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

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

MEETING OF THE TRUST BOARD IN PUBLIC
WEDNESDAY 3 JUNE 2020

A meeting of the Trust Board will take place at 9.30am on Wednesday 3 June 2020

Due to the Covid 19 pandemic and associated government guidance:
- **members of public will not be admitted to the meeting but Board papers will be posted on the Trust's website and audio access to the meeting will be arranged, if possible;**
- **the meeting will not be preceded by the usual clinical and departmental visits.**

AGENDA

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1	Apologies, Declarations of Interest and Chairman's Introduction	Chair	Information	
2	Minutes of the Board meeting held in public on 01.04.20	Chair	Approval	**2**
3	Matters arising and update on actions	Chair	Discussion	
4	Chief Executive's Report	CEO	Discussion	
5	Covid 19 Update (inc IPR Covid metrics)	CC	Discussion	**9**
6	CQC Report Response (a) quality	Execs NF	Approval	**14**
	(b) use of resources	RC	Approval	
7	**Reports for Information and Assurance:** (a) Integrated Performance Report Summary Overview	Execs	Information and Assurance	*Slide not available this month due to technical issues*
	(b) Quality and Safety Committee (26.05.20)	GOS		**71**
	(c) IPR – Quality, Safety and Patient Experience data			**73**
	(d) Finance, Investments and Performance Committee (27.05.20) - April to July 2020 Financial Plan (for approval)	TH	Information & Approval as specified	**82**
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	(f) People and Culture Committee (28.05.20)	DR	Information and Assurance	**129**
	(g) IPR – Workforce data			**142**
8	Clinical Research Network Eastern Annual Report 2019/20	ED	Approval	**147**
9	Any other business	Chair	Discussion	

Date and Time of next Board meeting in public
The next Board meeting in public will be at 9.30am on Wednesday 5 August 2020

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NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

MINUTES OF TRUST BOARD MEETING IN PUBLIC

HELD ON 1 APRIL 2020

Present:	Mr D White	- Chairman
	Dr P Chrispin	- Non-Executive Director
	Mr R Clarke	- Chief Finance Officer
	Mr C Cobb	- Chief Operating Officer
	Prof E Denton	- Medical Director
	Ms S Dinneen	- Non-Executive Director
	Prof N Fontaine	- Chief Nurse
	Mr J Foster	- Non-Executive Director
	Mrs J Hannam	- Non-Executive Director
	Mr S Higginson	- Chief Executive
	Mr T How	- Non-Executive Director
	Mr P Jones	- Chief People Officer
	Dr G O'Sullivan	- Non-Executive Director
	Prof D Richardson	- Non-Executive Director
In attendance:	Dr A Brown	- NHSE/I
	Mrs S Budd	- Deputy Director of Finance
	Ms F Devine	- Director of Communications
	Mr J P Garside	- Board Secretary
	Mr S Hackwell	- Director of Strategy
	Mr A Lundrigan	- Chief Information Officer
	Ms V Rant	- Assistant to Board Secretary
	Members of the public and press	
Observers:	Mrs C Edwards	- Public Governor (North Norfolk)
	Mr M Roe	- Public Governor (North Norfolk)
	Ms J Scarfe	- Public Governor (South Norfolk)

20/012 **APOLOGIES, DECLARATIONS OF INTEREST AND CHAIRMAN'S INTRODUCTION**

No apologies were received. No conflicts of Interest were declared in relation to matters for consideration by the Board.

Mr Clarke was welcomed to his first meeting of the Board.

20/013 **COVID 19 PANDEMIC RESPONSE UPDATE**

Mr White thanked the Directors and staff across the organisation for their response to the Covid 19 pandemic. The response has been extraordinary and great efforts have been made to address issues emerging and to keep staff, stakeholders and the public informed.

Mr Higginson reported that we received our first Covid positive patient on 16 March. As at 1 April, there are 59 confirmed inpatients and 48 patients who are awaiting test results. 8 patients have died in hospital from the virus. The hospital has been divided into yellow and green zones – yellow being for symptomatic patients and green for patients without Covid symptoms. We are working with the Spire Hospital to continue to treat cancer and some low risk elective surgical patients. A significant amount of

outpatient activity is now undertaken remotely by telephone or electronically and this is a significant transformation in working practice.

We have secured £9m funding to enable construction of a specialist isolation unit and to fit out a 25 bedded HDU ward on the third floor of the new ward block.

Sourcing and accessing PPE is a key priority and we are working to identify concerns of our staff and provide reassurance. We are testing all symptomatic patients and are working to increase testing capacity for staff but this is reliant on our ability to access relevant reagents.

A number of staff are having to self-isolate or work from home. We have been working on opportunities to increase staff numbers to maintain the treatment/safety of our patients and final year medical students and nurses have offered to come and work at the Trust, together with a number of retired staff.

Partners on the Norwich Research Park are supporting the Trust through the pandemic with scientists volunteering to help boost our laboratory capacity and UEA colleagues making supplies of hand sanitiser. The Charity team are working with local businesses, community groups, food suppliers and benefactors to support the staff and patients.

Mr Cobb reported that the Trust had moved to Majax status on 15 March. Decisions are logged and archived in order to ensure that lessons can be identified to improve our performance in future emergencies. An incident governance structure has been established and meetings have been scheduled to review operational issues and to implement changes rapidly as required. A 7 day working rota will be in place across the organisation from 7 April. Zoning of the hospital is in place and we have created duplicate services in critical care and emergency services. We have worked with system partners to ensure the discharge of patients who would be at risk and there are currently 111 empty beds.

Early preparation has given us an opportunity to provide refresher training to staff. Administration staff in Rheumatology and Gastroenterology have relocated with the medical team in order to be able to provide continued support to their colleagues during what is anticipated to be an increasingly difficult time. Operationally, the Trust is in a good position and making good progress to prepare for the anticipated peak in April.

Professor Fontaine reported that a ‘yellow’ zone emergency department will be opening in the DPU to provide a clear ‘yellow’ pathway for potentially infectious emergency patients. The 9 bedded isolation unit is expected to be operational within 10 weeks.

Communications are circulated regularly to staff to promote consistent infection prevention and control practices and a ‘podcast’ for infection prevention and control is also being developed for staff. Guidance and posters are also available for staff on the PPE requirements in different areas of the hospital. Equipment is ordered on a daily basis but we have sufficient levels to maintain needs under the current circumstances.

Professor Denton expressed gratitude for the on-site support which has been provided by Dr Bernard Brett (Deputy Medical Director) during the pandemic. Routine elective and outpatient treatments have been temporarily suspended during the pandemic and consultant doctors have converted to a 7 day working rota on the wards, with a number resident overnight. Regional Medical Directors are working together on the pandemic response to share learning across organisations.

Mr Jones reported that the People and Culture Committee had received an update on staff related aspects of the pandemic. Significant changes have been made to HR policies and practices in response to the pandemic – isolation categorised as special leave and not sick leave and risk assessment for vulnerable staff with options for redeployment or home working.

We are growing our workforce capacity by approaching staff who have retired and are increasing the number of staff on our A&C Bank, with over 200 appointments made in the last month. Support services and helplines have been made available for staff needing help or advice. We are looking to expand the scope of this service to provide psychological support to help staff to deal with emotional stress arising from the pandemic. IT support is also provided to enable staff to work from home.

Professor Fontaine reported that an early decision had to be made to firstly reduce and then restrict visiting in the hospital to protect patients, staff and the public. Our Patient Experience Team have been working with the Divisions to set up a team of 'patient advocates' who are working with the wards to support staff and to act as a conduit between patients and their families. The N&N Hospitals Charity has provided funding for iPads to facilitate electronic communication for patients and families. End of life care is continuing to be maintained at a high level across the hospital.

Mr Cobb reported that plans are underway to zone Cromer Hospital into yellow and green zones to maintain services in the North Norfolk area but outpatient appointments will continue to be undertaken electronically wherever possible.

Dr Chrispin asked about the plans in place for continuation of treatment for emergency patients with suspected heart attacks/strokes. Mr Cobb explained that a 'green' ED pathway is in place so that these emergency patients can receive treatment safely. A robust governance process is in place in the event that there are any changes to these pathways and approval by the Executive Directors is required before any changes can be made. The number of patients attending the Emergency Department has reduced significantly from a daily rate of 400 to 170 patients. Approximately 30% of those patients have Covid symptoms. The Spire Hospital has been dedicated as a green zone and will be treating emergency and surgical patients during the acute period of the pandemic.

Professor Denton reported that there is a challenge to continue treatment for some cancer patients as the immune system can be compromised by disease or chemotherapy/radiotherapy treatment. The risk for each patient needs to be carefully considered and there is a discussion with each patient about the risks of continuing or delaying their treatment. The risk of carrying on routine elective surgery will put patients at increased risk of contracting Covid 19 and elective activity at NNUH has therefore been suspended. The majority of cancer surgery that needs to be carried out will be undertaken at the Spire Hospital.

The Board was informed that the Trust has been asked to support the provision of major trauma work in this region. Addenbookes Hospital is the designated Major Trauma Centre but we are anticipating that we will provide back-up for major trauma and emergency neurosurgery.

20/014 **MINUTES OF PREVIOUS MEETING HELD ON 5 FEBRUARY 2020**

The minutes of the meeting held on 5 February 2020 were agreed as a true record and approved for signing by the Chairman.

20/015 **MATTERS ARISING AND UPDATE ON ACTIONS**

The Board reviewed the Action Points arising from its meeting held on 5 February 2020 as follows:

19/063(f) (Nov '19) Data with regard to ED attendances was provided in the Board papers. Action closed.

19/063(f) (Nov '19) Theatre utilisation data is now incorporated in the IPR. Action closed.

20/007 (Feb '20) Updated format maternity data is now included in the IPR and has been reviewed by the Quality & Safety Committee. Action closed.

20/016 **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 reported that work on preparing the 2020/21 Operational and Financial Plan has been paused due to the Covid 19 pandemic. It is anticipated that there will be financial and operational changes across the NHS for the next financial year once the acute pandemic emergency has subsided.

The final report following the latest CQC inspection is expected to be published at the end of April.

20/017 **REPORTS FOR INFORMATION AND ASSURANCE**

(a) Integrated Performance Report Overview

The Board received and discussed the Integrated Performance Report (IPR) from the Executive Directors.

(b) Quality and Safety Committee (18.02.20 & 24.03.20)

Dr O'Sullivan informed the Board that the last Committee meeting had focused on the Trust's response to the Covid-19 pandemic and the Committee had been assured by the extent of preparations underway at NNUH. The scope of areas involved in preparations has been evolving and the Committee had been assured to hear that Serco and the mortuary were included in planning. Collaborative arrangements with our partners on the NRP were particularly of note.

At its meeting in February, the Committee visited the maternity unit and received an overview of the changes being made to the configuration of maternity services. A new Continuity of Care model is being implemented across the Country and involves midwives working in teams to provide support to mothers throughout their pregnancy.

The Committee received an update on progress towards the 10 safety actions which form the NHS Resolution Maternity Incentive Scheme. There is reasonable assurance around most of those actions.

Quarterly updates are provided to the Committee concerning the Saving Lives Care Bundle which is designed to optimise antenatal care.

(c) IPR – Quality, Safety and Patient Experience

Mr White noted the increase in the number of complaints and PALS enquiries and asked if further review is planned to determine the nature of concerns being raised. Mr Garside explained that the Patient Experience and Engagement Governance Sub-Board undertakes a monthly review of complaints and other patient feedback to

establish any themes. The predominant issues however relate to waiting times and delays in receiving Trust services (A&E – 4 hour target and RTT). Professor Fontaine indicated that the majority of PALS enquiries reflect the themes of complaints relating to appointments and waiting times across all constitutional standards.

Professor Denton indicated that a governance process is in place for elective patients in the context of increased waiting times. Mr Chapman (Consultant in T&O) is leading a process to review waiting times for individual patients to mitigate the risks of harm resulting from longer waiting times during the pandemic emergency.

Professor Fontaine reported that the data submission for the Friends and Family Test has been suspended to allow focus on the emergency pandemic.

(d) Audit Committee (25.03.20)

Mr Foster reported on the meeting of the Audit Committee and highlighted concerns around the implementation of Internal Audit recommendations. Five partial assurance audit opinions have been received and Mr Foster emphasised the need to implement recommended actions in order to demonstrate progress. The outcome of the Internal Audit programme will influence the Head of Internal Audit Opinion in the financial statements. Mr Higginson confirmed that the Executives are reviewing what progress can be made in order to complete outstanding actions to improve our position before year end.

The Committee has held a private meeting with the Internal and External Auditors and had no concerns to raise.

(e) Finance, Investments and Performance Committee (26.02.20 and 25.03.20)

The Committee received an update on expenditure associated with the Covid-19 pandemic. The impact of the pandemic will be significant and the Operational Plan will need to be revised accordingly.

The Committee was assured by arrangements for executive approval of expenditure, balancing oversight with the need for the most rapid response in light of urgent operational imperatives.

Mr How reported that the Committee had received the outline cases for:

- fit out of 3rd floor of the new ward block to accommodate 25 HDU beds;
- purchase of a modular isolation ward.

Capital support from NHSE/NHSI has been made available (£8.9m) for urgent implementation of these projects as part of the Trust's emergency pandemic response. The intention is that the additional specialist capacity should be available to treat patients as the pandemic peaks. Receipt of the relevant capital has been negotiated by the CEO in consultation with the Chairman to reflect the emergency situation and the Board was asked to ratify the decision in accordance with Standing Orders.

The Board **agreed** the decision to urgently proceed with the two schemes to enhance the Trust's specialist capacity as part of its response to the pandemic and **approved** capital borrowing of £8.9m to fund the schemes.

The Committee reviewed two business cases in relation to:

- Nuclear Medicine equipment replacement programme;
- Essential Patient Equipment (bed frame replacement, maintenance and management);

Both business cases were made available to Board members through the Diligent Board system. The Business Cases have been approved by the Hospital Management Board and it was confirmed that the costs of the projects have been included in the draft financial plans for 2020/21. Approval of the Business Cases was recommended by the Committee.

The Board **approved** the Business Cases for the Nuclear Medicine equipment replacement/maintenance programme and the project for replacement/maintenance of the Trust's bed stock.

(f) IPR – Finance, Performance and Productivity

Mr White noted the improvement in diagnostic performance which reached 99% in February 2020. This is a significant achievement but it must be noted that this is in the context of altered referral patterns and isolated staff who have been able to concentrate on reporting images.

Mr Foster noted the significant decrease in theatre utilisation over the last year in both main and day case theatres and emphasised that this should a key area of focus to boost financial performance after the acute pandemic phase. Mr Cobb explained that improving theatre utilisation is contingent on improving patient flow through the hospital – so that DPU is ring-fenced and elective patients can be booked in the confident expectation that they will not be cancelled. The new ward block will build additional capacity which should have a positive impact on theatre utilisation and elective activity.

Mr Higginson indicated that our plan for 2020/21 is to complete the new ward block, to increase the bed base and to ring fence bed capacity for elective patients. Our strategy will need further review once the acute pandemic has passed and the STP will need to consider future activity trends/capacity and how these can be aligned in an affordable way.

(g) People and Culture Committee (27.03.20)

Mr How reported on the meeting of the Committee, which he had chaired. Mr Jones and his team were thanked for their efforts in addressing staffing matters during the pandemic. It was recognised that Ms Dawson has made significant progress over the last year to improve Freedom to Speak Up arrangements across the organisation.

(h) IPR - Workforce

Professor Denton reported that compliance in medical appraisals and mandatory training is showing improvement. The medical revalidation and appraisal process has however been suspended to free up staff to address the pandemic. Staff are still required to complete mandatory training and various routes are available for staff to be able to complete their training.

The rate of sickness absence in February 2020 has increased to 4.4% against the 2019/20 target of 3.9%. Mr Jones reported that the level of staff sickness is anticipated to increase further as a result of the pandemic.

20/018 **CRN EASTERN ANNUAL PLAN 2020/21**

Professor Denton presented the NIHR 2020/21 Annual Plan for the Clinical Research Network Eastern, which requires approval by the Board as Host organisation.

The Trust's contract as Host of the CRN(E) has been extended for a further year by the Department of Health and Social Care until 31 March 2022.

Mr Foster asked about the CRN targets. Professor Denton explained that the risk of achieving targets have been categorised as low or medium and the focus will be on identifying relevant studies to ensure we meet requirements. Mr Higginson highlighted that our five-year Research Strategy was informed by the Trust's Strategic Objectives and aims to increase the number of trials and number of patients recruited to trials.

The format of the Annual Plan is heavily prescribed and the Board **approved** the CRN (Eastern) Annual Plan for 2020/21.

20/019 **FEEDBACK FROM COUNCIL OF GOVERNORS**

The Chairman updated with regard to the Council meeting held on 13 February and informal Q&A session with governors.

20/020 **ANY OTHER BUSINESS**

There was no other business.

20/021 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Trust Board in public will be at 9.30am on 3 June 2020.

Signed by the Chairman: …… Date: ……
Confirmed and approved for signature by the Board on 03.06.20 [tbc]

Decisions Taken:

20/017(e) Ratification of investment decisions: - 3rd floor of the new ward block to accommodate 25 HDU beds; - purchase of a modular isolation ward.	The Board **agreed** the decision to urgently proceed with the two schemes to enhance the Trust's specialist capacity as part of its response to the pandemic and **approved** capital borrowing of £8.9m to fund the schemes.
20/017(e) Business cases: - Nuclear Medicine - Bed replacement	The Board **approved** the Business Cases for: - Nuclear Medicine equipment replacement/maintenance programme; and - replacement/maintenance of the Trust's bed stock.
20/018 – CRN(E) Annual Plan	The Board **approved** the CRN (Eastern) Annual Plan for 2020/21.

Action Points Arising:

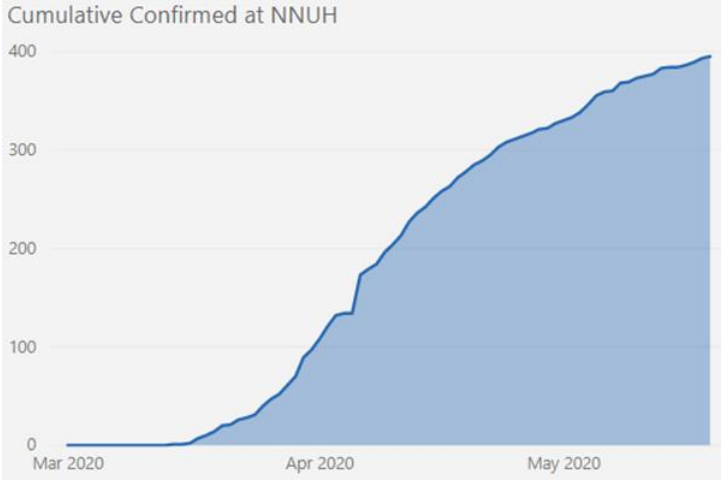
There were no formal actions arising.

