	265	220	175	130	85	40	0	0	0	0	0	0	0	0	0	
	Weekly Removals	45	97	66	56	51	15	29	36	13	48	29	13	45	45	45	45	45	45	45									
	Target	35	1,989	1,875	1,760	1,646	1,532	1,418	1,304	1,190	1,076	962	848	734	619	505	391	277	163	16									
	Difference	-	-1,323	-1,275	-1,216	-1,153	-1,054	-969	-891	-790																			
	Future TCIs	96									48	29	13	3	2	1	0												
	Provisional TCIs	0									0	0	0	0	0	0													
100 - General Surgery	Starting Cohort	-	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505									
	Will Breach	-	297	270	257	249	243	240	224	209	191	180	164	150	136	122	108	94	80	66	66	Requires 7 additional lists		0	66	0	14	14	
	Weekly Removals	14	31	27	13	8	6	3	16	15	18	11	16	14	14	14	14	14	14	14									
	Target	19	1,239	1,168	1,097	1,026	955	884	813	741	670	599	528	457	386	315	244	173	102	10									
	Difference	-	-942	-898	-840	-777	-712	-644	-589	-532																			
	Future TCIs	52									17	11	16	4	4	0	0												
	Provisional TCIs	2									1	0	0	0	0	0													
130 - Ophthalmology	Starting Cohort	-	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350									
	Will Breach	-	306	279	259	226	223	215	197	178	165	143	123	103	83	63	43	23	3	0	0	0	0	0	0	20	0	20	
	Weekly Removals	17	14	27	20	33	3	8	18	19	13	22	20	20	20	20	20	20	20	20									
	Target	17	1,429	1,347	1,265	1,183	1,101	1,019	937	855	773	691	609	527	445	363	281	199	117	12									
	Difference	-	-1,123	-1,068	-1,006	-957	-878	-804	-740	-677																			
	Future TCIs	49									11	17	9	6	3	3	0												
	Provisional TCIs	12									2	5	1	1	0	2	1												
120 - Ear Nose and Throat	Starting Cohort	-	7,324	7,324	7,324	7,324	7,324	7,324	7,324	7,324	7,324	7,324	7,324	7,324	7,324	7,324	7,324	7,324	7,324	7,324									
	Will Breach	-	306	274	249	215	210	198	179	165	155	139	124	115	106	97	88	79	70	61	61	Requires 7 additional lists			61	0	8	8	
	Weekly Removals	13	35	32	25	34	5	12	19	14	10	16	15	9	9	9	9	9	9	9									
	Target	16	1,649	1,554	1,459	1,365	1,270	1,176	1,081	986	892	797	703	608	513	419	324	230	135	14									
	Difference	-	-1,343	-1,280	-1,210	-1,150	-1,060	-978	-902	-821																			
	Future TCIs	66									10	16	12	8	8	4	8												
	Provisional TCIs	1									0	0	0	0	0	0													
160 - Plastic Surgery	Starting Cohort	-	2,309	2,309	2,309	2,309	2,309	2,309	2,309	2,309	2,309	2,309	2,309	2,309	2,309	2,309	2,309	2,309	2,309	2,309									
	Will Breach	-	221	202	188	177	170	154	143	127	109	96	87	75	65	54	43	32	21	10	10	Requires additional 10 all day lists with available surgeon				10	10	20	
	Weekly Removals	12	24	19	14	11	7	16	11	16	18	13	9	12	10	11	11	11	11	11									
	Target	11	520	490	460	430	400	371	341	311	281	251	222	192	162	132	102	72	43	4									
	Difference	-	-299	-288	-272	-253	-230	-217	-198	-184																			
	Future TCIs	41									17	10	7	6	1	0	0												
	Provisional TCIs	12									1	3	2	6	0	0													

Actions completed

NNUH	All 3 T&O theatres Fully booked with patients >78 weeks or p2 until 31 March.
NNUH	All Gynae planned capacity full with 78 week patients or Cancer - 0 remaining opportunity to swap patients of lessser wait.
NNUH	2 Orthopaedic Theatres full of 78 week patients every Sat/Sun to 31 March.
Spire	3 Orthopaedic Theatres full of 78 week patients Sat or Sun to 31 March
NNUH	2 Gynae Theatres full of Gynae 78 week patients Sat/Sun to 31 March.
BMI Bury	19 patients of suitable acuity agreed to BMI Bury - No remaining patients of suitable acuity >78 weeks.
Bromsgrove	Agreed capacity for 50 78 week patients with overnight stay.
Waiting List	All patient with NO TCI listed on DMAS - No current offers.
Waiting List	All patient with NO TCI contacted on PIDMAS - No current offers.
Waiting List	Review of all patients with TCI < 78 WEEKS - 11 Patient opportunity that could go to IS.

Actions Still available

Waiting List	All patients to be offered 2 reasonable dates at Bromsgrove & categorised as "patient choice" if decline offers. Opportunity 0-239 patients .
DMAS	ESNEFT may have Gynae capacity - awaiting response.
NNUH	Source Theatre staff to add 1 hour and 1 patient to all Ortho lists at additional cost to 31 March.

Predicted Breach Position

Predicted 78 week breaches 100% IS + No IA	284
IA Impact on 78 week breaches	107
Predicted 78 Week breaches - IA in Feb Half Term	391
Patient choice opportunity at Bromsgrove	**209**
Best Case	75

Full uptake of Independent sector + No Industrial Action + maximum patients removed through "Choice"

Worst Case	842

0% uptake of IS + 5 days Industrial action Mon - Fri + 0 application of patient choice

2b. 65 Week Wait Position - 24 January 2024

Specialty	Metric	Weekly Averages	01/12/2023	08/12/2023	15/12/2023	22/12/2023	29/12/2023	05/01/2024	12/01/2024	19/01/2024	26/01/2024	02/02/2024	09/02/2024	16/02/2024	23/02/2024	01/03/2024	08/03/2024	15/03/2024	22/03/2024	31/03/2024	Current Run Rate Forecast (2,585)	Bromsgrove	Bury	Medacs	Additional NNUH Theatre Allocation	Forecast No IA (2,134)	IA Impact (222)	Forecast with IA (2,356)
110 - Trauma and Orthopaedic	Starting Cohort	-	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387								
	Will Breach	-	2,300	2,185	2,059	1,977	1,941	1,889	1,784	1,650	1,555	1,460	1,365	1,270	1,228	1,133	1,038	943	848	753	753	50	19	32	0	652	42	694
	Weekly Removals	95	117	115	126	82	36	52	105	134	95	95	95	95	42	95	95	95	95	95								
	Target	165	2,511	2,367	2,223	2,079	1,935	1,791	1,647	1,503	1,359	1,215	1,070	926	782	638	494	350	206	21								
	Difference	-	-211	-182	-164	-102	6	98	137	147												-209						
	Future TCIs	402									83	59	54	57	40	58	51											
	Provisional TCIs	14									0	1	3	3	2	3	2											
502 - Gynaecology	Starting Cohort	-	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045								
	Will Breach	-	1,092	1,050	1,022	1,016	1,001	986	958	927	894	848	821	774	755	718	694	670	646	622	622	50	0	138	35	399	19	418
	Weekly Removals	24	32	42	28	6	15	15	28	31	33	46	27	47	19	37	24	24	24	24								
	Target	93	1,885	1,777	1,669	1,560	1,452	1,344	1,236	1,128	1,020	912	803	695	587	479	371	263	154	15								
	Difference	-	-793	-727	-647	-544	-451	-358	-278	-201																		
	Future TCIs	92									25	31	11	20	3	1	1											
	Provisional TCIs	123									8	15	16	27	16	36	5											
100 - General Surgery	Starting Cohort	-	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482								
	Will Breach	-	755	711	681	657	648	633	583	551	519	487	455	423	414	382	350	318	286	254	254	0	0	0	66	188	9	197
	Weekly Removals	32	52	44	30	24	9	15	50	32	32	32	32	32	9	32	32	32	32	32								
	Target	55	1,467	1,383	1,298	1,214	1,130	1,046	962	878	793	709	625	541	457	373	289	204	120	12								
	Difference	-	-712	-672	-617	-557	-482	-413	-379	-327																		
	Future TCIs	92									29	19	21	7	9	4	3											
	Provisional TCIs	6									1	0	1	0	0	3	1											
120 - Ear Nose and Throat	Starting Cohort	-	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641								
	Will Breach	-	661	608	566	519	510	482	443	419	399	376	357	337	317	297	277	257	237	217	217	0	0	0	61	156	20	176
	Weekly Removals	36	47	53	42	47	9	28	39	24	20	23	19	20	20	20	20	20	20	20								
	Target	42	2,044	1,927	1,810	1,692	1,575	1,458	1,341	1,223	1,106	989	871	754	637	519	402	285	168	17								
	Difference	-	-1,383	-1,319	-1,244	-1,173	-1,065	-976	-898	-804																		
	Future TCIs	100									20	23	19	13	10	5	10											
	Provisional TCIs	1									0	0	0	0	0	0	1											
330 - Dermatology	Starting Cohort	-	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153								
	Will Breach	-	1,445	1,274	1,139	1,030	994	947	869	823	724	625	526	427	387	347	307	267	227	187	187					187	40	227
	Weekly Removals	99	172	171	135	109	36	47	78	46	99	99	99	99	40	40	40	40	40	40								
	Target	82	2,181	2,056	1,931	1,806	1,681	1,556	1,430	1,305	1,180	1,055	930	805	679	554	429	304	179	18								
	Difference	-	-736	-782	-792	-776	-687	-609	-561	-482																		
	Future TCIs	172									83	51	22	7	8	1	0											
	Provisional TCIs	0									0	0	0	0	0	0	0											
160 - Plastic Surgery	Starting Cohort	-	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358								
	Will Breach	-	499	468	443	430	420	402	377	356	330	306	283	260	241	218	195	172	149	126	126					126	19	145
	Weekly Removals	23	43	31	25	13	10	18	25	21	26	24	23	23	19	23	23	23	23	23								
	Target	36	631	595	558	522	486	450	414	377	341	305	269	233	197	160	124	88	52	5								
	Difference	-	-132	-127	-115	-92	-66	-48	-37	-21																		
	Future TCIs	101									25	20	19	15	18	2	2											
	Provisional TCIs	15									1	4	3	6	1	0	0											

