

# Trust Board (public) - 1 February 2023

Wed 01 February 2023, 09:30 - 11:25

Boardroom and/or via MS Teams



**Norfolk and Norwich  
University Hospitals**  
NHS Foundation Trust

## Agenda

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### **Agenda**

Tom Spink

 00 TB Agenda Public 01.02.23.pdf (1 pages)

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### **Clinical Visits (8.45am to 9.15am)**

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#### **1. Apologies and Declarations of Interest**

Information/Discussion      Tom Spink

##### **1.1. Chairman's Introduction**

Information/Discussion      Tom Spink

##### **1.2. Reflections on Clinical/Departmental Visits**

Information/Discussion      All

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#### **2. Experience of Dementia Care - Dirck's Story & Dementia Strategy update**

Information      Nancy Fontaine

 02 Report - Dirck Experience of Care.pdf (4 pages)

 02(a) Report - Dementia.pdf (2 pages)

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#### **3. Minutes of the Board meeting held in public on 02.11.22**

Approval      Tom Spink

 03 Unconfirmed TB Minutes 02.11.22 Public.pdf (8 pages)

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#### **4. Matters arising and update on actions**

Discussion      Tom Spink

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#### **5. Chief Executive's Update**

Discussion      Sam Higginson

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## 6. Care Quality Commission (CQC) Inspection

*Discussion*

*Nancy Fontaine*

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## 7. Reports for Information and Assurance

*Information/Assurance & Approval as specified*

### 7.1. People & Culture Committee (23.01.23)

*Sandra Dinneen*

 07(a) Report on People and Culture Committee 23.01.23.pdf (2 pages)

### 7.2. IPR - Workforce Data and Staff Experience Improvement Actions

*Paul Jones*

 07(b) Workforce IPR Dec-22.pdf (11 pages)

 07(b)(i) Trust Board Staff Experience paper.pdf (11 pages)

### 7.3. Quality & Safety Committee (24.01.23) (inc Quality Strategy Term Extension - Strategy document in Resource Centre)

*Pamela Chrispin*

 07(c) Report on Quality & Safety Comm 24.01.23.pdf (3 pages)

### 7.4. IPR - Quality, Safety and Patient Experience Data

*Erika Denton and Nancy Fontaine*

 07(d) Quality Safety IPR report 16.01.23.pdf (27 pages)

### 7.5. Finance, Investments & Performance Committee (25.01.23)

*Tom Spink*

 07(e) Report on Finance Investments Performance Comm 25.01.23.pdf (2 pages)


### 7.6. IPR - Performance and Productivity Data (inc Theatre Utilisation)


*Chris Cobb*

 07(f)(i) Performance and Activity IPR (002).pdf (36 pages)

### 7.7. Finance Report

*Roy Clarke*

 07(f)(ii)a Public Board Cover - M9 Finance Report.pdf (2 pages)

 07(f)(ii)b Trust Finance Report M9 - Public Board.pdf (7 pages)

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## 8. Questions from members of the public

*Discussion*

*Tom Spink*

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## 9. Any other business

**The next Board meeting in public will be at 9.30am on Wednesday 5 April 2023 in the Boardroom of the Norfolk and Norwich University Hospital and/or via MS Teams**

**MEETING OF THE TRUST BOARD IN PUBLIC**  
**WEDNESDAY 1 FEBRUARY 2023**

A meeting of the Trust Board will take place at 9.30am on Wednesday 1 February 2023 in the Boardroom Norfolk & Norwich University Hospital and/or via MS Teams

Papers for the meeting in public can be accessed via [www.nnuh.nhs.uk](http://www.nnuh.nhs.uk)

**AGENDA**

	Item	Timing	Lead	Purpose
0	Clinical Visits	08.45-09.15		
1	<ul style="list-style-type: none"> <li>- Apologies, Declarations of Interest</li> <li>- Chairman's Introduction</li> <li>- Reflections on Clinical/Departmental Visits</li> </ul>	09.30-09.45	Chair	Information/ Discussion
2	Experience of Dementia Care – Dirck's Story & Dementia Strategy update- <i>Liz Yaxley, Jenny Woolgrove, Rosie Bloomfield, Amrita Kulkarni and Sarah Higson attending</i>	09.45-10.05	NF	Information
3	Minutes of the Board meeting held in public on 02.11.22	10.05-10.10	Chair	Approval
4	Matters arising and update on actions		Chair	Discussion
5	Chief Executive's Update	10.10-10.25	CEO	Discussion
6	Care Quality Commission (CQC) Inspection	10.25-10.40	NF	Discussion
7	<b>Reports for Information and Assurance:</b>			
	(a) People & Culture Committee (23.01.23)	10.40-10.55	SD	Information, Assurance & Approval as specified
	(b) IPR – Workforce data & Staff Experience Improvement Actions		PJ	
	(c) Quality and Safety Committee (24.01.23) inc: - Quality Strategy* – approve extension of term to 2025	10.55-11.10	PC	
	(d) IPR – Quality, Safety and Patient Experience data		ED/NF	
	(e) Finance, Investments and Performance Committee (25.01.23) inc: (f) i) IPR – Performance and Productivity data (inc theatre utilisation) ii) Finance Report (M9 YTD)	11.10-11.25	TS	
			CC	
8	Questions from members of the public	11.25-11.30	Chair	Discussion
9	Any other business			

\* Documents uploaded to Resource Centre

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

The next Board meeting in public will be at 9.30am on Wednesday 5 April 2023 in the Boardroom of the Norfolk and Norwich University Hospital and/or via MS Teams

## REPORT TO TRUST BOARD

Date	1 February 2023		
Title	Experience of Care Story – Dirck’s Story		
Author & Exec Lead	Rosie Bloomfield, Patient and Experience Facilitator Professor Nancy Fontaine, Chief Nurse		
Purpose	For Information and Discussion		
Relevant Strategic Commitment	1. Together, we will develop services so that everyone has the best experience of care and treatment		
Are there any quality, operational, workforce and financial implications of the decision requested by this report? If so explain where these are/will be addressed.	Quality	Yes✓ No□	
	Operational	Yes✓ No□	
	Workforce	Yes✓ No□	
	Financial	Yes□ No✓	
Identify which Committee/Board/Group has reviewed this document:	Board/Committee:  Mental Health and Complex Care Board	Outcome:  A short clip of Dirck’s experience film was shown to Mental Health and Complex Care Board – Chair Prof. Erica Denton recommended for Dirck experiences and learning gained from listening to Dirck at Trust Board.	
<b>1 Background/Context</b>  1.1 An ‘Experience of Care’ story is where a patient or family member describes their experience of healthcare in their own words. The idea is to gain an understanding of what it is like for them and their family and/or carers. It gives you information on what was positive, what was sub-optimal and what would have made the experience more positive.  1.2 Listening to Experience of Care stories gives us the opportunity to learn about the things that we do well and consider where we can make improvements. It helps put patients at the heart of service development and improvements.			

- 1.3 Dirck is 61 years old and presented to his GP with extreme headaches and concerns about his memory. Dirck played sports, owned a few of his own businesses and now runs a post office. He had mixed experiences when raising concerns with medical professionals was eventually diagnosed with early-onset Alzheimer's disease, after a long diagnosis journey.
- a. The story will highlight what it's like to be diagnosed with early-on Alzheimer's disease, how this impacted Dirck and suggestions on how his interactions with medical professionals could be improved.
- b. A short clip of Dirck's experience film was shown to Mental Health and Complex Care Board – Chair Prof. Erica Denton recommended for Dirck's experiences and learning gained from listening to him to be presented at Trust Board.

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

### **2.1 Key learning/actions:**

- Avoid making assumptions about patients living with dementia.
- Offer the same quality of support to all patients living with dementia, their partners/relatives and carers – whatever their level of need. Making sure they are aware of initiatives in place to assist care such as the carer's passport, This Is Me etc.
- Dementia training to aim to improve understanding of early-onset Alzheimer disease and the impact on the patient.

## **3 Conclusions/Outcome/Next steps**

- 3.1 The experiences shared in this story have provided valuable learning. Therefore, Dirck's video story will be embedded in the Trust's Dementia Education programme which is currently being written. With Dirck's permission his full video story will be shared with UEA School of Health Sciences and Norwich Medical School to incorporate in their programmes as required. We will also take up Dirck's offer for staff to attend his 'So' Dementia Support Group for young people living with Dementia, to help staff development and learning.
- 3.2 (with Dirck's involvement) Co-develop quality improvement initiatives as part of Trust's Dementia Strategy with an initial focus on:
- Awareness raising for staff and public via Dementia training and education and public events such as NNUH Dementia Fayre.
  - Development of Trust's Dementia Competency Framework.

### **Recommendations:**

The Board is recommended to:

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

## Experience of Care – Patient Story – Board Meeting

### Brief outline of the “story”

Dirck is 61 years old. He has a history of playing sports including rugby, he has owned a few of his own businesses and now runs a post office. During his rugby career he had a nasty injury and several concussions.

He started to notice little gaps in his memory here and there, he presented to his GP with extreme headaches and concerns about his memory. He had mixed experiences when raising his concerns with medical professionals, with some doctors having no experience of dementia and commenting: “I forget my cup of tea sometimes too”.

Dirck eventually got diagnosed with early-onset Alzheimer disease and was put on medication to help slow it down. He started to look for support groups and found that none of them were suitable for his needs. Therefore Dirck has set up his own support group to help provide information to those people in a similar situation to him.

Dirck says “Dementia is not forgetting things... it’s like somebody’s took your life like a bit of film, got a pair of scissors, snipped a piece out and put it back together. That piece has gone and it’s never going to be there.”

Dirck gives examples of when he was in hospital and explains some suggestions on how interactions with medical professionals could be improved for himself and others:

- When he told a nurse he had early-onset Alzheimer’s, they raised the volume of their voice to speak to him. Dirck explains how he just doesn’t remember everything and doesn’t need to be shouted at or spoken to in one syllable words.
- Dirck explains he doesn’t want people to feel sorry for him, he’s fine but he doesn’t want to be mistreated either. He says, “people assume because you have Alzheimer’s you can’t do anything”.
- Dirck explains how he didn’t get a blue forget me not or a ‘This Is Me’ form completed when he stayed in hospital and how no one really asked him if he had Alzheimer’s. He also explains how he wasn’t made aware that his wife could have got a car pass to visit him during his stay.
- Dirck was put into a room by himself and explains that this wasn’t the best environment for someone with dementia. He explains the need for something to keep his mind working such as human interaction, the ability to go for a walk or some enrichment to keep his brain active while in hospital.
- The process of seeing multiple doctors in multiple places and repeating his situation caused a lot of frustration for Dirck. By the time he had seen multiple medical professionals he was quite short and direct with them about not needing to repeat himself again. Dirck explains “because it’s one of the side effects of dementia you go on the attack to get rid of it... you don’t want it anymore... I don’t want to be asked all of these questions”.
- Dirck explains how there was only one doctor/consultant who worked out he had Dementia while he was in there. He explains how people with dementia “don’t want to be treated any differently but there’s certain things people have to take into account for us and certain things we’re not quite as good at”. This is why more awareness is so important.
- Dirck goes on to share some experiences from his dementia support group; including how some dementia patients are told information in hospital because they look perfectly fine but when their relative visits, they can’t remember what they’ve been told to pass it on to others. This makes it very difficult to get the right information. “If you haven’t got pen and paper with you or something to record what’s going on then you’re not going to be able to relay it.”
- The importance of involving relatives and carers, especially when sharing information is always raised by Dirck. He shares someone’s experience from the support group where only the person with dementia was allowed to be told information. Dirck then explains how it’s not just the person in hospital with

<p>dementia, it's also the carers and partners who need to be considered as well. He explains how not all people with dementia will want to admit they have it but their partners or carers will be able to help by filling in a 'This Is Me' form and explaining information to the person with dementia.</p> <ul style="list-style-type: none"> <li>• Language around "you suffer from Alzheimer's". Dirck feels he "lives with it" but he's not "suffering".</li> <li>• Dirck explains how more understanding of dementia and the impact it has on the individual person is needed – the way he struggles with noisy environments such as a general ward in a hospital and can't filter out conversations happening around him or how he hallucinates in the night and can smell burning.</li> </ul>	
<b>What "point" it is trying to convey</b>	
<p>The story highlights:</p> <ul style="list-style-type: none"> <li>• The need to avoid making assumptions about patients living with dementia. Each patient is different and should be given personalised care that suits their needs.</li> <li>• We should offer the same quality of support to all patients living with dementia, their partners and their carers – whatever their level of need. This includes making sure they are aware of the support available at the Trust including our carer's passport, This Is Me etc.</li> <li>• Dementia training to aim to improve understanding of early-onset Alzheimer disease and the impact on the patient.</li> </ul>	
<b>Who will be "speaking"</b>	
<b>Patient</b>	Dirck with attached video clip
<b>Staff</b>	Dementia Services Manager - Liz Yaxley Dementia Care Specialist Nurse - Jenny Woolgrove Patient Engagement & Experience Facilitator – Rosie Bloomfield
<b>Time allocation for each element</b>	
<b>Film</b>	<a href="https://youtu.be/wKYWU8a9DnE">https://youtu.be/wKYWU8a9DnE</a> (3.25 minutes)
<b>Questions</b>	5 mins



REPORT TO TRUST BOARD			
Date		1 February 2023	
Title		Dementia Strategy Progress Update	
Author & Exec Lead		Liz Yaxley Dementia Services Manager. Executive Lead for Dementia Prof. Nancy Fontaine	
Purpose		For Information/Discussion	
Relevant Strategic Commitment	1 Together, we will develop services so that everyone has the best experience of care and treatment 2 Together, we will support each other to be the best we can be, to be valued and proud of our hospital for all. 3 Together, we will join up services to improve the health and wellbeing of our diverse communities 4 Together, we will provide nationally recognised, clinically led services that are high quality, safe and based on evidence and research		
Are there any quality, operational, workforce and financial implications of the decision requested by this report? If so explain where these are/will be addressed.		Quality	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Operational	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Workforce	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Financial	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Identify which Committee/Board/Group has reviewed this document:		Mental Health and Complex Care Board	Outcome/decision/changes made: For information only
<b>1 Background/Context</b> Mental Health and Complex Care Board have requested that an update on progress of NNUH's Dementia Strategy is provided conjunction with the Patient Experience story at February's Trust Board meeting.			
<b>2 Key issues, risks and actions</b> <b>Strategy goals progress:</b> <b>Governance</b> <ul style="list-style-type: none"> <li>A Dementia Strategy delivery workbook is in development to enable oversight of progress, risks and issues</li> <li>A Dementia dashboard is in development to provide information for workstreams to assist planning, decision-making and performance monitoring</li> <li>Patients with dementia to be included in Welfare/safety netting D2A0 calls. Work is underway with the ICB regarding delivery and coordination of D2A1-3 calls, in conjunction with the Alzheimer's Society.</li> <li>Information, audits and surveys required for National Audit of Dementia is currently underway.</li> </ul> <b>Research</b>			

- NNUH Dementia Lead is now a member of Norfolk Institute of Healthy Ageing and investigating ways of identifying and disseminating research underway locally, and how we can engage carers.
- The monthly NNUH Dementia Current Awareness Bulletin, containing latest research and articles will be added to the Dementia intranet page and is disseminated across East of England Mental Health Network to reach a wider audience.

#### **Environments**

- The Environment Working Group is in the process of providing evidence of extensive work to date, including embedding dementia-friendly design in the ward refurbishment programme and new build projects.
- A Dementia-friendly garden is in early planning stages, to be located in the courtyard between Elsing and Dunston wards.

#### **Volunteer Support**

- OPM volunteer coordinator is planning to extend number of volunteers to existing services: This is Me Volunteers, General OPM, Dementia Support team, Mealtime support, Get Moving, Pets as Therapy Dogs.

#### **Person Centred Care**

- Fundraising events have raised monies to ensure there are day/date clocks for all bays and side rooms on OPM wards.
- A Dementia and Cancer support group is running monthly, led by the Dementia care specialist nurse and Dementia palliative care nurse in conjunction with Big C and community partners.

#### **Working Together**

- The Patient Experience Team is working on an approach of 'Identify, Support and Involve' (ISI) to involve carers as well as patients, particularly in discharge processes. Work is also underway to increase awareness of carers passports and identity cards.
- An in-hospital Dementia Fayre is planned for 15<sup>th</sup> May 2023

#### **Skilled Workforce**

- The secondment of a mental health liaison nurse into the Dementia support team has been successful, providing specialist assessment and advice to 134 patients in 6 months.
- A post of senior dementia support worker has been funded by Langley and Mattishall wards to provide dedicated service has supported 87 patients and their carers from admission to discharge in the first 6 months in post.
- Plans are in progress for a Virtual Ward Dementia discharge fast track trial, on Mattishall and Langley wards to enable smooth transitions and access to specialist advice and support for 72 hours after transfer.
- The Dementia specialist palliative care nurse post which was funded by charity for 3 years is now substantively funded by OPM Directorate.
- Writing of the Trust's Dementia Education Programme is underway in collaboration with UEA. Four virtual reality films and a patient experience film made which will be embedded in the programme.

### **3 Conclusions/Outcome/Next steps**

The Board is asked to take note of this report.

**Recommendations:** The Board is recommended to: Consider and support any requests which may be made from divisions to convert posts to dementia support worker as per Langley/Mattishall ward model.

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

### **HELD ON 2 NOVEMBER 2022**

<b>Present:</b>	Mr T Spink	- Interim Chairman
	Dr P Chrispin	- Non-Executive Director
	Mr R Clarke	- Chief Finance Officer
	Mr C Cobb	- Chief Operating Officer
	Prof E Denton	- Medical Director
	Prof C ffrench-Constant	- Non-Executive Director
	Prof N Fontaine	- Chief Nurse
	Mr J Foster	- Non-Executive Director
	Mr S Higginson	- Chief Executive
	Mr P Jones	- Chief People Officer
	Dr U Sarkar	- Non-Executive Director
<b>In attendance:</b>	Ms A Berry	- Director of Transformation
	Ms F Devine	- Director of Communications
	Mr J P Garside	- Board Secretary
	Mr S Hackwell	- Director of Strategy and Major Projects
	Mr E Prosser-Snelling	- Chief Digital Officer
	Ms V Rant	- Assistant to Board Secretary
	Members of the public inc:	
	Mrs E Betts	- Governor (public)
	Ms N Duddleston	- Governor (public)

#### **22/043 APOLOGIES, DECLARATIONS OF INTEREST, CHAIRMAN'S INTRODUCTION AND REFLECTIONS ON VISITS**

Apologies were received from Ms Dinneen and Mrs Hannam. No conflicts of Interest were declared in relation to matters for consideration by the Board.

Board members reflected on the Development and Assurance visits to the Emergency Department; Priority Assessment Unit; Neonatal Intensive Care Unit and Delivery Suite. Reflections arising from the visits included the ongoing pressures across services. Staff feedback highlighted the need for additional space (on both NICU and PAU) and strategic planning to address staffing levels. The wide catchment area from which families/babies come to our NICU was noted, with only one of the current babies being from Norfolk, and this generates additional demand for parental accommodation.

Staff on both Delivery Suite and NICU were well aware of recent publicity around maternity services nationally and were reflective about the level of spotlight on services and the focus on enhancing safety. The increase in Caesarean Section rates reflects change in NICE guidance around maternal choice but also the specialist nature of the services provided in the Department.

#### **22/044 EXPERIENCE OF CARE – HOPE TO RESEARCH**

The Board received a report concerning the experience of Mr David Anstee who took part in a bone cancer clinical research trial. Mr Anstee informed the Board that he had been diagnosed with myeloma in 2018 and had been offered the opportunity to become

involved in a bone marrow cancer trial. Following treatment through the trial, the cancer is now undetectable indicating success of MUK9 in treating patients with high risk bone marrow cancer. Mr Anstee expressed his gratitude for the opportunity to be involved as a research participant.

Professor Bowles highlighted the evidence that better patient outcomes are seen in hospitals with higher research activity. The increase in research activity at NNUH has been supported by the Trust's Research Strategy. The four goals of the Strategy are to:

- embed a culture of research;
- strengthen partnership working across the NRP;
- develop wider partnerships across the region and NHS;
- be recognised as a leading NHS Trust for research and innovation.

In 2022, the Trust received accreditation as an NIHR Norfolk Clinical Research Facility and the associated additional funding will help to boost further research opportunities.

Ms Longmore reported that we have made significant advances in the delivery and efficiency of research. Over the next two years, we will be promoting generation of new and homegrown research projects. We now have 8 Associate Clinical Professors generating their own research portfolios and it is important that we should maintain this momentum.

Mr Higginson reflected on the inspirational story recounted by Mr Anstee and asked whether other action can be taken to increase the number of clinical trials and encourage patients to take part. Ms Longmore indicated there is a need to be more ambitious and we need to look at improving engagement/advertising opportunities for patients to take part. There are a range of trials and observational studies and surveys are also available for patients to participate and we can now undertake research remotely with consenting undertaken online. The NIHR CRF is setting up a public panel to explore opportunities to increase research accessibility for patients and the public.

Non-Executives reflected on the key goal to prepare our bid to establish a biomedical research centre in 3 years and asked if there are any key issues to bring to the Board's attention to ensure that our bid is as competitive as possible.

Professor Bowles indicated there is a perceived need for BRC activity to focus on rural and coastal communities. We are well placed to achieve this but there needs to be a change in culture to embed research in everyday practice and to increase collaboration and communication with researchers across the NRP and further.

Non-Executives reflected on the goal to develop partnerships across the region and potential to engage with primary care. Professor Bowles explained that the Electronic Patient Record will be key to unlocking data sharing with healthcare partners.

Non-Executives requested that time should be scheduled in a few months for the Board to discuss the 'forward look' for Research, to include our trajectory towards the BRC application.

**Action: Mr Garside/Professor Denton**

Non-Executives requested that time should be scheduled in a few months for the Board to discuss the 'forward look' for Education.

**Action: Mr Garside/Professor Denton/Mr Jones/Professor Fontaine**

#### 22/045 MINUTES OF PREVIOUS MEETING HELD ON 3 AUGUST 2022

The minutes of the meeting held on 3 August 2022 were **agreed** as a true record and signed by the Chairman.

22/046 **MATTERS ARISING AND UPDATE ON ACTIONS**

The Board reviewed the Action Points arising from its meeting held on 3 August 2022 as follows:

22/030 Staff Survey – Priority Improvement Actions - The Board was informed that an update report has been provided detailing the plan and forward trajectory for priority improvement actions. Board members indicated that this did not entirely complete the action and requested that the action be kept open for monitoring.

The Board was informed that this was reviewed by the P&C Committee on 24.10.22 with outcome to report to Board that *“the Committee recommends that greater focus and pace should be given to delivering these issues. It is recognised that action has been taken but this needs to go further and faster to meet the expectations of staff. Our staff are our most valuable asset and more focus will need to be put on these issues.”*

Carried forward.

**Action: Mr Jones**

22/039(f)(ii) – workforce IPR – recruitment & retention - At its meeting on 24.10.22, the P&C Committee received reports regarding medical vacancies and ‘hard to fill posts’, plus recruitment trajectories for nursing & HCAs. Action closed

22/039(f)(i) – staff survey priority actions – report received by P&C Committee and scheduled as standing item for Board meetings. Action closed

22/047 **CHIEF EXECUTIVE REPORT**

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

Mr Higginson reminded the Board of the 7 agreed priorities for 2022/23:

- 104 week wait;
- 78 week waits;
- 62 day cancer;
- ambulance handovers;
- quality improvement;
- financial plan; and
- staff experience

In the year to date, we have achieved the 104-week target and we are on trajectory to delivery 78 week target performance. 62 day and ambulance handover performance has not been achieved due to significant capacity pressures. It is recognised that the significant pressure is impacting on staff experience as we continue to have high numbers of escalation beds open, increased numbers of patients in bays and patients in hospital without a criteria to reside. We continue to work with colleagues in the community to look at unlocking capacity in the community and to improve processes to improve the rate of discharge.

The Recognise and Respond Team have received the Health Service Journal Patient Safety Award, demonstrating the excellence of their work and the positive impact they have made over the last two years.

The Covid booster and flu vaccination campaigns are ongoing and we are continuing to encourage staff and the public to be vaccinated to protect themselves and patients.

The 2022 Staff Survey is underway and we are encouraging staff to respond. The results of the survey will be available in the New Year.

(a) People and Culture Committee

Mr Jones reported that a suggestion to relax obligations on mandatory training had been proposed in feedback from staff engagement events, in order to relieve pressure from the operational position. The deadline for completion of appraisals has been extended in recognition of operational pressure but change to the mandatory training requirements was not supported. A report on non-compliance of mandatory training will be considered at a future meeting.

The Committee reviewed actions being taken to improve recruitment and retention. Retention is showing improvement but more rapid progress was encouraged. Work this month is focused on promoting flexible working and to reduce the time for review/approval of flexible working requests.

Mr Hackwell reported that estate development proposals to benefit staff are under review. The Committee is due to receive a further report showing the link to risks on the Corporate Risk Register, to inform planning for investment. Consultation on travel to work plans are ongoing.

Non-Executives expressed concern about progress in delivery of actions arising from the staff survey and encouraged heightened monitoring of performance.

The Board requested that an item be scheduled for the Board to take a forward look on its Workforce Strategy – including the relationship with UEA and planning for roles such as Physician Associates.

**Action: Mr Jones**

Non-Executives expressed concern that approximately 20% of staff had not received an appraisal in the last year and questioned whether the proposal to extend the deadline for completion of appraisals may impact negatively on staff morale. It is evident that teams are struggling with competing priorities and it was suggested that additional support should be provided to managers.

Non-Executives noted the 9.6% vacancy rate target for September 2023 and challenged whether more should be done on recruitment. Professor Fontaine explained that recruitment drives to improve Registered Nurse vacancies are ongoing. We have a plan to recruit to 350 vacancies and will be running an international recruitment drive for up to 120 Registered Nurses from overseas. We have also established a nursing associate training programme for progression of HCAs.

(b) IPR - Workforce

Mr Jones reported that sickness rates have increased and there have been higher rate of absence related to Covid. The number of absences due to stress and muscular injuries is also higher and this is thought to be associated with continued operational pressures. The need to address escalation on the wards is apparent across a number of metrics and feedback from staff.

There has been a reduction in turnover. Actions taken to improve retention of HCAs has made a positive impact and HCA turnover has reduced.

(c) Staff Experience – Priority Improvement Actions

The Board received a report from Ms Julia Buck (People Promise Manager) concerning the Priority Improvement Actions.

Mr Jones reported that actions within the six priority areas are showing improvement. Stay/exit interviews are helping retention and our consultation on travel to work options

is ongoing. We are also aiming to reduce Time to Hire in line with Model Hospital benchmarks to achieve a reduction across all Divisions.

(d) Quality and Safety Committee

Dr Chrispin reported on items escalated from the Q&S Committee and highlighted the need to ensure staffing establishments are achieved within Maternity, to ensure we can provide the best services for our patients. The team have made positive steps with regard to recruitment and retention but it is recognised that the shortage of staff with specialised skillsets can be challenging. The findings of the East Kent Report were also reviewed and the Committee encouraged promotion of a culture of high quality maternity services. It is intended to hold a Board seminar with staff to discuss the learning/outcomes of the review particularly around a caring culture.

The Committee considered escalation measures that have been ongoing for 10 months. It is recognised that it has been extremely difficult for staff who are having to balance risks and there is a need to maintain clear communication about why escalation processes are in place across the hospital.

(e) IPR – Quality, Safety and Patient Experience

Professor Fontaine reported that we are continuing to see a reduction in falls and pressure ulcers. This is associated with ongoing Quality Improvement Programmes.

Non-Executives noted that the rate of PALS calls closed within 48 hours is reduced to 43% and asked what action is being taken to improve performance. Professor Fontaine explained that ongoing operational pressure is making it challenging for clinical teams to dedicate time away from direct patient care. We have seen an increase in concerns linked to communication and this is thought to be linked to delays in responding to telephone calls when staff are occupied.

Non-Executives asked if additional data could be provided in the IPR to provide oversight of the quality and safety impacts on long waiting patients. Mr Cobb indicated that detail will be added to the performance IPR with regard to the number of patients admitted whilst on a waiting list – as an indicator of deterioration/harm. **Action: Mr Cobb**

(f) Mortality Data

The Board received a report from Professor Denton concerning the monitoring and reporting of mortality data. Mortality in NHS hospitals is measured via different indices:

- Crude Mortality – number of discharges by a hospital over 12 months divided by patients who died in hospital;
- Standardised Mortality Ratios (SMR) – the number of actual deaths against the expected the number of deaths.

The number of excess deaths in SMR reporting is not an indication that deaths were avoidable or due to failure of care but higher than expected numbers are a trigger for further investigations through the Trust's learning from death processes. SMR is reported nationally through the Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital Mortality Indicator (SHMI). Both indices count in hospital deaths but differ as follows:

- HSMR – 56 specified diagnosis groups; and factors-in palliative care status;
- SHMI – deaths within 30 days of discharge; and does not include palliative care status.

Our review of deaths comprises a number of different elements. The Medical Examiner Service scrutinises all inpatient deaths and the service is due to be expanded to review all deaths in the community in accordance with national guidance. The Medical Examiner review establishes the cause of death and determines if the death needs to

be referred to the Coroner. The hospital will be notified of any potential patient safety concerns and appropriate cases will be escalated for Structured Judgement Reviews. Cohort reviews are also undertaken where the Trust receives alerts where the number of deaths are higher than expected levels across mortality indices or clinical pathways and action plans will be implemented to address any issues identified through these reviews.

The number of deaths in hospital has increased following the pandemic, with more patients physically in hospital (we have added >100 escalation beds) and many patients requiring end of life care who cannot be discharged due to lack of community capacity. The number of deaths reviewed through the Medical Examiner system has increased accordingly.

There are a number of factors that impact on our SMR figures:

- we see very high numbers of frail and elderly patients;
- data capture variation across Trusts and the quality of data captured is also inconsistent
- there is insufficient palliative care capacity in Norfolk;
- our emergency pathway patient cohort consists of an older profile of patients and of greater clinical acuity
- community bed provision in N&W is demonstrably low - 2021 data N&W 2.4 beds of nursing home grade per 100 patients over 75, whereas the national average is 4.6 and highest is 9.

There are a number of actions being taken both internally and externally that will influence our SMR including:

- establishing the Electronic Patient Record will enable clinical staff to more accurately record patient comorbidities for each admission;
- Clinical Coding Consultant leads will support education/training and coding improvement programmes;
- Data capture reviews of data in other organisations to identify differences;
- System-wide Quality Improvement Programmes to address outlier alerts;
- Ring-fenced specialist pathway beds;
- working with ICB to increase community beds/services, not least to support end of life patients in the community.

It is apparent that there are certain internal actions that would influence the SMR and others that require system input. Non-Executives reflected that the primary drivers appear to be the composition of our patient profile, provision of social/community care and frailty. In addition, our use of outpatient/day case pathways also affects the numerator in the inpatient mortality calculation. If we adjust the calculations to allow for clinical complexity and palliative care provision the SMR is adjusted significantly closer to the modal average.

The impact limited palliative care/community care services/beds and higher clinical acuity of patients was noted and Professor Denton offered to bring a high level summary to a future meeting in order to aid oversight of the impact of these two factors.

**Action: Professor Denton**

(g) Finance, Investments and Performance Committee (FIPC)

The Board was updated on key issues considered by the FIPC.

The Committee noted good progress has been made towards achieving the 78-week trajectory but 62-day cancer performance is behind target. The Committee has requested further work to be undertaken to review the two pathways to determine if adequate priority is being given to 62-day patients.



The Committee encouraged pace in the implementation of strategic initiatives to promote transformation and efficiency. Utilisation of virtual outpatients, Patient Initiated Follow-Up and virtual ward has not grown as much as expected and the Committee will be reviewing further to consider actions to drive improvement. Mr Prosser-Snelling indicated that the Virtual Ward has been operating at up to 38 patients, so almost at full capacity.

The Committee reviewed a summary of digital systems in use in the Trust, in order to consider the process for transition to the EPR. The Committee supported the approach that the transition of systems which will be integrated into or replaced by the EPR will be overseen by the EPR Board. Those that require management or replacement outside the EPR project should continue to be overseen by the Committee.

Further work needs to be undertaken on digital/cyber security and phishing tests are planned in the next phase of cyber security improvement work.

(h) IPR – Finance, Performance and Productivity

Mr Cobb reported that we remain on track to deliver the required 78 week performance by March 2023. The backlog of 62 day cancer patients has been reduced from 557 to 487.

The number of in-patients who are medically fit for discharge remains high (238 patients) and additional community bed capacity has not been established as anticipated. Ambulance handover continues to be impacted by lack of flow into and through the hospital.

Level 3 theatre utilisation reached 84% in September and further opportunities for improvement are being pursued.

(i) Finance Report – Month 6

Mr Clarke reported that the financial position at month 6 is £400k favourable to plan on a control-total basis. A breakeven position and £1.4m adverse to plan. The forecast outturn remains as breakeven but this is increasingly reliant on non-recurrent funds to achieve. It is inclusive of a £4.8m claw-back provision due to activity being below plan. The capital plan is £2.6m under plan due to slippage in schemes in the year to date.

22/049 **INFECTION PREVENTION AND CONTROL ANNUAL REPORT 2021/22**

The Board received a report from Professor Fontaine concerning the Infection Prevention and Control Annual Report 2021/22.

The Board was informed that our IP&C performance in 2021/22 compares favourably against other Trusts in the region. There were 89 cases of C Diff with 23 deemed as relating to lapses in processes. We continue to carry out post-infection reviews of all C Difficile cases considered to be potentially healthcare related and learning outcomes/risks are disseminated and promoted through Organisation-Wide Learning bulletins.

1 case of MRSA was reported in the year and assessed as unavoidable. 30 MSSA cases were reported but this compared well against East of England performance. The 99 cases of E-coli was within the threshold of 119 cases.

We continue to work with our colleagues across Norfolk and Waveney to reduce infections in the community.

22/050 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from the public.

22/051 **ANY OTHER BUSINESS**

There was no other business.

22/052 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Trust Board in public will be at 9.30am on 1 February 2023 in the Boardroom of the Norfolk and Norwich University Hospital.

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

Confirmed and approved for signature by the Board on 1 February 2023 [TBC]

**Decisions Taken:**

22/045 Minutes of last meeting	The minutes of the meeting held on 3 August 2022 were <b>agreed</b> as a true record and signed by the Chairman.
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**Action Points Arising:**

	<b>Action</b>
22/044(i) – Research forward planning	Non-Executives requested that time should be scheduled in a few months for the Board to discuss the ‘forward look’ for Research, to include our trajectory towards the BRC application. <b>Action: Mr Garside/Professor Denton</b>
22/044(ii) – Education forward planning	Non-Executives requested that time should be scheduled in a few months for the Board to discuss the ‘forward look’ for Education. <b>Action: Mr Garside/Professor Denton/Mr Jones/Professor Fontaine</b>
22/046 (22/030 June ‘22) Staff Survey – Priority Improvement Actions	22/030 Staff Survey – Priority Improvement Actions - The Board was informed that an update report has been provided detailing the plan and forward trajectory for priority improvement actions. Board members indicated that this did not entirely complete the action and requested that the action be kept open for monitoring.  Carried forward. <b>Action: Mr Jones</b>
22/048(a) – Workforce Strategy	The Board requested that an item be scheduled for the Board to take a forward look on its Workforce Strategy – including the relationship with UEA and planning for roles such as Physician Associates. <b>Action: Mr Jones</b>
22/048(e) IPR – Quality, Safety & Patient Experience	Mr Cobb indicated that detail will be added to the performance IPR with regard to the number of patients admitted whilst on a waiting list – as an indicator of deterioration/harm. <b>Action: Mr Cobb</b>
22/048(f) Mortality Data	The impact limited palliative care/community care services/beds and higher clinical acuity of patients was noted and Professor Denton offered to bring a high level summary to a future meeting in order to aid oversight of the impact of these two factors. <b>Action: Professor Denton</b>

## REPORT TO THE TRUST BOARD

Date	1 February 2023
Title	Chair's Key Issues from People and Culture Committee Meeting on 23.01.23
Lead	Sandra Dinneen (Committee Chair)
Purpose	For Information and assurance

### 1 Background/Context

The People and Culture Committee met on 23 January 2023. The meeting was quorate and papers for the meeting were made available to Board members for information via Admin Control. On this occasion there were no governor observers.

### 2 Key Issues/Risks/Actions

The Committee identified the following items to highlight to the Board:

1	Workforce IPR - mandatory training	The Committee reviewed the standard suite of information relating to workforce metrics. This is to be enhanced by a staff experience dashboard and this is awaited. At the request of the Committee recruitment trajectories have been added for non-medical recruitment. This will be improved by addition of medical vacancy/recruitment metrics.  The Committee has been tracking progress with regard to mandatory training compliance and has asked for additional detail with regard to the arrangements to facilitate training (access, equipment, time), follow-up monitoring of completion and the consequences of incomplete compliance.
2	Staff Facilities	The Committee was updated on plans to invest in improving staff rest and changing facilities. This is an important action in response to previous staff feedback. Committee support was given for a diversified approach to enhancing staff rest areas and changing facilities across the NNUH site - close to places of work - rather than a single 'central' facility.
3	Diagnostic & Assessment Centre (DAC) - Workforce Strategy	The Committee received a report regarding planning for the workforce required to support and staff the proposed Diagnostic and Assessment Centre (DAC). The DAC is scheduled to open in 2024 and advance planning is essential to train and attract the specialist staff required. This has been identified as an area of particular risk for the DAC programme.
4	Staff Survey	The Committee received a report indicating an increase in the Staff Survey response rate to 51%. The full results of the survey will not be available until national publication in March but they will be used to identify areas to target for improvement. The difficulties faced by the NHS this year are expected to be reflected in a deterioration in staff experience and we know that our staff are finding it very challenging to work under the

		extreme pressure in the hospital. The Committee emphasised the need to act at pace to respond to the feedback from staff and it is proposed to hold a further meeting in March to plan our response to the survey results.
5	Freedom To Speak UP	The Committee was updated on work to strengthen our system regarding Freedom To Speak Up (FTSU). Metrics for processing & closure have been added to routine reporting and at its next meeting the Committee will be updated with regard to processes for learning from staff feedback.
6	Corporate Risk Register (CRR)	The Committee considered the relevant extract of the CRR and has requested a review of those risks that are persistently red-rated (ie Residual Risk Rating score > 15).
7	Succession Planning	<p>The Board has previously discussed the need to strengthen our processes for succession planning and talent management – this has been highlighted by Audit Committee, Business Continuity reviews and Internal Audit. Consequently, a policy framework has been put in place and key leadership and business critical roles have been identified in each of the 4 clinical divisions. This has informed a process of Career Review Conversations to identify staff with interest and potential to develop into such roles.</p> <p>The Committee welcomed the action taken however there is still considerable work to do. The Committee was informed that there are a large number of business-critical and key leadership roles for which we have not received any interest from existing staff. This may reflect the current operational pressures, limiting capacity to discuss plans for the future, but it may also indicate that these are challenging roles. There is also a need to extend reporting on the current approach to cover corporate roles.</p>

### 3 Conclusions/Outcome/Next steps

The next formal meeting of the Committee is scheduled for 26 April 2023 and is intended to consider reports including our Workforce Strategy and Education Strategy.

The Committee has also agreed to hold informal meetings interlaced with the formal cycle, to enable more detailed discussion of topics of particular importance. The first informal meeting will be held on 22 February 2023 and is scheduled to discuss 'Cultural Change and Education Strategy (including first reading debate on multi-professional strategy)'. All Board members are welcome to attend.

A further meeting will be scheduled for March, to review the staff survey results when available, and to plan our actions in response without delay.

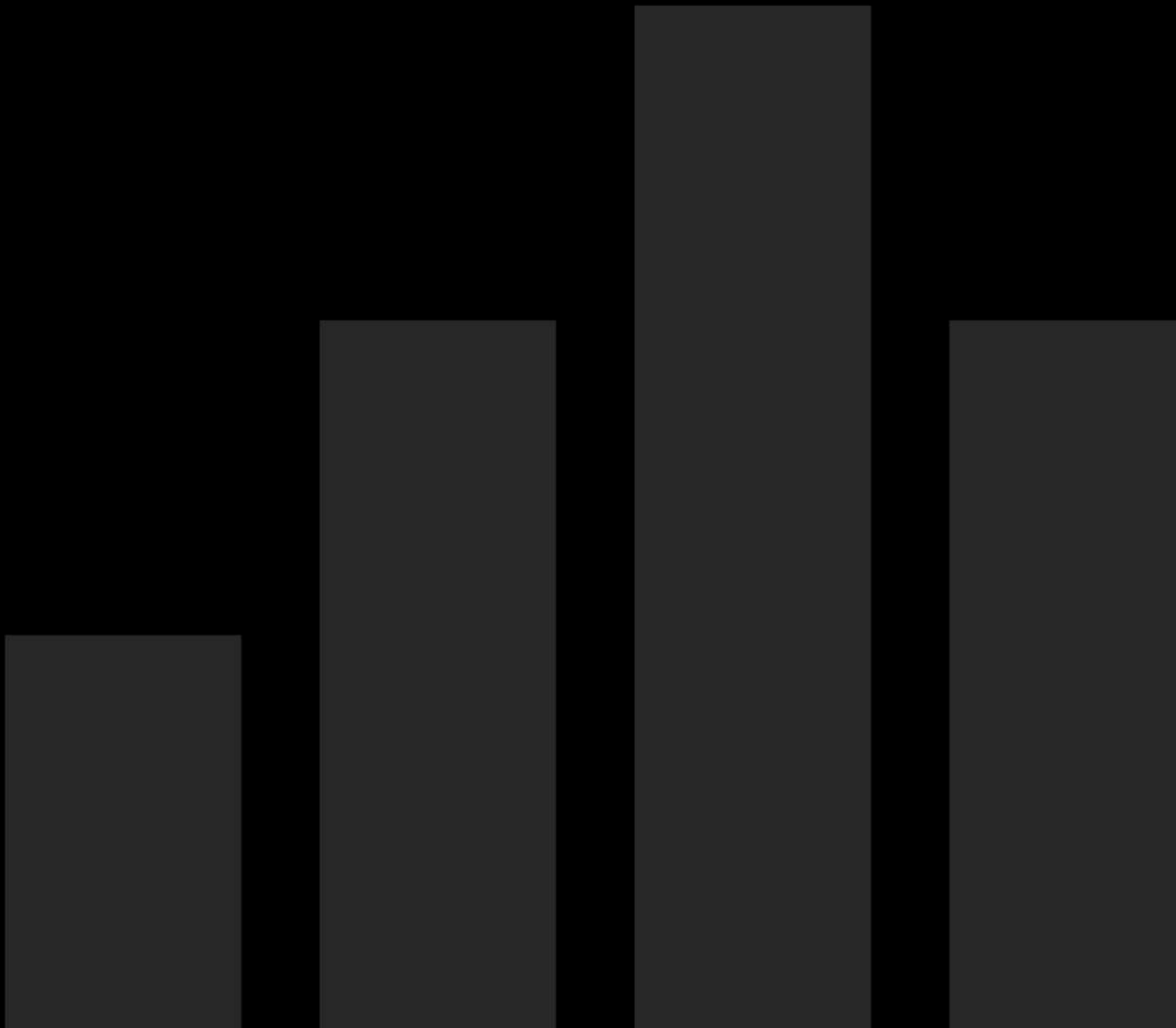
**Recommendation:** The Board is recommended to **note** the work of its People and Culture Committee

# Workforce

[View in Power BI](#) ↗

**Last data refresh:**  
16/01/2023 08:31:17 UTC

**Downloaded at:**  
17/01/2023 08:23:32 UTC



# Workforce Summary

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

Topic	Metric Name	Date	Result	Variation	Assurance
Non-Medical Appraisals	Non-Medical Appraisal	Dec 2022	89.8%	 Improvement (High)	 Not capable
Mandatory Training	Mandatory Training	Dec 2022	90.2%	 Concern (Low)	 Unreliable
Vacancies	Variance: Headcount (WTE)	Dec 2022	-1,097	 Concern (Low)	 Not capable

## SPC Variation Icons

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



## SPC Assurance Icons

Capable    Not capable    Unreliable



# Mandatory Training

## Mandatory Training

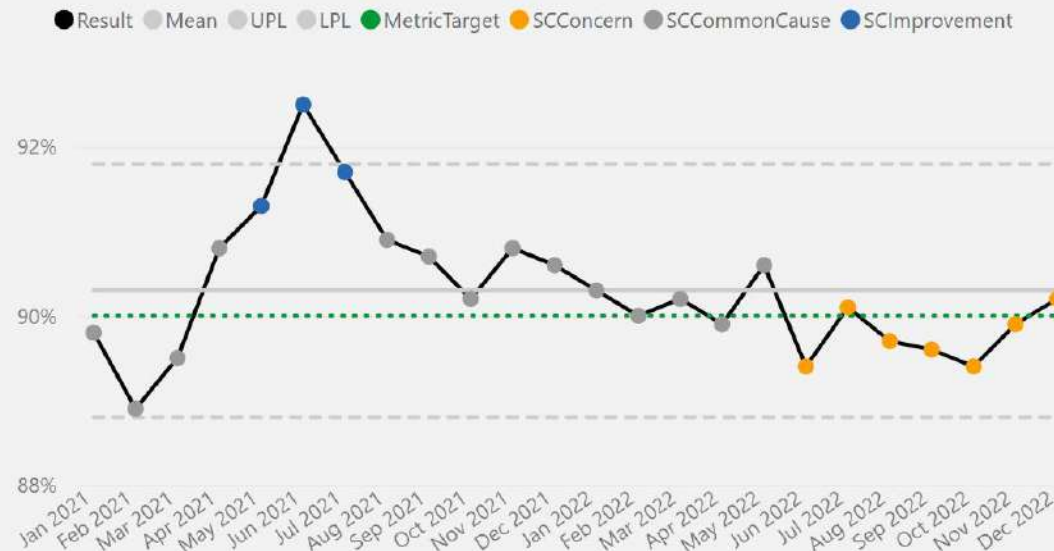
Dec 2022



### Analytical Commentary

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

## Mandatory Training



### Assurance Commentary

As at the end of December, the overall compliance rate was 90.2%. For Medical staff, the compliance rate for permanent staff was 90.8% - this figure reduces to 82.0% including the fixed term rotational junior doctors.

