Trust Board (public) - 2 February 2022

Wed 02 February 2022, 09:30 - 11:30

via MS Teams only

Agenda

Agenda

00 TB Agenda Public 02.02.22.pdf (1 pages)

1. Apologies, Declarations of Interest and Chairman's Introduction

Information and Discussion *David White*

2. Experience of Care - Patient/Family Reflections - Transition from paediatric to adult care

Information *Nancy Fontaine*

02 Patient Story- Transition.pdf (3 pages)

3. Minutes of the Board meeting held in public on 3 November 2021

Approval *David White*

4. Matters arising and update on actions

Discussion *David White*

5. Chief Executive's Update

Discussion *Sam Higginson*

6. Reports for Information and Assurance

6.1. Quality & Safety Committee (25.01.22)

Pamela Chrispin

6.2. IPR - Quality, Safety and Patient Experience data

Erika Denton and Nancy Fontaine

06(b) Quality Safety IPR report 20.01.2022 with Covid Slides.pdf (19 pages)

6.3. Finance, Investments & Performance Committee (26.01.22)

Tom Spink

6.4. IPR - Performance and Productivity data

Chris Cobb

06(d)(i) Performance and Activity IPR.pdf (47 pages)

6.5. Finance - Month 9 Report

Roy Clarke

06(d)(ii) Trust Finance Report M9 v2.pdf (21 pages)

6.6. Use of Resources Update

Roy Clarke

06(d)(iii) Report - Use of Resources Update - January 2022.pdf (2 pages)
06(d)(iii)a Use of Resources Update - January 2022 v1.0.pdf (12 pages)

6.7. People & Culture Committee (15.12.21 & 27.01.22)

Sandra Dinneen

06(e) Report on People and Culture Committee 15.12.21 & 27.01.22.pdf (2 pages)

6.8. IPR - Workforce data

Paul Jones

06(f) Workforce IPR Dec-2021.pdf (10 pages)

7. Freedom to Speak-Up 6-monthly update

Discussion *Paul Jones*

07 Report - FTSU Feb 2022.pdf (4 pages)

8. National Institute of Health Research (NIHR) Clinical Research Network (CRN) Eastern: Performance Against Annual Plan 2021/22

Information *Erika Denton*

08 CRN Performance Against Annual Plan Q3 2021-22.pdf (3 pages)

9. Questions from members of the public

Discussion *David White*

10. Any other business

Discussion *David White*

Date and Time of next Board meeting in public: The next Board meeting in public will be at 9.30am on Wednesday 6 April 2022 – location/arrangements

TBC

MEETING OF THE TRUST BOARD IN PUBLIC
WEDNESDAY 2 FEBRUARY 2022

A meeting of the Trust Board will take place at 9.30am on Wednesday 2 February 2022 via MS Teams

Attendance at the meeting by members of public is by MS Teams only - details at www.nnuh.nhs.uk

AGENDA

	Item	Lead	Purpose
0	**Due to pandemic precautions, the meeting will not be preceded by clinical and departmental visits**		
1	- Apologies & Declarations of Interest - Chairman's Introduction	Chair	Information/ Discussion
2	Experience of Care – Patient/Family Reflections (09.35 – 10.05 hrs) - *Transition from paediatric to adult care* - *Link:* https://www.youtube.com/watch?v=fuxrip90sZ4 - *Attending: Sarah Higson, Amrita Kulkarni (Patient Exp Team), Katherine Kitchener (Lead Transition Nurse), Emma Chapman (W&C Div Nurse Director) and Sue and Steve Sadler-Weeden (Foster Carers)*	NF	Information
3	Minutes of the Board meeting held in public on 03.11.21	Chair	Approval
4	Matters arising and update on actions	Chair	Discussion
5	Chief Executive's Update	CEO	Discussion
6	**Reports for Information and Assurance:**		Information, Assurance & Approval as specified
	(a) Quality and Safety Committee (25.01.22)	PC	
	(b) IPR – Quality, Safety and Patient Experience data	ED/NF	
	(c) Finance, Investments and Performance Committee (26.01.22)	TS	
	(d) i) IPR – Performance and Productivity data ii) Finance – Month 9 report iii) UOR Update	CC RC RC	
	(e) People & Culture Committee (15.12.21 & 27.01.22) inc anti-racism strategy pledge for approval	SD	
	(f) IPR – Workforce data	PJ	
7	Freedom to Speak-Up 6-monthly update – Fran Dawson (Lead FTSU Guardian)	PJ	Discussion
8	National Institute of Health Research (NIHR) Clinical Research Network (CRN) Eastern: Performance Against Annual Plan 2021/22	ED	Information
9	Questions from members of the public	Chair	Discussion
10	Any other business	Chair	Discussion

*** Documents uploaded to Resource Centre**

Date and Time of next Board meeting in public

The next Board meeting in public will be at 9.30am on Wednesday 6 April 2022 – location/arrangements TBC

REPORT TO THE TRUST BOARD OF DIRECTORS	
Date	**02 February 2022**
Title	**Experience of Care Story – Transition from Paediatric to Adult Care**
Author & Exec lead	**Amrita Kulkarni, Head of Patient Experience & Professor Nancy Fontaine, Chief Nurse**
Purpose	**For Information/Discussion and reflection**

1. Background/Context

1.1 An 'Experience of Care' story is where a patient or family member describes their experience of healthcare in their own words. The idea is to gain an understanding of what it is like for them and/or their family / carers; what was positive; what was sub-optimal and what would have make the experience more positive.

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

1.3 Today two former foster carers share their shared experiences of care of K. Sue and Steve have been foster carers for K for more than 5 years. K sadly passed away in Dec 2021; he was 20 years of age. K had complex and multiple heath needs requiring careful coordination and consideration when transitioning to adult care.

1.4 The story will highlight outstanding care and where care could have been improved – and this demonstrates the importance and impact of the innovative role of 'lead transition nurse'

1.5 Work undertaken through the lead transition role in improving transition pathways for young people, developments include

- Patient and Parent information leaflets
- Enhance transition register
- Co-ordination of timeframes for smoother transition
- Urgent Care planning
- Working with and supporting adult wards/teams

2. Key issues, risks and actions

2.1 Key learning:

- To ensure careful planning of transition of young people with multiple complex health needs from paediatric to adult care
- To take into account the holistic approach needed to co-ordinate time frames of transition
- To share the best practice being put in place through the Lead Transition Nurse role at the NNUH

3. Conclusions/Outcome/Next steps

3.1 The experiences shared in this story have provided valuable learning which are being used to drive the improvement planned through the transition work undertaken through the Lead Transition Nurse role.

3.2 Sue and Steve remain involved with Kat to ensure their experiences are used to improve transition for young people with complex health needs from paediatrics to adult care.

Recommendation:

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

Experience of Care – Patient Story – Board Meeting	
Brief outline of the "story"	
Former foster carers, Sue & Steve share their shared experiences of care of K who they have been foster carers for more than 5 years. K sadly passed away in December 2021; he was 20 years of age. K had complex heath needs. He had multiple neurological issues, gastro and respiratory issue which were life threatening along with cerebral palsy and spastic quadriplegia. His only way of communicating was facial expressions, despite these conditions Sue and Steve describe K as an amazing young person and the strongest fighter one could ever imagine. Sue and Steve were given necessary training to manage K's needs and plans were in place whilst K was under the paediatric team. Sue and Steve share the excellent care and support K received through the paediatric team, despite the difficult winter in 2018 K survived and plans were put in place for involvement from adult and paediatric teams to allow K's transition over to adult care. Sue describes their experience of when the transition that was planned did not take place and the impact this had on K. Sue shares there was a lack of holistic approach towards providing care to someone with multiple complex issues. They describe how beneficial the appointment of a lead transition nurse was to them and K; they highlight the need for a transition ward for young people like K.	
What "point" it is trying to convey	
The story highlights the importance of support for young people with complex health needs transitioning from paediatric to adult and adult teams being prepared to support the needs. The story highlights the work being undertaken through the Lead Transition Nurse to improve the transition of care within four specialities.	
Who will be "speaking"	
Family member	Sue, via a video clip
Staff	Head of Patient Experience – Amrita Kulkarni Lead Transition Nurse – Katherine Kitchener
Time allocation for each element	
Film	9:14 minutes
Staff	Included in the video
Questions	5 mins
Any Other Pertinent Information	

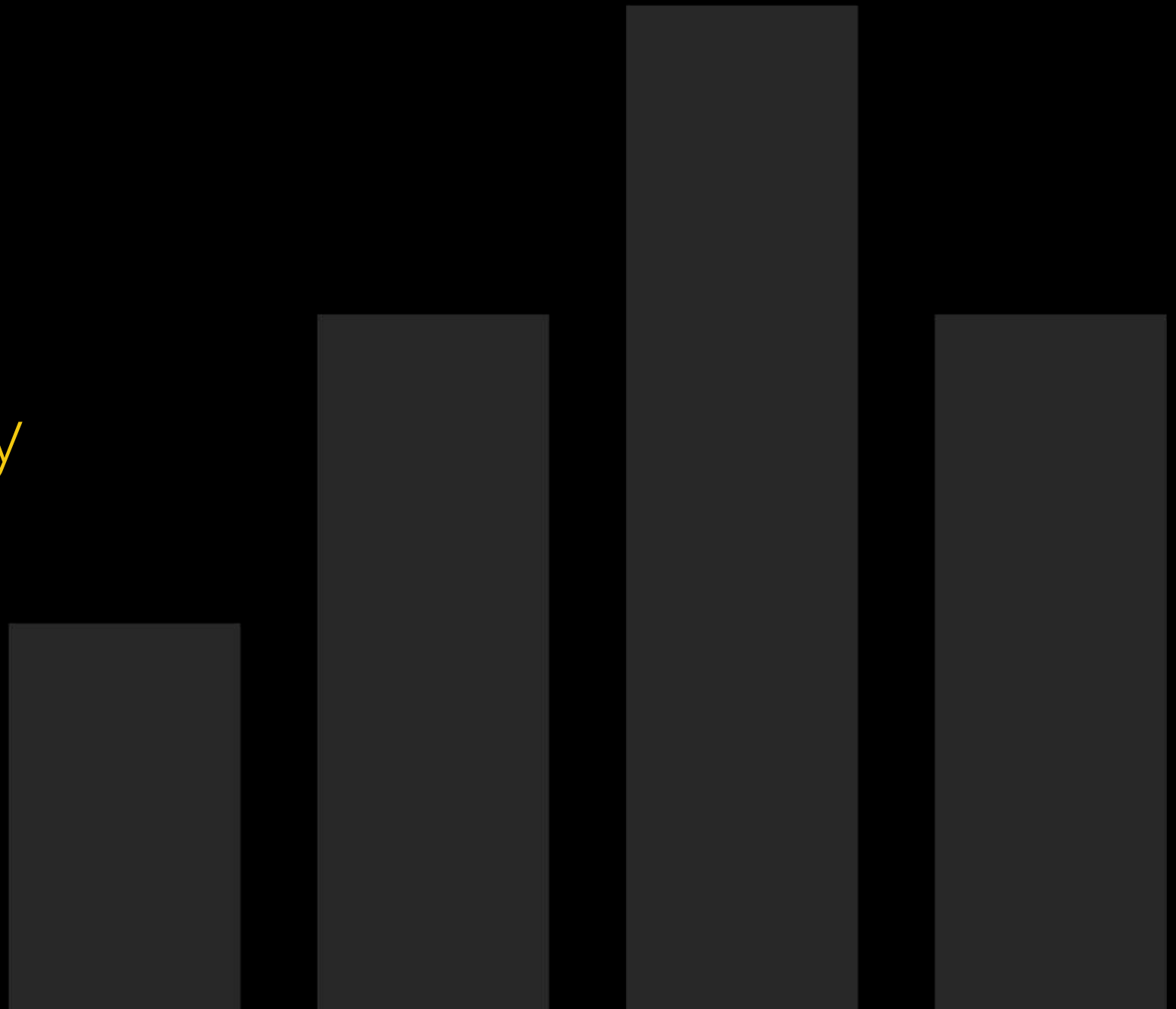
Microsoft | Power BI

Quality & Safety

View in Power BI

Last data refresh:
20/01/2022 08:32:21 UTC

Downloaded at:
20/01/2022 13:31:55 UTC



Quality Summary

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

NNUH Digital Health
business intelligence

Topic	Metric Name	Date	Result	Variation	Assurance
Adult Safeguarding	Safeguarding Adults	Dec 2021	54	Improvement (Low)	No Target
Complaints	Complaints - Trust	Dec 2021	33	Improvement (Low)	No Target
Infection Prevention & Control	E. Coli trust apportioned	Dec 2021	4	Concern (High)	Capable
Palliative Care	Palliative Care Seen Within 48 Hours	Dec 2021	55.8%	Concern (Low)	Unreliable
Pressure Ulcers	Hospital Acquired Pressure Ulcers per 1,000 bed days	Dec 2021	0.7	Improvement (Low)	No Target
Safer Staffing	Safe Staffing CHPPD	Dec 2021	7.0	Concern (Low)	No Target
Safer Staffing	Safe Staffing Fill Rates	Dec 2021	78.00%	Concern (Low)	Not capable

SPC Variation Icons

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

SPC Assurance Icons

Capable | Not capable | Unreliable

Patient Safety

NNUH Digital Health
business intelligence

Serious Incidents

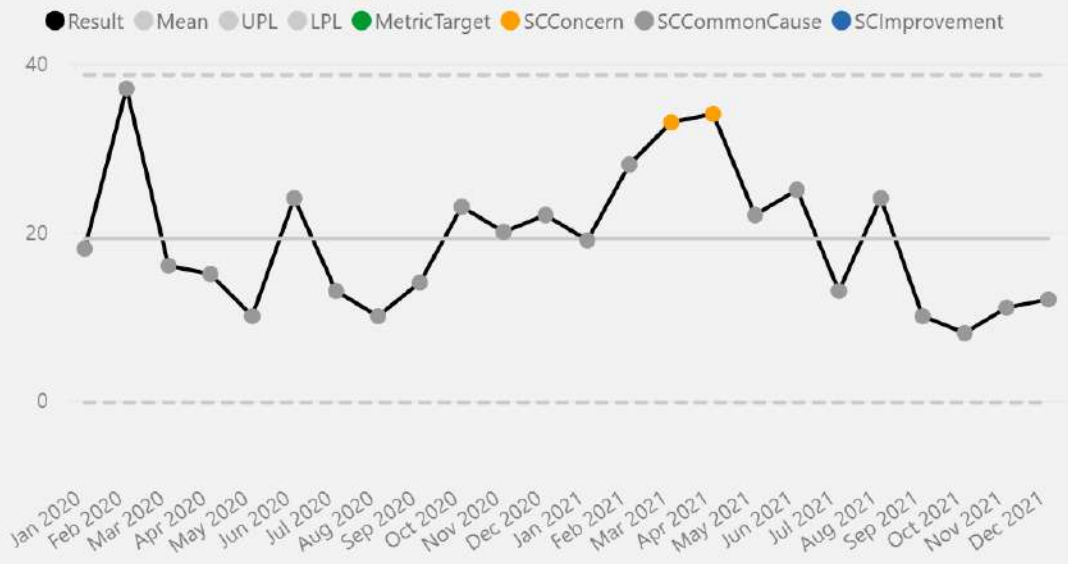
Dec 2021

Variation	Assurance	12 Result	39 UPL
		N/A Target	19 Mean
			0 LPL

Analytical Commentary

Variation is Common Cause

Serious Incidents



Assurance Commentary

1573 safety incidents were reported in December 2021 - 98% were reported as causing no or low harm. Incidents reported as causing moderate or greater harm are showing a sustained improvement over the last 12 months. 12 Serious Incidents were reported onto STEIS - 3 Treatment delays, 8 Patient Falls, 1 Medication incident.
Duty of Candour was met within the 10 day timeframe in 100% of cases.
Pressure ulcer reporting continues to show a sustained improvement to pre-pandemic levels. With regards to nutrition incidents, although there are low numbers, 50% relate to inaccuracies in MUST score calculation.

Improvement Actions

Moderate and above harm incidents continue to be discussed and assessed through peer review at the Serious Incident Group with an increased focus of meeting review and confirmation of harm within 4 working days of the incident being reported.
In preparation for transition to Patient Safety Incident Response Framework (PSIRF) in 2022 we have paused delivering formal investigation training. There are 650 people trained to manage remaining investigations reported under the SI framework.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Duty of Candour Compliance	Dec 2021	100%	Common Cause	Unreliable
Incidents	Dec 2021	1,966	Common Cause	No Target

Pressure Ulcers

NNUH Digital Health
business intelligence

Hospital Acquired Pressure Ulcers per 1,000 bed days

Dec 2021

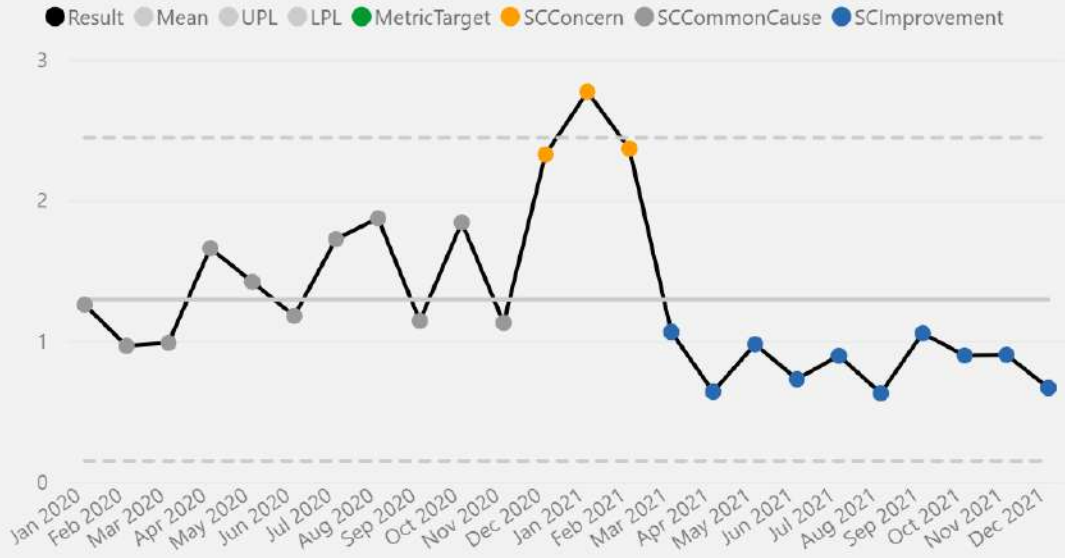
Variation | Assurance

0.7 Result	2.4 UPL
N/A Target	1.3 Mean
	0.1 LPL

Analytical Commentary

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

Hospital Acquired Pressure Ulcers per 1,000 bed days



Assurance Commentary

No Category 3 pressure ulcers were reported in December.
Since March 2021 the overall number of reported Category 2-4 HAPU is demonstrating improvement with a mean of 22 reduced from 30.
Quality Improvement work has paused during this period of extreme operational pressure to enable staff to focus on direct patient care but there is a recovery plan agreed which will commence as operational demand associated with Covid Alert level reduces.

Improvement Actions

AIMS audits being used to identify areas for improvement. Roll out of PURPOSE T (Pressure Ulcer Risk Primary or Secondary Evaluation Tool) has commenced within surgical wards and has been well received with a suite of training materials to support roll out.
A pressure Ulcer Steering Group is to be instated. Reporting into the Essential Care Group it will monitor and review HAPU rates and trends, carry out thematic reviews and advise on practice changes.

Patient Falls

NNUH Digital Health
business intelligence

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

Dec 2021

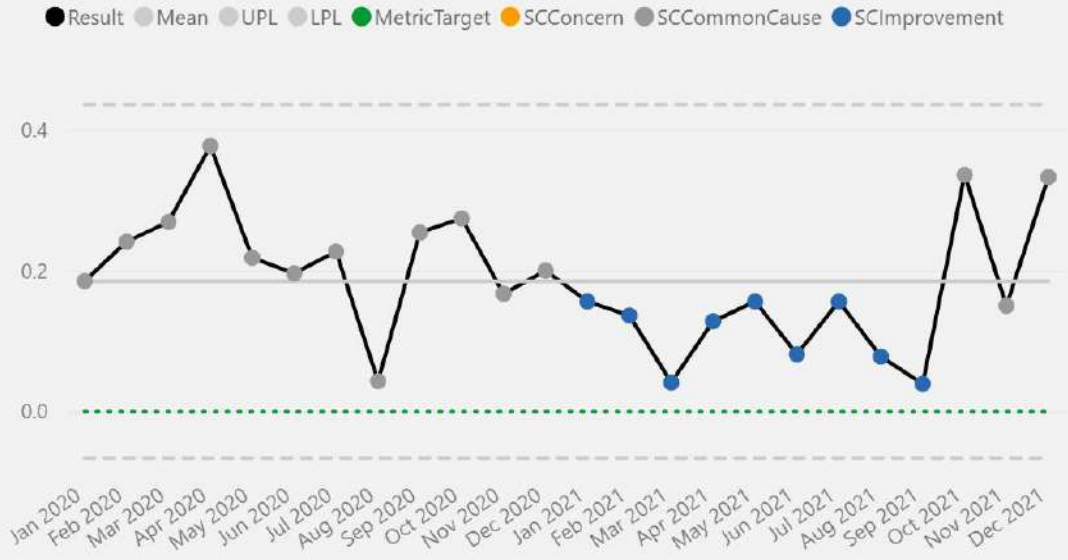
Variation | Assurance

0.3 Result	0.4 UPL
0.0 Target	0.2 Mean
	-0.1 LPL

Analytical Commentary

Variation is Common Cause

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



Assurance Commentary

283 falls reported in December. 8 met criteria for externally reporting as SI. 98% falls resulted in no or low harm.
There is a high variation between 114 and 258 falls per month with a mean of 186.
December is indicating special cause variation for total number of falls. Falls causing moderate or above harm have 2 special cause variation data points outside of normal range. This can be linked to extreme operational pressure and challenged staffing levels.
Quality Improvemment work has paused during this time to enable staff to focus on direct patient care but there is a recovery plan agreed within Medicine which will commence as operational demand associated with Covid alert level reduces.

Improvement Actions

A Falls Steering Group is to be reinstated. Reporting into the Essential Care Group it will monitor and review falls rates and trends, carry out thematic reviews and advise on practice changes.

Patient Experience

NNUH Digital Health
business intelligence

Friends & Family Score

Dec 2021

Variation | Assurance

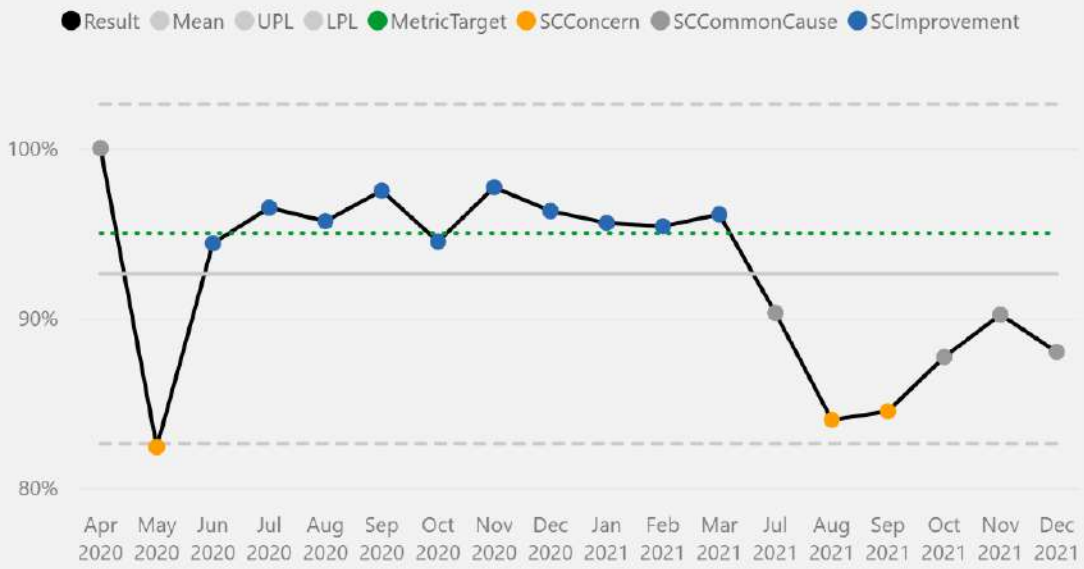
88.00% Result
95.00% Target

102.60% UPL
92.60% Mean
82.60% LPL

Analytical Commentary

Variation is Common Cause

Friends & Family Score



Assurance Commentary

Following meetings with Maternity Services and support provided through the Patient Experience team, the number of FFT responses for Maternity have improved.
The overall score has decreased slightly but remains within the target parameters, due to feedback received for the Emergency Department which reflects the patient activity and long waits seen.

Improvement Actions

Meeting planned with Maternity Services and Maternity Voice Partnership to work in collaboration for the SMS project.
Ongoing support provided to the Divisions from the Patient experience team in how to use their data to implement change.
To restart the education for Volunteers on PPE/being 'safe' in clinical areas/wards to assist inpatients in completing their FFT questionnaires, which had to be paused due to Local Covid status.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Compliments	Nov 2021	503		Common Cause		No Target

Patient Concerns

NNUH Digital Health
business intelligence

PALS % Closed within 48hours

Dec 2021

Variation | Assurance

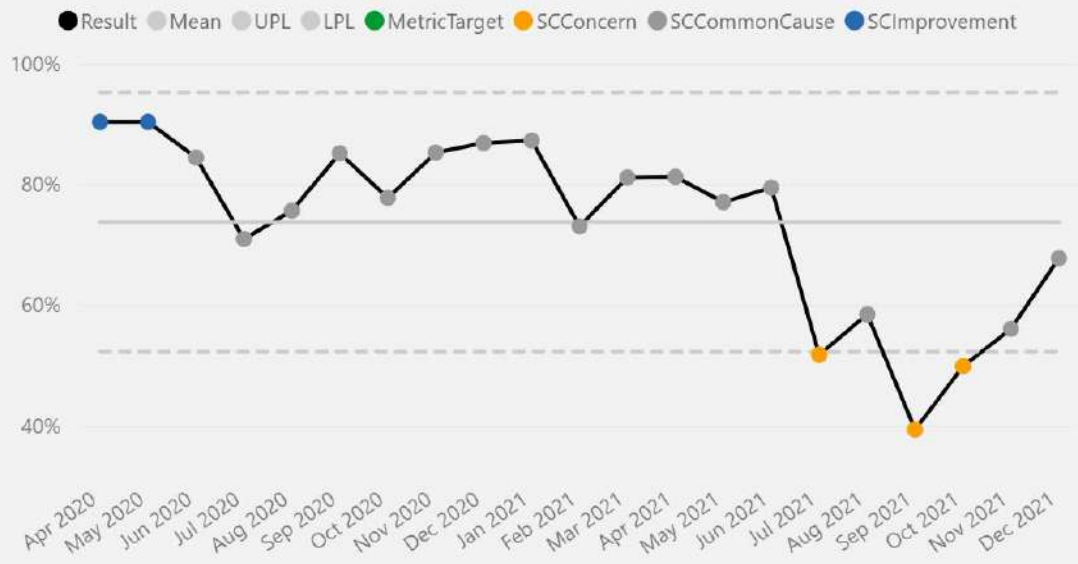
67.7% Result
N/A Target

95.2% UPL
73.7% Mean
52.2% LPL

Analytical Commentary

Variation is Common Cause

PALS % Closed within 48hours



Assurance Commentary

The team would like to highlight the large number of 'best wishes' processed and delivered to patients in December – up from 96 last reported (itself a 50% increase) and reflects the tighter visiting restrictions due to covid level state and national Omicron surge.

Total PALS matters received 555
Concerns = 213
Enquiries = 75
Signposting = 53
Best Wishes =214
Suggestions = 0

Main Subjects (Top 3)
Communications
Appointment delays and cancellations
Admissions discharge and transfers (ADT)

The addition of ADT to the top 3 topics is a reflections of the operational pressures the hospital faced in December.

Improvement Actions

Continued efforts made towards improving performance against the KPI has shown a rise in the number of cases closed within 48hrs.
By aligning the PALS process to the PHSO framework we expect to see a rise in PALS cases with a reduction in complaints as we work towards early and local resolution of care concerns.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
PALS Enquiries	Dec 2021	555		Common Cause		No Target

Complaints

NNUH Digital Health
business intelligence

Complaints - Trust

Dec 2021

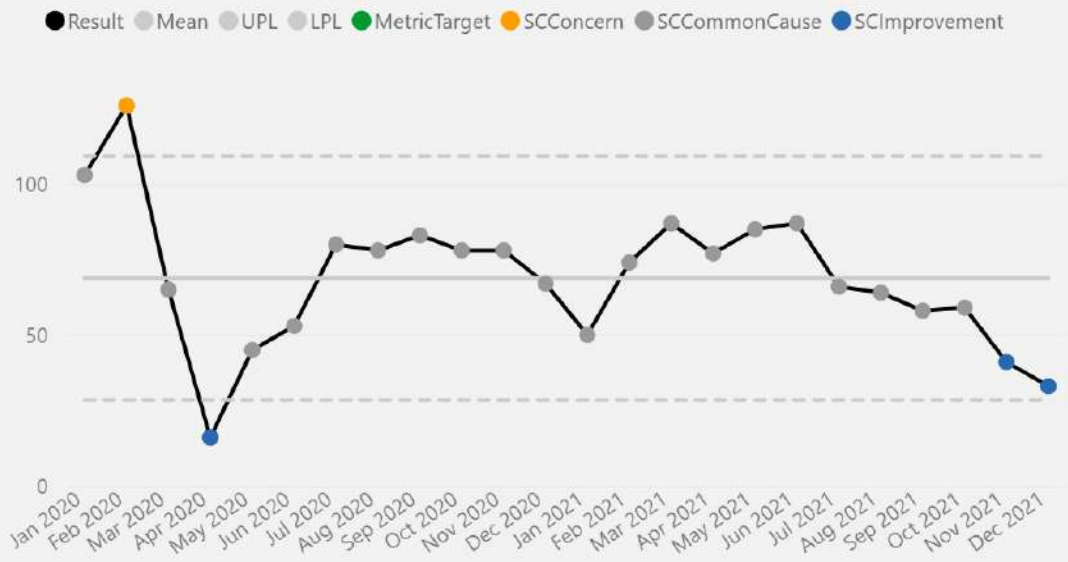
Variation	Assurance
	

33 Result	109 UPL
N/A Target	69 Mean
	28 LPL

Analytical Commentary

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

Complaints - Trust



Assurance Commentary

The remainder of the backlog is being managed through a planned process, it is hoped that these cases will be closed by the end of February. However it is dependent on clinical colleagues availability to respond in providing detailed information during operational pressures.
The complaints team are utilising the Actions dashboard within Datix which highlights open actions associated with complaints.

Improvement Actions

For the complaints team to continue to offer additional support to divisional colleagues during times of operational pressure to manage their complaints and to avoid delays.
Workshops are planned over coming months with the divisions to provide training on how the Datix system and processes have been reviewed and improved to streamline the complaints process and support the PHSO framework.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Complaints - Acknowledgement	Dec 2021	100%	Common Cause	Unreliable
Complaints - Response Times - Trust	Dec 2021	100%	Not Applicable	Not Applicable
Post-investigation enquiries	Dec 2021	1	Common Cause	Capable

Palliative Care

NNUH Digital Health
business intelligence

Palliative Care Seen Within 48 Hours

Dec 2021

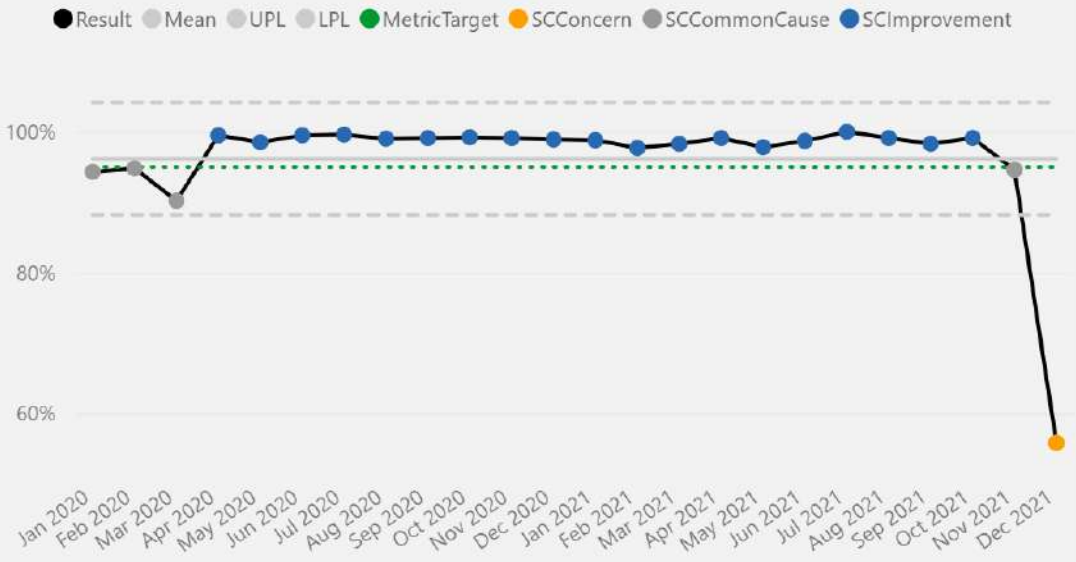
Variation	Assurance
L	?

55.8% Result	104.2% UPL
95.0% Target	96.2% Mean
	88.2% LPL

Analytical Commentary

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

Palliative Care Seen Within 48 Hours



Assurance Commentary

Special cause variation, Lead Consultant for Palliative Care has provided their professional assurance that response times to see patients are being met. However there is an issue with data entry as there are limited resources to support this and these resources are currently on a long term unplanned absence.

Improvement Actions

For the operational management team to review resourcing to see if support for data entry can be made available.

Supplementary Metrics

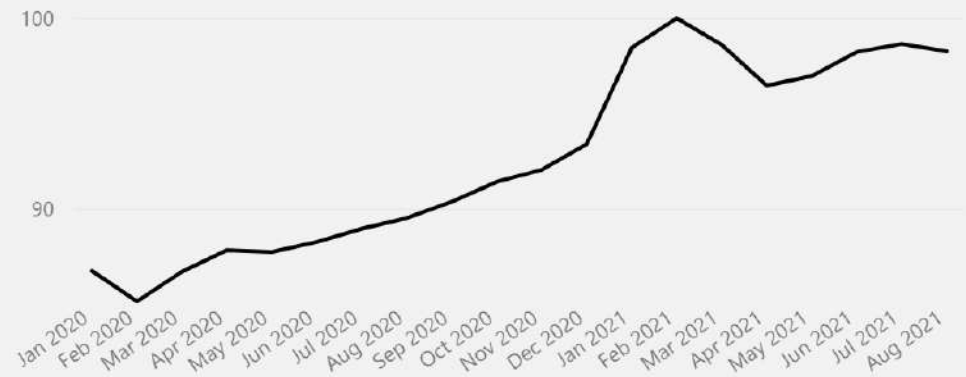
Metric Name	Date	Result		Variation		Assurance
Palliative Care Died in Trust and Seen by SPCT	Dec 2021	44.3%		Common Cause		No Target
Palliative Care IP Referrals Accepted	Dec 2021	269.0		Common Cause		No Target

Mortality Rate

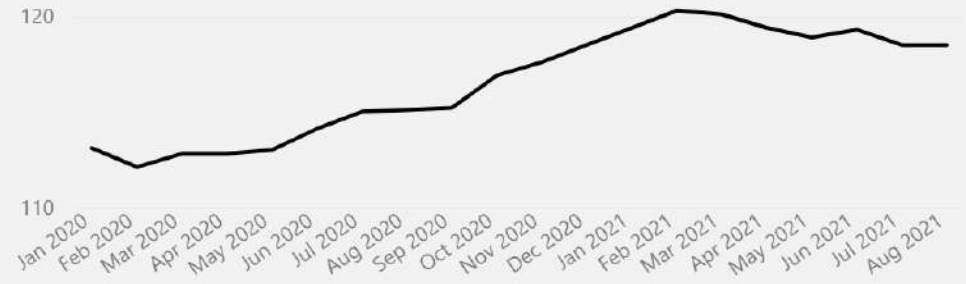
NNUH Digital Health
business intelligence

MetricName	Date	Result
HSMR	Aug 2021	98.25
SHMI	Aug 2021	119

HSMR



SHMI



Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Crude Mortality Rate	Nov 2021	5.80%		Common Cause		No Target

Assurance Commentary

HSMR and SMR remain statistically within expected. SHMI remains statistically higher than expected. When adjusted for palliative care (HED system), SHMI is statistically within expected.
Crude mortality is higher than the Trust 3 year average for November 2021 but is comparable to the regional and national averages.

Improvement Actions

Actions plans remain in progress for NNUH SHMI and the SJR back log.

Work continues to complete the SJR cohort review of SHMI 30 day deaths. The main barrier to progress is lack of SJR reviewer capacity

Following on from the completion of the SHMI data quality review by the clinical coding team, further 'whole process' review with a focus on persistent SHMI outliers such as secondary malignancies will be undertaken. This will help inform an approach to the proactive validation of patient data in diagnosis groups which are chronic SHMI outliers. Work also continues to improve the quality of documentation including the quality and completion rates of Electronic Discharge Letters (EDLs).

Safer Staffing

NNUH Digital Health
business intelligence

Safe Staffing Fill Rates

Dec 2021

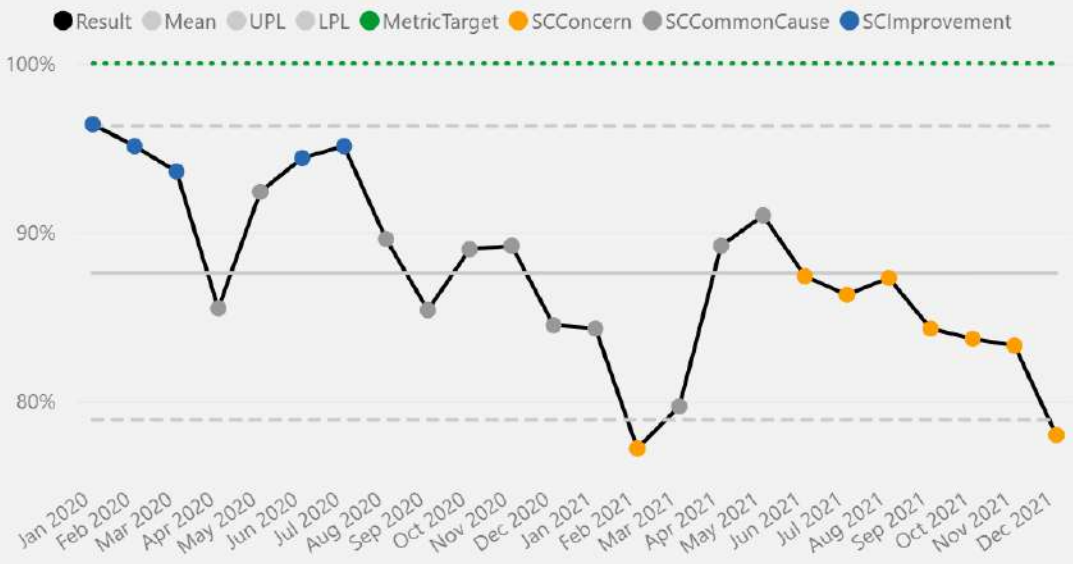
Variation	Assurance
L	F

78.00% Result	96.30% UPL
100.00% Target	87.60% Mean
	78.90% LPL

Analytical Commentary

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

Safe Staffing Fill Rates



Assurance Commentary

In December, the RN/M fill rates fell below 90% on 28 occasions and below 90% on 34 occasions for HCA. The overall ward nursing fill rates for RN/M in Dec decreased from 86.2% to 83.1%. The total CHPPD decreased by 0.1 to 7.0 in December.
The RN/M vacancy rate increased in December from 10.9% to 11.5% (n = 303.6 WTE) and from 19.2% (n= 260.7 WTE) to 19.5% (n=264.9 WTE) for HCA's.
Ingham has the current highest RN vacancy factor at 40.9% (n=9.8 WTE) alongside HCA vacancy at 44.2% (n=16.6 WTE) and AMU I for HCA at 45% (n= 14.4 WTE). 1,910 red flags were raised in December with 1,666 remaining open across the divisions.
The top three areas with the highest open red flags are Hethel at 101, Ingham at 97 and Guist at 94. 24 red flags remained opened on nights for less than 2 RNS on shift and 19 for 2 RN on nights. Safely staffing the hospital was very challenging in December.
The shortfall in RN and HCA time were examined in terms of absolute numbers, skill mix and patient acuity which were reviewed three times a day via the Safer staffing meetings led by the Senior Matrons.

Improvement Actions

• Internationally recruited nurses continue with 24 arriving in February • PD&E & HR colleagues are working with the ICS to improve the support offered to HCAs in the first 100 days • Introducing a Roster check and coach process • Full review has convened the Trusts Safer Staffing procedures • The new safer staffing report has been redesigned and makes a robust link between staffing and safety. • Financial incentives introduced for bank staff approved for specific shifts across the Trust.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Safe Staffing CHPPD	Dec 2021	7.0	Concern (Low)	No Target

Infection Prevention & Control

NNUH Digital Health
business intelligence

MetricName	Date	Result	Target	Mean
C. difficile Cases Total	Dec 2021	8	N/A	7
CPE positive screens	Dec 2021	0	N/A	1
E. Coli trust apportioned	Dec 2021	4	119	4
HOHA C. difficile Cases	Dec 2021	1	57	2
Hospital Acquired MRSA bacteraemia	Dec 2021	0	0	0
Klebsiella trust apportioned	Dec 2021	2	25	2
MSSA HAI	Dec 2021	0	N/A	3
Pseudomonas trust apportioned	Dec 2021	1	24	1

Assurance Commentary

Confirmation has been received that the trust will continue to utilise ICnet rather than WEBv following V6 being decommissioned.

MRSA supportive measures for Guist ward ended on 09.12.2021
Kimberley COVID outbreak ceased 17.12.2021.

Updated PPE Government guidance released on 24.11.2021 implemented.

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

Improvement Actions

Provide ongoing support to:
NICU following the Klebsiella ESBL outbreak declared 02.12.2021.
Earsham ward Norovirus closure - reopened 04.12.2021.
Loddon COVID outbreak commenced 27.12.2021
Mulbarton COVID outbreak commenced 31.12.2021

To complete the software upgrade to ICnet version 7.

NNUH Staff COVID-19 Testing

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

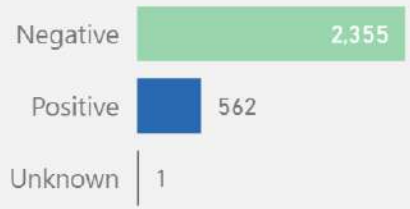
NNUH Digital Health
business intelligence

NNUH Staff Tested	Results Recieved	COVID-19 Confirmed
2,929	2,918	562

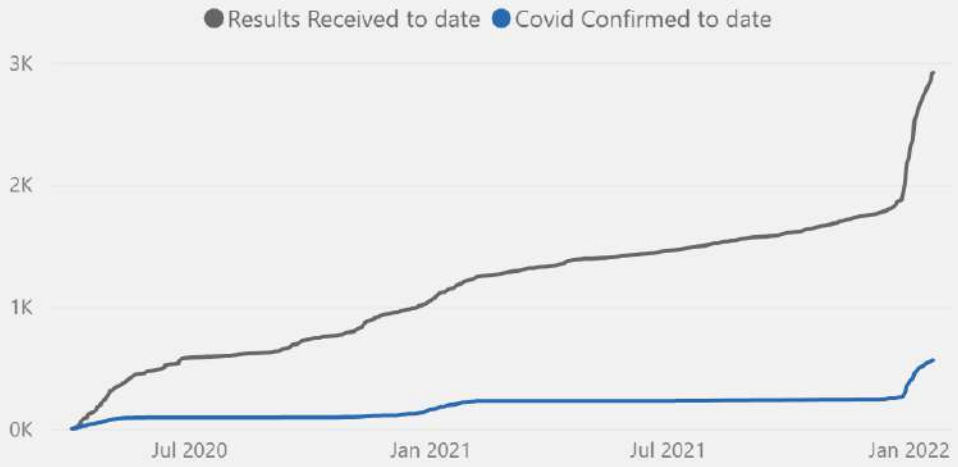
Median Hrs Test to Result: 26.0

Unmapped Staff *: 878

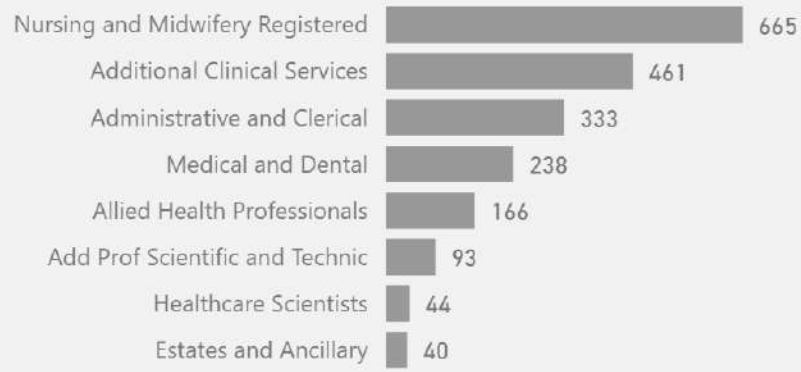
COVID-19 Status



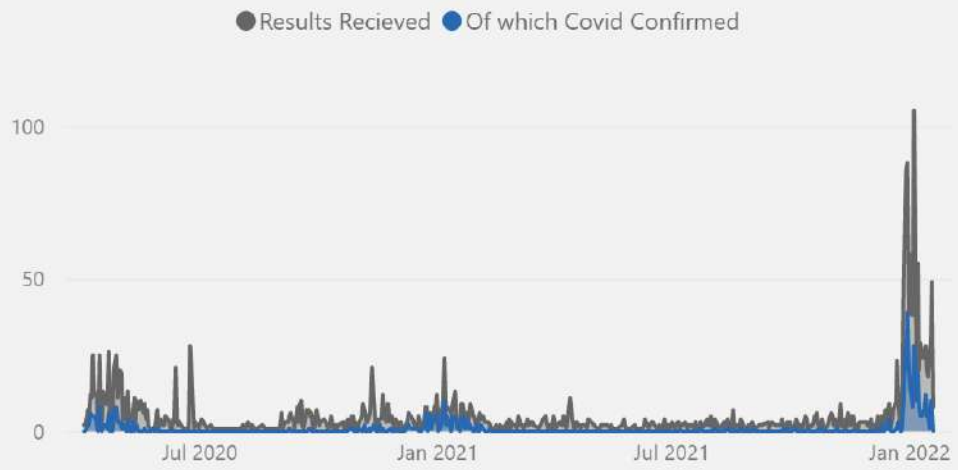
Cumulative NNUH Staff Testing to Date



Results Received by Staff Group



NNUH Staff Results by date of Result



Results Received by Organisation (10+ results)

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

COVID-19 Report - Timeseries

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

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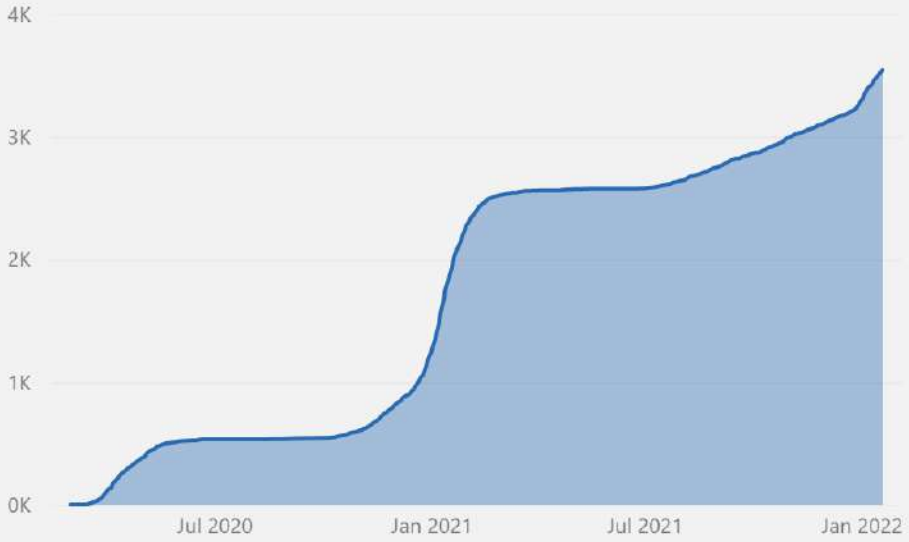
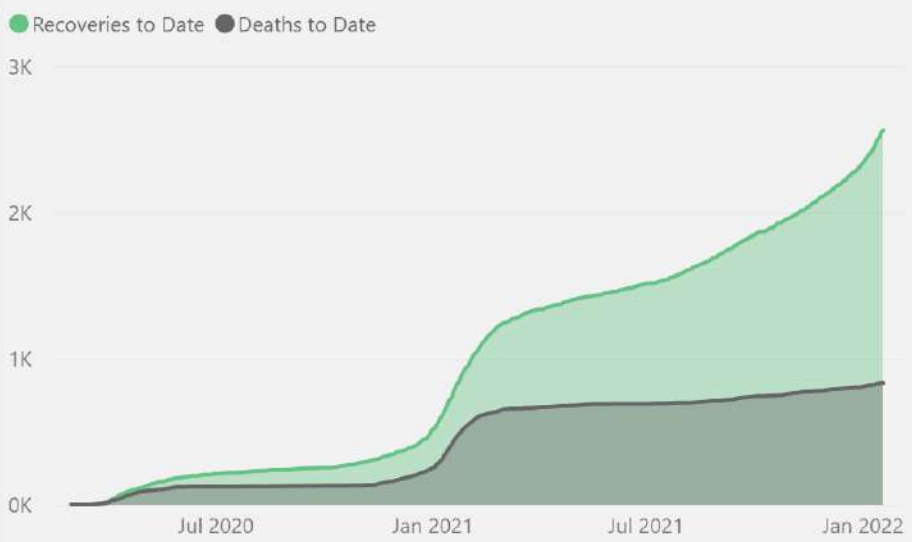
Cumulative	Total Swabs Taken	Patients Swabbed	Confirmed Cases	Recoveries	Deaths
01/03/20 - 19/01/22	184,553	60,834	3,543	2,561	831

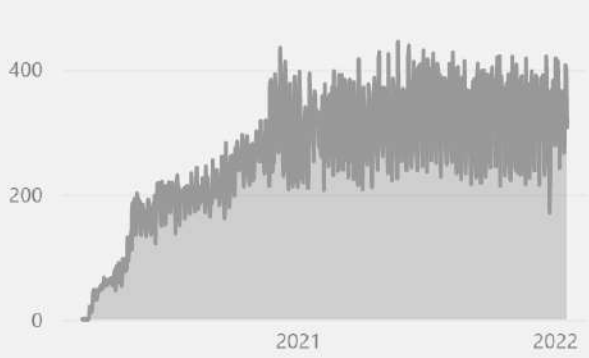
Cumulative Confirmed at NNUH



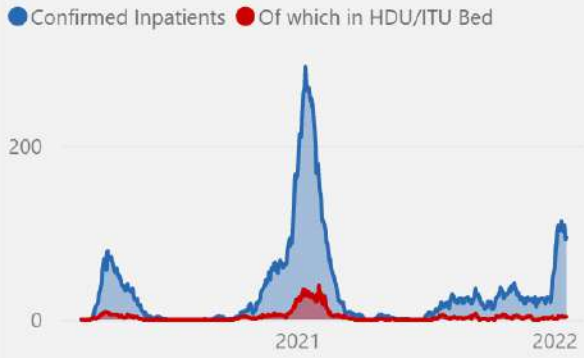
Cumulative Recoveries & Deaths



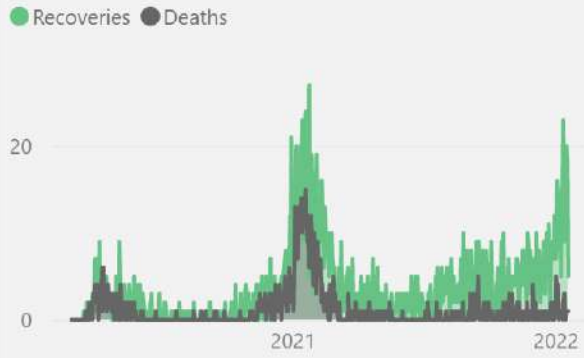
Patients Swabbed per day



Confirmed Inpatient per day (<=14 days)



Recoveries & Deaths per day



Maternity: Mothers

NNUH Digital Health
business intelligence

Caesarean Deliveries

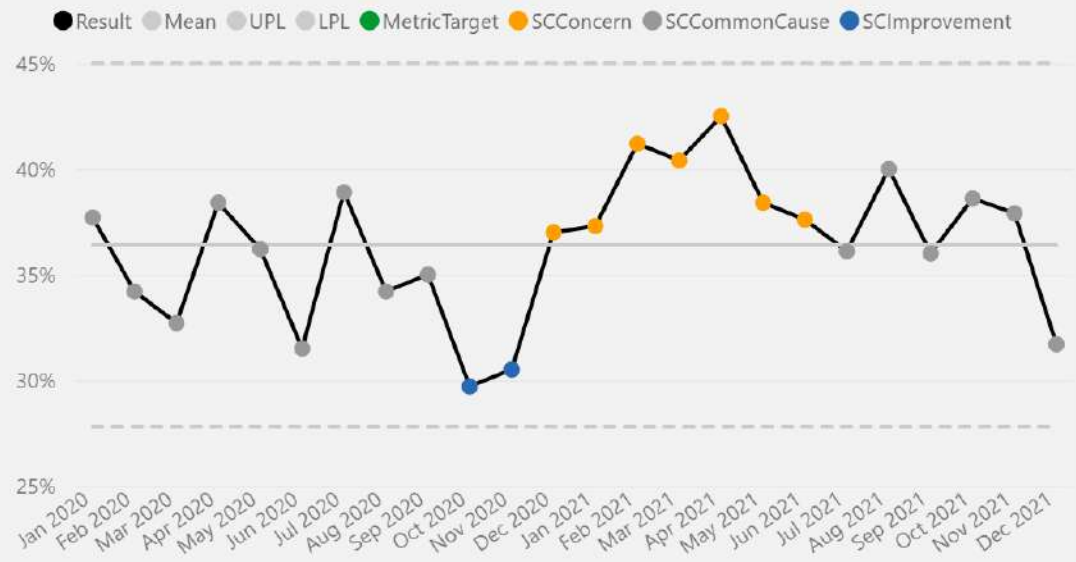
Dec 2021

	Variation	Assurance
Result	31.7%	45.0% UPL
Target	N/A	36.4% Mean
		27.8% LPL

Analytical Commentary

Variation is Common Cause

Caesarean Deliveries



Assurance Commentary

December 2021 saw 432 babies delivered to 426 mothers. Of these, 223 (52.3%) were vaginal births, 52 (12.2%) instrumental deliveries and 151 (34.5%) caesarean sections (LSCS). There were 67 elective and 84 emergency LSCS. Delivery by caesarean section has decresed from 40.2% in November 2021, although the rate of emergency LSCS has remained fairly static over the past 6 months. The increase in instrumental deliveries could possibly be attributed to the new rotation of Obstetric 1:1 care in labour was achieved 100% of the time, meaning that the co-ordinator maintained supernumerary status.
9 women (2.2%) sustained a 3rd or 4th degree tear in labour. 11 women (2.8%) had a PPH of >1500mls.
There were 4 Birth Before Arrival (BBA's) in December. All women experienced a rapid labour and did not contact a midwife in a timely manner. One of these women delivered her baby at 33+4 gestation. She was transferred in to NNUH and her baby admitted to NICU.