65 Weeks – Specialty Level Forecast

Our Vision — The best care for every patient

NHS — Norfolk and Norwich University Hospitals — NHS Foundation Trust

2b. 65 Week Wait Position - 24 January 2024

Specialty	Metric	Weekly Averages	01/12/2023	08/12/2023	15/12/2023	22/12/2023	29/12/2023	05/01/2024	12/01/2024	19/01/2024	26/01/2024	02/02/2024	09/02/2024	16/02/2024	23/02/2024	01/03/2024	08/03/2024	15/03/2024	22/03/2024	31/03/2024	Current Run Rate Forecast 2,585	Bromsgrove	Bury	Medacs	Additional NNUH Theatre Allocation	Forecast No IA 2,134	IA Impact 222	Forecast with IA 2,356
101 - Urology	Starting Cohort	-	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771								
	Will Breach	-	374	362	342	327	324	306	293	270	255	240	225	210	195	180	165	150	135	120	120					120	15	135
	Weekly Removals	15	19	12	20	15	3	18	13	23	15	15	15	15	15	15	15	15	15	15								
	Target	58	1,009	951	893	835	777	719	662	604	546	488	430	372	314	256	198	141	83	8								
	Difference	-	-635	-589	-551	-508	-453	-413	-369	-334																		
	Future TCIs	23									7	12	2	2	0	0	0											
	Provisional TCIs	6									3	1	0	0	0	2	0											
108 - Spinal Surgery	Starting Cohort	-	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799								
	Will Breach	-	362	343	314	294	287	283	277	256	241	224	209	187	183	168	153	138	123	108	108					108	4	112
	Weekly Removals	15	14	19	29	20	7	4	6	21	15	17	15	22	4	15	15	15	15	15								
	Target	26	481	454	426	398	371	343	316	288	260	233	205	178	150	122	95	67	39	4								
	Difference	-	-119	-111	-112	-104	-84	-60	-39	-32																		
	Future TCIs	66									10	16	6	22	4	7	1											
	Provisional TCIs	4									1	1	1	0	0	0	1											
130 - Ophthalmology	Starting Cohort	-	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249								
	Will Breach	-	623	583	551	475	465	453	428	400	369	338	307	276	245	214	183	152	121	90	90					90	31	121
	Weekly Removals	31	27	40	32	76	10	12	25	28	31	31	31	31	31	31	31	31	31	31								
	Target	40	1,672	1,576	1,480	1,384	1,288	1,192	1,096	1,000	904	809	713	617	521	425	329	233	137	14								
	Difference	-	-1,049	-993	-929	-909	-823	-739	-668	-600																		
	Future TCIs	77									16	25	15	13	3	5	0											
	Provisional TCIs	17									3	5	1	5	0	2	1											
215 - Paediatric Ear Nose and Throat	Starting Cohort	-	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165								
	Will Breach	-	145	140	128	119	118	111	104	104	97	90	83	76	69	62	55	48	41	34	34					34	7	41
	Weekly Removals	7	19	5	12	9	1	7	7	0	7	7	7	7	7	7	7	7	7	7								
	Target	10	312	294	276	258	240	222	204	187	169	151	133	115	97	79	61	43	26	3								
	Difference	-	-167	-154	-148	-139	-122	-111	-100	-83																		
	Future TCIs	26									4	5	6	3	2	2	4											
	Provisional TCIs	1									0	1	0	0	0	0	0											
214 - Paediatric Trauma and Orthopaedic	Starting Cohort	-	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623								
	Will Breach	-	80	78	74	71	70	67	65	59	56	53	49	46	43	40	37	34	31	28	28					28	3	31
	Weekly Removals	3	3	2	4	3	1	3	2	6	3	3	4	3	3	3	3	3	3	3								
	Target	6	167	157	148	138	128	119	109	100	90	81	71	61	52	42	33	23	14	1								
	Difference	-	-87	-79	-74	-67	-58	-52	-44	-41																		
	Future TCIs	19									3	3	3	3	2	1	3											
	Provisional TCIs	1									0	0	0	0	0	0	0											
219 - Paediatric Plastic Surgery	Starting Cohort	-	251	251	251	251	251	251	251	251	251	251	251	251	251	251	251	251	251	251								
	Will Breach	-	56	53	52	46	45	46	46	45	40	36	32	31	29	28	27	26	25	24	24					24	2	26
	Weekly Removals	1	0	3	1	6	1	-1	0	1	5	4	1	2	1	1	1	1	1	1								
	Target	5	67	63	59	56	52	48	44	40	36	32	29	25	21	17	13	9	6	1								
	Difference	-	-11	-10	-7	-10	-7	-2	2	5																		
	Future TCIs	15									5	3	3	1	2	1	0											
	Provisional TCIs	3									0	1	1	0	0	0	1											
171 - Paediatric Surgery	Starting Cohort	-	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082								
	Will Breach	-	155	151	138	134	133	129	118	112	98	90	76	68	57	47	40	34	28	22	22					22	11	33
	Weekly Removals	6	9	4	13	4	1	4	11	6	14	8	14	8	11	10	7	6	6	6								
	Target	11	289	273	256	240	223	206	190	173	157	140	123	107	90	74	57	40	24	2								
	Difference	-	-134	-122	-118	-106	-90	-77	-72	-61																		
	Future TCIs	36									9	4	9	3	4	5	2											
	Provisional TCIs	36									5	4	5	5	7	5	5											

