

## **MEETING OF THE TRUST BOARD IN PUBLIC**

**WEDNESDAY 5 FEBRUARY 2020**

A meeting of the Trust Board in public will take place at 9.30am on Wednesday 5 February 2020 in the Boardroom of the Norfolk and Norwich University Hospital

The meeting will be preceded by clinical and departmental visits from 8.30am

### **AGENDA**

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#### **Date and Time of next Board meeting in public**

The next Board meeting in public will be at 9.30am on Wednesday 1 April 2020 in the Boardroom of the Norfolk and Norwich University Hospital

<b>REPORT TO THE TRUST BOARD OF DIRECTORS</b>	
<b>Date</b>	<b>5 February 2020</b>
<b>Title</b>	<b>Experience of Care – Patient/Family Story</b>
<b>Author &amp; Exec lead</b>	<b>Professor Nancy Fontaine, Chief Nurse</b>
<b>Purpose</b>	<b>For Information/Discussion and reflection</b>
<p><b>1. <u>Background/Context</u></b></p> <p>1.1 A patient story is where a patient or family member describes their experience of healthcare in their own words. The idea is to gain an understanding of what it is like for them and or their family / carers; what was positive; what was sub-optimal and what would have made the experience more positive.</p> <p>1.2 Listening to patient 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.</p> <p>1.3 <b>Today's story</b> is about the experience of a young patient with autism and learning disabilities – Jack – who is 11 years old and non-verbal – as told by his mum, Kelly.</p> <p>1.4 In attendance are also key members of the LD Team and the community LD CAMHS team (Starfish +) who will also share their reflections.</p> <p><b>2. <u>Key issues, risks and actions</u></b></p> <p>2.1 Key learning:</p> <ul style="list-style-type: none"> <li>• Planning with the family, involving Jack and his mum/family who knows him best is vital to improving health outcomes.</li> <li>• Taking a long time to prepare for a non-urgent appointment is time well spent</li> <li>• Key, consistent person to support the family and coordinate the process is crucial</li> <li>• Previous experiences of less good care can impact on patient and family trust and willingness/ability to engage with confidence – these need to be acknowledged and addressed</li> <li>• LD specialist nurse support role for CYP needs to be promoted widely to ensure all CYP with LD/Autism are receiving equitable care</li> </ul> <p><b>3. <u>Conclusions/Outcome/Next steps</u></b></p> <p>3.1 This experience illustrates that careful, person-centred planning involving patients and families enables even basic care to be provided and has lasting impact on vulnerable patients' ability to access healthcare services – Jack now has the confidence to come to the hospital with significantly reduced anxiety/fear.</p>	
<p><b>Recommendation:</b></p> <p>The Board is recommended to:</p> <ul style="list-style-type: none"> <li>• understand the impact of a complex autism/LD diagnosis on the patient and family experience of care;</li> <li>• understand that careful, person-centred planning involving patients and families enables even basic care to be provided and has lasting impact on vulnerable patients' ability to access healthcare services.</li> </ul>	

## Experience of Care – Patient/Family Story – Board Meeting

### Brief outline of the “story”

Jack needed to come in for a simple non-urgent blood test.

Jack is 11 and has Autism and a learning disability – he uses non-verbal communication techniques and has had previous less good experiences of care (elsewhere). This therefore heightened his fear and anxiety when attending hospital, and produced the risk that he would present with behaviour that would limit his ability to access the service he needs.

Jack’s parents were also anxious and worried about how he might cope attending hospital.

Jack’s needs are very specific to him so a person-centred response was essential.

The blood test would likely cause some pain, and Jack was very fearful of the hospital. The family knew from experience that he could not manage a long wait for the appointment to start and being in an unfamiliar environment would be a challenge for him.

Jack was referred from the community paediatrician for the first of regular blood tests due to being on a specific type of medication which needed monitoring regularly. As the relationship would be ongoing it was imperative to get it right first time.

### What did we do?

Fiona Springall – Children and Young People’s Learning Disability Specialist Nurse – This role had been place in the trust only a couple of weeks prior to the referral for Jack coming through, it was the first referral for long-term desensitisation work Fiona had received.

Melanie Bruce – Clinical Psychologist and Lead for Starfish + - Melanie referred Jack to Fiona back in January 2019. She gave an extensive amount of background information and supported with the visits and community support (the development of photo boards etc.).

Initially, Fiona visited Jack and Kelly at home – to meet them and to get to know Jack and his background, especially his needs in relation to communication and adjustments that might need to be made to support him accessing the service. Melanie was also present to support both Mum and provide further information regarding Jack’s needs.

Following this visit, the team used:

- Hospital Passport Care Plan
- Familiarisation visits to the hospital – spanning from February 2019 – June 2019, usually weekly. These visits were led by Jack and family, and worked at a pace which suited him. Equipment and routines related to the blood test were slowly incorporated into each visit to desensitise Jack to them.
- Photos to show/remind Jack of the environment on his iPad
- Further visits – finding the play area and identifying key ‘safe’ spaces for Jack
- Using a storyboard
- Familiar sensory toy (yellow butterfly) – Jack enjoyed using this on his very first visit, so it became a constant for him to look forward to seeing. It would be placed in the clinic room every visit ready for his arrival.
- Extensive planning and thought about what happens afterwards

### On the day?

It went really well – the routine which had been implemented during the desensitisation visits was

followed, so it felt natural to Jack to follow this. Due to this, Jack led much of the visit of his own accord (going into the clinic room, sitting on the bed, holding out his arm etc.).

Only key people whom Jack was familiar with were in the clinic room during the blood test. The nurse taking the bloods was fully aware of the plan and had met Jack on previous visits.

There was no pressure on Jack to have the full blood test – so if he had initiated that he did not want it done that day it would not have been forced upon him.

There was also a strong focus was on post-blood test. They wanted to make sure Jack was ok and the visits didn't end on a negative experience – so they utilised the playground area, took snacks, said goodbye etc. in a positive way. Jack was allowed time alone with Kelly/Melanie so he was not overwhelmed immediately after the blood test.

The same approach has been used since to help Jack make it to an eye test and an outpatient clinic appointment. Fiona was able to use the existing plans and transfer them to the different departments in advance. She also sent photographs of the departments to Kelly to ensure Jack was fully prepared before coming to the hospital. Simple yet effective.

#### **What didn't go so well/could be better?**

Not all staff have the expertise that Fiona and team have – so more training would help with an emphasis placed on understanding that generic approaches are useful but not helpful enough for someone like Jack. Specific needs need specific planning.

Jenny Lind main waiting area – this is a 'no go' area for the family as it's too difficult an environment for Jack. It feels like chaos for him. Often the TV is on, with no noise but subtitles, and there are often toys everywhere – this is very overloading for his sensory needs. The waiting and then the sub-waiting areas are also an issue – this can be very confusing.

#### **What "point" it is trying to convey**

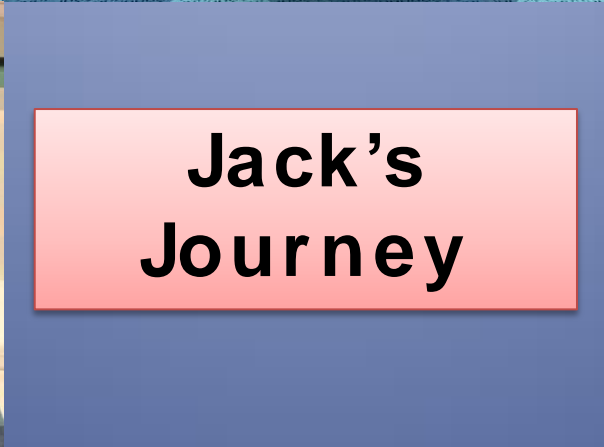
The main point for the family is that the time spent planning and preparing for Jack's blood test was worthwhile – even though it might not seem like a 'lot' was 'done' it was all so important - 'we were never made to feel we were wasting people's time'.

#### **Next Steps**

- Since Jack's success story Fiona has continued to provide bespoke desensitisation work for various procedures (including blood tests, EEGs, ECGs and surgical admissions).
- At present, Fiona has 11 ongoing desensitisation cases, 5 of these patients are receiving support to have a blood test. Each case is built upon individual, person-centred based planning, so vary drastically in how they are undertaken.
- The Children and Young People's LD team are working hard to ensure as many patients and families as possible, and trust staff, are aware that the service is present in the trust. This is to ensure no patients and families are left without support or missed. The team have, and continue to, liaise with external community providers (including schools, day services, local conferences and local family support groups), to share what support can be offered and to ensure the service is accessible to all.
- Rolling out Learning disability and Autism awareness training is a key focus for the LD team this year. They are hoping to deliver mandatory training for all trust staff as per the NHS Improvement Standards. This will ultimately improve staff knowledge and confidence to consider how even the smallest adjustments can make the biggest impact to our patients. The training will incorporate good news stories and case studies to emphasise the importance of such adjustments.
- The feedback regarding the Jenny Lind waiting area has been taken into account, and Fiona is



working closely with her paediatric colleagues and learning disability link practitioners based in outpatients, to identify what adjustments can be made to the environment to make it a more inclusive environment for all.	
<b>Who will be “speaking”</b>	
<b>Family member</b>	Kelly Hewitt – Patient’s Mother
<b>Key Staff</b>	Fiona Springall, Children and Young People’s Learning Disability Specialist Nurse Melanie Bruce – Clinical Psychologist and Lead for Starfish
<b>Time allocation for each element</b>	
<b>Family member</b>	10 mins
<b>Staff</b>	5 mins
<b>Questions</b>	10 mins
<b>Any Other Pertinent Information</b>	



# Jack's Journey

## **MINUTES OF TRUST BOARD MEETING IN PUBLIC**

**HELD ON 29 NOVEMBER 2019**

<b>Present:</b>	Mr D White	- Chairman
	Mr C Cobb	- Chief Operating Officer
	Prof E Denton	- Medical Director
	Mr J Foster	- Non-Executive Director
	Mr J Hennessey	- Chief Finance Officer
	Mr S Higginson	- Chief Executive
	Mr T How	- Non-Executive Director
	Mr M Jeffries	- Non-Executive Director
	Mr P Jones	- Chief People Officer
	Dr G O'Sullivan	- Non-Executive Director
<b>In attendance:</b>	Ms F Devine	- Director of Communications
	Mr J P Garside	- Board Secretary
	Mr S Hackwell	- Director of Strategy
	Mr A Lundrigan	- Chief Information Officer
	Ms V Rant	- Assistant to Board Secretary
	Ms D Whittaker	- Deputy Director of Nursing
	Members of the public and press	

### 19/057 **APOLOGIES AND DECLARATIONS OF INTEREST**

Apologies were received from Professor Fontaine and Professor Richardson. No conflicts of Interest were declared in relation to matters for consideration by the Board.

Mr White welcomed Mr Higginson to his first meeting of the Board in public. Mr White also welcomed Mr Roy Clarke who was attending the meeting as an observer, in advance of joining the Board as CFO in the Spring.

Mr White also welcomed Dr April Brown and Ms Suzie Loader to the meeting, as part of assisting the Trust in preparing for the forthcoming CQC inspection.

Mr White thanked Mr Jeffries as this was to be his last public Board meeting after long service with the Trust as a Non-Executive Director.

### 19/058 **PATIENT/FAMILY REFLECTIONS**

Ms Jo Cooper was welcomed to the Board to outline her experience as a patient of the Trust's pain management services.

Ms Cooper informed the Board that she had started to experience pain and numbness in her right arm in 2015. A GP referral was made to see consultants and over the next two years, Ms Cooper underwent various tests including nerve conduction tests, scans, lumbar puncture and MRIs. Following referral to the Pain Management clinic in 2017, Ms Cooper was diagnosed with Chronic Regional Pain Syndrome and referred to the SCS (spinal cord stimulator) pathway. In 2018, Ms Cooper's implant stimulator was fitted.



Once on the pain management pathway, Ms Cooper had been able to see a clinical psychologist and attend workshops to hear and learn from the experiences of other people. The pathway had also ensured that Ms Cooper was informed about the anticipated timeline for when she would receive her treatment. Ms Cooper indicated that the implant had been life changing and there had been a reduction in her pain levels by about 80/90%.

Ms Dyer (Lead Nurse/Matron) indicated that the pain management pathway requires a lengthy assessment process. Success is achieved when a patient feels able to manage their pain and there is often not a quick fix to resolving a patient's pain symptoms. There are now more people suffering with long term pain than diabetes or asthma.

Professor Denton indicated that the Pain Management Team are currently located off the main site. The team form a significant part of a multidisciplinary process and there is a need to consider where to accommodate the service in the future. Mr Foster asked if the service needs to be relocated to the main site or community setting. Professor Denton explained that either option may be suitable but there needs to be a permanent location for the service.

Dr O'Sullivan asked how beneficial Ms Cooper had found the techniques offered by the Trust to manage her pain. Ms Cooper explained that pacing techniques had made a significant impact and support with self-care and management had been beneficial.

Mr Higginson reflected on the time that it had taken Ms Cooper to receive management of her pain and considered if the NHS could have taken any different action earlier in the referral pathway. Ms Cooper explained that the early stages of referral were with her GP service and the causes of her pain had not been simple to determine. Mr Higginson indicated that there may be an opportunity to work with GPs more closely. Mr White highlighted that Ms Cooper's experience of the referral pathway could indicate a need to look at the interface of services between acute and primary care services.

Mr White asked about the potential for the pain management team to improve working with external organisations. The team indicated that there is opportunity to look at improving delivery of long term pain management facilities in the community. There is also a need to look at ways to improve earlier referral of patients who are living with long term pain to potentially avoid patients undergoing painful treatments/tests.

Mr White thanked Ms Cooper for the reflection on her experience and highlighting the importance of involving patients at every stage of the pathway and decision making process.

## 19/059 **REFLECTIONS ON THE VISITS**

### (i) Edgefield Ward

Mr White, Mr Cobb, Mr Lundrigan and Ms Brown (NHSI) visited Edgefield Ward. Mr Cobb indicated that the ward was well prepared and information boards were up to date. The team indicated that there is a lack of space to take breaks and a review of current space utilisation is underway. The ward staff are also working with Serco to ensure cleanliness of showers is maintained. The ward is required to accommodate medical 'boarder' patients and indicated that there is scope to improve timely review of these patients. Mr Cobb indicated that this issue will be reviewed at the 'MADE event' (Multi-Agency Discharge Event) which have been established to look at ways to optimise flow through the hospital.

Mr Lundrigan reported that there was a strong team ethos. There was some frustration expressed with IT systems - Electronic Discharge Letters are currently completed using a number of clinical applications and paper based records and this is something that could be helped by introduction of new IT systems.

Ms Brown informed the Board that she had spoken with a Registrar and Physician Associate during the visit and they had indicated that they have been given an opportunity to complete all parts of their training and had felt supported during their education.

Mr White explained that he had spoken with several patients and was pleased to hear that the wards were using iPads to aid translation between staff and non-English speaking patients.

(ii) Hospital Restaurant

Mr Foster, Mr Jones and Mr Garside visited the hospital restaurant. The hospital restaurant operates daily from 7am to 1am, 365 days a year. The restaurant has received a five star food safety accreditation. There is a need to create additional seating space for staff, patients and visitors, as existing facilities have not grown in line with the growth in the organisation's workforce and activity. Refurbishment of the atrium is planned to take place next year but this will require provision of a marquee for six weeks whilst the work is undertaken.

Mr Jones reported that separate preparation rooms are available to prepare food for people with allergies and work is underway to ensure processes will be compliant with new legislation that will be coming into place next year. There is good evidence of staff training and management processes.

(iii) Dilham Ward

Dr O'Sullivan, Ms Whittaker and Mr Higginson visited Dilham Ward. Dr O'Sullivan indicated that the ward was busy but well organised. The ward has 36 beds and treatment rooms, which were being used as escalation area. Staff have developed an information chart detailing issues of patient experience, safety and staffing. The ward has achieved a 100% Friends and Family Test score, received a low level of complaints and many compliments of its services. The Perfect Ward audit has highlighted some areas for improvement. Mandatory training rates on the ward are at a good level. The team highlighted some issues around a lack of storage space and there is a backlog of works awaiting completion by Serco.

Ms Whittaker indicated that additional storage space is needed in order to accommodate increasing requirements for controlled drugs on the ward. The team were proud to have won the Patient Choice Team award this year. A medical student indicated that they had felt well supported and had a positive experience of their training. There are challenges arising from escalation as staff are required to move to different areas/specialities around the organisation, but this is necessary in order to maintain safety of patients at times of peak pressure. The teams have been exploring how they can support each other to help improve mental health and wellbeing of colleagues.

(iv) PET/CT

Mr How reported that he had visited the new PET/CT scanning facility with Mr Hackwell and Mr Jeffries. This is an excellent new facility. Mr Jeffries reported that the clinical governance standards seem to be high. There are arrangements for cross-cover for staff sickness. Mr Hackwell indicated that the facility has been very well received by the staff and the next step in enhancing and improving our Nuclear

Medicine Department will be with implementation of the managed service agreement for equipment replacement.

19/060 **MINUTES OF PREVIOUS MEETING HELD ON FRIDAY 27 SEPTEMBER 2019**

The minutes of the meeting held on Friday 27 September 2019 were agreed as a true record and signed by the Chairman.

19/061 **MATTERS ARISING**

The Board reviewed the Action Points arising from its meeting held on 27 September 2019 as follows:

19/053(c) following the advice of the People and Culture Committee, the Unconscious Bias Training implemented across the Trust is scheduled for part of the Board development programme. Action closed.

19/062 **CHIEF EXECUTIVE REPORT**

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

Mr Higginson informed the Board that he has been made to feel very welcome by staff across the organisation and it has been pleasing to see staff who are committed to delivering patient care.

Staff across the organisation are under significant pressure and it is recognised that they are working hard to maintain services. The number of patients attending the Emergency Department has been high and escalation areas are being used regularly to accommodate high numbers of patients. Multi-agency events are being held in order to bring together staff from across the organisation and community partners to generate capacity to accommodate patients. A review has been undertaken in clinical areas to look at reutilising space to accommodate up to 20 beds. The GP streaming service will be up and running shortly and it is hoped that this will help to relieve pressure on the Emergency Department.

Mr Higginson reported that we are continuing to engage with stakeholders at STP meetings. Mr David Prior (Chair of NHS England) recently visited the Trust and visited wards across the hospital.

National funding has been made available and we will be working in collaboration with the QEHKL and JPUH on ways to improve quality across the region. £800k funding will also be targeted towards winter planning and supporting additional services in the community.

Mr Foster reflected that positive impacts have been made by those hospitals who are collaborating with primary and social care partners and asked about proposals for NNUH to collaborate with its partners. Mr Higginson indicated that some Trusts across the country have stronger engagement with their external partners. The CCGs in Norfolk are due to merge to become a single entity and there are proposals to develop primary care networks in this region. This will be an opportune time to strengthen and grow engagement with these partner organisations.

Professor Denton informed the Board that Dr Linda Hunter had been appointed as Associate Medical Director with responsibility for liaison with Primary Care. This appointment will be fundamental to the future development of our relationship with primary care services. Mr Cobb informed the Board that the Trust had been commended for its partnership working at the regional winter planning event.



(a) Integrated Performance Report Overview

Mr White commented that it was helpful having the IPR divided into sections to correspond with the reports from the assurance committees. A review of corporate and organisation-wide governance is underway. It is planned to revise the reporting structure for the Quality Programme Board to strengthen reporting and oversight through the Board assurance structure.

(b) Quality Programme Board (12.11.19)

Mr Higginson reminded the Board that the Quality Programme Board had been set up to oversee our response to CQC recommendations and this role had been extended to incorporate oversight of recommendations from other external reviews. The QPB is overseeing progress to address 158 recommendations (103 'must do' and 56 'should do') with 41% rated black (completed/archived), 16% blue (completed/evidenced), 20% green (on track to deliver), 7% amber (risk to delivery) and 17% red (not on track to deliver).

Professor Denton indicated that the process of review and scrutiny of progress is robust and areas rated red indicate actions that have gone beyond target for completion due to issues requiring more time or focus to resolve.

Mr White indicated that he has found the approach taken by the QPB to be robust and impressive and organisational learning is being increasingly integrated into day to day processes.

(c) Quality and Safety Committee (16.10.19 and 27.11.19)

Dr O'Sullivan reported that the Quality & Safety Committee had met on two occasions since the last Board meeting. Committee members have undertaken visits to the Emergency Department and Day Procedure Unit in escalation.

The Emergency Department was under considerable pressure at the time of the visit and there had been ambulances waiting to off-load patients. The flow of patients into the hospital is impacted by delays in discharge of patients and escalation areas are being used increasingly to accommodate emergency patients requiring admission. The increased pressure caused by high admissions of emergency patients is also impacting on the elective waiting list and there has been an increase in the number of cancellations of elective procedures.

There is evidence that the quality of patient care is being maintained at times of peak pressure, with over 90% of patients reporting that they are satisfied with the care that they have received whilst in hospital.

The Committee also reviewed processes for managing complaints and over 90% of complaints were responded to within the agreed timescale. Another indication of high quality and safe care is demonstrated by our HSMR mortality rate which has now reduced to 85.5.

We are performing well against infection, prevention and control indicators but we need to continue to work closely with Serco and Octagon to ensure the standards are maintained in all areas of the organisation.

There has been an increase in the number of patient falls. Whilst the analysis indicates no evidence that this is related to staff issues it may be an indication of the higher number of elderly patients being admitted to hospital. A root cause analysis

review is undertaken for falls and pressure ulcers to identify any themes and actions for improvement.

The Committee considered the biggest clinical risks facing the Trust and identified these as being capacity and demand, IT infrastructure, equipment and workforce.

The Patient Engagement and Experience Strategy was also reviewed by the Committee and it will be recommended to the Board for approval at its meeting in December.

(d) IPR – Quality Safety and Patient Experience

Professor Denton reported that our HSMR is now below the expected range and is anticipated to show further improvement when the latest national figures are published. A mortality alert has been issued from the 2018 National Hip Fracture Database and a cohort review is underway. A review of SHMI data has indicated that the discrepancy between HSMR and SHMI may be due to a palliative care coding issue. Readmission data is being reviewed to look at premature/inappropriate discharges to determine if any improvements are required to our pathways.

Mr Higginson indicated that funds from Winter funding allocation, will be directed towards enhancing standards for mental health patients. Ms Whittaker indicated that a multi-disciplinary/multi-organisational review is undertaken for all 12 hour breaches in order to determine the causes and actions to be taken for improvement.

Mr White indicated that the governance review will be exploring how reporting from Board Assurance Committees to the Trust Board can be improved and exploring options for further report templates to be introduced.

(e) Finance, Investments and Performance Committee (18.11.19)

Mr How reported that the Committee met on 18 November 2019 to review financial performance. It is recognised that significant emergency demand pressure is impacting on our ability to generate elective income and a project has been initiated to repurpose non-clinical areas to create an additional 28 bed spaces.

The Committee reviewed the financial position at month 7 and options for achieving the financial plan for 2019/20. A significant number of staff have been recruited over the last year but there has not been a corresponding decrease in the number of temporary staff and premium pay costs have remained disappointingly high. The Executives are reviewing Bank usage and other payroll work to determine what can be achieved in the remaining months but the premium pay costs need to be brought under control.

Mr White expressed concern that a reduction in premium pay costs had not been achieved following recruitment of additional staff. Mr Jones explained that initiatives are being introduced and it is anticipated that improvement will be seen over the next 3-6 months. Departments will be required to end temporary staff contracts following successful recruitment and bank staff will be used as a priority/alternative to paying staff premium rates of overtime pay.

Mr Higginson indicated that our ability to increase the number of staff has had a positive impact in terms quality/safety improvement and we should continue with this strategy. There must however be a consequent reduction in premium pay spend and in part this requires improving the Staff Bank. All new staff are now automatically enrolled on the Bank to enhance this capacity.

Mr How reported that the Committee had considered the budget setting process and the financial challenge to achieve the agreed Control Total for 2019/20. There is more work to do to ensure meaningful plans are established and there is clear oversight as to budgetary responsibilities/accountability.

Mr White reflected on the changing relationship with our commissioners. The move towards guaranteed income means that CIP planning cannot rely on income generation and asked about organisational awareness of this. Mr Hennessey explained that workshops are being held to support staff in their understanding of the budget setting process and implications associated with fixed income contracts. Mr Cobb added that there is a sense that teams are keen to own the budget/planning process but they do need clarity on the level of activity expected, so that they can take a better approach in setting their budgets.

Mr Higginson indicated that the STP long term plan is looking at a commitment to reduce outpatient activity over the next five years. This is expected to be challenging and will require a change in clinical practice/delivery of our work.

(f) IPR – Finance, Performance and Productivity

Mr Cobb reported that Emergency Department 4 hour performance was 75% in October. Attendances to the ED were up by around 4% compared to the previous year, with a high number of OPM and stroke patients. The national average performance was 79% in October, with around 80% of Trusts achieving performance at 80% and none at 90%.

Four 12 hour breaches in October were caused by delays in transfer of patients to mental health units. A review of one breach caused by internal delays was found to have been unavoidable.

The number of delays in ambulance handovers has increased and is mainly due to limited capacity and flow to enable patients to be off-loaded. Bed occupancy has increased to 96% and peaks at 102%. The average length of stay has remained stable and the number of patients in hospital for more than 21 days has decreased compared to the previous year (125 to 115 patients). Despite intensive pressure, the Trust has continued to take patients who have been diverted from other Trusts.

The shortfall of beds on average is 82 per day. Elective capacity has been severely impacted by emergency pressure, causing increased numbers of cancelled operations and there is a lack of confidence by the teams to book patients as there may not be sufficient capacity to operate. We are trying to ensure that the treatment pathways for cancer, paediatric and emergency patients are prioritised. At the moment we routinely start the day with 30 patients in the ED intended for 16 but the new ward block will create essential capacity for non-elective patients.

Two week wait cancer performance was 76% in October against the 93% target. The backlog of patients has decreased from 1,076 in September to 949 in October 2019.

Stroke performance is showing a deterioration which is attributable to increased pressure across the organisation. We are working with regional teams to improve the rate of pre-arrival alerts so that stroke patients can be directed to the HASU promptly. The new ward block will provide additional capacity for this service.

Mr Jeffries noted the decline in performance against the diagnostic metrics. Mr Cobb explained that the deterioration in performance, due to issues relating to CT and MRI scanners, has now been resolved. There has however been a reduction in individual staff who offered regular Waiting List Initiative (WLI) lists and an overall reduction of 50

WLI hours per month compared to 2018. We are also exploring recruitment of a fixed term locum consultant, sonographer and OT in order to rebuild sufficient capacity in MSK and MSK diagnostic injections.

Dr O'Sullivan asked for an explanation as to why outpatient activity is under Plan. Mr Cobb explained that we have been working to reduce premium costs associated with Waiting List Initiative payments to consultants. There was also a reduction in the number of consultants who are willing to undertake additional sessions due to the changes in pension tax arrangements. Mr Jones indicated that a number of staff have expressed an interest in using the Trust's new Pension Tax Policy and the number of staff who are adversely impacted by the national policy should consequently reduce.

Mr White asked if it was possible for more in-depth analysis to be provided on patients attending the ED in order to determine if alternative pathways can be put in place to ease pressures. Mr Cobb confirmed that reporting is available which would provide a breakdown and confirmed that this could be included in future IPRs. Mr Higginson indicated that it should be possible to provide a breakdown of adult, paediatric patients and the age range of patients attending the ED. **Action: Mr Cobb/Mr Lundrigan**

Mr Hennessey reported that the financial position at month 7 is a deficit of £19.7m (£3.7m adverse to budget). Income is below budget by £2.6m after adjustments of £1.7m (NHSE specialist contract), £1m (pass through payments) and £1.7m (one off CCG funding).

Pay overspend in the year to date is £4.2m with key areas of overspend in Medicine (£1.5m), Urgent & Emergency Care (£1.2m); Surgery (£0.5m) and Clinical Support Services (£0.3m). CIP performance is behind the year to date target of £12.1m at £10.7m.

Surgical income was under plan by £1.3m, partially due to the high number of cancelled operations in the last month. It is anticipated that some reduced income will be offset through negotiation of a block contract and discussions are ongoing with the STP to determine what support they can provide but it is increasingly likely that we will need to formally revise our projected outturn in January.

Mr Foster noted the number of cancellations and the ongoing challenge to recover in light of the significant increase in non-elective activity. Mr Hennessey explained that the budgets for the Surgery Division had been based on activity projections arising from the Boston Consulting Group review which had projected a 4% increase in activity. Mr Cobb explained that daily operating lists were reduced from five operations to three in light of the high number of cancellations to accommodate our emergency patients. The activity plan has been negatively impacted by a loss of confidence by consultants that they will be able perform operations as planned in light of ongoing pressure on capacity.

Mr How highlighted that data on Theatre Utilisation was not being included in the IPR and it was confirmed that this would be reintroduced to future reports.

**Action: Mr Lundrigan**

Mr Jeffries asked if the budget planning process should consider whether it is still effective to continue using the Vanguard Theatres. Mr How suggested that an in-depth review of theatre utilisation would be helpful and this could be undertaken by the Finance, Investments and Performance Committee. **Action: Mr Cobb**

(g) IPR - Workforce

Mr Jones informed the Board that recruitment to vacant posts has been improved and the time to hire has also been reduced. We are working towards smarter recruitment processes to recruit to anticipated turnover as opposed to just recruiting to gaps once a vacancy occurs.

Ms Whittaker indicated that the average care hours per patient day has reduced from 7.7 (October 2018) to 7.6 in October 2019. Registered nurse vacancies have reduced by over 7% which is a significant achievement.

A nursing establishment review is undertaken for nursing every six months. There is increased focus on maintaining safer staffing requirements across the organisation, but also on reconciling budgets and staffing rotas.

Mr Higginson informed the Board that the Division of Surgery has recently presented at the Oversight Assurance Group meeting. The team have successfully driven down turnover within the Division through introduction of improved rostering systems and we will now be looking to roll-out this improvement programme across the organisation.

19/064 **ANY OTHER BUSINESS**

Mr White invited questions from members of the public.

Dr Rees (Public Governor) asked the following questions:

***(i) What healthy eating initiatives are in place across the organisation?***

Professor Denton explained that food products on sale in the vending machines and cafes have been altered and healthy eating products have been given more prominence. The Trust has also worked with the local chef, Richard Hughes, to design menus that are more healthy for patients and visitors. A review of the estate is also underway to look at increasing the space for staff to take their breaks and to promote their health and wellbeing.

A healthy eating CQUIN initiative 'healthy' food for staff, visitors and patients, has been in place over the last few years and the Trust has worked with food providers operating on site to meet certain standards with regard to the food on sale.

***(ii) Have any cancer patients had their treatment cancelled as a result of increased pressure?***

Professor Denton explained that we work to avoid having to cancel any treatment for cancer patients and treatment for cancer, emergency and paediatric patients is prioritised at times of peak pressure. A number of patients awaiting diagnostic services were cancelled recently due to equipment failure and alternative arrangements were put in place to try and avoid disruption for our patients.

***(iii) Is the Trust maximising day case surgery capacity?***

Mr Hennessey reported that we have been working to maximise day case activity and performance is 1,400 above the planned activity level in the year to date. Professor Denton explained that day case surgery is now being offered to more patients and this is the preferred option for many patients. Our pain management team work to provide patients with a package of care so that they can return home after their surgery.

19/065 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Trust Board in public will be at 9.30am on Wednesday 5 February 2020 in the Boardroom of the Norfolk and Norwich University Hospital.

Signed by the Chairman: ..... Date: .....

