

**MEETING OF THE TRUST BOARD IN PUBLIC**  
**WEDNESDAY 3 FEBRUARY 2021**

**A meeting of the Trust Board will take place at 9.30am on Wednesday 3 February 2021 by MS Teams**

Due to the Covid-19 pandemic, the meeting will be held by MS Teams only (details for attendance by members of public are available at [www.nnuh.nhs.uk](http://www.nnuh.nhs.uk)).

**AGENDA**

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	(f) IPR – Workforce data	PJ	<b>87</b>	
7	Ockenden Review of Maternity Services* <i>Attending: Laura Schaffer (Operational Director for Women &amp; Children's); Beth Gibson (Consultant Obstetrician and Lead for Antenatal Services (attending on behalf of Anna Haestier, Obstetric Chief of Service)); and Kelly Stevens (Acting Divisional Director of Midwifery)</i>	NF	Discussion	<b>96</b>
8	Questions from members of the public	Chair	Discussion	
9	Any other business	Chair	Discussion	

\* Assurance Template uploaded to Resource Centre

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

The next Board meeting in public will be at 9.30am on Wednesday 7 April 2021 – location/arrangements TBC

## MINUTES OF TRUST BOARD MEETING IN PUBLIC

HELD ON 4 NOVEMBER 2020

<b>Present:</b>	Mr D White	- Chairman
	Dr P Chrispin	- Non-Executive Director
	Mr R Clarke	- Chief Finance Officer
	Mr C Cobb	- Chief Operating Officer
	Prof E Denton	- Medical Director
	Ms S Dinneen	- Non-Executive Director
	Prof N Fontaine	- Chief Nurse
	Mr J Foster	- Non-Executive Director
	Mrs J Hannam	- Non-Executive Director
	Mr S Higginson	- Chief Executive
	Mr P Jones	- Chief People Officer
	Prof D Richardson	- Non-Executive Director
	Mr T Spink	- 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
	Members of the public and press	

20/044 **APOLOGIES AND DECLARATIONS OF INTEREST**

Apologies were received from Dr O'Sullivan. No conflicts of Interest were declared in relation to matters for consideration by the Board.

20/045 **MINUTES OF PREVIOUS MEETING HELD ON 5 AUGUST 2020**

The minutes of the meeting held on 5 August 2020 were agreed as a true record and signed by the Chairman.

20/046 **MATTERS ARISING**

There were no Action Points or matters arising from the meeting on 5 August 2020.

Non-Executives requested an update on establishment of the Reservist Programme. Mr Jones reported that volunteers are being recruited to assist the flu vaccination programme and to assist with operational pressure during the Covid pandemic. A dedicated email account has been set up so that volunteers can register to provide support during the second wave of the pandemic. Around 30 volunteers have signed up so far and it is anticipated that this number will increase.

20/047 **CHIEF EXECUTIVE REPORT**

The Board received an update 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 of the continuing preparations for the second wave of the pandemic. There are currently 11 covid positive patients in hospital and the rate of infection in Norwich is around 100-110 per 100,000 population which compares

favourably to the rate elsewhere. The level of challenge is expected to increase over the coming weeks and the operational team have been working to prepare for a surge in patients. Services for cancer and elective patients will be maintained alongside care for patients with the virus and wards in the Centre Block have been ring-fenced to deliver elective care for as long as possible.

We are working with healthcare partners and regulators to put in place required support mechanisms to establish NNUH as a 'super surge centre', to receive patients from other hospitals if needed. Levels of in-hospital transmission remains low which is a good sign that our infection, prevention and control measures are robust and being implemented.

We continue to be grateful to all our staff for their hard work during the pandemic and as we move into the second wave in the coming months. A number of initiatives to support staff have been established and psychological support funding has been agreed by the N&N Hospitals Charity to provide support for staff who have been affected by their experiences.

The Staff Awards will be a virtual event this year. Awards have been presented and we have heard heart-warming stories from our staff.

The flu campaign is underway and 70% of staff have been vaccinated and we are striving to exceed the level achieved in last year's campaign.

The 2020 Staff Survey opened in October and we are continuing to encourage staff to complete the survey and the feedback will be used to inform our plans for building organisational culture in future.

The new Ward block was officially opened by the Lord Lieutenant, Lady Dannatt on 10 September. The Isolation Unit is also operational, and will be available to contribute to care of patients in the second wave. It is recognised that there are likely to be significant challenges in the weeks and months ahead.

Mr Cobb indicated that the ground floor of the new ward block will be functioning as a Same Day Emergency Care unit, treating and discharging emergency patients, thereby supporting the flow of patients and easing pressure on our Emergency Department. The facilities of the new building have been well received by staff.

Mr Higginson reported that the Interventional Radiology Unit expansion project is also now complete and a recruitment drive is underway to recruit additional staff for the unit.

It is anticipated that there will be staffing challenges over the next period and recruitment is underway to fill additional posts in the new wards/units. We are continuing to take all appropriate steps to ensure that our staff can continue to work during the pandemic and to keep them safe and protected. A risk assessment tool is in place in order to identify those staff at high risk and so that protective measures can be taken. Nurses from overseas recruitment drives will be joining the Trust over the next few months and the reservist programme will also provide additional support for staff in the event of a regional surge.

Mr White highlighted that the availability of sufficient staff is an issue faced nationally. The regular communications on the position is helping to keep staff and members informed and to raise the profiles for the flu campaign and online staff survey.

Mr Jones explained that the Staff Survey response rate is 42% and the survey will be open for responses for another four weeks. It is hoped that, with the electronic format, we will exceed last year's response rate of 46%. Videos have been published in order to promote improvements that have been made since the last survey.

Non-Executives welcomed the improvements in communication and staff engagement and asked about the availability of communication channels for those staff who do not have access to emails or computers. Mr Jones indicated that there are around 200 members of staff who have email addresses which have not been accessed in the last 6 months. A number of staff are unable to access a computer during the day and a link has been circulated to enable staff to access the survey from home.

## 20/048 **REPORTS FOR INFORMATION AND ASSURANCE**

### (a) Quality and Safety Committee (27.10.20)

The Board received a report from Dr O'Sullivan with regard to the latest meeting of the Quality & Safety Committee, presented by Dr Chrispin.

Dr Chrispin reported that the Committee was informed that Internal Professional Standards (IPS) for medical staff have been refreshed. The IPS will drive safe management and flow of patients through the Emergency Department and there was considerable assurance around the processes for keeping patients safe.

At its next meeting, the Committee will be updated on the timeframe against improvement actions for the hip fracture pathway.

Additional national measures have been introduced for monitoring nosocomial Covid infections in hospitals and the Committee will be maintaining oversight in order to provide assurance to the Board regarding patient/staff safety.

The Clinical Quality Impact Assessment (CQIA) process scrutinises the potential clinical impact of financial and productivity projects. The Committee's role is to review the quality aspects of the CQIA but it requested an overview of financial information in order to assist triangulation. A uniform Cost Improvement Programme (CIP) report will therefore be provided in future for the Quality & Safety Committee and Finance, Investments and Performance Committee.

A deep dive was undertaken to look at the care of seriously ill patients with eating disorders. Assurance was provided on the steps taken to improve processes, training for staff and documentation. It was also recognised that there are systemic issues for the provision of specialist mental health services for these patients.

### (b) IPR – Quality, Safety and Patient Experience

Professor Fontaine reported that 13 Serious Incidents were reported in September. A joint investigation is being undertaken with the Mental Health Trust regarding a patient who took their own life following discharge.

The Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme was introduced by NHS Resolution to support delivery of safer maternity care and Trusts are required to demonstrate compliance against 10 maternity safety actions in order to recover their contribution to the CNST Maternity Incentive Fund. The standards for Year 3 of the Scheme were issued in October 2020 and the Trust will be required to submit its Board declaration in May 2021. An assessment of compliance against each standard is being undertaken and Leads are identified for each domain. In line with the requirements, the Board will be updated monthly on progress via the IPR.

Duty of Candour compliance has reduced (61% September 2020) and a review is underway to look at record keeping/documentation to identify areas for improvement. Professor Denton explained that it is thought that Duty of Candour compliance is under-reported. Whilst explanations may be given verbally this is not always registered on the electronic system.

The number and location of falls has been reviewed by the Serious Incident Group and no particular areas of concern have been identified. A Quality Improvement (QI) project is underway to reduce the number of falls. A review of falls policies, standard operating procedures and risks assessment documentation is being carried out. The work is clinically led and it is hoped that there will be an improvement in the coming months. Record keeping and risk assessment documentation for pressure ulcers, nutrition and hydration is also incorporated in the QI project.

It is hoped to establish a Consultant Practitioner post for Wound Management jointly with the Community Trust, to manage complex wound care in the hospital and community. Many patients admitted to hospital are vulnerable to pressure ulcers and Standard Operating Procedures, training and education is being rolled out to change the approach across central Norfolk to help to prevent community originated pressure ulcers.

Non-Executives noted the impact of delays in the ED and welcomed the actions to improve patient experience. The rise in pressure ulcers and falls is concerning and Executives were asked if there were particular areas that should be targeted for improvement. Professor Fontaine explained that no particular areas have been flagging and these typically occur in complex patients in medicine, surgery and critical care. Some patients will also develop pressure ulcers as a result of indwelling devices or nasogastric feeding tubes.

Non-Executives noted that targets had not been included on IPR slides for pressure ulcers and falls and suggested that it would be helpful to include a line on the SPC chart to aid tracking of progress to July 2021. Professor Fontaine confirmed that this would be reviewed with the Information Services team. **Action: Prof Fontaine**

Professor Fontaine reported that there has been a deterioration in the safer staffing fill rates and this is thought to be due to staff who are 'shielding' and a reduction in bank staff wishing to undertake extra shifts. The reduction in fill rates is reflected nationally and there is concern that this will deteriorate further.

Professor Denton reported that the mortality indices for HSMR and SHMI assume stability in case-mix and will not be adjusted to take into account activity changes occurring during the pandemic. This is impacting on mortality figures and a similar pattern has been observed in other trusts. We are continuing to work with national teams to review this.

(c) Finance, Investments and Performance Committee (28.10.20)

Mr Spink reported that Governors Ines Grote and Mark Hitchcock had attended the meeting as observers.

The Committee discussed the operational position and the Trust's response to the increasing number of Covid patients.

The performance metrics and targets for the Trust's Winter Plan were discussed. It was noted that these would be particularly challenging for the Emergency Department but important for maintaining segregation and infection prevention and control, as Covid cases rise.

Good progress has been made in implementation of actions arising from the Use of Resources review. The Committee encouraged earlier action to bring the PMO and Improvement team structures and systems closer together.

HR workforce capacity will be important for delivery of our productivity challenge and this is being reviewed in business planning for 2021/22.

The Financial Governance Review has highlighted a number of deficit drivers and there is much work to complete actions within the timescales identified. A careful balance between financial and quality performance will need to be maintained. Mr Higginson indicated that it is recognised that achievement of the Financial Governance Review actions will be challenging within the specified timescales but the Executives are committed to meeting this. Progress may be affected by operational pressures arising from the pandemic but this is seen as crucial work towards improving the organisation and will improve our position in preparation for next year.

Mr White thanked the internal auditors for their review. The Board will gain much greater confidence of financial management across the organisation, as the actions are implemented.

(d) IPR – Finance, Performance and Productivity

Mr Cobb reported that ED 4 hour performance in September was 73% with the main driver of delays being medical staffing shortages. Ambulance handovers within <15 minutes increased to 70% in October 2020. Performance is being maintained despite extreme pressure and high volumes.

The PRISM improvement programme is continuing and a two-week test and challenge review across four workstreams was undertaken in October. Some new processes are continuing to be adopted and it will be important to sustain improvements going forwards.

Discharge delays continue to be challenging and there is need for a system-wide response to address capacity in the community.

The number of tests on symptomatic patients is increasing and this is causing congestion in the ED whilst waiting for test results. Planned levels of activity have been exceeded for outpatients, electives and day case procedures. Treatment for cancer, urgent and long waiting patients will continue to be prioritised. The wards in the Centre Block, DPU and AMDU have been ring fenced for elective patients. It is positive that we have been able to maximise recovery during the lull in pandemic activity and we will aim to deliver performance as long as possible during the pandemic.

It was noted that there was no definition of NSTEMI within the IPR slide. Mr Cobb explained that this refers to Non-ST-elevation myocardial infarction and the full definition will be added to future reports. **Action: Mr Cobb**

Professor Fontaine reported that there is increasing national focus on nosocomial infections and updated guidance has been issued on reporting requirements. Standard Operating Procedures are in place with respect to the management of symptomatic and asymptomatic patients, concerning location of patients and swabbing.

Non-Executives considered increased pressure on ITU services during the pandemic and asked about protection of beds for continuation of the elective programme and

cancer services in particular. Mr Cobb explained that the hospital is now zoned into red, amber and green zones and high, medium and low risk pathways. Three levels of ITU facilities have been created and there is an expectation that we will continue to be able to provide critical care to non-covid patients for as long as possible.

Mr Clarke reported a breakeven financial position in the year to date. This consists of £6m operating surplus before Covid, £15.8m Covid Costs and £9.8m top-up income. Inpatient and outpatient activity in the year to date is around 70% of the level achieved in 2019/20. Although activity increased in August and September, performance is still behind the Phase III trajectory and will need to be driven to avoid Elective Incentive Scheme financial penalties.

The forecast outturn for October 2020 to March 2021 is a nil variance against the planned deficit of £15.4m.

CIP performance is £1.2m against the approved Plan of £1.3m due to under-performance of pay schemes across temporary spend and planned vacancies. The risk adjusted forecast outturn CIP delivery is £3.5m against the target of £11.3m. The Divisions are working to identify transformation and efficiency opportunities to reduce the in-year gap and plan for next year.

(e) People and Culture Committee (26.10.20)

Ms Dinneen reported that the Committee had discussed the difficulties in identifying space for training. A significant proportion of training is now provided online but some training still needs to take place face to face. Rooms previously used for training have been repurposed during the pandemic and there is an urgent need to find alternative locations for physical training needs.

The Committee also considered areas which may be at risk due to limited numbers of key staff with particular skill sets. Motivation and resilience in staff who are suffering fatigue is also challenging.

The Medical Engagement Survey results did not identify any particular issues of concern. The frequency for repeating the survey was considered and alternative options for gathering feedback (exit interviews and appraisals) could be utilised to alleviate survey fatigue.

A gap analysis review of the actions identified in the People Plan will be carried out to identify the most significant and beneficial actions for discussion at the next Committee meeting.

Assurance was provided to the Committee on the work being undertaken to develop an open culture and to ensure people feel safe to raise concerns.

(f) IPR - Workforce

Mr Jones reported that mandatory training compliance was 89% in September. Progress on the 10-point improvement plan has been impacted by the pandemic as training was suspended to release staff for frontline duties. Training delivery has been shifted to online where possible but there are some elements such as resuscitation and manual handling training which require physical delivery in a Covid secure way.

Sickness absence reduced to 3.5% in August (12 month rolling average 4.3%). Work is underway to look at support interventions that can be put in place for staff who are suffering with mental health issues and fatigue as a result of the pandemic.

Mr White noted the positive feedback from the Committee and welcomed the opportunities to get a better understanding of how staff are feeling and increasing ways for staff to influence how the Trust is working. The actions coming from the People Plan and Staff Survey will help to inform our plans further.

Mr Jones confirmed that the analysis of the People Plan will identify improvement actions for January and actions will be drawn from the results of the Staff Survey published in March 2021.

20/049 **MODERN SLAVERY ACT STATEMENT**

The Board was asked to approve the annual certification to confirm that the Trust has met its legal requirements under the 2015 Modern Slavery Act. The Statement will be published on the Trust's website following approval by the Board.

There was Non-Executive challenge with regard to the commitment to working with new suppliers and this will be revised to cover existing suppliers also.

**Action: Mr Garside**

As amended, the Board **approved** the Modern Slavery Act Statement for 2019/20.

20/050 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

20/051 **ANY OTHER BUSINESS**

There was no other business.

20/052 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Trust Board in public will be at 9.30am on Wednesday 3 February 2021 by MS Teams and in the Norfolk and Norwich University Hospital.

Signed by the Chairman: ..... Date: .....  
*Confirmed and approved for signature by the Board on 03.02.21 [tbc]*

**Decisions Taken:**

Item	Decision
20/049 – Modern Slavery Act Statement	As amended, the Board <b>approved</b> the Modern Slavery Act Statement 2019/20.

**Action Points Arising:**

Item	Action
20/048(b) – IPR format	Non-Executives noted that targets had not been included on IPR slides for pressure ulcers and falls and suggested that it would be helpful to include a line on the SPC chart to aid tracking of progress to July 2021. Professor Fontaine confirmed that this would be reviewed with the Information Services team. <b>Action: Prof Fontaine</b>
20/048(d) – IPR format	It was noted that there was no definition of NSTEMI within the IPR slide. Mr Cobb explained that this refers to Non-ST-elevation myocardial infarction and the full definition will be added to future reports. <b>Action: Mr Cobb</b>
20/049 - Modern Slavery Act statement	There was Non-Executive challenge with regard to the commitment to 'working with new suppliers' and this will be revised to cover 'new suppliers and existing suppliers'. <b>Action: Mr Garside</b>

## Action Points Arising from Trust Board meeting (public) – 04.11.20

Item	Action	Update – February 2021
20/048(b) (Nov '20) – IPR format	Non-Executives noted that targets had not been included on IPR slides for pressure ulcers and falls and suggested that it would be helpful to include a line on the SPC chart to aid tracking of progress to July 2021. Professor Fontaine confirmed that this would be reviewed with the Information Services team. <b>Action: Prof Fontaine</b>	Request submitted to Information Services for inclusion in template slides.  <b>Carried forward.</b>
20/048(d) (Nov '20) – IPR format	It was noted that there was no definition of NSTEMI within the IPR slide. Mr Cobb explained that this refers to Non-ST-elevation myocardial infarction and the full definition will be added to future reports. <b>Action: Mr Cobb</b>	The definition of NSTEMI has been added to the IPR.  <b>Suggest Action closed.</b>
20/049 - Modern Slavery Act statement (Nov '20)	There was Non-Executive challenge with regard to the commitment to working with new suppliers and this will be revised to cover existing suppliers also. <b>Action: Mr Garside</b>	Revised to cover both new and existing suppliers & finalised.  Scheduled for annual review by Audit Committee at May meeting in advance of approval by Board as part of annual reporting cycle.  <b>Suggest Action closed.</b>

JPG 27.02.21

## REPORT TO THE TRUST BOARD OF DIRECTORS

<b>Date</b>	<b>3 February 2021</b>
<b>Title</b>	<b>Chief Executive's Report</b>
<b>Author &amp; Exec lead</b>	<b>CEO</b>
<b>Purpose</b>	<b>For Information/Discussion</b>

**Covid 19.** At the time of writing we have 292 Covid 19 positive patients in the hospital. Numbers peaked at around 350 in mid January. This compares to our peak in April 2020 of 87 patients. Sadly, since March 2020 we have now had 489 Covid related deaths. We are currently at Local Covid State 5. We are continuing to support colleagues in the rest of the East of England. We have received 38 critical care patient transfers during December and January as part of our regional surge role and are supporting with receiving some secondary transfers for non-cranial adult major trauma patients. Our staff have been fantastic over the last few weeks. Many staff have worked additional shifts, longer days or many consecutive days. Many staff have volunteered to work supporting the wards. We have 30 military technicians supporting us as healthcare support workers and have received critical care nursing support from our colleagues at the James Paget and the Queen Elizabeth Kings Lynn. On behalf of the hospital, we are very grateful for the support we are continuing to receive from our local community.

**Vaccination.** We have run a very successful Covid vaccination campaign since the 8<sup>th</sup> December. 98% of our staff have been vaccinated. We have vaccinated over 4000 local residents who are over 80 as well as many NHS and social care staff from the community.

**Health & Safety Executive.** The Trust was one of a number of NHS Organisations visited by the Health & Safety Executive (HSE) in December 2020 for a spot inspection to assess our Covid compliance. The HSE have significant powers to stop any dangerous work practices immediately, fine an organisation, prosecute and to charge for an inspection where any failings are identified. The HSE on this occasion did not charge for the inspection. There were four points of verbal feedback given on the day relating to social distancing and ventilation within an office, through traffic created by using a shared printer and donning & doffing in the same area on one of the wards. The Trust put in place an improvement plan which we shared with the HSE inspection team.

**Emergency department.** The CQC undertook an unannounced inspection of our Emergency Department on the 8<sup>th</sup> of December. They noted improvements in culture and teamwork by the staff. However they had concerns regarding our triage system, compliance by some staff with infection, prevention and control procedures and the trusts performance against the 4 hour target. They have issued the trust with a section 29a improvement notice. We will receive their final report later this month. We have begun work on an improvement plan.

**Elective recovery.** We continue to focus on treating our clinically urgent and cancer patients. Performance against the 104 day cancer target remains on track but our overall waiting list and number of long waiters is continuing to grow. We have recommenced P2 surgery at the Spire as well as undertaking some limited

surgery on the main site.

**Phase III Operational Plan: October 2020 to March 2021.** Following discussion with the NHSE/I regional team the Norfolk & Waveney system has submitted a revised financial plan for the second half of the year with a deficit of £19m.

As part of these discussions, the Trust has revised its financial plan to a £11.4m deficit plan in line with the delegated authority the Board gave the executive team at its previous meeting. The Trust is currently reporting a £5.7m deficit as at December 21 with the forecast outturn remaining on plan. The forecast position of a deficit of £11.4m may be subject to improvement in the last quarter depending on the impact of COVID Surge and clarification of national accounting treatment on issues such as annual leave.

**Financial Governance Review.** We continue to focus on delivering the actions identified for the trust in the FGR. Good progress is being made and I'm pleased to say that as of 31<sup>st</sup> December we have now completed 34 of the 65 recommendations. We remain broadly on track to meet our end of year objectives.

**Digital.** This month we will begin the roll out of the EDMS project. We have also set up a virtual ward as part of our Covid response which we are using to monitor and look after appropriate patients remotely. The next phase of our digital plan will include the roll out of E-obs and clinical messaging over the next few months.

**Research.** I would like to acknowledge the role of the trust research team in the Novovax clinical trial. We recruited over 500 participants and it is fantastic that early results indicate that the vaccine is 89% effective.

**Recommendation:**

The Board is recommended to receive this report for information.



Via email

Cygnum code 132468  
Our reference: INS2-9944340401

Mr Sam Higginson  
Norfolk and Norwich University Hospitals NHS  
Foundation Trust  
Colney Lane  
Colney  
Norwich  
Norfolk  
NR4 7UY

Date: 10/12/2020

CQC Reference Number: INS2-9944340401

Dear Sam,

**Re: CQC inspection of Norfolk and Norwich University Hospital's ED**

Following the feedback meeting with you, Alice Richardson, Rachel Cocker, Dr Corinna Pascuzzi, Caroline Kavanagh, Rebecca Illsley and others from Dr Vazeer Ahmed and myself on Tuesday 8 December 2020, I thought it would be helpful to give you written feedback as highlighted at the inspection and given to you and your colleagues 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 yesterday, 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:

- The Rapid Assessment and Treatment Service (RATS) environment was suitable for needs and enabled staff oversight.

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)

- Streaming at the front door was effective in asking all the right questions to identify those with symptoms of Covid 19. This facilitated patients into the designated pathways safely.
- Medical staff numbers were well complimented for 24 hour cover.
- The long-term sustained improvement in most of the trust's handover sitrep times over the last 12 months was noted.
- The positive mental health and morale of department staff came across well.
- Consultants told us they worked better together as a cohesive group and had done lots of work on improving flow.

However:

- Initial assessment times and time to treat times were not in line with guidance.
- There was no evidence of triage prioritisation. We saw one patient waiting in physical discomfort with clear abdominal pain.
- Staff did not always wash their hands between patients in RATS and triage. We only saw a few staff wearing faceshields/visors when they were within a metre from patients, despite being told this was part of the recently revised Personal Protective Equipment policy.
- The main waiting room area did not clearly highlight the need for people to socially distance using signs or furniture. People were sat back to back and still within a metre of each other when sat in every other chair.
- Admissions to wards were slow resulting in delays within the department. This was a result of beds not becoming available early enough in the day at ward level.
- Although recruitment and retention work was underway, multiple junior medical staff bands were still locums.
- During our visit the number of actual qualified nursing staff on shift was five below that planned.
- Staff told us that emergency department leads were reluctant to close certain areas despite nursing staff pressures.

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 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

Bernadette Hanney

**Head of Hospitals Inspection**

**c.c.** Chair of Trust  
NHS Improvement representative  
CQC regional communications manager



## 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

# COVID-19 Update

January 2020

## COVID-19 Report: Timeseries to 19<sup>th</sup> January 2021

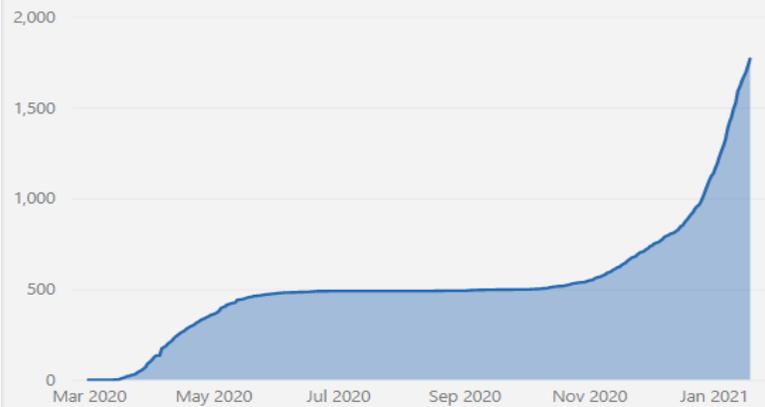
### COVID-19 Report - Timeseries

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

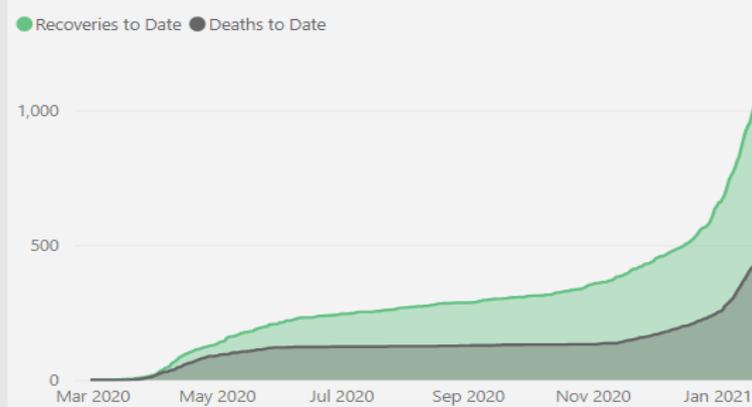


Cumulative	Total Swabs Taken	Patients Swabbed	Confirmed Cases	Recoveries	Deaths
01/03/20 - 19/01/21	<b>63,488</b>	<b>27,677</b>	<b>1,767</b>	<b>1,007</b>	<b>421</b>

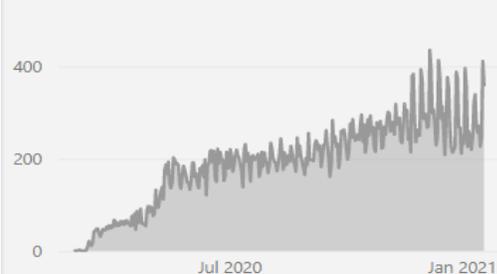
Cumulative Confirmed at NNUH



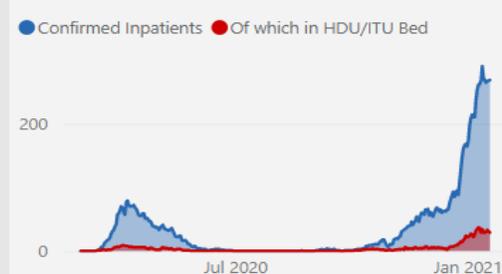
Cumulative Recoveries & Deaths



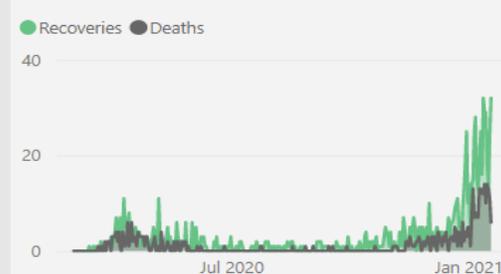
Patients Swabbed per day



Confirmed Inpatient per day (<= 14 days)



Recoveries & Deaths per day

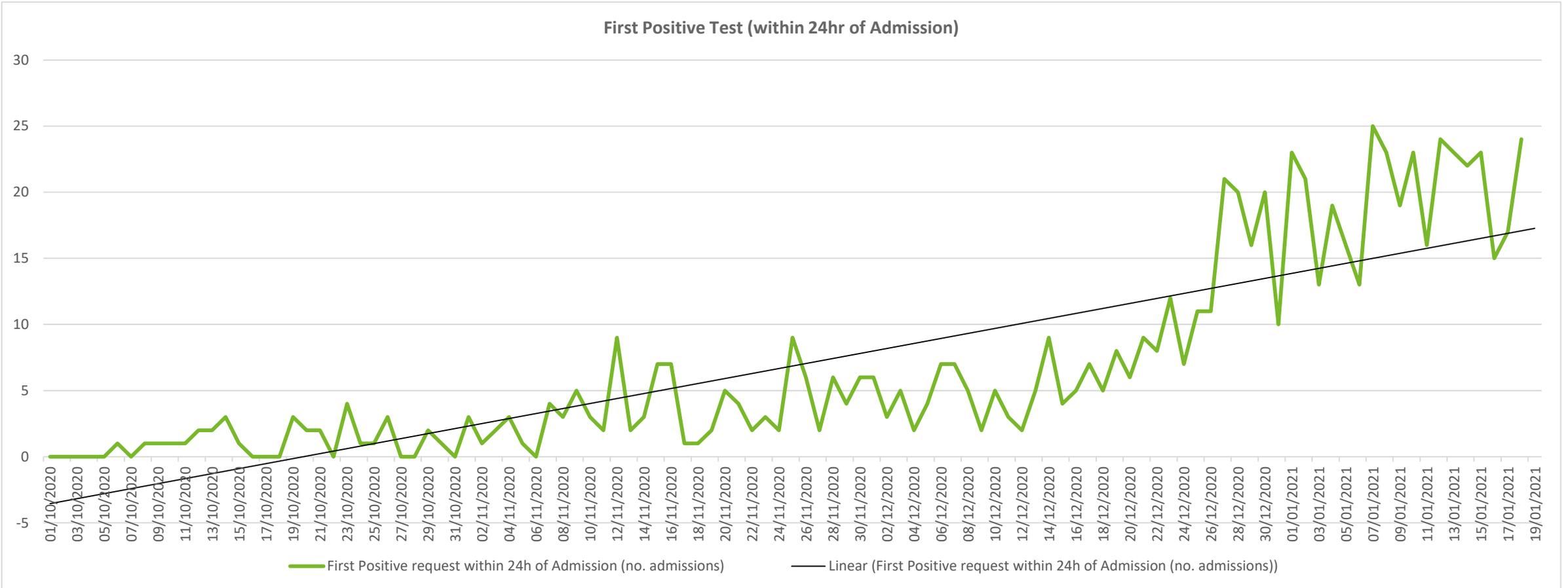


#### Commentary

In accordance with the Pandemic Infectious Respiratory Diseases Plan, prepared alongside the Winter Plan for 2020/21, a phased escalation plan was implemented to manage the ongoing COVID-19 Pandemic. The Trust escalated through Local COVID States, with Local Covid State 5 triggered on 18<sup>th</sup> December 2020.

The Incident Management Team (IMT) have maintained and expanded the command and control structure throughout this escalation, facilitating and collating information on bed capacity, mortuary, PPE, oxygen supply, staffing Levels and other relevant information 08:00-20:00 7/7.

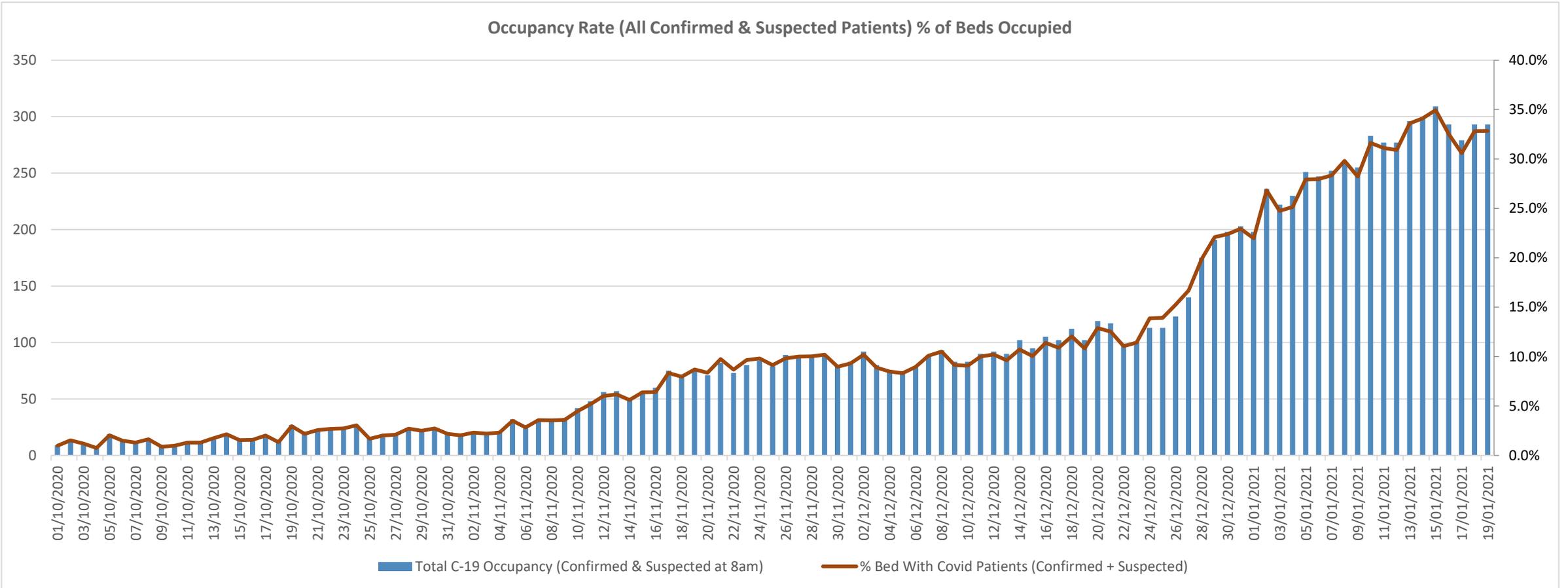
## COVID-19 Report: Diagnosed <24 Hours of Admission



### Commentary

The number of patients testing positive for Covid-19 on admission has been steadily increasing since October 2020 but has increased markedly since Late December.