62 Day Cancer Backlog – Forecast

62 Day Trajectory	6 Week Average		03/12/2023	10/12/2023	17/12/2023	24/12/2023	31/12/2023	07/01/2024	14/01/2024	21/01/2024	28/01/2024	04/02/2024	11/02/2024	18/02/2024	25/02/2024	03/03/2024	10/03/2024	17/03/2024	24/03/2024	31/03/2024	Forecast Position No IA	Impact of IA (Worse Case)	Forecast Backlog Position (Worse Case)
Total		Target Backlog	225	225	225	225	225	225	225	225	225	225	225	225	225	225	225	225	225	225	**225**		**225**
		Actual Backlog	448	399	333	311	330	308	329	277	253	228	223	218	213	208	203	198	193	189	**189**	54	**243**
	71	Actual Rollovers	61	58	63	62	82	59	90	48	74	74	74	74	74	74	74	74	74	74			
		Actual Removals	125	100	123	82	64	82	71	91	97	97	97	97	97	97	97	97	97	97			
		Actual Backlog Difference	-59	-49	-66	-22	19	-22	21	-25													
Urology		Target Backlog	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79			
		Actual Backlog	64	68	67	61	59	54	68	70	73	76	79	82	85	88	91	94	97	100	**100**	10	**110**
	10	Actual Rollovers	11	10	12	10	10	5	23	12	13	13	13	13	13	13	13	13	13	13			
		Actual Removals	14	6	13	16	12	10	9	10	10	10	10	10	10	10	10	10	10	10			
		Variance								-2	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3			
		Actual Backlog Difference	-3	4	-1	-6	-2	-5	14														
Skin		Target Backlog	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17			
		Actual Backlog	166	130	98	84	81	59	47	39	20	1	-18	-37	-56	-75	-94	-113	-132	-151	**0**	0	**0**
	45	Actual Rollovers	32	20	22	21	27	14	17	8	26	26	26	26	26	26	26	26	26	26			
		Actual Removals	68	56	54	35	30	36	29	16	45	45	45	45	45	45	45	45	45	45			
		Variance								8	19	19	19	19	19	19	19	19	19	19			
		Actual Backlog Difference	-36	-36	-32	-14	-3	-22	-12														
Lower GI		Target Backlog	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36			
		Actual Backlog	72	63	58	51	55	51	55	50	47	44	41	38	35	32	29	26	23	20	**20**	12	**32**
	12	Actual Rollovers	7	6	11	9	11	8	13	5	9	9	9	9	9	9	9	9	9	9			
		Actual Removals	10	15	16	16	7	12	9	10	12	12	12	12	12	12	12	12	12	12			
		Variance								5	3	3	3	3	3	3	3	3	3	3			
		Actual Backlog Difference	-3	-9	-5	-7	4	-4	4														
Gynaecology		Target Backlog	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41			
		Actual Backlog	61	62	48	47	59	63	64	43	39	35	31	27	23	19	15	11	7	3	**3**	15	**18**
	15	Actual Rollovers	7	10	10	9	20	17	10	12	11	11	11	11	11	11	11	11	11	11			
		Actual Removals	16	9	24	10	8	13	9	33	15	15	15	15	15	15	15	15	15	15			
		Variance								21	4	4	4	4	4	4	4	4	4	4			
		Actual Backlog Difference	-9	1	-14	-1	12	4	1														
Head and Neck		Target Backlog	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21			
		Actual Backlog	13	15	11	17	18	17	25	23	24	25	26	27	28	29	30	31	32	33	**33**	3	**36**
	3	Actual Rollovers	1	3	1	6	4	5	11	1	4	4	4	4	4	4	4	4	4	4			
		Actual Removals	7	1	5	0	3	6	3	3	3	3	3	3	3	3	3	3	3	3			
		Variance								2	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1			
		Actual Backlog Difference	-6	2	-4	6	1	-1	8														
Breast		Target Backlog	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4			
		Actual Backlog	18	18	12	10	7	6	10	9	8	7	6	5	4	3	2	1	0	0	**0**	4	**4**
	4	Actual Rollovers	0	5	2	2	0	1	4	1	3	3	3	3	3	3	3	3	3	3			
		Actual Removals	4	5	8	4	1	2	0	2	4	4	4	4	4	4	4	4	4	4			
		Variance								1	1	1	1	1	1	1	1	1	1	1			
		Actual Backlog Difference	1	0	-6	-2	-3	-1	4														

62 Day Cancer Backlog – Forecast

62 Day Trajectory	6 Week Average		03/12/2023	10/12/2023	17/12/2023	24/12/2023	31/12/2023	07/01/2024	14/01/2024	21/01/2024	28/01/2024	04/02/2024	11/02/2024	18/02/2024	25/02/2024	03/03/2024	10/03/2024	17/03/2024	24/03/2024	31/03/2024	Forecast Position No IA	Impact of IA (Worse Case)	Forecast Backlog Position (Worse Case)
Upper GI		Target Backlog	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
		Actual Backlog	8	7	9	7	8	11	14	13	14	15	16	17	18	19	20	21	22	23	23	2	25
	1	Actual Rollovers	1	0	2	0	2	4	6	1	3	3	3	3	3	3	3	3	3	3			
		Actual Removals	2	2	0	0	1	1	5	2	2	2	2	2	2	2	2	2	2	2			
		Variance								1	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1			
		Actual Backlog Difference	-2	-3	2	-1	1	3	4														
Lung		Target Backlog	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6			
		Actual Backlog	10	8	8	8	8	10	9	7	7	7	7	7	7	7	7	7	7	7	7	1	8
	1	Actual Rollovers	0	0	1	1	1	2	1	2	1	1	1	1	1	1	1	1	1	1			
		Actual Removals	0	0	1	1	1	0	2	1	1	1	1	1	1	1	1	1	1	1			
		Variance								0	0	0	0	0	0	0	0	0	0	0			
		Actual Backlog Difference	-1	-2	0	0	0	2	-1														
Sarcoma		Target Backlog	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
		Actual Backlog	17	13	11	15	19	22	21	14	12	10	8	6	4	2	0	-2	-4	-6	-6	4	-2
	3	Actual Rollovers	1	2	0	5	4	5	4	3	2	2	2	2	2	2	2	2	2	2			
		Actual Removals	3	6	2	1	2	2	5	10	4	4	4	4	4	4	4	4	4	4			
		Variance								0	2	2	2	2	2	2	2	2	2	2			
		Actual Backlog Difference	-2	-4	-2	4	4	3	-1														
Haematology		Target Backlog	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
		Actual Backlog	5	4	5	5	7	7	7	6	6	6	6	6	6	6	6	6	6	6	6	1	7
	1	Actual Rollovers	1	0	2	0	2	0	2	1	1	1	1	1	1	1	1	1	1	1			
		Actual Removals	1	0	1	0	0	0	2	1	1	1	1	1	1	1	1	1	1	1			
		Variance								0	0	0	0	0	0	0	0	0	0	0			
		Actual Backlog Difference	0	-1	1	0	2	0	0														
Paediatric		Target Backlog	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
		Actual Backlog	1	1	2	2	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	1	3
	1	Actual Rollovers	0	1	1	0	2	0	0	1	1	1	1	1	1	1	1	1	1	1			
		Actual Removals	0	0	0	0	0	0	0	2	1	1	1	1	1	1	1	1	1	1			
		Variance								1	0	0	0	0	0	0	0	0	0	0			
		Actual Backlog Difference			1	0	2	0	0														
Brain		Target Backlog	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
		Actual Backlog	2	3	2	2	3	3	4	1	1	1	1	1	1	1	1	1	1	1	1	1	2
	1	Actual Rollovers	1	1	0	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1			
		Actual Removals	0	1	0	0	0	0	0	3	1	1	1	1	1	1	1	1	1	1			
		Variance								2	0	0	0	0	0	0	0	0	0	0			
		Actual Backlog Difference	1	1	-1	0	1	0	1														

REPORT TO TRUST BOARD

Date	**7 February 2024**
Title	**Month 9 IPR – Finance**
Author & Exec Lead	**Roy Clarke (Chief Finance Officer)**
Purpose	**For Information**
Relevant Strategic Commitment	**1 Together, we will develop services so that everyone has the best experience of care and treatment** **5 Together, we will use public money to maximum effect.**

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

1   **Background/Context**

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

2   **Key issues, risks and actions**

For December 2023, the Trust delivered a £1.4m deficit, which on a control total basis is £0.1m favourable to plan.