## Action Points Arising:

	Action
19/063(f) (Nov '19)  Analysis of ED attendances	Mr White asked if it was possible for more in-depth analysis to be provided on patients attending the ED in order to determine if alternative pathways can be put in place to ease pressures. Mr Cobb confirmed that reporting is available which would provide a breakdown and confirmed that this could be included in future IPRs. Mr Higginson indicated that it should be possible to provide a breakdown of adult, paediatric patients and the age range of patients attending the ED. <b>Action: Mr Cobb/Mr Lundrigan</b>
19/063(f) (Nov '19)  Theatre utilisation	Mr How highlighted that data on Theatre Utilisation was not being included in the IPR and it was confirmed that this would be reintroduced to future reports. <b>Action: Mr Lundrigan</b>
19/063(f) (Nov '19)  Theatre utilisation	Mr Jeffries asked if the budget planning process should consider whether it is still effective to continue using the Vanguard Theatres. Mr How suggested that an in-depth review of theatre utilisation would be helpful and this could be undertaken by the Finance, Investments and Performance Committee. <b>Action: Mr Cobb</b>



## Action Points Arising from Trust Board meeting (public) on 29 November 2019

Item	Action	Update – February 2020
19/063(f) (Nov '19)  Analysis of ED attendances	Mr White asked if it was possible for more in-depth analysis to be provided on patients attending the ED in order to determine if alternative pathways can be put in place to ease pressures. Mr Cobb confirmed that reporting is available which would provide a breakdown and confirmed that this could be included in future IPRs. Mr Higginson indicated that it should be possible to provide a breakdown of adult, paediatric patients and the age range of patients attending the ED. <b>Action: Mr Cobb/Mr Lundrigan</b>	Board to be updated at meeting.
19/063(f) (Nov '19)  Theatre utilisation	Mr How highlighted that data on Theatre Utilisation was not being included in the IPR and it was confirmed that this would be reintroduced to future reports. <b>Action: Mr Lundrigan</b>	IPR format to be updated
19/063(f) (Nov '19)  Theatre utilisation	Mr Jeffries asked if the budget planning process should consider whether it is still effective to continue using the Vanguard Theatres. Mr How suggested that an in-depth review of theatre utilisation would be helpful and this could be undertaken by the Finance, Investments and Performance Committee. <b>Action: Mr Cobb</b>	On Agenda for next Finance, Investments and Performance Committee on 26 February 2020.

JPG 31 January 2020

## REPORT TO THE TRUST BOARD (in public)

<b>Date</b>	<b>5 February 2020</b>
<b>Title</b>	<b>Chief Executive's Report</b>
<b>Purpose</b>	<b>To update the Board on matters relating to the Trust that are not covered elsewhere in the papers.</b>

Elsewhere in the papers, issues relating to quality, finance, operational performance and workforce are addressed. The intention of this report is to update on additional matters that are not addressed elsewhere.

There are a few particular items of note:

- (i) Performance Overview
- (ii) Service developments
- (iii) CQC Inspection – initial feedback
- (iv) Operational and financial challenges and planning for next year

### **Recommendation:**

The Board is recommended to **receive** this report for information.

## CHIEF EXECUTIVE'S REPORT TO TRUST BOARD 5 February 2020 (Public)

This report is intended to update the Board on matters relating to the Trust that are not covered elsewhere in the papers.

### 1 FOCUS ON QUALITY AND SAFETY

#### 1.1 Performance Overview

It is right that this report should start with a sincere thankyou to all the Trust staff, clinical and non-clinical, who have worked so hard to deliver the best service we can to our patients over this very challenging winter period. As detailed in the Integrated Performance Report, the hospital has been extremely busy and we have seen more emergency patients than at any time before in the history of the hospital. We have been using escalation beds continuously over the winter but even so the number of patients has exceeded our capacity, resulting in congestion and some lengthy waits in the Emergency Department as there has not been vacant space into which patients could be admitted. As at 30<sup>th</sup> January ED performance was at 76.6% up 7% on December's performance (69.6%).

The position has improved following the creation of additional bed capacity on Gissing Ward and the completion of the new Ward Block is keenly awaited. In the meantime, teams from across the whole hospital are working to optimise patient flow and to provide safe care to all our patients.

It is important to recognise that our patients are having to wait longer than we would wish, both for treatment on an unplanned basis and for elective/planned procedures. It is important that we ensure the hospital is the right size but also that services are provided in the community wherever possible, to avoid the need for patients to come to hospital and to enable their discharge once they are here. As we plan with system partners for the year(s) ahead, this must be a key focus of our collective endeavours. Whilst those discussions are ongoing, the impact and pressure on the hospital, patients and staff must be recognised and again they are to be sincerely thanked.

#### 1.2 CQC Inspection – Initial Feedback

Following their service inspection in December and Well-led review in January we have received two letters from the CQC as **attached**. The inspectors reported that they had found staff to be enthusiastic and dynamic and staff had been helpful, open and honest during their reviews. The CQC also reported that they had found the Board to be cohesive/unitary and that members had spoken with one voice about the challenges facing the Trust.

The final inspection report will be published once the CQC has concluded its review of their findings but, whilst it is clear that the Trust faces real challenges there are positive signs of improvement.

### 2 SERVICE DEVELOPMENTS

#### 2.1 NNUH at Home

One of the initiatives implemented as part of the Trust's Winter Plan for 2018/19 was a service under the title 'NNUH at Home' providing a link between hospital and community care, facilitating care of patients at home who would otherwise have required an inpatient bed. Our efforts in this regard have been recognised and the *NNUH at Home* service team was shortlisted for the Health Service Journal Award for partnership working. They have been congratulated accordingly.

## 2.2 **Volunteers Drivers Scheme & Settle-in Service**

Following a successful pilot in 2019, a Volunteer Drivers Scheme will be officially launched on 17<sup>th</sup> February 2020, when the Norfolk & Norwich Hospitals Charity will hand over two brand new wheelchair accessible vehicles to the Trust, for the purpose of helping patients return home following their discharge from the Aylsham Suite.

The scheme will be run by the Voluntary Services team and is being funded by the Charity for three years with a dedicated co-ordinator to make sure it is a success. It will run alongside the existing and popular volunteers Settle-In Service. The aim is to ensure that vulnerable patients are able to return home on discharge in good time, with someone to make sure that their heating is on, that they have food available, and to make a cup of tea if required. The scheme is another way to help the flow of patients through the hospital, and in some cases prevent additional overnight stays, where transport is not otherwise available.

## 2.3 **Estates matters**

The **Interventional Radiology Unit** works are nearing completion and soon the building compound will be removed. Working with our partner Siemens, the task will then be to install and commission the specialist equipment. We anticipate the first patients being seen in May. This is an exciting and significant development for the Trust, enhancing the specialist services available for patients, and we will ensure appropriate publicity and profile is generated as a result.

The **new ward block** is also in the final phase with the units being craned in and installed over the next few weeks. We anticipate this will be open for business in March and along with the off-site move of our dialysis, service gives us a real boost in bed capacity. As a result of this we are planning to create a decant ward to help recommence the ward refurbishment programme as part of the planned PFI maintenance programme.

I am pleased to report that early feedback from the **new PET CT** scanner is very positive. Operated in partnership with Alliance Medical, this is a lovely new facility, seeing patients from across the county.

# 3 **PARTNERSHIP AND SYSTEM WORKING**

## 3.1 **Acute Services Integration**

I am pleased to report that the transfer of services for ENT and Urology from James Paget Hospital to NNUH took place on 1<sup>st</sup> January. This is in line with the Acute Services Integration strategy previously agreed by the Board. The Queen Elizabeth Hospital is about to conclude the consultation with its Urology team and they remain optimistic about transferring the Urology service from QE to NNUH in March or April. This would create a single Urology team across Norfolk which would be a great achievement and hopefully a blueprint for others to follow.

Discussions are ongoing about transferring Oncology and Haematology services from JPH to NNUH and this is likely to take place in either May or June.

As agreed, patients will not notice any change in how or where they access services following transfer. However, creating single clinical teams across the hospitals provides a strong platform for future transformational work to improve access, quality and outcomes for patients across the county.

The Hospital Services Strategy Board has now been established (chaired by Dr Ronan Fenton the STP Independent Medical Director) and it is beginning to draw up a programme for future integration of acute services across Norfolk.

Following the tripartite Board meeting in November, an Acute Trust Sub Board is to be convened (first meeting 2<sup>nd</sup> March) which will have a specific remit to explore organisational models that might enhance joint working and stronger partnerships across the three hospitals. Membership will include both NED and Executive representation for all three hospitals. The Chairman, CEO and Joanna Hannam will represent NNUH.

### **3.2 Planning for next year**

We have reviewed our forecast outturn for 2019/20 and have agreed with the regional team that this will now be £16.2m worse than Plan. This change has been driven by more non-elective patients than we had anticipated displacing some of our elective surgical patients. We have also had to open additional escalation beds over the winter which has meant that our costs have increased more than we budgeted for. We are spending significant time in planning for 2020/21, in collaboration with partner organisations across the STP. The Operating Guidance has only just been released and will form a key part of budget setting but, as matters stand, the financial challenge facing the Trust and wider system is very large.

## **4 STAFF MATTERS**

### **4.1 Flu vaccination and coronavirus**

The Trust continues to run a successful Flu Vaccination Campaign 87% of front line staff having been vaccinated. This places the Trust with the highest vaccination rate in the East of England, possibly also nationally. Flu can contribute to avoidable death in patients with compromised immune systems. Protection of vaccine also supports the improved resilience of our staff over the critical winter period. Flu vaccinations will continue to be available through February, but at a reduced level of resourcing and is being promoted to new starters through the corporate induction programme

Alongside this, we have been following the national guidance relating to coronavirus emanating from China. Our preparations are in line with guidance. We have treated one patient who demonstrated signs/symptoms that might have been relevant in the context of travel abroad, and who was tested and negative results confirmed.

### **4.2 Staff Survey**

The Trust is working through analysis of the NHS National Staff Survey, which are embargoed until mid-February when results will be released nationally. A full report will be made to the Board following national release. In the meantime, we are progressing with identification of improvement actions and have established a Staff Survey Steering Group, which will oversee communications, engaging with staff and, sharing improvements through the year, in advance of the 2020 survey.

## **5 RECOMMENDATION**

The Board is asked to:

- **note** the contents of this report for information.

Via email

Our reference: INS2-  
7208733951

Mr Sam Higginson – Chief Executive  
Norfolk and Norwich University Hospitals NHS FT  
Colney Lane  
Colney  
Norwich  
NR4 7UY

Care Quality Commission  
Citygate  
Gallowgate  
Newcastle Upon Tyne  
NE1 4PA

Telephone: 03000 616161  
Fax: 03000 616171

[www.cqc.org.uk](http://www.cqc.org.uk)

Date: 13<sup>th</sup> December 2019

CQC Reference Number: RM1

Dear Mr Higginson

## **Re: CQC inspection of Norfolk and Norwich University Hospitals NHS FT**

Following your feedback meeting with Mark Heath (Inspection Manager) and Quentin Colley- Bontoft (Inspector) on 12<sup>th</sup> December 2019. I thought it would be helpful to give you written feedback as highlighted at the inspection and given to you and your colleagues Prof. Nancy Fontaine, Prof Erika Denton, Mr Chris Cobb, Mr John Hennessey, Dr April Brown (improvement director – NHSE/I) Rosemary Raeburn-Smith at the feedback meeting.

This letter does not replace the draft report and evidence appendix we will send to you, but simply confirms what we fed-back on 12<sup>th</sup> December 2019 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence appendix, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

### **An overview of our feedback**

The feedback to you was:

- We thanked you for your hospitality and were very grateful to staff throughout the organisation who were welcoming, open and transparent with inspectors and clearly committed to improving patient care. During this inspection we



inspected four core services; urgent and emergency care, surgery, end of life care and outpatients. We explained this was high level feedback and that detailed findings would be in the main report to follow.

- The trust was clearly under intense pressure and this was impacting on the services we inspected, for example continued escalation into the day procedure unit was impacting surgery for children and adults.
- There were a number of concerns in the emergency department. We escalated concerns on Tuesday 10<sup>th</sup> December that the standard operating procedures in place to enable staff to effectively manage risk in the department were not always followed. The executives took action and ensured that the SoP's were being adhered to. We found this to be the case on the subsequent inspection days.
- A lack of middle grade doctors in ED continued to impact timely clinical decision making.
- There were triage delays and patients wait extended periods for observations in the urgent care centre. We understand there are plans in place to address this.
- There has been an improvement in the culture amongst nursing staff in the ED but further work is required to improve the culture of all in the ED.
- There has been improvement in mental health services in the ED as well as in the children's emergency department including improved staffing and environment. The older persons emergency department was having a positive impact on reducing admissions.
- Across the services inspected we found that records were not always completed fully and were sometimes difficult to navigate.
- We gave you specific incidences of poor medicines management across the services. This included poor ambient and fridge temperature monitoring, expired stock and missing controlled drugs.
- The new governance structures and governance staff are having a positive impact in the services.
- We found that the WHO checklist was more embedded in theatres and staff managed this process well.
- There has been improvement in the knowledge and implementation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- There were examples of innovation in surgery including the service development of intrabdominal chemotherapy.
- End of Life Care services has seen significant changes and improvement including more specialist nursing and medical staff, more equipment and face to face specialist advice available to staff seven days a week.

We will return to the trust on the 14<sup>th</sup> and 15<sup>th</sup> January 2020 for a well led review.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to NHS England/ Improvement

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

Mark Heath

**Inspection Manager**

CC

Fiona Allinson, CQC

NHSE/I

Via email

Our reference: INS2-  
7208733951

Mr Sam Higginson – Chief Executive  
Norfolk and Norwich University Hospitals NHS FT  
Colney Lane  
Colney  
Norwich  
NR4 7UY

Date: 16<sup>th</sup> January 2020

CQC Reference Number: RM1

Dear Mr Higginson

**Re: CQC well led inspection of Norfolk and Norwich University Hospitals NHS FT**

Following your feedback meeting with Fiona Allinson (Head of Hospital Inspection) and Philip Swift (Inspector) on 15<sup>th</sup> January 2020, I thought it would be helpful to give you written feedback as highlighted at the well led inspection and given to you and you're the executives present at feedback.

This letter does not replace the draft report and evidence appendix we will send to you, but simply confirms what we fed-back following the well led inspection on 15<sup>th</sup> January 2020.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence appendix, this correspondence should be used to inform discussions with the board.

**An overview of our feedback**

The feedback to you was:

- We thanked you for your hospitality as we had been well looked after.
- We found that staff were very open, honest and we had met some really dynamic, enthusiastic staff during the two-day inspection.
- We found a cohesive and unitary board in place. Everyone we spoke with spoke with one voice around the challenges and opportunities for the trust.

Care Quality Commission  
Citygate  
Gallowgate  
Newcastle Upon Tyne  
NE1 4PA

Telephone: 03000 616161  
Fax: 03000 616171

[www.cqc.org.uk](http://www.cqc.org.uk)

- We found that the divisional triumvirates had matured and were clear about the direction of travel, finances and the quality of services for patients.
- The strengthening of the sub committees was seen as a positive in that this will allow the chair to identify any potential development opportunities for the non-executives.
- The trust has taken significant steps to change the culture of the hospital. Everyone we spoke to was able to describe these and the work undertaken to ensure that equality and diversity was centre stage of this work.
- We recognized that there was ongoing work to bring finances and performance back into line and that further work was needed in this area.
- We noted that the timing of the inspection coincided with a change in non-executives and this together with a previously underutilized governor function could lead to a potential risk of reduced challenge at board meetings.
- We noted three individuals who were particularly impressive over the last two days. These included the Freedom to Speak Up Guardian where the team interviewing her felt that the organisation already had some good practice to share with others. The deputy ward sister on AMU was also focused, enthusiastic and driven to improve services. The guardian of safe working hours was also particularly impressive. That is not to say that we were not impressed with others, but the team wanted to mention these three people in particular.

I would also like to offer a personal thank you to the staff that sit in the trust management offices. We do not interview them, but they are always helpful, friendly and happy to oblige. Please do pass my thanks on to them and to Jacqui.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to NHS England/ Improvement

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

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NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

Fiona Allinson

**Head of Hospital Inspection**

CC

Mark Heath CQC

NHSE/ I



#### Our Vision

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

Norfolk and Norwich University Hospitals



NHS Foundation Trust

# Integrated Performance Report

January 2020 (December 2019 data)





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	11	Stroke	Chris Cobb	COO
	12	Cardiology	Chris Cobb	COO
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**Our Vision**  
To provide every patient  
with the care we want  
for those we love the most

# Norfolk and Norwich University Hospitals



NHS Foundation Trust

INTEGRATED  
PERFORMANCE  
REPORT

## KPI Summary



### Summary Table

Domain	Metric Name	Detail Page	Responsible Role	National Standard	Latest Internal Target	Monthly			Q1	Quarterly			Year YTD
						Oct	Nov	Dec		Q2	Q3	Q4	
Finance	Outpatient Activity vs Plan	<a href="#">Detail</a>	DOD	0	0	-3,146	-2,348	-6,438	-93	-8,297	-11,932		-20,321
	Non Elective Activity vs Plan	<a href="#">Detail</a>	DOD	0	0	-16	-116	-431	-553	-356	-563		-1,472
	Day Case Activity vs Plan	<a href="#">Detail</a>	DOD	0	0	-92	124	91	918	402	123		1,443
	Elective Inpatient Activity vs Plan	<a href="#">Detail</a>	DOD	0	0	-285	-215	-299	-552	-881	-798		-2,231
	ED Activity vs Plan	<a href="#">Detail</a>	DOD	0	0	32	159	-248	945	1,724	-57		2,612
Performance	4Hr Standard	<a href="#">Detail</a>	DOD	95%	91.0%	74.0%	71.4%	69.6%	78.4%	78.1%	71.6%		76.1%
	Ambulance >60	<a href="#">Detail</a>	DOD	0	4	448	713	643	216	365	1,804		2,385
	Cancer 2 Week Wait	<a href="#">Detail</a>	DOD	93%	93.0%	76.2%	79.5%	83.0%	89.4%	73.1%	79.4%		80.4%
	Cancer 31day First	<a href="#">Detail</a>	DOD	96%	96.0%	96.6%	96.6%	96.0%	97.1%	97.4%	96.4%		97.0%
	Cancer 62day GP Referral	<a href="#">Detail</a>	DOD	85%	80.9%	64.0%	69.6%	67.7%	76.0%	69.5%	67.0%		70.8%
	RTT Performance Incomplete	<a href="#">Detail</a>	DOD	92%	83.6%	79.9%	79.2%	78.0%	83.3%	81.9%	79.0%		81.4%
	RTT Waiting List Incomplete	<a href="#">Detail</a>	DOD		41,007	46,257	46,882	46,991	43,629	45,614	46,991		46,991
	DM01 Diagnostics	<a href="#">Detail</a>	DOD	99%	99.0%	97.3%	97.9%	98.3%	97.5%	97.8%	97.8%		97.7%
Quality	SSNAP Score	<a href="#">Detail</a>	DOD	80	80.0	72.0	68.0	68.0	76.0	72.0	68.0		68.0
	Serious Incidents	<a href="#">Detail</a>	DND/HOM			13	33	11	54	59	57		170
	HSMR (data 3 months in arrears)	<a href="#">Detail</a>	DND/HOM		100.00	86.43	86.89	86.28	88.84	86.60	86.28		86.28
	HOHA C. difficile Cases	<a href="#">Detail</a>	DND/HOM	0	0	0	2	0	4	1	2		7
	MRSA cases (Hospital Acquired)	<a href="#">Detail</a>	DND/HOM	0	0	0	0	0	0	0	0		0
	Patients Boarding	<a href="#">Detail</a>	DND/HOM	20	29.6	60.9	69.1	63.8	51.8	53.2	64.5		56.5
	Number of Complaints	<a href="#">Detail</a>	DND/HOM			133	117	85	275	274	335		884
Workforce	Mandatory Training Compliance	<a href="#">Detail</a>	COD	90%	90.0%	89.5%	89.6%	89.7%	89.3%	89.5%	89.7%		89.7%
	Non Medical Appraisals	<a href="#">Detail</a>	COD	85%	85.0%	79.5%	80.4%	81.6%	79.7%	78.7%	81.6%		81.6%
	Sickness Absence Rates (Annualised, 1month in arrears)	<a href="#">Detail</a>	COD	3.90%	3.9%	4.3%	4.3%		4.2%	4.2%	4.3%		4.3%

## REPORT TO THE TRUST BOARD

**Date** 5 February 2020

**Title** Quality and Safety Committee Meeting on 28.01.20

**Lead** Dr Geraldine O'Sullivan – Non-Executive Director (Committee Chair)

**Purpose** For Information and assurance

### 1 Background/Context

The Quality and Safety Committee met on 28 January 2020. The Agenda for the meeting is **attached** for information. Papers for the meeting were circulated to Board members for information in the usual way.

### 2 Key Issues/Risks/Actions

In accordance with its usual practice, the Committee started its meeting with clinical/departmental visits – on this occasion to Buxton Ward (paediatrics) and Gissing Ward (escalation).

Items of note considered at the meeting on 28 January 2020 included:

#### Items received for information and assurance:

1	Operational Capacity and Resilience Update on use of escalation areas	The Committee received an update from the COO with regard to the use of escalation areas at times of high operational demand. The position has been improved by opening Gissing Ward and other escalation beds but it remains pressurised pending delivery of the new ward block. A commitment has been given that DPU will no longer be used as an escalation area from 1 April.  Areas on concern include the length of time that patients, adult and paediatric, have to wait for procedures, also the need to move patients as we seek to accommodate emergencies.
2	Quality and Safety – Current Performance – Extract from IPR	The Committee reviewed the Quality and Safety and performance elements of the IPR.  The Committee noted the interplay between quality and performance, especially with regard to SNAAP data, cancer waiting times and RTT. Performance in these areas obviously needs to remain high on the Board Agenda.  The Committee was assured with regard to the Learning From Deaths process and HSMR (86.9 – 'lower than expected'). As part of oversight of the SHMI a review of out of hospital deaths is being arranged.  The Committee was assured with regard to IP&C performances, which compares favourably relative to peers in the EoE region.
3	CQIA Update	The Committee received for information an update report from Mr Marshall (Head of PMO) concerning the Clinical Quality Impact Assessments (CQIA) and was assured that all our cost-improvement schemes are reviewed for quality impact by Medical Director/Chief Nurse.

4	Safer Staffing reports	The Quality and Safety Committee receives regular reports in relation to staffing within the context of maintaining quality and safety. The Committee was assured that there is a clear set of arrangements in place to monitor and review planned versus actual staffing levels, care hours per patient day (CHPPD), midwife to birth ratios and triangulation against data regarding patient safety incidents.
5	Clinical Audit plan and actions arising	As part of the regular reporting schedule, the Committee received for information and assurance a report concerning the process for development of the Trust's clinical audit plan for 2020/21, based on national and local priorities. The Committee was assured that there is an established process in place overseen by the Clinical Safety & Effectiveness Governance Sub-board.

#### Issues to highlight and escalate:

6	Draft Research Strategy	The Committee reviewed the draft Research Strategy. This will be supplemented by an Implementation Plan – with regular reports to the Committee so that progress can be monitored and tracked. Development of the Strategy is an important step forward in this aspect of the Trust's mission as a University teaching Hospital and the Strategy is <b>recommended to the Board for approval</b> .
7	Corporate Risk Register – Clinical risks	There are 3 new clinical risks on the CRR with a RRR >15: <ul style="list-style-type: none"> <li>• Backlog of Radiology reporting</li> <li>• Network and IT Outage - PACS Room</li> <li>• Capacity in Emergency Department (ED) Majors</li> </ul>
8	Serious Incidents, Claims, Complaints and Compliments	<p>The Committee receives regular reports relating to serious incidents, claims, inquests, complaints and compliments. The Committee reviewed data relating to December 2019. A follow-up report was requested and incidents were identified to review further as part of the cycle of divisional presentations.</p> <p>The Committee explored performance relating to Duty of Candour compliance and was reassured that reduced performance is being addressed through a new learning package, revised SOP, revised policy, and discussion at the daily Serious Incident Group meeting.</p> <p>Complaints data is overseen by the Patient Experience and Engagement Governance Sub-board. ED complaints show considerable month by month variation, both below and above the range of 2 standard deviations from the mean.</p> <p>A review has been conducted of OPM claims. The rate of OPM litigation in the Trust is significantly below the national average.</p>
9	Mortality Reduction Strategy	An update to the Trust's strategic approach to reducing mortality is in development, for review by the Committee and then the Board. This is intended to build on the work already undertaken in reducing our HSMR and key elements of future focus are anticipated to include e-obs, research, response to the deteriorating patient, and avoiding 'boarders'.

### 3 Conclusions/Outcome/Next steps

The next Committee meeting is scheduled for 18 February 2020 with topics to include:

- Thematic analysis of incidents
- Organ donation

#### Recommendation:

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

## MEETING OF THE QUALITY AND SAFETY COMMITTEE 28 JANUARY 2020

A meeting of the Quality and Safety Committee will take place from 14:00hrs to 16:45hrs on 28 January 2020 in the Brancaster Room of the Norfolk and Norwich University Hospital

### **AGENDA**

The meeting will commence with clinical visits for 30 minutes

	Item	Lead	Purpose	Page
1	Apologies and Declarations of Interest			
2	Reflections on visits	All	Discussion	
3	Minutes of meeting held on 27 November 2019	Chair	Approval	2
4	Matters arising and actions update	Chair	Discussion	10
5	Operational Capacity and Resilience <ul style="list-style-type: none"> <li>• Update on escalation areas</li> </ul>	CC	Discussion	Verbal
<i>Standing items</i>				
6	Quality and Safety – Current Performance – Extract from IPR	ED/NF	Discussion	12
7	Report from Clinical Safety and Effectiveness Governance Sub-Board	ED	Information	28
8	Corporate Risk Register – Clinical risks	NF	Discussion	31
9	CQIA Update	PMO	Information	36
10	Serious Incidents, Claims, Complaints and Compliments	KK/JPG	Discussion	42
<i>Strategic &amp; risk-based focus</i>				
11	Draft Research Strategy <b>BAF 3.3</b> “ <i>NNUH is recognised internally and externally as a positive environment in which to carry out research</i> ”	ED	Discussion	67
12	Safe Staffing reports	NF	Information	87
13	Mortality Reduction Strategy <b>BAF 2.1</b> “ <i>Consistently high quality clinical outcomes are maintained in all key specialities</i> ”	ED	Discussion	106
14	Clinical Audit plan and actions arising	ED	Discussion	145
<i>Committee business</i>				
15	Draft Agenda for next meeting	Chair	Agreement	155
16	Reflections on the meeting and any other business	Chair	Discussion	

#### **Date and Time of next meeting:**

The next meeting will be from 14:00hrs to 16:45hrs on 18 February 2020 at the Norfolk and Norwich University Hospital



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NHS Foundation Trust

# Integrated Performance Report (Quality, Safety and Patient Experience data)

January 2020 (December 2019 data)



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INTEGRATED  
PERFORMANCE  
REPORT

## Mortality Rate

Medical Director  
**Erika Denton**

**NNUH Digital Health**  
business intelligence

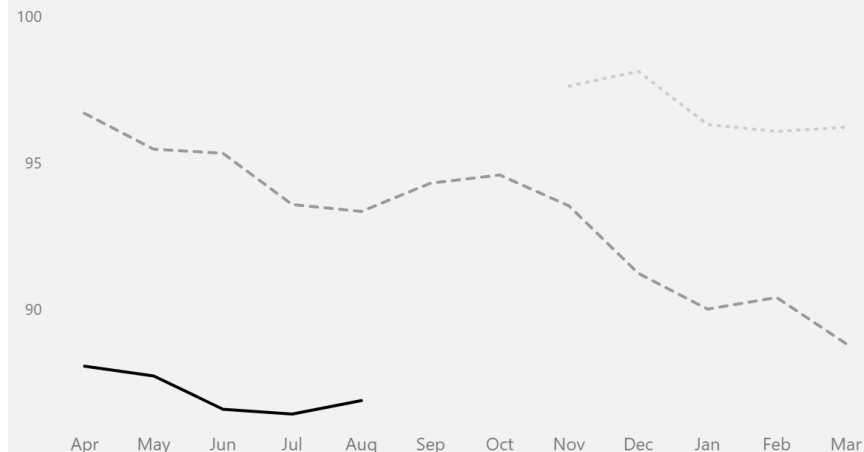
Month Selector

Most Recent ▼

The Trust's key mortality standard, Hospital Standardised Mortality Ratio (HSMR) is the ratio of the observed number of in-hospital deaths to the number of expected in-hospital deaths multiplied by 100. HSMR expected deaths are calculated from logistical regression models with a specified case-mix. All information is shown up until the same point in time, in order to show like for like.

**HSMR (rolling 12 month)**

● Current Year ● Last Year ● Preceding Year



**HSMR**

Month	2018	2019
August	93.4	86.9

**SHMI**

M	2018	2019
Aug	107.5	111.0

**Crude Mortality**

M	2018	2019
Aug	3.4%	3.8%

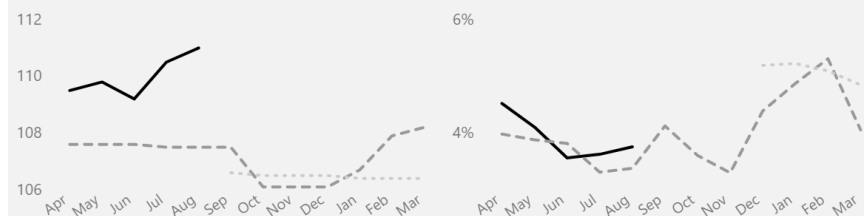
### Data Observations

HSMR remains lower than expected with a downward rolling 12 month trend. SHMI remains as expected with a upward rolling 12 month trend. The gap between HSMR and SHMI thus continues to widen. Further analysis suggests that this is being driven by a higher than average palliative care case load and out of hospital deaths. Please note that the IPR HSMR breakdown data is presented at whole specialty level reflecting all in-patient deaths for that specialty (versus diagnosis groups falling within the HSMR basket relating to the specialty).

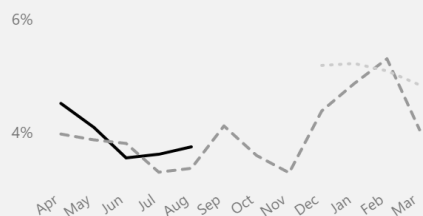
### Management Comments and Actions

The Trust remains 1 of 3 Trusts (within the East of England peer group of 16) with an HSMR within the 'lower than expected' range. There are no HSMR outlying diagnosis groups and no new CUSUM alerts this month. There are a number of SHMI outlying diagnosis groups. To investigate the SHMI, an SJR cohort review of 50 out of hospital deaths sampled from each of the outlying SHMI diagnosis groups is being arranged.

**SHMI (rolling 12 month)**



**Crude Mortality Rate**





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# Norfolk and Norwich University Hospitals



NHS Foundation Trust

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PERFORMANCE  
REPORT

## Infection Prevention & Control (1)

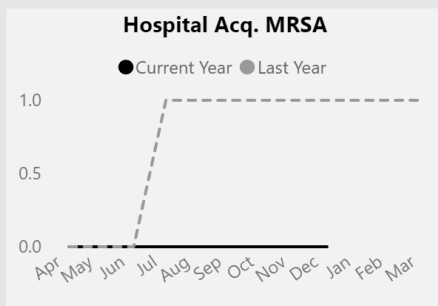
Chief Nurse  
Nancy Fontaine



### Month Selector

Most Recent ▼

**Infection Prevention & Control: Alert Organisms reported to PHE** These metrics are submitted to Public Health England as part of their ongoing national surveillance into Health Care Associated Infections, the results of which are made public. Please note - new methodology for reporting C. difficile began in April 2019. **Please note all information presented here is showing cumulative Financial Year to Date.**



### MRSA FYTD

Dec 2018	2019
1	0

### HOHA C.diff FYTD

Dec 2018	2019
7	

### Total C.diff FYTD

Dec 2018	2019
50	

### MSSA FYTD

Dec 2018	2019
10	15

### CPE FYTD

Dec 2018	2019
2	3

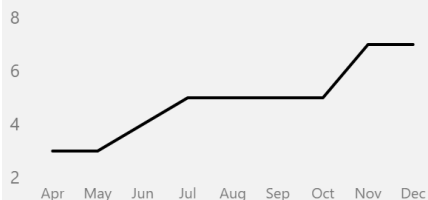
### Data Observations

There have been no cases of MRSA bacteraemia in December. Mattishall ward were commenced on supportive measures following 2 HAI cases of C.difficile reported in 28 days. However these do not appear to be linked as they have been reported as different ribotypes 078 and 093..

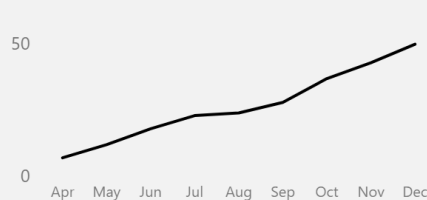
### Management Comments and Actions

The cleaning of ventilation ducts continued through December with Brundall ward.