Improvement Actions

Continue to share Learning with the teams. Women to be reminded of the importance of making contact with their Midwife when in labour to avoid any potential BBA's.
Documentation around the circumstances of BBA's continues to improve and datix's submitted.
We continue to monitor Caesareans clinical appropriateness via weekly CTG meetings chaired by Intrapartum Lead Consultant and are awaiting outcome of funding bid for fetal monitoring lead clinician.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
1:1 Care in Labour	Dec 2021	100.0%	Common Cause	No Target
3rd & 4th Degree Tears	Nov 2021	0.0%	Common Cause	Unreliable
Births Before Arrival	Dec 2021	4	Common Cause	No Target
Post Partum Haemorrhage ≥1500mls	Dec 2021	2.8%	Common Cause	No Target

Mothers Delivered

426

Babies Delivered

432

Maternity: Babies

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Unplanned NICU ≥37 week Admissions (E3)

Dec 2021

Variation

Assurance

F

14 Result

0 Target

21 UPL

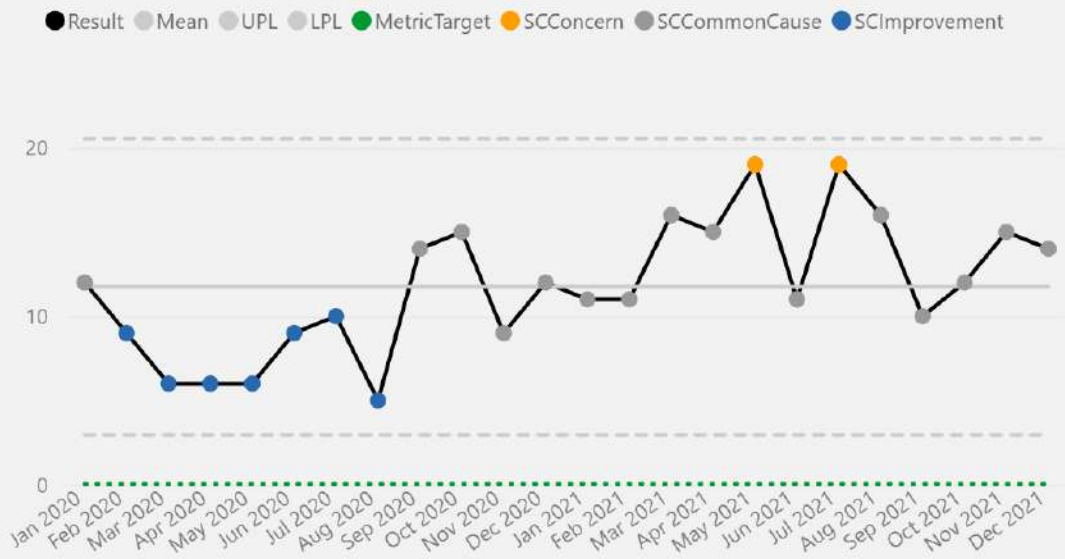
12 Mean

3 LPL

Analytical Commentary

Variation is Common Cause

Unplanned NICU ≥37 week Admissions (E3)



Assurance Commentary

In December there were 14 unplanned admissions into the Neonatal Unit, desite NICU being at opel level 4 on miltiple occasions throughout the month. Of these 14 admissions, 8 met the criteria for ATAIN.

Improvement Actions

All appropriate cases have been discussed at Avoidable Term Admissions In Neonates (ATAIN).
A new process for completing datix's for ATAIN babies has been commenced to ensure investigation in a timely manner. A weekly report is now run for all ATAIN babies and shared with relevant members of staff including the governance team who will check if a datix has been submitted. This will enable us to report to HSIB within the 7 day timeframe if required.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Adjusted Still Births	Dec 2021	0		Not Applicable		No Target
Apgar score <7 @5, ≥37 weeks	Dec 2021	12		Common Cause		No Target
Early Neonatal Death	Dec 2021	0		Not Applicable		No Target
Mothers Transferred Out of Unit	Dec 2021	3		Not Applicable		No Target

Saving Babies Lives

NNUH Digital Health
business intelligence

Topic	Metric Name	Date	Result		Variation		Assurance
Smoking Awareness	Smoking Status at Delivery	Dec 2021	11.3%		Common Cause		Unreliable
Fetal Growth Restriction	Less Than 3rd centile born > 37+6 weeks	Dec 2021	3%		Common Cause		Unreliable
Fetal Growth Restriction	SGA detected Antenatally	Dec 2021	72%		Common Cause		No Target
Reducing Preterm Birth	Singleton Births Preterm	Dec 2021	9%		Common Cause		Unreliable
Reducing Preterm Birth	Singleton live births < 34 wks (AN corticosteroids within 7 days PN)	Dec 2021	29%		Common Cause		Unreliable
Effective Fetal Monitoring	CTG Training and Human factors situational awareness compliance	Dec 2021	89%		Common Cause		Unreliable

Assurance Commentary

Compliance with CO monitoring and compliance remains below target. CO monitoring at booking and 36 weeks is steadily increasing however there is still work to do in order to achieve target. There may be a discrepancy between the data accuracy and input within our E3 system. Meeting scheduled with IT midwife to discuss and rectify. Women booked for pregnancy care are seen virtually for their first booking appointment and then face-to-face to complete the booking and ensure that baseline observtions are taken. CO monitoring forms part of routine observations. Observations are recorded into the handheld notes and should be uploaded to E3, however we are unsure if this is happening consistently. Although CO monitoring should be taken and recorded in both the handheld and E3 notes, we believe there to be a discrepancy with data transfer from handheld which needs further investigation.

GROW training compliance was 73.9% .

Improvement Actions

To increase compliance with carbon monoxide monitoring, we have created a set of actions to include:
1. Recruited inpatient and outpatient champions to work closely with the LMNS Public Health Midwife in driving up compliance at booking and 36 weeks.
2. Established regular meetings with champions, Public Health Midwife and DDMD.
3. Shared communications with all staff reminding them of the importance of co monitoring compliance.
4. Training all MCA's in performing co monitoring.

New fetal monitoring lead midwife and PDM's have action plan to improve GAP training compliance.
Review data pull for <30week deliveries to confirm correct details are being pulled across. Data being reviewed by Digital maternity team.

Adult Safeguarding

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business intelligence

Safeguarding Adults

Dec 2021

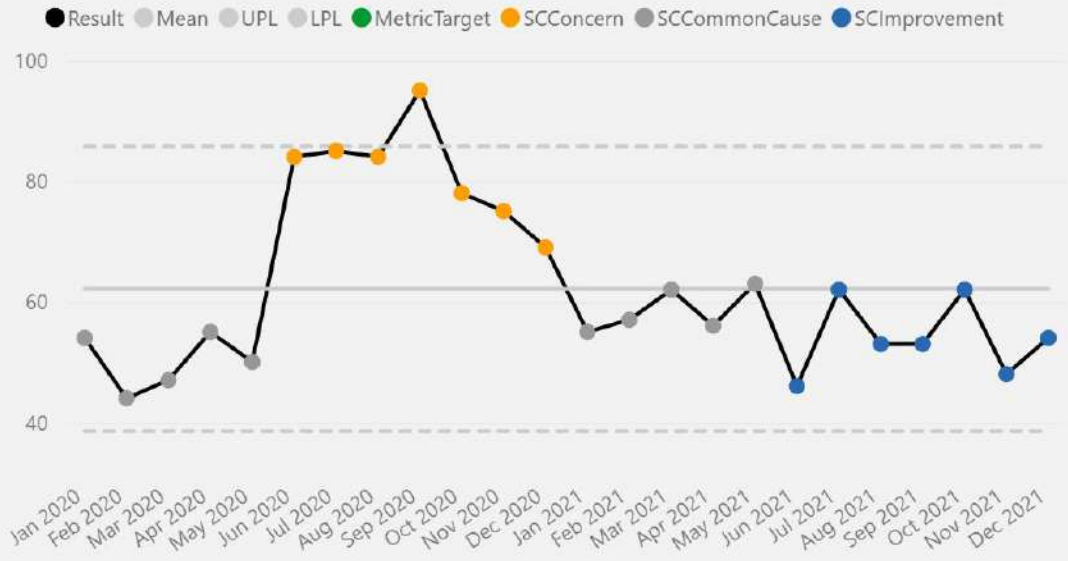
Variation	Assurance
L	

54 Result	86 UPL
N/A Target	62 Mean
	39 LPL

Analytical Commentary

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

Safeguarding Adults



Assurance Commentary

There has been discussions within the ICS about streamlining the safeguarding adult processes and meetings are ongoing with all partners to agree a standard operating procedure. There has been an increase in domestic homicide reviews across the county, and as part of this work action plans have been reviewed with the community safety partnerships. Any changes to policy will be reviewed and implemented accordingly. In line with the requirements of the updated Domestic Abuse Bill 2020, we are currently developing a stand alone staff domestic abuse policy.

Improvement Actions

The NNUH Safeguarding team and local authority are undertaking a thematic review of the referrals, and will look to develop an action plan to streamline this process. The scoping meeting facilitated by an external agency was due to be held on 16th December 2021, however, that has been rescheduled for early this year.

Children & Midwifery Safeguarding

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business intelligence

Safeguarding Children and Midwife...

Dec 2021

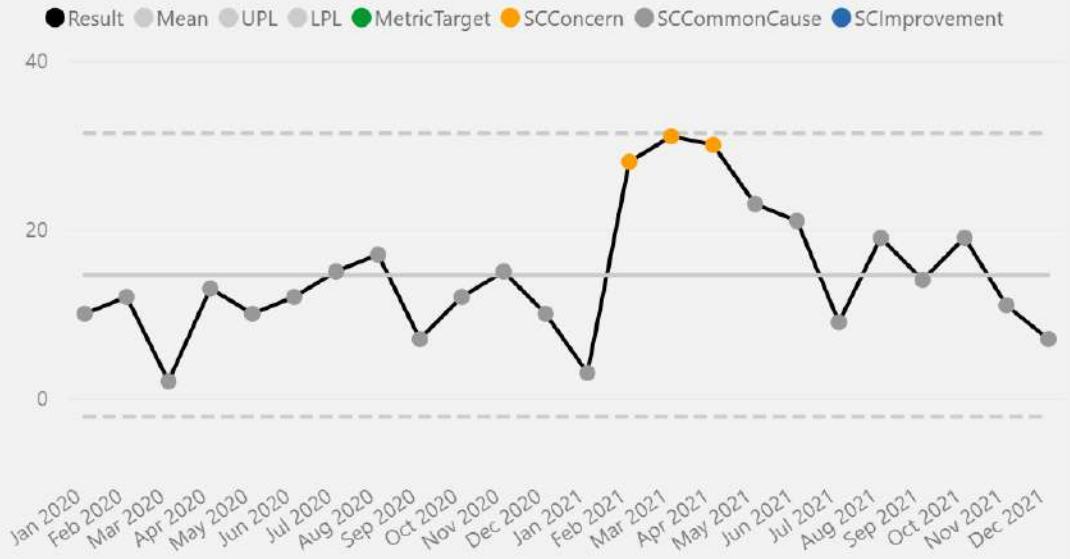
Variation	Assurance
	

7 Result	31 UPL
N/A Target	15 Mean
	-2 LPL

Analytical Commentary

Variation is Common Cause

Safeguarding Children and Midwifery



Assurance Commentary

As part of the section 11 work and alongside other members of the complex health hub, we are adopting a trauma informed approach to working across the organisation. There are ongoing meetings to formulate how this approach can be embedded and disseminated across the trust.
We continue to see a number of young people presenting with mental health concerns and at times a prolonged delay to discharge from the wards due to the unavailability of appropriate discharge destinations. There are regular meetings with NSFT and Children`s Services to try and mitigate delays and provide essential therapeutic services to the young people.

Improvement Actions

Discussions are being held to put into action how we can launch and promote a trauma informed approach to working throughout the organisation.

Discussions are ongoing to develop the service specifications and pathways of care for Children's Mental Health.

Staff are being supported through supervision to manage these complex cases.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Safeguarding Children	Dec 2021	4		Common Cause		No Target
Safeguarding Midwifery	Dec 2021	3		Not Applicable		No Target

COVID-19 Update

January 2022

Current Position: Local COVID State 4 – High Prevalence of COVID-19 Within the Hospital

Executive Summary – December 2021

COVID-19

There was an increased prevalence of COVID-19 throughout December generated by the Omicron variant. COVID (+) admissions were managed through Brundall, Dunston and Elsing wards, and the virtual ward. Green areas for elective care remained protected. The transmission rate of Omicron presented multiple challenges that impacted heavily on staff and patient availability and changed the number of inpatients admitted with COVID to a problem of patients admitted for a primary concern who also when tested had COVID. The IP&C management of this caused significant disruption.

Non-Elective Care

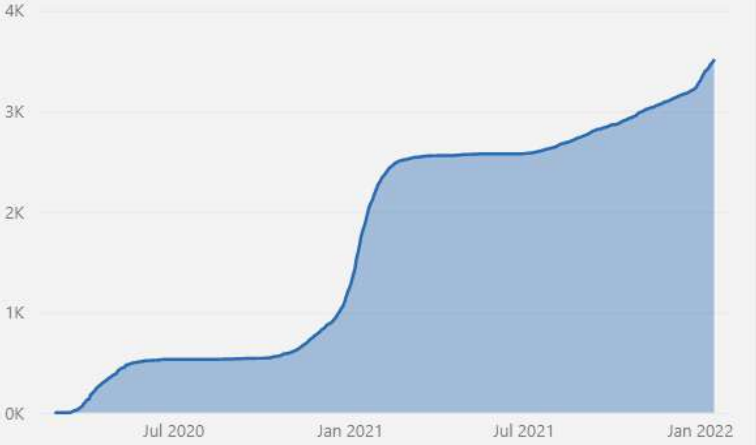
The impact of COVI-19 on staff availability, segregation of patients and bed capacity significantly impacted all aspects of the non-elective care pathways. The Trust managed in a severely congested state for much of the month with a constant reliance on escalation beds to help maintain flow. The staffing of escalation areas in a sustained way with very high absence rates was particularly problematic.

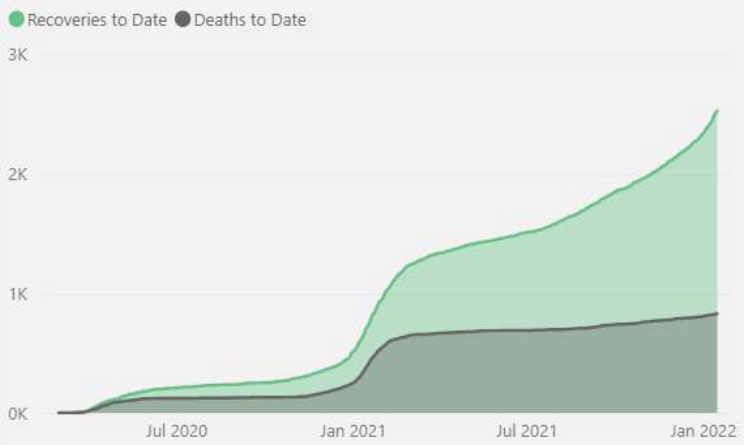
Elective Care

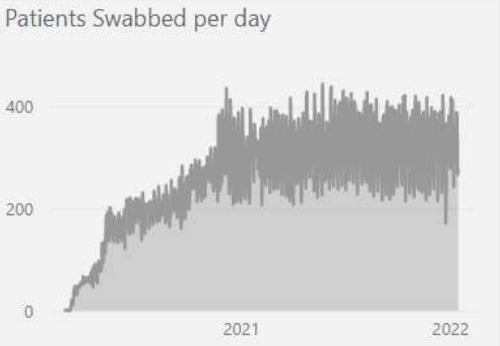
Elective care in December was significantly hampered by the effects of COVID-19 on staff and patient availability, as well as a delay in support from the Independent Sector. Whilst the 88 protected ring-fenced beds remained in place, it was not always possible to maintain operating lists as planned. All access standard performance metrics were negatively impacted by the increased COVID-19 prevalence generated by the Omicron variant.

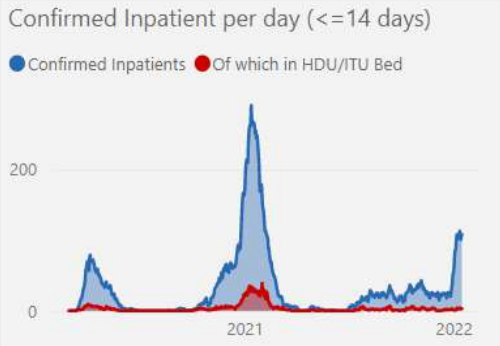
COVID-19 Report: Time Series

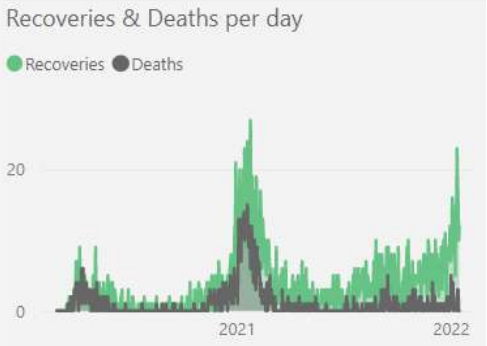
Cumulative	Total Swabs Taken	Patients Swabbed	Confirmed Cases	Recoveries	Deaths
01/03/20 - 16/01/22	183,453	60,590	3,506	2,528	828











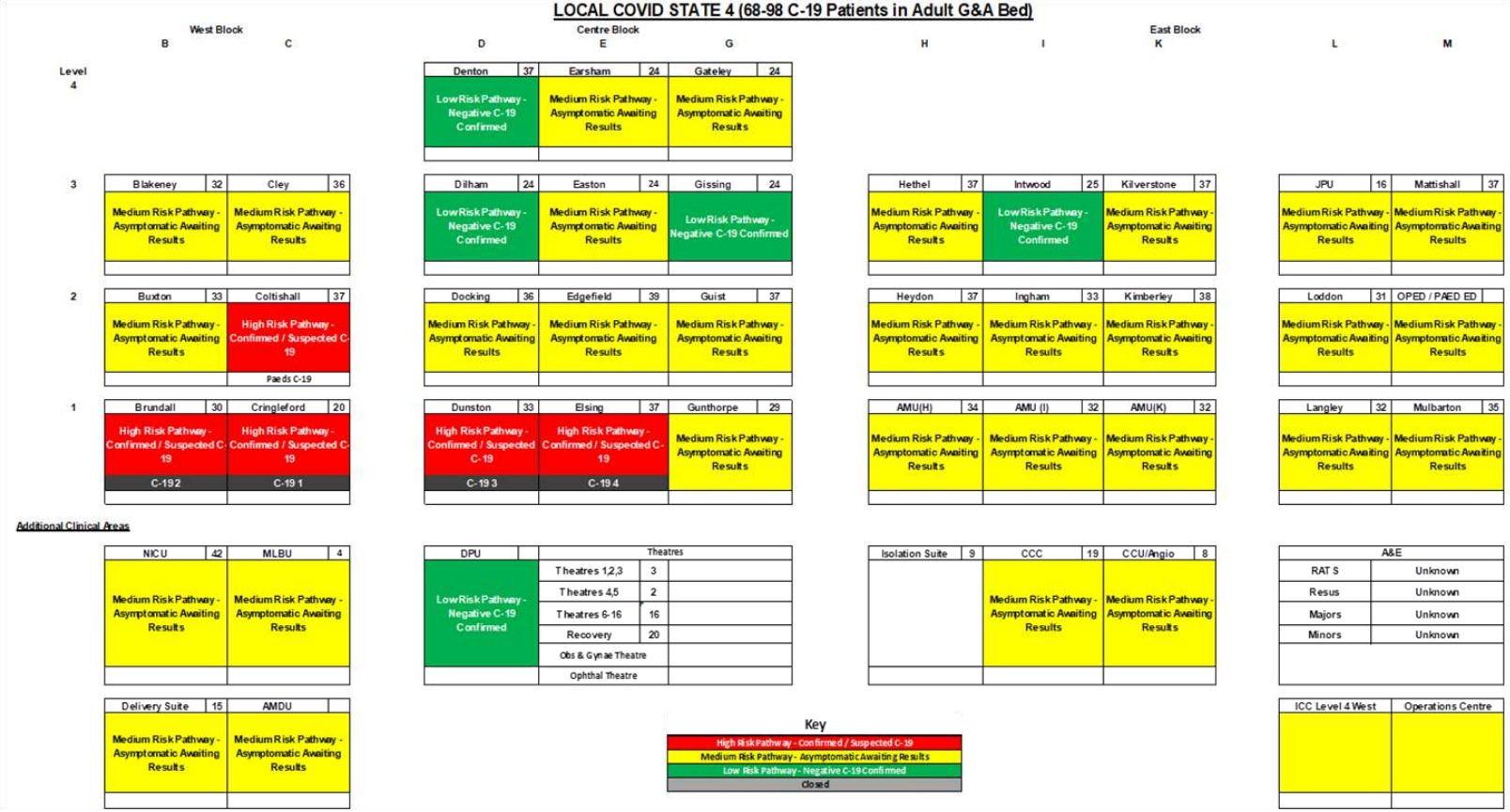
Commentary

There was an increased prevalence of COVID-19 throughout December generated by the Omicron variant.

COVID (+) admissions were managed through Brundall, Dunston and Elsing wards, and the virtual ward. Green areas for elective care remained protected.

Omicron increased the number of patients presenting with primary condition who were unaware they also had COVID until tested on admission. This resulted in multiple bed closures due to enforced cohorting of patients in the same bays as patients with confirmed COVID.

COVID-19 Report: Current Local Covid State



Commentary

The Trust de-escalated to Local COVID-19 State 4 on Monday, 17th January 2022. The segregation of COVID/non-COVID and protected elective areas of the hospital was maintained in December.

Integrated Performance Report:

Performance & Activity Domains

December 2021

Non-Elective Care Standards

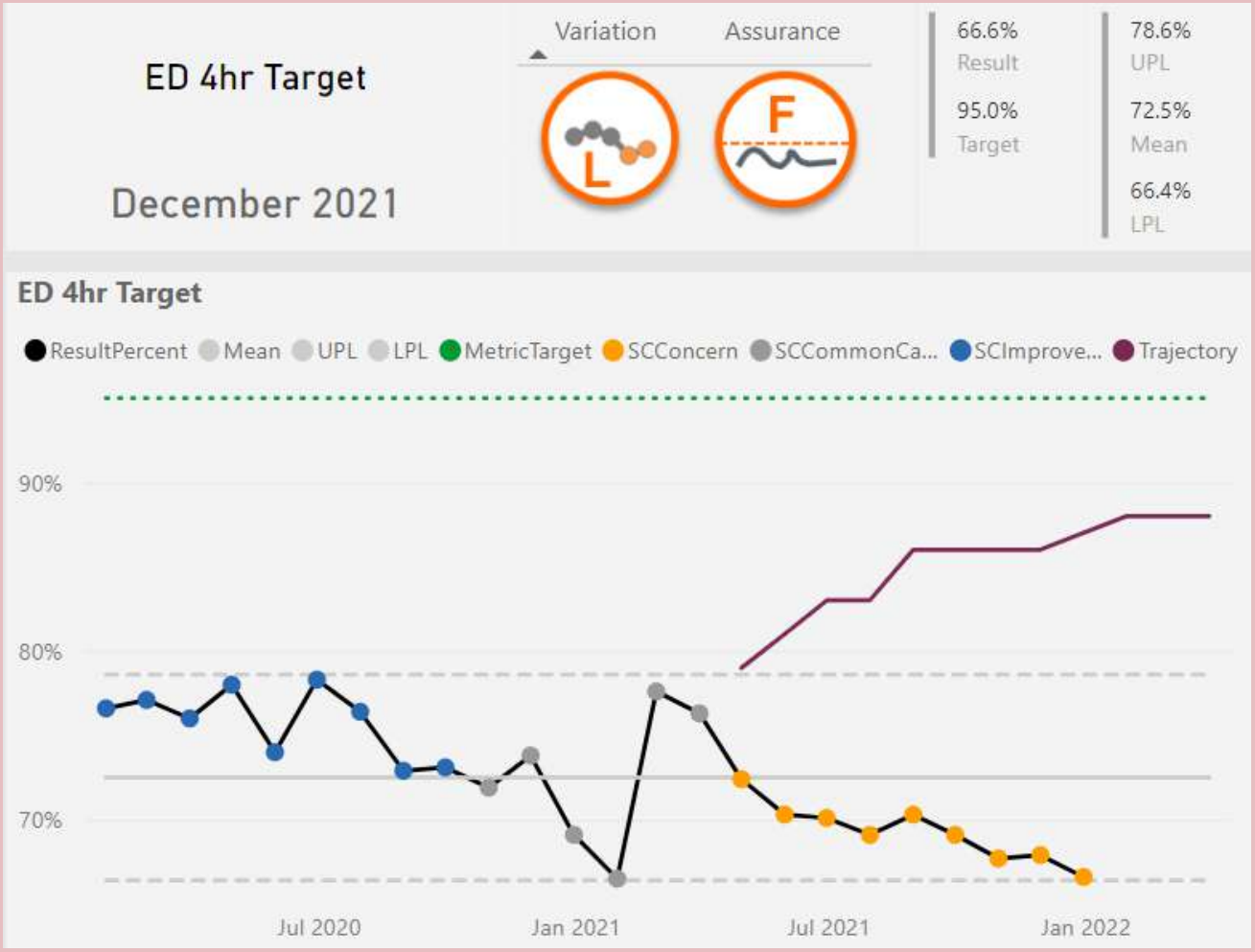
The impact of COVID-19 on staff availability, segregation of patients and bed capacity significantly impacted all aspects of the non-elective care pathways. The Trust managed in a severely congested state for much of the month with a constant reliance on escalation beds to help maintain flow.

Safer, Better, Faster (SBF) Performance Dashboard

Ref	KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
1	4hr Standard	95% (N)	Actual	76.34%	72.33%	70.51%	70.16%	69.06%	70.32%	69.11%	67.83%	67.98%	66.59%
			Trajectory	78.51%	79.43%	80.67%	82.87%	83.45%	85.78%	85.99%	86.02%	86.45%	87.35%
2	Initial Assessment <15 mins (ED)	85% (N)	Actual	57.16%	61.02%	57.57%	53.14%	52.71%	56.78%	45.97%	46.07%	49.53%	48.21%
			Trajectory	52.90%	54.06%	56.89%	58.02%	60.90%	64.80%	69.43%	71.04%	75.88%	79.98%
3	Avg Time in ED (Non-Admitted)	<220 (N) <180 (L)	Actual	208	221	230	234	243	236	250	267	277	273
			Trajectory	182	181	180	178	175	175	175	175	175	175
4	Avg Time in ED (Admitted)	<220 (N) <200 (L)	Actual	365	373	410	415	468	454	546	612	621	599
			Trajectory	314	311	308	298	285	278	268	260	251	240
5	Admitted within 1 hour of clinically ready to proceed*	100% (N)	Actual	18.07%	18.57%	47.45%	48.51%	33.51%	38.39%	24.70%	22.35%	17.09%	25.33%
			Trajectory	9.50%	30.00%	45.00%	50.00%	55.00%	60.00%	65.00%	70.00%	75.00%	80.00%
6	Total Time in ED <12 hours	100% (N)	Actual	97.05%	97.84%	96.53%	96.86%	95.36%	95.50%	92.50%	90.03%	88.57%	88.82%
			Trajectory	97.10%	97.90%	98.01%	98.90%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%
7	Ambulance Handovers <=15mins	90% (N)	Actual	60.37%	63.51%	56.85%	47.80%	43.32%	44.91%	34.35%	26.36%	27.25%	29.63%
			Trajectory	56.80%	57.00%	58.76%	59.05%	61.24%	65.98%	70.65%	28.00%	36.00%	50.00%
8	>21 Days LLoS Patients	86 (N) 80 (L)	Actual	82.6	93.6	81.7	93.0	99.5	105.7	138.5	137.4	158.2	157.7
			Trajectory	96	88	86	85	82	81	80	79	78	79
9	14-20 Days LLoS Patients	TBC (N) 49 (L)	Actual	70.1	61.6	69.0	67.4	75.1	71.4	81.3	81.9	89.7	86.6
			Trajectory	84	87	82	75	70	65	60	53	48	46
10	SDEC as % of Emergency Attendances	>30% (N)	Actual	45.42%	47.33%	43.81%	44.35%	51.15%	51.23%	51.73%	48.94%	51.54%	49.22%
			Trajectory	22.68%	23.85%	24.00%	24.86%	25.78%	26.85%	27.83%	28.79%	29.61%	29.97%
11	Triage	<60 mins (L)	Actual	91.92%	95.08%	94.51%	91.79%	89.69%	91.17%	84.68%	84.15%	86.52%	84.66%
			Trajectory	98.10%	98.90%	99.00%	99.00%	99.00%	99.10%	99.42%	99.58%	99.75%	99.89%
12	GP Streaming	TBC (N)	Actual	17.62%	16.28%	17.63%	17.82%	16.46%	17.63%	13.76%	13.97%	16.43%	17.68%
			Trajectory	17%	17%	17%	20%	20%	20%	22%	24%	28%	28%

Key:
More than 10% away from Trajectory
Within 10% of Trajectory
National target or trajectory hit
National target and trajectory hit

Performance – ED 4 Hour Standard



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
4hr Standard	95% (N)	Actual	76.34%	72.33%	70.51%	70.16%	69.06%	70.32%	69.11%	67.83%	67.98%	66.59%
		Trajectory	78.51%	79.43%	80.67%	82.87%	83.45%	85.78%	85.99%	86.02%	86.45%	87.35%

Commentary

December 2021 Performance

An increase in the acuity of the patients both via the ambulatory and ambulance pathways had an impact on the Trust's 4 hour performance.

ED 4-hour performance remained extremely challenged at 68.1% in December 21. The challenge often presented at the start of the day with 4hr performance often starting below 20% due to high numbers of patients in ED from 07:00. The exit block from ED also compounded by sustained high levels of attendances both ambulatory and via ambulance conveyances. Staffing was a major concern with nursing and medical staffing stretched and presenting regular shortfalls.

Improvement Actions

1. Role and pathway development - Senior Clinician at the front door to reduce both time to first clinician and divert inappropriate attendances aided by a reconfiguration of the pathways and layout of the ED. The building works started early January and will be completed in the next 8 weeks

2. Bookable appointments: ambition is to move as quickly as possible to bookable only attendances for minors. Requested support from regional NHSEI EUC Lead via CSORT; STP UEC Programme Manager to support too.

3. System support has been required to expedite plans for ED navigator to stream patients directly to GP Front Door service, currently trialling the ED staff streaming to the GPFD team. Pilot running for the next 6weeks with weekly evaluations using PDSA methodology to refine.

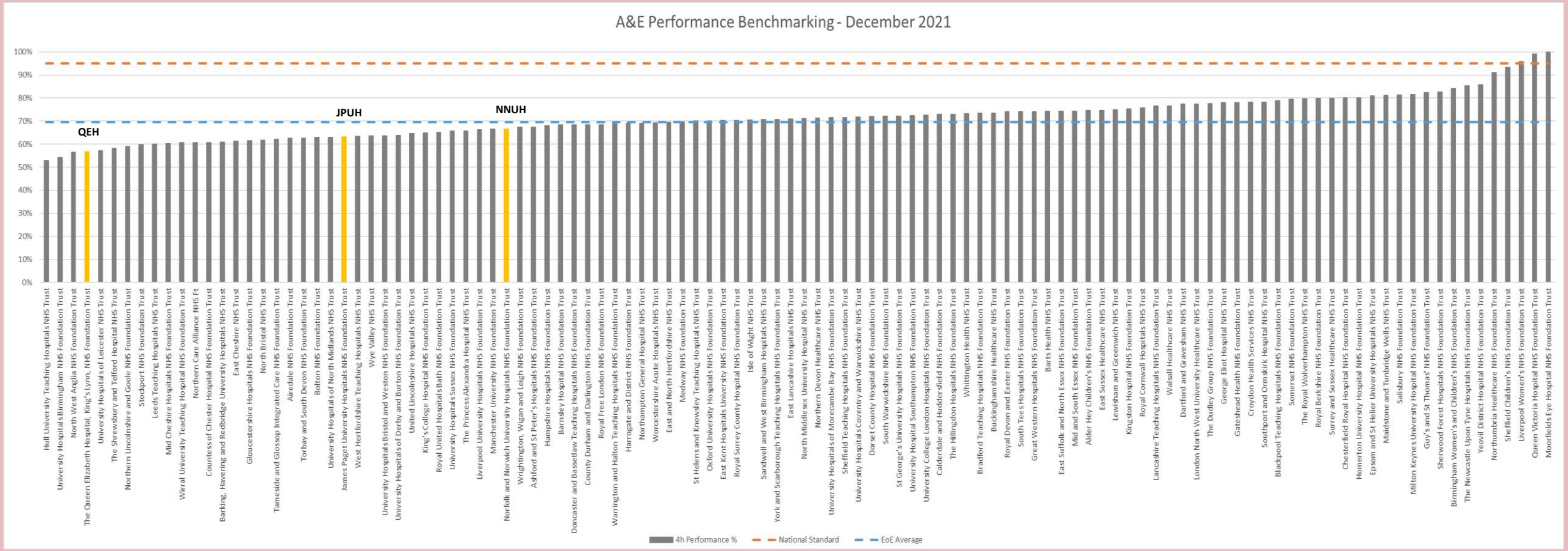
4. Trust selected for the ''Recovery Unit''.

5. Immediate actions include modifying the progress tracker role to prevent avoidable breaches within 15 min of targets, extended day senior manager oversight and SBF reset.

Risk To Delivery

RED

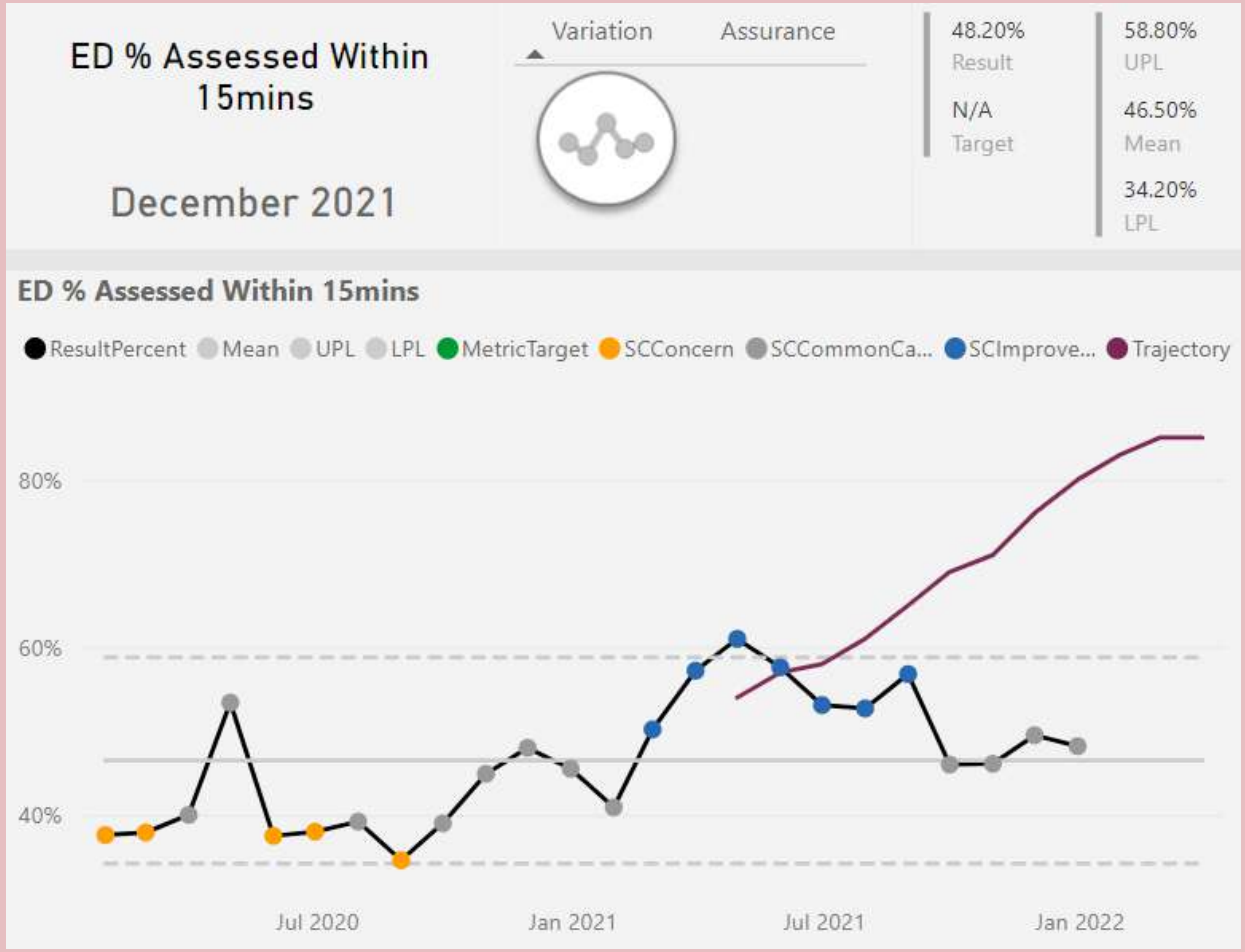
Performance – ED 4 Hour Standard Benchmarking



Comments

NNUH was ranked 77 out of 112 submitting Trusts for England A&E 4-hour performance in December 2021. This was slightly below the EoE regional average performance of 69.5% and the national average of 73.3%. The JPUH and QEH hospitals also struggled in December and the levels of performance were below the NNUH.

Performance – ED Assessed Within 15 Mins %



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Initial Assessment <15 mins (ED)	85% (N)	Actual	57.16%	61.02%	57.57%	53.14%	52.71%	56.78%	45.97%	46.07%	49.53%	48.21%
		Trajectory	52.90%	54.06%	56.89%	58.02%	60.90%	64.80%	69.43%	71.04%	75.88%	79.98%

Commentary

December 2021 Performance

Assessment within 15mins remained a significant challenge and continues to fall significantly below our target as a result of the team regularly operating within a congested department with limited physical space to see and assess patients, high volumes of ambulance attendances and sustained staffing shortfalls due to sickness.

The main risk to delivery of this trajectory remains a shortage of physical capacity to place staff and patients in an appropriate area within ED. The layout of ED is under review as the leadership team attempt to decide how best to use the existing footprint. Focus remains on ensuring safe and effective front door assessment in-line with patients arrival time and source.

Improvement Actions

1. Improved monitoring process of performance on a live basis to enable real time decision making and actions driven by dashboard.

2. The initial reconfiguration of ED has started ahead of a major phased building programme, will address some of the physical space issues; creating 2 additional assessment spaces, the reconfiguration of the hub room into clinical space for the early assessment and treatment by the clinical team for the Minors, the move of Ambulatory Majors to the original Minors location and the reconfiguration of the Portakabin into an effective RATS location.

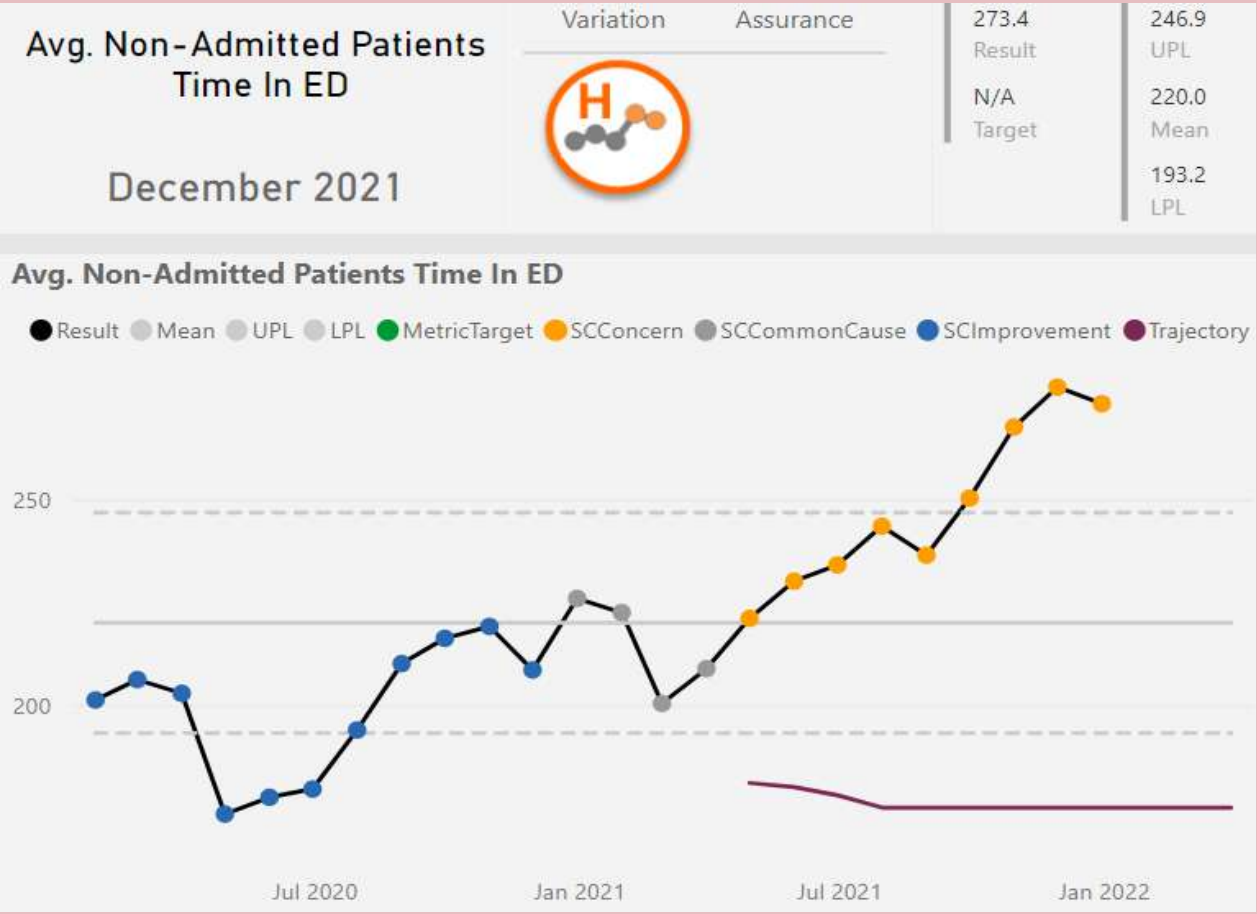
3. Enhanced escalation of this standard to ED matron and Operational Manager to explore mitigations in real time.

4. Place a Senior Clinician at the front door to reduce both time to first clinician and divert inappropriate attendances and further developed shared learn between the nursing and clinician teams.

Risk To Delivery

RED

Performance – Average non admitted patient time in ED



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Avg Time in ED (Non-Admitted)	<220 (N)	Actual	208	221	230	234	243	236	250	267	277	273
	<180 (L)	Trajectory	182	181	180	178	175	175	175	175	175	175

Commentary

December 2021 Performance

Both data indicators for ambulatory pathways indicate a decline in performance against targets and remain significantly off-trajectory. Demand profile remains similar with higher walk-in arrivals between (10:00-15:00) this subsequently compounds significant physical capacity issues across the department including in the waiting room and other areas.

Recruitment is underway to obtain additional ENPs to release the medical team to work in the other areas of the department leaving the NNUH Minors to be run like the Cromer MIU, with patients to have a time slot allocated to reduce footfall and peaks in demand which are not able to be met.

Improvement Actions

1. Action plan to re-evaluate space and improve turnover of Ambulatory patients once they have been assessed to allow for more rapid and effective utilisation of space. Work has started to review the use of the Minors locations to increase capacity for the ambulatory minor illness cohort of patients.

2. Improved use of GP Streaming – with the relation of the Ambulatory Majors location

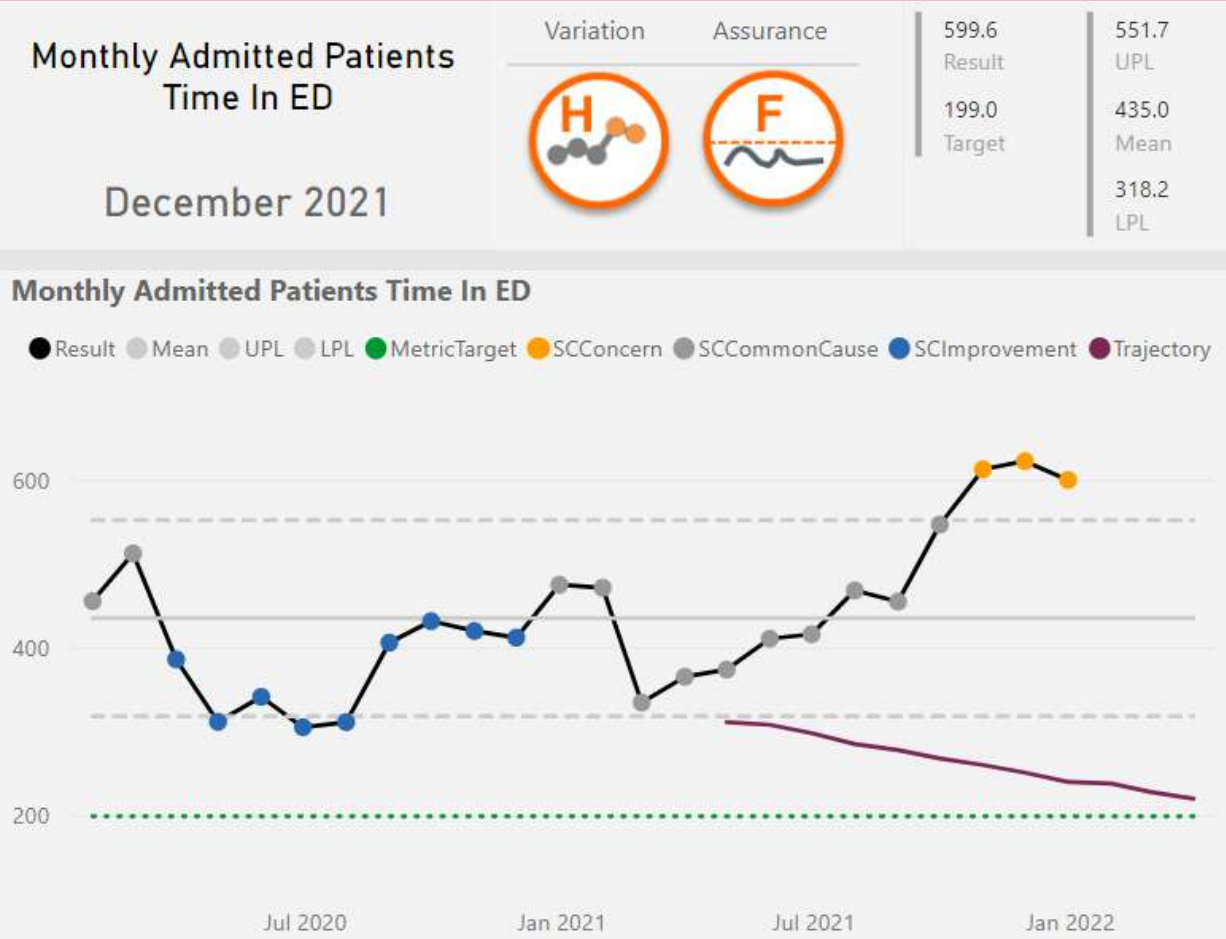
3.SDEC to be reinforced with additional clinicians

4. Complete the recruitment of the ENPs.

Risk To Delivery

RED

Performance – Average admitted patient time in ED



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Avg Time in ED (Admitted)	<220 (N)	Actual	365	373	410	415	468	454	546	612	621	599
	<200 (L)	Trajectory	314	311	308	298	285	278	268	260	251	240

Commentary

December 2021 Performance

December saw a slight improvement in performance with an average waiting time of 591 minutes for patients with a DTA waiting in ED, performance remains significantly off trajectory. The exit block of patients from ED to the onward ward is the main contributory factor to the admitted time within ED as the hospital maintains numbers of patients medically fit for discharge and high acuity within medicine. The Trust is progressing Clinically Ready to Proceed into business as usual.