The £0.9m under delivery of CIP and divisional pay overspends totalling £1.1m are offset by additional interest income, reduced PDC charge and other non-recurrent savings totalling £2.1 (including Financial recovery mitigations of £0.4m). £0.9m of costs relating to Industrial Action are mitigated by a £0.9m prior year adjustment to the PFI accoutring treatment.

Year to date, position is a £4.3m deficit on a control total basis, nil variance to plan. Recurrent performance is £19.9m adverse of which year to date CIP under delivery is £8.5m, divisional expenditure is £10.4m adverse and a £1.0m VAT charge for energy costs due to HMRC enquiry into PFI contracting arrangement.

The year to date position is supported by £19.9m of non recurrent mitigations being use of Non recurrent reserves of £12.3m, £3.4m of interest income, reduced PDC charge of £1.0m, overperformance against API of £1.4m, a £0.9m prior year adjustment to the PFI accoutring treatment and non-recurrent underspends of £1.8m from the Financial Recovery Plan, offset by £0.9m of Industrial action costs from December. Industrial Action costs of £7.8m over Apr-Oct are offset by £7.8m Additional Funding provided through the 'H2 Reset'.

Forecast Outturn (FOT): In January, the Board provided delegated authority to the Executive to move the Trust's FOT to a £2.6m deficit if required. The forecast outturn remains breakeven at Month 9 reporting but additional mitigation of £4.2m PDC reduction through the PFI transition to IFRS16 is included.

ERF Income: In line with National Guidance issued on 8th December further easing of the elective targets has been applied. At Month 8 a 4% adjustment was made to ERF values which results in a £3.8m decrease in the value-based income target. Year to date performance is £1.4m favourable against the revised ERF target.

Cash: Cash held at 31st December 2023 was £96.4m, £14.8m higher than the FY23/24 submitted forecast as result of the phasing to the capital programme and SoFP movements. Cash balances are forecast to remain favourable in 2023/24.

Capital Expenditure: In month the core programme was underspent by £0.1m. The current forecast outturn of £17.1m results in an adverse variance of £1.6m. There is a high risk of a system CDEL overspend following the IFRS16 policy announcement during month 8, estimated at c. £4.1m.

PFI Contract: In December, as required, the Trust has undertaken a technical adjustment to reflect the adoption of IFRS16 on PFI. The adverse impact of this accounting adjustment is adjusted on a control total basis. The outcome is a significant reduction in net assets, and therefore it is expected that the Trust's Public Dividend Capital (PDC) dividend will reduce to nil.

3   Conclusions/Outcome/Next steps

Year to date, the Trust has delivered a £4.3m deficit against the planned £4.3m deficit, a nil adverse. Forecast Outturn remains Breakeven. The Trust underspent Capital Expenditure by £0.3m for the month. The latest Capital Forecast is an overspend of £1.3m.

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

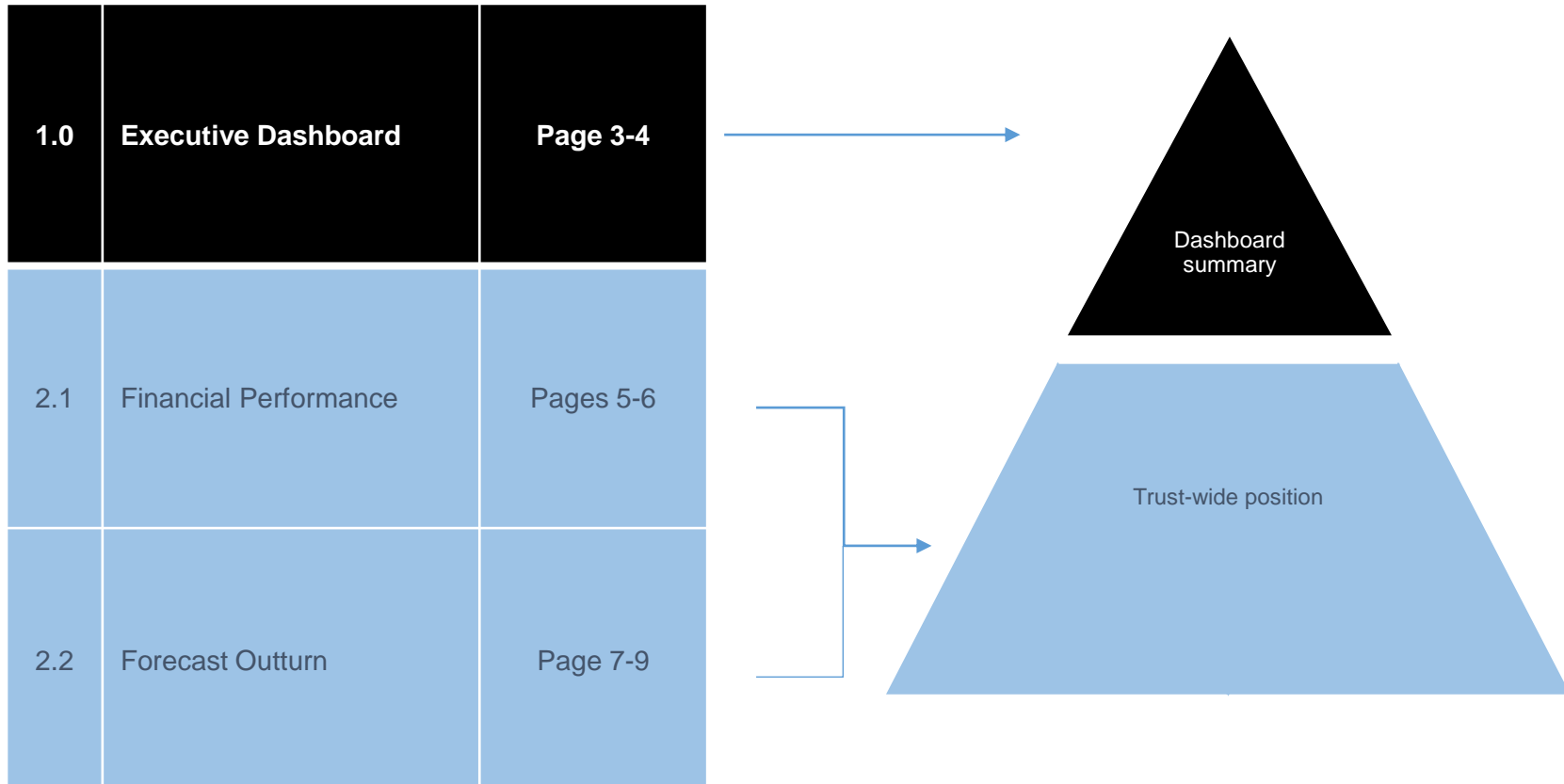Our Values **P**eople focused **R**espect **I**ntegrity **D**edication **E**xcellence

Finance Report December 2023

7 February 2024

Roy Clarke, Chief Finance Officer

Our Values **P**eople focused **R**espect **I**ntegrity **D**edication **E**xcellence

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NHS Foundation Trust

Contents

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

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

1.0	**Executive Dashboard**	**Page 3-4**
2.1	Financial Performance	Pages 5-6
2.2	Forecast Outturn	Page 7-9

Dashboard summary

Trust-wide position

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1.1 Executive Dashboard

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

For December 2023, the Trust delivered a £1.4m deficit, which on a control total basis is £0.1m favourable to plan.

The £0.9m under delivery of CIP and divisional pay overspends totalling £1.1m are offset by additional interest income, reduced PDC charge and other non-recurrent savings totalling £2.1 (including Financial recovery mitigations of £0.4m). £0.9m of costs relating to Industrial Action are mitigated by a £0.9m prior year adjustment to the PFI accoutring treatment.

Year to date, position is a £4.3m deficit on a control total basis, nil variance to plan. Recurrent performance is £19.9m adverse of which year to date CIP under delivery is £8.5m, divisional expenditure is £10.4m adverse and a £1.0m VAT charge for energy costs due to HMRC enquiry into PFI contracting arrangement.