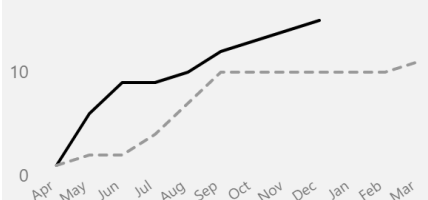
### Trajectory C. difficile



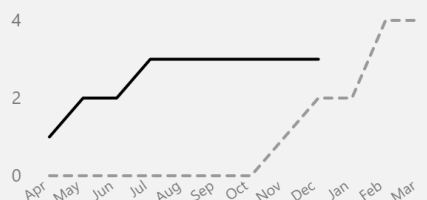
### Total HAI C. difficile



### MSSA HAI



### CPE Positive Screens







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PERFORMANCE  
REPORT

## Infection Prevention & Control (2)

Chief Nurse  
Nancy Fontaine

NNUH Digital Health  
business intelligence

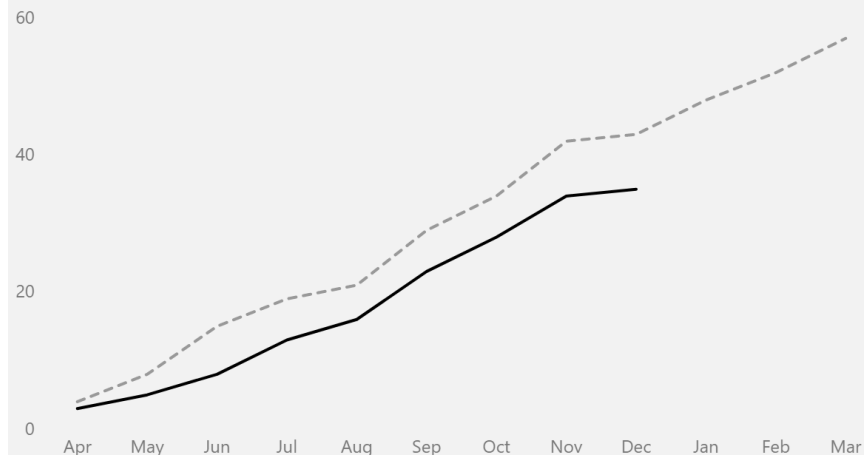
Month Selector

Most Recent



**E. Coli (Trust Apportioned)**

● Current Year ● Last Year



**E. Coli FYTD**

Dec	
2018	2019
43	35

**Klebsiella FYTD**

Dec	
2018	2019
10	11

**Pseudomonas FYTD**

Dec	
2018	2019
14	12

### Data Observations

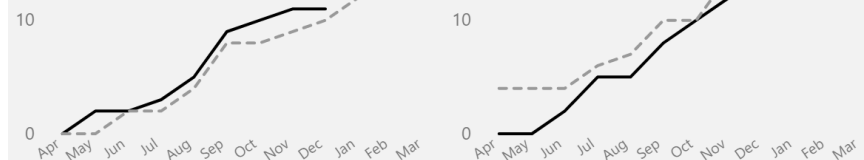
Escherichia coli and pseudomonas remain lower than the year to date period last year. Klebsiella is 1 case higher than the year to date period last year.

### Management Comments and Actions

In 2016 the Department of Health and Social Care set an ambition to halve the number of Gram Negative Blood Stream Infections by March 2021. Recognising this as a complex challenge with more than 50% of infections occurring in people outside hospital settings in July NHSI revised the date for achievement of this goal to March 2024 with a 25% reduction.

**Klebsiella (Trust Apportioned)**

**Pseudomonas (Trust Apportioned)**





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REPORT

## Patient Safety

Chief Nurse  
Nancy Fontaine

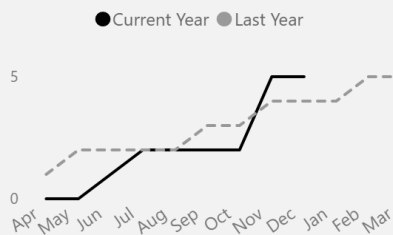


### Month Selector

Most Recent ▼

Monitoring elements which contribute to patient safety. Never Events are shown as cumulative financial year to date. Pressure Ulcers and Patient Falls are measured per 1,000 patient bed days.

### Never Events (Cumulative)



### Never Events FYTD

Dec 2018	2019
4	5

### Recorded Incidents (DATIX)

Dec 2018	2019
1,809	1,863

### Serious Incidents

Dec 2018	2019
16	11

### Pressure Ulcers /1000 bed days

Dec 2018	2019
0.8	0.8

### Patient Falls /1000 bed days

Dec 2018	2019
0.2	0.1

### Data Observations

The Trust reported 11 Serious Incidents in December 2019. 1 Ambulance delay report for November 2019, 2 Hospital Acquired Pressure Ulcers Cat 3, 2 diagnostic (1 missed fracture & 1 incorrect lab results resulting in a delayed cancer diagnosis), 2 obstetric incidents (1 stillbirth, 1 delayed diagnosis) & 4 Treatment delays (2 Ophthalmology & 1 delay in follow up of chest x-ray, 1 patient Cardiac Arrest on ambulance waiting admission). There were a total of 1861 incidents reported in December 2019. No falls were reported as SI's, and the total falls in December 2019 was 197.

109 medication incidents were reviewed by the medicines management incident review group, 105 no harm and 4 low harm. There were no medication serious incidents reported for December. Duty of Candour compliance for December is 74% against 10 day standard.

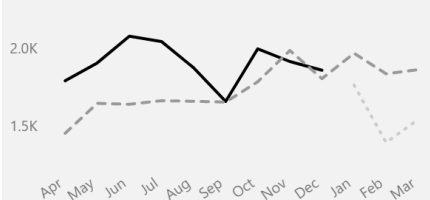
### Management Comments and Actions

93% of the incidents reported for December are recorded as low or no harm to the patients. An external review of the stillbirth is being conducted by a Fetal Medicine Consultant from Cambridge University Hospital as the mother was attending regular fetal medicine appointments, which included fetal surveillance by ultrasound. At this stage it is not possible to say if any different outcome would have been achieved due to the baby being known as being small for gestational age.

The patient who had a cardiac arrest on the ambulance whilst waiting admission, had been closer to JPUH but was brought here. Prompt action taken with return of spontaneous circulation and patient transferred to CCU.

The duty of candour figures reported for December have been manually calculated. Moving forward the data will be extracted directly from Datix into Power BI which will improve data accuracy for reporting at all levels of the organisation as the same metrics and data sets will be used by each area.

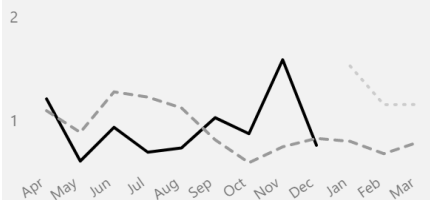
### Incidents



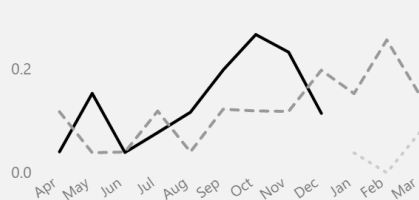
### Serious Incidents



### Hosp. Acq. Pressure Ulcers/1000bed days



### Patient Falls per 1000 bed days





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NHS Foundation Trust

INTEGRATED  
PERFORMANCE  
REPORT

## Patient Experience

Chief Nurse  
Nancy Fontaine



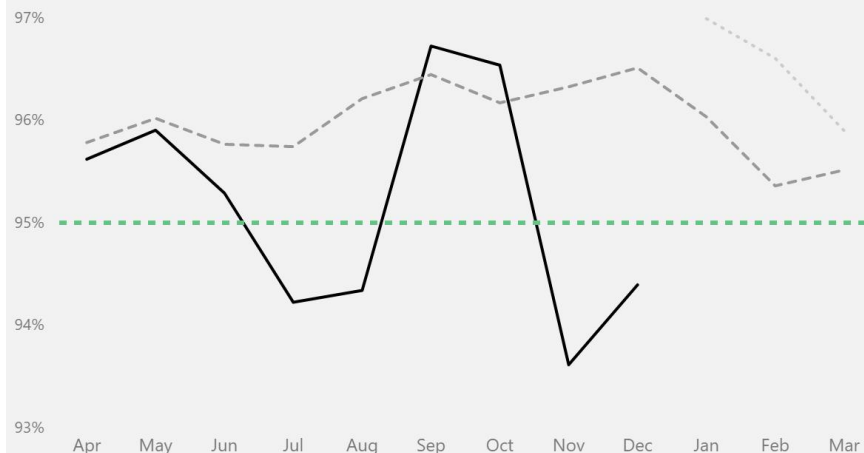
The Friends and Family Test is a national survey which provides people who have had contact with NHS services with the opportunity to provide feedback on their experiences. The Friends and Family score below is the percentage of people who responded as likely or extremely likely to recommend our service to others. The process of recording compliments was changed in Dec 2018, compliments provided to staff are now recorded on Meridian.

### Month Selector

Most Recent ▼

### Friends & Family Score

● Current Year ● Last Year ● Preceding Year



### Friends & Family

Month	2018	2019
December	96.5%	94.4%

### Compliments

M	2018	2019
Dec	95	270

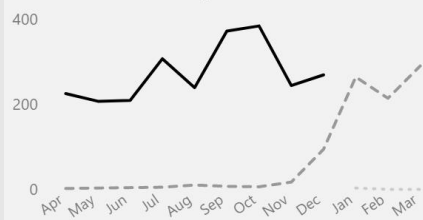
### Data Observations

The FFT score has increased to 94.4% (93.6% Nov) recommenders, still below target overall. A&E is at 79.35% (down from 88.53% in Nov)  
Compliments – 270 recorded this month, an increase.

### Management Comments and Actions

Each department and division reviews their own scores and comments and takes action accordingly; reporting to PEEG.

### Compliments





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## Patient Concerns

**Chief Nurse**  
**Nancy Fontaine**

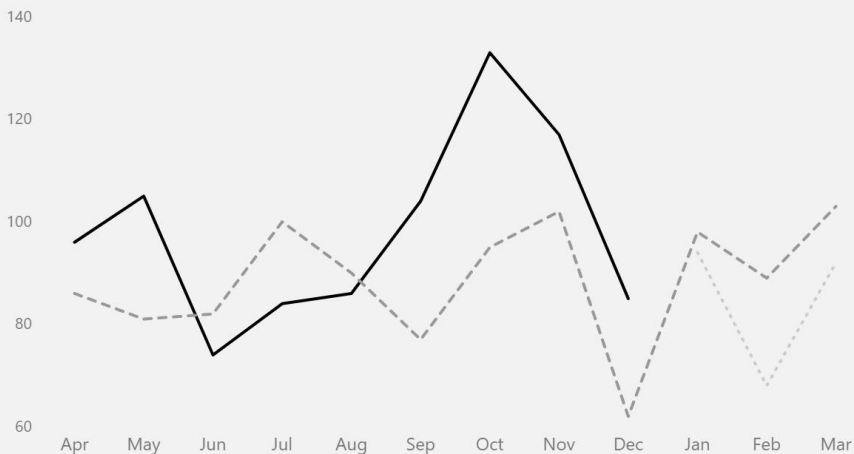
Month Selector

Most Recent ▼

PALS include enquiries relating to messages of best wishes and thanks, as well as complaints, concerns, suggestions, signposting and general enquiries.

**Complaints**

● Current Year ● Last Year ● Preceding Year



**Complaints**

Month	2018	2019
December	62	85

**PALS Enquiries**

M	2018	2019
Dec	217	279

**PALS Closed <48hrs**

M	2018	2019
Dec	87.6%	83.2%

### Data Observations

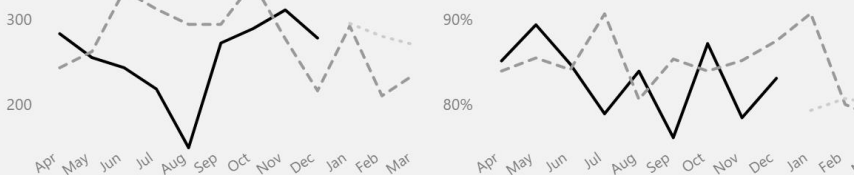
The number of PALS enquiries was 279, down from last month's increase. 'Enquiries' tend to be confirmation of information around appointments whereas 'concerns' are those that require intervention and resolution. Themes – continue to be around appointments/cancellations of outpatient appointments. Complaints – The number of complaints dropped further to 85, however that is still an increase on 2018 numbers. Themes - Complaints remain high in relation to A&E and car parking

### Management Comments and Actions

Each department and division is responsible for reviewing PALS and complaints and making improvements where necessary. This is reported through to PEEG.

**PALS Enquiries**

**PALS Closed within 48hrs**



## REPORT TO THE TRUST BOARD

<b>Date</b>	<b>5 February 2020</b>
<b>Title</b>	<b>Finance, Investments and Performance Committee meetings on 20.01.20 and 29.01.20</b>
<b>Lead</b>	<b>Mr Tim How, Non-Executive Director (Chair of Committee)</b>
<b>Purpose</b>	<b>For Information and assurance</b>

### 1 Background/Context

The Finance and Investments Committee met on 20 and 29 January 2020 and discussed matters in accordance with its Terms of Reference and agreed Work Programme. The Agenda for the meetings are **attached** for information. Papers for the meetings have been circulated to all Board members for information in the usual way.

### 2 Key Issues/Risks/Actions

#### Meeting of 20 January 2020

This was an additional meeting of the Committee called in order to review and approve submission of the revised projected outturn under delegated authority from the Board, so that this could be submitted in accordance with the required national timetable. Reports on YTD performance and CIPs were received to inform the discussion on the forecast.

1	Month 9 YTD Financial Position	The Committee received the regular financial reports forming part of the IPR which indicate that the Month 9 position was £15.6M off plan for the month, £12.3M of which is provider funding that we will not receive. Actual performance is therefore £3.3M off plan. Key elements of this are that increased non-elective patients have displaced elective patients and increased use of escalation areas has increased spend on staffing.
2	CIP	<p>The Committee received an update from the Head of PMO regarding the CIP programme. YTD £15.2M has been delivered against the trajectory of £17.7M. The full-year RAG adjusted forecast is currently £23.4M against the £26.6M target although there is some upside to be realised from purchase of the Aylsham Unit, estimated to bring the programme delivery to £24.2M.</p> <p>CIP performance has been bolstered by slippage in service developments. Savings and cost improvements have not been realised in the ways that were originally anticipated.</p>
3	Revised projected outturn 2019/20	<p>The Committee received a report regarding the process adopted in establishing the revised projected 2019/20 outturn and was assured that this has been a 'bottom-up' exercise, involving divisions and departments to validate expectations and estimates. It includes updated costs based on the latest position with regard to Acute Services Integration and opening of additional beds.</p> <p>There is some potential upside on bad debt provision but ongoing risk on control of staff costs.</p> <p>The four key drivers of the departure from Plan are:</p> <ul style="list-style-type: none"> <li>- significant increase in emergency patients and use of escalation areas;</li> <li>- over optimism in relation to staffing costs and premium pay in particular;</li> <li>- over optimism with regard to theatre utilisation and elective income;</li> <li>- under-delivery of CIPs.</li> </ul>

		<p>The Committee's previous reviews have anticipated a deficit against plan of £13M - £19M, based on challenges on surgical income and pay. The proposed figure of £15M is therefore within the range discussed by the Committee previously and communicated to the regional team.</p> <p>The Committee agreed a forecast £15M adverse to Plan. Subsequent discussions between the Executive and Regional team concluded that it was reasonable to adopt a more prudent approach and, following liaison with Committee members, a revised forecast of £16.2M worse than Plan was submitted.</p>
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### Meeting of 29 January 2020

Matters received for information and assurance:																
4	Capital programme and major projects update	<p>The Committee received a draft schedule with regard to the priority projects arising under the Trust’s draft Estates Strategy, as discussed by the Board, and Management Board and informed by the BAF.</p> <p>The Committee was assured with regard to the work programme for developing estates business cases. The Board is yet to consider and approve the final Estates Strategy however it is important that we should have credible outline schemes developed, so that we can take advantage of capital funding opportunities when these becomes available.</p> <p>The Business Case process incorporates assessment of quality impact and financial sustainability. Further consideration of prioritisation of schemes will form part of refreshing the Trust’s Strategy, in consultation with staff and stakeholders, and this will ensure consistency with the Trust’s broader strategy and MTFS.</p>														
5	Capital planning	<p>The Committee received an initial draft of the Capital Plan for 2020/21. The proposed schemes are yet to be scrutinised by the executive but the overall cost needs to be reduced significantly. This will be developed further as part of planning for next year for scrutiny and approval through the management Board, Committee and Board.</p>														
6	Activity and contractual standards – Performance IPR	<p>The Committee received the IPR relating to operational performance. Across all areas the operational position is challenging. The majority of 4hr breaches are due to insufficient inpatient bed capacity and the position has improved somewhat since the additional escalation beds on Gissing Ward were opened. The additional capacity of the new ward block is awaited.</p>														
7	Divisional Performance & Accountability Framework	<p>The Committee received a report concerning operation of the Divisional Performance and Accountability Framework, updated for the outcome of the Q3 review:</p> <ul style="list-style-type: none"><li>Three of the divisions are amber-rated for ‘enhanced monitoring’, for additional support from the Trust:<table><tr><th>Division</th><th>Area of concern</th></tr><tr><td>Surgery</td><td>Finance/ Performance</td></tr><tr><td>Clinical Support Services</td><td>Finance/ Performance</td></tr><tr><td>Women’s and Children’s</td><td>Finance/ Performance</td></tr></table></li><li>Two divisions are red-rated for ‘supportive measures’, for significant support from the Trust:<table><tr><th>Division</th><th>Area of concern</th></tr><tr><td>Medicine</td><td>Finance/ Performance/ Workforce</td></tr><tr><td>Emergency &amp; Urgent Care</td><td>Finance/ Performance/ Workforce/ Quality</td></tr></table></li></ul>	Division	Area of concern	Surgery	Finance/ Performance	Clinical Support Services	Finance/ Performance	Women’s and Children’s	Finance/ Performance	Division	Area of concern	Medicine	Finance/ Performance/ Workforce	Emergency & Urgent Care	Finance/ Performance/ Workforce/ Quality
Division	Area of concern															
Surgery	Finance/ Performance															
Clinical Support Services	Finance/ Performance															
Women’s and Children’s	Finance/ Performance															
Division	Area of concern															
Medicine	Finance/ Performance/ Workforce															
Emergency & Urgent Care	Finance/ Performance/ Workforce/ Quality															



		The Committee was assured that support will be provided in accordance with the PAF to help Divisions work towards an improved level of performance.
8	Committee Work Programme	The Committee reviewed its draft Work programme for the year ahead. This is under ongoing review, to optimise the work of the Committee in delivering its Terms of Reference. Matters to be added include a review of the Digital Strategy, corporate costs and consistency between our quality, estates and financial strategies.
<b>Issues to highlight and escalate:</b>		
9	e-Obs Business Case	<p>The Committee received a request to approve investment in IT infrastructure, equipment, software and staff to implement an e-Obs system.</p> <p>The clinical and operational advantages of e-Obs have been discussed and recognised previously but the necessary funding has not been in place. A new opportunity has however arisen, following identification of an alternative and more economic system, supported by £2M of national funding which is available until 31 March 2020.</p> <p>The Committee sought assurance with regard to the projected savings/financial benefits to be generated by this investment. Committee members questioned whether it is possible to consider examples from other Trusts that have implemented such systems and if there is a process for ensuring cash benefits are realised through the expected efficiencies and quality benefits. The non-financial benefits of the system are apparent but it needs to be clear how this fits within the Trust's Medium Term Financial Strategy.</p> <p>It was <b>agreed</b> that the Executive would undertake further work to develop the financial aspects of the project and the benefits realisation plan in particular. Assuming this has been reviewed by the Hospital Management Board, the case can be put to the Trust Board, but the Board will seek assurance from the executive that there are plans to realise the expected benefits and that the case is consistent with the Trust's financial strategy.</p> <p>The Committee noted that there is an assumed capital contribution from the N&amp;N Charity. This will need to be progressed and approved separately through the Charity approval process, with approval by the Corporate Trustee, to safeguard appropriate use of charitable funds.</p>
10	Workforce opportunities	<p>The Committee received a report from the CPO regarding opportunities for workforce related efficiencies and savings. A key opportunity relates to management of premium pay spend and enhancement of the staff bank in particular. There are a series of potential schemes which will be scoped and prioritised to establish what can be implemented in 2020/21.</p> <p>This topic is also subject to review by the People and Culture Committee and the work of the two Committees will be co-ordinated, assisted by cross-over between the membership of each.</p>
11	Activity and Capacity Planning	At the time of the meeting, the national Operating Guidance had not been issued, so national expectations and requirements relating to performance are not confirmed. The Committee received however a report on activity planning to date and key assumptions.

		<p>The Committee was assured that detailed work is underway with each Speciality and Division to establish realistic activity and income plans, including clinician involvement and sign-off. Divisional activity plans have been through Executive 'check and challenge' to give further assurance and sense check over the planning numbers.</p> <p>The starting point has been existing capacity, with a commitment to ring-fencing DPU once the new ward block opens. Modelling the impact of the new IRU is uncertain but will add capacity. Acute Services Integration is assumed to be cost neutral, but there are risks over uncertainty of inherited waiting lists.</p> <p>It is recognised that that there will be a planning gap to meet performance targets, but this will need to be reviewed in light of the Operating Guidance with particular regard to the RTT position. There is also considerable uncertainty over CCG savings assumptions. At its next meeting, the Committee will review the updated draft Operational Plans.</p>
12	Budget setting 2020/21	<p>The Committee received a summary of the draft Financial Plan. There is an assumed CIP target of £26.4M, which will be very challenging if we are in a block-contract arrangement. The gap between the current income assumptions and estimated cost pressures is very large.</p> <p>The Committee was unclear over some of the activity assumptions and what impact the new ward block will have on elective capacity. The Committee requested greater clarity over whether the activity assumptions are based on commissioner affordability or the Trust's ability to deliver. It is hard to determine whether and how we should drive operational performance and delivery of activity and financial targets unless there is clarity over the limiting factors.</p>
13	Corporate Risk Register – FI&P Extract	<p>The Committee received an extract from the Corporate Risk Register. Mr Djahit (Trust Risk Manager) has been invited to the next meeting of the Committee to facilitate further review.</p>

### 3 Conclusions/Outcome/Next steps

The Committee is scheduled to meet again on 26 February 2020. The meeting is due to consider items focussed on planning for next year, notably:

- Draft Activity and Operational Plan
- Budget setting 2020/21
- Draft CIP plans 2020/21
- Capital Plan
- Theatre Productivity
- Workforce opportunities

#### Recommendation:

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



## **MEETING OF THE FINANCE, INVESTMENTS AND PERFORMANCE COMMITTEE**

**20 JANUARY 2020**

A meeting of the Finance, Investments and Performance Committee will take place from 4pm to 5pm on 20 January 2020 in the Chief Executive's Office of the Norfolk and Norwich University Hospital

For those members wishing to attend by phone:  
Dial-in number: **0330 088 1927**; Access code: **339799**; PIN: **6576**

### **AGENDA**

	<b>Item</b>	<b>Lead</b>	<b>Purpose</b>	<b>Page</b>
1	Apologies and Declarations of Interest	Chair		
2	Financial performance YTD - Month 9 finance IPR	JH	Information	2
3	CIPs – Rob Marshall (Head of PMO)	JH	Information	14
4	Revised projected outturn 2019/20 for submission	JH	Approval	25
5	Any other business	Chair		

#### **Date and Time of next meeting:**

The next meeting will be from 1.30pm to 4pm on 29 January 2020 at the Norfolk and Norwich University Hospital

## **MEETING OF THE FINANCE, INVESTMENTS AND PERFORMANCE COMMITTEE**

**29 JANUARY 2020**

A meeting of the Finance, Investments and Performance Committee will take place from 1.30pm to 4pm on 29 January 2020 in Holkham Room of the Norfolk and Norwich University Hospital

### **AGENDA**

The meeting will commence with clinical/departmental visits (from 1.30 to 2pm) led by the CIO/COO

	Item	Lead	Purpose	Page
1	Apologies and Declarations of Interest			
2	Minutes of meetings - 12 December 2019 & 20 January 2020	All	Approval	2
3	Matters arising & update on actions	Chair	Discussion	10
<b>Activity, Estates and Capital Planning (BAF 1.2 (elective activity), 1.3 (emergency activity), 2.3 (provision of specialist services and facilities) 3.1 (digital infrastructure))</b>				
4	Capital programme and major projects update	SDH	Discussion	11
5	Capital planning	SDH	Discussion	14
6	Activity and contractual standards – Performance IPR	CC	Information	23
7	Divisional Performance & Accountability Framework	CC	Information	35
8	eObs Business Case	AL	Information	46
<b>Financial Performance and Governance (BAF 1.4 (financial sustainability), 1.5 (capital) &amp; 1.7 (premium pay), 4.3 (cost effectiveness))</b>				
9	Month 9 YTD Financial Position	JH	Information	73
10	Workforce opportunities	PJ	Discussion	Paper to follow
11	Activity and Capacity Planning – Helen Votier (Head of Income, Contracts and Commissioning) to attend	CC/JH	Discussion	86
12	Budget setting 2020/21	JH	Discussion	91
13	CIP plans 2020/21	JH	Information	104
14	Financial Governance Review	JH	Information	110
15	Use of Resources Assessment Update	JH	Information	Verbal
<b>Committee Business</b>				
16	Corporate Risk Register – FI&P Extract	All	Discussion	124
17	Draft Committee Work Programme and Agenda for next meeting	JPG	Agreement	128
18	Any other business and reflections on the meeting	All	Discussion	

#### **Date and Time of next meeting:**

The next meeting will be from 1.30pm (visits) to 4pm on 26 February 2020 at the Norfolk and Norwich University Hospital



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# Integrated Performance Report (Finance, Performance and Productivity data)

January 2020 (December 2019 data)



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INTEGRATED  
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## ED Performance

**Chief Operating Officer**  
**Chris Cobb**

**NNUH Digital Health**  
business intelligence

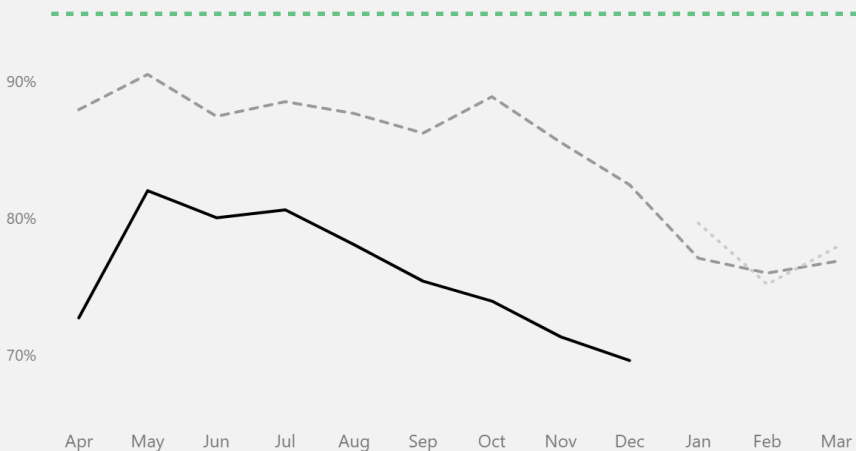
Month Selector

Most Recent ▼

The four hour access standard refers to the pledge set out in the NHS Mandate that at least 95 per cent of patients attending A&E should be admitted to hospital, transferred to another provider or discharged within four hours. Nationally information is reviewed by combining performance for both the NNUH and the walk-in centre. Key factors which can affect performance include the number of attendances, their mode of arrival and their acuity as well as patient flow throughout the hospital.

### ED 4Hr Access Target - Combined

● Current Year ● Last Year ● Preceding Year



### ED Combined Performance

Month	2018	2019
December	82.5%	69.6%

### 12 Hour Breaches

M	2018	2019
Dec	0	0

### Ambulance Handovers

M	2018	2019
Dec	672	643

### Data Observations

ED attendances in December averaged 390 a day, slight decrease from November's average of 403 a day.  
4h performance was at 54.7% (69.6% combined), a drop from 59.1% (71.4% combined) in November. This has been decreasing since May 2019's 74.6% (82.1% combined).  
Paediatric 4h performance was 73.2% a decrease from 85.7%, in November. This was a 12 month low. Minors' 4h performance was at 71.3%, slight decrease from 74.9%, in November. Minors' 4h performance has been decreasing since June 2019's 87.0%.  
There were no 12-hour breaches in December. The daily average of Ambulance conveyances has been relatively static for the past 12 months at around 132 conveyances per day.  
In December 643 (15.6%) of ambulance conveyances took 60+ mins to handover, an improvement from November's 713 (18.2%).  
24.5% (1,006) of ambulance arrivals had handovers within 15 minutes.  
Conversion rate was at 27.4% in December. Conversion rate has been increasing since July 2019's 23.8%.

### Management Comments and Actions

ED performance has deteriorated further in December common with the National trend. As agreed with NHSE/I focus from the Department is on Paediatric and Minors performance pending increased inpatient capacity. We are currently trialling a location change for Ambulatory patients to increase our assessment capacity. We would expect the conversion rate to increase further as GP streaming further embeds and removes suitable for Primary Care patients from the overall number of patients in ED combined with a usual increase in conversion during winter.  
The majority of 4hr standard breaches are attributable to insufficient inpatient bed capacity.

### 12 Hour Breaches



### Ambulance Handovers (60+ mins)





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## Patient Flow

Chief Operating Officer  
Chris Cobb



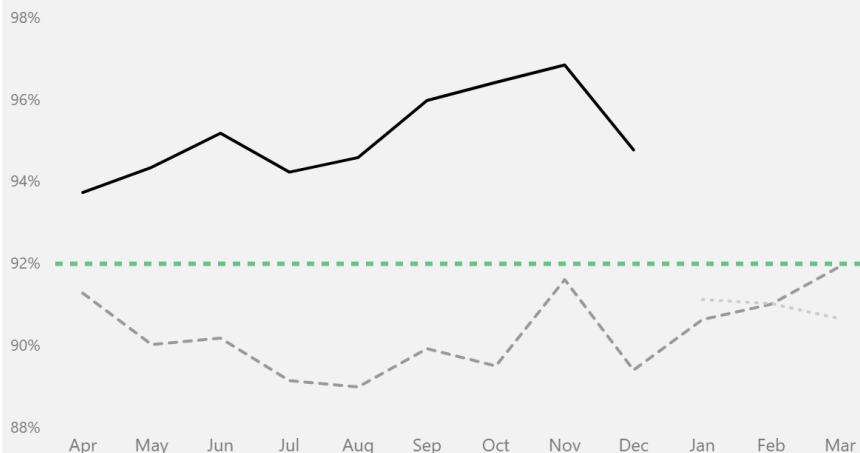
### Month Selector

Most Recent ▼

Bed occupancy gives an indication of the pressures faced by the hospital and its capacity to accommodate variations in demand and ensure that patients can flow through the system. The target is to keep occupancy below 92%. Please note that bed occupancy reporting was changed from 01/04/2019, to capture patients on beds who were not assigned to a bed appropriately on the PAS system. This change brings our 19/20 bed occupancy rate up by approximately 3%. The figures are hence not completely comparable to 18/19 figures.

### Bed Occupancy Rate (GAB & ESC)

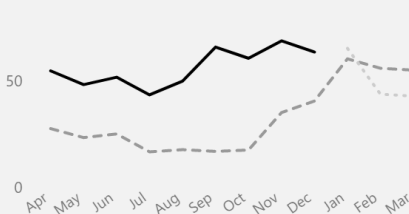
● Current Year ● Last Year ● Preceding Year



### Avg. Length of Stay (Inc. 0 LoS)



### Avg. Patients Boarding



### Bed Occupancy Rate

Month	2018	2019
December	89.4%	94.8%

### Avg. LoS (Inc. 0)

M	2018	2019
Dec	3.9	4.3

### Avg. Patients Boarding

M	2018	2019
Dec	40.8	63.8

### Data Observations

Bed occupancy rate in December was 94.8%, a decrease from November's 96.8%. The average length of stay increased slightly in December (4.3 including 0 LoS, 6.0 excluding 0 LoS), this is a 13 month high, it had remained relatively static since December 2018 (approx 3.9 days including 0 LoS, 5.5 days excluding 0 LoS). On average, there were 122 patients with a length of stay of 21+ days each day in December, a decrease from November's 127. The average number of boarders per day in December was 64, a slight decrease from 69 in November. The daily average number of delayed transfers of care patients in December was 45, an increase from November's average of 36. Most delays were attributed to local authorities. An average of 30 patient per day were discharged by 11:00 am in December, in line with the 6-month average.