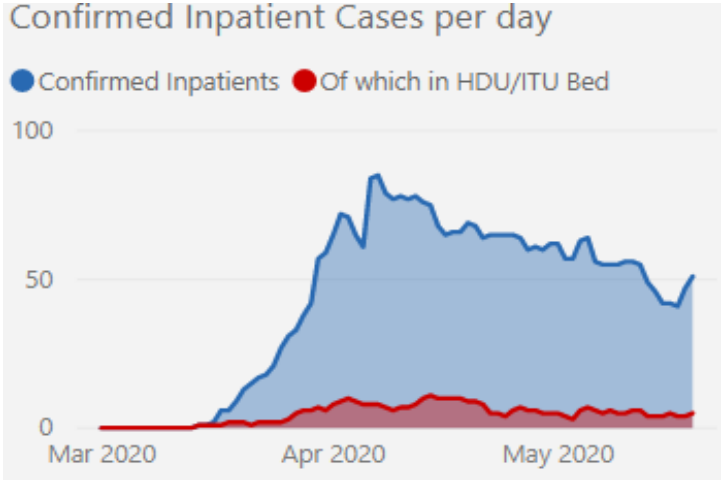
Integrated Performance Report (Covid Metrics)

May 2020 (April 2020 data)

COVID-19 NNUH Position

Cumulative	Total Swabs Taken	Patients Swabbed	Confirmed Cases	Recoveries	Deaths
01/03/20 - 19/05/20	5,650	4,035	395	236	108





Data Observations

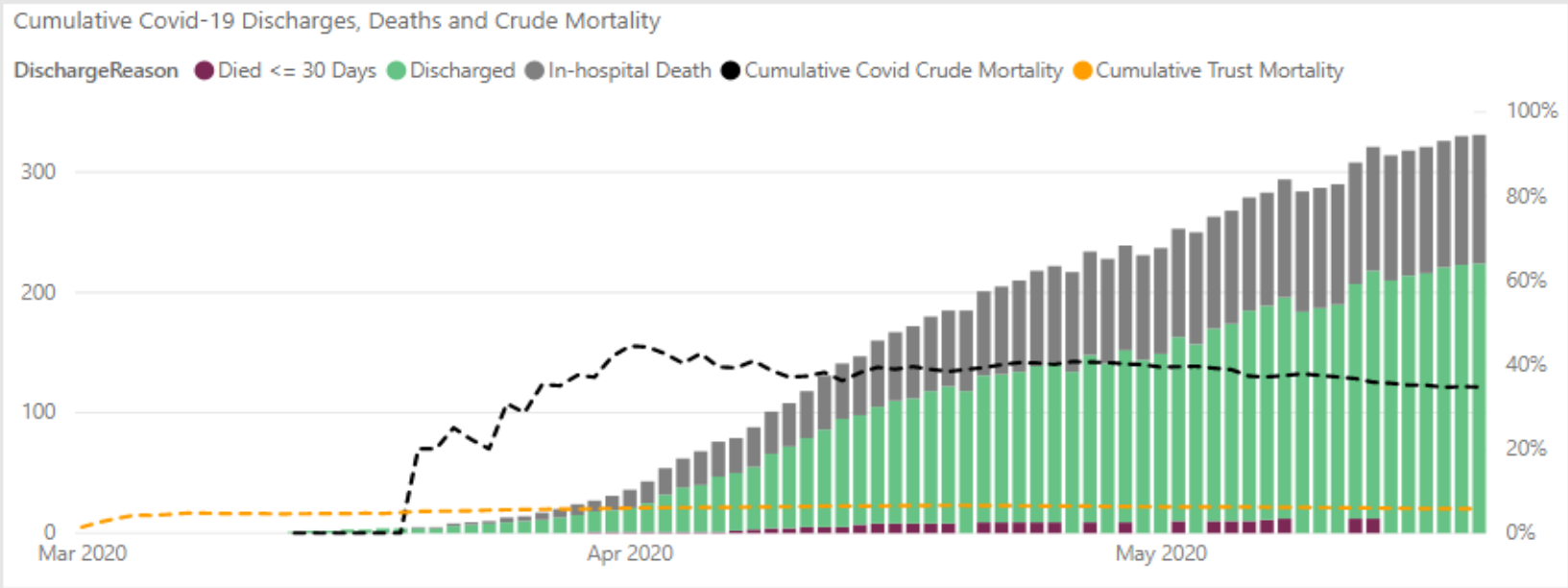
- In hospital positive cases have declined from a peak on 7th April (85 cases, 8 of which were in Critical Care). On 19th May, there were 51 confirmed cases, 5 of which were in Critical Care.
- Of the inactive cases, 236 patients have recovered and 108 have died.

Operational Context

- The COVID zoning plan is successfully underway, with of the COVID wards treating suspected and confirmed COVID patients.
- Transfers from local hospitals continue to be received.
- PPE stock levels monitored daily.
- Surge capacity plans are in place.
- Phase II of NHS Response underway with plans submitted to recommence elective programme.
- Implementation plan commences 21st May 2020.

COVID-19 NNUH Position

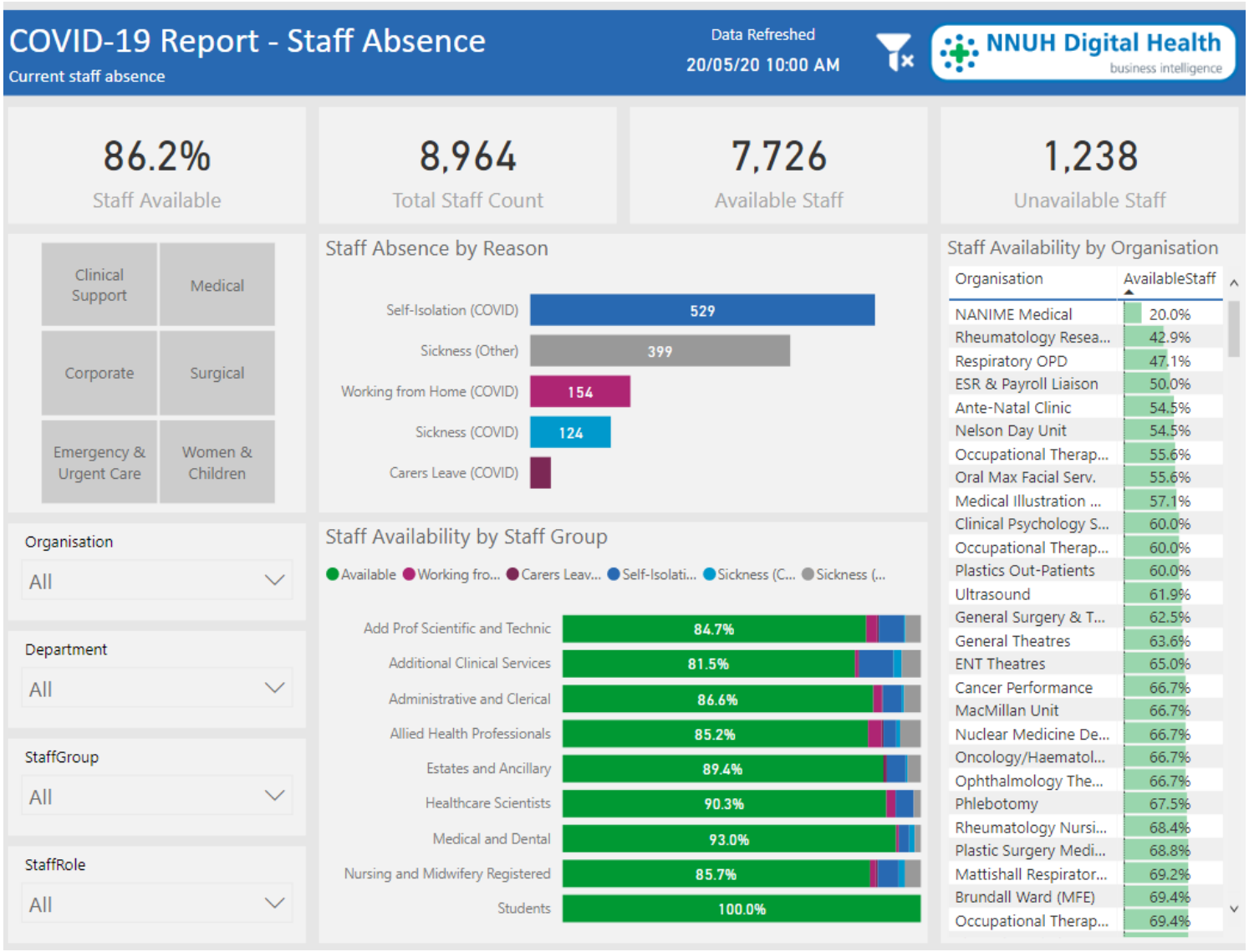
Total Covid-19 Discharges	C19 In-hospital Deaths	C19 Died <= 30 Days Discharge	C19 Discharged	C19 Crude Mortality	Overall Trust Crude Mortality	C19 Discharges to Code	Suspected C19 Deaths
343	107	12	224	34.7%	5.8%	25	4



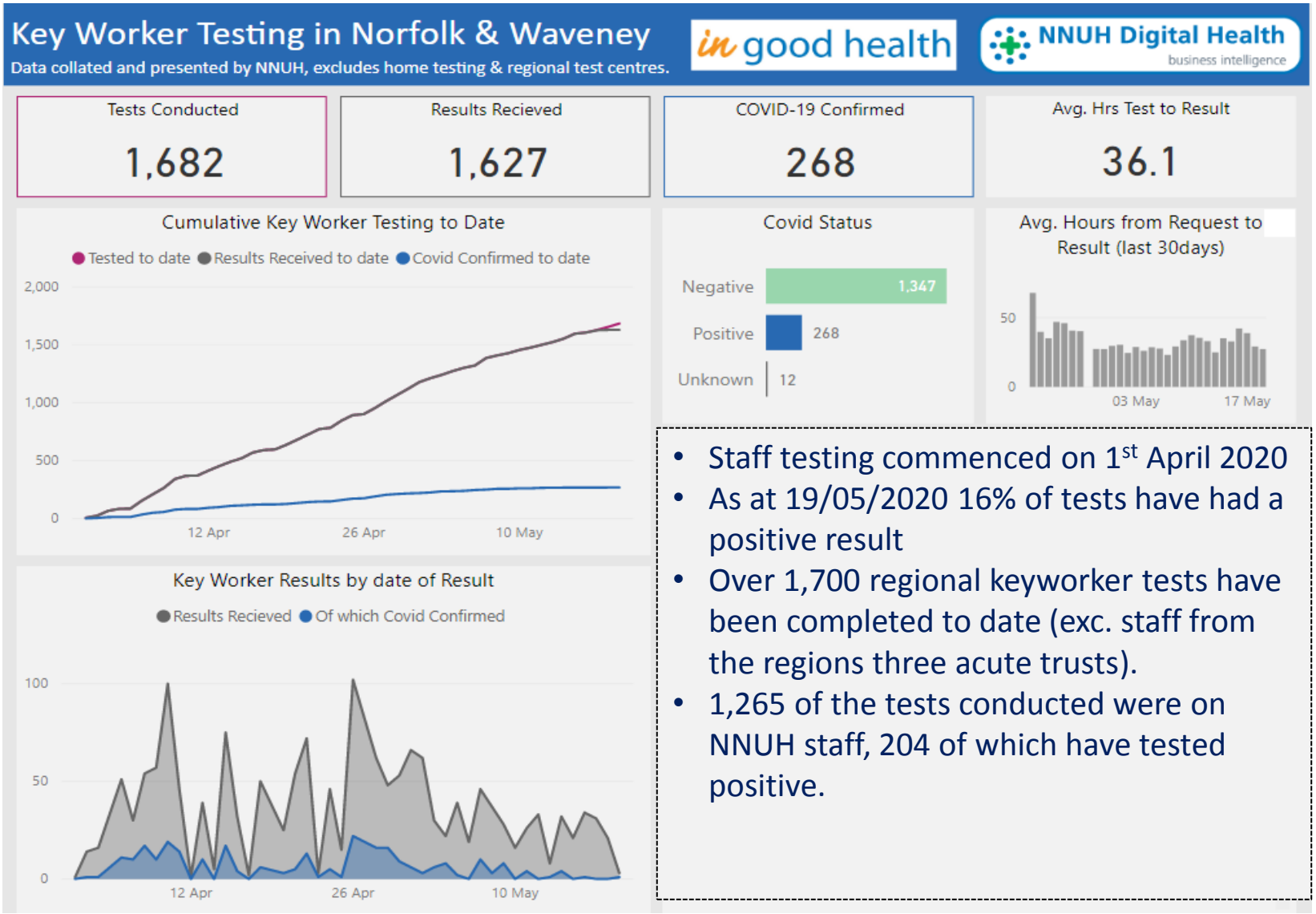
Crude C-19 mortality rate is high relative to the average crude mortality rate (58.8%) but has stabilised from 15th April onwards. The C-19 crude mortality rate (C-19 positive deaths/C19 discharges) should, however, be interpreted with caution as this is a function of testing.

*107 deaths reported here as opposed to 108 on slide 2. This is a patient death which took place in ED which does not count as an in hospital death.

COVID-19 NNUH Position



COVID-19 NNUH Position



- Staff testing commenced on 1st April 2020
- As at 19/05/2020 16% of tests have had a positive result
- Over 1,700 regional keyworker tests have been completed to date (exc. staff from the regions three acute trusts).
- 1,265 of the tests conducted were on NNUH staff, 204 of which have tested positive.

REPORT TO THE TRUST BOARD OF DIRECTORS

Date	**3 June 2020**
Title	**CQC Recommendations and Improvement Plan 2020 and Use of Resources Response**
Author & Exec lead	**Yvonne Christley Deputy Chief Nurse** **Professor Nancy Fontaine Chief Nurse & Professor Erika Denton Medical Director** **Roy Clarke Chief Finance Officer**
Purpose	**For Approval**
Relevant Strategic Objective & BAF Reference	**SO:** **CRR/ BAF Ref:**

This paper provides an overview of the CQC recommendations following the December 2019 inspection. This inspection of four core clinical services, the Well Led and the Use of Resources review. The report was published by the CQC in April 2020. The CQC Quality Improvement Plan (QIP) (Annex 1 and Appendix 1), Use of Resources Response (Annex 2) and the Evidence of Assurance sheets (Appendix 2) detail the actions the Trust will take to address the 'Must Do' and 'Should Do' recommendations identified in the report.

The CQC inspected four core services: End of Life Care, Outpatients, Urgent and Emergency Care and Surgery. Further, the regulators completed 'Well-led' and Use of Resources reviews. The CQC published their findings in April 2020 and rated End of Life Care as 'Outstanding'; Outpatients as 'Good'; Surgery as Requires Improvement; Emergency & Urgent Care as Requires Improvement overall, but increased the rating for this service under the 'Effective' domain, as 'Good'. The Review of the Use of Resources assessed how effectively resources are used to provide high quality, efficient and sustainable care for patients. The review rated the Trust as 'Requires Improvement'. The CQC reported improvements across the Trust since their last inspections, and although the Trust rated 'Requires Improvement' overall, in the 'Effective' domain improved from Requires Improvement to Good (Fig. 1). The Trust was already rated as 'Good' for the 'Caring' domain. The view of the regulators, including NHSE/I, was that the Trust should exit Special Measures. This was confirmed in May 2020.

Figure 1:

Safe	Effective	Caring	Responsive	Well-Led	Overall
Requires Improvement → ←	Good ↑	Good → ←	Requires Improvement → ←	Requires Improvement → ←	Requires Improvement → ←
Apr 2020	Apr 2020	Apr 2020	Apr 2020	Apr 2020	Apr 2020

The following paper details some of the key CQC findings and the recommendations of the CQC for the clinical Core Service review and the Use of Resources with actions identified for improvement. The governance and oversight of all regulatory recommendations and external inspections will continue through the Evidence Committee, chaired by the Chief Nurse and Medical Director and the Quality Programme Board, chaired by the CEO. Progress will be reported to the Quality and Safety Committee.

All data and evidence for every recommendation will be examined at an Evidence Committee, in order that there is fair and balanced challenge to progress and assurance to the Trust Board.

Use of Resources Response

Use of Resources is a multi-disciplinary test for the organisation; as such, improvement requires a Trust-wide response. The Trust is proposing a detailed response consisting of strategic enables running alongside a clear tactical action plan. This will not only address the specific recommendations outlined within the report, but also the underlying issues impacting how the Trust utilises its resources.

Four key interventions have been identified:

1) **Financial Governance Review** – The Trust's financial governance has been under question from our regulators for some time, in conjunction within the deteriorating financial position. The Trust will commission the internal auditors, RSM, to perform a detailed financial governance review by October 2020, to supplement the review performed by NHSI. The key findings identified will be used to drive the continued development of the Tactical Action Plan;
2) **Revised Financial Strategy** – The Trust will develop a detailed, dynamic financial strategy, in line with NHSE/I best practice, outlining the key assumptions, which will drive financial performance over three horizons: 18 months; five years and 17 years (to coincide with the end of the PFI contract);
3) **Tactical Action Plan** – An action plan consisting of direct responses to the 11 recommendations has been set up. Further actions will be added to this, as identified, with individual programmes of work underpinning these, where applicable;
4) **Alignment of PMO & Improvement Team** – From April 2020, the Trust wants to enhance and accelerate the alignment of quality and sustainability to drive the achievement of financial efficiencies, deliver significant transformation and embed a culture of continuous improvement at all levels of the organisation. This will be underpinned through the following first steps:
    - Development of a more collaborative approach to resourcing projects across improvement programmes; and
    - Adoption of the Quality Performance Board for the monitoring of progress against the delivery of Use of Resources recommendations.

Progress will be reported on a monthly basis to Finance, Investments and Performance Committee, with evidence of completion of recommendations being reviewed at Evidence Committee feeding into QPB.

The full detail behind these key interventions can be seen within Annex 2 – Use of Resources Response.

Recommendation:

The Board is recommended to:

- Approve the recommended governance and improvement programme in relation to the CQC Improvement Plan; and
- Approve the Use of Resources response, including the four proposed key interventions.

Annex 1 - CQC Recommendations and Improvement Plan 2020

1. Executive Summary

This paper provides an overview of the CQC recommendations and key findings, following the December 2019 inspection. This inspection of four core clinical services, the Well Led and the Use of Resources review. The report was published by the CQC in April 2020. The CQC Quality Improvement Plan (QIP) (Appendix 1) and the Evidence of Assurance sheets (Appendix 2) detail the actions the Trust will take to address the 'Must Do' and 'Should Do' recommendations identified in the report. In total, the CQC identified 11 'Must Do's' and 6 'Should Do's' (table 1) for core clinical service improvements and 11 'Should Do's' for the Use of Resources (table 2).

Table 1: CQC Core Service Recommendations

Area	Level	Recommendation
CORE SERVICES		
Urgent and Emergency Care	**Must Do**	The service must ensure it has enough medical staff with the right skills mix and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Regulation 18
		The service must ensure staff use systems to record and store medicines safely. Regulation 12
		The service must ensure that safety checks are completed in line with guidance on all emergency equipment. Regulation 12
		The service must ensure all staff complete mandatory training in key skills including life support training and safeguarding. Regulation 18
Surgery	**Must Do**	The service must ensure that medicines are stored, checked and recorded in line with the Trust policy and national guidance. Regulation 12
		The service must ensure that patient records are updated regularly and stored securely. Regulation 17
		The service must continue to improve medical staff mandatory and safeguarding training compliance, so it is above Trust targets. Regulation 18
		The service should reduce the number of overdue incidents. Regulation 17
	Should Do	The service should ensure they have suitable facilities and equipment to meet patients' needs and keep them safe.
		The service should ensure that action is taken wherever possible to reduce referral to treatment waiting lists and provide patients with care and treatment within agreed timeframes and national targets.
Outpatients	**Must Do**	The service must ensure that medicines are stored, checked and recorded in line with the Trust policy and national guidance. Regulation 12
		The service must ensure that sterile equipment is checked for expiry and removed from clinical areas when out of date. Regulation 12
		The service must ensure that patient records are updated regularly and stored securely. Regulation 17
	Should Do	The service should ensure that staff report all incidents that may impact patient care, including delays in clinics.
		The service should ensure that action is taken to provide patients with care and treatment within national timeline targets.
		The service should ensure that staff mandatory and safeguarding training compliance is above the Trust target for all topics.
End of Life Care	**Must Do**	The Trust should ensure syringe driver checks are completed in line with Trust policy.
	Should Do	The Trust should ensure syringe driver checks are completed in line with Trust policy.

Table 2: CQC 'Should Do' Recommendations for Use of Resources

USE OF RESOURCES		
	Should Do	The Trust should continue working to ensure that improvement initiatives in clinical services deliver expected reductions in Long Length of stay and better utilisation of non-elective beds.
		The Trust should continue working to improve it's performance against the national constitutional operational standards.
		The Trust should continue working to improve it's internal capacity and capability to identify and drive implementation of transformational cost improvement programmes.
		The Trust should review operational and business planning processes to ensure to less reliance on more expensive temporary capacity solutions in future years.
		The Trust should continue working to embed effective use of e-rostering in workforce deployment, optimising use of substantive staff and reduce temporary staffing costs.
		The NHS foundation Trust has started to address the high medical workforce costs. The Trust should ensure that it's revised job planning processes translate into optimisation of consultant workforce.
		The Trust should consider use of modern systems in payroll to ensure faster and traceable transactions.
		The Trust should progress implementation of improvements in HR operating to ensure the managers have the right level of support to address workforce challenges.
		The Trust should continue working to develop procurement collaboration with NHS partners, and scope further opportunities to secure benefits of scale its support services.
		The Trust should implement the identified actions to reduce the cost of its PFI.
		The Trust should continue to review its workforce model and recruitment strategies with the aim of identifying and implementing innovative ways to address workforce gaps.