The year to date position is supported by £19.9m of non recurrent mitigations being use of non recurrent reserves of £12.3m, £3.4m of interest income, reduced PDC charge of £1.0m, overperformance against API of £1.4m, a £0.9m prior year adjustment to the PFI accounting treatment and non-recurrent underspends of £1.8m from the Financial Recovery Plan, offset by £0.9m of Industrial action costs from December. Industrial Action costs of £7.8m over Apr-Oct are offset by £7.8m Additional Funding provided through the 'H2 Reset'.

Forecast Outturn (FOT): In January, the Board provided delegated authority to the Executive to move the Trust's FOT to a £2.6m deficit if required. The forecast outturn remains breakeven at Month 9 reporting but additional mitigation of £4.2m PDC reduction through the PFI transition to IFRS16 is included.

Cash: Cash held at 31st December 2023 was £96.4m, £14.8m higher than the FY23/24 submitted forecast as result of the phasing to the capital programme and SoFP movements. Cash balances are forecast to remain favourable in 2023/24.

Capital Expenditure: In month the core programme was underspent by £0.1m. The current forecast outturn of £17.1m results is an adverse variance of £1.6m. **There is a high risk of a system CDEL overspend following the IFRS16 policy announcement during month 8, this is estimated at c. £4.1m.**

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

The adverse impact of this accounting adjustment is adjusted on a control total basis. The outcome is a significant reduction in net assets, and therefore it is expected that the Trust's Public Dividend Capital (PDC) dividend will reduce to nil.

ERF Income: In line with National Guidance issued on 8th December further easing of the elective targets has been applied. At Month 8 a 4% adjustment was made to ERF values which results in a £3.8m decrease in the value-based income target. Year to date performance is £1.4m favourable against the revised ERF target.

	In Month			Year to date		
	Actual	Plan	Variance	Actual	Plan	Variance
SOCI						
	£m	£m	£m	£m	£m	£m
Clinical Income	62.6	62.2	0.4	573.1	563.8	9.3
Other Income	10.6	8.3	2.3	82.7	75.2	7.5
TOTAL INCOME	73.1	70.5	2.7	655.7	639.0	16.8
Pay	(45.1)	(43.3)	(1.8)	(390.6)	(387.1)	(3.5)
Non Pay	(21.8)	(19.4)	(2.4)	(187.3)	(172.1)	(15.2)
Drugs (Net Expenditure)	(2.9)	(2.6)	(0.4)	(28.8)	(24.1)	(4.7)
TOTAL EXPENDITURE	(69.8)	(65.2)	(4.6)	(606.7)	(583.3)	(23.4)
Non Opex	(4.7)	(6.8)	2.1	(53.3)	(59.9)	6.6
Control Total Surplus / (Deficit)	(1.4)	(1.5)	0.1	(4.3)	(4.3)	0.0
Statutory Surplus / (Deficit)	(20.0)	0.1	(20.1)	(23.7)	(3.9)	(19.8)

Other Financial Metrics						
	£m	£m	£m	£m	£m	£m
Cash at Bank (before support funding)	103.3	71.4	31.9	103.3	71.4	31.9
Capital Programme Expenditure	3.2	4.8	(1.6)	22.7	31.0	(8.3)
CIP Delivery	(3.6)	2.1	(5.7)	9.5	17.9	(8.5)

Activity Metrics*						
	%	%	%	%	%	%
Day Case*	100%		0%	97%		(3%)
Elective Inpatient*	72%		(28%)	85%		(15%)
Outpatients - New & Procedures*	108%		8%	102%		2%
Activity performance v baseline*	105%		5%	100%		0%
Value based Activity performance v baseline**	99%		(1%)	104%		4%

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

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1.2 Executive Dashboard

Risk

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

As part of FY23/24 annual planning there were 13 key strategic and operational risks identified with an initial score of ≥ 9. The Finance Directorate continues to formally review the Financial Risk Register on a monthly basis, reviewing the risks and adding new risks which have been identified across the finance portfolio.

There are nine risks rated as 'Extreme' on the risk register which have a potential risk assessed financial impact of £46.6m, of which £22.5m has crystalised Year to Date. A further £12.9m is forecast to crystallise.

The Year to Date crystalised risks are:

CIP Under Delivery (Risk B) is £8.45m adverse year to date - £9.49m delivered against the budgeted plan of £17.94m, comprising of a planning variance of £8.27m and an adverse performance variance of £0.18m, which equates to an underperformance of c. 47%. The risk adjusted forecast outturn CIP delivery is currently £16.3m against a target of £28.0m presenting a significant risk to achievement.

Failure to control expenditure in line with plan (Risk C) has a crystalised impact of £11.1m year to date, comprising £3.1m of spend to cover year to date Industrial Action and overspends in Divisional Pay (£3.5m) and Drugs (£3.6m). Industrial Support funding of £7.8m has been received mitigating the risk associated with Industrial action for Apr-Oct. The risk remains extreme due to the future notified Industrial Action in Jan.

The Trust creating additional capacity at additional cost beyond the level allowed for in the plan (Risk G) has a crystalised impact of £3.1m year to date. This is as a result of having to bring forward the use of the Independent Sector to deliver activity lost due to Industrial Action. Industrial Support funding of £7.8m has been received mitigating the risk associated with Industrial action.

Financial Recovery Plan (FRP): Performance against the agreed mitigations in Month 9 was £0.4m against a planned £0.7m. The main driver of the variance was failure to implement mitigations.

Risk Rating		Risks	Financial Impact FY23/24 (Cycle 4) £m	Financial Impact FY23/24 (Revised) £m	YTD Crystallised Impact £m
Extreme	15+	B, C, D, E, F,G , J, K, M	45.4	46.6	22.5
High	9-14	A, H, I, L	15.3	15.3	0.0
Moderate	5-8	-		0.0	0.0
Low	1-4	-		0.0	0.0
Total			60.7	61.9	22.5
Risk mitigated through Non Recurrent YTD underspends & Release of Expenditure Reserves					(22.5)
Total			60.7	61.9	0.0

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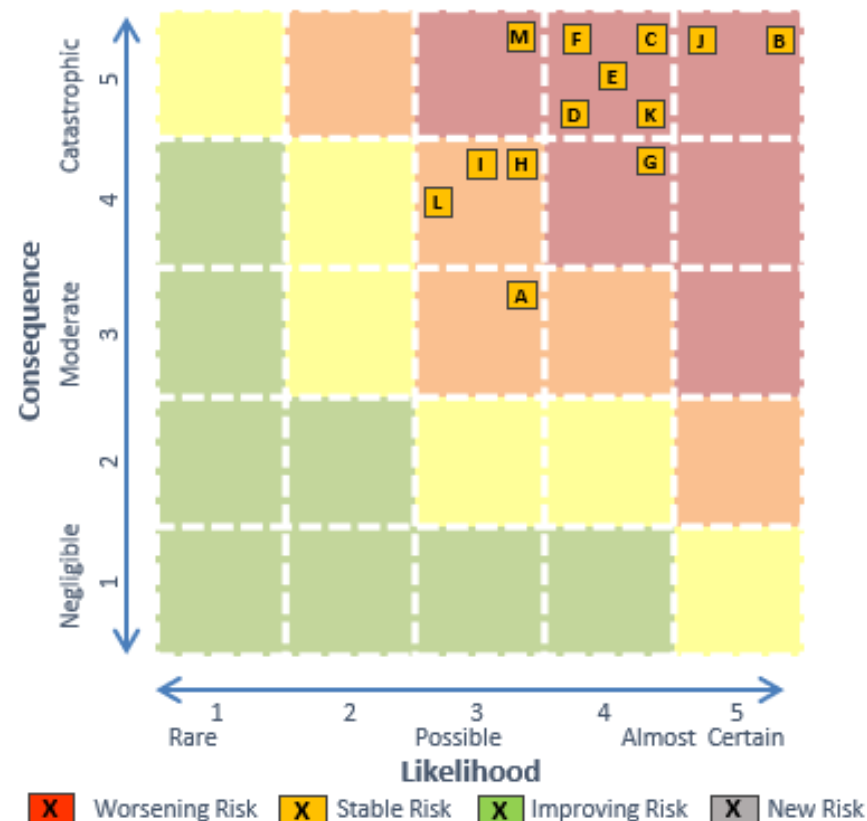
2.1 Financial Performance – December 2023

For December 2023, the Trust delivered a £1.4m deficit, which on a control total basis is £0.1m favourable to plan.