It is positive to see the overall compliance rate achieve the Trust target <90% compliance for the first time since July 2022. Classroom based training remains the primary area of lower compliance and continues to be affected by the extreme pressures that the hospital has been under.

The plan for rolling out the new Resuscitation eLearning is underway with a view to launching before the end of the financial year. There are a number of stages to load the correct requirements to staff learning records to move the current annual classroom requirement to bi-annual with an annual eLearning requirement along with the development of a communications plan.

### Improvement Actions

December 2022 - Resuscitation eLearning is being updated and is currently in the testing phase with a view to launch the new approach before the end of the financial year.

December 2022 - Targeted messages were sent to staff who have fallen below on their compliance for Information Governance and Safeguarding.



# Non-Medical Appraisals

## Non-Medical Appraisal

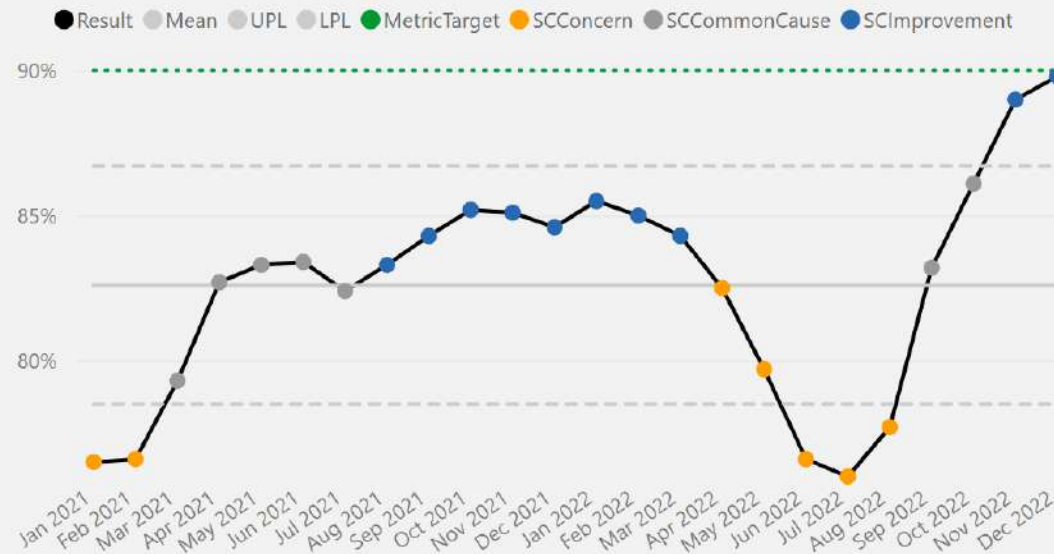
Dec 2022



### Analytical Commentary

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

### Non-Medical Appraisal



### Improvement Actions

December 2022 – Review of the Staff Survey 2022 initial results (received under embargo until national publication in March 2023) indicates some improvement in our staff appraisal experience. A further qualitative review will take place prior to the launch of the 23/24 appraisal cycle.

November 2022 – Updated divisional trajectories demonstrating achievement of 90% by February 2023, have been reviewed through the Performance Assurance Framework. Performance is monitored through weekly progress reports which are provided to divisional management teams.

### Assurance Commentary

The Use of Resources 3.1 recommendation is that the Trust must achieve 80% compliance. The Trust's internal target of 90% of PDRs has been further extended to February 2023. This is to support managers with current operational pressures and importantly, to ensure the outstanding PDRs are high quality discussions, which focus on career conversations and wellbeing.

In the 12 months to December 2022, 89.8% of eligible staff (Non-Medical appraisals) had an appraisal (inclusive of the new PDR or the previous appraisal process). This represents a 0.8% increase in performance compared to the previous month. This is now the highest recorded compliance % for the Trust.



## Monthly Sickness Absence %

Dec 2022

Variation



Assurance



6.7%  
Result

3.9%  
Target

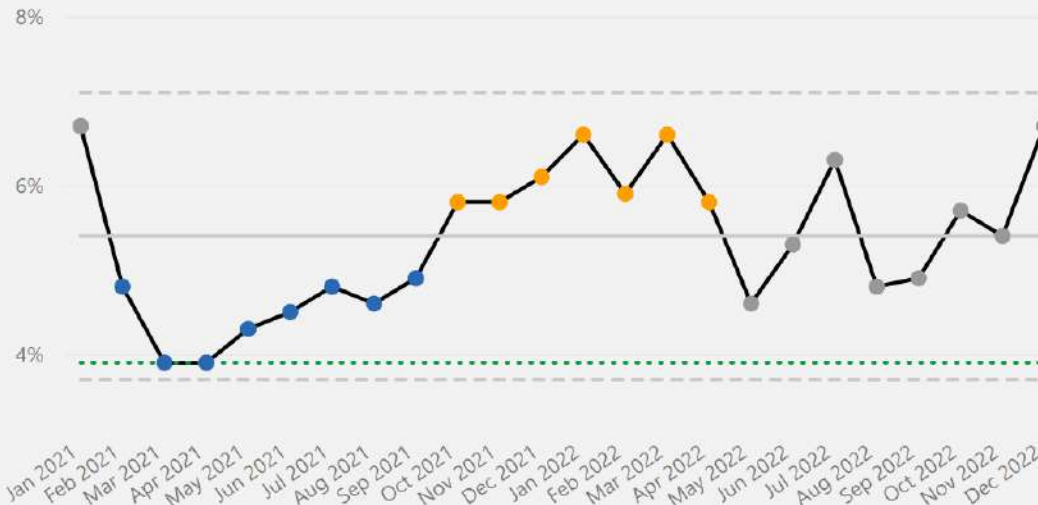
7.1%  
UPL

5.4%  
Mean

3.7%  
LPL

## Monthly Sickness Absence %

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



## Improvement Actions

Dec 2022 – Encouraging staff to accept offer of COVID / Flu booster vaccination

Dec 2022 – Project group have finalised the change of Employee Assistance Programme which will launch in January. This new supplier facilitates increased staff access to telephone support and guided CBT than previous supplier

Dec 2022 – Attendance Management Workshops held to upskill managers in managing sickness absence

## Analytical Commentary

Variation is Common Cause

## Assurance Commentary

The Trust's 12 month rolling average target for sickness absence is 3.9%. As at 31 December 2022, that rate is 5.7%. The monthly absence figure for December is 6.7%.

Had Covid sickness been excluded the 12-month rolling average rate would be 4.3%, which could account for the increase in short and medium term absence.

Covid related sickness in December 2022 was 0.9% compared to 0.6% in November 2022. This indicates an increase in covid related sickness absence. Due to covid and flu community prevalence, it is likely that this type of short-term absence will increase, impacting on staffing levels over the winter period. The vaccination programme has continued to help mitigate the levels of absence for flu and covid.

Nationally, vaccination programmes have seen a decrease in staff wishing to have a vaccination. The Trust has also seen a lower uptake from staff. However, when comparing against other local Trust's, the Trust has the second highest percentage uptake.

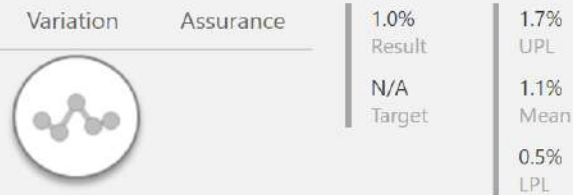
The work-related Occupational Health referrals have seen the continued change in reasons for psychological distress this month. 50% of the psychological work-related referrals have cited demands and control of work issues (e.g., shift patterns) as reasons for ill health. All 'demand' cases came from nursing (qualified or unqualified) staff but spread across different staffing groups. A wealth of support offerings are available to staff however organisational actions to address the root cause.

Increased inpatient handling issues and musculoskeletal injuries occurring from staff shortages and increased numbers of patients in overcrowded wards and patient environments.

# Staff Turnover

## Monthly Turnover

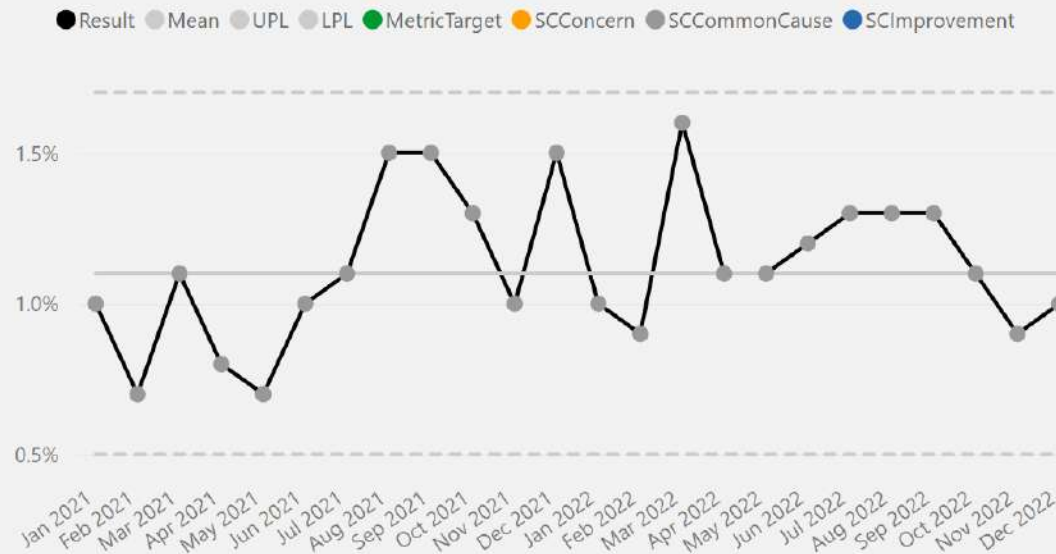
Dec 2022



### Analytical Commentary

Variation is Common Cause

## Monthly Turnover



### Assurance Commentary

The monthly turnover rate for December 2022 is 1.0% which is higher than November 2022 (0.9%) and lower than December 2021 (1.5%). The 12-month average turnover rate is 13.9%, a decrease of 0.5% from November 2022.

To reduce turnover to 10% per annum, a monthly turnover rate of 0.83% needs to be achieved and maintained. Processes continue to be in place to monitor turnover and deliver actions through our Retention Board. This structure has ensured delivery of a number of actions under each of the pillars, but progress has slowed over the last few months due to operational pressures.

Over the last year, on average 85 employees leave the Trust, each month. In December 2022, 69 employees left the Trust which is lower than the 106 which left in December 2021. In November 2022, 69 employees left the Trust. This indicates a reduction but must be sustained to reduce the Trust turnover level.

The Retention Board has reviewed the most recent data from the Stay/Exit Interviews which indicates the top reasons for leaving are promotion opportunities; convenience in travel to work; and relationships with the ward/department; and developed a revised work programme to propose a smaller number of higher impact actions. These have been discussed with colleagues at the Staff Council and JSCC for feedback. A refined work plan will be discussed at January's WESB meeting for ratification.

### Improvement Actions

December 2022 – The calculation of the turnover has been reviewed against ICS partners and a revised comparable methodology for calculating turnover, has been devised. This is based on 'regrettable' turnover, to be implemented in January 2023.

December 2022 - Ongoing promotion of Stay Interviews through divisional management teams, facilitated by the HR Business Partner team

December 2022 – Consultation with Staff Council relating to high impact actions to be implemented from January to March 2023



## Actual Substantive Headcount (WTE)

Dec 2022



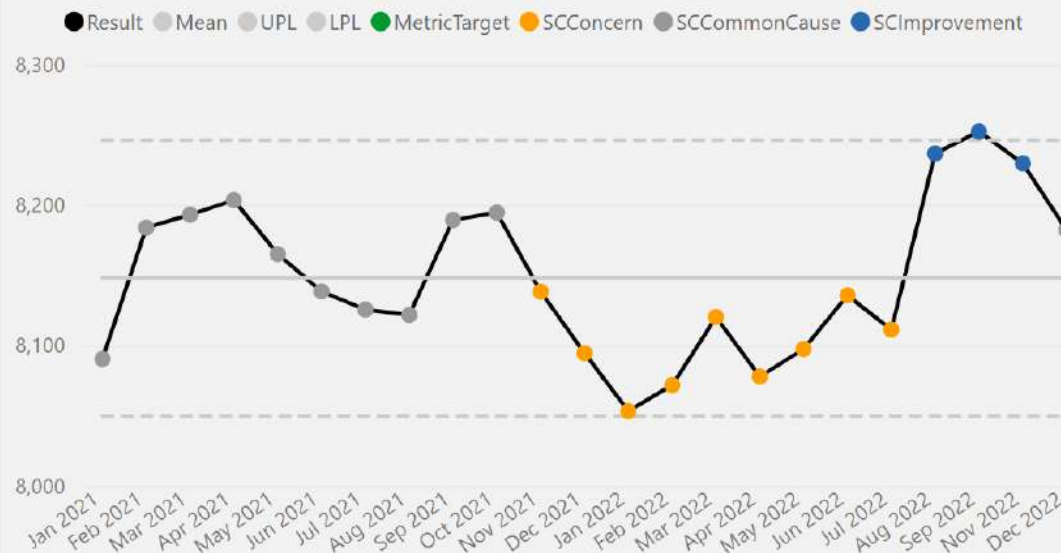
Variation

Assurance

8,182  
Result  
N/A  
Target

8,246  
UPL  
8,148  
Mean  
8,050  
LPL

### Actual Substantive Headcount (WTE)



### Improvement Actions

December 2022 – Our Essentials Support Service has been launched which provides practical help to staff with the cost-of-living constraints. A number of staff have come forward to take this up

December 2022 – Preparation has taken place for the second on-site financial expo in January 2023

December 2022 – The programme of staff rest rooms to be refurbished under the People Promise has been published

### Analytical Commentary

Variation is Common Cause

### Assurance Commentary

Substantive staff in post is 8,182 for December 2022, a decrease from November 2022 (8,229). Improving headcount performance requires vacancy reduction and turnover reduction to be achieved.

Recruitment trajectories for nursing across Medicine, Surgery, Midwifery and Paediatrics are in place and progress is reviewed monthly through the Performance Assurance Framework.

In addition, a Trust wide trajectory has been developed for our key clinical posts that span the next 2 years, inclusive of data relating to internal promotions, so that robust plans can be devised to reduce the vacancy gap.

Although there were fewer leavers in December, the number of new starters were not as previous levels. This is due to many new starters wishing to start in January and February.

Staff engagement is critical and 6 focussed priority actions from the NNUH People Promise continues to progress, as we seek to improve our staff experience of working at NNUH. The actions were identified in response to direct staff feedback which will make the biggest difference to them if delivered.

Progress continues against these priorities. Some actions at risk of delivery and these are being reviewed to remedy in a timely manner. These priorities will be further informed with the Staff Survey 2022 results.

# Vacancies

## Variance: Headcount (WTE)

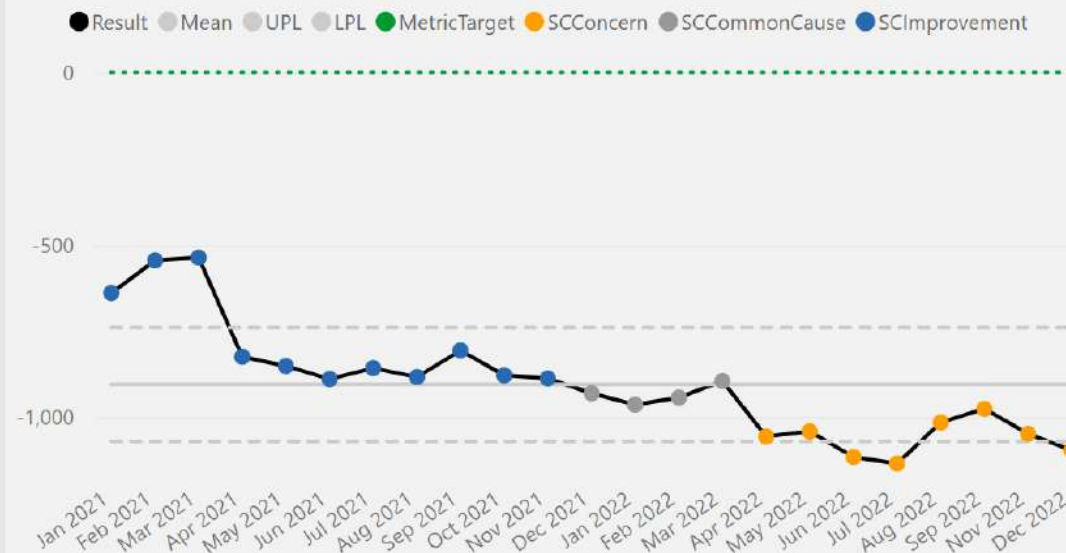
Dec 2022



### Analytical Commentary

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

## Variance: Headcount (WTE)



### Assurance Commentary

The Trust vacancy rate for December 2022 is 11.8% which is an increase from 11.3% in November. Based on the current vacancy rate, the Trust will need to recruit an additional 171 staff to bring the rate below the Trust target of 10%, provided no additional staff leave.

International RN recruitment via the IR Hub continues with 120 Nurses expected to arrive as part of the commitment to NHSEI by March 2023.

The opening window for career discussions for third year student nurses has commenced. Around 80 career discussions are due to take place in the coming months. These discussions determine suitability to work in a particular clinical area, in place of a more formal interview. The students will be graduating and starting in post between July and September 2023.

A new Divisional approach to advertising for Health Care Assistants is in operation. This limits the duplication of applicants for roles, streamlines shortlisting and interviewing time for line managers and improves the candidate journey by applying for their preferred area of work. Further events are planned for January and February.

Increased capacity for Corporate Induction for Health Care Assistants is in now in place, which will enable circa ten additional new starters to commence with the Trust each month, if the supply of candidates is available.

'Hard to fill' medical vacancies have been agreed to ensure the robust approach is taken to recruit to known posts.

Workforce planning has commenced with Divisions that will

### Improvement Actions

December 2022 - Recruitment action plans and trajectories continue to monitor the vacancy gap for entry level nursing workforce roles for Medicine, Surgery, Midwifery and Paediatrics, and healthcare assistants across Medicine and Surgery.

December 2022 - Summer 2023 FPQ recruitment is under way, managers are encouraged to complete career conversations with third year student nurses.

December 2022 - 22 new HCAs started in December. A further 47 candidates are either going through pre-employment checks or have a confirmed start date.



# Recruitment (Non-Medical)

## Time to Hire - Total

Dec 2022

Variation



Assurance



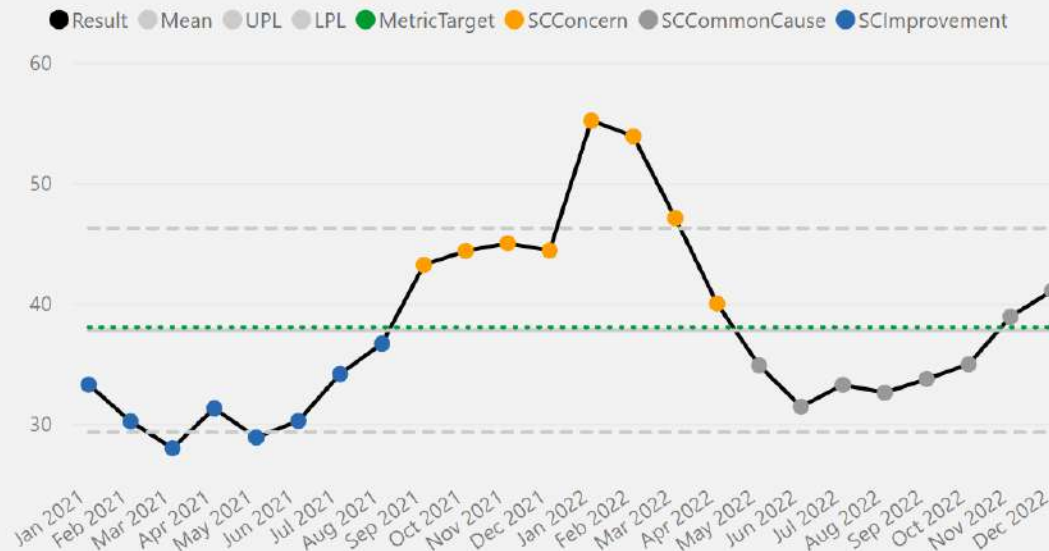
41.0  
Result  
38.0  
Target

46.2  
UPL  
37.7  
Mean  
29.3  
LPL

### Analytical Commentary

Variation is Common Cause

### Time to Hire - Total



### Assurance Commentary

The new time to hire metric was launched in November. The launch included tips to improve the time to hire to achieve a further reduction. The new reporting targets for TTH began in November 2022. This included:

- Revising the metric to be comparable to ICS Partners
- Moving from calendar days to working days
- Removing time to advert from the measure
- Time with manager changed from 10 calendar days to 10 working days
- Reducing time to offer from 5 calendar days to 2 working days
- Reducing the time to complete checks from 33 calendar days to 26 working days

The December Time to Hire was 41 working days. This is slightly above the new Trust KPI of 38 days. Time to Offer is at 4.4 working days, this is above the target. The average Time to Select was 13 working days. This is over the target time of 10 days. Due to the operational pressures within the Hospital, it is expected that time to select will continue to be over the targeted time. This is due to managers working clinically to

### Improvement Actions

December 2022 – 22 Health Care Assistants commenced their induction training

### Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Time to Hire - Time To Select	Dec 2022	12.4	⊖	No Target

## Job Plans Signed Off % (Within 12months)

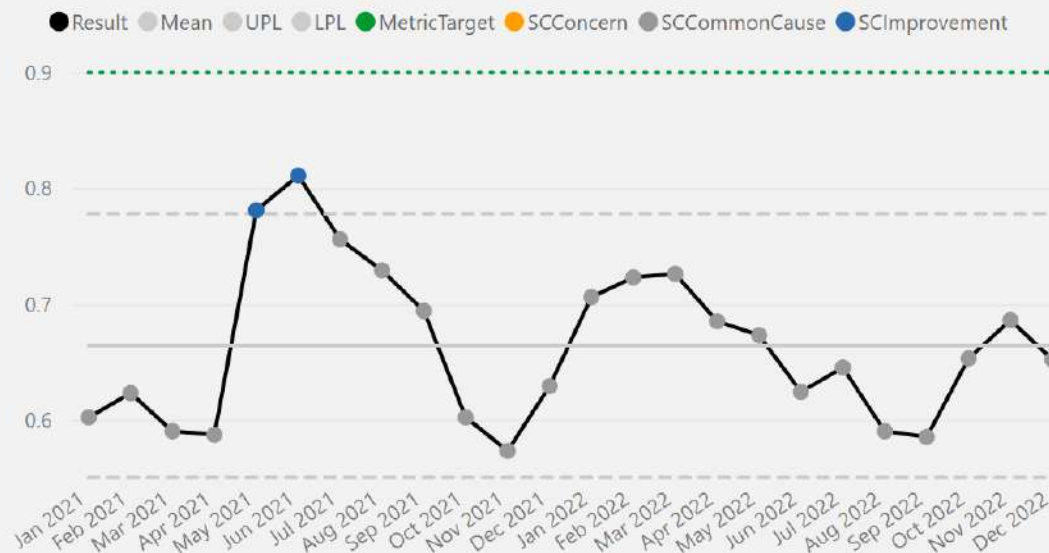
Dec 2022



### Analytical Commentary

Variation is Common Cause

### Job Plans Signed Off % (Within 12months)



### Assurance Commentary

Performance has decreased by 3.4% for December. Currently there are 20% in the discussion phase and 18% waiting to complete the sign off process.

The Job Plan Assurance Group, led by the Deputy Medical Director is about to review the job plans in discussion and contact individuals, whose job plans have been in discussion for some time to understand the reasons why and to consider the most appropriate action.

### Improvement Actions

To provide additional training and support to current resources within medical workforce who support the eJob plan system

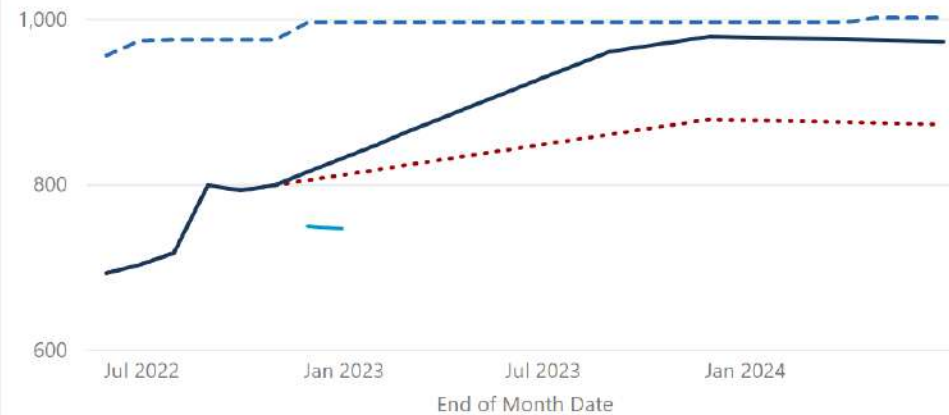
To prioritise starters, leavers and system access issues

To provide support to end users within the resources available

# Recruitment Trajectories

## Recruitment Trajectory - Trust Band 2 Healthcare Assistant

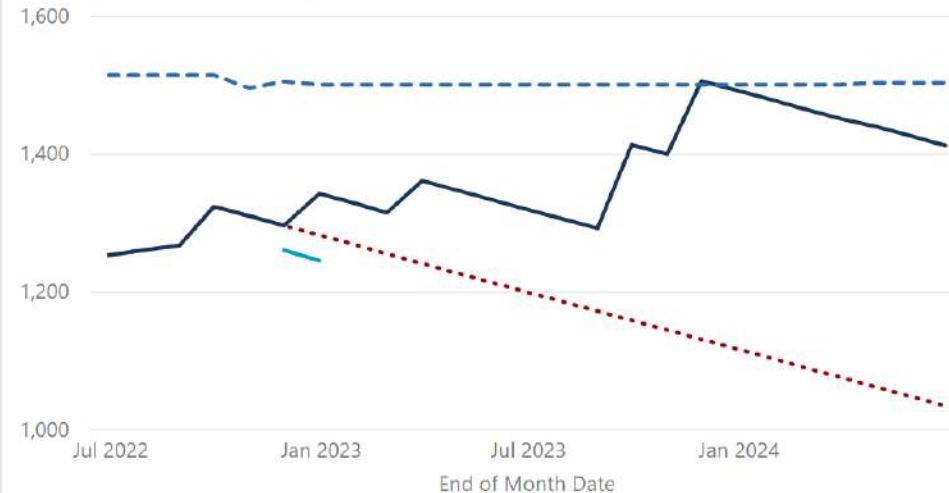
Metric ● Actual staff in post ● Anticipated Staff in post ● Planned Establishm... ● Staff in post (in...



Metric	May-22	Jun-22	Jul-22	Aug-22
Actual staff in post				
Anticipated Staff in post	692.30	702.20	716.57	798.41
Anticipated Vacancy %	27.5%	27.8%	26.4%	18.0%
Anticipated Vacancy % (increased capacity)	27.5%	27.8%	26.4%	18.0%
Increased Capacity				
Internal Promotions			0.87	0.87
Other Leavers	18.84	15.92	19.76	15.29
Planned Establishment	955.40	973.10	974.10	974.10
Planned Establishment %	00.0%	00.0%	00.0%	00.0%
Recruitment Activity			35.00	98.00
Staff in post (increased capacity)	692.30	702.20	716.57	798.41

## Recruitment Trajectory - Trust Band 5 Nurse

Metric ● Actual staff in post ● Anticipated Staff in post ● Anticipated Staff in ... ● Planned Establis...



Metric	May-22	Jun-22	Jul-22	Aug-22
Vacancy % (INR)		17.3%	16.8%	16.3%
Recruitment Activity		15.44	29.30	28.44
Promotions		8.66	8.66	8.66
Planned Establishment %			00.0%	00.0%
Planned Establishment		1,513.20	1,513.20	1,513.20
Leavers		13.00	13.00	13.00
Increased Capacity				
Anticipated Vacancy FTE (INR)		261.30	253.66	246.88
Anticipated Vacancy FTE		261.30	253.66	246.88
Anticipated Vacancy %		17.3%	16.8%	16.3%
Anticipated Staff in post (INR)		1,251.90	1,259.54	1,266.32
Anticipated Staff in post		1,251.90	1,259.54	1,266.32
Actual staff in post				

<b>REPORT TO TRUST BOARD</b>			
<b>Date</b>		Tuesday 7 <sup>th</sup> February 2023	
<b>Title</b>		Staff Experience - Priority Improvement Actions	
<b>Author &amp; Exec Lead</b>		Julia Buck, People Promise Manager (on behalf of) Paul Jones, Chief People Officer	
<b>Purpose</b>		For Information/Discussion	
<b>Relevant Strategic Commitment</b>	1 Together, we will develop services so that everyone has the best experience of care and treatment 2 Together, we will support each other to be the best we can be, to be valued and proud of our hospital for all. 3 Together, we will join up services to improve the health and wellbeing of our diverse communities 4 Together, we will provide nationally recognised, clinically led services that are high quality, safe and based on evidence and research 5 Together, we will use public money to maximum effect.		
<b>Are there any quality, operational, workforce and financial implications of the decision requested by this report? If so explain where these are/will be addressed.</b>	<b>Quality</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Improved patient care, via improved staff experience
	<b>Operational</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Improved service delivery and support to address waiting time
	<b>Workforce</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Improved staff experience and morale which will lead to a reduction in vacancies and improved retention
	<b>Financial</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reducing bank, agency and additional hours
<b>Identify which Committee/Board/Group has reviewed this document:</b>		<b>Outcome/decision/changes made:</b> Ongoing review. reported to Board to avoid delay.	
<b>1 Background/Context</b> 1.1 Following engagement with staff, six priority areas have been identified, which will make the biggest difference to them if delivered: <ul style="list-style-type: none"> <li>- Staff Shortages</li> <li>- Staff Facilities</li> <li>- Manager Support and Appreciation</li> <li>- Staff Wellbeing</li> <li>- Addressing Poor Behaviours</li> <li>- Flexible Working</li> </ul>			



The six priority areas have been widely communicated to highlight to staff the actions the Trust is committed to taking and how this links to our staff survey and NNUH People Promise commitments. This can be found at Appendix A for information.

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

2.1 The six priority areas contain twenty-four actions as part of our People Promise delivery plan. Work continues to ensure these are delivered within the anticipated timescale, with remedial actions in place where this has proven not possible. A RAG rated summary can be found at Appendix B.

2.2 Notable recent achievements include:

- Launch of an “Essentials Service” providing food and toiletry items to staff in need of support, as part of our commitment to providing practical cost of living support to staff under staff wellbeing.
- A second on-site Expo event, to support cost of living was held on 11<sup>th</sup> January 2023, enabling staff to access a range of benefit providers and organisations offering assistance
- Publication of the programme of staff rest areas to be refurbished by end March 2022, with photographs of those already completed
- Infographic posters and table-toppers showing areas of progress against the 6 x people promise commitments, distributed to staff areas
- Funding awarded as part of the People Promise Exemplar programme to further develop our Cultural Leadership Programme and are working with the nominated facilitators to consider how this can be best used
- Retention – our turnover rate continues to show encouraging signs of decreasing, with improvements in each of the last three months. November 2022, monthly turnover rate is 0.9% which is lower than October 2022 (1.1%) and lower than November 2021 (1.0%). This are the lowest monthly rates since February 2022. There has been a slight increase in December to 1.0%.
- Our Stay/Exit conversations are beginning to provide rich data for reasons for leaving, with the top three reasons being promotion opportunities, travel to work and relationships with the ward/department
- The Travel to Work staff consultation has closed, with 147 responses received.
- Confirmation of ICS funded menopause training, via Henpicked, to support raising awareness of menopause to commence in the Spring, to help embed our Menopause Policy agreed earlier in 2022.

### 2.3 Recruitment

The new Time to Hire target of 38 working days has been agreed. The month of December, achieved 41 days.

Time to Offer was 4.1 working days which is above the target of 2 working days, however, this does include recruitment which started prior to the change in reporting metrics from November.

The average Time to select was 13 working days. This is slightly over target of 10 days, but with current operational pressures, this is an achievement by our Recruiting Managers. Due to the operational pressures within the Hospital, it is expected that time to select will continue to be over the targeted time. This is due to managers working clinically to assist with safe staffing levels.

The Trust vacancy rate peaked at 12.3% in July 2022, but has now reduced to 9.1% in November 2022. If the Trust maintains current vacancy rate, we will need to recruit an additional 53.3 staff to bring this rate below 10% overall, provided no additional staff leave, beyond predicted turnover rates. The current trajectory will achieve a 9% vacancy by end March 2023. However, it is vital for us to maintain focus on retention alongside recruitment.

We have committed to recruiting a further 60 colleagues from the global health workforce, via the Norfolk and Waveney International Recruitment Hub by March 2023 this will reduce the vacancy rate for registered nurses to 9.3% by March 2023 and provided the number of newly qualified nurses we hire, matches our predictions (with a stretch target of 135), this will result in the vacancy rate reducing further to 5.8% by September 2023.

Divisional HCA recruitment events continue, with 20-25 candidates successful at interview each month. The number of applicants and appointed candidates for HCA roles has declined in recent months, which may suggest an increasingly competitive recruitment market. However, it is vital that we maintain additional capacity for 40 induction spaces per month beyond April 2023 to enable us to bring down the substantive HCA vacancy rate. The target of 5% is considered as being at significant risk for this group.

#### 2.4 Retention

Retention remains an area of key focus. Annualised turnover has declined consecutively in the last 5 months following a peak at 15.1% in July 2022 but remains high at 13.9% (December 2022). For December 2022, annualised turnover has decreased for all Divisions but increased for corporate departments.

In order to reduce turnover to 10% per annum, a monthly turnover rate of 0.83% needs to be achieved and maintained (approx. 58 leavers per month) and the current trajectory is for this to be achieved by September 2023. Processes continue to be in place to monitor turnover and deliver actions through our Retention Board. This structure has ensured delivery of a number of actions under each of the retention pillars, but progress has slowed over the last few months due to operational pressures and difficulty with line Managers attending.

The Retention Board has reviewed the most recent data from the Stay/Exit Interviews which indicates the top reasons for leaving are promotion opportunities; travel to work; and relationships with the ward/department. A set of high-impact retention actions has been developed. These are being discussed with colleagues at the Staff Council, JSCC and HMB for final agreement.

#### 2.5 NNUH Leadership Standards and Licence to Lead

The development of NNUH Leadership Standards was a priority action, originally anticipated to be completed by July 2022. As previously reported, wide stakeholder engagement is vital to ensure the standards are reflective of staff voice in addressing poor behaviours whilst meeting the needs of our managers and considering how they will be embedded within our processes. This has been ongoing through October-December 2022, completing at the end of January 2023. All feedback will be collated, for presentation of a final version to HMB in March 2023.

Providing managers with the skills and confidence plays a critical part in day-to-day staff experience and developing the culture of the organisation. Our target was for 500 managers to complete our Licence to Lead programme by end March 2023 and as of end December, 183 managers have completed their licence, with a further 600 colleagues achieving over 60% of their licence. Divisions will be provided with reports for the managers

who have completed all of the classroom elements and may therefore be in a position to more easily complete by end March, and our target of 500 will be met if the on-line sessions are undertaken.

### 2.6 Staff Facilities and Travel to Work

The staff consultation closed at the end of November 2022, with 147 responses received. These are being reviewed to see which aspects may be able to be taken forward. Work is ongoing with Bullens to identify additional car parking capacity. This work will have a major impact on the final proposals and is anticipated to be completed during the second week of January. A communications plan can then be agreed regarding the implementation of any agreed additional capacity and processes to review current Parking permits.

### 2.7 Flexible Working

The flexibilities offered within the NHS Pension Scheme continue to be a key area of focus. A programme of pensions seminars are available for staff from January-March, covering the following topics:

- Understanding the value of the NHS pension scheme
- Using your NHS Pension benefits to work flexibly
- Pension Tax and Annual Allowance
- Pension Tax and Lifetime Allowance
- One to one pension surgery – bring your questions to an experienced NHS Pensions Officer

These have been advertised via the Daily Bulletin, staff Facebook page and via HR Business Partners.

The HR intranet pages have also been updated with retirement/pensions information to reflect the continuation of the suspension of the following Pension Scheme Rules that were brought in during Covid.

A further consultation has commenced to consider these arrangements for the longer term and whether draw-down options and other flexibilities available within the 2008/2015 scheme can be extended to the 1998 scheme, with the outcome anticipated by March 2023.

## **3 Conclusions/Outcome/Next steps**

- 3.1 Of the 24 actions, 13 have been completed, with 6 considered as behind schedule (communication of revised travel to work options, Dignity at Work policy revisions, Leadership Standards, 50% reduction of “in shift” moves, 10% turnover and 20% reduction in sickness triggers). The PDR target date has already had an adjustment agreed to end Feb 2023 and the Flexible Working metrics work is likely to be delayed due to recruitment difficulties. As set out above, the importance of wide engagement in the development of the Leadership Standards is recognised and the implementation date has been adjusted accordingly. All other actions are longer term, to end of March 23.

- 3.2 As we receive our 2022 staff survey results over the coming weeks, we will take the opportunity to review our progress and consider our priority actions for the year, with updated communications to staff and engagement via staff networks, JSCC and Staff Council.
- 3.3 Operational pressures, meaning that managers are required to work clinically, should be noted as a significant risk to delivery across a number of workstreams as Divisional Teams are essential to cascade and embed changes.

**Recommendations:** The Board is recommended to:

- **Note** the progress of the priority workstreams
- **Note** the extension of the target date for 5.3 to 31st March 2023
- **Note** the risks to maintaining traction, whilst the organisation is working under continuing operational pressure

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

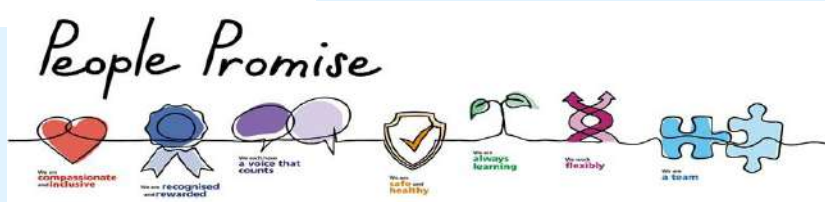


Your concerns:	What we will do:	What you will see:
<b>1. Staff shortages</b> Owner: Paul Jones, Chief People Officer	<ul style="list-style-type: none"> <li>Reduce our overall vacancies</li> <li>Reduce the timescale between applying for a role and joining us</li> <li>Do more to help retain current staff</li> <li>Reduce short-term absences.</li> </ul>	<b>More staff on our wards and at work by:</b> <ul style="list-style-type: none"> <li>Reducing overall vacancies to 10% and key clinical roles to 5% (March 2023)</li> <li>Achieving an average of 55 days from placing job ad to completing employment checks (June 2022)</li> <li>Reducing staff turnover to under 10% (end March 2023)</li> <li>20% reduction in staff absence triggers, as set out in the Attendance Policy (end March 2023).</li> </ul>
<b>2. Staff facilities</b> Owner: Simon Hackwell, Director of Estates and Strategy	<ul style="list-style-type: none"> <li>Improve facilities</li> <li>Offer revised travel to work options.</li> </ul>	<b>Improved and refurbished staff facilities by:</b> <ul style="list-style-type: none"> <li>Agreed refurbishments/improvement plan (July 2022)</li> <li>Refurbishment programme communicated (August 2022)</li> <li>Revised travel to work options and parking offering published (September 2022)</li> <li>Implementation of the updated travel options (March 2023).</li> </ul>
<b>3. Manager support and appreciation</b> Owner: Chris Cobb, Chief Operating Officer	<ul style="list-style-type: none"> <li>Ensure leaders are more visible across Trust</li> <li>Implement a new approach to Personal Development Reviews (PDRs)</li> <li>Ensure uptake of "Licence to Lead" by line managers.</li> </ul>	<b>Greater visibility and support from management teams by:</b> <ul style="list-style-type: none"> <li>A monthly programme of senior management visits to ward and specialty areas (from June 2022)</li> <li>Meaningful PDR discussion with your line manager (90% of staff by end September 2022)</li> <li>A minimum of 500-line managers complete "Licence to Lead" (March 2023).</li> </ul>
<b>4. Staff Wellbeing</b> Owner: Nancy Fontaine, Chief Nurse	<ul style="list-style-type: none"> <li>Better support wellbeing at work to help address burnout</li> <li>Offer support and information to help with cost-of-living pressures</li> <li>Take action to minimise "in shift" staff moves.</li> </ul>	<b>Increased support for your wellbeing by:</b> <ul style="list-style-type: none"> <li>A wellbeing conversation as part of your PDR (90% by end September 2022)</li> <li>Schwartz Rounds reintroduced, increase Professional Nurse Advocate and Professional Midwifery Advocate roles and promotion of other wellbeing support (end September 2022)</li> <li>A monthly programme of "Rest &amp; Restore" days (ongoing to March 2023)</li> <li>Practical cost-of-living support and information (June 2022)</li> <li>50% reduction of "in shift" moves reported through E-Roster (October 2022).</li> </ul>
<b>5. Addressing poor behaviours</b> Owner: Erika Denton, Medical Director	<ul style="list-style-type: none"> <li>Address poor behaviours from staff and managers</li> <li>Address poor behaviours from service users.</li> </ul>	<b>Poor behaviours by patients and staff being addressed by:</b> <ul style="list-style-type: none"> <li>Agreed divisional actions for areas reporting high incidence of bullying or feeling unable to speak up in the Staff Survey (June 2022)</li> <li>A revised Dignity at Work policy (September 2022)</li> <li>Implementing new NNUH Leadership Standards making the expectations of all leaders clear (July 2022)</li> <li>"No excuse for abuse" campaign launched (June 2022)</li> </ul>

		<ul style="list-style-type: none"> <li>Protocol to withdraw patient care where behaviour is unacceptable (July 2022).</li> </ul>
<b>6. Flexible working</b> Owner: Paul Jones, Chief People Officer and NNUH Wellbeing Guardian	<ul style="list-style-type: none"> <li>Improve access to flexible working for existing and new staff.</li> </ul>	<ul style="list-style-type: none"> <li><b>Improved access to and equity of decisions about flexible working by:</b> <ul style="list-style-type: none"> <li>At least 25% of job ads include options for flexible working (June 2022)</li> <li>Introducing divisional oversight for approving flexible work requests to ensure greater equity (September 2022)</li> <li>Organisational measures to monitor progress, with flexible working patterns recorded on E-roster (October 2022).</li> </ul> </li> </ul>



## Appendix B



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

Project Plan							
No.	Key Description	Milestone	Owner	Associated Actions	Due Date	Task Status	Baseline/ Progress update
1	<b>Staff Shortages</b> <ul style="list-style-type: none"> <li>Reduce our overall vacancies</li> <li>Reduce the timescale between applying for a role and joining us</li> <li>Do more to help retain current staff</li> <li>Reduce short-term absences.</li> </ul>		Paul Jones	Actions required to complete this milestone: 4		0	
				1.1 Reducing overall vacancies to 10% and key clinical roles to 5% (March 2023)	31/03/2023	On schedule	Overall target of 10% is on target, however 5% is at significant risk for HCAs.
				1.2 Achieving an average of 55 days from placing job ad to completing employment checks (June 2022)	30/06/2022	Complete	55 days met in June. Revisions to process have now set a 38-day average TTH, commencing Dec 22
				1.3 Reducing staff turnover to under 10% (end March 2023)	31/03/2023	Unlikely to meet schedule	Four retention workstreams underway. Focus in supporting HCA new starters, implementation of Stay Conversations and making it easier for staff to move internally. Current trajectory is to achieve 10% by Sept 23
				1.4 20% reduction in staff absence triggers, as set out in the Attendance Policy (end March 2023)	31/03/2023	Unlikely to meet schedule	Divisional data being shared via HRBPs to enable plans/governance to be agreed

2	<b>Staff Facilities</b> <ul style="list-style-type: none"> <li>Improve facilities</li> <li>Offer revised travel to work options.</li> </ul>	Simon Hackwell	Actions required to complete this milestone: 4			0	
			2.1	Agreed refurbishments/improvement plan (July 2022)	31/07/2022	Complete	Prioritised schedule of areas for refurbishment has been agreed.
			2.2	Refurbishment programme communicated (August 2022)	31/08/2022	Complete	Schedule of planned refurbishments published November 22, with photographs of completed areas
			2.3	Revised travel to work options and parking offering published (September 2022)	30/09/2022	Behind schedule	Travel to work consultation closed end November. Additional capacity still being finalised.
			2.4	Implementation of the updated travel options (March 2023)	31/03/2023	On schedule	Anticipated to be communicated to staff mid-January 2023, with implementation from April onwards.
3	<b>Manager support and appreciation</b> <ul style="list-style-type: none"> <li>Ensure leaders are more visible across Trust</li> <li>Implement a new approach to Personal Development Reviews (PDRs)</li> <li>Ensure uptake of "Licence to Lead" by line managers.</li> </ul>	Chris Cobb	Actions required to complete this milestone: 3			0	
			3.1	A monthly programme of senior management visits to ward and specialty areas (from June 2022)	30/06/2022	Complete	Schedule populated and diarised to cover all areas to March 2023, increasing to weekly over winter period
			3.2	Meaningful PDR discussion with your line manager (90% of staff by end September 2022)	28/02/2023	On schedule	Target has been amended to end Feb 23 as a supportive measure for line managers over the winter period
			3.3	A minimum of 500 line managers complete "Licence to Lead" (March 2023)	31/03/2023	On schedule	183 managers completed as of end December 2022. A further 600 have completed at least 60% of their Licence.
4	<b>Staff Wellbeing</b> <ul style="list-style-type: none"> <li>Better support</li> </ul>	Nancy Fontaine	Actions required to complete this milestone: 5			0	



	wellbeing at work to help address burnout • Offer support and information to help with cost-of-living pressures • Take action to minimise “in shift” staff moves.		4.1	A wellbeing conversation included as part of your PDR (90% by end September 2022)	30/09/2022	Complete	The action for wellbeing to be included as part of PDR is complete and embedded as part of the new process. The PDR completion is measured separately.
			4.2	Schwartz Rounds reintroduced, increase Professional Nurse Advocate and Professional Midwifery Advocate roles and promotion of other wellbeing support (September 2022)	30/09/2022	Complete	Schwartz Rounds programme launching Jan 23. 11 PNAs being trained, due to complete Jan/Feb 23 which will increase numbers from 19 to 30.
			4.3	A monthly programme of “Rest & Restore” days (ongoing to March 2023)	31/03/2023	Complete	Funding approved for programme to end of March 23. Additional “Winter Wellbeing” programme in place Dec- Mar 23.
			4.4	Practical cost-of-living support and information (June 2022)	30/06/2022	Complete	“Caring for you, caring for your finances Booklet published electronically and hard copy. Expo event held Aug 22, further event planned 11 <sup>th</sup> Jan 23
			4.5	50% reduction of “in shift” moves reported through E-Roster (October 2022)	31/10/2022	Behind schedule	Progress continues; however, October improvement was less than in the previous three months. A further update will be provided in next month’s report.
5	<b>Addressing Poor Behaviours</b> • Address poor behaviours from staff and managers • Address poor behaviours from service users.	Erika Denton	Actions required to complete this milestone: 5			0	
			5.1	Agreed divisional actions for areas reporting high incidence of bullying or feeling unable to speak up in the Staff Survey (June 2022)	30/06/2022	Complete	Each area has identified a range of interventions appropriate to their area. HRBPs to ensure divisional governance is in place to monitor delivery.
			5.2	A revised Dignity at Work policy (September 2022)	30/09/2022	Behind schedule	Policy drafted and scheduled for consultation via JSCC and Staff

						Council Jan 23 to go to PACS Feb 23 for launch	
			5.3	Implementing new NNUH Leadership Standards making the expectations of all leaders clear (July 2022)	31/03/23	Behind schedule	Draft standards have been discussed at JSCC and Staff Council, currently engaging with Staff Networks and a line manager focus group to fully socialise the content. Revised date of April 2023 for implementation.
			5.4	"No excuse for abuse" campaign launched (June 2022)	30/06/2022	Complete	Campaign launched and posters distributed.
			5.5	Protocol to withdraw patient care where behaviour is unacceptable (July 2022)	31/07/2022	Complete	Following launch of protocol, line manager training is being scoped to enable appropriate support to staff when faced with such situations.