## COVID-19 Report: Bed Occupancy

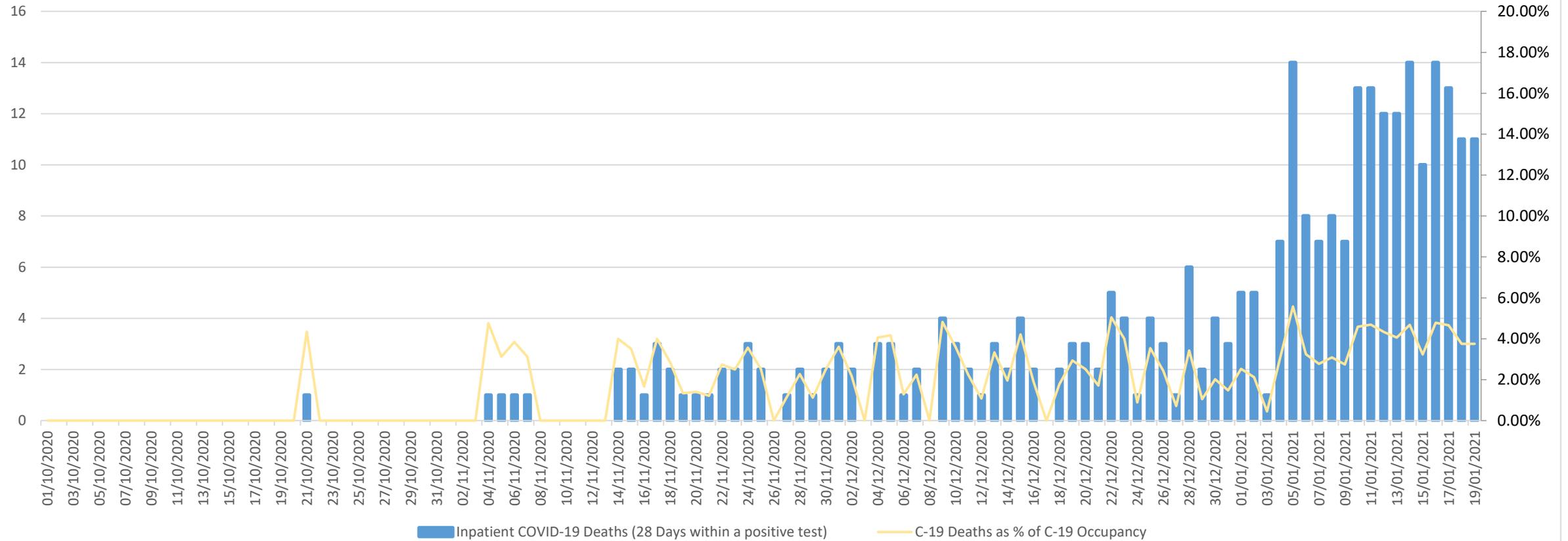


### Commentary

35% of the total adult beds are now occupied by active Covid-19 patients. A further 12% are occupied by Covid-19 patients post 14 days of a positive test and Covid-19 symptomatic patients awaiting a test result

## COVID-19 Report: Inpatient Deaths

Inpatient COVID-19 Deaths (Within 28 Days of a positive test)



### Commentary

There has been a significant increase in the number deaths with a positive Covid-19 test result within the last 28 days. The percentage of Covid related deaths to Covid inpatient occupancy has remained in the range of 4-6% since October

# COVID-19 Report: Escalation to Local COVID State 5 (Surge)

## COVID WARD LAYOUT AND WARD ORDER - Local COVID State 5: JAN 2021

Level	B	C	D	E	G	H	I	K	L	M		
4			Denton 37 High Risk Pathway - Confirmed / Suspected C-19	Earsham 24 Medium Risk Pathway - Asymptomatic Awaiting Results	Gateley 24 Medium Risk Pathway - Asymptomatic Awaiting Results							
3	Blakeney 32 Medium Risk Pathway - Asymptomatic Awaiting Results W&C	Cley 36 Medium Risk Pathway - Asymptomatic Awaiting Results W&C	Dilham 24 High Risk Pathway - Confirmed / Suspected C-19 C-19 9 Red Surgical Admission	Easton 24 Medium Risk Pathway - Asymptomatic Awaiting Results Surgical Admissions	Glissing 24 High Risk Pathway - Confirmed / Suspected C-19 CCC 3 NIV / HDU	Hethel 37 Medium Risk Pathway - Asymptomatic Awaiting Results Respiratory	Intwood 25 Medium Risk Pathway - Asymptomatic Awaiting Results CCC 4	Kilverstone 37 Medium Risk Pathway - Asymptomatic Awaiting Results Cardiology	JPU 16 High Risk Pathway - Confirmed / Suspected C-19 CCC 2 CCC & Red Dialysis	Mattishall 37 Medium Risk Pathway - Asymptomatic Awaiting Results OPM		
2	Buxton 33 Medium Risk Pathway - Asymptomatic Awaiting Results Paeds	Colltishall 37 High Risk Pathway - Confirmed / Suspected C-19 Paeds	Docking 36 High Risk Pathway - Confirmed / Suspected C-19 C-19 6 Surgical	Ednefield 39 High Risk Pathway - Confirmed / Suspected C-19 C-19 7	Gulst 37 High Risk Pathway - Confirmed / Suspected C-19 C-19 8 Gastro	Heydon 37 Medium Risk Pathway - Asymptomatic Awaiting Results Stroke	Ingham 33 Medium Risk Pathway - Asymptomatic Awaiting Results	Kimberley 38 Medium Risk Pathway - Asymptomatic Awaiting Results Endo	Loddon 31 Medium Risk Pathway - Asymptomatic Awaiting Results OPM Short Stay	OPED / PAED ED EUC		
1	Brundall 30 High Risk Pathway - Confirmed / Suspected C-19 C-19 2 OPM	Cringelford 20 High Risk Pathway - Confirmed / Suspected C-19 C-19 1 Red Assessment Area	Dunston 33 High Risk Pathway - Confirmed / Suspected C-19 C-19 3 Respiratory	Eising 37 High Risk Pathway - Confirmed / Suspected C-19 C-19 4 OPM	Gunthorpe 29 High Risk Pathway - Confirmed / Suspected C-19 C-19 5 OPM	AMU(H) 34 High Risk Pathway - Confirmed / Suspected C-19 Assessment Area	AMU (I) 32 Medium Risk Pathway - Asymptomatic Awaiting Results Assessment Area	AMU(K) 32 Medium Risk Pathway - Asymptomatic Awaiting Results Assessment Area	Langley 32 Medium Risk Pathway - Asymptomatic Awaiting Results Renal	Mulbarton 35 Medium Risk Pathway - Asymptomatic Awaiting Results Onc/Haem		
<b>Additional Clinical Areas</b>												
	NICU 42 Medium Risk Pathway - Asymptomatic Awaiting Results W&C	MLBU 4 Medium Risk Pathway - Asymptomatic Awaiting Results W&C	DPU Low Risk Pathway - Negative C-19 Confirmed	Theatres Theatres 1,2,3 3 Theatres 4,5 2 Theatres 6-16 16 Recovery 20 Obs & Gynaec Theatre Ophthal Theatre			Isolation Suite 9 Medium Risk Pathway - Asymptomatic Awaiting Results Medicine DC	CCC 19 High Risk Pathway - Confirmed / Suspected C-19 CCC 1	CCU/Angio 8 Medium Risk Pathway - Asymptomatic Awaiting Results Cardiology	A&E RATS Resus Majors Minors		
	CAU Medium Risk Pathway - Asymptomatic Awaiting Results Paeds	Delivery Suite 15 Medium Risk Pathway - Asymptomatic Awaiting Results W&C	AMDU Medium Risk Pathway - Asymptomatic Awaiting Results Vaccination Hub	Quadram Gastro Low Risk Pathway - Negative C-19 Confirmed Gastro	Cromer Hospital Low Risk Pathway - Negative C-19 Confirmed Mixed Surgical			Norfolk Kidney Centre Medium Risk Pathway - Asymptomatic Awaiting Results Renal	Adilade St Medium Risk Pathway - Asymptomatic Awaiting Results Pain Management	NCIR Medium Risk Pathway - Asymptomatic Awaiting Results IRU	ICC Level 4 West COVID Incident Room	Operations Centre Tactical Command

Critical Care C-19 Admissions			
	NR Area	Out of Area	Total
Dec-20	40	16	56
Jan-21	59	15	74
<b>Total</b>	<b>99</b>	<b>31</b>	<b>130</b>

**Notes Adults**

- Symptomatic patients admitted to Cringelford (all SR) or Brundall, Dunston, Eising or Gunthorpe side rooms. Positives move to Brundall, Dunston, Eising Bays or Gunthorpe. Negatives move to lobby.
- Once positive capacity is reached on Brundall, Dunston and Eising, Gunthorpe will open to take confirmed C-19 patients into bays.
- This sequence continues through C-19 wards order.
- Asymptomatic patients admitted to AMU/EAUS/Specally Wards. Positive move to C-19 ward as appropriate negatives remain in situ.
- Elective low risk pathways maintained on Green wards + DPU + AMDU.
- Noro patients to any SR.
- Any C-19 patient with Flu/Noro symptoms to be tested for C-19 on Red Ward initially then move to either Kimberley (flu) or any SR for Noro.
- Symptomatic Stroke patients - Red CCU.
- NIV C-19 patients will be managed on Cringelford.
- Surgical Patients will be cared for on C-19 wards by Surgical Teams.

**Notes W&C**

- Symptomatic children admitted to Colltishall. Positive remain on ward, negatives move to Buxton.
- Asymptomatic children admitted to Buxton. Positives move to Colltishall, negatives remain in situ.
- Separate CYP will manage segregation on NICU/Delivery Suite.

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

### Commentary

The regional team implemented the Regional Critical Care Surge Centre plan on 18 December. The NNUH extended its critical care capacity from the baseline 20 to 80 beds. 31 patients have been transferred to the NNUH to assist other Trusts under pressure. The provision of additional staff from across the eastern region has not been possible. Some local solutions have been found but staffing remains a major challenge.

# COVID-19 Report: Workforce

## COVID-19 Report - Staff Absence Time Series

Weekly COVID-19 related staff absence

Data Refreshed  
20/01/2021

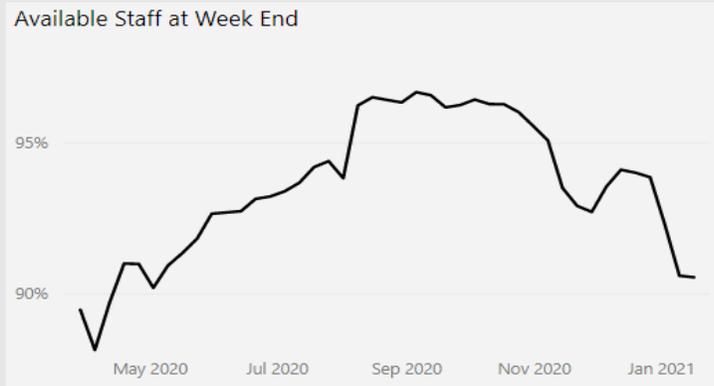


- Clinical Support Services Division
- Emergency & Urgent Care
- Medical Division
- Not Recorded
- Other
- Surgical Division
- Women & Children Division

IPRDepartment: All

StaffGroup: All

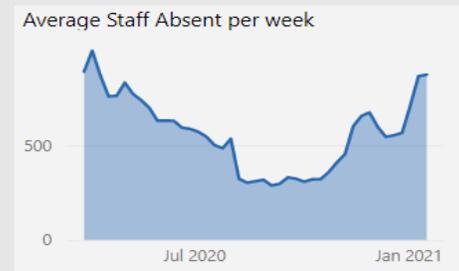
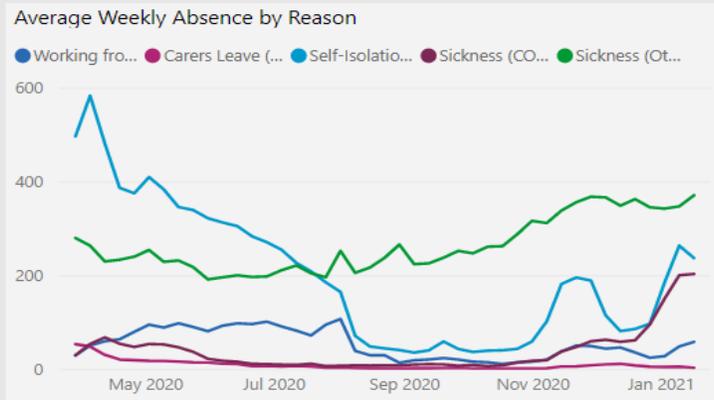
StaffRole: All



17/01/2021  
Staff Availability  
**90.5%**

Availability to Date

IPRDepartment	Total %
Chaplaincy	65.3%
Occupational Therapy	88.5%
Therapies Management	89.8%
Emergency	90.1%
Dermatology	90.6%
Plastic Surgery	90.8%
Respiratory Medicine	91.3%
Rheumatology	91.3%
Surgical Support	91.8%
Patient Flow	92.2%
Older People's Medicine	92.2%
Renal	92.3%
Vascular	92.6%
Pharmacy	92.7%
Ophthalmology	92.8%
General Surgery	92.8%
Trauma & Orthopaedics	92.9%



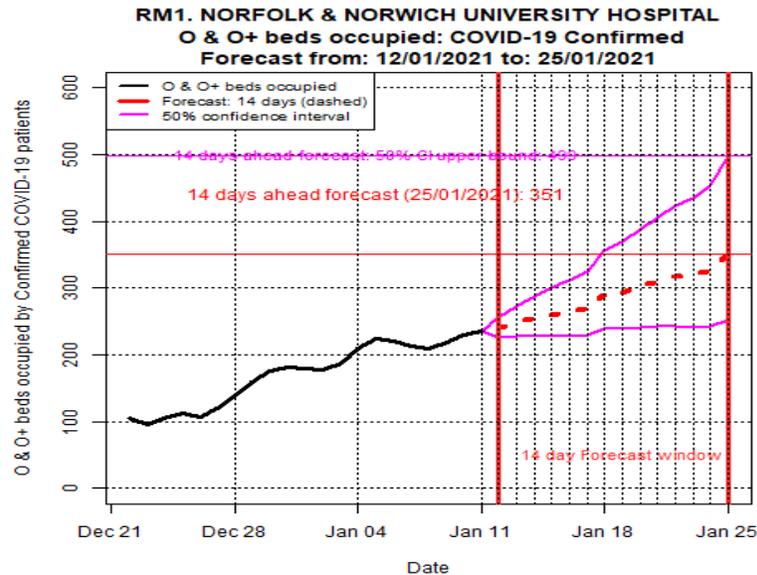
Availability by Staff Group to Date

Additional Clinical Services	89.2%
Nursing and Midwifery Roles	92.4%
Add Prof Scientific and Technical	92.6%
Allied Health Professionals	93.0%
Estates and Ancillary	93.1%
Administrative and Clerical	95.1%
Healthcare Scientists	96.7%
Medical and Dental	99.3%
Students	99.7%

### Commentary

A Safer Staffing Hub has been established in the Brancaster Room to work alongside the IMT. Staffing alongside bed capacity has proved extremely challenging to the organisations with Covid-19 related sickness and non-COVID sickness reaching above average levels for winter. During the week of 17<sup>th</sup> Jan 21, an average of 869 substantive staff were absent and availability was at 90.5%. The available workforce is being stretched to manage the surge in critical care and the increased covid-19 occupancy.

## COVID-19 Report: Forecast and Escalation Plan Jan – Feb 2021



Requirement		Expected Increase	Upper control limit
<b>Covid Forecast</b>			
<b>Requirement</b>		351	499
<b>Post 14 days</b>		35	40
<b>Testing</b>		35	40
<b>Total Requirement</b>		<b>421</b>	<b>579</b>

### Plan Summary

1. Create 155 Yellow Beds to match 25 Jan demand profile
2. Create 45 additional Red beds to match 25 Jan demand
3. Create 9 Red Beds at NNUH to meet 3 Feb demand
4. Maximise virtual and community capacity to restrict need for further red beds at NNUH
5. Ensure yellow capacity is opened alongside red beds to maintain P1 surgery

### Actions

1. Agree Yellow escalation order
2. Agree Red escalation order
3. Identify process to determine and implement staffing

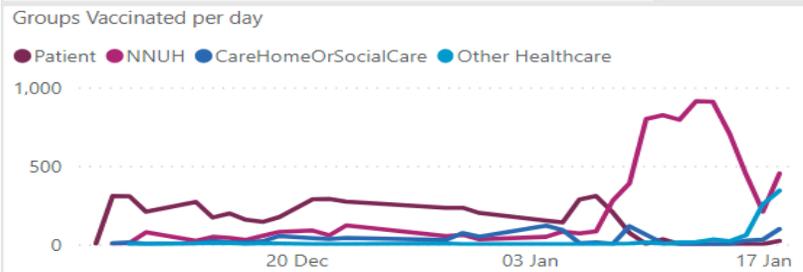
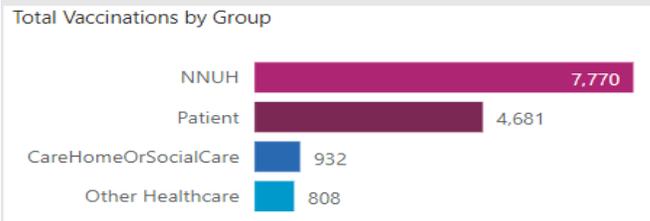
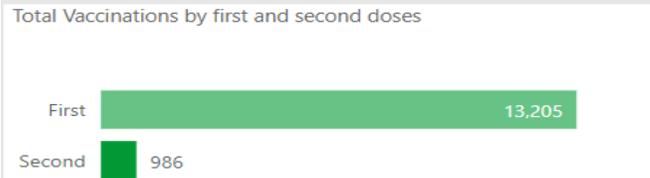
## COVID-19 Report: Forecast and Escalation Plan Jan – Feb 2021

### COVID Vaccinations

Summary of Vaccinations administered by the Trust (First and Second Doses)



Total Vaccinations	Patients	NNUH Staff	CareHome or SocialCare	Other Healthcare
<b>14,191</b>	<b>4,681</b>	<b>7,770</b>	<b>932</b>	<b>808</b>



#### Commentary

The NNUH Vaccination hub became operational on the 8<sup>th</sup> December 2020 and has subsequently delivered over 15,530 vaccinations to Over 80's, Care Home Staff, Healthcare Staff and Social Care Staff. As of 20<sup>th</sup> January, over 87% of NNUH substantive staff have been vaccinated and the hub is now delivering over 1000 vaccinations per day.

The information shown is dependent on a daily extract from the National Immunisation Vaccination System (NIVS). Vaccinations up to and including 18/01/2021

# COVID-19 Report: Vaccination Plan Jan – May 2021

WK Commencing 11/01/2021					18/01/2021					25/01/2021					01/02/2021					08/02/2021				
NNUH Staff & Norfolk & Waveney Health & Social Care Workers										All NNUH Staff Complete	Norfolk & Waveney Health & Social Care Workers													
	PLAN	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE		PLAN	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE		PLAN	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE		PLAN	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE		PLAN	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE
11/01/2021	940	868	0	-72	18/01/2021	940	914	0	-26	25/01/2021	1120				01/02/2021	1120				08/02/2021	1120			
12/01/2021	940	810	0	-130	**19/01/2021	940	1010	0	70	26/01/2021	1120				02/02/2021	1120				09/02/2021	1120			
13/01/2021	940	927	0	-13	20/01/2021	940	991	1	52	27/01/2021	1120				03/02/2021	1120				10/02/2021	1120			
14/01/2021	940	940	0	0	21/01/2021	940	1021		81	28/01/2021	1120				04/02/2021	1120				11/02/2021	1120			
15/01/2021	940	731	0	-209	22/01/2021	940	1004		64	29/01/2021	1120				05/02/2021	1120				12/02/2021	1120			
*16/01/2021	940	530	0	-410	23/01/2021	940	1004		64	30/01/2021	1120				06/02/2021	1120				13/02/2021	1120			
*17/01/2021	940	496	0	-444	24/01/2021	940	1004		64	31/01/2021	1120				07/02/2021	1120				14/02/2021	1120			
<b>TOTALS</b>	<b>6580</b>	<b>5302</b>	<b>0</b>	<b>-1278</b>	<b>TOTALS</b>	<b>6580</b>	<b>6948</b>	<b>1</b>	<b>369</b>	<b>TOTALS</b>	<b>7840</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>TOTALS</b>	<b>7840</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>TOTALS</b>	<b>7840</b>	<b>0</b>	<b>0</b>	<b>0</b>

\* Covid Track Booking system failure - unable to upload bookings  
 \* Approximate number - NIVS System down cannot upload numbers vaccinated  
 \*\*\* Extend hours or additional daytime capacity

WK Commencing 15/02/2021					22/02/2021					01/03/2021					08/03/2021					15/03/2021				
No further 1st Doses										12 weeks from 1st Dose	Commence 2nd Doses >80's & Vulnerable NNUH staff													
	PLAN	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE		PLAN	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE		CAPACITY	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE		CAPACITY	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE		CAPACITY	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE
15/02/2021					22/02/2021					01/03/2021	1120	0	5	-1115	08/03/2021	1120	0	242	-878	15/03/2021	1120	0	417	-703
16/02/2021					23/02/2021					02/03/2021	1120	0	322	-798	09/03/2021	1120	0	259	-861	16/03/2021	1120	0	382	-738
17/02/2021					24/02/2021					03/03/2021	1120	0	328	-792	10/03/2021	1120	0	198	-922	17/03/2021	1120	0	436	-684
18/02/2021					25/02/2021					04/03/2021	1120	0	288	-832	11/03/2021	1120	0	225	-895	18/03/2021	1120	0	0	-1120
19/02/2021					26/02/2021					05/03/2021	1120	0	301	-819	12/03/2021	1120	0	313	-807	19/03/2021	1120	0	0	-1120
20/02/2021					27/02/2021					06/03/2021	1120	0	0	-1120	13/03/2021	1120	0	0	-1120	20/03/2021	1120	0	0	-1120
21/02/2021					28/02/2021					07/03/2021	1120	0	0	-1120	14/03/2021	1120	0	0	-1120	21/03/2021	1120	0	0	-1120
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>TOTALS</b>	<b>7840</b>	<b>0</b>	<b>1244</b>	<b>-6596</b>	<b>TOTALS</b>	<b>7840</b>	<b>0</b>	<b>1237</b>	<b>-6603</b>	<b>TOTALS</b>	<b>7840</b>	<b>0</b>	<b>1235</b>	<b>-6605</b>

WK Commencing 22/03/2021					29/03/2021					05/04/2021					12/04/2021					19/04/2021				
2nd Doses >80's & Vulnerable NNUH staff										2nd Doses NNUH & Norfolk & Waveney Health & Social Care Staff														
	CAPACITY	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE		PLAN	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE		CAPACITY	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE		CAPACITY	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE		CAPACITY	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE
22/03/2021	1120	0	0	-1120	29/03/2021	1120	0	320	-800	05/04/2021	1120	0	868	-252	12/04/2021	1120	0	914	-206	19/04/2021	1120	0	1000	-120
23/03/2021	1120	0	317	-803	30/03/2021	1120	0	315	-805	06/04/2021	1120	0	810	-310	13/04/2021	1120	0	1010	-110	20/04/2021	1120	0	1000	-120
24/03/2021	1120	0	368	-752	31/03/2021	1120	0	365	-755	07/04/2021	1120	0	927	-193	14/04/2021	1120	0	992	-128	21/04/2021	1120	0	1000	-120
25/03/2021	1120	0	282	-838	01/04/2021	1120	0	406	-714	08/04/2021	1120	0	940	-180	15/04/2021	1120	0	1000	-120	22/04/2021	1120	0	1000	-120
26/03/2021	1120	0	0	-1120	02/04/2021	1120	0	489	-631	09/04/2021	1120	0	731	-389	16/04/2021	1120	0	1000	-120	23/04/2021	1120	0	1000	-120
27/03/2021	1120	0	0	-1120	03/04/2021	1120	0	584	-536	10/04/2021	1120	0	530	-590	17/04/2021	1120	0	1000	-120	24/04/2021	1120	0	1000	-120
28/03/2021	1120	0	0	-1120	04/04/2021	1120	0	813	-307	11/04/2021	1120	0	496	-624	18/04/2021	1120	0	1000	-120	25/04/2021	1120	0	1000	-120
<b>TOTALS</b>	<b>7840</b>	<b>0</b>	<b>967</b>	<b>-6873</b>	<b>TOTALS</b>	<b>7840</b>	<b>0</b>	<b>3292</b>	<b>-4548</b>	<b>TOTALS</b>	<b>7840</b>	<b>0</b>	<b>5302</b>	<b>-2538</b>	<b>TOTALS</b>	<b>7840</b>	<b>0</b>	<b>6916</b>	<b>-924</b>	<b>TOTALS</b>	<b>7840</b>	<b>0</b>	<b>7000</b>	<b>0</b>

WK Commencing 26/04/2021					03/05/2021					10/05/2021				
2nd Doses NNUH & Norfolk & Waveney Health & Social Care Staff														
	CAPACITY	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE		CAPACITY	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE		CAPACITY	ACTUAL 1st	ACTUAL 2nd	DIFFERENCE
26/04/2021	1120	0	1000	-120	03/05/2021	1120	0	1000	-120	10/05/2021	1120	0	1000	-120
27/04/2021	1120	0	1000	-120	04/05/2021	1120	0	1000	-120	11/05/2021	1120	0	1000	-120
28/04/2021	1120	0	1000	-120	05/05/2021	1120	0	1000	-120	12/05/2021	1120	0	648	-472
29/04/2021	1120	0	1000	-120	06/05/2021	1120	0	1000	-120	13/05/2021	1120	0		
30/04/2021	1120	0	1000	-120	07/05/2021	1120	0	1000	-120	14/05/2021	1120	0		
01/05/2021	1120	0	1000	-120	08/05/2021	1120	0	1000	-120	15/05/2021	1120	0		
02/05/2021	1120	0	1000	-120	09/05/2021	1120	0	1000	-120	16/05/2021	1120	0		
<b>TOTALS</b>	<b>7840</b>	<b>0</b>	<b>7000</b>	<b>-840</b>	<b>TOTALS</b>	<b>7840</b>	<b>0</b>	<b>7000</b>	<b>-840</b>	<b>TOTALS</b>	<b>7840</b>	<b>0</b>	<b>2648</b>	<b>-712</b>

**Summary**  
 11th Jan - 16th May 2021  
 Opening Hours: 08:00 - 22:00  
**1st Doses 36,680**  
**2nd Doses 43,842**

## REPORT TO THE TRUST BOARD

<b>Date</b>	<b>3 February 2021</b>
<b>Title</b>	<b>Chair's key Issues from Quality and Safety Committee Meeting on 26.01.21</b>
<b>Lead</b>	<b>Dr Geraldine O'Sullivan – Non-Executive Director (Committee Chair)</b>
<b>Purpose</b>	<b>For Information and assurance</b>

### 1 Background/Context

The Quality and Safety Committee met on 26 January 2021. Papers for the meeting were made available to all Board members for information in the usual way. The meeting was quorate and was held by MS Teams. Erica Betts (Public Governor) attended as observer. Due to the Covid 19 pandemic, the meeting was not preceded by clinical/departmental visits.

### 2 Key Issues/Risks/Actions

Key issues to highlight to the Board were identified as follows:		
1	Quality and Safety IPR – performance metrics	The high acuity of patients is reflected in the rise in device-related pressure ulcers and reduction in falls. Congratulations to the team - 98% of Trust staff vaccinated with at least first dose. Safer Staffing fill rates are down - positive initiatives reported which will continue after pandemic - e.g. rotation of staff (ODPs & cath lab staff) to work in Critical Care). However staffing pressures for both nursing and medical staff could impact on our ability to deliver high quality care across the Trust.
2	ED focussed CQC inspection	CQC Inspection took place on 8 December 2020. Improvement actions to be established for review by Committee.
3	Patient Experience and Engagement (PEEG)	Very positive patient experience work – maintained despite demands of the pandemic response
4	Corporate Risk Register	Ongoing improvements in the CRR noted; team to ensure there are timelines for all mitigating actions and these are to be reviewed to ensure that delivery targets are realistic in light of operational position.
5	Mortality review update	HSMR 89.8 – 'lower than expected' but there has been a recent rise, probably related to Covid; SHMI 115 – 'higher than expected' – this continues under monitoring & review by the Committee
6	Maternity – Ockenden Report - self assessment	The Committee received the Assurance Self-Assessment in advance of receipt by the Board and was assured with respect to the mechanisms and monitoring in place to ensure compliance with the recommendations of the Report.

### 3 Conclusions/Outcome/Next steps

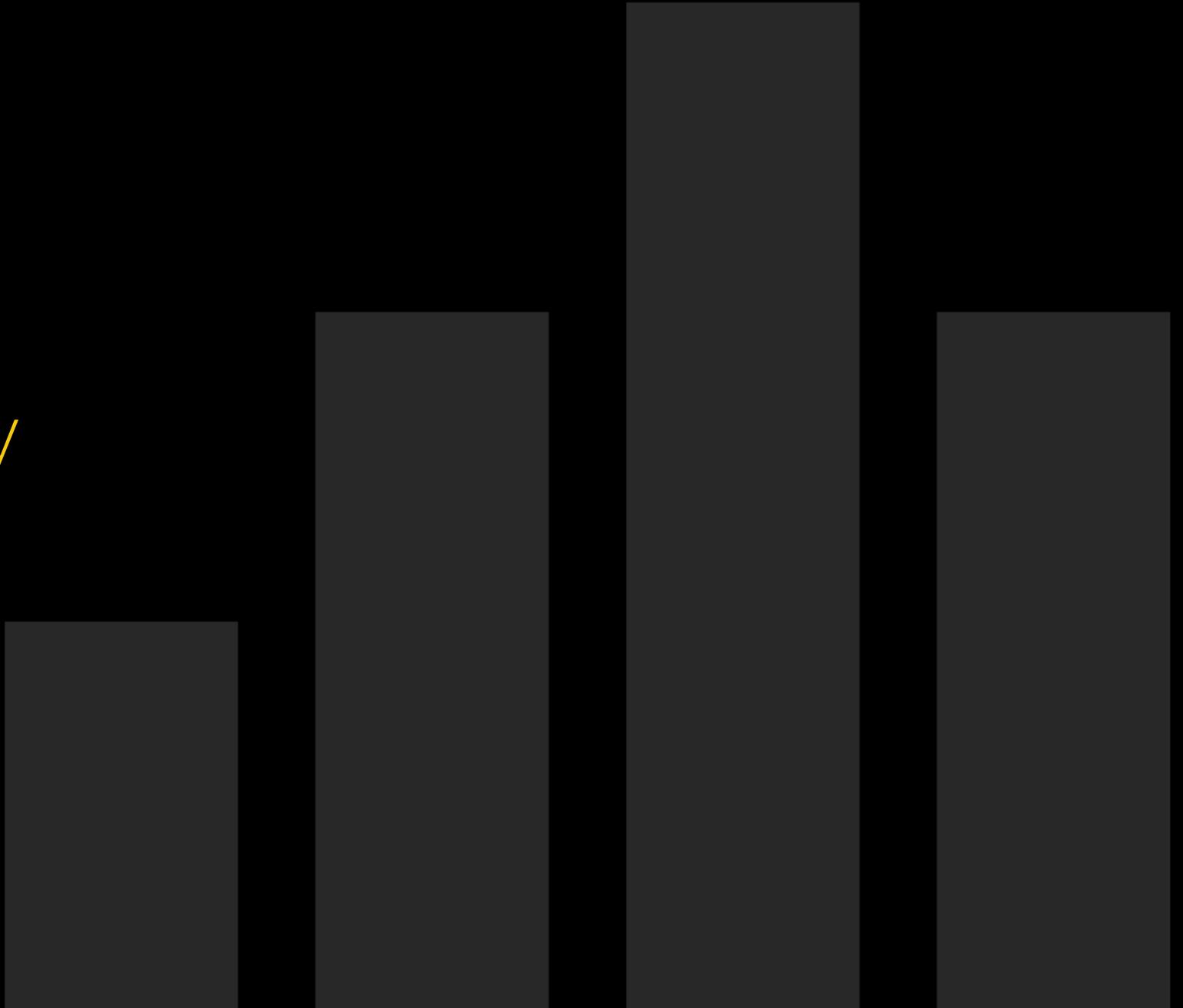
The next Committee meeting is scheduled for 23 February 2021 at which it will consider NNUH Dementia Strategy and annual review of Committee performance.

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

# Quality & Safety

[View in Power BI](#) ↗

**Last data refresh:**  
21/01/2021 08:30:21 GMT Standard  
Time  
**Downloaded at:**  
21/01/2021 17:50:31 GMT Standard  
Time



# Quality Summary

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

Topic	Metric Name	Date	Result	Variation	Assurance
Children & Midwifery Safeguarding	Safeguarding Midwifery	Dec 2020	5	Not Applicable	No Target
Complaints	Complaints - Trust	Dec 2020	67	Improvement (Low)	No Target
Patient Concerns	PALS Enquiries	Dec 2020	597	Improvement (High)	No Target
Patient Experience	Compliments	Dec 2020	196	Concern (Low)	No Target
Safer Staffing	Safe Staffing Fill Rates	Dec 2020	84.50%	Concern (Low)	Unreliable
Pressure Ulcers	Hospital Acquired Pressure Ulcers per 1,000 bed days	Dec 2020	2.4	Concern (High)	No Target
Patient Safety	Incidents	Dec 2020	3,345	Concern (High)	No Target
Adult Safeguarding	Safeguarding Adults	Dec 2020	69	Concern (High)	No Target

### SPC Variation Icons

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



### SPC Assurance Icons

Capable    Not capable    Unreliable



## Serious Incidents

Dec 2020

Variation Assurance

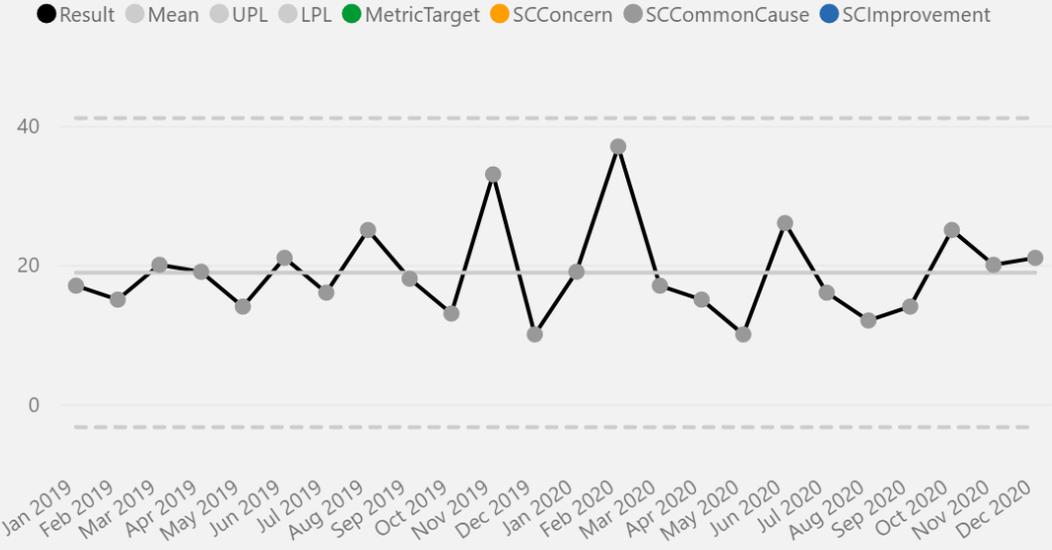


21	41
Result	UPL
N/A	19
Target	Mean
	-3
	LPL

### Analytical Commentary

Variation is Common Cause

### Serious Incidents



### Assurance Commentary

We are maintaining a good level of safety incident reporting , with 98% reported as causing no or low harm to patients. The number of incidents reported as moderate harm and above remains low, of these 21 met the Serious Incident ( SI) criteria for externally reporting , 4 related to delays accessing Mental Health beds, and ambulance handover breaches. Delays to diagnosis or treatment, Falls and Category 3 Pressure ulcers were the highest categories of patient safety SIs. Turnaround times for incident investigation and reporting continues to be a challenge due to staffing constraints. Duty of Candour compliance was met in 94% of cases but does not demonstrate a reliable process yet. No CEO Assurance panels were held in December.

### Business Process Changes

### Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Duty of Candour Compliance	Dec 2020	94.7%	Common Cause	Unreliable
Incidents	Dec 2020	3,345	Concern (High)	No Target

## Hospital Acquired Pressure Ulcers per 1,000 bed days

Dec 2020

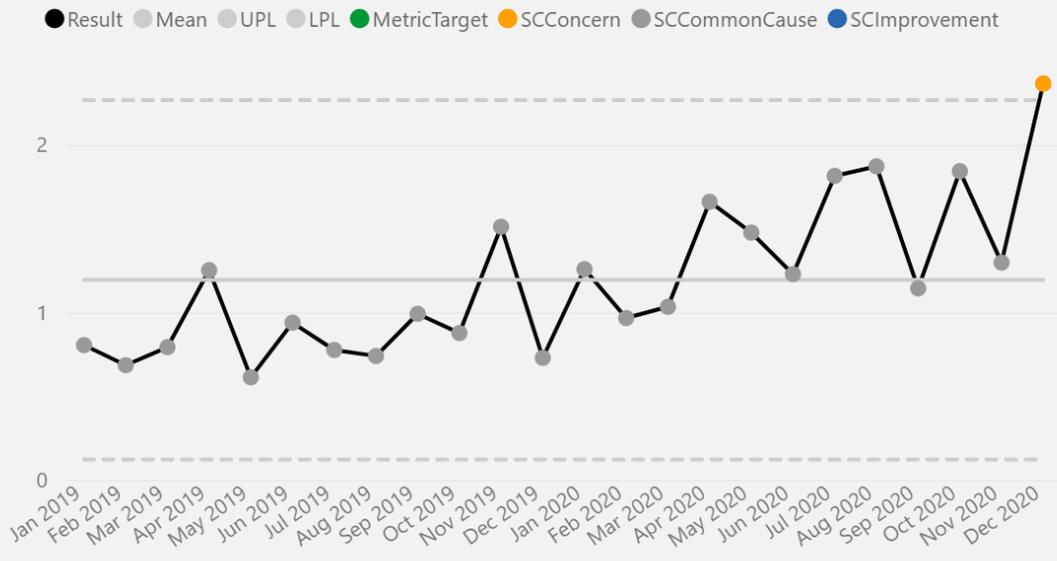


2.4	2.3
Result	UPL
N/A	1.2
Target	Mean
	0.1
	LPL

### Analytical Commentary

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

### Hospital Acquired Pressure Ulcers per 1,000 bed days



### Assurance Commentary

We are still seeing a higher than expected rate of hospital acquired pressures ulcers (Category 2-4). We encourage staff to report all incidents of pressure damage and acknowledge that this is a nurse sensitive indicator and is symptomatic of the staffing constraints across our wards. The Tissue Viability Team are also experiencing a higher than normal level of sickness but continue to support wards with advice and investigations. We are seeing an increase in the number of device related Category 3 pressure ulcers within critical care and will be carrying out a thematic review to identify good practice and lessons learned.

### Business Process Changes

# Patient Falls

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

Dec 2020

Variation

Assurance



0.2  
Result  
0.0  
Target

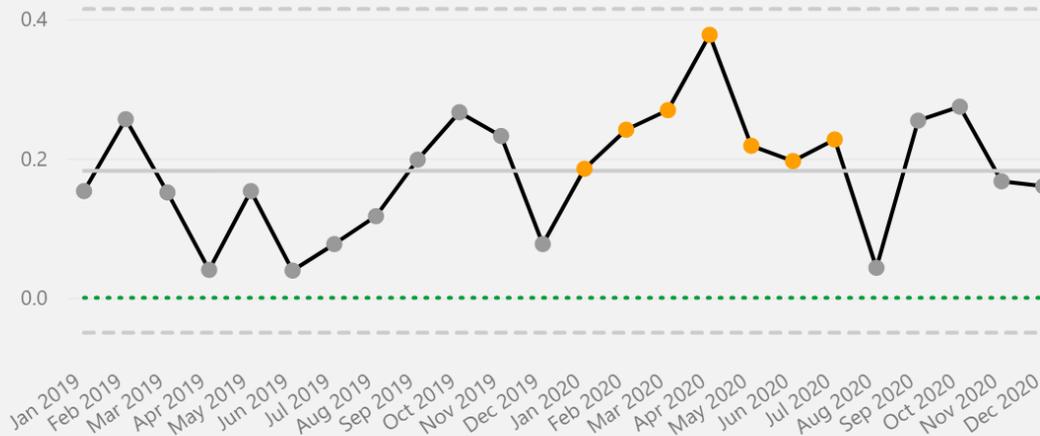
0.4  
UPL  
0.2  
Mean  
-0.1  
LPL

## Analytical Commentary

Variation is Common Cause

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

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



## Assurance Commentary

The number of inpatient falls increased in December, however 99% caused no or low harm and the rate of patient falls causing moderate harm or above continues to show common cause variation. 3 falls met the Serious Incident criteria and were externally reported.

## Business Process Changes

## Friends & Family Score

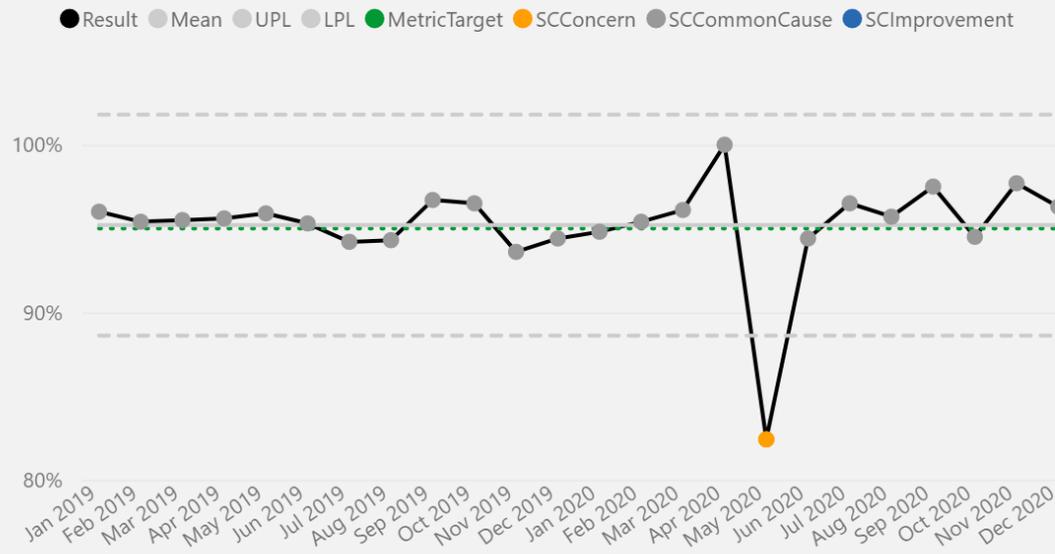
Dec 2020



**Analytical Commentary**

Variation is Common Cause

### Friends & Family Score



**Assurance Commentary**

Maintaining score just above target.