### Management Comments and Actions

Bed occupancy rate has reduced in December to 94.8% but still above the Trust target of 92% this reduction is related to the opening of Gissing ward and conversion of ward non-bed space into 33 General and Acute beds. Average length of stay has increased by 0.4 days across the Trust the variation is seen across both elective and non-elective admissions. The number of boarders increased in September and has remained at a higher level - we will be introducing a weekly review of medical patients who have been outlited for more than 3 days to reduce length of stay.



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## RTT Performance

Chief Operating Officer  
Chris Cobb

NNUH Digital Health  
business intelligence

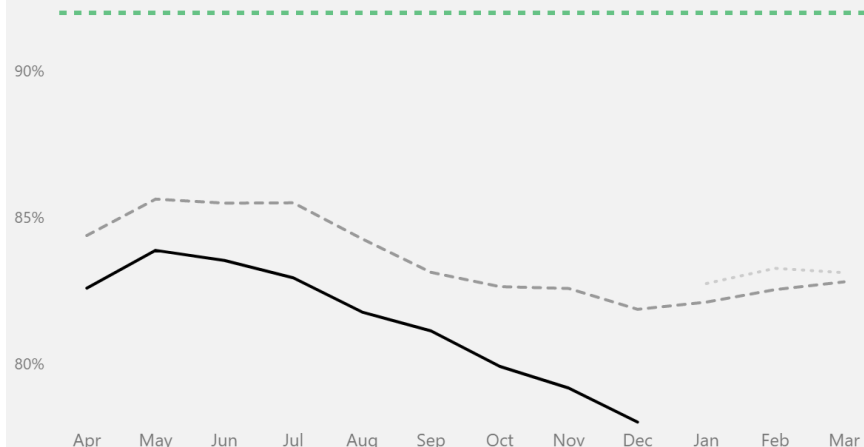
The RTT key performance indicator measures how trusts are delivering on a patient's right to receive treatment within 18 weeks of being referred to a consultant-led service. The standard is that at least 92% of patients should be treated within this timeframe. This standard has not been met since October 2014 and is a problem for acute NHS trusts across the country.

Month Selector

Most Recent ▼

### RTT Performance

● Current Year ● Last Year ● Preceding Year



### RTT Performance

Month	2018	2019
December	81.9%	78.0%

### Waiting List

M	2018	2019
Dec	41,444	46,991

### Backlog

M	2018	2019
Dec	7,513	10,328

#### Data Observations

- RTT performance has decreased for the 8th consecutive month.
- The overall waiting list size has increased for 11th consecutive month.
- The overall Backlog has increased in size for the 7th consecutive month.
- In Dec 19 there were 21 patients waiting more than 52 weeks. Twelve in Orthopaedics, six in Gynaecology and three in General Surgery.
- ENT show signs of improvement with an overall decrease in waiting list size over the year.

#### Management Comments and Actions

Waiting List shows further increases due to high levels of demand, cancellations and an increase in Cancer/Urgent case mix pushing routine waits further out. Continued high levels of cancellations due to lack of capacity continue to impact the elective programme, along with a reduction in the number of PA's and WLI due to the pension tax. Increasing levels of 40+ weeks waits, with ongoing robust daily management to reduce the risk of 52 week breaches; Clinical Harm management process in place. Meetings held with NHSEI, STP and commissioners regarding further demand management schemes, with schemes identified & included in RTT RAP. 12 Week programme of insourcing lists in most challenged specialities commences 18th Jan 20. RTT RAP in development with commissioners for 20/21.

### Waitlist Size

### Backlog





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## DM01 Diagnostics

Chief Operating Officer  
Chris Cobb



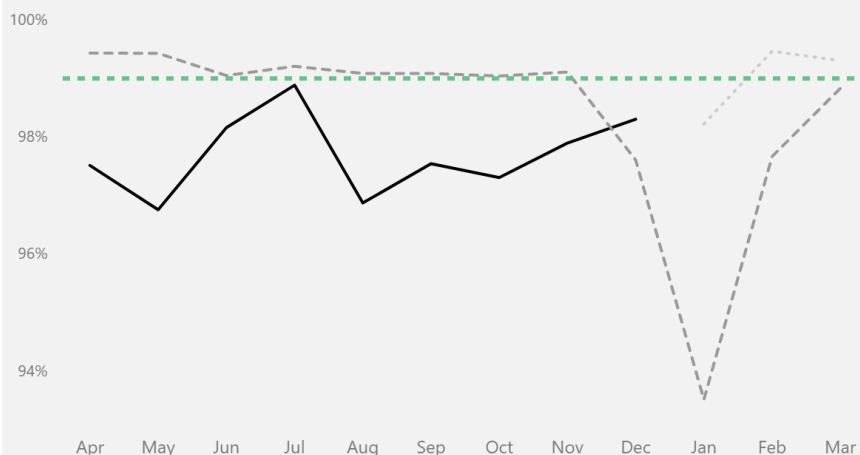
### Month Selector

Most Recent ▼

The DM01 key performance indicator measures how trusts are delivering on a patient's right to receive certain diagnostic tests within 6 weeks of the clinical decision that the test was required. The standard is that at least 99% of patients should be treated within this timeframe. We typically meet this standard however equipment failures within Radiology and winter pressures result in considerable strain on our ability to deliver this.

### Diagnostic Performance

● Current Year ● Last Year ● Preceding Year



### Diagnostic Performance

Month	2018	2019
December	97.6%	98.3%

### Waiting List

M	2018	2019
Dec	10,692	10,133

### Breaches

M	2018	2019
Dec	256	172

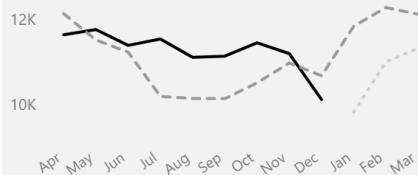
### Data Observations

- DM01 Performance has increased for the 2nd consecutive month.
- Breaches have decreased for the 2nd consecutive month.
- The overall waiting list size has decreased by 1,080 patients.
- Non-obstetric ultrasound breaches have decreased by 103 patients.
- Both MRI and CT modalities continue to achieve the 99% target.
- Cystoscopies are the most challenged exam type at 82.26% and 33 breaches.

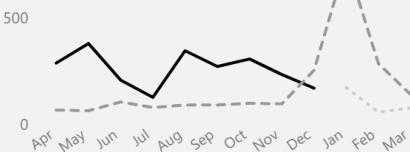
### Management Comments and Actions

- Recent issues in CT & MRI now resolved, standards continue to be delivered. Non Obstetric US position not achieving due to a number of factors, General US recovered, MSK US recovery on track for delivery in Jan 20.
- Issues within Urology and Paediatric Surgery for delivery of Cystoscopy standard; this is as a result of high levels of escalation into DPU impacting on the number of daycase lists available for this diagnostic procedure, this may impact the forecast DM01 recovery in Jan 20.

### Waiting List



### Breaches







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## Cancer Performance: 2ww

Chief Operating Officer  
Chris Cobb



### Month Selector

Most Recent ▼

The 2WW Standards monitor the trust against the delivery of a first assessment within 14 days of the receipt of a 2WW referral. 93% of both the GP 2WW and Breast Symptomatic 2WW patients should be seen within this time frame.

### 2 Week Wait Performance

● Current Year ● Last Year ● Preceding Year



### 2ww Performance

Month	2018	2019
December	88.1%	83.0%

### Waiting List

M	2018	2019
Dec	829	923

### Backlog

M	2018	2019
Dec	241	258

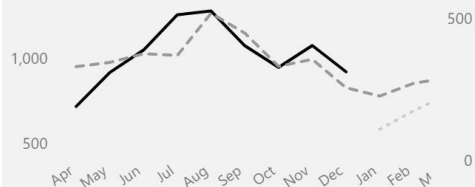
### Data Observations

Provisional December data shows that performance has improved to 82.8% vs. a target of 93%, compared to 79.5% in November. This continues improvement from a low of 71% (Sep 19). Waiting list size has decreased by 13.5%, from 1077 (Nov 19) to 923 (Dec 19). Referrals received has dropped by 15.6%, from 2571 (Nov 19) to 2169 (Dec 19). This is comparable to 1931 referrals received in December 2018. The backlog has increased from 58 (Nov 19) to 258 (Dec 19), which follows on from a period of decline since a peak of 492 (Aug 19). Urology performance has decreased from 94.9% (Nov 19) to 88.9% (Dec 19). The waiting list size increased from 52 (Oct 19) to 118 (Nov 19), and has declined slightly to 102 (Dec 19). Overall, there were 282 breaches in Dec 19, with inadequate capacity in 78% of cases.

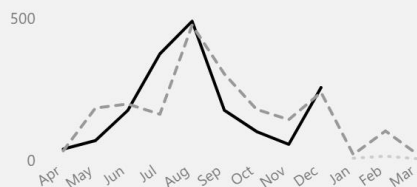
### Management Comments and Actions

Provisional data shows an increase in performance to 82.8% from 79.5% in November, however we anticipate a reduction in performance in January due to lost capacity over the holiday period, with performance set to continually improve from February onwards

### Waiting List



### Backlog







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## Cancer Performance: 31 Day

Chief Operating Officer  
Chris Cobb



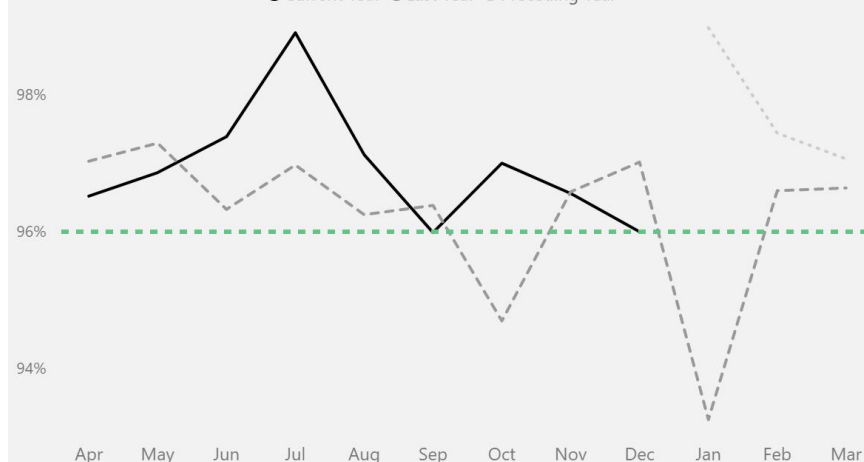
Month Selector

Most Recent ▼

The 31 Day Treatment Standards monitor the trust against the delivery of definitive cancer treatments within 31 days of a decision to treat. For a First Definitive Treatment, 96% of patients should receive their treatment within this timeframe. Subsequent treatments are also monitored, with targets for chemotherapy (98%), radiotherapy (94%) and surgery (94%).

31 Day First Performance

● Current Year ● Last Year ● Preceding Year



31 Day Performance

Month	2018	2019
December	97.0%	96.0%

Waiting List

M	2018	2019
Dec	97	73

Backlog

M	2018	2019
Dec	18	16

### Data Observations

Provisional December data shows a decline in performance at 96.2% vs. a target of 96%, compared to 96.5% in November. The waiting list has remained steady at 73, and the backlog has increased from 9 (Nov 19) to 16 (Dec 19).

Dermatology performance has continued to decline to 89.5% in Dec 19. This continues an overall period of decline since a peak of 100% in Jul 19.

Overall, there were 13 breaches in Dec 19, with inadequate capacity in 77% of cases.

### Management Comments and Actions

Provisional performance is showing 96.28% against a standard of 96%, pathways are still being validated however it is expected that the final upload for closed performance will exceed 96%

Waiting List

Backlog





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## Cancer Performance: 62 Day

Chief Operating Officer  
Chris Cobb



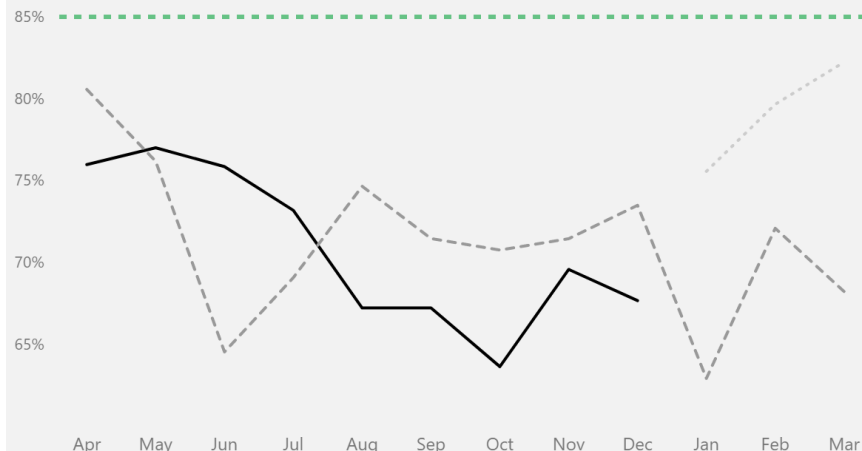
### Month Selector

Most Recent ▼

The 62 Day GP standard monitors the trust's delivery of a first definitive treatment within 62 days of receiving a 2WW referral. The target is to treat 85% of patients within this timeframe.

### 62 Day GP Performance

● Current Year ● Last Year ● Preceding Year



### 62 Day Performance

Month	2018	2019
December	73.5%	67.7%

### Waiting List

M	2018	2019
Dec	2,182	2,220

### 104+ Day Waiters

M	2018	2019
Dec	7	15

### Data Observations

Provisional December data shows a decline in performance to 67.1% vs. a target of 85%, compared to 69.4% in November. The waiting list has decreased by 9.5% from 2454 (Nov 19) to 2220 (Dec 19), and the backlog declined slightly from 162 (Nov 19) to 150 (Dec 19).

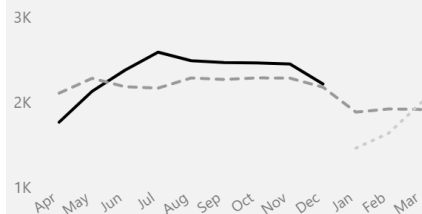
Gynaecology performance has remained steady at 39.1% (Dec 19), following a period of decline from a high of 100% (Jul 19) to a low of 30% (Oct 19). The waiting list size has continued to increase to 309 (Dec 19) from a low of 167 in Jan 19. The backlog has remained steady at 30 (Dec 19), after increasing from 3 (Jul 19) to 34 (Sep 19).

Overall, there were 53.5 breaches in Dec 19, with inadequate capacity in 60% of cases.

### Management Comments and Actions

Decline in performance to 67.1% due to large volumes of patients moving into the 62 day backlog. However whilst the organisation is treating these patients and reducing the backlog, this is turning into a corresponding drop in performance. We are anticipating a continued drop in performance in January due to the continuation of treating and reducing the number of patients in the backlog.

### Waiting List



### 104+ Day Waiters





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## Stroke

Chief Operating Officer  
Chris Cobb



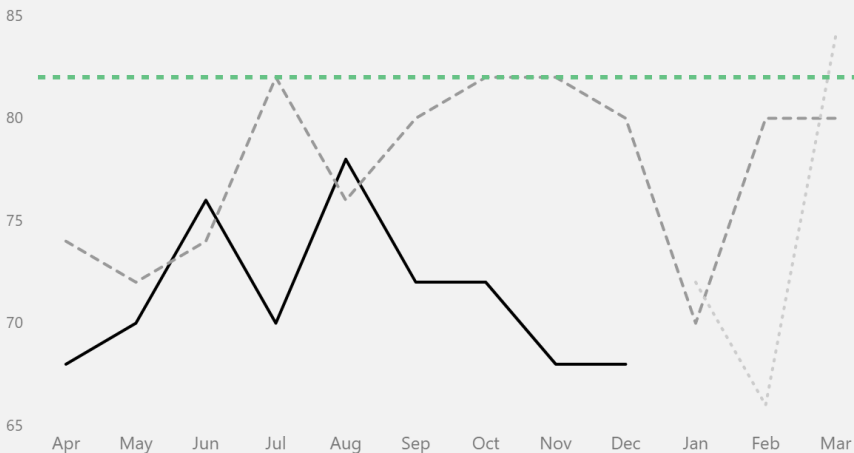
### Month Selector

Most Recent ▼

Stroke's key standard, Sentinel Stroke National Audit Programme (SSNAP), measures the quality and organisation of stroke care within the Trust. SSNAP considers 10 distinct domains. Domain 2 shown below focuses on the Stroke Unit, including admission within 4hrs. Domain 3 is based on Thrombolysis, including the 1hr clock start target. Each domain is graded according to their score.

### SSNAP

● Current Year ● Last Year ● Preceding Year



Month	MetricName	2018	2019
December	SSNAP - Score	80	68
	Domain 2 - Score	77	71
	Domain 3 - Score	71	61

Month	MetricName	2018	2019
December	SSNAP - Grade	B	C
	Domain 2 - Grade	C	C
	Domain 3 - Grade	B	C

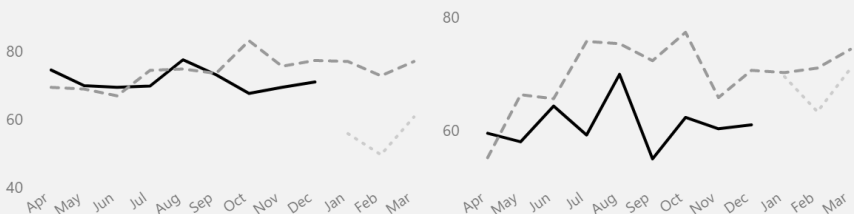
### Data Observations

Overall the rating has continued at C. Breaches continue due to lack of pre alerts to SEN's.

### Management Comments and Actions

Stroke unit and scanning score have both improved despite the ongoing flow pressures. Breaches in the first 4 domains are primarily due to lack of pre-alerts to the Stroke team. Thrombolysis breaches are the focus of the SSNAP QUIP. All therapies scores are lower this month, with PT & SaLT dropping a grade due to staff sickness and peak holiday period

### Domain 2: Stroke Unit (inc. 4hr)



### Domain 3: Thrombolysis (inc. 1hr)





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## Cardiology

Chief Operating Officer  
Chris Cobb



### Month Selector

Most Recent ▼

Cardiology in the Trust is considered in three distinct areas: number of eligible Non-ST-Elevation Myocardial Infarction (NSTEMI) who were treated in 72 hours, number of eligible patients receiving a Primary Percutaneous Coronary Intervention (PPCI) within 150 minutes of first calling for medical attention (Call to Balloon), and the number of eligible patients receiving a PPCI within 60 minutes of arriving at the hospital (Door to Balloon).

### NSTEMI

● Current Year ● Last Year ● Preceding Year



### NSTEMI

Month	2018	2019
December	68.1%	76.2%

### Call to Balloon

M	2018	2019
Dec	72.7%	61.2%

### Door to Balloon

M	2018	2019
Dec	75.0%	85.7%

### Data Observations

%NSTEMI <72 hrs: Standard achieved. In 10 of 42 Pt's standard not achieved. In 3 Pt's this was due to lack of capacity, 1 Pt had comorbidities and for 3 of this group Pt's were already in hospital or had self-presented.

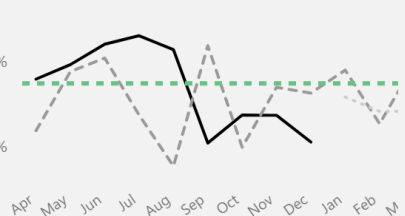
%PCI Door to balloon <150 mins: Standard not achieved. This amounted to 19 out of 49 PT's. For 8 PT's this was due to ambulance delays. If these had not occurred we would have achieved the standard. Other delays due to complex procedures, delay to lab access and OOHA.

%PCI Call to balloon <60 mins: Standard achieved. In 7 out of 49 PT's standard not achieved. Reasons include technically difficult procedures or lack of lab capacity.

### Management Comments and Actions

%PCI Door to Balloon <150 mins: Data reviewed and standard not achieved since August 2019. Matron, Consultant team member and Ops Manager to urgently meet E EAST and support them in service improvements. This standard is owned and delivered primarily by E EAST.

### Call to Balloon



### Door to Balloon





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## Plan vs Activity: Admitted

Chief Operating Officer  
Chris Cobb

NNUH Digital Health  
business intelligence

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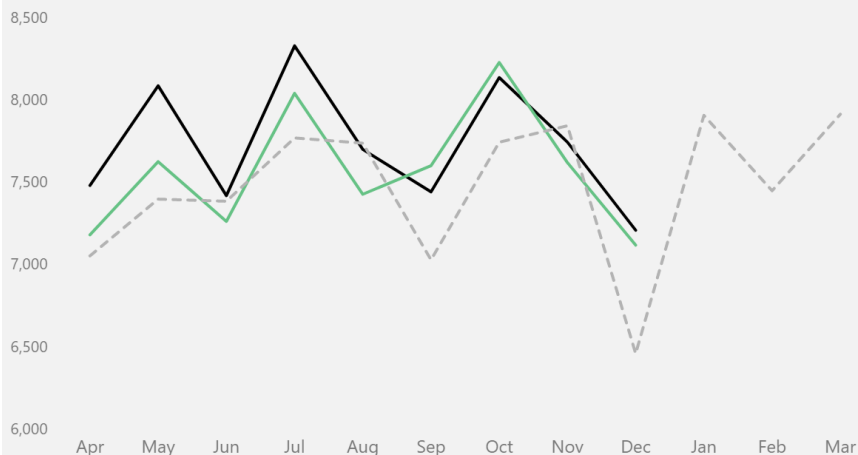
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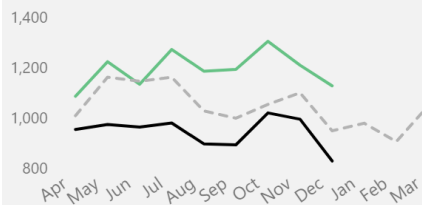
Activity for the current year seen in context of last years activity and the current year's plan. Admitted activity: Daycase Elective, Inpatient Elective and Non-Elective Discharges.

### Daycase Elective

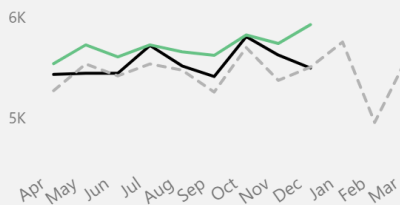
● Current Year - Activity ● Current Year - Plan ● Last Year - Activity



### Inpatient Elective



### Non-Elective Discharge



### Daycase Elective

Measure	Dec
Current Year - Activity	7,209
Current Year - Plan	7,118
Last Year - Activity	6,459

### Inpatient Elective

Measure	Dec
Current Year - Activity	830
Current Year - Plan	1,129
Last Year - Activity	950

### Non-Elective Discharges

Measure	Dec
Current Year - Activity	5,499
Current Year - Plan	5,930
Last Year - Activity	5,508

#### Data Observations

Daycase/RDA: December performance was 1.3% (91 cases) over plan and 750 cases more than prior year. Surgery underperformed by 385 cases compared to plan, driven by Urology (-150) and Ophthalmology (-110). W&C also underperformed in Gynae (-23) and Paediatric Surgery (-13). Medicine over performed in month by 493 cases, mainly in Gastro and Haematology.

Elective: December activity was well down against business plan (by 27%) and prior year (by 13%). In Medicine this is due to cardiology switching to daycase. Surgery were 181 down against plan driven predominantly by Urology (-65). Gynae were 28 under plan.

Non Elective: Activity was below plan (by 431 cases) but on a par with prior year levels. Paediatrics had 153 cases more than planned and 37 more than Dec 18. General Surgery, Urology, Plastics, T&O/Spinal and General Medicine were all down against plan, but OPM/Stroke were over.

#### Management Comments and Actions

Daycase/RDA: Cardiology in particular has seen a switch of activity from elective to daycase due to recording changes which were not anticipated in the plan. There is no monetary impact. This will be monitored going forward. Closely monitoring impact of Aylsham suite on dayase performance skewing trends.

Elective: Work is being done within the Performance Meetings as part of business planning for 2020/21 to understand areas of underperformance better and work up appropriate speciality action plans, particularly in Surgery.

Non Elective: Reduction in EAUS spells due to moving to block contract, skewing figures against plan for surgical specialties. This will be addressed through business planning for 2020/21.



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## Plan vs Activity: Non-Admitted

Chief Operating Officer  
Chris Cobb

NNUH Digital Health  
business intelligence

Month Selector

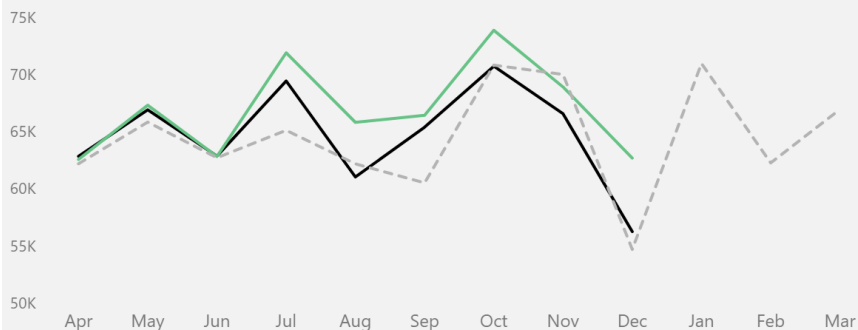
Most Recent



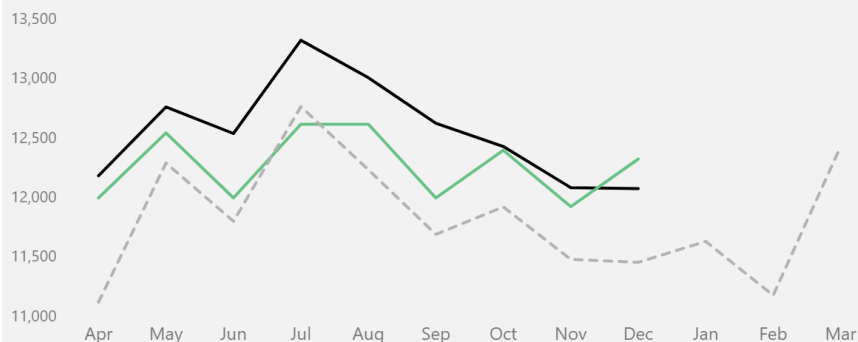
Activity for the current year seen in context of last years activity and the current year's plan. Non-Admitted activity: Outpatient and Emergency Department Attendances.

### Outpatient

● Current Year - Activity ● Current Year - Plan ● Last Year - Activity



### Emergency Department Attendances



### Outpatient

Measure	Dec
Current Year - Activity	56,284
Current Year - Plan	62,722
Last Year - Activity	54,723

### Emergency Department

Measure	Dec
Current Year - Activity	12,073
Current Year - Plan	12,321
Last Year - Activity	11,453

### Data Observations

Outpatient: Consultant Led News were 11% down on plan and 1% down on prior year, driven by Ophthalmology, General Surgery and Gastro. Consultant Led Follow Ups were down against plan by 3,187 (9%) but 3% higher than prior year. Underperformance in surgery was the biggest driver, particularly Dermatology (-744). Medicine were also under plan, driven by Gastro (-313), Cardiology and Rheumatology. W&C were under plan, due to combined underperformance of 141 in paediatrics specialties. Non Consultant outpatients were down against plan across the board, but particularly in Palliative medicine (-261), General Surgery (-203) and therapies (-932)

A&E: Performance was 2% under plan (-248 attendances) but 5.4% up to prior year levels (+620 attendances)

### Management Comments and Actions

Outpatient: EAUS activity now recorded as outpatient but not counted in activity figures due to block funding arrangement, skewing figures. This will be addressed through business planning for 2020/21.





## Core Slide 38

## Executive Summary

## Finance - Lead Director John Hennessey

- The reported deficit** for the year to date at month 9 is £40.8m which is **£22m** adverse to budget. In month there was a deficit of £17.6m which was £15.6m adverse to budget. Adverse performance excluding the £12.3m adverse variance due to the reversal of PSF funding was £3.4m
- Income** Excluding adjustments for the NHSE Specialised block (£1.6m), pass through payments (£1.1m) and N&WCCG block (£1.5m) the income based on actual activity to date is £2.0m adverse to budget. Of which key variances inclusive of CIP targets are: Electives under performance £5.7m, Non electives under performance £3.0m, Outpatients under performance £2.5m, Day-cases under performance £0.2m, A&E over performance £0.4m, Spire outsourcing £1.1m over performance. YTD CIP plan is £6.0m
- Other Income:** YTD £14.3 Adverse. In month £12.6m adverse of which £12.3 relates to reversal of Q2&3 PSF/FRF Funding and £0.6m New HPV Contract Income re-classified to Clinical income, £0.4m CNST re-classified as Non Pay costs. Offset by £1m HPV mobilisation Income
- Pay** is overspent for the year to date by £7.4m (2.6%). Key areas of overspend are Medicine £2.5m, Urgent & Emergency Care £1.7m, Surgery £1.1m, CSS £0.7m. In all areas the overspend is being driven by temporary staffing costs i.e. locums, bank, agency, overtime. In month pay was overspent by £1.8m mainly due to £0.3m CIP unidentified, £0.6m CIP categorisation change and £0.9m temporary staffing.
- Non Pay** is overspent by £4.8m year to date. In month adverse to plan by £1.5m mainly due to clinical supplies £1.1m and non-clinical supplies by £0.4m. £0.9m relates to HPV mobilisation costs offset by other income, £0.3m increased activity within Medicine (Income backed), £0.1m CIP unidentified, £0.1m one off Quadram completion costs, £0.1m HPV New contract delivery costs (Income backed), £0.2m across CSS for Send-away tests and EPA. Offset by £0.4m for CNST (Re-classified from Other Income)
- The CIP Target is £26.6m.** The budget for M9 year to date was £17.7m. Of this £2.5m was not achieved. FIP Board approved year to date plan is £17.7m.
- Forecast:** The Trust is projecting that it will not achieve its control total excluding FRF/MRET PSF of £55m deficit and instead a £71m deficit is forecast, a deterioration of £16.2m. Including FRF/MRET/PSF the original planned deficit was £20.7m and the revised projected deficit is £57.8m, an adverse variance of £37.1m since the Trust will no longer receive £20.9m in PSF and FRF due to not achieving its control total. The main reasons for not achieving the control total as are: A) The Trust has not delivered the level of planned surgical activity that it assumed at the beginning of the year mainly due to bed capacity. B) The Trust has delivered more than 3% CIP efficiencies, but not the full £26.6m (4%) that was built into the original financial plan. C) Pay expenditure has grown with anticipated reductions in temporary spend not occurring mainly due to permanent staff numbers being increased to improve quality. In addition premium costs continue to be incurred in various areas due to recruitment difficulties and additional escalation areas opened to support the increased level of emergency activity. D) The impact of increasing levels of A&E and medical emergency activity has increased costs and displaced elective surgical activity. The Trust did not have the necessary bed capacity to absorb this level of growth without reducing elective surgical activity from the levels originally planned.
- Risks:** The collection of historical Private patient income using TPW still needs to be received, with £1.1m of income recognised in Month 6. Finally, the impact of additional overseas nurses, reduction of temporary staffing costs, and delivery of CIP remain challenging for the remainder of the year and will require close monitoring.