6	<b>Flexible Working</b> • Improve access to flexible working for existing and new staff.	Paul Jones/ Wellbeing Guardian	Actions required to complete this milestone: 3			0	
			6.1	At least 25% of job ads include options for flexible working (June 2022)	30/06/2022	<b>Complete</b>	TRAC template now includes standard wording to encourage applications on a flexible basis, together with modifications to interview templates and recruitment request forms
			6.2	Introducing divisional oversight for approving flexible work requests to ensure greater equity (September 2022)	30/09/2022	<b>Complete</b>	Flexible working policy approved September 2022. Launch during Flex October, with comms and line manager training
			6.3	Organisational measures to monitor progress, with flexible working patterns recorded on E-roster (October 2022)	31/03/23	<b>Behind schedule</b>	Difficulties in recruiting to the role have led to delays. 2 <sup>nd</sup> advert closes 5/1/23 and work will commence as soon as possible to engage with wards to capture flexible working information.

## REPORT TO TRUST BOARD

Date	1 February 2023
Title	Chair's key Issues report from Quality and Safety Committee Meeting on 24.01.23
Lead	Dr Pam Chrispin – Non-Executive Director (Committee Chair)
Purpose	For information and agreement

The Quality and Safety Committee met on 24 January 2023. Papers for the meeting were made available to all Board members for information in the usual way via Admin Control. The meeting was quorate and it was attended by Jackie Hammond (as Governor Observer) and Rosemary Moore (Patient Panel).

In addition to consideration of the usual suite of information and reports concerning quality and safety in the Trust, the Committee received a series of reports in accordance with its Work Programme and relating to the Trust's annual priorities – in particular, improving ambulance handovers, delivering planned care targets and continuing our quality improvement journey. The following matters were identified to highlight to the Board:

1	<p>Divisional focus – Medical Division: inc</p> <ul style="list-style-type: none"> <li>- Hip Fracture pathway</li> <li>- Neuroscience Strategy Implementation</li> <li>- CQC inspection</li> </ul>	<p>As part of its regular cycle of divisional reviews, the Committee received a report and presentation from the Division of Medicine with focus on i) emergency flow, ii) Neurosciences &amp; iii) hip fracture pathway.</p> <p>The pathway of care for typically elderly patients with fractured neck of femur was severely disrupted through the pandemic and periods of operational escalation, such that patients could not be treated by specialist staff on the specialist ward. It will require ongoing focus to ensure that these patients are able to receive the specialist care and rehabilitation that they require but the Committee was assured that progress is being made.</p> <p>The Committee received an update on the care of stroke patients as summarised in the Sentinel Stroke National Audit Programme (SSNAP) data. Improvements are being made but this is another example of a care pathway adversely impacted by delays in the emergency care system – for example where time to initiation of thrombolysis may be prolonged by delays in ambulance availability and offload. The Division is now hoping to be in a position to initiate mechanical thrombectomy from April 2024. This will be a clinical, educational, financial and practical challenge but will deliver a major advance in reducing stroke morbidity and mortality.</p> <p>It is obvious that the Medical Division has been hugely challenged through operational pressures, evident in the ongoing use of escalation beds and additional beds on wards. The Committee discussed that the emergency pathway has recently been inspected by the CQC and the Committee discussed the need for relief of these pressures to be a priority for the whole health system if the position for patients and staff is to be improved. In the meantime, the Committee expressed its thanks to all the staff who are delivering the best care possible in such difficult circumstances.</p>
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2	Waiting Time Harm Review Group	<p>The Committee received an update with regard to processes to review the position of patients waiting for planned care. The intention is to ensure that patients are reviewed and prioritised by their clinical teams in accordance with clinical need and the ICS Clinical Harm Review and Prioritisation Policy. The Committee was informed that all services have now been reviewed at least once.</p> <p>The evident risk of patients coming to harm whilst waiting is one that is facing all Trusts and has been taken into account by our Board in deciding to maintain the ring-fencing of elective beds – balancing the risks to patients on waiting lists with those of patients in the emergency pathway. The Committee was informed that there has been excellent clinical engagement with the review process, which has recently been presented to the CQC and has been used as an exemplar for other Trusts.</p>
3	Maternity (bimonthly update)	The Committee received its regular bi-monthly report in accordance with the Ockenden Recommendations and considered learning from incident reporting in Obstetrics. The relevant report is available to Board Members in the Resource Centre.
4	Mortality (action 22/153)  SHMI = Standardised Hospital Mortality Indicator	<p>The Committee received a further update on standardised mortality reporting, as previously discussed. There has been national discussion about mortality rates and it is apparent that the position has been significantly impacted by the pandemic, not least the disruption to primary and chronic care pathways. Attempting to untangle this is highly complex however the Committee heard that three notable factors in the Trust's reported mortality position have been identified i) data quality, ii) high palliative care activity and iii) Same Day Emergency Care (SDEC) pilot status. The first two of these have been discussed previously – but the third concerns the Trust's inclusion in a SDEC pilot.</p> <p>NHS Digital has acknowledged that several Trusts who are engaged in the SDEC pilot have noticed a negative impact on their SHMI value. This is apparently because SHMI is calculated using the Admitted Patient Care (APC) dataset, whereas the SDEC activity has been removed from the APC and is within Emergency Care Data Set (ECDS), which is not part of the SHMI calculation. NHS digital are planning to make changes to mortality reporting as a result, not least to add a list of all Trusts participating in the SDEC pilot together with an explanatory 'data quality note'.</p> <p>Despite the obvious complications around mortality reporting, the Committee was assured that there are robust processes for learning from deaths in the Trust. The regional team are intending to carry out a routine review of the Medical Examiner service in the Trust, which will provide additional external assurance. At its next meeting the Committee is scheduled to continue its scrutiny of this area, with a review of processes for learning from deaths relevant to patients with learning difficulties.</p>
5	Safer Staffing (nursing)	The Committee received a regular report regarding 'safer staffing'. It is recognised that considerable efforts are being made to improve the experience of staff in the Trust, particularly those working on the wards. The Committee was however concerned by trends in Safer Staffing and particularly retention of healthcare support workers. These are very challenging roles but they are essential and it appears that we are at risk of further shortages in future.
6	Patient Safety Strategy Update	Looking ahead - Horizon scanning – the changes to incident management processes to comply with the new national Patient Safety and Incident Reporting Framework is requiring a huge amount of work and the implementation date has been slipped nationally.
7	Quality Strategy – term to be extended to March 2025	The Board has an agreed Quality Strategy (2019 – 2023). The aim of the strategy was to implement a series of quality improvements across domains of patient safety, clinical effectiveness and the experience of those who use our services. A significant part of the term of that Strategy has however been predominated by the urgent priorities of pandemic response and recovery. It has therefore not been possible to make the intended progress in implementing the Strategy and extension by a further 2 years was requested to enable that ground to be recovered. The extended term will also

	<p>allow a revised Strategy to be developed consistent with the national Patient Safety Strategy and work currently underway in the ICS to establish quality priorities.</p> <p>The Committee was keen to ensure that there is ongoing scrutiny of implementation of the Trust Strategy but noted the rationale for extension and that the Committee and Board will be engaged in establishing the annual Quality Priorities. In the circumstances, the Committee <b>agreed to recommend</b> that the Board should extend the term of the Quality Strategy to March 2025, with a revised Strategy to be developed sooner if this is possible. The Committee requested a progress report once the ICS has completed its work on setting Quality Priorities and noted that the Committee and Board should be engaged in setting the Trust's annual Quality Priorities for 2023/24 and 2024/25.</p>
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**Conclusions/Outcome/Next steps:** The next Committee meeting is scheduled for 21 February 2023 and will consider – Q&S performance in Division of Women & Children, CQC follow-up actions, governance processes around Heated Intraperitoneal Chemotherapy (HIPEC) and the Committee's annual review.

**Recommendations:** The Board is recommended to:

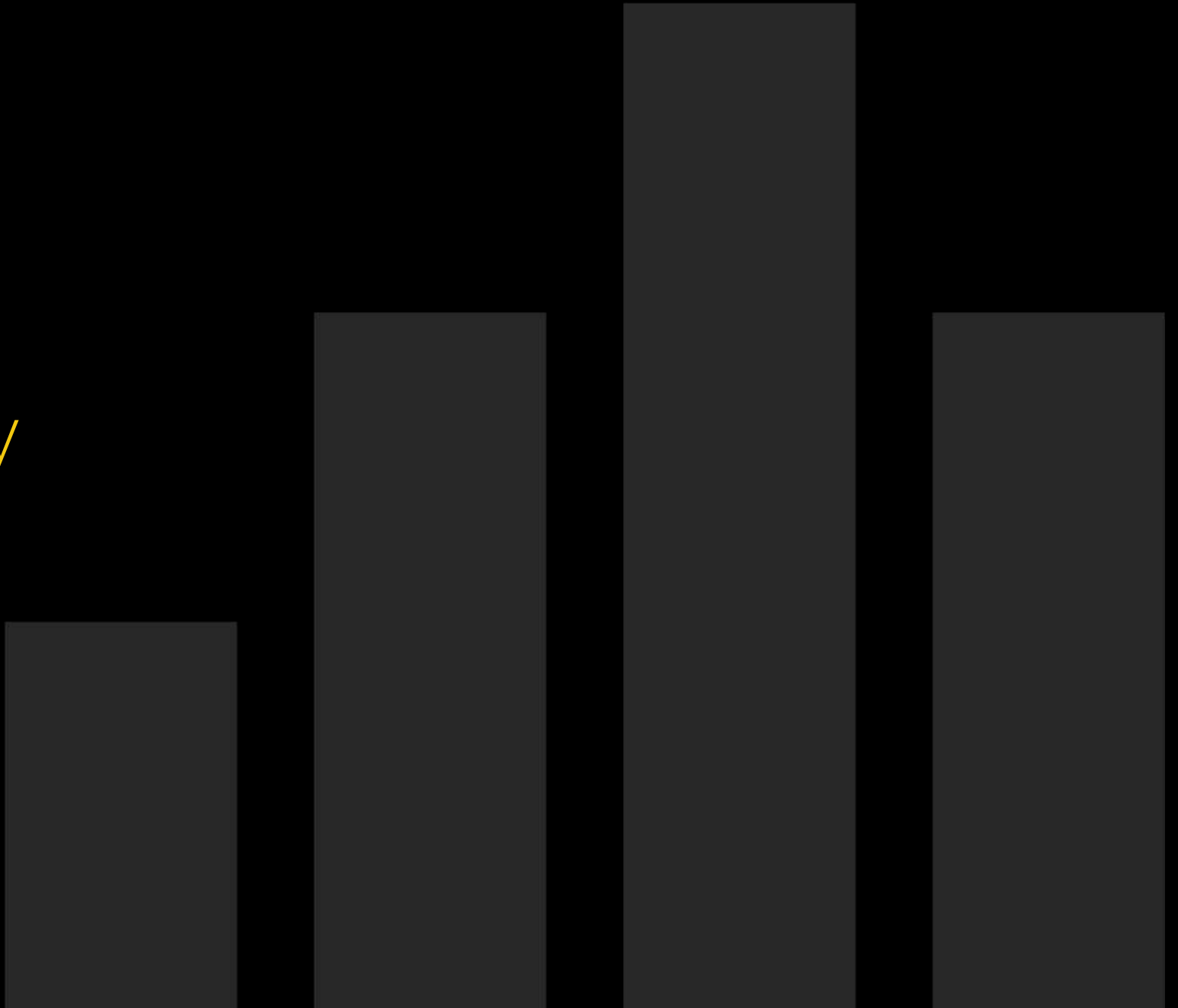
- **note** the work of its Quality & Safety Committee and
- **confirm** extension of the term for the Quality Strategy to March 2025, with interim consideration by the Committee of progress and the annual Quality Priorities.

# Quality & Safety

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# Quality Summary

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

Topic	Metric Name	Date	Result	Variation	Assurance
Children & Midwifery Safeguarding	Safeguarding Children and Midwifery	Dec 2022	4	 Improvement (Low)	No Target
Children & Midwifery Safeguarding	Safeguarding Midwifery	Dec 2022	2	 Improvement (Low)	No Target
Complaints	Complaints - Acknowledgement	Dec 2022	91%	 Concern (Low)	 Unreliable
Maternity: Mothers	1:1 Care in Labour	Dec 2022	98.6%	 Concern (Low)	No Target
Nutrition and Hydration (AIMS)	Nutrition and Hydration (AIMS)	Dec 2022	89.2%	 Improvement (High)	No Target
Patient Concerns	PALS % Closed within 48 hours - Trust	Dec 2022	28.7%	 Concern (Low)	No Target
Patient Observation and Escalation (AIMS)	Patient Observation and Escalation (AIMS)	Dec 2022	89.4%	 Improvement (High)	No Target
Patient Safety	Incidents	Dec 2022	1,951	 Improvement (Low)	No Target
Pressure Ulcers (AIMS)	Pressure Ulcers (AIMS)	Dec 2022	84.7%	 Improvement (High)	No Target
Safer Staffing	Safe Staffing Care Hours Per Patient Per Day	Dec 2022	6.3	 Concern (Low)	No Target
Saving Babies Lives	SGA detected Antenatally	Dec 2022	133%	 Improvement (High)	No Target

## SPC Variation Icons

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



## SPC Assurance Icons

Capable    Not capable    Unreliable



Serious Incidents

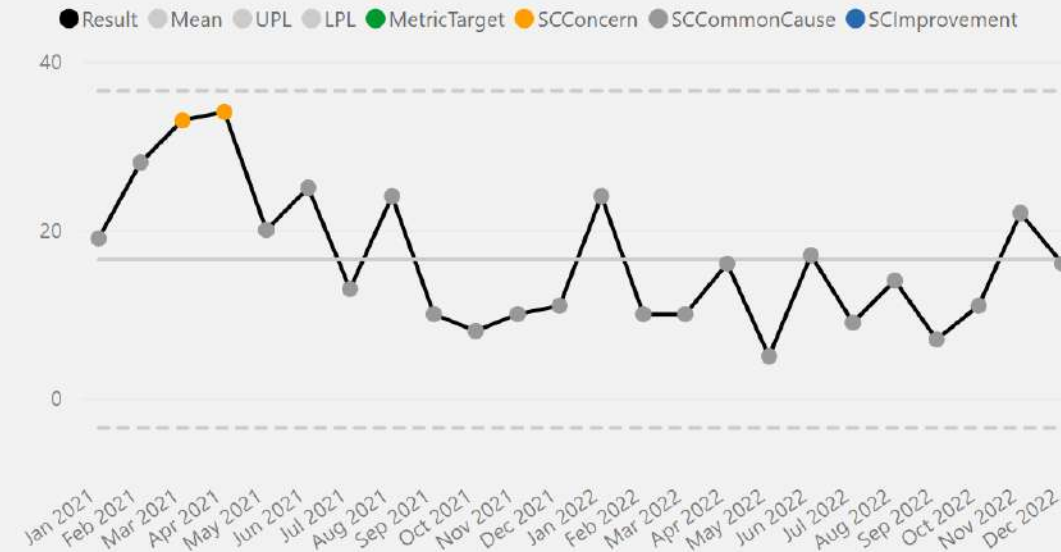
Dec 2022



Analytical Commentary

Variation is Common Cause

Serious Incidents



Assurance Commentary

The number of serious incidents reported each month continues to fall between the expected range of 0 and 37, with 16 reported in December. The wide variation is due to the high number of incidents between December 2020 and June 2021 when we were reporting ambulance handover delays as SIs. 16 SI s reported on December include, 1 child death ( following transfer from another hospital) 3 patient falls, 3 suboptimal care, 1 surgical incident, 2 treatment delays, 2HCAI ward closures, and 3 COVID deaths reported retrospectively as per the Responding Proportionately to Hospital Onset Covid infections.

Improvement Actions

The Serious Incident Group (SIG) meets daily to discuss incidents in a supportive environment, promoting psychological safety to reinforce a just and learning culture.

The falls QI programme aims to reduce the number of falls causing serious harm which make up 25% of SIs since January 2022.

Governance teams continue to support Duty of Candour (DoC) compliance.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Duty of Candour Compliance	Dec 2022	90%	Common Cause	Unreliable
Incidents	Dec 2022	1,951	Improvement (Low)	No Target



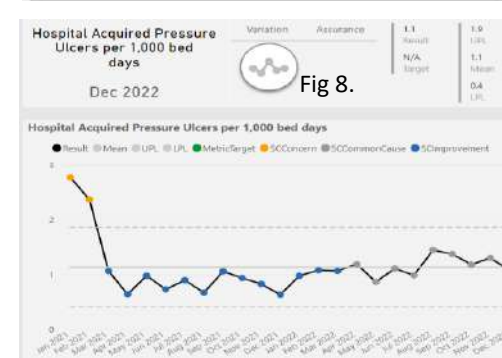
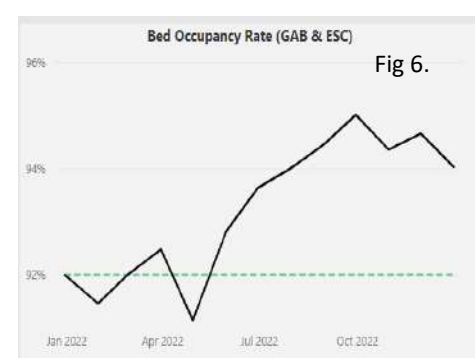
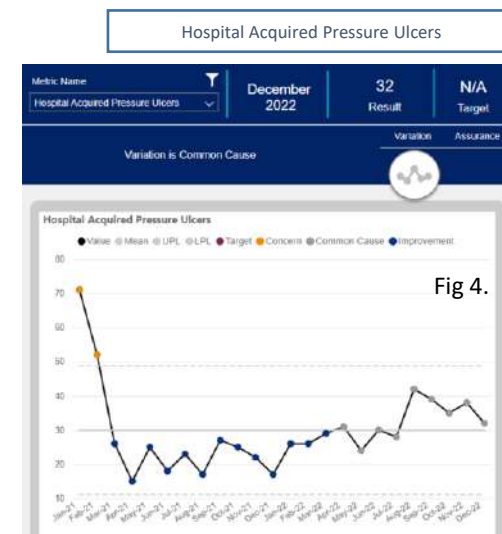


Fig 1 Our Trust-wide falls data is showing predictable variation between 152 and 301 falls per month . Since December 2021\* the number of falls has been above the mean, and was demonstrating a reducing trend , since August however the number of falls have reverted to being above the mean. Bed occupancy remains high with 97 escalation beds in use in November. Rate of patient falls causing moderate harm and above a rate between 0 and 0.3. (Between 0 and 10 per month, mean of 4) The rate of falls chart has changed following a data quality check, however the data continues to show common cause variation and no signals of improvement or deterioration.

To manage unprecedented increase in emergency admissions and in response to 3rd wave of Covid the Trust had to make the very difficult decision to increase the 6 bedded bays to take a 7th patient on 30/12/2021. **Risk No: 1856** - Additional patients in the 6 bedded bays or twin bedded rooms

You can also see from the Safe Staffing Fill Rates ( fig 2) that this date also correlates with the special cause reduction in safer staffing levels. Since September 2021 there is also a special cause of concern for Care Hours Per patient Day ( Fig 3.) **Risk No: 886**: Ability to meet safer staffing levels

The number of HAPU was showing a sustained reduction below the mean between March 2021 and July 2022 , since August of this year the numbers have been above the mean of 31.(Fig 4.) Staffing remains a significant challenge, coupled with the increase of our bed base to accommodate our emergency admissions are contributory factors affecting the increased number of patient falls. However, despite the staffing constraints and the increased beds and high bed occupancy (Fig 6) , the rate of falls per 1000 bed days causing moderate harm or above continue to be predictable between 0 and 0.2.(Fig 4.) Similarly the rate of HAPU per 100 bed days remains within the predicted range of between 0.3 and 2.1.(Fig 7)

# Pressure Ulcers

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

Dec 2022

Variation

Assurance



1.1

Result

N/A

Target

1.9

UPL

1.1

Mean

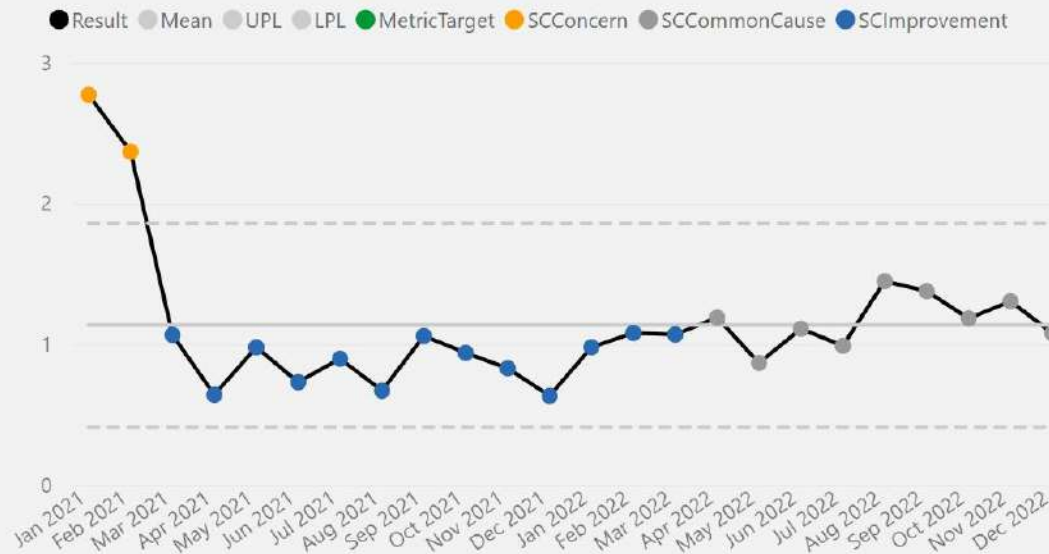
0.4

LPL

### Analytical Commentary

Variation is Common Cause

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



### Assurance Commentary

The rate of Category 2- 4 Hospital Acquired Pressures Ulcers (HAPU) is within expected limits of between 0.4 and 1.9 per 1000 bed days . IN terms of number of HAPU, this equates to between 12 and 50 per month with a mean of 21 . In December there were 32 Cat 2-4 HAPU. There was a sustained reduction in the numbers of HAPU between March 2021 – July 2022,however in the last 5 months the numbers have been above the mean and is also reflected in the rate of HAPU per 1000 bed days.

### Improvement Actions

HCA training sessions were run in November to support equipment identification, pressure area care and reporting.

Refreshed and updated mandatory E-learning for all staff has been completed along with Tissue Viability input on new staff induction days. There is to be a refreshed communication plan and education focus for embedding Purpose T across all wards.

Tissue Viability Service are looking at some project work with EEAST and NNUH ED department around use of equipment for patients on trolleys including a quick skin check at point of ambulance arrival to the Trust.

# Patient Falls

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

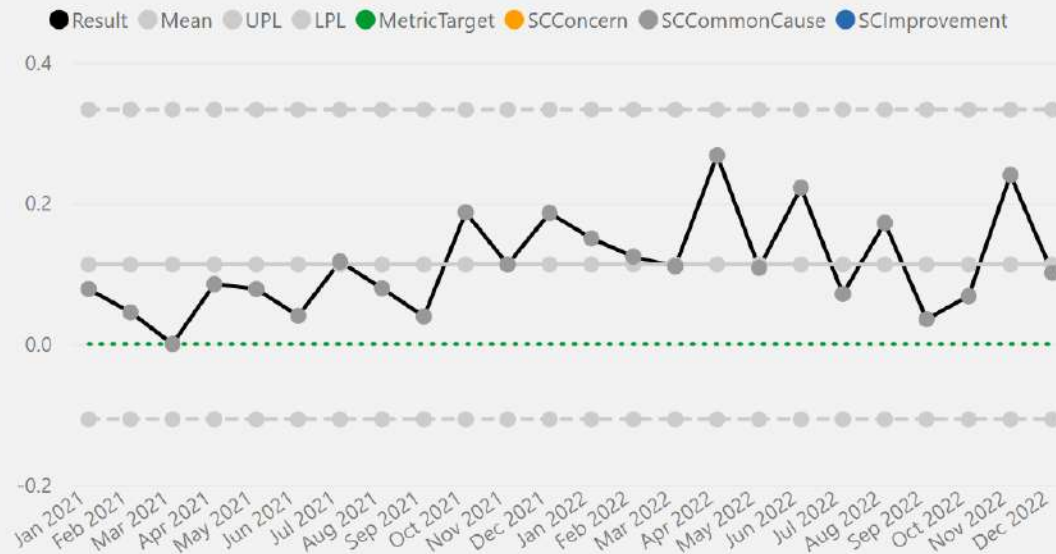
Dec 2022



## Analytical Commentary

Variation is Common Cause

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



## Assurance Commentary

Variation remains as common cause and showing a random variation between 0 and 0.3 per thousand bed days which remains within the upper process limit. This remains at a predictable rate despite the ongoing additional and significant ward pressures and staff challenges. There were 265 falls reported in December, 99% causing no or low harm, and 2 resulting in Fractured Neck of Femur. Unobserved falls represent 59% of all falls and may reflect the staffing challenges to provide 1:1 supervision.

## Improvement Actions

Training for Portering Leads and Housekeepers was completed in December 2022 with excellent feedback from both. Work with Serco to enable specific requests for ultra-low bed on their system. A co-produced falls initiative which may use animation or video is planned for Spring 2023.

The ED Falls AIMS audit has been written and is to be implemented in January. An assistive technology trial is starting in February and will be trialled on 4 wards. A second Falls masterclass session is running for International Nurses in January. The Falls Alertive Team continues to respond to multiple fallers.



## Friends & Family Score

Dec 2022

Variation



Assurance



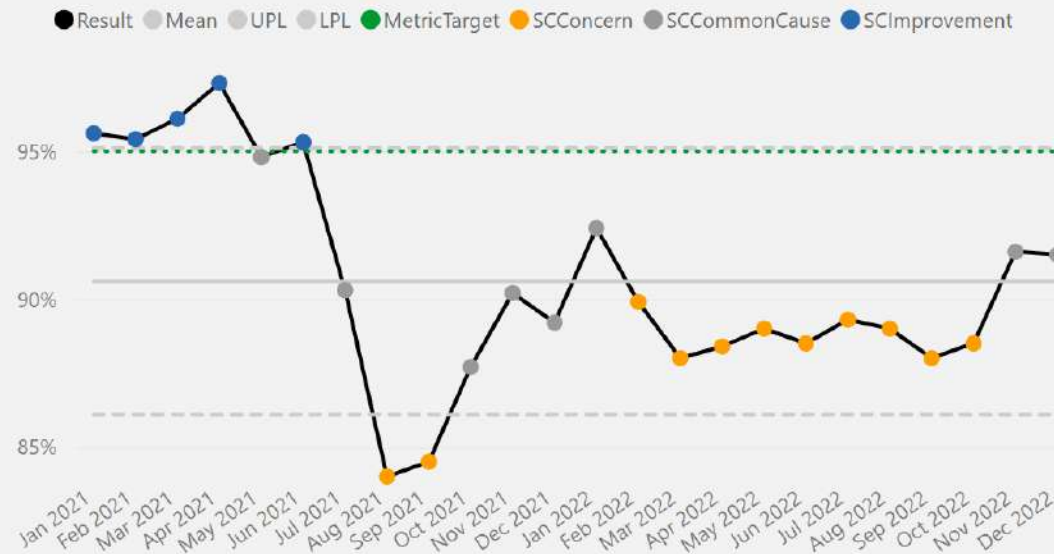
91.50%  
Result  
95.00%  
Target

95.10%  
UPL  
90.60%  
Mean  
86.10%  
LPL

### Analytical Commentary

Variation is Common Cause

### Friends & Family Score



### Assurance Commentary

Friends and Family Test (FFT) score for December remains at an improved level of 91.5%.

Top themes for reviews being staff attitude, waiting times, and implementation of care for both positive and negative themes. However, we continue to hear higher number of positive comments than negative.

FFT responses for inpatient areas has seen an improvement with the volunteer phone calls collecting FFT feedback post discharge.

### Improvement Actions

Clinical Support Services SMS go live will now be February, following FFT provider office closures over the Christmas period.

A meeting with Voluntary Services and clinical teams will take place in January to confirm which inpatient wards are suited to next phase of SMS roll out during March and which will require volunteer support for face to face / phone completion.

### Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Compliments	Nov 2022	492	Common Cause	No Target

## PALS % Closed within 48 hours - Tr...

Dec 2022



Variation

Assurance

28.7%  
Result

N/A  
Target

75.7%  
UPL

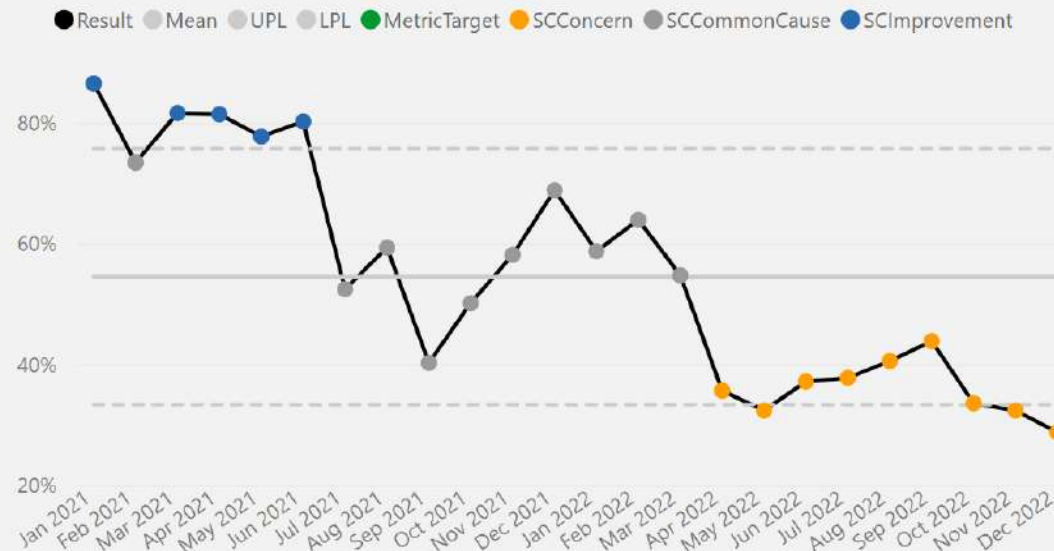
54.5%  
Mean

33.3%  
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)

### PALS % Closed within 48 hours - Trust



### Assurance Commentary

Total PALS received 414 (including Enquiry 70, Signposting 89, Suggestion 2, Best wishes 3). 250 were classified PALS Concerns (60% of total). As reported last month, these will become lower-level complaints (due to higher complexity) with a longer than 48 hour closure timeframe, under implementation of new framework. This will be reflected with changes to Datix classification over the next two months. Total PALS closed = 358 - of which 52% overall were within 48hrs. 56 remain unclosed on Datix due to delays caused by combinations of lack of admin time, staff sickness + annual leave. Top Themes - Appointments, cancellations and delays, Waiting Times, communication.

### Improvement Actions

To complete last stage of recruitment process and induction with start date for the candidate to be finalised on completion of relevant recruitment checks. Continue to review and prioritise work load to ensure service provision and mitigations in place, supported by HR for staff absences. To implement changes required to Datix to support the new framework processes. To commence delivery of training on the new framework and processes across the Trust.

### Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
PALS Contacts - Trust	Dec 2022	414	⬇️ Common Cause	No Target

# Complaints

## Complaints (Trust)

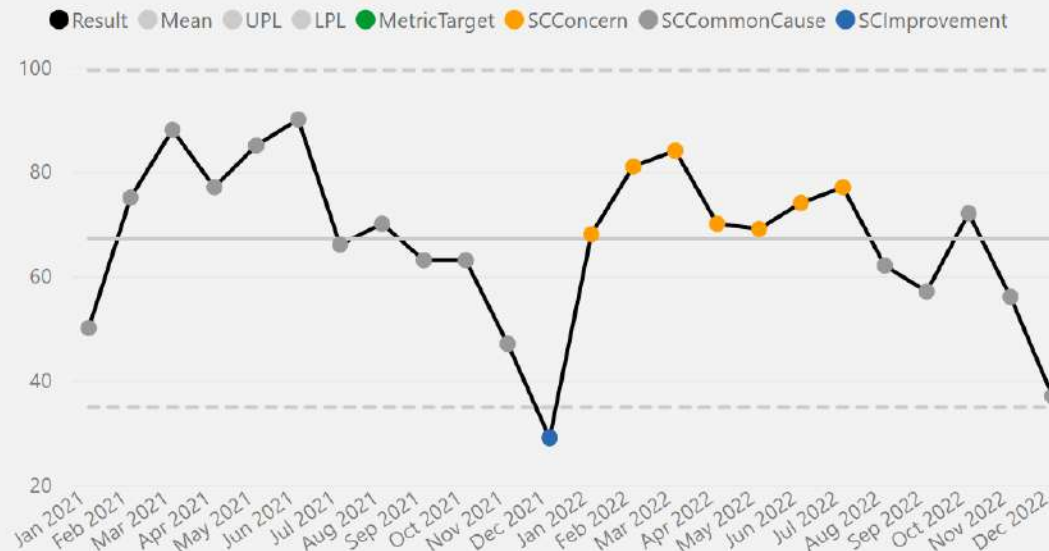
Dec 2022



### Analytical Commentary

Variation is Common Cause

### Complaints (Trust)



### Assurance Commentary

Total Complaints = 35 (December often sees a reduction in formal complaints received)  
 Top themes = Clinical treatment, Access to treatment or drugs, Admissions including delays and transfers  
 Continued pressures across the Trust and system remain and has been reflected in the support given to divisional teams in providing timely responses and escalating where needed.  
 Temporary admin support role completed induction and has been working with the team as planned to support them becoming up to speed with upkeep of all complaints records on Datix.  
 The PHSO complaint policy/SOP has been approved and is now available on Trust Documents.

### Improvement Actions

New policy implementation plan to go to divisional complaints meetings to support divisions with the go live date of April 2023 when the Trust will be fully aligned to the PHSO framework.  
 Plans are in place for updating the website and other public and internal communication platforms with updated policy and other supportive information for all.  
 Patient Panel members continue to support with review of (anonymous) case studies and in the co-production of information and improvements.

### Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Complaints - Acknowledgement	Dec 2022	91%	Concern (Low)	Unreliable
Complaints - Response Times - Trust	Dec 2022	98%	Common Cause	Unreliable
Post-investigation enquiries	Dec 2022	5	Common Cause	Capable



Palliative Care Seen Within 48 Hours

Dec 2022



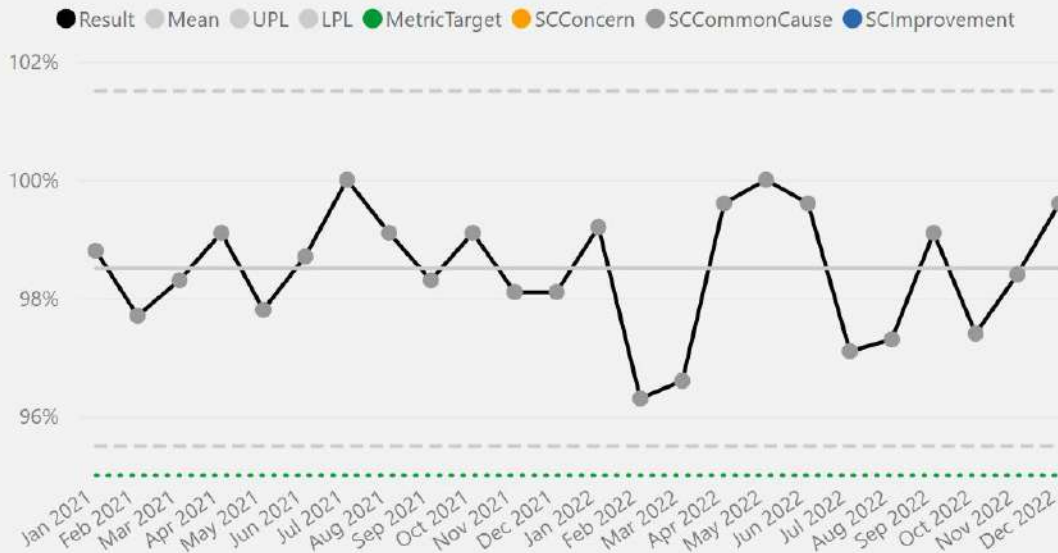
99.6%  
Result  
95.0%  
Target

101.5%  
UPL  
98.5%  
Mean  
95.5%  
LPL

Analytical Commentary

Variation is Common Cause

Palliative Care Seen Within 48 Hours



Assurance Commentary

Improvement Actions

Urgent meetings are in place to review the data collection and inputting processes as it has not been able to provide a complete set of data for December.

Supplementary Metrics

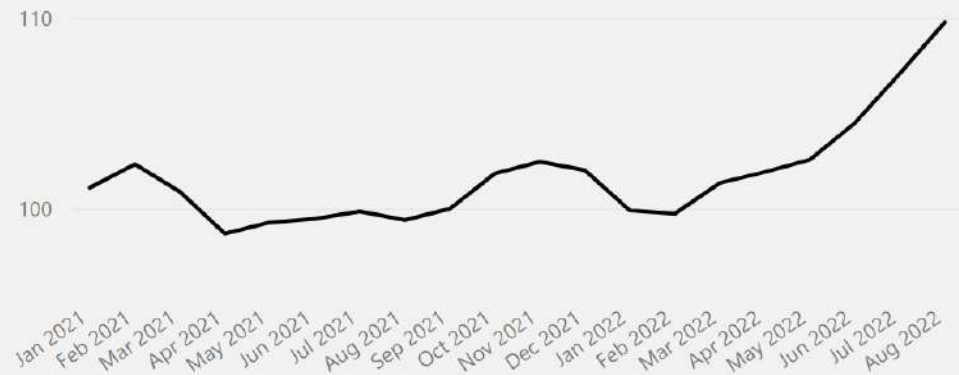
Metric Name	Date	Result		Variation	Assurance
Palliative Care Died in Trust and Seen by SPCT	Dec 2022	48.6%	⬇️	Common Cause	No Target
Palliative Care IP Referrals Accepted	Dec 2022	227.0	⬆️	Common Cause	No Target



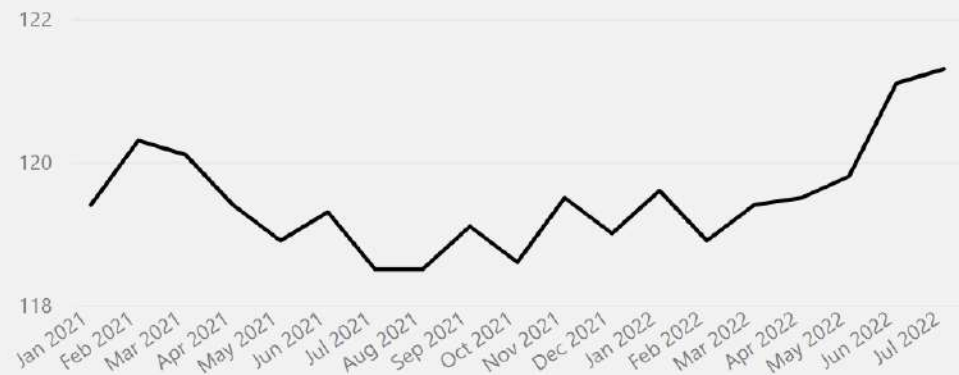
# Mortality Rate

MetricName	Date	Result
HSMR	Aug 2022	109.78
SHMI	Jul 2022	121


## HSMR



## SHMI



## Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Crude Mortality Rate	Nov 2022	5.00%	 Common Cause	No Target

## Assurance Commentary

HSMR/SMR & SHMI remain higher than expected.