### Business Process Changes

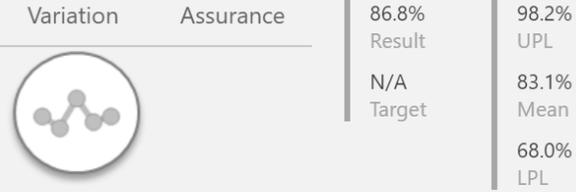
Covid restrictions due to IPC and volunteer suspension mean very limited numbers of surveys completed. However the numbers linked to Attend Anywhere OP appointments are improving and are predominantly positive. A new FFT provider has been procured and will enable SMS surveys from April/May.

### Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Compliments	Dec 2020	196	Concern (Low)	No Target

## PALS % Closed within 48hours

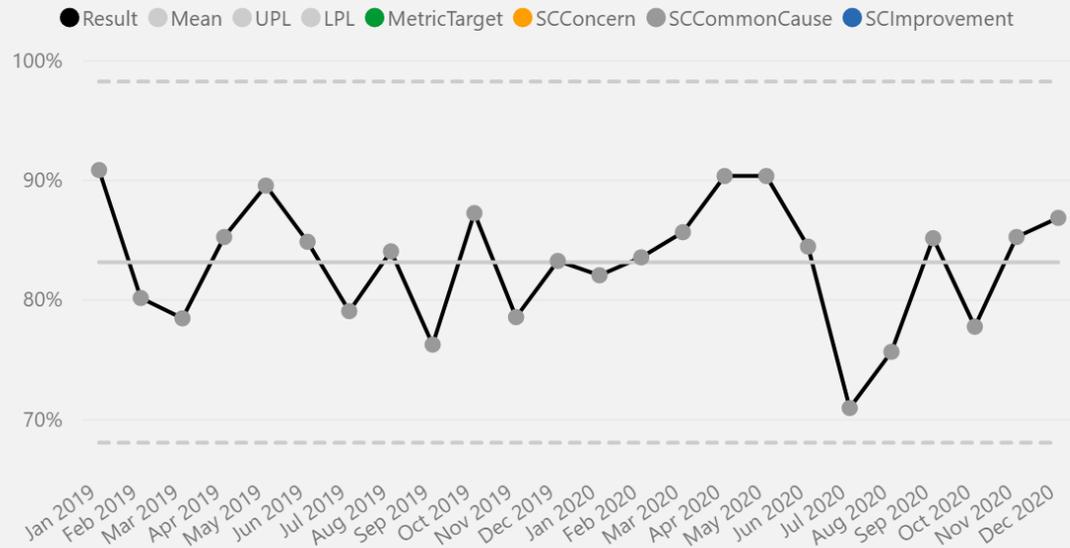
Dec 2020



### Analytical Commentary

Variation is Common Cause

### PALS % Closed within 48hours



### Assurance Commentary

PALS continue to improve response rate to turnaround contacts which this month also include increased messages to loved ones again, as a response to Covid.

Total PALS matters received 597 (586 Nov)  
 Concerns = 181 Enquiries = 120 Signposting = 74 (of which 35 are formal complaints) Best Wishes = 222

Main Subjects (Top 3) - Appointment delays and cancellations, Communication, Clinical treatment – general medical - December 2020 does not show a significant change in patients concerns raised via PALS about fundamental patient care. 6 'concerns' related to specifics around lack of water, warmth, food, attention and medication.

### Business Process Changes

Increased traffic of messages to loved ones for Covid reponse. PALS Manager supporting the Relatives Liaison Team during this wave also. Eg'Dear Dad you are very much in our thoughts. We are doing everything we can to get you home. I am sure you are being well looked after'. Eg of compliment-'Brundall Ward-To All the amazing staff,I cannot thank you enough for the care you have given to my Mum. I could never express my gratitude to you.

### Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
PALS Enquiries	Dec 2020	597	Improvement (High)	No Target

## Complaints - Trust

Dec 2020



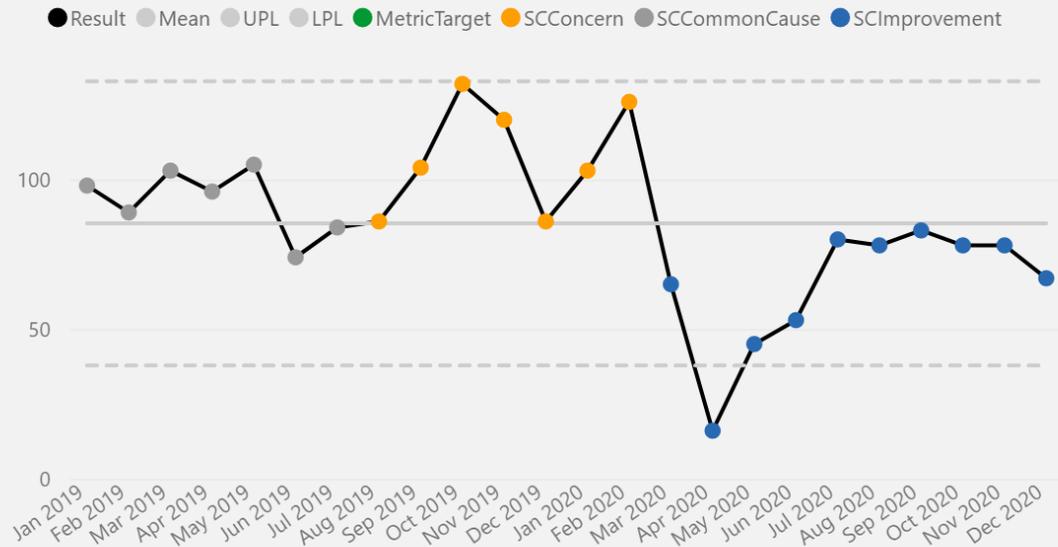
Variation Assurance

67	133
Result	UPL
N/A	85
Target	Mean
	38
	LPL

### Analytical Commentary

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

### Complaints - Trust



### Assurance Commentary

There are three standard metrics relating to our complaints performance. Our achievement against these in the last month is as follows:

- We aim to acknowledge >95% of complaints within 3 days (100% - target achieved)
- We aim to investigate >90% of complaints within 25 days or other agreed timescale (96% - target achieved)
- We aim for the number of post-investigation enquiries to be <20 (5 – target achieved)

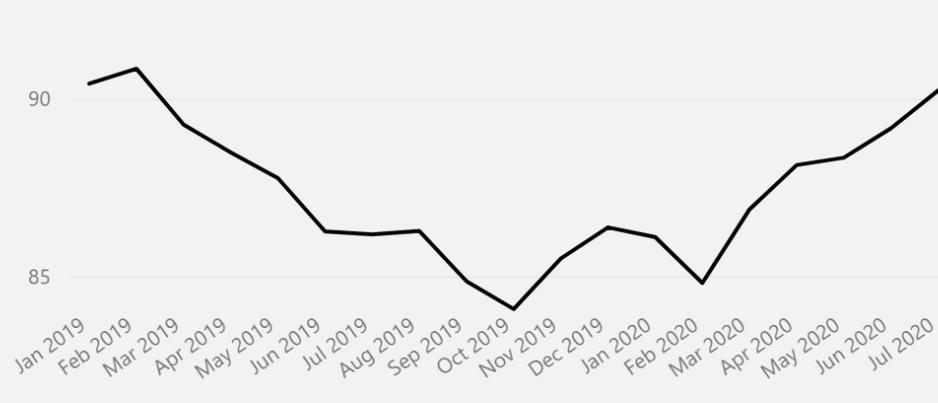
### Business Process Changes

The number of complaints received in 2019/20 was historically high; the level fell exceptionally in the initial acute pandemic period, during which the NHS Complaints Procedure was paused (March to June 2020). We have not (yet) seen a similar fall in this 'second wave'.

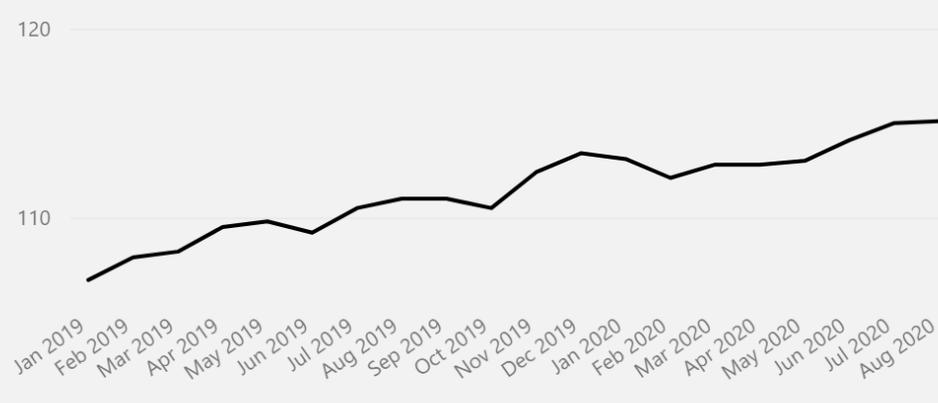
# Mortality Rate

MetricName	Date	Result
HSMR	Jul 2020	90.23
SHMI	Aug 2020	115

## HSMR



## SHMI



## Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Crude Mortality Rate	Nov 2020	5.20%	 Common Cause	No Target

## Assurance Commentary

Overall Trust level mortality indicators have seen no statistical change since the pandemic.

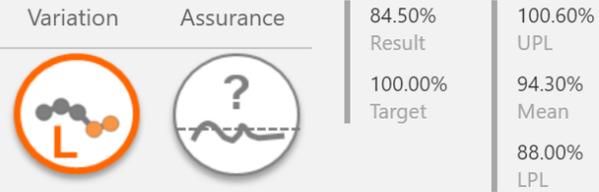
Please note HSMR in August 2020 was 89.8 and lower than expected. There were no HSMR outlying groups. The Trust is 1 of 3 Trusts (within the East of England peer group of 16) with an HSMR within the 'lower than expected' range. The SMR in August 2020 was 90.8 and lower than expected with 1 new SMR outlying group - residual codes unclassified. This also triggered a CUSUM alert. The alert related to 54 deaths not completely coded at the time of data submission due to technical issues, since resolved.

An overall funnel plot of SMR mortality Trust vs covid peers (July 2019 - August 2020) showed in-hospital mortality to be lower than expected. NNUH saw lower volume and lower percentages of Covid activity compared to both national and Covid peers to August 2020. Crude mortality rates of Covid patients are slightly higher (27.6%) than the national average (26.6%) and peer group average (27%) but the NNUH case-mix of Covid patients is notably older and frailer than both national and peer group average which may account for higher crude rate.

SHMI was 115.1 remaining higher than expected. SHMI adjusted for palliative care was 98.73 (95% CI 95.5 to 102.1). The top 5 diagnosis groups contributing to the SHMI were Congestive Cardiac Failure, Secondary malignancies, Septicaemia, Pneumonia, Urinary Tract Infection and Senility and Organic Mental Disorders. Work continues to improve the SHMI in line with an agreed action plan.

## Safe Staffing Fill Rates

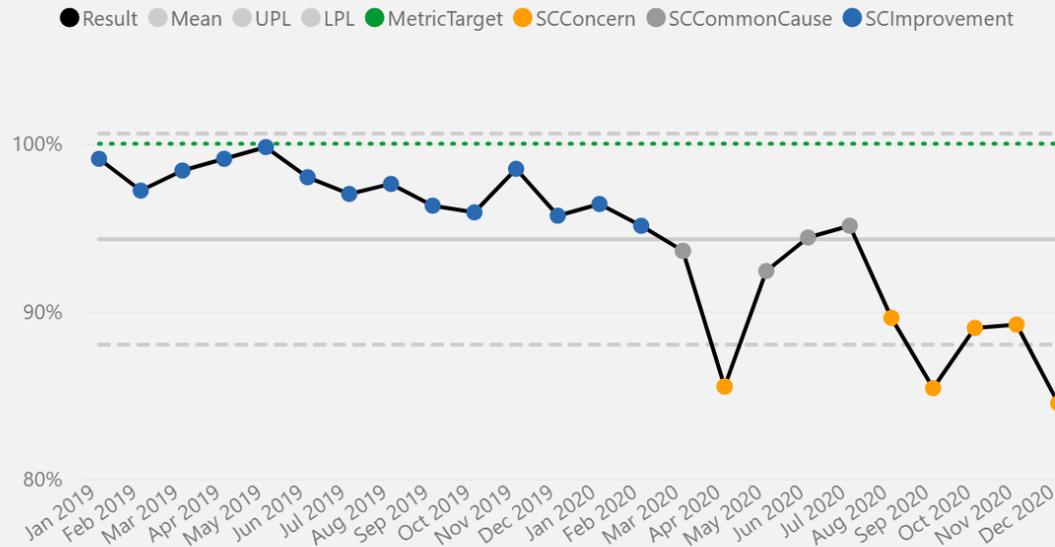
Dec 2020



### Analytical Commentary

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

### Safe Staffing Fill Rates



### Assurance Commentary

Care Hours per Patient Day (CHPPD) for December 2020 totalled 8.0 with 4.4hrs delivered by RN; 0.2 lower than November. Overall RN fill rates decreased by 4% to 86% and by 5.9% to 86.5% on nights. Unregistered nurses the fill rates fell to 78.4%; the lowest over the last 12 months. 1,597 Red flags were raised in December, with 916 remaining open. 477 of these being raised for shortfall of RNs and 319 for shortfall of HCA. 1,314 redeployments took place in December; 500 more than November. 5 inpatient areas transferred to COVID RED which has increased the workforce demand with patient acuity remaining high.

### Business Process Changes

External support from Allocate with project plans in place to implement the new ventilated rosters with new ratios. Strategies continue to progress a Collaborative Bank and a number of staff have been recruited to the internal bank and Reservist Programme to support the vaccination programme across the system. Operational roster team implemented to support the rostering of surge support staff and new templates.

### Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Safe Staffing CHPPD	Dec 2020	8.0	Common Cause	No Target

MetricName	Date	Result	Target	Mean
C. difficile Cases Total	Dec 2020	4	35	6
CPE positive screens	Dec 2020	2	N/A	
E. Coli trust apportioned	Dec 2020	2	N/A	4
HOHA C. difficile Cases	Dec 2020	0	0	
Hospital Acquired MRSA bacteraemia	Dec 2020	0	0	
Klebsiella trust apportioned	Dec 2020	1	N/A	
MSSA HAI	Dec 2020	4	N/A	2
Pseudomonas trust apportioned	Dec 2020	2	N/A	

## Assurance Commentary

Total C.difficile cases 4 for December, 2 below the mean. 1 trajectory case in this time frame. MRSA bacteraemia cases remain 0. 4 MSSA bacteraemia unchanged from last month. 2 E.coli bacteraemia, 2 below the mean. Klebsiella bacteraemia reduced to 1 case in December. 2 Pseudomonas bacteraemia in this time period. Covid cases continued to increase to 400 during December.

Change from Covid level 4 to level 5 during this period. Inpatients encouraged to wear masks and staff continued to follow the PHE guidance for PPE. Swabbing increased to day 0, day 3 and day 6 from 07/12/20. New variant SARS CoV2 declared by PHE on 15/12/20. 4 Covid outbreaks declared during December across the Trust. 5 Covid outbreaks closed during this period. Outbreak meetings continued for active ward areas with NHSE, CCG, PHE and representatives from the Trust and IP&C team. The IP&C team continue to support and educate to prevent nosocomial transmission. Lateral flow tests continued for staff Covid testing. Vaccinations commenced for staff at NNUH.

Hospital Acquired MRSA bacteraemia



E. Coli trust apportioned



C. difficile Cases Total



HOHA C. difficile Cases



MSSA HAI



Klebsiella trust apportioned



CPE positive screens

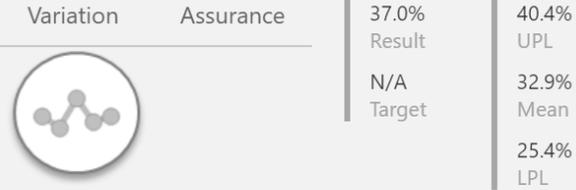


Pseudomonas trust apportioned



## Caesarean Deliveries

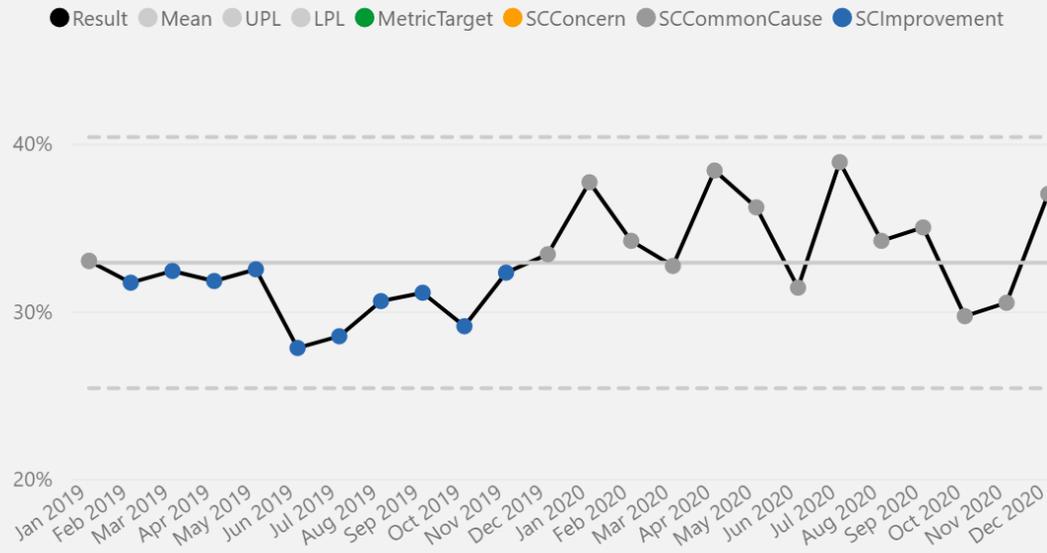
Dec 2020



### Analytical Commentary

Variation is Common Cause

### Caesarean Deliveries



### Assurance Commentary

There were 5 planned home births for the month of December and 3 unplanned home births. 1 was a concealed pregnancy and the other 2 women had rapid labours and the maternity unit was contacted following the birth by Paramedics in attendance so there was not an opportunity to dispatch a community midwife to attend.

### Business Process Changes

### Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
1:1 Care in Labour	Dec 2020	100.0%	Common Cause	No Target
3rd & 4th Degree Tears	Dec 2020	1.9%	Common Cause	Unreliable
Births Before Arrival	Dec 2020	2	Common Cause	No Target
Post Partum Haemorrhage ≥1500mls	Dec 2020	3.3%	Common Cause	No Target

Mothers Delivered  
**332**  
Babies Delivered  
**336**

## Unplanned NICU $\geq 37$ week Admissions (E3)

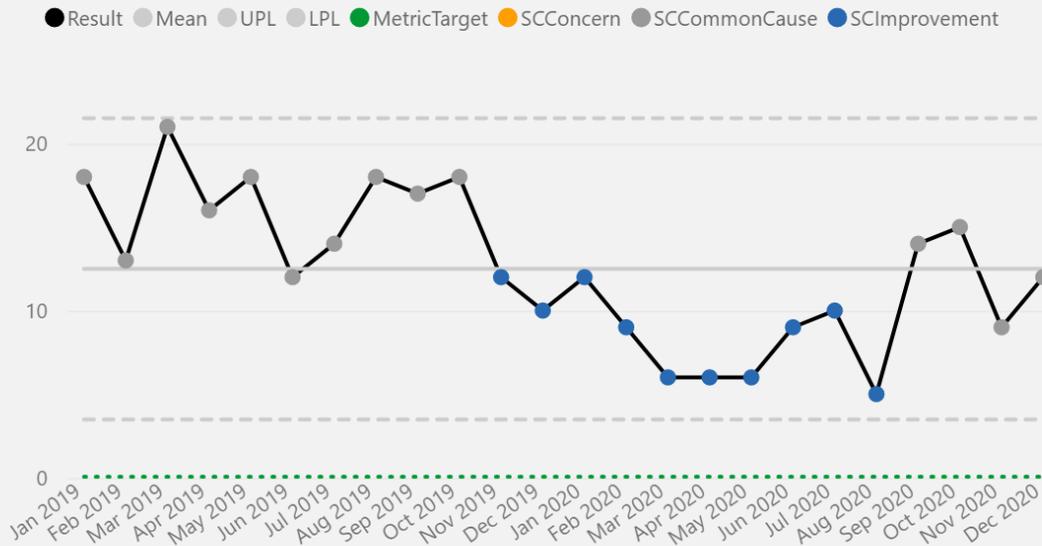
Dec 2020



### Analytical Commentary

Variation is Common Cause

### Unplanned NICU $\geq 37$ week Admissions (E3)



### Assurance Commentary

There were 12 unanticipated admissions to NICU in December 2020 out of 402 total births.( 1 set of twins )

5 elective sections. 1 x cat 3 , 4 x normal , 1 x ventouse delivery

6 of the case were in the 37 week gestation  
3 x cases the mother had diabetes 2 x gestational and 1 x type 1 .

9 cases were due to respiratory distress of the newborn.

3 of the admissions were because of low oxygen sats.

All cases were investigated and care overall appropriate .( 2 cases awaiting response form midwives), There is good evidence of good care and ...

### Business Process Changes

There was 1 in utero transfer, this was to a specialist centre for the planned ongoing care required by the neonate once delivered

### Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Adjusted Still Births	Dec 2020	2	Not Applicable	No Target
Apgar score <7 @5, $\geq 37$ weeks	Dec 2020	1	Common Cause	No Target
Early Neonatal Death	Dec 2020	0	Not Applicable	No Target
Mothers Transferred Out of Unit	Dec 2020	1	Not Applicable	No Target



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Safety Action	Safety Action description	Action owners	Action Status	Key commentary for CNST programme
1	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	Kari Kordtomeikel, David Booth, Beth Revell	BLUE	<p>All CNST safety actions were taken to Evidence group on either the 26 Nov 2020 or 03 Dec 2020 and allocated the BRAG rating accordingly. All will return for an update in Feb / Mar 2021.</p> <p>In December NHS Resolution confirmed the submission deadline for board declaration forms has been extended with a from Thursday 20 May 2021 to noon on Thursday 15 July 2021, and some of the sub-requirements of the safety actions will be revised.</p> <p>Key updates on the actions specifically:            Action 2 - 97% of mothers had an antenatal Personalised Care plan in place in Dec 2020 (Compliance target - 90%), ongoing action to ensure the digital data submission was successful.            Action 5 – Bi annual staffing review completed and submitted to CNO 30 Dec 2020            Action 6 – Fetal Monitoring midwife interviews to take place in Jan 2021</p>
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Delyse Maidman and TBC from information services	AMBER	
3	Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?	Priya Muthukumar, Richard Haines, Barbara Jackson, Jennie Barrett	BLACK	
4	Can you demonstrate an effective system of clinical* workforce planning to the required standard?	Anna Haestier	BLUE	
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Emma Hardwick	AMBER	
6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?	Jodie Yerrell	GREEN	
7	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?	Beth Gibson, Sue Holland	BLACK	
8	Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?	Charlie Bircher	GREEN	
9	Can you demonstrate that the Trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?	Emma Hardwick, Anna Haestier	GREEN	
10	Have you reported 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to NHS Resolution's Early Notification (EN) scheme?	John Paul Garside, Lucy Thompson	BLUE	

BLACK	Archived
BLUE	Complete and evidenced
GREEN	On track to Deliver
AMBER	At risk to delivery
RED	Not on track to deliver

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

## REPORT TO THE TRUST BOARD

<b>Date</b>	<b>3 February 2021</b>
<b>Title</b>	<b>Chair's Key Actions from Finance, Investments and Performance Committee meeting on 27 January 2021</b>
<b>Lead</b>	<b>Tom Spink – Non-Executive Director (Committee Chair)</b>
<b>Purpose</b>	<b>For Information and assurance</b>

### 1 Background/Context

The Finance, Investments and Performance Committee met on 27 January 2021. The meeting was quorate and was attended by Ines Grote (Public Governor) & Mark Hitchcock (Partner Governor) as observers. Papers for the meeting were circulated to Board members for information in the usual way.

### 2 Key Issues

#### The following issues were identified to highlight to the Board:

1	Performance & Productivity (IPR)	<p>The Committee reviewed the operational position and the response to the pandemic from across the organisation. This is obviously having a significant impact on achievement of performance targets (both elective and emergency) as the Trust is required to focus on emergency and clinically urgent patients. The operational management of the crisis and all those members of the Trust involved were commended and the Committee was assured that appropriate priority is being given to coping with the pandemic. Further guidance is awaited on the approach to be taken with respect to long-waiting elective patients.</p> <p>The Committee was updated with regards to the restrictions in National Guidance on delivery of any second-dose of vaccine to staff. This is obviously of concern at a time when staff need all the support that can be available and when staff availability is a crucial constraint on capacity.</p>
3	Capital & Estates Projects	<p>The Committee was updated with respect to major capital and estates projects:</p> <ul style="list-style-type: none"> <li>- following completion of the Ward-block buy out, the DPU/Paediatric theatres scheme is proceeding, with work on site due to start in the next month;</li> <li>- a new staff rest area in the ED is also being built with central capital funds;</li> <li>- by the end of March, the business case for the Pharmacy Production Unit should be available for review.</li> </ul>
4	Financial Performance YTD & CIP	<p>The Committee noted the improved position on CIP and increased confidence on outturn. The provision of £5.3m for Annual leave accrual was noted.</p>

6	Financial Strategy	The Committee held initial discussions with respect to the Trust's Financial Strategy. This excellent piece of work recognises the financial challenges facing the Trust and will be the subject of further discussions, alongside our other strategies, working towards consideration by the whole Board at its meeting in March.
7	Use of Resources	The Committee was updated on progress in implementing the Use of Resources Action Plan with largely on track with 34/65 actions completed. There is ongoing discussion on the optimal arrangement for the change teams in the Trust.
8	Relevant Extract from the Corporate Risk Register	The Committee reviewed relevant elements of the Corporate Risk Register and, noting the very good progress that has been made, encouraged review of the timelines for achievement of some of the actions and targets to ensure that they are deliverable.
9	Business Planning and Financial Planning	The Committee reviewed items relating to business planning and financial planning – which are for consideration by the Board in Part II of its meeting.

### 3 Conclusions/Outcome/Next steps

The next Committee meeting is scheduled for 24 February 2021.

**Recommendation:** The Board is recommended to:

- **note** the work of its Finance, Investments and Performance Committee;



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# Integrated Performance Report: Performance Domain

December 2020

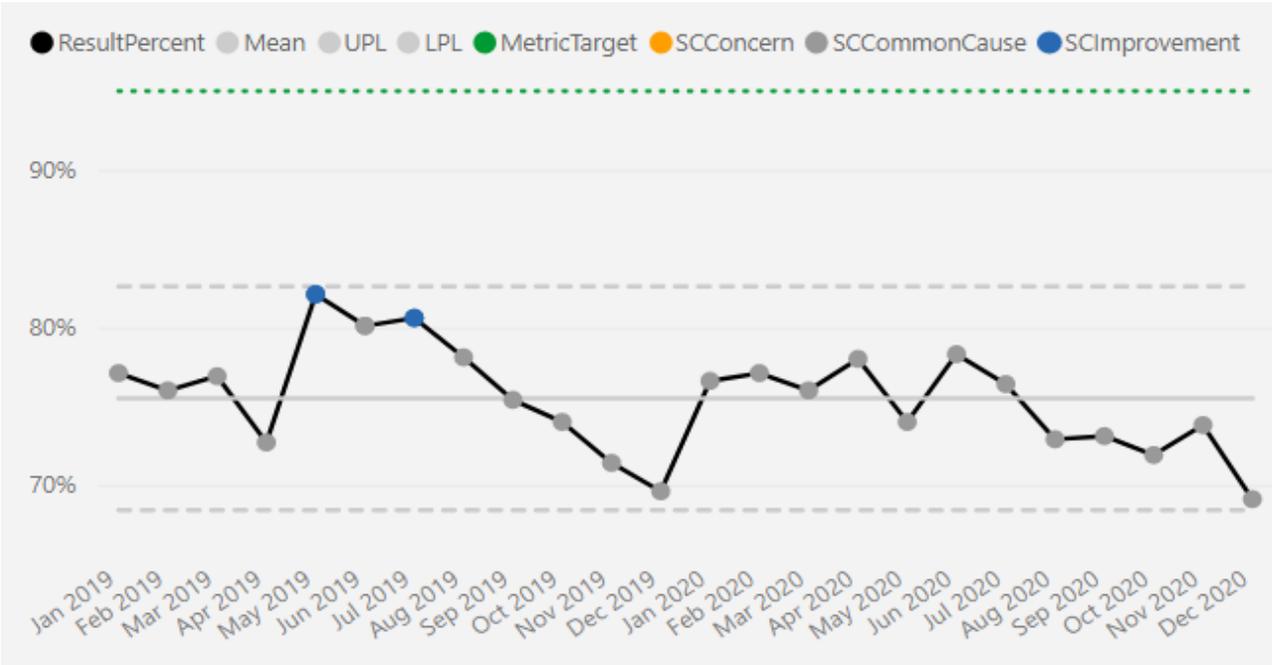


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## Performance – Trust 4 Hour Quality Standard



### Analytical Commentary

Variation is Common Cause

### Performance – Trust 4 Hour Quality Standard

Dec 2020



69.1%  
Result  
95.0%  
Target

82.6%  
UPL  
75.5%  
Mean  
68.4%  
LPL

### Assurance Commentary

Increased prevalence of COVID-19 within the community, triggered further zoning of ED in December 2020. A Red Cabin and Resus was appropriately provisioned to handle red ED attendances. The requirement for suspected COVID-19 patients to be isolated in single rooms, pending a PCR test delayed flow out of the ED, thereby reducing the space available to assess and treat new patients.

Following the Infectious Respiratory Diseases Plan and ward escalation, the requirement for base wards subsequently reduced the acute admission units (AMU) footprint. This compounded the availability of yellow admission space in order to admit patient into. The requirement for increased cleaning between each patient move within hospital and ED, further delayed availability of an appropriate space to admit patients.

### Improvement Actions

1. Lateral Flow Testing in parallel to conducting a PCR test for all patients with a decision to admit has been introduced in ED in January 2021. This will enable a percentage of patients to no longer require a side room within ED. The programme and SOP will also improve early detection of asymptomatic patients with COVID-19 and reduce inappropriate admissions to yellow zones and subsequent cohorting of patients.
2. Review split of ED between red and yellow to account for attendances with COVID-19 symptoms



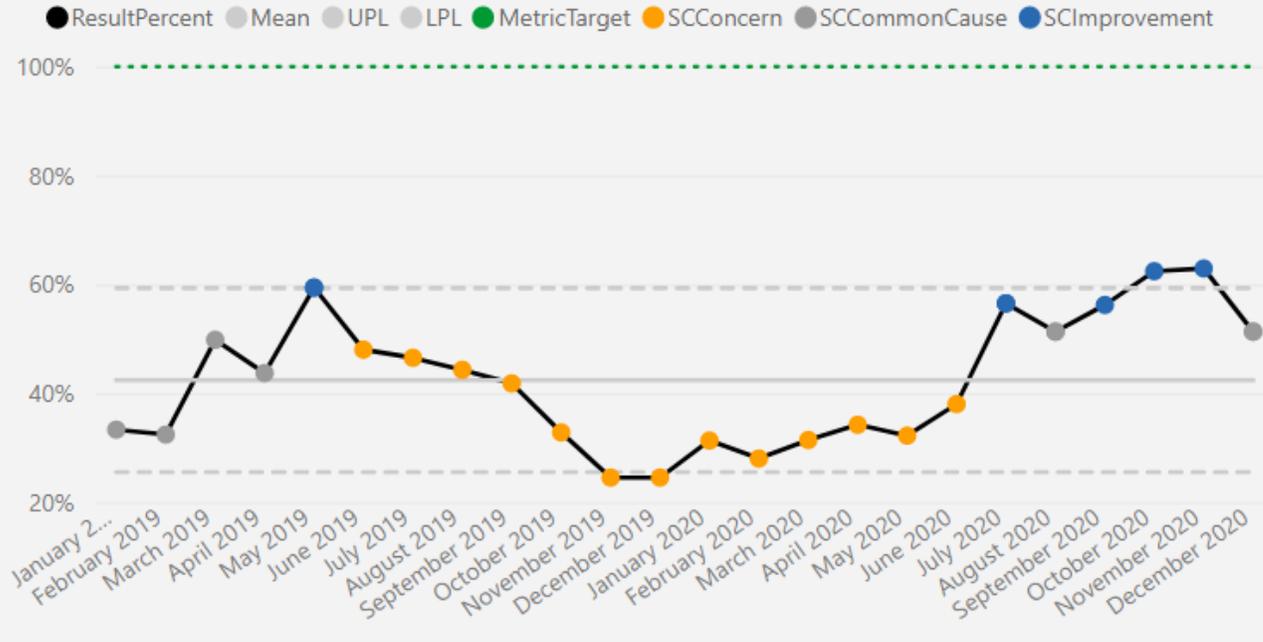
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## Performance – Ambulance Handovers within 15 minutes

### Ambulance Handovers within 15 Mins



### Analytical Commentary

Variation is Common Cause

**Ambulance  
Handovers within 15 ...**  
December 2020



51.3% Result	59.3% UPL
100.0% Target	42.4% Mean
	25.5% LPL

### Assurance Commentary

As a consequence of the reduced space available, the increased time of patients with a decision to admit within the ED and zoning, the ambulance handovers <15 minutes has reduced in December 2020.

In addition to the above, and in line with national infection control guidance issued for COVID-19, clinical cleans are required before each ambulance can be offloaded into an empty ED space.

### Improvement Actions

1. Ongoing work with HALO (Hospital Ambulance Liaison Officer) to identify whether a patient requires a red or yellow zone prior to arrival.
2. Review split of ED between red and yellow to account for attendances with COVID-19 symptoms
3. Improved access to clinical cleaning response team has been identified and appropriately allocated towards ED.

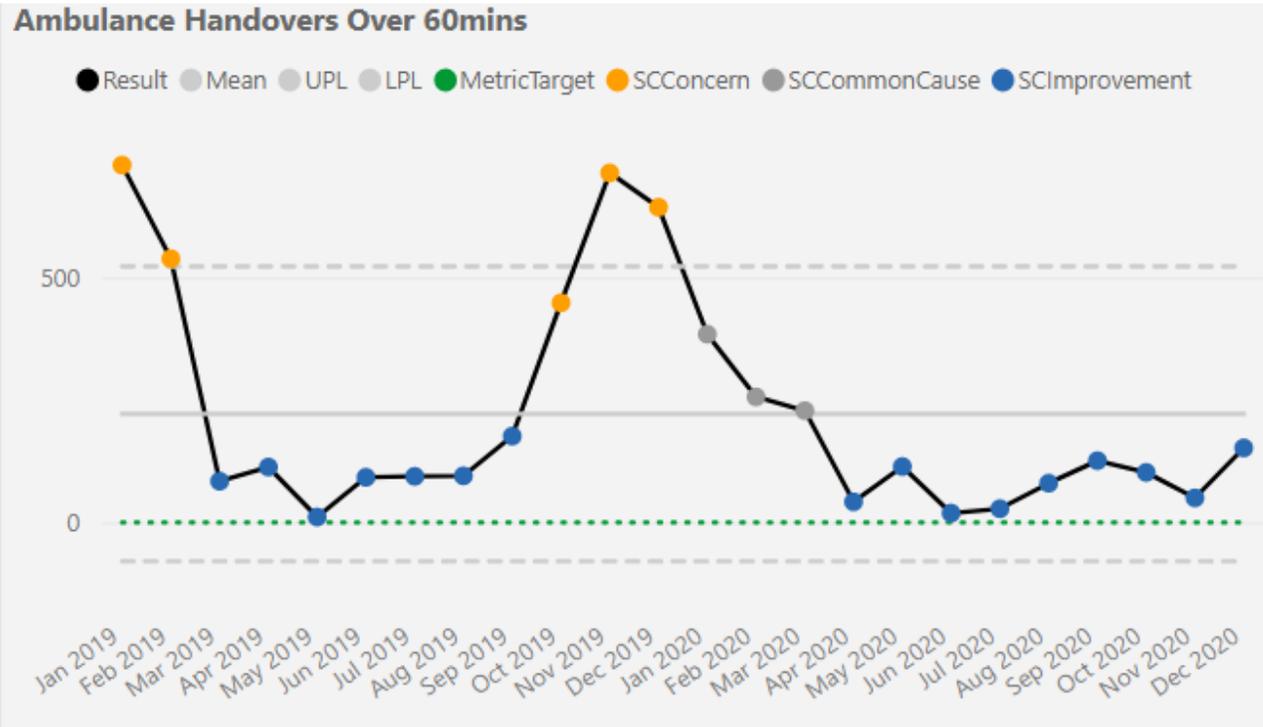


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## Performance – Ambulance Handovers over 60 minutes



### Analytical Commentary

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

### Ambulance Handovers Over 60mins

Dec 2020

Variation	Assurance	152 Result	522 UPL
		0 Target	222 Mean
			-79 LPL

### Assurance Commentary

As a consequence of the reduced space available, the increased time of patients with a decision to admit within the ED and zoning, the ambulance handovers <15 minutes has reduced in December 2020.

Ambulance attendances remained consistent with pre-covid levels with 4,026 ambulances arriving in Dec 2020 compared to a similar, 4,113 seen in Dec 2019.