2. Key CQC Findings

The CQC found that the Trust had improved across many areas and identified several facets of outstanding practice. The CQC recognised improvements across governance, patient safety and risk management, especially strengthened in the divisions. The CQC noted strong clinical leadership in the divisions, with an open and transparent approach, where staff felt able to challenge, which was closely supported by the Executive Directors and NEDs. The staff were aware of the Trust's strategies, particularly around quality, as well as the Trust vision and values. The CQC commended the Trust on the clear commitment to innovation and quality improvement (QI), and that staff felt supported moving the QI agenda forward for their own services.

The End of Life service was rated as 'Outstanding' and described by the Head of Inspections as a 'star service'. The care shown to end of life and palliative patients was seen as compassionate, inclusive with effective leadership. The clinical leaders in this service had a deep understanding of the challenges, the priorities and were addressing appropriately. There were numerous examples given by the regulators of our staff treating all patients with kindness, compassion, privacy and dignity, across all the services inspected.

The Trust was particularly praised for its significant improvements in mental health management and care in the emergency and inpatient settings. It was noted there was an improved and deep understanding of safeguarding vulnerable patients, clear use of mental capacity assessments and appropriate management and escalation.

The CQC noted several areas of outstanding practice including our clear commitment to research to benefit patient outcomes and innovation in surgical techniques, such as intra-abdominal chemotherapy ; NNUH is one of only 3 Trusts in the country to offer this approach. The improvement in the culture of the organisations, encouraging all staff to speak up, and participate in improving all services was heralded. In particular, the Lead Freedom to Speak Up Guardian (FTSUG) was singled out for accolade, due to her mature and thoughtful approach and how much she had improved the service. Moreover, the CQC noted the embedded approach to staff PRIDE and annual awards and the ongoing programmes to develop future leaders and line managers.

3. CQC Quality Improvement Plan (QIP)

The Trust has developed an Improvement Plan incorporating the quality and efficiency elements from the December inspection (Appendix 1 and 2) in line with the 28-day timeline advised by the CQC. This has already been forwarded to the CQC and NHSE/I within the deadline. The Quality Improvement Plan (QIP) provides an overview of the Trust's response to the recommendations and forms an immediate programme of improvement work. The 17 'Must Do' and 'Should Do' for core services and the 11 'Use of Resources' recommendations have been brought together and consolidated in the QIP action plan.

The QIP provides an overview of the Trust's response to each recommendation and is aligned with the format and content of the CQC reporting domains. The QIP contains an action plan for each recommendation, provides clearly stated desired outcome statements (what Good looks like) and is supported by defined actions and timescales for delivery. There is also ongoing wok to craft desired outcome statements against each recommendation describing 'outstanding practice' so that the Journey to Outstanding remains continual. Each recommendation has an assigned Executive Lead, Senior Responsible Officer and Improvement Team/PMO lead.

In addition, each recommendation has been added to the schedule for discussion at Evidence Group and has an evidence sheet for assurance (Appendix 2). These evidence sheets identify and describe the poor practice contained in the CQC inspection report. Also, it defines what Good and Outstanding look like as per the CQC key lines of enquiry and makes explicit the actions required to achieve Good and Outstanding. Progress against each recommendation and the agreed action plan will be reviewed through Evidence Group and thereby feed directly into Quality Programme Board (QPB).

The Trust aims to achieve improved financial efficiencies, deliver significant transformation and embed a culture of continuous improvement by enhancing the alignment between quality and sustainability. This will be achieved by developing a collaborative approach to resourcing improvement programmes and will mean that the use of resource recommendations will also be monitored for progress and delivery through QPB.

4. Recommendation

It is requested that the Trust Board acknowledge and approve the governance approach and improvement plan for the CQC recommendations for the core service review and the Use of Resources response plan.

Annex 2 - Use of Resources Assessment Response

12 May 2020

Norfolk and Norwich University Hospitals NHS Foundation Trust

1. Executive Summary

This paper has been written to acknowledge the outcome of the CQC Use of Resources review and provide an overview of the Trust's planned response both in relation to the recommendations raised and the wider, more strategic actions to be delivered.

Context

The aim of Use of Resources assessments is to understand how effectively the Trust is using its resources to provide high quality, efficient and sustainable care for patients. The assessment examines the Trust's performance against a set of initial metrics alongside local intelligence from NHS Improvement's day-to-day interactions with the Trust, and the Trust's own commentary of its performance across these areas.

Use of Resources Report Overall Finding

We rated the use of resources at this NHS foundation trust as Requires Improvement. *The NHS foundation trust was last assessed in February 2019 (nine months from the date of this assessment), and although there have been some actions taken to improve workforce and service productivity, it was too early to evaluate their impact.*

Trust Response

The Trust acknowledges the contents of the report, particularly the 11 areas for improvement identified. These have formed an immediate programme of work with an initial action plan against recommendation being compiled ahead of submission to the CQC on 15 May 2020.

Use of Resources is a multi-disciplinary test for the organisation, as such improvement requires a Trust-wide response.

The Trust is proposing a detailed response consisting of strategic enablers running alongside a clear tactical action plan. This will not only address the specific recommendations outlined within the report, but also the underlying issues impacting how the Trust utilises its resources.

Four key interventions have been identified:

Financial Governance Review - The Trust's financial governance has been under question from our regulators for some time, in conjunction with the deteriorating underlying financial position.

The Trust will commission the internal auditors, RSM, to perform a detailed financial governance review by October 2020, to supplement the review performance by NHSI. The findings identified will be used to drive the continued development of the Tactical Action Plan.

Revised Financial Strategy - The Trust will develop a detailed, dynamic financial strategy, in line with NHSE/I best practice, outlining the key assumptions which will drive financial performance over three horizons: 18 months, five years and 17 years (to coincide with the end of the PFI contract).

Tactical Action Plan - An action plan consisting of direct responses to the 11 recommendations has been set up, see Appendix 1. Further actions will be added to this, as identified, with individual programmes of work underpinning these, where applicable.

Alignment of PMO & Improvement Team - From April 2020 the Trust wants to enhance and accelerate the alignment of quality and sustainability to drive the achievement of financial efficiencies, deliver significant transformation and embed a culture of continuous improvement at all levels of the organisation.

The Trust will identify opportunities for joint working and enhanced clinical drive towards improved use of resources, achievement of financial efficiencies and embed a culture of continuous improvement.

This will be underpinned through the following first steps:

- Development of a more collaborative approach to resourcing projects across improvement programmes; and
- Adoption of the Quality Performance Board for the monitoring of progress against the delivery of the Use of Resources recommendations.

Norfolk and Norwich University Hospitals NHS Foundation Trust

2. Overview

Purpose

This paper has been written to acknowledge the outcome of the CQC Use of Resources review and provide an overview of the Trust's planned response both in relation to the recommendations raised and the wider, more strategic actions to be delivered.

Context

The aim of Use of Resources assessments is to understand how effectively the Trust is using its resources to provide high quality, efficient and sustainable care for patients. The assessment examines the Trust's performance against a set of initial metrics alongside local intelligence from NHS Improvement's day-to-day interactions with the Trust, and the Trust's own commentary of its performance across these areas.

The assessment was performed on 3rd December 2019, where representatives from NHSE/I visited the Trust to meet with the Executive Team, Chair and relevant Senior Management to discuss the key lines of enquiry (KLOEs) across clinical services, people, corporate services, clinical support services, procurement, facilities and finance.

Report Findings

The review was concluded with the following overall finding:

We rated the use of resources at this NHS foundation trust as Requires Improvement. *The NHS foundation trust was last assessed in February 2019 (nine months from the date of this assessment), and although there have been some actions taken to improve workforce and service productivity, it was too early to evaluate their impact. The metrics associated with the costs of delivering activity had not yet been updated and several initiatives had either recently been implemented or were just being scoped. For areas where the assessment data had been updated, the NHS foundation trust's performance is variable. It continues to compare well against some clinical services productivity metrics but its performance against constitutional operational standards has declined and its financial position continues to deteriorate.*

Direction of Travel

The Trust has maintained the rating it received in the previous Use of Resources inspection carried out in May 2019.

May 2019 Rating	January 2020 Rating	Direction of Travel
Requires Improvement	Requires Improvement	⟷

Trust Response

The Trust acknowledges the contents of the report, particularly the areas for improvement identified (see *Section 3 – Use of Resources Recommendations*).

The 11 recommendations raised by the CQC will form an immediate programme of work, with an action plan against each recommendation compiled for internal review.

Following internal review these must be submitted to the CQC by 15 May 2020.

Norfolk and Norwich University Hospitals NHS Foundation Trust

3. Use of Resources Recommendations

The Use of Resources report identified the following areas as having scope for improvement, outlining that the Trust should:

1. Continue working to ensure that improvement initiatives in clinical services deliver expected reductions in long length of stay and better utilisation of non-elective beds;
2. Continue working to improve its performance against the national constitutional operational standards;
3. Continue working to improve its internal capacity and capability to identify and drive implementation of transformational cost improvement programmes;
4. Review operational and business planning processes to ensure less reliance on more expensive temporary capacity solutions in future years;
5. Continue working to embed effective use of e-rostering in workforce deployment, optimising use of substantive staff and reduce temporary staffing costs;
6. Continue to address the high medical workforce costs and ensure that its revised job planning processes translates into optimisation of consultant workforce;
7. Consider use of modern systems in payroll to ensure faster and traceable transactions;
8. Progress implementation of improvements in HR operations to ensure the managers have the right level of support to address workforce challenges;
9. Continue working to develop procurement collaboration with NHS partners, and scope further opportunities to secure benefits of scale its support services;
10. Implement the identified actions to reduce the cost of its PFI; and
11. Continue to review its workforce model and recruitment strategies with the aim of identifying and implementing innovative ways to address workforce gaps.

Following the receipt of the report, it has been agreed that the Use of Resources recommendations will be integrated into the CQC Action Plan and monitored through a revised and re-purposed Quality Programme Board.

The purpose of the Quality Programme Board is to:

- Obtain assurance on behalf of the Board of Directors with regards to implementation of the Quality Improvement Plan;
- Make regular reports to the Board concerning progress and risks to successful implementation of the aforementioned plans; and
- Oversee transfer of items discharged from the Action Plan process to business as usual on a longstanding and sustainable basis.

Next Steps

Use of Resources is a multi-disciplinary test for the organisation, as such improvement requires a Trust-wide response.

The Trust is proposing a detailed response consisting of strategic enablers running alongside a clear tactical action plan to address the specific recommendations outlined within the report.

The four key interventions are (as detailed throughout the report):

1. A detailed review of the Trust's financial governance;
2. A refresh of the Trust's medium term financial strategy, in line with NHSE/I best practice;
3. A tactical action plan, initially focussed on the recommendations, that will be supplemented by further actions as identified; and
4. A review of the Trust's improvement functions with a view to enhancing the alignment of resources to drive further efficiency and transformation across the organisation through adoption of consistent governance principles.

Norfolk and Norwich University Hospitals NHS Foundation Trust

4. Financial Governance Review

The Trust's financial governance has been under question from our regulators for some time, in conjunction with the deteriorating underlying financial position.

In May 2019, the Trust was subject to a NHSE/I Financial Management and Governance Review. This was held to review the financial management, investment decision-making and governance arrangements at the Trust, in light of a further deterioration of the underlying deficit.

The report identified a number of detailed recommendations, of which the key findings were:

- The Trust has taken steps over the last six months to improve its accountability framework, budget setting process, and has introduced a formal business case process. These changes are positive but are not yet embedded;
- The areas of focus during the review come under the broad headings of financial planning, reporting, performance management and financial decision-making, still require improvement; and
- The Trust does not hold a complete and accurate contract register and is working to address this. This work should be prioritised to mitigate associated procurement and performance risks.

The report also recommended the following next steps:

- We recommend that the Trust develops a financial management improvement plan to oversee the necessary improvements, providing clear objectives, actions and timescales for delivery. Given the context of the Trust's continued significant operating deficit, Board level attention should be given to ensuring these improvements are made; and
- We recommend that this report is shared with the Trust's Audit Committee and that the Trust considers how its internal audit programme considers these areas in future.

In response to this, in October 2019 the Trust produced a high level *Review of Financial Governance Arrangements* paper outlining areas for improvement and of internal good practice. This was shared with NHSE/I and discussed at Hospital Management Board and Trust Board.

The remedial actions were not strong enough to drive an enhancement in financial governance that translated into a measured improvement in the Trust's Use of Resources rating and underlying bottom line position.

COVID-19 Governance

On 17 March 2020 NHSE/I issued financial arrangements for the NHS for the period of 1 April to 31 July. The guidance issued continues to be revised to reflect operational changes and feedback from the service as the response to COVID-19 continued to develop.

The revised governance requires revised processes for capital expenditure approval and states that no new revenue business investments should be entered into, unless related to COVID-19 or approved by NHSE/I. In addition, normal consultancy and agency approvals must be maintained.

The Trust continues to review its governance to ensure that these new business rules are implemented and in full compliance with the revised guidance.

Next Steps

Following the stabilisation of the COVID-19 pandemic the Trust will commission the internal auditors, RSM, to perform a detailed review across all areas of its financial governance to be indicatively completed by October 2020.

This will underpin the Trust's response to the Use of Resources report through looking to enhance and improve existing controls and delegations of authority.

The findings identified will be used to drive the continued development of the Tactical Action Plan.

Norfolk and Norwich University Hospitals NHS Foundation Trust

5. Financial Strategy

The Trust engaged PwC to develop and document a Medium Term Financial Strategy (MTFS) in December 2018. This was reactive to a request from NHS Improvement following a deterioration in the Trust's underlying financial position in Q3 of FY18/19.

The MTFS was developed in conjunction with Trust senior management and the Executive Team and made reference to the Boston Consulting Group (BCG) Activity Projections report which was commissioned by the Norfolk & Waveney Health & Care Partnership.

The MTFS made a number of financial assumptions, including both the delivery of a revised planned deficit in FY18/19 and delivery of its assigned FY19/20 control total.

Unfortunately, subsequent to the development of the MTFS the Trust's underlying financial position has continued to deteriorate since its publication, primarily as a result of:

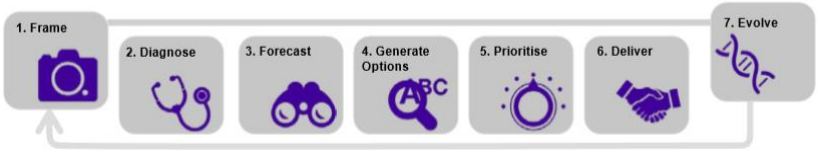
- Underachievement of clinical income against plan, leading to agreements with Commissioners for block contracts at less than planned delivery levels;
- Continued overspend in relation to pay, driven largely by additional headcount and continued significant use of temporary staffing to ensure patient safety;
- Overspends in non-pay expenditure, across both clinical and non-clinical supplies; and
- Shortfalls in relation to recurrent cost improvement initiatives, which have been offset by additional non-recurrent means.

In light of the continued deterioration in the Trust's underlying financial position, alongside the changing NHS landscape as a result of the ongoing COVID-19 pandemic, the MTFS was clearly insufficient to address the underlying issues and has been unsuccessful in its delivery of sustainable financial improvement.

Furthermore, the strategy did not meet NHSE/I best practice.

Next Steps

The Trust will develop a detailed, dynamic financial strategy, in line with NHSE/I's *Seven-Stage Framework of Strategy Development for Foundation Trusts*.



This strategy, developed in conjunction with our system partners, will:

- Outline the key assumptions which drive the Trust's strategic financial performance, including capital plans and detailed future service developments, over three horizons:
  - **Horizon 1** - 18 months to 31 March 2022;
  - **Horizon 2** – 5 years to 31 March 2025; and
  - **Horizon 3** – 17 years to coincide with the ending of the PFI contract, noting that the level of uncertainty of assumptions made becomes greater the further into the future.
- Ensure the Trust fully understands and articulates the impact of regulatory changes on future financial performance;
- Make choices about the strategic ideas for change and build them into an effective coherent strategy;
- Be fluid, monitoring the impact of the strategy and refresh when required; and
- Drive the continued development of the Tactical Action Plan.

The development of this document will commence once NHSE/I guidance to Trust's for post-COVID recovery has been obtained and reviewed. The strategy across horizons one and two will be completed by 31 December 2020.

Norfolk and Norwich University Hospitals NHS Foundation Trust

6. Tactical Action Plan

The 11 recommendations raised by the CQC within the Use of Resources report have been compiled within a tactical, detailed action plan.

These recommendations will form the immediate programme of work within the action plan.

The Programme Management Office and the Improvement Team have agreed the appropriate actions for follow up by members of their respective teams. These are outlined within *Appendix 1*, where each recommendation has been assigned an Executive Lead, Senior Responsible Officer and PMO/Improvement Team lead.

An action plan against each recommendation must be sent to the CQC for review on 15 May 2020. The PMO and Improvement Team leads have worked with responsible officers to compose responses against each action for compilation into the consolidated action plan. This is to be reviewed by Hospital Management Board on 5 May 2020 ahead of submission.

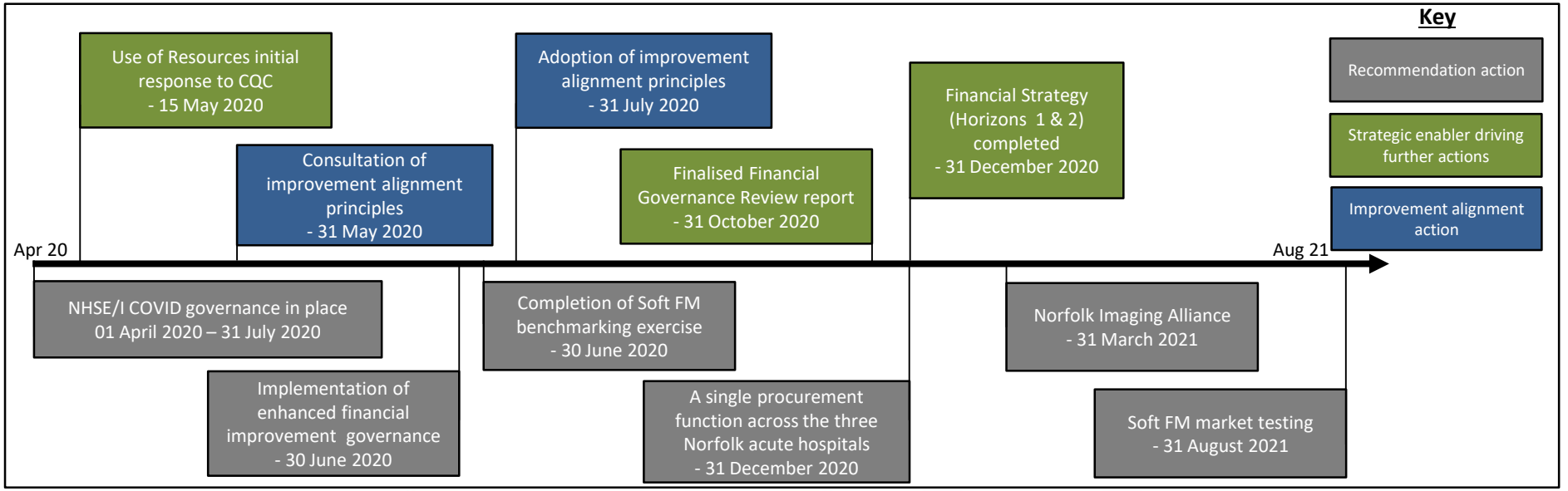
Next Steps

Further scrutiny of progress against each agreed action will be performed through Quality Improvement Evidence Groups, feeding in to Quality Programme Board. This will be with a view that all actions are completed, where applicable, by 31 March 2021.

Progress against the recommendations will be considered monthly by Evidence Groups, with those related to HR reviewed at the first monthly meeting and the others reviewed at the second meeting to ensure Use of Resources is considered at each meeting.

Further actions will be added to the action plan as they are identified, with the financial governance review and financial strategy driving new recommendations. Individual programmes of work to underpin these actions will be developed, where applicable.

The timeline below outlines the indicative completion dates for the key actions identified within this report.



Norfolk and Norwich University Hospitals NHS Foundation Trust

7. Alignment of PMO & Improvement Team

From April 2020 the Trust wants to enhance and accelerate the alignment of quality and sustainability to drive the achievement of financial efficiencies, deliver significant transformation and embed a culture of continuous improvement at all levels of the organisation.