SUMMARY INCOME AND EXPENDITURE ACCOUNT	In Month			Year to Date			Full Year Forecast		
	Actual £m	Budget £m	Variance (adv)/fav £m	Actual £m	Budget £m	Variance (adv)/fav £m	Forecast £m	Budget £m	Variance (adv)/fav £m
Clinical Income excluding NT Drugs	38.9	38.9	0.0	360.8	358.6	2.2	482.9	478.6	4.3
NT Drugs	5.7	5.9	(0.2)	49.6	53.0	(3.4)	65.6	70.7	(5.1)
Other Income	(2.2)	10.5	(12.7)	71.6	85.9	(14.3)	96.6	118.5	(21.9)
<b>TOTAL OPERATING INCOME</b>	<b>42.4</b>	<b>55.3</b>	<b>(12.9)</b>	<b>482.0</b>	<b>497.5</b>	<b>(15.5)</b>	<b>645.1</b>	<b>667.8</b>	<b>(22.7)</b>
Pay Costs	(32.8)	(31.0)	(1.8)	(288.4)	(281.0)	(7.4)	(388.7)	(375.2)	(13.5)
Drugs	(6.7)	(7.0)	0.3	(58.4)	(62.9)	4.5	(77.7)	(83.8)	6.1
Other Non Pay Costs	(16.8)	(15.3)	(1.5)	(143.3)	(138.5)	(4.8)	(193.1)	(184.2)	(8.9)
<b>TOTAL OPERATING EXPENSES</b>	<b>(56.3)</b>	<b>(53.3)</b>	<b>(3.0)</b>	<b>(490.1)</b>	<b>(482.4)</b>	<b>(7.7)</b>	<b>(659.5)</b>	<b>(643.2)</b>	<b>(16.3)</b>
<b>EBITDA</b>	<b>(13.9)</b>	<b>2.0</b>	<b>(15.9)</b>	<b>(8.1)</b>	<b>15.1</b>	<b>(23.2)</b>	<b>(14.4)</b>	<b>24.6</b>	<b>(39.0)</b>
Depreciation	(0.8)	(0.9)	0.1	(7.2)	(7.7)	0.5	(9.8)	(10.6)	0.8
Finance Costs	(2.9)	(3.1)	0.2	(25.7)	(26.3)	0.6	(34.5)	(35.6)	1.1
Other - PDC, Disposals & Interest Income	0.0	0.0	0.0	0.2	0.1	0.1	0.2	0.1	0.1
<b>(Deficit)/surplus after tax excluding Donated Additions</b>	<b>(17.6)</b>	<b>(2.0)</b>	<b>(15.6)</b>	<b>(40.8)</b>	<b>(18.8)</b>	<b>(22.0)</b>	<b>(58.5)</b>	<b>(21.5)</b>	<b>(37.0)</b>
Adjustment for donated depreciation	0.1	0.1	0.0	0.6	0.6	0.0	0.8	0.8	0.0
<b>(Deficit)/surplus on a Control Total basis</b>	<b>(17.5)</b>	<b>(1.9)</b>	<b>(15.6)</b>	<b>(40.2)</b>	<b>(18.2)</b>	<b>(22.0)</b>	<b>(57.7)</b>	<b>(20.7)</b>	<b>(37.0)</b>



## Our Vision

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

December 2019

## Core Slide 39

## Finance - Lead Director John Hennessey

### Income and Expenditure Summary as at M9 - Dec 2019

The reported I&E position for M9 is a deficit of £17.6m, against budget of £2.0m deficit. This is a £15.65m adverse variance in month (adverse variance of £22m year to date).

The key in month variances are PSF Funding £12.3m adverse, Pay £1.8m adverse, Clinical Supplies £1.0m adverse, Non Clinical Supplies £0.4m adverse.

### Summary of I&E Indicators

Income and Expenditure	Actual / Forecast £'000	Budget / Target £'000	Variance to Budget (adv) / fav £'000	Direction of travel (variance)	RAG
In month (deficit) / surplus	(17,620)	(1,969)	(15,651)	↓	Red
YTD (deficit) / surplus	(40,829)	(18,779)	(22,050)	↓	Red
Forecast (deficit) / surplus	(57,757)	(20,691)	(37,066)	↓	Red

NHS Clinical Income (exc Drugs) YTD	360,785	358,522	2,263	↑	Green
Other Income YTD	71,646	85,893	(14,247)	↓	Red
Pay YTD	(288,426)	(280,987)	(7,439)	↓	Red
Non Pay (exc Drugs) YTD	(143,274)	(138,478)	(4,796)	↓	Red
Net Drugs YTD	(8,830)	(9,816)	986	↑	Green
Non Opex YTD	(32,730)	(33,913)	1,183	↑	Green
CIP Target YTD	15,250	17,746	(2,496)	↓	Red

### Other Indicators

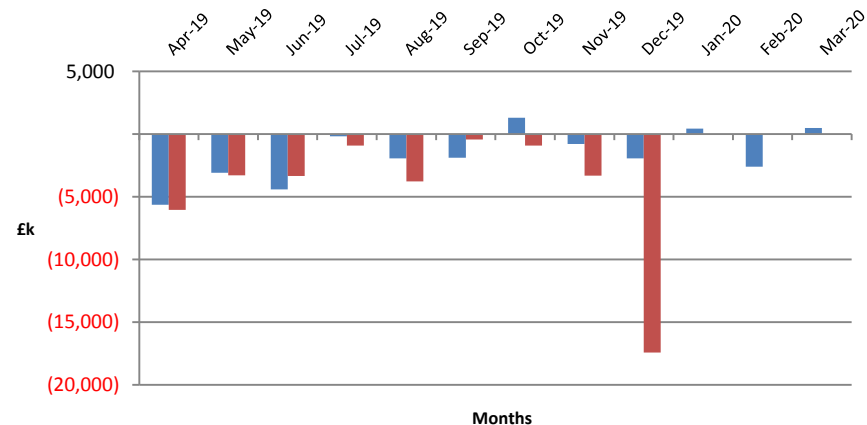
Cash at Bank	6,093	1,155	4,938	↑	Green
Borrowings	(151,597)	(136,963)	(14,634)	↓	Red

Green	Favourable or nil variance
Amber	Adverse Variance less than £200k
Red	Adverse Variance more than £201k

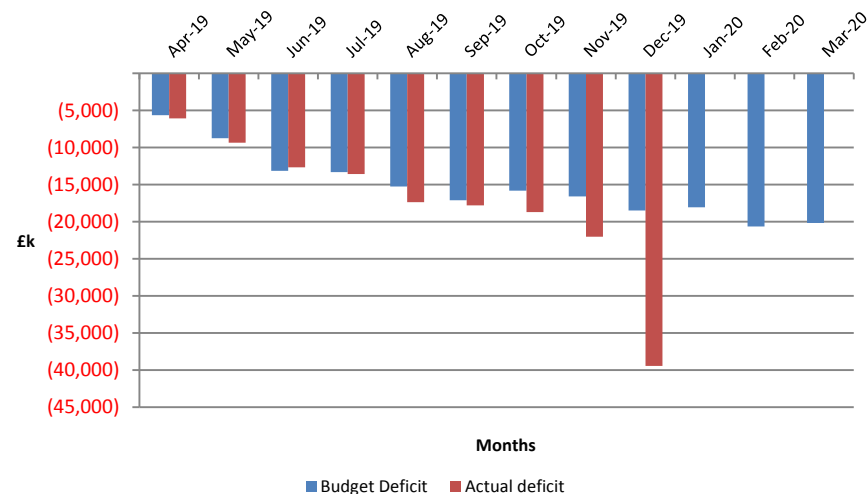
  

↑	In month improvement and YTD favourable
↑↓	In month improvement and YTD adverse
↔	No change
↓↑	In month deterioration and YTD favourable
↓	In month deterioration and YTD adverse

### Monthly I&E deficit against budget for 2019/20



### Cumulative I&E deficit against budget for 2019/20







## Our Vision

To provide every patient  
with the care we want  
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# Norfolk and Norwich University Hospitals



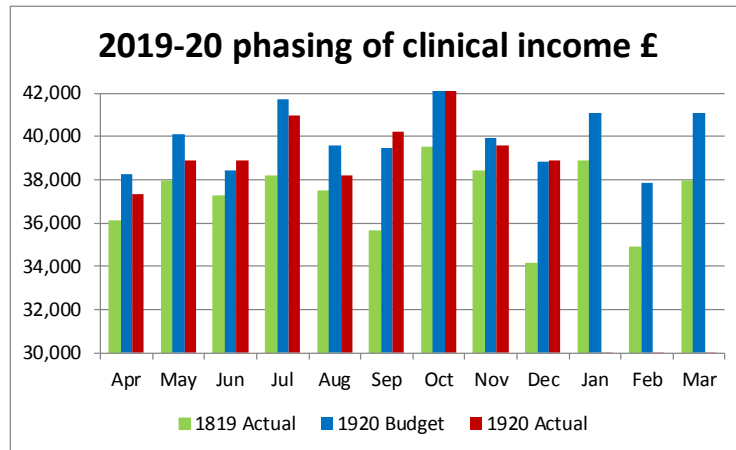
NHS Foundation Trust

December 2019

## Core Slide 40 Finance - Lead Director John Hennessey

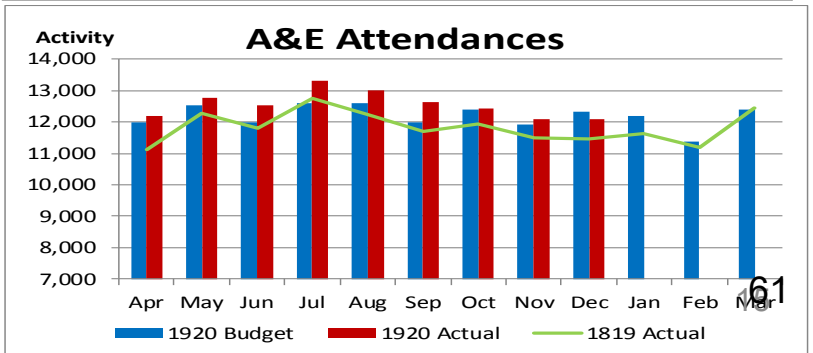
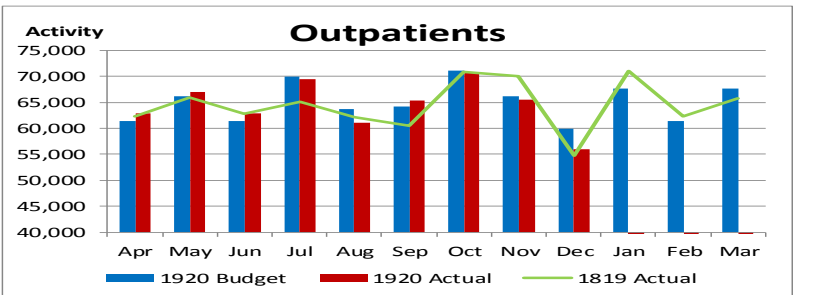
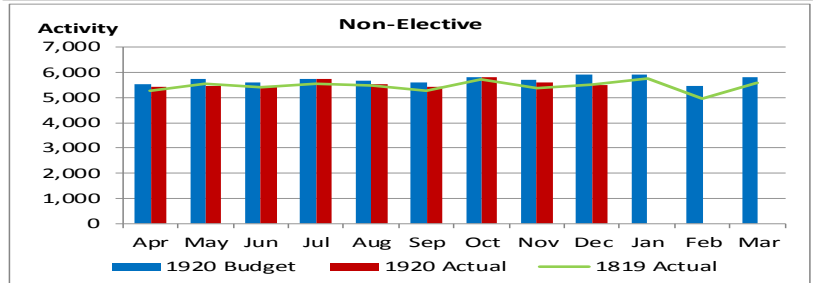
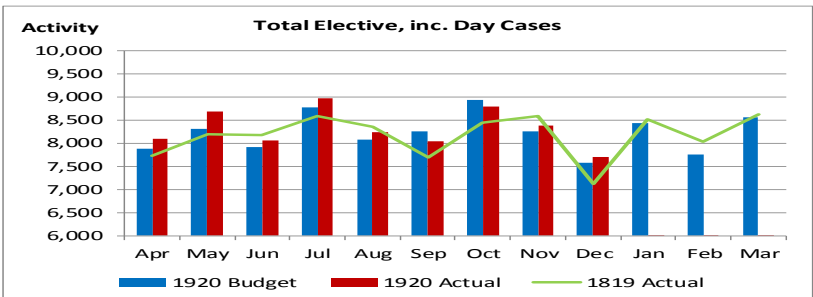
### Income Analysis

The chart below sets out the monthly phasing of the clinical income budget for 2019/20. This phasing is in line with activity phasing which is how the income is recognised. The phasing is responsive to actual days and working days, hence the monthly variation.



The income position in December is an over performance of £0.03m. This includes a reversal of £1.33m in relation to operations cancelled, which was recognised in September offset by the Norfolk and Waveney agreed block adjustment of £1.1m (£1.5m YTD)

Income (£'000s)	Current month			Year to date		
	Budget	Actual	Variance	Budget	Actual	Variance
Daycase (inc. Reg Day Attd)	4,309	4,561	253	34,635	35,585	951
Elective	3,943	3,652	-291	32,107	27,600	-4,508
Non Elective	13,648	13,574	-74	108,440	106,727	-1,713
Marginal Rate Reduction	-758	-758	0	-6,067	-6,067	0
Accident & Emergency	1,697	1,723	27	13,958	14,399	441
Outpatients	7,285	7,165	-120	57,743	57,266	-478
CQUIN	430	430	-1	3,445	3,442	-3
C&V	5,895	6,014	120	47,665	48,238	573
Other	3,457	4,016	559	27,735	34,704	6,969
<b>Total</b>	<b>39,905</b>	<b>40,378</b>	<b>473</b>	<b>319,662</b>	<b>321,894</b>	<b>2,232</b>



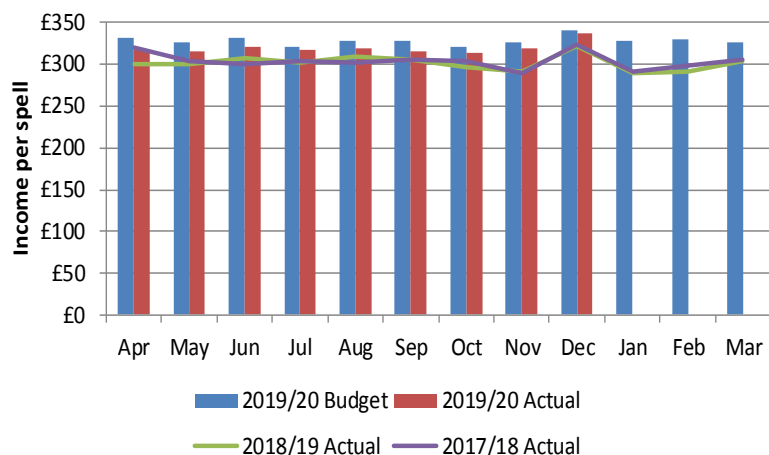


December 2019

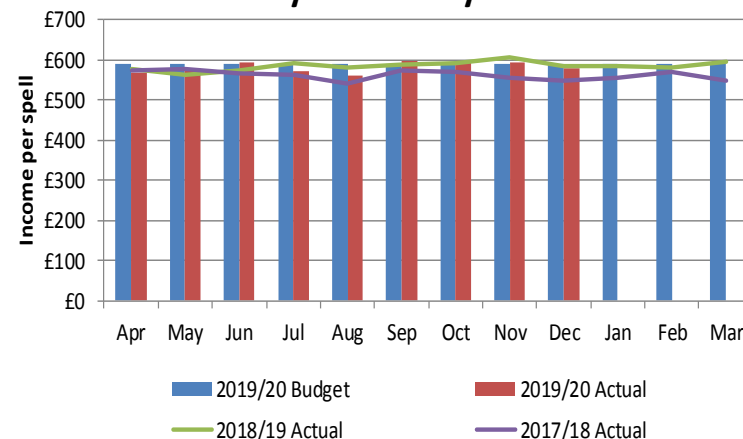
## Core Slide 41

**Finance** - Lead Director John Hennessey

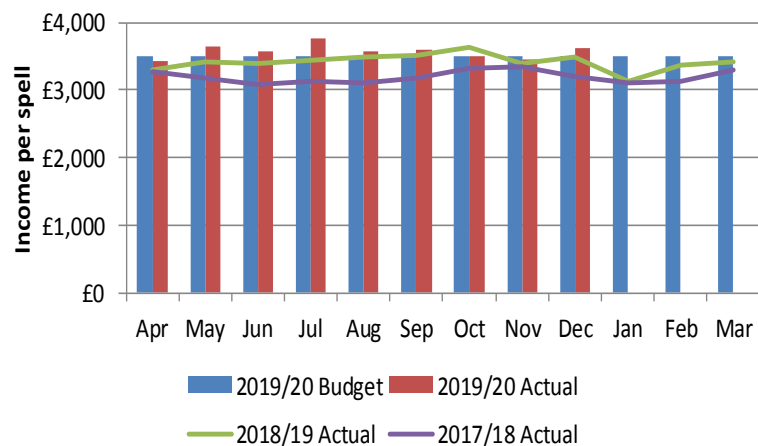
**Total Income Analysis (exc. Other)**



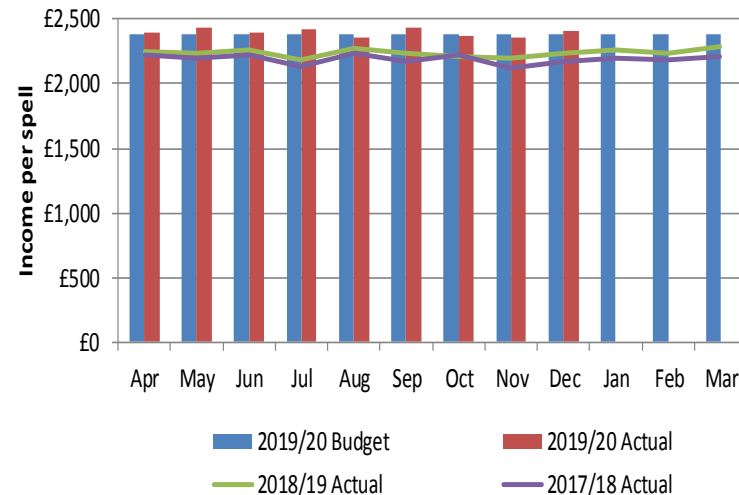
**Day Case Analysis**



**Elective Analysis**



**Non Elective Analysis (exc. Marginal Rate)**



## Core Slide 42

## Finance - Lead Director John Hennessey

### Pay Analysis

Monthly Expenditure (£)						
As at November 2019	Dec-19	Nov-19	Oct-19	Sep-19	Aug-19	Jul-19
	£'000	£'000	£'000	£'000	£'000	£'000
<b>Budgeted costs in month</b>	<b>30,957</b>	<b>30,833</b>	<b>31,387</b>	<b>31,372</b>	<b>31,038</b>	<b>31,217</b>
<b>Actuals:</b>						
<b>Substantive staff</b>	<b>28,862</b>	<b>28,382</b>	<b>28,644</b>	<b>28,380</b>	<b>27,540</b>	<b>27,297</b>
Medical External Locum Staff*	149	252	201	221	279	456
Medical Internal Locum Staff	555	585	607	585	567	531
Additional Medical Sessions	351	338	366	337	427	422
Nursing Agency Staff*	541	517	529	486	676	570
Nursing Bank Staff	1,210	1,163	1,123	1,110	1,122	1,032
Other Agency (AHPs/A&C)*	362	258	247	249	222	362
Other Bank (AHPs/A&C)	156	184	183	174	188	170
Overtime	368	401	366	377	325	392
On Call	213	208	214	223	210	203
<b>Total temporary expenditure</b>	<b>3,906</b>	<b>3,906</b>	<b>3,835</b>	<b>3,761</b>	<b>4,017</b>	<b>4,139</b>
<b>Total Pay costs</b>	<b>32,768</b>	<b>32,288</b>	<b>32,478</b>	<b>32,141</b>	<b>31,557</b>	<b>31,436</b>
Variance Fav / (Adv)	(1,811)	(1,455)	(1,091)	(769)	(518)	(218)
Monthly Movement Increase/(Decrease)	290	147	921	585	121	29
<b>Temp Staff costs % of Total Pay</b>	<b>12%</b>	<b>12%</b>	<b>12%</b>	<b>12%</b>	<b>13%</b>	<b>13%</b>
<b>Memo: Total agency spend in month*</b>	<b>1,052</b>	<b>1,027</b>	<b>976</b>	<b>956</b>	<b>1,177</b>	<b>1,388</b>

Data taken from the workforce return as agreed with deputy workforce director each month.

Actuals taken from NHSI return which is generated from the ledger.

Employed substantive provided by payroll. This is converted into WTE that are populated in the ledger, and reported to NHSI, via the workforce return. sourced from payroll.

The table below represent the substantive WTE movement in the last 12 month's.

Jul-19 Includes £267k of 18/19 accrual releases, split as follows:

- Agency £181k
- Internal Locums £44k
- External Locums £42k

Sep-19 includes £0.6m pay award for Consultants and Oct-19 includes £0.5m pay award for junior doctors.

Substantive Staff Growth over 12 month period	Dec-18	Dec-19	12 month Substantive Increase	12 month Substantive Increase %
Staff Group	WTE	WTE	WTE	%
A&C	1,421	1,547	126	8.9%
AHP	577	598	21	3.6%
Apprentices	74	70	(4)	(5.2%)
Medical	1,052	1,108	55	5.2%
Midwives	212	203	(9)	(4.3%)
Nursing	2,849	3,105	255	9.0%
Other	220	253	32	14.7%
Science, Professional Technical	691	707	16	2.3%
<b>Grand Total</b>	<b>7,096</b>	<b>7,589</b>	<b>492</b>	<b>6.9%</b>

Premium Pay by Division (Excl. On Call)	Dec-19	Nov-19	Oct-19	Aug-19	Jul-19	Jun-19	May-19
Division	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medicine	1,286	1,235	1,133	1,153	1,136	1,198	1,178
Emergency & Urgent Care	563	611	576	544	606	733	822
Surgery	1,075	1,123	1,102	1,025	1,136	1,208	1,195
Women & Childrens	243	236	267	269	278	352	377
Clinical Support	344	412	369	363	488	516	397
Services	172	74	169	181	158	191	101
R&D Projects	9	7	4	3	6	3	5
<b>Total</b>	<b>3,693</b>	<b>3,698</b>	<b>3,620</b>	<b>3,538</b>	<b>3,807</b>	<b>4,202</b>	<b>4,075</b>

18/19 Balance Sheet accrual releases of £267k excluded from Divisional Breakdown

## Core Slide 43

## Finance - Lead Director John Hennessey

### CIP Analysis

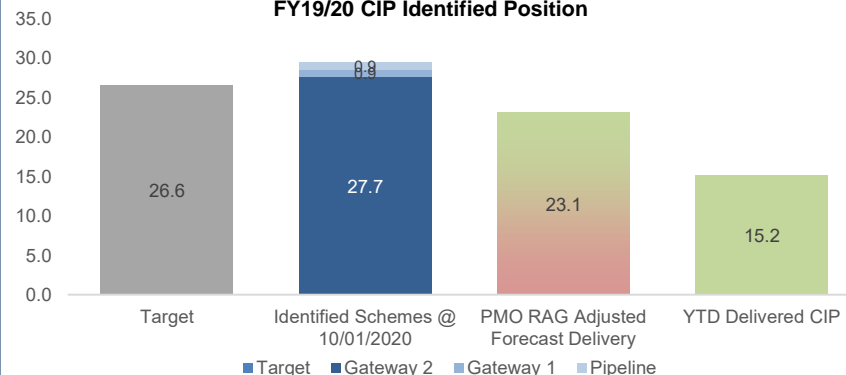
#### FY19/20 YTD CIP Performance

- The Trust has delivered £15.2m of CIPs against a FIP Board approved plan of £17.7m, an under-performance of £2.5m arising through adverse performance in:
  - Clinical income initiatives, particularly within surgical specialties and theatre productivity schemes;
  - Pay initiatives, including temporary spend and planned vacancies; and
  - Under-recovery of private patient income against plan. It is anticipated that the current adverse variance may be recovered and has arisen as a result of a timing difference between planned receipt and actual receipt.
- The £15.2m of YTD delivery represents an underperformance of £2.5m against the annual plan of £17.7m.

#### FY19/20 CIP Plan Development

- To date £29.5m of opportunity has been identified to be developed through the Trust's governance gateway process, of which £27.7m has been approved through Gateway 2.
- The risk adjusted forecast delivery for FY19/20 is currently calculated as £23.1m based on the latest forecast financial performance of in delivery schemes, progress against milestone delivery and performance against quality and performance indicators. This is net of any FY18/19 FYE (£1.9m) and initiatives not yet approved (£0.8m).

FY19/20 CIP Identified Position



FY19/20 Performance by Division

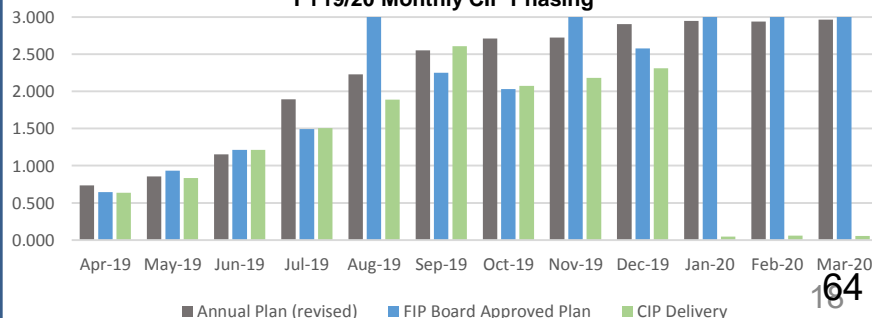
Division	Number of schemes 'In Delivery'	CIP Delivery		
		YTD FIP Board Approved Plan £'000	YTD Actual £'000	YTD Variance £'000
Medicine	22	4,639.0	4,642.9	3.8
Surgery	26	4,887.0	3,465.8	(1,421.1)
Women & Children's	26	1,796.9	1,910.4	113.6
Clinical Support Services	32	3,300.8	2,321.5	(979.3)
Emergency & Urgent Care	7	357.7	378.1	20.5
Corporate	12	2,711.0	2,531.0	(180.0)
Cross-Divisional*	7	-	-	-
	<b>132</b>	<b>17,692.3</b>	<b>15,249.8</b>	<b>(2,442.6)</b>
YTD per Annual Plan		17,748.0	17,748.0	
Variance to Annual Plan		(55.7)	(2,498.2)	

\*Cross-divisional plan and actuals have been allocated to the relevant divisions

Category	FIP Approved Plan YTD £'000	Actual YTD £'000	Variance £'000
Clinical Income	6,706.8	5,312.6	(1,394.3)
Pay*	2,715.4	3,094.0	378.6
Non-pay*	5,156.0	5,206.6	50.6
Other Income*	2,754.6	1,319.0	(1,435.6)
Non-Opex	359.4	317.5	(41.9)
	<b>17,692.3</b>	<b>15,249.8</b>	<b>(2,442.6)</b>

\*Information is shown as the savings identified net of any costs associated with the delivery of clinical income initiatives.

FY19/20 Monthly CIP Phasing



## Core Slide 44

## Finance - Lead Director John Hennessey

### Summary by Division

#### Medicine

**Clinical Income** - M09 overachieved by £89k - (£114k) prior mth catch-up, £203k overachievement in month, mainly due to an increase in non-elective income in OPM and Renal, along with an increase in day case income mainly driven by Cardiology and Haematology. This is partly mitigated by a reduction in elective income, mainly in Cardiology and outpatient income across the majority of specialties. Year to date overachieved by £1,638k mainly due to an overachievement in day case activity.

**Other Income** - M09 drugs income underachieved by (£94k), offset by an underspend on drugs. YTD drugs income underachievement (£2,881k). Other income £29k in month, £195k YTD.

**Pay** - M09 overspend of (£569k). (£144k) Oncology & Haematology - including (£99k) Nursing - bank & agency across Mattishall & Mulbarton & (£17k) Onc & Haem Medical Staff. (£116k) Neurosciences - (£52k) Stroke Medical - Locum Consultant covering vacant post until substantive appointment on 01/02/20, £52k Heydon Ward - bank & agency. (£60k) OPM - (£29k) Medical - Internal Locums (Consultant & Juniors), remainder across the OPM wards. (£41k) Medicine Divisional Management - including (£25k) Hospital at Night cover. (£47k) Respiratory - (£30k) Hethel Ward - bank & agency, (£11k) Medical - Locum Junior Doctors (£49k) Gastroenterology - (£45k) Nursing (£28k) Guist, £24k Gastro Unit. (£43k) Cardiology - (£17k) Medical including WLI. (£35k) Endocrinology - (£33k) Nursing - Earsham Ward - bank, Elsie Bertram - not meeting vacancy factor

**Non-Pay** - M09 drugs cost underspent by £109k, offset by an underachievement on drugs income, YTD drugs underspent £3,180k. M09 clinical supplies (£332k). (£199k) Cardiology - (£88k) EP, (£82k) PCI and (£27k) Pacing - partly offset by an increase in activity. (£55k) Gastroenterology - (£47k) Quadram consumables costs. (£35k) Respiratory - (£23k) Respironics - pass-through to CCGs. YTD (£1,608k). M09 Non-Clinical Supplies (£178k). (£152k) Gastroenterology - (£100k) Quadram post completion costs, NNUH share - one off, non-recurrent cost and (£50k) Medinet Capacity support costs. YTD (£513k).

#### Emergency and Urgent care

**Income** - £376 YTD Increased Clinical Income due to increased A&E Attendances. £140k overachievement due to CHC Income.

**Pay** - Overspend in Medical Staff £791k YTD, mainly due to External Locum spend (£657k) & Internal Locum Spend (£390k) partially offset by vacant posts. Overspend in A&E Nursing £1,091k YTD, mainly due to Bank (£325k), Agency (£522k) and underachieved Vacancy Factor (£171k)

**Non-Pay** - £242k unidentified CIP YTD. £92k overspend on Drugs YTD (due to increased activity)

#### Surgery

**Clinical Income** - Cancellations remain high, 202 in December (202 short notice cancellations (273 M8) & 100 On The Day cancellations (136 in M9). The majority of cases over the last two months quote bed shortages as the main cancellation reason. Variance on DC £337k (YTD £2,002k), EL £489k (£3,648k), NEL £1,116k (£3,977k), OP £296k (£1,177k).

Specialties with the most significant variances were: General Surgery £428k (£2,750k), Urology £323k (£1,085k), T&O £487k (£2,349k), Ophthalmology £162k (£804k), Plastic Surgery £134k (£575k), Vascular £197k (£1,602k), CIP failure of £2,484k, Spire over-performance remains at £1.1m YTD. The reduction in activity is expected to be reflected in December's final income figures.

**Pay** - Overspend in month £317k (YTD £1,072k). Unidentified CIP of £202k (YTD - £1,543). Nursing overtime is overspent by £31k (a decrease from an overspend of £47k in M8) & has increased from £215k in M8 to £156k in M9. Agency nursing has increased from £201k in M8 to £215k in M9. Substantive nursing costs have risen vs M8, up £79k to £3,448k.

YTD Premium Pay is £1,171k underspent, driven by a combination of medical & nursing pp underspends. Locums are underspent by £268k, WLI by £251k, agency by £828k. £275k adverse variance in relation to the Cancer Alliance costs recovered through income.

Provisional figures for Dec show an ongoing trend of high numbers of Medical Boarders, an average of 64, nearly two wards, in Dec.

**Non-Pay** - £19k underspent in month reflecting the reduced activity at Spire, 6 patients are being referred to Spire p/w. Ophthalmic & Dermatological drugs continue to underspend reflecting both the up performance on activity & the adverse variance in non-tariff drugs income.