Income: Income variance for December is £2.7m favourable. This is a result of additional clinical income of £0.5m due to overperformance on the API contract (£0.3m) and pass through expenditure on High-cost Devices (£0.2m). The remaining variance is due to pass through expenditure on R&D (£0.8m), Cancer Alliance (£0.5m), and International Recruitment (£0.4m) with the remaining variance being across consultant recharges, private patient activity and DCSS external activity.

Pay: Pay is adverse to plan for December by £1.8m. This is due to overspend in medical staffing of £1.0m, Nursing of £0.4m and unidentified CIP of £0.5m offset by underspends in Corporate and delayed investments totalling £0.1m. Surgery is overspent by £1.0m, including £0.5m of undelivered CIP, and Medicine is overspent by £0.7m. Pay control in clinical divisions requires additional focus as the pay recovery processes implemented in the last quarter of 22/23 have not been sustained. This is particularly in relation to Medical pay across all divisions. December agency spend was 2.67%, a decrease from 3.4% in November and 1% lower than the NHSE threshold of 3.7%. Registered Nursing has the highest rate; 4.58% in December down from 5.71% in November.

Net Drugs Cost: The net drugs position for December is £0.4m adverse to plan. The majority of this is due to overspends in Gastroenterology, Ophthalmology and Rheumatology.
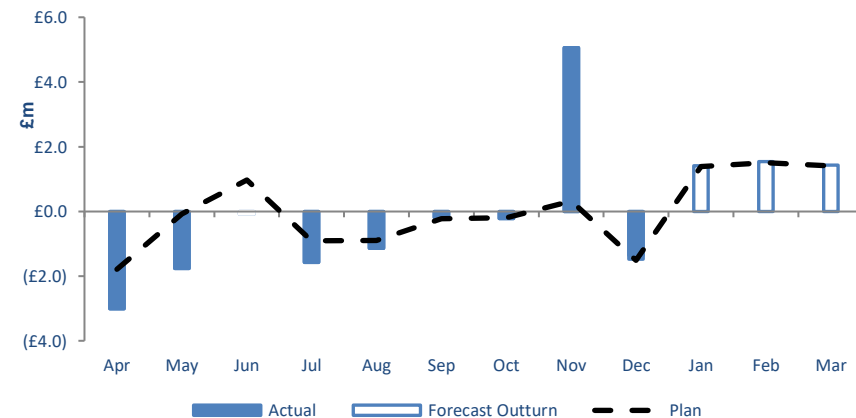
Non-Pay: Non-Pay is £2.5m adverse to plan in December. This is due to £0.4m overspends in theatres, £0.6m for Cancer Alliance, £0.2m for overseas recruitment (see above), £0.2m because of unidentified CIP, and £1.1m of expenditure offset by income being R&D, EPA, and devices (see above).

Non-Operating Expenditure: There is a £2.1m favourable variance in December. This is due to a £0.9m prior year adjustment to the PFI accounting treatment and £1.2m relating to additional interest income received and a forecast reduction in PDC charge, both because of higher cash balances.

Financial Recovery Plan (FRP): Performance in Month 9 is in line with the Recovery Plan. Underperformance against the individual Financial Recovery plans of £0.4m and deterioration of the underlying expenditure in Medicine (£0.2m) & Surgery (£0.5m) is offset by over performance of the mitigations inherent to the underlying plan.
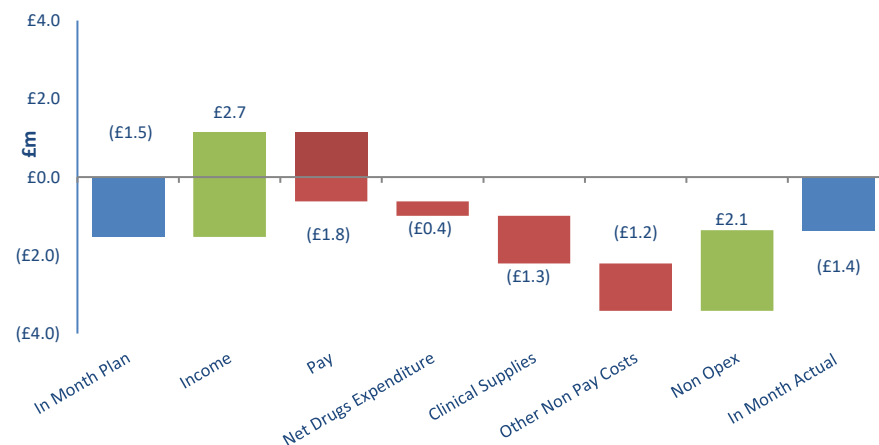
Monthly Reported Surplus/(Deficit)

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2.2 Financial Performance – Year to date

Year to date, position is a £4.3m deficit on a control total basis, nil variance to plan. Recurrent performance is £19.9m adverse of which year to date CIP under delivery is £8.5m, divisional expenditure is £10.4m adverse and a £1.0m VAT charge for energy costs due to HMRC enquiry into PFI contracting arrangement.

Income: Income is reporting a favourable variance of £16.8m year to date. This is due to £7.8m for industrial action support agreed as part of the H2 reset, £1.4m year to date over performance against API, increased pass-through income for R&D & E&T of £3.3m and high-cost devices £1.4m, £0.7m of funding for International Recruitment, £0.4m for Overseas Patients with the balance relating to increased Consultant recharges to other acute hospitals, increased Workplace Health and Wellbeing Activity and other pass through activity.

Pay: Pay is overspent by £3.5m year to date. This is due to additional pay for industrial action of £2.6m, and £5.0m of unidentified CIP, of which £3.6m is in Surgery, offset by underspends across Corporate, Nursing and A&C, and delayed investments totalling £4.1m. Pay control in clinical divisions requires additional focus with the overspend in pay evident despite investment in the 2023/24 approved budgets. Pay is overspending in medical staffing in all divisions, and in nursing in Medicine and Clinical Support Services. Year to date agency spend is 3.4%, 0.3% lower than the set threshold of 3.7%. Registered Nursing is the largest user of agency spend, being 6.5% of total nursing spend.

Net Drugs Cost: Year to date net drugs position is £4.7m adverse. This is due to increased expenditure on drugs included within block agreements of £4.5m and unachieved CIP of £0.2m. Average price increases are estimated to be c.6% resulting in a c. £0.6m pressure.

Non-Pay: Year to date non pay is £15.2m adverse to plan. This is due to £3.1m additional expenditure on the independent sector to sustain activity levels, R&D expenditure offset by income, of £2.7m, £5.4m overspends in clinical supplies (including pass through devices of £1.4m) and a £1.0m VAT provision for energy costs due to HMRC enquiry into PFI contracting arrangement, with the remainder of the variance, £3.0m, being unidentified CIP, of which £1.6m is Surgery.