Crude mortality shows common cause variation overall, but in-hospital mortality shows a rising trend. The in-hospital rise is possibly reflecting ongoing difficulties with timely discharge of patients and Covid 19.

Detailed investigations into the rising in hospital mortality and our high HSMR continue. Our high SHMI appears to be driven by 3 key factors: data quality, high palliative care activity and our SDEC pilot status. NHS Digital have acknowledged the negative impact of SDEC on the SHMI and will be highlighting this on SHMI reports going forward. There has been additional liaison with HED and Dr Foster to understand the impact of SDEC on our SHMI.

No new CUSUM alerts have been received at the 99.9% threshold. A coding review of Congestive cardiac failure (CCF) is in progress. This diagnosis group is a major contributor to HSMR and SHMI and subject to a recent CUSUM alert.

A Mortality presentation to the CQC was delivered at November's Engagement meeting.

## Improvement Actions

To continue to work with other SDEC pilot sites, DFI and HED and NHS Digital to understand the impact of removal of SDEC data from the SHMI denominators.

For the mortality surveillance group to develop:

a system to prioritise the increased number of mortality outlier alerts as clinical coding resource is limited to complete these detailed investigations.

a series of recommendations for implementation based on recurrent data quality themes identified from outlier alerts.

To feed findings from the CCF review work into the new CCF system improvement workstream

To continue to seek engagement with clinical teams to complete SJRs.

# Safer Staffing

## Safe Staffing Fill Rates

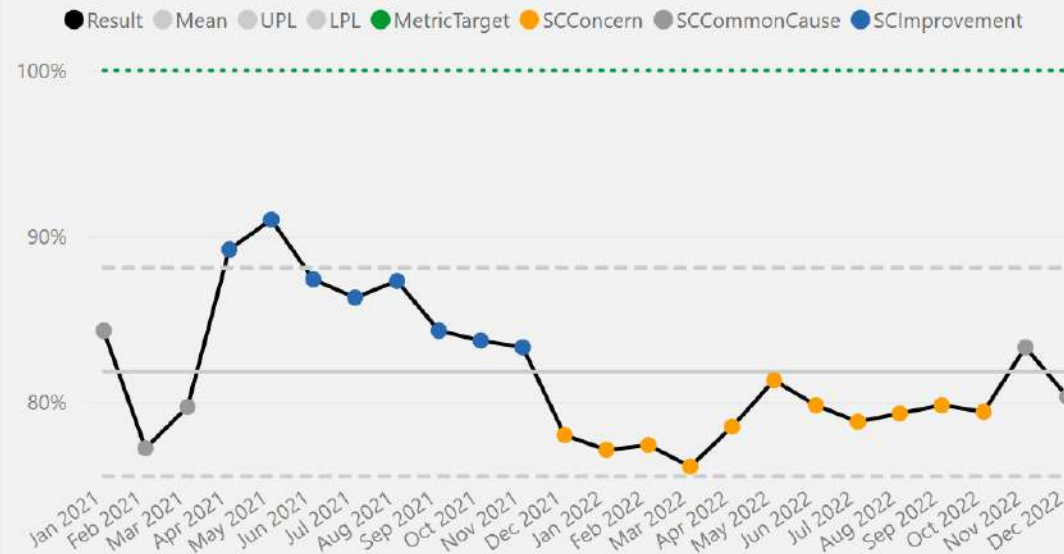
Dec 2022



### Analytical Commentary

Variation is Common Cause

### Safe Staffing Fill Rates



### Assurance Commentary

The Trust-wide RN/M vacancy rate increased slightly to 12.2% (n=328.0) with a reported turnover rate of 0.9% (19.5 WTE leavers and 10.40 WTE new starters). Trust-wide, there were 17 areas with an RN/M vacancy rate above 20%. The average Trust-wide RN/M fill rate has increased from 82.7% in October to 86% in November. The RN/M fill rate did not fall below 75% in any areas across the Trust for November.

Trust-wide HCSW vacancy rate was 18.4% (n= 264.1) with a reported turnover rate of 1.3% (13.1 WTE leavers and 15.60 WTE new starters; of which 13.08 WTE are in medicine division). There were 19 inpatient areas across the Trust with HCSW vacancy rates above 20%. The HCSW fill rate fell below 75% in November across 12 areas (x 11 Medicine and x 1 in Surgery). The Trust wide CHPPD increased in November to 6.5 with an average of 6.7 over the past 12 months. Red flags decreased by 302 in November to 2,065 with 85% remaining open. The number of unobserved falls remains a concern, although reduced by 9 to 142 in November. 6 of these caused moderate harm and above with 1 resulting in death.

### Improvement Actions

The Retention Board is tasked with reducing staff turnover to 10% by the end of March 2023. The Board is structured around four pillars of retention, with specific actions to deliver. Part two of the nursing establishment data collection has been completed with divisional triangulation meetings arranged. Daily staffing reviews and escalations are going well with evidence of redeployment reducing by nearly half. Thus influencing recruitment and retention.

### Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
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MetricName	Date	Result	Target	Mean
C. difficile Cases Total	Dec 2022	10	83	7
CPE positive screens	Dec 2022	1	N/A	0
E. Coli trust apportioned	Dec 2022	7	96	4
HOHA Trajectory C. Difficile Cases	Dec 2022	1	57	2
Hospital Acquired MRSA bacteraemia	Dec 2022	0	0	0
Klebsiella trust apportioned	Dec 2022	3	48	2
MSSA HAI	Dec 2022	3	N/A	3
Pseudomonas trust apportioned	Dec 2022	2	26	1

## Assurance Commentary

To date 12 trajectory cases of 43 HOHA and 25 COHA - total 68 against a threshold of 83 cases. 0 MRSA bacteraemia. Gram Negative Blood Stream Infections: 7 E.coli 77.1% of 96 threshold, 3 klebsiella 41.7% of 48 threshold and 2 pseudomonas 57.7% of 26 threshold. 1 CPE case in December repatriated from the Dominican Republic via Manchester hospital. 328 cases of influenza cases confirmed by POCT and PCR in December.

Hospital Acquired MRSA bacteraemia



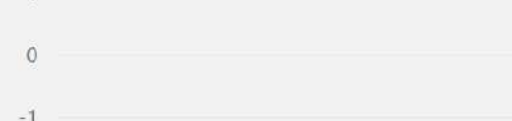
E. Coli trust apportioned



C. difficile Cases Total



E. Coli trust apportioned



MSSA HAI



Klebsiella trust apportioned



CPE positive screens



Pseudomonas trust apportioned



## Improvement Actions

C.difficile Post Infection Review meetings held monthly with clinical staff and Norfolk & Waveney ICS to establish lapses in care. Delay in sampling is the main lapse to date and lapses are disseminated in Organisational Wide Learning and via Divisional Governance.

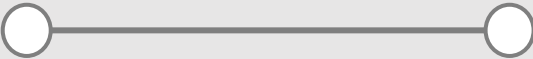
Surveillance undertaken on each Healthcare Associated Gram negative Blood Stream Infection to ascertain the potential sources = 6 lower urinary tract, 1 lower respiratory tract, 3 unknown and 2 pending.

Support and guidance provided to clinical staff re Influenza management with rising numbers of cases. Elsing ward closed from 20/12/22- 28/12/22 following increased incidence of Influenza. Brundall ward closed 21/12/22 - 02/01/23 following increased incidence of noro. Both areas had Clinical Cleans of the ward areas prior to reopening. Root Cause Analysis in progress. Covid outbreaks continue to be reported in line with UKHSA guidance and support provided to staff.

# Maternity Activity

Date Range

31/12/2021 31/12/2022



Women & Children Division

December 2022

Maternal Deaths

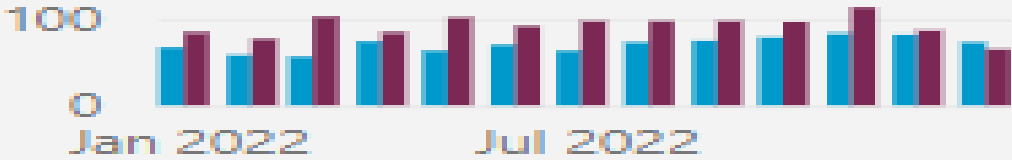
0

Unplanned Admissions to Critical Care

1

## Caesarean Deliveries

● Elective Caesar... ● Emergency C...



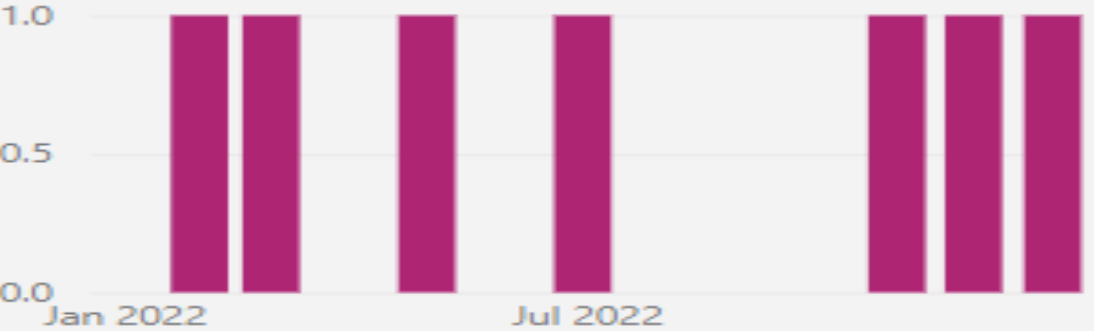
## Maternal Deaths



## Inductions of Labour



## Unplanned Adm. to Critical Care



# Maternity: Mothers

## Mothers Delivered

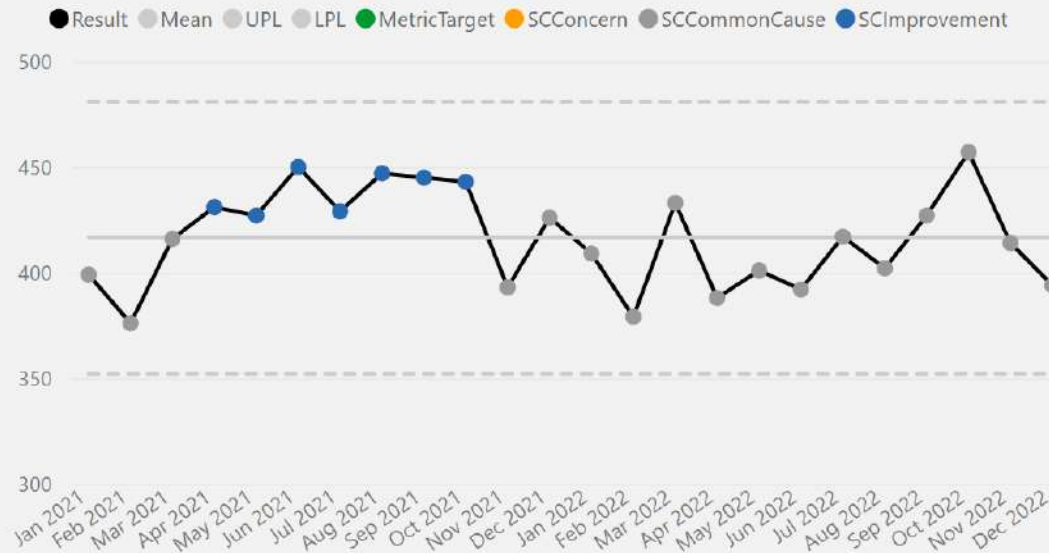
Dec 2022



### Analytical Commentary

Variation is Common Cause

### Mothers Delivered



### Assurance Commentary

Staffing position much improved but under very close monitoring. Birth numbers remain stable. Training equipment ordered to support simulation training for newly qualified midwives for vaginal examination.

### Improvement Actions

To continue with multiple steps in place to improve staffing position.  
To review service provision regarding Induction of Labour (IOL) as an increased number of patients have had their IOL deferred due to capacity and staffing issues.

### Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
1:1 Care in Labour	Dec 2022	98.6%	📈	Concern (Low)		No Target
3rd & 4th Degree Tears	Dec 2022	1.2%	📉	Common Cause	📈	Unreliable
Births Before Arrival	Dec 2022	8	📉	Common Cause		No Target
Post Partum Haemorrhage ≥1500mls	Dec 2022	3.3%	📉	Common Cause		No Target

Mothers Delivered

**394**

Babies Delivered

**397**



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

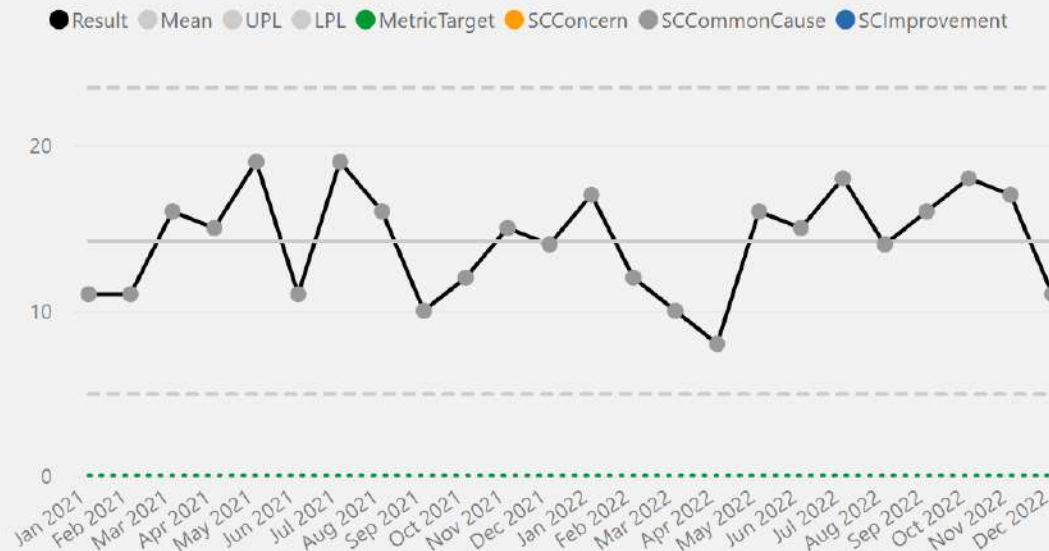
Dec 2022



### Analytical Commentary

Variation is Common Cause

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



### Assurance Commentary

Data collected via Avoiding Term Admissions Into Neonatal units (ATAIN) evaluating unexpected admissions to Neonatal Intensive Care Unit (NICU) is continuing. Saving Babies Lives Care Bundle (SBLCB) all elements on track to succeed with Clinical Negligence Scheme for Trusts (CNST).

### Improvement Actions

To continue with evaluating data collated to develop a series of service improvements for consideration and potentially establish a new area/service using one stop shop methodology for these babies incorporating infant feeding, midwifery and neonatal care.

### Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Adjusted Still Births	Dec 2022	2	Not Applicable	No Target
Apgar score <7 @5, $\geq 37$ weeks	Dec 2022	4	Common Cause	No Target
Early Neonatal Death	Dec 2022	0	Not Applicable	No Target
Mothers Transferred Out of Unit	Dec 2022	0	Common Cause	No Target

# Saving Babies Lives

Topic	Metric Name	Date	Result		Variation		Assurance
Smoking Awareness	Smoking Status at Delivery	Dec 2022	10.7%		Common Cause		Unreliable
Fetal Growth Restriction	Less Than 3rd centile born > 37+6 weeks	Dec 2022	3%		Common Cause		Not capable
Fetal Growth Restriction	SGA detected Antenatally	Dec 2022	133%		Improvement (High)		No Target
Reducing Preterm Birth	Singleton Births Preterm	Dec 2022	11%		Common Cause		Unreliable
Reducing Preterm Birth	Singleton live births < 34 wks (AN corticosteroids within 7 days PN)	Dec 2022	53%		Common Cause		Unreliable
Effective Fetal Monitoring	CTG Training and Human factors situational awareness compliance	Dec 2022	89%		Common Cause		Unreliable

## Assurance Commentary

Significant progress being made with all 5 elements of the Saving Babies Lives Care Bundle (SBLCB). This is being evaluated with regards to quality and safety.

## Improvement Actions

To complete a series of audits for CO2 monitoring performance; Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR); raising awareness of reduced fetal movement (RFM) and the use of steroids for fetal optimisation.  
For the Digital Maternity team to quality assure data feed for <30week deliveries information.  
The maternity department are developing a training compliance policy for all statutory and mandatory training. There will be stricter rules around staff who Do Not Attend (DNA) or are not up to date with training compliance.

## Safeguarding Adults

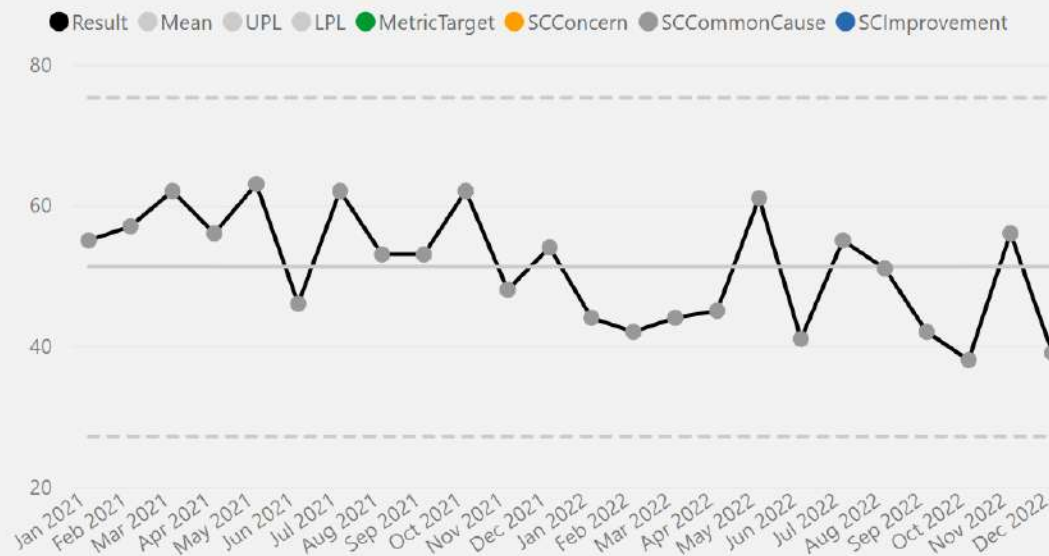
Dec 2022



### Analytical Commentary

Variation is Common Cause

### Safeguarding Adults



### Assurance Commentary

The Safeguarding team has made links with the Integrated Discharge Team and have scheduled to meet regularly from beginning of end of January/early February to discuss potential complex cases, including ones raised by the Local Authority as adverse discharges. This will facilitate effective MDT working in jointly managing cases to mitigate risks to patients. The Safeguarding team continues to work collaboratively with the local authority in improving workstreams in the hospital.

### Improvement Actions

The Safeguarding team met with the senior leads of social services on 28th November 2022 to discuss system pressures affecting both health and social care and look at ways to work together to manage these pressures, keeping service users at the centre whilst also considering support provisions for staff. Monthly meetings have been arranged to continue this work, with the next meeting scheduled for 26th January 2023.



# Children & Midwifery Safeguarding

## Safeguarding Children and Midwife...

Dec 2022



Variation

Assurance

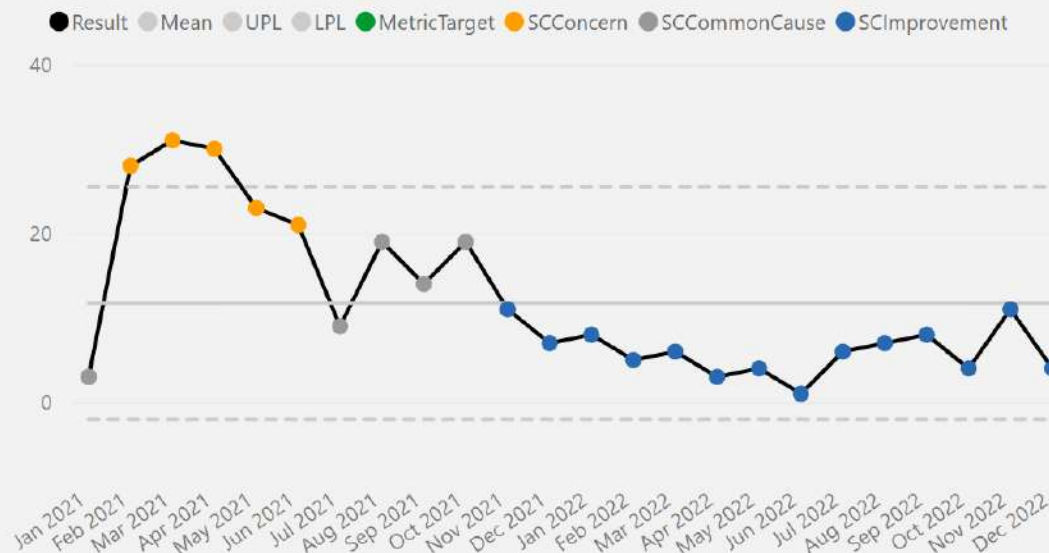
4  
Result  
N/A  
Target

26  
UPL  
12  
Mean  
-2  
LPL

### Analytical Commentary

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

### Safeguarding Children and Midwifery



### Assurance Commentary

The Safeguarding Children and Adult Boards have commissioned a joint independent scrutiny for Norfolk Multi-agency Safeguarding Hub arrangements. The aim of this is to promote increased effectiveness in improving outcomes for children and vulnerable adults. Meetings are arranged for January and February. We have seen a decrease in babies presenting with non-accidental injuries and also seen a decrease in last 3/4 months of the number of CYP presenting with MH concerns and complex issues, evident of the specialist practitioner input now employed, increase with MDT confidence in managing these cases, and also multi-agency working in the community.

### Improvement Actions

There is ongoing collaboration within the Complex Health Hub (CHH) to promote a trauma informed approach to working throughout the organisation. Discussions are ongoing to develop the service specifications and pathways of care for Children's Mental Health. Staff are being supported through supervision to manage cases that may be challenging. Moving the CHH to one office has been beneficial in promoting more joined up working. The Chaplaincy team has agreed to be included in work to develop trauma-informed pathways. Their input will be valuable in supporting both patients and staff.

### Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Safeguarding Children	Dec 2022	2	Common Cause	No Target
Safeguarding Midwifery	Dec 2022	2	Improvement (Low)	No Target

# Daily Safety Check

## Daily Safety Check

Dec 2022

Variation

Assurance

96.6%  
Result  
100.0%  
Target

UPL

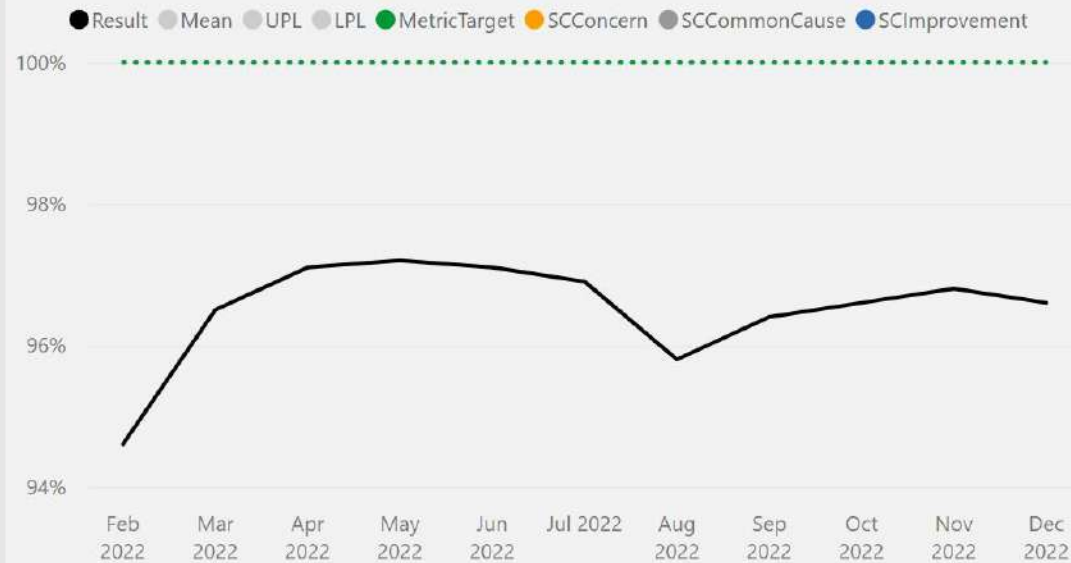
Mean

LPL

### Analytical Commentary

Metric does not meet SPC criteria

### Daily Safety Check



### Assurance Commentary

### Improvement Actions

Question set reviewed in specialist areas, to align with specialist work. Specific question sets being developed. Daily safety check core questions being reviewed and slimmed down where appropriate. Compliance has improved slightly on last month's data.



## Documentation

Dec 2022

Variation

Assurance

92.2%

Result

UPL

100.0%

Target

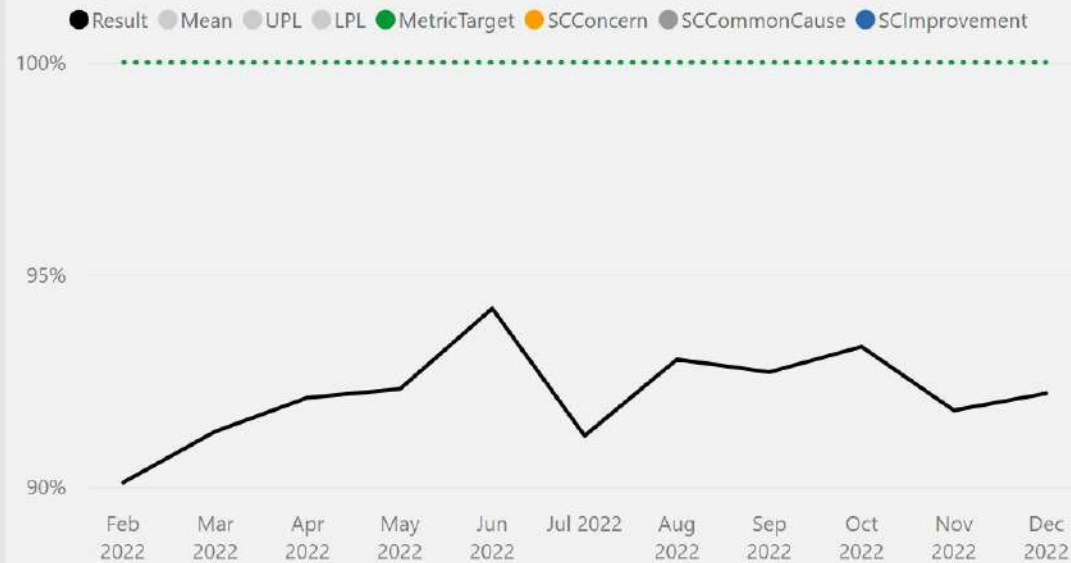
Mean

LPL

### Analytical Commentary

Metric does not meet SPC criteria

### Documentation



### Assurance Commentary

### Improvement Actions

Data set feedback to Nursing, Midwifery and Clinical Professionals (NMCP) board last month, increase in audit compliance this month demonstrated. Tendable annual review of question set at beginning of January.

## IPC Audit

Dec 2022

Variation

Assurance

97.1%  
Result  
100.0%  
Target

UPL

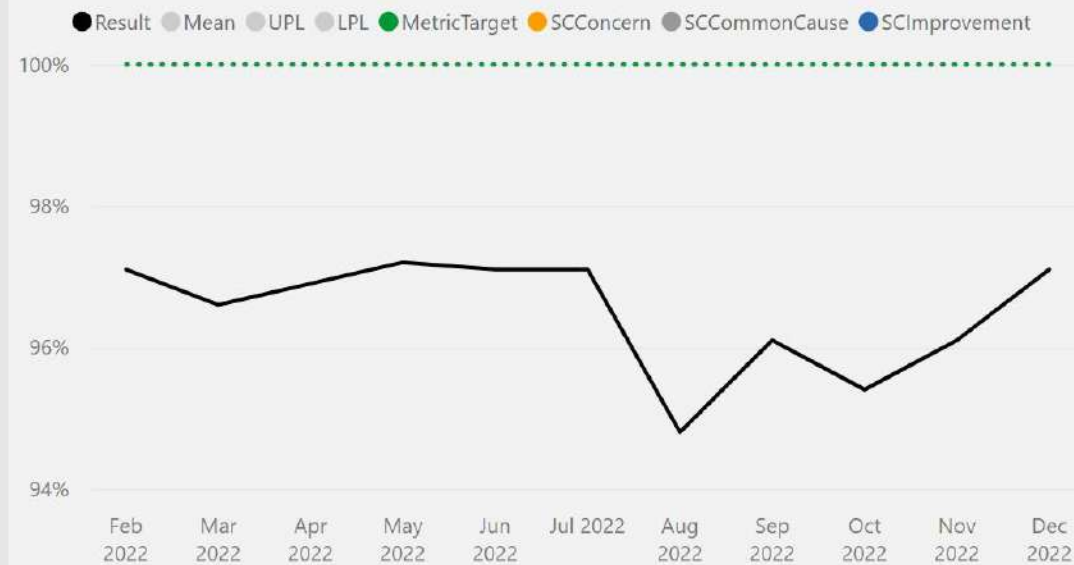
Mean

LPL

### Analytical Commentary

Metric does not meet SPC criteria

### IPC Audit



### Assurance Commentary

### Improvement Actions

Significant increase in compliance since specialist question sets put in place. Education from Clinical Quality Improvement Team about importance of audits and the educational possibilities available by reviewing Tendable Dashboard.

# Falls (AIMS)

## Falls (AIMS)

Dec 2022

Variation

Assurance



73.3%

Result

N/A

Target

85.5%

UPL

77.4%

Mean

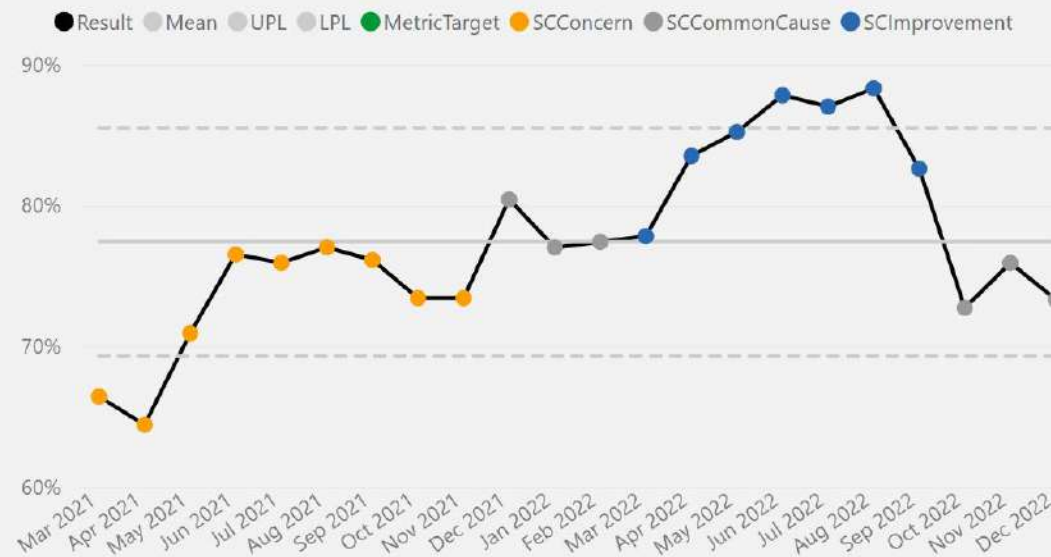
69.3%

LPL

### Analytical Commentary

Variation is Common Cause

### Falls (AIMS)



### Improvement Actions

Old documentation removed from clinical areas. new documentation available on powergate to reduce risk of incorrect assessments being completed. Falls lead for trust offering additional support. Data shows reduced compliance in completing audit.

### Assurance Commentary

## MCA and DoLS (AIMS)

Dec 2022

Variation

Assurance

89.8%  
Result

N/A  
Target

UPL

Mean

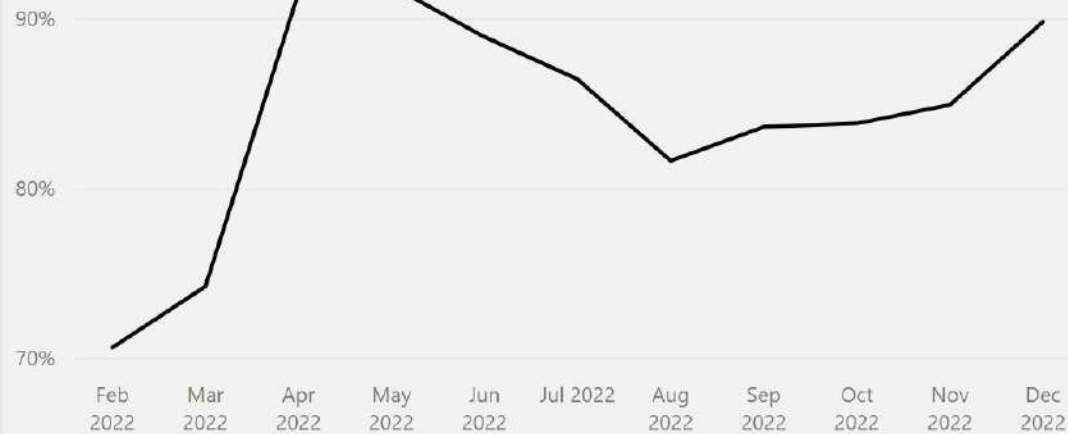
LPL

### Analytical Commentary

Metric does not meet SPC criteria

### MCA and DoLS (AIMS)

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



### Assurance Commentary

### Improvement Actions

MCA/DOLS currently suspended due to question set needing re-reviewing. Compliance poor due to poor comprehension of questions by auditing staff.

# Nutrition and Hydration (AIMS)

## Nutrition and Hydration (AIMS)

Dec 2022



Variation

Assurance

89.2%  
Result

N/A  
Target

92.8%  
UPL

86.1%  
Mean

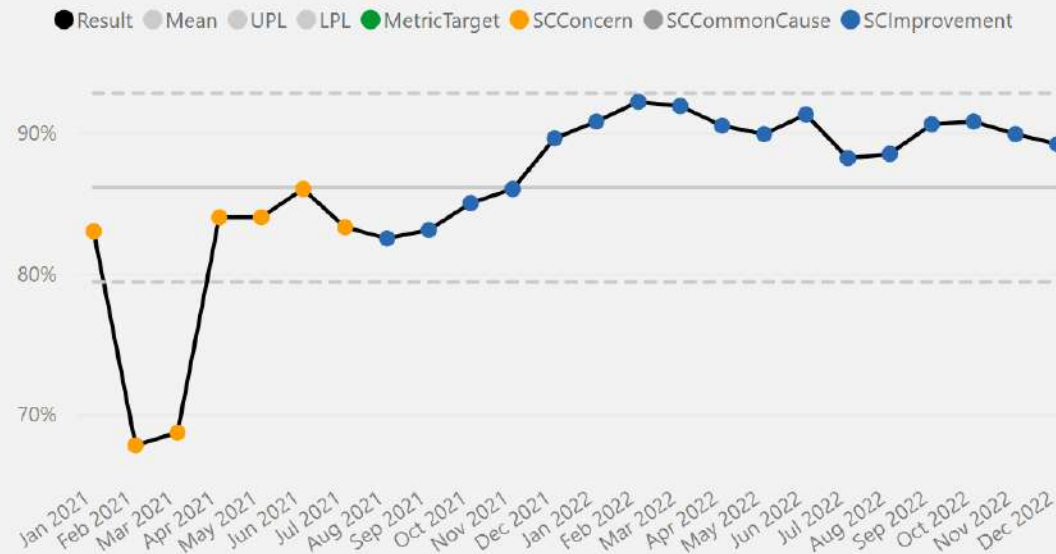
79.4%  
LPL

### Analytical Commentary

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

### Assurance Commentary

### Nutrition and Hydration (AIMS)



### Improvement Actions

Compliance has reduced this month. Likely explanation due to increased escalation beds in use and staffing numbers. However, despite this compliance does remain above 90% mean.



# Patient Observation and Escalation (AIMS)

## Patient Observation and Escalation (AIMS)

Dec 2022



Variation

Assurance

89.4%  
Result

N/A  
Target

97.2%  
UPL

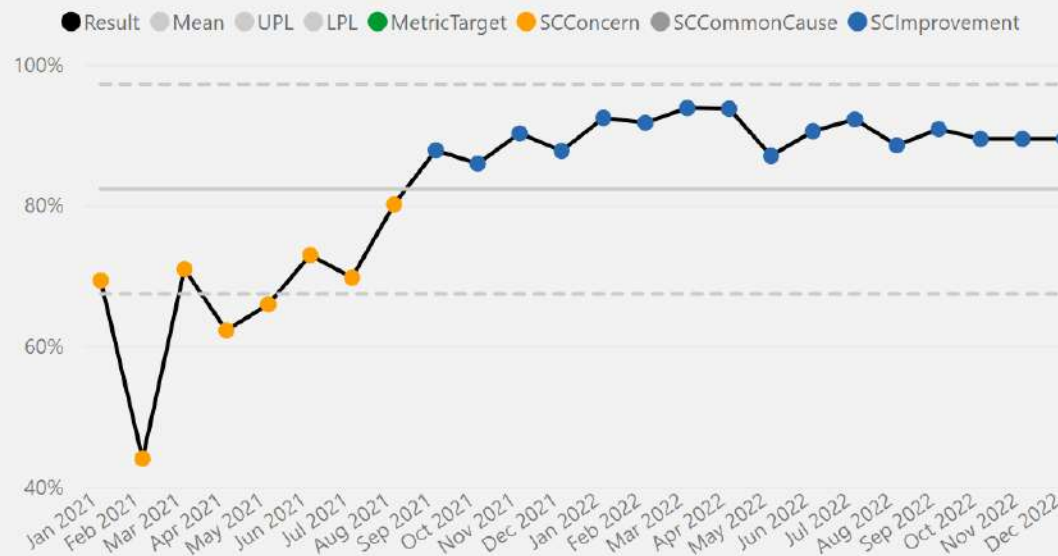
82.3%  
Mean

67.4%  
LPL

### Analytical Commentary

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

### Patient Observation and Escalation (AIMS)



### Improvement Actions

Steady maintenance of compliance. Question set reviewed in line with feedback from the CQC. Lead for Quality Assurance and Education in Recognise and Respond is working through some Sepsis questions to be added, with the removal of the question from the original question set.

### Assurance Commentary

Pressure Ulcers  
(AIMS)

Dec 2022



Variation

Assurance

84.7%  
Result

N/A  
Target

91.8%  
UPL

81.2%  
Mean

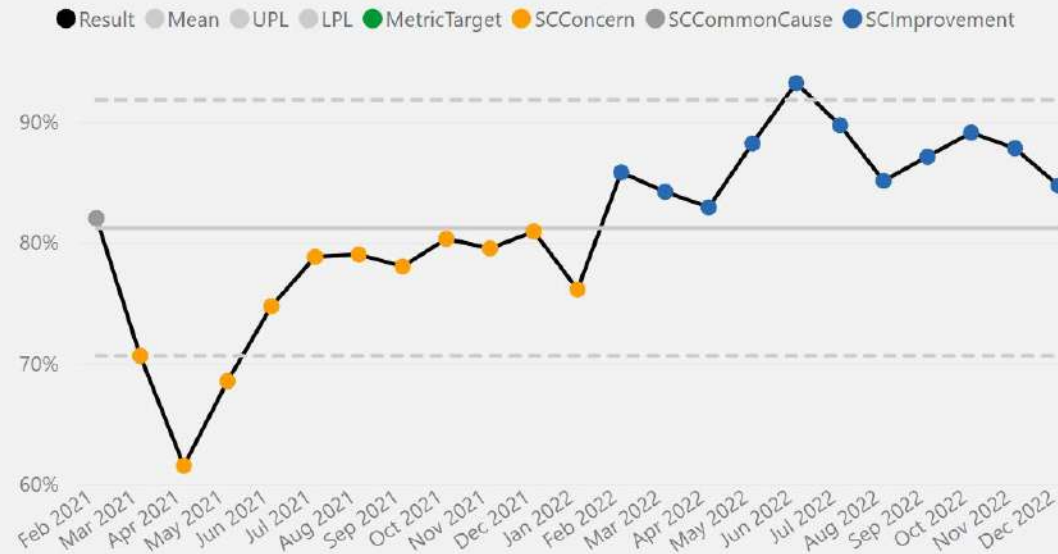
70.6%  
LPL

Analytical Commentary

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

Assurance Commentary

Pressure Ulcers (AIMS)



Improvement Actions

Further reduction in overall compliance with AIMS Audit. Plans to involve Tissue Viability Nurse in auditing areas. To start with areas of poorest compliance. Clinical QI Team to continue with Education around the importance of using the audits. To review if trend has affected the number of reported pressure ulcers.

## REPORT TO TRUST BOARD

Date	1 February 2023
Title	Chair's key Issues report from Finance, Investments and Performance Committee meeting on 25.01.23
Author & Exec Lead	Mr Tom Spink (Committee Chair)
Purpose	For Information

The Finance, Investments and Performance Committee met on 25 January 2023. Papers for the meeting were made available to Board members for information in the usual way via Admin Control. The meeting was quorate. On this occasion no governor observers were present.

The Committee endeavoured to conduct its meeting as discussed at the Board development day – to spend less time looking backward and more forward looking, seeking the right KPIs for assurance, with only exceptional, 'not assured' or cross-cutting issues escalated to the Board.

The Committee reviewed reports in accordance with its Terms of Reference, including updates on the current financial and operational position. The following issues were identified to highlight to the Board:

1	Clinical Visits	The meeting commenced with a visit to the Operations Centre
2	Performance & Productivity IPR	<p>The Committee received and reviewed reports regarding the operational position in the Trust and performance across the key areas of planned care, emergency care, ambulance handover and theatre utilisation.</p> <p>It is a matter of considerable concern that the Trust remains under such operational pressure that we are still needing to use escalation capacity, with additional patients on wards, whilst so much capacity in the hospital is necessarily focussed on caring for patients who would be better suited to settings in the community. It is recognised that this creates inefficiency, it is not a good use of our resources, not good for patients and extremely difficult for our staff. The Committee was updated on discussions with system partners around creation of additional capacity in the community as part of our planning for 2023/24. The Committee has requested that it be kept updated on these discussions, since it is an essential element of resolving the pressures of our operational position. Ongoing focus will help to ensure that the anticipated benefits will be achieved.</p> <p>In the meantime, the Committee expressed its congratulations and thanks to the whole team for achieving the level of performance as set out in the reports. Although there are obvious areas that require ongoing focus and improvement, it is notable that our staff and teams have been able to deliver such strong performance in key areas despite all the recognised challenges.</p>

3	Planning for 2023/24	The Committee was updated on the output of Cycle 1 of the Planning Framework process for 2023/24. A very significant amount of work has been undertaken with the Divisions and clinical teams, to establish an initial budget for next year. It is obvious that we are facing very real financial challenges but the Committee commended the work undertaken to date and emphasised its support for establishing a budget in accordance with the agreed Financial Strategy, together with all our Strategic Commitments and Planning Guidance requirements.
4	Transformation & Major Projects	The Committee reviewed its Work Programme and associated arrangements to accommodate creation of the new Committee established by the Board to provide assurance oversight of our Transformation Programme and major projects. This is a positive development to allow additional capacity and focus on delivery in these key areas.

### 3 Conclusions/Outcome/Next steps

The next Committee meeting is scheduled for 22 February 2023.

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

- **note** the work of its Finance, Investments & Performance Committee.