### Summary by Division

DIRECTORATES INCOME & EXPENDITURE	Dec-19			Year to date		
	Actual £k	Budget £k	Variance F/(A) £k	Actual £k	Budget £k	Variance F/(A) £k
<b>MEDICINE</b>						
Total Income	19,569	20,173	(604)	180,415	182,090	(1,675)
Pay Costs	(9,241)	(8,672)	(569)	(79,957)	(77,447)	(2,510)
Non-Pay Costs	(7,964)	(7,564)	(400)	(66,663)	(67,722)	1,059
Total Expenditure	(17,205)	(16,236)	(970)	(146,619)	(145,169)	1,450
<b>SURPLUS/(DEFICIT)</b>	<b>2,363</b>	<b>3,937</b>	<b>(1,574)</b>	<b>33,795</b>	<b>36,921</b>	<b>(3,125)</b>
<b>EMERGENCY &amp; URGENT CARE</b>						
Total Income	1,769	1,782	(13)	16,246	15,681	565
Pay Costs	(2,143)	(1,886)	(257)	(18,932)	(17,225)	(1,708)
Non-Pay Costs	(345)	(228)	(116)	(3,006)	(2,665)	(341)
Total Expenditure	(2,488)	(2,114)	(373)	(21,938)	(19,890)	2,049
<b>SURPLUS/(DEFICIT)</b>	<b>(718)</b>	<b>(332)</b>	<b>(386)</b>	<b>(5,692)</b>	<b>(4,208)</b>	<b>(1,484)</b>
<b>SURGERY</b>						
Total Income	12,306	14,967	(2,661)	129,225	138,560	(9,335)
Pay Costs	(9,422)	(9,104)	(317)	(84,002)	(82,930)	(1,072)
Non-Pay Costs	(3,890)	(3,908)	19	(37,534)	(36,986)	(548)
Total Expenditure	(13,311)	(13,013)	(299)	(121,536)	(119,915)	1,620
<b>SURPLUS/(DEFICIT)</b>	<b>(1,006)</b>	<b>1,954</b>	<b>(2,960)</b>	<b>7,689</b>	<b>18,645</b>	<b>(10,955)</b>





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

December 2019

## Finance - Lead Director John Hennessey

### Core Slide 45

#### Summary by Division continued

##### Women's and Children's

**Income** - Clinical Income £200k down in month of which £140k is daycase and elective, £100k of which is in Gynae. Outpatient income is down £55k in month, mainly within general paediatrics (£21.5k) and Gynaecology (£14k). Drugs income is down £24k in month, drugs costs are also up in month by £25k so net effect is a downside in month of £50k

**Pay Costs** - are overspent in month by £33k, December included unidentified CIP of £16k as well as a £50k overspend within maternity, this was counteracted slightly with the vacancies we still hold within paediatric nursing. YTD is still showing an underspend of £143k with Paed nursing vacancies being the contributor to this.

**Non Pay** - £65k of unidentified CIP in December, £38.5 CIP within midwifery to get back a credit note from a supplier that has not come through, £25k due to additional drugs costs, remainder driven by additional Med & Surg equipment and tests across the Women's and Children's division

##### Clinical Support

**Income** - £1,475k YTD HPV Mobilisation, £272k Increased Backlog work in Cytology £50k JPUH Recharge of Blood products. £754k underachievement of Drugs Income YTD (Offset by Costs)

**Pay** - £252k HPV (Backed by Income). £101k overspent in Histology Lab (agency Spend , covering sickness and maternity leave). £105k overspend on Cytology Staff (new HPV work - backed by clinical income). £257k in Imaging Failure to achieve Vacancy Factor due to increased recruitment - partially offset by increased clinical income. £174k Overspend on Agency, due to issues in JPUH hot lab (43% recoverable). £45k underspend in Dietetics Transfer to NCHC. £50k Underspend in Phycology due to Vacancies

**Non-pay** - £1,221k HPV Mobilisation, £80k under achieved CIP. £219k MRI Recovery Plan (In health), delivering additional activity, £187k overspend on Send away tests, £90k overspent on Blood Products (partially offset by Other income) £343k overspend on consumables, mainly within Microbiology and Immunology. All 43% recoverable through EPA. £162k SHS Backlog reporting. £118k Overspent on Clinical Engineering. £843k underspend on Drugs YTD (Offset by NT Income)

##### Services

**Income** - £359k CNST credit re-classed to Non Pay, partially offset by Psychiatry Trainees (£22k)

**Pay** - £141k overspent in month of which £97k is the unidentified CIP. £23k Head of Communication uplift agreed with Chief Exec & £22k in HR due to Psychiatry Trainees (offset with income)

**Non-Pay** - (£359k) CNST Maternity income needs to be recognised in non-pay this year opposed to income. This is offset partly on Fiona Reed consultancy (Pathway to Excellence scheme). There are also overspends in Overseas recruitment £40k and the unidentified CIP totals £30k in month.

##### Other

**Income** - M09 adverse variance of £12.1m due to Q2&3 reversal of PSF/FRF Funding. YTD £6.8m adverse due to PSF/FRF Funding offset by Specialised and N&W CCG Blocks

**Pay** - M09 adverse variance of £309k due CIP categorisation change of £544k, offset by £261k of delayed service developments. YTD £1.7m adverse due to £2.8m of CIP categorisation change offset by 1.2m delayed Service Developments

**Non-Pay** - M08 favourable variance of £540k due to release of contingency £295k, reduced R&D spend £111k (offset by Income) and delayed Dialysis Outsourcing £140k. YTD favourable variance £2.0m, contingency £2.6m, R&D £600k and delayed service developments £400k offset by (£1.8m) due to unallocated non-pay CIP

**Non-Opex** - M09 favourable variance of £260k, being Contingent Rent £72k from RPI being less than assumed and depreciation of £113. YTD £1051k of which Contingent rent £458k & Depreciation £593k

#### Summary by Division

	Dec-19			Year to date		
	Actual £k	Budget £k	Variance F/(A) £k	Actual £k	Budget £k	Variance F/(A) £k
<b>DIRECTORATES INCOME &amp; EXPENDITURE</b>						
<b>WOMENS &amp; CHILDREN</b>						
Total Income	4,851	5,643	(791)	49,390	50,981	(1,591)
Pay Costs	(3,636)	(3,603)	(33)	(32,117)	(32,261)	143
Non-Pay Costs	(680)	(461)	(220)	(5,448)	(4,831)	(617)
Total Expenditure	(4,317)	(4,064)	(253)	(37,565)	(37,092)	474
<b>SURPLUS/(DEFICIT)</b>	<b>535</b>	<b>1,579</b>	<b>(1,044)</b>	<b>11,824</b>	<b>13,889</b>	<b>(2,065)</b>
<b>CLINICAL SUPPORT</b>						
Total Income	6,005	4,153	1,852	40,339	38,583	1,756
Pay Costs	(5,667)	(5,484)	(183)	(49,822)	(49,158)	(664)
Non-Pay Costs	(3,961)	(2,653)	(1,308)	(25,576)	(23,889)	(1,687)
Total Expenditure	(9,628)	(8,137)	(1,491)	(75,398)	(73,047)	2,351
<b>SURPLUS/(DEFICIT)</b>	<b>(3,623)</b>	<b>(3,984)</b>	<b>361</b>	<b>(35,059)</b>	<b>(34,464)</b>	<b>(595)</b>
<b>SERVICES</b>						
Total Income	311	643	(331)	5,659	5,783	(124)
Pay Costs	(2,308)	(2,167)	(141)	(19,105)	(19,135)	30
Non-Pay Costs	(5,148)	(5,395)	247	(48,462)	(48,299)	(164)
Total Expenditure	(7,457)	(7,562)	106	(67,567)	(67,434)	133
<b>SURPLUS/(DEFICIT)</b>	<b>(7,145)</b>	<b>(6,920)</b>	<b>(225)</b>	<b>(61,908)</b>	<b>(61,651)</b>	<b>(257)</b>
<b>OTHER inc. NON OPEX</b>						
Total Income	(2,379)	7,921	(10,300)	60,940	65,841	(4,901)
Pay Costs	(351)	(42)	(309)	(4,493)	(2,832)	(1,660)
Non-Pay Costs	(5,296)	(6,083)	787	(47,927)	(50,919)	2,993
Total Expenditure	(5,647)	(6,125)	478	(52,419)	(53,751)	(1,332)
<b>SURPLUS/(DEFICIT)</b>	<b>(8,026)</b>	<b>1,796</b>	<b>(9,822)</b>	<b>8,521</b>	<b>12,089</b>	<b>(3,569)</b>
<b>TOTAL</b>						
Total Income	42,432	55,281	(12,849)	482,213	497,519	(15,306)
Pay Costs	(32,768)	(30,957)	(1,811)	(288,427)	(280,987)	(7,440)
Non-Pay Costs	(27,284)	(26,293)	(991)	(234,615)	(235,311)	695
Total Expenditure	(60,052)	(57,250)	(2,802)	(523,043)	(516,298)	6,745
<b>SURPLUS/(DEFICIT)</b>	<b>(17,620)</b>	<b>(1,969)</b>	<b>(15,651)</b>	<b>(40,829)</b>	<b>(18,779)</b>	<b>(22,050)</b>



## Our Vision

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

# Norfolk and Norwich University Hospitals



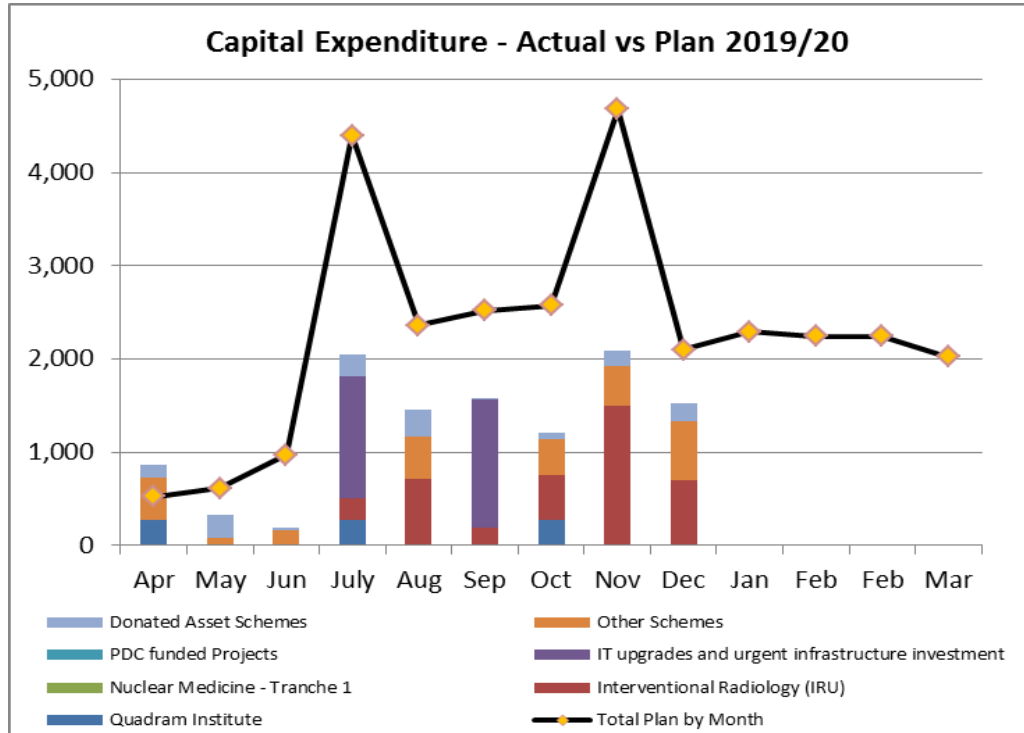
NHS Foundation Trust

December 2019

**Finance** - Lead Director John Hennessey

## Core Slide 46

### Capital Progress Report



The capital plan for 2019/20 as submitted to NHSI on the 15<sup>th</sup> July 2019 is £27.305m. This is made up as follows:

- New loan funding £15.8m
- IRU approved loan funding £6.8m
- Internally funded schemes £2.4m
- Charitably funded schemes £2.3m

The related 5 year capital plan is £188.9m.

A drawdown of £1.2m was made in December against the approved IRU loan of £7m. Total drawdown is £3.4m.

An application for a capital loan was made to NHSI/DHSC which was confirmed as agreed on 21 October. The loan agreed is for £20.8m, with £15.8m relating to 2019/20.

A drawdown of £3.9m was made in December against the approved capital loan of £15.8m. Total drawdown is £3.9m.

In addition we have been awarded further capital – as PDC – to support 'winter' & IT. This totals £1.3m and is expected to be spent by 31<sup>st</sup> March 2020.

	Apr Plan	Apr Actual	May Plan	May Actual	Jun Plan	Jun Actual	July Plan	July Actual	Aug Plan	Aug Actual	Sep Plan	Sep Actual	Oct Plan	Oct Actual	Nov Plan	Nov Actual	Dec Plan	Dec Actual	Jan Plan	Feb Plan	Mar Plan	TOTAL Plan
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Quadram Institute	271	271	0	0	0	0	271	271	0	0	0	0	271	271	0	0	0	0	270	0	0	1,083
Interventional Radiology (IRU)	0	0	360	0	726	18	891	234	882	610	660	195	885	480	1,062	1,494	629	704	250	89	342	6,776
Nuclear Medicine - Tranche 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,273	0	0	0	0	0	0	2,273
IT upgrades and urgent infrastructure	0	0	0	0	0	0	2,664	1,315	0	0	370	1,369	470	0	370	0	370	0	370	370	150	5,134
PDC funded Projects	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Schemes	251	453	252	84	246	140	212	0	1,227	556	1,363	0	924	385	924	433	1,053	627	1,145	1,175	923	9,695
Charitably Funded Schemes	0	148	0	238	0	38	359	225	250	292	125	9	25	78	50	168	50	192	261	612	649	2,344
<b>Total Plan by Month</b>	<b>522</b>		<b>612</b>		<b>972</b>		<b>4,397</b>		<b>2,359</b>		<b>2,518</b>		<b>2,575</b>		<b>4,679</b>		<b>2,102</b>		<b>2,296</b>	<b>2,246</b>	<b>0</b>	<b>27,305</b>
<b>Actual to Date</b>		<b>872</b>		<b>322</b>		<b>196</b>		<b>2,045</b>		<b>1,458</b>		<b>1,573</b>		<b>1,214</b>		<b>2,095</b>		<b>1,523</b>				<b>11,298</b>

December 2019

## Core Slide 47

**Finance** - Lead Director John Hennessey

### Statement of Financial Position at 31<sup>st</sup> December 2019

	Opening Balance as at 1 April 2019 £'000	Plan 31 March 2020 £'000	Plan YTD 31 Dec 2019 £'000	Actual YTD 31 Dec 2019 £'000	Variance YTD 31 Dec 2019 £'000
Property, plant and equipment	232,609	256,529	248,708	236,707	(12,001)
Trade and other receivables	78,154	84,918	83,163	83,145	(18)
Other financial assets	0	0	0	0	0
<b>Total non-current assets</b>	<b>310,763</b>	<b>341,447</b>	<b>331,871</b>	<b>319,852</b>	<b>(12,019)</b>
Inventories	10,438	10,574	10,574	11,867	1,293
Trade and other receivables	28,845	33,505	32,280	34,597	2,317
Non-current assets for sale	0	0	0	0	0
cash and cash equivalents	7,461	1,155	1,155	6,093	4,938
<b>Total Current assets</b>	<b>46,744</b>	<b>45,234</b>	<b>44,009</b>	<b>52,557</b>	<b>8,548</b>
Trade and other payables	(68,246)	(65,055)	(64,069)	(72,822)	(8,753)
Borrowing repayable within 1 year	(21,233)	(52,393)	(39,139)	(39,139)	0
Current provisions	(282)	(307)	(307)	(282)	25
Deferred Income	(5,851)	(4,764)	(4,764)	(12,023)	(7,259)
<b>Total current liabilities</b>	<b>(95,612)</b>	<b>(122,519)</b>	<b>(108,279)</b>	<b>(124,266)</b>	<b>(15,987)</b>
<b>Total assets less current liabilities</b>	<b>261,895</b>	<b>264,162</b>	<b>267,601</b>	<b>248,143</b>	<b>(19,458)</b>
Borrowings - PFI & Finance Lease	(190,764)	(187,406)	(188,415)	(188,460)	(45)
Borrowings - Revenue Support	(89,871)	(87,991)	(97,824)	(112,458)	(14,634)
Borrowings - Capital Support	(224)	(29,479)	(20,325)	(7,392)	12,933
Provisions	(2,131)	(1,702)	(1,749)	(2,055)	(306)
Deferred Income	(5,875)	(4,755)	(4,785)	(4,021)	764
<b>Total non-current liabilities</b>	<b>(288,865)</b>	<b>(311,333)</b>	<b>(313,098)</b>	<b>(314,386)</b>	<b>(1,288)</b>
<b>Total assets employed</b>	<b>(26,970)</b>	<b>(47,171)</b>	<b>(45,497)</b>	<b>(66,243)</b>	<b>(20,746)</b>
<b>Financed by</b>					
Public dividend capital	31,909	31,881	31,881	32,077	196
Retained Earnings (Accumulated Losses)	(73,852)	(94,025)	(92,351)	(113,279)	(20,928)
Revaluation reserve	14,973	14,973	14,973	14,959	(14)
<b>Total Taxpayers' and others' equity</b>	<b>(26,970)</b>	<b>(47,171)</b>	<b>(45,497)</b>	<b>(66,243)</b>	<b>(20,746)</b>

### Non-Current Assets

There is some slippage on the capital programme primarily due to a delay in receiving capital support from DHSC of £20.3m YTD.

### Trade and Other Receivables

This balance is £2.3m higher than plan YTD. The key driver is timing.

### Cash

Cash is £4.9m higher than plan at the end of December due to short term timing differences and operational performance. Loan drawdowns continue to be delayed as long as possible.

### Trade and other payables

This is £8.8m higher than plan YTD.

Increased levels of general trade payables and accruals – timing difference.

### Deferred Income

This balance is £6.5m higher than plan YTD. The key items are TPW private patient income of £1.5m, income related to recharges for capital work not yet carried out of £0.7m, HPV mobilisation income of £3.5m. These are timing differences.

### Borrowings

Total overall support borrowings are £1.7m higher than plan.

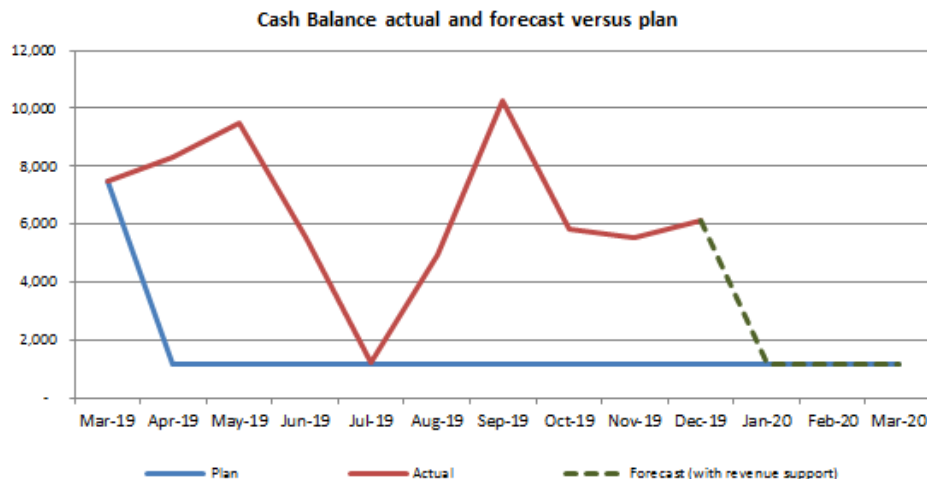
In year revenue borrowings are £40.5m against a YTD plan of £25.9m. Being £14.6m higher than plan.

In year capital borrowings are £7.2m against a YTD plan of £20.1m. Being £12.9m lower than plan. The Trust has received the signed loan agreement for the 2019/20 capital loan and has begun the process of drawing against this in December.



## Core Slide 48

## Finance - Lead Director John Hennessey



- The graph shows the cash levels since the end of March 2019. Short term timing differences drive the difference between actual and plan.
- The Trust is required to keep a minimum balance of £1 million, hence the closing cash plan every month is circa £1m.
- The future cash loan requirements on current projections are: £3.5m in February and £3.5m in March.
- Without the revenue support of £3.5m February and additional support in March, the cash position at the end of March is forecast to be minus £7.5m.
- Revenue borrowing of £151.6m at the end of December 2019 comprise: £16m in 2016/17, £36.4m in 2017/18, £58.7m in 2018/19 & £40.5m in 2019/20.
- Capital borrowing of £7.4m at the end of December 2019 comprise: £0.2m in 2018/19 & £7.2m in 2019/20.
- The interest rates are: 3.5% on £71.8m. 1.5% on £83.2m and 0.79% on the remainder of £3.9m.

### NOTE:

- The plan for 2019/20 assumed in year borrowings of £29.3m for revenue. At the start of the year it was £111.1m, bringing total forecast revenue borrowings to £140.4m.
- Capital Borrowings are forecast to be £27.1m following the latest capital submission to NHSI on the 23<sup>rd</sup> January 2020.
- The Trust Board approved borrowing 'limit' is £175m revenue and £50m capital.
- The need for the funds is driven by our operational performance.

REVENUE	Opening	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
Revenue Borrowings-Plan	111,104	116,286	121,185	127,455	127,455	128,376	132,748	132,748	132,748	136,963	136,963	136,963	140,384
Revenue Borrowings-Actual	111,104	115,740	121,962	124,056	132,704	138,630	142,771	143,524	145,297	151,597			
Variance - (Adverse) / Favourable	0	546	(777)	3,399	(5,249)	(10,254)	(10,023)	(10,776)	(12,549)	(14,634)			

CAPITAL	Opening	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
Capital Borrowings-Plan	224	896	1,808	3,214	6,126	8,642	11,044	14,431	17,421	20,325	23,508	26,741	29,479
Capital Borrowings-Actual	224	224	224	224	224	1,258	1,508	1,852	2,249	7,392			
Variance - (Adverse) / Favourable	0	672	1,584	2,990	5,902	7,384	9,536	12,579	15,172	12,933			

## Income Statement Comparison - for the Month of December 2019

	For the month			Variances Fav / (Adv)			
	Actual	Budget	Prior year	To Budget		To prior year	
	£'000	£'000	£'000	£'000	%	£'000	%
<b>INCOME</b>							
<b>NHS clinical income</b>							
Clinical Income	38,253	38,198	33,621	55	0%	4,632	14%
Clinical Income - Spire Contract	638	662	805	(24)	(4%)	(167)	(21%)
NT Drugs	5,737	5,894	4,772	(157)	(3%)	965	20%
<b>Total NHS clinical income</b>	<b>44,628</b>	<b>44,754</b>	<b>39,198</b>	<b>(126)</b>	<b>(0%)</b>	<b>5,430</b>	<b>14%</b>
<b>Non NHS clinical income</b>							
Private patients	116	318	112	(202)	(64%)	4	4%
Other - RTA	200	109	106	91	83%	94	89%
<b>Total Non NHS clinical income</b>	<b>316</b>	<b>427</b>	<b>218</b>	<b>(111)</b>	<b>(26%)</b>	<b>98</b>	<b>45%</b>
<b>Other Income</b>							
R&D	1,721	1,808	1,785	(87)	(5%)	(64)	(4%)
Education & Training	2,154	1,975	2,080	179	9%	74	4%
PSF / FRF / MRET Income	(9,060)	3,213		(12,273)	(382%)	(9,060)	
Other non patient care income	2,656	3,097	2,418	(441)	(14%)	238	10%
<b>Total other Income</b>	<b>(2,529)</b>	<b>10,093</b>	<b>6,283</b>	<b>(12,622)</b>	<b>(125%)</b>	<b>(8,812)</b>	<b>(140%)</b>
<b>TOTAL OPERATING INCOME</b>	<b>42,415</b>	<b>55,274</b>	<b>45,699</b>	<b>(12,859)</b>	<b>(23%)</b>	<b>(3,284)</b>	<b>(7%)</b>
<b>EXPENDITURE</b>							
Employee benefit expenses	(32,768)	(30,957)	(30,477)	(1,811)	(6%)	(2,291)	(8%)
Drugs	(6,732)	(6,984)	(5,554)	252	4%	(1,178)	(21%)
Clinical supplies	(6,528)	(5,439)	(6,189)	(1,089)	(20%)	(339)	(5%)
Non clinical supplies	(8,160)	(7,753)	(7,484)	(407)	(5%)	(676)	(9%)
- Fixed	(1,296)	(1,794)	(1,784)	498	28%	488	27%
- Capacity	(543)	(454)	(333)	(89)	(20%)	(210)	(63%)
- Income Backed including Spire	(2,481)	(2,539)	(2,653)	58	2%	172	6%
- Variable	(3,840)	(2,966)	(2,714)	(874)	(29%)	(1,126)	(41%)
PFI operating expenses	(2,116)	(2,123)	(1,828)	7	0%	(288)	(16%)
<b>TOTAL OPERATING EXPENSES</b>	<b>(56,304)</b>	<b>(53,256)</b>	<b>(51,532)</b>	<b>(3,048)</b>	<b>(6%)</b>	<b>(4,772)</b>	<b>(9%)</b>
<b>Profit/(loss) from operations</b>	<b>(13,889)</b>	<b>2,018</b>	<b>(5,833)</b>	<b>(15,907)</b>	<b>(788%)</b>	<b>(8,056)</b>	<b>138%</b>
<b>Non-operating income</b>							
Interest	17	10	14	7	(70%)	3	21%
Profit/(loss) on asset disposals		(3)	1	3	100%	(1)	(100%)
<b>Total non-operating income</b>	<b>17</b>	<b>7</b>	<b>15</b>	<b>10</b>	<b>143%</b>	<b>2</b>	<b>13%</b>
<b>Non-operating expenses</b>							
Interest on PFI and Finance leases	(1,398)	(1,399)	(1,419)	1	0%	21	(1%)
Interest on Non Commercial Borrowing	(323)	(383)	(196)	60	16%	(127)	65%
Depreciation	(817)	(930)	(926)	113	12%	109	(12%)
PDC							
Other - Contingent Rent	(1,210)	(1,282)	(1,140)	72	6%	(70)	6%
<b>Total non operating expenses</b>	<b>(3,748)</b>	<b>(3,994)</b>	<b>(3,681)</b>	<b>246</b>	<b>6%</b>	<b>(67)</b>	<b>2%</b>
<b>Surplus (deficit) after tax from continuing operations</b>	<b>(17,620)</b>	<b>(1,969)</b>	<b>(9,499)</b>	<b>(15,651)</b>	<b>(795%)</b>	<b>(8,121)</b>	<b>(85%)</b>
Memo:							
Donated Asset Additions	192	50	106	142	284%	86	81%
<b>Surplus (deficit) after tax and Donated Asset Additions</b>	<b>(17,428)</b>	<b>(1,919)</b>	<b>(9,393)</b>	<b>(15,509)</b>	<b>(808%)</b>	<b>(8,035)</b>	<b>(86%)</b>

Notes:

Calendar Days	31	31	31
Working Days	20	20	19

## Income Statement Comparison - Year to 31 December 2019

	Annual Plan £'000	Year to date			Variances Fav / (Adv)				Forecast		
		Actual	Budget	Prior year	To Budget		To prior year		Actual	Annual Plan	Variance
		£'000	£'000	£'000	£'000	%	£'000	%	£'000	£'000	£'000
<b>INCOME</b>											
<b>NHS clinical income</b>											
Clinical Income	470,145	353,355	352,232	327,255	1,123	0%	26,100	8%	472,916	470,145	2,771
Clinical Income - Spire Contract	8,409	7,430	6,290	6,084	1,140	18%	1,336	22%	9,934	8,409	1,525
NT Drugs	70,716	49,587	53,040	50,296	(3,453)	(7%)	(709)	(1%)	65,560	70,716	(5,156)
<b>Total NHS clinical income</b>	<b>549,270</b>	<b>410,372</b>	<b>411,562</b>	<b>383,645</b>	<b>(1,190)</b>	<b>(0%)</b>	<b>26,727</b>	<b>7%</b>	<b>548,410</b>	<b>549,270</b>	<b>(860)</b>
<b>Non NHS clinical income</b>											
Private patients	3,913	2,733	2,659	1,167	74	3%	1,566	134%	3,582	3,913	(331)
Other - RTA	1,560	1,013	988	1,169	25	3%	(156)	(13%)	1,250	1,560	(310)
<b>Total Non NHS clinical income</b>	<b>5,473</b>	<b>3,746</b>	<b>3,647</b>	<b>2,336</b>	<b>99</b>	<b>3%</b>	<b>1,410</b>	<b>60%</b>	<b>4,832</b>	<b>5,473</b>	<b>(641)</b>
<b>Other Income</b>											
R&D	21,242	15,694	16,275	15,692	(581)	(4%)	2	0%	20,534	21,242	(708)
Education & Training	23,703	17,846	17,778	17,886	68	0%	(40)	(0%)	23,700	23,703	(3)
PSF / FRF / MRET Income	33,649	10,507	22,780		(12,273)	(54%)	10,507		12,783	33,649	(20,866)
Other non patient care income	34,266	23,853	25,413	24,343	(1,560)	(6%)	(490)	(2%)	34,772	34,266	506
<b>Total other income</b>	<b>112,860</b>	<b>67,900</b>	<b>82,246</b>	<b>57,921</b>	<b>(14,346)</b>	<b>(17%)</b>	<b>9,979</b>	<b>17%</b>	<b>91,789</b>	<b>112,860</b>	<b>(21,071)</b>
<b>TOTAL OPERATING INCOME</b>	<b>667,603</b>	<b>482,018</b>	<b>497,455</b>	<b>443,902</b>	<b>(15,437)</b>	<b>(3%)</b>	<b>38,116</b>	<b>9%</b>	<b>645,031</b>	<b>667,603</b>	<b>(22,572)</b>
<b>EXPENDITURE</b>											
Employee benefit expenses	(374,007)	(288,426)	(280,987)	(265,745)	(7,439)	(3%)	(22,681)	(9%)	(388,660)	(374,007)	(14,653)
Drugs	(83,808)	(58,417)	(62,856)	(59,549)	4,439	7%	1,132	2%	(77,742)	(83,808)	6,066
Clinical supplies	(65,743)	(52,469)	(49,026)	(49,822)	(3,443)	(7%)	(2,647)	(5%)	(71,537)	(65,743)	(5,794)
Non clinical supplies	(93,934)	(71,844)	(70,435)	(67,412)	(1,409)	(2%)	(4,432)	(7%)	(96,252)	(93,934)	(2,318)
- Fixed	(22,339)	(15,945)	(16,443)	(16,012)	498	3%	67	0%	(21,560)	(22,339)	779
- Capacity	(5,956)	(4,315)	(4,517)	(4,753)	202	4%	438	9%	(5,964)	(5,956)	(8)
- Income Backed including Spire	(30,474)	(23,649)	(22,858)	(22,050)	(791)	(3%)	(1,599)	(7%)	(30,399)	(30,474)	75
- Variable	(35,165)	(27,935)	(26,617)	(24,597)	(1,318)	(5%)	(3,338)	(14%)	(38,329)	(35,165)	(3,164)
PFI operating expenses	(25,386)	(18,961)	(19,017)	(16,360)	56	0%	(2,601)	(16%)	(25,274)	(25,386)	112
<b>TOTAL OPERATING EXPENSES</b>	<b>(642,878)</b>	<b>(490,117)</b>	<b>(482,321)</b>	<b>(458,888)</b>	<b>(7,796)</b>	<b>(2%)</b>	<b>(31,229)</b>	<b>(7%)</b>	<b>(659,465)</b>	<b>(642,878)</b>	<b>(16,587)</b>
<b>Profit/(loss) from operations</b>	<b>24,725</b>	<b>(8,099)</b>	<b>15,134</b>	<b>(14,986)</b>	<b>(23,233)</b>	<b>(154%)</b>	<b>6,887</b>	<b>(46%)</b>	<b>(14,434)</b>	<b>24,725</b>	<b>(39,159)</b>
<b>Non-operating income</b>											
Interest	120	152	90	113	62	(69%)	39	35%	203	120	83
Profit/(loss) on asset disposals	(36)	43	(27)	14	70	259%	29	207%	(36)	(36)	
<b>Total non-operating income</b>	<b>84</b>	<b>195</b>	<b>63</b>	<b>127</b>	<b>132</b>	<b>210%</b>	<b>68</b>	<b>54%</b>	<b>167</b>	<b>84</b>	<b>83</b>
<b>Non-operating expenses</b>											
Interest on PFI and Finance leases	(16,841)	(12,645)	(12,646)	(12,828)	1	0%	183	(1%)	(16,843)	(16,841)	(2)
Interest on Non Commercial Borrowing	(3,971)	(2,574)	(2,691)	(1,284)	117	4%	(1,290)	100%	(3,553)	(3,971)	418
Depreciation	(10,649)	(7,205)	(7,680)	(7,805)	475	6%	600	(8%)	(9,726)	(10,649)	923
PDC											
Other - Contingent Rent	(14,802)	(10,501)	(10,959)	(9,890)	458	4%	(611)	6%	(14,131)	(14,802)	671
<b>Total non operating expenses</b>	<b>(46,263)</b>	<b>(32,925)</b>	<b>(33,976)</b>	<b>(31,807)</b>	<b>1,051</b>	<b>3%</b>	<b>(1,118)</b>	<b>4%</b>	<b>(44,253)</b>	<b>(46,263)</b>	<b>2,010</b>
<b>Surplus (deficit) after tax from continuing operations</b>	<b>(21,454)</b>	<b>(40,829)</b>	<b>(18,779)</b>	<b>(46,666)</b>	<b>(22,050)</b>	<b>(117%)</b>	<b>5,837</b>	<b>13%</b>	<b>(58,520)</b>	<b>(21,454)</b>	<b>(37,066)</b>
<b>Memo:</b>											
Donated Asset Additions	1,280	1,388	280	944	1,108	396%	444	47%	2,842	1,280	1,562
<b>Surplus (deficit) after tax and Donated Asset Additions</b>	<b>(20,174)</b>	<b>(39,441)</b>	<b>(18,499)</b>	<b>(45,722)</b>	<b>(20,942)</b>	<b>(113%)</b>	<b>6,281</b>	<b>(14%)</b>	<b>(55,678)</b>	<b>(20,174)</b>	<b>(35,504)</b>

The table below shows the position on a control total basis. The Trust is obliged to report against this on a monthly basis to NHSI.