Acuity of patients being conveyed has also increased. As a consequence of improvement actions taken since May 2020, the percentage of ambulance handovers taking over 60 minutes has improved from: 15.6% over an hour in Dec 2019 to 3.8% over an hour in Dec 2020

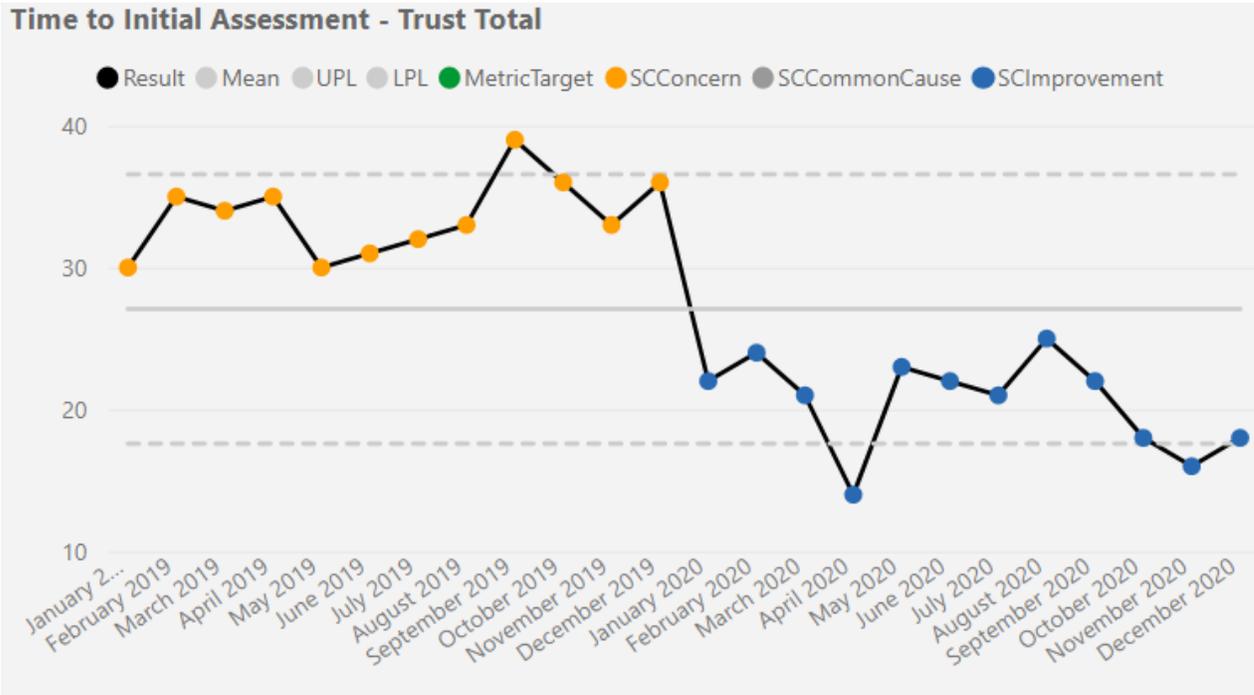
### Improvement Actions

1. Ongoing work with HALO (Hospital Ambulance Liaison Officer) to identify whether a patient requires a red or yellow zone prior to arrival.
2. Review split of ED between red and yellow to account for attendances with COVID-19 symptoms.
3. Improved access to clinical cleaning response team has been identified and appropriately allocated towards ED.



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## Performance – Median time for arrival at ED department to initial assessment (minutes)



**Time to Initial Assessment - Trust ...**

December 2020

Variation	Assurance
18 Result	37 UPL
N/A Target	27 Mean
	18 LPL

### Assurance Commentary

Actions taken in November and December 2020 have improved communications and early escalations within ED. This helps with redeployment and appropriate allocations of staffing across the department.

Time to initial assessment has decreased from 36 minutes in December 2019 to 18 minutes in December 2020.

### Improvement Actions

1. Work ongoing to improve the triage process within ED, in line with clinical best practice guidance and GIRFT recommendations.

### Analytical Commentary

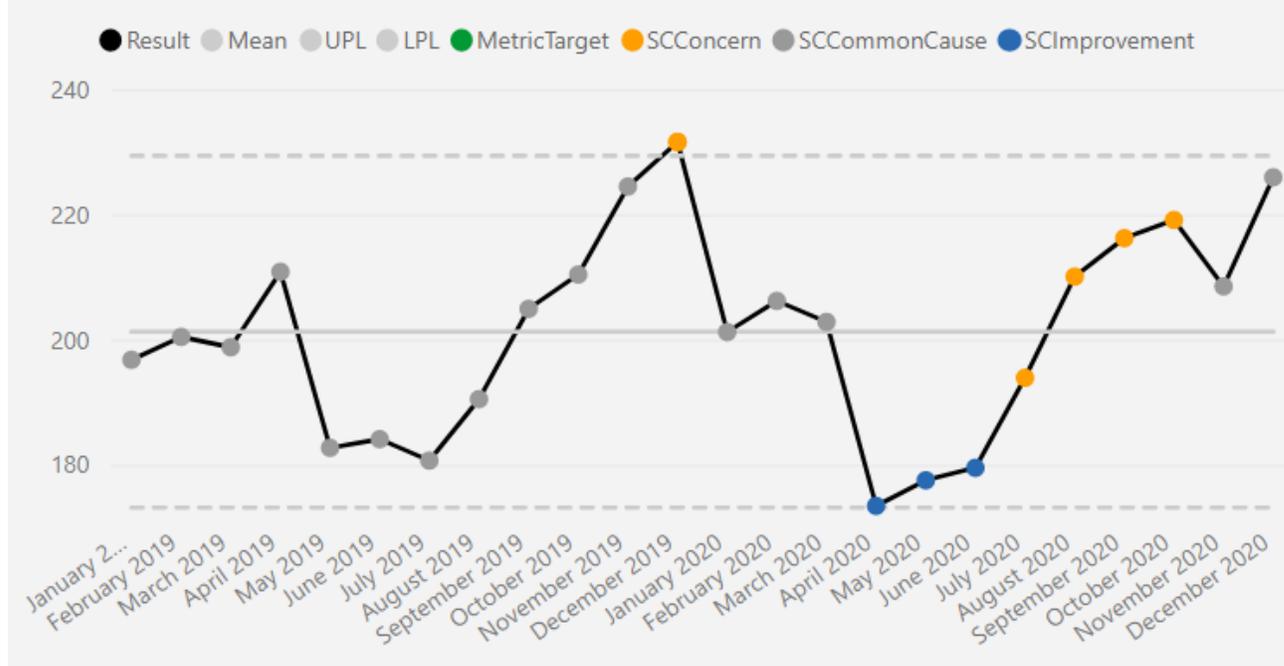
Data is consistently below mean, 2 out of the 3 data points have been close to the process limits, and therefore the variation is Special Cause Variation – Improvement (Low)



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## Performance – Average non admitted patient time in ED

**Avg. Non-Admitted Patients Time In ED**



### Analytical Commentary

Variation is Common Cause

### Avg. Non-Admitted Patients Time In ED

Variation	Assurance
225.9 Result	229.4 UPL
N/A Target	201.3 Mean
	173.2 LPL

December 2020

### Assurance Commentary

Mean time in ED has increased slightly in December 2020 in comparison to November 2020. This is due to significant congestion due to the availability of space within ED.

### Improvement Actions

1. Develop Same Day Emergency Care (SDEC) pathways outside ED footprint, to direct and appropriately triage patients away from the Emergency Department. Expected benefits to be realised from February 2021.



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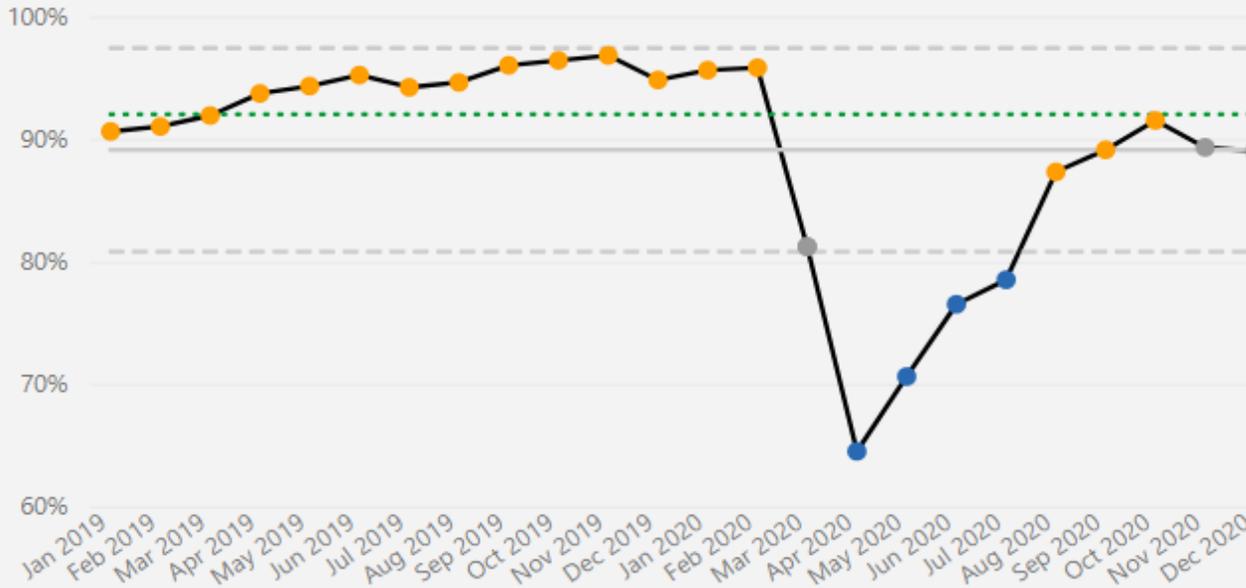


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## Performance – Bed Occupancy

### Bed Occupancy Rate (GAB & ESC)

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



### Analytical Commentary

Variation is Common Cause

### Bed Occupancy Rate (GAB & ESC)

Dec 2020



### Assurance Commentary

Lower occupancy is generally seen as a positive position. However, the reduced levels in December reflect the impact of having a large number of beds unavailable due to IP&C Covid restrictions (cohorting) rather than reduced demand on our beds.

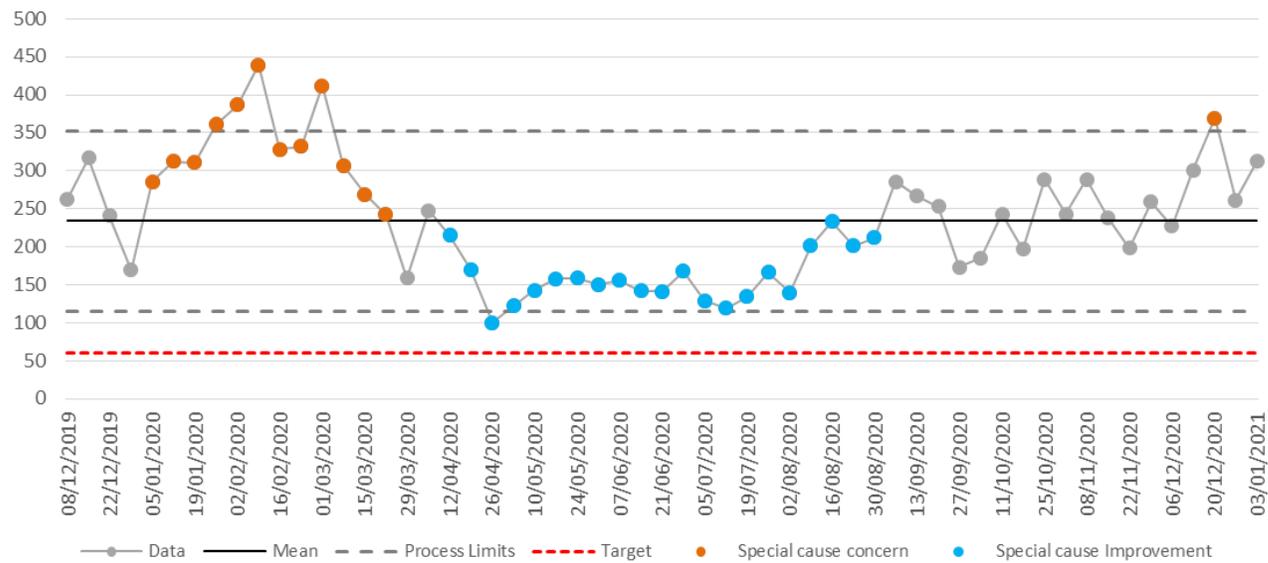
Acuity is greater; this is contributing to the significantly higher number of inpatients compared to wave 1. The Efforts in early December, to maintain the elective programme that was stood down in the first wave also presented additional pressure on bed capacity.

### Improvement Actions

1. A daily review meeting is in place to assess the IP&C situation and more recently the guidance has been modified locally to reduce the impact of the lost capacity.
2. System Executive Level focus on discharge with 2x weekly IMT in place to address discharge delays and release capacity

## Performance – Time from DTA to admission

Weekly Average Time From DTA To Admission



### Assurance Commentary

Following the Infectious Respiratory Diseases Plan and ward escalation, the requirement for Covid wards subsequently reduced the acute admission (AMU) footprint. This reduced the yellow admission spaces and bed capacity and severely hindered flow out of the ED. The requirement for increased cleaning between each patient move within the hospital and ED, further delayed availability of an appropriate space to admit patients.

### Improvement Actions

1. Improved access to clinical cleaning response team has been identified and appropriately allocated towards ED.
2. Review split of ED between red and yellow to account for attendances with COVID-19 symptoms

### Analytical Commentary

Variation is Common Cause



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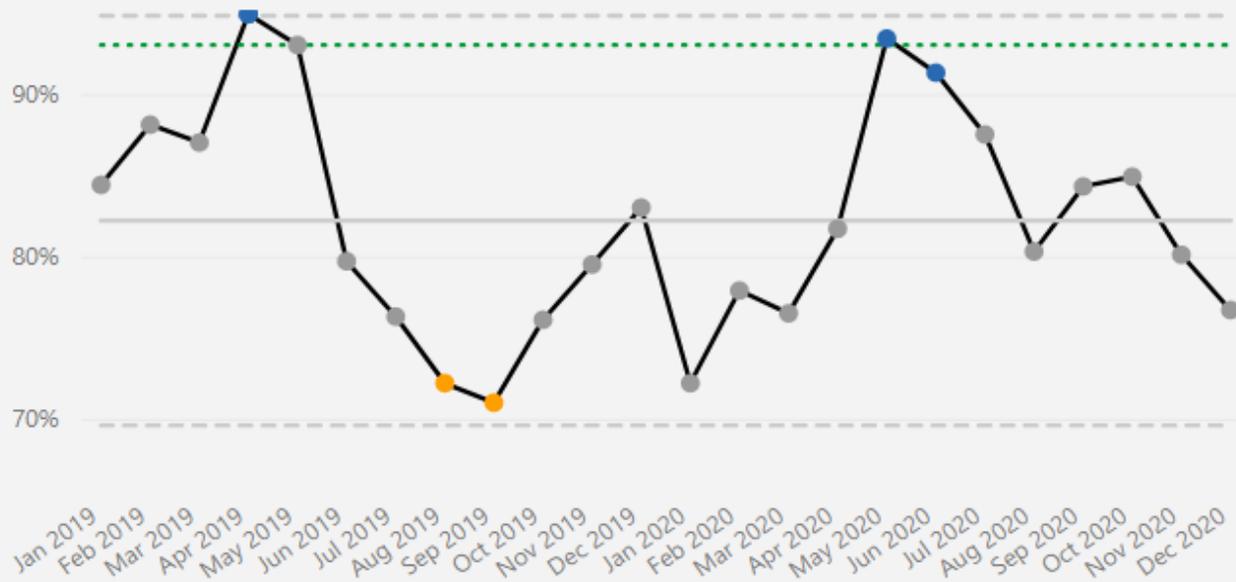


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## Performance – Cancer 2 Week Waits

### 2WW Performance (signed off figures)

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



### Analytical Commentary

Variation is Common Cause

### 2WW Performance (signed off figures)

Dec 2020



### Assurance Commentary

2WW performance has decreased in December due to progress against reducing the outstanding backlog in Breast. The number of patients still waiting over 14 days for a first appointment in Breast has dropped from 615 in December to 345 at the beginning of January.

### Improvement Actions

1. Additional Breast capacity being provided on weekends through to March to address the outstanding backlog.
2. Consultant led triage process of two week wait referrals being undertaken in breast to ensure patients receive the appropriate diagnostic tests on their first attendance
3. Two Week Wait referral form being reviewed to ensure appropriate referral route is being used.



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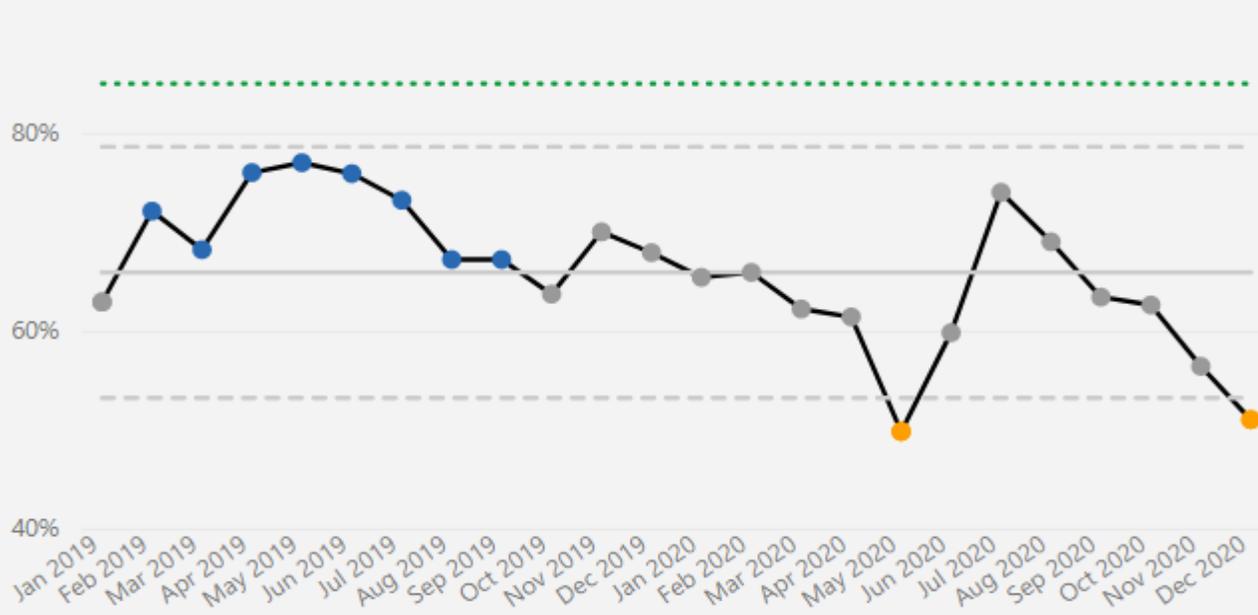


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## Performance – Cancer 62 days

### 62 Day GP Performance (signed off figures)

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



### Analytical Commentary

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

### 62 Day GP Performance (signed off figures)

Dec 2020



### Assurance Commentary

62 day performance dipped in December due to reduction of capacity at the end of December because of the increasing Covid Surge and the Christmas period meaning a reduction in clock stops for patients under 62 days. There has also been a reduction in theatre capacity in January due to the temporary deferment of P2 surgery on the main NNUH site

Performance figure for December is a Provisional figure due to delays in Histological diagnosis of patients receiving treatments in month and is subject to change. Official submission deadline to NHS Digital is 5 weeks post month end.

### Improvement Actions

1. Agreement met with SPIRE to commence using Spire Norwich Theatres 6 days a week. Full programme of Cancer Surgery commenced 18/01
2. Additional Template Biopsy, Cystoscopy, CTC and Endoscopy services being provided utilising Cancer Alliance monies to reduce time to diagnosis in Urology, Lower and Upper GI. Additional sessions provided until EO March 21.
3. Daycase procedures, GA Diagnostics and a Small numbers of major resectional work to be provided in DPU theatres in coming weeks.



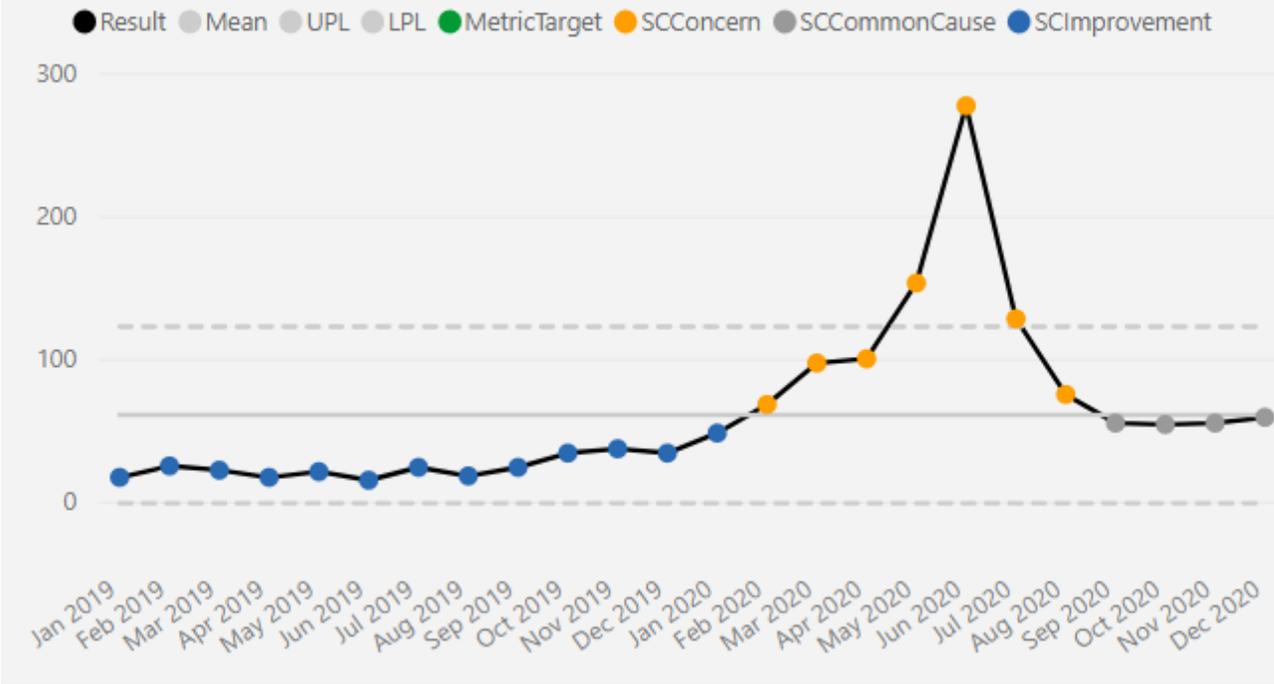
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## Performance – Cancer 104 days

### 62 Day waits over 104 Days



### Analytical Commentary

Variation is Common Cause

### 62 Day waits over 104 Days

Dec 2020

Variation	Assurance
59.0 Result	122.5 UPL
N/A Target	60.7 Mean
	-1.1 LPL

### Assurance Commentary

Over 104 Day Waiters at End of December slightly increased due to reduction of capacity at the end of December due to the increasing Covid Surge and the Christmas period. This has increased further due to the deferment of all P2 and above Surgery temporarily on the main NNUH Site. Diagnostic services, RT and Chemotherapy where there are no overnight stays are continuing to be provided

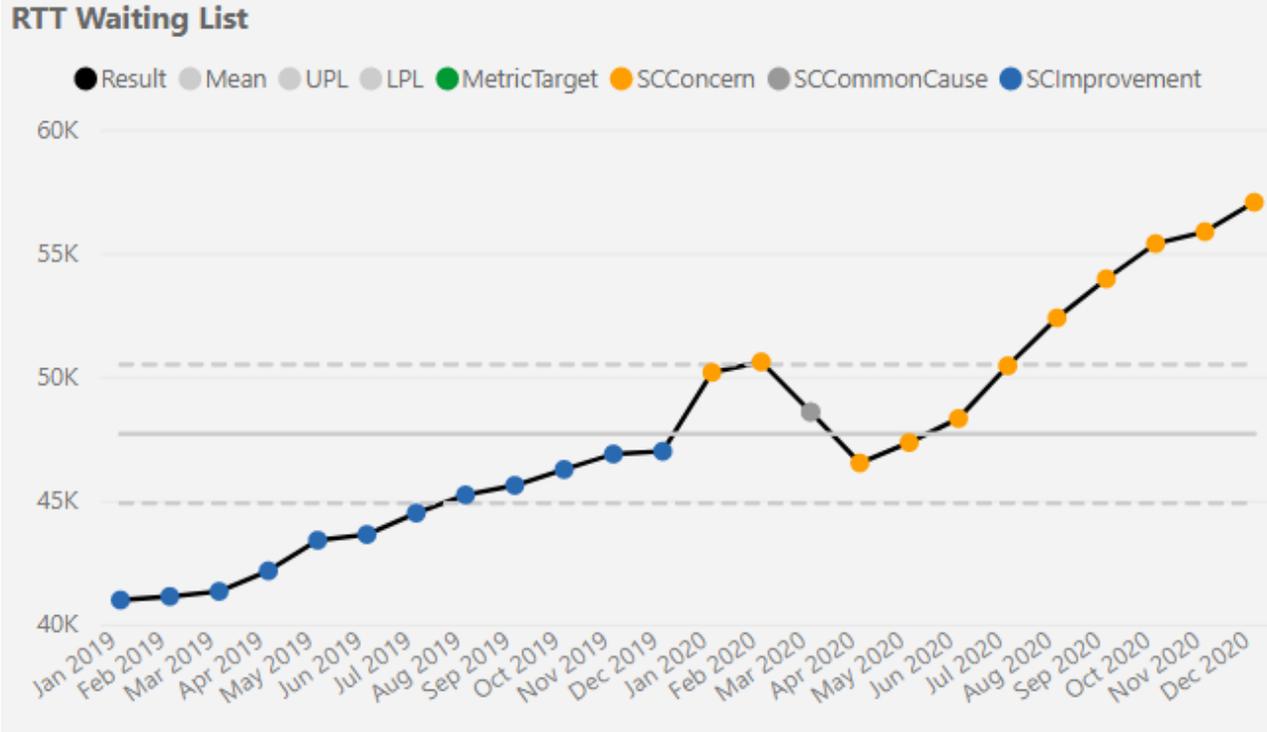
### Improvement Actions

1. Agreement met with SPIRE to commence using Spire Norwich Theatres 6 days a week. Full programme of Cancer Surgery commenced 18/01
2. Additional Template Biopsy, Cystoscopy, CTC and Endoscopy services being provided utilising Cancer Alliance monies to reduce time to diagnosis in Urology, Lower and Upper GI. Additional sessions provided until EO March 21.
3. Daycase procedures, GA Diagnostics and a Small numbers of major resectional work to be provided in DPU theatres in coming weeks.



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## Performance – RTT Waiting List



### Analytical Commentary

Data point fell outside of process limits, Data is consistently above mean, Data point is part of an upwards trend, and therefore the variation is Special Cause Variation – Concern (High)

RTT Waiting List		Variation	Assurance
Dec 2020		57,057	50,501
		Result	UPL
		N/A	47,697
		Target	Mean
			44,893
			LPL

### Assurance Commentary

Total numbers of patients waiting continue to grow - Referrals have continued to return to close to pre-covid levels and in December exceeded those of the last two Decembers. Going forwards the expectation is the total waiting list size will continue to grow due to the inability to see and treat routine patients during this Covid wave

### Improvement Actions

1. All patients on the admitted waiting list are being clinically validated in line with the NHSE requirement. This will ensure that patients that need expediting will be identified and those that no longer need a procedure can be removed from the waiting lists. By the end of December this task had been almost completed.
2. Speciality level solutions are being developed for those with the biggest challenge for example work to increase capacity by use of an insourcing provider.

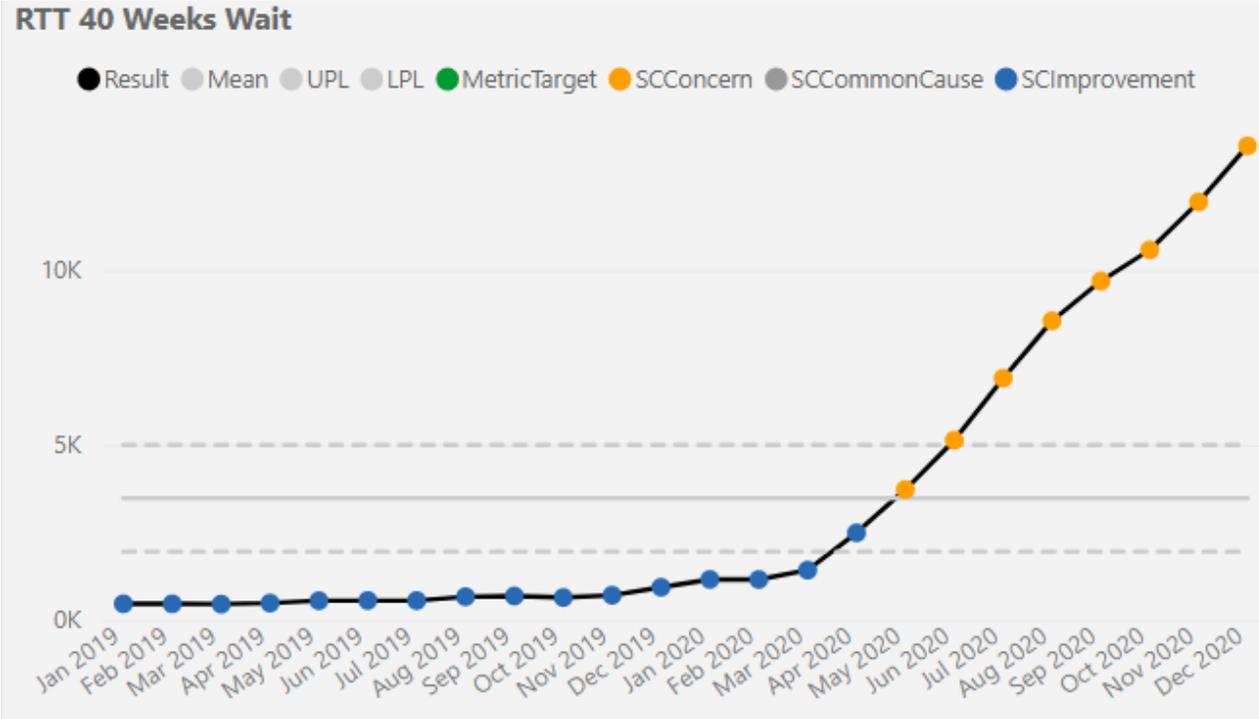


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## Performance – RTT Long Waiting Patients



### Analytical Commentary

Data point fell outside of process limits, Data is consistently above mean, Data point is part of an upwards trend, and therefore the variation is Special Cause Variation – Concern (High)

### RTT 40 Weeks Wait

Dec 2020



Variation

Assurance

13,528

Result

N/A

Target

4,999

UPL

3,475

Mean

1,952

LPL

### Assurance Commentary

The numbers of patients waiting 40 weeks plus is still increasing. The numbers have started to increase more quickly due to the numbers of Non-Admitted patients who have yet to have their first appointment that are tipping over the 40 and 52 week threshold. The largest numbers of long waits are in T&O, General Surgery, ENT, Ophthalmology and Gynaecology. In light of the significant reduction of routine activity at the end of December and into January and February this is expected to continue.

The new theatre timetable commenced on 19th October which provided some additional capacity for the routine longer waiters however as yet due to the prioritisation of Cancer and more urgent procedures it has been insufficient to reduce the longer waiters.

### Improvement Actions

1. All patients on the admitted waiting list are being clinically validated in line with the NHSE requirement. This will ensure that patients that need expediting will be identified and those that no longer need a procedure can be removed from the waiting lists. The majority of this process had been completed by the end of December
2. Speciality level solutions are continuing to be developed for those with the biggest challenge for example work to increase capacity by use of an insourcing provider or use of the Independent Sector



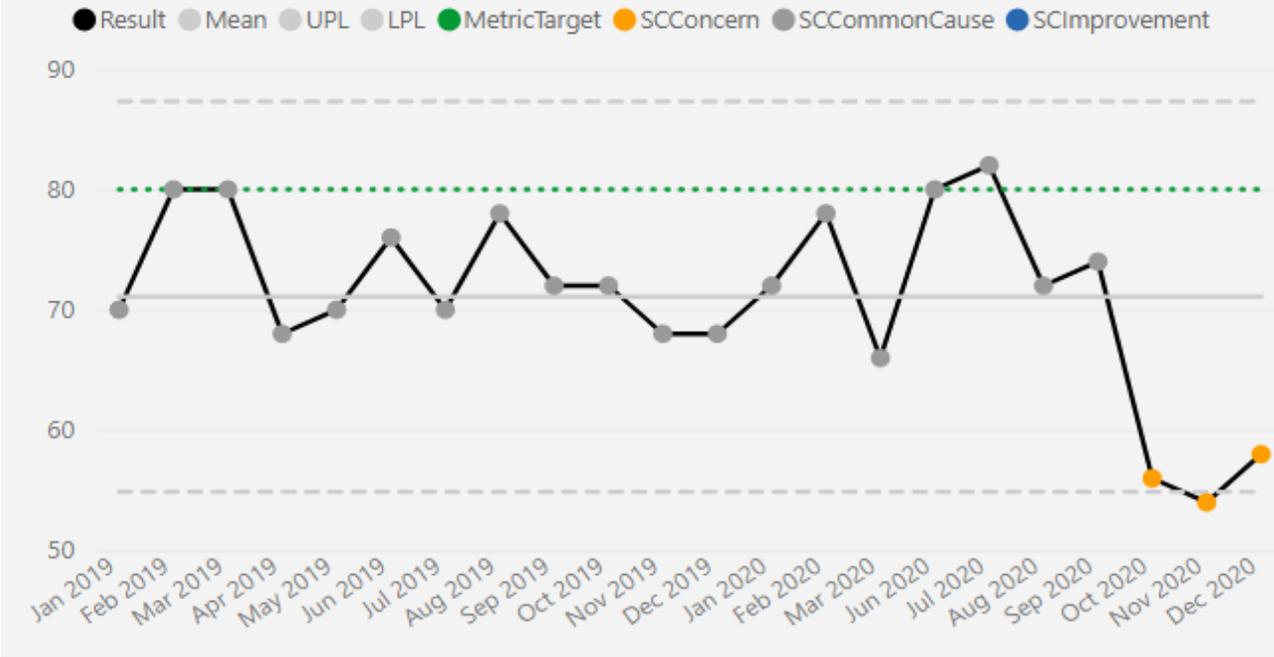
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## Stroke: SSNAP

### SSNAP - Score



### Analytical Commentary

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

### SSNAP - Score

Dec 2020



### Assurance Commentary

SSNAP - Overall there has been an increase in SSNAP Standards being achieved from 54% in November to 58% in December. This is due to an increase in CT scanning, time taken and duration in Stroke Unit and increased Specialist Assessments. All standards would improve with more timely pre alerts.

### Improvement Actions

1. New SSNAP T&F Group commenced December 2020. An Action Plan and Recovery Trajectory have been developed; each Domain now has an identified lead and actions to progress. The Action Plan will be updated, widely shared and Discussed at Neurosciences Governance meetings.



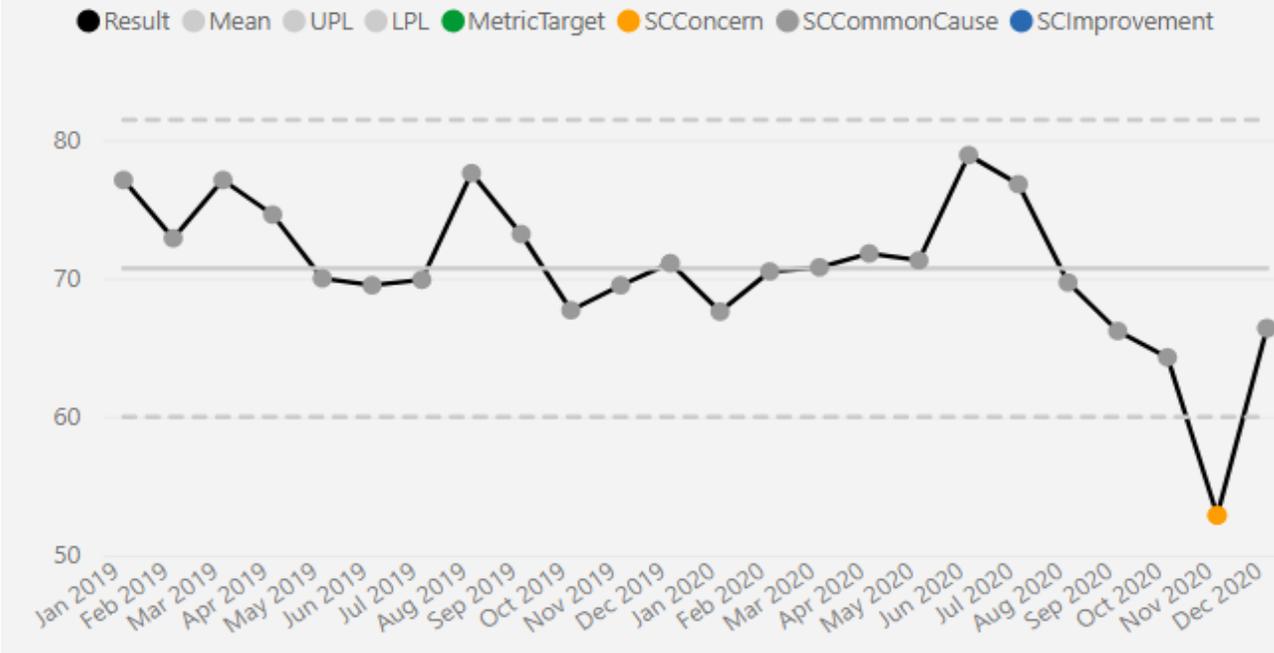
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## Stroke: Stroke Unit

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



### Domain 2 - Score

Dec 2020

Variation	Assurance
66.4 Result	81.4 UPL
N/A Target	70.7 Mean
	60.0 LPL

#### Assurance Commentary

Stroke Unit- Delivery within this standard (time to Stroke Unit and optimum percentage of days on Unit) improved from 52.4% to 66.4% increasing performance from an E to a D. More pre alerts will improve performance within this standard.

#### Improvement Actions

1. The Domain Lead has the following actions: 1 Complete a 2 week audit. 2 Design a training package for EEAST. 3 Design a training package for A&E and AMU's. Lead to provide an update on these actions on 21/01/21 at SSNAP T&F meeting.