Improvement Actions

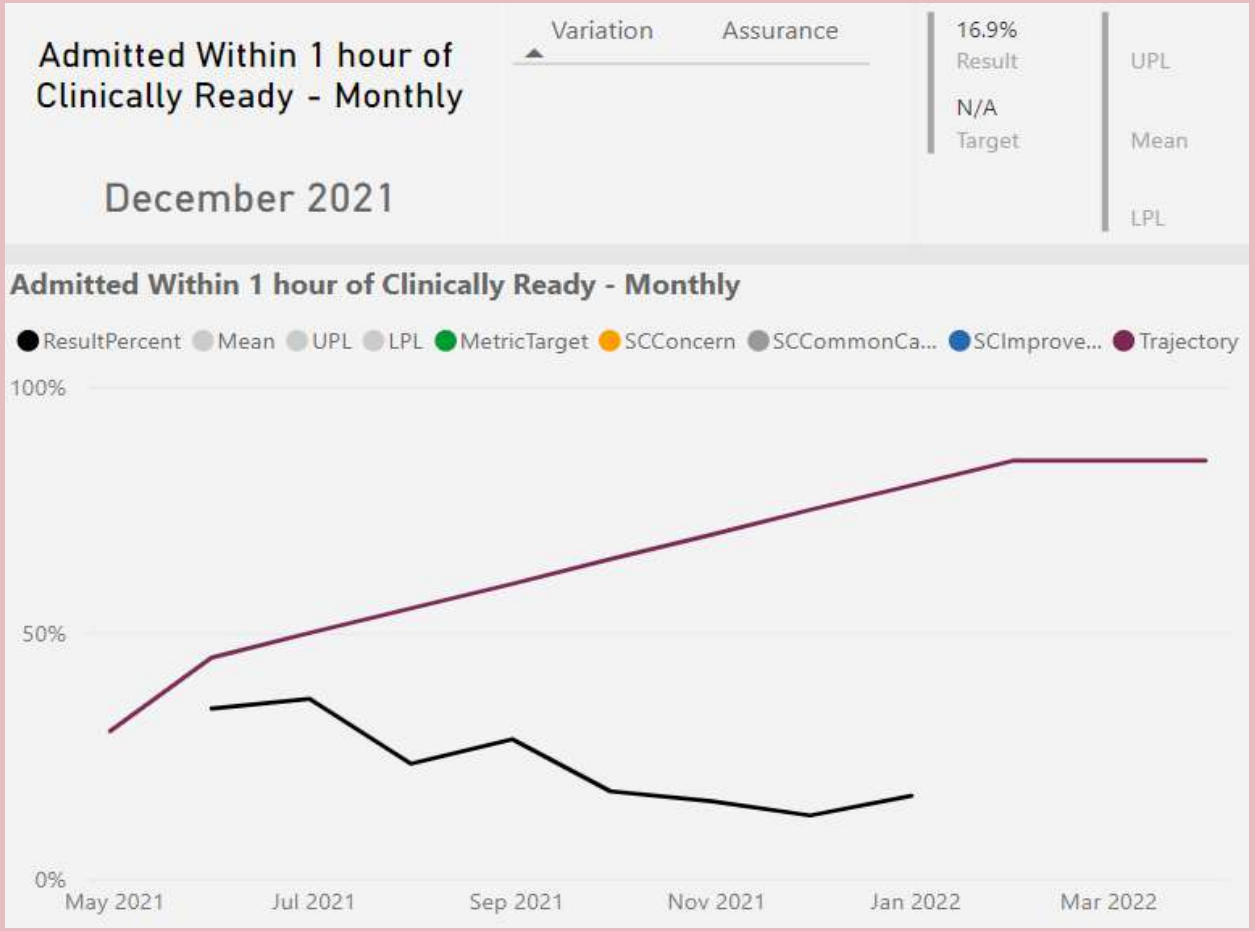
1. Convert the test of change process and learning to BAU once the policy/SOP is formally adopted by the Trust.

2. Move the patients waiting on admission into the existing Trolley Bay location to ensue the front of ED and clinical assessment and treatment space is available for new patients

Risk To Delivery

RED

Performance – Admitted within 1 hour of Clinically Ready to Proceed



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Admitted within 1 hour of clinically ready to proceed*	100% (N)	Actual	18.07%	18.57%	47.45%	48.51%	33.51%	38.39%	24.70%	22.35%	17.09%	25.33%
		Trajectory	9.50%	30.00%	45.00%	50.00%	55.00%	60.00%	65.00%	70.00%	75.00%	80.00%

Commentary

December 2021 Performance

The clinically ready to proceed within 60 min % performance saw a slight improvement on the previous month but remains the most challenged area of the new access standards. Continued delayed discharges and the number of patients without a criteria to reside continued to increase to unprecedented levels, with over 160+ patients on the list continuously and are subsequently causing a congested hospital. The need to provide additional wards to care for a surge in COVID admissions also impacts on our ability to provide sufficient yellow capacity. All possible escalation areas have been utilised as required and OPEL 4 triggered on multiple days throughout December with unprecedented actions including adding a 7th patient to bays in the latter days of December to deal with staffing and capacity issues.

Improvement Actions

1. MADE Events have occurred in the community and NNUH holding their own w/c 17th January 2022.

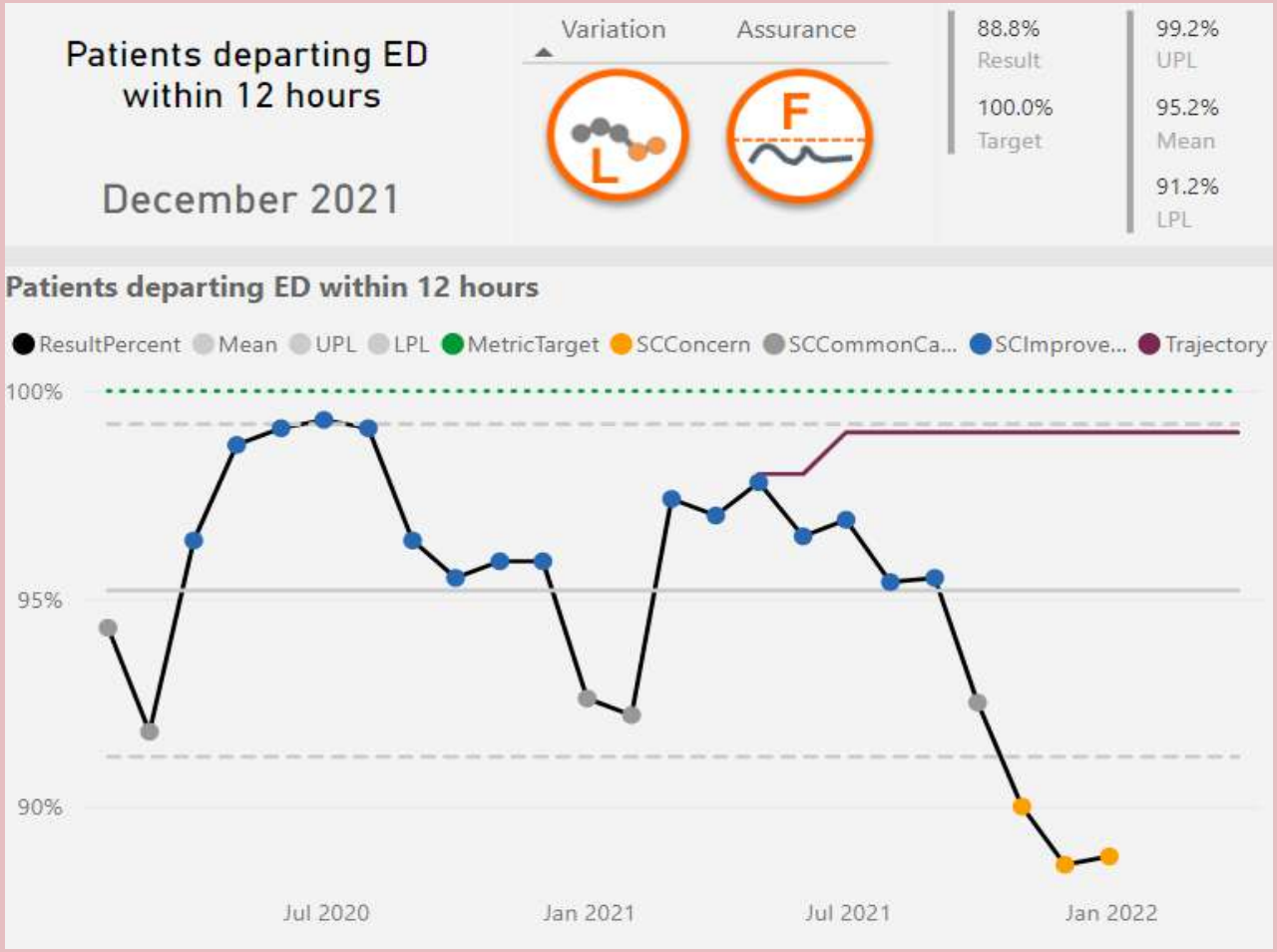
2. Daily escalations and calls are in place for the ICS to alleviate pressures where possible.

3. EEAST remaining on REAP 3-4 continues to reduce the numbers of patients that would otherwise be re-directed on admission avoidance pathways. Second cohort area implemented to safely offload ambulances as quickly as possible.

Risk To Delivery

RED

Performance – Patients Departing ED within 12 hours



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Total Time in ED <12 hours	100% (N)	Actual	97.05%	97.84%	96.53%	96.86%	95.36%	95.50%	92.50%	90.03%	88.57%	88.82%
		Trajectory	97.10%	97.90%	98.01%	98.90%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%

Commentary

December 2021 Performance

There remains no system resolution to enable ED to achieve 100% due to the continued capacity issues for mental health patients, who often remain in the department for over 12 hours whilst awaiting an appropriate mental health placement. We had 220 x Trust 12-hour DTA breaches within December 2021, the vast majority of which were due to a lack of bed capacity and is the highest amount over the past 12 months as inpatient demand far outstripped capacity.

Daily monitoring of numbers of patients with an ED episode of 12 hrs or more via site flow meetings and by the ED Triumvirate – the daily challenge is to ensure this is a single figure number with a view to improve this as work develops. These patients are a focus at each of our patient flow meetings.

Improvement Actions

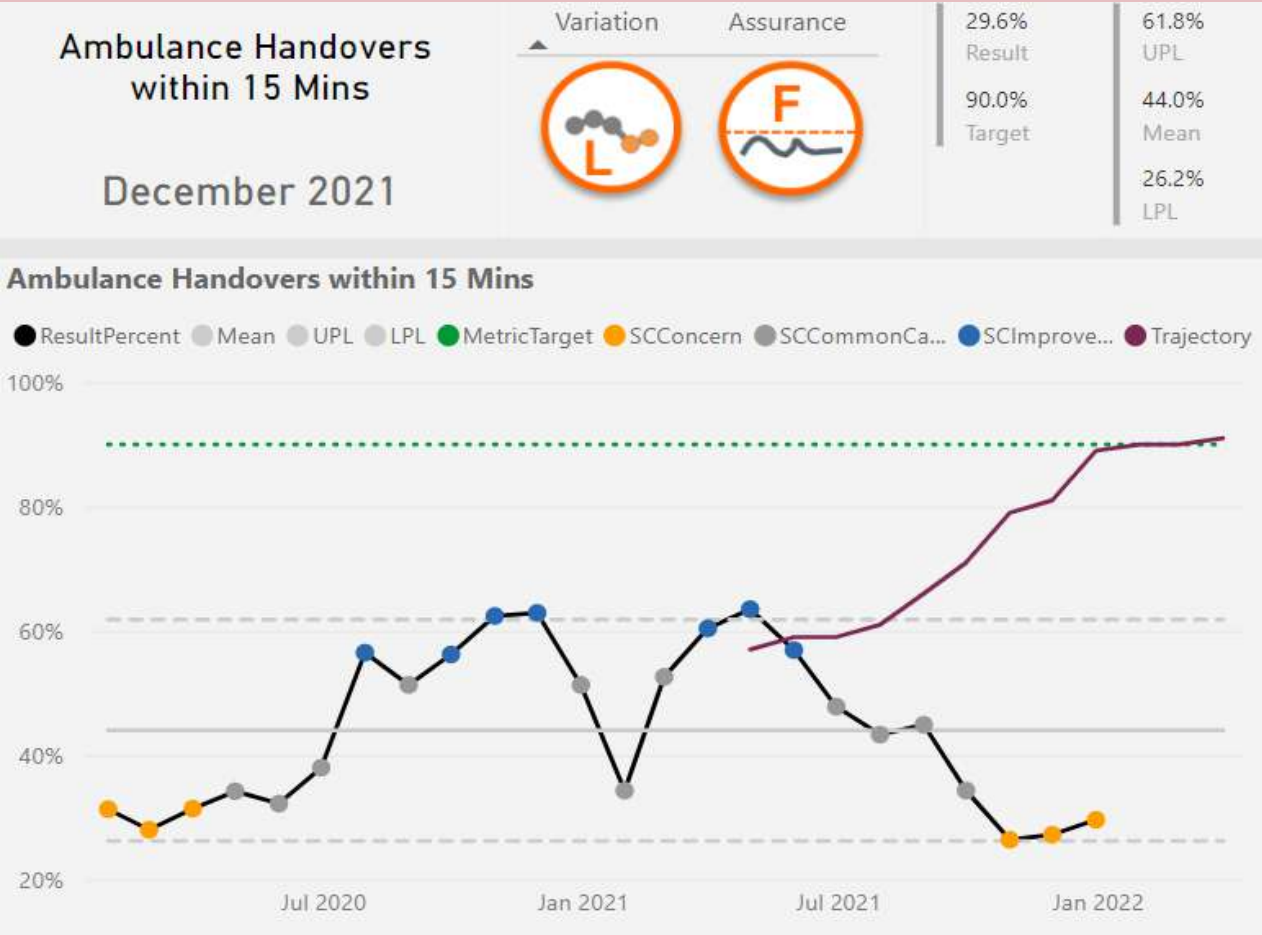
1. Ongoing liaison and engagement with Norfolk & Suffolk Foundation Trust, Norfolk County Council, NHS England and other partner organisations involved with the delivery of Mental Health services.

2. Focus at each patient flow meeting throughout the day.

Risk To Delivery

AMBER

Performance – Ambulance Handovers <15 mins



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Ambulance Handovers <=15mins	90% (N)	Actual	60.37%	63.51%	56.85%	47.80%	43.32%	44.91%	34.35%	26.36%	27.25%	29.63%
		Trajectory	56.80%	57.00%	58.76%	59.05%	61.24%	65.98%	70.65%	28.00%	36.00%	50.00%

Commentary

December 2021 Performance

Handovers were severely challenged during December. The % of ambulances offloaded within 15mins improved very slightly on November performance. The Trust's position reflects the wider regional and national picture of difficulties in sustaining performance and number of ambulances breaching 60 minutes with the ambulance cohort opened on multiple occasions throughout December.

Physical capacity issues cited across ED access standards has also impacted handovers. A plan to redesign ED space is being prepared ahead of 22/23 capital planning and other interim, short term actions and minor works are being made to alleviate the problems.

Improvement Actions

1. Continued work with the region, EEAST and ICS on resilience planning and daily/weekly escalation calls.

2. Working across the ICS to standardise expectations and role of the HALOs.

3. Planning in place to have 12-12 7/7 cover for cohort capacity to enable quicker ambulance offloads and resilience during peak hours with an extended cohort location adjacent to the ED.

Risk To Delivery

RED

Performance – 15 Minute Handover % Trends EoE

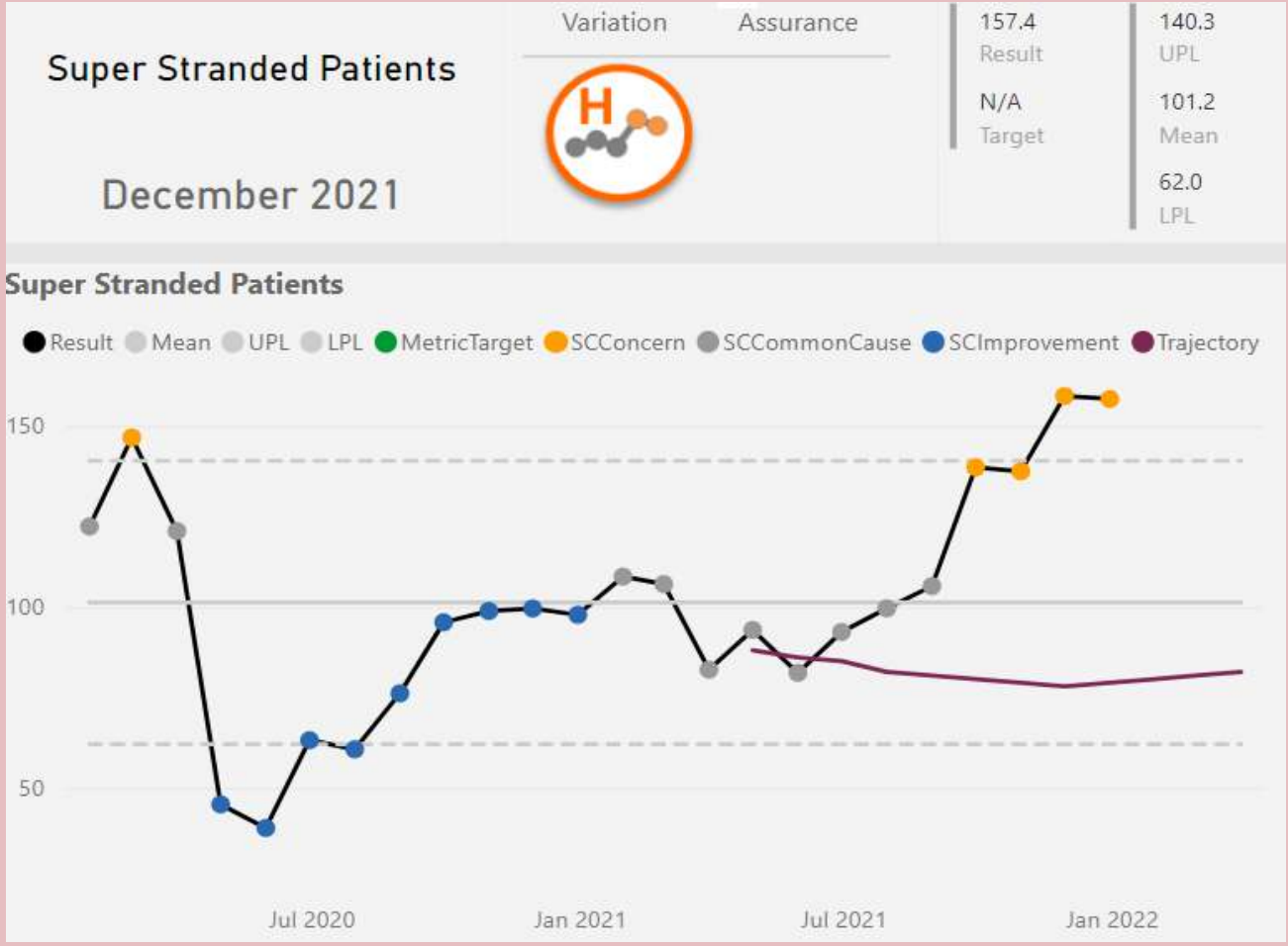
NNUH Digital Health
business intelligence

Hospital Name	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Addenbrookes Hospital	36.58%	37.31%	37.28%	42.67%	42.13%	38.95%	31.43%	27.66%	29.52%	24.45%	25.13%	35.36%	34.48%	**34.19%**
Basildon & Thurrock Hospital	41.42%	52.59%	67.97%	69.22%	68.44%	66.29%	55.60%	54.18%	50.11%	44.82%	39.47%	35.69%	40.19%	**53.40%**
Bedford Hospital South Wing	37.85%	33.11%	48.91%	60.26%	57.65%	65.66%	60.42%	60.24%	53.22%	48.02%	47.45%	43.45%	43.26%	**50.92%**
Broomfield Hospital	31.03%	33.23%	44.31%	50.06%	44.24%	42.54%	66.86%	54.47%	47.73%	37.46%	29.57%	26.95%	30.39%	**42.09%**
Colchester General Hospital	24.96%	21.65%	29.73%	35.56%	33.22%	30.25%	30.88%	23.01%	14.77%	14.84%	15.13%	14.57%	16.46%	**23.74%**
Hinchingbrooke Hospital	31.96%	27.55%	28.06%	27.79%	23.37%	22.77%	21.05%	15.11%	13.27%	14.30%	12.56%	15.41%	12.23%	**20.57%**
Ipswich Hospital	31.59%	29.23%	41.16%	44.14%	39.89%	41.09%	35.26%	25.13%	27.23%	31.64%	31.20%	30.38%	27.00%	**33.53%**
James Paget Hospital	21.39%	19.43%	33.45%	48.38%	44.76%	36.36%	31.09%	31.93%	21.29%	24.28%	17.55%	20.92%	17.57%	**29.15%**
Lister Hospital	20.09%	21.57%	26.61%	25.70%	21.96%	19.20%	13.26%	14.75%	10.61%	6.90%	7.33%	7.96%	9.21%	**16.46%**
Luton And Dunstable Hospital	41.45%	41.13%	48.15%	47.54%	47.93%	47.89%	48.68%	46.28%	44.67%	44.18%	44.07%	38.85%	41.51%	**44.87%**
Norfolk & Norwich University Hospital	51.17%	34.45%	52.68%	60.31%	63.51%	57.12%	47.83%	43.56%	45.06%	34.32%	25.87%	27.10%	29.32%	**45.67%**
Peterborough City Hospital	12.31%	10.95%	20.50%	18.05%	18.93%	16.26%	9.83%	6.97%	4.86%	5.91%	7.45%	5.38%	5.27%	**11.30%**
Princess Alexandra Hospital	22.19%	9.32%	11.74%	17.14%	30.11%	25.43%	23.45%	21.50%	20.50%	19.01%	12.45%	12.78%	14.75%	**18.81%**
Queen Elizabeth Hospital	33.57%	45.24%	55.17%	59.19%	58.86%	52.50%	49.97%	46.31%	42.45%	37.76%	29.28%	32.41%	31.04%	**44.62%**
Southend University Hospital	17.83%	21.98%	23.15%	21.40%	21.04%	22.16%	21.53%	23.49%	19.15%	15.21%	13.93%	10.21%	13.20%	**19.09%**
Watford General Hospital	15.33%	15.19%	30.76%	31.06%	40.66%	34.81%	29.27%	25.90%	29.38%	28.06%	26.54%	25.17%	5.63%	**26.90%**
West Suffolk Hospital	39.61%	38.49%	50.70%	50.63%	52.47%	47.88%	46.01%	42.95%	41.25%	40.30%	38.41%	40.06%	36.41%	**43.58%**
Total	**31.29%**	**29.93%**	**39.59%**	**42.90%**	**42.88%**	**40.20%**	**37.44%**	**33.97%**	**31.35%**	**28.42%**	**25.58%**	**25.53%**	**25.27%**	**33.83%**
NNUH Rank	**1**	**6**	**3**	**2**	**2**	**3**	**6**	**6**	**4**	**7**	**9**	**8**	**8**	**5**

Comments

Performance challenged due to high volumes of patients with a DTA waiting for beds, increase in COVID-19 presentations, and constant use of cohorting preventing surge ability. Continued work with the region, EEAST and ICS on resilience planning and daily/weekly escalation calls. Working across the ICS to standardise expectations and role of the HALOs.

Performance – Long Length of Stay >21 Day Patients



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
>21 Days LLoS Patients	86 (N)	Actual	82.6	93.6	81.7	93.0	99.5	105.7	138.5	137.4	158.2	157.4
	80 (L)	Trajectory	96	88	86	85	82	81	80	79	78	79

Commentary

December 2021 Performance

The number of super stranded patients remains static and presents a daily challenge impacting on patient flow out of ED as beds remain blocked. This is also being seen in the community Trust and beyond. Leading to increasing delays of patients on pathways 1-3. The lack of package of care provision (pathway 1) is also preventing patients being discharged from community settings with the knock-on consequences of delays in pathways 2 and 3.

Improvement actions

1. MADE Events have occurred in the community and NNUH holding their own w/c 17th January 2022.

2. Daily escalations and calls are in place for the ICS to alleviate pressures where possible.

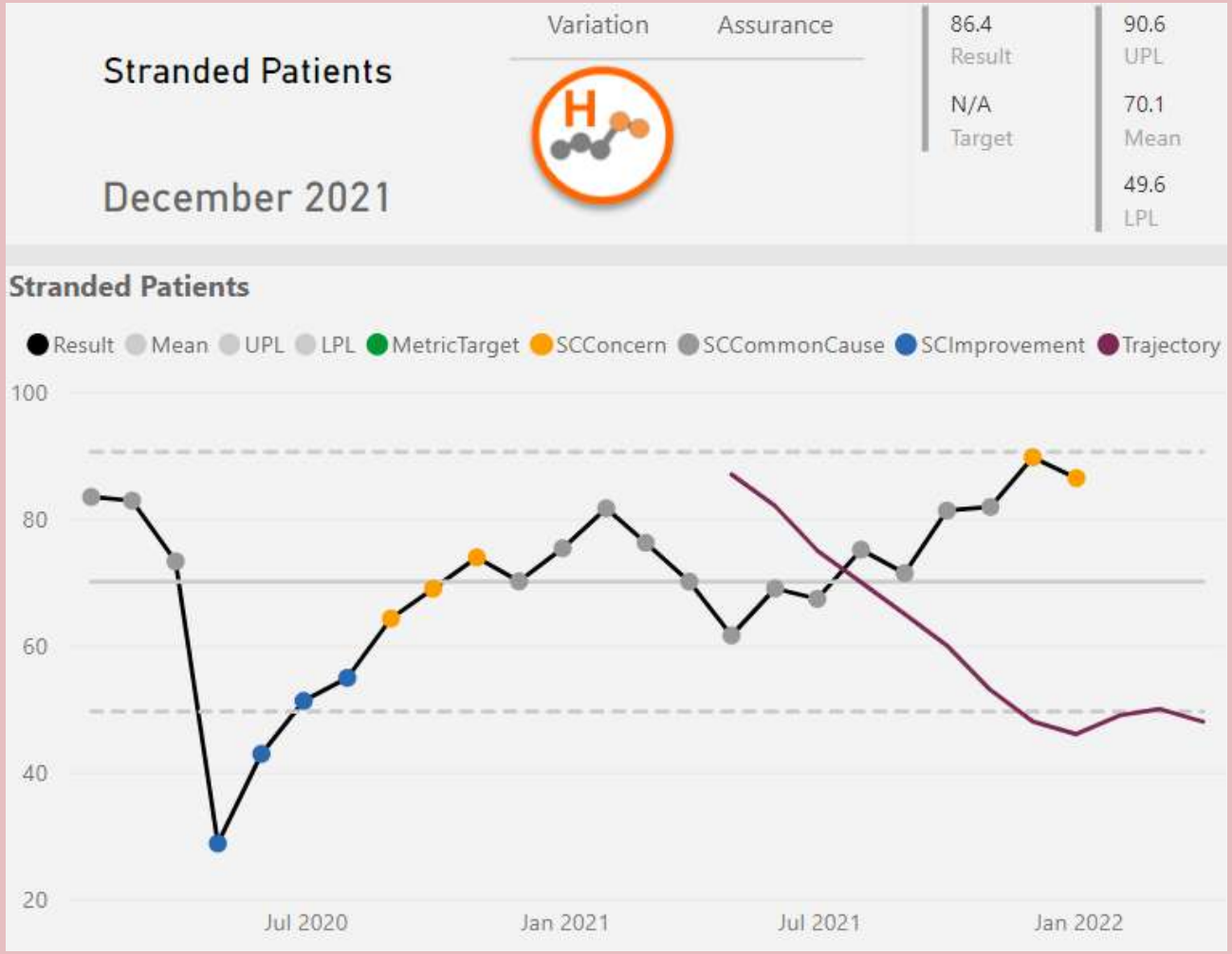
3. Re-introduced weekly executive review meeting with IDT, SS & Operational Managers. These provide a different perspective to unblock issues that are often not escalated to the right individual at the right time. Attendance and timings have been implemented to seek maximum value for progressing patients pathways.

4. Clear, assigned actions are circulated pre- and post- meeting and during the week with either Red (Not Complete) or Green (Complete).
Planned discharges, any LLoS patients planned for discharge to ensure plans are followed and prevent additional delays.

Risk To Delivery

RED

Performance – Long Length of Stay 14-20 Day Patients



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
14-20 Days LLoS Patients	TBC (N)	Actual	70.1	61.6	69.0	67.4	75.1	71.4	81.3	81.9	89.7	86.4
	49 (L)	Trajectory	84	87	82	75	70	65	60	53	48	46

Commentary

December 2021 Performance

Discharge pressures have been seen across the system in both acute and community settings. Further downstream, a lack of capacity to meet demand is also leading to community beds being blocked with an inability to obtain packages of care. Unfortunately this position did not significantly improve pre-Christmas, despite seeing a slight reduction in overall numbers and the impact continues into the new year. System partners are engaged in an improvement plan with interventions planned for January/February.

Improvement Actions

1. Focus on patients with no criteria to reside and rationale.

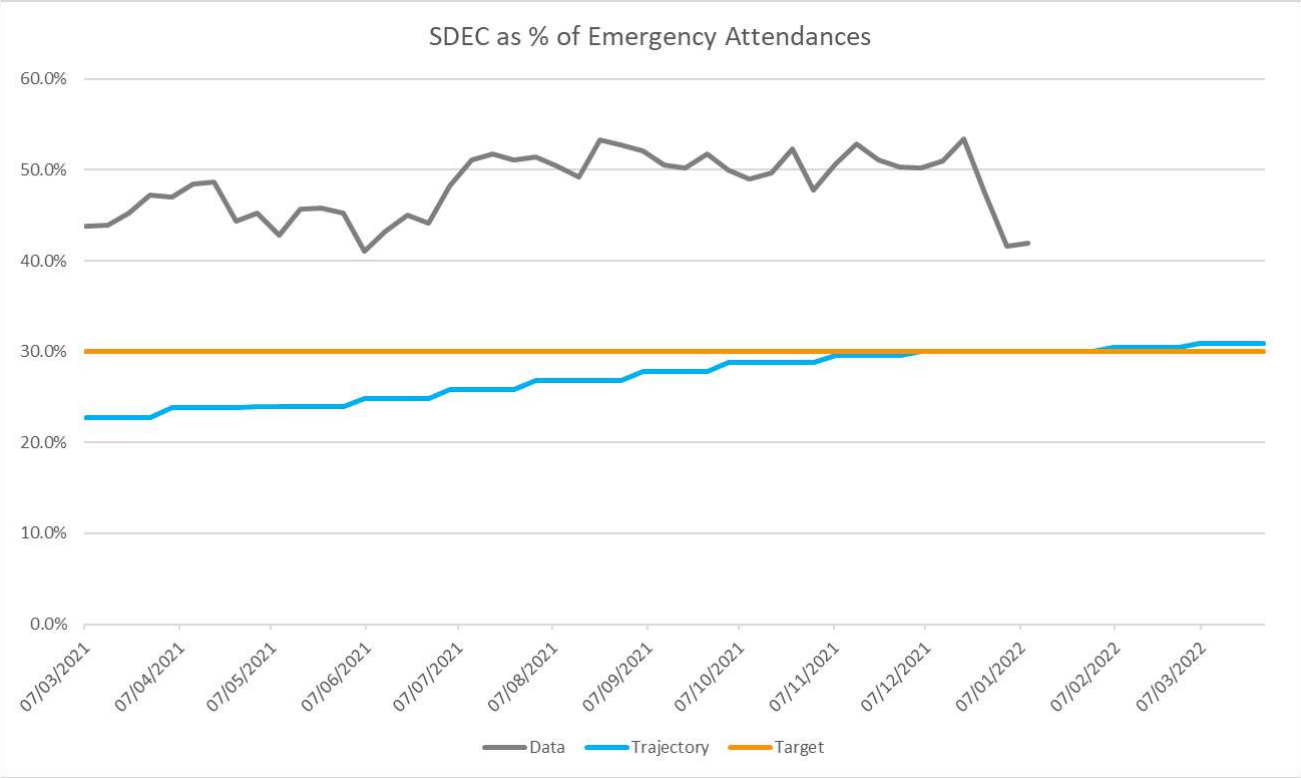
2. Expand use of Virtual Ward – standard operating procedures for patients that can automatically meet the criteria for virtual ward due to be produced. Increase in capacity for VW also planned.

3. Winter funding obtained to provide 15 additional beds in the community for patients awaiting short-term poc. These have not yet materialised.

Risk To Delivery

RED

Performance – SDEC as % of Emergency Attendances



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
SDEC as % of Emergency Attendances	>30% (N)	Actual	45.42%	47.33%	43.81%	44.35%	51.15%	51.23%	51.73%	48.94%	51.54%	49.72%
		Trajectory	22.68%	23.85%	24.00%	24.86%	25.78%	26.85%	27.83%	28.79%	29.61%	29.97%

Commentary

December 2021 Performance

Despite a slight reduction in utilisation, NNUH remains amongst the highest % in the Eastern region.
Medical SDEC capacity has been challenged due to the increasing volume of inpatients which has led to escalating inpatients into the area dedicated to SDEC which can cause disruption and delay in the mornings. This has on occasion reduced the ability to see SDEC patients and pull further patients from ED. SDEC is a key focus of the SBF programme and increased use of surgical SDEC is a priority.

Improvement Actions

1. Medical SDEC has a new lead for the work stream run via the SBF programme. The aim is to identify and standardise further pathways.

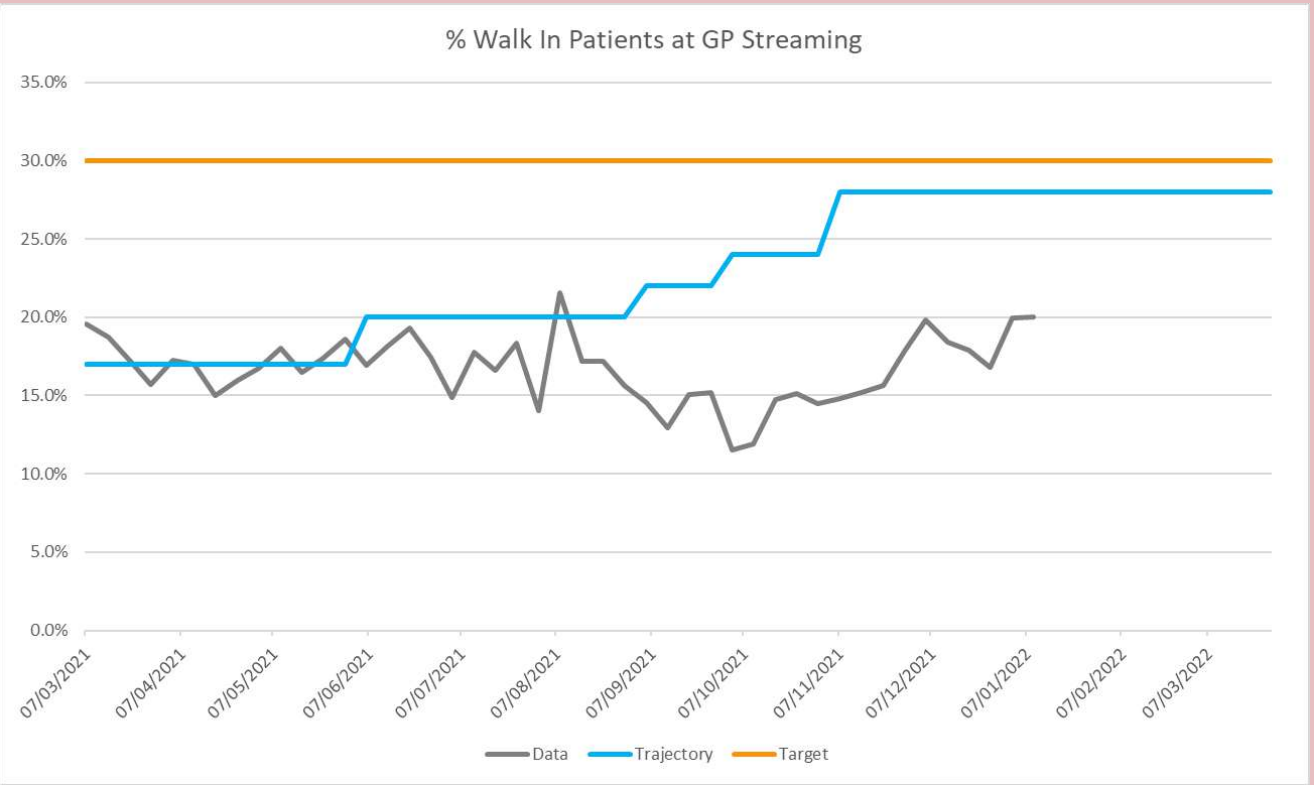
2. A focus on patient discharge to reduce bed occupancy will prevent escalation into the SDEC area.

3. Kick off meeting held in October with surgical stakeholders to increase number and variety of surgical SDEC pathways.

Risk To Delivery

GREEN

Performance – GP Streaming



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
GP Streaming	TBC (N)	Actual	17.62%	16.28%	17.63%	17.82%	16.46%	17.63%	13.76%	13.97%	16.43%	17.68%
		Trajectory	17%	17%	17%	20%	20%	20%	22%	24%	28%	28%

Commentary

December 2021 Performance

Due to staffing pressures, Primary Care have been unable to supply 3 members of staff consistently. This is being addressed by a pilot of ED streaming to the GPs to release more capacity as they will not be double navigating which started end of September and has had mixed success with criteria changes leading to changes in performance week to week. This is now being closely managed by the work stream lead. Risks include availability of GPs and as yet unknown impact of the 10 point plan.

Improvement Actions

1. Launch of IPAD pilot at front door.

2. Project manager will focus on the GPFD across the ICS and acute trusts with an aim to standardise the processes.

Risk To Delivery

RED

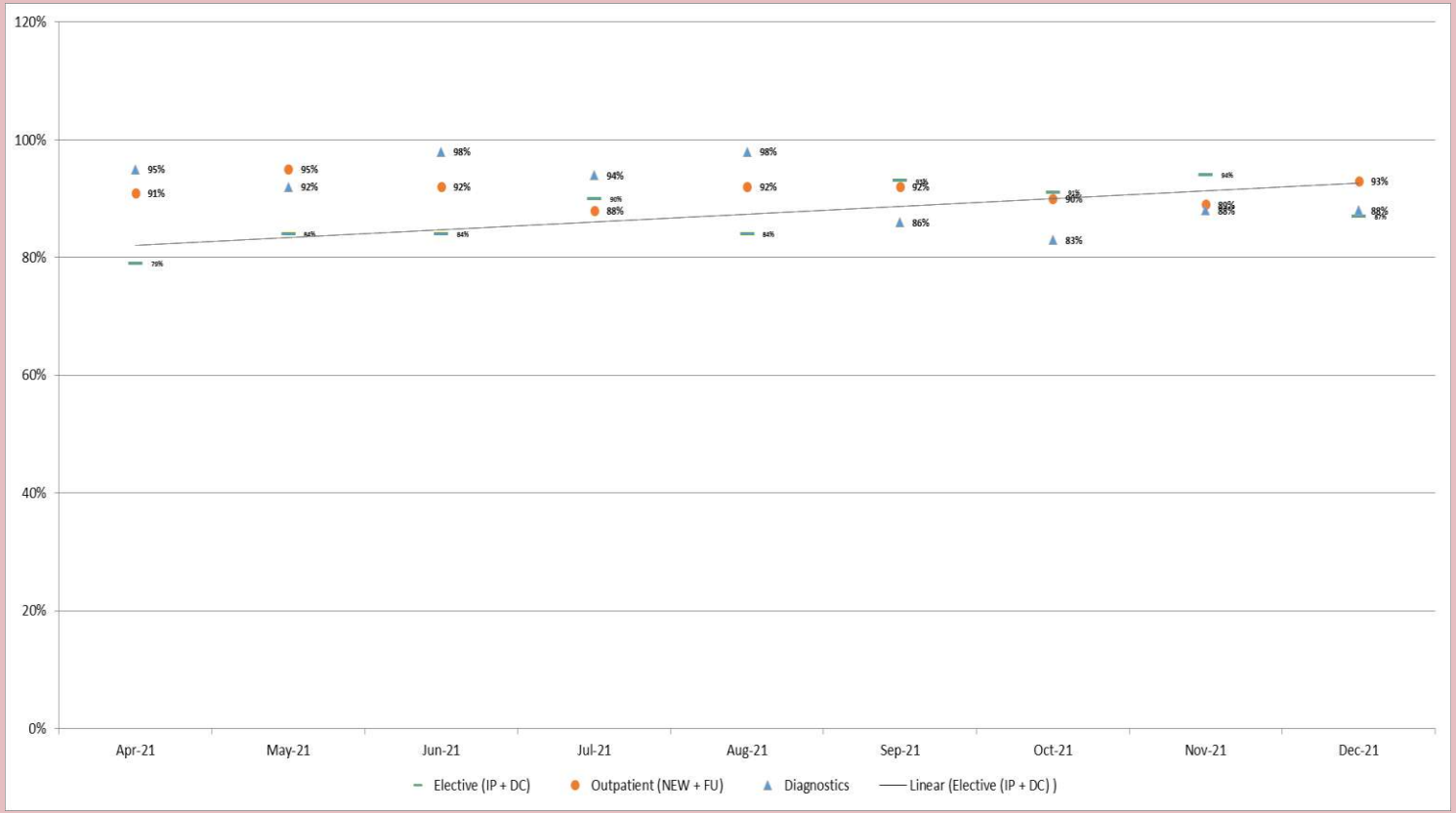
Elective Care Standards

Elective care in December was significantly hampered by the effects of COVID-19 on staff and patient availability, as well as a delay in support from the Independent Sector. Whilst the 88 protected ring-fenced beds remained in place, it was not always possible to maintain operating lists as planned. All access standard performance metrics were negatively impacted by the increased COVID-19 prevalence generated by the Omicron variant.

Safer, Efficient, Productive (SET) Performance Dashboard

Area	KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Cancer	Cancer 2WW Performance	93% (N)	Actual	85.8%	62.0%	62.5%	53.5%	54.0%	46.3%	60.0%	56.3%	55.3%	63.8%			
			Trajectory		76.4%	75.3%	82.0%	85.0%	86.0%	90.0%	92.6%	93.3%	93.0%	89.3%	93.0%	92.8%
	Cancer 2WW Backlog	38 (Feb 20)	Actual	29	280	422	642	820	455	242	338	279	341			
			Trajectory		264	353	225	131	93	77	48	23	27	76	41	22
	Cancer 62 Day Performance	74% National Avg (Feb 20)	Actual	60.2%	62.0%	54.2%	55.8%	53.6%	51.5%	47.6%	51.1%	45.4%	55.0%			
			Trajectory		64.3%	67.0%	64.5%	66.3%	70.2%	74.3%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
	Cancer 62 Day Backlog	174 (Feb 20)	Actual	222	208	262	256	382	446	447	431	380	335			
			Trajectory		223	222	219	217	196	205	174	146	145	181	159	143
	Cancer 62 Day Waits >104 Days	0	Actual	105	82	66	70	66	84	113	117	100	95			
			Trajectory		73	60	34	29	21	28	26	16	12	27	19	9
	Cancer Faster Diagnosis Standard	75% (N)	Actual	80.4%	75.9%	73.8%	63.7%	55.9%	57.8%	76.8%	77.2%	74.4%	80.8%			
			Trajectory		75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
RTT	RTT Waiting List	73432 (Sep 2020)	Actual	63607	64574	67084	69477	71460	72675	73655	75583	75209	75541			
			Trajectory													
	RTT 52 Week Breaches	11817 (Sep 2020)	Actual	11339	10764	10235	10054	10268	10807	11303	12053	12037	12232			
			Forecast													
	RTT 98 Week Breaches	0	Actual	132	315	562	747	972	1287	1635	1941	1947	2262			
			Forecast													
	RTT 104 Week Breaches	0	Actual	30	86	184	330	493	656	933	1211	1368	1505			
			Forecast													
Outpatients	Outpatient Virtual Activity % Total	25% (N)	Actual	44.3%	39.4%	37.8%	36.2%	34.7%	32.9%	31.9%	32.3%	31.8%	31.7%			
			Trajectory	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
	Advice and Guidance Requests per 100 New	12 per 100	Actual	6.5%	5.6%	6.0%	5.6%	5.6%	5.7%	5.5%	5.3%	5.5%	10.1%			
			Trajectory								12%	12%	12%	12%	12%	12%
	% PIFU of Outpatient Activity	1.5%	Actual	1.4%	1.3%	1.2%	1.3%	1.3%	1.4%	1.5%	1.5%	1.7%	1.2%			
			Trajectory							1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%
	P2 Patients Waiting >28 Days for Theatre	0	Actual	879	780	580	434	358	332	26	97	88	135			
			Trajectory		841	630	372	106	0	0	0	0	0	0	0	0
	Waiting List - Health Inequality Indicators	Variation	Ethnicity		No	No	No	No	No	No	No	No	No			
			IMD		No	No	No	No	No	No	No	No	No			
	Activity Targets	95% (2019/20)	OP		91%	95%	92%	90%	92%	92%	90%*	94%	93%			
			Electives		79%	84%	84%	88%	84%	93%	88%	89%	87%			
			Diagnostics		95%	92%	98%	94%	98%	86%	83%	88%	88%			
			Trajectory		70%	75%	80%	85%	85%	85%	95%	95%	95%	95%	95%	95%
Theatres	Achieve Upper Decile: Orthopaedics	Touchtime 85% (N) Cases 1.9 (N)	Touchtime	84%	59%	73%	66%	74%	79%	74%	63%	92%				
			Cases Per Session	1.7	1.3	1.4	1.5	1.6	1.5	1.5	1.3	1.5				
	Achieve Upper Decile: Ophthalmology	Touchtime 85% (N) Cases 3.8 (N)	Touchtime	68%	64%	71%	66%	76%	72%	76%	66%	98%				
			Cases Per Session	3.5	3.40	4.4	5.4	4.7	5.1	4.8	3.8	5.3				
	Theatre Utilisation	Touchtime (Elective incl. day Case) 89%	Actual					80%	80%	82%	77%	79%	79%			
			Trajectory					74.0%	75.0%	78.0%	80.0%	82.0%	84.0%	86.0%	88.0%	89.0%
	Theatre Cancellations	On Day Cancellations (15)	Actual					131	90	97	126	136	116			
			Trajectory					22	22	22	20	20	18	18	15	15
	Theatre Sessions	Late Starts (30%)	Actual					90%	90%	92%	94%	92%	94%			
			Trajectory					65.0%	60.0%	58.0%	55.0%	50.0%	45.0%	40.0%	35.0%	30.0%
		Early Finishes (25%)	Actual					60%	58%	51%	65%	63%	64%			
			Trajectory					40.0%	38.0%	36.0%	34.0%	30.0%	28.0%	28.0%	25.0%	25.0%
		Av. Cases per List (2)	Actual					3.35	3.3	3.3	3.26	2.04	1.95			
			Trajectory					1.98	1.98	1.98	1.99	1.99	1.99	2.00	2.00	2.00

Performance – H2 Activity Requirements



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Activity Targets	95% (2019/20)	OP		91%	95%	92%	90%	92%	92%	90%	94%	93%			
		Electives		79%	84%	84%	88%	84%	93%	88%	89%	87%			
		Diagnostics		95%	92%	98%	94%	98%	86%	83%	88%	88%			
		Trajectory		70%	75%	80%	85%	85%	85%	95%	95%	95%	95%	95%	95%

Commentary

December 2021 Performance

The activity threshold level is set against a baseline value of all elective activity delivered in 2019/20:
October 95%
November 95%
December 95%
January 95%
February 95%
March 95%

In December 2021, the Trust under-performed against December 19/20 levels:
87% Elective Admitted Care (Inpatient and Day case)
93% Outpatient Appointments (New and Follow Up)
88% DM01 Diagnostics

Improvement Actions

1. Implement Model Hospital efficiency measures to increase productivity.

2. Increased use of out-of-hours and weekends.

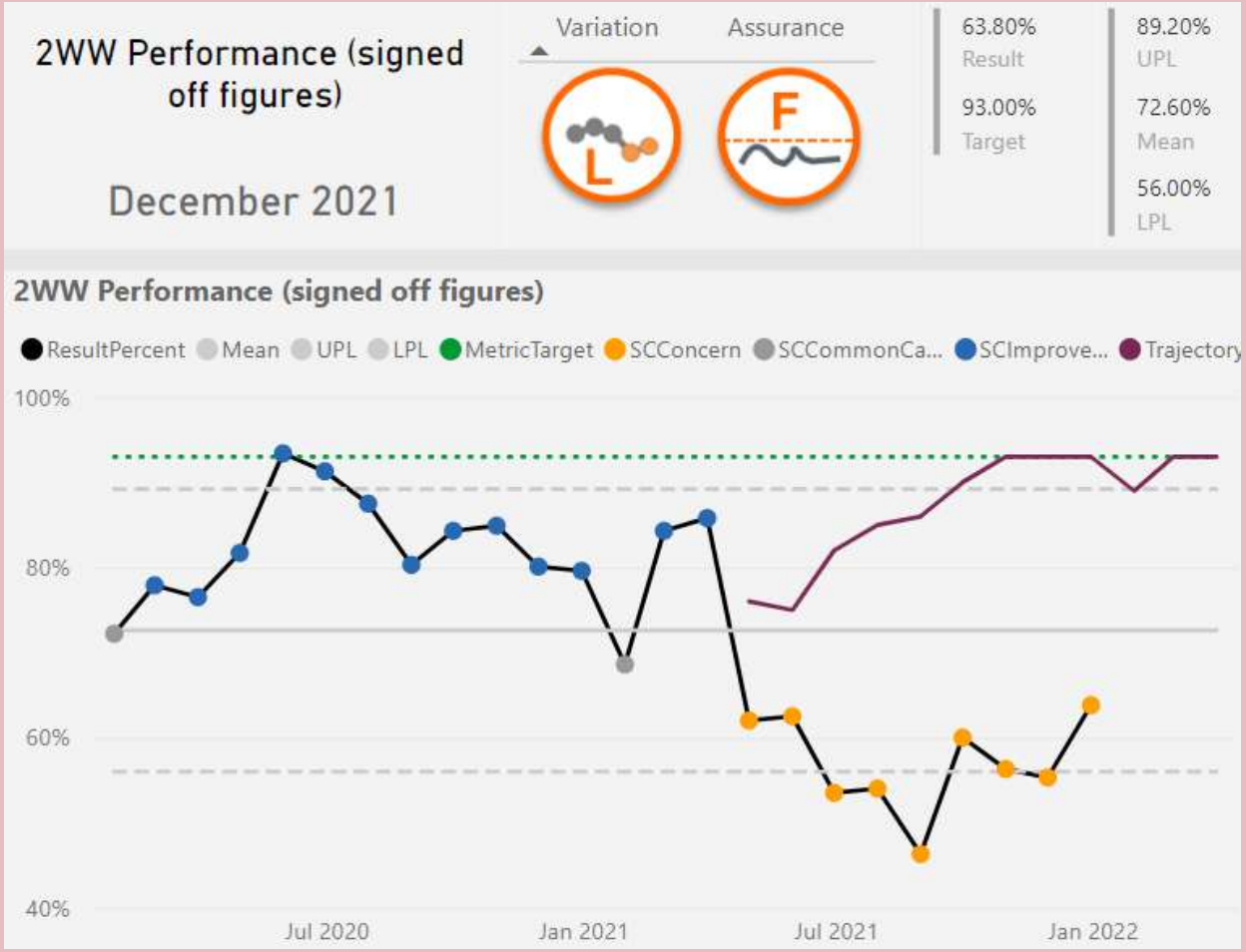
3. Maximise use of IS.

4. Engage with system on transformation of key pathways.

Risk To Delivery

AMBER

Performance – Cancer 2WW Performance



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Cancer 2WW Performance	93% (N)	Actual	85.8%	62.0%	62.5%	53.5%	54.0%	46.3%	60.0%	56.3%	55.3%	63.8%			
		Trajectory		76.4%	75.3%	82.0%	85.0%	86.0%	90.0%	92.6%	93.3%	93.0%	89.3%	93.0%	92.8%

Commentary

December 2021 Performance

Although we have seen a slight improvement in performance, the sustained exceptionally high levels of Breast two week wait referrals has not allowed recovery as quickly as predicted. Additional capacity is being planned in the coming months and a plan for sustainable capacity is being worked on by the Surgical Division.