# Integrated Performance Report: Performance & Activity Domains

December 2022

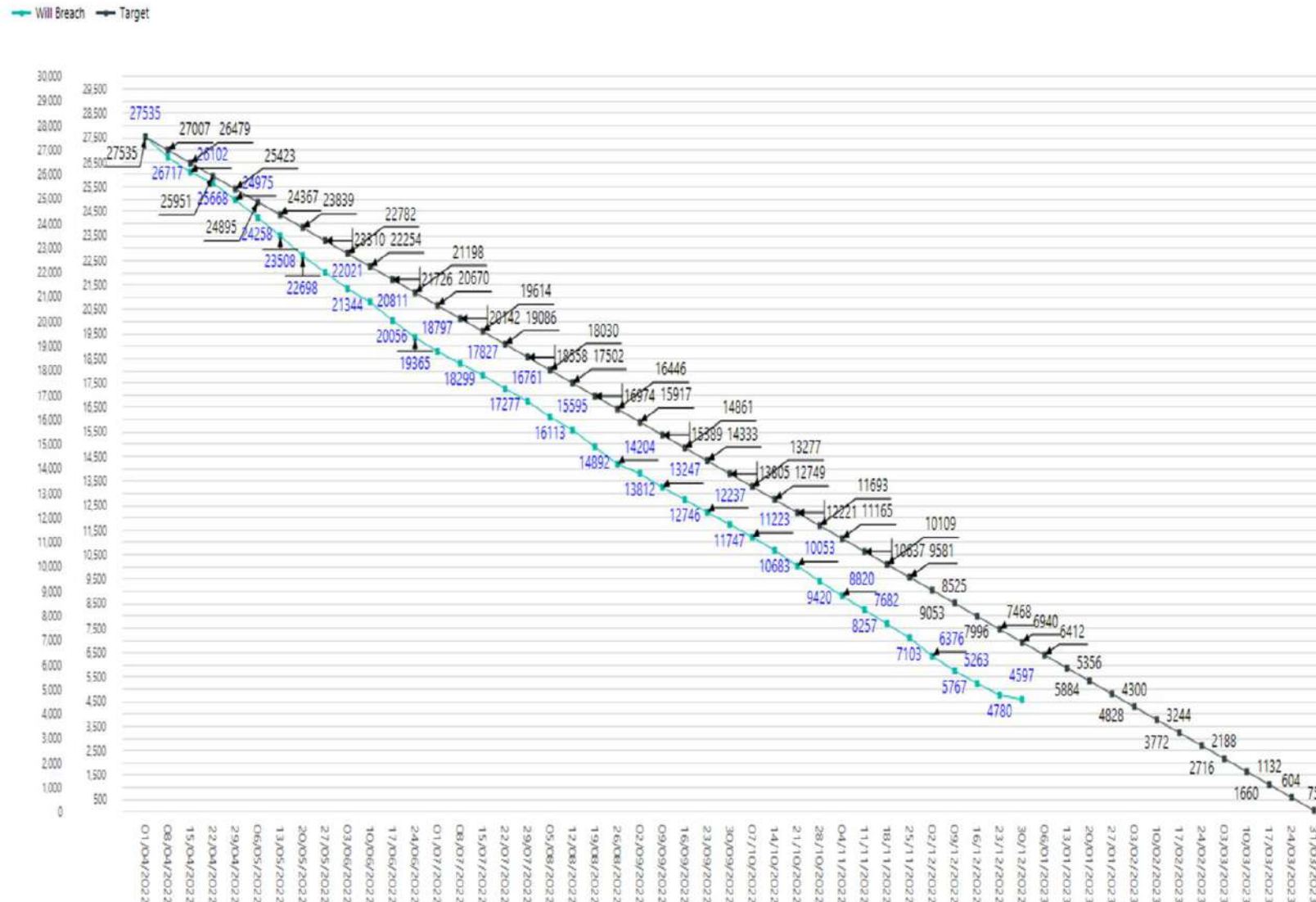




# Key 2022-23 Operational Priorities

- **78-Week Breaches:** Better Than Trajectory
- **62-Day Cancer:** Off Track
- **Ambulance Handovers:** Off Track





## Commentary

### December 2022 Performance

The end of December position had 4,597 patients needing to be treated by the end of March 2023 to avoid any patients being over 78 weeks wait for treatment. 3,203 patients or 70% of this patient group are in 4 specialities, these are:

Specialty	Admitted		Non-Admitted		Total	
	Nov	Dec	Nov	Dec	Nov	Dec
T&O	1,190	996	183	94	1,373	1,090
Gynaecology	278	220	785	565	1,063	785
ENT	82	67	888	636	970	703
Dermatology	297	234	854	391	1,151	625

Specialties have been tasked to ensure that all new non-admitted patients are seen prior to the 14<sup>th</sup> February to ensure that the teams have sufficient capacity to deliver the conversions to the admitted waiting list.

### Improvement Actions

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

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

### Risk To Delivery

Currently Amber, however this could potentially move to Red if the Medical and Nursing staff undertake further strike action.

**AMBER**

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

Specialty		Weekly Averages	11/11/2022	18/11/2022	25/11/2022	02/12/2022	09/12/2022	16/12/2022	23/12/2022	30/12/2022	06/01/2023	13/01/2023	20/01/2023	27/01/2023	03/02/2023	10/02/2023	17/02/2023	24/02/2023	03/03/2023	10/03/2023	17/03/2023	24/03/2023	31/03/2023
110 - Trauma and Orthopaedic	Starting Cohort	-	4,978	4,978	4,978	4,978	4,978	4,978	4,978	4,978	4,978	4,978	4,978	4,978	4,978	4,978	4,978	4,978	4,978	4,978	4,978	4,978	4,978
	Will Breach	-	1,620	1,532	1,439	1,353	1,261	1,190	1,120	1,090	1,012	934	856	778	700	622	544	466	388	310	232	154	76
	Weekly Removals	100	97	88	93	86	92	71	70	30	78	78	78	78	78	78	78	78	78	78	78	78	78
	Target	84	1,923	1,828	1,732	1,637	1,541	1,446	1,350	1,255	1,159	1,064	968	873	777	682	586	491	396	300	205	109	14
	Difference	-	-303	-296	-293	-284	-280	-256	-230	-165													
	Future TCIs	499										78	68	56	45	50	54	47	30	26	21	12	12
	Provisional TCIs	56										3	4	4	2	5	5	11	7	5	4	4	2
840 - Audiology	Starting Cohort	-	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85
	Will Breach	-	23	31	30	27	18	23	46	55	54	53	52	51	50	49	48	47	46	45	44	43	42
	Weekly Removals	1	3	-8	1	3	9	-5	-23	-9	1	1	1	1	1	1	1	1	1	1	1	1	1
	Target	4	33	31	30	28	26	25	23	21	20	18	17	15	13	12	10	8	7	5	3	2	0
	Difference	-	-10	0	0	-1	-8	-2	-23	-34													
	Future TCIs	44										8	16	9	7	3	1						
	Provisional TCIs	0										0	0	0	0	0	0						
101 - Urology	Starting Cohort	-	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030
	Will Breach	-	333	327	304	286	268	255	230	217	201	185	169	153	137	121	105	89	73	57	41	25	9
	Weekly Removals	16	19	6	23	18	18	13	25	13	16	16	16	16	16	16	16	16	16	16	16	16	16
	Target	17	398	378	358	339	319	299	279	260	240	220	200	181	161	141	121	102	82	62	42	23	3
	Difference	-	-66	-51	-54	-53	-51	-44	-49	-43													
	Future TCIs	47										13	18	11	2	2	0	1					
	Provisional TCIs	39										3	9	15	4	4	4						
171 - Paediatric Surgery	Starting Cohort	-	324	324	324	324	324	324	324	324	324	324	324	324	324	324	324	324	324	324	324	324	324
	Will Breach	-	130	119	116	106	105	98	89	87	81	75	69	63	57	51	45	39	33	27	21	15	9
	Weekly Removals	6	7	11	3	10	1	7	9	2	6	6	6	6	6	6	6	6	6	6	6	6	6
	Target	7	125	119	113	107	100	94	88	82	75	69	63	57	51	44	38	32	26	20	13	7	1
	Difference	-	5	0	3	-1	5	-4	1	5													
	Future TCIs	30										8	3	8	6	2	1	1	0	0	1		
	Provisional TCIs	39										0	2	10	6	5	3	10	1	1	1		
107 - Vascular Surgery	Starting Cohort	-	283	283	283	283	283	283	283	283	283	283	283	283	283	283	283	283	283	283	283	283	283
	Will Breach	-	26	24	23	20	19	17	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3
	Weekly Removals	1	2	2	1	3	1	2	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Target	1	109	104	98	93	88	82	77	71	66	60	55	50	44	39	33	28	22	17	12	6	1
	Difference	-	-83	-80	-75	-73	-69	-65	-60	-55													
	Future TCIs	6										4		1	1						0		
	Provisional TCIs	2										0		1	0						1		
310 - Audio Vestibular Medicine	Starting Cohort	-	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
	Will Breach	-	9	8	8	11	7	7	14	14	13	12	11	10	9	8	7	6	5	4	3	2	1
	Weekly Removals	1	5	1	0	-3	4	0	-7	0	1	1	1	1	1	1	1	1	1	1	1	1	1
	Target	1	19	18	17	16	15	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0
	Difference	-	-10	-10	-9	-9	-8	-8	0	-1													
	Future TCIs	9										5	2	2									
	Provisional TCIs	0										0	0	0									
257 - Paediatric Dermatology	Starting Cohort	-	242	242	242	242	242	242	242	242	242	242	242	242	242	242	242	242	242	242	242	242	242
	Will Breach	-	96	90	87	84	81	65	56	56	51	46	41	36	31	26	21	16	11	6	1	-4	-9
	Weekly Removals	5	3	6	3	3	3	16	9	0	5	5	5	5	5	5	5	5	5	5	5	5	5
	Target	4	93	89	84	80	75	70	66	61	56	52	47	42	38	33	29	24	19	15	10	5	1
	Difference	-	-3	-1	-3	-4	-6	-5	-10	-5													
	Future TCIs	22										15	4	2			1						
	Provisional TCIs	0										0	0	0									
214 - Paediatric Trauma and Orthopaedic	Starting Cohort	-	205	205	205	205	205	205	205	205	205	205	205	205	205	205	205	205	205	205	205	205	205
	Will Breach	-	52	51	48	44	42	37	35	35	32	29	26	23	20	17	14	11	8	5	2	-1	-4
	Weekly Removals	3	7	1	3	4	2	5	2	0	3	3	3	3	3	3	3	3	3	3	3	3	3
	Target	3	79	75	71	67	63	60	56	52	48	44	40	36	32	28	24	20	16	12	8	4	1
	Difference	-	-27	-24	-23	-23	-21	-23	-21	-17													
	Future TCIs	22										1	2	4	2	5	4						
	Provisional TCIs	0										0	0	0	0	0	0					4	0

Commentary

For the overarching requirement of 78 week delivery by the end of March, delivery is ahead of trajectory at a Trust level, with 4,597 patients remaining in the cohort against a target of 6,927. There are 6 specialities behind plan based on the average number of removals over the most recent 8 weeks. All other specialties remain on track if current levels of removal sustain.



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

Specialty		Weekly Averages	11/11/2022	18/11/2022	25/11/2022	02/12/2022	09/12/2022	16/12/2022	23/12/2022	30/12/2022	06/01/2023	13/01/2023	20/01/2023	27/01/2023	03/02/2023	10/02/2023	17/02/2023	24/02/2023	03/03/2023	10/03/2023	17/03/2023	24/03/2023	31/03/2023
120 - Ear Nose and Throat	Starting Cohort	-	4,001	4,001	4,001	4,001	4,001	4,001	4,001	4,001	4,001	4,001	4,001	4,001	4,001	4,001	4,001	4,001	4,001	4,001	4,001	4,001	4,001
	Will Breach	-	1,189	1,128	1,060	969	897	839	726	703	639	575	511	447	383	319	255	191	127	63	-1	-65	-129
	Weekly Removals	64	31	61	68	91	72	58	113	23	64	64	64	64	64	64	64	64	64	64	64	64	64
	Target	54	1,546	1,469	1,392	1,315	1,239	1,162	1,085	1,008	932	855	778	702	625	548	471	395	318	241	164	88	11
	Difference	-	-397	-341	-392	-346	-342	-323	-359	-305		29	116	69	90	2	9	5	6		1		1
	Future TCIs	328										0	0	7	2	1	0	0	0		0		0
	Provisional TCIs	10																					
502 - Gynaecology	Starting Cohort	-	3,406	3,406	3,406	3,406	3,406	3,406	3,406	3,406	3,406	3,406	3,406	3,406	3,406	3,406	3,406	3,406	3,406	3,406	3,406	3,406	3,406
	Will Breach	-	1,325	1,231	1,132	1,040	956	897	812	785	710	635	560	485	410	335	260	185	110	35	-40	-115	-190
	Weekly Removals	75	60	94	99	92	84	59	85	27	75	75	75	75	75	75	75	75	75	75	75	75	75
	Target	60	1,316	1,250	1,185	1,120	1,054	989	924	858	793	728	663	597	532	467	401	336	271	205	140	75	9
	Difference	-	9	-19	-53	-80	-98	-92	-112	-73		67	65	68	33	17	17	10	12	5	7	0	2
	Future TCIs	303										13	25	17	33	19	28	16	24	16	15	15	13
	Provisional TCIs	234																					
100 - General Surgery	Starting Cohort	-	1,830	1,830	1,830	1,830	1,830	1,830	1,830	1,830	1,830	1,830	1,830	1,830	1,830	1,830	1,830	1,830	1,830	1,830	1,830	1,830	1,830
	Will Breach	-	513	476	426	381	349	310	284	277	244	211	178	145	112	79	46	13	-20	-53	-86	-119	-152
	Weekly Removals	33	32	37	50	45	32	39	26	7	33	33	33	33	33	33	33	33	33	33	33	33	33
	Target	21	707	672	637	602	567	531	496	461	426	391	356	321	286	251	216	180	145	110	75	40	5
	Difference	-	-194	-196	-211	-221	-218	-221	-212	-184		26	21	16	8	1	2			2			
	Future TCIs	76										3	3	4	3	1	0			3			
	Provisional TCIs	17																					
108 - Spinal Surgery	Starting Cohort	-	591	591	591	591	591	591	591	591	591	591	591	591	591	591	591	591	591	591	591	591	591
	Will Breach	-	202	181	168	151	128	116	110	105	91	77	63	49	35	21	7	-7	-21	-35	-49	-63	-77
	Weekly Removals	14	17	21	13	17	23	12	6	5	14	14	14	14	14	14	14	14	14	14	14	14	14
	Target	8	228	217	206	194	183	172	160	149	138	126	115	104	92	81	70	58	47	36	24	13	2
	Difference	-	-26	-36	-38	-43	-55	-56	-50	-44		7	10	12	7		2		1	3			
	Future TCIs	42										1	1	2	3		1		0	3			
	Provisional TCIs	11																					
130 - Ophthalmology	Starting Cohort	-	1,960	1,960	1,960	1,960	1,960	1,960	1,960	1,960	1,960	1,960	1,960	1,960	1,960	1,960	1,960	1,960	1,960	1,960	1,960	1,960	1,960
	Will Breach	-	371	349	313	293	264	244	222	213	186	159	132	105	78	51	24	-3	-30	-57	-84	-111	-138
	Weekly Removals	27	63	22	36	20	29	20	22	9	27	27	27	27	27	27	27	27	27	27	27	27	27
	Target	16	757	720	682	644	607	569	532	494	456	419	381	344	306	268	231	193	156	118	81	43	5
	Difference	-	-386	-371	-369	-351	-343	-325	-310	-281		27	9	10	8	1				1			
	Future TCIs	56										3	0	4	1	1				0			
	Provisional TCIs	9																					
160 - Plastic Surgery	Starting Cohort	-	760	760	760	760	760	760	760	760	760	760	760	760	760	760	760	760	760	760	760	760	760
	Will Breach	-	246	229	197	180	159	144	135	130	112	94	76	58	40	22	4	-14	-32	-50	-68	-86	-104
	Weekly Removals	18	31	17	32	17	21	15	9	5	18	18	18	18	18	18	18	18	18	18	18	18	18
	Target	10	294	279	264	250	235	221	206	192	177	162	148	133	119	104	90	75	60	46	31	17	2
	Difference	-	-48	-50	-67	-70	-76	-77	-71	-62		14	10	9	6		1						
	Future TCIs	41										3	5	5	3		1		1				
	Provisional TCIs	16																					
219 - Paediatric Plastic Surgery	Starting Cohort	-	142	142	142	142	142	142	142	142	142	142	142	142	142	142	142	142	142	142	142	142	142
	Will Breach	-	44	43	37	35	31	30	24	21	18	15	12	9	6	3	0	-3	-6	-9	-12	-15	-18
	Weekly Removals	3	6	1	6	2	4	1	6	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	Target	2	55	52	49	47	44	41	39	36	33	30	28	25	22	19	17	14	11	9	6	3	0
	Difference	-	-11	-9	-12	-12	-13	-11	-15	-15		3	1	0	0		0						
	Future TCIs	4										3	3	2	1		1						
	Provisional TCIs	10																					
217 - Paediatric Oral and Maxillofacial Surgery	Starting Cohort	-	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40
	Will Breach	-	29	26	26	23	21	17	17	13	11	9	7	5	3	1	-1	-3	-5	-7	-9	-11	-13
	Weekly Removals	2	1	3	0	3	2	4	0	4	2	2	2	2	2	2	2	2	2	2	2	2	2
	Target	1	15	15	14	13	12	12	11	10	9	9	8	7	6	5	5	4	3	2	2	1	0
	Difference	-	-14	-11	-12	-10	-9	-5	-6	-3		1	1		3		1						
	Future TCIs	6										1	1										
	Provisional TCIs	6										1	1										

## Commentary

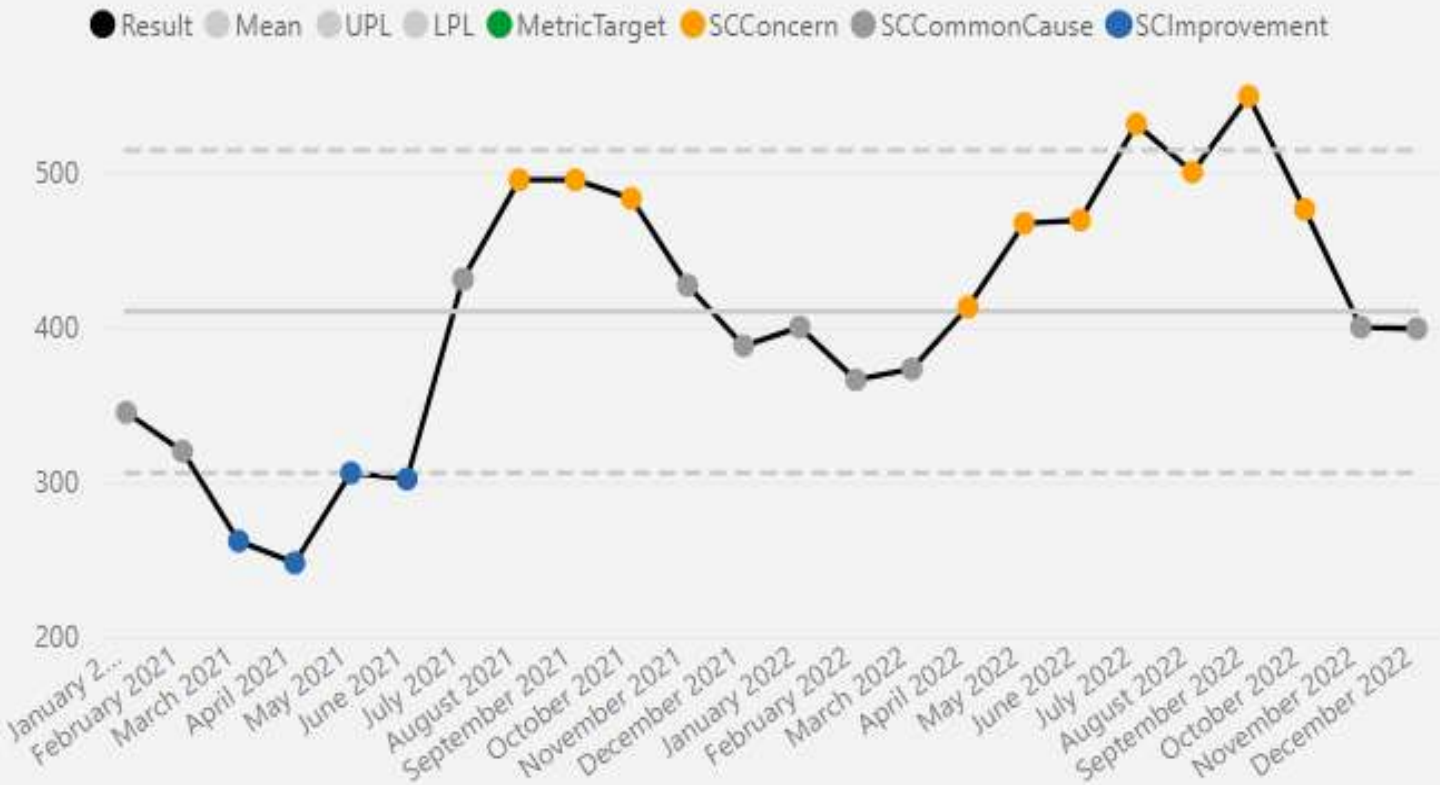
For the overarching requirement of 78 week delivery by the end of March, delivery is ahead of trajectory at a Trust level, with 4,597 patients remaining in the cohort against a target of 6,927. There are 6 specialities behind plan based on the average number of removals over the most recent 8 weeks. All other specialities remain on track if current levels of removal sustain.

62 Day Backlog Profile

December 2022

Variation	Assurance
<div>  </div>	<div> <div>399</div> <div>Result</div> </div> <div> <div>N/A</div> <div>Target</div> </div>
	<div> <div>514</div> <div>UPL</div> </div> <div> <div>410</div> <div>Mean</div> </div> <div> <div>306</div> <div>LPL</div> </div>

62 Day Backlog Profile



Commentary

December 2022 Performance

Patient backlog in December reduced to 360. However, over the Christmas period, due to administrative leave and reduction in clinical activity the backlog increased to 400 patients. Increased management with escalation to the COO on a weekly basis will continue to ensure body sites get back on track in January and February.

Improvement Actions

1. Continued daily focus on key areas of the pathway requiring intervention.
2. Rapid improvement event for Prostate Cancer commenced from week commencing 9<sup>th</sup> January.
3. Focus on Radiology and Histopathology turnaround, with focused reporting supplied to Operational teams to support escalation.

Risk To Delivery

RED



## National Relative Cancer Backlog: All Trusts

Week ending 1<sup>st</sup> January 2023

National ranking	Region	Trust	Total waiting list	Patients waiting >62 days	% past day 62	Change in last week	Change in last 4 weeks
1	NW	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	2,776	753	27.1%	63	144
2	NW	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	4,193	1,053	25.1%	97	379
3	M	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	2,757	583	21.1%	77	19
4	NEY	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1,766	362	20.5%	12	44
5	EoE	MID AND SOUTH ESSEX NHS FOUNDATION TRUST	7,545	1,538	20.4%	192	338
6	SE	ROYAL BERKSHIRE NHS FOUNDATION TRUST	2,206	442	20.0%	18	101
7	L	NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	1,528	305	20.0%	27	65
8	M	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	3,002	566	18.9%	54	65
9	M	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	3,919	733	18.7%	3	75
10	EoE	NORTH WEST ANGLIA NHS FOUNDATION TRUST	2,879	537	18.7%	63	64
11	NW	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	1,436	261	18.2%	7	43
12	M	THE SHREWSBURY AND Telford Hospital NHS Trust	3,348	601	18.0%	40	37
13	M	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	3,643	648	17.8%	56	44
14	NEY	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	2,065	366	17.7%	74	2
15	NW	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	1,991	352	17.7%	21	110
16	NW	EAST LANCASHIRE HOSPITALS NHS TRUST	1,690	295	17.5%	9	4
17	SW	TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	1,476	253	17.1%	37	24
18	M	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	4,310	736	17.1%	32	14
19	NEY	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	2,285	389	17.0%	60	154
20	M	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	3,733	634	17.0%	79	10
21	NW	TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	1,414	239	16.9%	40	93
22	SW	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	2,417	403	16.7%	31	113
23	EoE	EAST AND NORTH HERTFORDSHIRE NHS TRUST	1,585	260	16.4%	21	51
24	NEY	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	1,359	222	16.3%	5	66
25	M	THE ROYAL WOLVERHAMPTON NHS TRUST	1,793	285	15.9%	49	36
26	EoE	BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST	3,057	476	15.6%	0	111
27	SE	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	1,840	281	15.3%	10	36
28	NW	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	5,433	812	14.9%	51	45
29	NEY	YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST	2,149	318	14.8%	37	36
30	M	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	2,620	385	14.7%	9	55
31	NW	ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	1,837	266	14.5%	21	68
32	SW	ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST	3,221	466	14.5%	-3	1
33	NW	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	1,432	207	14.5%	30	33
34	SE	SURREY AND SUSSEX HEALTHCARE NHS TRUST	2,360	341	14.4%	45	69
35	SE	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2,079	300	14.4%	-1	50
36	SE	MEDWAY NHS FOUNDATION TRUST	1,734	249	14.4%	18	80
37	L	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	2,342	334	14.3%	25	56
38	L	BARTS HEALTH NHS TRUST	3,305	469	14.2%	24	35
39	EoE	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	1,409	199	14.1%	4	33
40	SE	BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	2,506	349	13.9%	-6	57

National ranking	Region	Trust	Total waiting list	Patients waiting >62 days	% past day 62	Change in last week	Change in last 4 weeks
41	EoE	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	3,286	457	13.9%	28	88
42	EoE	EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST	3,678	503	13.7%	30	-6
43	NW	NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	4,824	649	13.5%	58	61
44	SW	UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST	2,157	285	13.2%	26	84
45	M	WALSALL HEALTHCARE NHS TRUST	1,189	153	12.9%	21	32
46	NEY	LEEDS TEACHING HOSPITALS NHS TRUST	3,311	416	12.6%	34	6
47	SW	UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST	2,599	326	12.5%	17	-11
48	SW	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	1,585	196	12.4%	15	33
49	EoE	WEST SUFFOLK NHS FOUNDATION TRUST	1,409	173	12.3%	-4	15
50	SW	ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	2,011	246	12.2%	28	28
51	SE	HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	1,931	227	11.8%	11	24
52	M	THE DUDLEY GROUP NHS FOUNDATION TRUST	1,438	167	11.6%	-6	41
53	SE	UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST	4,258	465	10.9%	29	56
54	M	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	1,787	194	10.9%	26	32
55	M	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	1,899	205	10.8%	6	16
56	L	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	3,300	348	10.5%	6	19
57	SW	NORTH BRISTOL NHS TRUST	3,442	328	9.5%	28	-1
58	EoE	WEST HERTFORDSHIRE TEACHING HOSPITALS NHS TRUST	2,042	191	9.4%	32	17
59	L	ROYAL FREE LONDON NHS FOUNDATION TRUST	3,698	331	9.0%	30	45
60	NEY	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	2,302	203	8.8%	37	26
61	SE	PORTSMOUTH HOSPITALS UNIVERSITY NATIONAL HEALTH SERVICE TRUST	2,147	188	8.8%	21	45
62	EoE	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1,769	154	8.7%	21	41
63	NEY	MID YORKSHIRE HOSPITALS NHS TRUST	2,146	186	8.7%	23	37
64	SE	FRIMLEY HEALTH NHS FOUNDATION TRUST	2,477	203	8.2%	22	-12
65	SW	UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST	3,556	276	7.8%	35	-17
66	L	LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	2,266	175	7.7%	31	13
67	SE	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	3,642	246	6.8%	70	80
68	L	LEWISHAM AND GREENWICH NHS TRUST	2,364	156	6.6%	-16	1
69	L	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	2,600	171	6.6%	33	31

### Method used

- Includes all urgent suspected cancer referrals, with exception of non site specific symptoms.
- Only trusts who have at least 150 patients past day 62 are included
  - For EoE – Papworth, James Paget, MKUH and QEHL have < 150 patients
- Trusts ranked by the proportion of patients on the waiting list past day 62

Source: [NHSE/NI National Cancer Programme](#). Figures shown are for 2ww patients waiting more than 62 days.

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Pack produced: 8  
10/01/2023

### Commentary

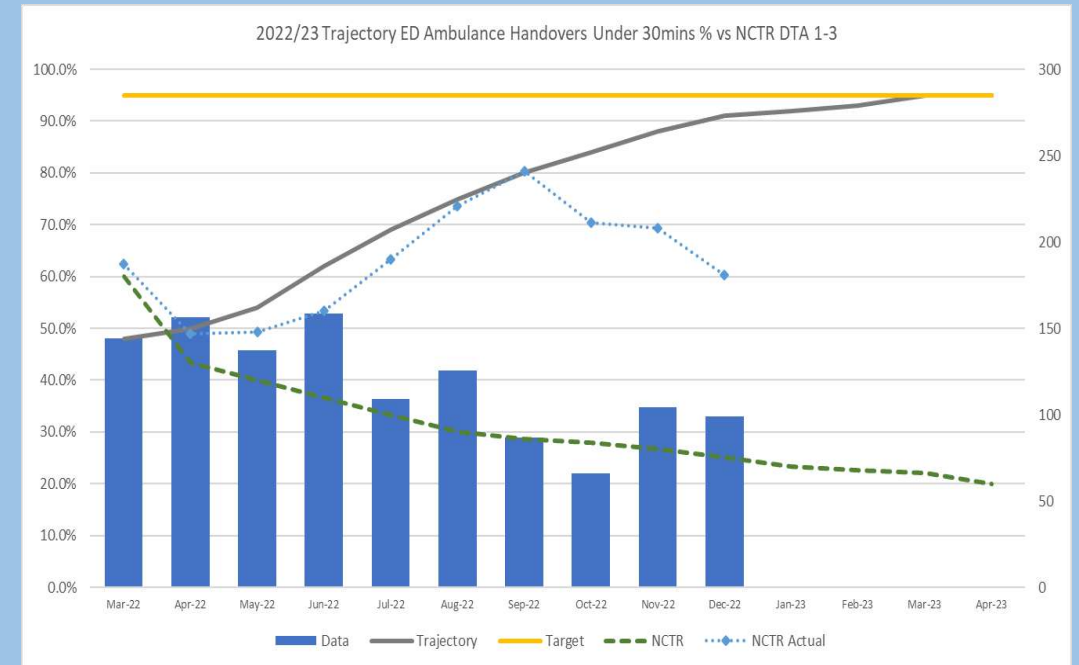
The percentage of patients on the waiting list past 62 days was 13.9% at the end of December 2022, compared to 10.3% at the beginning of December. The Trust is now positioned 41<sup>st</sup> out of 69 Trusts and the second best performing Trust in the region for this metric.



# Performance – Ambulance Performance < 30 Minutes

Hospital Name	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Addenbrookes Hospital	82.11%	77.44%	78.25%	70.00%	71.65%	80.84%	73.26%	64.89%	81.48%	79.01%	65.64%	87.17%	62.39%	75.35%
Basildon & Thurrock Hospital	82.67%	89.63%	80.36%	64.68%	60.36%	59.42%	59.60%	54.01%	54.86%	47.10%	39.49%	47.93%	38.53%	61.93%
Bedford Hospital South Wing	84.71%	83.54%	83.30%	87.48%	81.10%	89.32%	90.66%	86.60%	89.77%	85.42%	87.86%	87.40%	76.62%	85.71%
Broomfield Hospital	71.65%	72.52%	62.17%	49.42%	55.58%	69.47%	73.36%	58.62%	63.22%	59.28%	51.90%	59.34%	32.11%	60.46%
Colchester General Hospital	80.89%	88.00%	84.08%	74.02%	76.50%	82.78%	73.29%	69.63%	74.90%	68.85%	37.67%	39.48%	44.83%	71.31%
Hinchingbrooke Hospital	49.10%	56.88%	53.43%	42.14%	51.95%	54.02%	52.43%	37.95%	57.84%	78.10%	74.66%	85.88%	61.42%	58.70%
Ipswich Hospital	74.77%	72.01%	71.90%	67.17%	72.71%	79.81%	73.40%	68.78%	75.63%	71.34%	52.89%	62.46%	48.21%	69.28%
James Paget Hospital	65.83%	67.87%	55.03%	54.23%	57.76%	67.12%	51.08%	35.67%	33.38%	32.98%	26.39%	38.08%	25.94%	47.32%
Lister Hospital	55.14%	49.45%	50.75%	41.01%	31.25%	38.72%	39.14%	24.19%	34.01%	23.62%	18.90%	22.97%	21.70%	35.83%
Luton And Dunstable Hospital	81.42%	80.95%	78.10%	79.12%	78.61%	82.02%	76.43%	73.65%	77.58%	73.31%	68.50%	72.68%	62.21%	76.22%
Norfolk & Norwich University Hospital	60.03%	54.91%	46.49%	43.24%	51.25%	45.42%	52.14%	35.44%	40.47%	28.24%	21.32%	33.38%	31.16%	42.76%
Peterborough City Hospital	39.20%	36.91%	37.48%	28.28%	33.89%	36.06%	35.89%	29.19%	40.22%	46.09%	41.79%	45.15%	33.41%	37.38%
Princess Alexandra Hospital	47.16%	50.78%	43.81%	40.62%	50.69%	50.00%	54.43%	36.74%	41.97%	36.58%	34.84%	31.81%	32.72%	43.14%
Queen Elizabeth Hospital	59.28%	72.84%	61.41%	43.66%	62.47%	58.09%	45.48%	52.59%	47.63%	42.15%	30.68%	34.81%	27.29%	50.35%
Southend University Hospital	64.61%	56.70%	49.09%	40.76%	45.92%	47.08%	52.02%	52.54%	46.57%	41.49%	37.74%	37.92%	30.34%	47.38%
Watford General Hospital	57.35%	55.64%	50.89%	52.36%	54.01%	46.35%	33.72%	40.27%	45.91%	48.18%	39.27%	39.31%	38.06%	46.65%
West Suffolk Hospital	88.38%	88.57%	91.07%	85.17%	89.28%	90.58%	79.92%	83.68%	82.17%	86.85%	70.12%	68.04%	57.05%	82.29%
<b>Total</b>	<b>69.04%</b>	<b>69.49%</b>	<b>65.37%</b>	<b>58.63%</b>	<b>61.75%</b>	<b>65.44%</b>	<b>61.75%</b>	<b>55.35%</b>	<b>59.81%</b>	<b>57.64%</b>	<b>48.12%</b>	<b>53.51%</b>	<b>43.01%</b>	<b>59.72%</b>

KPI	2. Ambulance Handover < 30 min		
Target	95%		
	Actual	Trajectory	Latest Update
Apr-22	52.18%	50.0%	<p><b>Performance:</b> Ranking 15<sup>th</sup> in the region from December 2021 to December 2022 and 13<sup>th</sup> for the month (December 2022). Reduced performance from November 2022 and remain significantly behind trajectory.</p> <p><b>Root Cause:</b> High numbers of patients with no criteria to reside, although a reduction on previous 5 months. Infections requiring isolation increased towards the end of the month – impacting hospital flow through from ED. Daily average of 40 surge beds occupied in December.</p> <p><b>Actions for the Next Period:</b> Exploring additional post-acute bed capacity. Live data monitoring on the number of patient moves from ED to Assessment areas and Wards, in line with agreed Full Hospital Protocol.</p>
May-22	45.82%	54.0%	
Jun-22	52.94%	62.0%	
Jul-22	36.37%	69.0%	
Aug-22	41.88%	75.0%	
Sep-22	28.91%	80.0%	
Oct-22	21.88%	84.0%	
Nov-22	34.72%	88.0%	
Dec-22	32.95%	91.0%	
Jan-23		92.0%	
Feb-23		93.0%	
Mar-23		95.0%	



# 110% Activity – October 2022 Forecast vs Plan Electives

						% Achievement of Plan		
Plan - Elective IP	Plan - Elective DC	Plan - Total	Actual Delivery - Elective IP	Actual Delivery - Elective DC	Actual Delivery - Total	Total	Elective IP	Elective DC
1,175	8,826	10,001	905	7,549	8,454	84.5%	77.0%	85.5%

Medicine								% Acheivement of Plan			
		Plan - Elective IP	Plan - Elective DC	Plan - Total	Actual Delivery - Elective IP	Actual Delivery - Elective DC	Actual Delivery - Total	Total	Elective IP	Elective DC	
Specialty	Division										
301	Gastroenterology	Medical	24	2,064	2,087	16	1,810	1,826	87.5%	67.1%	87.7%
302	Endocrinology	Medical	1	11	12	0	12	12	98.6%	0.0%	109.2%
303	Clinical Haematology	Medical	33	939	972	21	899	920	94.6%	63.7%	95.7%
308	Blood and Marrow Transplantation	Medical	1	7	8	0	7	7	84.4%	0.0%	98.5%
320	Cardiology	Medical	29	303	332	15	237	252	75.9%	52.6%	78.1%
340	Respiratory Medicine	Medical	16	92	108	12	79	91	84.7%	75.9%	86.3%
341	Respiratory Physiology	Medical	5	0	5	0	0	0	0.0%	0.0%	0.0%
343	Adult Cystic Fibrosis	Medical	2	0	2	0	0	0	0.0%	0.0%	0.0%
361	Renal Medicine	Medical	35	32	67	17	33	50	74.4%	49.2%	101.2%
400	Neurology	Medical	1	53	54	1	121	122	226.0%	57.0%	228.8%
410	Rheumatology	Medical	1	200	201	0	200	200	99.5%	0.0%	100.2%
430	Elderly Medicine	Medical	0	8	8	0	8	8	100.4%	0.0%	105.5%
800	Clinical Oncology	Medical	39	1,782	1,821	15	1,770	1,785	98.0%	38.9%	99.3%
1	Medicine	Medical	187	5,492	5,679	97	5,176	5,273	92.9%	51.8%	94.3%

Surgery									% Acheivement of Plan		
									Total	Elective IP	Elective DC
Specialty	Division	Plan - Elective IP	Plan - Elective DC	Plan - Total	Actual Delivery - Elective IP	Actual Delivery - Elective DC	Actual Delivery - Total				
811	Interventional Radiology	Clinical Support Services	0	3	3	1	2	3	92.0%	0.0%	61.3%
4	CSS	Clinical Support Serv	0	3	3	1	2	3	92.0%	0.0%	61.3%

## Commentary

% against 19/20 activity levels provide an indicative comparator as some technical adjustments have not been included in the calculations.

# 110% Activity – October 2022 Forecast vs Plan Electives

Surgery			Plan - Elective IP	Plan - Elective DC	Plan - Total	Actual Delivery - Elective IP	Actual Delivery - Elective DC	Actual Delivery - Total	Total	Elective IP	Elective DC
Specialty	Division										
100	General Surgery	Surgical	100	165	265	75	144	219	82.7%	74.9%	87.5%
101	Urology	Surgical	215	754	968	176	685	860	88.9%	82.0%	90.8%
107	Vascular Surgery	Surgical	50	75	125	34	27	61	48.9%	68.5%	36.0%
108	Spinal Surgery	Surgical	32	10	41	29	8	37	91.0%	93.6%	82.4%
110	Trauma and Orthopaedic	Surgical	220	219	439	135	155	290	66.2%	61.6%	70.8%
120	Ear Nose and Throat	Surgical	83	195	278	59	84	144	51.8%	72.1%	43.2%
130	Ophthalmology	Surgical	4	582	585	6	194	200	34.2%	166.2%	33.3%
140	Oral Surgery	Surgical	22	270	291	10	177	187	64.2%	46.2%	65.7%
141	Restorative Dentistry	Surgical	0	1	1	0	0	0	0.0%	0.0%	0.0%
160	Plastic Surgery	Surgical	54	219	273	32	150	182	66.9%	60.5%	68.5%
173	Thoracic Surgery	Surgical	38	6	45	40	4	44	97.9%	103.3%	64.1%
191	Pain Management	Surgical	0	206	206	0	102	102	49.4%	0.0%	49.5%
192	Intensive Care Medicine	Surgical	1	0	1	1	0	1	143.6%	143.6%	0.0%
211	Paediatric Urology	Surgical	0	0	0	0	10	10	0.0%	0.0%	0.0%
214	Paediatric Trauma and Orthopaedic	Surgical	12	20	32	13	6	19	58.5%	106.4%	29.8%
215	Paediatric Ear Nose and Throat	Surgical	8	16	24	13	34	46	194.0%	159.2%	211.1%
216	Paediatric Ophthalmology	Surgical	0	2	2	0	3	3	195.9%	0.0%	195.9%
217	Paediatric Oral and Maxillofacial Surgery	Surgical	0	2	3	0	10	10	392.6%	0.0%	406.5%
219	Paediatric Plastic Surgery	Surgical	1	3	4	0	19	19	434.3%	0.0%	554.0%
254	Paediatric Audio Vestibular Medicine	Surgical	0	1	1	0	0	0	0.0%	0.0%	0.0%
330	Dermatology	Surgical	4	337	341	1	310	311	91.2%	23.1%	92.1%
2	Surgery	Surgical	842	3,082	3,924	625	2,121	2,747	70.0%	74.2%	68.8%

W&C									% Acheivement of Plan		
			Plan - Eective IP	Plan - Elective DC	Plan - Total	Actual Delivery - Elective IP	Actual Delivery - Elective DC	Actual Delivery - Total	Total	Elective IP	Elective DC
Specialty	Division										
171	Paediatric Surgery	Women & Children	30	30	60	6	43	49	81.4%	19.9%	143.6%
251	Paediatric Gastroenterology	Women & Children	1	11	12	2	15	17	138.6%	203.8%	133.0%
252	Paediatric Endocrinology	Women & Children	0	15	15	0	27	27	177.2%	0.0%	181.4%
258	Paediatric Respiratory Medicine	Women & Children	1	36	37	0	0	0	0.0%	0.0%	0.0%
260	Paediatric Medical Oncology	Women & Children	0	1	1	0	19	19	3023.9%	0.0%	3023.9%
262	Paediatric Rheumatology	Women & Children	1	7	7	0	12	12	160.5%	0.0%	173.1%
420	Paediatrics	Women & Children	2	56	58	1	44	45	77.0%	48.0%	78.0%
501	Obstetrics	Women & Children	1	0	1	66	0	66	7223.0%	7223.0%	0.0%
502	Gynaecology	Women & Children	110	93	203	108	89	197	96.9%	97.6%	96.1%
3	W&C	Women & Children	146	249	395	183	249	432	109.3%	124.9%	100.0%

# 110% Activity – October 2022 Forecast vs Plan Outpatients

Medicine	Plan - First	First - Face to Face	First with Procedure - Face to Face	First - Telephone	First - Video	First
Specialty						
300 General Internal Medicine	466	375	0	3	0	81.2%
301 Gastroenterology	615	119	0	176	0	48.0%
302 Endocrinology	186	111	0	0	0	59.7%
303 Clinical Haematology	528	369	0	9	5	72.5%
306 Hepatology	138	75	0	5	0	57.8%
307 Diabetes	341	108	0	114	12	68.5%
308 Blood and Marrow Transplantation	1	0	0	0	0	0.0%
315 Palliative Medicine	226	223	0	3	1	100.3%
320 Cardiology	778	592	55	75	1	85.8%
329 Transient Ischaemic Attack	112	93	19	5	0	87.8%
331 Congenital Heart Disease	16	8	0	1	0	56.4%
340 Respiratory Medicine	257	183	1	9	0	74.5%
341 Respiratory Physiology	132	13	0	83	0	72.6%
350 Infectious Diseases	0	1	0	274	0	0.0%
361 Renal Medicine	101	66	0	5	1	71.1%
400 Neurology	568	390	1	29	2	74.1%
401 Clinical Neurophysiology	386	287	248	0	0	74.4%
410 Rheumatology	442	311	6	3	0	71.0%
430 Elderly Medicine	132	79	0	4	0	63.1%
653 Podiatry	132	72	0	0	0	54.5%
800 Clinical Oncology	1,046	274	1	166	0	42.0%
<b>1 Medicine</b>	<b>6,604</b>	<b>3,748</b>	<b>331</b>	<b>963</b>	<b>22</b>	<b>71.7%</b>

Plan - First	First - Face to Face	First with Procedure - Face to Face	First - Telephone	First - Video	First
24,057	16,187	3,715	2,050	189	76.6%

## W&C

	Plan - First	First - Face to Face	First with Procedure - Face to Face	First - Telephone	First - Video	First
Specialty						
171 Paediatric Surgery	255	209	108	24	6	93.6%
251 Paediatric Gastroenterology	38	12	0	1	0	34.6%
252 Paediatric Endocrinology	27	29	0	0	0	105.5%
253 Paediatric Clinical Haematology	3	1	0	2	0	100.3%
258 Paediatric Respiratory Medicine	37	34	0	6	0	107.6%
260 Paediatric Medical Oncology	1	0	0	0	0	0.0%
262 Paediatric Rheumatology	24	17	0	0	0	70.8%
263 Paediatric Diabetes	5	6	0	0	0	133.3%
264 Paediatric Cystic Fibrosis	1	0	0	0	0	0.0%
321 Paediatric Cardiology	0	18	0	2	0	0.0%
420 Paediatrics	464	235	0	291	2	113.7%
421 Paediatric Neurology	57	42	0	1	0	75.8%
501 Obstetrics	608	421	0	2	43	76.7%
502 Gynaecology	1,185	949	409	8	0	80.8%
503 Gynaecological Oncology	73	56	6	0	0	76.6%
505 Fetal Medicine Service	0	53	0	0	0	0.0%
<b>3 W&amp;C</b>	<b>2,778</b>	<b>2,082</b>	<b>523</b>	<b>336</b>	<b>51</b>	<b>88.9%</b>