#### Analytical Commentary

Variation is Common Cause



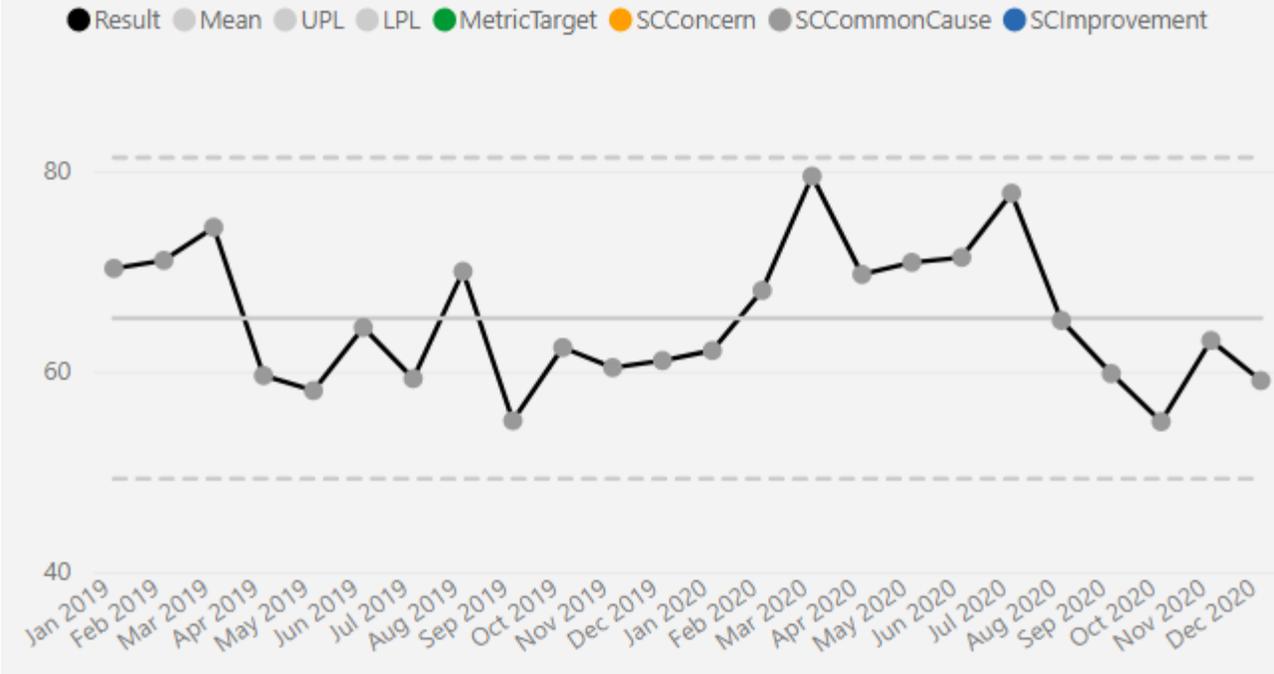
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## Stroke: Thrombolysis

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



### Analytical Commentary

Variation is Common Cause

### Domain 3 - Score

Dec 2020

Variation	Assurance
59.1 Result	81.4 UPL
N/A Target	65.3 Mean
	49.3 LPL

### Assurance Commentary

Thrombolysis - Delivery within this standard (percentage of eligible patients being Thrombolysed) has dropped from 63.1% in November to 59.1% in December, reducing performance from a C to a D. Data suggests that late presentations and a lack of pre alerts contributed to this reduction in performance.

### Improvement Actions

The Domain lead has the following actions:

1. Prof Potter to audit all November eligible PT's.
2. Audit results to be presented to SSNAP group, CG & Directorate.
3. Team to develop a plan to address identified issues. Lead (Dr Shinh) to provide an update on these actions on 21/01/21 at SSNAP T&F meeting.



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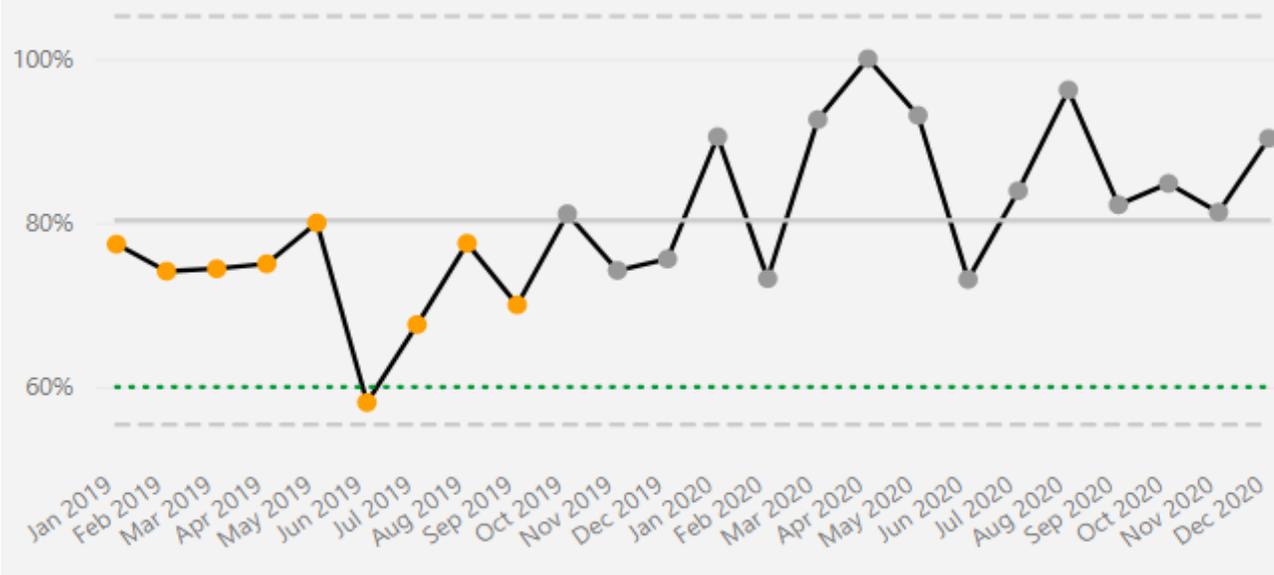


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## Cardiology: Non-ST-Elevation Myocardial Infraction

### NSTEMI (Non-ST-Elevation Myocardial Infarction)

● ResultPercent ● Mean ● UPL ● LPL ● MetricTarget ● SCConcern ● SCCCommonCause ● SCIImprovement



#### Analytical Commentary

Variation is Common Cause

NSTEMI	Variation	Assurance	90.30% Result	105.20% UPL
Dec 2020			60.00% Target	80.30% Mean
<b>Assurance Commentary</b>				
There were 31 patients in this group of which 28 met the target. Standard achieved consistently, however team is working to understand variation.				
<b>Improvement Actions</b>				
1. Regular reviews occurring of patients which target is not met				

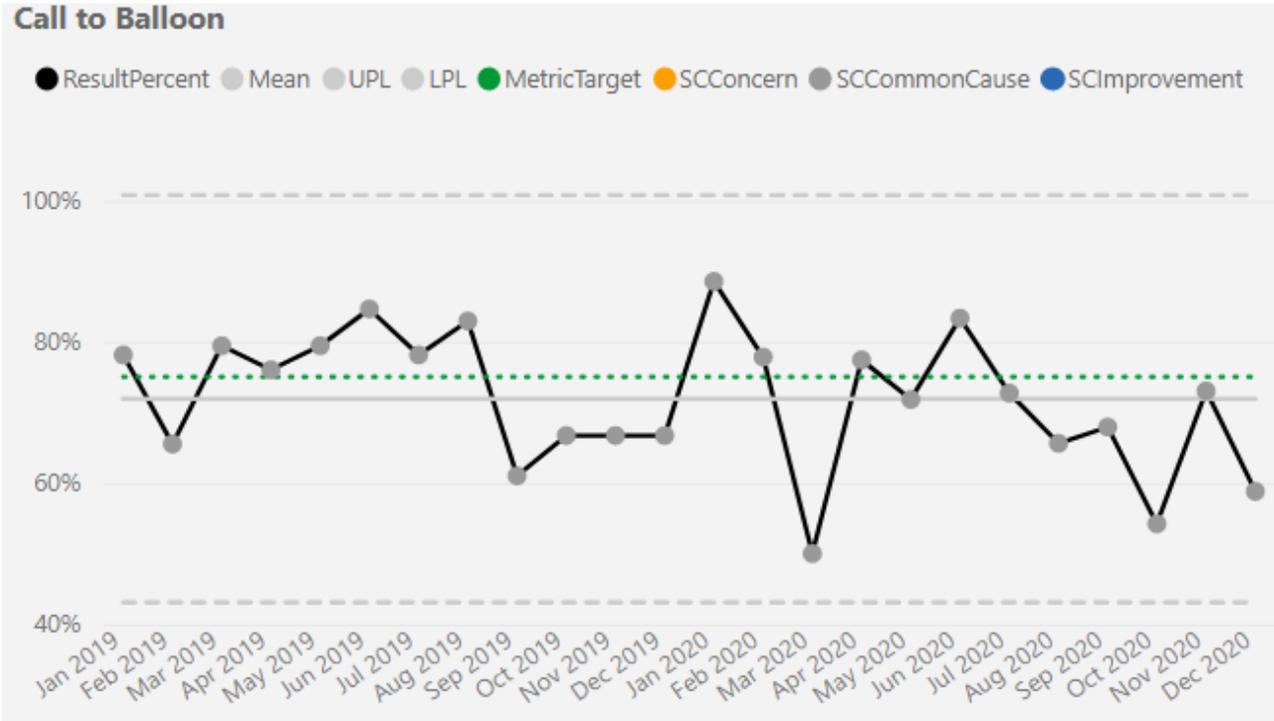


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## Cardiology: Call to Balloon



### Analytical Commentary

Variation is Common Cause

### Call to Balloon

Dec 2020

Variation	Assurance	58.80% Result	100.70% UPL
		75.00% Target	71.90% Mean
			43.10% LPL

### Assurance Commentary

There were 34 patients in this group of which 20 met the target. There were 12 long on scene or delayed responses 2 of which were technically difficult, 2 were cardiac arrest, 1 was a long journey time another was long on scene and a delay in ED. There was 1 delays in ED of another patient ahead and 1 inter hospital transfer.

### Improvement Actions

1. Bi-monthly meeting with Stroke team and EEAST. (Next meeting Jan 21) Dr Sawh has provided a webinar training session. Dr Sawh liaising with EEAST to provide specialist online training for paramedics.
2. Development of an action plan with EEAST. Work with EEAST ongoing to look at delays at scene and journey time.

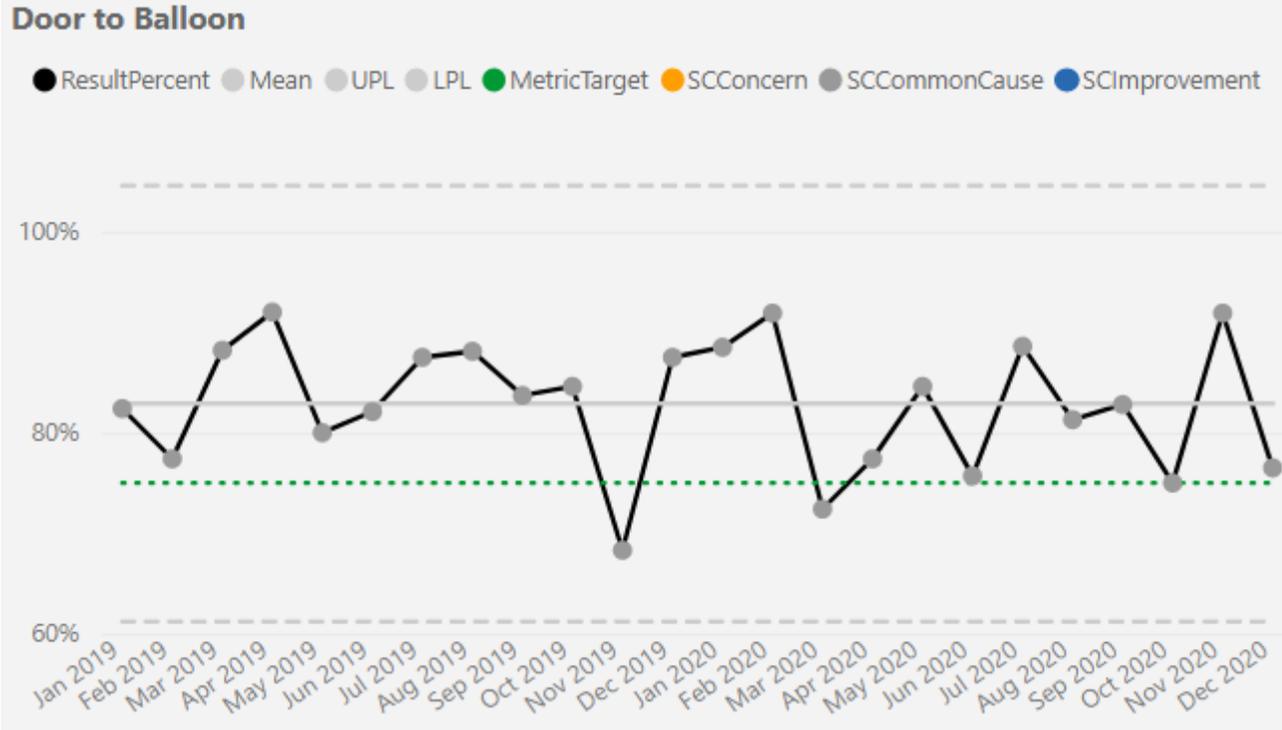


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## Cardiology: Door To Balloon



### Analytical Commentary

Variation is Common Cause

### Door to Balloon

Dec 2020

Variation

Assurance



76.50%  
Result

104.60%  
UPL

75.00%  
Target

82.90%  
Mean

61.20%  
LPL

### Assurance Commentary

There were 34 patients in this group of which 26 met the target, for the 8 patients where the standard was not met there were 4 delays in ED. 2 of these were patients ahead, one patient was self presenting and one was delayed. There were two technically difficult procedures and one cardiac arrest in the lab. Another patient required further investigations.

### Improvement Actions

1. Bi-monthly meeting with Stroke team and EEAST (Next Meeting Jan 21) Dr Sawh has provided a webinar training session. Dr Sawh liaising with EEAST to provide specialist online training for paramedics.

# Productivity Summary

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

Topic	Metric Name	Date	Result	Variation	Assurance
Activity: ED Attendances	Activity (ED)	Dec 2020	9,482	 Concern (Low)	No Target
Activity: Inpatient Elective	Activity (IP)	Dec 2020	621	 Concern (Low)	No Target
Activity: Non-Elective Discharges	Activity (Non-Elective)	Dec 2020	4,734	 Concern (Low)	No Target

### SPC Variation Icons

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



### SPC Assurance Icons

Capable    Not capable    Unreliable



# Activity: Day Case Elective

## Activity (DC)

Dec 2020

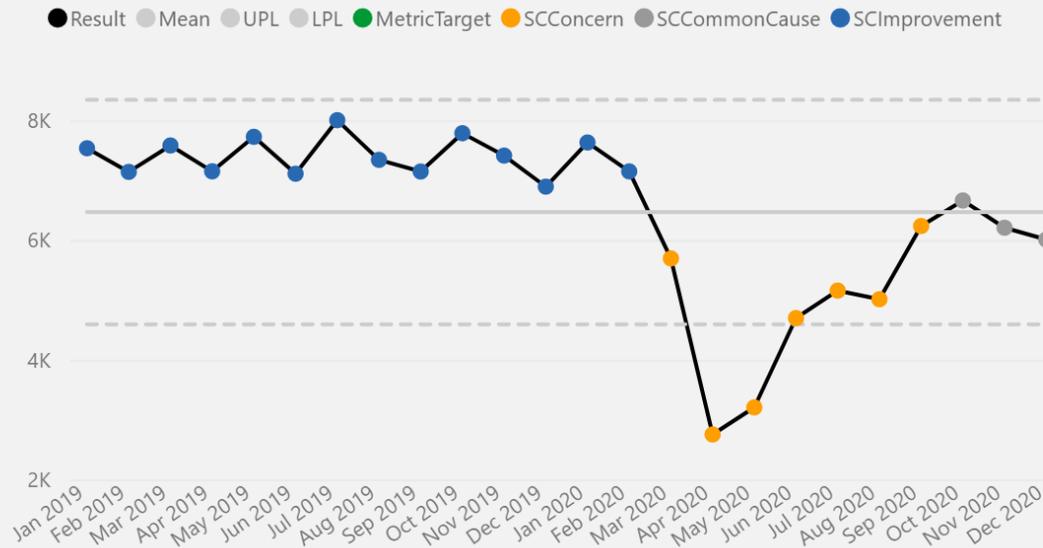


6,006 Result	8,340 UPL
N/A Target	6,465 Mean
	4,589 LPL

### Analytical Commentary

Variation is Common Cause

### Activity (DC)



### Assurance Commentary

There were a total of 6,006 day cases in December 2020, which is to 81% of average number in 2019/20.

Activity within Medicine was 330 less than December 2019 (driven by Gastro and Rheumatology), whilst surgery were 556 cases behind (mostly Ophthalmology, General Surgery and Dermatology). W&C levels were on a par with December 2019, with an increase in paediatric oncology offset by a decrease in gynaecology.

Performance fell short of both the NHSE National Compliance target of 6,551 (90% of December 2019 activity) and the Plan 3 Plan Submission target of 6,190.

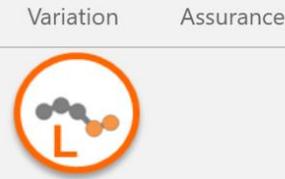
### Business Process Change

As of August 2020, regular day attenders are no longer included in figures in line with NHSE recovery plan guidance.

# Activity: Inpatient Elective

## Activity (IP)

Dec 2020

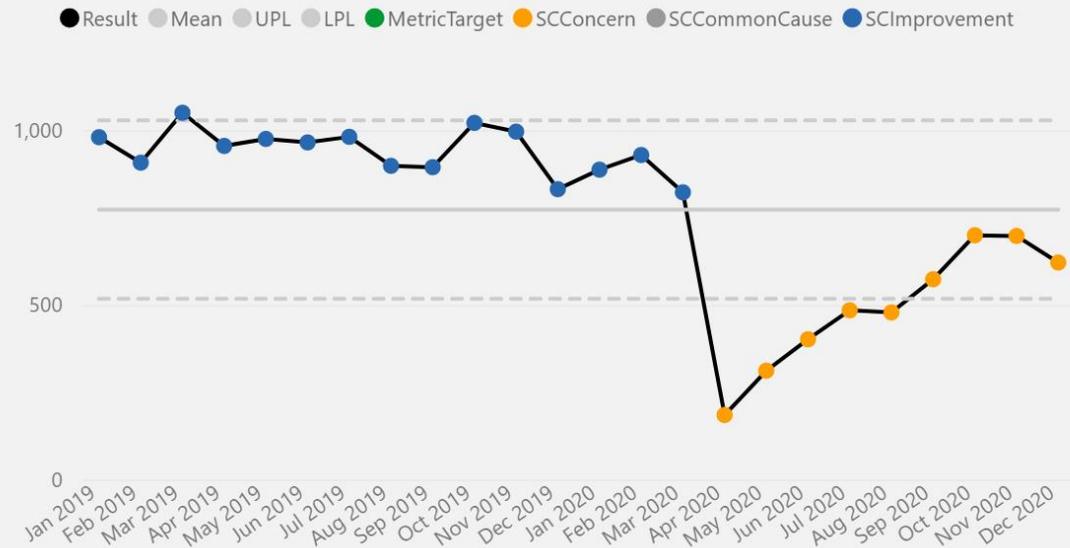


621	1,028
Result	UPL
N/A	772
Target	Mean
	517
	LPL

### Analytical Commentary

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

### Activity (IP)



### Assurance Commentary

There were a total of 621 elective inpatient discharges in December 2020, which equates to 66% of average monthly number in 2019/20.

Activity within Medicine was 62 less than December 2019 (driven by Haematology/Oncology and cardiology) whilst surgery were 170 cases behind (mostly T&O/Spinal, General Surgery and ENT). W&C activity exceeded prior year due to over performance in paediatric surgery and gynaecology.

Performance did not meet the NHSE National Compliance trajectory of 785 (90% of December 2019 activity) or the phase 3 plan submission target of 674.

### Business Process Change

# Activity: Non-Elective Discharges

## Activity (Non-Elective)

Dec 2020

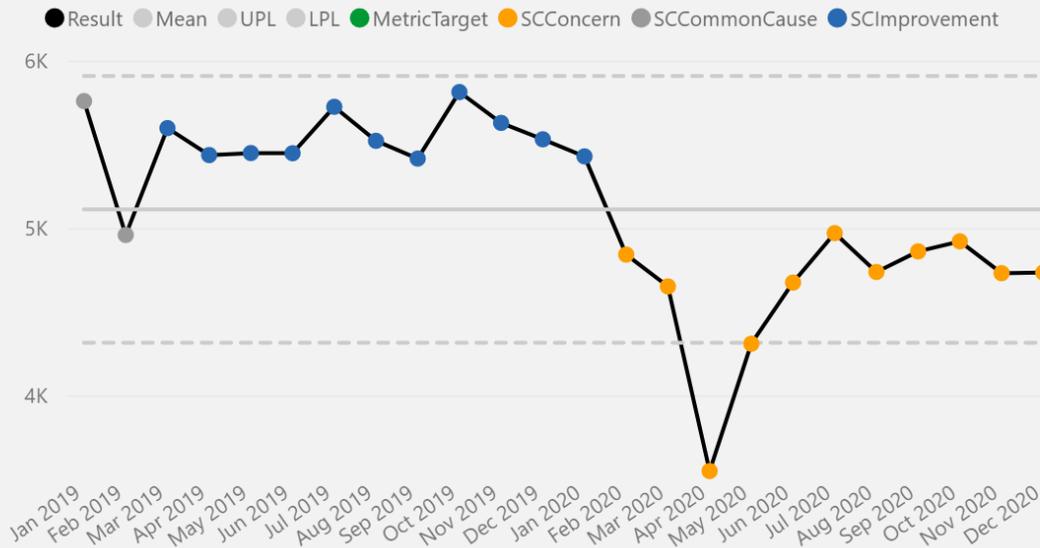


4,734 Result	5,907 UPL
N/A Target	5,111 Mean
	4,315 LPL

### Analytical Commentary

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

### Activity (Non-Elective)



### Business Process Change

As of December 2019 most EAUS activity shifted from admitted to outpatient. This reflects improved recording to better reflect the ambulatory nature of this pathway in line with the move to Same Day Emergency Care (SDEC).

### Assurance Commentary

There were a total of 4,734 non elective discharges in December 2020 (Including maternity activity), which equates to 86% of average monthly number in 2019/20, and 795 fewer than December 2019.

Medicine were 208 down compared to December 2019 (primarily General medicine, nephrology and OPM). Surgery were 336 cases behind although much of this is driven by changes in EAUS where activity is now being recorded as outpatients. W&C were 251 cases down, driven by Paediatric medicine and obstetrics.

Performance did not meet the phase 3 plan submission target of 5,104.

# Activity: Outpatient

## Activity (OP)

Dec 2020

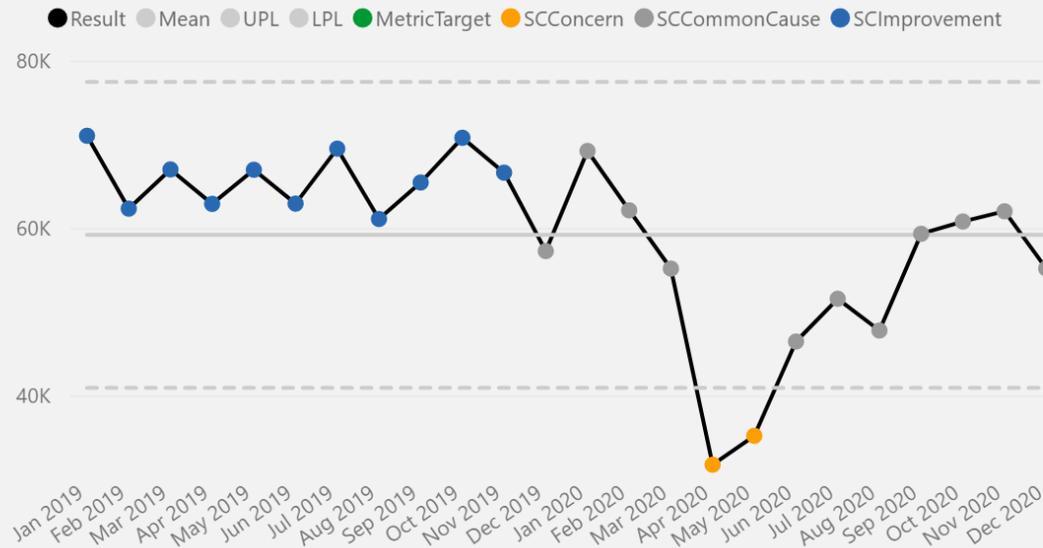
Variation	Assurance
55,165 Result	77,419 UPL
N/A Target	59,162 Mean
	40,904 LPL



### Analytical Commentary

Variation is Common Cause

### Activity (OP)



### Business Process Change

From December 2019, shift in recording for EAUS activity from admission to outpatient. This reflects improved recording to better reflect the ambulatory nature of this pathway in line with the move to Same Day Emergency care (SDEC).

### Assurance Commentary

There were 12,299 new consultant led appointments in Dec 2020 (80% of Dec 2019). 2,794 [23%] were telephone/video, compared to an average of 888 [5%] in 2019/20. Activity fell short of the Phase 3 plan submission of 13,335.

There were 34,903 follow up consultant led appointments in Dec 2020 (102% of Dec 2019). 16,530 [47%] were telephone/video, compared to an average of 3,503 [9%] in 2019/20. Activity exceeded the phase 3 plan submission of 29,936.

There were 7,963 non-consultant appointments in Dec 2020 (105% of Dec 2019). 5,259 [66%] were telephone/video, compared to an average of 1,130 [12%] in 2019/20. Activity exceeded the phase 3 plan submission of 7,416

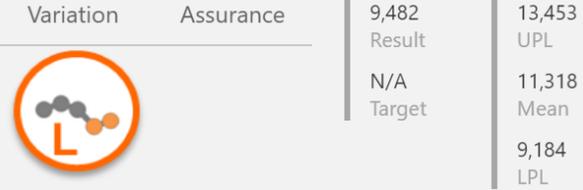
There were 9,345 outpatient procedures in Dec 2020, falling short of the NHSE National Compliance of 11,083 (90% of Dec 2019)

There were 45,820 attendances (excluding procedures) and non face to face appointments, falling short of the NHSE national compliance of 47,817 (100% of Dec 2019).

# Activity: ED Attendances

## Activity (ED)

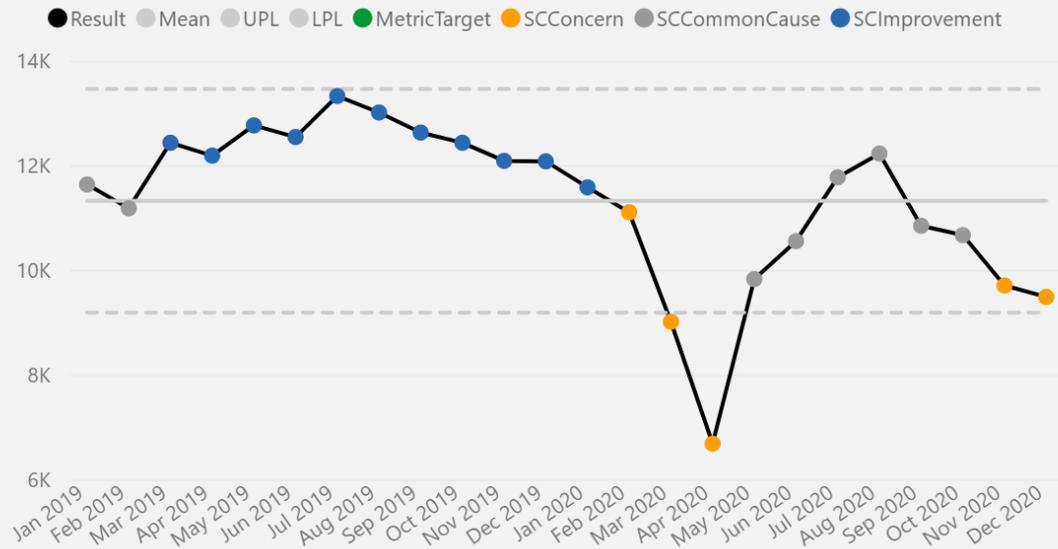
Dec 2020



### Analytical Commentary

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

### Activity (ED)



### Assurance Commentary

There were 9,482 A&E attendances in December 2020, compared to 12,073 in December 2019. 679 (7%) of these were for Cromer MIU, whilst 836 (9%) were for Children (CHED).

### Business Process Change

# Finance Report December 2020

27 January 2021

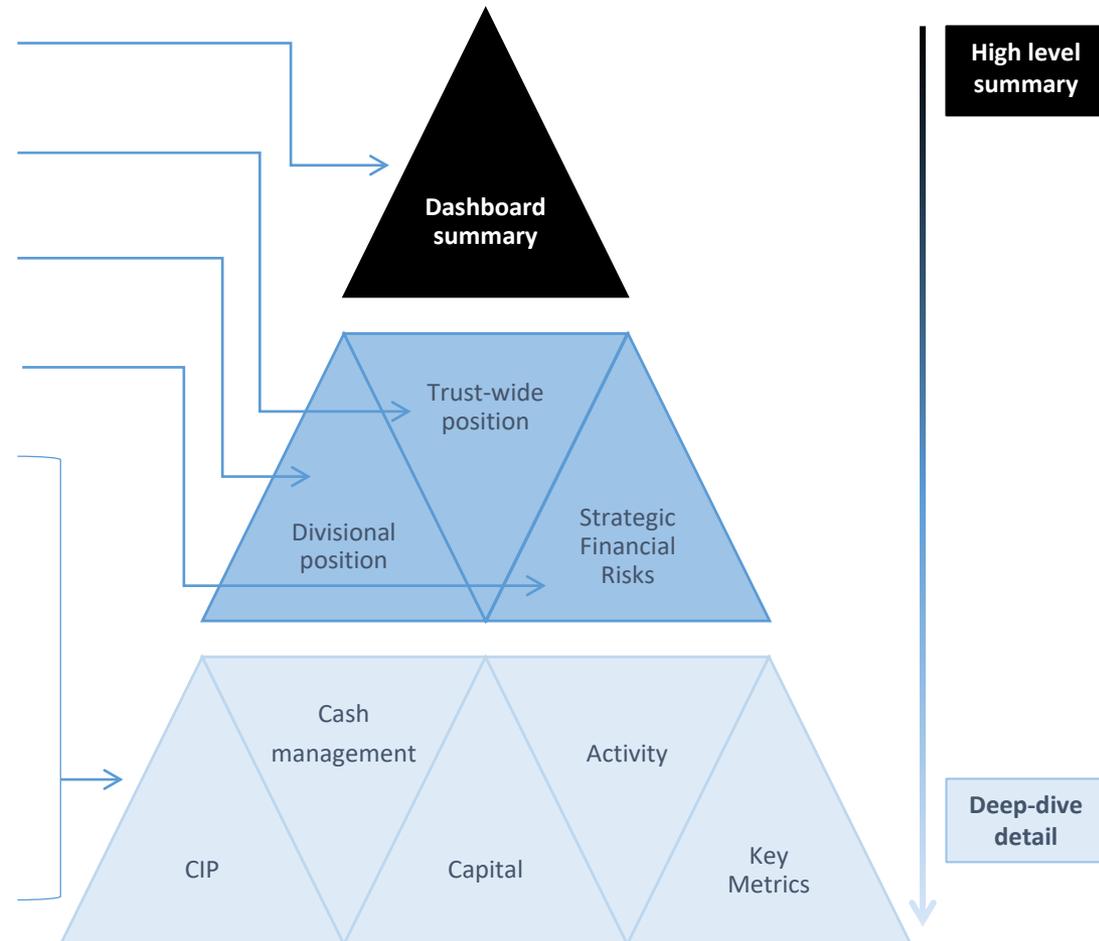
Roy Clarke, Chief Finance Officer

# Contents

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

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

1.0	Executive Dashboard	Page 3-4
2.0	Trust-wide position	Page 5-8
3.0	Divisional Position	Page 9-10
4.0	Strategic Financial Risks	Page 11
5.0	Cash Management	Page 12
6.0	Activity & contract performance	Page 13-14
7.0	CIP	Page 15
8.0	Capital	Page 16-17
9.0	Key Metrics	Page 18-20



# 1.1 Executive Dashboard

The reported position on a control total basis for the period October to December is a deficit of £5.7m being £0.4m operational deficit and a revised £5.3m accrual for untaken annual leave linked to the COVID response. NHSEI stipulated that no accrual for untaken annual leave should be made in the previous monthly positions however have since advised this should be reflected in month 9. The position is favourable by of £0.1m against a year to date plan of a £5.8m deficit.

The main drivers behind the £0.1m favourable position are a £3.3m underspend in non-pay costs due to reduced levels of activity, key drivers of this include clinical supplies and drugs (£2.4m), reduced out-sourcing costs (£0.5m) and a £0.5m underspend in PFI costs as a result of a usage adjustment. £0.3m of additional income relating to Education and Training has also improved the position. These underspends are offset by the £5.3m accrual for untaken annual leave.

The reported position on a control total basis for April to December is a deficit of £5.7m. This consists of a breakeven position for April-September and the £5.7m deficit for October to December. The headline deficit for April-September is a deficit of £0.6m which includes donated income of £0.05m and donated asset depreciation of £0.6m. The head line deficit for October to December is £5.0m which includes donated income of £1.0m and donated asset depreciation of £0.3m.

**Forecast Outturn:** Forecast outturn remains on plan – a deficit of £11.4m. Our assessment under two ‘cases’ is set out in section 2.3 on slide 7. It shows that on a simple run rate basis the risk adjusted upside forecast outturn would be a deficit of £6.1m, being £5.3m favourable to the operational plan deficit of £11.4m. The risk adjusted outturn remains a deficit of £11.4m being nil variance to the operational plan of £11.4m. The risk adjusted assumes no further underspend in operational costs.

**Activity:** In December the Trust has seen c. 83% of 2019/20 Day Case levels, c. 72% of Elective Inpatient spells and c. 73% of outpatient procedures, therefore falling short of the NHSEI compliance target of 90% for these Points of Delivery. Outpatient activity (excluding procedures) has been c. 97% of 2019/20 levels, with a noticeable difference between new appointments being c. 82% and follow up appointments being c. 103%. With the NHSEI compliance target being 100% there is still some improvement needed across points of delivery to minimise potential penalties through the Elective Incentive Scheme.

**Areas of concern/Risk to Outturn:** The strategic financial risks are set out in detail in section 4 and remain in the high area of the risk range. There are significant risks around the Cost Improvement Programme in relation to both identification and delivery of schemes. This is set out in further detail in section 6.

**Cash:** Cash at 31<sup>st</sup> December is £88.2m reflecting the one month in advance payment arrangement. This is expected to unwind in March 2021. The cash position at 31<sup>st</sup> March using current ‘run rates’ is forecast to be £1m, equivalent to the minimum required headroom. However, this is under review due to the uncertain operational environment. The twelve month forecast based on the underlying deficit of £114.4m means that, unmitigated, the Trust will require additional PDC support of £85.8m in the period to 1 April 2021 to 31 December 2021.

**Capital:** Each scheme has been reviewed and an assessment made. Overall, the Trust has high confidence of £86.4m (78%) of the forecast plan of £110.2m as being deliverable. Funding approvals have now been secured so the significant risk is the ability to deliver the plan in the remaining 3 months of the year. Delays in funding approvals experienced are a significant contributor to this deliverability risk.

The Ward Block buyout was secured in January 2021 and will be accounted for in that month.

Month 9 (Dec-2020)	Apr-Sep	October - December 2020			October20 - March21			RAG
	Actual £m	Actual £m	Plan £m	Variance £m	Forecast Outturn £m	Plan £m	Variance £m	
Clinical Income	282.4	139.4	139.7	(0.4)	279.4	279.4	0.0	
Other Income	74.4	44.7	42.9	1.9	86.0	86.0	0.0	
Pay	(203.5)	(110.1)	(105.4)	(4.7)	(215.7)	(210.4)	(5.3)	
Non Pay	(86.2)	(48.3)	(51.0)	2.8	(97.6)	(101.9)	4.3	
Net Drugs Cost	(38.8)	(19.0)	(19.5)	0.5	(38.0)	(39.0)	1.0	
Non Opex	(22.3)	(12.4)	(12.5)	0.0	(25.4)	(25.4)	0.0	
Surplus / (Deficit)	6.0	(5.7)	(5.8)	0.1	(11.4)	(11.4)	(0.0)	
COVID Expenditure	(15.8)	(2.5)	(3.0)	0.4	(31.3)	(31.3)	0.0	
COVID Income	9.8	2.5	3.0	(0.4)	31.3	31.3	0.0	
Reported Surplus / (Deficit)	0.0	(5.7)	(5.8)	0.1	(11.4)	(11.4)	(0.0)	
Headline Surplus / (Deficit)*	(0.6)	(5.0)	(3.0)	(2.0)	(6.9)	(6.9)	0.0	
Cash at Bank (before support funding)	74.7	88.3	1.2	87.1	1.1	(6.8)	7.9	
Capital Programme	27.2	65.5	93.6	(28.2)	110.2	106.4	3.8	
CIP	1.2	3.9	4.4	(0.4)	11.3	11.3	0.0	
Inpatients** (000's)	56.5	35.4	37.4	(1.9)	74.5	75.2	(0.7)	
Outpatients** (000's)	270.3	174.0	190.6	(16.6)	324.2	383.1	(58.8)	
A&E** (000's)	61.9	29.8	38.5	(8.6)	76.1	76.1	0.0	

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

\*\* Apr-Sep: Plan is 2019/20 Actual in line with financial plan

\*\* Oct-Mar: FOT is 'Trust Recovery Plan', Plan is NHSEI Phase III Trajectory

# 1.2 Executive Dashboard

## Strategic Financial Risks:

The Trust has recently undertaken a formal review of the Financial Risk Register, refreshing all risks and adding new risks which have been identified across the finance portfolio. This is subject to formal review on a monthly basis.

The Strategic Risk Register currently consists of 17 risks, of which 10 have a risk score of equal to or greater than 15 and are RAG rated red. one risk has increased in value as a result of the ongoing COVID-19 pandemic and likelihood of entering a surge or super-surge scenario.

## Divisional Performance:

With the exception of Emergency, all other operational divisions reported favourable positions against plan for December 2020 predominantly due to the reduced activity levels against the NHSE Compliance Target and Phase III plan. However, this includes the benefit of the Trust's CIP hedge.

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

No specific risks to forecast outturn have been raised within divisions, however if the Trust is required to open additional escalation beds to accommodate COVID patients whilst achieving required activity levels, along with higher than planned Staff sickness/isolation levels, there may be an increased usage of premium staff resulting in an adverse pay expenditure position. 'Other' shows an overspend of £6.9m being £5.3m accrual for untaken annual leave and balance relating to Trust CIP and other movements in provisions.

## CIP Performance

The Trust has delivered £3.96m of CIPs against a FIP Board approved plan of £4.47m, an under-performance of £0.51m arising through adverse performance in procurement initiatives linked to national procurement improvement schemes and premium pay schemes as a result of staffing requirements in relation to the Trust's response to the ongoing COVID-19 pandemic.

The risk adjusted forecast outturn CIP delivery is currently £6.2m against a pre hedge CIP target of £11.3m. This presents a significant risk to achievement of the target.

## CIP Plan Development

As at 12 January 2021, the programme consists of £8.3m of Gateway 2 approved schemes (of which £0.4m is contractually guaranteed) and £2.6m of Gateway 1 approved schemes.

The initiatives that comprise these values are subject to revision as a result of any revisions to COVID-19 restoration planning guidance.

The FIP Board continues to work with divisions to identify further opportunities for transformation and efficiency to both reduce the in year CIP gap and plan for future years.