To do this the Trust must continue to:

- Build its internal change capabilities and decision-making skills;
- Bring about major changes to the way it works and delivers healthcare; and
- Develop accountability and responsibility across the Trust.

7.1 Existing Arrangements

The Programme Management Office (PMO)

The PMO was established to be responsible for the monitoring and reporting on progress against the Trust's Financial Improvement Programme whilst the Trust was in Financial Special Measures in FY16/17.

The PMO is currently responsible for the Financial Improvement Programme, financial monitoring of CQUINs, driving the iterative development of the Trust's CQIA process and reporting and liaison with external regulators (NHSE/I) and the STP.

Divisional liaisons, responsible for coordinating the development and delivery of CIPs within their divisions and for reporting and escalating issues to the PMO, sit outside of the PMO structure.

The divisional support role is a vital role in ensuring effective communication and governance between the PMO and the divisions. However, currently the roles are not consistent across the divisions, both in terms of banding and capability to deliver their responsibilities.

Financial Improvement Team

The Financial Improvement Team was created in November 2018 to provide additional capacity and capability to deliver financial improvement initiatives. This team sits within the umbrella of the PMO and are currently focused on workforce, Robotic Process Automation (RPA) and Model Hospital.

Improvement Team

The Improvement Team is responsible for the delivery of the Trust's Quality Improvement Programme and supporting projects. The team is heavily involved in supporting several regulatory action plans, including the CQC action plan and the NHSI Infection Prevention & Control action plan.

The team works in partnership with delivery leads to ensure that all identified actions progress at pace; produces highlight reports for the monthly QPB; assists delivery teams to prepare for and deliver presentations to QPB; and maintains an evidence repository, ensuring that all relevant evidence is submitted to the twice-monthly Evidence Group, so that the group can determine if sustainable progress has been achieved.

Strategic & Major Projects Team

The Strategic & Major Projects Team are responsible for the delivery of large scale, generally capital expenditure projects and report to the Director of Strategy & Major Projects. The function plays an integral role in the Trust's business case review panel, including supporting the Business Case Review Panel and development of business cases.

IT Projects Team

The IT Project Management Office provides the Trust with a Project Management service as well as providing best practice guidance, standard methodology, and Trust-wide project reporting, which is focused on IT projects.

Norfolk and Norwich University Hospitals NHS Foundation Trust

7. Alignment of PMO & Improvement Team (Cont.)

7.2 Limitations of Existing Arrangements

From a review of the Trust's improvement functions and associated governance, the following limitations are apparent:

Conflicting Focus on Improvement

Whilst the PMO and Improvement Team's common goals are to achieve improvement, it is clear that the functions are approaching this from diametrically opposite perspectives.

The PMO focuses on creating financial improvement, whilst looking to monitor the quality impacts of individual initiatives.

The Improvement Team looks to deliver quality improvement with minimal focus on the financial impact of these initiatives.

Criteria for Support and Development

The Trust does not have any defined criteria for projects which entitle them to formal support via the PMO/Improvement Team. This, alongside a lack of a prioritisation matrix, may prevent initiatives with significant transformational potential from being developed and supported. Moreover, projects are not always being considered for their alignment with the Trust's strategic aims.

Lack of Formal Knowledge Sharing

Projects and Business Cases are currently being appraised across a number of forums, which promotes the potential for inefficient use of resources; duplication of effort; lack of visibility of improvement projects across the Trust; potential inability to fully report and monitor the impact of changes made across the Trust. This includes financial and clinical risks not reported; and inconsistency of appraisal.

As a result there is no mechanism to formally share best practice across the forums or ensure that divisional improvement initiatives are reviewed for wider application across the Trust.

7.3 Next Steps

It is proposed that closer alignment between the PMO and Improvement Team is achieved, acknowledging the difficulty in having a single function due to the varying Executive ownership of relevant improvement plans.

The Trust will identify opportunities for joint working and enhanced clinical drive towards improved use of resources, achievement of financial efficiencies and embed a culture of continuous improvement.

This will be underpinned through the following initial actions:

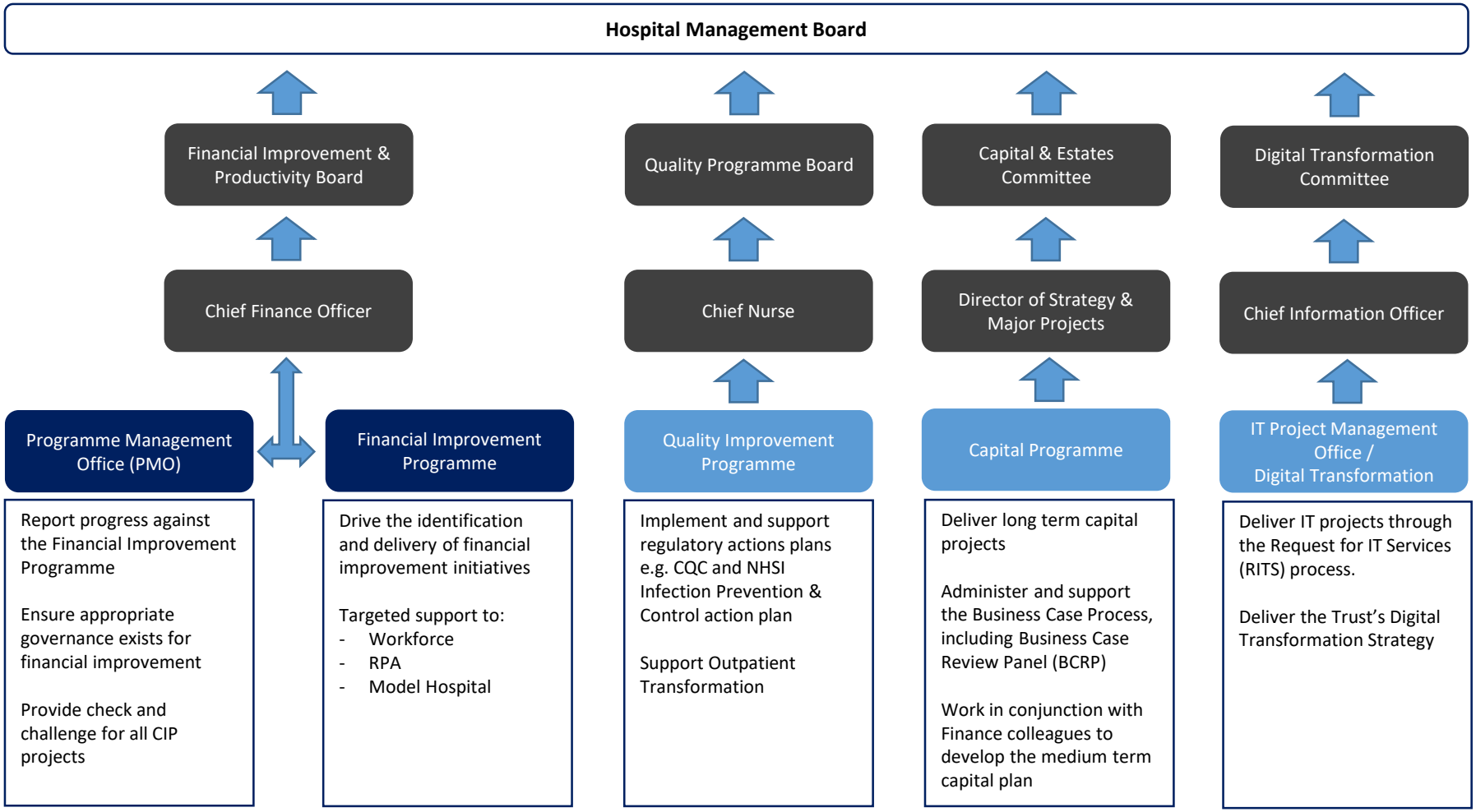
- Creation of a monthly forum for transformational and improvement knowledge sharing, to be attended by representatives of the PMO, Improvement Team and Strategic & Major Projects Team. This will allow more transparency in relation to key projects and priorities;
- Development of priority support criteria for use when identifying appropriate projects for implementation across the Trust. A proposed matrix can be seen within *Appendix 2*;
- Adoption of the Quality Performance Board for the monitoring of progress against the delivery of the Use of Resources recommendation action plan;
- Reinvigorate the Financial Improvement & Productivity (FIP) Board for all elements of the financial improvement programme and ensure that Improvement Team representation is built into the revised Terms of Reference; and
- Develop a more collaborative approach to resourcing projects across the improvement programmes, in line with the proposed priority resourcing matrix.

A graphical depiction of the closer alignment and its impact on Trust governance can be seen on the next page.

Norfolk and Norwich University Hospitals NHS Foundation Trust

7. Alignment of PMO & Improvement Team (Cont.)

Current Governance



Norfolk and Norwich University Hospitals NHS Foundation Trust

7. Alignment of PMO & Improvement Team (Cont.)

Future Governance

Trust Executive Team

Programme Management Office (PMO)	Financial Improvement Programme	Quality Improvement Programme	Capital Programme	IT Project Management Office / Digital Transformation
Report progress against the Financial Improvement Programme Ensure appropriate governance exists for financial improvement Provide check and challenge for all CIP projects	Drive the identification and delivery of financial improvement initiatives Targeted support to: - Workforce - RPA - Model Hospital	Implement and support regulatory actions plans e.g. CQC and NHSI Infection Prevention & Control action plan Support Outpatient Transformation	Deliver long term capital projects Administer and support the Business Case Process, including Business Case Review Panel (BCRP) Work in conjunction with Finance colleagues to develop the medium term capital plan	Deliver IT projects through the Request for IT Services (RITS) process. Deliver the Trust's Digital Transformation Strategy

1) Identify opportunities for joint working and enhanced clinical drive towards improved use of resources, achievement of financial efficiencies and embed a culture of continuous improvement;
2) Knowledge Sharing Forum to align priorities and share new programmes; and
3) Use of single priority matrix for assignment of project resource, including staff working on projects across portfolios when required

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendices

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 1 – Use of Resources Recommendations

Reference	Recommendation	Desired Outcome	Executive SRO	Responsible Officer	PMO/ Improvement Team Lead
UoR8.1	Continue working to ensure that improvement initiatives in clinical services deliver expected reductions in long length of stay and better utilisation of non-elective beds	A reduced the number of patients who have a length of stay of 21 days or more.	Chief Operating Officer	Senior Business Support Manager for the COO	TBC

Current Status/Next Steps

- Current position is vastly improved due to the COVID-19 situation with only 31 >21 day patients; the new integrated system discharge process will not be reversed but will be refined as normal practice.
- A QIPP has been agreed to introduce an early supportive discharge team for orthopaedics which includes pre-optimisation to expedite pathways – this will be piloted over the next 6 months (when in recovery phase).

Action Plan

Action Reference	Description of Action	Desired Outcome	Owner	Completion Date
8.1.1	As part of SDEC we will enhance the frailty service offer and also reduce admissions.	Support overall improved long length of stay and release capacity for the clinical teams to focus on the SAFER bundle	Operations Director Emergency & Urgent Care Team	31 December 2020
8.1.2	Work with community colleagues to introduce in reach to support discharge to assess.	Improve the discharge to assess process.	Operations Director Emergency & Urgent Care Team	31 December 2020

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 1 – Use of Resources Recommendations (Cont.)

Reference	Recommendation	Desired Outcome	Executive SRO	Responsible Officer	PMO/ Improvement Team Lead
UoR9.1	Continue working to improve its performance against the national constitutional operational standards	The Trust meet national constitutional operation standards including the Accident and Emergency 4 hour target, RTT performance and Cancer targets.	Chief Operating Officer	Senior Business Support Manager for the COO	TBC

Current Status/Next Steps

Referral to Treatment

- The size of the waiting list must reduce in 2020/21, specifically the waiting list on 31/01/2021 should be lower than that at 31/01/2020 (excluding ASIP). This was stated within the NHS Operational Planning and Contracting Guidance 2020/21. In order to achieve this, the actions below were set out. This plan predated COVID-19 and therefore most have been placed on hold:
    - Increased orthopaedic beds to allow for increased orthopaedic elective procedures
    - Plan to ringfence DPU to protect the elective programme from 1st April 2020
    - Plan to ringfence a surgical and paediatric ward to protect the elective programme from 1st April 2020
    - PTL validation and associated business rule changes (implemented)
    - Increase elective bed base due to removal of medical boarders
    - Review insourcing opportunities
    - Utilise capacity at Spire
    - Reduce face to face outpatients by 20% and introduce patient initiated follow up, enabling capacity to be released back to elective activity.
    - Review and redesign diagnostic pathways as required.
    - Remedial Action Plan based on specialty level RAPs to be produced in conjunction with the STP/commissioners and other providers for Norfolk
    - STP Recovery meetings to take place to monitor waiting list size.
    - Work alongside Commissioners to develop and enact meaningful demand management schemes.
    - Internal management of the waiting list at specialty level via weekly PTL meetings and monthly elective check and challenge meetings.

Divisional level management of the waiting list size, cancer pathways, and emergency pathways takes place at divisional level via the Performance Assurance Framework process.

COVID-19 has had significant impact on all performance standards within the Trust. On 29th April 2020, Simon Stevens wrote to NHS organisations to brief them on the second phase of the NHS response to COVID-19, which relates to restoration. The clinical divisions are preparing their response to this for discussion on 5th May 2020.

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 1 – Use of Resources Recommendations (Cont.)

Action Plan				
Action Reference	**Description of Action**	**Desired Outcome**	**Owner**	**Completion Date**
9.1.1	Rollout and embed the new Integrated Discharge Hub model with system partners to address the DTOCs and LLOS delays.	The implementation of a more robust discharge to assess process and earlier more efficient discharge planning.	Operations Director Emergency & Urgent Care Team	31 December 2020
9.1.2	Progress the SDEC project aligned to the STP A&E Delivery Board blueprint including integrated front door model and admission avoidance.	Improve ED minor performance specifically and flow into/out of the assessment units. This will also improve ambulance handover times.	Operations Director Emergency & Urgent Care Team	31 December 2020
9.1.3	Redesign the ED footprint and patient journey processes through the department with a focus on improved triage processes and the management of ambulatory majors; re-review medical workforce model to better align to new demand profiles to eliminate delays in wait to be seen and decision making.	Aligning our staffing levels to match our demand profile will help delays to clinical assessment.	Operations Director Emergency & Urgent Care Team	31 December 2020
9.1.4	Full implementation of timed pathways for prostate, colorectal, lung and oesophageal cancers.	Reduce unnecessary delays in 62 day pathway.	Cancer Manager	31 December 2020
9.1.5	Robust validation and management of cancer PTL by Divisional teams and Cancer Services.	Validation will remove artificial delays in pathway.	Cancer Manager	31 December 2020

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 1 – Use of Resources Recommendations (Cont.)

Reference	Recommendation	Desired Outcome	Executive SRO	Responsible Officer	PMO/ Improvement Team Lead
UoR10.1	The NHS foundation trust should continue working to improve its internal capacity and capability to identify and drive implementation of transformational cost improvement programmes.	*Drive adoption of methodology* by building a story that emotionally connects people to the required change. *Creation of role models* by giving people the skills and the confidence to drive cost transformation.	Chief Financial Officer	Head of PMO & Financial Improvement	Senior PMO Manager

Current Status/Next Steps

- In FY19/20 the PMO ran CIP hot-houses. The aim of these was to generate new ideas across clinical and non-clinical teams and to identify similar themes that could be consolidated into single programmes. We will continue to drive this approach in FY20/21, creating quarterly forums. We will extend our support to the Digital Health and Outpatient Transformation programmes, helping to embed a deeper appreciation of financial benefit realisation.
- The PMO has been focusing on technology as an enabler to cost transformation and we will continue to pursue this approach by working alongside Digital Health, particularly in relation to Robotic Process Automation.
- Revised agency break glass/ overtime processes to address rising premium pay were formalised with HR and Nursing in August and formal comms followed. We continue to work with the divisions to embed these policies. Data collected shows a definitive downward trend in “agency shifts booked” since mid Nov 2019.

Action Plan

Action Reference	Description of Action	Desired Outcome	Owner	Completion Date
10.1.1	Review the Trust’s Financial Improvement Governance, including divisional forums, in line with best practice.	Enhanced governance and oversight of the programme.	Head of PMO & Financial Improvement	30 June 2020
10.1.2	Formally review divisional and corporate capacity and capability to ensure Trust-wide consistency.	Dedicated FIP leads within divisions and corporate departments.	Head of PMO & Financial Improvement	30 June 2020
10.1.3	Promote awareness and drive engagement through consistent monthly Trust-wide communications, both electronic and face to face interaction with clinical staff.	Improved communications provide a real opportunity to energise and engage our people to deliver sustainable CIPs.	Senior PMO Manager	31 July 2020
10.1.4	Support non-finance teams in improving their financial awareness through briefings and learning.	Promote knowledge sharing and drive understanding of the Trust’s position.	Senior PMO Manager	31 July 2020
10.1.5	Schedule quarterly workshops across the Trust to drive new ideas to develop a continuous pipeline of cost improvement and transformation.	Increase collaboration and knowledge sharing.	S. Kher/ PMO	31 July 2020

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 1 – Use of Resources Recommendations (Cont.)

Reference	Recommendation	Desired Outcome	Executive SRO	Responsible Officer	PMO/ Improvement Team Lead
UoR11.1	The NHS foundation trust should review operational and business planning processes to ensure to less reliance on more expensive temporary capacity solutions in future years	Business plan and actual figures are more closely matched without the requirement to used additional external capacity.	Chief Operating Officer	Head of Income, Commissioning & Contracts	TBC

Current Status/Next Steps

Business Planning 2020/21 included but was not limited to the following planning steps:

- IST Demand and Capacity modelling
- Review of activity and referral trends (five year data provided for all specialties)
- Review of outpatient clinics, reviewing templates, job plans etc. in order to gain a comprehensive understanding of capacity to accurately identify any likely gaps between demand and capacity.
- Detailed clinical review and sign off of activity plans, once complete, and sense-check against the Trust's bed capacity to ensure that the levels of activity being proposed are realistic.
- Activity plans went through Executive Check and Challenge to give further assurance over planning numbers.

Action Plan

Action Reference	Description of Action	Desired Outcome	Owner	Completion Date
11.1.1	Divisional level monitoring of performance against business plan through Performance Assurance Framework process. This will be completed at point of delivery and specialty level.	Early identification of deterioration in performance to take place through specialty level monitoring. Remedial action plans to be put into place to recover poor performance within existing means if required.	Chief Operating Officer	Ongoing
11.1.2	Specialty level monitoring of performance against business plan through divisional process. This will go further into the details of points of delivery and sub-specialties.		Divisional Operations Directors	31 May 2020
11.1.3	Weekly contract monitoring with STP and Commissioners.	To enable review of compliance levels and identify remedial actions, dynamically, where applicable.	Head of Income, Commissioning & Contracts	30 June 2020

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 1 – Use of Resources Recommendations (Cont.)

Reference	Recommendation	Desired Outcome	Executive SRO	Responsible Officer	PMO/ Improvement Team Lead
UoR12.1	The NHS foundation trust should continue working embed effective use of e-rostering in workforce deployment, optimising use of substantive staff and reduce temporary staffing costs.	An effective e-rostering system, available for all suitable staff and utilised effectively.	Chief People Officer	Head of HR Business Management	Senior Financial Improvement Manager

Current Status/Next Steps

- All operational divisions are now utilising e-roster solutions, with the exception of medical staff, where options are being considered.
- Investment in the central rostering team will provide additional support for operational leaders.

Action Plan

Action Reference	Description of Action	Desired Outcome	Owner	Completion Date
12.1.1	All operational staff to be on e-Roster.	Improved rostering.	Head of HR Business Management	31 March 2021
12.1.2	Recruit to central rostering team.	Provision of support to operational managers to improve the use of e-Roster across the Trust.	Head of HR Business Management	30 September 2020
12.1.3	Report performance against e-Roster KPIs monthly.	Provide appropriate analysis of performance by area to identify strengths and improve underperforming areas.	Head of HR Business Management	31 July 2020

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 1 – Use of Resources Recommendations (Cont.)