<b>Deficit on a control total basis - reportable to NHSI:</b>											
Surplus (deficit) after tax and Donated Asset Additions	(20,174)	(39,441)	(18,499)	(45,722)	(20,942)	(113%)	6,281	(14%)	(55,678)	(20,174)	(35,504)
Remove: Donated Asset Additions	(1,280)	(1,388)	(280)	(944)	(1,108)	396%	(444)	47%	(2,842)	(1,280)	(1,562)
Add back: Donated Depreciation	763	591	572	646	19	3%	(55)	(9%)	763	763	
<b>Adjusted financial performance surplus/(deficit)</b>	<b>(20,691)</b>	<b>(40,238)</b>	<b>(18,207)</b>	<b>(46,020)</b>	<b>(22,031)</b>	<b>(121%)</b>	<b>5,782</b>	<b>(13%)</b>	<b>(57,757)</b>	<b>(20,691)</b>	<b>(37,066)</b>
<b>CONTROL TOTAL</b>	<b>(21,691)</b>	<b>(18,950)</b>	<b>(18,950)</b>	<b>7,069</b>		<b>0%</b>	<b>(26,019)</b>	<b>(368%)</b>	<b>(21,691)</b>	<b>(21,691)</b>	
<b>Performance against control total</b>	<b>1,000</b>	<b>(21,288)</b>	<b>743</b>	<b>(53,089)</b>	<b>(22,031)</b>	<b>2965%</b>	<b>31,801</b>	<b>(60%)</b>	<b>(36,066)</b>	<b>1,000</b>	<b>(37,066)</b>

Notes:

Calendar Days	275	275	275
Working Days	190	190	190

## REPORT TO THE TRUST BOARD

Date	5 February 2020
Title	People and Culture Committee meeting 29.01.20
Lead	Professor David Richardson, Non-Executive Director (Chair of the Committee)
Purpose	For Information, assurance and approval as specified

### 1 Background/Context

The People and Culture Committee met on 29 January 2020 and discussed matters in accordance with its Terms of Reference. The Agenda for the meeting is **attached** for information. Papers for the meeting have been circulated to all Board members for information in the usual way.

### 2 Key Issues/Risks/Actions

Items of note considered at the meeting included:

#### Matters of information & assurance:

1	Initial staff survey results	The Committee received an initial summary of data relating to the staff survey. The full results are embargoed until mid-February and we do not yet have more detailed or comprehensive results but the initial indications are promising in suggesting an improved staff experience and culture in the Trust.
2	Update from the Workforce & Education Governance Sub-Board (WESB)	<p>For assurance an update report was received regarding the work of the WESB across the following areas:</p> <p><b>Rudeness Costs Lives</b> As part of the work to tackle bullying and harassment, WESB oversaw the design and development of a training programme to promote civility and better working relations between colleagues. There is a strong empirical base regarding the association between better working relations and improved clinical outcomes.</p> <p><b>Safe Staffing Report</b> WESB receives regular reports with regard to 'planned versus actual' nurse staffing levels. This is for all inpatient wards as required by the 'safe staffing' guidance for our national return published on the NHS choices website.</p> <p><b>Freedom to Speak Up</b> We have seen a three-fold increase in issues raised by staff through our FTSU processes and are now able to conduct thematic analysis to address underlying causes.</p> <p><b>Mandatory Training Review</b> Achieving compliance with the mandatory training target was of high concern earlier in the year. A deep dive review was conducted to identify barriers to compliance and possible improvement actions. A 10-point improvement plan was developed, including accepting mandatory training done elsewhere, providing an e-learning option to all subjects where this is available, improved reporting and piloting a ward based assessment of competence to avoid unnecessary training.</p>

		<p><b>Health &amp; Wellbeing</b></p> <p>WESB also reviews reports on the health and wellbeing services provided to staff. This focused particularly on planning for the annual flu vaccination campaign.</p> <p><b>Workforce Reporting</b></p> <p>A comprehensive workforce report is produced each month and shared with divisions for review. Appraisal compliance for AfC staff has increased from 63% to over 80% during the year, meeting the CQC target. The Trust has set an internal goal to exceed 90%. A deep dive will be conducted in early 2020, to identify improvements to increase the uptake and effectiveness of appraisals.</p> <p><b>Equality Diversity and Inclusion</b></p> <p>The Human Resources Equality and Diversity group (HEDGE) has been expanded to include patient equality, diversity and inclusion matters. The merged group (EDGE) meets monthly and under a revised terms of reference. The structure will enable greater cross functional working and integration of employment and service related diversity issues.</p>
3	Development for 'middle managers' & clinical leaders	The Committee was informed that a comprehensive Training Needs Analysis is being undertaken to establish training needs for current and aspiring leaders. This was a key action arising from last year's staff survey and the Committee will maintain oversight as this project develops.
4	Workforce metrics IPR	<p>The Committee reviewed the workforce metrics in the IPR notably regarding:</p> <ul style="list-style-type: none"> <li>- <u><i>vacancies and recruitment</i></u>: Registered Nurse vacancies have reduced to 11% and there is ongoing focus to reform recruitment processes to improve time to hire, rostering and retention of staff.</li> <li>- <u><i>Sickness absence</i></u>: in November 2019, the sickness absence rate was 4.3% and remains in excess of the rolling average target of 3.9%. Occupational stress is the highest cause of sickness absence and there was a noted increase in absence during the heatwave periods in 2019. There has been an increase in the number of incidents reported due to accidents and work is underway to look at preventative measures to prevent reoccurrence.</li> </ul>
5	Relevant extract from Board Assurance Framework	The Committee reviewed the Strategic Threats falling under its scope. The Committee will use these Strategic Threats to inform areas of focus for its Work Programme in 2020/21. The assurance ratings recorded for the Strategic Threats were unchanged.

#### Issues to highlight and escalate:

6	Cultural Change Initiatives Overview	<p>The Committee received an update on cultural change initiatives within the Trust. Feedback was provided on further areas for focus:</p> <ul style="list-style-type: none"> <li>- enhanced articulation of expected behaviours and the link between the Trust's values and its vision;</li> <li>- an empowered workforce.</li> </ul>
7	Premium pay internal audit report (referred from Audit Committee)	<p>The Committee reviewed the internal audit on premium pay, as referred to it by the Audit Committee.</p> <p>On behalf of Professor Denton, Ms Millbourne (Senior Business Manager) explained that a central action plan has been developed to address recommendations made in a number of audits.</p> <p>The Committee requested for a copy of the Action Plan to be circulated and further information was requested for further assurance on progress in implementing the relevant actions. The Committee requested further work in</p>

		<p>order to ensure that targets for completion of recommendations are deliverable in a timely way.</p> <p>For assurance, the Committee requested to receive a further update report at its next meeting, notably with regard to the consequent results arising from actions taken.</p>
8	Relevant risks from the Corporate Risk Register	<p>The Committee received a report on the key risks on the Corporate Risk Register (CRR) falling under its remit. The CRR continues to develop and the Committee was informed that risks on the CRR are undergoing a 'check and challenge' review by the Hospital Management Board to ensure that they are scored and risk rated appropriately.</p> <p>There are no new risks to draw to the attention of the Board.</p>
9	Attendance	<p>Unfortunately the meeting was not well attended and whilst there were 4 NEDS present there was only 1 Executive member, with no divisional representatives.</p> <p>Whilst the discussion was useful, the meeting was not therefore quorate. Whilst there may always be some circumstances in which members cannot attend, the record of attendance over the year (<b>attached</b>) has not been as good as one might hope and it needs to improve if the Committee is to realise its full potential usefulness.</p>
10	Terms of Reference review	<p>The <b>attached</b> Terms of Reference for the Committee have been updated in line with the Organisational Governance Framework. Following discussion at the Audit Committee it has been agreed that the People and Culture Committee will take the lead in overseeing and providing assurance with regard to our Freedom to Speak Up processes. Whilst this is a departure from the model audit committee ToRs it fits with the work of P&amp;C and also that the Lead FTSU Guardian attends the P&amp;C Committee meetings. The updated ToRs are <b>recommended to the Board for approval</b>.</p>
11	Next meeting	<p>The Committee considered topics that it wishes to consider at future meetings. A particular focus to the next meeting on 27 March is intended to be Workforce Productivity and Efficiency, which is particularly important in light of the challenges facing the Trust next year.</p> <p>A second and related theme for the next meeting concerns Workforce Planning.</p> <p>Committee members suggested that <b>a future Board Strategy and Development meeting might be focussed on workforce related matters.</b></p>

### 3 Conclusions/Outcome/Next steps

The NHS Interim People Plan was announced in June 2019 and has 5 key themes:

- Making the NHS the best place to work
- Improving the leadership culture
- Tackling the nursing challenge
- Delivering 21<sup>st</sup> Century care
- A new operating model for workforce

The People and Culture Committee will oversee the recalibration of the Trust's current workforce strategy and the Plan's themes will shape the Committee's Work Programme.

#### Recommendation:

The Board is recommended to:

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

## **MEETING OF THE PEOPLE AND CULTURE COMMITTEE** **29 JANUARY 2020**

A meeting of the People and Culture Committee will take place at 9.30am to 11.30am on  
Wednesday 29 January 2020 in the Boardroom

### **AGENDA**

	Item	Lead	Purpose	Page No
1	Apologies and Declarations of Interest			
2	Minutes of meeting held on 17 September 2019	Chair	Approval	2
3	Matters arising & update on actions	All	Discussion	10
4	Cultural Change Initiatives Overview (action from 14.7.19)	PJ	Discussion	11
5	Development for 'middle managers' (action from 14.7.19)	PJ	Discussion	19
<b>Standing Items for scrutiny &amp; assurance</b>				
6	Workforce IPR metrics	PJ	Discussion	26
7	Update from the Workforce & Education Governance Sub-Board	PJ	Information	30
8	Relevant Internal Audit reports - Premium pay audit report (referred from Audit Committee)	PJ/ED	Discussion	33
9	Relevant risks from the Corporate Risk Register	All	Discussion	61
10	Relevant extract from Board Assurance Framework	JPG	Discussion	63
<b>Strategic Focus</b>				
11	Initial staff survey results	PJ	Information	72
<b>Committee Business</b>				
12	Terms of Reference review	JPG	Agreement	80
13	Date and Agenda for next meeting	JPG	Agreement	90
14	Reflections on meeting & any other business			

#### **Date and time of next meeting:**

The next meeting of the People and Culture Committee will take place at 9.30am to 11.30am on  
Friday 27 March 2020 in the Brancaster Room.





## Our Vision

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

Norfolk and Norwich University Hospitals



NHS Foundation Trust

# Integrated Performance Report (Workforce data)

January 2020 (December 2019 data)





## Our Vision

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

# Norfolk and Norwich University Hospitals



NHS Foundation Trust

INTEGRATED  
PERFORMANCE  
REPORT

## Workforce

Chief People Officer  
Paul Jones



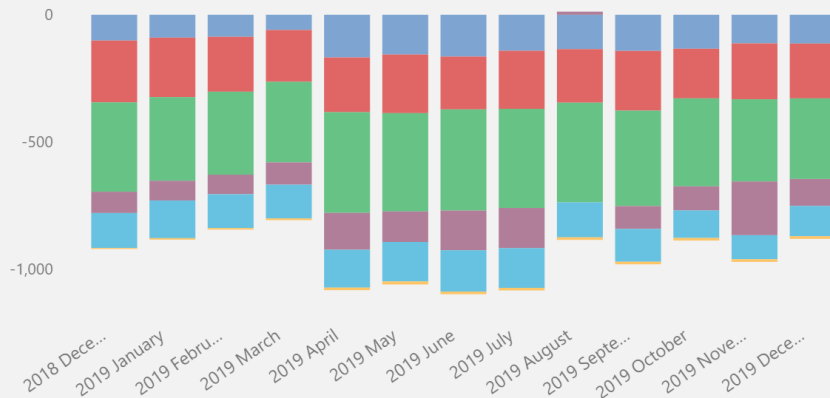
### Month Selector

Most Recent ▼

An overview of the workforce at NNUH - Substantive Vacancies (WTE) by Staff Group, with supplementary financial information including the GBP variance between actual spend and pay cost budget, as well as the proportion of pay costs paid to temporary staff. All workforce information shown is provided by Finance.  
NB. Regarding Variance: Actual to Budget (GBP): a negative value = overspend, a positive value = underspend.

### Substantive Vacancies (WTE)

● A&C ● Clin. Support ● Reg. N&M ● M&D ● S,T &T ● Other



### Vacancies

Month	A&C	Clin. Support	Reg. N&M	M&D	S,T &T	Other	Total
December	-113	-215	-317	-106	-119	-10	-880

### Spend Variance % Temp Spend

M	2019	M	2019
Dec	-1.81M	Dec	11.3%

### Data Observations

Overall, in the last twelve months to 31st December 2019, there are 496.7 additional staff (7,510.3 staff in post 31-Dec-19), an increase of 7.1% across NNUH as a result of service developments and capacity and quality investments.

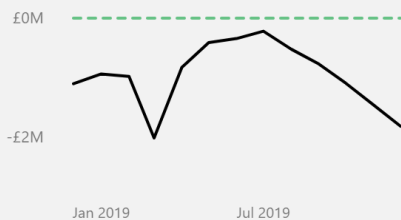
Since April 2017 there has been an increase of 1,062.7 WTE (6,447.6 staff in post 31-Mar-17) and since April 2018 there has been an increase of 723.2 WTE (6,787.1 staff in post 31-Mar-18)

### Management Comments and Actions

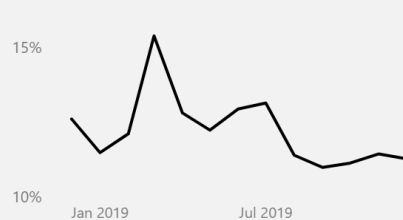
The biggest increase in staffing is the clinical support staff category, which is attributable to our success in recruiting healthcare assistants (152.4 additional support staff since December 2018).

The vacancy gap widened in April 2019 due to increases to the establishment, but the trend is downward.

### Variance: Actual to Budget (GBP)



### Pay Costs: % Temporary Staff (GBP)





## Our Vision

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

# Norfolk and Norwich University Hospitals



NHS Foundation Trust

INTEGRATED  
PERFORMANCE  
REPORT

## Safer Staffing

Chief Nurse  
Nancy Fontaine



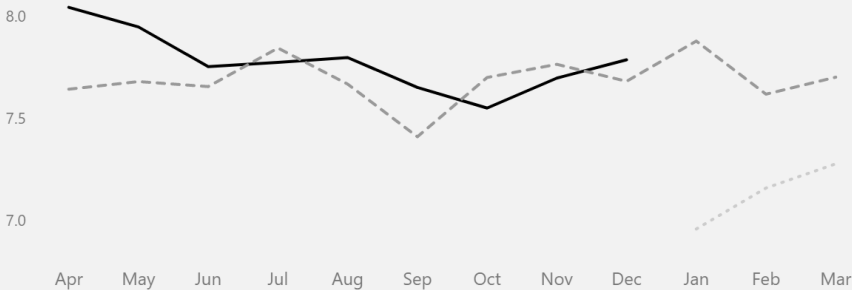
### Month Selector

Most Recent ▼

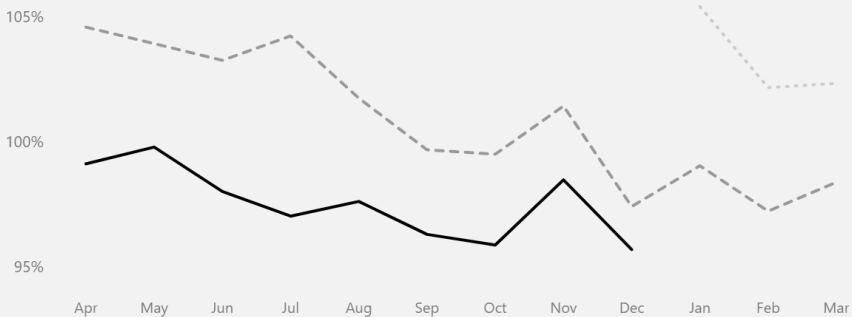
These measures provide information on the availability of care for patients. Care hours per patient day (CHPPD) provides information on how many staff are deployed; fill rates record the extent to which rota hours are being filled. By themselves these metrics do not reflect the total amount of care provided on the ward, nor do they directly show whether care is safe, effective or responsive. They should therefore be considered alongside measures of quality and safety.

### Safe Staffing CHPPD Average

● Current Year ● Last Year ● Preceding Year



### Safe Staffing Fill Rates Percentage



### CHPPD Avg.

Month	2018	2019
December	7.7	7.8

### Fill Rates %

M	2018	2019
Dec	97.4%	95.7%

#### Data Observations

The average Care Hours Per Patient Day (CHPPD) has > 0.1 from November to 7.8, with 4.2 being delivered by Registered nurses and 3.6 by Unregistered nurses.

Overall RN fill rates for Dec (day shift) fell below 90% to 88.5%, however, a 1.1% increase from October but a 2.1% decrease from November.

Overall RN fill rates for night shifts have increased 0.8% since November to 91.9%.

Overall average fill rate of Unregistered nurses for day shifts have increased 0.4% to 94.4% since last month.

RN fill rates fell below 90% in 14 out of 33 areas in Dec on day shifts and 5 on night shifts (mainly in W&C)

Red flags (inc W&C) have increased by 168 since Nov to 814 (616 these remain open) giving an average of 553 over the last year.

#### Management Comments and Actions

Terms of reference and process for Safer Staffing meetings in development

Staffing for escalation remains a requirement, regular staffing meetings are arranged daily to assess the risk.

NHSi Clinical Workforce Lead now due in March Nursing deployment policy in draft; developed by ward nurses.

Temporary Staffing Transformation forum commenced with operational and strategic aims.



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for those we love the most

INTEGRATED  
PERFORMANCE  
REPORT

## Sickness & Turnover Rates

Chief People Officer  
Paul Jones

NNUH Digital Health  
business intelligence

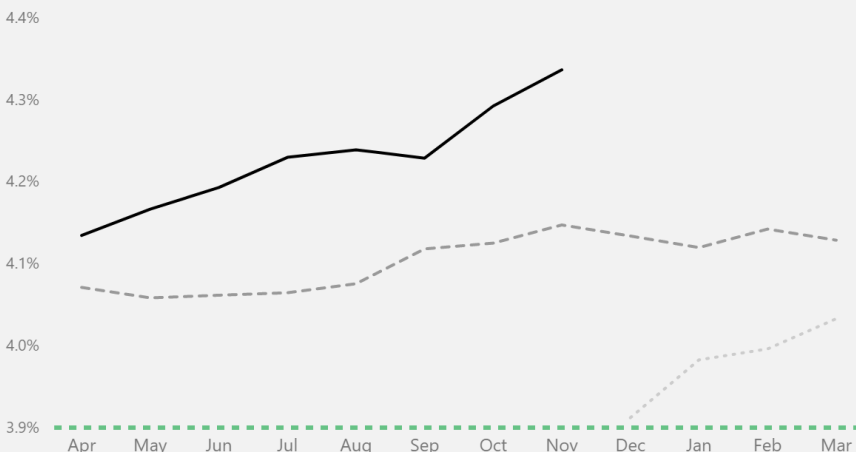
Month Selector

Most Recent ▼

Staff wellbeing and retention is an important factor in the long-term workforce picture for the NHS. The measures below show annualised sickness rates (recorded on ESR) and staff turnover. Turnover is shown both annualised (showing the level of staff leavers over the preceding twelve month period) and well as a monthly figure to highlight trends or seasonality. Sickness absence is reported one month in arrears, all information is shown up to the same point in time to provide a cohesive picture.

### Annualised Sickness Absence

● Current Year ● Last Year ● Preceding Year



### Annualised Sickness Absence

Month	2018	2019
November	4.1%	4.3%

### Annualised Turnover

M	2018	2019
Nov	11.0%	11.9%

### Monthly Turnover

M	2018	2019
Nov	0.8%	1.2%

### Data Observations

For sickness, the Operating Plan for 2019/20 has set a challenging 12 month rolling average target of 3.9% for sickness. As at 30 November 2019, the rate is 4.34%.

The Turnover rate is the percentage of the workforce that has left NNUH over the past twelve months. It is a 12-month rolling figure. The calculation excludes fixed-term contracts, (for instance junior doctors on rotational training programmes).

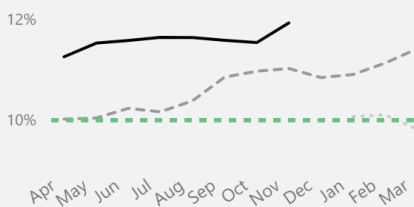
Please note that the turnover rates are inflated for the NNUH and CSS Division due to 38 leavers as a result of TUPE implementation (21 with regard to HPV, and 17 in respect of Community Dietetics). The impact is to inflate the turnover figure for the NNUH by 0.44% per month and for CSS Division specifically by 2.2% per month. This staff alignment will remain in the monthly turnover figures until November 2020.

### Management Comments and Actions

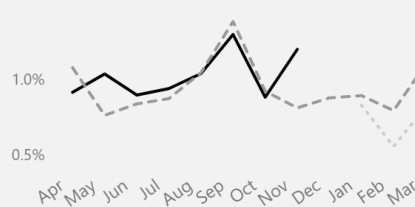
The most significant indicator is the rolling 12-month average sickness rate. For the 12 months to end of November 2019 this is 4.34%. This deteriorating 12 month performance reflects increases when compared to last year. Performance committees are focused on efforts to recover and improve attendance levels.

The turnover rate for the 12 months to December 2019 is 12.1% (when adjusted for HPV and Community Dietetics the rate would be 11.63%). This is an increase when compared to November 2019. The actual number of leavers in December is less than November 2019 and more than December 2018.

### Annualised Turnover



### Monthly Turnover





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PERFORMANCE  
REPORT

## Appraisals & Mandatory Training

Chief People Officer  
Paul Jones

NNUH Digital Health  
business intelligence

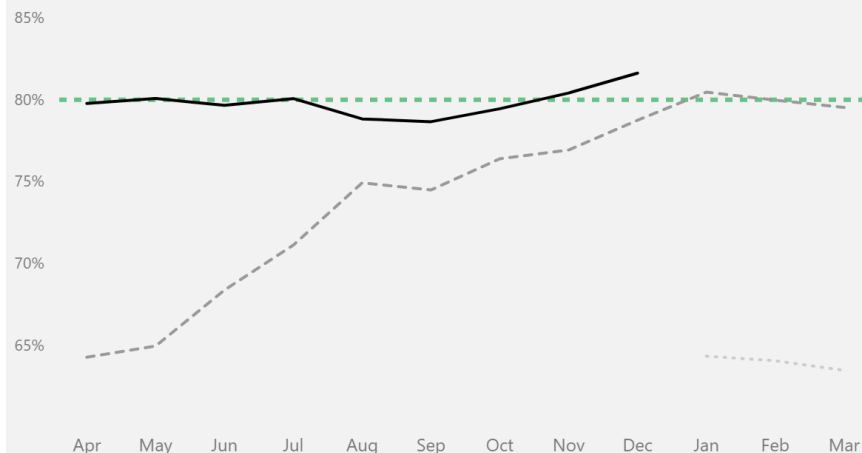
An insight into the proportion of non-medical staff who have received appraisals (of those eligible), alongside the proportion of staff meeting their Mandatory Training requirements.

Month Selector

Most Recent ▼

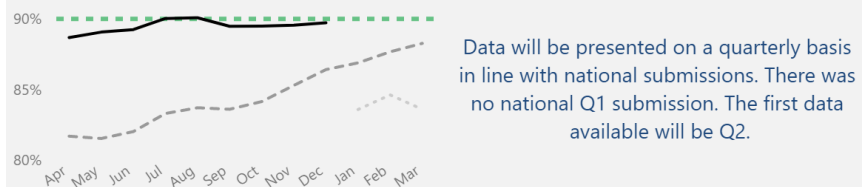
### Non-Medical Appraisals

● Current Year ● Last Year ● Preceding Year



### Mandatory Training

### Medical Appraisals



Data will be presented on a quarterly basis in line with national submissions. There was no national Q1 submission. The first data available will be Q2.

### Non-Medical Appraisals

Month	2018	2019
December	78.8%	81.6%

### Mandatory Training

M	2018	2019
Dec	86.4%	89.7%

### Medical Appraisals

M
---

#### Data Observations

For appraisals, the Operating Plan for 2019/20 reflects an aspiration for 90% compliance but accepting that consistently exceeding 85% compliance would represent excellent progress.

81.6% of eligible staff (Non-Medical appraisals) have had an appraisal during the last 12 months. This is our highest reported figure since collection and reporting via ESR. Two Divisions are above 85% (Women & Children and Clinical Support)

For Mandatory Training, the compliance rate continues its upward trend and has attained 89.7%. For Mandatory Training, three areas (Women & Children, Clinical Support and Corporate areas) have compliance rates which exceed 90%.

#### Management Comments and Actions

For appraisals, management effort is required to support the completion of appraisals in order to increase the compliance rate.

For Mandatory Training, a series of improvements and interventions are in place to support enhanced compliance. The number of Mandatory training events is increasing with more topics available to staff. Additional support is offered to staff to maximise mandatory training with a range of support options for staff accessing eLearning. Targeted emails are being sent and Divisional level mandatory training rates are discussed at divisional performance committee.

## PEOPLE AND CULTURE COMMITTEE

### TERMS OF REFERENCE

*“When the ink dries on the new ten-year plan for the NHS, we truly hope that the focus on people, leadership and culture is clear and unequivocal”*

*‘Leadership in Today’s NHS’ – NHS Providers & The Kings Fund (July 2018)*

#### 1 CONSTITUTION AND PURPOSE

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

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

- i) ~~obtain~~provide assurance ~~on behalf of to~~ the Board that the Trust has appropriate and effective strategies and plans relating to workforce, education, organisational development and culture, so as to enable the Trust to meet its Strategic Objectives;
- ii) assist the Board in establishing ambitious but realistic goals and targets in relation to workforce, education, organisational development and culture and obtain assurance on implementation of the plans to achieve those goals and targets;
- iii) act as a link to staff, stakeholders and strategic partners and provide a forum for discussion and consideration of best practice reports, guidance and initiatives relating to workforce, education, organisational development and culture, to enable the Trust to continue its progress towards being a provider of outstanding care to patients and an employer and education provider of choice.

#### 2 AUTHORITY

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

2.2 The Committee has authority to establish sub groups or working groups as it considers appropriate, efficient and necessary. Such reporting committees or working groups are listed at section ~~9.10~~ below and responsibility for overseeing the work of such committees rests with the Committee.

2.3 The Committee has authority for approval and monitoring implementation of policies relevant to its Terms of Reference, as specified at section ~~10.1~~.

#### 3 MEMBERSHIP

3.1 Membership of the Committee shall comprise:

- ❖ ~~At least one~~ Three Non-Executive Directors ~~(Chair)~~
- ❖ Chief Executive

- ❖ ~~Director of Workforce~~ Chief People Officer
- ❖ Chief Operating Officer
- ❖ Chief Nurse
- ❖ Medical Director
- ❖ Chiefs of Division

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

#### **4. MEETINGS, ATTENDANCE AND QUORUM**

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

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

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

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

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

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

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

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

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

#### **5 SUPPORT ARRANGEMENTS**

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

5.2 The Committee shall operate as follows:

- The Committee will routinely meet monthly unless agreed otherwise.



- The Committee will establish an annual work programme, summarising those items and reports that it expects to consider at forthcoming meetings, ~~and this will be reflected in future meeting agendas.~~
- Agendas for forthcoming meetings will be based on the Work Programme, reviewed by the Committee and agreed with the Committee Chair.
- Papers for the meeting should be submitted to the Committee secretary a minimum of 6 working days prior to the meeting. Papers on other matters will be put on the agenda only with the prior agreement of the Chair.
- Papers will be sent out by the Committee secretary at least 4 days before each meeting.
- To facilitate oversight by the Board of Directors of matters relating to people and culture, papers for meetings of the Committee will be circulated for information to those members of the Board who are not members of the Committee.
- Minutes will be prepared after each meeting of this Committee within 14 days and circulated to members of the Committee and others as necessary once confirmed by the Chair of the Committee. A record of action points arising from meetings of the Committee shall be made and circulated to its members with the minutes.
- Following each meeting of the Committee, the Chair of the Committee shall make a report to the next meeting of the Board of Directors highlighting any issues that require its particular attention, or require it to take action.
- The Terms of Reference of the Committee will be reviewed annually and will only be changed with the approval of the Trust Board.

~~4.2 Responsibility for calling meetings of the Committee shall rest with the Chair. Notice of each meeting confirming the venue, time, and date together with the agenda of items for discussion and supporting papers will be circulated to each member of the Committee by prior to the meeting.~~

## ~~5 MEETINGS AND QUORUM~~

~~5.1 Meetings of the Committee shall be scheduled to take place at least quarterly and otherwise at a frequency sufficient to enable the Committee to satisfy its Purpose.~~

~~5.2 To be quorate at least 3 members of the Committee must be present with at least 1 Non-Executive Director and 2 Executive Directors.~~

~~5.3 If any member is unable to attend a meeting of Committee they may arrange for a substitute to attend in their place, with the agreement of the Committee Chair, and their substitute shall be counted for the purposes of quoracy.~~

~~5.4 A record of Action Points arising from meetings of the Committee shall be made and circulated to its members. Formal minutes must be kept as an account of the meeting together with agreed actions and decisions.~~

## ~~6 DECLARATIONS OF INTEREST~~

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

## **7 DUTIES**

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

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

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

- a) workforce planning – to ensure that the Trust has sufficient and appropriately trained staff in the short, medium and long term to provide high quality care and services;
- b) strategies to promote and protect staff Health & Wellbeing;
- c) plans regarding staff recruitment, retention and remuneration;
- d) succession planning and talent management;
- e) staff appraisal and performance management.

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

- a) undergraduate and postgraduate education of healthcare professionals – both medical and non-medical;
- b) professional development of non-clinical staff;
- c) opportunities for development of new or innovative roles to promote cost-effectiveness and quality improvement in delivery of the Trust's services;
- d) recognising the interrelationship between research and education and the benefits of developing clinical academic and joint posts with strategic partners.

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

- a) strengthening the organisational culture in accordance with the Trust's PRIDE values – notable for the hallmarks of People-focus; Respect; Integrity; Dedication and Excellence;
- b) promotion of a culture in which Staff recommend the Trust:
  - i) as a place to work and deliver care and
  - ii) as a place for patients to receive care;
- c) ensuring that staff feel free to speak-up, able to raise suggestions or concerns about the Trust, to enhance economy or efficiency in the Trust, the quality or safety of its services or workplace relations;
- d) developing leaders and leadership within the Trust and the wider health and social care system;
- e) plans to develop and maintain a motivated, engaged and resilient workforce;
- f) arrangements for staff empowerment and responsibility through appropriate delegation of responsibilities within a robust performance and accountability framework.