Improvement Actions

1. Breast – Short term additional capacity to tackle the current backlog is planned in January

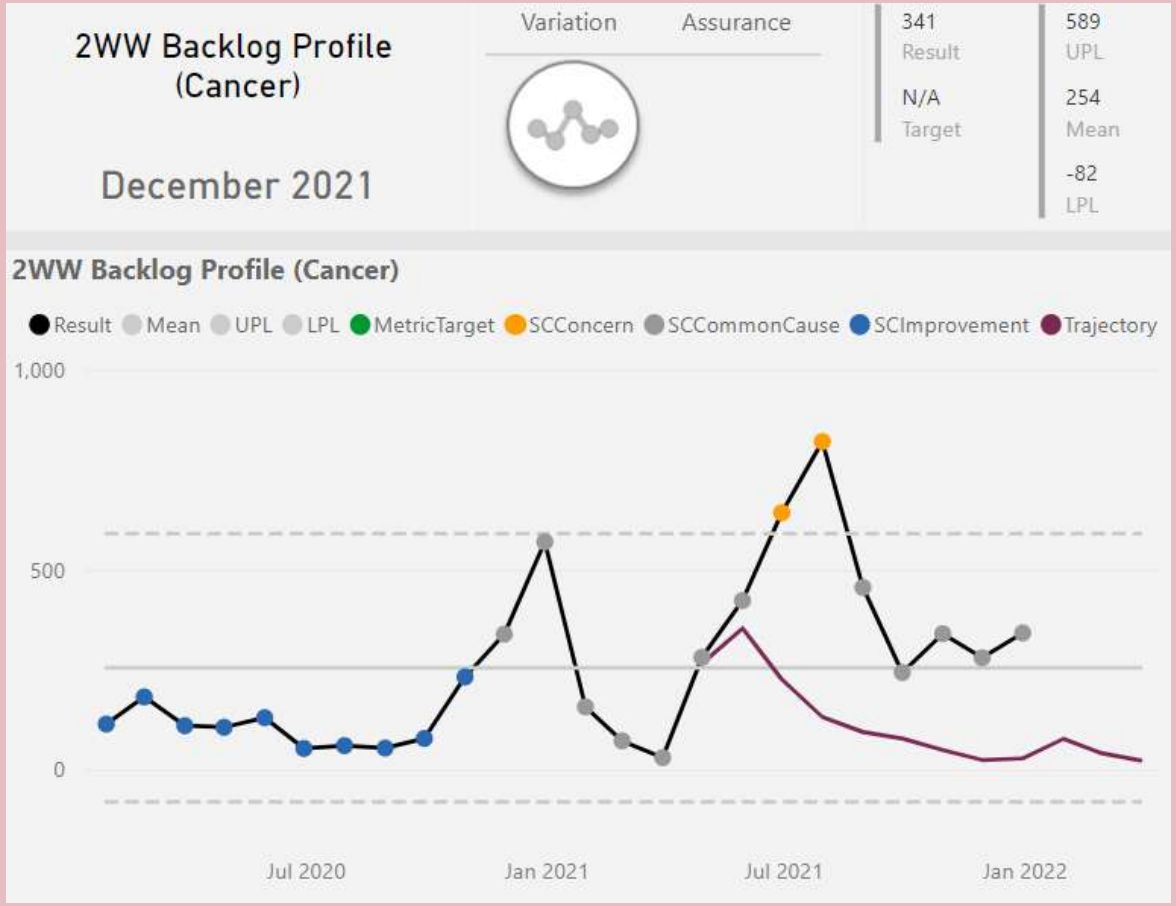
2. Breast – Full plan of providing sustainable one stop capacity to meet the current increased levels of demand being worked on by the Surgical and CSS Divisions

3. Skin - Forecasting of predicted summer peak of referrals to ensure adequate capacity before peak realised.

Risk To Delivery

RED

Performance – Cancer 2WW Backlog



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Cancer 2WW Backlog	38 (Feb 20)	Actual	29	280	422	642	820	455	242	338	279	341			
		Trajectory		264	353	225	131	93	77	48	23	27	76	41	22

Commentary

December 2021 Performance

As per previous slide, the two week wait backlog has not declined as sharply as planned due to sustained increases in referral levels, there are still outstanding patients in the backlogs due to patient choice over the Christmas period.

Improvement Actions

1. Additional Breast activity in January to reduce backlog

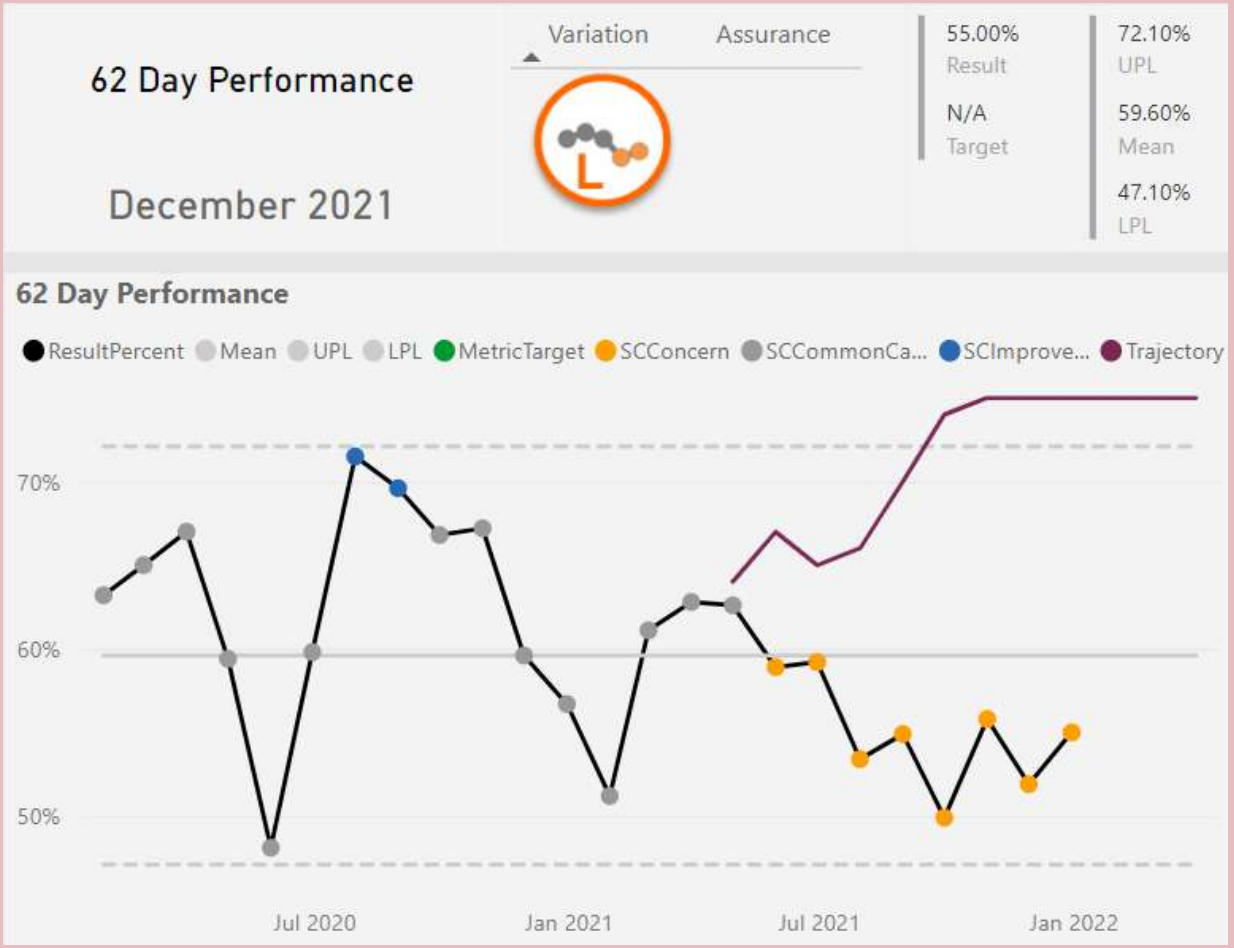
2. Gynaecology additional clinic sessions have come into effect. Reduction of backlog planned by EO January

3. Skin - Forecasting of predicted summer peak of referrals to ensure adequate capacity before peak realised.

Risk To Delivery

RED

Performance – Cancer 62 Day Performance



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Cancer 62 Day Performance	74% National Avg (Feb 20)	Actual	60.2%	62.0%	54.2%	55.8%	53.6%	51.5%	47.6%	51.1%	45.4%	55.0%			
		Trajectory		64.3%	67.0%	64.5%	66.3%	70.2%	74.3%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%

Commentary

December 2021 Performance

As expected the 62 day performance continues to be low due to the high volumes of patients waiting over 62 days. The 62 in 62 initiative was successful with a large volume of patients either receiving treatment or being removed from the backlog due to having a non-cancer diagnosis.

The process behind the initiative will continue being distributed on a twice weekly basis to support the clinical divisions in effectively managing their patients on a cancer pathway.

Improvement Actions

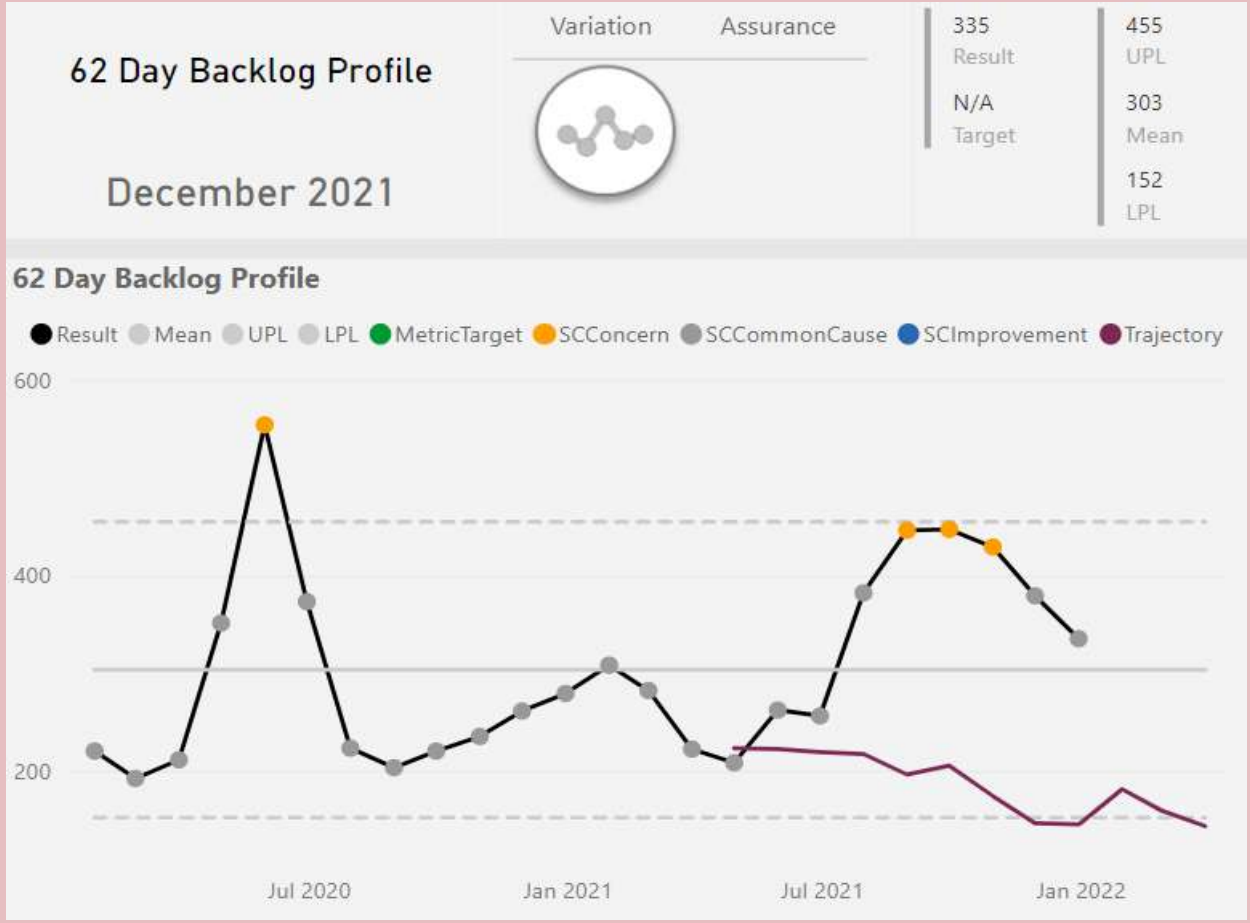
1. Continuation of the *"62 in 62"* initiative beyond the 01/01/22 to continue the removal rate of patients over 62 days.

2. Any issues and/or blockers which may impact the success of the initiative will be highlighted to the Exec team for assistance in resolving.

Risk To Delivery

RED

Performance – Cancer 62 Day Backlog Profile



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Cancer 62 Day Backlog	174 (Feb 20)	Actual	222	208	262	256	382	446	447	431	380	335			
		Trajectory		223	222	219	217	196	205	174	146	145	181	159	143

Commentary

December 2021 Performance

The total number of patients on a 62 day cancer PTL improved to circa 3400 patients. This has primarily been as a result of an efficient process to remove patients timely from the pathway as opposed to a reduction in referrals.

The 62 in 62 initiative has been hugely successful, with a removal of circa. 100 patients from the Trusts total backlog size in the 2 months of the process. The process will continue through to 01/04/22. There is an expectation of a slight rise in the backlog in the beginning of January but with further improvements made by February.

Improvement Actions

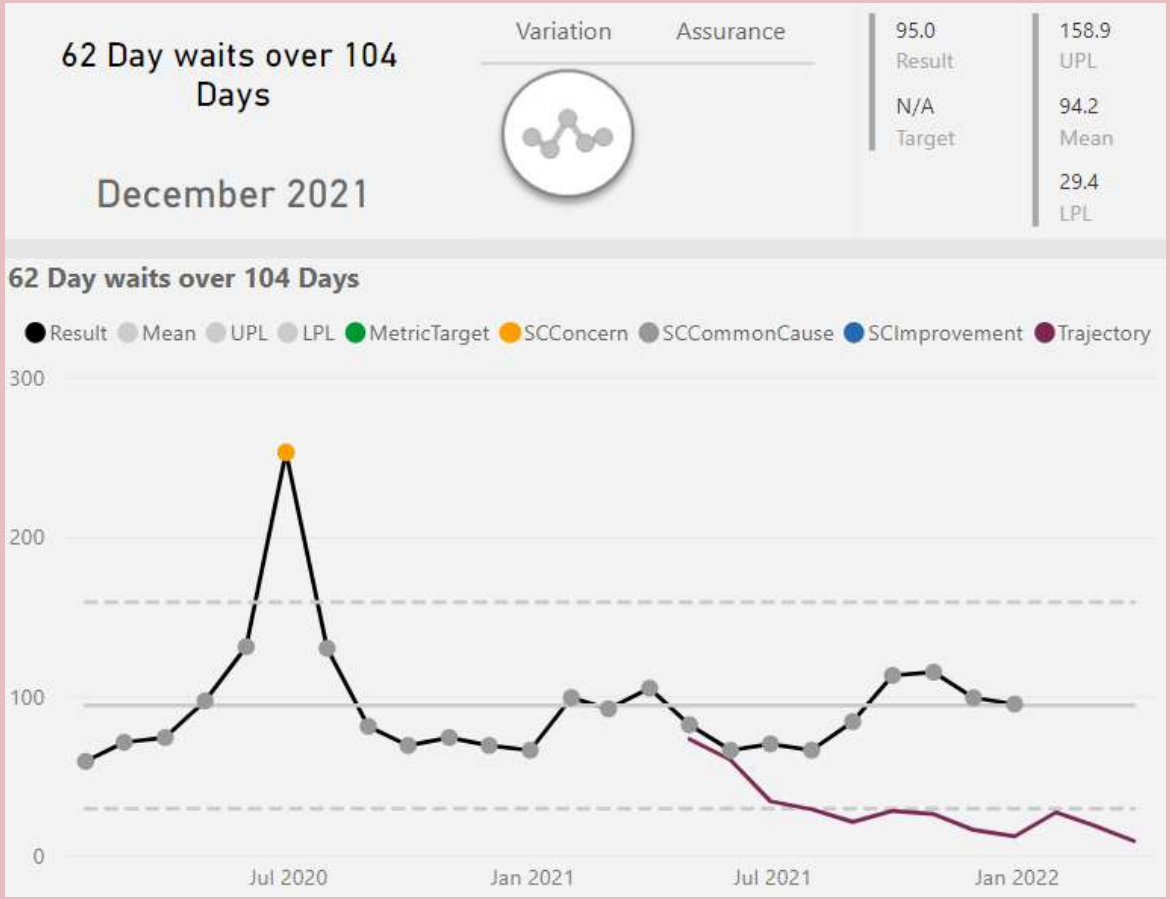
1. Continuation of the *"62 in 62"* initiative with Trust-wide buy-in and support to deliver whole scale change.

2. Any issues and/or blockers that may impact the success of the initiative will be highlighted to the Exec team for assistance in resolving.

Risk To Delivery

RED

Performance – Cancer 62 Day Waits over 104 Days



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Cancer 62 Day Waits >104 Days	0	Actual	105	82	66	70	66	84	113	117	100	95			
		Trajectory		73	60	34	29	21	28	26	16	12	27	19	9

Commentary

December 2021 Performance

The number of patients over 104 days has reduced slightly in the past month. This is due to a combination of, a high volume of complex patients requiring multiple attendances and discussions at more than one specialist MDT, patient choice and patients unable to attend due to illness or Covid-19

Due to the work around reducing the number of patients over 62 days, in turn the reduction in patients waiting over 104 days will begin to reduce on the coming weeks.

Lower GI have drastically reduced their turnaround of patients requiring clinical review. This has allowed the team to progress their patients to the next step of their pathway timely and practically eliminating undue delays waiting for a decision to be made

Urology still have delays for Prostate template biopsies which is causing a long wait for diagnosis or non-diagnosis

Improvement Actions

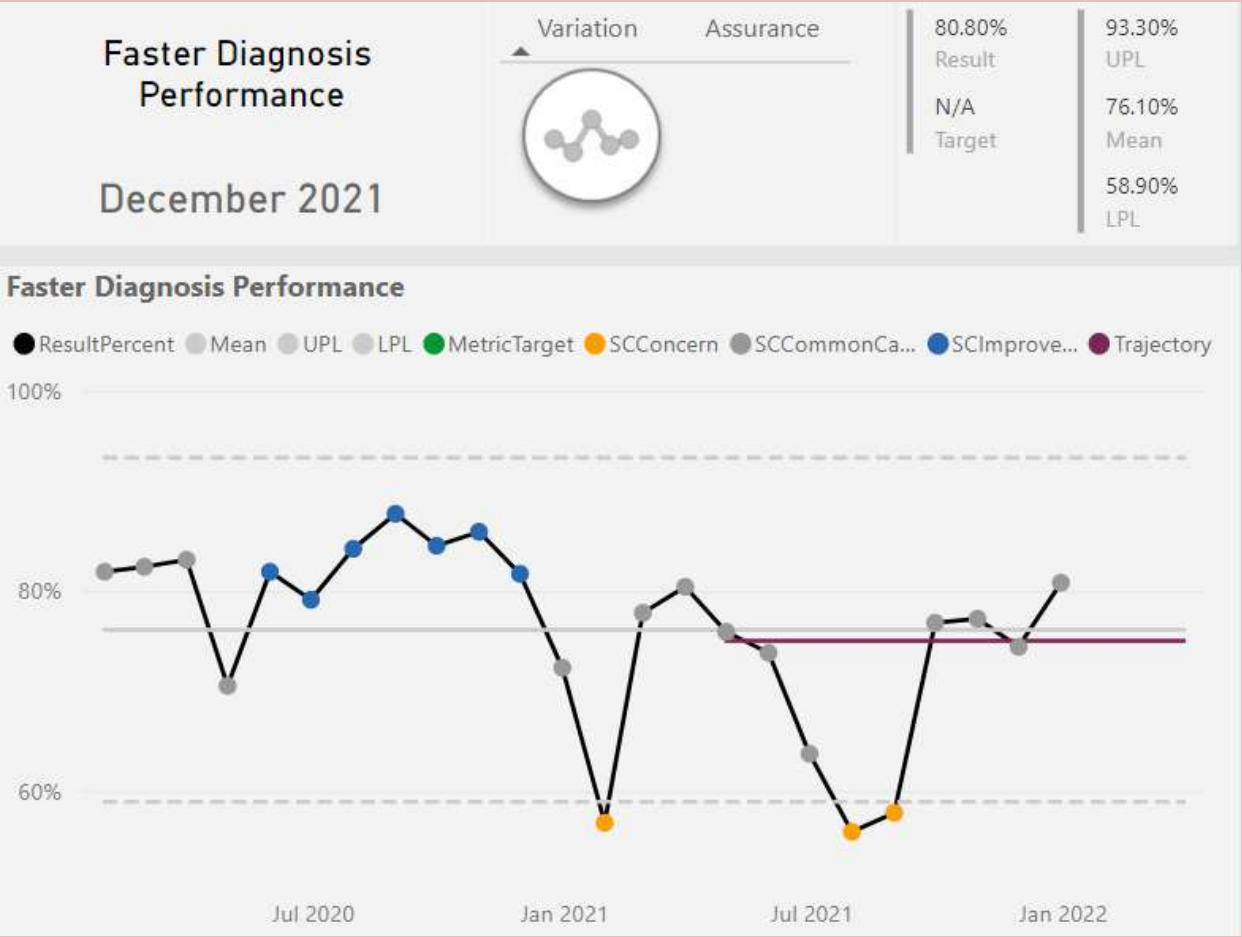
1. Review of template biopsy capacity and explore additional space for further sessions.

2. Continued improvements of patients over 62 days as part of the *"62 in 62"* initiative will in turn bring a reduction in the number of patients waiting over 104 days.

Risk To Delivery

RED

Performance – Faster Diagnosis Standard



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Cancer Faster Diagnosis Standard	75% (N)	Actual	80.4%	75.9%	73.8%	63.7%	55.9%	57.8%	76.8%	77.2%	74.4%	80.8%			
		Trajectory		75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%

Commentary

December 2021 Performance

The first cut of FDS data for December is extremely promising, showing that the Trust will meet the FDS standard.

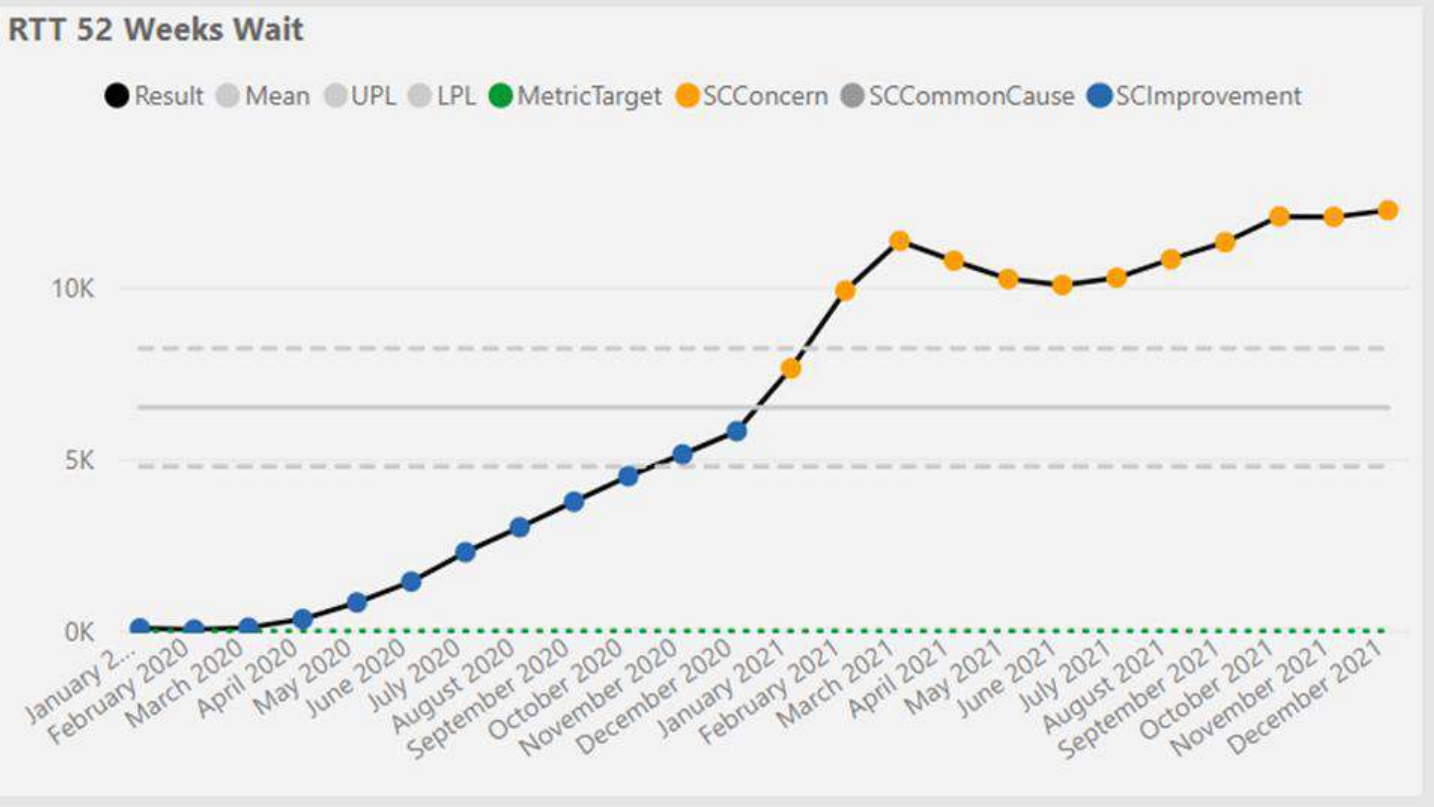
Improvement Actions

To explore a dedicated Patient Pathway Resource to ensure high Data Completeness for Ongoing Submissions.

Risk To Delivery

GREEN

Performance – RTT 52 Week Breaches



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
RTT 52 Week Breaches	11817 (Sep 2020)	Actual	11339	10764	10235	10054	10268	10807	11303	12053	12037	12232			
		Forecast													

Commentary

December 2021 Performance

The Trust continues to strive to achieve against H2 Planning Guidance. Prioritisation is given to the sickest patients and those likely to breach 104 weeks by the end of March 2022.

The 52 + week position has seen a slight growth in the December, taking the gap against the September position to 929 patients.

This gap is likely to grow before the end of March with 45,949 patients currently forecast to be over 52 weeks by the end of March 2022.

Whilst this number will reduce, it is unlikely that the Trust will achieve the September position of 11,303 patients that were at 52+ weeks.

This will continue to be monitored via the SET Improvement Programme.

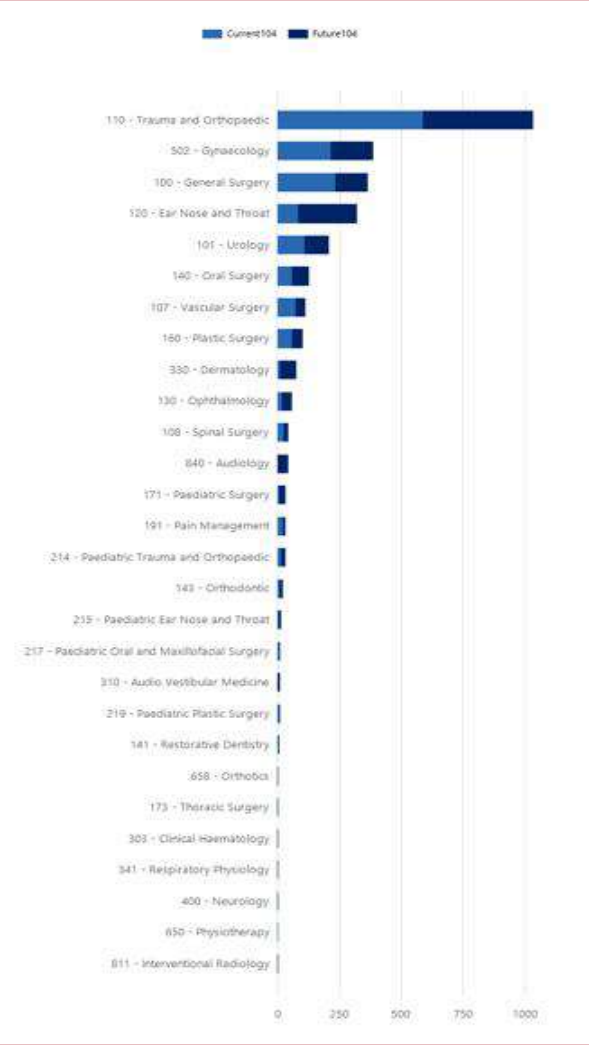
Improvement Actions

1. Continued focus on creating additional capacity (WLI at weekends) to treat the most urgent patients to then focus on longer waiting patients.
2. Insourcing and Independent Sector solutions have commenced.
3.Development of 5 interventions to increase theatre capacity is ongoing.
4.Efficiency and productivity initiatives being included in the H2 planning and forecasting

Risk To Delivery

RED

Performance – RTT 104 Week Breaches



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
RTT 104 Week Breaches	0	Actual	30	86	184	330	493	656	933	1211	1368	1505			
		Forecast													

Commentary

December 2021 Performance

Whilst there will be a significant improvement in the 104+ week position by the end of March, it is now clear that the impact of COVID-19 on staff absence, patient availability and a delay of one month on the planned assistance from the Independent Sector has created a gap in 104-week recovery plan. Without additional interventions, it is looking increasingly likely that some specialities will not manage to achieve the zero breach target.
October 1st the Trust was forecasting 5,335 104+ breaches by the 31st December, this had been reduced to 3,270, with continuing focus on reduction.
Divisions are working on speciality trajectories against the 104 position to understand the potential gaps in delivery and to identify further options for delivery via the ISP.

Gaps currently highlighted:

Speciality	Dec 2021	Mar 2022
T&O	1128	172
General Surgery	284	60
Urology	218	53
Dermatology	78	26

Work is continuing with Gynaecology, ENT and Oral to finalise their forecast end of year position. All of the patients over 104 weeks are still in the P3/P4 category.

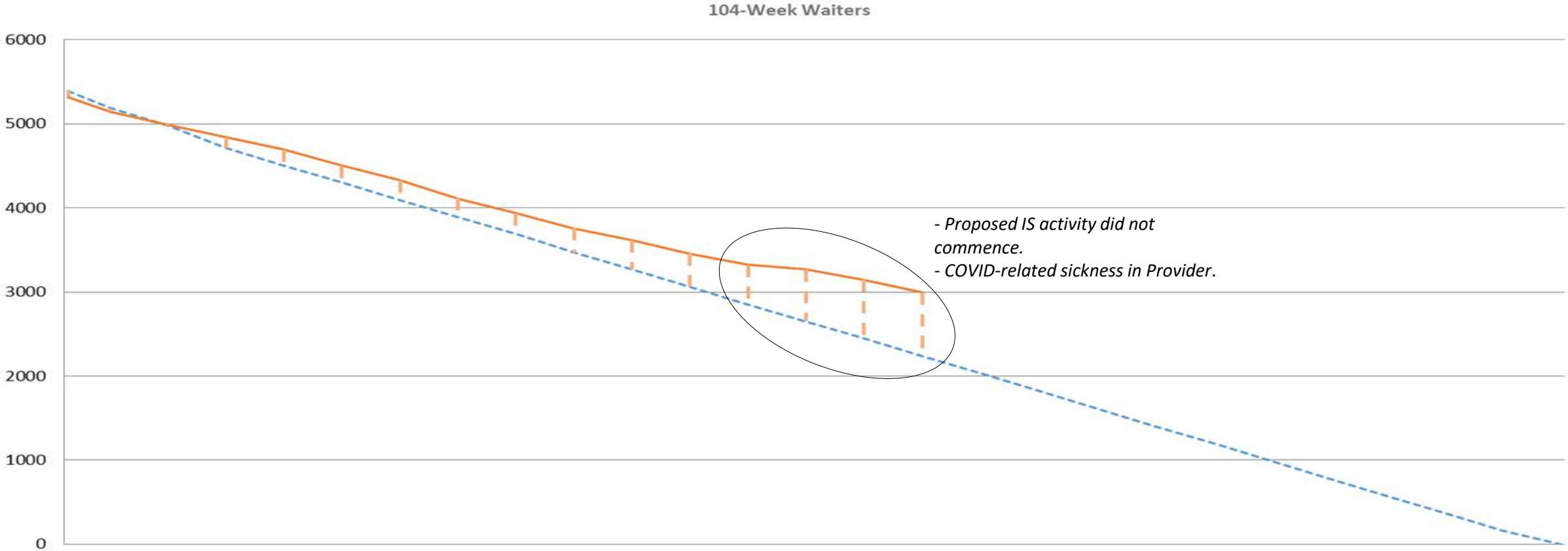
Improvement Actions

1. Continue to remove the P2 backlog.
2. Move to upper quartile performance in Theatres.
3. Create additional theatre capacity through agreed interventions.
4. Improve use of Independent Sector and out-of-hours insourcing.

Risk To Delivery

RED

Performance – RTT 104 Week Trajectory



	03-Oct	08-Oct	15-Oct	22-Oct	29-Oct	05-Nov	12-Nov	19-Nov	26-Nov	03-Dec	10-Dec	17-Dec	24-Dec	31-Dec	07-Jan	14-Jan	21-Jan	28-Jan	04-Feb	11-Feb	18-Feb	25-Feb	04-Mar	11-Mar	18-Mar	25-Mar	01-Apr
Week Forecast	5395	5187	4979	4714	4504	4299	4094	3893	3688	3470	3266	3061	2854	2653	2447	2241	2033	1825	1617	1409	1201	993	785	577	369	161	0
Actual Week Position	5322	5149	4990	4840	4694	4501	4327	4113	3937	3756	3617	3455	3325	3270	3143	2992											

Comments

A combination of staff absence/patient unavailability, plus unavailability of IS support has created a gap in our 104-week recovery. The most challenged specialities are T&O, General Surgery, Gynaecology, ENT, and Urology. Further interventions are being explored and the 88 ring-fenced beds for elective recovery remain in place.

Performance – RTT 104-Week Trajectory & Recovery

Overview

Current 104 Week position is significantly behind trajectory for the required delivery of 0 position at 31/03/22. A number of specialities are challenged with baseline capacity and conflicting demands. Administrative processes to manage validation and removals have commenced

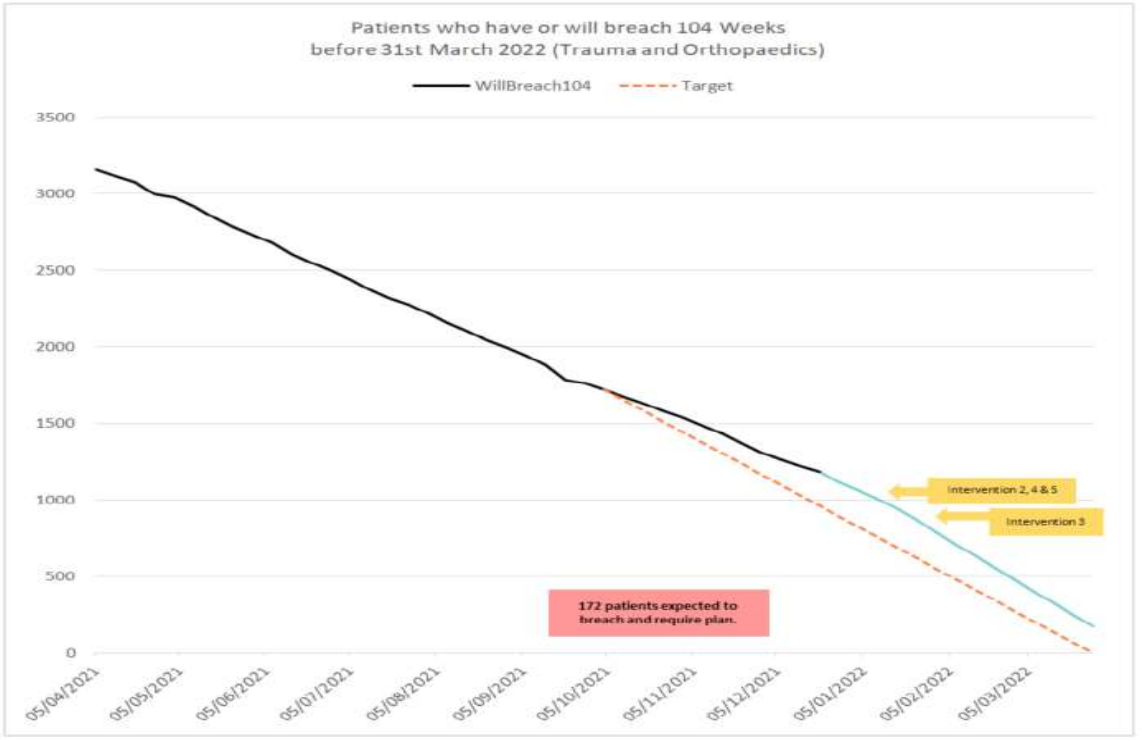
Plan for Recovery

- Medacs weekends commenced 08/01/22 and are planned through to end of March for various specialities – possibility of increased volumes under consideration.
- System options for Orthopaedic capacity have been presented (London PP capacity and Spire Norwich Sundays).
- Exploration of 'super week' model for high-volume work in February.
- 18 Week Solutions in ENT delivering weekend clearance of outpatients / diagnostics.

Risks

- COVID-19 Level – escalation will potentially impact on elective delivery.
- NNUH Capacity – much directed / utilised purely for P2 and Cancer cases, limiting options for 104 weeks.
- Consultant engagement – limited appetite for WLI and weekend working.

Performance – RTT 104-Week Trajectory & Recovery: Orthopaedics



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07/02/2022
14/02/2022
21/02/2022
28/02/2022
07/03/2022
14/03/2022
21/03/2022
28/03/2022

1077

Assumes 1. Maintain status quo:
NNUH – 30 p/w
Spire – 18 p/w

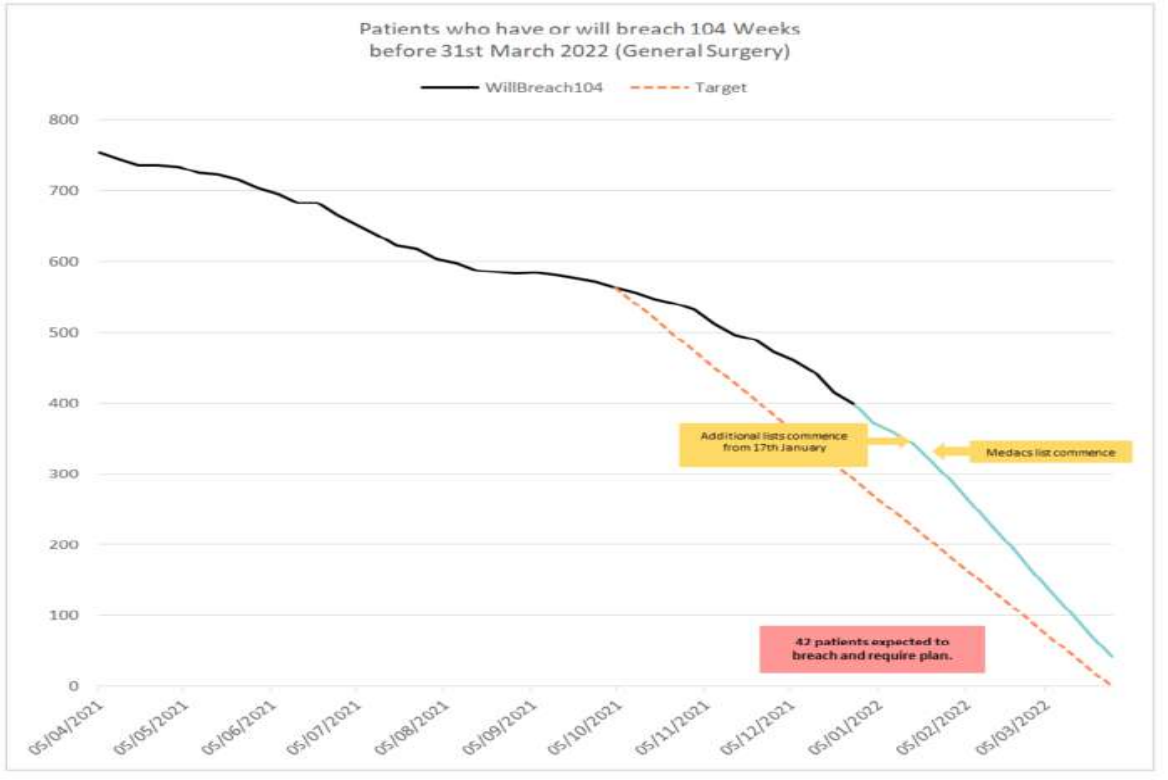
232

Further Mitigations

1. Reserve patient on list – no activity assumptions at present
2. Validation
3. Clinical review and patient interactions – letters sent W/C 27/01/2021 – response requested within two weeks
4. Consultants are willing and able to flip outpatient sessions to Theatre sessions, but Theatre staffing is not in place
5. Run rate removal of 55 in Q1 and 57 in Q2 – potential for improvement

Intervention		Details	Cases	Residual
2	Current Medacs lists	13 lists, 4 pts per list	52	436
3	Spire contract catch up	Additional 160 cases to meet contractual requirement	160	276
4	Fulfil Medacs allocation	11 remaining lists (allocated 24), 4 pts/list	44	232
5	*Elective pt on trauma*	*1 x elective patient on 1 x trauma list*	*60*	*172*
6	*IS Sundays*	*8 Sundays – 10 patients per Sun*	*80*	*92*
7	*London – Independent Sector*	*100 Patients transferred to Bushey (capacity confirmed)*	*100*	*0*

Performance – RTT 104-Week Trajectory & Recovery: General Surgery



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17/01/2022
24/01/2022
31/01/2022
07/02/2022
14/02/2022
21/02/2022
28/02/2022
07/03/2022
14/03/2022
21/03/2022
28/03/2022

388

Assumes 1. Maintain status quo:
NNUH – 13 p/w

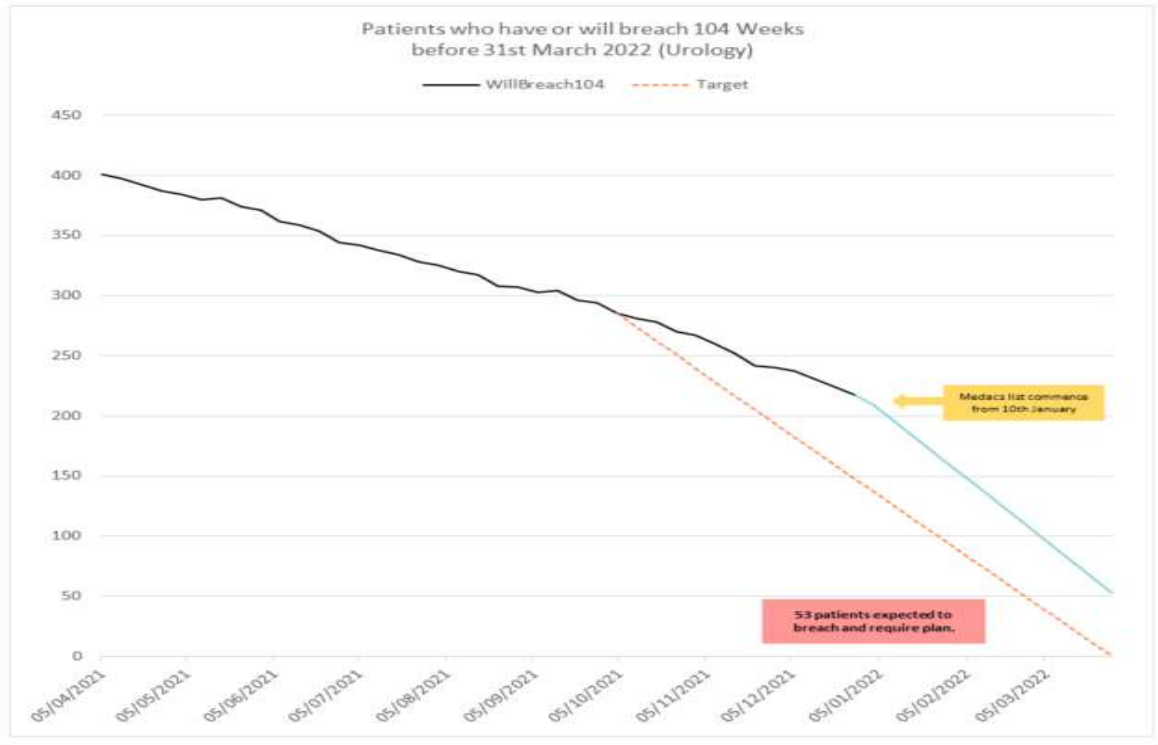
42

Further Mitigations

1. Super Weeks
2. Validation
3. Clinical Review and Patient Interaction
4. Overtime for Booking – Assurance that lists are populated

Intervention		Details	Cases	Residual
2	Current Medacs lists covered	18 lists, 5 pts per list	90	62
3	*Additional Patients on specific lists*	*Repurposing for long-waiters*	*20*	*42*
4	*Lap Chole 'Super Week'*	*5 lists, 5 pt per list (Feb)*	*25*	*17*

Performance – RTT 104-Week Trajectory & Recovery: Urology



03/01/2022
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17/01/2022
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31/01/2022
07/02/2022
14/02/2022
21/02/2022
28/02/2022
07/03/2022
14/03/2022
21/03/2022
28/03/2022

214

Assumes 1. Maintain status quo: NNUH – 5 p/w

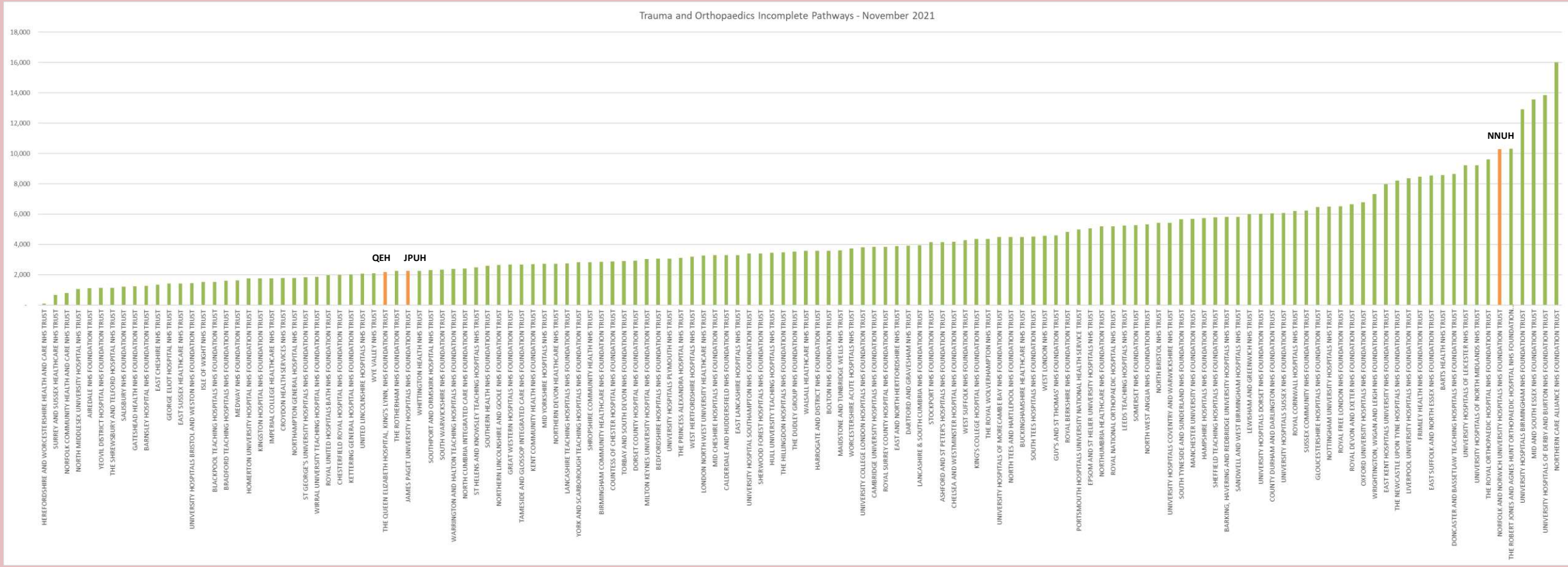
53

Further Mitigations

1. Super Weeks
2. Validation
3. Patients waiting 85 weeks and above contacted – approx. 6 pts removed
4. QEH and JPUH capacity being explored

Intervention		Details	Cases	Residual
2	Current Medacs lists covered	24 lists, 4 pts per list	96	53
3	*Independent opportunity*	*8 lists, 5 pts per list*	*36*	*17*
4	*Validation*		*17*	*0*

Performance – T&O Waiting List Benchmarking



Comments

NNUH had the 6th largest Orthopaedics Waiting List in England as of November 2021 with 10,296 patients. The Trust also had 583 patients waiting over 104 weeks in T&O.

Performance – P2 Patients Waiting > 28 Days for Theatre

KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
P2 Patients Waiting >28 Days for Theatre	0	Actual	879	780	580	434	358	332	26	97	88	135			
		Trajectory		841	630	372	106	0	0	0	0	0	0	0	0

Commentary

December 2021 Performance

The number of patients listed as P2 has continued to fluctuate, reflecting the increased focus on 104-week clearance.

The number of P2's waiting >28 days increased within the month to 147 on 31/12/2021; 51.1% of which were dated. The extended weekends across the Christmas period was a contributory factor.

Improvement Actions

1. Specialty trajectories for clearance to be introduced alongside P4 clearance.

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

3. Return to booking controls to ensure only prioritised patients are booked from January.

4. Clinical review of remaining backlog being completed.

Risk To Delivery

AMBER

Performance – Waiting List Health Inequalities

Commentary

Trust Waiting List: Deprivation

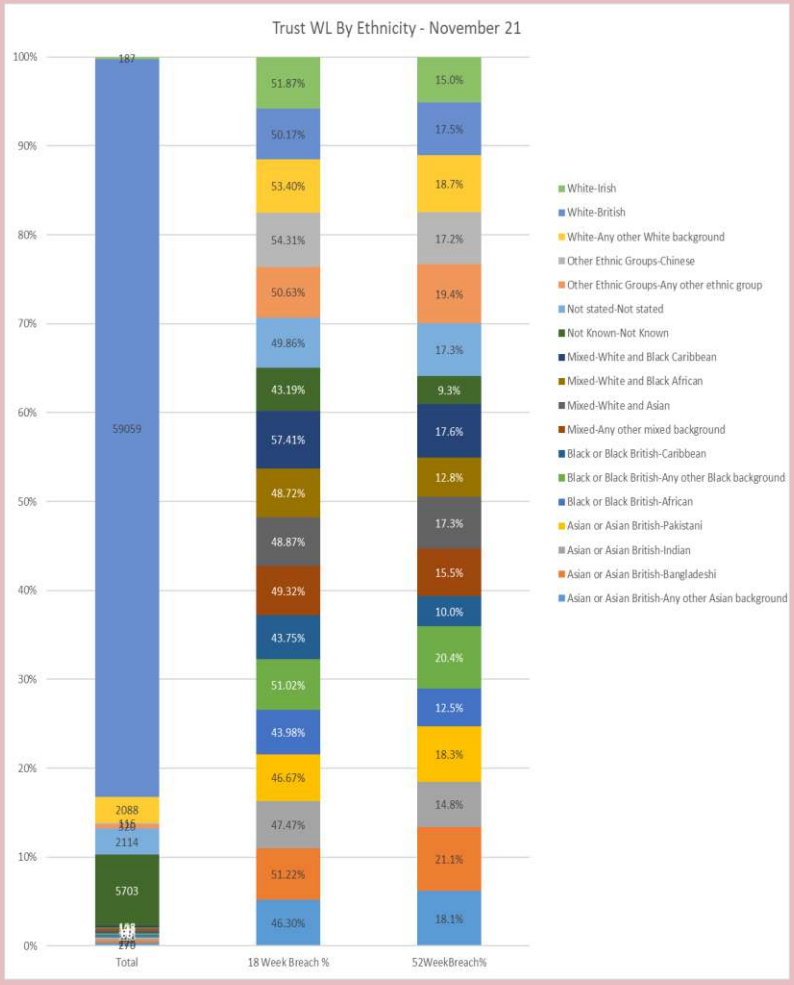
As part of the monitoring of health inequalities, the Trusts waiting list is monitored for variation in demographics.

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

There was no significant variation or concern in December 2021.

KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Waiting List - Health Inequality Indicators	Variation	Ethnicity		No	No	No	No	No	No	No	No	No			
		IMD		No	No	No	No	No	No	No	No	No			

Performance – Waiting List Health Inequalities

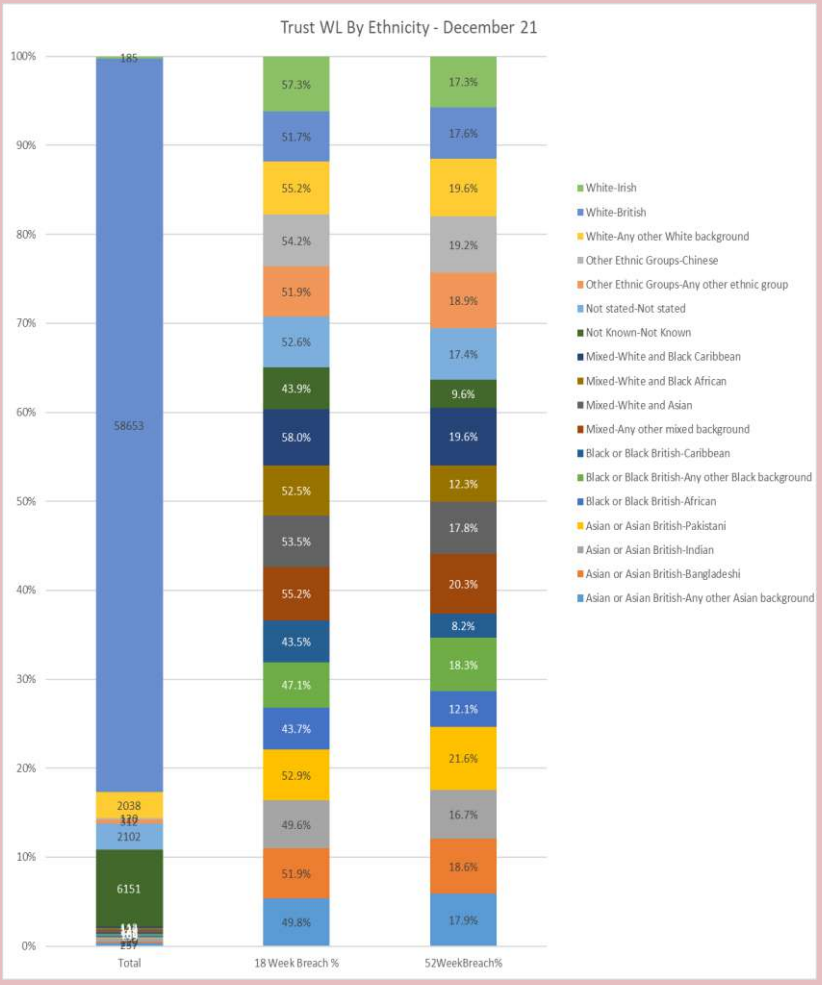


Commentary

Trust Waiting List: Ethnicity

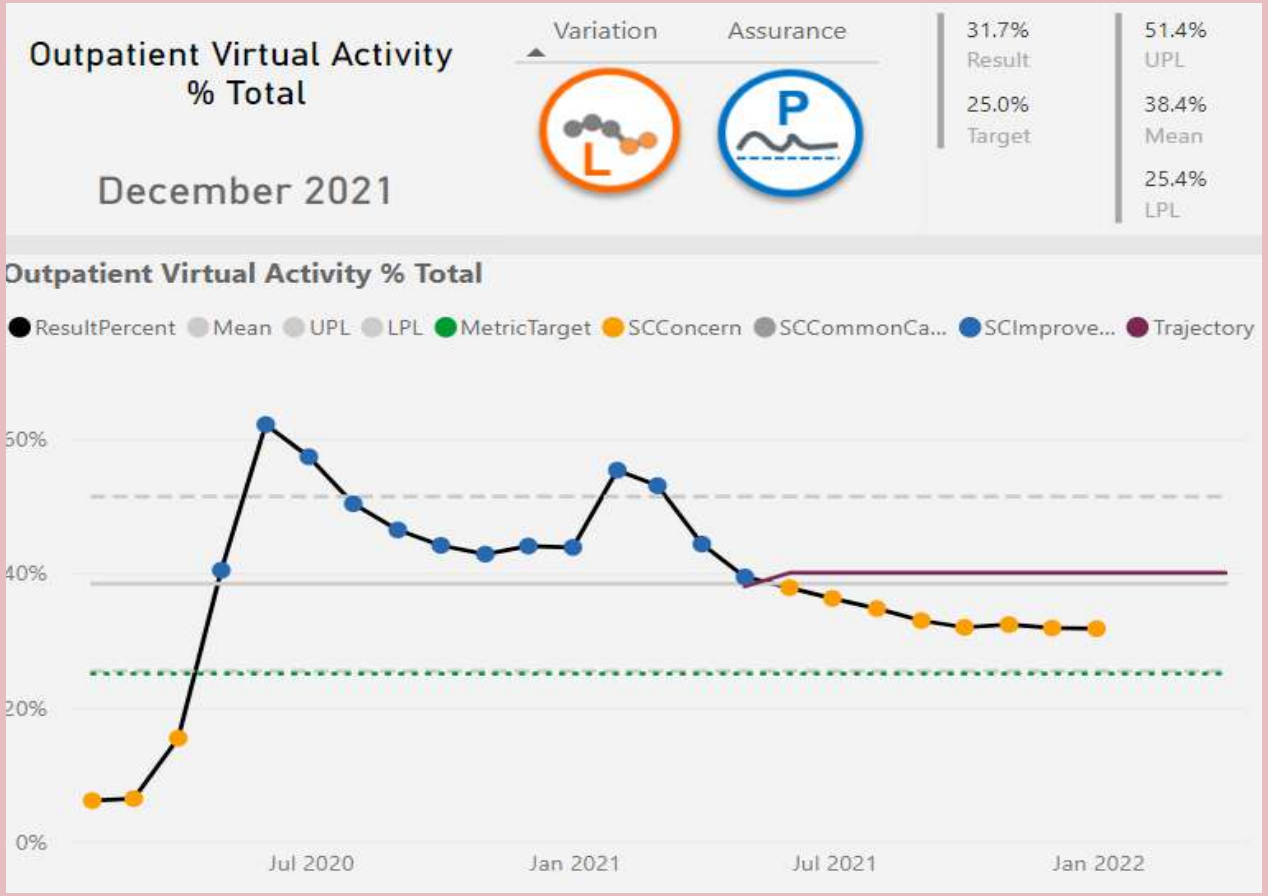
As part of the monitoring of health inequalities, the Trusts waiting list is monitored for variation in demographics.

There was no significant variation or concern in December 2021.



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Waiting List - Health Inequality Indicators	Variation	Ethnicity		No	No	No	No	No	No	No	No	No			
		IMD		No	No	No	No	No	No	No	No	No			

Performance – Remote Outpatients



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Outpatient Virtual Activity % Total	25% (N)	Actual	44.3%	39.4%	37.8%	36.2%	34.7%	32.9%	31.9%	32.3%	31.8%	31.7%			
		Trajectory	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%

Commentary

December 2021 Performance

The Trust delivered 31.7% of outpatient appointments remotely during December, ahead of the 25% national target. Performance has stabilised at 31% for several months, targeted effort is now needed to improve this to the internal 40% target.

The Trust remains in the upper decile nationally for numbers and % of outpatient appointments delivered virtually during December 2021. We also remain ahead of other Trusts locally.

Improvement Actions

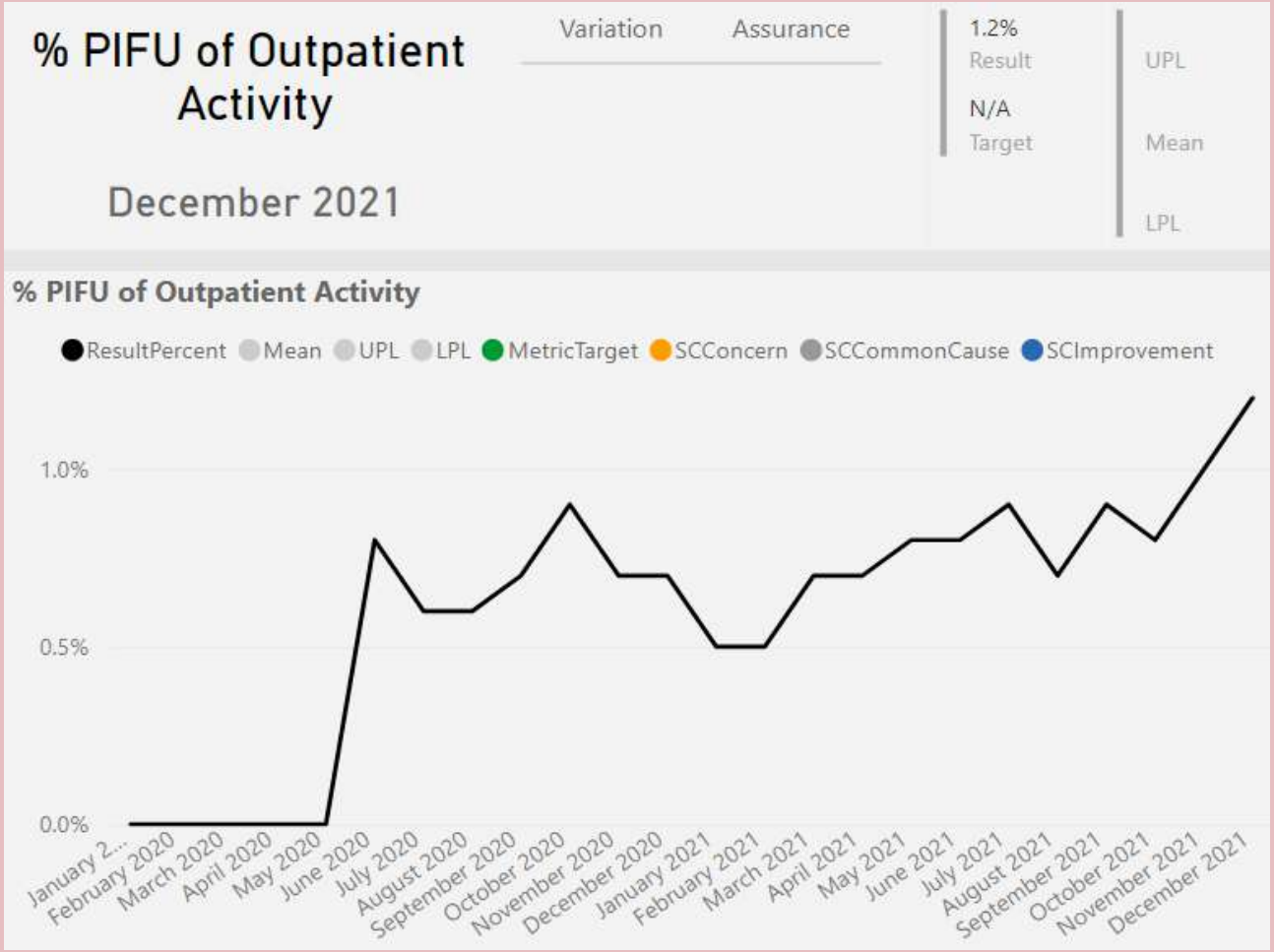
1. Ensuring students on placement are engaging with virtual consultation and are receiving training on how to conduct video appointments. Work has now begun with the PD&E team to look at how nursing and AHP students can get involved with video consultations that will further their learning and help to support clinicians with delivering video appointments.

2. All divisions have been asked to report on the status of individual consultants and the current status of Virtual consultations in relation to each consultant with commentary on performance against target.

Risk To Delivery

GREEN

Performance – Patient Initiated Follow Up (PIFU)



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
% PIFU of Outpatient Activity	1.5%	Actual	1.4%	1.3%	1.2%	1.3%	1.3%	1.4%	1.5%	1.5%	1.7%	1.2%			
		Trajectory							1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%

Commentary

December 2021 Performance

PIFU activity continues to perform well. Work is now starting with Endocrinology to support them with the implementation of PIFU, as they have not previously been using it.

Improvement Actions

1. Support Endocrinology with the implementation of PIFU.

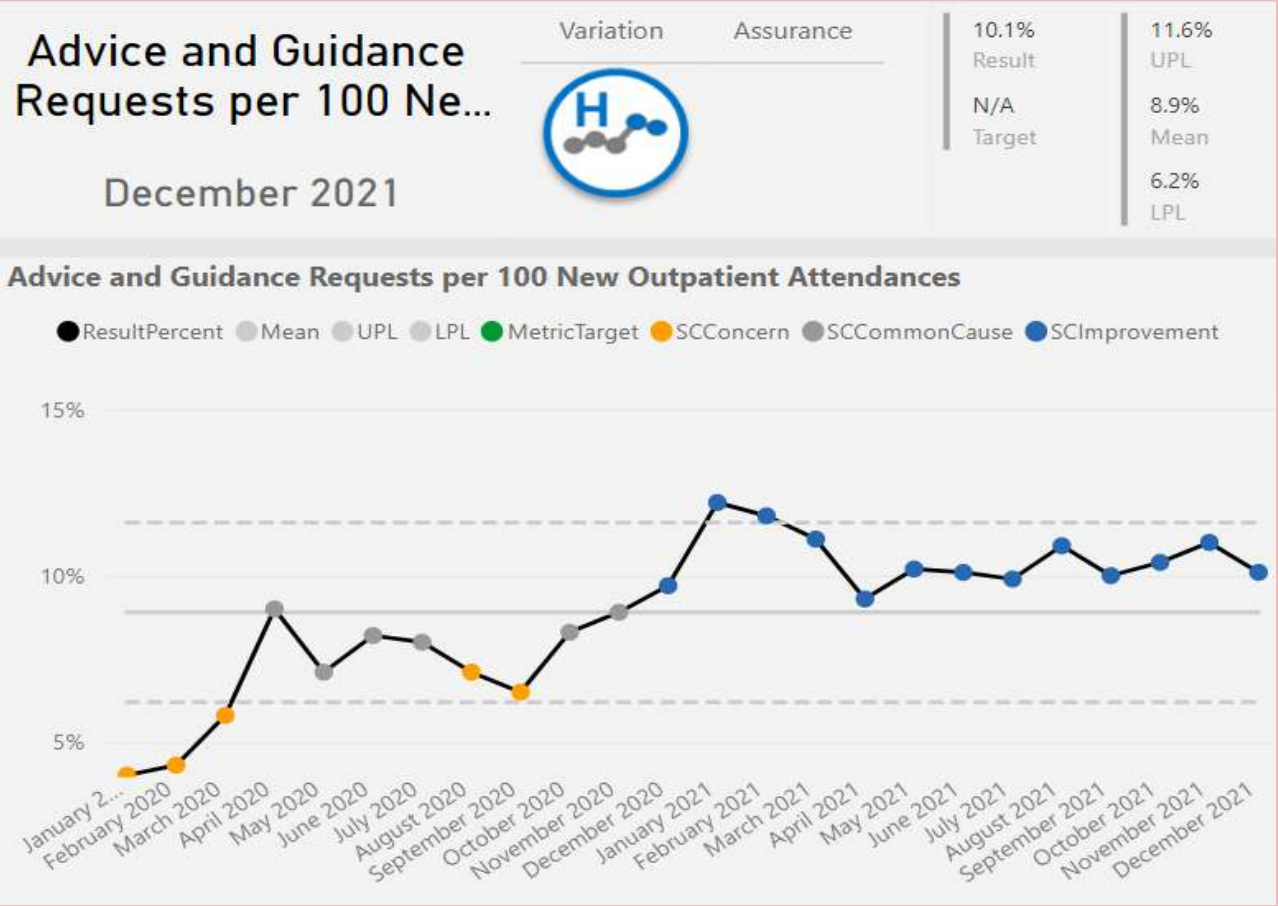
2. Discharge data added to the outpatient transformation dashboard to track its correlation with PIFU outcomes.

3. Performance against the national trajectory remains on target, work is ongoing to define PIFU for both traditional PFU activity but also introducing clarity around existing conditions patients who are having long term ongoing care

Risk To Delivery

AMBER

Performance – Advice & Guidance



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Advice and Guidance Requests per 100 New	12 per 100	Actual	6.5%	5.6%	6.0%	5.6%	5.6%	5.7%	5.5%	5.3%	5.5%	10.1%			
		Trajectory								12%	12%	12%	12%	12%	12%

Commentary

December 2021 Performance

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

Improvement Actions

1. Continue individual deep dives into specialties looking at reasons for poor performance. Improvements in engagement have already been made in some specialties (for example, Dermatology) where these deep dives have taken place.

2. NHS England have now confirmed we can include A&G requests that are not instigated through the ERS route, The commissioning team are now looking at how the Trust can best capture all Advice & Guidance requests, including those completed via telephone as letters.

3. Identify which services would benefit from a RAS.

Risk To Delivery

RED

Performance – Theatre Dashboard: Utilisation

KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Theatre Utilisation	Touchtime (Elective incl. day Case) 89%	Actual					80%	80%	82%	77%	79%	79%			
		Trajectory					74.0%	75.0%	78.0%	80.0%	82.0%	84.0%	86.0%	88.0%	89.0%

Commentary

December 2021 Performance

Touch time delivery across all theatres improved at 79% in December; level 3 theatres ran at 82% and level 2 lower at 79%.

Hospital bed capacity proved challenging on several days, with patients being cared for overnight in theatre recovery which impacted on theatre flow.

Improvement Actions

1. Specialities to consider airline booking of patients to avoid on the day wastage through cancellations.

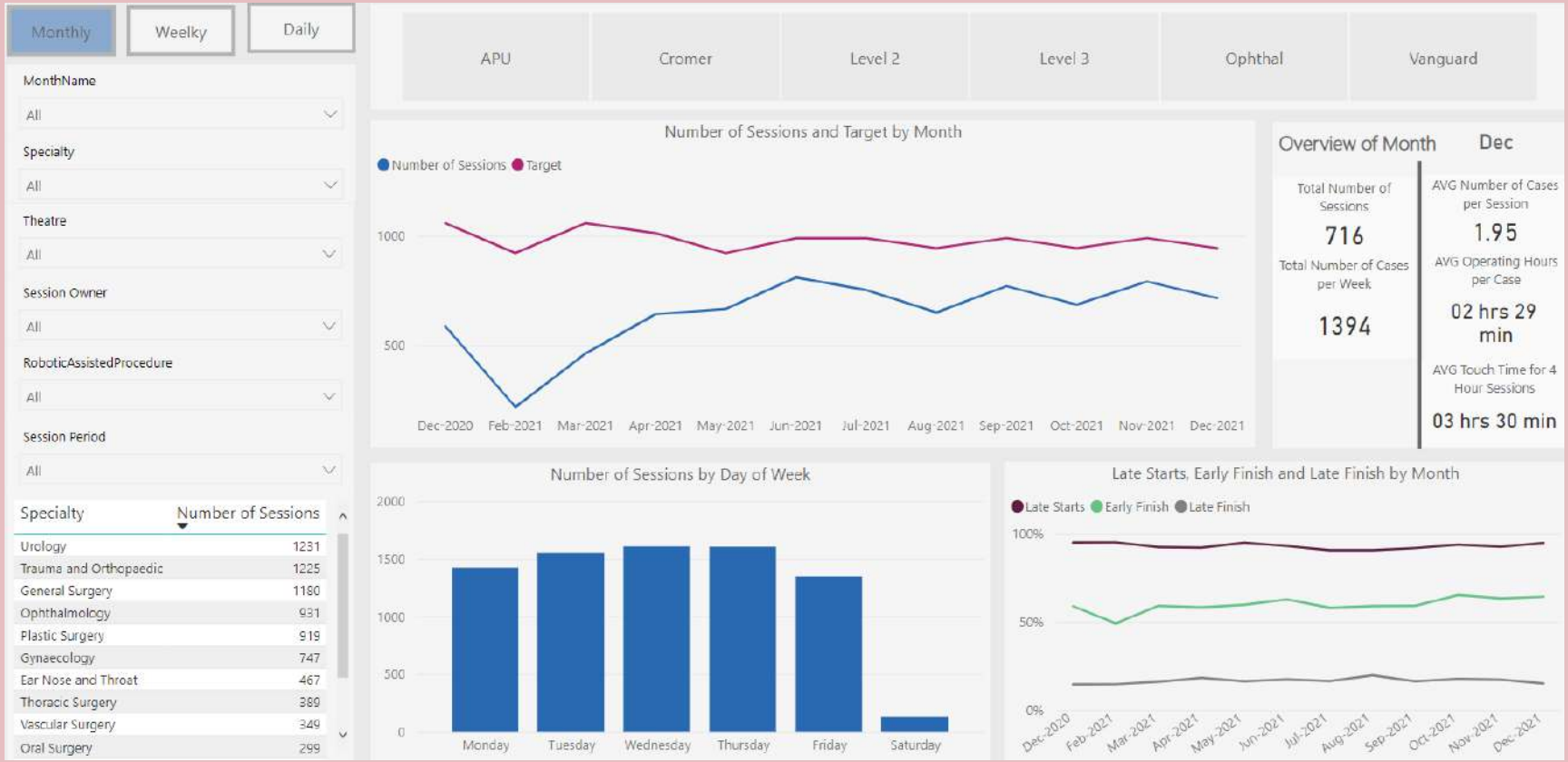
2. Weekly review meeting continues with focus on review of performance and prospective booking levels.

3. Review usage of APU to understand allocation of capacity to elective and non-elective cases.

Risk To Delivery

AMBER

Performance – Theatre Dashboard: Sessions



KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Theatre Sessions	Late Starts (30%)	Actual					90%	90%	92%	94%	92%	94%			
		Trajectory					65.0%	60.0%	58.0%	55.0%	50.0%	45.0%	40.0%	35.0%	30.0%
	Early Finishes (25%)	Actual					60%	58%	51%	65%	63%	64%			
		Trajectory					40.0%	38.0%	36.0%	34.0%	30.0%	28.0%	28.0%	25.0%	25.0%
	Av. Cases per List (2)	Actual					3.35	3.3	3.3	3.26	2.04	1.95			
		Trajectory					1.98	1.98	1.98	1.99	1.99	1.99	2.00	2.00	2.00

Commentary

December 2021 Performance

Challenges around both theatre and consultant staffing impacted on our ability to open all areas. We returned to a speciality timetable which facilitated theatre access across all specialties.

Two DPU theatres were closed for life cycle refurbishment works throughout October.

Improvement Actions

1. Theatre productivity group continues to work on improvements to late starts and early finishes.

2. Focus on decreasing turnaround in-between cases also driving improvement in list utilisation.

3. Hard stop return to application of theatre 6-4-2 policy to reduce last minute cancellation of sessions through.

Risk To Delivery

RED

Performance – Theatre Dashboard: Cancellations

Specialty	Number Of Cancellations
Ophthalmology	221
Urology	170
Trauma and Orthopaedic	142
Plastic Surgery	141
Gynaecology	102
General Surgery	98
Ear Nose and Throat	90
Pain Management	61
Oral Surgery	53
Paediatric	46
Vascular Surgery	46
Thoracic Surgery	26
Clinical Oncology	1

Cancellation Reason	TotalCancellations
Cancelled By Patient Unfit	6
Covid 19	10
Further Investigations Required	4
Operation Not Necessary	8
Patient Unfit (Cancelled By Hospital)	22

KPI	Target		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Theatre Cancellations	On Day Cancellations (15)	Actual					131	90	97	126	136	116			
		Trajectory					22	22	22	20	20	18	18	15	15

Commentary

December 2021 Performance

Total of 116 on the day cancellations, with an equal number of clinical and non-clinical.

22 of the non-clinical cancellations were through a lack of theatre time on the day, which is caused by a number of factors including the complexity of some of the longest waiting patients.

Patient fitness was the main reason behind clinical cancellations with a total of 22.
10 patients were cancelled on the day due to COVID-19 related reasons.

Improvement Actions

1. Additional POA sessions to be delivered throughout January to ensure pool of patients ready for surgery grows.

2. As productivity is being driven – a higher chance of cancellation is introduced through fully booked theatre lists (no room for complexity on day).

Risk To Delivery

RED

Performance – Theatre Dashboard: Emergency Theatres

Commentary

December 2021 Performance

Activity delivered in line with demand (P1a and b cases). Demand for additional C-section capacity continued but was managed in a planned way following changes to the booking mechanisms within Obstetrics.

Improvement Actions

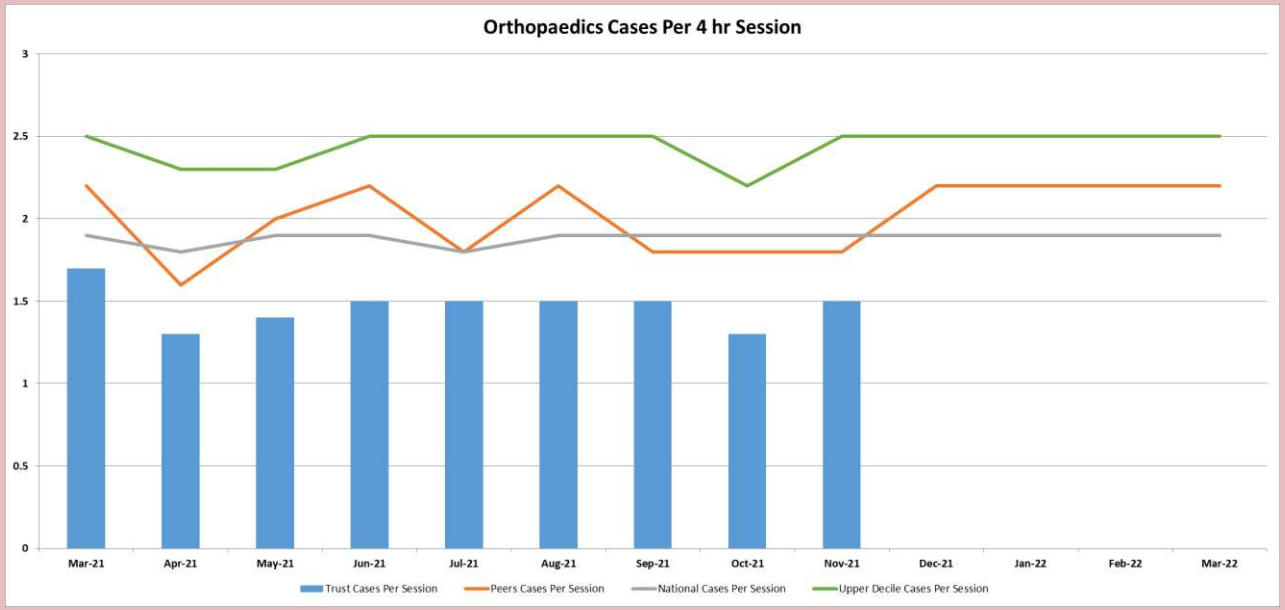
1. Requirement for additional section capacity awaiting business case to be progressed with Women & Children's Division.

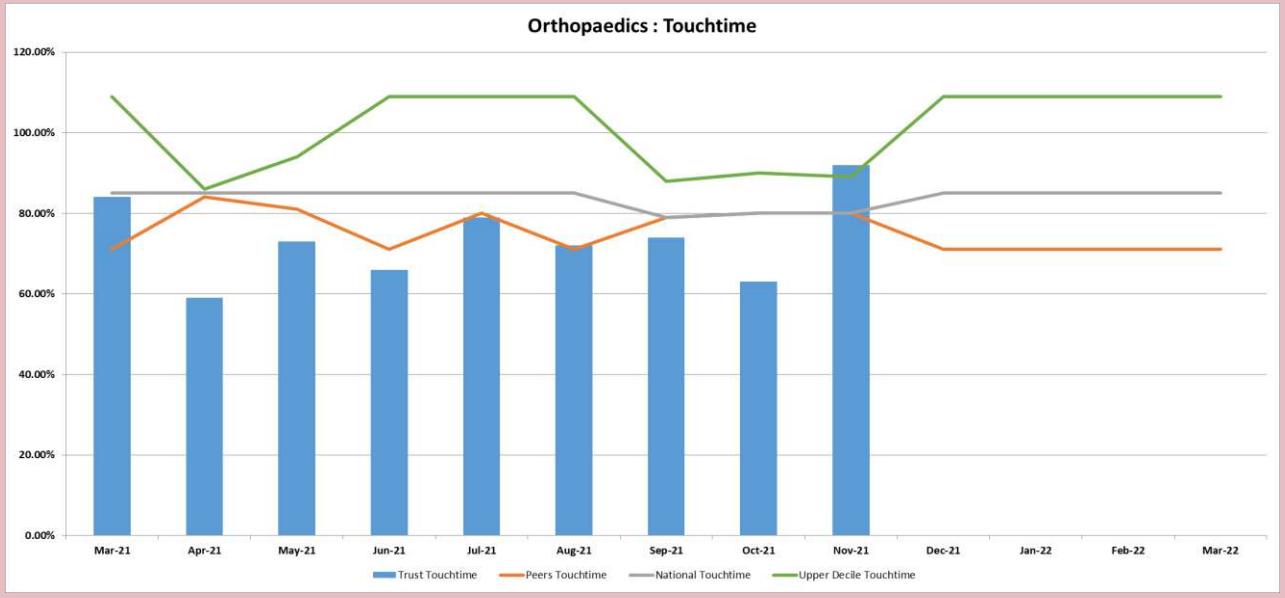
2. Continue review of theatre allocation and demands – review non-elective activity through APU.

Risk To Delivery

AMBER

Performance – Model Hospital Orthopaedics





Commentary

November 2021 Performance

The average number of cases per 4-hour session was at 1.5 which is reflective of the patient complexity of patients being treated. Touch time utilisation ran at 92% compared to peer average of 80%. There was 5% more capacity available.

Improvement Actions

1. Plans to work closely with the Orthopaedics Service Director and senior clinicians to implement the recommended interventions and practices to increase activity.

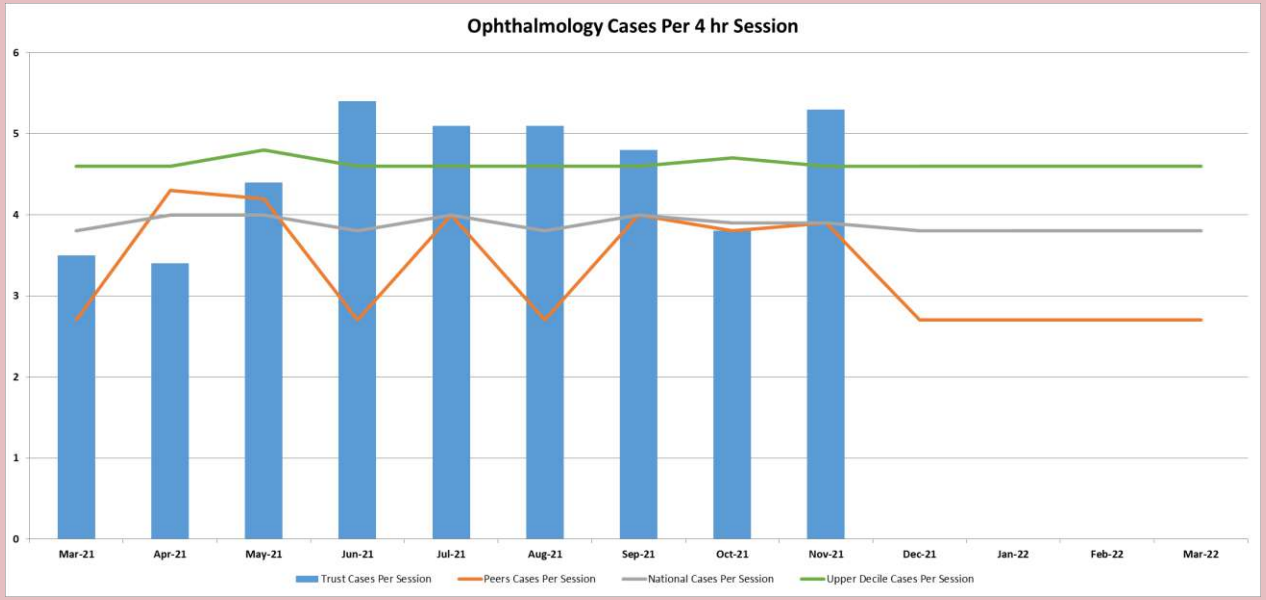
2. Use the new theatres dashboard and data to inform and drive efficiency improvement.

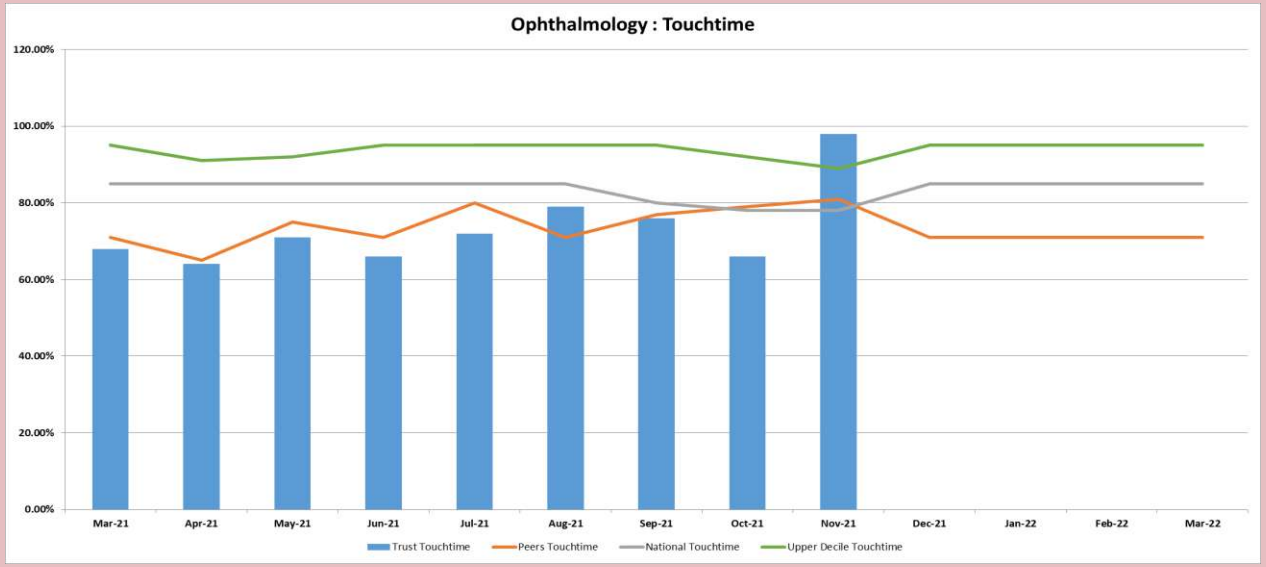
3. Potential to increase capacity via a cold-elective site.

Risk To Delivery

AMBER

Performance – Model Hospital Ophthalmology





Commentary

November 2021 Performance

The average number of cases per 4-hour session was 5.3. The touch time utilisation was 98%. There was 20% more capacity available.

Improvement Actions

1. Work with the team to understand reasons for late starts as we remain an outlier.

2. Use the new theatres dashboard and data to inform and drive efficiency improvement.

3. CQIA/Risk Assessments on clinic space.

Risk To Delivery

GREEN

Norfolk and Norwich University Hospitals NHS Foundation Trust

Finance Report December 2021

25 January 2022

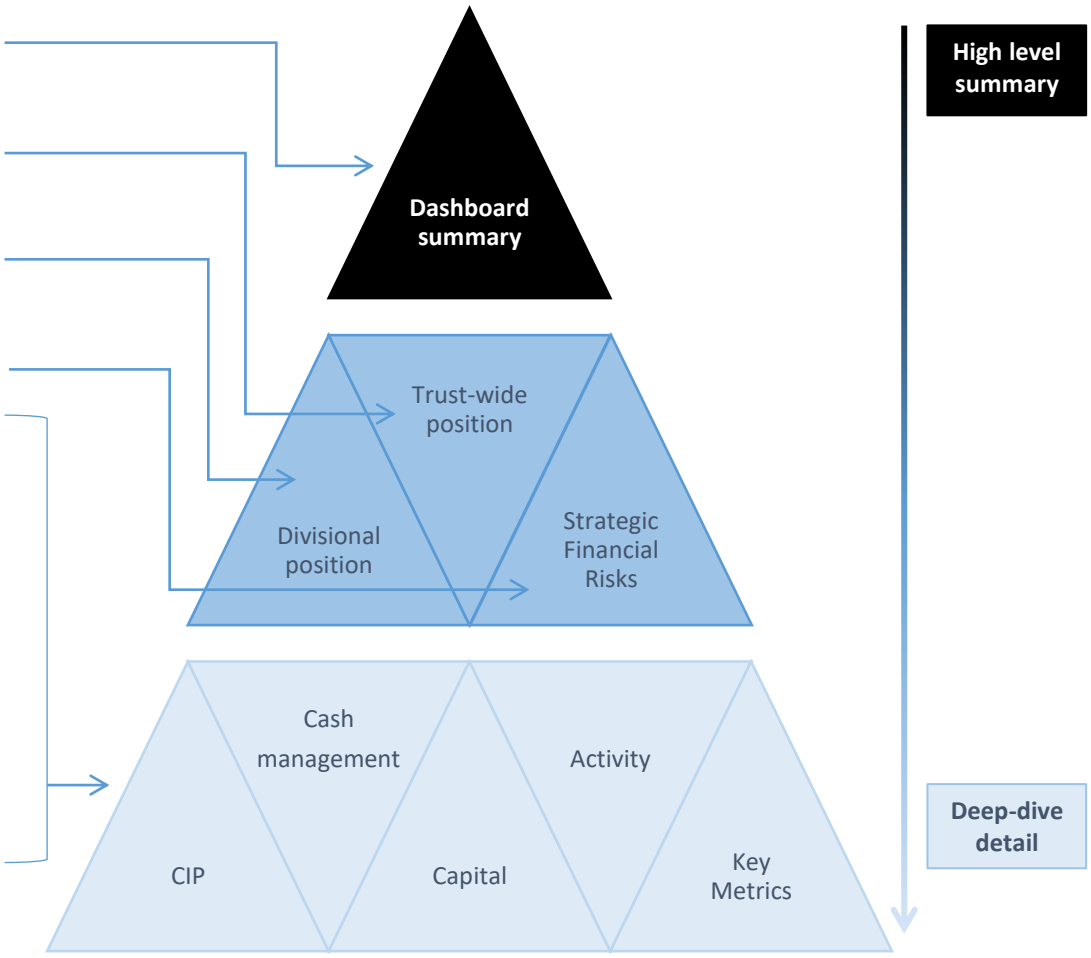
Roy Clarke, Chief Finance Officer

Norfolk and Norwich University Hospitals NHS Foundation Trust

Contents

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

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



Norfolk and Norwich University Hospitals NHS Foundation Trust

1.1 Executive Dashboard

H1 guidance was released on 25th March 2021 and were reported within Cycle 4 of the financial plan. The H2 guidance was published on 30th September and forms a further cycle (Cycle 5).

The Trust operational plan position at Cycle 5 is a 21/22 planned Breakeven position, comprising of an actual £7.1m surplus for H1 and a £7.1m forecast deficit for H2.

The year to date position on a control total basis as at December 2021 is a surplus of £9.6m. This is a £5.2m favourable variance to the surplus plan of £4.5m. The favourable variance of £5.2m is made up of an underspend in Pay of £3.8m, £2.3m underspend as a result of reduced activity, Non OPEX of £0.9m offset by a net drugs cost of £1.8m.

FOT: Forecast outturn is a £9.1m surplus, £9.1m favourable to the planned breakeven position. This is made up of a £13.9m operational surplus offset by £4.8m repatriation of funds to the System.

Activity: The activity for the year to date continues to be lower than the 2019/20 activity levels, which reflect the level of activity that the national elective recovery targets had expected. The definitions relating to the incentive element of this plan have changed for the second half of the year, but there has been no expectation that activity levels would increase to a level where this leads to any reward payments being received. There has been no improvement in the gap between current year activity and the 2019/20 baseline position over the past month, with the exception of non-elective activity which was close to 2019/20 levels. Whilst this level of activity will not negatively impact in the current year, it is a risk for the 2022/23 year as the activity targets and baselines are developed and agreed through the business planning cycle process.

Cash held at 31 December 2021 is £68.7m. The closing balance is £19.5m above the H2 submitted forecast as result of the continued delay to the capital programme and other working capital movements and the expected FOT position. The cash flow plan for this period shows a closing cash balance at 31 March 2022 of £36.6m.

Capital: As at 31 December, the Trust has underspent against plan by £3.1m. This significant underspend is caused by an increasing number of schemes missing planned milestones that were agreed in month 7. This level of expenditure is £11.2m adverse to the original April 2021 plan submission.

Management action is required to ensure the delivery of Capital Expenditure in line with the plan. Failure to deliver the planned programme on the approved trajectory creates a risk of an ICS reduction in the CDEL and this could compromise delivery of operational improvements.

	Oct to Date			YTD			Full Year			
	Actual £m	Plan £m	Variance £m	Actual £m	Plan £m	Variance £m	FOT £m	Plan £m	Variance £m	RAG
Clinical Income	150.8	142.1	8.7	436.0	424.4	11.6	582.1	566.6	15.5	
Other Income	48.7	55.0	(6.3)	162.6	168.5	(5.9)	215.7	223.6	(7.9)	
Pay	(110.0)	(110.4)	0.4	(329.0)	(332.9)	3.8	(439.1)	(444.3)	5.2	
Non Pay	(53.6)	(56.8)	3.2	(161.3)	(157.8)	(3.5)	(218.1)	(215.6)	(2.5)	
Net Drugs Cost	(18.7)	(17.9)	(0.7)	(55.8)	(53.9)	(1.8)	(74.3)	(71.8)	(2.5)	
Non Opex	(14.8)	(14.6)	(0.2)	(42.9)	(43.9)	0.9	(57.3)	(58.5)	1.3	
Surplus / (Deficit)	2.5	(2.7)	5.2	9.6	4.5	5.2	9.1	0.0	9.1	
COVID (Out of System) Expenditure	1.9	0.0	(3.4)	5.3	0.0	5.3	7.1	0.0	7.1	
COVID (Out of System) Income	(1.9)	0.0	3.4	(5.3)	0.0	(5.3)	(7.1)	0.0	(7.1)	
Reported Surplus / (Deficit)	2.5	(2.7)	5.2	9.6	4.5	5.2	9.1	0.0	9.1	
Headline Surplus / (Deficit)*	2.2	(3.0)	2.2	11.0	6.4	4.7	10.8	1.6	9.1	
Cash at Bank (before support funding)**	-	-	-	74.9	71.1	3.8	32.9	21.1	11.8	
Capital Programme	-	-	-	33.3	36.4	(3.1)	52.8	52.4	0.4	
CIP	-	-	-	11.3	8.0	3.2	15.0	12.6	2.4	
Inpatients*** (000's)	38.1	39.6	(1.5)	115.2	110.0	5.2	149.8	149.8	0.0	
Outpatients*** (000's)	179.6	192.5	(12.9)	542.8	537.8	5.0	736.0	736.0	0.0	
A&E*** (000's)	34.0	37.1	(3.1)	108.1	119.1	(10.9)	153.1	153.1	0.0	

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

*** Fcst as at September Reporting*

**** Plan is Trust Activity plan*

The NHSEI full year plan submitted in November to include H2 is a planned deficit of £7.1m. This is a breakeven position for H1 and a planned £7.1m deficit for H2. NHSEI technical reporting requirements have prevented the Trust amending the planned H1 position to the actual £7.1m surplus reported.

Norfolk and Norwich University Hospitals NHS Foundation Trust

1.2 Executive Dashboard

Risks

The Trust's overall risk profile remains stable, with one risk improving in risk scoring in month.

Strategic Financial Risks	Extreme (15-25)	High (9-12)	Moderate (5-8)	Low (1-4)
Total This Month	7	6	2	0
Total Last Month	7	6	2	0
Overall Trend	↔	↔	↔	↔

Divisional Performance

The Medicine division is overspent YTD as a result of increased clinical supplies expenditure. The CSS division is underspent mostly as a result of vacancies and Surgery is underspent as a results of reduced expenditure on clinical supplies. Women's & Children's and Corporate have small favourable variances.

The Medicine division is showing an adverse position to plan of £0.4m, this is as a result of increased expenditure on clinical supplies. The CSS Division is showing a favourable position of £3.7m, mostly relating to vacancies against their establishment. Surgery is underspent by £2.0m as result of reduced clinical supplies expenditure however is overspent in pay as a result of locum expenditure covering vacant ED shifts. Women's & Children's and Corporate have a small favourable variances.

As 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.

'Other' includes Clinical Income block and Top up funding along with R&D and the Trust Reserves. The net adverse variance of £2.2m is driven by £3.6m from additional income predominantly relating to high cost devices income (recognised based on usage) and £1.3m reduced depreciation as a result of the capital spend being behind plan offset by an adjustment of £7.1m relating to H1 actual over performance.

YTD Divisional Performance Excl. COVID	Medicine		Surgery		Women's & Children's		CSS		Corporate Incl. COVID		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
YTD Surplus / (Deficit)	(171.3)	(0.4)	(126.3)	2.0	(42.7)	0.7	(71.4)	3.7	(93.0)	1.3	514.4	(2.2)	9.6	5.2
Full Year FOT	(228.5)	0.0	(168.8)	0.0	(58.0)	0.0	(101.0)	0.0	(124.5)	0.0	680.7	9.1	(0.0)	9.1
CIP*	3.5	(0.2)	1.2	(0.2)	0.3	(0.1)	1.6	(0.0)	0.5	(0.2)	4.1	3.9	11.3	3.2
Inpatients**	68.1	1.3	27.6	(2.7)	19.5	6.6	0.0	0.0	-	-	-	-	115.2	5.2
Outpatients**	208.5	4.3	250.9	0.4	52.9	4.4	30.2	(4.4)	-	-	-	-	542.5	4.7
A&E**	0.0	0.0	108.1	(10.9)	0.0	0.0	0.0	0.0	-	-	-	-	108.1	(10.9)

CIP RAG					
FINANCE RAG***					
PAF RAG***					

**Divisional variance against FY plan submitted to regulator*

***Activity variance against Draft Activity plans (000's)*

**** Prior Quarter PAF Rating*

Cost Improvement Programme

YTD the Trust has delivered £11.3m of CIPs against a budgeted plan of £8.1m, a favourable variance of £3.2m.

The favourable variance of 3.2m is comprised of a planning variance of nil and a performance variance of £3.2m. The performance variance has arisen through £3.8m of accelerated CIP delivery above budgeted plan; £0.1m of additional delivery through schemes developed since finalising the plan; offset by £0.7m of adverse performance against budgeted schemes across pay and discretionary spend initiatives.

The risk adjusted forecast outturn CIP delivery for FY21/22 is currently calculated as £15.5m based on the latest forecast financial performance of Gateway 2 schemes, progress against milestone delivery and performance against quality and performance indicators.

FY21/22 CIP Plan - Divisional Breakdown	FY21/22 Indicative Target £m	FY21/22 FIP Board Approved £m	FYE FY20/21 £m	Gap £m	FY21/22 RAG Adj. Forecast Delivery £m	Gap £m
Medicine	7.2	5.2	2.4	0.4	7.2	0.0
Surgery	8.7	2.1	1.7	(4.9)	3.4	(5.3)
Women's & Children's	2.7	0.6	0.2	(1.9)	0.5	(2.2)
CSS	4.1	2.3	0.5	(1.3)	2.6	(1.5)
Corporate	3.7	1.2	0.3	(2.2)	1.2	(2.5)
Total	26.4	11.3	5.2	(9.9)	15.0	(11.4)

FY21/22 CIP Plan Development

As at 18 January 2022, the programme consists of £11.3m of Gateway 2 approved schemes; £5.2m of FYE of FY20/21 schemes; £0.9m of Gateway 1 approved schemes, which are being reviewed and developed to be progressed or removed from the programme; and £0.1m of schemes within the CIP development pipeline (Gateway 0).

Norfolk and Norwich University Hospitals NHS Foundation Trust

2.1 Financial Performance – December 2021

For the month of December 2021, the position on a control total basis is a surplus of £0.9m. This is a £2.4m favourable variance to the planned £1.5m deficit for the month. The main drivers for the favourable variance of £2.4m are £0.6m pay underspend due to vacancies, £1.4m non pay underspend as a result of reduced activity and £0.4m of other non pay underspends.

Income:
Income is reporting a favourable variance of £0.7m in December 2021. This favourable variance is due to £0.2m of Workplace Health & Wellbeing Income, £0.1m of R&D Income, £0.2m of Device Income (all offset by additional expenditure) and £0.2m of further favourable variances across the operational divisions.

Pay:
The operational pay variance excluding COVID is £0.8m favourable as a result of vacancies against the establishment. In December there were c. 9.4 vacancies across the Trust with c. 741 premium WTE thus a net 193 WTE vacancy. Of the net vacancy the majority are AHP/Scientific where less premium staffing is available support the substantive staff base. Including COVID there is a £0.6m favourable position against plan for December 2021.

Net Drugs Cost:
There is a small favourable variance of £0.1m in December 2021.

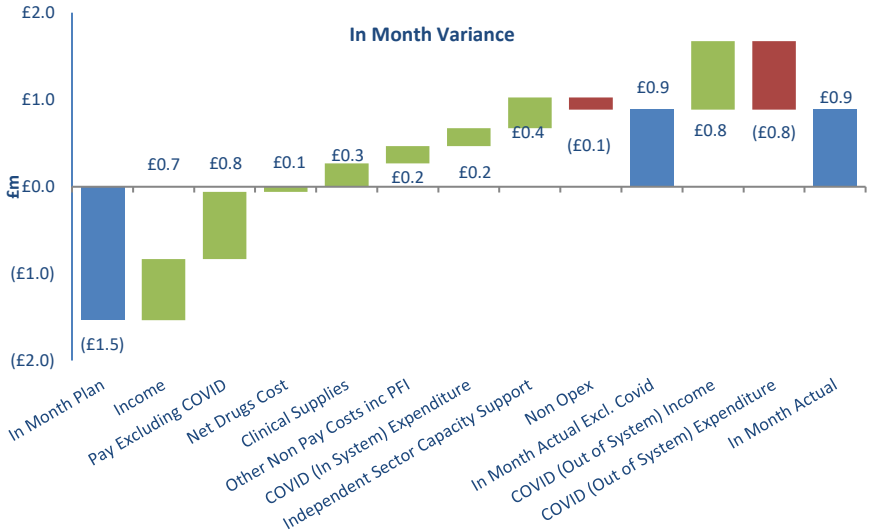
Non Pay:
There is a £0.5m favourable variance in December 2021. Predominantly as a result of reduced levels of activity. Activity in December was approx. 92.6% of 19/20 levels

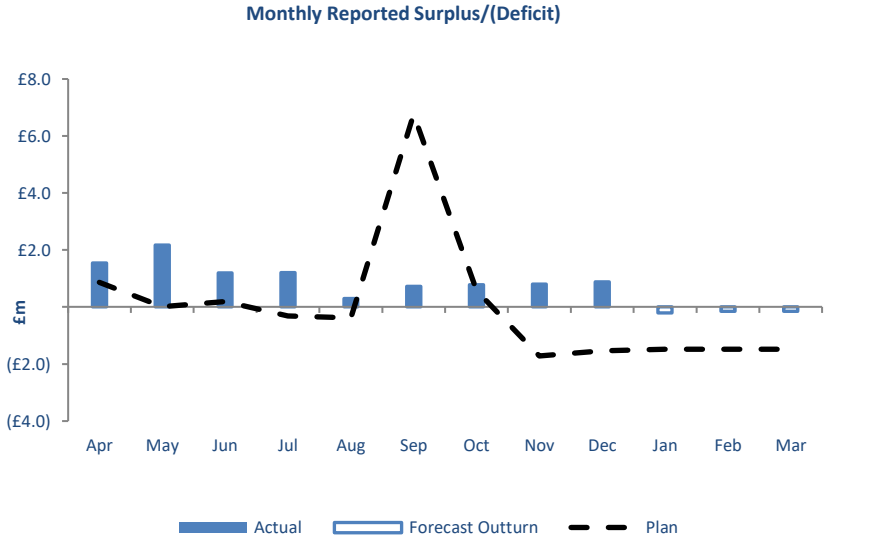
In System COVID 19 Expenditure:
In System COVID expenditure is £0.2m favourable to plan for December2021.

Independent Sector Capacity Support:
Independent Sector Capacity Support is £0.4m favourable to plan for December 2021. Actual spend in December was £0.5m, a decrease of £0.2m v November.

Non Operating Expenditure:
Non operating expenditure is £0.1m adverse to plan for December 2021. This is as a result of the effect of higher levels of inflation on the PFI contingent rent charge.

Out of System COVID 19 Expenditure:
The COVID-19 expenditure in month is £0.8m, with offsetting income of £0.8m and therefore an in month breakeven position. The main area of expenditure remains testing.





Norfolk and Norwich University Hospitals NHS Foundation Trust

2.2 Financial Performance – Year to Date

The year to date position on a control total basis as at December 2021 is a surplus of £9.6m. This is a £5.2m favourable variance to the surplus plan of £4.5m. The favourable variance of £5.2m is made up of an underspend in Pay of £3.8m, £2.3m underspend as a result of reduced activity, Non OPEX of £0.9m offset by a net drugs cost of £1.8m.

Income:
Income is reporting a favourable variance of £6.5m year to date due to; £2.1m of increased High Cost Devices recharged based on usage and is offset by additional clinical supplies expenditure, £2.5m relates to R&D is matched by additional non pay expenditure, £0.2m relating to private patients. The remaining balance relates to a number of small favourable variances across the operational divisions.