Reference	Recommendation	Desired Outcome	Executive SRO	Responsible Officer	PMO/ Improvement Team Lead
UoR13.1	The NHS foundation trust has started to address the high medical workforce costs. The trust should ensure that its revised job planning processes translates into optimisation of consultant workforce	Demonstrate that medical & dental staff costs are well controlled and additional costs matches patient activity, whether this is additional or to maintain a level of service due to vacancies which are hard to recruit posts. The job planning system is being actively used with the majority of Consultants and Specialty Doctors having a signed off job plan.	Medical Director	Senior Business Manager – Medical Directors Office	Senior Financial Improvement Manager

Current Status/Next Steps

- There is a 42 item action plan in place to review all elements of medical staffing, which has been supplemented by the internal audit recommendations raised by RSM in FY19/20.
- Progress against outstanding actions has been delayed as a result of COVID-19, where actions are being progressed where possible, without applying additional pressure on clinicians.
- Policies and procedures have been reviewed, strengthened and developed where there are gaps. These are currently undergoing a revised governance review.
- Signed off job plans remains at 70% due COVID-19.

Action Plan

Action Reference	Description of Action	Desired Outcome	Owner	Completion Date
13.1.1	To complete outstanding actions in the medical staffing work plan.	To drive an improved understanding of Medical Staffing costs.	Senior Business Manager – Medical Directors Office	21 March 2021
13.1.2	To provide monthly reports monitoring progress and compliance to Medical Productivity Group, Hospital Management Board.	To enhance monitoring and scrutiny of progress.		31 May 2020
13.1.3	To continue to link with Human Resources 'Must do' recommendations which have inter-dependencies with this recommendation.	To ensure a collaborative approach to delivering continuous improvement.		31 March 2021

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 1 – Use of Resources Recommendations (Cont.)

Reference	Recommendation	Desired Outcome	Executive SRO	Responsible Officer	PMO/ Improvement Team Lead
UoR14.1	The NHS foundation trust should consider use of modern systems in payroll to ensure faster and traceable transactions.	Electronic transactions for payroll to exceed 90%.	Chief People Officer	Head of HR Business Management	Senior Financial Improvement Manager

Current Status/Next Steps

- Paper movement between the NNUH and SBS (our payroll provider has ceased).
- Health roster is facilitating paperless payroll for substantive and bank staff.

Action Plan

Action Reference	Description of Action	Desired Outcome	Owner	Completion Date
14.1.1	Introduction of an electronic expenses solution.	More effective method of claiming and processing expenses for staff.	Head of HR Business Management	31 March 2021
14.1.2	Removal of paper based processing between the Trust and NHS Shared Business Services (SBS).	Increased efficiency in payroll processing, including reductions in potential overpayments.	Head of HR Business Management	31 May 2020
14.1.3	Payroll related transactions, including ESR forms to be paperless.		Head of HR Business Management	30 April 2021

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 1 – Use of Resources Recommendations (Cont.)

Reference	Recommendation	Desired Outcome	Executive SRO	Responsible Officer	PMO/ Improvement Team Lead
UoR15.1	The NHS foundation trust should progress implementation of improvements in HR operations to ensure the managers have the right level of support to address workforce challenges.	Improvement across all key people relation KPIs and national staff survey indicators in respect of managers.	Chief People Officer	Deputy Director of Workforce	Senior Financial Improvement Manager

Current Status/Next Steps

- The Human Resources function remains an outlier on Model Hospital in terms of resources, as one of the cheapest functions in the country. The level of service required will need to be considered to identify what level of investment is required to deliver improvements across the service, or without investment agree a compromise on the level of service provided.

The key people indicators include:
- Immediate manager theme from the 2019 staff survey reported a statistically significant improvement with all questions showing improvement;
- Sickness – 4.36% (12 month rolling average) but under threat due to COVID;
- Appraisal compliance – 79.1%; and
- Mandatory training – 90% +/- 1%

Action Plan

Action Reference	Description of Action	Desired Outcome	Owner	Completion Date
15.1.1	Perform stakeholder engagement to identify the human resources operating model.	Identification of the proposed HR operating model and required level of resource to provide the service.	Deputy Director of Workforce	31 August 2020
15.1.2	Restructuring exercise, subject to the outcome of stakeholder engagement, for implementation of revised operating model.	Improved HR engagement and performance across key people related KPIs.	Deputy Director of Workforce	30 April 2021

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 1 – Use of Resources Recommendations (Cont.)

Reference	Recommendation	Desired Outcome	Executive SRO	Responsible Officer	PMO/ Improvement Team Lead
UoR16.1	The NHS foundation trust should continue working to develop procurement collaboration with NHS partners, and scope further opportunities to secure benefits of scale its support services.	*Integrated procurement services* across Norfolk with a single strategy that harnesses purchasing power to drive better value contracts, value for money and reduced non-pay cost per WAU (weighted activity unit)	Chief Financial Officer	Jenny Marshall, Associate Director of Procurement	Senior PMO Manager

Current Status/Next Steps

- Work has been progressing on The Norfolk Acute Procurement Partnership. However, the COVID-19 situation has delayed the sign off. The Trust are continuing to push for this to be agreed but will have to concede to further delays in Q1 or until we are in recovery and resources are assigned to business as usual activities.
- The plan to continue to outsource printing and posting services will also be impacted by COVID-19 and the realignment of resources. The Trust aims to pick this work up again in Q2 and drive through at least two departmental migrations in FY20/21.
- The Trust continues to work closely with the divisions to drive switches to NHSSC.
- In April, the Trust published a new Contract Management policy and introduced Sourcedog to help divisions track and plan for contract renewals.

Action Plan

Action Reference	Description of Action	Desired Outcome	Owner	Completion Date
16.1.1	Work with the STP to continue the consultation on a merged procurement function across the three acute providers.	A single Procurement function across the three acute providers.	Associate Director of Procurement	31 December 2020
16.1.2	Flag to STP the requirement for an HR project manager to deliver a single procurement function.	Dedicated resource to co-ordinate integration across the three acute providers.	STP	30 September 2020
16.1.3	Secure reliable, sustainable NHSSC support during/ post COVID-19 to implement product switches and price reductions.	Continuing support of the Procurement Target Operating Model.	Head of Procurement	30 September 2020
16.1.4	Work across the three acute providers to create a plan for delivering the Norfolk Imaging Alliance.	A Norfolk Imaging Alliance is operational driving efficiency and collaboration.	Associate Director of Procurement	31 March 2021

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 1 – Use of Resources Recommendations (Cont.)

Reference	Recommendation	Desired Outcome	Executive SRO	Responsible Officer	PMO/ Improvement Team Lead
UoR17.1	The NHS trust should implement the identified actions to reduce the cost of its PFI.	All elements of the Trust's PFI contract have been reviewed for potential financial improvements, particularly in the form of formal market testing in FY21.	Director of Strategy & Major Projects	Associate Director of Estates & Facilities	Senior Financial Improvement Manager

Current Status/Next Steps

- P2G are providing advice and support to the PFI Contract Management team within Estates and Facilities Dept. The current Service Level Specifications (SLS's) and associated Operational Policies for all soft FM services within the PFI are being reviewed and updated by the Trust team (with P2G support) in order to reflect Good Industry Practice. These SLS's will be the key performance indicators that will be used to measure service performance in the post market test period from August 2021. The target date for the completion of these revised SLS's documents is the end of May 2020 which is aligned with the overall programme for Market Testing as agreed between the Trust, Octagon and Serco. It is possible that the agreed Market Test timetable might be adversely impacted by the ongoing COVID-19 situation as prospective bidders will wish to undertake site visits. As part of the preparations for market testing, P2G will also be providing the Trust with a benchmarking exercise to assess soft FM service expenditure against operational service delivery.
- In addition to the guidance and support from P2G, the Trust are active participants in the new PFI Centre of Excellence at The Department of Health & Social Care. Together, these two initiatives are helping the Trust improve its capabilities in managing the PFI contract.
- The Trust is preparing to undertake a Dilapidations Survey. This will provide documented evidence of the extent to which the Hospital is being maintained at condition 'B' in line with the PFI contractual obligations to which Octagon must comply. The survey will generate a schedule of costed remedial works required by Octagon which, if not remediated within a 3 month timeframe, the Trust will be able to deduct the value of the outstanding works from Octagon and retain such sums until they are resolved. P2G are currently helping the Trust finalise the scope of the survey which has been agreed as a joint appointment between the Trust and Octagon. The survey will not be able to commence until COVID-19 conditions will allow.

Action Plan

Action Reference	Description of Action	Desired Outcome	Owner	Completion Date
17.1.1	Preparation for market testing	Ensure the Trust is in a position to commence market testing	AD of Estates and Facilities	31 August 2021
17.1.1.a	Refresh Service Level Specifications and Operational Policies	Complete refresh of Service Level Specifications and Operational Policies	AD of Estates and Facilities	31 May 2020
17.1.1.b	FM service benchmarking exercise	Complete benchmarking exercise in conjunction with P2G.	AD of Estates and Facilities	30 June 2020

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 1 – Use of Resources Recommendations (Cont.)

Reference	Recommendation	Desired Outcome	Executive SRO	Responsible Officer	PMO/ Improvement Team Lead
UoR18.1	The NHS foundation trust should continue to review its workforce model and recruitment strategies with the aim of identifying and implementing innovative ways to address workforce gaps.	Reduction in the Trust vacancy rate (establishment less staff in post) to below 10%, with an identified trajectory towards 5%.	Chief People Officer	Deputy Director of Workforce	Senior Financial Improvement Manager

Current Status/Next Steps

- International recruitment campaign for registered nurses for India;
- Hosted meeting of the three acute trusts in Norfolk, together with main medical locum agencies to highlight strategic direction to reduce costs and greater collaboration on rate sharing between the acute providers;
- The vacancy rate (establishment less staff in post) is under 10% with a trajectory towards 5%;
- In the last twelve months to 31 March 2020, there are 545.9 additional staff (7,723.4 staff in post 31-Mar-20), an increase of 7.6% across the NNUH as a result of service developments and capacity and quality investments;
- At 31 March 2020, the vacancy rate was 7.6%. Notably for RNMs, the rate had reduced to 9.7%. For HCSWs (where the establishments have increased dramatically in the past 24 months) the rate was 11.7% with a significant downward trajectory.

Action Plan

Action Reference	Description of Action	Desired Outcome	Owner	Completion Date
18.1.1	Agree divisional priorities for recruitment, including the posts/roles identified as 'hard to fill'.	'Hard to fill' areas identified and consolidated to drive workforce transformation.	Deputy Director of Workforce	30 June 2020
18.1.2	Develop divisional workforce plans.	Innovative divisional workforce plans, reflecting key priority areas and driving redesign and efficiency.	Deputy Director of Workforce	31 July 2020
18.1.3	Delivery of recruitment plans, overseen by the Workforce and Education Sub Board.	More efficient use of resources, alongside more effective delivery of care.	Deputy Director of Workforce	31 March 2021

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 2 – Programme/Project Manager Priority for Support

The PMO or Improvement Team will assign a programme manager to the Trust's key strategic projects using the following criteria.

Those projects that are business critical and complex in nature will have to be lead by the business owner with appropriate support, if this is available.

		PM	Clinical	Quality	Ops
Programme	• Business critical with significant financial exposure and/or brand damage • New capability or technology deliver able • Multiple work-streams, multiple suppliers and multiple dependencies • Significant operational and patient impact • Launch plan required to underpin volume forecast • **The PM will lead the project team, subject to PMO/Improvement Team resource availability. If not, then the Business owner will lead**	✓	✓	✓	✓
Currently out of scope: Standard project delivery / change	• Material change to an existing product or service • Operating model is clear, change to current processes and tools • Staff training required • Trial and operational readiness required • Needs Operational team support to partner Business lead • **Business Owner will lead the project team, any PM required support is subject to PMO/Improvement Team resource availability.**		✓	✓	✓
Currently out of scope: Small Change/ continuous improvement	• Small scale, typically requiring a single work-stream • Solution is simple with minimal delivery risk • Minimal or no patient impact • Operational briefing may be required • **Business Owner will lead, and will work directly with Operations or the affected areas.**			✓	✓

Action the trust MUST take to improve

Urgent and Emergency Care

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
EUC36.1	**The service must ensure it has enough medical staff with the right skills mix and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**	Regulation 18	Medical staff vacancy rates and turnover rates are in line with the Trust target of 10%.	31/03/2021	AMD for EUC	Chief of Service – Emergency Department
Current position	The medical staff vacancy rate is 18.8% as at March 2020. The medical staff turnover rate is 11.1% as at March 2020. Consultant recruitment is ongoing, however with minimal external interest. Roles have been revised to make them more attractive. Opportunities for innovative approaches are being explored, such as joint posts with Divisions or with EEAST.					
Actions to achieve desired outcome						
EUC36.1.1	Introduce a new post to manage staffing issues and identify shortfalls early. Management to take actions to attempt to resolve issues when they arise.					
EUC36.1.2	Improve joint working and communication between ED and the Medical Staffing team and develop an action plan for improving medical staffing management.					
EUC36.1.3	Implement twice daily Consultant shift (morning and evening), with a view to extending this to MDT in future.					
EUC36.1.4	Provide evidence of use of NEWS2 score and appropriate escalation.					
EUC36.1.5	Launch, communicate and monitor a deployment strategy for changes to services to ensure regular review using a PDSA cycle.					
EUC36.1.6	Report medical staffing vacancy and turnover rates to monthly Operations meetings to enable monitoring and appropriate action to be taken.					
EUC36.1.7	Advertise for new ED consultants posts to include Pre-Hospital Emergeccy Medicine posts (PHEM) in an agreement with the air ambulance.					
EUC36.1.8	Change of ED leadership with Service Director and Deputy Service Director.					
EUC36.1.9	Secondment of external Service Director to support the team with ED processes and coaching to bring about change and improve culture.					
EUC36.1.10	Ensure mandatory training is up to date.					

CQC Quality Improvement Action Plan - May 2020

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
EUC37.1	**The service must ensure staff use systems to record and store medicines safely.**	Regulation 12	Systems and processes for recording and storing medicines are followed Medicines are stored and manages in line with Trust policy. Records of ambient room temperatures and refrigeration temperatures are maintained. Controlled drugs are stored in a manner that complies with the Misuse of Drugs Act (1973) Safe Custody. Controlled drugs are being checked daily in line with Trust policy.	31/10/2020	AMD for EUC	Matron – Emergency Department
Current position	The Department has two Mediwell units and is in the process of moving the larger one into main trolley bay. This will provide improved oversight by the Nurse in Charge and will hold all of the stat drugs, resulting in fewer empty and half open packets. The Department is exploring with an external company and pharmacy the option of procuring swipe access locks to all drug cupboards. This will enable auto locking and provide an audit trail. The Department is also liaising with pharmacy to replace all Controlled Drug cupboards with new metal cupboards across the whole department. These are flame retardant and meet the required standards. A second Controlled Drug cupboard will be installed in resus to hold EOL care drugs separately. All arrangements may be reviewed pending temporary location due to Covid19.					
Actions to achieve desired outcome						
EUC37.1.1	Report quarterly update to Senior Nurse Leaders' meeting to include Perfect Ward evidence.					
EUC37.1.2	Review drug cupboards' compliance with legislation and replace any that are not compliant.					

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
EUC38.1	**The service must ensure that safety checks are completed in line with guidance on all emergency equipment.**	Regulation 12	Safety checks are completed in line with guidance on all emergency equipment.	31/10/2020	AMD for EUC	Matron – Emergency Department
Current position	At the time of the CQC visit a memo was sent out to all staff with photos showing how to correctly secure the resus trolleys. Perfect Ward audits are underway to monitor resus trolley checks more closely; this is part of the daily safety checklist. The increased governance team means we are able to keep more accurate records that are more easily accessible.					
Actions to achieve desired outcome						
EUC38.1.1	Audit correct process for Resuscitation Trolley checks.					
EUC38.1.2	Report quarterly update to Senior Nurse Leaders' meeting to include Perfect Ward evidence.					

CQC Quality Improvement Action Plan - May 2020

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
EUC39.1	**The service must ensure all staff complete mandatory training in key skills including life support training and safeguarding.**	Regulation 18	Compliance with mandatory and safeguarding training is above the Trust target of 90% for all courses and all staff groups for a minimum of 6 data points.	31/03/2021	AMD for EUC	Chief of Service – Emergency Department
Current position	Mandatory training compliance for the Emergency Department as a whole is 83.3% for March 2020. 7 out of 20 courses are above the 90% target. Nursing staff compliance is 84.1% for March 2020 and medical staff compliance is 77.2% for March 2020.					
Actions to achieve desired outcome						
EUC39.1.1	Achieve compliance of mandatory life support and safeguarding training at 90% or above across all professions by 31 October 2020.					
EUC39.1.2	Liaise with mandatory training team to explore training provision methods, e.g. shop floor training.					
EUC39.1.3	Revise induction programme to ensure life support and safeguarding training is included.					
EUC39.1.4	Add mandatory training as standard agenda item to monthly ED Directorate meetings.					
EUC39.1.5	Implement supportive 1-2-1 meetings with Service Director if a medical staff member is not compliant for 3 months, to agree an action plan for completion.					
EUC39.1.6	Report mandatory training compliance as well as the number of staff members that will become non-compliant in the next 2 months to the monthly Operational Management meeting.					

Action the trust MUST take to improve

Surgery

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
S14.1	**The service must ensure that medicines are stored, checked and recorded in line with the trust policy and national guidance.**	Regulation 12	Robust processes are in place for medicines management including the following: • Correct recording of controlled drugs, including amounts, signatures and witness signatures, with checking at the required frequency (every 7 days) • Fridge and ambient temperatures checks being completed, including resetting of thermometers and appropriate action taken and recorded where temperatures are out of range • Checking and removal of expired medicines • Stock in fridges is stored correctly, e.g. not touching sides, stored on trays or on the base of the fridge	30/09/2020	COD - Surgery	Divisional Nursing Director - Surgery
Current position	Perfect Ward quality audits currently include questions regarding storage of medications, controlled drugs checks, patients' self-administering medications, with a variety of daily, weekly and monthly audits being undertaken. Perfect Ward reports are distributed to the ward/department teams on a monthly basis by the Surgical Governance Team. The ward/department teams are requested to review their performance and with the matron of the area develop a monthly plan for improvement for each audit. The action plans and improvements are followed up at both the ward sisters' meeting and the divisional performance meeting each month, at month end.					
Actions to achieve desired outcome						
S14.1.1	All temperature checks to be completed on Perfect Ward with a record of actions taken.					
S14.1.2	Ward-based action plans to be created.					
S14.1.3	Work with Trust-wide process for action to be taken if temperatures are out of range.					
S14.1.4	Audit to be undertaken, with feedback given. Re-audit to take place (same process as for WHO safety checklist).					
S14.1.5	Complete audit of controlled drugs on Perfect Ward.					
S14.1.6	Issue reminder in Gauzette regarding correct processes for recording controlled drugs.					
S14.1.7	All audit results to be reported to Theatre Management Group monthly (until resolved).					

CQC Quality Improvement Action Plan - May 2020

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
S15.1	**The service must ensure that patients records are updated regularly and stored securely.**	Regulation 17	Records are updated regularly and stored securely, including: • Notes completed fully with all required charts, care plans, screening tools and assessments in place • Record keeping standards are maintained including clear and legible entries of name, grade, date and time • Records are kept secure when not in use, with processes in place to minimise risks to patients' confidential medical information • Inpatient notes being transferred to Radiology are transferred in blue zipped bags	31/12/2020	COD - Surgery	Divisional Nursing Director - Surgery
Current position	A Trust wide standard operating procedure was implemented in December 2019 for Registered Nurses/Midwives to Complete their Obligation for Documentation of Care Given to Adult Patients (Trust Docs ID: 16892). Documentation audits are undertaken as part of the Perfect Ward quality audits on a monthly basis; an increase in the frequency of these audits is to be considered as one of our divisional actions.					
Actions to achieve desired outcome						
S15.1.1	Each area within Surgical Division to create action plan and SOP to describe how security and confidentiality of notes will be maintained in that area.					
S15.1.2	Peer audits to be undertaken of security and confidentiality of patient notes.					
S15.1.3	Embed the "Standard Operating Procedure for Registered Nurses/Midwives to Complete their Obligation for Documentation of Care Given to Adult Patients" (December 2019, Trust Docs ID: 16892).					
S15.1.4	Increase the frequency of documentation audits on Perfect Ward from monthly to fortnightly.					
S15.1.5	Identify 'Falls' lead for Surgery and a Falls group within the Surgical Division to work closely with the Trust Falls Lead.					