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



- 7.2.1 establish and keep under review appropriate metrics regarding to the remit of the Committee in order to obtain assurance on behalf of the Board of Directors, including but not limited to:
  - rates of sickness and absence;
  - rates of vacancy and recruitment 'time to hire';
  - equality, diversity and inclusion;
  - job-planning, appraisal and mandatory training;
  - staff satisfaction feedback (including survey and exit feedback results);
  - rates of premium pay spending and compliance with workforce budgets;
- 7.2.2 receive reports on Divisional performance relating to the remit of the Committee, undertaking more detailed reviews as indicated.
- 7.2.3 promote innovation and improvement in the Trust's management of its workforce to enhance economy, efficiency, patient experience and outcomes;
- 7.3 act as a link to staff, stakeholders and strategic partners and provide a forum for discussion and consideration of best practice reports, guidance and initiatives relating to workforce, education and organisational development and culture, to enable the Trust to continue its progress towards being a provider of outstanding care to patients and an employer and education provider of choice.**
  - 7.3.1 receive and review reports relevant to the remit of the Committee, including those produced from time to time by or relating to:
    - junior doctors surveys
    - Guardian of Safe Junior Doctors Working Hours
    - Health Education England (HEE)
    - GMC
    - undergraduate satisfaction surveys
    - national Staff Survey
    - Freedom to Speak Up feedback
  - 7.3.2 consider best practice arrangements for enhancing staff engagement and communication;
- 7.4 review risks and mitigation related to the Trust's workforce and review reports or extracts from the Board Assurance Framework and Corporate Risk Register as relevant to the remit of the Committee;
- 7.5 consider matters referred to it by the Board or otherwise as relevant to its duties, provide appropriate recommendations to the Board and otherwise report back as required and appropriate;
- 7.6 oversee work of those reporting groups identified at section 10 below, approving their Terms of Reference and receiving such reports as the Committee considers appropriate;
- 7.7 undertake an annual review of Committee effectiveness and satisfaction of these Terms of Reference.

## **7 REPORTING**

- ~~7.1 Following each meeting of the Committee, an appropriate report shall be made to the Board of Directors. The Chair of the Committee shall draw to the attention of the Board any issues or risks that require its particular attention or require it to take action.~~
- ~~7.2 The Committee shall produce an annual Work Programme for its future work, which is to be submitted to the Board for information and approval.~~

## **8 PROCESS FOR MONITORING COMMITTEE EFFECTIVENESS ~~OF THE PEOPLE AND CULTURE COMMITTEE~~**

8.1 The Committee shall submit an Annual Report to the Trust Board, reporting on the work of the Committee, member attendance and the results of its annual review of performance and function.~~will report to the Board of Directors annually on the outcome of its annual review as per section 6 above.~~

8.2 The Committee will carry out an annual review of its performance and function in satisfaction of these Terms of Reference and report to the Board on any consequent recommendations for change.~~of the Committee will be reviewed annually by the Committee and any proposed changes submitted to the Board of Directors for approval.~~

## **~~9 DECLARATIONS OF INTEREST~~**

~~9.1 All members must declare any actual or potential conflicts of interest relevant to the work of the Committee, which shall be recorded in the minutes accordingly. Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict.~~

## **9 REPORTING COMMITTEES**

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

- Nil currently

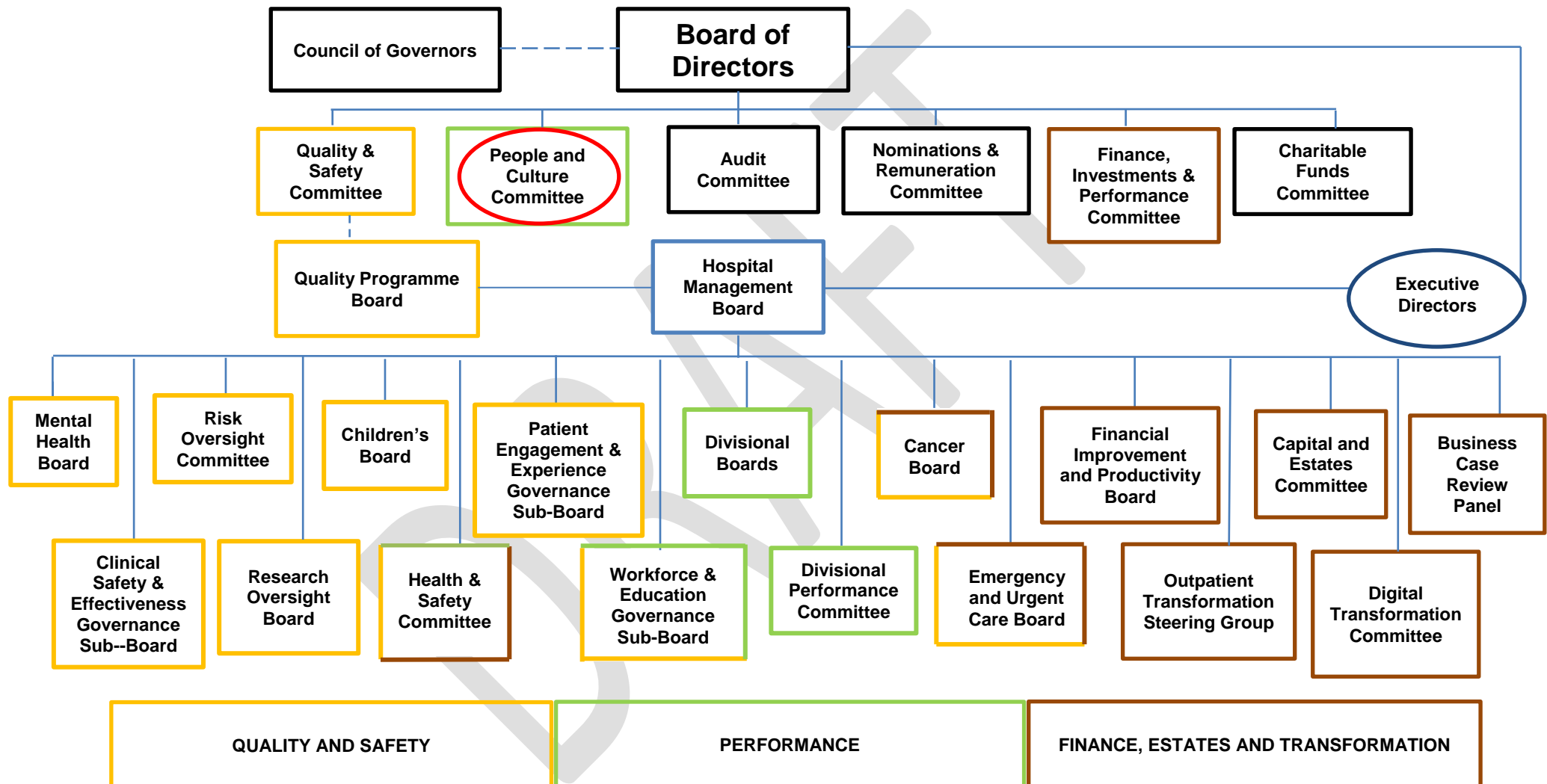
## **10 ASSOCIATED POLICIES**

10.1 The Committee has delegated authority to approve and oversee implementation of the following policies:

- Nil currently

Date approved by the Board of Directors:

# Board of Directors and Management Board Reporting and Accountability Structure



Terms of Reference for People and Culture Committee

Approved by Board of Directors on 5 February 2020 [TBC] ~~24 December 2018~~

7

As at January 2020

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

**Register of Attendance at People and Culture Committee Meetings 2019/20**

✓ X	14.05.19	17.09.19	29.01.20	27.03.20
<b>Board members</b>				
Prof David Richardson (Chair and Non-Executive Director)	✓	✓	✓	
Chris Cobb (Chief Operating Officer)	X	X	X	
Mark Davies (Chief Executive) (up to 30.09.19)	X	X		
Prof Erika Denton (Medical Director)	X	✓	X	
Sandra Dinneen (Non-Executive Director)			✓	
Prof Nancy Fontaine (Chief Nurse)	X	✓	X	
Joanna Hannam (Non-Executive Director)			✓	
Sam Higginson (Chief Executive) (from 21.10.19)			X	
Tim How (Non-Executive Director)	✓	✓	✓	
Paul Jones (Chief People Officer) (from 10.06.19)		✓	✓	
Jeremy Over (Director of Workforce) (up to 31.05.19)	✓			
<b>Divisional members</b>				
Frances Bolger (CoD - Women and Children) (up to October '19)	X	X		
Dr Richard Goodwin (CoD - Clinical Support Services)	✓	✓	X	
Dr Tim Gilbert (CoD – Medicine and Emergency Services)	✓	X	X	
Dr Caroline Kavanagh (AMD - Emergency and Urgent Care)				
Dr Tim Leary (CoD - Surgery)	✓	X	X	
Jo Nieto (CoD - Women and Children) (from 01.11.19)			X	

## REPORT TO THE TRUST BOARD OF DIRECTORS

<b>Date</b>	<b>31<sup>st</sup> January 2020</b>
<b>Title</b>	<b>NNUH Research Strategy 2020 – 2025</b>
<b>Author &amp; Exec lead</b>	Dr Kristian Bowles – Associate Medical Director for Research Dr Jenny Longmore – Director of Research Operations Executive Lead: Professor Erika Denton – Medical Director
<b>Purpose</b>	<b>For Approval</b>
<b>Relevant Strategic Objective &amp; BAF Reference</b>	<b>SO:</b> Strategic Objective 3: to be a centre of excellence for research, education and innovation <b>BAF Ref:</b> Threat 3.3 Relative immaturity of research infrastructure, culture and management processes

### 1. Background/Context

NNUH's research activity has grown organically and the last two years has seen strengthening of governance and oversight, a Clinical Research Leads Group and Research Oversight Board have been established and are functioning well. Recently substantial new research infrastructure has been agreed putting the Trust on a good footing to adopt and implement a strategic approach. The Research Strategy 2020-2025 has been developed by the Clinical Research Leads Group and Research Oversight Board. It was reviewed by the NNUH Hospital Management Board which was supportive and feedback has been incorporated.

#### 1.1. The goals of the Research Strategy 2020 are:

1. Embed a culture of research throughout NNUH creating an inspirational environment that is recognised nationally and internationally and inspires future leaders of clinical research
2. Consolidate and deepen the special partnership with the University of East Anglia and Quadram Institute Biosciences
3. Develop sustainable strategic partnerships critical to the region and the wider NHS
4. Be recognised as a leading NHS trust in applying research and adopting innovation to deliver the best patient care and to benefit the wider NHS

#### 1.2. Associated indicators and measures of success

- Research income
- Number of patients enrolled into a research study and completing studies
- Number of peer review papers published
- Number of WTEs in research
- Number of active principal investigators and chief investigators
- Number of clinical studies that are declined

#### 1.3. Benefits realisation

- Better outcomes for our patients
- Attracting and retaining staff through the provision of professional development opportunities
- Research income generation

### 2. Key issues, risks and actions

An analysis of Strengths and Opportunities has been used to direct this Research Strategy and the recommendations to support its implementation address weaknesses and mitigate threats.

### 3. Conclusions/Outcome/Next steps

- 3.1. Immediate implementation of the Research Strategy will utilise current resources and focus on practical steps to strengthen research governance and on increasing income from commercially sponsored studies.
- 3.2. In the mid to long term, additional resources will be needed to deliver the research agenda in an effective and timely way and evidence will be gathered to support new business cases.

#### **Recommendation:**

The Board is recommended to:

- review and **approve** the Trust's Research Strategy and support its implementation.

2020 - 25

# Research Strategy



NHS Research that improves  
healthcare benefits our patients,  
our staff and our community  
Norfolk and Norwich University Hospitals  
NHS Foundation Trust



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### Growing clinical academic collaborations

Professor Paul Clarke is a Consultant Paediatrician, leading the neonatal research team; he holds a joint clinical academic appointment with the University of East Anglia.

In 2019 the neonatal team won the NNUH's '**Stars of Research**' award.



## Introduction

The Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) is a large teaching hospital providing care to approximately a million people living in the county of Norfolk and tertiary care to patients in neighbouring counties. This positions the organisation perfectly to lead the way on developing patient centred health research for this region.

Our strength is our population and the research carried out at our hospitals, reflects the healthcare needs of people living within the area. This is achieved through our research active staff testing research concepts in a clinical setting not just in a laboratory and by making research patient centred. This approach enables delivery of important healthcare benefits and supports evidence based service improvement.

Research offers valuable opportunities to improve health outcomes, for example by identifying patients at risk of developing a disease, those whose condition will worsen and empowering patients to self-manage long-term health conditions such as diabetes.

Conditions that are important to our patients and cause challenges in how we as a hospital manage the increased demand for complex care are some of the factors driving our research programme.

The ophthalmology team, led by Professor David Broadway have carried out research on wet age-related macular degeneration using non-invasive robotic radiotherapy device to treat the leading cause of blindness in the UK



## Stars of Research

Stars of Research has been established to shine a spotlight on the many projects at the hospital that are looking to find new treatments and advances in patient care.

There are currently nearly 400 research projects at the NNUH covering many areas of medicine and more than 3,500 patients took part in clinical trials at the Trust last year.

Stars of Research focuses on a different research study every month and is shared on the Trust's social media and website using #StarsofResearch hashtag.



## Our Goal

To be a centre of excellence for research, education and staff development

## Research at Norfolk and Norwich University Hospitals

The Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) recognises the importance of research and this is supported cross divisionally and through all levels of leadership throughout the organisation. This has led to the appointment of two new dedicated research senior leaders:

- Director of Research Operations, Dr Jenny Longmore
- Associate Medical Director for Research, Professor Kris Bowles

Kris and Jenny will lead the strategic approach to research and oversee its delivery which will include development of an improved research active culture within the organisation until research becomes part of the hospital's business as usual.

The Research department comprises of a multidisciplinary team that will mature to support a broad range of research activities across many of the specialities and clinical areas of the Trust.

### National context

Collaboration between the NHS and the life sciences sector is at the heart of the UK Life Sciences Industrial Strategy (LSIS) which demands the NHS expands activities in clinical trials, real world data collection and the evaluation of diagnostics and devices. It also set outs to capture the value of NHS data for improving care and costs within healthcare systems.

The National Institute of Health Research (NIHR) is the largest funder of clinical research, investing more than £1 billion a year. In 2019 the NIHR identified research priorities such as developing the NHS workforce, providing for frail patients, older people and socially isolated people or communities.

The NHS Five Year Forward View sets out a clear direction and actions required to deliver the vision of a better NHS including improved ability to undertake research and apply innovation. Notably, the plan states:

*"Research is vital in providing the evidence we need to transform services and improve outcomes."*

NHS England took stock of progress at the half way point of the plan and recognised the importance of research in helping to put money back into the NHS and the UK economy. More recently, the NHS Long Term Plan (2019) reaffirms the

enormous value of research and innovation to drive improvement.

Linking and correlating genomics, clinical data and data from patients provides routes to new treatments, diagnostic patterns and information to help patients make informed decisions about their care.

'Research active' hospitals have better healthcare outcomes including lower mortality rates, with benefits not limited just to those patients who actively participate in research. There are many reasons for this including research active staff gaining greater satisfaction in their work and maintaining a lifelong learning environment.

## Measuring our success

By 2025 we will have:

- ✓ Embedded a culture of research as part of usual clinical care across the local integrated care system
- ✓ Built a balanced & financially viable research portfolio, including a portfolio of commercial studies
- ✓ Embedded our annual recurring internal grant scheme awarded by panel review, supporting local research investigators, including allied health professionals
- ✓ Developed joint research project teams
- ✓ Developed a joint clinical academic lectureship programme
- ✓ Applied for a National Institute of Health Research grant for a Biomedical Research Centre or Experimental Cancer Medicine Centre.



Some of our Stars of Research

## NNUH's aim of the Research Strategy

This research strategy has been developed for the period 2020 - 2025 to provide focus and clarity of direction for the organisation, its patients and its stakeholders. It sets out our future strategic research goals that will ensure the Trust vision is realised.

The NNUH already undertakes high quality, high value research important to healthcare worldwide. This shall continue to be supported. We will research align with our vision for patient care such caring for older people, people living with cancer, young babies and children, public health and addresses the challenges facing our hospital such as the length of time that patients stay in hospital. The Research Strategy will mean the NNUH is well positioned to take a role in leading and driving research locally, nationally and internationally.



Our vision

TO PROVIDE EVERY PATIENT WITH THE  
CARE WE WANT FOR THOSE WE LOVE  
THE MOST

The goals of the **NNUH Research Strategy 2020 - 2025** are:

Embed a culture of research throughout NNUH creating an inspirational environment that is recognised nationally and internationally, which inspires future leaders of clinical research

### Goal 1

Consolidate and deepen the special partnership with the University of East Anglia and Quadram Institute of Biosciences

### Goal 2

Develop sustainable strategic partnerships critical to the region and the wider NHS

### Goal 3

Be recognised as a leading NHS Trust in applying research and adopting innovation to deliver the best patient care and to benefit the wider NHS.

### Goal 4



## Goal 1

Embed a culture of research throughout NNUH creating an inspirational environment that is recognised nationally and internationally and inspires future leaders of clinical research

Embedding a culture of research is important because research active Trusts provide better outcomes for their patients (Ozdemir et al 2014). Raising awareness of research and making research part of everyday work of our staff will assist in integrating research into patient care.

To achieve goal 1 we will:

We will nurture clinical research leaders by recruiting talented clinical researchers and developing talent within the existing NNUH workforce.

Grow opportunities for medical and non-medical staff to develop their knowledge and research skills, which will support delivery of evidence-based practice and high-quality care.

Support our staff on their journey to being research active by fair allocation of protected research time. Our staff will have access to high quality mentorship, career and professional development opportunities.

Help put research ideas into practice whilst ensuring all legal regulatory and ethical requirements are met with patient safety and dignity being paramount.

Develop programmes that provide research opportunities for our staff in collaboration with academic partners in the East of England, the Norfolk and Waveney Strategic Transformation Partnership (STP) and Clinical Commissioning Group (CCG) and respond to opportunities that arise through the integration of services with other hospitals and general practice networks.

Initiate smaller scale pilot projects through strategic deployment of internal resources and support from the NNUH Charity to grow expenditure on research overall.

Support NNUH goals for the new Interventional Radiology Unit and Radiology department to be recognised as an international Centre of Excellence for patient care, training and research and to develop an Institute of Genomic Ophthalmology with an outstanding reputation for research within the new eye hospital.

We will work with partner organisations, especially UEA, to create more academic appointments and research active teams, beginning with Interventional Radiology in 2020.

We will work with the Norwich Academic Training Office and support clinical academic training across a range of healthcare professions.



Consolidate and deepen the special partnership with the University of East Anglia and Quadram Institute Biosciences

The interests and expertise of our partners is reflected in our research. Our partners, the University of East Anglia (our Partner Higher Education Institution) and the Quadram Institute of Bioscience drive the Norwich Research Park to be an internationally recognised centre of excellence in specialist areas such as diet and the microbiome, which will influence longer term health outcomes across the region.

To achieve goal 2 we will:

Support and further expand opportunities for doctors and clinical professionals to develop clinical academic careers.\*

Form joint project development teams which create realistic 'business plans'.

Apply for a National Institute of Health Research grant for a Biomedical Research Centre or Experimental Cancer Medicine Centre. If successful, these efficiencies of scale and collaboration would mean a step change in research in Norfolk.

Work with the University of East Anglia's fund raising office to facilitate joint research programmes of mutual benefit including research to digitise key NNUH systems and patient pathways, for example using artificial intelligence in pathology and diagnostics.

Play an active role to support the Norwich Research Park Biorepository, which is a facility that collects and 'banks' human tissue and body fluids making them available to be used in research projects.

*\*Clinical academics split their time treating patients, undertaking research and teaching and can translate research findings into clinical practice and ensure clinical problems inform research*

The Quadram Institute opened in 2018 as a partnership between the Quadram Institute of Biosciences (formerly with the Institute of Food Research), the University of East Anglia and The Norfolk and Norwich University Hospitals NHS Foundation Trust. The Quadram Institute offers state of the art food and health research, clinical research facilities and an NHS endoscopy centre.





## Goal 3

Develop sustainable strategic partnerships critical to the region and the wider NHS

As one of the region's largest acute teaching hospitals in the region we are able to facilitate opportunities to connect with research networks and organisations across the East of England.

To achieve goal 3 we will:

We will work in partnership with patients and integrate patients into the development and delivery of NNUH research, growing the concept every patient is a research participant.

The Trust is an active and leading member of a number of regional networks which will allow opportunities for research and collaboration with organisations commercial, charitable and academic, using a pragmatic operational approach to doing businesses. We will continue as a partner with the NIHR Clinical Research Network and also extend our networks nationally and internationally.

### Connect with regional networks



## Goal 4

Be recognised as a leading NHS trust in applying research and adopting innovation to deliver the best patient care and to benefit the wider NHS

We hold clinical information about our patients which we use to provide care and treatment for them. When our patients provide additional consent to use their information for research, we are able to predict health problems that they and similar people may suffer from in the future.

Studying population health and how it changes over time can improve the delivery of future healthcare and interventions with the aim of helping people stay well and prevent disease.

To achieve goal 4 we will:

Optimise this data collection. To use this information, healthcare records need to be digital. The Digital Transformation Strategy for NNUH and the Norfolk and Waveney STP will provide opportunities for data analytics, information sharing and learning from other Trusts more advanced in this area of expertise.

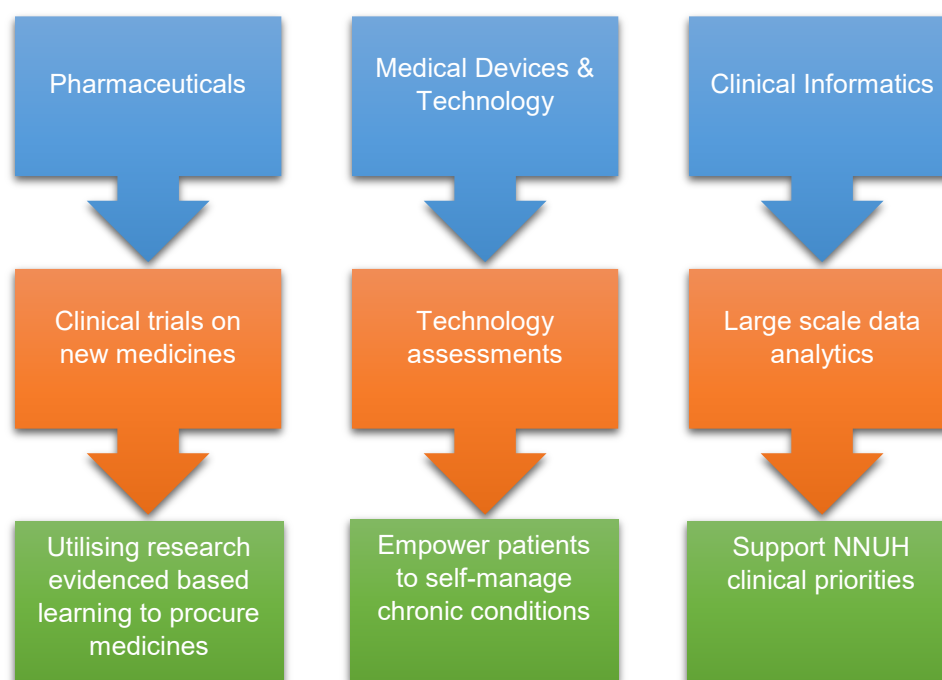
As new digital systems come on line at the NNUH, research will be developed around the longitudinal health and social care record, scanned electronic records and full electronic patient record. This will be best achieved through collaborations with academic institutions and other NHS organisations to enable population based reporting and research.

Our research will focus on regional demographics because we have a stable population with unique characteristics such as the older age population of North Norfolk which is currently a geographical area of low research activity.

We will test new medical devices, digital technologies, artificial intelligence, pharmaceuticals and deliver high quality research, increasing the number of commercial clinical trials to grow this income stream.



## Benefits of Research



## Research Governance

This strategy has been developed in consultation the NNUH's Clinical Research Leads Group and the Research Oversight Board. It is based on an analysis of strengths and opportunities that drive strategic direction and has used weaknesses and threats to inform the resources needed for successful implementation, as described in appendix one.

The strategy will be measured, monitored and overseen by the Research Oversight Board via quarterly meetings and reviewed by the Hospital Management Board every six months.

## Resources and sustainability

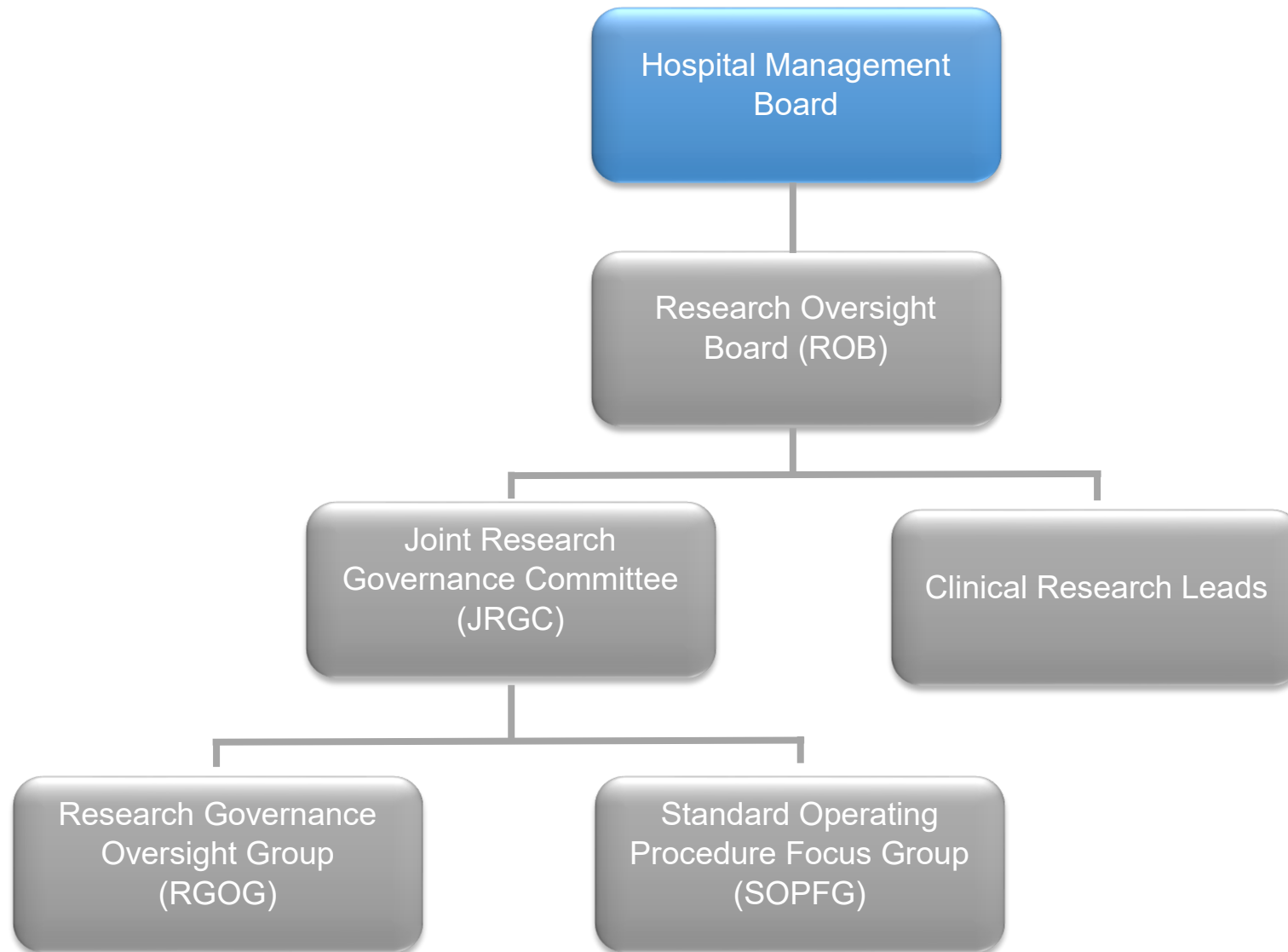
In the first year of delivering this strategy we will focus on using allocated resources to strengthen research governance and rationalise peer review, which will deliver efficiencies in research operations providing support to NNUH research projects, meaning they will be of high quality, high value and align with this strategy.

Sustaining growth will require investment through 'pump priming'. This priming will be funded by strategic deployment of research income, external sources or approved business cases.

## Appendix One: Analysis of Strengths, Weaknesses, Opportunities and Threats



## Appendix Two: Research Governance Structure



## Strategic Objective 3 - We will be a centre of excellence for research, education and innovation

Threat 3.3      Relative immaturity of research infrastructure, culture and management processes		How assured is the Board that controls are adequate & effective?
Desired outcome or deliverable: NNUH is recognised internally and externally as a positive environment in which to carry out research		
Associated indicators or measures of success 1. Research recruitment rates 2. Research income & publications 3. Visible evidence of research activity on website and in hospital premises 4. Development of Clinical Research Facility in QI 5. Long-term plans established for Clinical Research Trials Unit	Review Process and Dates: Board of Directors 29.6.18 & 28.9.18 Quality & Safety Cmttee: 19.6.19 & 28.01.20 Audit Cmttee: 12.12.18, 13.03.19 & 11.09.19 Management Board: 5.3.19 & 15.10.19 Executive Lead (MD): monthly review 03.12.19 & 10.01.20	

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Key controls, inputs & actions (policies / procedures / structures etc)	Sources of assurance (+ve) (i.e. evidence that the controls are effective – e.g. reports from assurance committees, surveys, internal or external audits and reports)	Gaps in control/assurance (-ve) (concerns or evidence that existing controls are not wholly effective)
<ul style="list-style-type: none"> <li>Oversight of Clinical Safety &amp; Effectiveness Sub-board. Oversight of research added to remit of Quality &amp; Safety Committee (March '19)</li> <li>Research Oversight Board approved by HMB and established (June '18)</li> <li>Major capital funding for Biorepository confirmed by BBSRC (May '18)</li> <li>ToRs confirm QI Benefits Realisation overseen by QI Management Board (May '18)</li> <li>Q&amp;S review of Research Annual Report (July '19)</li> <li>Regular reporting on research governance added to Q&amp;SC Work Programme (July '19)</li> <li>Associate Medical Director (Research) appointed (July '19)</li> <li><b>Charitable funding for additional research support staff (Dec '19)</b></li> </ul>	<ul style="list-style-type: none"> <li>QI Science Strategy finalised (Sept 17)</li> <li>NIHR extends contract for NNUH to act as host for Clinical Research Network (Eastern) until 2022 (Jan '18)</li> <li>QI Clinical Research Facility opened (Sept '18)</li> <li>Research Annual report 2018/19 confirms recruitment targets 2018/19 met and exceeded (April 2019)</li> <li>Revised arrangements agreed for management of Biorepository, enabling release of BBSRC capital funding (Aug '19)</li> <li>Next cohort of joint clinical lecturer appointments made with UEA (July '19)</li> <li>National Cancer Patient Experience Survey 2018 shows improvement in score for discussion of participation in research (35% - up from 27% in 2017) (Aug '19)</li> <li><b>New accommodation in QI provided for R&amp;D team (Dec '19)</b></li> <li><b>Draft Research Strategy reviewed by HMB (Jan '20)</b></li> <li><b>Research Strategy agreed by Quality &amp; Safety Committee (Jan '20)</b></li> </ul>	<ul style="list-style-type: none"> <li>Absence of research related material visible in hospital</li> <li><b>No long-term accommodation yet identified for hospital-based research nurses (Jan '20)</b></li> <li><b>Opportunity for NNUH clinical research to be integrated with QIB next generation ISPs (research programmes) still to be developed (Jan '20)</b></li> <li><b>Publication rates do not reflect extent of NNUH research activity (Jan 20)</b></li> </ul>

Any additional actions planned or required:	Timescale	Lead	Update
1. Development of Research Strategy	Mar'20	ED	Scheduled for Board review & approval (Feb '19)