Non-Operating Expenditure: Year to date non-operating expenditure is showing a £6.6m favourable variance due to a £0.9m prior year adjustment to the PFI accounting treatment and £5.7m relating to additional interest income received and a forecast reduction in PDC charge, both because of higher cash balances.
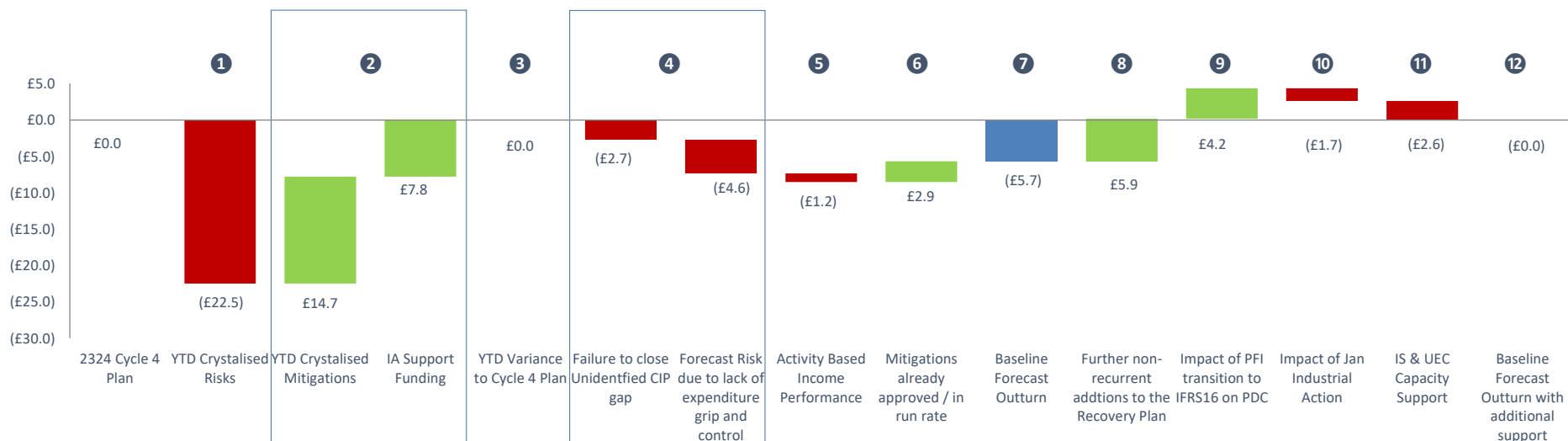
Our Values **P**eople focused **R**espect **I**ntegrity **D**edication **E**xcellence

6/9   69/72
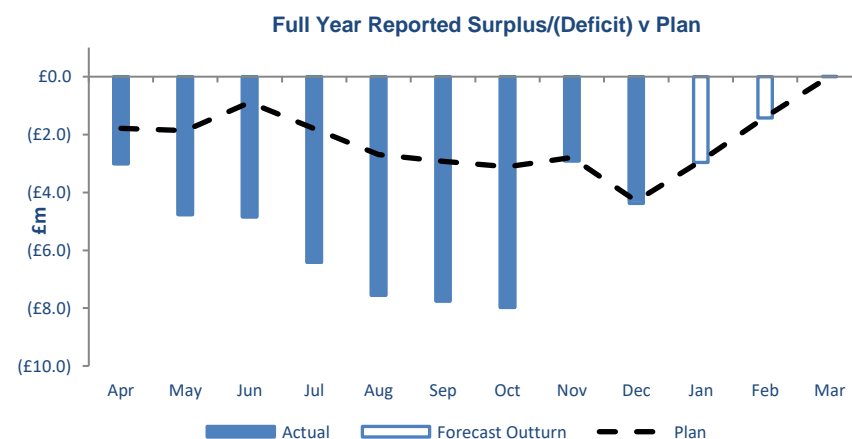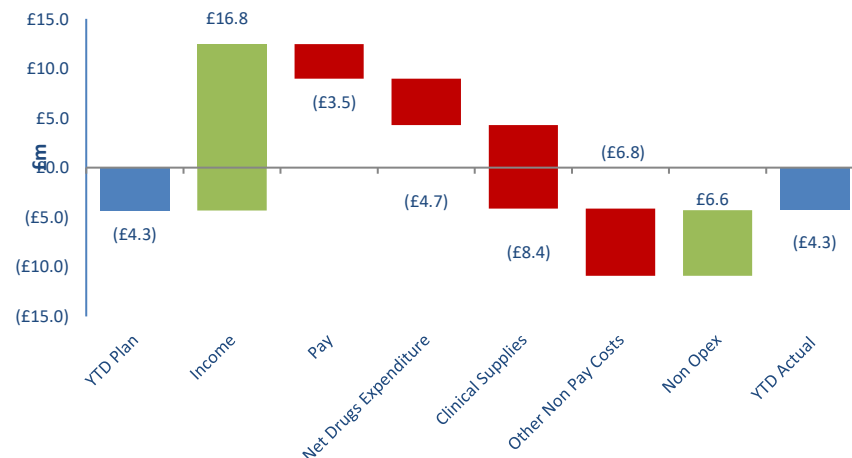
2.4 23/24 Forecast Outturn v Cycle 4 (Lens 1)

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Year-to-date, £22.5m of risks and £22.5m of mitigations have crystalised, resulting in a nil variance to plan at month 9. For the remainder of the year, further risk crystallisation is forecast at £12.9m, requiring a further £12.9m of mitigations to achieve the breakeven plan. Further mitigations of £12.9m have been identified, primarily being use of reserves and other non-recurrent funds, resulting in a breakeven FOT at Month 9. The Month 9 FOT is dependent on delivery of the H2 'reset' plan and the reduction of PDC charges as a result on the PFI transition to IFRS16.

❶ Year to date crystalised risk of £22.5m, £6.3m relating to Industrial Action, of which £0.9m relates to December. CIP Under-delivery is £8.5m.

❷ Year to date crystalised mitigations of £22.5m, of which £7.8m relates to the Industrial Action Support Funding agreed as part of the H2 reset.

❸ Year to date performance nil variance o plan.

❹ Further run rate risk of £7.3m forecast to crystallise through remainder of the year based on current run rates.

❺ Future variable activity under performance against the plan of £1.2m due to non-delivery of stepped increase in the agreed activity plan.

❻ Non recurrent Risk Mitigation inherent to plan of £2.9m

❼ Baseline Forecast Outturn of £5.7m deficit, £5.7m adverse to the breakeven plan.

❽ Additional mitigations of £5.9m to deliver breakeven plan relating to the release of non-recurrent funds.

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

❿ Direct expenditure and loss of income due to January Industrial Action of £1.7m

⓫ As a result of the additional funding provided through the H2 reset an additional £3.6m is to be directed to increased capacity to support UEC and elective delivery over M8-12, offset by £1.0m of additional winter funding

⓬ Baseline Forecast Outturn including National 'reset' of breakeven

	£m
2324 Cycle 4 Plan	£0.0
❶ YTD Crystalised Risks	(£22.5)
❷ YTD Crystalised Mitigations	£14.7
IA Support Funding	£7.8
❸ YTD Variance to Cycle 4 Plan	£0.0
❹ Failure to close Unidentfied CIP gap	(£2.7)
Forecast Risk due to lack of expenditure grip and control	(£4.6)
❺ Activity Based Income Performance	(£1.2)
❻ Mitigations already approved / in run rate	£2.9
❼ Baseline Forecast Outturn	(£5.7)
❽ Further non-recurrent addtions to the Recovery Plan	£5.9
❾ Impact of PFI transition to IFRS16 on PDC	£4.2
❿ Impact of Jan Industrial Action	(£1.7)
⓫ IS & UEC Capacity Support	(£2.6)
⓬ Baseline Forecast Outturn with additional support	(£0.0)

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2.3 23/24 Forecast Outturn v Cycle 5 (Lens 2)

Forecast outturn remains breakeven at Month 9, no change to the Cycle 5 (H2 Reset) plan. Additional risks totalling £4.6m are forecast to crystalise, of which £2.6m relates to industrial action in Dec & Jan, these are offset by additional mitigations totalling £4.6m of which £4.2m is as a result of the forecast reduced PDC charge following the transition of the PFI contract to IFRS16