# 110% Activity – October 2022 Forecast vs Plan Outpatients

Surgery		Plan - First	First - Face to Face	First with Procedure - Face to Face	First - Telephone	First - Video	First
Specialty							
100	General Surgery	1,362	1,295	49	153	0	106.3%
101	Urology	1,673	1,223	183	162	0	82.7%
107	Vascular Surgery	206	174	11	10	0	89.2%
108	Spinal Surgery	196	120	1	0	0	61.1%
110	Trauma and Orthopaedic	1,541	1,352	5	44	0	90.6%
120	Ear Nose and Throat	1,719	1,286	725	19	1	76.0%
130	Ophthalmology	1,998	1,241	476	1	2	62.2%
140	Oral Surgery	438	294	0	1	0	67.4%
141	Restorative Dentistry	4	0	0	0	0	0.0%
143	Orthodontic	25	14	1	0	0	55.7%
144	Maxillofacial Surgery	28	24	0	0	0	85.7%
160	Plastic Surgery	376	304	12	8	1	83.4%
173	Thoracic Surgery	33	30	0	3	0	100.4%
180	Emergency Medicine	15	8	0	0	0	54.0%
190	Anaesthetic	11	0	0	0	0	0.0%
191	Pain Management	239	84	0	16	0	41.7%
211	Paediatric Urology	21	19	0	0	0	92.3%
214	Paediatric Trauma and Orthopaedic	293	101	0	66	1	57.3%
215	Paediatric Ear Nose and Throat	217	111	25	5	0	53.5%
216	Paediatric Ophthalmology	200	90	7	0	0	45.1%
219	Paediatric Plastic Surgery	21	25	2	0	0	121.3%
254	Paediatric Audio Vestibular Medicine	249	212	111	0	0	85.2%
257	Paediatric Dermatology	59	31	13	0	0	52.4%
304	Clinical Physiology	186	106	87	0	0	56.9%
310	Audio Vestibular Medicine	167	88	65	1	10	59.3%
317	Allergy	5	6	1	0	0	124.3%
330	Dermatology	1,179	1,105	905	1	0	93.8%
658	Orthotics	153	63	0	0	0	41.2%
840	Audiology	567	278	154	0	0	49.0%
2	<b>Surgery</b>	<b>13,181</b>	<b>9,683</b>	<b>2,832</b>	<b>489</b>	<b>15</b>	<b>77.3%</b>

CSS		Plan - First	First - Face to Face	First with Procedure - Face to Face	First - Telephone	First - Video	First
Specialty							
311	Clinical Genetics	12	0	0	0	0	0.0%
650	Physiotherapy	768	341	6	111	62	67.0%
651	Occupational Therapy	341	215	24	36	3	74.5%
652	Speech and Language Therapy	48	18	0	9	1	57.9%
654	Dietetics	308	77	0	97	28	65.6%
711	Child and Adolescent Psychiatry	12	15	0	1	7	192.8%
811	Interventional Radiology	6	8	0	7	0	237.7%
4	<b>CSS</b>	<b>1,495</b>	<b>674</b>	<b>30</b>	<b>261</b>	<b>101</b>	<b>69.3%</b>

# Supplementary Report



# Non-Elective Care

# Non-Elective Summary Overview

## NNUH Non-Elective Recovery & Improvement Plan 2022/23

### Core Clinical Review Standards

KPI	1. Ambulance Handover <15 min			2. Ambulance Handover <30 min			3. Ambulance Handover >60 min			4. Initial Assessment < 15 mins			5. Admitted within 1 hour of clinically ready to proceed			6. Total Time in ED < 12 hours			7. Average Time in ED (Non-Adm)			8. 4hr Standard		
Target	65%			95%			5%			100%			100%			98%			220			95%		
	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update
Apr-22	24.93%	25.0%	Significantly behind trajectory and reduced performance from November. Over congested wards, assessment areas and high flu levels preventing ambulance offload.	52.18%	50.0%	Significantly behind trajectory and reduced performance from November. Over congested wards, assessment areas and high flu levels preventing ambulance offload.	30.37%	32.0%	Significantly behind trajectory and reduced performance from November. Over congested wards, assessment areas and high flu levels preventing ambulance offload.	43.52%	31.7%	Significantly behind trajectory and reduced performance from November.	23.39%	19.2%	Significantly behind trajectory but best performance in month since April 2022.	88.58%	88.4%	Slightly behind trajectory and reduced performance from November. Reduced initial assessment (under 15 minutes) performance contributed towards this.	272	293	Slightly ahead of trajectory but reduced performance from November. Reduced initial assessment (under 15 minutes) performance contributed towards this.	70.27%	63.9%	Slightly behind trajectory and reduced performance from November.
May-22	20.59%	28.0%		45.82%	54.0%		31.71%	28.0%		37.22%	40.0%		16.46%	24.0%		88.73%	89.0%		275	290		68.42%	64.0%	
Jun-22	25.12%	35.0%		52.94%	62.0%		25.77%	25.0%		40.23%	49.0%		15.30%	30.0%		88.68%	90.0%		282	286		68.11%	66.0%	
Jul-22	14.33%	40.0%		36.37%	69.0%		43.54%	20.0%		37.57%	62.0%		15.05%	38.0%		86.50%	90.5%		294	280		66.85%	68.0%	
Aug-22	16.30%	45.0%		41.88%	75.0%		37.38%	16.0%		43.95%	68.0%		11.53%	49.0%		86.43%	91.0%		278	275		70.45%	70.0%	
Sep-22	10.32%	50.0%		28.91%	80.0%		52.17%	12.0%		40.60%	76.0%		13.05%	57.0%		85.17%	92.0%		293	270		68.64%	72.0%	
Oct-22	6.99%	55.0%		21.88%	84.0%		61.03%	10.0%		40.40%	80.0%		14.15%	70.0%		87.03%	94.0%		286	261		70.07%	76.0%	
Nov-22	18.71%	60.0%		34.72%	88.0%		48.25%	9.0%		51.38%	86.0%		19.03%	78.0%		91.23%	95.0%		228	250		74.70%	78.0%	
Dec-22	16.22%	61.0%		32.95%	91.0%		54.12%	8.0%		47.11%	89.0%		21.04%	87.0%		89.81%	96.0%		239	240		74.37%	85.0%	
Jan-23		62.0%			92.0%			8.0%			95.0%			94.0%			97.0%			232			89.0%	
Feb-23		63.0%		93.0%		7.0%		98.0%		98.0%		97.5%		228		91.0%								
Mar-23		65.0%		95.0%		5.0%		100.0%		100.0%		98.0%		220		95.0%								

### Non-elective Improvement Additional Internal KPIs

KPI	9. SDEC Activity as total of emergency presentations excl. ED			10. Average Time in ED (Adm)			11. Virtual Ward Activity			12. Average LOS			13. D2A 0 Patients NC2R			14. GP Streaming			15. D2A 1-3 Patients NC2R (now <6.5% of bed base, was 2.5%)			16. Discharges Before 12 Noon		
Target	60%			220			Avg. 60 Patients			4.5			50			28%			60			25%		
	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update	Actual	Trajectory	Latest Update
Apr-22	51.53%	53.1%	SDEC activity performance dropped in December and was the worst performing month for 2022-23 so far.	669	635	Significant rise in the average time in ED for admitted patients in December. High numbers of patients attending ED Majors and Resus contributed towards this figure.	16	20	Slight increase on November levels but remain significantly behind trajectory. Generally acuity has remained high and it has proven challenging to find more patients ready to be transferred onto virtual ward.	5.2	5.4	Average LoS has reduced by 0.3 days from November and 0.5 days from October, but remains behind trajectory and performance in April to July 2022.	55	68	Progress made in December with a reduction in the number of patients on Pathway 0 with No Criteria to Reside. However, remains behind trajectory and April-October 2022 levels.	19.8%	15.0%	Ahead of trajectory and highest performing month for 2022/23 so far.	147	130	Lowest number of D2A 1-3 Patients with No Criteria to Reside since June 2022, but remain significantly behind trajectory.	15.7%	14.0%	Slightly behind trajectory and reduced performance from October and November.
May-22	52.81%	53.0%		666	625		18	25		5.1	5.4		49	67		16.3%	16.0%		148	120		15.8%	15.0%	
Jun-22	53.11%	54.0%		659	620		25	30		5.0	5.3		43	66		16.1%	17.0%		160	110		15.8%	16.0%	
Jul-22	53.51%	54.5%		734	613		28	32		5.0	5.2		58	65		17.7%	18.0%		190	100		16.3%	17.0%	
Aug-22	54.61%	55.0%		820	599		28	35		5.4	5.1		65	64		17.3%	19.0%		221	90		15.4%	18.0%	
Sep-22	54.39%	56.0%		859	580		24	41		5.2	5		57	63		17.2%	20.0%		241	86		15.6%	19.0%	
Oct-22	52.26%	56.5%		761	542		28	46		5.8	4.9		66	62		16.9%	22.0%		211	84		17.7%	20.0%	
Nov-22	52.09%	57.0%		581	500		26	49		5.6	4.8		74	61		18.9%	24.0%		208	80		16.7%	21.0%	
Dec-22	48.93%	57.5%		666	402		28	54		5.3	4.8		67	60		25.2%	25.0%		181	75		16.4%	22.0%	
Jan-23		58.0%					300				56			4.7			58			60			26.0%	
Feb-23		59.0%			240			58		4.6			55		50		27.0%				68			24.0%
Mar-23		60.0%			220			60		4.5			50		50		28.0%				66			25.0%

Key:

More than 10% away from Trajectory

Within 10% of Trajectory

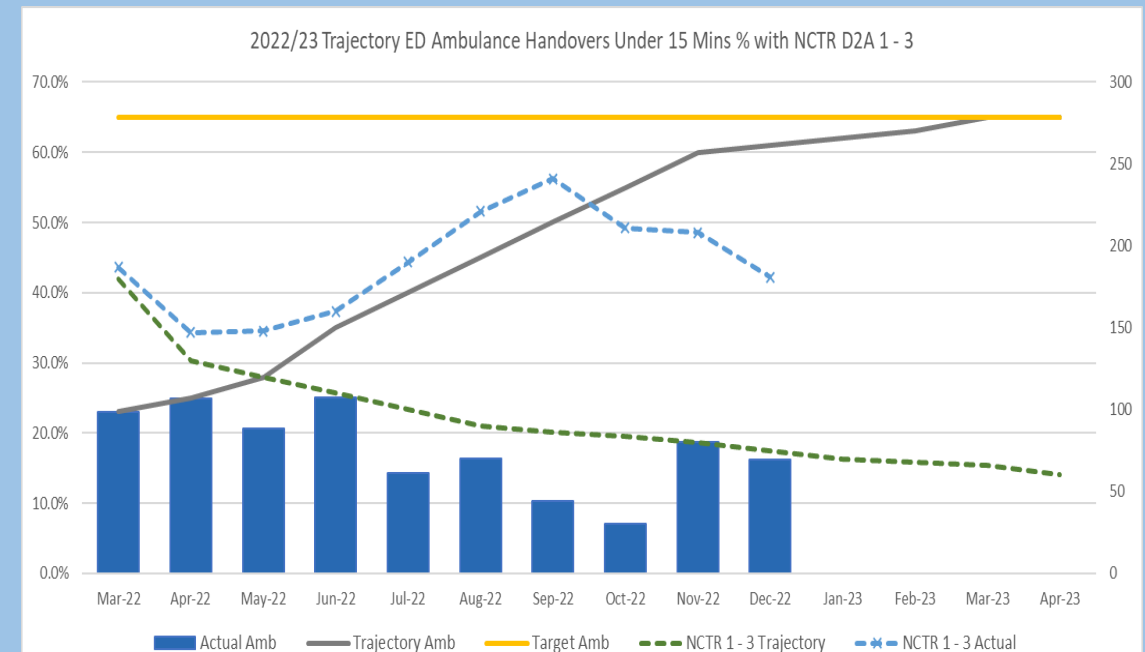
Target or trajectory hit

Target and trajectory hit

# Performance – Ambulance Performance < 15 Minutes

Hospital Name	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Addenbrookes Hospital	34.48%	32.55%	31.87%	29.27%	25.57%	30.90%	27.10%	18.72%	31.23%	35.80%	26.62%	44.52%	28.46%	30.71%
Basildon & Thurrock Hospital	40.19%	45.17%	40.35%	26.01%	19.98%	21.80%	23.34%	18.83%	21.33%	17.66%	13.11%	15.49%	10.60%	25.48%
Bedford Hospital South Wing	43.26%	43.32%	42.32%	44.60%	38.31%	43.34%	42.63%	43.12%	49.22%	48.37%	46.72%	49.41%	41.42%	44.35%
Broomfield Hospital	30.39%	33.15%	22.51%	16.46%	19.85%	27.52%	29.61%	21.22%	22.77%	22.53%	20.06%	22.05%	9.51%	23.22%
Colchester General Hospital	16.46%	19.49%	16.94%	13.16%	11.53%	17.10%	14.29%	14.86%	14.92%	13.20%	5.91%	5.96%	6.21%	13.73%
Hinchingbrooke Hospital	12.23%	13.69%	16.04%	11.00%	11.67%	12.74%	13.58%	10.38%	20.16%	36.35%	33.06%	55.55%	34.15%	21.95%
Ipswich Hospital	27.00%	31.30%	30.32%	22.62%	21.95%	27.14%	25.97%	21.18%	26.58%	26.01%	15.13%	18.43%	14.04%	24.14%
James Paget Hospital	17.57%	22.75%	18.81%	17.34%	19.95%	23.35%	16.08%	11.80%	9.64%	8.53%	8.09%	12.61%	8.62%	15.12%
Lister Hospital	9.21%	8.32%	8.20%	5.44%	4.95%	5.68%	3.78%	3.55%	4.70%	3.38%	3.11%	3.39%	2.81%	5.29%
Luton And Dunstable Hospital	41.51%	39.37%	38.05%	36.51%	34.81%	35.09%	31.95%	29.95%	31.90%	26.43%	28.56%	29.28%	26.27%	33.53%
Norfolk & Norwich University Hospital	29.32%	26.28%	21.97%	19.51%	24.53%	19.95%	24.24%	13.50%	16.02%	9.79%	6.19%	17.86%	14.33%	19.40%
Peterborough City Hospital	5.27%	4.22%	4.55%	2.44%	4.01%	5.29%	3.79%	4.09%	5.69%	7.66%	6.40%	5.69%	3.69%	4.85%
Princess Alexandra Hospital	14.75%	17.29%	15.50%	11.99%	15.90%	15.34%	16.72%	9.34%	10.03%	10.64%	7.06%	8.36%	8.64%	12.74%
Queen Elizabeth Hospital	31.04%	41.41%	29.90%	20.49%	32.30%	29.85%	20.46%	26.29%	23.78%	18.72%	12.41%	15.51%	11.56%	24.94%
Southend University Hospital	13.20%	12.40%	9.79%	10.01%	13.66%	10.96%	10.30%	11.60%	9.48%	11.67%	10.81%	8.64%	7.73%	10.89%
Watford General Hospital	5.63%	6.69%	6.69%	6.70%	7.61%	5.93%	4.64%	5.85%	5.88%	9.56%	5.36%	6.58%	5.31%	6.37%
West Suffolk Hospital	36.41%	37.36%	41.34%	34.29%	36.39%	38.72%	29.42%	31.17%	35.40%	37.88%	24.69%	24.37%	18.88%	33.20%
<b>Total</b>	<b>25.27%</b>	<b>26.72%</b>	<b>24.45%</b>	<b>20.53%</b>	<b>20.95%</b>	<b>22.99%</b>	<b>20.91%</b>	<b>18.18%</b>	<b>20.47%</b>	<b>20.94%</b>	<b>16.81%</b>	<b>20.84%</b>	<b>15.21%</b>	<b>21.34%</b>

KPI	1. Ambulance Handover < 15 min		
Target	65%		
	Actual	Trajectory	Latest Update
Apr-22	24.93%	25.0%	<b>Performance:</b> Ranking 10 <sup>th</sup> in the region from December 2021 to December 2022, and 6 <sup>th</sup> for the month (December 2022). Reduced performance from November and remain significantly behind trajectory.
May-22	20.59%	28.0%	
Jun-22	25.12%	35.0%	
Jul-22	14.33%	40.0%	
Aug-22	16.30%	45.0%	
Sep-22	10.32%	50.0%	<b>Root Cause:</b> High numbers of patients with no criteria to reside, although a reduction on previous 5 months. Infections requiring isolation increased towards the end of the month – impacting hospital flow through from ED. Daily average of 40 surge beds occupied in December.
Oct-22	6.99%	55.0%	
Nov-22	18.71%	60.0%	
Dec-22	16.22%	61.0%	
Jan-23		62.0%	
Feb-23		63.0%	<b>Actions for the Next Period:</b> Exploring additional post-acute bed capacity. Live data monitoring on the number of patient moves from ED to Assessment areas and Wards, in line with agreed Full Hospital Protocol.
Mar-23		65.0%	



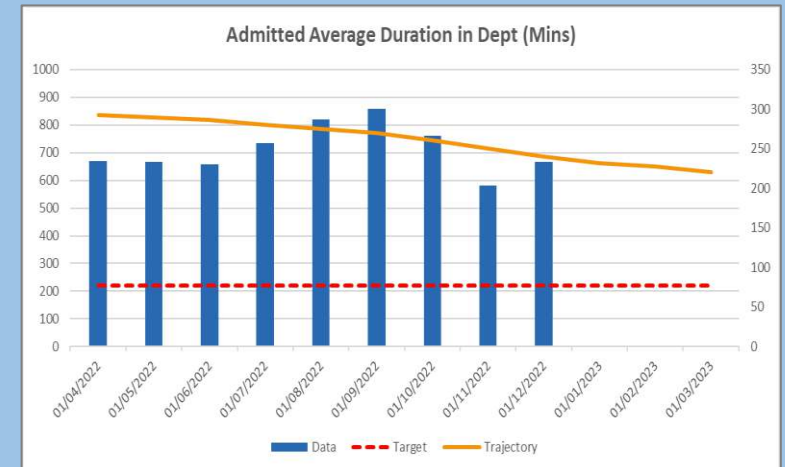
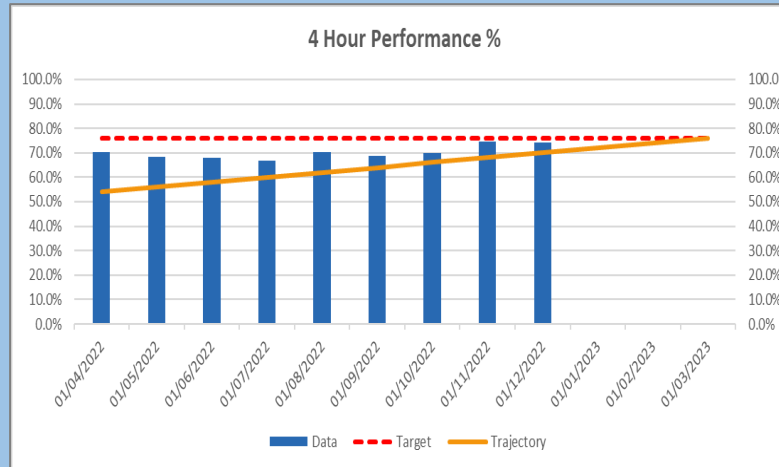
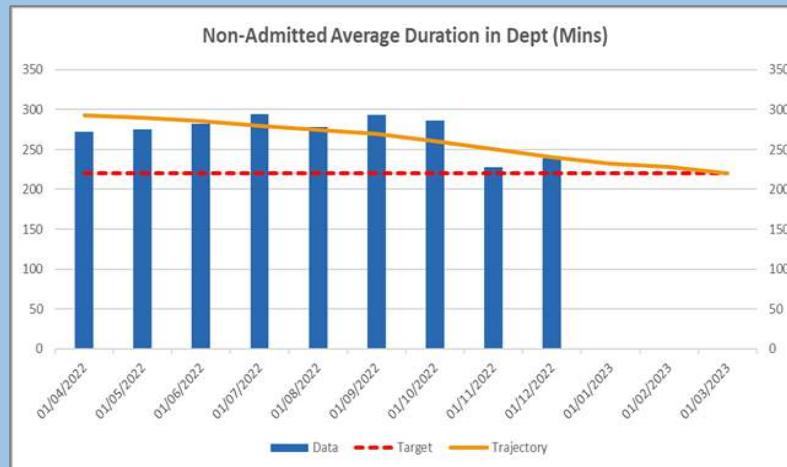
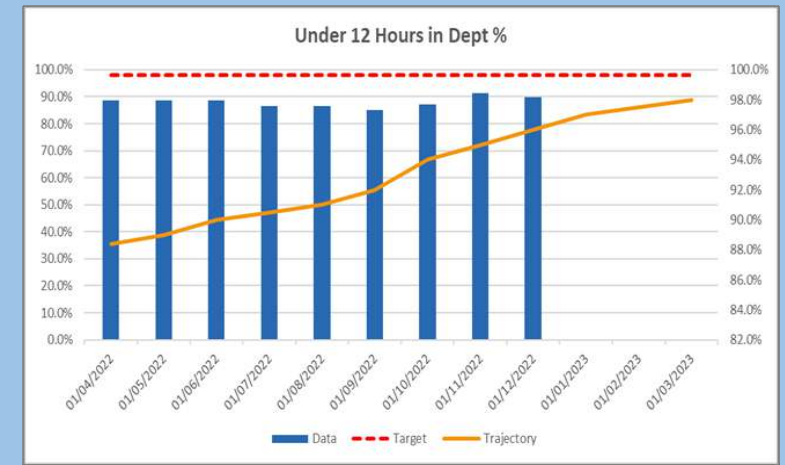
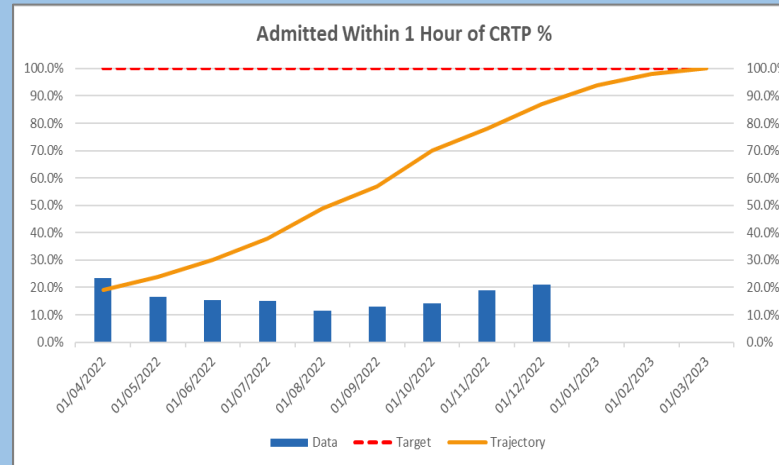
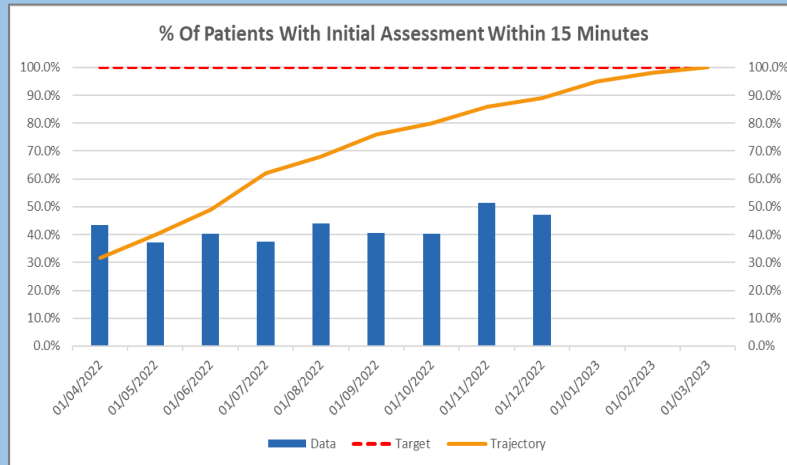


# Performance – Ambulance Performance > 60 Minutes

Hospital Name	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Addenbrookes Hospital	4.74%	7.66%	6.73%	13.06%	11.98%	4.53%	9.29%	15.19%	4.46%	8.09%	16.56%	1.78%	23.49%	9.45%
Basildon & Thurrock Hospital	5.47%	2.10%	6.77%	16.13%	18.68%	21.03%	19.79%	26.79%	23.34%	32.00%	38.30%	28.24%	35.35%	19.64%
Bedford Hospital South Wing	6.28%	7.38%	5.62%	4.38%	7.97%	2.59%	2.60%	5.49%	3.10%	6.74%	4.71%	5.55%	14.15%	5.88%
Broomfield Hospital	11.82%	13.79%	20.74%	27.16%	24.47%	13.83%	10.91%	20.90%	16.93%	21.05%	27.88%	18.72%	42.52%	20.41%
Colchester General Hospital	5.64%	2.26%	4.01%	8.60%	6.62%	5.86%	10.47%	13.94%	10.48%	14.08%	40.32%	40.97%	32.36%	13.14%
Hinchingbrooke Hospital	22.39%	15.75%	20.10%	30.65%	19.94%	19.42%	20.69%	38.06%	19.38%	8.07%	9.55%	4.94%	25.19%	19.09%
Ipswich Hospital	10.57%	14.49%	11.15%	14.91%	12.41%	6.65%	10.70%	13.87%	11.71%	14.30%	29.08%	21.33%	32.78%	15.07%
James Paget Hospital	17.78%	16.97%	27.88%	29.66%	23.97%	18.22%	31.79%	47.54%	49.63%	46.15%	58.01%	41.43%	57.23%	35.59%
Lister Hospital	17.96%	21.64%	17.65%	23.72%	36.20%	27.19%	29.72%	46.79%	35.28%	47.23%	52.55%	50.60%	52.81%	33.95%
Luton And Dunstable Hospital	6.49%	6.95%	8.38%	9.21%	8.50%	5.13%	8.38%	13.01%	7.18%	10.43%	16.83%	11.35%	22.29%	9.97%
Norfolk & Norwich University Hospital	22.29%	27.70%	36.78%	38.70%	31.59%	32.17%	27.25%	45.10%	39.67%	53.18%	62.66%	49.94%	57.02%	39.42%
Peterborough City Hospital	28.78%	31.54%	33.01%	38.57%	36.52%	27.61%	31.25%	37.86%	23.14%	20.52%	26.14%	21.47%	33.88%	29.86%
Princess Alexandra Hospital	26.88%	25.12%	31.26%	34.62%	20.87%	21.22%	19.13%	33.68%	27.26%	35.15%	34.84%	39.22%	40.68%	29.45%
Queen Elizabeth Hospital	27.87%	13.96%	21.74%	44.30%	25.14%	27.45%	38.75%	32.97%	36.19%	42.77%	56.08%	52.11%	60.07%	35.61%
Southend University Hospital	15.96%	23.74%	29.70%	35.01%	33.10%	31.62%	23.96%	26.08%	33.70%	38.05%	40.32%	37.15%	47.13%	31.03%
Watford General Hospital	11.97%	10.57%	12.85%	12.36%	11.07%	18.54%	32.95%	28.01%	24.98%	23.50%	28.96%	32.07%	31.84%	21.42%
West Suffolk Hospital	3.43%	3.12%	2.65%	4.98%	2.40%	1.58%	5.70%	6.15%	6.46%	4.66%	14.11%	15.64%	23.10%	6.81%
<b>Total</b>	<b>13.61%</b>	<b>13.83%</b>	<b>16.60%</b>	<b>21.60%</b>	<b>19.02%</b>	<b>15.93%</b>	<b>18.46%</b>	<b>25.26%</b>	<b>20.89%</b>	<b>23.77%</b>	<b>32.21%</b>	<b>27.41%</b>	<b>37.33%</b>	<b>21.48%</b>

KPI	3. Ambulance Handover > 60 min			
Target	5%			
	Actual	Trajectory	Latest Update	
<b>Apr-22</b>	30.37%	32.0%	<p><b>Performance:</b> Ranking 17<sup>th</sup> in the region from December 2021 to December 2022, and 15<sup>th</sup> for the month (December 2022). Reduced performance from November and remain significantly behind trajectory.</p> <p><b>Root Cause:</b> High numbers of patients with no criteria to reside, although a reduction on previous 5 months. Infections requiring isolation increased towards the end of the month – impacting hospital flow through from ED. Daily average of 40 surge beds occupied in December.</p> <p><b>Actions for the Next Period:</b> Exploring additional post-acute bed capacity. Live data monitoring on the number of patient moves from ED to Assessment areas and Wards, in line with agreed Full Hospital Protocol.</p>	
<b>May-22</b>	31.71%	28.0%		
<b>Jun-22</b>	25.77%	25.0%		
<b>Jul-22</b>	43.54%	20.0%		
<b>Aug-22</b>	37.38%	16.0%		
<b>Sep-22</b>	52.17%	12.0%		
<b>Oct-22</b>	61.03%	10.0%		
<b>Nov-22</b>	48.25%	9.0%		
<b>Dec-22</b>	54.12%	8.0%		
<b>Jan-23</b>		8.0%		
<b>Feb-23</b>		7.0%		
<b>Mar-23</b>		5.0%		

# Performance – ED Performance

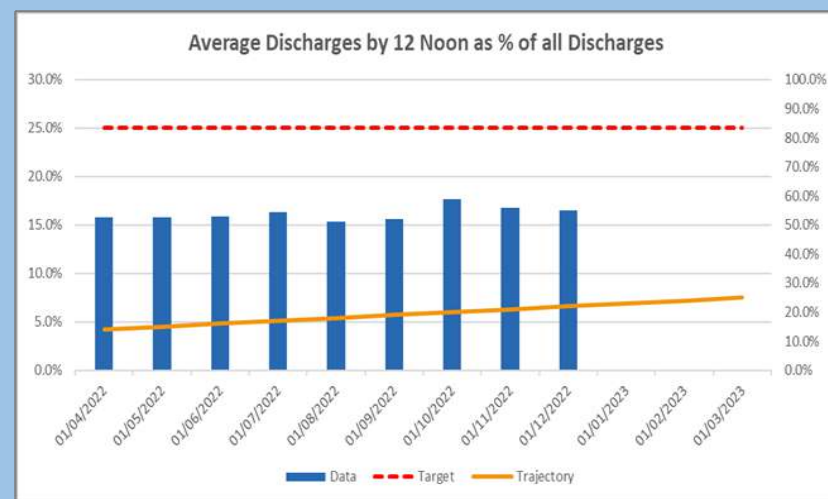
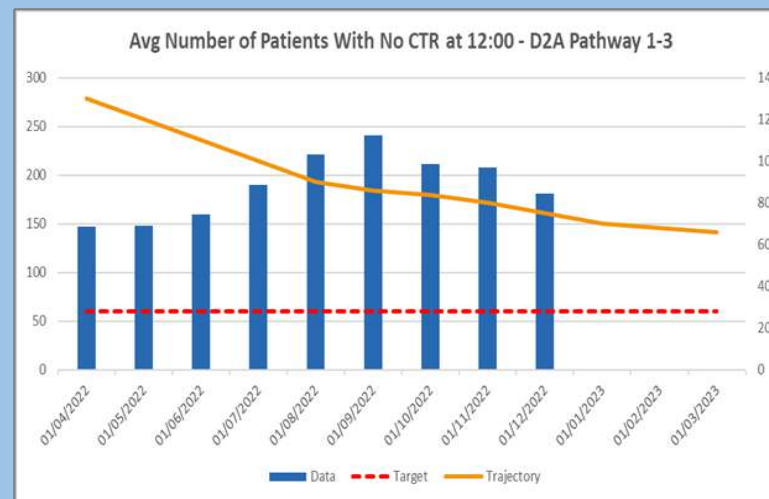
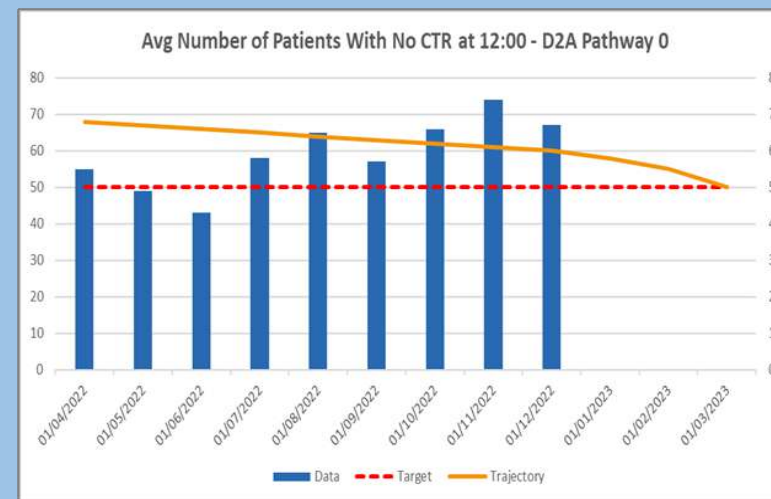
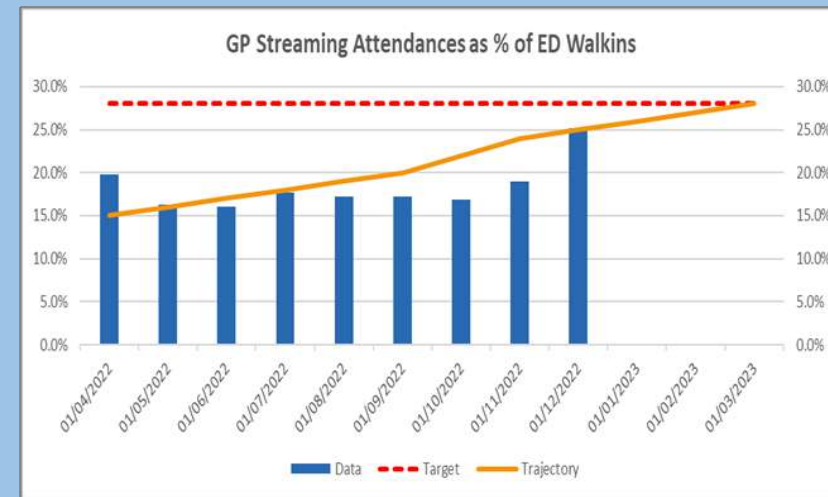
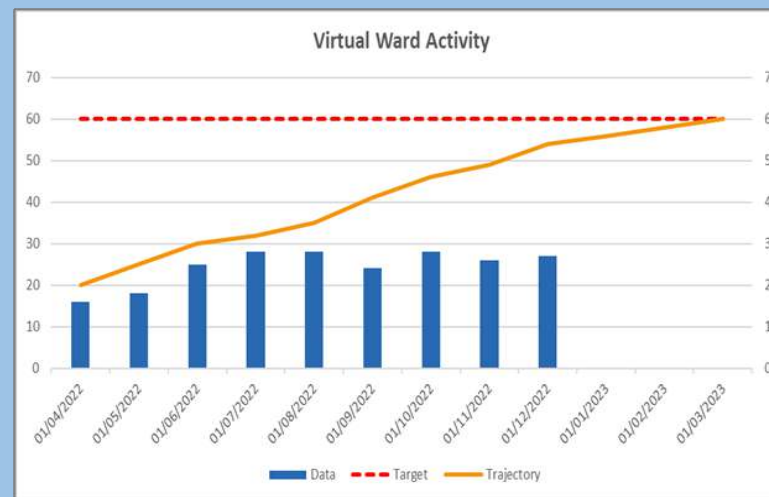
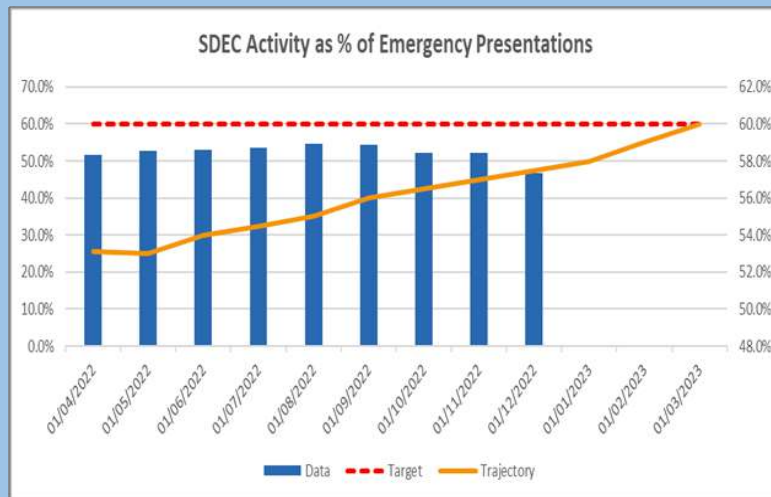


## Commentary

**Performance:** The overall position reflects the extremely challenging situation and the Trust being in a constant state of business continuity and OPEL 4 status. Reductions in performance across all areas, with the exception of the percentage of patients admitted within 1 hour of Clinically Ready to Proceed, though this remains significantly behind trajectory. The average duration of non-admitted patients in the department has increased compared to November, but is in line with trajectory.

**Root Cause:** Significant congestion and overcrowding in ED with high numbers of patients in the department and infections requiring isolation impacting flow. Still in surge.

# Performance – Through & Out: Alternative Pathways & Discharge



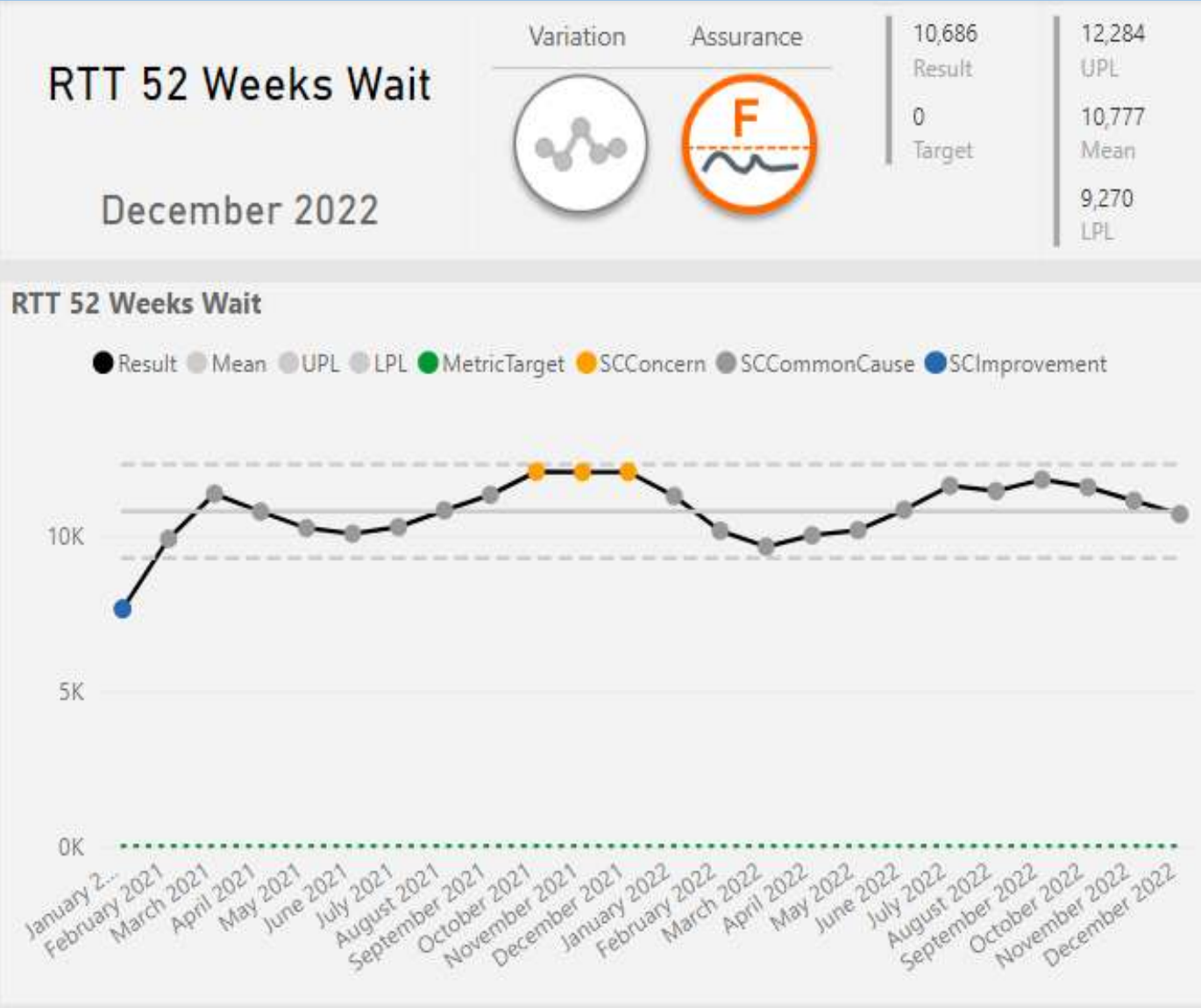
## Commentary

**Performance:** All metrics remain behind trajectory, with the exception of average discharges by 12 noon as a percentage of all discharges. Improvements in D2A 0 and 1-3 performance, GP streaming attendance as a percentage of walk-ins and virtual ward activity. Slight reductions in performance across other metrics.

**Root Cause:** Significant congestion and overcrowding in ED with high numbers of patients in the department and infections requiring isolation impacting flow. Still in surge.

# Elective Care





Commentary

**December 2022 Performance**  
There has been a reduction in the number of 52-week breaches going from 11,602 in October to 10,686 in December.

**Divisional Breakdown:**  
Medicine – 256  
Surgery – 8,603  
W&C – 1,818  
CSS – 9.

Of the 10,686 patients, the majority are in 6 specialities:

Speciality	November	December	Trend
T&O	2,385	2,415	↑
Dermatology	2,123	1,835	↓
ENT	1,967	1,816	↓
Gynaecology	1,702	1,655	↓
General Surgery	636	629	↓
Ophthalmology	546	551	↑

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

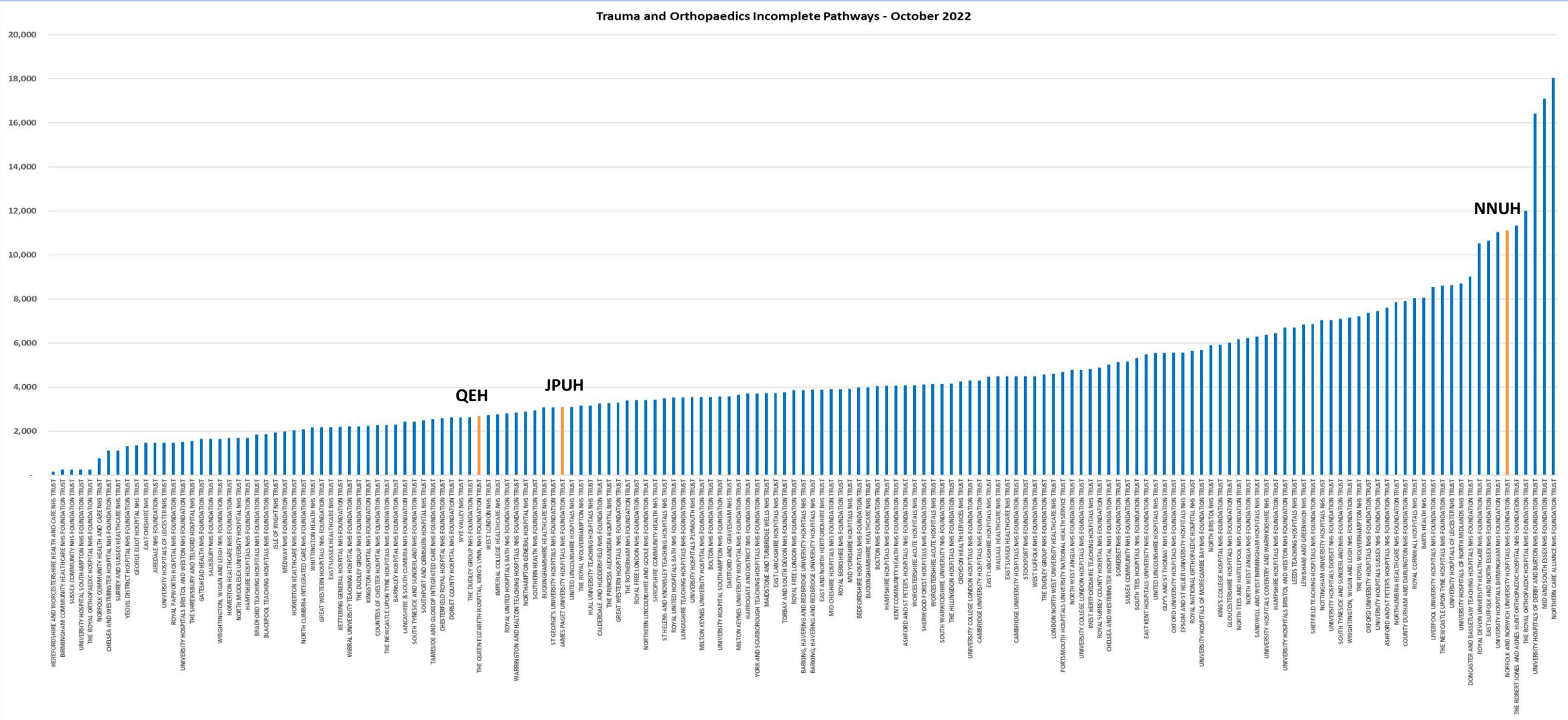
- Improvement Actions**
1. Continued focus on creating additional capacity (WLI at weekends) to treat the most urgent patients to then focus on longer waiting patients.
  2. Insourcing and Independent Sector solutions are continuing.
  3. Development of 5 interventions to increase theatre capacity is ongoing.