Pay:
Including COVID, there is a £3.8m favourable position against plan year to date. This comprises of a £1.9m adverse variance for In System COVID and IS capacity support, and an operational variance of £5.7m favourable relating to net vacancies against establishment, mainly in CSS. Year to date, the average monthly number of net vacancies after offsetting premium staff is 173. This has consistently reduced through the year as a result targeted recruitment, however increased in December as a result of ward closures and availability of staff.

Net Drugs Cost:
There is a £2.8m adverse variance year to date This is increased costs of £1.8m predominantly across neurosciences and respiratory and reduced income of £1m.

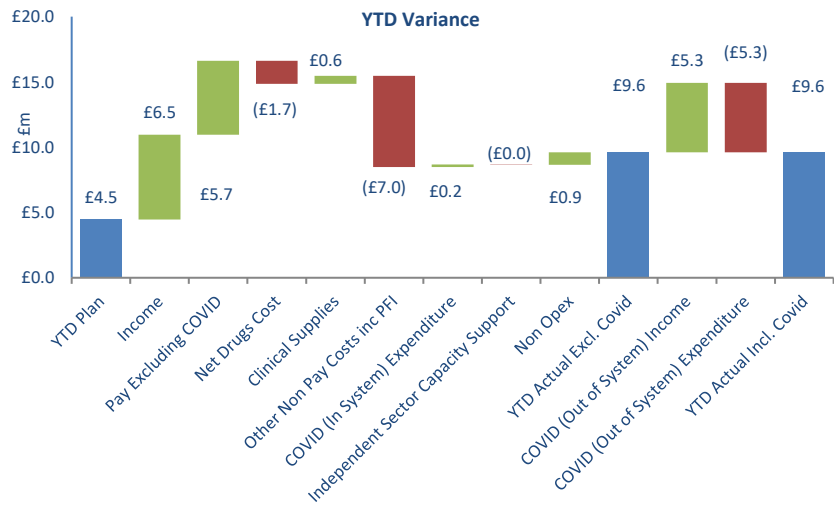
Non Pay:
Including COVID, there is a £3.5m adverse position against plan year to date. This comprises of a £2.9m favourable variance for COVID, and an adverse operational variance of £6.4mm. The adverse operational variance is predominantly as a result of a YTD budget adjustment of £7.1m representing the H1 cumulative underspend.

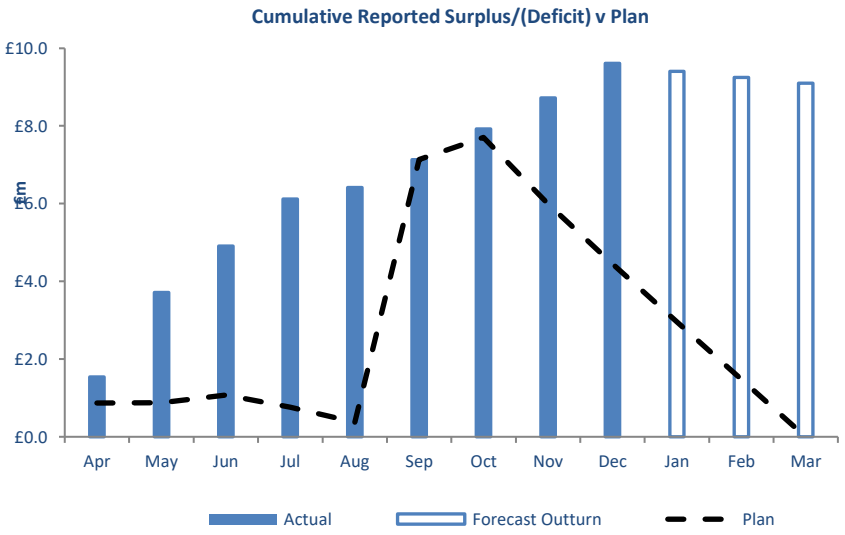
In System COVID 19 Expenditure:
In System COVID expenditure is £0.2m favourable year to date.

Independent Sector Capacity Support:
Independent Sector Capacity Support is on plan year to date.

Non Operating Expenditure:
Non operating expenditure is £0.9m favourable to plan year to date. this is as a result of reduced depreciation expenditure due to reduced delivery against the capital programme.

Out of System COVID 19 Expenditure:
The COVID-19 expenditure year to date is £5.3m, with offsetting income of £5.3m and therefore breakeven. Of this £1.1m has been spent in the vaccination programme and £3.1m on Testing.





Norfolk and Norwich University Hospitals NHS Foundation Trust

2.3 Forecast Outturn Full Year

Forecast outturn is a £9.1m surplus, £9.1m favourable to the planned breakeven position. The Operational Forecast Outturn is a £12.6m surplus, based on current run rates and committed expenditure. Forecast underspend from additional Elective Winter Funding Support is £1.3m Favourable resulting in a £13.9m surplus. The Trust is repatriating £4.8m of funding back to the System resulting in a £9.1m surplus, £9.1m favourable to the Breakeven plan.

1. **Pay – Vacancies v Establishment:** Underspends as a result of net vacancies in establishment due to recruitment delays, off-set by premium pay costs - £5.0m

2. **Non Pay - Result of Reduced Activity:** Underspends as a result of reduced activity and lower than planed COVID patients - £5.2m

3. **Overachievement of CIP:** Forecast Overachievement of CIP - £2.4m

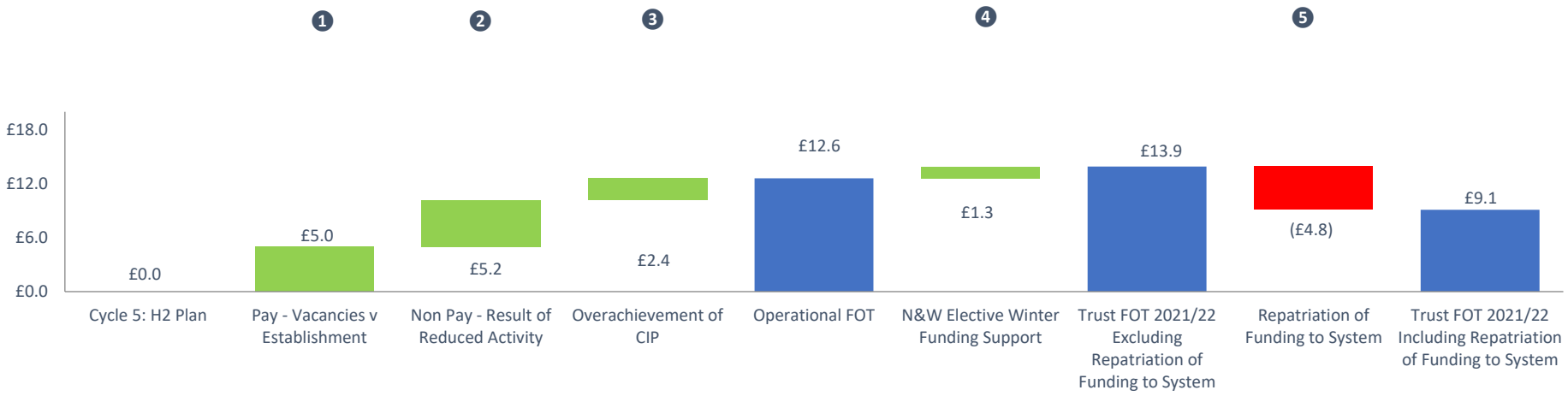
This results in a risk adjusted upside forecast outturn of a £12.6m surplus, £12.6m favourable to the operational plan of breakeven

4. **Underspend of N&W Elective Winter Funding Support:** Forecast underspend on Insourcing activity and other Winter Elective Recover initiatives following the award of £3.8m funding in December - £1.3m

This results in a risk adjusted upside forecast outturn of a £13.9m surplus, £13.9m favourable to the operational plan of breakeven

5. **Repatriation of Funding to System:** Repatriation of Funding to support System position - (£4.8m)

This results in a risk adjusted upside forecast outturn of a £9.1m surplus, £9.1m favourable to the operational plan of breakeven



Norfolk and Norwich University Hospitals NHS Foundation Trust

2.4 Underlying Plan Analysis

The planning guidance confirms that Business Rules for H2 FY21/22 are the same as H1 FY21/22, with block top up funding arrangements to continue for six months. This guidance resulted in an updated plan - Cycle 5, being a break even position for the full year 2021/22. This is based on an underlying planned deficit of £110.1m for 2021/22. Analysis below bridges the FY plan to the underlying deficit.

❶ **Cycle 5 H2 Plan:** £7.1m deficit

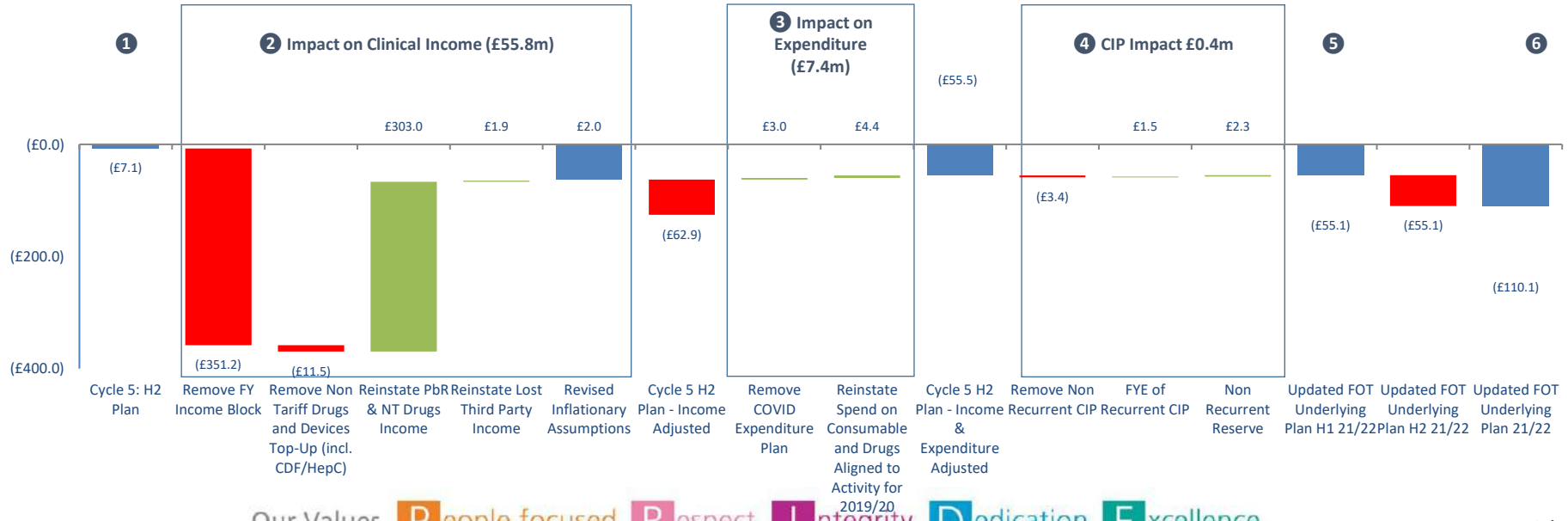
❷ **Impact on Income Income** – The H2 underlying plan included £307.0m of clinical income across commissioning contracts, including non tariff drugs. This has been replaced by £363.8m of system allocated block funding. **Reverting back to the underlying plan is a £55.8m adverse movement.**

❸ **Impact on Expenditure –** The H2 plan includes £3.0m for COVID expenditure and £4.4m for additional drugs expenditure. **Reverting back to the underlying plan is a £7.4m favourable movement.**

❹ **Impact on Expenditure** – H2 plan includes £3.4m of non recurrent CIP offset by £2.2m of Non Recurrent CIP reserve. FYE of in year CIP is an additional £1.5m . **Reverting to back the underlying plan is a £0.4m favourable movement.**

❺ **H2 Underlying Deficit is £55.1m**

❻ **Annualised Underlying Deficit of £110.1m before the impact of the Financial Strategy**



Norfolk and Norwich University Hospitals NHS Foundation Trust

3.1 Divisional Performance - Summary

The Medicine division is overspent YTD as a result of increased clinical supplies expenditure. The CSS division is underspent mostly as a result of vacancies and Surgery is underspent as a results of reduced expenditure on clinical supplies. Women's & Children's and Corporate have small favourable variances.

The below commentary is against the year to date position:

Clinical Income: Clinical Income subject to the block agreement is not allocated to divisions, therefore the divisional positions do not reflect the value of work done. Clinical Income is reflected in 'Other'.

Medicine: Adverse to plan by £0.4m YTD, driven by a £2.1m adverse variance in relation to clinical supplies due to H1 activity being 103.3% of plan (excluding outpatients) along with additional expenditure on drugs not backed by additional income of £0.8m. Pay has a favourable variance of £1.0m month 1 to date driven by net vacancies after premium pay of 145. Other income has a favourable variance of £0.7m, reflecting the income for non-pay costs billed to Phillips as a result of a worldwide product recall of Sleep Apnoea equipment.

Surgery & EUC: Favourable to plan by £2.0m YTD, driven by favourable variances in Clinical Supplies of £0.8m as a result of activity delivery being 90.9% v plan (excluding outpatients). Non Clinical Supplies are underspent by £0.5m due to capacity being procured via COVID budgets. Within Pay, the Division is reporting a £0.2m favourable Year to Date.

Women's & Children's: Favourable to plan by £0.7m YTD, the adverse variance in non pay is due to pass through expenditure to QEH & JPUH for Ockenden offset by additional income. The favourable variance in pay of £0.8m mainly due to vacancies in the Nursing establishment.

Clinical Support: Favourable to plan by £3.7m. £2.7m of this is within Pay due to the number of vacancies across the division (notably within Therapies Imaging, and Cellular Pathology), and £1.2 underspends in clinical supplies, due to reduced activity within Cytology and Interventional Radiology.

Corporate Incl. COVID: Favourable to plan by £1.3m, due to £2.8m favourable variance in non-pay, off-set by a £1.2m adverse variance in pay. Of the variances £1.8m is movement between pay and non pay due to categorisation of actual In System COVID expenditure. The remaining non pay underspend are driven by a number of small variances most notably reduced Education expenditure which is offset by a reduction in Income.

Other: 'Other' includes Clinical Income block and Top up funding along with R&D and the Trust Reserves. The net adverse variance of £2.2m is driven by £3.6m from additional income predominantly relating to high cost devices income (recognised based on usage) and £1.2m reduced Depreciation as a result of the capital spend being behind plan offset by an adjustment of £7.1m relating to H1 actual over performance.

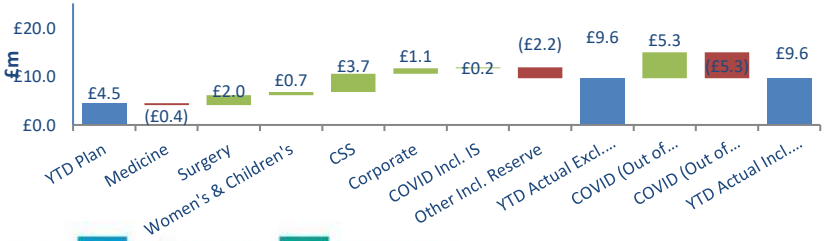
YTD Divisional Performance Excl. COVID	Medicine		Surgery		Women's & Children's		CSS		Corporate Incl. COVID		Other		Total	
	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m	Act. £m	Var. £m
Clinical Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	436.0	11.6	436.0	11.6
Other Income	2.7	0.7	4.7	0.2	1.3	0.6	10.4	0.6	6.7	(0.2)	136.8	(7.8)	162.6	(5.9)
Pay	(90.2)	1.0	(102.9)	0.5	(36.5)	0.8	(54.2)	2.7	(33.6)	(1.2)	(11.7)	0.1	(329.0)	3.8
Non Pay	(27.8)	(1.5)	(20.4)	1.3	(3.1)	(0.6)	(26.1)	0.7	(65.9)	2.9	(18.0)	(6.3)	(161.3)	(3.5)
Net Drugs Cost	(56.0)	(0.6)	(7.7)	0.0	(4.5)	(0.1)	(1.6)	(0.2)	(0.2)	(0.1)	14.2	(0.8)	(55.8)	(1.8)
Non Opex	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(42.9)	0.9	(42.9)	0.9
YTD Surplus / (Deficit)	(171.3)	(0.4)	(126.3)	2.0	(42.7)	0.7	(71.4)	3.7	(93.0)	1.3	514.4	(2.2)	9.6	5.2
Actual (M1-6)	(114.5)	(0.9)	(87.7)	0.6	(28.3)	0.4	(46.8)	3.5	(64.1)	0.1	348.6	(3.7)	7.1	(0.0)
Actual (M7 to date)	(56.9)	0.5	(38.6)	1.4	(14.4)	0.3	(24.6)	0.2	(28.9)	1.2	165.8	1.5	2.5	5.2
Full Year FOT	(228.5)	0.0	(168.8)	0.0	(58.0)	0.0	(101.0)	0.0	(124.5)	0.0	680.7	9.1	(0.0)	9.1
CIP*	3.5	(0.2)	1.2	(0.2)	0.3	(0.1)	1.6	(0.0)	0.5	(0.2)	4.1	3.9	11.3	3.2
Inpatients**	68.1	1.3	27.6	(2.7)	19.5	6.6	0.0	0.0	-	-	-	-	115.2	5.2
Outpatients**	208.5	4.3	250.9	0.4	52.9	4.4	30.2	(4.4)	-	-	-	-	542.5	4.7
A&E**	0.0	0.0	108.1	(10.9)	0.0	0.0	0.0	0.0	-	-	-	-	108.1	(10.9)

	Medicine	Surgery	Women's & Children's	CSS	Corporate Incl. COVID
CIP RAG					
FINANCE RAG***					
PAF RAG***					

*Divisional variance against FY plan submitted to regulator

**Activity variance against Draft Activity plans (000's)

*** Prior Quarter PAF Rating



Norfolk and Norwich University Hospitals NHS Foundation Trust

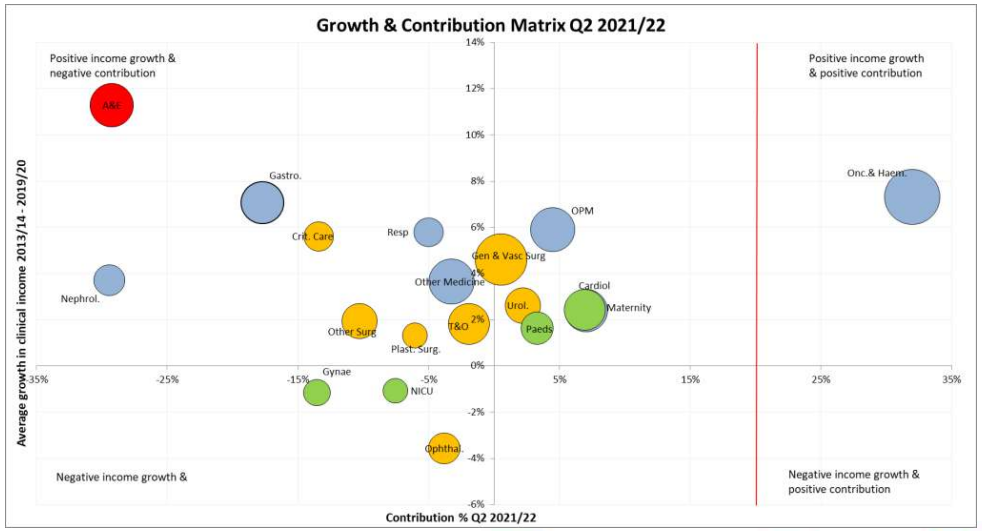
3.2 Divisional Performance - Service Line Reporting Q2 2021/22

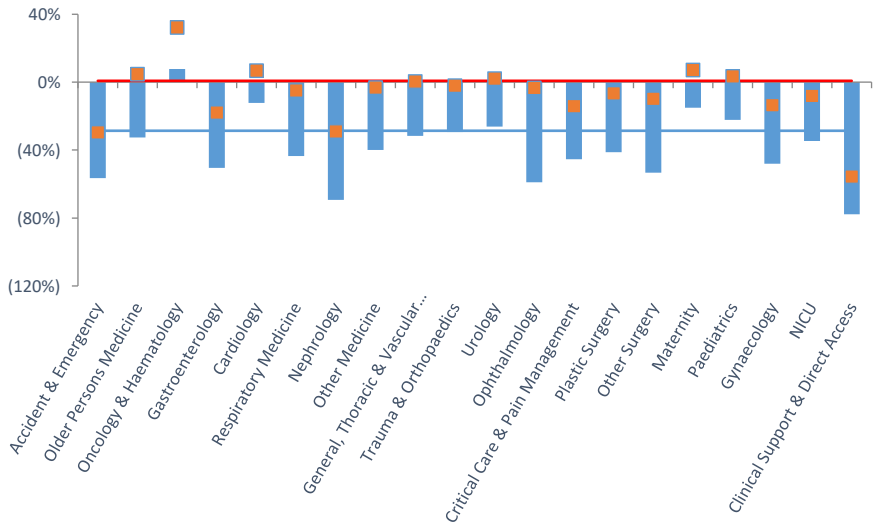
SLR data for the period July 2021 - September 2021 reflects some recovery in activity levels towards pre-COVID levels. In turn this has led to an improvement in levels of contribution (income less costs before overheads) compared to 2020/21.

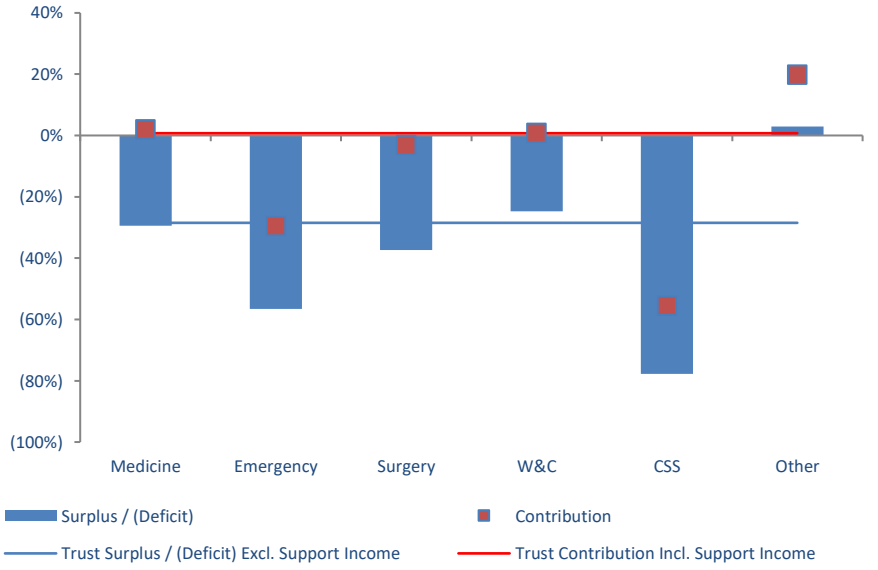
Levels of activity in the first 6 months of the year are returning to pre-covid levels, except for Surgery which remains lower. The level of income that would be earned (using Payment by Results prices) is now slightly higher than it was in 2019/20. However, costs have risen above 2019/20 levels and so the levels of contribution being made are not yet at 2019/20 levels:

Division	% of 'PbR' Income	Contribution		
		19/20	20/21	H2 21/22
Medicine	42.7%	14%	(10%)	2%
Emergency	5.9%	(35%)	(58%)	(30%)
Surgery	34.4%	6%	(29%)	(3%)
Women & Children's	16.6%	5%	(8%)	1%
Clinical Support	0.4%	(61%)	(138%)	(56%)

Income has been priced under PBR; the top up received is not allocated to divisions in these SLR reports., which are intended to show a business as usual view. The table BELOW show how the Divisions' activity, costs and income are reflected in SLR, prior to this support income:







Norfolk and Norwich University Hospitals NHS Foundation Trust

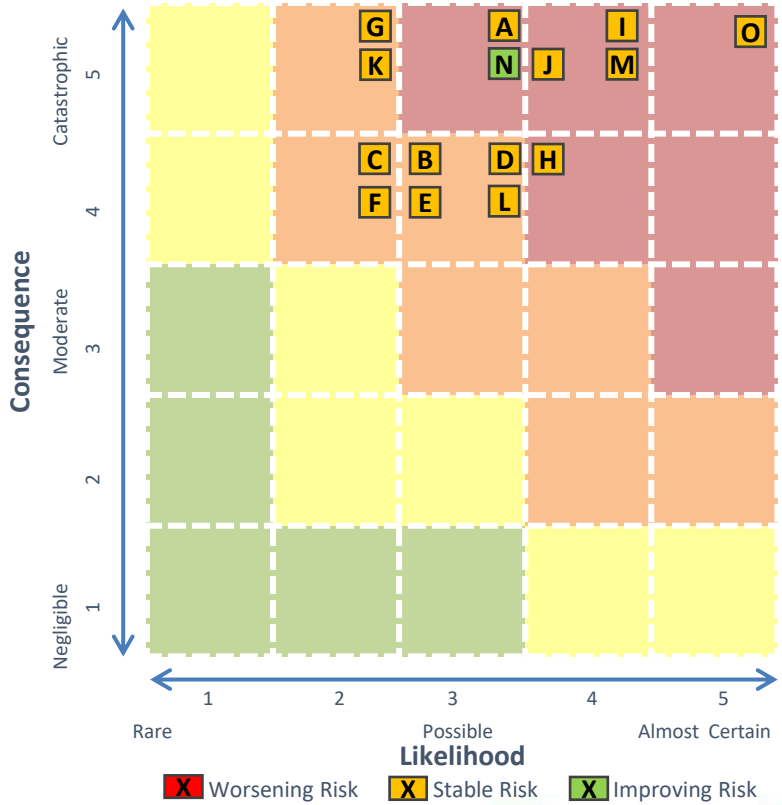
4. Strategic Financial Risks

The Trust's overall risk profile remains stable, with one risk improving in risk scoring in month.

As part of FY21/22 annual planning 13 key strategic and operational risks with an initial score of ≥ 12.

The Finance Directorate continues to formally review the Financial Risk Register, on a monthly basis, reviewing the risks and adding new risks which have been identified across the finance portfolio.

As part of the monthly review of the Financial Risk Register, there was a single risk which improved risk score due to the upload of the remaining rebased nursing rosters.



	ID	Description	Risk Score	*Prior Month*
A	624	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.	15	15
B	1534	IF the Trust is unable to generate the FY21/22 planned activity and case mix, THEN the income generated may be lower than planned levels.	12	12
C	1535	IF the Trust is unable to deliver the FY21/22 required activity levels per the national recovery framework, THEN additional funding available through the Elective Recovery Fund may not be available to invest back in recovering activity.	8	8
D	1536	IF the Trust's capacity plan does not reflect the available clinical space and workforce effective hours, THEN there is a risk that activity assumptions underpinning the FY21/22 plan are not valid, potentially leading to lower levels of income or higher levels of costs than planned through the use of third party capacity.	12	12
E	1539	IF the Trust does not deliver forecast activity growth levels within the identified cost envelope or IF there is a change in case mix to less profitable procedures, THEN this will lead to lower income as a proportion of cost levels driving a higher deficit than planned.	12	12
F	1540	IF the Trust creates additional capacity at additional cost to the Trust in order to reduce the waiting list, and does not secure the financial resources for this, THEN this will create additional cost pressures which will need to be mitigated through additional efficiency delivery, or the Trust will incur a higher deficit than planned.	8	8
G	1532	IF the Trust fails to control expenditure in line with the plan, including mitigation of identified but unfunded cost pressures, THEN the Trust will fail to deliver to plan, negatively impacting the I&E and cash position and increasing the distress funding requirement.	10	10
H	1533	IF the Trust enacts service developments or changes that result in an increase in cost that is not mitigated by a corresponding increase in the value of the Trust's income contracts, THEN the financial position will be negatively impacted.	16	16
I	1527	IF the efficiency requirement is not identified and delivered on an annual basis THEN the Trust is at risk of significantly failing its I&E and cash plans, alongside delivery of the Trust's Financial Strategy.	20	20
J	1529	IF the Trust does not deliver the financial improvements within its own control, THEN the access to technical solutions, including FRF, may no longer be available.	20	20
K	1526	IF the Trust is unable to manage its financial performance in line with the Operational Plan, THEN there is a risk that the Trust will require additional distress funding to meet its financial obligations.	10	10
L	1528	IF the Trust cannot secure sufficient emergency capital PDC to support the delivery of the capital programme, THEN the planned capital programme will be delayed, negatively impacting the ability to deliver planned activity levels and increasing costs leading to additional pressure to financial performance.	12	12
M	1548	IF additional or revised regulatory requirements do not align with the framework utilised in developing the Financial Strategy THEN additional financial pressures may arise, negatively impacting the Trust's ability to deliver sustainable financial improvement.	20	20
N	1724	IF the rebased nursing and midwifery rosters are not uploaded in a timely manner on to Allocate THEN the Trust will not utilise its nursing and midwifery resources efficiently to deliver effective patient care.	15	20
O	1725	IF programme management arrangements in place to deliver the capital programme fail to deliver in line with plan THEN the capital programme may underspend resulting in failure to improve operational capacity at the level required to deliver patient care and be at risk of reputational damage.	25	25

Norfolk and Norwich University Hospitals NHS Foundation Trust

5. Cash

Cash held at 31 December 2021 is £68.7m. The closing balance is £19.5m above the H2 submitted forecast as result of the continued delay to the capital programme and other working capital movements. The cash flow plan for this period shows a closing cash balance at 31 March 2022 of £36.6m.

Cash Financial Arrangements - financial envelope for 2021/22

A financial settlement for the NHS has been agreed for the full year of 2021/22. It is a fixed system envelope arrangement as was in place for the second six months of 2020/21. Our financial allocation has been confirmed and is consistent with that received in 2020/21, increased for inflation, growth and efficiency.

The Trust draft operational plan for the 21/22 shows a break even position. As a result it is not expected that any revenue cash support will be required during the year. The cash flow plan for this period showed a closing cash balance at 31 March 2022 of £21.1m.

The twelve month rolling cash flow forecast before revenue funding support shows the cash balance reducing during the second half year to negative funds of £45.9m at end December 2022, thus revenue support would be required in 2022/23.

Cash balances are forecast to reduce by c. £32.1m however remain positive in March 2022 thus no revenue support would be required. This has been assumed and is reflected in the cash forecast graph alongside.

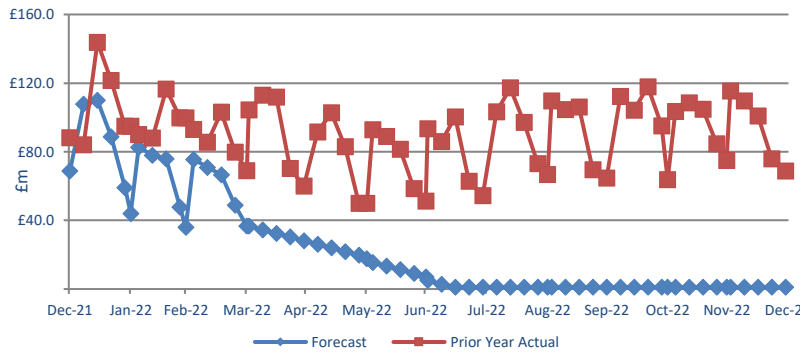
The deterioration in cash position in the second half year relates to the assumption that the block funding and top up arrangements will reduce in line with the increased efficiency assumptions and a FOT of a £9.1m surplus, with this arrangement ceasing for 2022/23 and reverting to PbR.

The availability of funding has been properly considered and guidance issued by NHSE/I in March 2021 stated that 'where providers do require supplementary revenue cash support providers will be able to apply for revenue cash support from DHSC via the NHSE/I capital and Cash team. Therefore should the Trust require additional support , there are mechanisms in place to access this. The forecast will further firm up as funding arrangements become more clear.

Capital - The Trust's draft capital plan includes identified funding streams for all expenditure. The receipt of funding is subject to a national process, therefore the cash flow forecast for capital is based on best understanding on the timing of approvals. Accordingly this may change, however it should not impact the cash flow significantly overall as expenditure can mostly be managed to align with funding.

Aged Debt - Debtors at December 2021 is £15.3m, of which £7.8m is over 90 days. Of the NHS debt greater than 90 days, £1.9m is JPUH, up £0.2m 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 £1.1m relates to private/overseas patients. The trust continues to focus on resolving these debts.

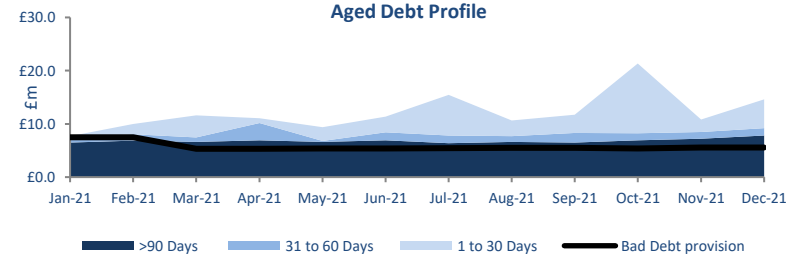
Weekly Closing Cash (£m)



Debtors by Type	Total Debt			Debt > 90 days		
	Oct-21 £m	Nov-21 £m	Dec-21 £m	Oct-21 £m	Nov-21 £m	Dec-21 £m
NHS	15.21	4.80	8.26	1.91	2.02	2.48
Non NHS	6.74	6.97	7.00	5.02	5.21	5.32
Total	21.94	11.77	15.26	6.93	7.23	7.80

Better Payments Practice Code YTD	No. of Invoices			£m		
	Total Invoices Paid	Total Invoices paid within target	Performance %	Total Invoices Paid	Total Invoices paid within target	Performance %
NHS	2,483	2,030	81.8%	61,788	56,051	90.7%
Non NHS	96,800	92,235	95.3%	253,600	230,172	90.8%
Total	99,283	94,265	94.9%	315,388	286,222	90.8%

Aged Debt Profile



Norfolk and Norwich University Hospitals NHS Foundation Trust

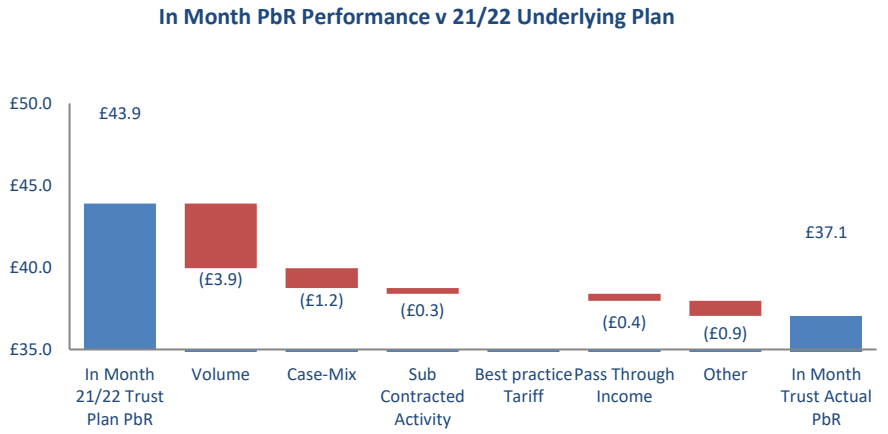
6.1 Activity (Income PbR)

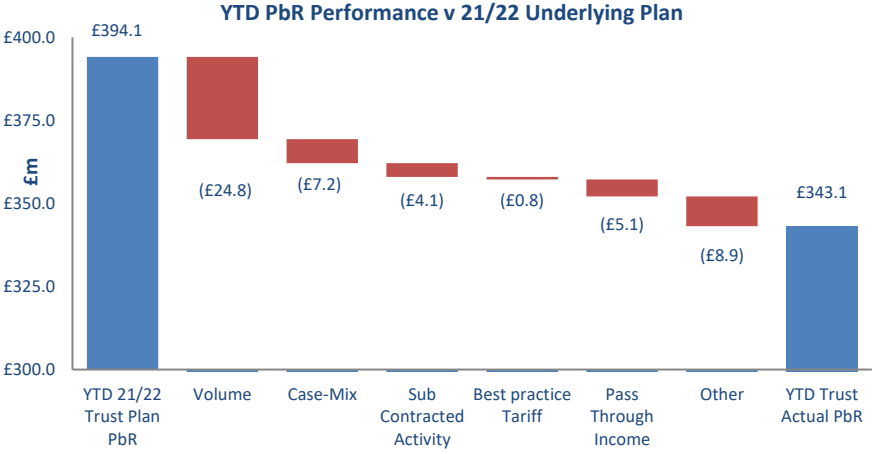
We have now moved in to Half 2 of 2021/22 and the measure of activity for Elective Recovery Funding has changed, from standard activity counts (spells/attendances) to RTT Clock Stops. A target of achieving 89% of 2019/20 levels has been set by NHSE/I, which is approximately equivalent of undertaking 95% of 2019/20 activity levels – as not all activity results in an RTT Clock Stop. Elective Recovery Funding will also be determined by RTT performance, with achievement over 89% potentially resulting in additional funding – for every 1% of over achievement the Trust could receive 1% of a financial baseline – calculated as the financial value of 2019/20 activity in 2021/22 tariffs and currency.

Income for the second half of 2021/22 continues to be set nationally, in the form of block (fixed) funding. Elective Recovery Funding will be paid based on achievement of RTT clock stops, compared to 2019/20, not units of activity as it has been in Half 1. The target for additional funding has been set as 89% of 2019/20 RTT Clock Stop levels. For each 1% of over achievement potential funding equivalent to 1% of a financial baseline could be paid. There is no assumption that any additional funding will be achieved during H2.

Performance v 2021/22 Base 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 understood – i.e. had the Trust been paid on a Payment by Results (PbR) basis. Currently these figures are based on a mixture of the 2021/22 Tariffs and in the absence of negotiations with Commissioners, some assumptions around locally agreed pricing. A clinical income 'Base Plan' for 2021/22 has been derived from the 2020/21 draft annual plan, with some known changes reflected. The activity graphs on the following slides do not include activity undertaken in the independent sector i.e. only illustrate NNUH activity because data is not available at the time of writing. The graphs opposite shows that 'actual' performance would be below the base plan for December 2021, and 2021/22 year to date (Apr to Dec). The variance to plan remains much improved from that seen in 2020/21 to date. The case-mix variance is provided for illustrative purposes, but the in-month position does indicate that case-mix is returning to something similar to that seen in 2019/20. The graph shows that under a normal activity based contract the Trust would have a reduced income level for the month of £6.8m. Comparisons are difficult because of changes in recording etc over the last 18 months A planned change in recording of CAU from 1st July 2021 activity also reduces the calculated non-elective income, distorting the figures.

Elective Recovery Fund: The NNUH H2 plan assumes £nil delivery of ERF due to risks of delivery plus system requirements. The N&W system have estimated £9.5m possible upside, with NNUH being £5m of this. However this is potentially overstated due to mismatch of ASI presentation in the system calculation. That estimate included £139k for October 2021 and £1,720k for November 2021. Calculations of October performance indicate that the 89% target was not achieved, and therefore no additional funding will be due. For November, without correctly aligning ASI performance was 94.1% with estimated additional funding at £944k. However, when allowing for the alignment of ASI performance drops to 88.99%, just under the 89% target – therefore no financial gain is expected. It is too early to understand December performance at this time.





Norfolk and Norwich University Hospitals NHS Foundation Trust

6.2 Activity - POD

Activity in the first half of 2021/22 was measured against 2019/20 base-line, with expectations set by NHSE as a percentage of 2019/20 levels (adjusted for working days) Starting with 70% target in April rising by 5% each month, with 85% being highest target. The Trust had its own recovery plan for Half 1. No formal targets have been set by NHSE for Half 2, but it is generally expected that in order to achieve the RTT Clock Stop target of 89% (of 2019/20 levels) activity levels will need to be 95%, of 2019/20 levels. Actual results have been measured here against both, with comparisons to 2019/20 and 2020/21 activity levels also provided for info.

Day Case & Elective Inpatient Spells

Provisional figures for December indicate that Day Case activity levels will fall just short of the desired level of 95% of December 2019 levels (94%). Medical Divisions has exceeded the 95% aim, but Surgical Division falling some way short. The graph opposite reflects that activity levels continue to fall short of those in 2019/20. The number of Elective Inpatient spells however does remain much lower than that seen in 2019/20, Women & Children Division did exceed 2019/20 levels in December, but all other Divisions fell short. In terms of the Trust's own activity plan based on estimates for December the levels of activity for both Day Case and Elective look to have fallen short of the plan. (Day Case 93%, Elective 96%).

Outpatient Activity

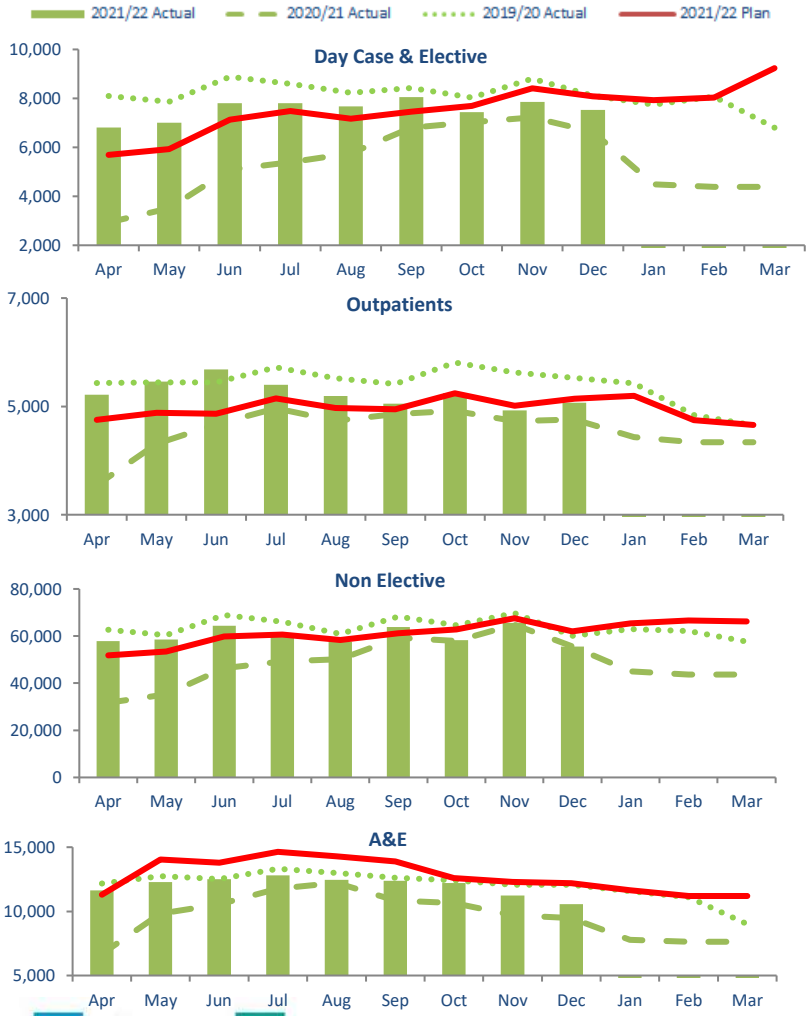
Provisional figures for December indicate that the levels of activity will fall short of the desired level of 95% of December 2019 activity levels (achieving 93%). The Trust's own proposed plan is more ambitious, and therefore activity will fall short of that plan also (achieving just 90% of plan). Appointments with a procedure are expected to be 87% of 2019/20 levels. New attendances, without a procedure however are only expected to achieve 85% of 2019/20 levels and Follow Up 98%. Good performances seen in Pain Management, General Surgery and Respiratory Medicine. ENT activity levels remained well below 2019/20 levels in December. Ophthalmology is seeing mixed results with over performance expected for attendances where a procedure is undertaken, but notable under performance in general attendances (it should be noted Ophthalmology is also undertaking activity in the independent sector not reflected in these graphs).

Non Elective Spells (Including Maternity)

It can be seen from the graph opposite that non elective activity has increased from that seen in 2020/21. The graph shows that activity in May and June exceeded that seen in 2019, but remained lower than 2019 activity levels since. Activity levels overall continue to be in line with the monthly average seen in 2019, but like-for-like comparisons are not straight forward because of recording changes. When comparing non-elective spell count to that seen in 2019/20 it is noticeable that Women & Children division is seeing a significant increase on 2019/20 levels. It should be noted that figures for Women & Children Division include CAU activity now recorded as Same Day Emergency Care (SDEC) activity, previously recorded as non-elective. The number of Non-Elective discharges in December increased from the seen in November, which was the lowest it had been this financial year.

A&E (Emergency Department

A&E activity levels in December 2021 continued the downward trend seen since August 2021. Attendances were the lowest they have been this financial year, representing only c.88% of the number of attendances in December 2019. The level of activity in Half 2 has also been lower than the Trust's planned levels.



Norfolk and Norwich University Hospitals NHS Foundation Trust

7. CIP

Year to date the Trust has delivered £11.3m of CIPs against a budgeted plan of £8.1m, a positive variance of £3.2m, comprised of: a planning variance of nil; and a performance variance of £3.2m. This has arisen through accelerated delivery of additional CIP above budgeted plan offset by adverse performance in pay and discretionary spend initiatives. The risk adjusted forecast outturn CIP delivery is currently £15.0m against a CIP target of £26.4m presenting a significant risk to achievement of the target.

FY21/22 CIP Performance:

YTD the Trust has delivered £11.3m of CIPs against a budgeted plan of £8.1m, a positive variance of £3.2m, comprised of:

- A planning variance of nil; and
- A performance variance of £3.2m, see bridge below. This has arisen through:
  - £3.8m of accelerated CIP delivery above budgeted plan;
  - £0.1m of additional delivery through schemes developed since finalising budgeted plan;
  - Offset by £0.7m of adverse performance against budgeted schemes across pay, discretionary spend and digital dictation initiatives.

The risk adjusted forecast outturn CIP delivery for FY21/22 is currently calculated as £15.5m based on the latest forecast financial performance of Gateway 2 schemes, progress against milestone delivery and performance against quality and performance indicators.

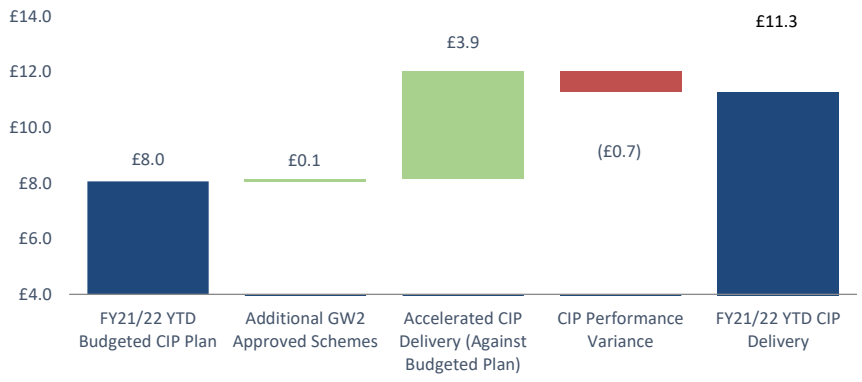
FY21/22 CIP Plan Development

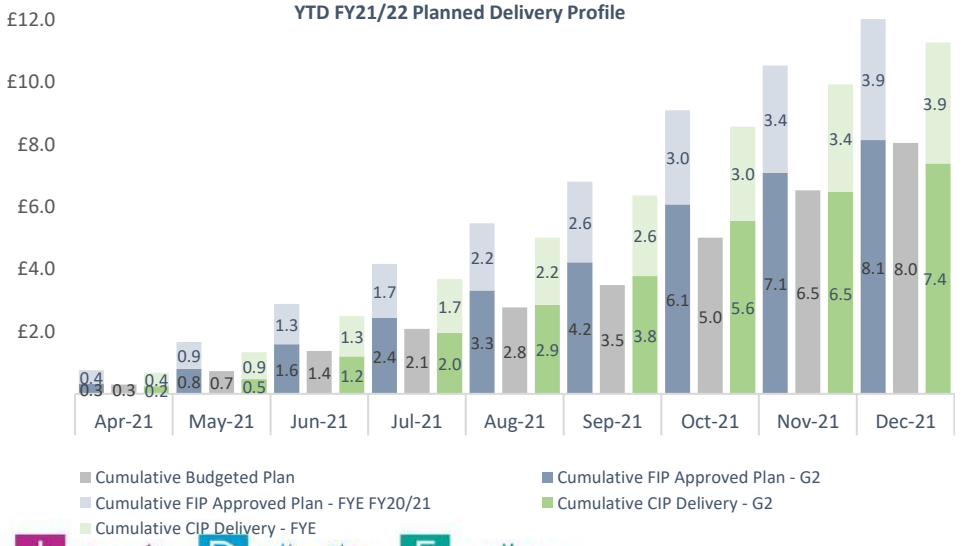
Due to the significant planning risk surrounding the efficiency programme as the Trust continues to develop plans, a CIP hedge of £13.8m has been offset against the £26.4m programme within the annual plan (Cycle 4).

As at 18 January 2022, the programme consists of £11.3m of Gateway 2 approved schemes; £5.2m of FYE of FY20/21 schemes; £0.9m of Gateway 1 approved schemes, which are being reviewed and developed to be progressed or removed from the programme; and £0.1m of schemes within the CIP development pipeline (Gateway 0).

The initiatives that comprise these values are subject to revision as a result of any revisions to planning guidance or national priorities.

FY21/22 CIP Plan - Divisional Breakdown	FY21/22 Indicative Target £m	FY21/22 FIP Board Approved £m	FYE FY20/21 £m	Gap £m	FY21/22 RAG Adj. Forecast Delivery £m	Gap £m
Medicine	7.2	5.2	2.4	0.4	7.2	0.0
Surgery	8.7	2.1	1.7	(4.9)	3.4	(5.3)
Women's & Children's	2.7	0.6	0.2	(1.9)	0.5	(2.2)
CSS	4.1	2.3	0.5	(1.3)	2.6	(1.5)
Corporate	3.7	1.2	0.3	(2.2)	1.2	(2.5)
Total	26.4	11.3	5.2	(9.9)	15.0	(11.4)





Norfolk and Norwich University Hospitals NHS Foundation Trust

8.1 Capital

Introduction and Background

This report provides an update on the delivery of the Trust's capital programme as at 31 December 2021, month 9. Performance in this report is monitored against the latest approved internal plan, which is the revised plan approved by the Capital and Estates Committee in October 2021.

Year-to-date performance – 31 December 2021

This report provides an update on the delivery of the Trust's capital programme as at 31 December 2021, month 9. Performance in this report is monitored against the latest approved internal plan, which is the revised plan approved by the Capital and Estates Committee in October 2021.

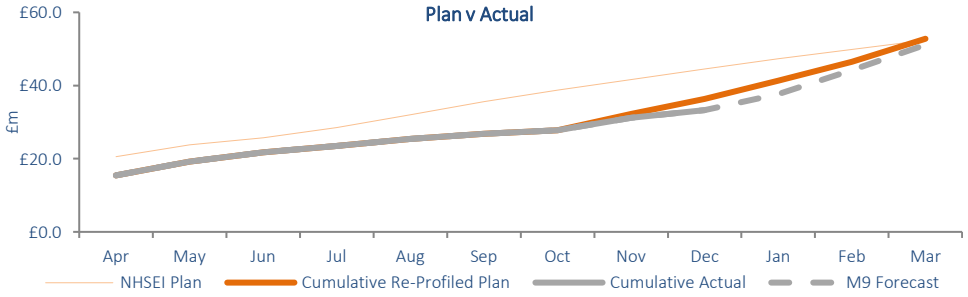
The schemes driving the YTD variance are: investment in elective infrastructure (£0.7m), equipment replacement (£0.5m) and the theatre refurbishment scheme (£1m).

Forecast Outturn

The significant year-to-date underspend, overall lack of reliability in forecast milestone achievement, and the continued high number of risks to delivery at scheme level places the forecast outturn at high risk. Management action is required in several areas to reduce delivery risk.

The current forecast outturn is to deliver £51.125m, which is £1.637m less than plan. This is as a result of the removal of £0.637m relating to DAC for an estimate previously included for FBC development costs, and the £1m expected underspend for 21/22 that the Trust externally declared to the system.