Strategic Financial Risks	Extreme (15-25)	High (8-14)	Moderate (4-6)	Low (1-3)
Total This Month	10	7	0	0
Total Last Month	10	7	0	0
Overall Trend	↔	↔	↔	↔

Divisional Performance Oct-2020 to Date	Medicine		Emergency & Urgent Care		Surgery		Women's & Children's		CSS		Corporate		Other		Total	
	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m
Oct to Date Surplus /Deficit	(53.9)	2.6	(7.4)	0.0	(37.1)	1.7	(13.3)	0.4	(22.9)	1.7	(23.2)	0.6	152.0	(6.9)	(5.7)	0.1

FOT (M7-12)	(112.8)	0.0	(14.8)	0.0	(77.5)	0.0	(27.5)	0.0	(49.2)	0.0	(47.6)	0.0	318.1	0.0	(11.4)	0.0
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Actual (M1-6)	(102.8)	1.7	(14.1)	0.7	(68.9)	4.7	(25.9)	0.3	(43.6)	2.6	(46.8)	0.6	308.1	(1.6)	6.0	9.0
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Inpatients*	21.9	(0.3)	0.0	0.0	8.6	(1.8)	5.0	0.1	0.0	0.0	-	-	-	-	35.4	(1.9)
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Outpatients*	68.2	0.5	0.0	(0.1)	80.5	(14.3)	16.1	1.2	9.2	(3.9)	-	-	-	-	174.0	(16.6)
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A&E*	0.0	0.0	29.8	(8.6)	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	-	29.8	(8.6)
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CIP RAG																
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FINANCE RAG**																
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PAF RAG**																
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\*Activity variance NHSEI Phase III Compliance

\*\* Prior Month PAF Rating

FY20/21 CIP Plan - Divisional Breakdown	FY20/21 Indicative Target £m	FY20/21 FIP Board Approved £m	Gap £m	FY20/21 RAG Adj. Forecast Delivery £m	Gap £m
Medicine	3.1	3.1	(0.0)	2.6	(0.5)
Emergency & Urgent Care	0.2	0.1	(0.1)	0.1	(0.1)
Surgery	3.3	2.4	(1.0)	1.7	(1.6)
Women's & Children's	1.2	1.0	(0.2)	1.0	(0.1)
CSS	1.8	1.2	(0.5)	0.4	(1.4)
Corporate	1.8	0.5	(1.3)	0.4	(1.4)
Total	11.3	8.3	(3.0)	6.2	(5.1)

## 2.1 Financial Performance – December 2020

The reported position for December 2020 is a deficit of £0.1m before the £5.3m accrual for untaken annual leave. The final reported position for the month is therefore a £5.4m deficit.

This is an adverse position of £3.7m against plan of a £1.7m deficit. This includes COVID costs of £1.2m offset by COVID income of £1.2m.

### Clinical Income:

Clinical Income is reported on plan for December 2020.

### Other Income:

The Trust is reporting a £0.7m favourable variance to plan for December 2020. Of this £0.4m relates to additional R&D income offset by additional Non Pay costs and £0.1m relates to E&T tariff uplift advised by LDA in November. The remaining £0.2m is due to variances across WH&B & ASI activity, all offset by additional costs.

### Pay:

The Trust is reporting a £5.4m adverse position against plan for December 2020. This is predominantly as a result of the accrual for untaken annual leave of £5.3m.

NHSEI stipulated that no accrual for untaken annual leave should be made in the previous monthly positions however have since advised this should be reflected in month 9. The basis for the £5.3m is supported by a roster driver assessment of the leave taken and planned for the full year.

### Non Pay incl. Net Drugs Cost:

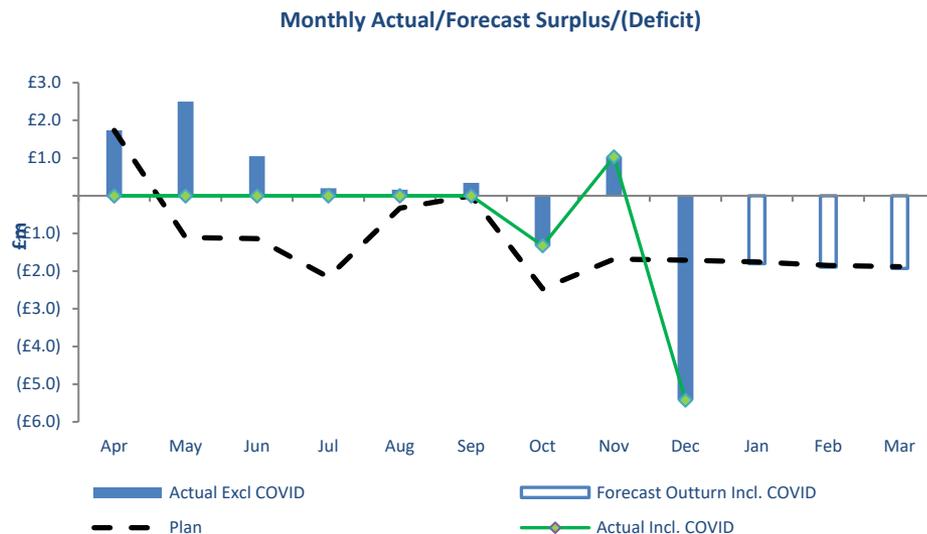
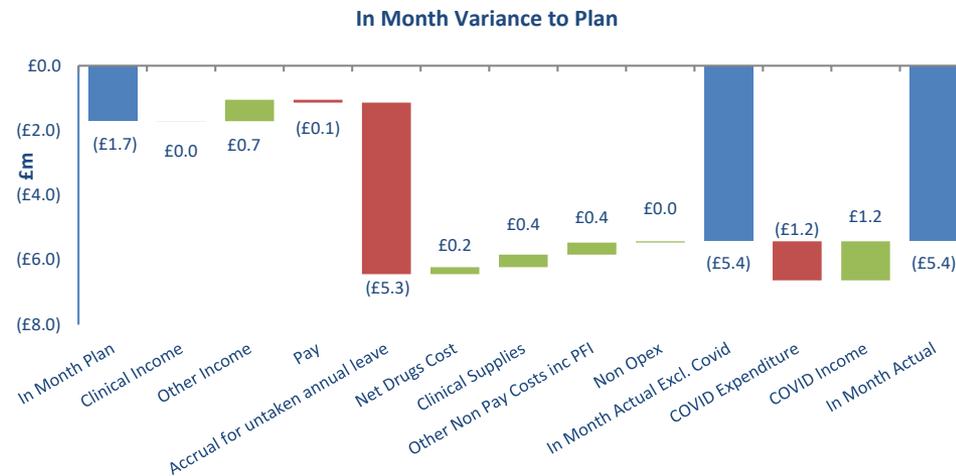
The Trust is reporting a £1.1m favourable variance to plan for December 2020. Clinical supplies & Drugs were £0.7m favourable as a result of the reduced activity (inpatient delivery was 91% of NHSEI Phase III plan and outpatients 94%). Reduced capacity support for gastroenterology (Medinet), Theatres (SHS) and histopathology activity combined to create an underspend of £0.4m. A further £0.3m savings from a delay to the Cardio Siemens MSC, and reduced discretionary spend (e.g. Travel, Training)

### Non Operating Expenditure:

The Trust is reporting nil variance to plan for December 2020.

### COVID 19 Expenditure:

The Trust is reporting £1.2 of COVID-19 Expenditure for December 2020. This is £3.3m below the plan of £4.5m, with deferral of income to match future costs.



## 2.2 Financial Performance – April – December 2020

The YTD reported position for the period April to March is a deficit of £5.7m. The Position for April – September 2020 was breakeven. October to date the Trust is reporting a deficit of £5.7m, this is a favourable position of £0.1m against planned deficit of £5.8m. This consists of a £0.4m operating deficit, accrual for untaken annual leave of £5.3m and breakeven for COVID being COVID costs of £2.5m offset by COVID income of £2.5m.

① **The Position for April– September 2020 was breakeven.** This consisted of a £6.0m operating surplus before COVID, COVID costs of £15.8m and top up income of £9.8m. The £6.0m operating surplus before COVID expenditure and top up income was £9.0m favourable against the planned deficit of £3.0m. The main drivers behind the £9.0m favourable position are £6m reduced expenditure on clinical supplies as a result of the reduced activity, most notably in Surgery.

### ② October to Date Performance:

October to date the Trust is reporting a deficit of £5.7m, this is a favourable position of £0.1m against planned deficit of £5.8m.

The main drivers behind the £0.1m favourable position are shown in graph to the top right. The untaken annual leave accrual of £5.3m is offset by a £0.6m favourable Pay variance predominantly due to lack of available locum staff for ED and slower than planned recruitment for the new ward. There was a £2.5m underspend across clinical supplies & Drugs relating to activity. – this represents a 5.8% underspend compared to a 6.9% under delivery of Inpatient activity against the NHSE Compliance target. There was a further £0.5m underspend in PFI costs as a result of a usage adjustment.

**Forecast outturn for October 2020 - March 2021 is a deficit of £11.4m. This is a nil variance against the planned deficit of £11.4m**

### Forecast Outturn :

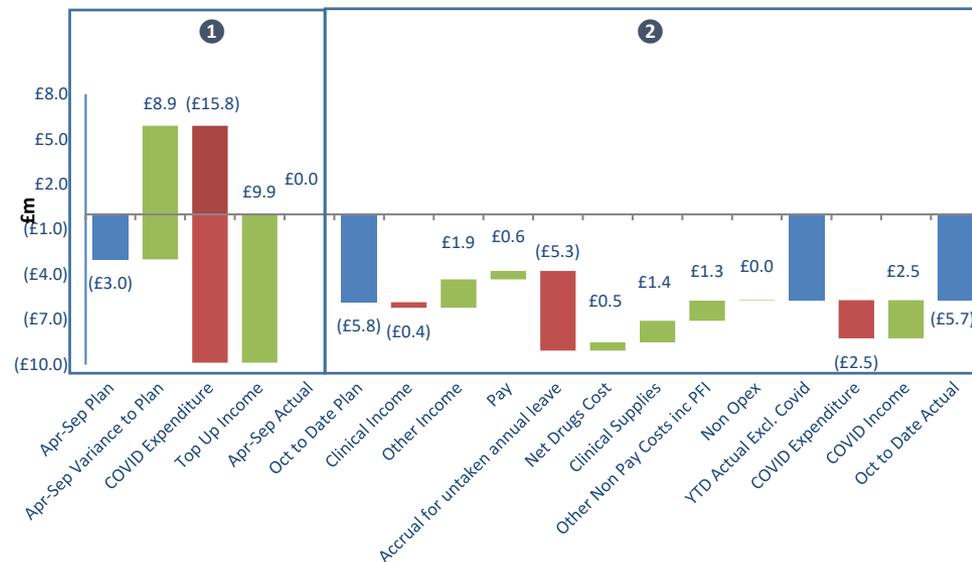
The Trust is currently forecasting on plan for October 2020-March 2021.

**Risk Adjusted Upside Forecast outturn** based on current Run Rate and forecast COVID expenditure is a deficit of £6.1m, being £5.3m favourable to operational plan of £11.4m deficit.

However it is forecast that the Trust will incur additional expenditure against this run rate in line with the operating plan for Jan-Mar of £5.3m.

Therefore the **Risk Adjusted Forecast Outturn** is £11.4m deficit, nil variance to operational plan of £11.4m.

The Trust element of the system position if the annual leave accrual is excluded is a deficit of £6.1m. This is £5.3m favourable to the plan of £11.4m deficit.



## 2.3 Forecast Outturn

Forecast outturn remains on plan – a deficit of £11.4m, assessed as follows: Risk Adjusted Upside Forecast Outturn of a £6.1m deficit, based on current run rates. This is £5.3m favourable to the plan of £11.4m deficit. However, assuming planned expenditure for the final quarter, results in a risk adjusted forecast outturn of £11.4m deficit being nil variance operational plan of £11.4m. The Trust Element of the system position if the annual leave accrual was excluded would be a deficit of £6.1m. This is £5.3m favourable to the plan of £11.4m deficit.

① **Actual / Current Run Rate:** Total £5.3m deficit, comprising of:

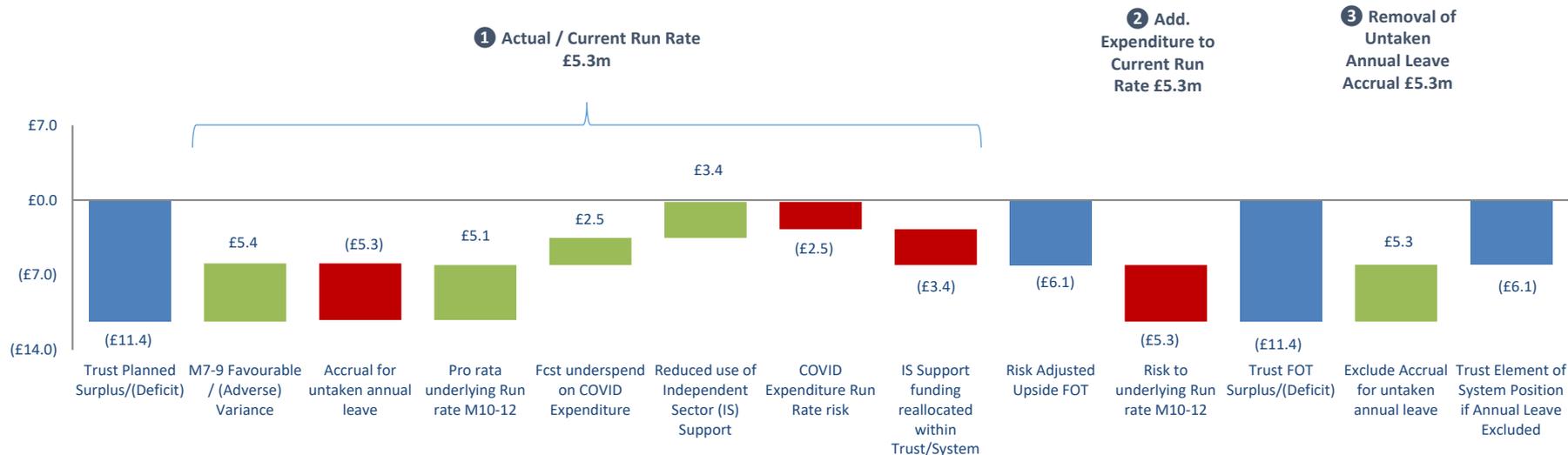
- Actual favourable operational variance to plan for October to December of £5.4m
- Accrual for annual leave of (£5.3m)
- Current underlying run rate assumed for January to March creates a favourable variance of £5.1m.
- Run rate driven underspend on COVID £2.5m and Independent Sector Capacity Support £3.4m
- Risk to run rate underspend on COVID (£2.5m) and Independent Sector Capacity Support (£3.4m) due to surge

② **Additional expenditure to current Run Rate:** Total £5.3m additional expenditure over the current underlying run rate in January to March in line with current operational plan.

This results in a risk adjusted forecast outturn of a £11.4m deficit, nil variance to operational plan of £11.4m

③ **If the £5.3m untaken annual leave accrual is removed then the Trust Element of the System position is a deficit of £6.1m, £5.3m favourable to the operational plan of £11.4m**

This results in a risk adjusted upside forecast outturn of a £6.1m deficit, £5.3m favourable to the operational plan of £11.4m



## 2.4 Underlying Run Rate Analysis

Forecast outturn remains on plan – a deficit of £11.4m. The annualised underlying deficit for the Trust is £114.4m as a result of reversing block income to the previously planned PbR income, removing COVID expenditure and including FYE of 2020/21 service developments and service developments held as a part of Intervention 2 of the Trust plan for October 2020-March 2021.

**1 Reversal of Block Income: Total £362.1m** removed from the plan for Clinical income Block (£278.0m), Top Up Funding (£47.6m), additional funding for High Cost Drugs & Devices (£5.2m), In & Out system COVID support funding (£26.0m) and Growth Support funding of £5.3m. **Underlying deficit excluding Block income of £373.4m**

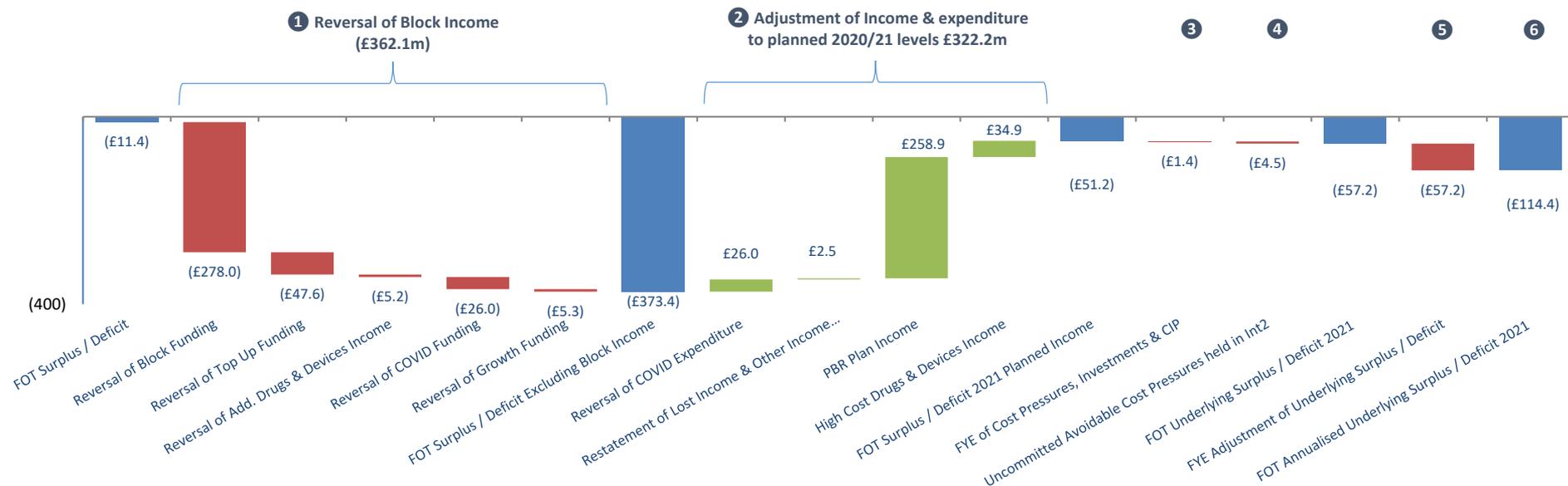
**2 Adjustment of Income & expenditure to planned 2020/21 levels: Total £322.2m** added back due to the reversal of planned COVID expenditure including testing (£26.0m), reinstatement of lost Non NHS Income e.g. private patients & car parking (£2.5m), PbR income based on planned 2020/21 activity and tariff (£258.9m) and High cost Drugs and devices income on planned 2020/21 activity and tariff (£34.9m). **Underlying deficit adjusting income and relating expenditure to planned 2020/21 activity levels £51.2m**

**3 Full year 2020/21 Cost Pressures, Investments and CIP: Total £1.4m** from full year effect of 2020/21 cost pressures e.g. recruitment of Mental Health Nurses, HPV Contract and other recruitment to establishment. Full Year effect recurrent and non recurrent CIP. Offset by Contingency Reserve.

**4 Cost Pressures held as part of Intervention 2: Total £4.5m** predominately from delayed recruitment into establishment with no offsetting premium pay reduction, along with investments in IT, EDMS, Paediatric safer staffing and other 2020/21 cost pressures on hold due to COVID Pandemic

**5 Additional six months of underlying deficit to reflect a full year plan: Total £57.2**  
The above adjustments move the Trust plan for the six month period October – March. A further £57.2m is added to reflect a full 12 month period

**6 Annualised Underlying Deficit of £114.4m**



# 3.1 Divisional Performance - Summary

With the exception of Emergency, all other operational divisions reported favourable positions against plan for December 2020 predominantly due to the reduced activity levels against the NHSE Compliance Target and Phase III plan. However, the Trust's Plan includes a hedge against CIP and therefore no CIP targets have been allocated to Divisional budgets which supports the favourable positions.

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

The below commentary is against October to date performance in line with the NHSEI reporting period.

**Clinical Income:** Clinical Income subject to the block agreement has not been allocated to the divisions and therefore the divisional positions do not reflect the value of work done. The Clinical Income Block is reflected in 'Other'

## Medicine:

Net expenditure of £53.9m, £2.6m favourable against plan. Pay has contributed a savings of £1.0m, mainly due to registered and unregistered nursing vacancies, not fully covered by temporary staffing. Non Pay of £1.6m, predominantly as a result of a reduction in expenditure on drugs and non-recurrent savings in non-clinical supplies due to a reduction in capacity support costs, Bowel Cancer Screening not currently taking place at Dersingham and slippage on the full implementation of the Siemens managed service contract.

## Emergency

Net expenditure of £7.4m, nil variance against plan.

## Surgery

Net expenditure of £37.1m, £1.7m favourable against plan. Reduced activity during the period has impacted clinical supplies usage seeing a favourable non-pay position of £1.4m against plan. All theatres were available although staffing remained a challenge, manifesting itself in an underperformance against Day Case & Elective activity.

## Women's & Children's

Net expenditure of £13.3m, £0.4m favourable against plan. This is mainly driven by savings within Pay due to nursing vacancies within paediatrics and lower levels of nursing required in NICU as a result of lower levels of activity.

## Clinical Support

Net expenditure of £22.9m, £1.7m favourable against plan. This is mainly driven by £1.1m underspend in clinical supplies (reduced activity within IRU, EPA and Cytology) and £0.5m underspend due to Histopathology outsourcing not currently being required and reduced discretionary spend across the division.

## Corporate

Net expenditure of £23.2m, £0.6m favourable against plan

## Other

Other includes Clinical Income block and Top up funding along with R&D and the Trust Reserves including unallocated CIP. Net overspend of £6.9m being £5.3m accrual for untaken annual leave and balance relating to Trust CIP and other movements in provisions.

Divisional Performance Oct-2020 to Date	Medicine		Emergency & Urgent Care		Surgery		Women's & Children's		CSS		Corporate		Other		Total	
	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m
Clinical Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	139.4	(0.4)	139.4	(0.4)
Other Income	0.6	(0.1)	0.0	(0.0)	1.9	0.4	0.3	0.0	3.3	0.1	2.2	0.2	36.4	1.1	44.7	1.9
Pay	(29.3)	1.0	(6.6)	0.1	(29.9)	(0.1)	(11.6)	0.3	(17.8)	(0.1)	(8.0)	(0.1)	(6.9)	(5.8)	#####	(4.7)
Non Pay	(8.9)	0.8	(0.7)	(0.0)	(6.8)	1.2	(0.8)	0.1	(7.8)	1.6	(17.3)	0.5	(6.0)	(1.5)	(48.3)	2.8
Net Drugs Cost	(16.3)	0.8	(0.1)	(0.0)	(2.3)	0.1	(1.1)	(0.0)	(0.5)	0.0	(0.1)	(0.0)	1.4	(0.4)	(19.0)	0.5
Non Opex	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(12.4)	0.0	(12.4)	0.0
Oct to Date Surplus /Deficit	(53.9)	2.6	(7.4)	0.0	(37.1)	1.7	(13.3)	0.4	(22.9)	1.7	(23.2)	0.6	152.0	(6.9)	(5.7)	0.1
FOT (M7-12)	(112.8)	0.0	(14.8)	0.0	(77.5)	0.0	(27.5)	0.0	(49.2)	0.0	(47.6)	0.0	318.1	0.0	(11.4)	0.0
Actual (M1-6)	(102.8)	1.7	(14.1)	0.7	(68.9)	4.7	(25.9)	0.3	(43.6)	2.6	(46.8)	0.6	308.1	(1.6)	6.0	9.0
CIP	1.34	(0.03)	0.07	(0.00)	1.24	(0.36)	0.72	0.05	0.27	0.01	0.29	(0.00)	0.01	(0.10)	3.93	(0.44)
Inpatients*	21.9	(0.3)	0.0	0.0	8.6	(1.8)	5.0	0.1	0.0	0.0	-	-	-	-	35.4	(1.9)
Outpatients*	68.2	0.5	0.0	(0.1)	80.5	(14.3)	16.1	1.2	9.2	(3.9)	-	-	-	-	174.0	(16.6)
A&E*	0.0	0.0	29.8	(8.6)	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	-	29.8	(8.6)
CIP RAG																
FINANCE RAG**																
PAF RAG**																

\*Activity variance NHSEI Phase III Compliance

\*\* Prior Month PAF Rating

October to date Variance to Plan by Division



## 3.2 Divisional Performance - Service Line Reporting 2020/21

New SLR data for April-September 2020/21 reflects the impact of Covid. All Divisions reported a deficit for contribution (income less controllable costs) due to reduced activity levels within largely the same cost base. Activity & contribution improved in the second quarter, but remains below 2019/20 levels. Activity has been priced under PbR tariff for 2020/21. Data for Q3-2020/21 will included in January Reporting

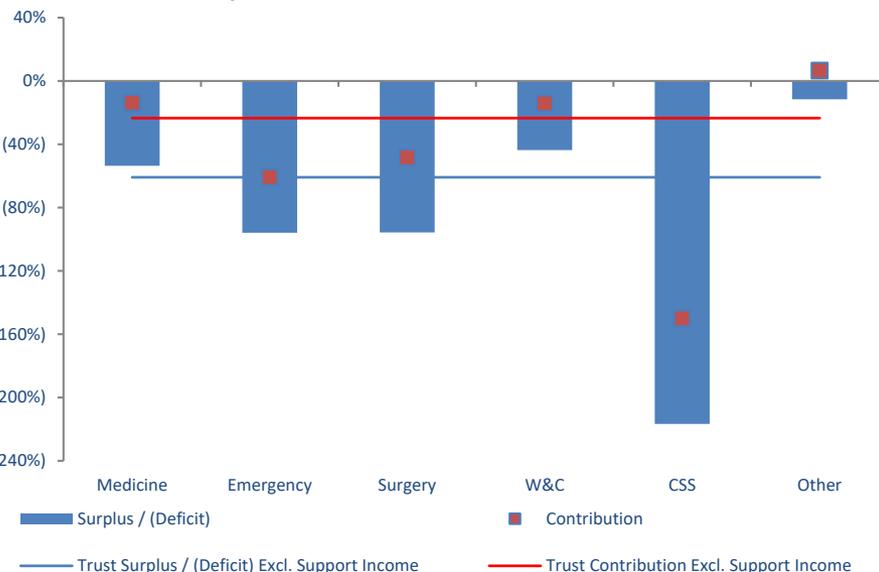
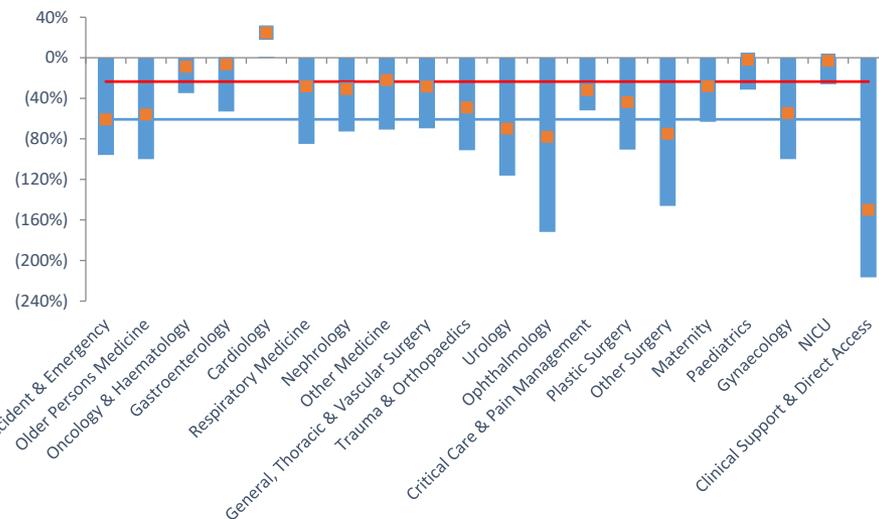
The impact of Covid on Q1 was a fall in activity and PbR income of more than a third, with Surgery most affected. During Q2 there was some recovery, but remaining one-sixth below 19/20 levels. The levels of contribution by division are as follows:

Division	% of 'PbR' Activity Income	19/20	Q1 20/21	Q2 20/21	20/21 Contribution
Medicine	46%	14%	(26%)	(4%)	(14%)
Emergency	6%	(35%)	(92%)	(35%)	(60%)
Surgery	30%	6%	(77%)	(29%)	(48%)
Women & Children's	18%	5%	(25%)	(5%)	(14%)
Clinical Support	0%	(61%)	(203%)	(100%)	(142%)

It is hard to compare with pre-COVID performance, so trends from quarter to quarter shown above are a better indicator of recovery. Activity has been priced under PbR. Income received above this amount is not allocated to divisions in these SLR reports, to preserve their integrity.

The tables show how the Divisions' activity, costs and PbR income are reflected in SLR.

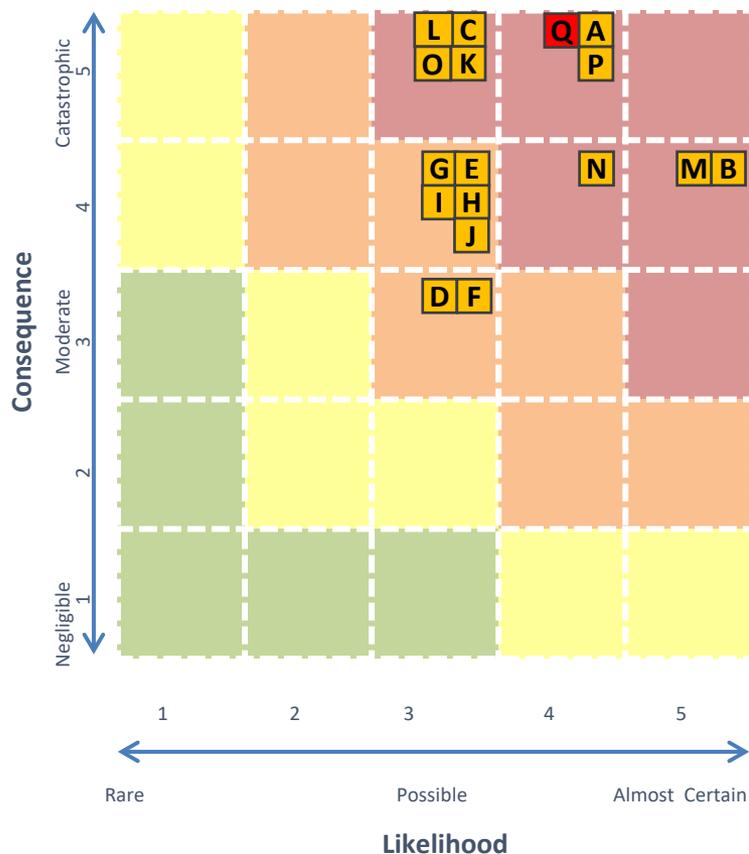
Growth & Contribution Matrix Q2 2020/21 for larger directorates



## 4. Strategic Financial Risks

There are currently 17 risks on the strategic financial risk register of which 10 have a risk score greater or equal to 15 and thus have a red RAG rating. This is unchanged from the prior month.

As part of the monthly review of Financial Risk Register, there have been no movements on identified risks, as such, they are all shown as 'stable risks' in the Table below.



X Worsening Risk X Stable Risk X Improving Risk

	Description	Risk Score	Prior Month
A	IF the Trust does not have a detailed financial strategy in place to deliver financial sustainability THEN the Trust will fail to achieve its strategic and operational priorities.	20	20
B	IF the efficiency requirement is not identified and delivered THEN the Trust is at risk of significantly failing its I&E and cash plans, alongside delivery of the Trust's Operational Plan.	20	20
C	IF the trust fails to achieve the interventions reflected in the draft M5-M12 operating plan, THEN budget will not be achieved, distressed funding will be required and reputation will be damaged.	15	15
D	IF the Trust fails to coordinate restoration plans in a collaborative and system wide approach, THEN there is a risk of failure to meet regulatory guidance and pose a risk to financial performance.	9	9
E	IF coding staffing levels remain as they currently are THEN there is a risk that national coding monthly deadlines (which drive clinical income and contractual processes) are not met or that the depth of coding is reduced, adversely impacting on future tariffs and mortality indicators.	12	12
F	IF standards are not maintained in Trust wide processes to record all patient complexities, procedures and co-morbidities, THEN there is a risk that the full depth of coding is reduced. This can adversely impact on future tariffs; benchmarking data and mortality indicators.	9	9
G	IF the Trust is unable to approve Consultant Job Plans, THEN this provides a risk of costs being in excess of planned levels.	12	12
H	IF the Trust does not achieve its Financial Recovery Trajectory (FRT) THEN it will lose any Financial Recovery Fund (FRF) funding available and this will result in Distress Funding being required.	12	12
I	IF the Trust's capacity plan does not reflect the available clinical space, THEN there is a risk that activity assumptions underpinning the FY20/21 plan are not valid, potentially leading to lower levels of income or higher levels of costs than planned through the use of expensive third party capacity, e.g. Spire, SBS.	12	12
J	IF the Trust is unable to manage its financial performance in line with the Operational Plan, THEN there is a risk that it will be unable to maintain its planned cash balance and require Distress Funding.	12	12
K	IF the national standards require greater throughput of activity than in the Trusts indicative activity plan THEN the Trust will be unable to meet those standards.	15	15
L	IF the directorates do not control their establishment costs in line with the plan (including the reduction of COVID-19 absence), i.e. escalation into areas such as JPU THEN the Trust will be unable to meet a breakeven position.	15	15
M	IF capital funding applications are not approved in good time by NHSE/I or the programme suffers operational slippage THEN the Trust will fail to deliver the capital programme in 20/21. This would adversely impact operational capacity, Trust reputation and ultimately patient care.	20	20
N	IF the Trust delivers the budgetary plan with an associated cash shortfall of £6.8m, THEN the Trust will fail to meet its commitments should it be unsuccessful in obtaining revenue support PDC funding of £6.8m plus minimum £1m headroom.	16	16
O	IF the Trust delay recruitment of overseas nurses THEN the Trust may fail to meet Safer Staffing levels.	15	15
P	IF the directorates deliver the July 2020 planned activity over the remainder of the period with a fixed capacity THEN the Trust's waiting list will increase due to the continued loss of productivity.	20	20
Q	IF the Trust enters a surge or super-surge scenario THEN under current arrangements in line with National Guidance, any additional costs arising will not be covered and the Trust may not deliver its financial plan.	20	15

# 5. Cash

Cash at 31<sup>st</sup> December is £88.2m reflecting the one month in advance payment arrangement. This is assumed to unwind in March 2021 with a forecast cash position of £1m which is in line with the required £1m minimum headroom. The forecast is subject to uncertainty, in particular activity levels and expenditure patterns. The twelve month forecast based on the underlying deficit of £114.4m means that, unmitigated, the Trust will require additional PDC support of £85.8m in the period to 1 April 2021 to 31 December 2021

Cash Financial Arrangements - financial envelope for months 7-12 2020/21 confirmed by NHSE/I on 15 September 2020.

This is system based, designed to fund achievement of Phase 3 goals and provide resource to meet additional costs of COVID-19 response and recovery - excluding testing costs. It is expected that the system will achieve financial balance within its allocated envelope. There will be no retrospective top up. The Trust's revised 'block' and top up is £53.9m per month. The allocation of COVID-19 funding within the envelope to the Trust is £18.8m, inclusive of £5.3m Independent Sector Capacity Support.

The Trust Phase 3 operational plan for the six months to 31 March 2021 shows a net deficit of £11.4m, excluding fines for elective performance. If no further funding is forthcoming this would mean that we will need cash support in Q4, forecast at c. £5.3m including £1m headroom. Our current forecast is set out below.

## December Closing cash position

The closing balance at 31<sup>st</sup> December is £88.2m reflecting the one month in advance payment arrangements.

## Cash Flow Forecast

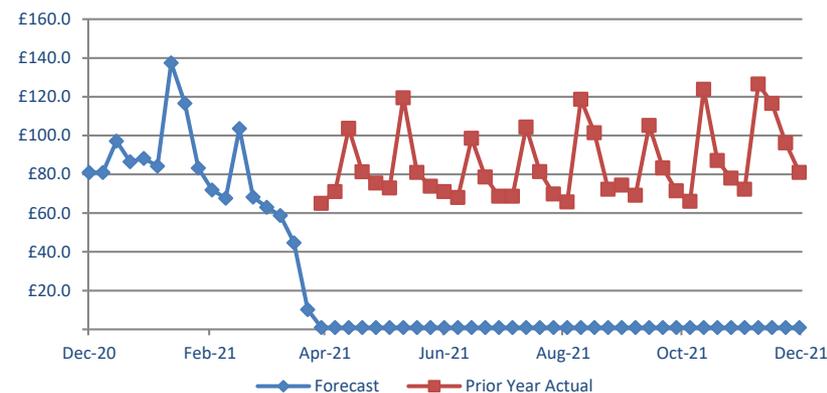
**Operational** - The Trust's cash flow forecast reflects the revised block and top-up cash amounts and assumes it continues to be received in advance, unwinding in March 2021. The cash position at 31<sup>st</sup> March using current 'run rates' is forecast to be £1m, equivalent to the minimum required headroom. However, this is under tight review due to the uncertain operational environment.

The rolling twelve month forecast to 31<sup>st</sup> December 2021, based on the underlying deficit position of £114.4m full year, shows a cash balance of the minimum allowed of £1m. This forecast assumes receipt of distressed funding for that additional eight month period of £85.8m.

**Capital** - The Trusts approved capital plan includes identified funding streams for all expenditure. The receipt of funding is subject to a national process which to date has been slow, in turn our expenditure plan has been delayed in order to prevent cash pressures and risk. Therefore the cash flow forecast for capital expenditure and associated funding is based on best understanding on the timing of funding approvals. Accordingly this may change, however it should not impact the cash flow overall as expenditure can be managed to align with funding.

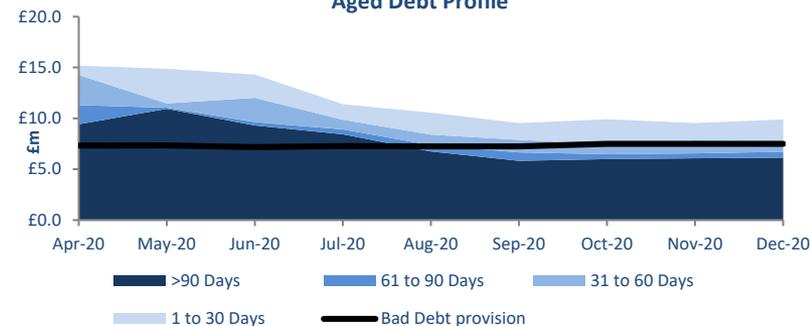
**Aged Debt** - Debtors at 31<sup>st</sup> December 2020 were £9.9m, of which £6.1m is over 90 days. Of the NHS debt greater than 90 days, £1.0m is JPUH, up £0.1m from the prior month. Of the Non NHS debt greater than 90 days £2.2m relates to TPW, £0.5m relates to Big C and £0.9 relates to private/overseas patients. The trust continues to focus on resolving these debts.