CQC Quality Improvement Action Plan - May 2020

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
S16.1	**The service must continue to improve medical staff mandatory and safeguarding training compliance, so it is above trust targets.**	Regulation 18	Compliance with mandatory and safeguarding training is above the Trust target of 90% for all courses and all staff groups for a minimum of 6 data points.	31/12/2020	COD - Surgery	Divisional Nursing Director - Surgery
Current position	Most recent mandatory training compliance for medical staff is 82.5% for March 2020 which is below the Trust target of 90%. This figure has increased since the inspection in January 2020 where compliance was 80.7%. Initial data cleansing exercises are ongoing to ensure staff details are correct, for example, staff are not listed on ESR twice which can negatively impact the percentage compliance if one of the records states 0% compliance on mandatory training.					
Actions to achieve desired outcome						
S16.1.1	Conduct data cleansing exercise, starting with checking the PIR return and eligible staff.					
S16.1.2	Explore a review of training provision methods with Mandatory Training and Safeguarding teams.					
S16.1.3	Conduct bi-monthly audit to remove doctors that no longer work for the Trust / Division.					

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
S17.1	**The service should reduce the number of overdue incidents.**	Regulation 17	The Division has reduced the number of overdue incidents in line with targets and sustained this for a period of 6 data points.	30/09/2020	COD - Surgery	Divisional Nursing Director - Surgery
Current position	As stated within the CQC inspection report there were 854 incidents overdue for investigation in November 2019. On the 6th May 2020 this number currently stands at 708 overdue incident;, this initial reduction is due to actions being taken to ensure that investigated incidents have been "finally approved" by managers.					
Actions to achieve desired outcome						
S17.1.1	Review target for overdue incidents with Risk Management team.					
S17.1.2	Check and review process for notification of incidents to be finally approved.					
S17.1.3	Work cross-divisionally to share learning from other teams' processes.					

Action the trust MUST take to improve

Outpatients

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
O8.1	**The service must ensure that medicines are stored, checked and recorded in line with the trust policy and national guidance.**	Regulation 12	We have 6 data points to evidence that: • staff meet good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. • people receive their medicines as prescribed. The service involves them in regular medicines' reviews. • staff manage medicines consistently and safely. Medicines are stored correctly, and disposed of safely. Staff keep accurate records of medicines.	31/12/2020	Medical Director	Chief Pharmacist
Current position	Perfect ward audits for OPDs range between 90-100%. Example audits are available.					
Actions to achieve desired outcome						
O8.1.1	Processes are in place for the use, oversight, safe management, checking and recording of FP10 prescription sheets.					
O8.1.2	Robust evidence is in place for checking of fridge and ambient temperatures, including evidence of action and escalation when temperatures are out of range.					
O8.1.3	Storage of controlled drugs is in line with the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 in all outpatient departments.					
O8.1.4	Robust processes are in place to promptly remove medicines that have been recalled by the Medicines and Healthcare products Regulatory Agency (MHRA).					
O8.1.5	Audit evidence is present to demonstrate that medicines are stored in accordance with best practice, including Lignocaine being stored in the original containers, and medicines not being stored on the floor.					
O8.1.6	Clear signage is in place in all areas where medical gases are stored, including Entonox and Oxygen.					
O8.1.7	Processes are in place to routinely review PGD competencies.					

CQC Quality Improvement Action Plan - May 2020

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
O9.1	**The service must ensure that sterile equipment is checked for expiry and removed from clinical areas when out of date.**	Regulation 12	Rapid Processes are in place to ensure that expiry dates for sterile equipment are checked and that out of date equipment is removed. We investigate, review and implement an electronic system for equipment.	31/10/2020	Chief Nurse	Deputy Chief Nurse
Current position	A review of sterile equipment has been established with Ward Leader and Matrons in Outpatient departments. An improvement plan for monintoring and compliance is in the development phase.					
Actions to achieve desired outcome						
O9.1.1	Staff/dept. leaders to ensure that check lists and processes are followed to ensure sterile equipment is in date and replaced when not in date.					
O9.1.2	Cardiac arrest / emergency trolley checks are done via Perfect Ward rather than paper sheets in future, including expiry dates of items, so more central oversight can be given.					
O9.1.3	All Quality Assurance should be inputted onto Perfect Ward.					

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
O10.1	**The service must ensure that patients records are updated regularly and stored securely.**	Regulation 17	We have 6 data points to show that: • Staff can access the information they need to assess, plan and deliver care, treatment and support to people in a timely way, particularly when people are referred or when they transition between services. When there are different systems to store or manage care records, these are coordinated. People understand the information that is shared about them and, if possible, they have a copy. • Staff have involved partner agencies and carers when sharing information. • People's confidentiality is respected at all times. Legal requirements about data protection are met. When people's care and support is provided by a mix of different providers, the service minimises risks to privacy and confidentiality.	31/03/2021	Medical Director	Head of Medical Records
Current position	Perfect ward audits for OPDs range between 90-100%. Example audits attached as evidence.					
Actions to achieve desired outcome						
O10.1.1	Medical records are stored securely in all outpatient locations and there is no or very low risk that unauthorised persons could access notes.					
O10.1.2	Outpatient notes are updated contemporaneously in all specialties, to ensure records always contain the most up to date information.					
O10.1.3	All patients routinely receive a copy of the letter following their outpatient appointment.					

Action the trust SHOULD take to improve

Surgery

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
S18.1	**The service should ensure they have suitable facilities and equipment to meet patient's needs and keep them safe.**	N/A	Suitable premises are available to care for all patients. DPU is being used for its intended purpose. Where this is not possible, to ensure: • the environment is suitable, for example availability of showers and tables • the service's surgical patient step down criteria in the standard operating procedure (SOP) for use of DPU as an escalation area is followed • operating procedures & risk assessments are in place for the use of the area, • risks are recorded on the surgical risk register, • Linen orders and routine cleaning is in place to the required standard • The required number of drip poles are available Orchestra infusion pumps in main theatres are clean and repaired when required Day rooms are used for patients only Patient name boards are available by side rooms and cork boards have been replaced Sufficient slide sheets and inflatable boots (to prevent pressure ulcers) are available. Titus induction heads are replaced when past their serviceable life.	30/06/2020	COD - Surgery	Divisional Nursing Director - Surgery
Current position	Recommendation to ensure there are suitable facilities and equipment within the Day Procedures Unit (DPU). DPU is currently being occupied by Emergency and Urgent Care as an Accident and Emergency area due to the Covid-19 pandemic. Long term plans for DPU to be discussed with Trust Management.					
Actions to achieve desired outcome						
S18.1.1	Issue communication reminder to wards that patient areas (e.g. day rooms) are for patient use only.					
S18.1.2	Clarify long term intention for DPU with Trust Management.					
S18.1.3	Implement physical works to DPU to make the area suitable for patients (if it is planned to have ongoing use as an escalation area).					

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Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
S19.1	**The service should ensure that action is taken wherever possible to reduce referral to treatment waiting lists and provide patients with care and treatment within agreed timeframes and national targets.**	N/A	Robust, Remedial Action Plans (RAPs) are in place to address underperformance against national access targets. Actions in RAPs are being completed. Measurement is in place to demonstrate that actions are positively impacting performance against national access targets.	30/06/2020	COD - Surgery	Divisional Operations Director - Surgery
Current position	Due to the Covid-19 pandemic we are currently awaiting release of new national and local guidelines. Where incidents of patient harm whilst on waiting lists are identified, these are recorded on Datix and investigated as per Trust policy. This is also captured on the Division's risk register.					
Actions to achieve desired outcome						
S19.1.1	Implement additional processes as necessary to assess patient harm and undertake actions to mitigate risks to patients on the waiting list.					
S19.1.2	Seek clarity on latest national and local position with regard to access standards (post Covid-19).					

Action the trust SHOULD take to improve

End of Life Care

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
Med10.1	**The trust should ensure syringe driver checks are completed in line with trust policy.**	N/A	Staff have received up-to-date training in all safety systems, processes and practices. Robust checks of syringe drivers can be evidenced through audits with sufficient data points to demonstrate sustained improvement.	31/03/2021	COD Medicine	Specialist Palliative Care Team Lead
Current position	Syringe drivers are being used widely throughout the Trust: however the checking of the driver tends to be inconsistent from patient to patient even on the same ward. Audits undertaken have showed this vast variation which could indicate it is nurse specific. Results of Audit Jan 2020 We audited to see if there was a completed check chart for each day the driver was in use. Number Percent Yes 11 78.5% No 3 21.5% Total 14 100% We audited to see if over the past 48 hours (maximum) checks on the driver had been completed 4 hourly. Number Percent Yes 3 21.5% No 11 78.5% Total 14 100%					
Actions to achieve desired outcome						
Med10.1.1	All registered nurses to complete their syringe driver competencies (training department keep record of this to see compliance).					
Med10.1.2	Reminders to be set up on ESR for staff to update their syringe driver competencies every two years in line with recommendations by Patient Engagement and Experience Group.					
Med10.1.3	Syringe driver competencies to be added to all registered nurses ESR mandatory training sheet.					
Med10.1.4	Weekly audits of syringe driver checking to be completed by the PC nursing team with monthly results shared with all wards (to work with the audit team to disseminate results). Results also shared at Patient Engagement and Experience Group, Palliative Care Clinical Governance and End of Life Steering Group.					

Action the trust SHOULD take to improve

Outpatients

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
O11.1	**The service should ensure that staff report all incidents that may impact patient care, including delays in clinics.**	N/A	Staff feel psychologicalyl safe to report in real time, and learning events are part of our continuous improvement. Outpatient staff routinely report incidents of all types, including late running clinics and late attendance by consultants. Staff across outpatient departments are provided with feedback from incidents both internal and external to the department, to enable shared learning to take place.	31/03/2021	Chief Nurse	Senior Nurses for Cardiology and Ophthalmology outpatients
Current position	Within ophthalmology there has been an increase in numbers of Datix incidents reported. Staff find the SIG meetings a valuable way of having shared learning in a supportive environment led by experts. Within Ophthalmic OPD all relevant incidents are shared both in the daily team brief and at Clinical Governances meetings. Outpatients staff routinely report incidents of all types. However, there is no mechanism to collect data for late running clinics or late attendance by clinicians. This could be part of the Perfect Ward daily check for outpatients. As above, internal incidents are fed back at the Ophthalmic OPD daily brief and at the quarterly Clinical Governance meeting to enable shared learning to take place. All incidents relating to Outpatients overall are discussed at the quarterly Outpatient Forum meeting which enables Trust wide shared learning for outpatients.					
Actions to achieve desired outcome						
O11.1.1	Mechanisms need to be established to record late starts and finishes in clinic. This may be via Datix or another method. If via datix then it will be necessary to account for the currently suspected large number of late starts that will need to be investigated daily.					
O11.1.2	An oversight team (including a possible clinical manager for each division) could be established to form an over-arching view of outpatients in order to pick up and disseminate learning from incidents as well as other outpatient specific clinical, administrative and governance issues.					
O11.1.3	Conduct a series of surveys focused on incidents for outpatient staff.					

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
O12.1	**The service should ensure that action is taken to provide patients with care and treatment within national timeline targets.**	N/A	Robust, Remedial Action Plans (RAPs) are in place to address underperformance against national access targets. Actions in RAPs are being completed. Measurement is in place to demonstrate that actions are positively impacting performance against national access targets.	31/03/2021	Chief Operating Officer	Elective Access Manager
Current position	RAPs are in place however due to the shutdown of routine referrals and elective activity these have not been in practice. Routine referrals are now being accepted and divisions are preparing plans to recommence elective activity as part of the restoration phase. This will require significant thought in order to take into account the infection prevention and control requirements linked to COVID19.					
Actions to achieve desired outcome						
O12.1.1	The size of the waiting list must reduce in 2020/21, specifically the waiting list on 31/01/2021 should be lower than that at 31/01/2020 (excluding ASIP). This was stated within the NHS Operational Planning and Contracting Guidance 2020/21. In order to achieve this, the actions below were set out. This plan predated COVID-19 and therefore most have been placed on hold: • Increased orthopaedic beds to allow for increased orthopaedic elective procedures. • Plan to ring-fence DPU to protect the elective programme from 1st April 2020. • Plan to ring-fence a surgical and paediatric ward to protect the elective programme from 1st April 2020. • PTL validation and associated business rule changes (implemented). • Increase elective bed base due to removal of medical boarders. • Review insourcing opportunities. • Utilise capacity at Spire. • Reduce face to face outpatients by 20% and introduce patient initiated follow up, enabling capacity to be released back to elective activity.					
O12.1.2	Remedial Action Plan based on specialty level RAPs to be produced in conjunction with the STP/commissioners and other providers for central Norfolk which aims to deliver this.					
O12.1.3	Remedial Action Plan to be updated and amended based on specialty level performance.					
O12.1.4	STP Recovery meetings to take place to monitor waiting list size.					
O12.1.5	Work alongside Commissioners to develop and enact meaningful demand management schemes.					
O12.1.6	Internal management of the waiting list at specialty level via weekly PTL meetings and monthly elective check and challenge meetings.					
O12.1.7	Divisional level management of the waiting list at divisional level via the Performance Assurance Framework process.					

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Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
O13.1	**The service should ensure that staff mandatory and safeguarding training compliance is above the trust target for all topics.**	N/A	Staff compliance across all mandatory training topics, including Safeguarding training is above 90%.	31/03/2021	Chief People Officer	Head of Organisational Development & Learning
Current position	As at 30/04/2020, overall mandatory training compliance stands at 88.56%.					
Actions to achieve desired outcome						
O13.1.1	Progress the remaining outstanding items on the Mandatory Training 10 point action plan: 1. ESR functionality 2. Mandatory Training Governance 3. Policy Reform 4. Frequency, duration and modality of mandatory training 5. Reduce duplication of training - transferring learning records 6. Workplace competency assessment 7. Improved Mandatory Skills course access 8. Open Access Reporting 9. Trainer capacity 10. Room capacity					

Action the trust SHOULD take to improve

Use of Resources

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
UoR8.1	**The NHS foundation trust should continue working to ensure that improvement initiatives in clinical services deliver expected reductions in Long Length of stay and better utilisation of non-elective beds.**	N/A	We have reduced the number of patients who have a length of stay of 21 days or more.	31/03/2021	Chief Operating Officer	EUC DoD
Current position	April 2020 position is within target for length of stay of 21 days or more, however this is largely due to impact of COVID 19. We continue to practice our usual discharge processes with some interim changes. Most significant delay at present is patients awaiting care homes. We are following national guidance for discharging to care home and any individual issues are escalated as appropriate.					
Actions to achieve desired outcome						
UoR8.1.1	Current position is vastly improved due to the Covid 19 situation with only 31 >21 day patients; the new integrated system discharge process will not be reversed but will be refined as normal practice.					
UoR8.1.2	A QIPP has been agreed to introduce an early supportive discharge team for orthopaedics which includes pre-optimisation to expedite pathways – this will be piloted over the next 6 months (when in recovery phase).					
UoR8.1.3	As part of SDEC we will enhance the frailty service offer and also reduce admissions which will support overall improved LLOS and release capacity for the clinical teams to focus on the SAFER bundle.					
UoR8.1.4	Work with community colleagues to introduce in reach to support D2A.					

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Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
UoR9.1	**The NHS foundation trust should continue working to improve its performance against the national constitutional operational standards.**	N/A	We meet national constitutional operation standards including the Accident and Emergency 4 hour target, RTT performance and Cancer targets.	31/03/2021	Chief Operating Officer	EUC DoD and Elective Access Manager
Current position	March 2020 position 4 hour standard – 77% March 2020 position RTT performance – 76.6% Provisional April 2020 position 62 day cancer – 54.3% Provisional April 2020 position 2 week wait cancer – 80% All performance targets have been hugely impacted by COVID 19. Phase Two of the NHS COVID response is underway. This relates to restoration and will support the recovery and delivery of the key performance standards.					
Actions to achieve desired outcome						
UoR9.1.1	Emergency • Rollout and embed the new Integrated Discharge Hub model with system partners to address the DTOCs and LLOS delays by implementing a more robust discharge to assess process and earlier more efficient discharge planning. • Progress the SDEC project aligned to the STP AEDB blueprint including integrated front door model and admission avoidance to improve ED minor performance specifically and flow into/out of the assessment units; this will also improve ambulance handover times. • Redesign the ED footprint and patient journey processes through the department with a focus on improved triage processes and the management of ambulatory majors; re-review medical workforce model to better align to new demand profiles to eliminate delays in wait to be seen and decision making.					
UoR9.1.2	Cancer • Increased capacity to be released for Endoscopy activity to enable straight to test threshold to be increased for Lower GI. • Additional GA Template Biopsies capacity to be generated via insourcing. • Plan was in place to ring-fence DPU prior to COVID-19 to protect cancer programme. • Plan was in place to increase urological throughput from ring fenced Edgefield ward prior to COVID-19. • Full implementation of timed pathways for prostate, colorectal, lung and oesophageal. • Robust validation and management of cancer PTL by Divisional teams and Cancer Services. • Robust application of Trust Access Policy and Cancer Operational Policy. • Refreshed training package for all PPC/MDT coordinators to manage patients effectively through their pathway.					

UoR9.1.3	Referral to Treatment The size of the waiting list must reduce in 2020/21, specifically the waiting list on 31/01/2021 should be lower than that at 31/01/2020 (excluding ASIP). This was stated within the NHS Operational Planning and Contracting Guidance 2020/21. In order to achieve this, the actions below were set out. This plan predated COVID-19 and therefore most have been placed on hold: • Increased orthopaedic beds to allow for increased orthopaedic elective procedures. • Plan to ring-fence DPU to protect the elective programme from 1st April 2020. • Plan to ring-fence a surgical and paediatric ward to protect the elective programme from 1st April 2020. • PTL validation and associated business rule changes (implemented). • Increase elective bed base due to removal of medical boarders. • Review insourcing opportunities. • Utilise capacity at Spire. • Reduce face to face outpatients by 20% and introduce patient initiated follow up, enabling capacity to be released back to elective activity. • Review and redesign diagnostic pathways as required. • Remedial Action Plan based on specialty level RAPs to be produced in conjunction with the STP/commissioners and other providers for central Norfolk which aims to deliver this. • Remedial Action Plan to be updated and amended based on specialty level performance. • STP Recovery meetings to take place to monitor waiting list size. • Work alongside Commissioners to develop and enact meaningful demand management schemes. • Internal management of the waiting list at specialty level via weekly PTL meetings and monthly elective check and challenge meetings. Divisional level management of the waiting list size, cancer pathways, and emergency pathways takes place at divisional level via the Performance Assurance Framework process.

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Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
UoR10.1	The NHS foundation trust should continue working to improve its internal capacity and capability to identify and drive implementation of transformational cost improvement programmes.	N/A	Improved governance and accountability for the ownership and delivery of transformational improvements. Driven adoption of methodology by building a story that emotionally connects people to the required change. Creation of role models by giving people skills and confidence to drive cost improvement through transformation.	31/03/2021	Chief Finance Officer	Head of the Programme Management Office
Current position	In FY19/20 the PMO ran CIP hot-houses. The aim of these was to generate new ideas across clinical and non-clinical teams and to identify similar themes that could be consolidated into single programmes. We will continue to drive this approach in FY20/21, creating quarterly forums. We will extend our support to the Digital Health and Outpatient Transformation programmes, helping to embed a deeper appreciation of financial benefit realisation. The PMO has been focusing on technology as an enabler to cost transformation and we will continue to pursue this approach by working alongside Digital Health, particularly in relation to Robotic Process Automation. Revised agency break glass/ overtime processes to address rising premium pay were formalised with HR and Nursing in August and formal comms followed. We continue to work with the divisions to embed these policies. Data collected shows a definitive downward trend in “agency shifts booked” since mid Nov 2019.					
Actions to achieve desired outcome						
UoR10.1.1	Review the Trust’s Financial Improvement Governance, including divisional forums, in line with best practice.					
UoR10.1.2	Formally review divisional and corporate capacity and capability to ensure Trust-wide consistency.					
UoR10.1.3	Promote awareness and drive engagement through consistent monthly Trust-wide communications, both electronic and face to face interaction with clinical staff.					
UoR10.1.4	Support non-finance teams in improving their financial awareness through briefings and learning.					
UoR10.1.5	Schedule quarterly workshops across the Trust to drive new ideas to develop a continuous pipeline of cost improvement and transformation.					