❶Total impact of Dec & Jan industrial action £2.6m of which £1.5m relates to direct pay costs and £1.1m as a result of lost activity. £0.9m has crystalised in Year to Date position.
❷Underlying performance deteriorated by £0.3m, £2.9m additional expenditure offset by £2.6m of overperformance against API contract. Year to date £0.5m favourable due to timing of Independent Sector Activity.
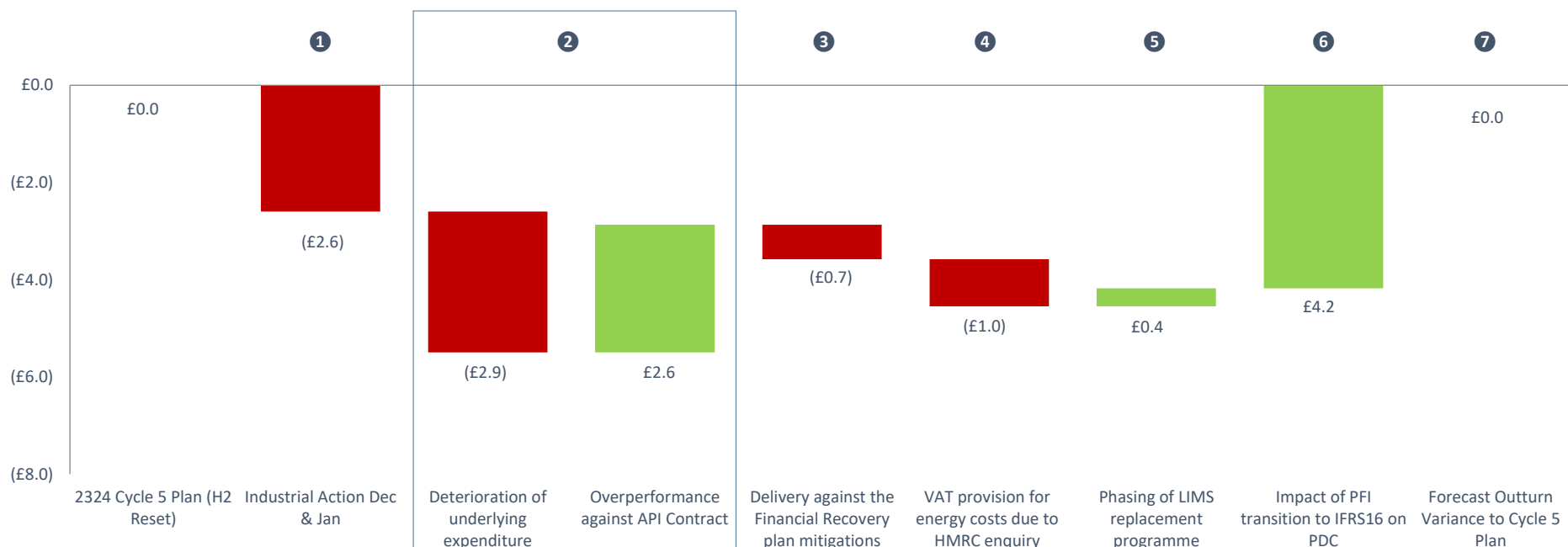❸Adverse performance against the mitigations agreed as part of the Financial Recovery Plan of £0.7. The £0.7m has fully crystalised YTD.

❹£1.0m VAT provision for energy costs due to HMRC enquiry into PFI contracting arrangement.
❺Phasing of expenditure relating to LIMS replacement programme has created a favourable variance of £0.4m
❻Impact of the PFI transition to IFRS16 on the PDC charge resulting favourable variance of £4.2m.
❼Forecast Outturn of breakeven, no change to Cycle 5 (H2 Reset) plan.

Waterfall chart (£ millions):
- 2324 Cycle 5 Plan (H2 Reset): £0.0
- ❶ Industrial Action Dec & Jan: (£2.6)
- ❷ Deterioration of underlying expenditure: (£2.9)
- ❷ Overperformance against API Contract: £2.6
- ❸ Delivery against the Financial Recovery plan mitigations: (£0.7)
- ❹ VAT provision for energy costs due to HMRC enquiry: (£1.0)
- ❺ Phasing of LIMS replacement programme: £0.4
- ❻ Impact of PFI transition to IFRS16 on PDC: £4.2
- ❼ Forecast Outturn Variance to Cycle 5 Plan: £0.0

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# 2.5 23/24 Forecast Outturn (FOT) by variance from Plan

Forecast Outturn: Baseline Forecast Outturn post National 'reset' is breakeven with a downside forecast outturn of a £2.0m deficit and a worst case forecast outturn of a £10.1m deficit.
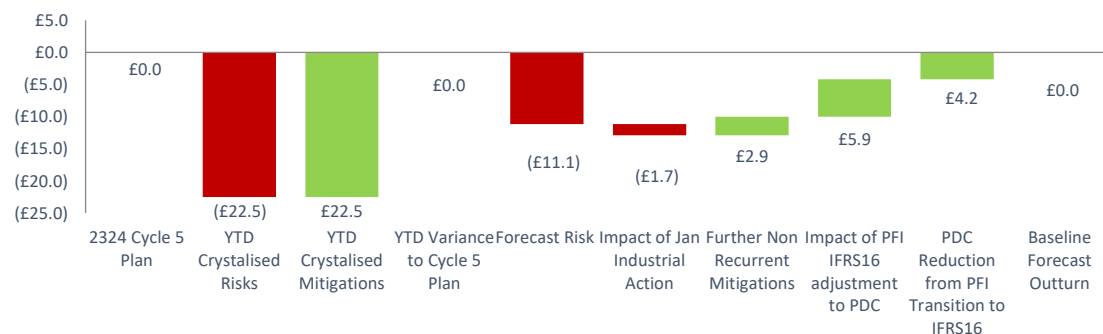
Forecast Outturn Post National 'Reset': Year-to-date, £22.5m of risks and £22.5m of mitigations have crystalised, resulting in a nil variance to plan at month 9. Future forecast risk is £11.1 plus £1.7m relating to January Industrial action offset by £2.9m of approved mitigations in the underlying run rate, a further £5.9m non recurrent mitigations, and £4.2m reduction in PDC charges due to transition of PFI contract to IFRS16.
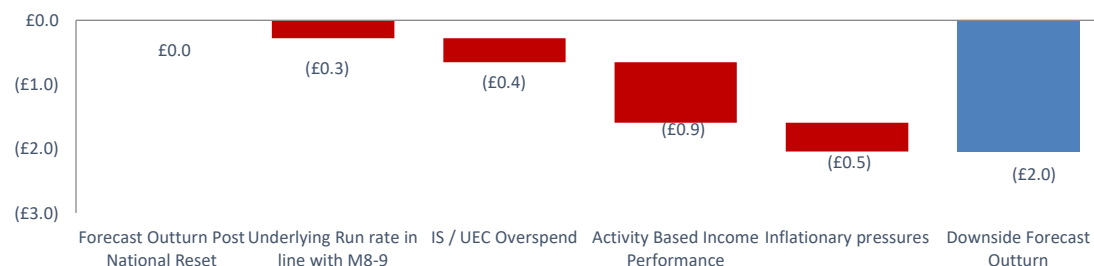
Downside Forecast Outturn is a deficit of £2.0m. This decrease is due to a worsening of the underlying run rate of £0.3m, additional expenditure in IS / UEC capacity spend of £0.4m, and a £0.9m increase in the assumed under-delivery of activity. Additional inflationary pressures of £0.5m is also included. No further CIP risk is expected against the Baseline Forecast.
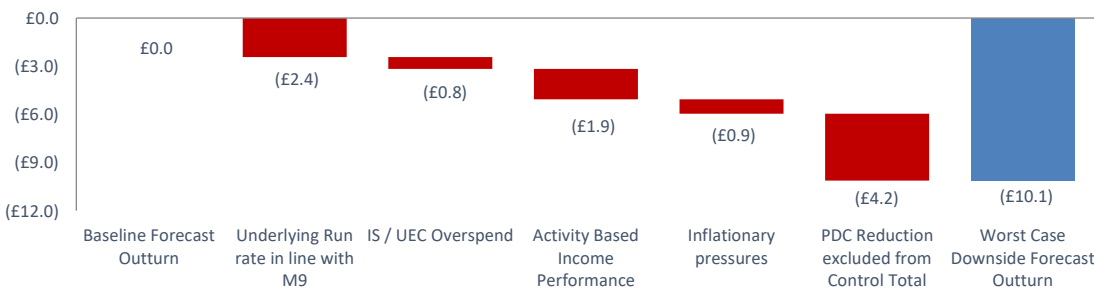
Worst Case Downside Forecast Outturn is a deficit of £10.1m. This decrease is due to a worsening of the underlying run rate of £2.4m, additional expenditure in IS /UEC capacity of £0.8m and a £1.9m increase in the assumed under-delivery of activity. Additional inflationary pressures of £0.9m and removal of the £4.2m PDC reduction from Control Total calculations. No further CIP risk is expected against the Baseline Forecast.

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