Weekly Closing Cash (£k) as 1<sup>st</sup> January 2021



Debtors by Type	Total Debt			Debt > 90 days		
	Oct-20 £m	Nov-20 £m	Dec-20 £m	Oct-20 £m	Nov-20 £m	Dec-20 £m
NHS	4.02	3.67	4.09	1.47	1.50	1.56
Non NHS	5.89	5.86	5.81	4.52	4.57	4.57
<b>Total</b>	<b>9.91</b>	<b>9.53</b>	<b>9.90</b>	<b>5.99</b>	<b>6.07</b>	<b>6.13</b>

Aged Debt Profile



## 6.1 Activity (Income PbR)

In December the Trust has seen c. 83% of 2019/20 Day Case levels, c. 72% of Elective Inpatient spells and c. 73% of outpatient procedures, therefore falling short of the NHSEI compliance target of 90% for these Points of Delivery. Outpatient activity (excluding procedures) has been c. 97% of 2019/20 levels, with a noticeable difference between new appointments being c. 82% and follow up appointments being c. 103%. With the NHSEI compliance target being 100% there is still some improvement needed across points of delivery to minimise potential penalties through the Elective Incentive Scheme.

In response to the COVID-19 pandemic, clinical income was set nationally. For the first four months of FY20/21 (April to July), a monthly block payment of £47.1m has been provided to the Trust, with a further top-up payment of £6.4m also being made. This block payment was rolled forward into months 5 and 6 as a result of revised guidance. From October this block payment reduced to £46.3m, with a top-up payment of £7.6m. In addition, some High Cost Drugs and Devices have returned to being reimbursed on a cost and volume basis.

Whilst block funding remains in place, activity expectations have been set by NHSE/I, from October these are 90% of Day Case/Elective and Outpatient Procedures, and 100% of Outpatient Attendances (without a procedure). Where these expectations are not met, at a Norfolk & Waveney Health and Care System level, the Trust will face potential financial penalties. Conversely, additional income is available for systems which deliver in excess of the prescribed activity levels. Further guidance has been issued in December 2020 to recognise impact of the Covid pandemic.

### Performance v 2020/21 Draft Annual Plan

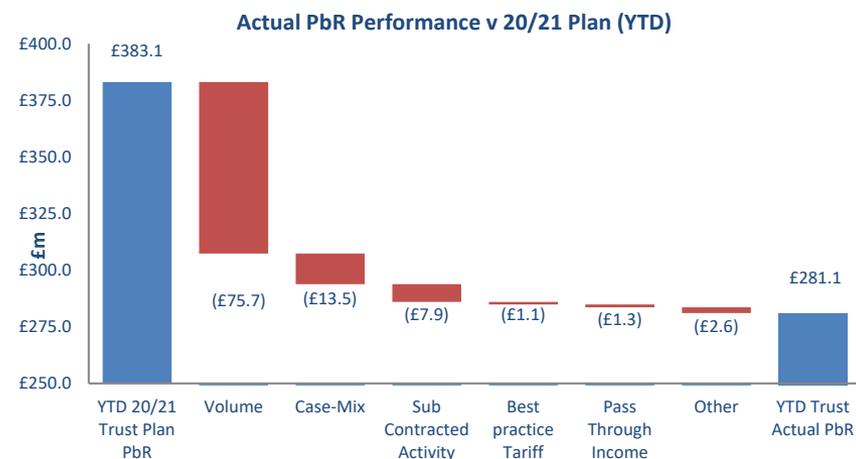
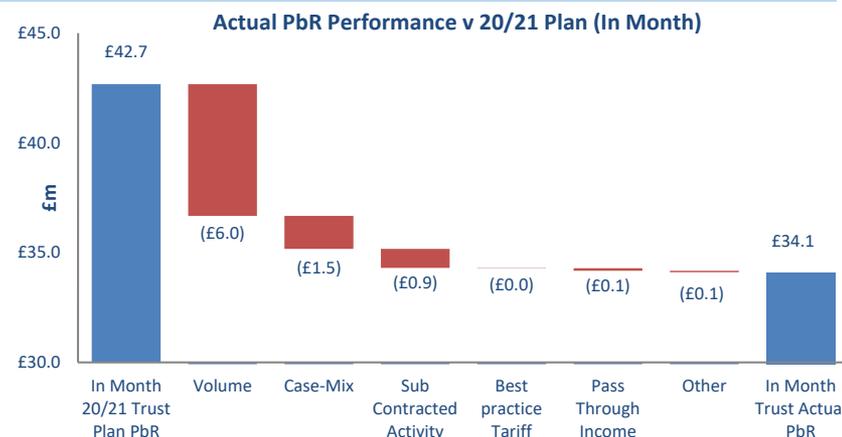
Despite being block funded, full contract monitoring processing and reporting is still being completed so that true levels of activity, and income can be derived – i.e. had the Trust been paid on a Payment by Results (PbR) basis.

The charts to the right show December and Year to Date Income variances against 2020/21 draft annual plan (submitted February 2020) bridged by case mix and volume, as well as other areas of note. Both graphs show the significant effect the COVID pandemic has had on activity levels.

Actual performance does not include activity that has been transferred to the independent sector as part of the national agreement between independent providers and NHSE.

### Elective Incentive Scheme (EIS)

A financial base-line for the scheme was published just before Christmas and this is currently being reviewed, along with the Norfolk & Waveney Healthcare System teams. Some changes to guidance have been published, which recognises the impact of the Covid pandemic. A 10% tolerance on targets for September and October has been given, and in addition if more than 15% of beds are occupied by Covid patients, and staff levels are impacted the EIS penalties will not apply. September calculations have been undertaken by NHSE/I that shows system penalty for September will be £38k in total. The methodology has been replicated for October, which indicates that NNUH are within the 10% tolerance. For November there is a potential penalty of £378k, but both are subject to overall system performance which is unknown at time of writing. Initial thoughts are that the caveats around beds and staffing will apply for December, negating EIS penalties.



## 6.2 Activity - POD

### Elective, Incl. Day Cases

Day Case numbers dropped from those seen in November, with 6 less cases per working day. Elective inpatient spells also reduced, with three less per working day than seen in November. Of course, it is noted that December sees increased levels of annual leave over the Christmas period, and the latter part of the month was more severely affected by Covid.

Women & Children division exceeded the NHSE Compliance target for both Day Case and Elective Inpatient activity. Medical Division just fell short of the 90% Day Case target, achieving 89%. Surgical Division continues to face the biggest challenges to reach 2019/20 activity levels, achieving 69% for Day case and 67% for Elective inpatients.

### Non Elective

Non Elective activity significantly reduced as a consequence of the Covid pandemic, but activity had been on an upward trend month on month since April 2020, but November did see drop in activity, however activity levels increased again in December (2% increase on November activity).

Medical and Women & Children Specialties continue to see activity levels similar to those seen in 2019/20, however Surgical Specialties activity levels in December were ~72% of 2019 levels.

No formal expectations or requirements have been set by NHSE for Non Elective activity, the Trust did set out its own trajectory as part of the Phase 2 planning round.

### Outpatients

The NHSEI Phase III requirements are essentially for all outpatient activity to return to 100% of levels seen in 2019/20, the exception being activity where a procedure takes place where the expectation from October is 90%. Despite the procedure target being lower this is the target proving more difficult to achieve, c.75% being achieved each month with little change in December, partly as a result of implications of Covid. The non-procedure activity requirements can be met using either face to face, or non face to face methods, with a significant change in case-mix to more non face to face activity being evident.

The challenge continues to be new appointments, where only 73% of 2019 activity levels were achieved in December. Follow Up activity is expected to exceed 2019 levels.

### A&E Attendances

As with Non Elective activity no formal expectations or requirements have been set by NHSE as part of the Phase III planning, the Trust did however create a trajectory for the Phase II planning round.

Attendance levels in December have continued the downward trend seen since September, with December 2020 levels (9,482 attendances) being 78.5% of December 2019 (12,072 attendances).



# 7. CIP

The Trust has delivered £3.96m of CIPs against a FIP board approved plan of £4.47m, an under-performance of £0.51m due to adverse performance of procurement and premium pay initiatives. The risk adjusted forecast outturn CIP delivery is currently £6.2m against a CIP target of £11.3m presenting a significant risk to achievement of the target.

## FY20/21 Year to date CIP Performance:

The Trust has delivered £3.96m of CIPs against a FIP Board approved plan of £4.47m, an under-performance of £0.51m arising through adverse performance in procurement initiatives linked to national procurement improvement schemes and premium pay schemes as a result of staffing requirements in relation to the Trust's response to the ongoing COVID-19 pandemic.

The risk adjusted forecast outturn CIP delivery for FY20/21 is currently calculated as £6.2m based on the latest forecast financial performance of Gateway 2 schemes, progress against milestone delivery and performance against quality and performance indicators.

## FY20/21 CIP Plan Development

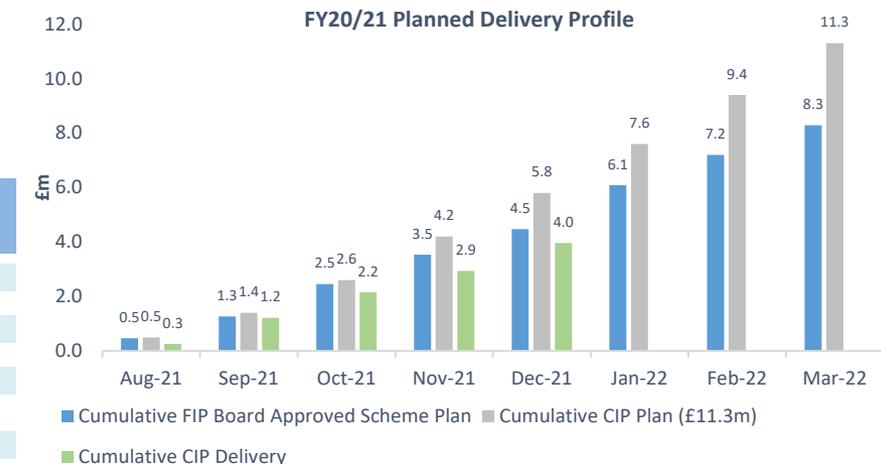
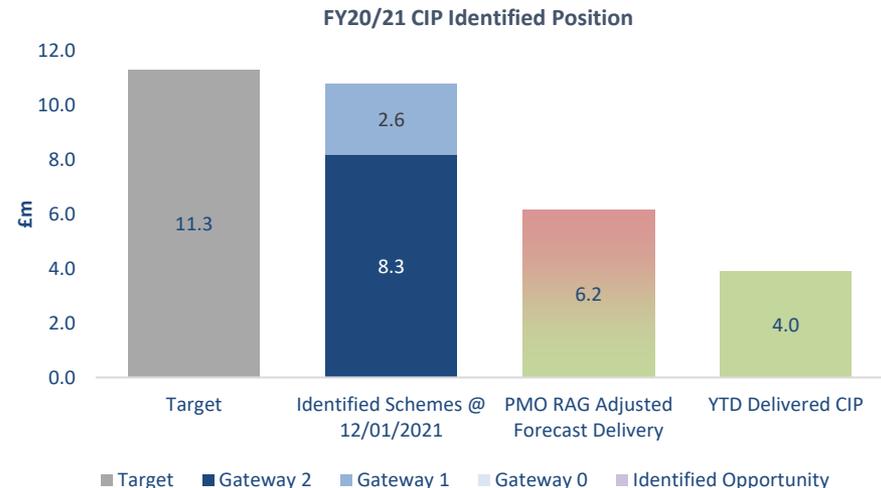
The programme has been reinitiated through the reconstituted Financial Improvement and Productivity (FIP) Board with a confirmed CIP challenge of £11.3m.

Due to the significant risk surrounding the CIP Programme as the Trust continues to develop plans as part of Phase III restoration, alongside a lack of detailed approved schemes, a contingency of £10.9m has been offset against the programme within the Operational Plan.

As at 12 January 2021, the programme consists of £8.3m of Gateway 2 approved schemes (of which £0.4m is contractually guaranteed) and £2.6m of Gateway 1 approved schemes.

The initiatives that comprise these values are subject to revision as a result of any revisions to COVID-19 restoration planning guidance.

**Note:** The plan submitted to the STP & NHSE/I comprises the £5.3m non-recurrent savings included within Intervention 2 of the Trust plan. The reported information does not include any impact of the £5.3m Intervention 2 savings.



FY20/21 CIP Plan - Divisional Breakdown	FY20/21 Indicative Target £m	FY20/21 FIP Board Approved £m	Gap £m	FY20/21 RAG Adj. Forecast Delivery £m	Gap £m
Medicine	3.1	3.1	(0.0)	2.6	(0.5)
Emergency & Urgent Care	0.2	0.1	(0.1)	0.1	(0.1)
Surgery	3.3	2.4	(1.0)	1.7	(1.6)
Women's & Children's	1.2	1.0	(0.2)	1.0	(0.1)
CSS	1.8	1.2	(0.5)	0.4	(1.4)
Corporate	1.8	0.5	(1.3)	0.4	(1.4)
<b>Total</b>	<b>11.3</b>	<b>8.3</b>	<b>(3.0)</b>	<b>6.2</b>	<b>(5.1)</b>

# 8.1 Capital

## Introduction and Background

This report provides an update on the delivery of the Trust's capital plan (Plan C) as at 31 December 2020.

On 29th May 2020, the Trust submitted its 20/21 capital programme to NHSI which included the capitalisation of the ward block finance lease (£11.681m). This is Plan A.

Since this submission, the Trust has been awarded funds to purchase this contract outright of £14.5m which releases £11.681m of funding. This is Plan B.

On 18th November, the Trust was notified that it was awarded PDC funding excluding £3.312m of Digital schemes which are linked to the Digital Aspirant programme. This, in conjunction with other variations created a risk of breaching authorised expenditure limits. Accordingly a new plan C was produced highlighting how the risk could be managed. This was approved by the Board and delegated authority was given for the Executive to enact Plan C on confirmation of the ward block buy out, with a review checkpoint in January 2021.

**The Trust received approval of the previously excluded Digital funding of £3.312m on the 4th December. The ward block buyout was completed in January. Therefore, this report monitors the Trust's performance against Plan C.**

## Year to date performance – 31<sup>st</sup> December 2020

**The Trust has underspent Plan by £26.3m YTD.**

**Key driver of the YTD variance is the New Ward Block (NWB) buyout of £15.7m, the revised funding requirement of £14.5m was formally approved in October and the funding requirement has since been revised down to £14.1m. Of the remaining £10.6m, £8.2m relates to IT schemes for which funding has now been confirmed.**

## Forecast Outturn:

The Trust is forecasting additional expenditure of £6.2m over and above Plan C of £103.8m bringing the total to £110.0m. The additional £6.2m relates to funding awarded since the Plan was submitted on 29 May 2020. Funding will be provided via PDC and a corresponding adjustment made to the Trust's CDEL.

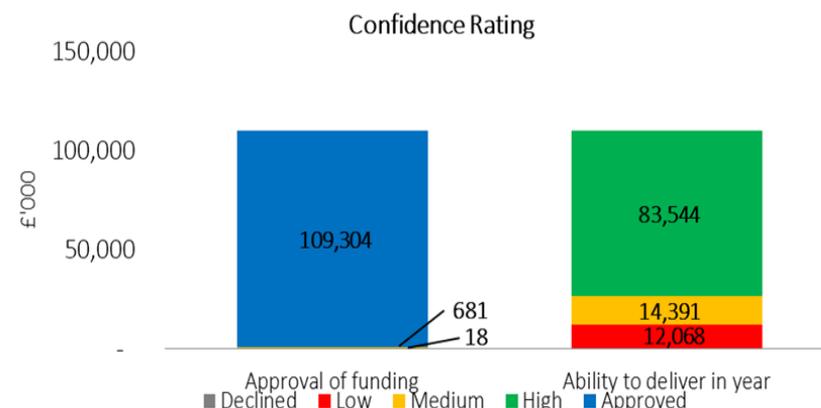
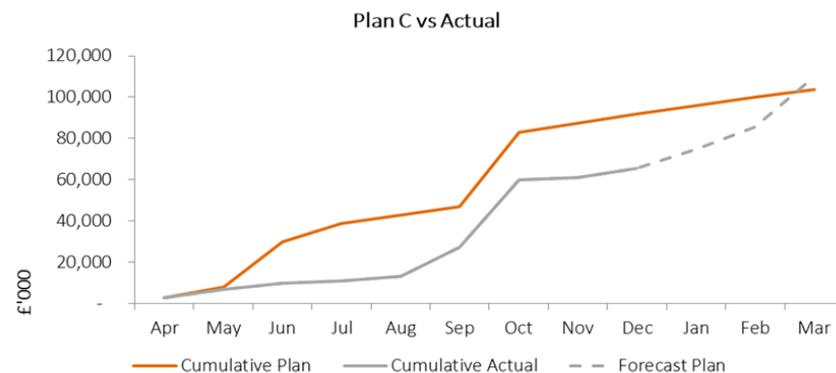
Confidence rating for delivery of the Trust's Plan - the chart to the right provides detail of ratings by value across two domains:

An assessment based on approval of funding - £109.3m approved, £0.7m not yet approved

An assessment based on the ability to deliver the projects.

**Each scheme within the Plan has been reviewed and an assessment made. Overall, the Trust has high confidence of £83.5m (76%) of the forecast plan as being deliverable. This includes £31.8m (29% of Plan value) of spend related to PFI lifecycle capitalisation. Funding approvals have now been secured so the significant risk is the ability to deliver the plan in the remaining 3 months of the year. Delays in funding approvals are a major factor in the deliverability risk identified.**

M9 Plan £'000	M9 Actual £'000	M9 Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000	FY Plan C £'000	FY FOT £'000	FY Variance £'000
4,592	4,290	(302)	91,796	65,464	(26,332)	103,791	110,003	6,212



## 8.2 Capital

### Key risks to delivery

The Table below identifies key risks to the delivery of the 2020/21 Capital Plan and planned actions and mitigations to against these risks.

Key Risks	Actions	Owner/Date	Link to Strategic Risk Register
<p><b>11% (£12.1m) of the Plan is currently assessed at low confidence of delivery:</b> This has increased from £4.1m at the end of November and mainly relates to the ability to deliver the £6.5m Paediatric Theatre project and the unallocated contingency funding of £3.6m. Failure to deliver the Trust's capital plan could result in significant risks not being appropriately mitigated, potential loss of funding, and introduces reputational risk of the Trust being able to deliver its Plans.</p>	<ul style="list-style-type: none"> <li>All projects rated as low confidence of delivery to be subject to monthly review and appropriate actions identified to support delivery.</li> </ul>	<p>Director of Strategy</p> <p>Monthly</p>	<p>M - If capital funding applications are not approved in good time by NHSE/I <b>or the programme suffers operational slippage then the Trust will fail to deliver the capital programme in 20/21.</b> This would adversely impact operational capacity, Trust reputation and ultimately patient care.</p>
<p><b>Ability to spend contingency funding within financial year:</b> £3.6m of unallocated contingency is contained within the plan following the release of £11.7m for the ward block lease. Formally assigning this funding and the ability of projects to be delivered before the 31<sup>st</sup> March 2021 is key.</p>	<ul style="list-style-type: none"> <li>Monthly reviews of capital programme to identify issues with deliverability of projects and escalate as required.</li> </ul>	<p>Chief Finance Officer Director of Strategy</p> <p>Monthly</p>	<p>M - If capital funding applications are not approved in good time by NHSE/I <b>or the programme suffers operational slippage then the Trust will fail to deliver the capital programme in 20/21.</b> This would adversely impact operational capacity, Trust reputation and ultimately patient care.</p>
<p><b>13% (£14.4m) of the Plan is currently assessed at medium confidence of delivery:</b> This mainly relates to IT of £6m, NNMC of £5m and Aged Asset Top-up of £1.7m . Failure to deliver the Trust's capital plan could result in significant risks not being appropriately mitigated, potential loss of funding, and introduces reputational risk of the Trust being able to deliver its Plans.</p>	<ul style="list-style-type: none"> <li>All projects rated as low confidence of delivery to be subject to monthly review and appropriate actions identified to support delivery.</li> </ul>	<p>Director of Strategy Chief Information Officer</p> <p>Monthly</p>	<p>M - If capital funding applications are not approved in good time by NHSE/I <b>or the programme suffers operational slippage then the Trust will fail to deliver the capital programme in 20/21.</b> This would adversely impact operational capacity, Trust reputation and ultimately patient care.</p>
<p><b>Plan profile:</b> Excluding YTD spend of £65.5m, £24.4m (55%) of the remaining £44.5m Capital Plan is forecast to be delivered in March 2021. The profile of the Plan may result in lack of resource (people/equipment) to deliver projects and does not provide any contingency for unexpected delays.</p>	<ul style="list-style-type: none"> <li>Resource requirements (people and equipment) have been identified as part of the business case development process and will be reviewed as funding is approved.</li> <li>Monthly reviews of capital programme to identify issues with deliverability of projects and escalate as required.</li> </ul>	<p>Director of Strategy</p> <p>Monthly</p>	<p>M - If capital funding applications are not approved in good time by NHSE/I <b>or the programme suffers operational slippage then the Trust will fail to deliver the capital programme in 20/21.</b> This would adversely impact operational capacity, Trust reputation and ultimately patient care.</p>
<p><b>A continued second surge in COVID-19 cases</b> could impact on the Trust's ability to deliver its capital programme both in terms of resource availability and also access to areas of the Hospital under COVID restrictions.</p>	<ul style="list-style-type: none"> <li>Monthly reviews of capital programme to identify issues with deliverability of projects and escalate as required.</li> </ul>	<p>Director of Strategy</p> <p>Monthly</p>	<p>M - If capital funding applications are not approved in good time by NHSE/I <b>or the programme suffers operational slippage then the Trust will fail to deliver the capital programme in 20/21.</b> This would adversely impact operational capacity, Trust reputation and ultimately patient care.</p>

# 9.1 Statement of Comprehensive Income

The reported period to date position on a control total basis for the period October to March is a deficit of £5.7m. This is a favourable position of £0.1m against plan of a £5.8m deficit. This consists of a £5.7m operating deficit before COVID, COVID costs of £2.5m offset by COVID income of £2.5m. The Reported position on a control total basis for April to December was a deficit of £5.7m. This consists of a breakeven position for April-September and a £5.7m deficit for October-November, of which £5.3m relates to an accrual for untaken annual leave. The headline deficit which includes donated income of £1.1m and donated asset depreciation of £0.9 is £5.6m.

Month 09 (Dec-2020)	In Month Month 09 - December 2020			Apr 2020 - September 2020			October 2020 - March 2021 October 2020 - to Date			Year to Date			Forecast Outturn October 2020 - March 2021		
	Actual £m	Trust Plan £m	Variance £m	Actual £m	Trust Plan £m	Variance £m	Actual £m	Trust Plan £m	Variance £m	Actual £m	Trust Plan £m	Variance £m	FOT £m	Trust Plan £m	Variance £m
Clinical Income	46.6	46.6	0.0	282.4	282.7	(0.2)	139.4	139.7	(0.370)	421.8	422.4	(0.6)	279.4	279.4	0.0
NT Drugs Income	0.5	0.6	(0.1)	(0.4)	0.0	(0.4)	1.4	1.9	(0.5)	1.1	1.9	(0.8)	3.8	3.8	0.0
<b>Total Clinical Income</b>	<b>47.1</b>	<b>47.2</b>	<b>(0.1)</b>	<b>282.0</b>	<b>282.7</b>	<b>(0.6)</b>	<b>140.8</b>	<b>141.6</b>	<b>(0.8)</b>	<b>422.8</b>	<b>424.3</b>	<b>(1.5)</b>	<b>283.2</b>	<b>283.2</b>	<b>0.0</b>
Other Income Incl. Non NHS Clinical Income	15.0	14.4	0.7	74.4	75.3	(0.9)	44.7	42.9	1.9	119.1	118.2	0.9	86.0	86.0	0.0
<b>Total Operating Income</b>	<b>62</b>	<b>62</b>	<b>1</b>	<b>356.4</b>	<b>358.0</b>	<b>(1.6)</b>	<b>185.5</b>	<b>184.5</b>	<b>1.0</b>	<b>542.0</b>	<b>542.5</b>	<b>(0.5)</b>	<b>369.2</b>	<b>369.2</b>	<b>0.0</b>
Medical Staff	(11.1)	(10.9)	(0.1)	(64.4)	(64.9)	0.5	(33.4)	(32.8)	(0.6)	(97.8)	(97.7)	(0.1)	(65.7)	(65.7)	0.0
Nursing	(13.4)	(13.7)	0.3	(77.2)	(81.0)	3.8	(39.9)	(41.0)	1.1	(117.0)	(121.9)	4.9	(81.9)	(81.9)	0.0
A&C	(4.0)	(4.0)	(0.0)	(23.9)	(24.1)	0.2	(12.0)	(12.1)	0.1	(35.9)	(36.2)	0.3	(24.2)	(24.2)	0.0
Other Staffing Groups	(6.2)	(6.2)	(0.0)	(36.2)	(36.8)	0.6	(18.7)	(18.6)	(0.1)	(54.9)	(55.4)	0.5	(37.2)	(37.2)	0.0
Other Employee Expenses	(5.7)	(0.2)	(5.5)	(1.8)	0.3	(2.1)	(6.1)	(0.9)	(5.2)	(7.9)	(0.6)	(7.3)	(6.8)	(1.5)	(5.3)
<b>Total Employee Expenses</b>	<b>(40.4)</b>	<b>(35.0)</b>	<b>(5.4)</b>	<b>(203.4)</b>	<b>(206.4)</b>	<b>3.0</b>	<b>(110.1)</b>	<b>(105.4)</b>	<b>(4.7)</b>	<b>(313.6)</b>	<b>(311.8)</b>	<b>(1.7)</b>	<b>(215.7)</b>	<b>(210.4)</b>	<b>(5.3)</b>
Drugs Costs	(6.8)	(7.1)	0.3	(38.4)	(38.0)	(0.4)	(20.4)	(21.4)	1.0	(58.9)	(59.4)	0.6	(41.8)	(42.8)	1.0
Clinical Supplies	(6.5)	(6.9)	0.4	(29.3)	(35.3)	6.0	(19.3)	(20.7)	1.4	(48.6)	(56.0)	7.4	(38.4)	(41.4)	3.0
Non Clinical Supplies	(7.5)	(7.8)	0.3	(44.4)	(45.2)	0.9	(22.8)	(23.7)	0.8	(67.2)	(68.9)	1.7	(46.3)	(47.1)	0.8
PFI	(2.2)	(2.2)	0.0	(12.6)	(13.5)	0.9	(6.2)	(6.7)	0.5	(18.8)	(20.2)	1.4	(12.9)	(13.4)	0.5
<b>Total Expenditure Excl. Employee Expenses</b>	<b>(23.0)</b>	<b>(24.1)</b>	<b>1.1</b>	<b>(124.7)</b>	<b>(132.1)</b>	<b>7.3</b>	<b>(68.7)</b>	<b>(72.5)</b>	<b>3.8</b>	<b>(193.4)</b>	<b>(204.5)</b>	<b>11.1</b>	<b>(139.4)</b>	<b>(144.7)</b>	<b>5.3</b>
<b>Total Operating Expenditure</b>	<b>(63.4)</b>	<b>(59.1)</b>	<b>(4.3)</b>	<b>(328.2)</b>	<b>(338.5)</b>	<b>10.3</b>	<b>(178.8)</b>	<b>(177.9)</b>	<b>(0.9)</b>	<b>(507.0)</b>	<b>(516.4)</b>	<b>9.4</b>	<b>(355.1)</b>	<b>(355.1)</b>	<b>0.0</b>
<b>Total Operating Surplus/(Deficit)</b>	<b>(1.3)</b>	<b>2.5</b>	<b>(3.8)</b>	<b>28.3</b>	<b>19.5</b>	<b>8.8</b>	<b>6.7</b>	<b>6.6</b>	<b>0.1</b>	<b>35.0</b>	<b>26.1</b>	<b>8.9</b>	<b>14.1</b>	<b>14.1</b>	<b>0.0</b>
Total Non Operating Expenditure	(4.1)	(4.2)	0.0	(22.3)	(22.5)	0.2	(12.4)	(12.5)	0.0	(34.7)	(35.0)	0.3	(25.4)	(25.4)	0.0
<b>Total Surplus/(Deficit)</b>	<b>(5.4)</b>	<b>(1.7)</b>	<b>(3.7)</b>	<b>6.0</b>	<b>(3.0)</b>	<b>9.0</b>	<b>(5.7)</b>	<b>(5.8)</b>	<b>0.1</b>	<b>0.3</b>	<b>(8.9)</b>	<b>9.1</b>	<b>(11.4)</b>	<b>(11.4)</b>	<b>0.0</b>
COVID Expenditure	(1.2)	(4.5)	3.3	(15.8)	0.0	(15.8)	(2.5)	(9.2)	6.7	(18.3)	(9.2)	(9.1)	(31.3)	(31.3)	0.0
COVID Income	1.2	4.5	(3.3)	9.8	3.0	6.8	2.5	9.2	(6.7)	12.3	12.2	0.1	31.3	31.3	0.0
<b>Total Surplus / (Deficit)</b>	<b>(5.4)</b>	<b>(1.7)</b>	<b>(3.7)</b>	<b>0.0</b>	<b>(0.0)</b>	<b>0.0</b>	<b>(5.7)</b>	<b>(5.8)</b>	<b>0.1</b>	<b>(5.7)</b>	<b>(5.9)</b>	<b>0.1</b>	<b>(11.4)</b>	<b>(11.4)</b>	<b>0.0</b>
<b>Control Total Adjustments</b>															
Donated Income	0.9	0.4	0.5	0.1	0.1	0.0	1.0	3.1	(2.1)	1.1	3.2	(2.1)	5.0	5.0	0.0
Donated Assets Dep'n	(0.1)	(0.1)	(0.0)	(0.6)	(0.5)	(0.1)	(0.3)	(0.3)	0.0	(0.9)	(0.9)	(0.1)	(0.5)	(0.5)	0.0
<b>Headline Surplus / (Deficit) (Excl. COVID)</b>	<b>(4.6)</b>	<b>(1.4)</b>	<b>(3.3)</b>	<b>(0.6)</b>	<b>(0.5)</b>	<b>(0.1)</b>	<b>(5.0)</b>	<b>(3.0)</b>	<b>(2.0)</b>	<b>(5.6)</b>	<b>(3.5)</b>	<b>(2.1)</b>	<b>(6.9)</b>	<b>(6.9)</b>	<b>0.0</b>

# 9.2 Pay Expenditure

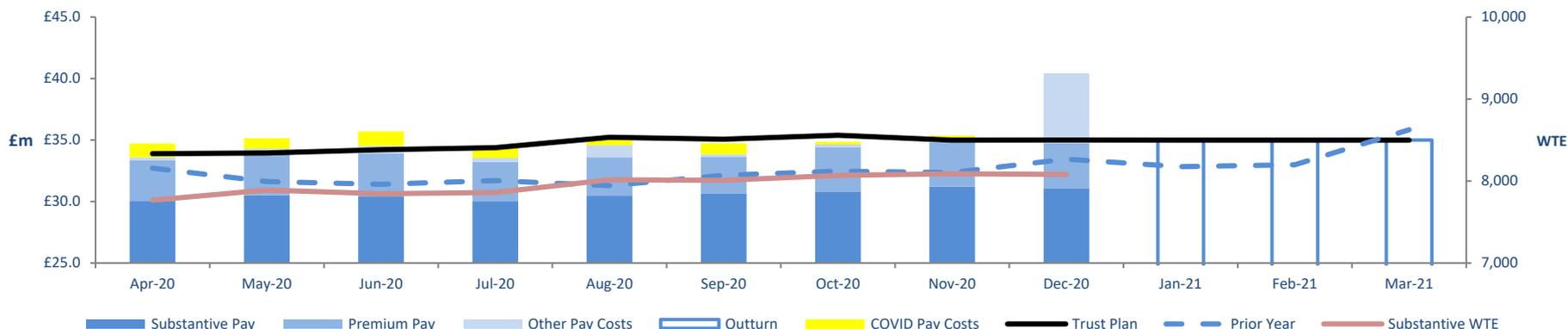
Year to date Pay expenditure is £313.6m, an adverse position to plan of £1.7m. This is made up of a favourable £3.0 from April to September and an adverse £4.7m for October to December. The October to December variance is due to the accrual for untaken annual leave offset by; the delayed openings of the New Ward Block and IRU contributing c. £1.2m, £0.6m in Emergency due to reduced activity levels early in year followed by shortages of available locum and agency staff over summer/early autumn.

Pay Expenditure	Apr-20 £m	May-20 £m	Jun-20 £m	Jul-20 £m	Aug-20 £m	Sep-20 £m	Oct-20 £m	Nov-20 £m	Dec-20 £m	Jan-21 £m	Feb-21 £m	Mar-21 £m
<b>Substantive staff</b>	<b>30.1</b>	<b>30.5</b>	<b>30.4</b>	<b>30.0</b>	<b>30.5</b>	<b>30.6</b>	<b>30.8</b>	<b>31.2</b>	<b>31.1</b>			
Medical External Locum Staff	0.1	0.2	0.4	0.3	0.3	0.2	0.2	0.2	0.3			
Medical Internal Locum Staff	0.6	0.7	0.7	0.6	0.6	0.6	0.8	0.9	0.8			
Additional Medical Sessions	0.2	0.2	0.1	0.3	0.1	0.2	0.3	0.3	0.4			
Nursing Agency Staff	0.2	0.2	0.1	0.1	0.2	0.2	0.2	0.2	0.1			
Nursing Bank Staff	1.2	1.3	1.2	1.2	1.2	1.2	1.3	1.3	1.2			
Other Agency (AHPs/A&C)	0.2	0.2	0.4	0.3	0.3	0.3	0.3	0.3	0.3			
Other Bank (AHPs/A&C)	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2			
Overtime	0.6	0.5	0.5	0.3	0.3	0.3	0.3	0.3	0.3			
<b>Premium Pay</b>	<b>3.3</b>	<b>3.5</b>	<b>3.5</b>	<b>3.2</b>	<b>3.1</b>	<b>3.0</b>	<b>3.6</b>	<b>3.6</b>	<b>3.7</b>			
<b>Total Direct Pay Costs</b>	<b>33.4</b>	<b>34.1</b>	<b>33.9</b>	<b>33.2</b>	<b>33.6</b>	<b>33.6</b>	<b>34.4</b>	<b>34.8</b>	<b>34.8</b>			
Redundancy	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0			
Apprenticeship Levy	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1			
Local CEA	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2			
Central provision	0.0	0.0	0.4	0.0	0.7	(0.9)	0.0	0.0	5.3			
<b>Total Other Pay Costs</b>	<b>0.2</b>	<b>0.2</b>	<b>0.6</b>	<b>0.3</b>	<b>1.0</b>	<b>(0.7)</b>	<b>0.2</b>	<b>0.2</b>	<b>5.7</b>			
<b>Total Pay Costs Excl COVID - Actual</b>	<b>33.6</b>	<b>34.3</b>	<b>34.6</b>	<b>33.6</b>	<b>34.6</b>	<b>33.0</b>	<b>34.7</b>	<b>35.1</b>	<b>40.4</b>			
<b>Total Pay Costs Excl COVID - Plan</b>	<b>33.9</b>	<b>34.0</b>	<b>34.2</b>	<b>34.4</b>	<b>35.2</b>	<b>35.1</b>	<b>35.4</b>	<b>35.0</b>	<b>35.0</b>			
<b>Favourable / (Adverse) v Plan</b>	<b>0.3</b>	<b>(0.4)</b>	<b>(0.3)</b>	<b>0.8</b>	<b>0.6</b>	<b>2.1</b>	<b>0.7</b>	<b>(0.1)</b>	<b>(5.4)</b>			

Substantive WTE	Apr-20 WTE	May-20 WTE	Jun-20 WTE	Jul-20 WTE	Aug-20 WTE	Sep-20 WTE	Oct-20 WTE	Nov-20 WTE	Dec-20 WTE	Jan-21 WTE	Feb-21 WTE	Mar-21 WTE
A&C	1,574	1,577	1,583	1,578	1,578	1,598	1,565	1,570	1,598			
Medical	1,074	1,115	1,108	1,097	1,226	1,164	1,175	1,139	1,133			
Nursing	3,456	3,544	3,499	3,521	3,547	3,559	3,638	3,675	3,657			
Other	1,664	1,656	1,656	1,665	1,665	1,689	1,692	1,705	1,693			
<b>Total</b>	<b>7,768</b>	<b>7,891</b>	<b>7,846</b>	<b>7,862</b>	<b>8,016</b>	<b>8,010</b>	<b>8,069</b>	<b>8,090</b>	<b>8,082</b>	<b>0</b>	<b>0</b>	<b>0</b>

Premium Source (Excl COVID)			Total Trust	
Oct2020 to Date			Total £m	Premium Cost* £m
<b>Medical</b>	<b>Source</b>	Internal Locum	6.2	1.2
		External Locum	2.2	1.1
		WLI/NAG	2.3	1.1
		<b>Total</b>	<b>10.6</b>	<b>3.5</b>
<b>Nursing</b>	<b>Source</b>	Bank	11.1	0.0
		Overtime	2.3	0.8
		Agency	1.4	0.3
		<b>Total</b>	<b>14.8</b>	<b>1.1</b>
<b>A&amp;C &amp; Other</b>	<b>Source</b>	Bank	1.6	0.0
		Overtime	1.0	0.3
		Agency	2.5	0.6
		<b>Total</b>	<b>5.1</b>	<b>0.9</b>
<b>Total</b>	<b>Source</b>	Bank/Internal Locum	19.0	1.2
		Overtime	3.3	1.1
		Agency/External Locum	6.0	2.0
		WLI/NAG	2.3	1.1
<b>Total</b>	<b>30.5</b>	<b>5.4</b>		

\* Incremental cost of premium staff over substantive staff



## 9.3 Statement of Financial Position

### Property, plant and equipment

The key items are capital expenditure of £33.7m offset in part by depreciation of £11.9m, together with a £31.8m transfer from trade and other receivables relating to the capitalisation of a lifecycle maintenance prepayment.

### Trade and Other Receivables – non current

This balance is £26.5m lower than the opening balance, with the key item being a transfer of £31.8m to PPE for the capitalisation of a lifecycle maintenance prepayment.

### Inventories

Inventories are £0.6m higher than the opening balance, relating to an increase in implantable cardioverter defibrillator (ICD) stock.

### Trade and Other Receivables - current

This balance is £6.9m lower than the opening balance. Debt being settled and not reinstated due to block contract.

### Cash

Cash is £74.8m higher than the opening balance. The key reason is the payment of two months of clinical income & top-up income in April – this totals £53.4m. This is expected to reverse in March, however, guidance is pending which will clarify this.

### Trade and other payables

This is £15.0m higher than the opening balance. The opening balance was abnormally low because an extra payment run was made to suppliers at the end of 2019/20 due to COVID and the Octagon payment was made in advance offset in part by high capital accruals. Since then the capital accruals have been largely settled and the Octagon payment has unwound and is accrued as normal at end December. A £5.3m holiday pay accrual has been made due to the inability of staff to be able to take their full allowance due to COVID. The closing balance reflects the above.