YTD NHSEI Plan £'000	YTD Actual £'000	YTD Variance £'000	YTD Re-profiled Plan £'000	YTD Actual £'000	YTD Variance £'000	FY NHSEI Plan £'000	FY OT £'000	FY Variance £'000
44,530	33,304	(11,226)	36,368	33,304	(3,064)	52,371	52,762	391



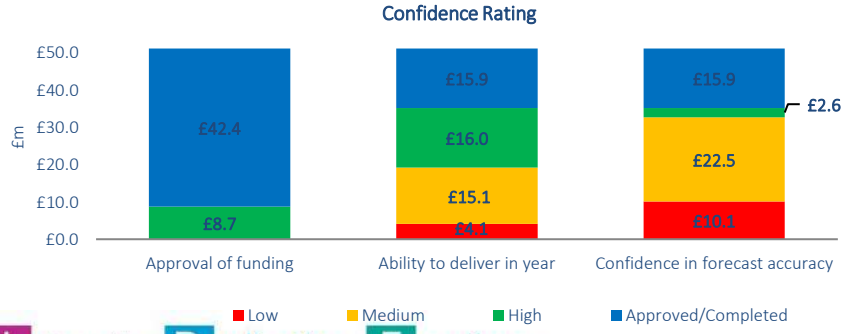
Funding availability is no longer considered a significant risk to the programme, there is increased risk of not being able to deliver the programme by year end.

The chart below provides details of confidence ratings for delivery across three domains:

An assessment based on **availability of funding**: £42.4m has been approved which includes internally generated funding and the distress PDC already secured. £3.8m is yet to be approved for Digital Aspirant; this is risk rated as high confidence of approval as the Trust has agreed the LOA. The remaining £5m is yet to be approved and is also risk rated a high confidence of approval. This includes £4.9m of distress funding (previously £6.3m), being £3.2m carried forward from 20/21 and £1.7m for new funding (previously £3.1m). The reduction in new funding is as a result of a £1m reduction in the forecast and £0.4m of HEE funding for items approved within the equipment replacement allocation.

An assessment based on the **internal ability to deliver:** At present, seven schemes have a low deliverability rating (three last month), and twenty schemes have a medium deliverability rating (ten last month). The seven schemes with low deliverability rating are Digital Aspirant (£3.8m), Shared Care Record (£0.2m), works to the Isolation Unit (£0.1m), Aseptic production (£0.1m), oxygen works (£0.1m) and clinical decision software (£0.2m). These risks are detailed further on slides 7 to 9.

An assessment based on **forecasting accuracy:** All schemes have been assigned a rating to reflect the level in-year variation. Nine schemes have a low risk rating (the same seven above plus the elective infrastructure build and equipment), and twenty six have a medium confidence rating. This is mainly due to schemes currently holding a contingency and not knowing when this will be required. Failure to deliver the planned 21/22 programme will directly impact future years' capital programmes, as investment planned in future years will need to be curtailed to accommodate slippage.



Norfolk and Norwich University Hospitals NHS Foundation Trust

9.1 Statement of Comprehensive Income

The year to date position on a control total basis as at December 2021 is a surplus of £9.6m. This is a £5.2m favourable variance to the planned £4.5m surplus, a favourable variance of £5.2m. £5.3m of out of system COVID expenditure is offset by £5.3m of income. The headline surplus which includes donated income of £2.8m and donated asset depreciation of £2.8m is £11.0m.

	In Month Month 9 - December 2022			October to Date			Year to Date			Forecast outturn FY 2021/22		
	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	49.1	47.4	1.7	150.8	142.1	8.7	436.0	424.4	11.6	582.1	566.6	15.5
NT Drugs Income	1.4	1.7	(0.3)	4.7	5.1	(0.4)	14.3	15.1	(0.8)	19.1	20.2	(1.0)
Total Clinical Income	**50.5**	**49.1**	**1.4**	**155.5**	**147.2**	**8.4**	**450.3**	**439.4**	**10.9**	**601.3**	**586.8**	**14.5**
Other Income Incl. Non NHS Clinical Income	17.3	18.4	(1.1)	48.7	55.0	(6.3)	162.6	168.5	(5.9)	215.7	223.6	(7.9)
Total Operating Income	**67.8**	**67.5**	**0.3**	**204.2**	**202.2**	**2.1**	**612.9**	**608.0**	**4.9**	**817.0**	**810.4**	**6.6**
Medical Staff	(11.9)	(11.1)	(0.9)	(35.8)	(33.2)	(2.6)	(106.4)	(99.9)	(6.5)	(141.8)	(133.1)	(8.7)
Nursing	(13.8)	(14.4)	0.7	(41.5)	(43.2)	1.8	(124.9)	(128.5)	3.5	(167.1)	(171.8)	4.7
A&C	(4.2)	(4.4)	0.2	(12.6)	(13.2)	0.6	(38.1)	(39.9)	1.8	(50.7)	(53.0)	2.4
Other Staffing Groups	(6.3)	(6.6)	0.2	(19.1)	(19.8)	0.6	(57.0)	(59.2)	2.1	(76.1)	(78.9)	2.8
Other Employee Expenses	(0.3)	(0.7)	0.4	(1.0)	(1.0)	0.1	(2.5)	(5.4)	3.0	(3.5)	(7.4)	4.0
Total Employee Expenses	**(36.5)**	**(37.1)**	**0.6**	**(110.0)**	**(110.4)**	**0.4**	**(329.0)**	**(332.9)**	**3.9**	**(439.1)**	**(444.3)**	**5.2**
Drugs Costs	(7.3)	(7.7)	0.3	(23.4)	(23.0)	(0.3)	(70.1)	(69.0)	(1.1)	(93.4)	(92.0)	(1.4)
Clinical Supplies	(7.7)	(7.8)	0.1	(22.0)	(22.4)	0.4	(61.5)	(62.7)	1.3	(84.2)	(85.9)	1.7
Non Clinical Supplies	(7.9)	(9.3)	1.4	(24.3)	(27.4)	3.1	(78.6)	(74.6)	(4.0)	(105.5)	(102.3)	(3.2)
PFI	(2.5)	(2.3)	(0.2)	(7.4)	(7.1)	(0.3)	(21.2)	(20.4)	(0.7)	(28.4)	(27.4)	(1.0)
Total Expenditure Excl. Employee Expenses	**(25.4)**	**(27.0)**	**1.6**	**(77.0)**	**(79.9)**	**2.9**	**(231.4)**	**(226.8)**	**(4.6)**	**(311.5)**	**(307.6)**	**(3.9)**
Total Operating Expenditure	**(61.9)**	**(64.1)**	**2.2**	**(187.0)**	**(190.2)**	**3.3**	**(560.4)**	**(559.6)**	**(0.7)**	**(750.6)**	**(751.9)**	**1.3**
Total Operating Surplus/(Deficit)	**5.9**	**3.3**	**2.6**	**17.3**	**12.0**	**5.3**	**52.6**	**48.3**	**4.3**	**66.4**	**58.5**	**7.9**
Total Non Operating Expenditure	(5.0)	(4.9)	(0.1)	(14.8)	(14.6)	(0.2)	(42.9)	(43.9)	0.9	(57.3)	(58.5)	1.3
Total Surplus/(Deficit)	**0.9**	**(1.5)**	**2.4**	**2.5**	**(2.7)**	**5.2**	**9.6**	**4.5**	**5.2**	**9.1**	**0.0**	**9.1**
COVID (Out of System) Income	0.8	0.0	0.8	1.9	0.0	1.9	5.3	0.0	5.3	7.1	0.0	7.1
COVID (Out of System) Expenditure	(0.8)	0.0	(0.8)	(1.9)	0.0	(1.9)	(5.3)	0.0	(5.3)	(7.1)	0.0	(7.1)
Total Surplus / (Deficit)	**0.9**	**(1.5)**	**2.4**	**2.5**	**(2.7)**	**5.2**	**9.6**	**4.5**	**5.2**	**9.1**	**0.0**	**9.1**
Control Total Adjustments												
Donated Income & Equipment	0.2	0.0	0.2	0.2	0.0	0.2	2.8	2.7	0.0	2.7	2.7	0.0
Donated Assets Dep'n	(0.1)	(0.1)	(0.1)	(0.5)	(0.3)	(0.2)	(1.3)	(0.8)	(0.5)	(1.1)	(1.1)	0.0
Headline Surplus / (Deficit)	**1.0**	**(1.6)**	**2.6**	**2.2**	**(3.0)**	**5.2**	**11.0**	**6.4**	**4.7**	**10.8**	**1.6**	**9.1**
NHSEI Adjustments												
Reverse H1 Surplus	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(7.1)	7.1	0.0	(7.1)	7.1
Donated Income & Equipment	(0.2)	0.0	(0.2)	(0.2)	0.0	(0.2)	(2.8)	(2.7)	(0.0)	(2.7)	(2.7)	0.0
Donated Assets Dep'n	0.1	0.1	0.1	0.5	0.3	0.2	1.3	0.8	0.5	1.1	1.1	0.0
Provider Top Up Funding	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.4	(3.4)	0.0	3.4	(3.4)
System Envelope Planning Adjustment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(3.4)	3.4	0.0	(3.4)	3.4
Adjusted Financial Performance Surplus/(Deficit) (NHSEI Reporting)	**0.9**	**(1.5)**	**2.4**	**2.5**	**(2.7)**	**5.2**	**9.6**	**(2.7)**	**12.3**	**9.1**	**(7.1)**	**16.3**

Norfolk and Norwich University Hospitals NHS Foundation Trust

9.2 Pay Expenditure

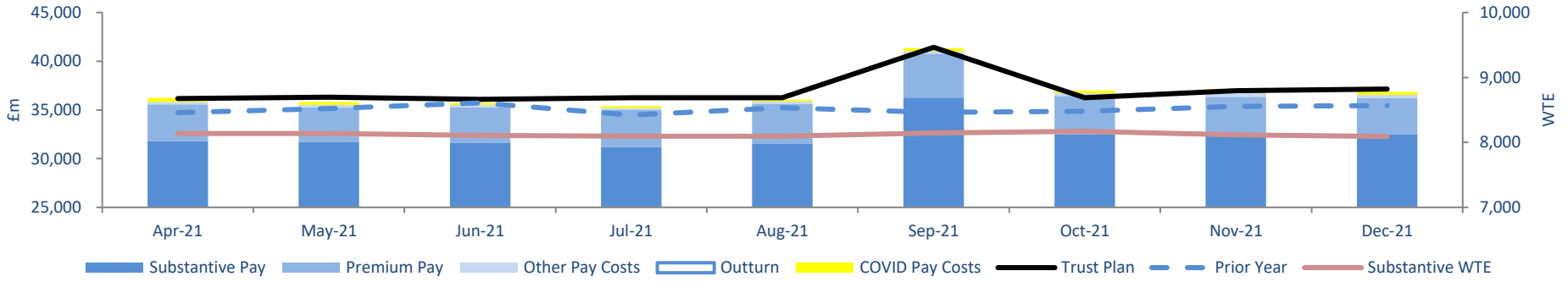
Year to date expenditure is £328.9m, a favourable position to plan of £3.9m. This is predominantly as a result of vacancies against establishment in CSS (£2.3m). £5.2m was paid in September relating to the national 3% pay award and is fully matched by additional income.

Pay Expenditure (Excl. Out of System COVID)	Apr-21 £m	May-21 £m	Jun-21 £m	Jul-21 £m	Aug-21 £m	Sep-21 £m	Oct-21 £m	Nov-21 £m	Dec-21 £m	FY £m
Substantive staff	**31.8**	**31.7**	**31.7**	**31.2**	**31.5**	**36.3**	**32.5**	**32.4**	**32.5**	**291.6**
Medical Internal Locum Staff	1.0	1.0	0.6	0.8	0.8	0.9	0.8	0.9	1.0	7.8
Medical External Locum Staff	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.6
Additional Medical Sessions	0.3	0.5	0.5	0.6	0.7	0.8	0.4	0.5	0.3	4.5
Nursing Bank Staff	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.3
Nursing Agency Staff	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Nursing Overtime	0.4	0.2	0.3	0.3	0.4	0.4	0.4	0.4	0.0	2.7
Other Bank (AHPs/A&C)	0.2	1.4	1.4	1.5	1.6	1.7	1.6	1.5	1.4	12.1
Other Agency (AHPs/A&C)	0.2	0.3	0.4	0.4	0.3	0.4	0.4	0.4	0.4	3.3
Other Overtime (AHPs/A&C)	0.1	0.1	0.2	0.1	0.2	0.2	0.2	0.1	0.4	1.5
Premium Pay	**3.8**	**3.5**	**3.6**	**3.8**	**4.1**	**4.5**	**3.9**	**3.9**	**3.7**	**34.9**
Total Direct Pay Costs	**35.6**	**35.3**	**35.3**	**35.0**	**35.6**	**40.8**	**36.4**	**36.4**	**36.2**	**326.5**
Redundancy	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Apprenticeship Levy	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.1	1.3
Local CEA	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.9
Annual Leave, Flowers & Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.2
Total Other Pay Costs	**0.2**	**0.3**	**0.3**	**0.2**	**0.2**	**0.3**	**0.3**	**0.4**	**0.3**	**2.4**
Total Pay Costs - Actual	**35.8**	**35.5**	**35.5**	**35.2**	**35.9**	**41.0**	**36.7**	**36.7**	**36.5**	**328.9**
Total Pay Costs - Plan	**36.2**	**36.3**	**36.1**	**36.3**	**36.3**	**41.4**	**36.3**	**37.0**	**37.1**	**332.9**
Favourable / (Adverse) v Plan	**0.3**	**0.8**	**0.6**	**1.0**	**0.4**	**0.4**	**(0.5)**	**0.2**	**0.6**	**3.9**

Substantive WTE	Apr-21 WTE	May-21 WTE	Jun-21 WTE	Jul-21 WTE	Aug-21 WTE	Sep-21 WTE	Oct-21 WTE	Nov-21 WTE	Dec-21 WTE
A&C	1,563	1,564	1,569	1,568	1,577	1,583	1,584	1,579	1,564
Medical	1,181	1,173	1,170	1,166	1,168	1,195	1,223	1,191	1,198
Nursing	3,691	3,693	3,678	3,686	3,666	3,666	3,653	3,629	3,614
Other	1,702	1,706	1,691	1,678	1,683	1,703	1,711	1,720	1,716
Total	**8,136**	**8,136**	**8,109**	**8,097**	**8,095**	**8,147**	**8,171**	**8,118**	**8,092**

Premium Source (Excl. Out of System COVID) YTD			Total Trust Total £m	Total Trust *Premium Cost* £m*
Medical	**Source**	Internal Locum	7.8	*1.6*
		External Locum	1.6	*0.8*
		WLI/NAG	4.5	*2.2*
		Total	**13.9**	***4.6***
Nursing	**Source**	Bank	11.3	*0.0*
		Overtime	2.9	*1.0*
		Agency	1.3	*0.3*
		Total	**15.5**	***1.3***
A&C & Other	**Source**	Bank	2.1	*0.0*
		Overtime	1.3	*0.4*
		Agency	2.1	*0.5*
		Total	**5.5**	***0.9***
Total	**Source**	Bank/Internal Locum	21.2	*1.6*
		Overtime	4.2	*1.4*
		Agency/External Locum	5.0	*1.6*
		WLI/NAG	4.5	*2.2*
		Total	**34.9**	***6.8***

** Incremental cost of premium staff over substantive staff*

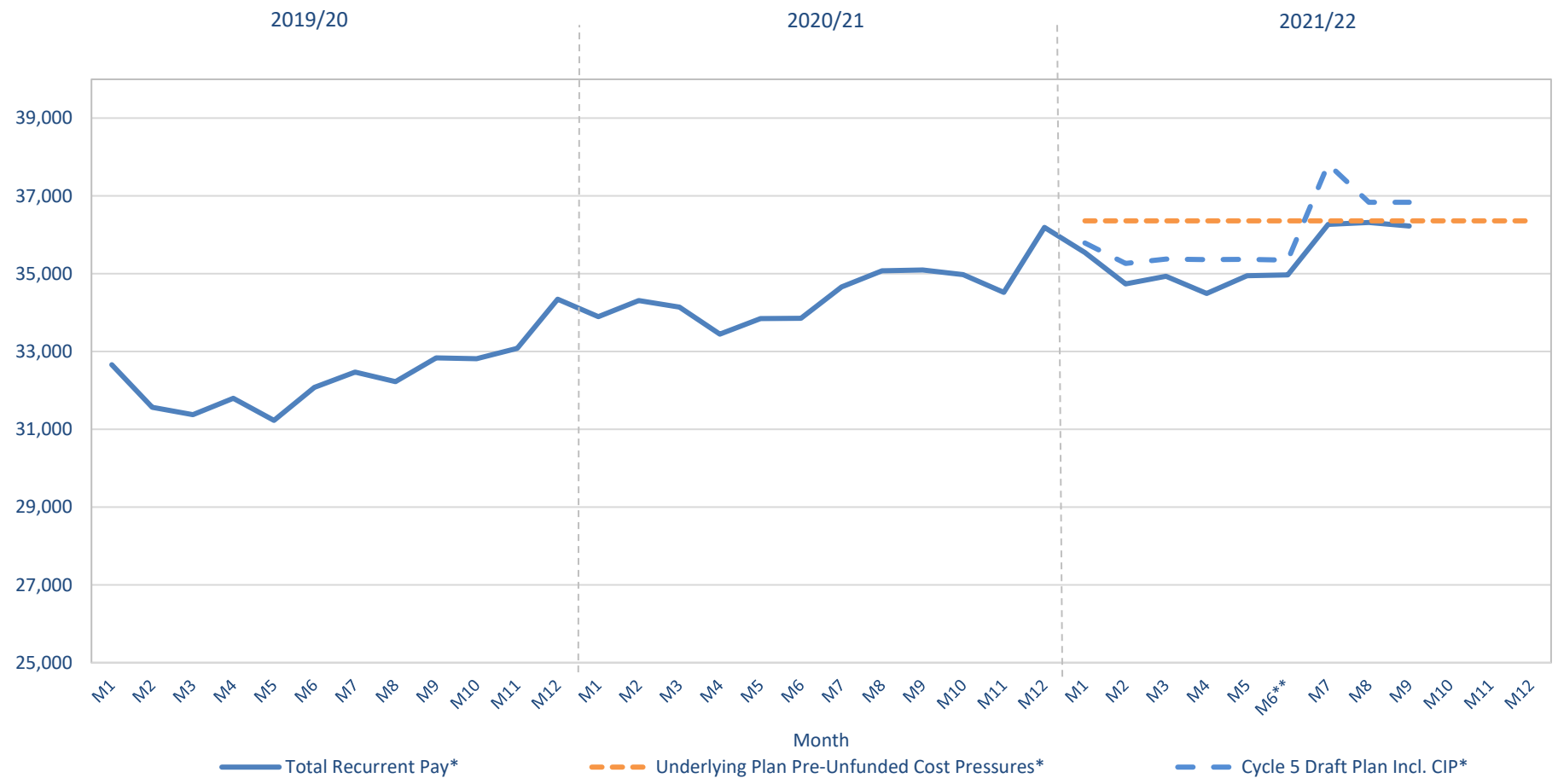


Norfolk and Norwich University Hospitals NHS Foundation Trust

9.3 Pay Expenditure Run Rate

Pay expenditure run rate is favourable to both the Underlying Plan and Cycle 5 plan. Since May pay has returned to similar levels seen through H2 2020/21 after slight increases in March 2021 and April 2021. The increase seen since October is due to national 3% pay increase.

Pay Expenditure Actual Run Rate FY19/20 to date Compared To Underlying Plan FY21/22 and Cycle 4 H1 Draft Budget*



*Excludes all COVID expenditure
**Excludes £5.2m for back dated H1 3% Pay Increase

Norfolk and Norwich University Hospitals NHS Foundation Trust

9.4 Statement of Financial Position

The Statement of Financial Position at the end of December has increased by £15.2m compared to the opening balance, this reflects the £9.6m surplus to date on a control total basis, in addition to £1.4m of donated asset additions & depreciation, together with £4.1m of capital funding via PDC.

Property, plant and equipment
This balance is £17.4m higher than the opening balance. The key items are capital expenditure of £18.6m offset in part by depreciation of £15.9m, together with a £14.7m transfer from trade and other receivables relating to the capitalisation of a lifecycle maintenance prepayment.

Trade and Other Receivables – non current
This balance is £14.3m lower than the opening balance, with the key item being a transfer of £14.7m to PPE for the capitalisation of a lifecycle maintenance prepayment.

Trade and Other Receivables - current
This balance is £6.7m higher than the opening balance. The key items are £2.6m of prepayments for CNST, £1m of COVID income, £1.5m of annual leave income, £0.6m of drugs income and £0.4m of IT prepayments.

Cash
This is £0.2m lower than the opening balance. The key reasons are a reduction in capital creditors and capital accruals of £6.6m, the YTD surplus of £11.0m, together with other working capital movements - in particular a reduction in trade payables of £16.0m offset in part by an increase in accruals of £13.5m.

Trade and other payables
This is £9.0m lower than the opening balance. The key reason is the settlement of 2 credit notes (totalling £15.3m) raised to N&W CCG relating to repatriation of COVID unspent funds and a regional true-up of resources. This is offset in part by an increase in general accruals of £13.5m and a reduction in capital creditors and capital accruals of £6.6m.

Provisions
This balance is £2.8m higher than the opening balance. The key reason is a reclassification of £3.2m relating to VAT reclaims offset in part by a £1.5m reduction in the provision required relating to the Clinicians Pension Tax Scheme from 2019/20.

Borrowings
The £3.7m decrease in non-current borrowings relates to capital repayment for the PFI contract.

Deferred Income
This balance is £6.3m higher than the opening balance. The key items are £2.9m which relates to education funding received in advance of costs, £1m of pay award deferrals, £1m of TIF, and £0.8m of devices. This is offset in part by a reclassification of £3.2m relating to VAT reclaims.

December 2021	Actual Mar-21 £m	Actual Dec-21 £m	Movement £m	Prior Month £m
Property, plant and equipment	349.0	366.4	17.4	366.2
Trade and other receivables	62.5	48.2	(14.3)	47.8
Total non-current assets	**411.5**	**414.6**	**3.1**	**414.0**
Inventories	13.1	15.1	2.0	14.4
Trade and other receivables	31.3	38.0	6.7	34.0
Cash and cash equivalents	68.9	68.7	(0.2)	74.8
Total Current assets	**113.3**	**121.8**	**8.5**	**123.2**
Trade and other payables	(114.3)	(105.3)	9.0	(107.0)
Borrowings - PFI & Finance Lease	(5.0)	(5.0)	0.0	(4.9)
Provisions	(0.5)	(0.3)	0.2	(0.3)
Deferred Income	(15.8)	(26.0)	(10.2)	(25.7)
Total current liabilities	**(135.6)**	**(136.6)**	**(1.0)**	**(137.9)**
Total assets less current liabilities	**389.2**	**399.8**	**10.6**	**399.3**
Borrowings - PFI & Finance Lease	(182.4)	(178.7)	3.7	(179.2)
Borrowings - Revenue Support	0.0	0.0	0.0	0.0
Provisions	(4.8)	(7.8)	(3.0)	(7.8)
Deferred Income	(5.3)	(1.4)	3.9	(1.3)
Total non-current liabilities	**(192.5)**	**(187.9)**	**4.6**	**(188.3)**
Total assets employed	**196.7**	**211.9**	**15.2**	**211.0**
Financed by				
Public dividend capital	290.7	294.8	4.1	294.8
Retained Earnings (Accumulated Losses)	(121.1)	(109.6)	11.5	(110.5)
Revaluation reserve	27.1	26.7	(0.4)	26.7
Total Taxpayers' and others' equity	**196.7**	**211.9**	**15.2**	**211.0**

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix

Appendix A – System Financial Position

Year to Date (M9) N&WHCP is reporting a surplus of £11.5m against a planned surplus of £3.6m, £7.9m favourable to plan. Full Year Forecast outturn is a 9.7m surplus, £12.5m favourable against the planned £2.7m deficit.

	Year to Date			Forecast Outturn Full Year		
	Actual £m	Plan* £m	Variance £m	Actual £m	Plan* £m	Variance £m
JPUH	0.2	(0.6)	0.8	0.0	(0.8)	0.8
NNUH	9.6	(2.7)	12.3	9.1	(7.1)	16.2
NSFT	0.6	0.0	0.6	0.6	0.0	0.6
NCHC	0.9	(0.1)	1.0	0.0	(0.7)	0.7
QEHKL	0.2	2.4	(2.2)	0.0	(0.0)	0.0
Sub Total - Providers	**11.5**	**(0.9)**	**12.5**	**9.7**	**(8.7)**	**18.4**
N&W CCG	(3.7)	4.5	(8.2)	(13.5)	5.9	(19.4)
Reimbursement Due - HDP	3.7	0.0	3.7	9.7	0.0	9.7
Adjustments - Other	0.0	0.0	0.0	3.7	0.0	3.7
Sub Total - CCG	**0.0**	**4.5**	**(4.5)**	**0.0**	**5.9**	**(5.9)**
Total N&WHCP	**11.5**	**3.6**	**7.9**	**9.7**	**(2.7)**	**12.5**

**Plan submitted to NHSEI*

Appendix B – Corporate Reserve

The H2 plan includes a £1.0m of corporate reserves of which £1.04m has been assigned leaving £0.04m over-unallocated. The underlying position included £1.0m of corporate reserves of which £0.85m has been assigned recurrently leaving £0.15m unallocated.

	Receiving Division / Department	FY 21-22 Plan £k	Underlying Position £k
Opening Plan		**1.00**	**1.00**
Nurse Roster Rebasing	ALL / Nursing	(0.45)	(0.45)
HR Resourcing - Priorities	Corporate / HR	(0.16)	(0.16)
Sustainability Plan	Corporate / Trust Management	(0.04)	0.00
Intranet	Corporate / Communications	(0.09)	(0.06)
Anti-racism strategy	Corporate / Trust Management	(0.01)	0.00
Hard FM Costs	Corporate / Facilities	(0.18)	(0.18)
International Recruitment	Corporate / Trust Management	(0.12)	0.00
Latest Plan / Remaining Budget		**(0.04)**	**0.15**

REPORT TO TRUST BOARD

Date	**2nd February 2022**
Title	**Use of Resources Update**
Author & Exec Lead	**Rob Marshall (Associate Director of Finance) and Roy Clarke (Chief Finance Officer)**
Purpose	**For Information**

1. Background/Context

This paper provides an update on the progress against the strategic enablers and an updated position for the Tactical Action Plan, including an update on the performance against GIRFT recommendations.

2. Financial Strategy

The Trust's Financial Strategy was approved by the Trust Board on 6 October 2021. The Board gave delegated authority to the Trust Executive to update the Financial Strategy for operational planning guidance. This has now been received and will be reported to HMB; Finance, Investments and Productivity Committee; and the Trust Board next month.

The Trust's current capacity and capability to deliver the scale of improvement set out within the strategy poses a significant risk which requires further work to mitigate.

The Trust had set a stretch target for each of the Strategic Initiatives to be developed, documented and approved through Gateway 2 by the end of December 2021.

Development has been limited since the December update. This has been discussed at FIP Board and progress is anticipated across the month of January 2022.

3. Tactical Action Plan Update

The latest Evidence Group Deep Dive was held on 7 January 2022. The meeting continued to provide support and challenge to delivery leads and monitor progress against the individual recommendations that comprise the Tactical Action Plan. Of the remaining nine actions, one remains in SRO intervention (15.1), two recommendations have a status of Green and six are rated Amber.

The Trust has seen some slippage in operational and workforce schemes over the past month. These are being actively monitored as part of future Evidence Group standing agenda items.

As at 31 December 2021, the position shows that of the 319 individual actions within the Tactical Action Plan: 270 have been completed; 40 are currently on track; there are 5 actions that are overdue by less than 30 days however, 4 have become overdue by greater than 30 days. **The overdue actions have been followed up with the responsible officers and the current status understood, see *Section 4.***

4. Tactical Action Plan Refresh

The Trust undertook an annual review of its Use of Resources against the national framework (KLOEs), including a review of the latest Model Health data. This was presented to HMB on 1st June 2021.

The review identified two key recommendations:

- Targeted change programmed around identified opportunity themes should be developed and incorporated into the Financial Strategy, and delivery overseen by the Transformation Steering Group; and
- The Use of Resources Tactical Action Plan should be refreshed to reflect the findings and reset delivery expectations.

Following the approval of the Trust's Financial Strategy by the Board, the Use of Resources Tactical Action Plan will be refreshed to incorporate the strategic initiatives and other opportunity themes.

A formal timetable for a refresh of the Use of Resources Tactical Action Plan is being developed with the recommendations to be agreed in February 2022 ahead of development of actions plans in March 2022. The refreshed Tactical Action Plan will launch on 1st April 2022.

5. Getting It Right First Time (GIRFT)

Virtual deep dive for Acute and General Medicine is planned for the 4th February 2022, and Geriatric Medicine on 28th April 2022. Date for the Urology deep dive is still TBC. Meetings organised with 10 of the specialties for January 2022 to agree National Report actions and obtain an update on current action progress.

To improve performance the following actions have been identified:

- Continue meeting with individual specialties to obtain an update on existing GIRFT actions and agree on National Report recommendations.
- Obtain feedback on Datix to identify any system improvements required.

Recommendations:

The Board is recommended to NOTE the contents of the report.

Norfolk and Norwich University Hospitals NHS Foundation Trust

Use of Resources Update

2 February 2022

Norfolk and Norwich University Hospitals NHS Foundation Trust

1. Executive Summary

This paper provides an update on the progress against the strategic enablers and an updated position for the Tactical Action Plan, including an update on the performance against GIRFT recommendations.

Financial Strategy

The Trust's Financial Strategy was approved by the Trust Board on 6 October 2021. The Board gave delegated authority to the Trust Executive to update the Financial Strategy for operational planning guidance. This has now been received and will be reported to HMB; Finance, Investments and Productivity Committee; and the Trust Board next month.

The Trust's current capacity and capability to deliver the scale of improvement set out within the strategy poses a significant risk which requires further work to mitigate.

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Following the approval of the Trust's Financial Strategy by the Board, the Use of Resources Tactical Action Plan will be refreshed to incorporate the strategic initiatives and other opportunity themes.

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The refreshed Tactical Action Plan will launch on 1st April 2022.

Getting It Right First Time (GIRFT)

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To improve performance the following actions have been identified:

- Continue meeting with individual specialties to obtain an update on existing GIRFT actions and agree on National Report recommendations.
- Obtain feedback on Datix to identify any system improvements required.

Norfolk and Norwich University Hospitals NHS Foundation Trust

2. Financial Strategy – Strategic Initiative Development

The Trust's Financial Strategy was approved by the Trust Board on 6 October 2021. The Board gave delegated authority to the Trust Executive to update the Financial Strategy for operational planning guidance. This has now been received and will be reported to HMB; Finance, Investments and Productivity Committee; and the Trust Board next month.

After a period of internal development and engagement, the Trust's financial strategy was approved by the Trust Board on 6th October 2021.

The Trust's final Financial Strategy has:

1. Set out the significant financial challenge facing the Trust over the short and medium term (next 1-10 years), as well as a very long term view to coincide with the end of the PFI contract in FY37/38;
2. Identified a strategic framework that the Trust will pursue in response to this challenge, to move it to a position of financial sustainability;
3. Highlight the risks to successful delivery of the proposed strategic initiatives, and the related financial impact; and
4. Set out the financial framework and governance arrangements that will be required to support and monitor delivery of the strategy.

The Board gave delegated authority to the Trust Executive to update the Financial Strategy for operational planning guidance. This has now been received and will be reported to HMB; Finance, Investments and Productivity Committee; and the Trust Board next month.

The Trust's current capacity and capability to deliver the scale of improvement set out within the strategy poses a significant risk which requires further work to mitigate.

The Trust had set a stretch target for each of the Strategic Initiatives to be developed, documented and approved through Gateway 2 by the end of December 2021.

The table to the right outlines the progress as at 10 January 2022. Development has been limited since the previous update. This has been discussed at FIP Board and progress is anticipated across the month of January 2022.

	Strategic Initiative	Executive Sponsor	Gateway 0 Submission	Gateway 1 Approved	Gateway 2 Approved
1. Existing Capacity Management	1.1 Elective Repatriation	Director of Strategy	✓	✓- 29/11/21	
	1.2 Diagnostic Utilisation	Chief Operating Officer	✓	✓- 29/11/21	
	1.3 Gastroenterology Repatriation		✓	✓ -15/11/21	✓- 30/11/21
	1.4 Outpatients Transformation		✓	✓- 29/11/21	
	1.5 Theatre Productivity		✓	✓- 29/11/21	
	1.6a Length of Stay Reduction	Chief Nurse	X		
	1.6b Elective Waiting List Reduction	Chief Operating Officer	✓	✓- 29/11/21	
	1.7 Demographic Growth	Chief Operating Officer	✓	✓- 29/11/21	
2. Workforce Controls	2.1 Establishment Review	Chief People Officer	✓	✓- 18/10/21	✓- 02/11/21
	2.2 Review of Business Administration Processes	Chief Information Officer	✓		
	2.3 EDMS		✓		
	2.4 Premium Pay Reduction	Chief People Officer	✓	✓- 22/11/21	
3. Contract Management	3.1 PFI Alternate Procedure	Chief Finance Officer	✓	✓- 22/11/21	✓- 30/11/21
	3.2 Local Pricing Reviews (ITU)		FY24 start date		
	3.3 R&D	Medical Director	X		
4. System Collaboration	4.1 System Back Office Collaboration	Chief Finance Officer	✓	✓- 22/11/21	✓- 30/11/21
	4.2 EPA Review		✓	✓- 22/11/21	✓- 30/11/21
	4.3 Acute Management Structure	Chief Executive	✓	✓- 22/11/21	
	4.4 Procurement Efficiency Challenge	Chief Finance Officer	✓	✓- 22/11/21	✓- 30/11/21

Norfolk and Norwich University Hospitals NHS Foundation Trust

3. Tactical Action Plan – Evidence Groups

The latest Evidence Group Deep Dive was held on 7 January 2022. The meeting continued to provide support and challenge to delivery leads and monitor progress against the individual recommendations that comprise the Tactical Action Plan. Of the remaining nine actions, one remains in SRO intervention (15.1), two recommendations have a status of Green and six are rated Amber.

The Trust has seen some slippage in operational and workforce schemes over the past month. These are being actively monitored as part of future Evidence Group standing agenda items.

Quality Programme Board

The progress against the individual Use of Resources recommendations continues to be monitored and scrutinised through the use of Quality Improvement Evidence Groups, feeding in to Quality Programme Board.

A formal, rolling programme for a deep dive across each recommendation has been developed to ensure that each recommendation is reviewed and challenged at least once every three months, alongside ensuring that any recommendation in SRO intervention is reviewed monthly.

Evidence Groups

A UoR Evidence Group was held on Friday 7th January 2022 to review progress against the action plans and covered the following recommendations:

Recommendation	Current Status	Decision at Evidence Group	Review Date
UoR 3.1			Complete
UoR 8.1			03/03/2022
UoR 9.1			03/03/2022
UoR 12.1			04/02/2022
UoR 13.1			04/02/2022
UoR 14.1			04/02/2022
UoR 15.1			04/02/2022

Following a six month review of Use of Resources Recommendation 3.1 - Service Line Reporting, it was agreed that the recommendation's status could be changed to black and marked as completed.

A change control request is to be submitted for UoR 9.1 – Improve Performance Against Constitutional Standards next month to amend the 'What good looks like' statement to align this to FY22/23 Operational Planning Guidance requirements.

Of the seven recommendations presented at the evidence group, one met its aspirational target rating, one retained its Amber status. The five remaining actions moved from Green to Amber.

The Action Plan has seen some deterioration in performance against operational (8.1 and 9.1) and workforce (12.1 – 15.1) recommendations in the past month. This is being actively monitored as part of future Evidence Group agendas.

The progress of each individual recommendation, alongside the dates of Change Controls raised, can be seen within Appendix 2.

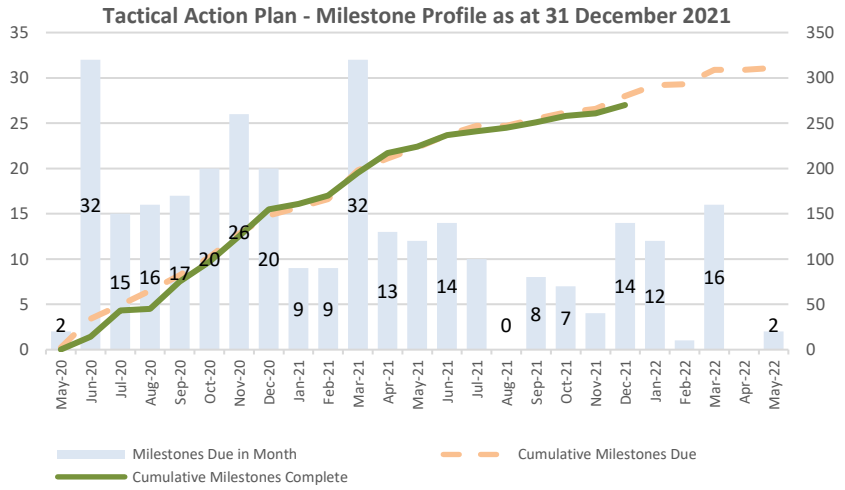
Norfolk and Norwich University Hospitals NHS Foundation Trust

4. Tactical Action Plan - Performance

The Trust has completed 270 individual actions, with a further 9 showing as overdue. These have been followed up with the responsible officers and the current status understood. These must be completed or subject to Change Control ahead of the next Evidence Group.

As at 31 December 2021, the position shows that of the 319 individual actions within the Tactical Action Plan (see table below): 270 have been completed; 40 are currently on track; there are 5 overdue by less than 30 days and 4 are overdue by greater than 30 days.

The overdue actions are outlined on the following pages, alongside the proposed route to resolution. The actions subject to change control in the month are listed within Appendix 1.



Strategic Enabler/Recommendation	Evidence Group RAG	Position as at 31 December 2021					Position as at 30 November 2021				
		Blue	Green	Amber	Red	Total	Blue	Green	Amber	Red	Total
Financial Governance Review		5	0	0	0	**5**	5	0	0	0	5
Financial Strategy		5	0	0	0	**5**	5	0	0	0	5
Alignment of Improvement Functions		1	0	0	0	**1**	1	0	0	0	1
GIRFT Governance		8	0	0	0	**8**	8	0	0	0	8
UoR 3 - Consideration should be given to regular use of service line reporting	BLACK	10	0	0	0	**10**	10	0	0	0	10
UoR 4 - Investigate and address the drivers of the high spend on non-high cost drugs	BLACK	1	0	0	0	**1**	1	0	0	0	1
UoR 8 - Deliver expected reductions in long length of stay and better utilisation of non-elective beds	GREEN	17	1	0	0	**18**	17	1	0	0	18
UoR 9 - Improve performance against constitutional operational standards	AMBER	40	21	0	0	**61**	40	21	0	0	61
UoR 10 - Improve internal capacity and capability to drive CIPs	GREEN	21	7	0	0	**28**	14	0	0	4	18
UoR 11 - Review operational and business planning processes to reduce reliance on temporary capacity	AMBER	29	1	1	0	**31**	29	2	0	0	31
UoR 12 - Continue working to embed effective use of e-Rostering	GREEN	48	2	0	2	**52**	48	0	0	4	52
UoR 13 - Ensure that revised job planning processess translates into optimisation of consultant workforce	GREEN	23	3	0	0	**26**	22	4	0	0	26
UoR 14 - Consider use of modern systems in payroll to ensure faster and traceable transactions	AMBER	16	0	0	2	**18**	16	0	0	2	18
UoR 15 - Progress implementation of improvements in HR operations	AMBER	19	5	0	0	**24**	18	6	0	0	24
UoR 16 - Continue working to develop procurement collaboration with NHS partners	BLACK	9	0	0	0	**9**	9	0	0	0	9
UoR 17 - Implement identified actions to reduce the cost of its PFI	GREEN	5	0	4	0	**9**	5	4	0	0	9
UoR 18 - Review the workforce model and recruitment strategies	BLACK	13	0	0	0	**13**	13	0	0	0	13
Total		**270**	**40**	**5**	**4**	**319**	**261**	**38**	**0**	**10**	**309**

Blue Action is signed off as completed. **Green** Action is on track to deliver in line with its due date. **Amber** Action is overdue, but by less than 30 days. **Red** Action is overdue by greater than 30 days.

Norfolk and Norwich University Hospitals NHS Foundation Trust

4. Tactical Action Plan – Overdue Actions

The Trust has completed 270 individual actions, with a further 9 showing as overdue. These have been followed up and the current status understood. These must be completed or subject to Change Control ahead of the next Evidence Group.

The table below provides an update on the current overdue milestones (9 as at 31 December 2021) and the identified actions to ensure that these are completed.

Overdue Action	Due Date	Days Overdue	Executive Sponsor	Explanation and Next Steps
11.4.6 Clear plan to link the capacity plans to the activity plans for H2 and the WLI work, and monitor on a monthly basis.	13/12/2021	18	Chief Operating Officer	**Ongoing -** Regular weekly meetings have been scheduled (starting w/c 6th December 2021) with each Division to review the capacity against the actual spend on WLI and the actual activity delivery. Attendees: Deputy COO, Commissioning Information, Divisional DoDs.
12.1.4 Develop divisional-level KPI dashboard by November 2020	31/07/2021	153	Chief People Officer	**Ongoing** - Dashboard in development with BI team. QI dashaboard/KPI dashboard for agreed metrics.
12.12.04 Creation of KPI Dashboard reporting to IPR replacing current roster indicator dashboard. KPI Reporting via BI - Roster Publication (6 week target) - % roster changed after approval - Unused Contracted Hours (net hours) - Unavailability (Annual Leave) Management - Temporary Staffing Utilisation	31/07/2021	153	Chief People Officer	**Ongoing -** Ongoing work with Daniel Starling in the BI team to create dashboard. Sample reports have been produced and supplied to the BI team for development. Mark Wall also supporting as there is an overlap with current reporting.
14.1.5 Interventions which will support achieving and sustaining 90% electronic payroll processing	31/10/2021	61	Chief People Officer	**Ongoing -** The automation % reduced from 85.63% down to 83.53%. This was influenced by the increased number of double overtime payments worked in September, processed in Octobers payments. The number of double overtime payments processed in November has significantly reduced. This will be reported in Decembers report. The automation of expenses claims will be reflected in Januarys report.
14.1.5.5 Removal of those manual payroll transactions which will support the achievement of 90% e-payroll (to align with e-expenses implementation)	31/10/2021	61	Chief People Officer	**Ongoing -** The automation % reduced from 85.63% down to 83.53%. This was influenced by the increased number of double overtime payments worked in September, processed in Octobers payments. The number of double overtime payments processed in November has significantly reduced. This will be reported in Decembers report. The automation of expenses claims will be reflected in Januarys report.

Norfolk and Norwich University Hospitals NHS Foundation Trust

4. Tactical Action Plan – Overdue Actions (Cont.)

The Trust has completed 270 individual actions, with a further 9 showing as overdue. These have been followed up and the current status understood. These must be completed or subject to Change Control ahead of the next Evidence Group.

The table below provides an update on the current overdue milestones (9 as at 31 December 2021) and the identified actions to ensure that these are completed.

Overdue Action	Due Date	Days Overdue	Executive Sponsor	Explanation and Next Steps
17.1.2 Soft FM market testing	01/12/2021	30	Chief Finance Officer	**Ongoing** - AP has been agreed, Supplemental Agreement to be signed January 2022.
17.1.2b Trust to decide to accept Alternative Procedure offer or commence Market Testing	01/12/2021	30	Chief Finance Officer	**Ongoing** - AP has been agreed, Supplemental Agreement to be signed January 2022.
17.1.3 Dilapidations Survey	01/12/2021	30	Chief Finance Officer	**Ongoing** - Survey to commence in January 2022
17.1.3b Commence Dilapidations Survey	13/12/2021	18	Chief Finance Officer	**Ongoing** - Survey to commence in January 2022

Norfolk and Norwich University Hospitals NHS Foundation Trust

5. Tactical Action Plan – Tranche 2 Refresh

The Trust undertook an annual review of its Use of Resources against the national framework (KLOEs), including a review of the latest Model Health data. This was presented to HMB on 1st June 2021.

The review identified two key recommendations:

1. Targeted change programmed around identified opportunity themes should be developed and incorporated into the Financial Strategy, and delivery overseen by the Transformation Steering Group; and
2. The Use of Resources Tactical Action Plan should be refreshed to reflect the findings and reset delivery expectations.

Following the approval of the Trust's Financial Strategy by the Board, the Use of Resources Tactical Action Plan will be refreshed to incorporate the strategic initiatives and other opportunity themes.

A formal timetable for a refresh of the Use of Resources Tactical Action Plan is being developed with the recommendations to be agreed in February 2022 ahead of development of actions plans in March 2022.

The refreshed Tactical Action Plan will launch on 1st April 2022.

The table to the right outlines some of the potential recommendations for consideration within the refresh, including the rationale for inclusion.

The list of recommendations identified within the table is not exhaustive and further ideas for inclusion is being sought through Evidence Group members and divisional representatives.

Potential Recommendation Area	Rationale for Potential Inclusion	Indicative SRO(s)
Roster Compliance and Performance	• Follow on action from UoR 12.1 • Raised within FY19/20 Use of Resources Assessment by CQC	Chief Nurse Chief People Officer
Medical Rostering, incl. Job Planning	• Follow on action from UoR 12.1 and 13.1 • Internal Audit review resulting in Partial Assurance for Job Planning	Medical Director Chief People Officer
Diagnostics: - Utilisation - DNAs	• Diagnostic utilisation is a key area within the FY22/23 Operational Planning Guidance • DNA rates are a significant outlier per Model Health • Concern regarding whether this is duplication with the SET Programme	Chief Operating Officer
Theatre Utilisation	• Elective recovery is a key area within the FY22/23 Operational Planning Guidance • This is a key strategic initiative within the financial strategy • Touchtime Utilisation is an outlier per Model Health	
Outpatients – Follow Ups	• Elective recovery is a key area within the FY22/23 Operational Planning Guidance • This is a key strategic initiative within the financial strategy	
Virtual Ward	• Increased provision of virtual beds is a key area within the FY22/23 Operational Planning Guidance • Will support the improved length of stay required to deliver the requirements of the financial strategy	
WLI Process & Compliance	• Internal Audit review resulting in Partial Assurance for WLI Processes	Medical Director Chief People Officer
Procurement: - PTOM Compliance - Sustainable Procurement	• PTOM compliance is a key area within the FY22/23 Operational Planning Guidance • This is a key strategic initiative within the financial strategy	Chief Finance Officer
Model Health Benchmarking Deep Dive Programme	• Significant opportunities exist within the Model Health System • Targeted action plan being developed to deliver enhanced benchmarking utilisation.	
Corporate Services: - Legal Standardisation - Finance Back Office	• Identified as a key area within the FY22/23 Operational Planning Guidance	Chief Executive
Digital Transformation, incl. EDMS	• Identified as a key area within the FY22/23 Operational Planning Guidance • EDMS is a Strategic Initiative within the Financial Strategy	Chief Information Officer
Premium Staffing: - Bank Staff - Agency Cap Compliance	• Raised within FY19/20 Use of Resources Assessment by CQC • Bank Staff is a key area within the FY22/23 Operational Planning Guidance • Sickness, Agency Cap Compliance and Staff Turnover are outliers within Model Health.	Chief People Officer

Norfolk and Norwich University Hospitals NHS Foundation Trust

6. Getting It Right First Time – Performance Update

Virtual deep dive for Acute and General Medicine is planned for the 4th February 2022, and Geriatric Medicine on 28th April 2022. Date for the Urology deep dive is still TBC. Meetings organised with 10 of the specialties for January 2022 to agree National Report actions and obtain an update on current action progress.

Delivering the GIRFT programme is integral to the Trust achieving improved Use of Resources and to drive the development of the efficiency programme.

Neonatology actions added to Datix as a pilot. To be reviewed with action owners and any necessary process improvements identified and implemented. Further specialty actions to be added to Datix thereafter and feedback and further changes implemented as necessary.

The table (across) includes the National Report recommendations, released in 2021. These make up a large number of the 'awaiting agreement' total. NNUH GIRFT Coordinator met with 7 of the specialties in December 2021, with 10 more organised for January 2022, to agree these recommendations and discuss the current 'in progress' actions.

As a result of this engagement, the table shown across outlines the steadily improving performance against the GIRFT recommendations for the month of December 2021:

- 346 completed actions (+78);
- 99 actions are on track (+37);
- 5 actions are overdue by less than 30 days (-25);
- 169 actions are overdue by greater than 30 days (-14), which are all in relation to the GIRFT programme and will be subject to revision;
- 452 actions do not yet have an agreement status or delivery date (-15), and
- 82 actions have been proposed to be marked as not accepted (+2).

This is projected to further improve following the meetings in January 2022.

Next Steps

- Continue meeting with individual specialties to obtain an update on existing GIRFT actions and agree on National Report recommendations.
- Obtain feedback on Datix to identify any system improvements required.

Area	Position as at 30 Dec 2021							
	Awaiting Agreement/ Agreement date	Not accepted	Blue	Green	Amber	Red	Total	Grand Total
Surgery	112	28	209	16	2	99	326	466
Breast Surgery	32	1	12	0	0	9	21	54
Dermatology	42	0	16	0	0	1	17	59
Emergency Medicine	0	1	11	15	2	3	31	32
General Surgery	0	2	20	0	0	8	28	30
Hospital Dentistry	0	9	0	0	0	0	0	9
Intensive and Critical Care	10	0	6	0	0	2	8	18
Ophthalmology	1	4	29	0	0	12	41	46
Oral and Maxillofacial	9	0	15	0	0	4	19	28
Orthopaedic Surgery	0	6	28	0	0	2	30	36
Spinal Surgery	3	0	12	1	0	17	30	33
Urology	0	1	22	0	0	1	23	24
Vascular	1	3	28	0	0	16	44	48
Ear, Nose and Throat	1	0	8	0	0	21	29	30
Paediatric T&O	6	0	0	0	0	0	0	6
Plastic Surgery and Burns	3	1	0	0	0	0	0	4
T&O (Trauma)	4	0	2	0	0	3	5	9
Medicine	292	40	78	59	2	65	204	536
Cardiology	0	3	4	6	0	2	12	15
Diabetes	0	1	12	2	0	5	19	20
Endocrinology	24	1	9	0	0	3	12	37
Neurology	47	0	5	0	0	4	9	56
Renal	72	2	7	0	0	7	14	88
Rheumatology	8	10	16	17	0	5	38	56
Stroke	1	8	2	9	2	13	26	35
Gastroenterology	19	10	19	25	0	17	61	90
Lung	33	5	4	0	0	9	13	51
Anaesthesia and Periop Med	88	0	0	0	0	0	0	88
W&C	28	0	25	9	0	3	37	65
Obstetrics and Gynaecology	27	0	15	0	0	3	18	45
Paediatric Surgery	0	0	9	0	0	0	9	9
Neonatology	1	0	1	9	0	0	10	11
CSS	5	14	34	11	1	2	48	67
Imaging and Radiology	0	6	11	2	0	2	15	21
Pathology	5	8	23	9	1	0	33	46
CORP	15	0	0	4	0	0	4	19
Claims and Learning	12	0	0	0	0	0	0	12
Trust wide	0	0	0	4	0	0	4	4
ICS	3	0	0	0	0	0	0	3
Grand Total	452	82	346	99	5	169	619	1153

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 1 – UoR Action Plan Change Control Actions

The following individual actions are proposed for Change Control for revision and inclusion within the Tactical Action Plan.

Action Reference	Description of Action	Desired Outcome	Completion Date	Reason for Change Control
10.1.6f	Complete Demand Analysis - define TEO resource requirement, following; - Financial strategy - Development of Strategic Initiatives (SI's) - Other initiatives	To quantify the demand placed on the TEO (delivery and PMO) in relation to Transformational change projects.	30/06/2021	**New Action:** In line with change request submitted last month.
10.1.6g	Define Transformation & Efficiency remit & responsibility gain executive support and approval - Gain exec. input on the 'offer' of the function - Staffing structure - Individual roles & responsibilities - Identification of cost pressures / investment requirements to annual planning process	To define what the Trust wants from the TEO (delivery team) in terms of Transformational projects. Assumed that the PMO will continue as is (reporting monitoring)	31/12/2021	**New Action:** In line with change request submitted last month.
10.1.6h	Recruitment to a fully established TEO	To recruit to a fully established TEO.	28/02/2022	**New Action:** In line with change request submitted last month.
10.1.6i	Enable the Alignment with collaborative functions - Pooled resource (subject to approval) - Shared methodology (subject to approval) - Incorporation of quality information within workbook development - Inclusion of other strategic documentation in GW process / planning	To ensure the TEO is aligned with various collaborative functions (internally and externally).	30/06/2021	**New Action:** In line with change request submitted last month.

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 1 – UoR Action Plan Change Control Actions

The following individual actions are proposed for Change Control for revision and inclusion within the Tactical Action Plan.