Risk To Delivery

GREEN



Performance – T&O Waiting List Benchmarking



Comments

The Orthopaedic waiting list shows NNUH moving from 7<sup>th</sup> to 6<sup>th</sup> largest in England as of October 2022, with 11,111 patients.

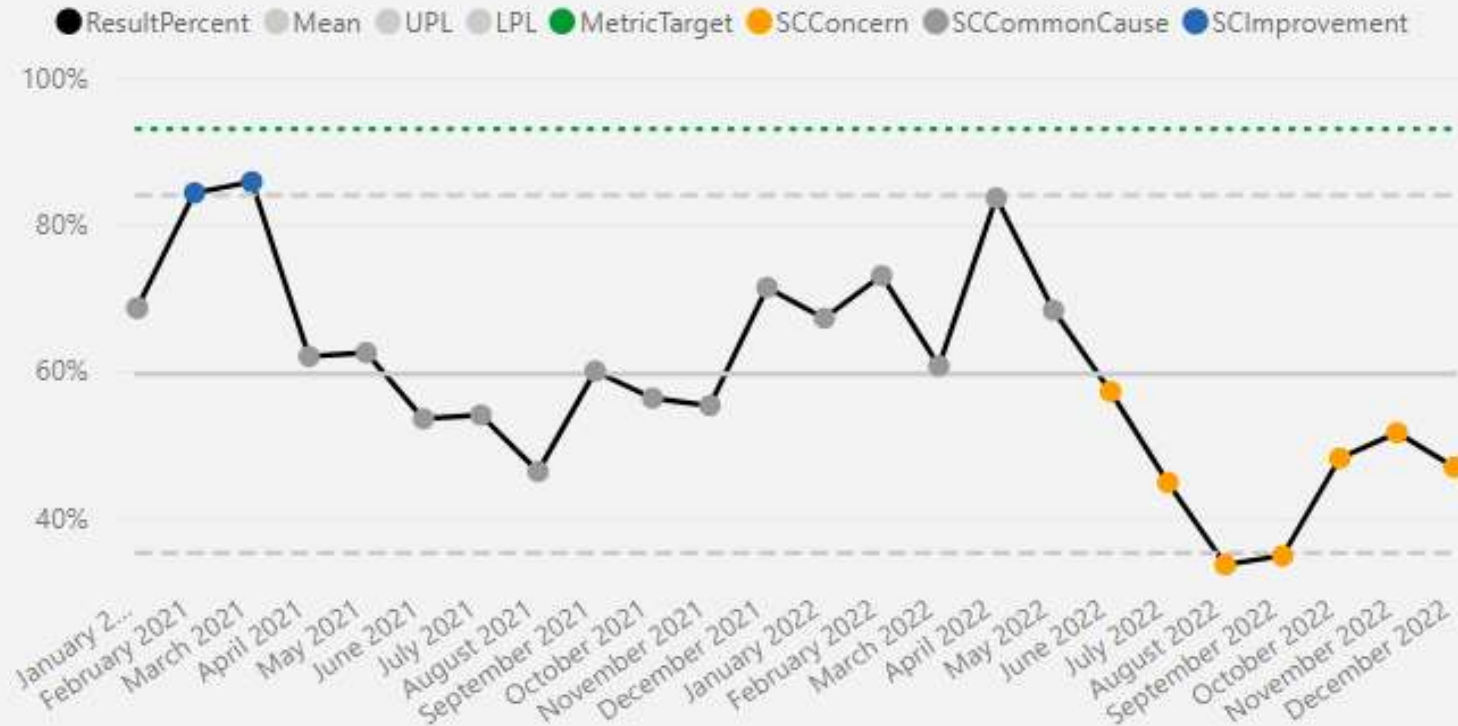
## 2WW Performance (signed off figures)

December 2022



46.90%	84.00%
Result	UPL
93.00%	59.60%
Target	Mean
	35.20%
	LPL

## 2WW Performance (signed off figures)



## Commentary

### December 2022 Performance (Provisional)

Improvement in backlog numbers through to November had shown an upturn in performance, however, due to a reduction in clinical activity and patient choice over the Christmas period this has increased the backlog temporarily. Backlogs have already reduced in the beginning of January. Further improvements in performance expected in February.

### Improvement Actions

1. Telederm pilot for Skin Two Week Wait patients continues. Pilot expected to be complete in March 2023.
2. Additional Skin sessions in conjunction with Telederm pilot in place on weekends to improve backlog further.
3. Urology and Gynae positions recovered in January. Performance improvement expected in February.

### Risk To Delivery

**RED**

2WW Backlog Profile  
(Cancer)

December 2022

Variation

Assurance



389

Result

751

UPL

N/A

Target

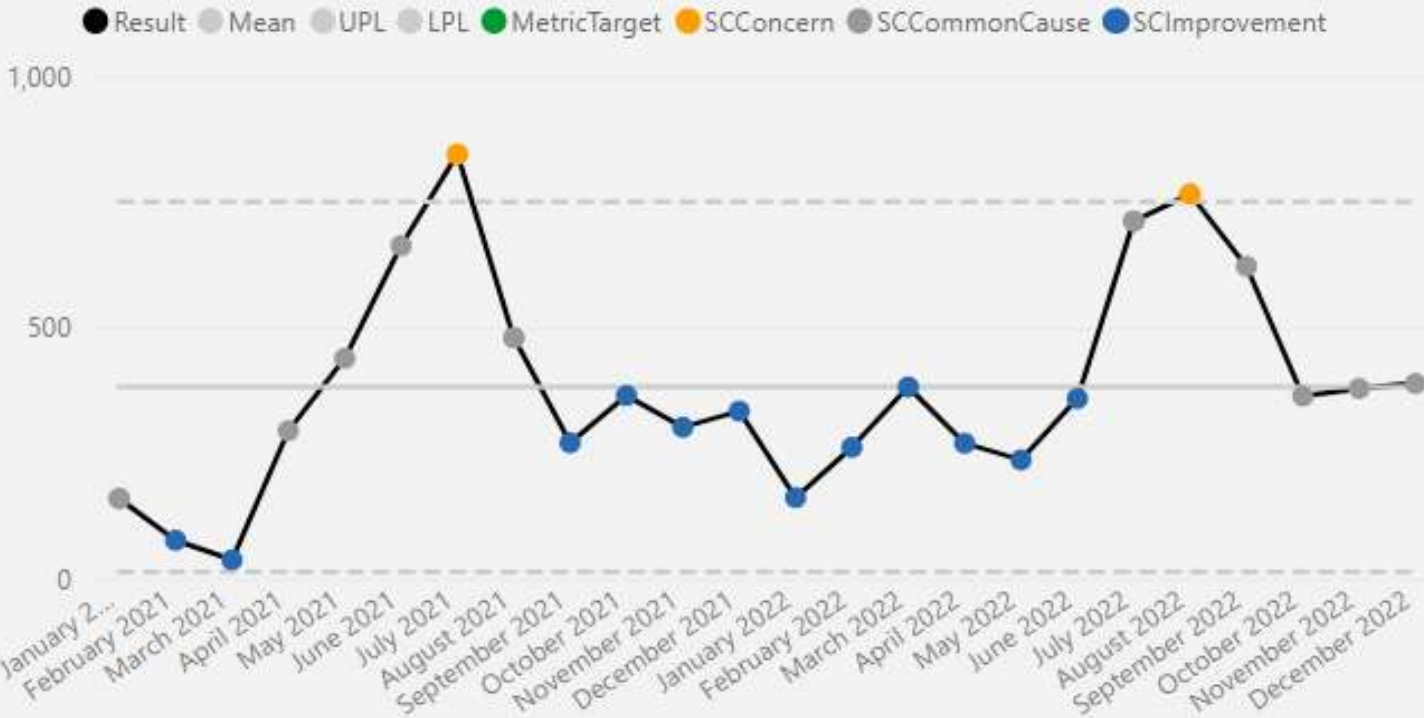
382

Mean

14

LPL

2WW Backlog Profile (Cancer)



Commentary

December 2022 Performance

The number of patients over 14 days has plateaued in recent months. This is due to increased referrals in Gynaecology and Urology in November, and reduction of activity due to the Christmas period. We have already seen a large backlog reduction in January and it is expected to have a much improved position by 31<sup>st</sup> January, with a corresponding improvement in activity from February.

Improvement Actions

1. Additional nurse led PMB clinic agreed to increase baseline Gynaecology two week wait capacity and agreement from Women and Children's to outsource some Two Week Wait clinic capacity.
2. Lower GI Two Week Wait form reviewed in line with new guidance and awaiting approval for publication.
3. SOP for effective management of patients referred with a negative FIT currently awaiting clinical sign off. This has been escalated within the Surgical Division.

Risk To Delivery

RED



## 62 Day Performance

December 2022



Variation

Assurance

51.70%

Result

63.20%

UPL

N/A

Target

54.30%

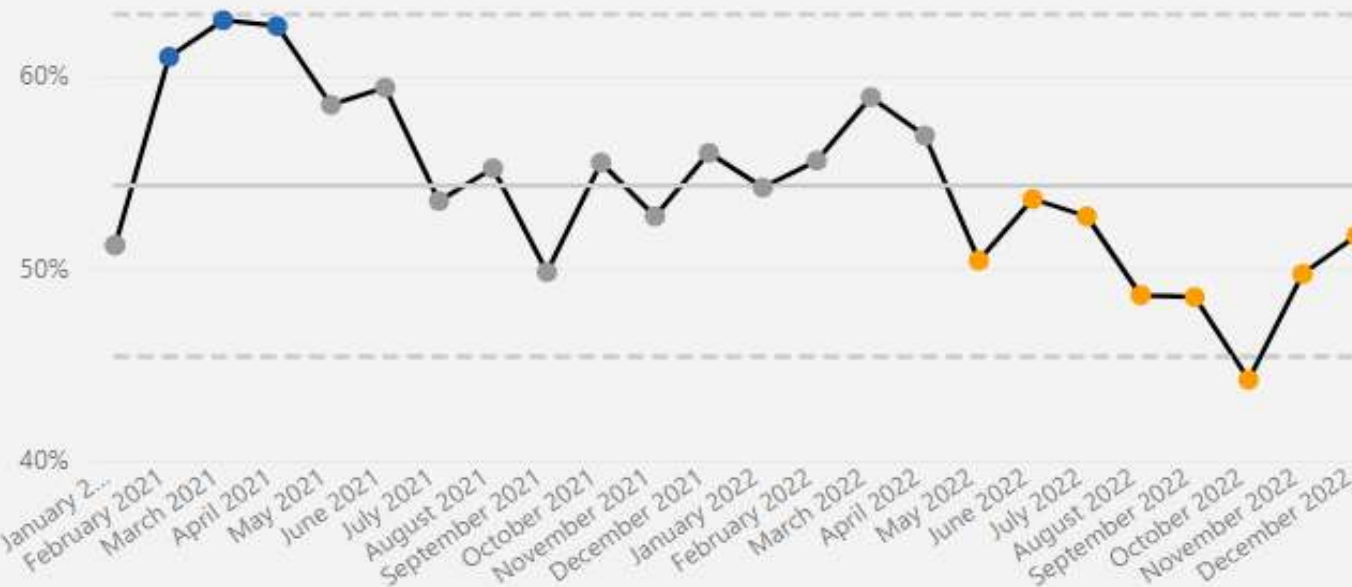
Mean

45.40%

LPL

### 62 Day Performance

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



### Commentary

#### December 2022 Performance

Improvements in backlogs through November and December has translated into an upturn in performance. However, due to the increases in the 62 day backlog by the end of the month, and patients electing to receive first definitive treatment in January instead of over the holiday period there will be a corresponding downturn in performance in January. Continued improvements will be seen from February onwards.

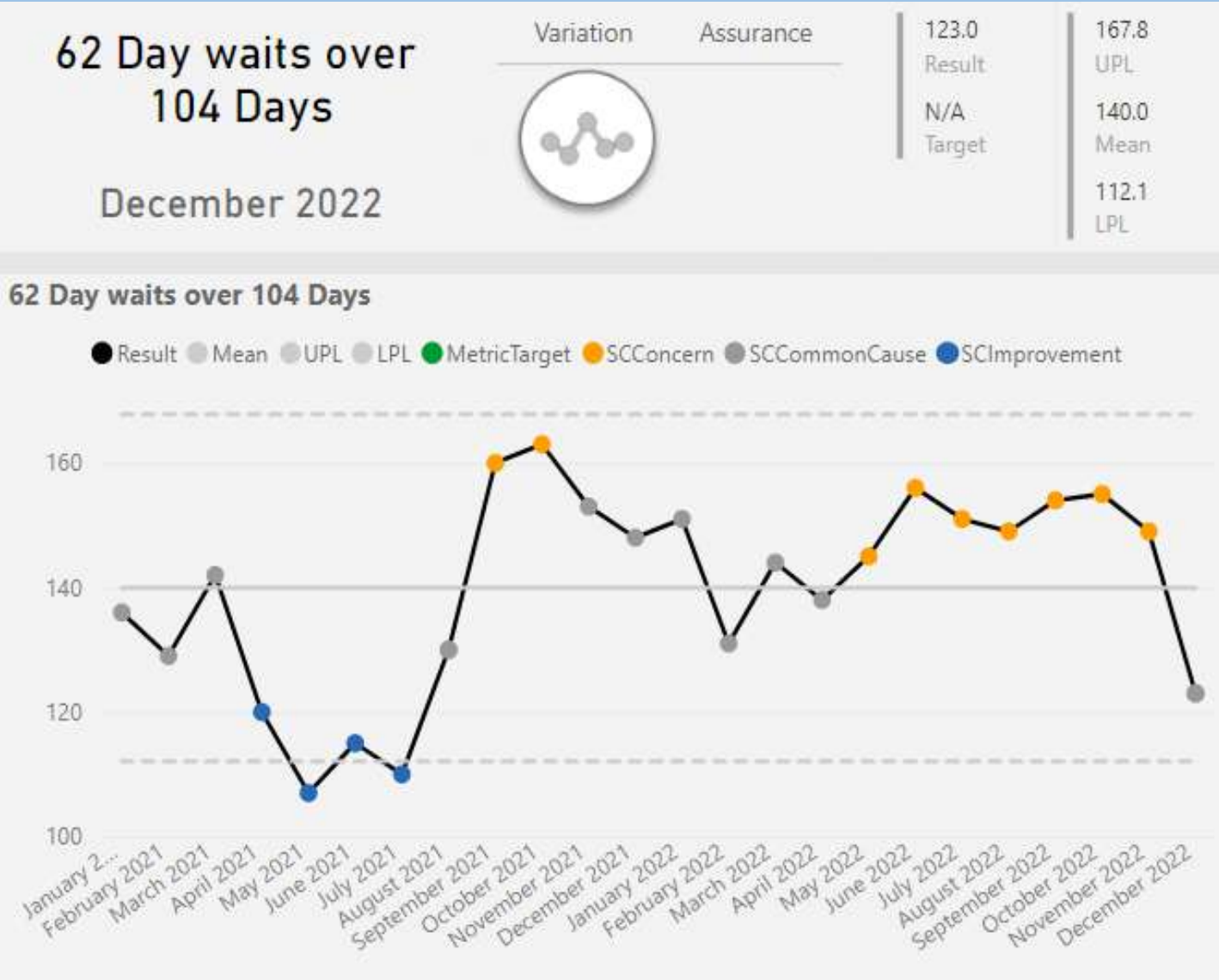
#### Improvement Actions

1. Recovery work across the ASI services relating to Cancer (Urology and ENT) is to commence in February. NNUH to support both QEH and JPUH to ensure recovery is in line with NNUH trajectories.
2. Implementation of Artificial Intelligence for Prostate Biopsy Histopathology Reporting delayed due to Procurement, not expected to be implemented for a further 6 months. This will reduce the need for dual reporting to free up consultant time.
3. Additional Histopathologists commencing in post in January and February 2023, supporting reduction in turnaround times to improve time to diagnosis.

#### Risk To Delivery

**RED**





Commentary

December 2022 Performance

The good work in managing the reduction in the 62 day waiters has resulted in a large reduction in patients waiting over 104 days by the end of December.

Improvement Actions

1. Continued focus on managing the longest waiting patients with robust escalation to ensure patients are diagnosed and treated as quick as possible.
2. High volume of patients over 104 days are 'late tertiary referrals' from other Trusts. Increased focus to ensure these patients are treated within 24 days of referral will ensure the full breach sits with the referring organisation.
3. Rapid improvement event for Prostate commenced week commencing 9<sup>th</sup> January. Focus on ensuring diagnostic testing occurs within 9 days of referral to reduce the number of patients rolling over the 62 day backlog. Benefit not expected until March 2023 at the earliest.

Risk To Delivery

RED

Faster Diagnosis  
Performance

December 2022

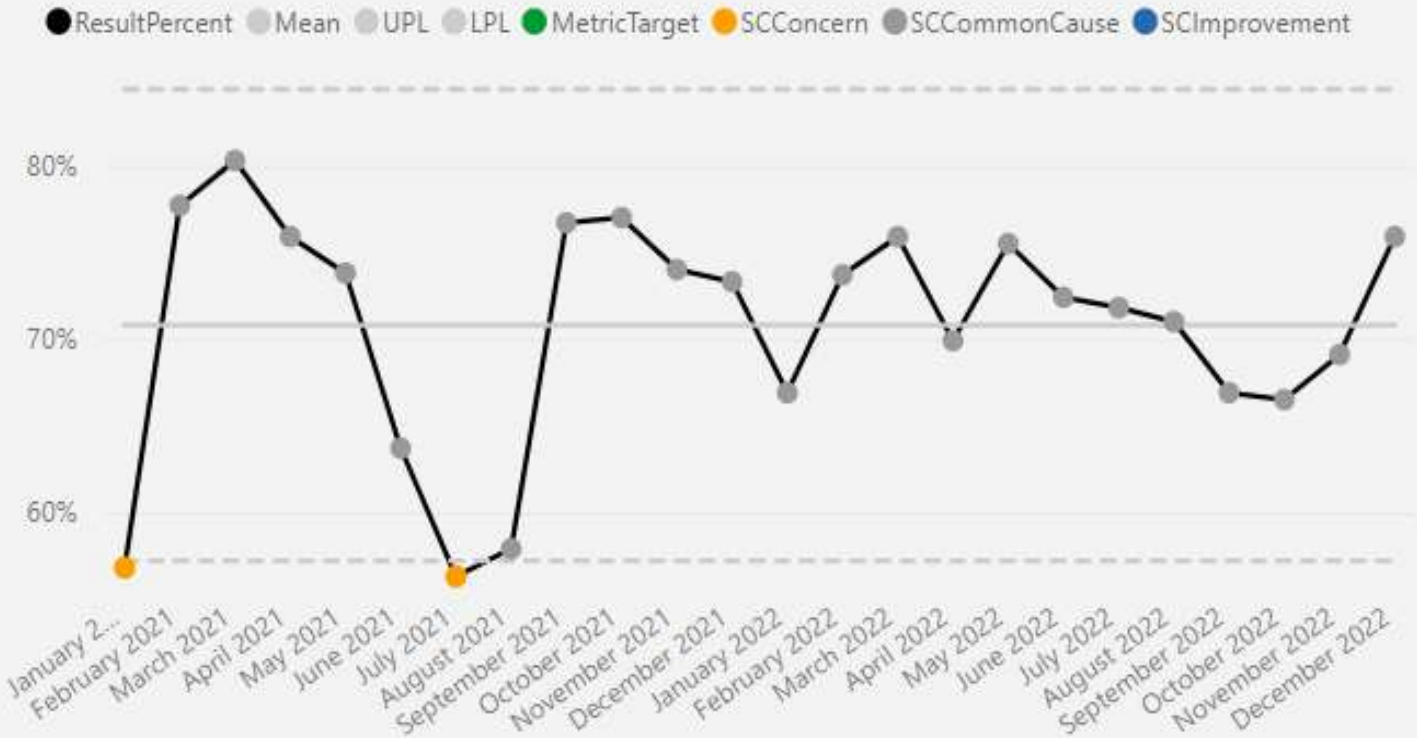


Assurance

75.90%  
Result  
N/A  
Target

84.40%  
UPL  
70.80%  
Mean  
57.20%  
LPL

Faster Diagnosis Performance



Commentary

December 2022 Performance (Provisional)

December FDS performance not complete. Performance expected to decrease to circa. 73% once final validation completed prior to NHS Digital upload on 1<sup>st</sup> February. However, this does show improvements on previous months and highlights the improvements in pathways as part of the recovery programme.

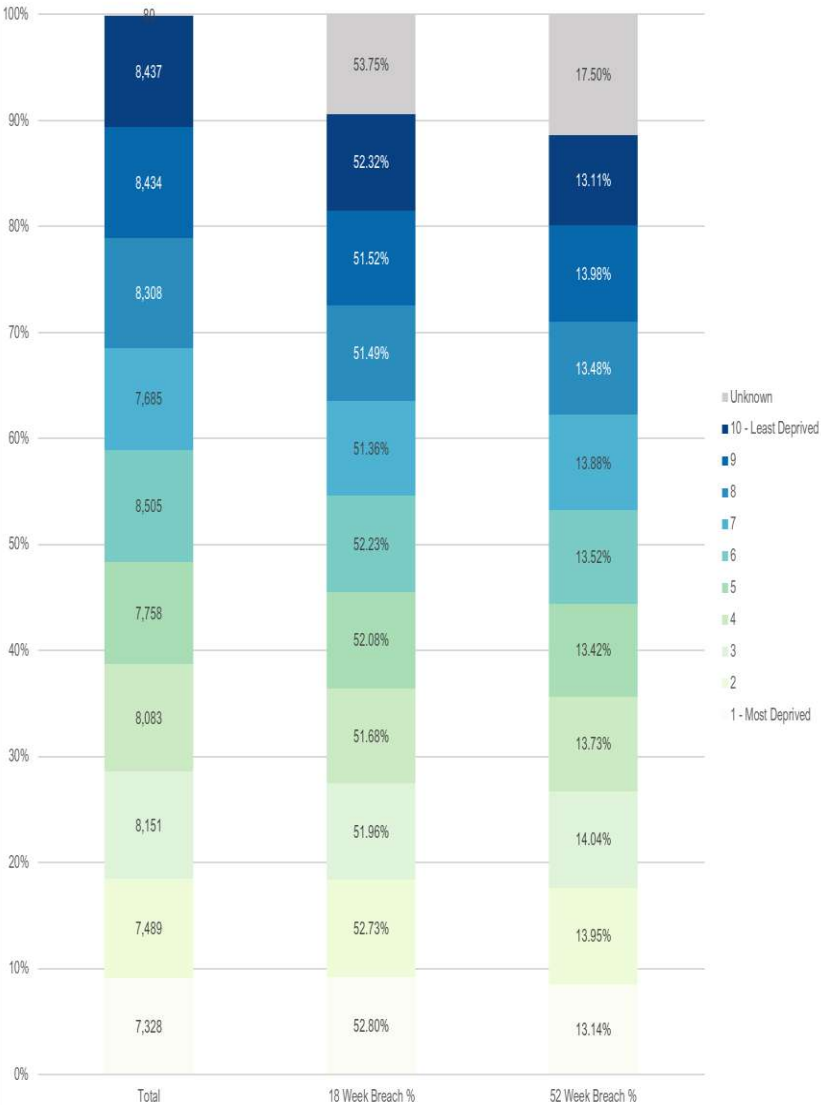
Improvement Actions

1. Continued data quality review to ensure completeness of information for submission to NHS digital is key to ensuring we meet the standard.
2. Additional FTC staff recruited to aid in timely data collection to support new metrics required by the NHS England Cancer Programme. Staff commenced in December and January and currently under supervision to ensure competency.

Risk To Delivery

RED

Waiting List by IMD19 CCG Decile - November 2022



Commentary

Trust Waiting List: Deprivation

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

The Index of Multiple Deprivation (IMD)

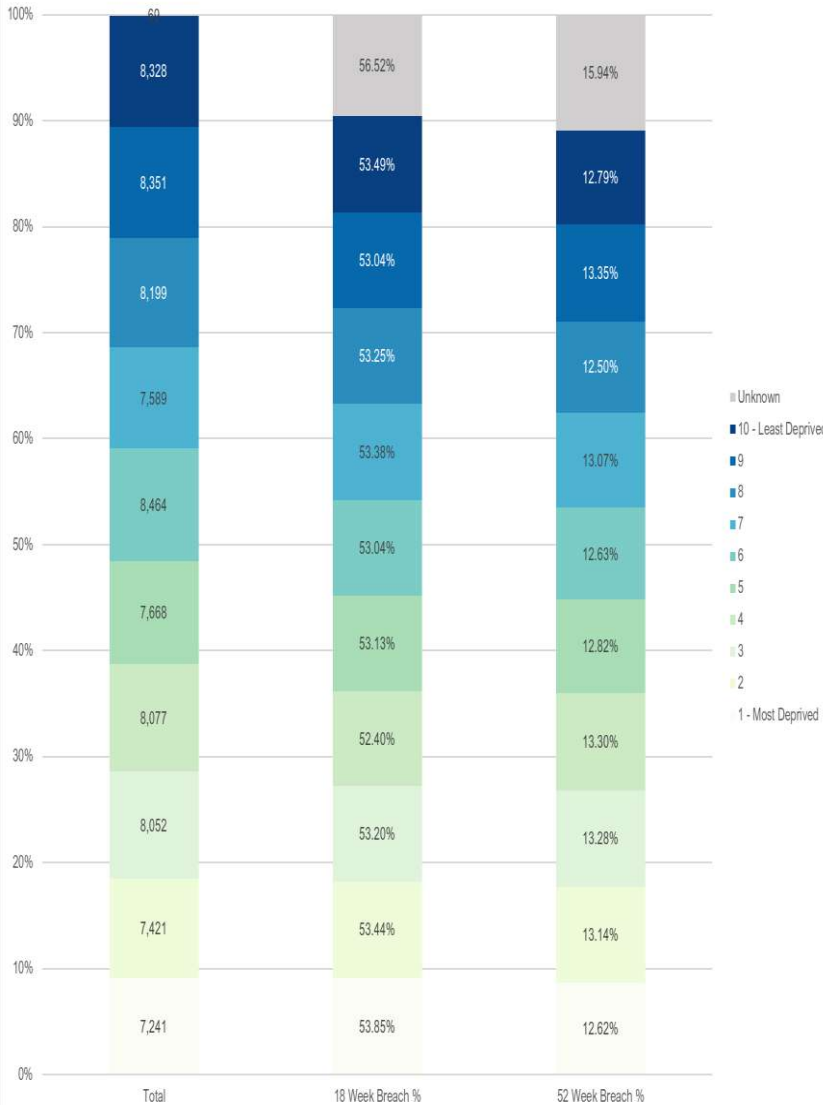
The indices rank 32,844 small areas (neighbourhoods) across England. The indices comprise 39 indicators organised across 7 domains which are combined and weighted to calculate the overall Index of Multiple Deprivation. Outputs displayed in deciles (10 equal groups) of deprivation (1-10) and quintiles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

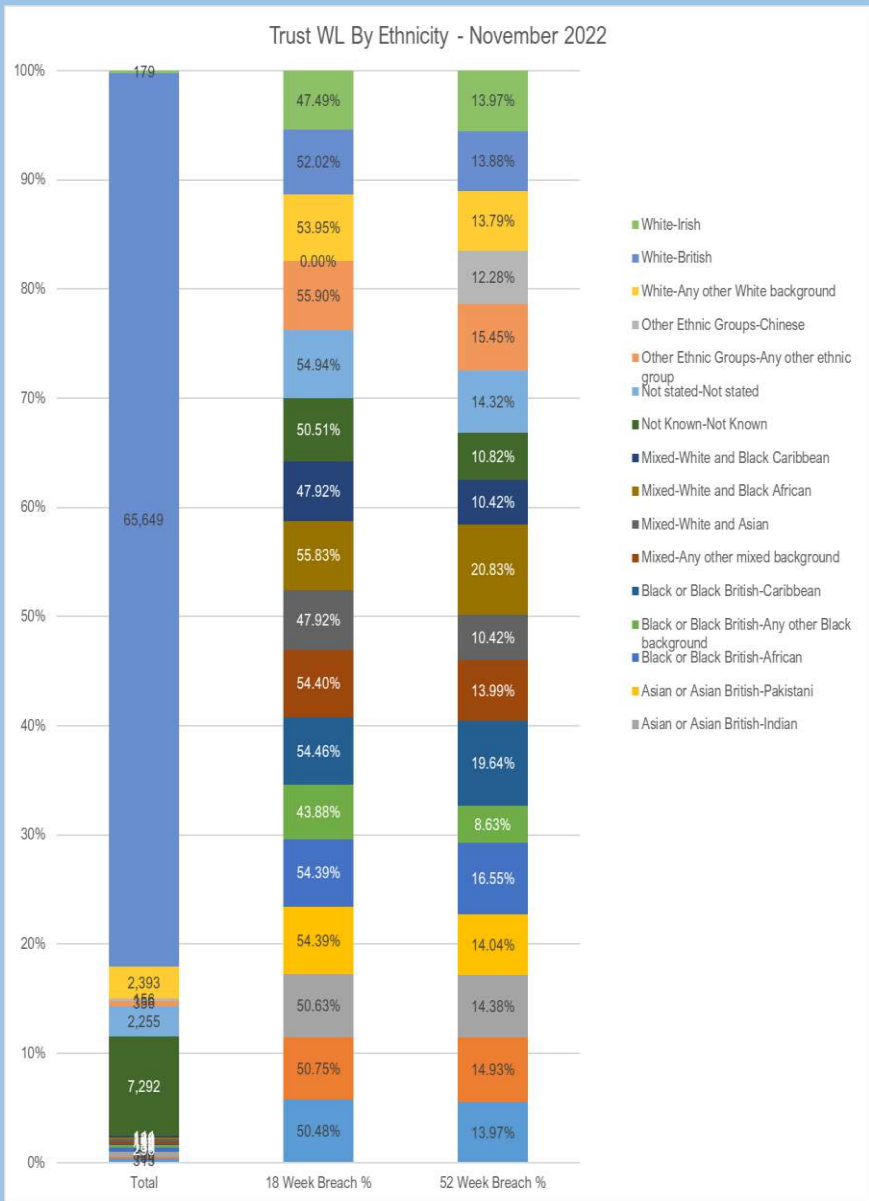
Update

Broadly, just over 50% of each indices group are waiting over 18 weeks and nearly 15% of each group – over 52 weeks.

From November to December the changes in the waiting list composition included a rise of 1.32% in decile 4, 2.63% in decile 7 and 2.06% in decile 8. There was a decrease in patients breaching 52 weeks across all deciles, including an 8.5% decrease in patients breaching 52 weeks in decile 8.

Waiting List by IMD19 CCG Decile - December 2022





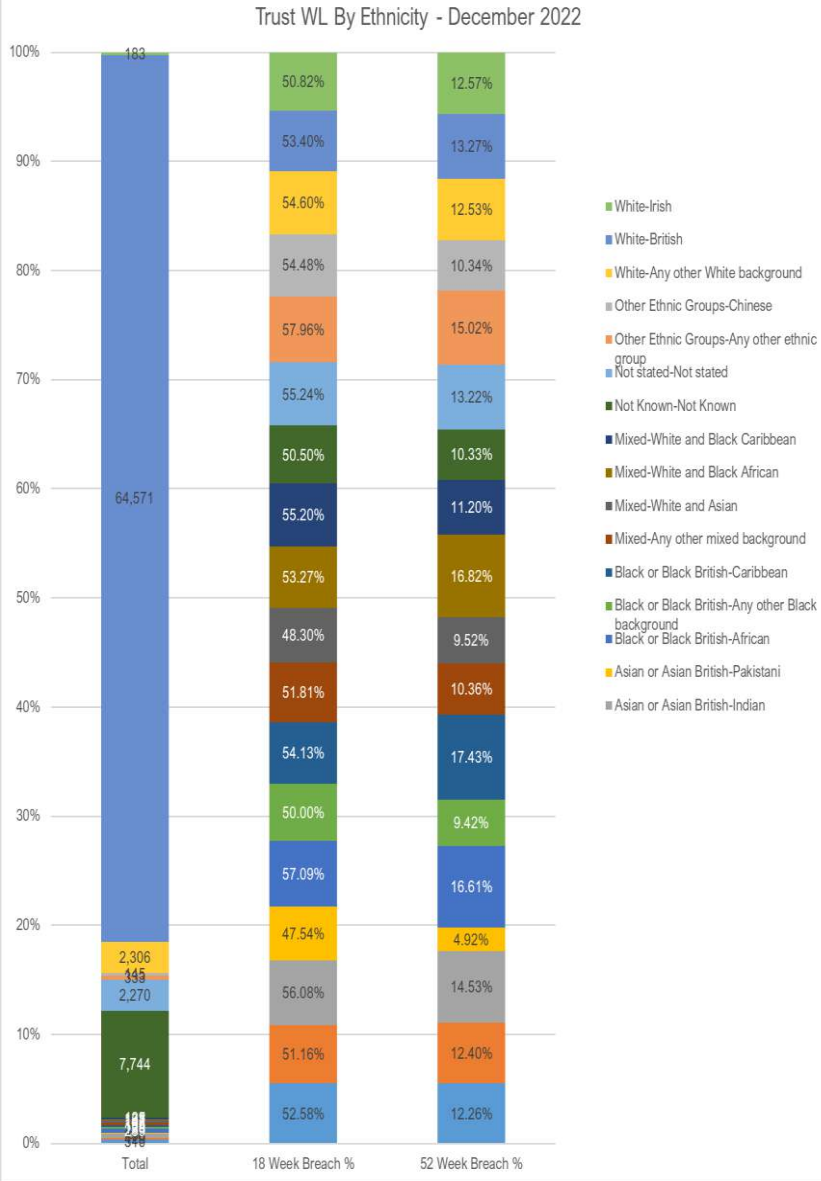
Commentary

Trust Waiting List: Ethnicity

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

The most significant variation from November to December was an increase from 50.63% to 56.08% of patients breaching 18 weeks wait with an ethnicity recorded as Asian or Asian British-Indian. However, this only represents an increase of 4 patients and a reduced total waiting list size.

There were no other significant variations or concerns in December 2022.





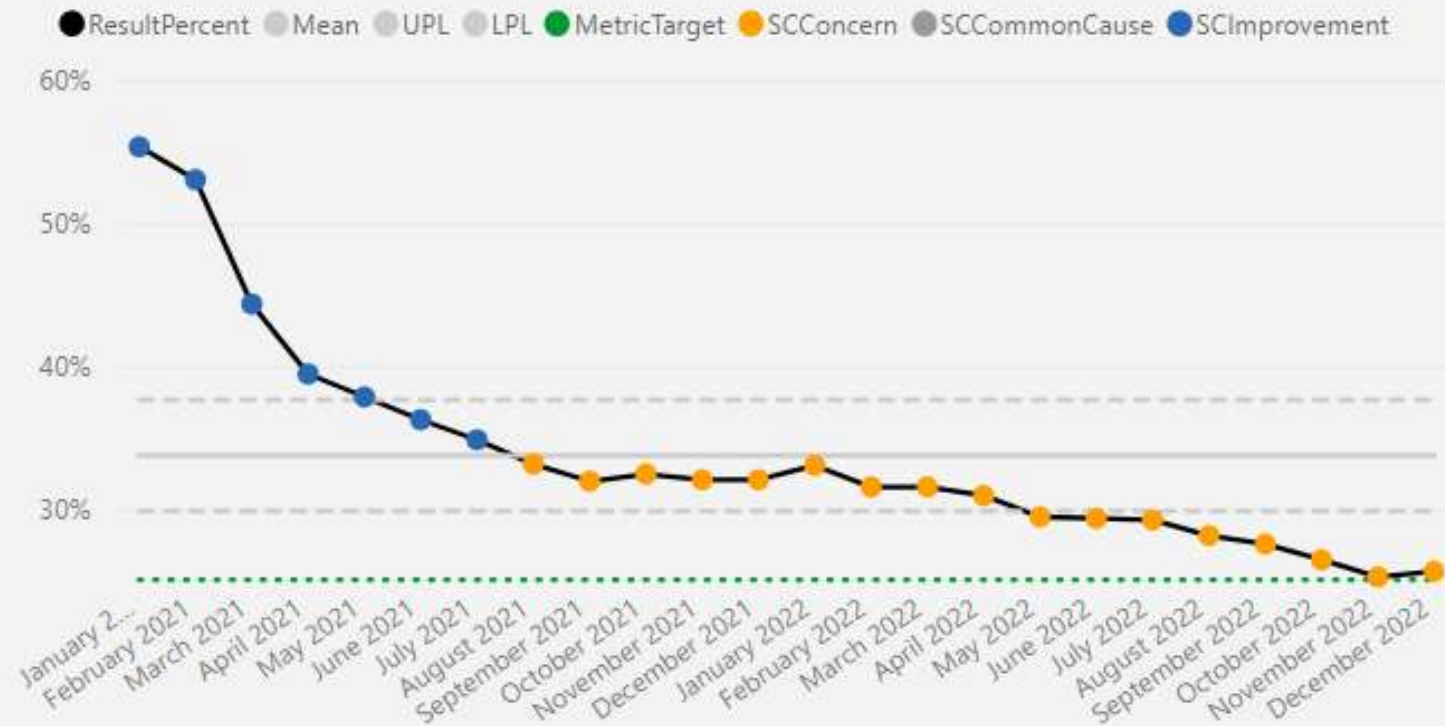
Outpatient Virtual Activity % Total

December 2022



25.6%	37.6%
Result	UPL
25.0%	33.7%
Target	Mean
	29.8%
	LPL

Outpatient Virtual Activity % Total



Commentary

December 2022 Performance

The Trust delivered 25.9% of its outpatient appointments remotely during December, which is a slight drop from November, however, we are still ahead of the 25% national target.

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

Improvement Actions

1. Scoping out the possibility of implementing the use of Virtual Fracture Clinics.
2. Work alongside Personalised Outpatients Programme to encourage alternative means of delivering outpatient care i.e virtual.
3. Looking at the additional functions of DrDoctor as a platform.

Risk To Delivery

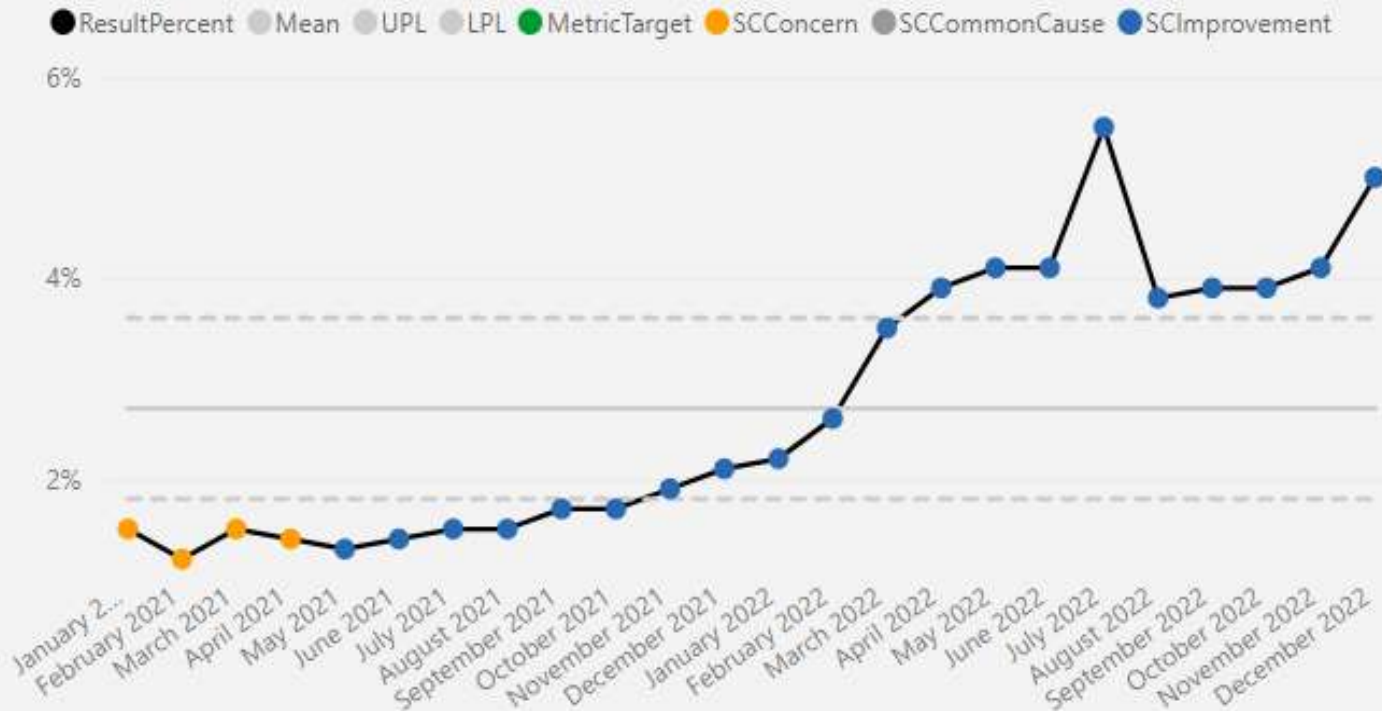
GREEN

## % PIFU of Outpatient Activity

December 2022

Variation	Assurance	5.0%	3.6%
		Result	UPL
		N/A	2.7%
		Target	Mean
			1.8%
			LPL

## % PIFU of Outpatient Activity



## Commentary

### December 2022 Performance

There was an increase in performance in the % of PIFU in December reaching and exceeding 5%.

This position is expected to dip slightly in January as a large cohort of patients were identified and then continue to improve in the following months with the expansion of XPIFU. This will contribute to maintaining or increasing % in following months. This will focus on several additional pathways and increase the cohort of patients that may be suitable to be managed via XPIFU.

### Improvement Actions

1. XPIFU pathways now live with SALT (Laryngectomy), Rheumatology (Osteoporosis), Endocrinology (Addison's and Pituitary Tumors), Urology (TURP), Gastro (IBD), Dietetics (BPT and Paed Allergy) and Radiology.
2. Post Go Live monitoring and governance of pathway usage to ensure live specialties are utilizing the XPIFU pathways to their potential.
3. Progress additional pathways for Diabetic Podiatry, Gynae (Cancer pathways and Menopause), Cardiology, Dermatology, Psychology (BPT), Ophthalmology, Physiotherapy (Rheumatology), a further Gastro (IBD) pathway and Respiratory Medicine.
4. Onboarding of all standard PIFU patients to DrDoctor.

### Risk To Delivery

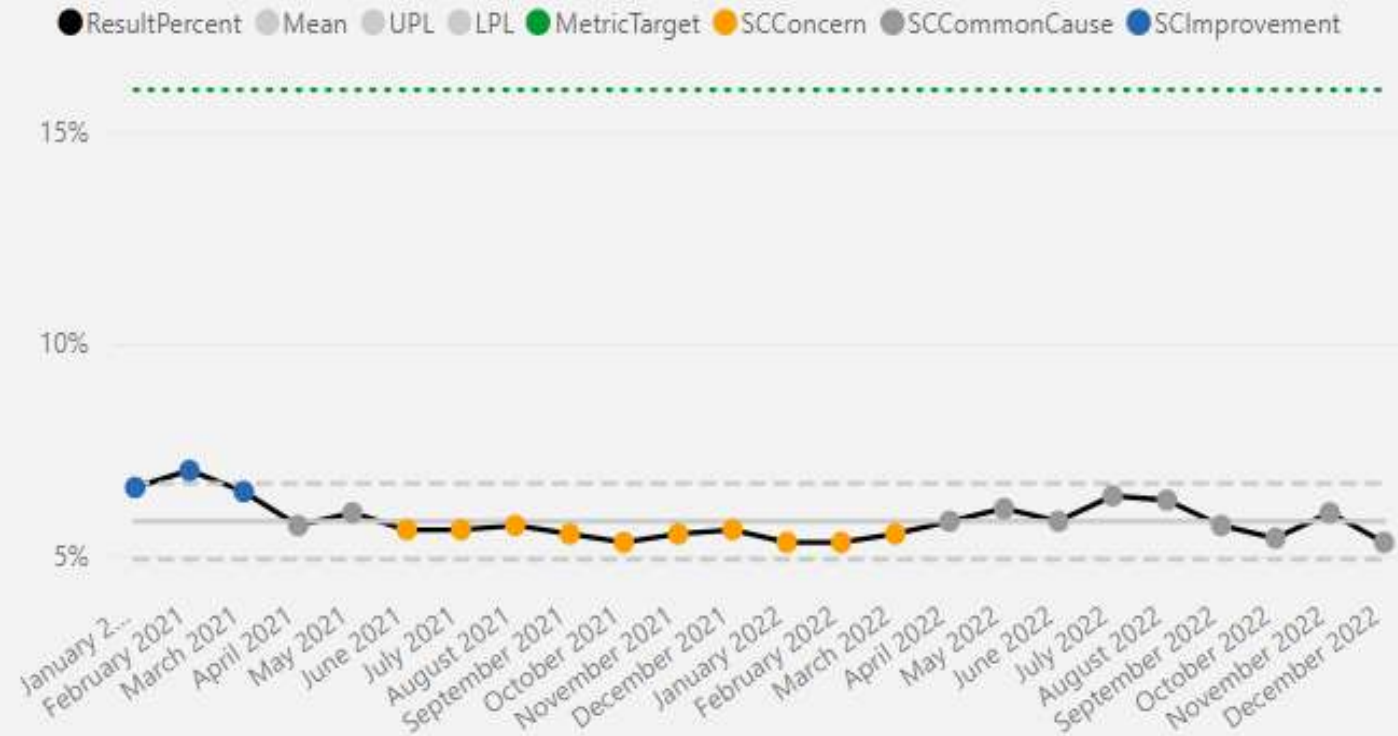
**GREEN**

Advice and Guidance  
Requests per 100 Ne...