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
UoR11.1	**The NHS foundation trust should review operational and business planning processes to ensure to less reliance on more expensive temporary capacity solutions in future years**	N/A	Business plan and actual figures are more closely matched without the requirement to used additional external capacity.	31/03/2021	Chief Operating Officer	Head of Income
Current position	April 2020 business plan data not available as yet. Business plan based on pre COVID assumptions due to impact of COVID being unknown and time constraints to amending plan. Weekly discussion with commissioners and block agreement in place for next few months due to COVID.					
Actions to achieve desired outcome						
UoR11.1.1	Business Planning 2020/21 included but was not limited to the following planning steps: • IST Demand and Capacity modelling. • Review of activity trends (five year data provided for all specialties). • Review of referral trends (five year data provided for all Specialties). • Month 6 actual activity data used to estimate a forecast outturn for 2019/20. • 12 Month actual activity for the period Oct 2018 to Sept 2019, to be used as a sense check against the forecast outturn – this allows opportunity to consider seasonality where appropriate. • Review of outpatient clinics, reviewing templates, job plans etc. in order to gain a comprehensive understanding of capacity to accurately identify any likely gaps between demand and capacity. • Work undertaken to understand impact of theatre refurbishment. • Detailed clinical review and sign off of activity plans, once complete, and sense-check against the Trust's bed capacity to ensure that the levels of activity being proposed are realistic. • Activity plans went through Executive Check and Challenge to give further assurance over planning numbers.					
UoR11.1.2	Actions required for 2020/21 business plan: • Divisional level monitoring of performance against business plan through Performance Assurance Framework process. This will be completed at point of delivery and specialty level. • Specialty level monitoring of performance against business plan through divisional process. This will go further into the details of points of delivery and sub-specialties. • Early identification of deterioration in performance to take place through specialty level monitoring. • Remedial action plans to be put into place to recover poor performance within existing means if required. • Weekly contract monitoring with STP and Commissioners to review compliance levels and agree next steps.					

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
UoR12.1	**The NHS foundation trust should continue working embed effective use of e-rostering in workforce deployment, optimising use of substantive staff and reduce temporary staffing costs.**	N/A	An effective E-Rostering system is available for all suitable staff and is used effectively.	31/03/2021	Chief People Officer	Head of HR Business Management
Current position	All operational divisions are now utilising e-roster solutions, with the exception of medical staff where options are being considered. Investment in the central rostering team will provide additional support for operational leaders. Immediate priority is the Covid-19 Nightingale/ Surge/ Phase 2 response.					
Actions to achieve desired outcome						
UoR12.1.1	Plan for all operational staff to be on e-Roster by 31 March 2021.					
UoR12.1.2	Investment in the central rostering team to be in place by September 2020, to provide support to operational managers to improve the use of e-Roster.					
UoR12.1.3	Provide monthly updates on the e-Roster KPIs, with appropriate analysis to identify strengths and weaknesses. Monthly from July 2020.					

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
UoR13.1	**The NHS foundation trust has started to address the high medical workforce costs. The trust should ensure that its revised job planning processes translates into optimisation of consultant workforce.**	N/A	We can demonstrate that medical & dental staff costs are well controlled and additional costs matches patient activity, whether this is additional or to maintain a level of service due to vacancies which are hard to recruit posts. The job planning system is being actively used with the majority of Consultants and Specialty Doctors having a signed off job plan.	31/03/2021	Medical Director	Senior Business Manager – Medical Directors Office
Current position	Monthly audit now in place, with a report going to Medical Productivity Group. Audit report not attached due to sensitivity of data, but will provide report for Medical Productivity Group after meeting in May. Job planning is at 70% of signed off job plans for Consultants.					
Actions to achieve desired outcome						
UoR13.1.1	To complete outstanding actions in the medical staffing work plan.					
UoR13.1.2	To provide monthly reports monitoring progress and compliance to Medical Productivity Group, Hospital Management Board.					
UoR13.1.3	To continue to link with Human Resources 'Must do' recommendations which have inter-dependencies with this recommendation.					

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
UoR14.1	**The NHS foundation trust should consider use of modern systems in payroll to ensure faster and traceable transactions.**	N/A	When electronic transactions for payroll, exceed 90%.	31/03/2021	Chief People Officer	Head of HR Business Management
Current position	Paper movement between the NNUH and SBS (our payroll provider has ceased). Health roster is facilitating paperless payroll for substantive and bank staff. E-expenses will be implemented during 2020/21. Further ESR/ e-forms will continue to emerge.					
Actions to achieve desired outcome						
UoR14.1.1	Full introduction of an e-expenses solution by April 2021.					
UoR14.1.2	No paper to pass between the NNUH and SBS (our payroll provider) by May 2020.					
UoR14.1.3	Payroll-related transactions (including ESR forms) to be paperless by April 2021.					

Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
UoR15.1	**The NHS foundation trust should progress implementation of improvements in HR operating to ensure the managers have the right level of support to address workforce challenges.**	N/A	The majority of the key people related KPIs and the national Staff Survey indicators in respect of managers have shown improvement.	31/03/2021	Chief People Officer	Deputy Director of Workforce
Current position	The key people indicators include: • Immediate manager theme from the 2019 staff survey reported a statistically significant improvement with all questions showing improvement. • Sickness – 4.36% (12 month rolling average) but under threat due to Covid • Appraisal compliance – 79.1% • Mandatory training – 90% +/- 1%					
Actions to achieve desired outcome						
UoR15.1.1	Stakeholder engagement on what level of service/ model is required in respect of operational human resources, by August 2020. The HR function remains an outlier in terms of resources – it is one of the cheapest functions in the country (HR staff cost to Trust staff and cost ratios). The level of service required will need to consider what investment is required to deliver, or agree a compromise on the level of service.					
UoR15.1.2	Subject to the outcome of the stakeholder engagement and investment being available, to commence a restructure exercise for implementation by April 2021.					

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Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
UoR16.1	**The NHS foundation trust should continue working to develop procurement collaboration with NHS partners, and scope further opportunities to secure benefits of scale its support services.**	N/A	Integrated procurement service across Norfolk with a single strategy that harnesses purchasing power to drive better value contracts, value for money and reduced non-pay cost per WAU (weighted activity unit).	31/03/2021	Chief Finance Officer	PMO
Current position	Work has been progressing on The Norfolk Acute Procurement Partnership. However, the COVID-19 situation has delayed the sign off. The Trust are continuing to push for this to be agreed but will have to concede to further delays in Q1 or until we are in recovery and resources are assigned to business as usual activities. The plan to continue to outsource printing and posting services will also be impacted by COVID-19 and the realignment of resources. The Trust aims to pick this work up again in Q2 and drive through at least two departmental migrations in FY20/21. The Trust continues to work closely with the divisions to drive switches to NHSSC. In April, the Trust published a new Contract Management policy and introduced Sourcedog to help divisions track and plan for contract renewals. Non-pay cost per WAU: League Table Procurement League Table Position: 21.					
Actions to achieve desired outcome						
UoR16.1.1	Work with the STP to continue the consultation on a merged procurement function across the three acute providers.					
UoR16.1.2	Flag to STP the requirement for an HR project manager to deliver a single procurement function.					
UoR16.1.3	Secure reliable, sustainable NHSSC support during/ post COVID-19 to implement product switches and price reductions.					
UoR16.1.4	Work across the three acute providers to create a plan for delivering the Norfolk Imaging Alliance.					

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Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
UoR17.1	**The NHS foundation trust should implement the identified actions to reduce the cost of its PFI.**	N/A	All elements of the Trust's PFI contract have been reviewed for potential financial improvements, particularly in the form of formal market testing in FY21.	31/03/2021	Director of Strategy	PMO
Current position	P2G are providing advice and support to the PFI Contract Management team within Estates and Facilities Dept. The current Service Level Specifications (SLS's) and associated Operational Policies for all soft FM services within the PFI are being reviewed and updated by the Trust team (with P2G support) in order to reflect Good Industry Practice. These SLS's will be the key performance indicators that will be used to measure service performance in the post market test period from August 2021. The target date for the completion of these revised SLS's documents is the end of May 2020 which is aligned with the overall programme for Market Testing as agreed between the Trust, Octagon and Serco. It is possible that the agreed Market Test timetable might be adversely impacted by the ongoing COVID-19 situation as prospective bidders will wish to undertake site visits. As part of the preparations for market testing, P2G will also be providing the Trust with a benchmarking exercise to assess soft FM service expenditure against operational service delivery. In addition to the guidance and support from P2G, the Trust are active participants in the new PFI Centre of Excellence at The Department of Health & Social Care. Together, these two initiatives are helping the Trust improve its capabilities in managing the PFI contract. The Trust is preparing to undertake a Dilapidations Survey. This will provide documented evidence of the extent to which the Hospital is being maintained at condition 'B' in line with the PFI contractual obligations to which Octagon must comply. The survey will generate a schedule of costed remedial works required by Octagon which, if not remediated within a 3 month timeframe, the Trust will be able to deduct the value of the outstanding works from Octagon and retain such sums until they are resolved. P2G are currently helping the Trust finalise the scope of the survey which has been agreed as a joint appointment between the Trust and Octagon. The survey will not be able to commence until COVID-19 conditions will allow. Estates and facilities cost per m2: £642 (against a National Median of £380).					
Actions to achieve desired outcome						
UoR17.1.1	Preparation for market testing.					
UoR17.1.2	Refresh Service Level Specifications and Operational Policies.					
UoR17.1.3	FM service benchmarking exercise.					

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Ref	Recommendation	Regulation	Desired Outcome	Recommendation Completion Date	Executive SRO	Operational Lead
UoR18.1	**The NHS foundation trust should continue to review its workforce model and recruitment strategies with the aim of identifying and implementing innovative ways to address workforce gaps.**	N/A	The vacancy rate (establishment less staff in post) is under 10% with a trajectory towards 5%.	31/03/2021	Chief People Officer	Deputy Director of Workforce
Current position	In the last twelve months to 31 March 2020, there are 545.9 additional staff (7,723.4 staff in post 31-Mar-20), an increase of 7.6% across the NNUH as a result of service developments and capacity and quality investments. Since April 2017 there has been an increase of 1,275.8 WTE (6,447.6 staff in post 31-Mar-17) and since April 2018 there has been an increase of 936.3 WTE (6,787.1 staff in post 31-Mar-18). At 31 March 2020, the vacancy rate was 7.6%. Notably for RNMs, the rate had reduced to 9.7%. For HCSWs (where the establishments have increased dramatically in the past 24 months) the rate was 11.7% with a significant downward trajectory. Increases in substantive staff has been significant. Increases in bank provision has been significant. In addition to very successful direct and overseas recruitment, many innovative approaches are in place and continue to be developed to increase our staffing pool. The Covid-19 Nightingale/ Surge response is impressive.					
Actions to achieve desired outcome						
UoR18.1.1	Agreement with operational divisions on the priorities for recruitment, including the posts/ roles identified as 'hard to fill', by June 2020.					
UoR18.1.2	Divisional workforce plans to be updated to reflect the priorities and inform an agreed resourcing/ recruitment plan, which should include innovative solutions and redesign, by July 2020.					
UoR18.1.3	Delivery of the recruitment plans to be reviewed/ overseen by the Workforce and Education Sub Board, from July 2020.					

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

REPORT TO THE TRUST BOARD

Date	**3 June 2020**
Title	**Chair's key Issues from Quality and Safety Committee Meeting on 26.05.20**
Lead	**Dr Geraldine O'Sullivan – Non-Executive Director (Committee Chair)**
Purpose	**For Information and assurance**

1 Background/Context

The Quality and Safety Committee met on 26 May 2020. Papers for the meeting were circulated to Board members for information in the usual way. The meeting was quorate and was held by tele/videoconference. Erica Betts and John Rees (Public Governors) attended as observers.

2 Key Issues/Risks/Actions

Due to the Covid 19 pandemic, the meeting was not preceded by clinical/departmental visits.

Items received for information and assurance:		
1	Covid 19: - update on current position, regional surge centre & plans for restoration phases 2 & 3	
2	Report from Clinical Governance Structure: i) Clinical Safety and Effectiveness Governance Sub-Board (CSEB) ii) Patient Experience and Engagement Governance Sub-Board (PEEG) iii) Quality Programme Board (QPB)	
Issues to highlight and escalate:		
3	Waiting List Harm Monitoring	The Committee received a report on waiting lists and waiting times which are increasing as a consequence of the Covid pandemic. The Committee considered the enhanced arrangements to monitor patients who are waiting for surgery/procedures in order to mitigate harm to these patients whilst they are waiting. The Committee requested to receive a quarterly update.
4	Draft Capital Plan 2020/21	The Committee received a report regarding the Trust's Capital Plan 2020/21 and was assured that this has been developed with clinical and divisional input and based on assessment of relevant risks.
5	Focus on services for patients with Learning Disabilities	The Committee received an update from Nic Smith (Learning Disability and Autism Lead) on services within the Trust for this vulnerable group and the reasonable adjustments in place. It was agreed that additional steps towards improved communication with community LD services, extra training for staff on LD issues and the proposal to extend LD team cover over the full week will provide greater assurance on safeguards around equity of treatment, decision-making and outcomes for LD patients within NNUH.

3 Conclusions/Outcome/Next steps

The next Committee meeting is scheduled for 16 June 2020. Focus will be on the Division of Surgery, In-patient Survey results and our draft Quality Priorities.

Recommendation:

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

Integrated Performance Report (Quality, Safety and Patient Experience Metrics)

May 2020 (April 2020 data)

INTEGRATED PERFORMANCE REPORT

Maternity: Deliveries

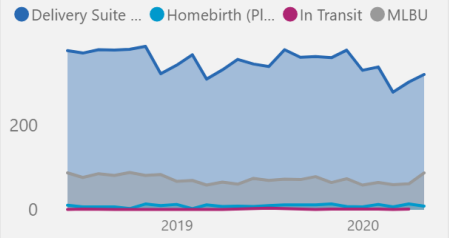
Chief Nurse
Nancy Fontaine

NNUH Digital Health business intelligence

These metrics give an overview of maternity activity in the Trust, giving a breakdown of place of delivery and delivery methods. The focus is to increase Midwife led deliveries and 1:1 care in labour.

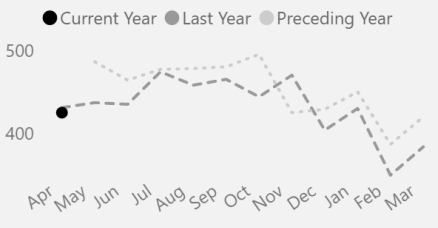
Month Selector
Most Recent

Mothers Delivered

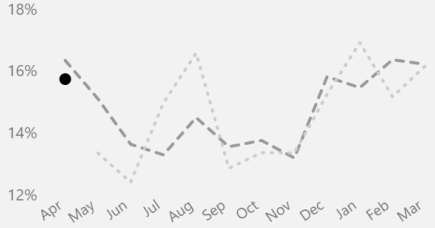


Mothers Delivered			Midwife Led			1:1 Care		
Month	2019	2020	M	2019	2020	M	2019	2020
April	428	419	Apr	24.1%	35.1%	Apr	98.8%	99.1%

Babies Delivered

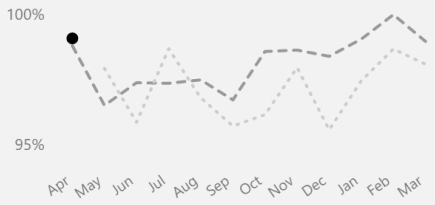


Elective Caesarean Deliveries



Midwife Led

1:1 Care in Labour



Data Observations

419 mothers delivered in April, lower than April last year's (428). The daily average in April was 14 per day, higher than March's average of was 12 per day.

88 deliveries (of the 419) were in MLBU, 9 were Homebirths and 322 were in delivery suites and wards

The proportion of midwife led deliveries increased to 35.09% from 25.4% in March. The proportion had been relatively stable at 25% in the previous 12 month.

The proportion of Elective Caesarean's in April was 15.8%, slightly lower than March's 16.3% and slightly lower than at the same time last year (16.4%).

1:1 Care in Labour was 99.1%, in line with March's 99%.

Management Comments and Actions

There were 6 unplanned births at home this month, 3 women had very rapid progress and all care and advice appropriate and 1 case was found woman could have been invited to attend the department at an earlier opportunity. 2 of the cases had a paramedic in attendance. 2 ladies 'Free birthed' and did not make contact with Maternity services until a number of hours following the delivery of thier baby.

INTEGRATED PERFORMANCE REPORT

Maternity: Babies Health

Chief Nurse
Nancy Fontaine

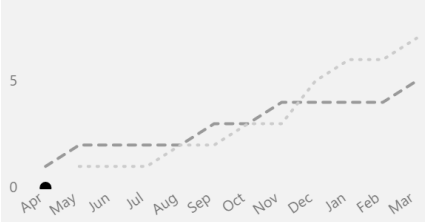
NNUH Digital Health
business intelligence

These metrics focus on babies' health, monitoring number of unplanned NICU admissions, cumulative early neonatal deaths (within 7 days of birth) and stillbirths.

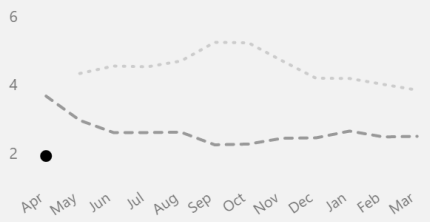
Month Selector
Most Recent

Unplanned NICU Admissions (37+wks)

Cumulative Early Neonatal Deaths



Annualised Still Births (per 1,000 births)



Unplanned NICU Adm.

Month	2019	2020
April	16	6

FYTD Neonatal Death

M	2019	2020
Apr	1	0

Annualised Still Births

M	2019	2020
Apr	3.7	1.9

Data Observations

There were 6 unplanned NICU admission in April, lower than 16 we had same time last year.

Early neonatal deaths are monitored as a cumulative figure across the financial year, there was 1 in April.

Annualised stillbirths was at 1.9, lower than 3.7 reported same time last year.

Management Comments and Actions

There were 6 unexpected admission to NICU in April.
2 were elective caesarean sections and both required resuscitation after birth; the maternity services are conducting a review of these case to gather themes and share meeting care appropriate however communication in PPE equipment challenging and this has informed changes in practice.

2 of the cases had severe pre-eclampsia one of which had chroioamnionitis.
2 of the 6 cases had a pathological CTG ,of which one had a failed forceps C/S.
2 of the 6 cases had maternal sepsis.
1 of the 6 cases was a waterbirth and admitted 8 hours after birth.
1 of the 6 cases were preterm 36+6, other cases all >39 weeks.