Action Reference	Description of Action	Desired Outcome	Completion Date	Reason for Change Control
10.1.6j	Understand Additional factors - Existing budget - Future budget (Transformation budget envelope) - Executive Director of Transformation - Alignment with quality agenda (QMA for ICS)	To understand how additional factors outside of the direct control of the TEO effect the TEO.	31/03/2022	**New Action:** In line with change request submitted last month.
10.1.6k	Report findings to Hospital Management Board	To provide a comprehensive review of the TEO in terms of its ability to deliver Transformational change in the context of all of the factors listed	30/06/2021	**New Action:** In line with change request submitted last month.
10.1.6.m	What good looks like - 2. Driven adoption of methodology by building a story that emotionally connects people to the required change. - Define the golden thread from the macro metric (strategic goal) to the micro level shop floor action	To help define and embed an approach to both PMO process management and project delivery.	31/03/2022	**New Action:** In line with change request submitted last month.

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 2 – Evidence Group RAG Ratings

The January 2020 Use of Resources report identified 11 recommendations, which were reviewed and formed the basis of a tactical, detailed action plan. Two further actions which had not been fully actioned from the previous inspection were also added.

These recommendations formed the immediate programme of work within the Trust's Use of Resources Programme, with the progress being monitored and scrutinised through the use of Quality Improvement Evidence Groups, feeding in to Quality Programme Board.

A formal rolling programme for deep dive across each recommendation has been developed to ensure that each recommendation is reviewed and challenged at least once every three months, alongside ensuring that any recommendation in SRO intervention is reviewed monthly.

The table below outlines the progress and Evidence Group RAG rating for each recommendation, alongside any revised completion dates via QPB approved change control documents.

Recommendation	Evidence Group RAG Rating (incl. Change Control Revised Outcome Dates)									Current Outcome Delivery Date
	07/05/2021	04/06/2021	09/07/2021	06/08/2021	07/09/2021	15/10/2021	04/11/2021	10/12/2021	07/01/2022	
UoR 3 - Consideration should be given to regular use of service line reporting			*							
UoR 4 - Investigate and address the drivers of the high spend on non-high cost drugs										
UoR 8 - Deliver expected reductions in long length of stay and better utilisation of non-elective beds	31/09/2021						31/03/2022			31/03/2022
UoR 9 - Improve performance against constitutional operational standards	31/03/2022									31/03/2022
UoR 10 - Improve internal capacity and capability to drive CIPs	30/06/2021							31/03/2021		31/03/2022
UoR 11 - Review operational and business planning processes to reduce reliance on temporary capacity							07/01/2022			07/01/2022
UoR 12 - Continue working to embed effective use of e-Rostering				30/09/2021			31/01/2022			31/01/2022
UoR 13 - Ensure that revised job planning processess translates into optimisation of consultant workforce						31/05/2022				31/05/2022
UoR 14 - Consider use of modern systems in payroll to ensure faster and traceable transactions			31/10/2021					31/03/2021		31/03/2022
UoR 15 - Progress implementation of improvements in HR operations							31/03/2021			31/03/2022
UoR 16 - Continue working to develop procurement collaboration with NHS partners										
UoR 17 - Implement identified actions to reduce the cost of its PFI					Deferred		13/12/2021			13/12/2021
UoR 18 - Review the workforce model and recruitment strategies										

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

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

REPORT TO THE TRUST BOARD

Date	**2 February 2022**
Title	**Chair's Key Issues from People and Culture Committee Meeting on 15.12.21 and 27.01.22**
Lead	**Sandra Dinneen (Committee Chair)**
Purpose	**For Information and assurance**

1 Background/Context

The People and Culture Committee held meetings on 15 December 2021 and 27 January 2022. Papers for the meetings were circulated to Board members for information in the usual way via Admin Control. Both meetings were quorate and the work of the Committee was observed by Mrs Janey Bevington and Mr Peter Bush (Public Governors).

2 Key Issues/Risks/Actions

The Committee identified the following items to highlight to the Board:		
Meeting on 15 December 2021:		
1	Matters for escalation:	i) *IPR – Mandatory Training*: noting the good progress that has been made in Mandatory Training compliance, it was recognised that this is at risk due to operational pressures reducing the availability of staff to attend training;
		ii) *P&C priorities* – the Committee encouraged identification of a small number of key People & Culture priorities. These will be developed through a working group outside the formal cycle of meetings and involving a range of staff representatives;
		iii) *Resourcing* – whilst recognising the competing demands for funding, and the need to manage our finances within our means, the Committee emphasised the importance of endeavouring to ensure that we adequately resource our HR function and staff welfare/cultural development initiatives;
2	Anti-Racism Strategy Pledge	The Committee received a report regarding the anti-racism pledge co-ordinated across the Region and in particular how we intend to evidence and monitor progress. Following consideration of the associated Action Plan, the Committee **agreed to recommend** the anti-racism pledge to the Board for approval, with the text as follows: *"We commit to promoting racial equity, celebrating diversity in our workforce and community. We acknowledge that racism still exists and we support our Black, Asian and Ethnic Minority colleagues in standing against prejudice wherever it appears. We pledge our commitment to become a fully inclusive organisation and realise our goal to become Our Hospital for All".*

Meeting on 27 January 2022:		
3	Workforce IPR	*i) IPR metrics*: the Committee reviewed and requested the addition of additional 'granularity' to some IPR metrics (e.g. staff turnover) to enable consideration by occupational groups. *ii) Appraisal format*: whilst performance in appraisal completion has improved, staff feedback suggests that the appraisal process could be improved and made more useful. The Committee requested a further report on steps to be taken to address the quality of appraisals and whether mandatory training for appraisers should form part of the Trust's Licence to Lead
4	Draft People & Culture Strategy	The Committee is overseeing development of a draft People & Culture Strategy. The process has been delayed by competing priorities but this is a really crucial step in developing the Trust, transforming our performance and planning our workforce for a sustainable future. To accelerate the process, a draft will be prepared for consideration by committee members by 14th February in advance of formal review by the Committee at its next meeting.
5	Staff rest facilities & hot & uncomfortable group issues	The Committee was advised that a programme of work is underway by the Facilities Team to enhance the facilities available for staff and to address some of the staff-experience feedback received by the Trust. The Committee requested a further report to its next meeting.
6	Review of Recruitment & Retention	The Committee was updated with respect to workforce recruitment and a proposal for automatic recruitment of student nurses qualifying through NNUH/UEA. We have ongoing vacancies and the Committee was informed that it is intended to operationalise this policy – with a starting date of 1 April.
7	Corporate Risk Register	The Committee reviewed the extract of the CRR relating to P&C risks. It was noted that a number of the risks on CRR are specific to individual departments and there is scope to add Trust-wide risks, for example relating to staff engagement.
8	Draft P&C Strategic Threats	A draft schedule of Strategic Threats relating to P&C was considered, as the next step to planning implementation of the Trust Strategic Commitments and relevant areas of oversight through the Committee Work Programme.

3 Conclusions/Outcome/Next steps

The next meeting of the Committee is scheduled for 28 March 2022.

Recommendation:

The Board is recommended to:

- **note** the work of its People and Culture Committee
- **approve** the anti-racism pledge

Microsoft | Power BI

Workforce

View in Power BI

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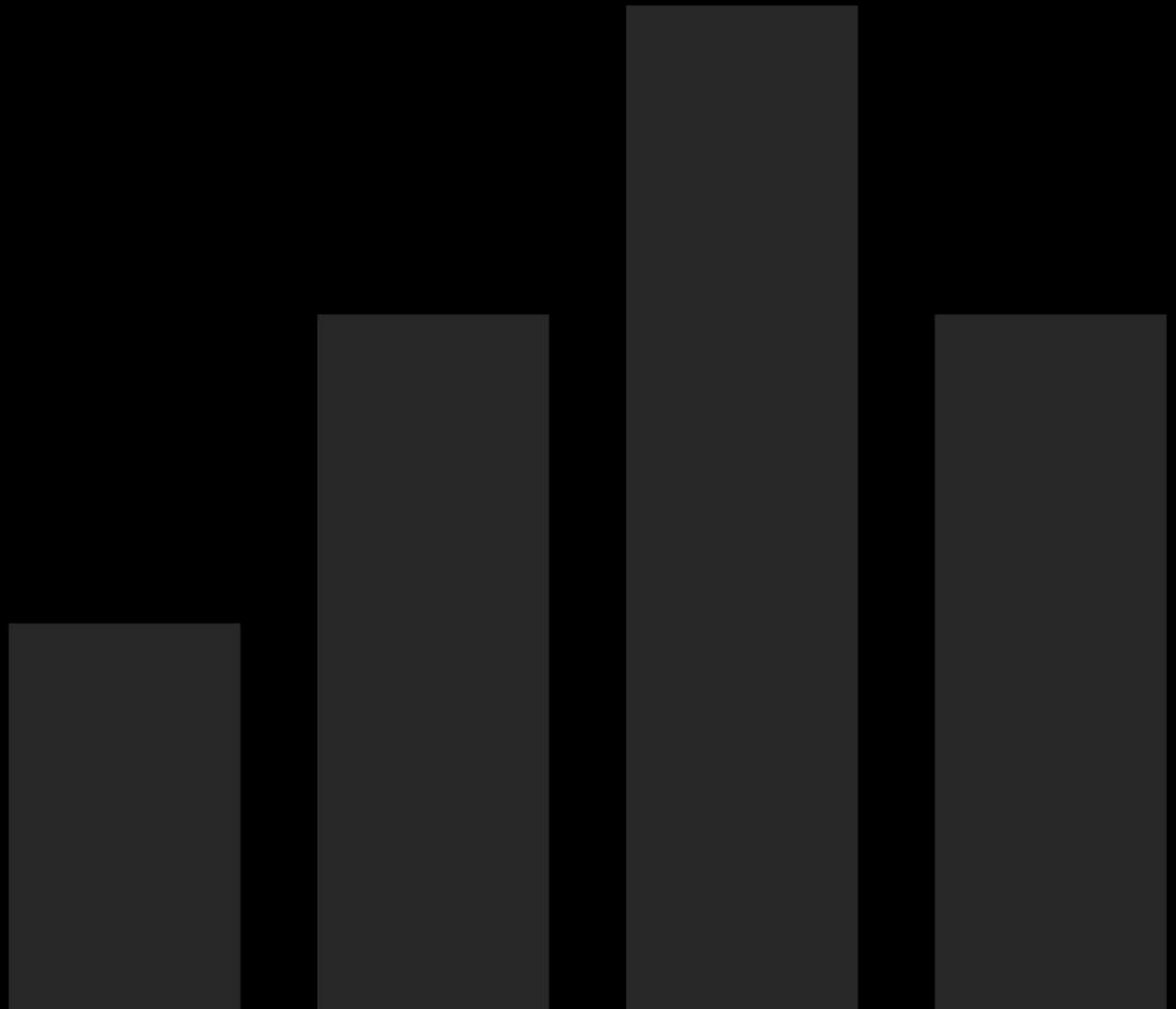


Workforce Summary

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

NNUH Digital Health
business intelligence

Topic	Metric Name	Date	Result	Variation	Assurance
Staff in Post	Actual Substantive Headcount (WTE)	Dec 2021	8,094	Improvement (High)	No Target
Mandatory Training	Mandatory Training	Dec 2021	90.6%	Improvement (High)	Unreliable
Non-Medical Appraisals	Non-Medical Appraisal	Dec 2021	84.6%	Improvement (High)	Not capable
Vacancies	Variance: Headcount (WTE)	Dec 2021	-931	Concern (Low)	Not capable
Sickness Absence	Monthly Sickness Absence %	Dec 2021	6.1%	Concern (High)	Unreliable

SPC Variation Icons

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

SPC Assurance Icons

Capable | Not capable | Unreliable

Mandatory Training

NNUH Digital Health
business intelligence

Mandatory Training

Dec 2021

Variation	Assurance
H	?

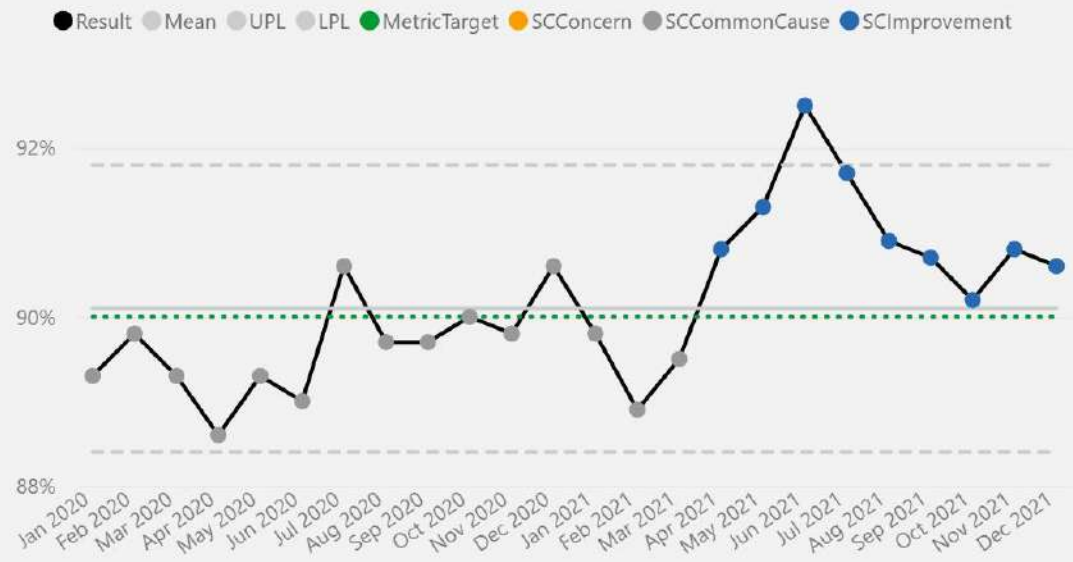
90.6% Result
90.0% Target

91.8% UPL
90.1% Mean
88.4% LPL

Analytical Commentary

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

Mandatory Training



Assurance Commentary

As at the end of December, the compliance rate was 90.6%. This has been consistently above 90% since April 2021.

For Medical staff, the compliance rate for permanent staff was 90.3% - this figure reduces to 81.9% including the fixed term rotational junior doctors.

There is a notable number of do not attends for face to face mandatory training. This was escalated to the Workforce and Education Sub Board (WESB) where actions are being agreed to ensure these are limited and in line with the current agreed policy for non-attendance.

Improvement Actions

The majority of mandatory training is now delivered via eLearning with a limited number remaining face to face where it has been deemed necessary for this to continue to be delivered in this way. Targeted messages are being sent to non-compliant staff to advise them to complete this learning on-line.

Non-Medical Appraisals

NNUH Digital Health
business intelligence

Non-Medical Appraisal

Dec 2021

Variation	Assurance
H	F

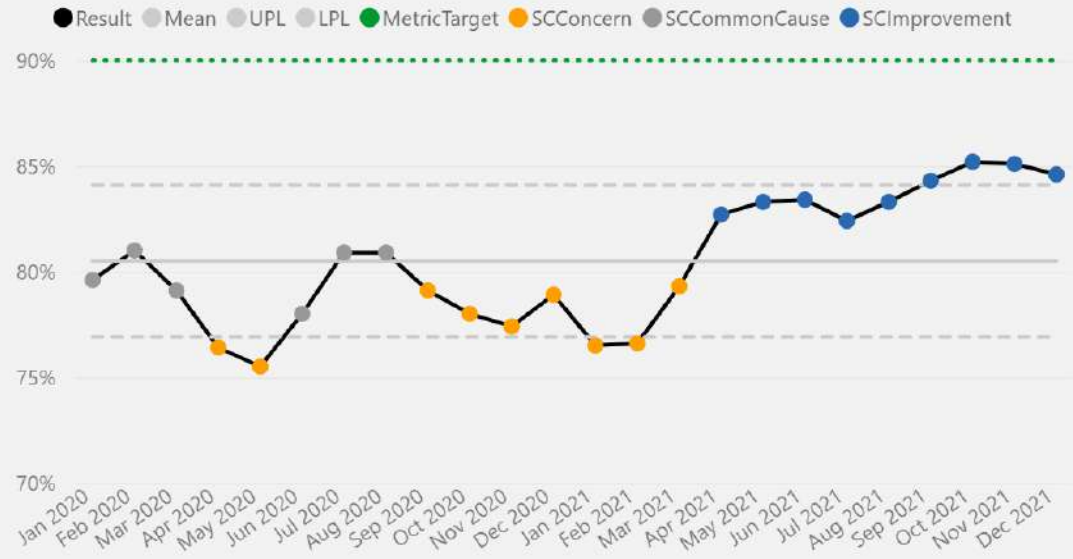
84.6% Result
90.0% Target

84.1% UPL
80.5% Mean
76.9% 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)

Non-Medical Appraisal



Assurance Commentary

The Operating Plan for 2020/21 reflects an aspiration for 90% compliance. For the Use of Resources 3.1 recommendation, it has been agreed to achieve the 90% consistently by August 2022.

84.6% of eligible staff (Non-Medical appraisals) had an appraisal during the last 12 months to December 2021, which is much improved position from 12 months ago and we are reaching our highest ever appraisal completion rates (85% in October and November).

Divisional Performance Monthly Committees scrutinise appraisal performance with each Division having planned trajectories to reach 90% compliance by January 2022. The impact of Covid and associated work pressures, may have affected appraisal completion plans during December (Medicine Division which had a 1.5% decrease).

A bespoke improvement plan was developed for Corporate Departments to improve appraisal compliance rates.

Action is being taken to improve the appraisal experience of our staff and quality of appraisals. Evidence is well researched; Trusts with higher levels of staff engagement deliver services of higher quality and perform better financially.

Improvement Actions

December 2021 – HMB paper, Appraisal Review – Responding to Staff Voice and Improving Appraisal Experience. HMB support for the following:
Recognised the feedback in relation to appraisal experience and the areas identified for improvement
Support the alignment of appraisal, with the business cycle from April 2022
Support the introduction of simple, but better structured documentation, incorporating a career conversation
H&WB discussion and check box on mandatory training and annual declarations
Support the development of a business case for e-appraisal system covering all staff

Sickness Absence

NNUH Digital Health
business intelligence

Monthly Sickness Absence %

Dec 2021

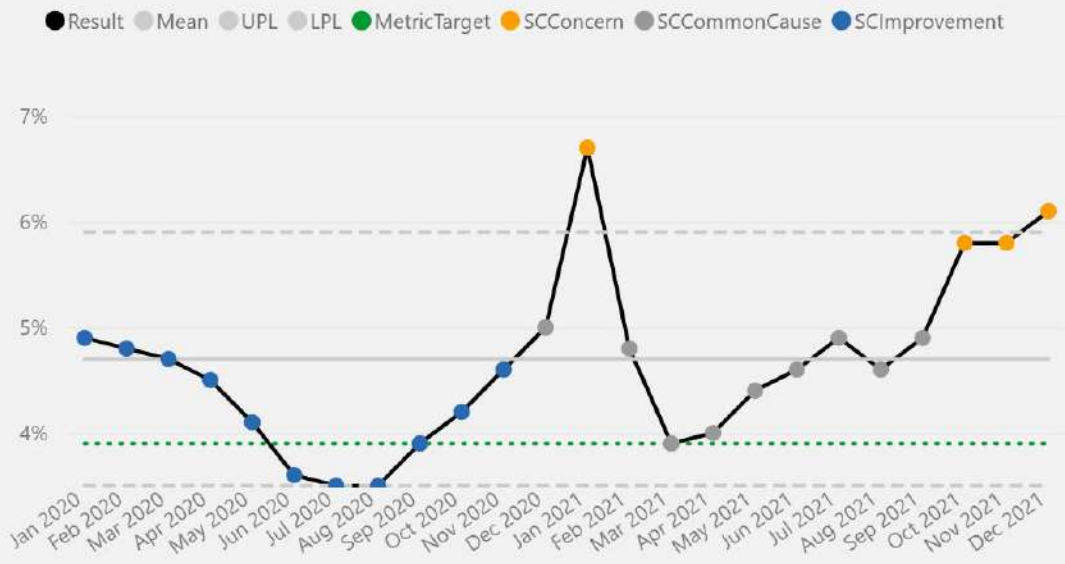
Variation	Assurance
H	?

6.1% Result	5.9% UPL
3.9% Target	4.7% Mean
	3.5% LPL

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 (High)

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 31 December 2021, that rate is 5.0%. The monthly absence figure for December is 6.1%.

All figures include Covid related sickness absence. Had Covid sickness been excluded the 12-month rolling average rate would be 4.2%.

At Divisional level, the 'Red to Green' initiative for reviewing both short-term and long-term absences is in place.

The Attendance Improvement Group have identified actions in seeking to improve attendance:

- deep dive reviews into the top sickness reasons to identify any hotspots that could benefit from an intervention.
- deep dive review into the highest levels of absence by department to identify any hotspots.
- review all long Covid sickness cases and continue to work with our system partners.
- A multi professional case conference with the manager, HR and Health and Wellbeing.
- A review of the ability for staff to have access to fast-track treatment will also be undertaken.
- Raising awareness of staff Health and Wellbeing offerings and further development of managers toolkits/guides.

Improvement Actions

December 2021 – Sickness absence rates have unfortunately increased which is also seen in trends both regionally and nationally. The Attendance Improvement Group (AIG) and Divisional Performance Committees review actions and interventions in seeking to improve attendance levels.

Staff Turnover

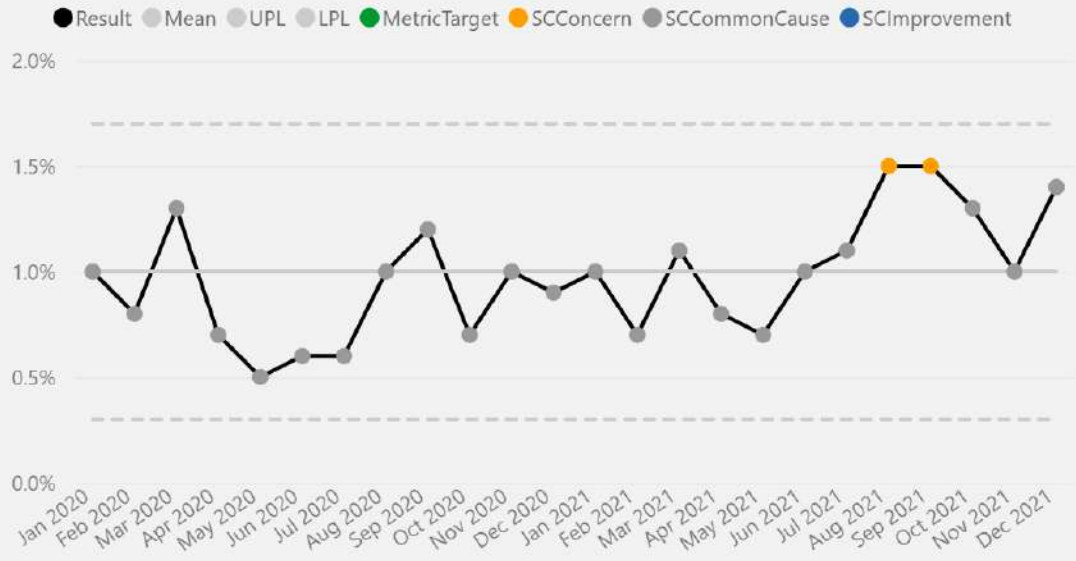
NNUH Digital Health
business intelligence

Monthly Turnover

Dec 2021

Variation	Assurance
1.4% Result	1.7% UPL
N/A Target	1.0% Mean
	0.3% LPL

Monthly Turnover



Improvement Actions

December 2021 – Medicine Division are undertaking a pilot for revision of exit interview process.

December 2021 – Additional staff rest areas and rest and recover rooms have been identified.

December 2021- food packs have been distributed to ward areas to staff

Analytical Commentary

Variation is Common Cause

Assurance Commentary

The monthly turnover rate for December 2021 is 1.41% which is an increase from November (1.02%) and higher than December 2020 (0.92%). The 12-month average turnover rate is 13.2%, an increase of 0.5% from November 2021. By delivery of the actions outlined below, it is expected to see an improved turnover rate by August 2022.

A Retention Steering Group commenced in October 2021 and actions include; review of the exit interview process to truly understand the reasons for leaving, working with the STP to implement Career Champions, an emphasis on Health Care Assistants to develop focused actions, reviewing mid career and over 50's actions to support the Trust.

Additional Health and Wellbeing initiatives that include; mindfulness based cognitive therapy course, supportive conversation for the covid vaccination, launch of a group to support for sickness absence, additional staff rest areas and 'rest and restore' rooms have been identified. Food packs have been delivered to staffing areas to add additional support to the staff on a regular basis.

Organisation with high levels of staff engagement evidence that staff are less likely to leave. Staff Survey improvement action plan is in place to improve the Trust's staff experience.

Staff in Post

NNUH Digital Health
business intelligence

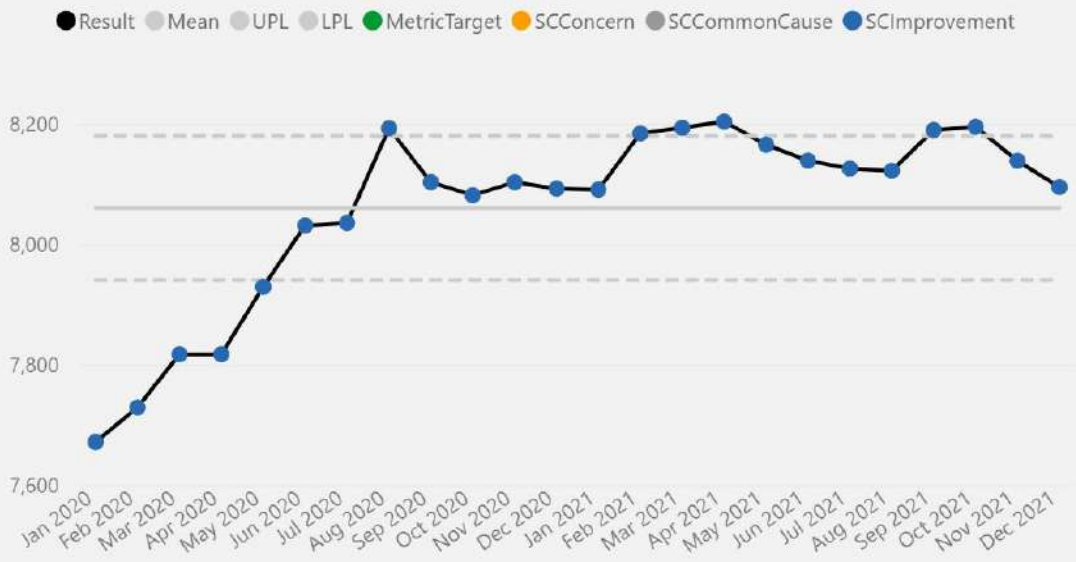
Actual Substantive Headcount (WTE)

Dec 2021

Variation | Assurance

8,094 Result	8,179 UPL
N/A Target	8,060 Mean
	7,940 LPL

Actual Substantive Headcount (WTE)



Improvement Actions

December 2021 – recruitment of overseas nurses to nursing roles at the Trust

Analytical Commentary

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

Assurance Commentary

Substantive staff in post has reduced from 8,138 in November to 8,094 in December. As a result of the pandemic, the Trust has seen an increase in leavers and the head count has declined consistently since October 2021. 8,138 headcount is lowest headcount that Trust has had since February 2021. With actions outlined below, it is expected to see an improved headcount by August 2022.

Along with the retention actions and staff engagement actions, crucial workforce roles have been identified, such as Nursing, ODP's and Healthcare Assistants, have been identified to focus on recruitment to increase the headcount and become less reliant on temporary workforce (bank and agency) to fill workforce gaps. Due to the recruitment of overseas nurses, with the first cohort commencing in February 2022, along with other recruitment initiatives this will lead to an increase in headcount at the Trust.

The vaccination of condition of employment will reduce the headcount of the Trust with effect from the 1st April 2022.

Vacancies

NNUH Digital Health
business intelligence

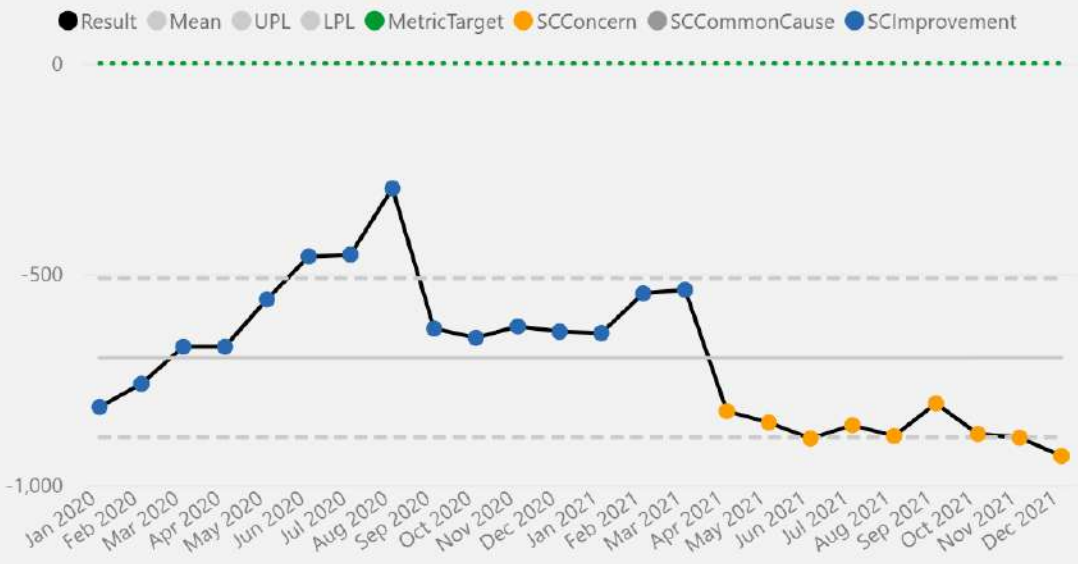
Variance: Headcount (WTE)

Dec 2021

Variation	Assurance
L	F

-931 Result
0 Target
-510 UPL
-699 Mean
-887 LPL

Variance: Headcount (WTE)



Improvement Actions

December 2021 – revision of the Recruitment Incentives Policy

December 2021 – Attendance at RCN event

December 2021 – Recruitment virtual and on site events

December 2021 – NNUH recruitment website updated and improved

Analytical Commentary

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

Assurance Commentary

The vacancy % for December is 10.3% an increase from November 2021 (9.8%) due to a reduction on the staff in post for December. This is highest level of vacancy at the Trust since preceding January 2020. With actions outlined below, it is expected to see an improved vacancy rate by August 2022.

Open events are planned for the year of 2022. These include RCN virtual events that have led to positive recruitment leads.

Expansion of advertisement to include Linkedin and Indeed. A pilot has commenced with the company 'CV library' to broaden the recruitment further afield.

The NNUH Together website has been updated an includes promotional videos. This has been piloted in Medicine and will now be expanded to other Divisions.

Early advertisement and collaborative working with the UEA for the first post qualified to onboard students at the earliest opportunity.

Introduction of a pre-selection process for Healthcare Assistant has commenced and piloted in Medicine.

The Internal Moves Policy has been updated and simplified to improve and expediate internal moves within the Trust.

There are two key employment risks that should be noted that will impact on the level of substantive staff at the Trust and therefore vacancy level. The first is the new legislation for the Covid-19 vaccination a condition of employment across the NHS, Health and Social Care under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) (No.2) Regulations 2021 and the suspension elements of

Recruitment (Non-Medical)

NNUH Digital Health
business intelligence

Time to Hire - Total

Dec 2021

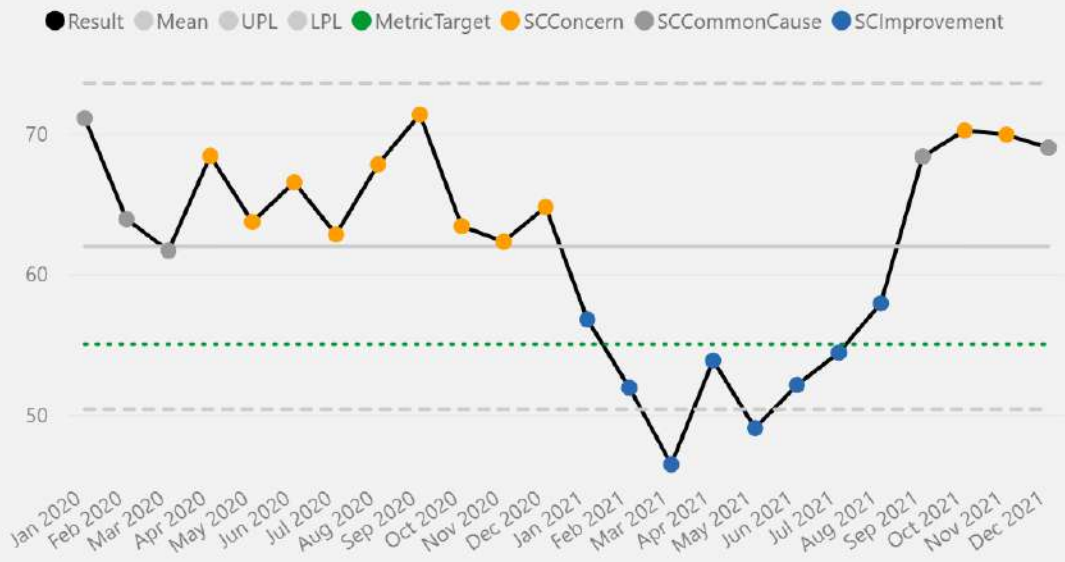
Variation	Assurance
	

69.0 Result	73.6 UPL
55.0 Target	62.0 Mean
	50.4 LPL

Analytical Commentary

Variation is Common Cause

Time to Hire - Total



Assurance Commentary

The increase in TTH figures has been impacted by a significant increase in recruitment over the last four months and this coincided at a time where there were a number of vacancies within the Recruitment Team. These vacancies have been filled and training is in progress.

For December 21 the time to hire figure was 69.0 days, a small improvement from November (69.9 days). Time with Manager was 15.1 days. All Divisions remain above the 55 day target. The performance committees include a focus on time to hire and supportive measures to enable improvements.

Improvement Actions

December 2021 – HMB supported additional fixed term resources, funded by the divisions, to increase the size of the recruitment team. Additional resource to focus on improved TTH.

With vacancies filled and additional fixed term resources available, the recruitment team will focus on month on month improvements to achieve the TTH target of 55 days.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Time to Hire - Time with Manager	Dec 2021	15.1		Common Cause		No Target

Job Planning

NNUH Digital Health
business intelligence

Job Plans Signed Off % (Within 12months)

Dec 2021

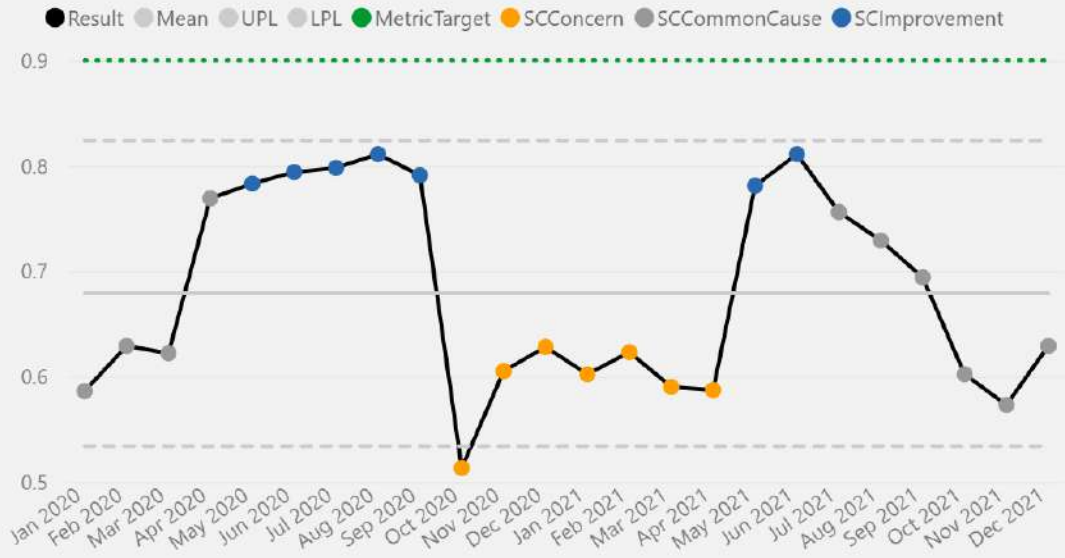
Variation	Assurance
	

62.9% Result	82.4% UPL
90.0% Target	67.9% Mean
	53.4% LPL

Analytical Commentary

Variation is Common Cause

Job Plans Signed Off % (Within 12months)



Assurance Commentary

December 2021 rate is 62.9% which is similar position to December 2020 at 69.8%.

The Job Planning Assurance Board meets monthly to review compliance.

As part of the Policy update, a job planning rollover process has been introduced that will shorten the approval process where is where the Service Director has reviewed the job plan and has noted there are no changes required for the need of the service.

For additional scrutiny, weekly progress reports are sent to the CODs and monitored by the Medical Director

Improvement Actions

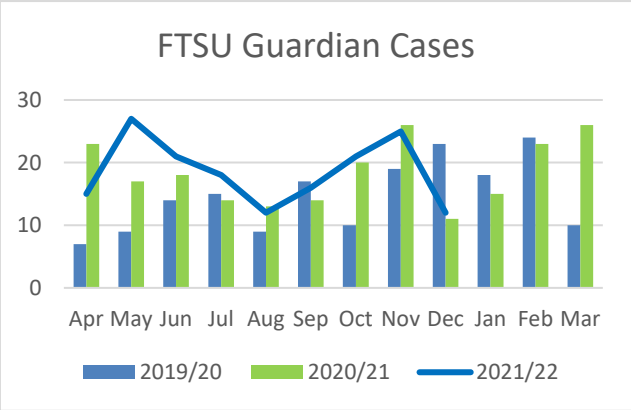
December 2021 – Revision to the Job Planning Policy

REPORT TO THE TRUST BOARD

Date	**2 February 2022**
Title	**Freedom to Speak Up (FTSU) Guardian report**
Author & Exec lead	**Frances Dawson (Author) Lead Freedom to Speak Up Guardian - Paul Jones – Chief People Officer, Executive Lead.**
Purpose	**To provide the Board with a twice-yearly summary and update, on Freedom To Speak Up activity, themes and progress in relation to the NNUH speak up culture.**

1.0 Introduction – FTSU Speaking Up relates to anything that gets in the way of providing great care for patients or adversely impacts staff experience, it includes ideas for improvement and is the responsibility of all staff and workers within the NNUH.

2.0 Speak Up Activity – NNUH FTSU Service

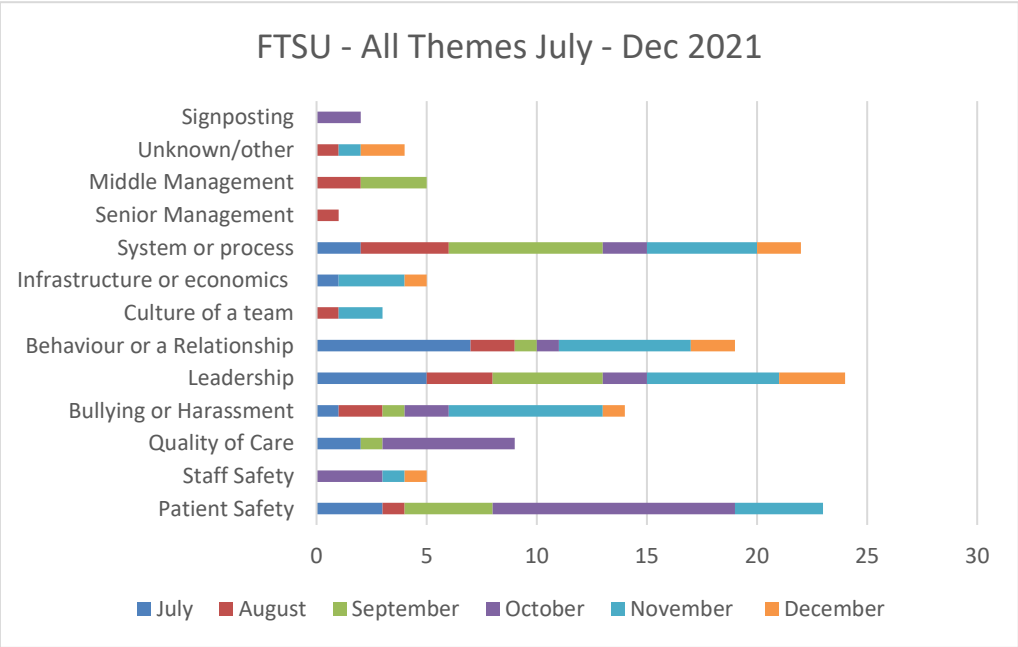


Activity has continued to increase. This is an important period within the year. If activity is increasing it is highly probable that staff are also escalating more issues within teams.

2.1 Best Practice- Speak Up policy We ask that all staff recognise the importance of addressing concerns in line with the Speak up policy and training and follow recognised best practice – a brief reminder is offered below -

- Thank staff for raising any concern or issue.
- Discuss with them and agree together next steps to move the concern forward, without dismissing it, taking their involvement away or closing the issue down prematurely. Be mindful of confidentiality and respect this or explain the limitations you have to them.
- Ensure feedback is provided by you and you ask for their feedback on the experience. Would they speak up to you again following this experience? Your sincerity at this stage will protect you against it appearing transactional or worse *tick box* and have an impact on the confidence of staff and culture in your team.

3.0 Themes;



PATIENT SAFETY AND QUALITY OF CARE

Discharge To Assess x 13
Escalation beds and staffing x 10

Movement of a service over a weekend impacted on availability of patient notes for staff. MOS raised this and process was adapted to improve and meet both patient and staff needs.

LEADERSHIP

Feeling valued.

Staff want to see operational staff, not just immediate clinical line managers, but those who are also involved in making impactful decisions.

Visible support matters “on the ground” regularly.

“Easier to leave” than communicate effectively in team.

“Insubordination” …

Could this be symptomatic of a leadership style not in line with staff needs?

BULLYING

Micromanagement.
Unrealistic workload.
Being treated differently to others (protected characteristics).

It remains incredibly difficult for staff to take these cases forward formally.

It is up to each of us at the NNUH to consider and ensure that no-one in their team is suffering.

Understand you may never see it or feel it but we know it does exist.
Consider where could it be?
Seek it out with compassion to support and have a conversation.

It cannot improve through silence.

Active Allyships.

4.0 FTSU team update.

15 members of staff have applied to join the Champion network.
Interviews will commence shortly.
Sundari Ampi – Respiratory Consultant will be undertaking her Guardian training and transition from a Champion to the Guardian role. Her expertise has already impacted on the ability of the service to reduce barriers for staff.

4.1 Logo

FTSU NNUH competition – Creative staff are being called on to design the NNUH FTSU logo. We are looking for something professional that will stand out but reflects the colours of the National Guardians Office branding. It will help improve visibility of the service and aid the NNUH' s Speak up journey.

5.0 Overview of Next steps and ongoing work.

5.1 We await the outcome of the NHSi review of the national Speak Up policy. We will follow normal governance process for approval, but with additional engagement at P&C, JSCC and our Staff Networks. This will guide how we address our approach to tackling issues of any detriment following speak up concerns.

5.2 A gap analysis is being undertaken to help inform our Speak Up strategy, which is now under development. This will include reference to individual responsibilities for supporting appropriate culture and reinforce our steps to apply learning following investigation of concerns, both local and nationally.

5.3 As part of the Board Development Programme for 2022-23, and following agreement of the updated policy and strategy, we recommend the Board schedule a session to undertake their training in line with the NGO best practice guidance.

Action – 2.1
Leadership staff - ensure your teams are aware how to address speak up concerns and know the Speak Up Policy applies.
If unsure – contact the Lead for support – Frances.dawson@nnuh.nhs.uk

Recommendation -

Boards is asked to note the report and endorse the above next steps for implementation over the next 6 months

REPORT TO THE TRUST BOARD

Date	**2 February 2022**
Title	**National Institute of Health Research (NIHR) Clinical Research Network (CRN) Eastern: Performance Against Annual Plan 2021/22**
Author & Exec lead	**Martin Batty (Deputy Chief Operating Officer), Erika Denton (Host Accountable Officer / Medical Director)**
Purpose	**For Information**

1. Background

The National Institute for Health Research (NIHR) Clinical Research Network (CRN) contract extension between the Department of Health and Social Care (DHSC) and Norfolk and Norwich University Hospitals Foundation Trust (NNUHFT) started on 1 April 2019 to run until 31 March 2022. The contract has subsequently been extended a further two times, and will now end on 31 March 2024.

The Performance and Operating Framework (POF) for 2021/22 continues many of the requirements that have been in place over the initial contract period (2014-2019). Since 2019 this has broadened to include research in Public Health and Social Care, and for 2021/22 includes additional funding for a Direct Delivery Workforce, hereafter referred to as Transformation of Research Delivery (TRD), with a focus on increasing research in non-NHS settings, e.g. Primary and Community Care, exemplified by our work delivering research in care homes (e.g. ENRICH), which we intend to expand further during 2021/22 and beyond.

The performance of the LCRNs continues to be measured against a set of overarching High Level Objectives (HLOs). For 2021/22 these include: Efficient Study Delivery (with a focus on commercial contract delivery for new studies, commercial managed recovery studies, and non-commercial managed recovery studies); Widening Participation (proportion of Trusts and GP practices recruiting to portfolio and commercial studies); and Participant Experience (number of responses to the Patient Research Experience Survey). Other (non HLOs) include increasing delivery against 9 priority areas (plus 2 areas we have focused on in Eastern), and recording Year of Birth.

As part of the CRN's plan, and building on the experience of the Covid pandemic, there are 4 national strategic priorities for 2021/22: Delivering Covid-19 Vaccine and Non-Vaccine Studies; Delivering Activities Relevant to the RRG Agenda; Primary Care Research Engagement; and Reviewing and Refreshing Research Delivery. In order to deliver against these objectives, CRN Eastern continues to build on a number of successfully established initiatives developed since the start of the pandemic, including sub-regional groups to facilitate the delivery of studies and sharing of workforce within local geographical boundaries, and partnerships to share knowledge, information and best practice. For 2021/22, we have reviewed our workforce plans and are piloting two new initiatives: a bank staff scheme, in which partners have been allocated £10k each to facilitate recruitment to the staff bank (with further funding available using a streamlined application process for studies that require additional help); and a pilot scheme in East and North Hertfordshire and Bedfordshire Trusts, in which funding will be available to support 1.5 WTE CTA/Data

Managers to work across the two Trusts (in set up). This work will continue into the 2022/23 financial year. During 2021/22 we have recruited to some of the TRD posts, including a tri-network Training Manager for non-hospital settings, but there has been some slippage in appointments given this is a new initiative. The Coordinating Centre recognised this issue, and for 2021/22 are allowing LCRNs to vire money to support other workforce initiatives.

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

Each financial year the DHSC requires a detailed plan from the network through the Host Organisation (HO) to achieve contractual compliance with the POF.
The plan is split into the following sections:

- Host Organisation approval.
- POF requirements, containing details of the LCRN's governance and management arrangements, strategic work streams and key projects to be delivered by the network in order to fulfil its mandatory requirements.
- High Level Objectives – cross-regional and divisional access and performance targets.
- Local Initiatives – projects and activities to be delivered by the LCRN either in isolation, or in collaboration with other LCRNs and/or other parts of the NIHR.
- Financial Management, including details of local processes and allocation of funding for the 2021/22 financial year and details of any strategic initiatives and funding e.g. 'Green Shoots' scheme to develop the next generation of PIs.

For 2021/22, the DHSC awarded the Coordinating Centre (CC) an uplift of £30m recurrent funding as part of the Government's Comprehensive Spending Review. This funding has been split into 3 areas covering cost pressures; staff retention; and Transformation of Research Delivery (TRD), and equates to an additional £2.08m for CRN Eastern to be spent in year. Funding for cost pressures (~£500k) was allocated to Partner Organisations (POs) to include in their 2021/22 Annual Financial Plans (AFP) and set at 3%. In light of the Covid pandemic and its disruption to Partners' plans and to ensure fairness and stability across the region, funding for Partners was allocated proportionately based on their previous year's financial allocations. This included a retrospective reduction in the financial collar from 10% to 5%, meaning no partners would receive less than 5% of their previous (2020/21) year's allocation. This proposal was endorsed by the CRN Eastern Financial Working Group and unanimously agreed by Partnership Group on 18 November 2020. Partners have been asked to submit line by line financial returns. Additional funding for staff retention was allocated to Partners at the earliest opportunity, while a plan for Transformation of Research Delivery, including full financial forecasts of spend was submitted to the CC on 16 April 2021. Slippage in Transformation of Research Delivery has been used to support a flexible workforce for Primary and Secondary Care, which is permissible under the CC's guidelines and as detailed in Section 1.

An additional £890k of in year funding to support Commercial Managed Recovery Studies was awarded in August 2021. A number of partners subsequently revised down or withdrew their requests for this funding, making its management difficult. There is a currently a small forecasted underspend, which we are trying to manage by viring the funding between partners, but given the restricted use of the funding this is proving difficult and if necessary, we may need to return some of this additional funding to the Coordinating Centre. The risk of not achieving a balanced budget for 2021/22 is **low**.

The CRN Coordinating Centre requires a detailed action plan of all activities to be completed to achieve or maintain compliance with mandatory requirements as detailed in the POF requirements section, which includes links to additional supporting documents. For 2021/22 as in previous years, these activities have been planned in collaboration with POs, including detailed recruitment forecasts.

The key measures for the 2021/22 financial year and the likelihood of achieving them are detailed below. Targets (ambitions) are detailed in parentheses:

High Level Objective 1: Efficient Study Delivery. Deliver NIHR CRN Commercial Portfolio studies to recruitment target within the planned recruitment period:

a) Proportion of new commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed CRN sites (Ambition 80%). This is very similar to the previous HLO2a and CRN Eastern's performance on this measure has improved incrementally over the past few years. At the time of writing (data cut 3/01/2022) there are few qualifying studies, but performance on this measure is lagging (0/3 qualifying studies), reflective of a wider national picture due to widespread pressures across the NHS as consequence of the Covid-19 pandemic. The risk for not achieving this measure is **high.**

b) Proportion of commercial contract studies in the managed recovery process achieving or surpassing their recruitment target during their planned recruitment period (Ambition 80%). Again, there are few qualifying studies within the region, but pressures due to Covid are high and increasing. The risk of not achieving this measure is **medium-high.**

c) Proportion of non-commercial studies in the managed recovery process achieving or surpassing their recruitment target during their planned recruitment period (Ambition 70%). Again, numbers of studies are low, but performance to date (1/4 qualifying studies passing) suggests the risk of not meeting this measure is **high.**

High Level Objective 2: Provider Participation. Widen participation in research by enabling the involvement of a range of health and social care providers, including the number of non-NHS sites recruiting into NIHR CRN Portfolio studies.

a) Proportion of NHS Trusts recruiting into NIHR CRN Portfolio studies (99%). Performance on this measure is 100% (16/16 Trusts) therefore this **measure has been met**

b) Proportion of NHS Trusts recruiting into NIHR CRN Portfolio commercial contract studies (70%). To date. 12/16 Trusts have recruited into commercial contract studies this year. Therefore this **objective has been met.**

c) Proportion of General Medical Practices recruiting into NIHR CRN Portfolio studies (45%). As performance on this measure is cumulative, it increases as the year progresses. At the time of writing 200/437 sites (46%) have recruited participants onto studies therefore **this objective has already been met.**

High Level Objective 3: Participant Experience. Demonstrate to people taking part in health and social care research studies that their contribution is valued (number of NIHR CRN Portfolio study participants responding to the Patient Research Experience Survey (PRES) each year). (1140)
CRN Eastern has traditionally been very strong on this metric and continues to overachieve. To date, CRNE has received 1,322 adult PRES responses, including 38 children's and 11 dementia friendly responses. The target for 2021/22 has **already been met.**

Work streams:
Plans are in place to meet contractual requirements for all work streams (as detailed in the POF and Local Initiatives sections). This includes plans for Health and Care Services Engagement, Patient and Public Involvement and Engagement (PPIE), including Research Ambassadors, Communications, Business Intelligence, Workforce Development and Wellbeing (we have an Early Career Researcher initiative incorporating research training into regional medical school training programmes, which has been extended to include 'virtual training'), Commercial and Academic Research Delivery and Business Development and Marketing. Additional posts, including an information analyst, Study Support Service (SSS) Manager and SSS admin apprentices, will enable us to support and further monitor performance and deliver all plans as contracted.