December 2022



Advice and Guidance Requests per 100 New Outpatient Attendances



Commentary

December 2022 Performance

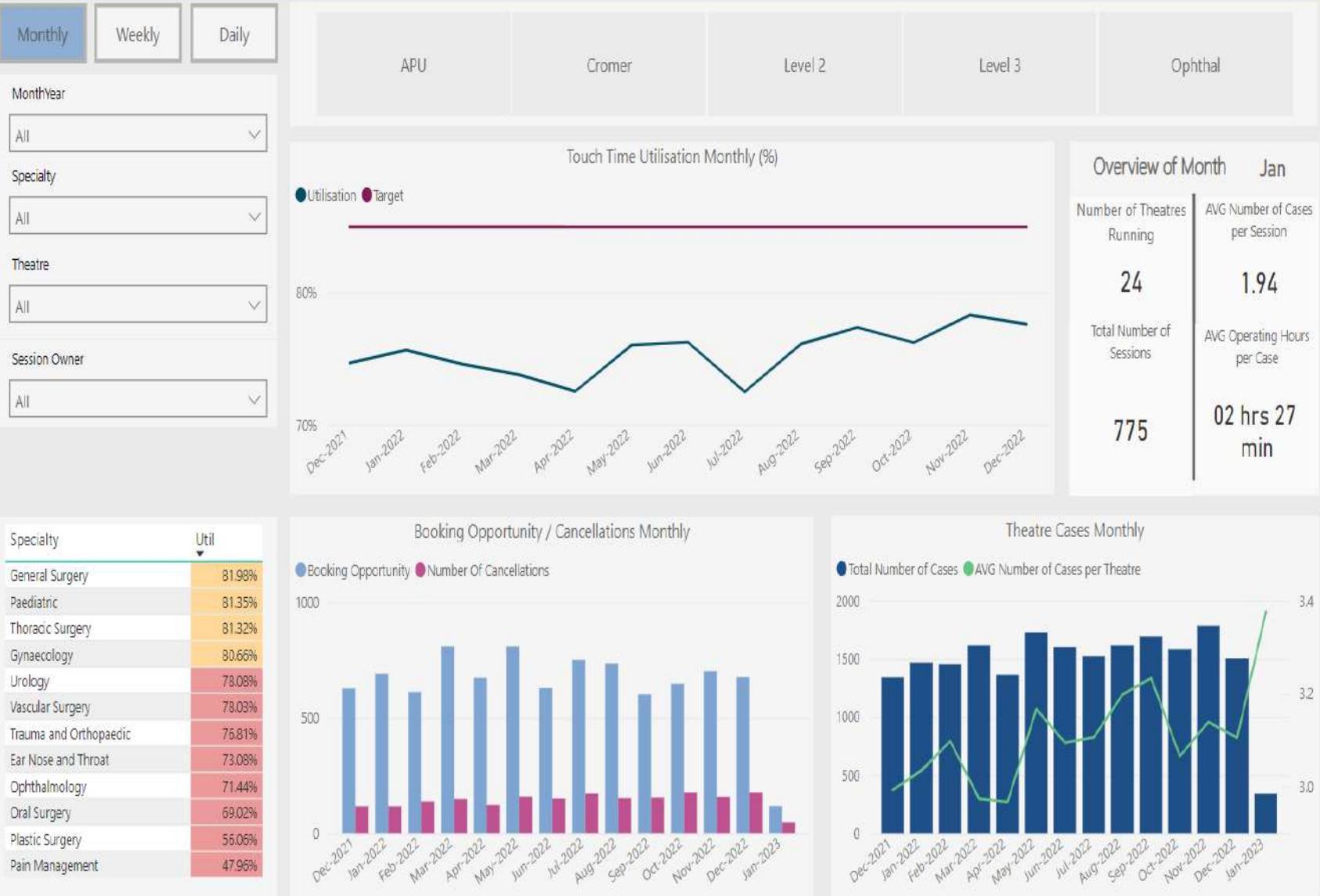
In relation to the newly introduced target of 12 A&G requests per 100 new outpatient appointments, we continue to sit below the target, with reduced performance in December.

Improvement Actions

1. Working to replicate the success of the A&G pilot in Gynaecology earlier this year, where specific clinicians were assigned time to review A&G.
2. Endocrinology are assigning 4 clinicians to A&G as their own pilot.
3. Sub group being formed of clinicians, Digital Health and Transformation to govern risks, actions, issues and decisions.
4. 'As is' process mapping for incoming A&G is underway.

Risk To Delivery

RED



Commentary

December 2022 Performance

The touch time delivery across all theatres showed a slight increase to 77.23% in December. Level 3 theatres delivered 80.87%, while Level 2 utilisation was 76.12% for the month. General Surgery and Vascular Surgery delivered the most significant improvements in utilisation during the month.

Booking position remained at 71% across all theatres, however level 2 theatres (DPU) showed a 2% improvement at 78%.

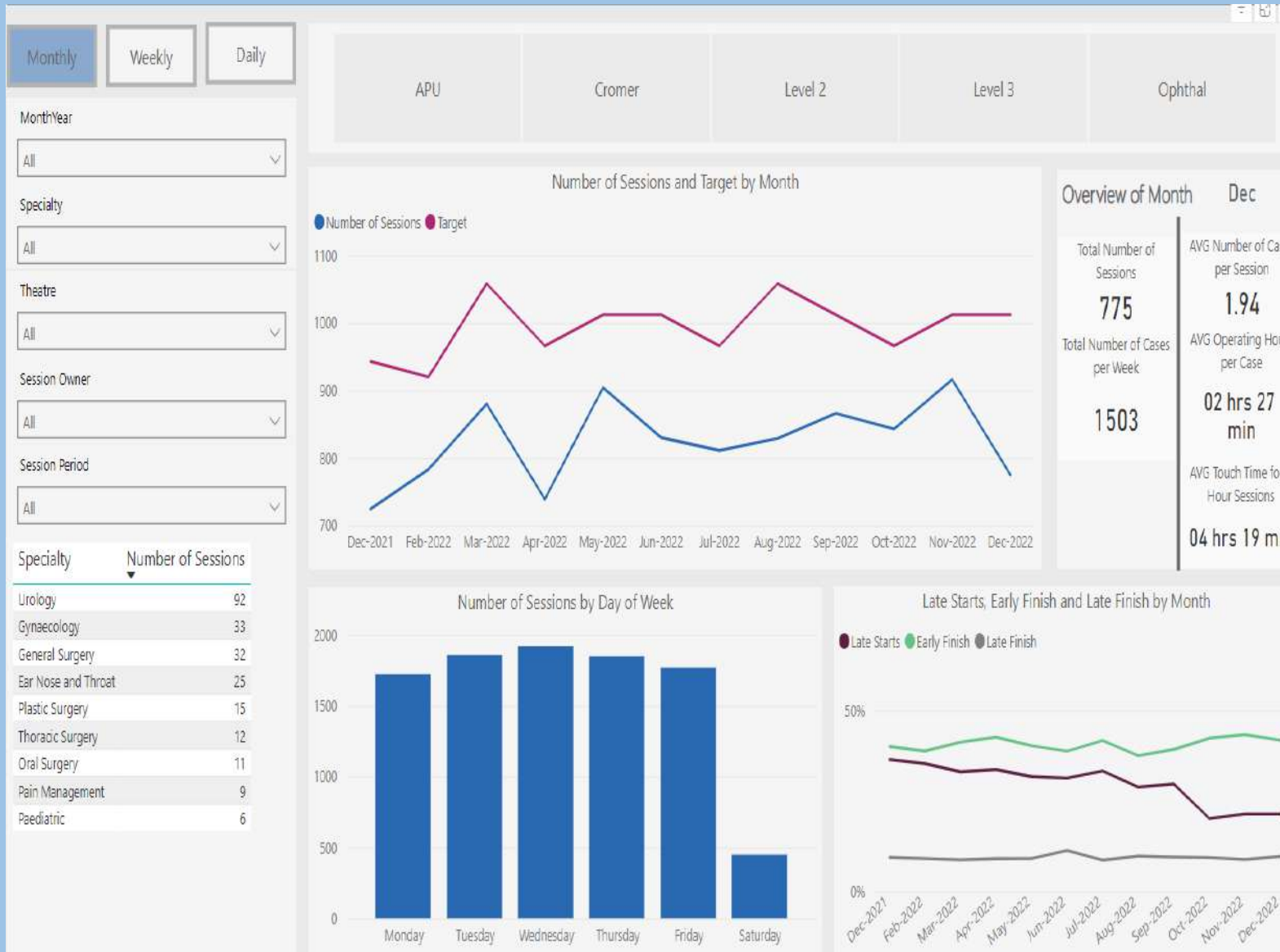
Improvement Actions

- 1. New Theatre Productivity Group formed to review the key actions within the 10-steps plan.
- 2. Support from BCG to move towards 85% target.

Risk To Delivery

AMBER





## Commentary

### December 2022 Performance

The number of sessions in month reduced – a total of 775 sessions were delivered in December.

The main challenges were around late notice cancellations through the lack of availability of surgical anaesthetic cover. Additional capacity continued across weekends via the Medacs Healthcare insourcing campaign, providing up to x12 all day sessions per week.

Late starts slightly improved in month, reducing from 21.62% to 21.42%. The process of locking of elective lists commenced in October and formal review of impacts is currently underway.

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

### Improvement Actions

1. Early look at Anaesthetic rota to be carried out to avoid last minute closure of sessions where possible as we move into January.
2. Formal locking of theatre sessions to be continued and impacts monitored.

### Risk To Delivery

Amber

Monthly
 Weekly
 Daily

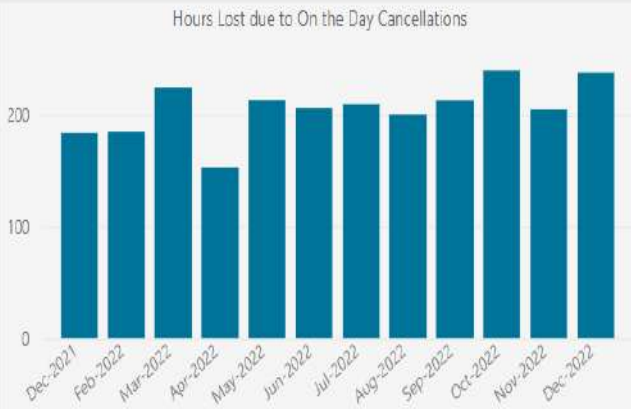
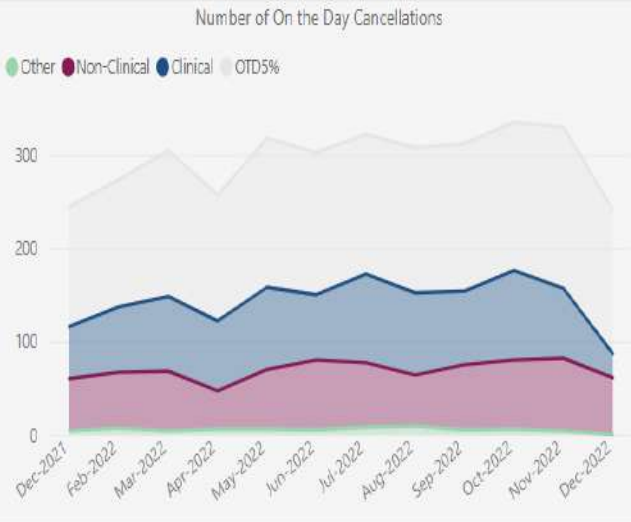
MonthName  
 All

Specialty  
 All

Theatre  
 All

Specialty	Number Of Cancellations
Urology	368
Ophthalmology	301
Trauma and Orthopaedic	237
Gynaecology	172
Plastic Surgery	171
Ear Nose and Throat	152
General Surgery	151
Pain Management	142
Oral Surgery	113
Vascular Surgery	48
Paediatric	46
Thoracic Surgery	31
Clinical Oncology	1

APU	Cromer	Level 2	Level 3	Ophthal
-----	--------	---------	---------	---------



Commentary

December 2022 Performance

The on the day cancellation rate increased in December with a total of 176 cancellations in month (157 in November).

There were 26 clinical cancellations, including 9 where the operation was no longer required, and 5 due to inadequate pre-assessment.

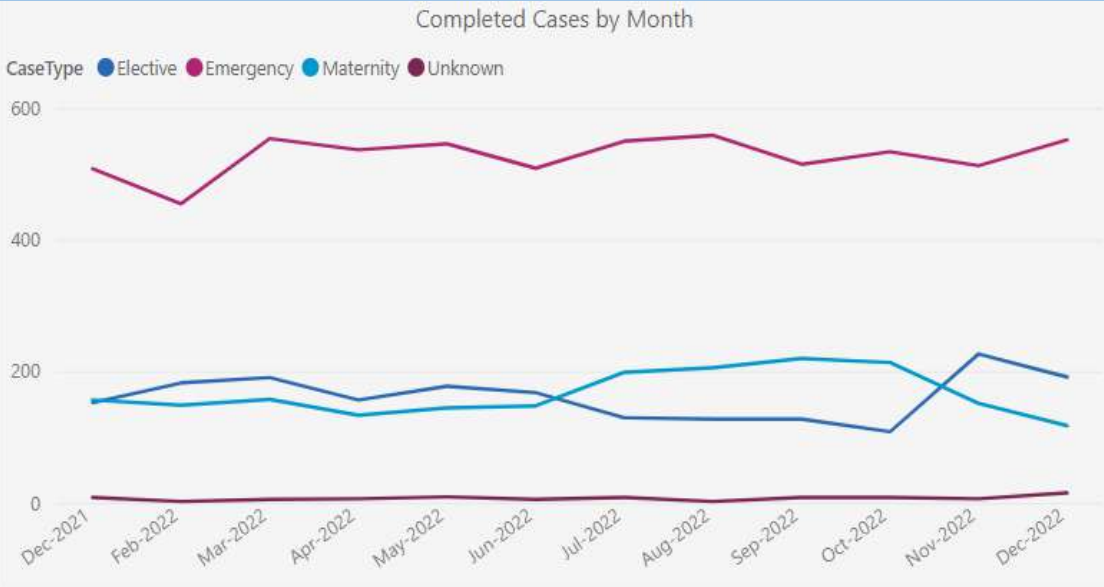
Levels of non-clinical cancellations reduced in month from 78 to 61, with 24 due to a lack of theatre time on the day, 13 due to clinical staff being unavailable, 11 due to equipment being unavailable or failing, and 7 because of an emergency admission.

Improvement Actions

1. POA system to be progressed to commence pre-surgery optimisation of patients.
2. Pre-admission calls have been reintroduced, service to be continued and expanded to reduce non-clinical cancellations.

Risk To Delivery

RED



Overview of Month		Dec
Total Number of Cases per Month		874
AVG Number of Cases completed per Day		28.19
AVG Total Touch Time per day		50 hrs 57 min
AVG Operating Hours per Case		01 hrs 49 min
AVG Start Time of First Case		03:47
AVG End Time of Last Case		22:20

Commentary

December 2022 Performance

Non-elective demand decreased during December, with a total of 874 cases in month (895 in November).

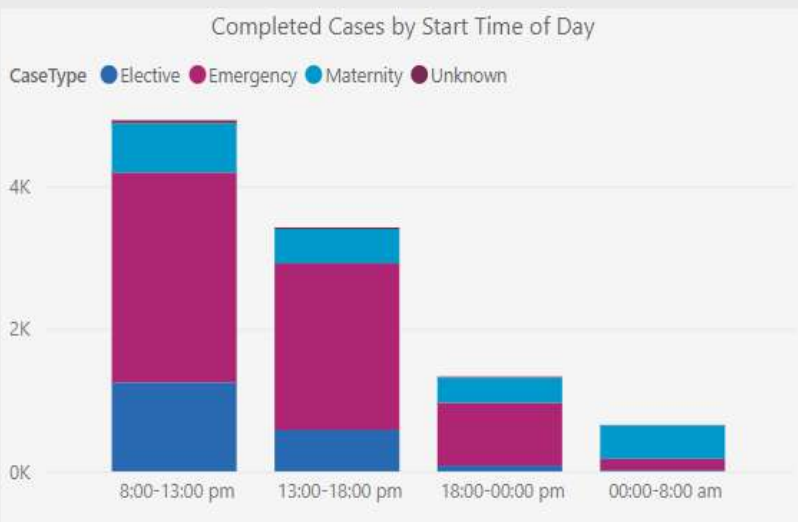
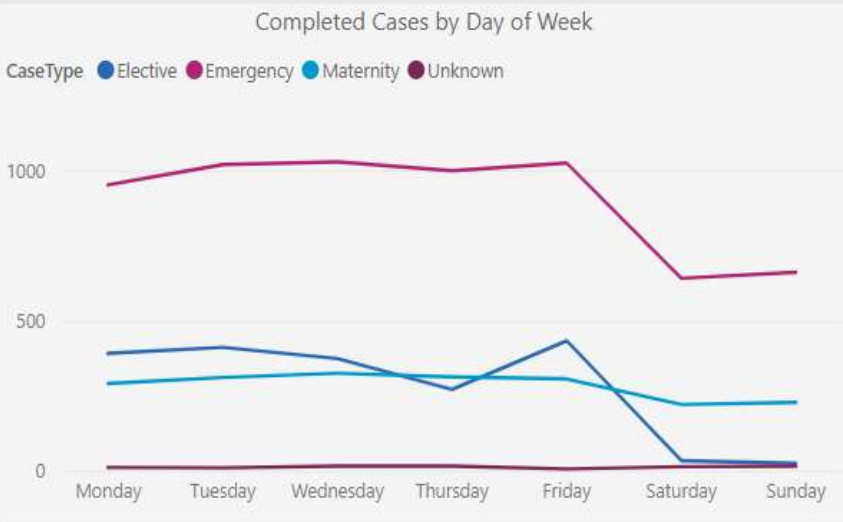
Demand for elective obstetric capacity continued to outstrip baseline capacity which was managed through overtime.

Improvement Actions

- Awaiting confirmation of business case approval to baseline additional capacity for Obstetrics.
- Peaks in demand to be facilitated through early finishing lists (where possible).

Risk To Delivery

AMBER



## REPORT TO TRUST BOARD

Date	1 February 2023		
Title	Month 9 IPR – Finance		
Author & Exec Lead	Roy Clarke – Chief Finance Officer		
Purpose	For Information		
Relevant Strategic Commitment [delete as appropriate]	1 Together, we will develop services so that everyone has the best experience of care and treatment 2 Together, we will support each other to be the best we can be, to be valued and proud of our hospital for all. 3 Together, we will join up services to improve the health and wellbeing of our diverse communities 4 Together, we will provide nationally recognised, clinically led services that are high quality, safe and based on evidence and research 5 Together, we will use public money to maximum effect.		
Are there any quality, operational, workforce and financial implications of the decision requested by this report? If so explain where these are/will be addressed.	Quality	Yes✓ No□	
	Operational	Yes✓ No□	
	Workforce	Yes✓ No□	
	Financial	Yes✓ No□	
Identify which Committee/Board/Group has reviewed this document:	Board/Committee: Finance, Investments & Performance Committee		Outcome: The Committee noted the contents of the report.
<b>1 Background/Context</b> The Trust operational plan for FY22/23 (as submitted on 20 <sup>th</sup> June 2022) is breakeven.			
<b>2 Key issues, risks and actions</b> <b>For the month of December 2022, the Trust delivered a £0.3m surplus, which on a control total basis is £0.4m favourable to plan.</b> Pay is overspent by £0.5m driven by a £0.6m adverse variance in medical staffing offset by savings across nursing and professional & technical staff.  <b>Year to date as at December 2022 the position is a £0.4m surplus on a control total basis.</b> This is £0.7m adverse to plan. The position includes a provision for income claw-back of £4.8m due to the Trust's activity performance falling below the baseline offset by reduced expenditure. Pay is overspent by £3m driven by a £7.0m adverse variance in medical staffing offset by savings across nursing and professional & technical staff.			



**Activity:** December elective activity was behind plan, with estimated performance at 83% of plan for all elective activity. As a result year to date (YTD) performance is currently 89%. Value based activity performance for December was 80%, 87% YTD.

**Forecast outturn at Month 9 is breakeven, unchanged from the FY22/23 breakeven plan submitted on 20th June.** This will move favourably to a £4.8m surplus in month 10 as the trust release its provision for Elective clawback, due to ICB cessation of the requirement. The movement in position in month 10 enables the full discharge of the NHSE protocol for changes in ICB forecasts.

**Cash:** Cash held at 31 December 2022 is £102m. The closing balance is £35m above the FY22/23 submitted forecast as result of the continued delay to the capital programme and other working capital movements. Cash balances are forecast to reduce by c.£37.7m however, remain positive in March 2023 thus no revenue support would be required.

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

**Capital: Year-to-date as at 31 December, the Trust underspent against the latest plan by £2.4m (£3.6m in month).** The latest plan was approved in October. This level of expenditure is £4.7m adverse to the YTD NHSE monitoring plan (June 22). The forecast outturn expenditure is £30.3m, excluding the impact of IFRS16, and is £2.1m higher than the latest plan. The 22/23 forecast outturn includes slippage as a result of delayed schemes including NANOC. Funds will need to be allocated to support completion of these schemes from within the 23/24 allocation.

### **3 Conclusions/Outcome/Next steps**

The Trust delivered a £0.4m surplus against the planned £0.1m deficit with the Trust now £0.7m adverse to the Trust Control Total year to date. The Trusts delivery of the Capital Expenditure again fell behind that expected.

**Recommendations:** The Board is recommended to **NOTE** the report.

# Finance Report December 2022

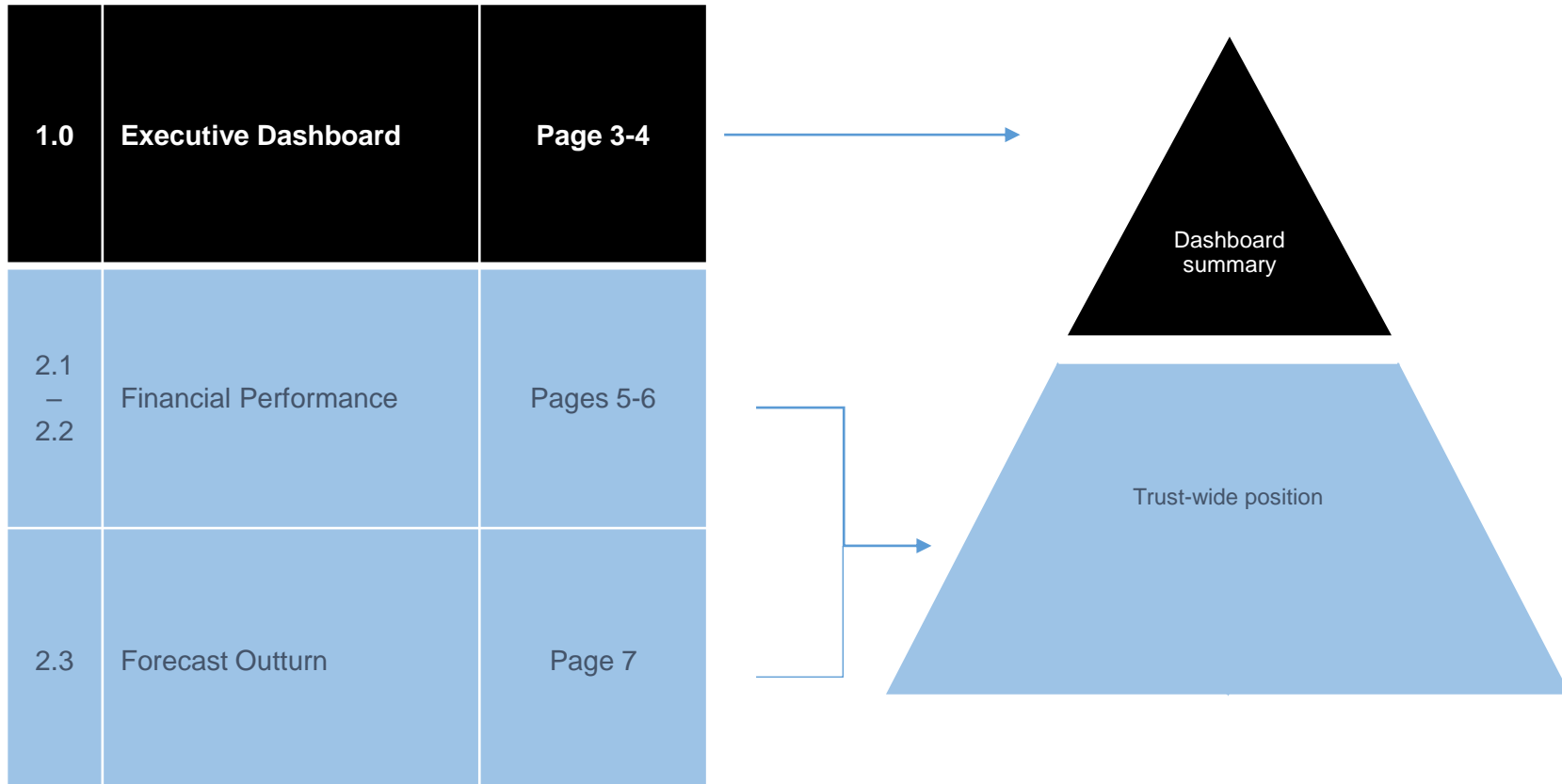
February 2023

Roy Clarke, Chief Finance Officer

# Contents

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

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



# 1.1 Executive Dashboard

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

**For the month of December 2022, the Trust delivered a £0.3m surplus, which on a control total basis is £0.4m favourable to plan.** Pay is overspent by £0.5m driven by a £0.6m adverse variance in medical staffing offset by savings across nursing and professional & technical staff.

**Year to date as at December 2022 the position is a £0.4m surplus on a control total basis.** This is £0.7m adverse to plan. The position includes a provision for income clawback of £4.8m due to the Trust's activity performance falling below the baseline offset by reduced expenditure. Pay is overspent by £3m driven by a £7.0m adverse variance in medical staffing offset by savings across nursing and professional & technical staff.

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	In Month			Year to Date		
	Actual	Plan	Variance	Actual	Plan	Variance
<b>SOCI</b>	£m	£m	£m	£m	£m	£m
Clinical Income	58.7	58.5	0.3	525.0	528.2	(3.1)
Other Income	9.8	7.3	2.6	74.6	65.2	9.4
<b>TOTAL INCOME</b>	<b>68.6</b>	<b>65.8</b>	<b>2.8</b>	<b>599.6</b>	<b>593.4</b>	<b>6.2</b>
Pay	(39.9)	(39.4)	(0.5)	(356.8)	(353.8)	(3.0)
Non Pay	(19.7)	(17.7)	(2.0)	(163.1)	(160.6)	(2.5)
Drugs (Net Expenditure)	(2.7)	(2.7)	(0.0)	(25.5)	(23.8)	(1.7)
<b>TOTAL EXPENDITURE</b>	<b>(62.3)</b>	<b>(59.8)</b>	<b>(2.5)</b>	<b>(545.4)</b>	<b>(538.2)</b>	<b>(7.2)</b>
Non Opex	(5.9)	(6.0)	0.1	(53.8)	(54.1)	0.3
COVID (Out of System) Net Expenditure	(0.0)	0.0	(0.0)	0.0	(0.0)	0.0
<b>Reported Surplus / (Deficit)</b>	<b>0.3</b>	<b>(0.1)</b>	<b>0.4</b>	<b>0.4</b>	<b>1.1</b>	<b>(0.7)</b>

<b>Other Financial Metrics</b>	£m	£m	£m	£m	£m	£m
Cash at Bank (before support funding)	102.0	66.9	35.1	102.0	66.9	35.1
Capital Programme Expenditure	2.1	4.5	(2.4)	17.9	21.4	(3.6)
CIP Delivery	1.7	2.3	(0.6)	10.6	15.9	(5.3)

<b>Activity Metrics*</b>	%	%	%	%	%	%
Day Case*	86%		(14%)	92%		(8%)
Elective Inpatient*	77%		(23%)	79%		(21%)
Outpatients - New & Procedures*	82%		(18%)	89%		(11%)
Activity performance v baseline*	83%		(17%)	89%		(11%)
Value based Activity performance v baseline	80%		(20%)	87%		(13%)

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



## 1.2 Executive Dashboard

### Risk

The Trust's overall risk profile remains stable, however will be beyond levels tolerable should the underlying issues not be resolved ahead of the new financial year (2023/24).

As part of FY22/23 annual planning there were 13 key strategic and operational risks identified with an initial score of  $\geq 12$ , as part of the monthly review process a 14<sup>th</sup> risk with a score  $\geq 12$  was identified in May. The Finance Directorate continues to formally review the Financial Risk Register on a monthly basis, reviewing the risks and adding new risks which have been identified across the finance portfolio.

There are ten risks rated as 'Extreme' on the risk register which have a potential risk assessed financial impact of £39.6m, of which £14.6m has crystallised YTD.

The YTD crystallised risks are:

**Risk F:** Income claw-back as a result of failure to deliver weighted elective activity in line with plan (Risk F) has a crystallised impact of £4.8m YTD at December as a result of value based activity being c. 87%.

**Risk B:** Year to date, CIP Delivery is £10.6m, £5.3m adverse to the budgeted plan of £15.9m, comprising of a planning variance of £4.4m and a performance variance of £0.9m. Gateway 2 approved CIP is currently £17.1m, £6.0m adverse to the Trust efficiency target of £23.1m.

**Risk E:** Year to date ED staff expenditure is £3.2m overspent as a result of increased rostering of medical staff. Escalation ward continued to be open in Q2 & Q3 despite budget being allocated in Q1 & Q4 only (£0.4m).

**Risk D:** Home First Unit remains open in Q3 despite budget being allocated in Q1 only (£0.9m).

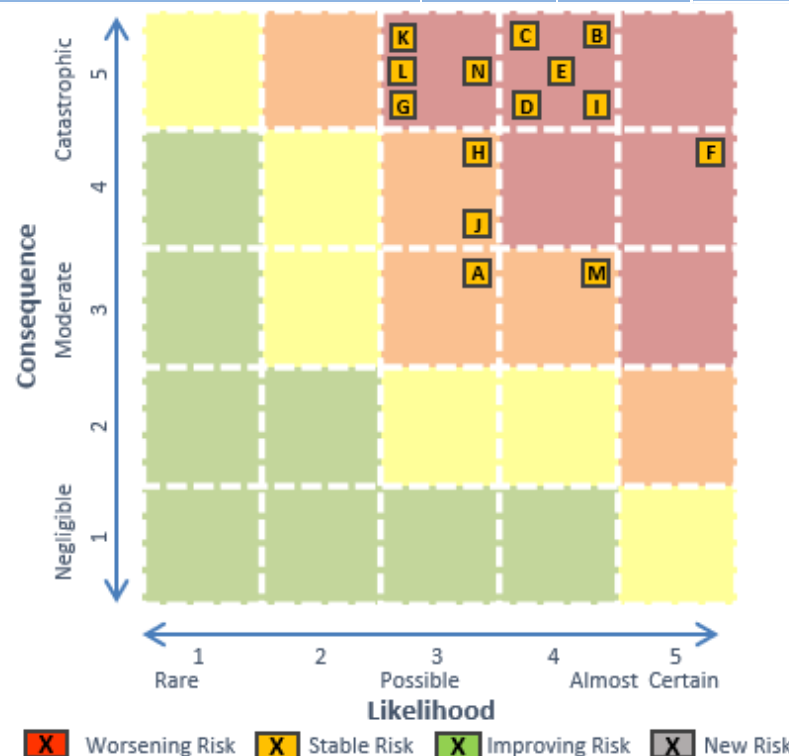
#### Management Actions Complete:

- Capital variation approved at IG
- Divisional recovery plans completed and reviewed

#### Management Actions Outstanding:

- Identify remaining CIPs to meet Trust's efficiency target
- Deliver on existing CQIA approved CIP, including YTD shortfall
- Deliver Trust activity plan including YTD shortfall
- Mitigate pay expenditure overspends and enact required controls

Risk Rating		Risks	Financial Impact FY22/23 £m	Risk Assessed Impact £m	YTD Crystallised Impact £m
Extreme	15+	B, C, D, E, F, G, I, K, L, N	76.4	39.6	14.6
High	9-14	A, H, J, M	6.0	0.0	0.0
Moderate	5-8	-	0.0	0.0	0.0
Low	1-4	-	0.0	0.0	0.0
Total			82.4	39.6	14.6
Risk mitigated through Non Recurrent YTD underspends & Release of Expenditure Reserves					(13.9)
Total			88.4	39.6	0.7



The board is recommended to approve delegation for the CFO to adjust the forecast outturn in Month 10 to a surplus of £4.8m in compliance with NHSE protocol.

## 2.1 Financial Performance – December 2022

For the month of December 2022, the Trust delivered a £0.3m surplus, which on a control total basis is £0.4m favourable to plan. Pay is overspent by £0.5m driven by a £0.6m adverse variance in medical staffing offset by savings across nursing and professional & technical staff.

### Income:

Income is reporting a favourable variance of £2.8m in December. This favourable variance is due to £0.3m of devices income, £0.5m of R&D Income, £0.3m of education and training income backed expenditure, £0.1m of private patient income and £1.6m of other income backed expenditure, including Digital Aspirant, Workforce, POP and virtual ward.

### Pay:

Pay in December is £0.5m adverse to plan. This is due to £0.6m overspend in Medical staffing, £0.2m overspend in Corporate for expenditure backed income and £0.3m overspend of other pay costs in Surgery and Women's and Children's and offset a net underspend across nursing of £0.5m.

**Expenditure control particularly in relation to medical pay requires further and sustained management action.**

### Net Drugs Cost:

The net drugs position for December is in line with plan.

### Non Pay:

There is a £2.0m adverse variance in December. This is due to £1.9m of income back expenditure as detailed above and £0.3m of additional outsourcing costs for cardiology, gastroenterology and ophthalmology, £0.2m of theatre costs, £0.2m of Personalised outpatient equipment maintenance offset by a £0.8m favourable performance as a result of the growth and inflation reserves which were not required in month.

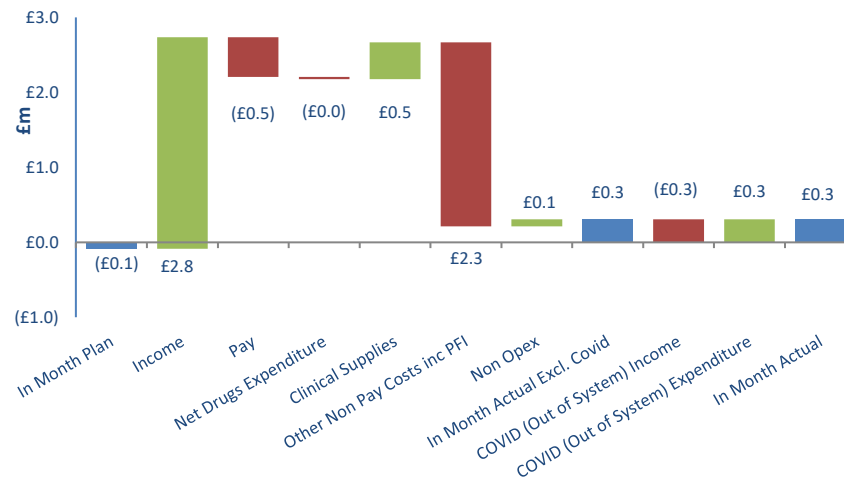
### Non Operating Expenditure:

There is a £0.1m favourable variance in December.

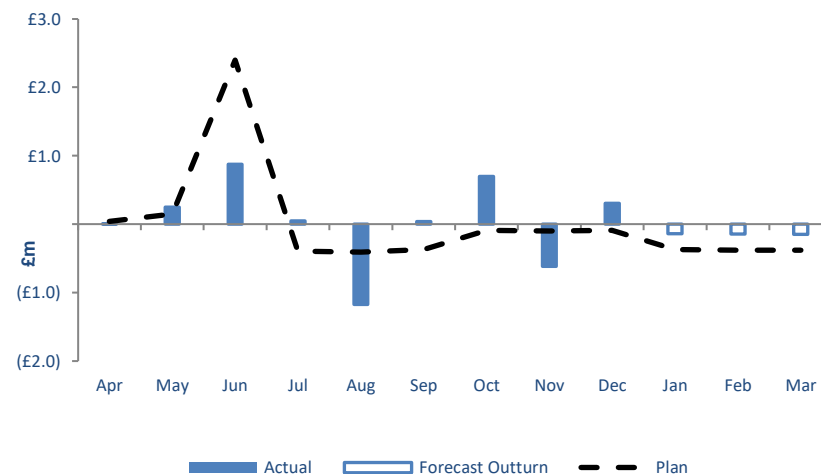
### Out of System COVID 19 Expenditure:

The COVID-19 expenditure in month is £0.03m, with offsetting income of £0.03m and therefore an in month breakeven position. Expenditure is £0.3m lower than planned as result of the reduced presence of COVID.

In Month Performance v Plan



Monthly Reported Surplus/(Deficit)



## 2.2 Financial Performance – Year to Date

Year to date as at December 2022 the position is a £0.4m surplus on a control total basis. This is £0.7m adverse to plan. The position includes a provision for income claw-back of £4.8m due to the Trust's activity performance falling below the baseline offset by reduced expenditure. Pay is overspent by £3m driven by a £7m adverse variance in medical staffing offset by savings across nursing and professional & technical staff.

### Income:

Income is reporting a favourable variance of £6.2m year to date. This variance includes a provision for income claw-back of £4.8m due to the Trust's activity performance falling below the required baseline, offset by favourable variances in Devices income (£1.6m), R&D Income (£3.2m) and (£4.7m) of other income backed expenditure, including Digital Aspirant, Personalised Outpatients, international nurse recruitment and virtual ward.

### Pay:

Medical pay is £7m adverse to plan and unidentified CIP is driving a £2.6m adverse variance, this is offset by delays in service development expenditure (£0.5m), and net underspends across nursing (£4.3m), A&C (£1.3m) and AHP/Technical (£0.5m) resulting in a £3m adverse net pay position. Surgery pay spend is £4.6m adverse to plan including £1.9m due to the unidentified CIP.

### Net Drugs Cost:

Year to date net drugs position is £1.7m adverse. This is predominantly as a result of increased expenditure on drugs included within block agreements and the transfer of two specific drugs from cost and volume to block.

### Non Pay:

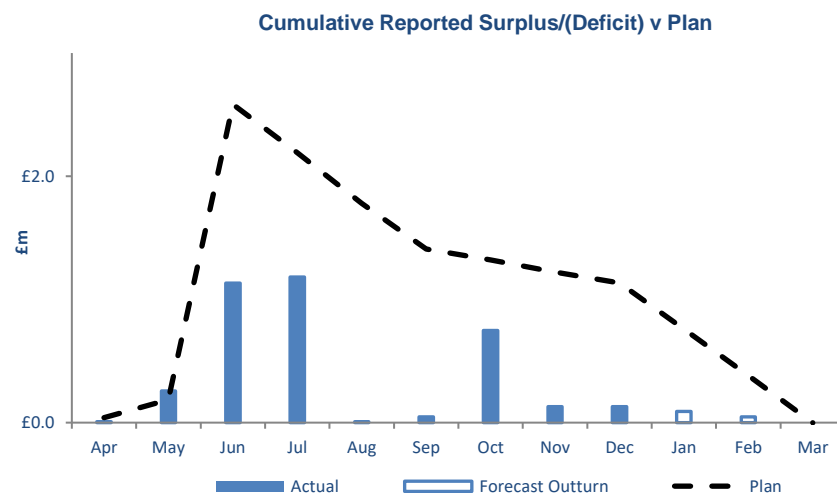
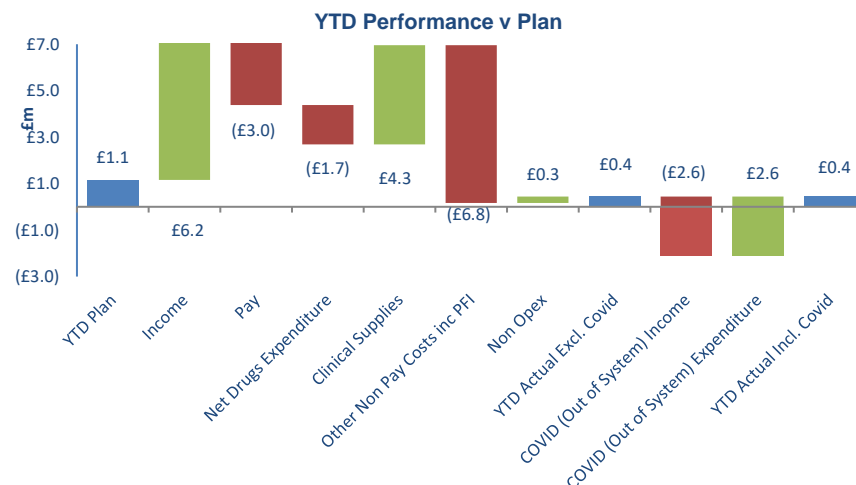
Year to date non pay is £2.5m adverse to plan. This is due to a £7m favourable performance as a result unutilised Growth and Prices reserves and expenditure as a result of reduced activity levels, offset by £9.5m additional expenditure on devices and other pass through expenditure (offset by matching income as noted above).

### Non Operating Expenditure:

Year to date non operating expenditure is showing a £0.3m favourable variance.

### Out of System COVID 19 Expenditure:

The COVID-19 expenditure year to date is £1.0m, with offsetting income of £1.0m and therefore a YTD breakeven position. The main area of expenditure remains testing. Expenditure is £2.6m favourable to plan due to the reduced prevalence of COVID and step down in COVID restrictions.



All divisions are struggling to deliver their financial plans, with the surgical division having the greatest gap due to pay spend in ED (£3.2m), reduced activity and CIP shortfall (£2.3m).

## 2.3 22/23 FOT

Forecast outturn at Month 9 is breakeven, unchanged from the FY22/23 breakeven plan submitted on 20th June. This will move favourably to a £4.8m surplus in month 10 as the trust release its provision for Elective clawback, due to ICB cessation of the requirement. The movement in position in month 10 enables the full discharge of the NHSE protocol for changes in ICB forecasts.

① Crystallised risks in Forecast outturn for under delivery of CIP £7.6 (YTD £5.3m), Provision for activity shortfall £4.8 (YTD £4.8m) and unfunded service developments of £6.6m (YTD £4.5m). **Total £19.0m (YTD £14.6m)**

② Crystallised mitigations in Forecast outturn for under utilisation of inflation and capacity reserves £12.0m (YTD £8.6m) and non recurrent reduced expenditure as a result of reduced activity levels £7.0m (YTD £5.3m). **Total £19.0m (YTD £13.9m)**

③ Forecast outturn at Month 9 including provision for income clawback – Breakeven. It is expected for the Forecast Outturn will improve to a **£4.8m surplus** in Month 10 as a result of no longer implementing the income clawback previously provided for.

④ Upside and downside risk as a result of activity based expenditure:

Additional underspend as a result of the reduced activity including inability of private sector to deliver planned activity - **£1.5m**

**Risk Adjusted upside forecast outturn - £6.3m Surplus**

Additional non recurrent expenditure to additional activity including private sector delivering above planned levels - **£3.3m**

Potential DAC Impairment Risk – **£3.0m**

**Risk Adjusted downside forecast outturn - Breakeven**