### Borrowings

The £195.1m decrease in current borrowings relates to a debt to equity switch detailed in the PDC section below. The £7.3m increase in non-current borrowings compared to the opening balance is the recognition of the new ward block lease, offset in part by repayments relating to the PFI contract and Fuji PACS finance lease.

### Deferred Income

This balance is £69.6m higher than the opening balance. The key item is the deferral of the receipt of January's clinical income & top-up income of £53.4m received in December.

### Public Dividend Capital (PDC)

This balance is £204.0m higher than the opening balance. The key item is the receipt of £195.1m of funding to repay DHSC revenue and capital borrowings as part of a mandated debt to equity switch.

December 2020	Actual Mar-20 £m	Actual Dec-20 £m	Movement £m	Prior Month £m
Property, plant and equipment	268.1	321.6	53.5	318.9
Trade and other receivables	84.0	57.5	(26.5)	56.9
<b>Total non-current assets</b>	<b>352.1</b>	<b>379.1</b>	<b>27.0</b>	<b>375.9</b>
Inventories	11.9	12.5	0.6	11.5
Trade and other receivables	36.4	29.5	(6.9)	28.2
cash and cash equivalents	13.4	88.2	74.8	91.0
<b>Total Current assets</b>	<b>61.7</b>	<b>130.2</b>	<b>68.5</b>	<b>130.8</b>
Trade and other payables	(73.0)	(88.0)	(15.0)	(81.0)
Borrowing repayable within 1 year	(195.1)	0.0	195.1	0.0
Provisions	(0.3)	(0.8)	(0.5)	(0.8)
Deferred Income	(14.6)	(83.1)	(68.5)	(83.5)
<b>Total current liabilities</b>	<b>(283.0)</b>	<b>(171.9)</b>	<b>111.1</b>	<b>(165.3)</b>
<b>Total assets less current liabilities</b>	<b>130.8</b>	<b>337.4</b>	<b>206.6</b>	<b>341.4</b>
Borrowings - PFI & Finance Lease	(187.4)	(194.7)	(7.3)	(195.0)
Borrowings - Revenue Support	0.0	0.0	0.0	0.0
Borrowings - Capital Support	0.0	0.0	0.0	0.0
Provisions	(4.7)	(4.5)	0.2	(4.5)
Deferred Income	(3.5)	(4.6)	(1.1)	(3.5)
<b>Total non-current liabilities</b>	<b>(195.6)</b>	<b>(203.8)</b>	<b>(8.2)</b>	<b>(203.1)</b>
<b>Total assets employed</b>	<b>(64.8)</b>	<b>133.6</b>	<b>198.4</b>	<b>138.3</b>
<b>Financed by</b>				
Public dividend capital	38.5	242.5	204.0	242.5
Retained Earnings (Accumulated Losses)	(128.6)	(134.0)	(5.4)	(129.4)
Revaluation reserve	25.3	25.1	(0.2)	25.2
<b>Total Taxpayers' and others' equity</b>	<b>(64.8)</b>	<b>133.6</b>	<b>198.4</b>	<b>138.3</b>

## REPORT TO THE TRUST BOARD

<b>Date</b>	<b>3 February 2021</b>
<b>Title</b>	<b>Chair's Key Issues from People and Culture Committee Meeting on 28.01.21</b>
<b>Lead</b>	<b>Professor David Richardson (Committee Chair)</b>
<b>Purpose</b>	<b>For Information and assurance</b>

### 1 Background/Context

The People and Culture Committee held its latest meeting on 28 January 2021. Papers for the meeting were circulated to Board members for information in the usual way. The meeting was quorate and was held via MS Teams. It was attended by Diane DeBell (Public Governor) as observer. Due to the Covid 19 pandemic, the meeting was not preceded by clinical/departmental visits.

### 2 Key Issues/Risks/Actions

The following items were identified to highlight to the Board:		
1	Workforce IPR	Of note – achievement of the mandatory training target in November at 90.6% - but subsequent performance will have been adversely affected by suspension of non-essential training during pandemic.
2	Covid-19 Workforce Support update	The Committee discussed the impact of the pandemic on our staff and recognised the importance of ensuring that appropriate process and structures are in place to provide a supportive environment – to enhance resilience and to aid healing and recovery. This is going to be a matter of real importance as we, hopefully, move into a recovery phase following the acute pandemic.
3	2020 Staff Survey – High Level update	The Committee received an update on the national NHS Staff Survey conducted in 2020. Early indications suggest a mixed picture but further information on the national profile is awaited. The Trust will receive data over the next couple of months and the national results are due for publication at the end of February. The Committee will review and monitor actions in response to the full results once received.
4	HSE Spot inspection feedback & actions	The Committee was informed that the Trust was one of approximately 14 Trusts visited by the HSE in December to assess Covid procedures and precautions. The visit was wide-ranging across clinical and non-clinical areas and resulted in only relatively minor findings. This was a credit to the staff and teams involved.

5	National People Plan Gap Analysis & Actions	<p>The Committee received a gap-analysis relating to the recommendations of the National NHS People Plan. Four key areas for focus in 2021/22 were suggested and <b>agreed</b> by the Committee, notably:</p> <ul style="list-style-type: none"> <li>▪ Management of violence &amp; aggression against staff, to reduce this significantly, taking account of the new NHS Violence Reduction Standard</li> <li>▪ Appointment of a Board level Wellbeing Guardian</li> <li>▪ Deploy a new Medical Rostering System and improve the effectiveness of rostering on a collaborative basis with neighbouring organisations to enhance future workforce integration</li> <li>▪ Take positive steps to ensure staffing reflects the diversity of the organisation, not just in relation to our community, but at more senior levels in the Trust</li> </ul> <p>The Committee discussed and agreed that the Chair of the P&amp;C Committee should be the nominated Board level staff wellbeing Guardian.</p>
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### 3 Conclusions/Outcome/Next steps

The next Committee meeting is scheduled for 29 March 2021 and will consider our response to the Staff Survey, Medical Appraisals and workforce planning.

#### Recommendation:

The Board is recommended to **note** the work of its People and Culture Committee and **ratify** the proposal that the Chair of the P&C Committee should be the nominated Board level staff Wellbeing Guardian.

# Workforce

[View in Power BI](#) ↗

**Last data refresh:**  
19/01/2021 08:31:23 GMT Standard  
Time  
**Downloaded at:**  
19/01/2021 13:57:51 GMT Standard  
Time



# Workforce Summary

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

Topic	Metric Name	Date	Result	Variation	Assurance
Staff in Post	Actual Substantive Headcount (WTE)	Dec 2020	8,092	 Improvement (High)	No Target
Mandatory Training	Mandatory Training	Dec 2020	90.6%	 Improvement (High)	 Unreliable
Vacancies	Variance: Headcount (WTE)	Dec 2020	-637	 Improvement (High)	 Not capable

### SPC Variation Icons

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



### SPC Assurance Icons

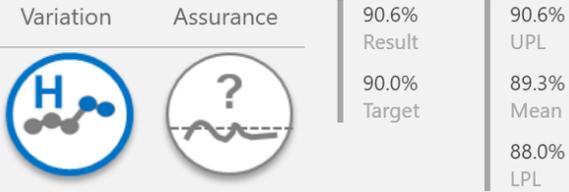
Capable    Not capable    Unreliable



# Mandatory Training

## Mandatory Training

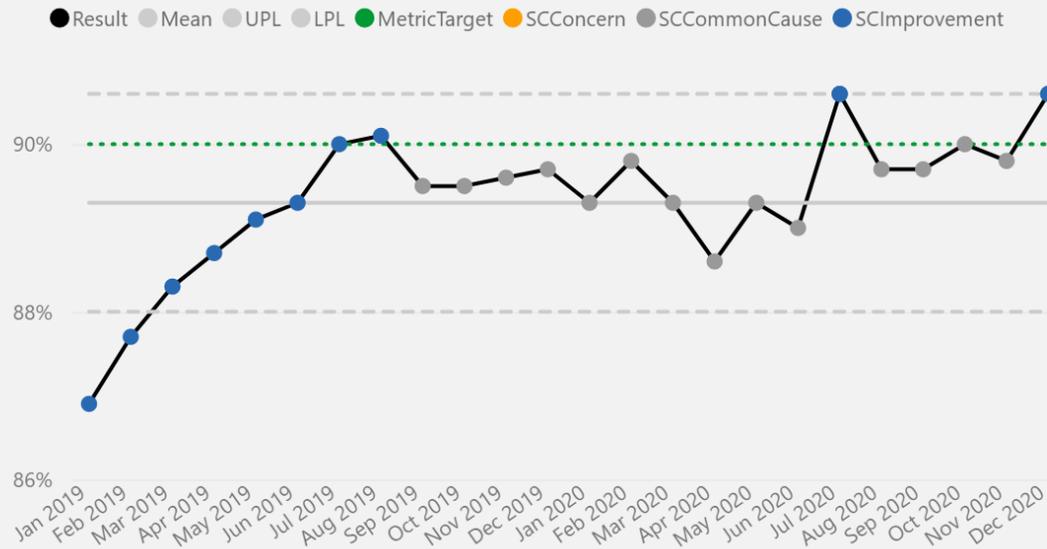
Dec 2020



### Analytical Commentary

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

### Mandatory Training



### Assurance Commentary

As at the end of November, the compliance rate was 90.6%

A series of improvements and interventions have been in place to support mandatory training compliance. More training topics are being made available by eLearning and targeted messages are being sent to non-compliant staff to advise them to complete this learning on-line.

A new proposal has been approved by HMB to withdraw systems access if Information Governance training remains not compliant following reminders

### Business Process Changes

# Non-Medical Appraisals

## Non-Medical Appraisal

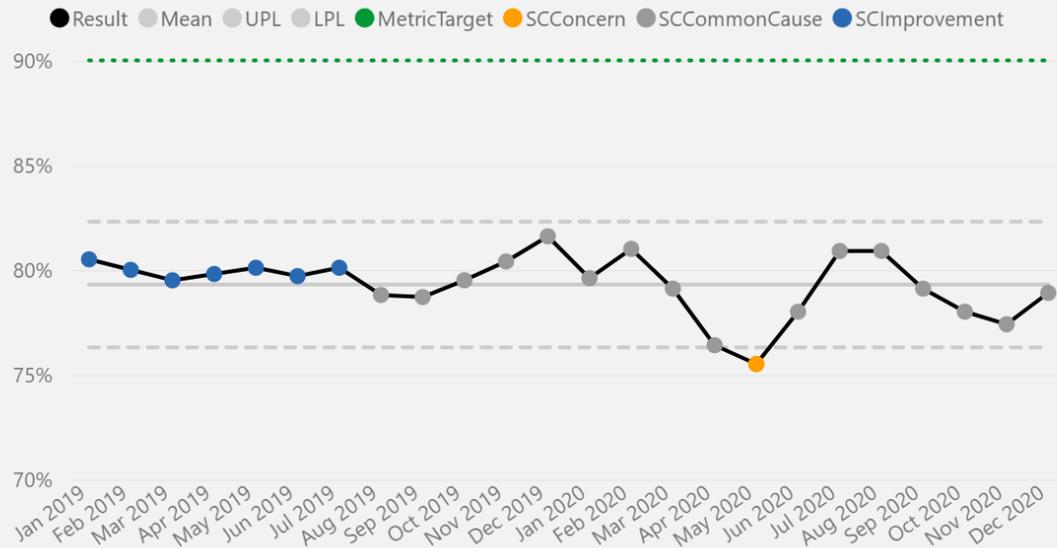
Dec 2020



### Analytical Commentary

Variation is Common Cause

### Non-Medical Appraisal



### Assurance Commentary

For appraisals, the Operating Plan for 2020/21 reflects an aspiration for 90% compliance but accepting that consistently exceeding 85% compliance would represent excellent progress.

78.9% of eligible staff (Non-Medical appraisals) had an appraisal during the last 12 months.

The new 'appraisal' process, Check In Check Out (CICO), was launched on 21st September. This replaces the appraisal process and simplifies the approach from both a manager and staff perspective.

Efforts to deliver improvements will resurrect once the pressures of the pandemic begin to ease.

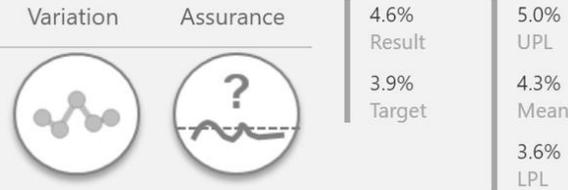
### Business Process Changes

21/09/2020 – A replacement to appraisal introduced – Check In Check Out.

# Sickness Absence

## Monthly Sickness Absence %

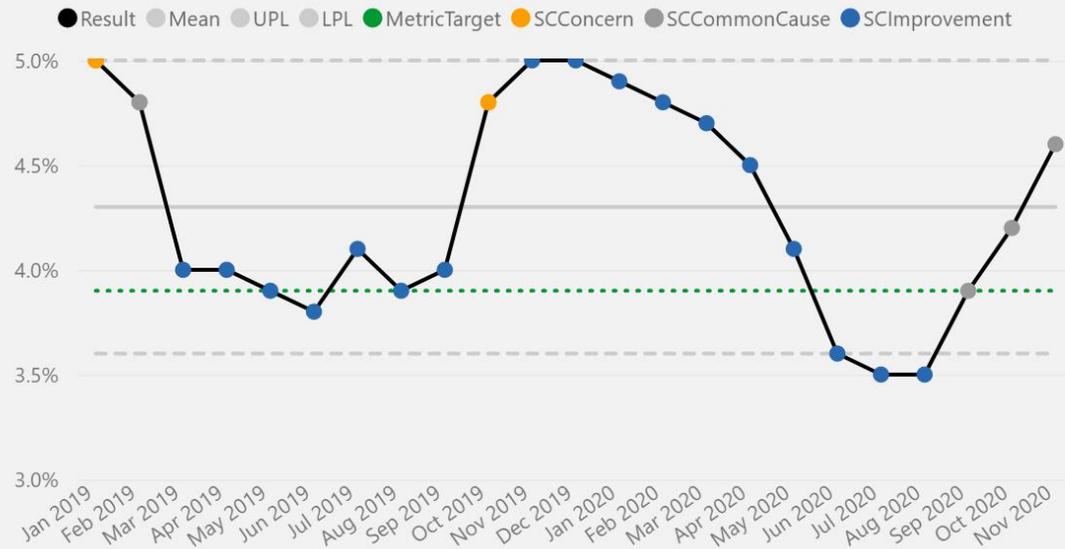
Nov 2020



### Analytical Commentary

Variation is Common Cause

### Monthly Sickness Absence %



### Assurance Commentary

The Operating Plan for 2020/21 has set a challenging 12 month rolling average target of 3.9% for sickness. As at 30 November 2020, that rate is 4.27%. The monthly absence figure for November 2020 is 4.65%. The provisional figure for December is in the region of 5.1% or lower, which would be similar to December 2019.

All figures since March include Covid related sickness absence. Had Covid been excluded the rates from March would have been significantly lower – March (4.08%) April (3.19%) May (3.28%) June (3.27%), and July (3.31%) August (3.30%) September (3.67%) October (3.97%) November (4.02%) December (3.96% - provisional).

Taking into account the provisional December figure, the 12-month rolling average is 4.27% but if Covid sickness is excluded, the rate is 3.80%

### Business Process Changes

Jan-2020 – Sickness Absence – a focus at Performance Committees

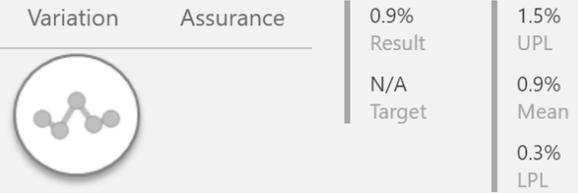
Mar-2020 – Covid impact on sickness absence

Jul-2020 - HMB Paper highlighting interventions focused on minimising and preventing long term sickness absences

Oct-2020 – A refresh of the attendance policy and toolkits were approved at PACS...

## Monthly Turnover

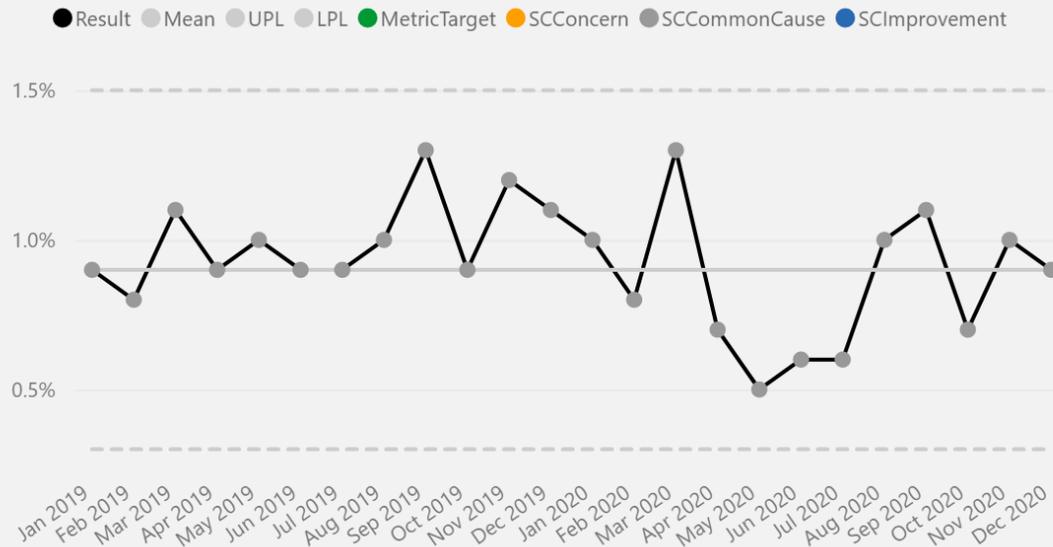
Dec 2020



### Analytical Commentary

Variation is Common Cause

### Monthly Turnover



### Assurance Commentary

The monthly turnover rate for December 2020 is 0.88%. This is a decrease from November, it is noted that the numbers of leavers (62.4 WTE) is actually fewer than for December 2019 (70.3 WTE).

Please note that the turnover rates for the NNUH and CSS Division have been inflated due to 38 leavers as a result of TUPE implementation (21 with regard to HPV, and 17 in respect of Community Dietetics). This caused the turnover figures to be inflated for the NNUH by 0.44% per month and for CSS Division specifically by 2.2% per month – for the 12 months to November 2020.

### Business Process Changes

Mar-2020 – Covid-19 pandemic

November-2019 – November-2020 - TUPE instances inflate turnover rates by 0.44%

## Actual Substantive Headcount (WTE)

Dec 2020

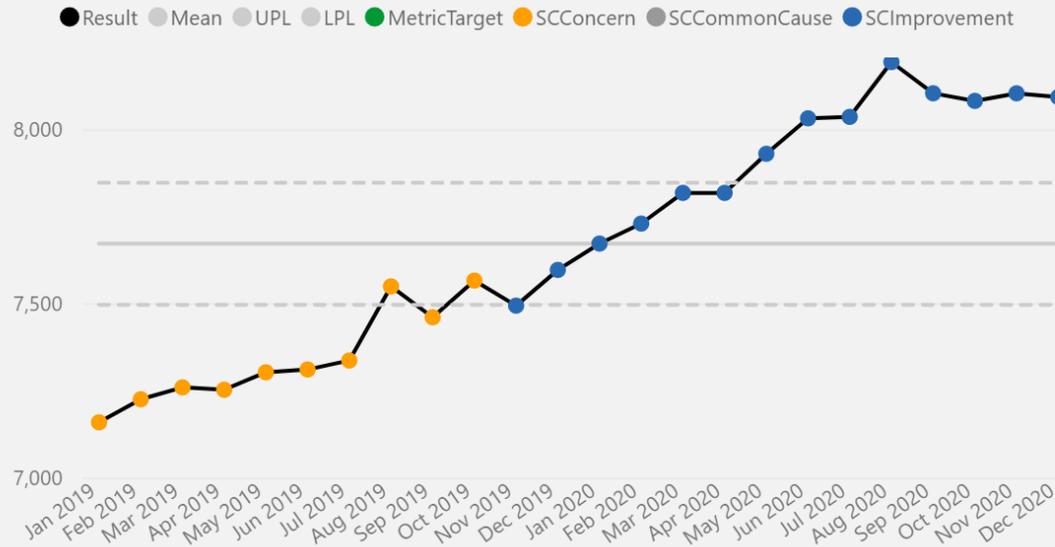
Variation	Assurance
8,092 Result	7,846 UPL
N/A Target	7,671 Mean
	7,496 LPL



### Analytical Commentary

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

### Actual Substantive Headcount (WTE)



### Assurance Commentary

Since April 2020 there has been an increase of 3.6%, 277.1 WTE (7,730.2 staff in post 31-Mar-20)

Since April 2019 there has been an increase of 11.6%, 829.8 WTE (7,177.5 staff in post 31-Mar-19)

Since April 2018 there has been an increase of 18.0%, 1,220.2 WTE (6,787.1 staff in post 31-Mar-18)

Since April 2017 there has been an increase of 24.2%, 1,559.7 WTE (6,447.6 staff in post 31-Mar-17)

Taking RNM, from April 2015 to November 2020, the staff in post has increased to 2,354, a growth of 24.2% (458 WTE). Similarly, over the same period for HCSW, the staff in post has increased to 1,178, a growth of 100.7% (591 WTE).

### Business Process Changes

Sept/ Oct 2020 - end of fixed term contracts, including for temporary Covid support workers – leading to staffing reduction.

## Variance: Headcount (WTE)

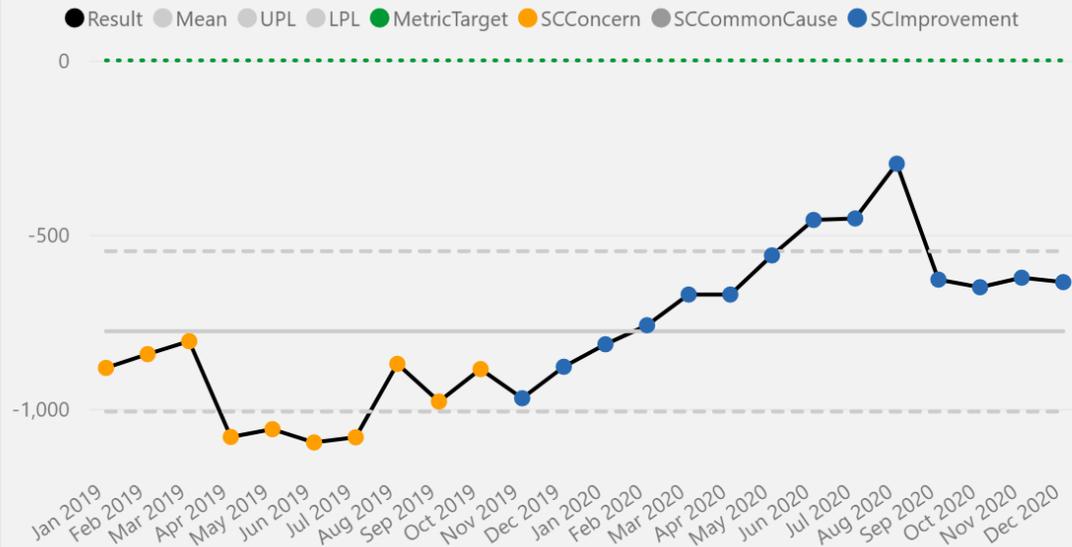
Dec 2020



### Analytical Commentary

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### Variance: Headcount (WTE)



### Assurance Commentary

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### Business Process Changes

Sept/ Oct 2020 - Finance establishment for September has been revised to 8,732.1, an increase of 243.2 (which includes 111 posts for the new ward block).

Sept/ Oct 2020 - End of fixed term contracts, including for temporary Covid support workers – leading to staffing reduction and vacancy increase.

# Recruitment (Non-Medical)

## Time to Hire - Total

Dec 2020

Variation

Assurance



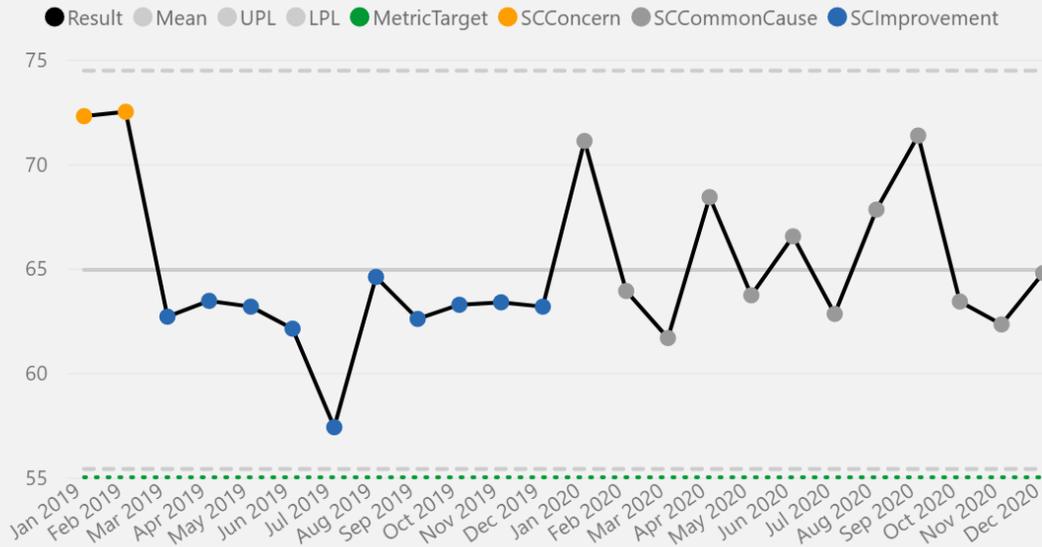
64.8  
Result  
55.0  
Target

74.5  
UPL  
64.9  
Mean  
55.4  
LPL

### Analytical Commentary

Variation is Common Cause

### Time to Hire - Total



### Assurance Commentary

There is an ambitious time to hire target of 55 days with time with manager set at 15 days. The performance committees include a focus on time to hire and supportive measures to enable improvements.

For December the time to hire figure is 64.8 days

### Business Process Changes

Oct-2018 – Additional resources approved for the Recruitment team in HR.

Aug-2020 – Resourcing pressures on WHWB due to Covid has led to delays in completing OH checks

### Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Time to Hire - Time with Manager	Dec 2020	21.0		No Target

## REPORT TO THE TRUST BOARD OF DIRECTORS

<b>Date</b>	<b>3 February 2021</b>
<b>Title</b>	<b>Ockenden Report – Assurance of NNUH Maternity Compliance</b>
<b>Author &amp; Exec lead</b>	<b>Authors: Laura Schaffer (Operational Director – Women and Children’s), Anna Haestier (Chief of Service – Obstetrics) and Kelly Stevens (Acting Divisional Midwifery Director) Exec Lead: Professor Nancy Fontaine, Chief Nurse</b>
<b>Purpose</b>	<b>The purpose of this paper is to provide information and assurance to the Hospital Management Board of NNUH Maternity Services compliance with the immediate and essential actions outlined by the Ockenden Report – and subsequent Assurance Assessment Tool completion for NHSE/I.</b>

### 1. Background/Context

On 11<sup>th</sup> December 2020, Donna Ockenden published her first report: Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust. This report was commissioned as the result of the catastrophic outcomes identified relating to the Trust’s Maternity Services, and subsequent findings and recommendations.

The published report makes for very challenging reading – the failings of care identified and the life-long impact on the women and their families is distressing. As a team, we felt it would be wrong to attend today and not to begin by acknowledging their experience.

On 14<sup>th</sup> December 2020, Mr Sam Higginson received a letter from Amanda Pritchard, Ruth May and Professor Steve Powis relating to the published Ockenden Review of Maternity Services. This letter set out the immediate response required of all Trusts providing maternity services and the next steps to be taken nationally. The letter notes the considerable progress made in maternity safety, but outlines the continued variation in experience and outcomes for women and their families.

It was requested that NNUH should proceed to implement the full set of Ockenden Immediate and Essential Actions – but that the Trust was to confirm and assure that 12 clinical priorities from within these actions were implemented by 5pm on Monday 21<sup>st</sup> December 2020. The Trust met this deadline and were able to submit a largely positive response to the initial request.

Further to this submission, a second assurance exercise was requested – initially to be submitted on 15<sup>th</sup> January 2021, however this was later delayed to 15<sup>th</sup> February 2021 in recognition of the acute pressures many organisations were under.

The report requested assurance against 7 immediate and essential actions – detailed further into 17 required points of action. In addition, reassurance is sought against three areas outside of the below, namely Staffing, Midwifery Leadership and NICE Guidance in relation to Maternity Services.

NNUH has been able to provide positive assurance against the 7 immediate and essential actions identified in the Ockenden Report of December 2020.

The Trust has undertaken a self-assessment exercise through the completion of the Maternity Services Assessment tool as requested by NHSE/I, which also provides a position of positive assurance against all of the areas as identified within this tool.

The table below details the NNUH assessment of implementation against the published requirements in the nationally developed Assurance template.

The table below details the 7 Immediate Actions, and subsequent 17 areas of IEA required in the submission of the national assurance tool, alongside the NNUHFT Maternity Service RAG rating for the associated action.

#### a. Assurance Assessment Tool – RAG Rating Summary

Immediate Action Description	Immediate and Essential Action	Assessment of Compliance
1: ENHANCED SAFETY : Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.	· Clinical change where required must be embedded across trusts with regional clinical oversight in a timely way. Trusts must be able to provide evidence of this through structured reporting mechanisms e.g. through maternity dashboards. This must be a formal item on LMS agendas at least every 3 months.	Green
	· External clinical specialist opinion from outside the Trust (but from within the region), must be mandated for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death.	Green
	· All maternity SI reports (and a summary of the key issues) must be sent to the Trust Board and at the same time to the local LMS for scrutiny, oversight and transparency. This must be done at least every 3 months	Green
2: LISTENING TO WOMEN AND FAMILIES : Maternity services must ensure that women and their families are listened to with their voices heard.	· The advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome.	Green
	· Each Trust Board must identify a non-executive director who has oversight of maternity services, with specific responsibility for ensuring that women and family voices across the Trust are represented at Board level. They must work collaboratively with their maternity Safety Champions.	Blue
3: STAFF TRAINING AND WORKING TOGETHER : Staff who work together must train together.	· Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it. This evidence must be externally validated through the LMS, 3 times a year.	Green
	· Multidisciplinary training and working together must always include twice daily (day and night through the 7-day week) consultant-led and present multidisciplinary ward rounds on the labour ward.	Blue

	<ul style="list-style-type: none"> <li>Trusts must ensure that external funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only.</li> </ul>	
<b>4: MANAGING COMPLEX PREGNANCY :</b> There must be robust pathways in place for managing women with complex pregnancies. Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre.	<ul style="list-style-type: none"> <li>Women with complex pregnancies must have a named consultant lead</li> </ul>	
	<ul style="list-style-type: none"> <li>Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the team</li> </ul>	
<b>5: RISK ASSESSMENT THROUGHOUT PREGNANCY :</b> Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.	<ul style="list-style-type: none"> <li>All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional</li> </ul>	
	<ul style="list-style-type: none"> <li>Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.</li> </ul>	
<b>6: MONITORING FETAL WELLBEING :</b> All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.	<ul style="list-style-type: none"> <li>All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring. The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on: - improving the practice of monitoring fetal wellbeing / - consolidating existing knowledge of monitoring fetal wellbeing / - keeping abreast of developments in the field / - raising the profile of fetal wellbeing monitoring / - Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported / - Interfacing with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice / - The Leads must plan and run regular departmental fetal heart rate (FHR) monitoring meetings and cascade training / - They should also lead on the review of cases of adverse outcome involving poor FHR interpretation and practice.</li> </ul>	
	<ul style="list-style-type: none"> <li>The Leads must ensure that their maternity service is compliant with the recommendations of Saving Babies Lives Care Bundle 2 and subsequent national guidelines.</li> </ul>	
<b>7: INFORMED CONSENT :</b> All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.	<ul style="list-style-type: none"> <li>All maternity services must ensure the provision to women of accurate and contemporaneous evidence-based information as per national guidance. This must include all aspects of maternity care throughout the antenatal, intrapartum and postnatal periods of care</li> </ul>	
	<ul style="list-style-type: none"> <li>Women must be enabled to participate equally in all decision-making processes and to make informed choices about their care.</li> </ul>	
	<ul style="list-style-type: none"> <li>Women's choices following a shared and informed decision-making process must be respected.</li> </ul>	

**b. Summary of Assessment**

As a multi-disciplinary team, we have further reviewed the 7 urgent and essential actions – and the more detailed 17 specific requirements contained within. Our assessment of NNUH Maternity Service compliance has been made against current practice and details the assurance against each point and any actions required to improve or embed the IEA. The team have compiled a repository of evidence to draw upon to support the assurance as required.

Women and Children’s Division has assessed and RAG rated our compliance with the implementation of the required actions as follows:

RAG RATING	Definition	Number of Actions
Fully Implemented and embedded	Fully Implemented and embedded	5
Implemented with Actions to embed	Implemented with Actions to embed	11
Plan to Implement in Place	Plan to Implement in Place	1
Not Implemented	Not Implemented	0

Beyond the immediate and essential actions, the second submission for assurance required assessments against Workforce Planning, Midwifery Leadership and NICE Guidance in relation to Maternity Services. Detail of the assurance against each element is covered in Sections 2.2, 2.3 and 2.4 respectively.

**NNUH assess:**

- **Compliance** against the Leadership and Guideline requirements set out in Section Two of the Assurance Assessment Tool (green).
- Currently we would **RAG rate Amber** against the workforce requirements within Section Two. Whilst the review and assessment against Birth Rate+ has been undertaken and a suggested phased approach to recruitment identified – a system solution to funding is being pursued.

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

**a. Implementation of Immediate and Essential Actions – Amber Actions**

**i. IEA 5 – Risk Assessment Throughout Pregnancy (Amber)**

The amber RAG rating relates to Risk Assessment throughout pregnancy – and an IEA specifying that all women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional.

<p><b>5: RISK ASSESSMENT THROUGHOUT PREGNANCY : Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.</b></p>	<p>• All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional</p>	
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Whilst this is undertaken in the majority of cases, there is no mechanism currently within the Euroking Maternity system to provide a repeated prompt to ensure completion at each contact and electronic recording of this action. Therefore audit of compliance is currently manual and much of this would relate to a paper-based assessment tool. An action is being pursued to ensure there is an electronic solution embedded to provide means of audit of compliance.

**Actions being taken as below:**

- Implementation of Maternity Metrics Q4 for continuous audit programme.
- Review E3 workflow for documented review and discussion of intended place of birth at every contact.
- Implement reporting and audit mechanism for oversight to assess Personalised Care and Support Plan compliance.

**i. Workforce (Amber)**

In relation to workforce, the specific actions requested are detailed in the excerpt below. Women and Children’s Division recently commissioned (November 2020) an independent review of midwifery establishment against BirthRate+ and this is now complete. This review indicates a potential staffing shortfall against the projected 5200 births per annum managed by NNUHFT Maternity Service.

Section 2						
MATERNITY WORKFORCE PLANNING						
Link to Maternity safety standards:						
Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard						
Action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?						
We are asking providers to undertake a maternity work-force gap analysis, to have a plan in place to meet the Birthrate Plus (BR+) (or equivalent) standard by the 31 <sup>st</sup> January 2020 and to confirm timescales for implementation.						
What process have we undertaken?	How have we assured that our plans are robust and realistic?	How will ensure oversight of progress against our plans going forwards?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?
Comprehensive Birthrate plus review has been undertaken Q3 2020. Bi Annual staffing report completed. Business case for additional staff required currently in development - phased introduction being outlined, NNUHFT have requested that funding is provided from the system to enable compliance.	Our own workforce modelling was confirmed by the recent Birthrate plus external review. We will ensure our additional staffing requirements includes use of skill mix as indicated by BR + to 90:10 for RM:MSW.	Follow Trust governance with phasing plan. Request for increased resource made of System.	* Development of plan for implementation of Birth rate plus standard confirming timescales of implementation * Confirmation of System Funding awaited. Unable to finance internally. * Development of business case / incorporation within Divisional business planning round as required - to support uplift.	DMD/ DDOD Divisional Leadership Team Trust executive and CEO 31/01/21	* Support from HEE to ensure supply of RM. * Development programme for MSW to ensure working to top of grade. * Additional financial resource from system committed to support delivery.	* Implementation of CoC to meet > 51% phased with business case. * Use of Bank and staff escalation process. * Use of Birth rate Plus daily acuity surveillance tool to monitor staffing need against acuity. * Oversight of Maternity Red Flag events at Daily staffing meetings and reporting via Maternity Directorate.

To enable compliance with BirthRate+ - system funding has been requested, and a trajectory for recruitment is being developed. In the interim, safe staffing is ensured by management of acuity and activity, and increased staffing as required.

**b. Risks:**

It should be noted that the vast majority of requirements outlined are already existing practice and embedded at NNUHFT; the MDT remain committed to the safety agenda. This enables assurance to be provided with confidence, and with minimal resource request for the majority of actions. However, there are a number of key risks to highlight:

- The existing risk relating to community midwifery, community bases and safe delivery of service remains – however a plan is being developed to move into the identified Norwich Hub in February 2021;
- IT requirements to enable prompt for risk assessment at every contact must be prioritised and enacted;
- Workforce requirements indicate Trust requirement to deliver a midwifery establishment in line with BirthRate+ tool – a trajectory and plan are being developed with the system.
- A number of actions to support compliance sit at system level with Norfolk and Waveney LMNS – NNUH will support and work with the LMNS to ensure progress is made.

**2.3. Actions:**

- Development of the Next Steps Actions Plan to include detailed actions from second submission.
- Anticipate and plan for introduction of the Advocate role at NNUH.
- Review of financial requirements to enable delivery of implementation and compliance with Birth Rate+ alongside finance business partner.

**3. Conclusions/Outcome/Next steps**

**a. Conclusion**

NNUHFT are pleased to be able to provide detailed assurance against the immediate and essential actions and further recommendations included within the Ockenden Report and subsequent national communications. Many of these are already embedded within our existing practice and the maternity service takes assurance from the broad range of evidence and data points established within the repository.

**b. Next Steps are:**

- Submission of completed Assurance Assessment Tool to Regional teams (15<sup>th</sup> Feb 2021)
- Agreement of Birth Rate + assessment and potential phasing plan (15<sup>th</sup> Feb 2021)
- Discussion and agreement with system partners and commissioners re: routes of funding for required maternity staffing investment (June 2021)

- Monthly review of Action Plan to ensure development of compliance and progress to be established within Maternity Governance / Directorate meetings, with summary reporting to Women and Children's Divisional Board (28<sup>th</sup> Feb 2021).

**Recommendation:**

The Board is recommended to:

- Note the report.
- Support the Divisional assessment of position / to offer challenge on assessment.
- Reflect on whether assurance mechanisms within Trust are effective so the Board can be assured that poor care and avoidable deaths, with no visibility or learning, will not happen at NNUHFT.