INTEGRATED PERFORMANCE REPORT

Mortality Rate

Medical Director
Erika Denton

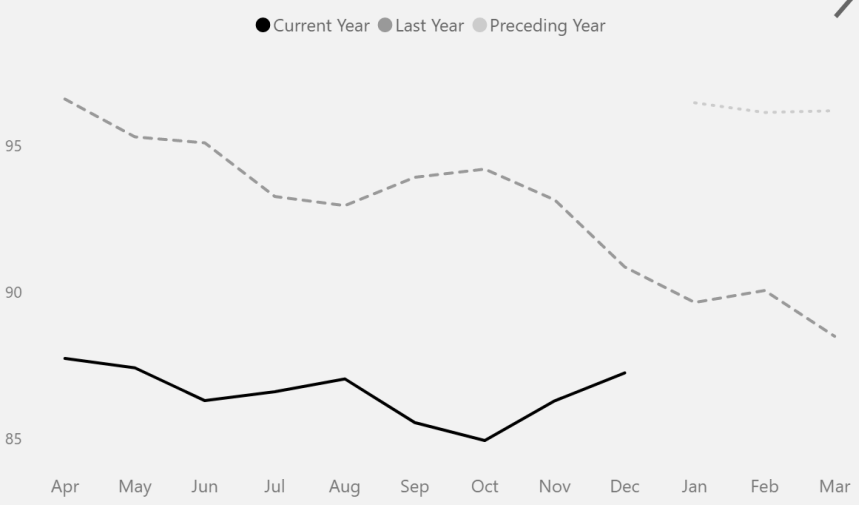
NNUH Digital Health business intelligence

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

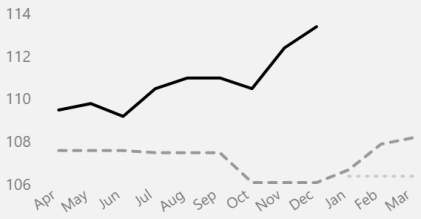
Month Selector

Most Recent

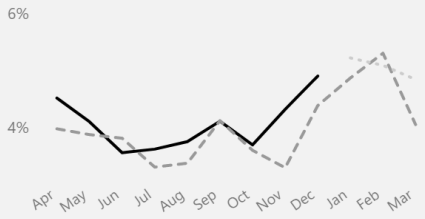
HSMR (rolling 12 month)



SHMI (rolling 12 month)



Crude Mortality Rate



HSMR		
Month	2018	2019
December	90.9	87.3

SHMI		
M	2018	2019
Dec	106.1	113.4

Crude Mortality		
M	2018	2019
Dec	4.4%	4.9%

Data Observations	Management Comments and Actions
HSMR remains lower than expected. The HSMR outlier alert 'other circulatory disease' continues to alert. No diagnosis group triggered a CUSUM mortality outlier alert. SHMI remains as expected with an upward rolling 12 month trend. SHMI adjusted for palliative care is 97.7 (confidence intervals: 94.5 -100.9) and as expected. Please note, this calculation only takes into account specialist palliative care provision. At first glance crude mortality for the reporting period appears higher than the preceding year. This may still represent normal variation. Implementation of statistical process control charts for crude mortality, when available, will assist the interpretation of this parameter	The Trust remains 1 of 3 Trusts (within the East of England peer group of 16) with an HSMR within the lower than expected range. Following the recent review of 30 day deaths where a signfiicant proportion were expected, a process has been agreed internally to facilitate the capture of supportive (non-specialist) palliative care. It is important to note that only specialist palliative care is factored in by NHS Digital in the palliative care contextual indicator it reports alongside SHMI. As a result, the SHMI adjusted for palliative care calculated by Dr Foster Intelligence and HED also only factors in specialist palliative care. Local reporting of supportive (non-specialist) palliative care data is being arranged to help analysis of SHMI and act as a source of assurance.

INTEGRATED PERFORMANCE REPORT

Infection Prevention & Control (1)

Chief Nurse
Nancy Fontaine

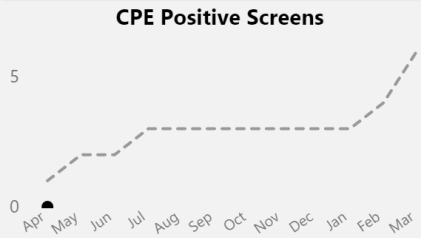
NNUH Digital Health business intelligence

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

Month Selector
Most Recent

MRSA FYTD		HOHA C.diff FYTD		Total C.diff FYTD		MSSA FYTD		CPE FYTD	
Apr 2019	Apr 2020	Apr 2019	Apr 2020	Apr 2019	Apr 2020	Apr 2019	Apr 2020	Apr 2019	Apr 2020
0	0	3	0	6	4	1	0	1	0

Data Observations	Management Comments and Actions
1 new Healthcare Associated (HAI) C.difficile case in April. There have been no new cases of HAI MRSA bacteraemia or MSSA in April.	The ceilings for 2020/2021 are awaited.



INTEGRATED PERFORMANCE REPORT

Infection Prevention & Control (2)

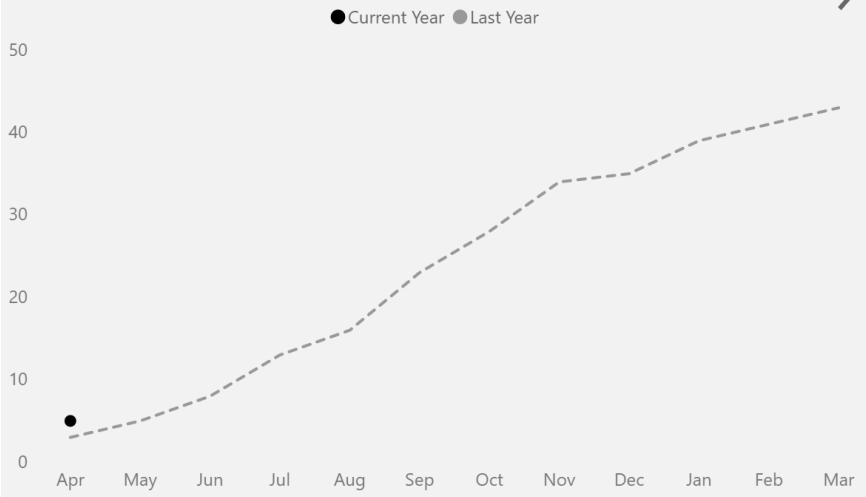
Chief Nurse
Nancy Fontaine

NNUH Digital Health
business intelligence

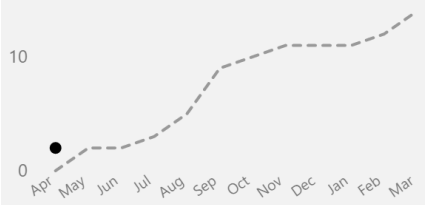
Infection Prevention & Control: Alert Organisms reported to PHE - Gram Negative Blood Stream Infections. These metrics are submitted to Public Health England as part of their ongoing national surveillance into Health Care Associated Infections, the results of which are made public.
Please note all information presented here is showing cumulative Financial Year to Date.

Month Selector
Most Recent

E. Coli (Trust Apportioned)



Klebsiella (Trust Apportioned)



Pseudonomas (Trust Apportioned)

E. Coli FYTD		Klebsiella FYTD		Pseudonomas FYTD	
Apr 2019	Apr 2020	Apr 2019	Apr 2020	Apr 2019	Apr 2020
3	5	0	2	0	1

Data Observations	Management Comments and Actions
There were 5 new cases of Trust apportioned E.coli this month. This is 2 cases higher than April last year. There were 2 cases of Trust apportioned Klebsiella and 1 case of Trust apportioned pseudomonas this month. Last April there were no Trust apportioned cases of Klebsiella or Pseudomonas.	

INTEGRATED PERFORMANCE REPORT

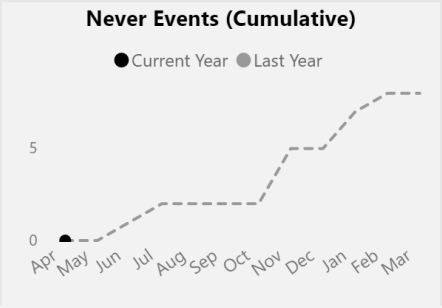
Patient Safety

Chief Nurse
Nancy Fontaine

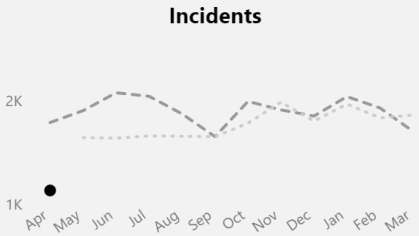
NNUH Digital Health
business intelligence

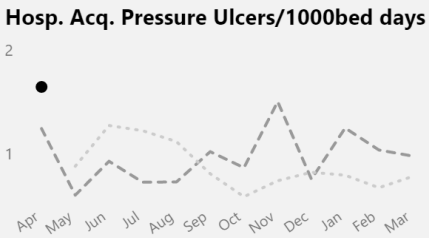
Monitoring elements which contribute to patient safety. Never Events are shown as cumulative financial year to date. Pressure Ulcers and Patient Falls are measured per 1,000 patient bed days.

Month Selector
Most Recent



Never Events FYTD		Recorded Incidents (DATIX)		Serious Incidents		Pressure Ulcers /1000 bed days		Patient Falls /1000 bed days	
Apr 2019	Apr 2020	Apr 2019	Apr 2020	Apr 2019	Apr 2020	Apr 2019	Apr 2020	Apr 2019	Apr 2020
0	0	1,795	1,142	19	15	1.3	1.7	0.0	0.4





Data Observations

Total incidents reported for April 2020 - 1142. Reporting per 1000 bed days is within expected limits. There were 15 SI's reported - 3 commissioning, 1 HCAI (patient died with Covid), 1 maternal incident relating to antenatal care, 5 falls (1 catastrophic harm), 3 cat 3 pessure ulcers, 1 sub-optimal care (16 yr old DKA - catastrophic harm), 1 treatment delay (lack of senior review of detriorating patient) and 1 surgical procedure (unintended obstruction of renal arteries during procedure).
Duty of Candour (DoC) compliance overall for NNUH in April is 78.6%
52 Medication incidents were reviewed by the Medications Management Incident Review Group. 50 of these incidents caused no harm and two were classed as low harm, there were no incidents which required any additional investigation by the group.

Management Comments and Actions

The investigation into the 16yr old with DKA will involve primary care as patient was a late presentation to NNUH.
DoC requirements are always discussed in SIG with statutory requirements reinforced. Verbal DoC has improved since January, however there continue to be monthly breaches in confirming verbal DoC with written confirmation within 10days.
This is the second month where no medication incidents of 'E' or above have been reported. 4 patient incidents have been categorised with the E classification (temporary harm which requires intervention) since December 2019.

INTEGRATED PERFORMANCE REPORT

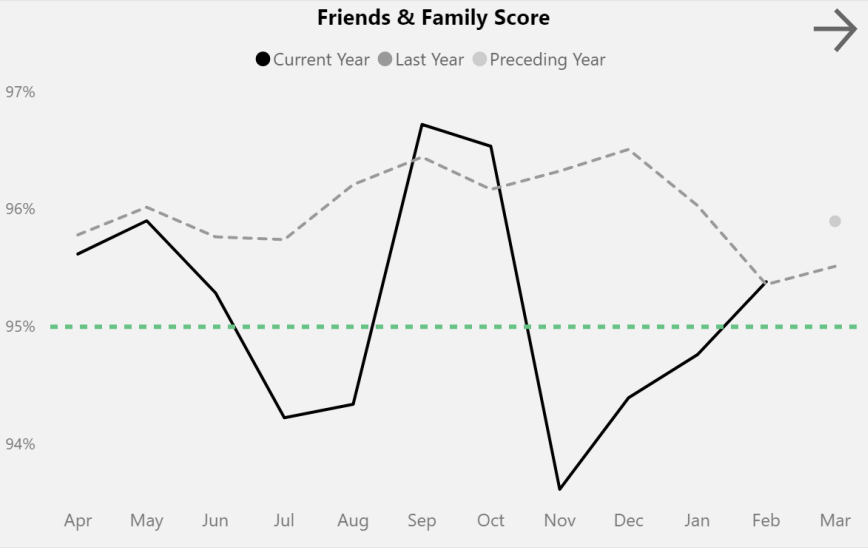
Patient Experience

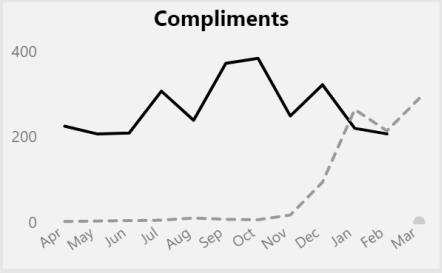
Chief Nurse
Nancy Fontaine

NNUH Digital Health business intelligence

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

Month Selector
Most Recent





Friends & Family

Month	2019	2020
February	95.4%	95.4%

Compliments

M	2019	2020
Feb	215	208

Data Observations

The FFT score has increased slightly from last month 95.4% (94.8%) recommenders, still below target overall. Last February the recommender score was the same figure.
A&E is at 95.61% which is another improvement.
The FFT questions are supplemented for inpatients and these consistently show high levels of satisfaction with eg; staff introducing themselves, privacy and dignity and kindness and compassion.
Compliments – the actual number of compliments recorded on Meridian is 167 (a decrease from last month – 172), rather than the number of 73 pulled through to the IPR. The disparity is similar to last month and being looked into.

Management Comments and Actions

Business owner comments – Each department and division reviews their own scores and comments and takes action accordingly; reporting to PEEG via the divisional deep dive process. We are looking at how to increase the take up of the FFT via SMS texting and other opportunities. From April the process for collecting FFT is changing and we will not be restricted by specific timings. This should help with numbers.

INTEGRATED PERFORMANCE REPORT

Patient Concerns

Chief Nurse
Nancy Fontaine

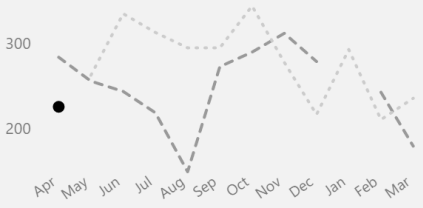
NNUH Digital Health business intelligence

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

Month Selector
Most Recent

Complaints

PALS Enquiries



PALS Closed within 48hrs

Complaints		
Month	2019	2020
April	96	16

PALS Enquiries		
M	2019	2020
Apr	284	226

PALS Closed <48hrs		
M	2019	2020
Apr	85.2%	90.3%

Data Observations

PALS: 226 PALS for April compared to 182 in March. Compared to this time last year there are fewer PALS queries which may, like complaints, be linked to Covid pandemic response.
The main subjects were about appointment delays and cancellations (49), COVID 19 related matters (36), Clinical treatment (21) (18 general medical, 2 Obs and Gnae, and 1 Oncology)
Complaints: Only 16 recorded in April which may reflect the current Covid crisis. There are currently 156 open complaints.
Comparative data from the NHS Benchmarking Network has flagged ED as an outlier with a high number of complaints adjusted for activity and relative to other Trusts. A common feature concerns delays in the Department.After discussion at PEEG it was decided to look into this further with ED colleagues, triangulating with PALS, FFT, Incidents and any other feedback to formulate a plan.

Management Comments and Actions

In light of the acute pandemic response situation it has been announced that "NHS England and NHS Improvement is supporting all NHS providers to 'pause' new and ongoing complaints investigations, to allow providers to concentrate on front-line duties and responsiveness to coronavirus (Covid-19)".
The Parliamentary and Health Service Ombudsman has also stopped accepting new NHS complaints and has stopped work on open cases.
We are still receiving and registering formal complaints and are investigating these as appropriate. We are responding to complaints as possible in order to avoid creation of a backlog and this is being monitored.

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

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

REPORT TO THE TRUST BOARD

Date	**3 June 2020**
Title	**Chair's Key Actions from Finance, Investments and Performance Committee meeting on 27.05.20**
Lead	**Tim How – Non-Executive Director (Committee Chair)**
Purpose	**For Information, assurance and approval as specified**

1 Background/Context

The Finance, Investments and Performance Committee met on 27 May 2020. Papers for the meeting were circulated to Board members for information in the usual way. The meeting was quorate. It was attended by Mark Hitchcock (Partner Governor) and Ines Grote (Public Governor) as observers. Due to the Covid-19 pandemic, the meeting was not preceded by clinical/departmental visits.

2 Key Issues/Risks/Actions

Items of note considered at the meeting included:

Items received for information and assurance:		
1	Finance IPR - Month 1 YTD Financial Position	
2	Performance IPR - activity and contractual standards	
3	2020/21 Operational Planning – Covid 'restoration' process & plans	
4	FY20/21 CIP update	
5	Corporate Risk Register – FI&P Extract	
6	Capital Planning 2020/21	
Issues to highlight and escalate:		
7	Financial Plan - April to July 2020	The Committee reviewed and agreed to recommend the Plan to the Board for approval
	Use of Resources response	The Committee reviewed and agreed to recommend the Plan to the Board for approval

3 Conclusions/Outcome/Next steps

The next Committee meeting is scheduled for 17 June 2020.

Recommendation: The Board is recommended to:

- **note** the work of its Finance, Investments and Performance Committee
- **receive for approval** the Financial Plan (April – July 2020) .

REPORT TO THE TRUST BOARD OF DIRECTORS

Date	**3 June 2020**
Title	**April to July 2020 Finance Plan & Budget Holder Responsibilities**
Author & Exec lead	**Roy Clarke, Chief Finance Officer**
Purpose	**For approval**

This paper set outs the Trust's revised financial plan for the period April 2020 to July 2020 and confirms the principles to be adopted by budget holders during this period.

Context
The focus of the medium term COVID-19 response is to achieve (1) Simplification and Certainty; (2) Resilience and continuity; (3) Support the wider economy; and (4) Increase our speed of response whilst maintaining appropriate financial governance and control. The longer-term aim of the Cash and Capital changes is to create a simpler system to navigate that is better joined up and more aligned to the future shape the system in the Long Term Plan, therefore contributing to the overall goal of putting the NHS on a sustainable footing, while expanding and improving services and care.

April 20 to July 20 Financial Plan
As part of the NHS response to COVID-19 all providers will move to a block contract, receive a 'top-up' and a 'true-up' as required in order to provide sufficient funds for providers to deliver a breakeven position.
The baseline expenditure supporting the funding calculation is the average winter run rate across months 8-10, uplifted for inflation. This will be used by NHSE/I for in year monitoring of the four month period ending 31 July 2020.

The Trust's proposed budget for this period is based on M12 actual expenditure and non-clinical income, adjusted for non-recurrent and full year effect items and for the actual position for April 2020, as this is now known. Clinical income and top-up income has been set to agree with the actual amounts being provided by NHSE/I.

Comparison to NHSE/I Monitoring Plan
The plan developed creates a deficit of £2.67m against the NHSE/I monitoring plan. This is before any COVID-19 revenue costs. **The deficit after estimated COVID-19 revenue costs is £11.63m.**
If the clinical supplies expenditure experienced in month 1 does not revert to the Trust's planned run rate assumed for May to July 2020, the deficit may reduce to an upside deficit c.£6.0m.

The headline categories driving the variance can be seen in the table below:

	Opening Plan £'000s	NHSE/I Plan £'000	Variance £'000
NHSE/I Block & Top-Up Income	**(213,672)**	**(213,672)**	**-**
Other Income	**(24,370)**	**(26,808)**	**2,438**
Pay	136,410	134,581	1,829
Drugs	25,466	27,137	(1,671)
Non Pay	64,004	64,179	(175)
Expenditure	**225,880**	**225,897**	**(17)**
EBITDA	**(12,163)**	**(14,583)**	**2,421**
Non OPEX	**14,833**	**14,583**	**250**
Deficit / (Surplus)	**2,671**	**-**	**2,671**
Forecast COVID Revenue Expenditure	8,958	-	8,958
Deficit / (Surplus) incl. COVID Exp.	**11,629**	**-**	**11,629**

The key drivers for the difference are:

- Modular Ward Block (£0.8m) and IRU suite (£0.6m) both opening in June 2020;
- East of England HPV Contract of £1.4m and outsourcing of Renal Dialysis (commenced Mar 2020) of £0.6m;
- Other Income reductions of £2.5m, comprised of reductions in car parking, private patient and RTA income;
- Offset by a reduction in non pay expenditure of £(3.2m) in line with reduced clinical activity levels and consumables.

Budget Holder Responsibility

For the April to July 2020 period, financial performance will be monitored at a specialty level, with the exception of corporate departments, which will continue to be monitored at a cost centre level. The paper outlines the principles for budget holder responsibility, including:

- No new revenue or capital investments should be entered into without approval by NHSE/I;
- All COVID-19 costs must be pre approved by the COVID cell;
- All capital claims and bids are required to be submitted on specific forms for preauthorisation by NHSE/I, see Appendix 1; and
- The approved Trust booking process for bank, agency and break glass remains in place to ensure enhanced control.

COVID-19 Governance

The NHSE/I guidance issued in March 2020 continues to be revised to reflect changes and feedback from the service as the response to COVID-19 continues to develop. The amended governance for capturing revenue costs is:

- All revenue orders are captured during the daily Incident Management Team Meeting and then reviewed and approved by the Chief Operating Officer (COO) or Head of EPRR & Business Continuity; and

- All other existing financial governance arrangements remain in place as per the Standing Financial Instructions (SFIs).

The Trust received formal guidance outlining the approach that NHS Providers should take to COVID-19 revenue cost reporting for Month 1 on 6 May 2020. The rules for what should be included and excluded were outlined in this guidance, see Section 7. The regional NHSE/I finance teams will perform an analytical review and reasonableness test for all COVID-19. Therefore, it is vital that we are collating COVID-19 costs accurately and appropriately.

Capital
Maintenance of financial control remains critical during the COVID 19 period, and as a result, a number of revisions to financial governance have been made. All capital expenditure relating to COVID-19 MUST be pre-approved by NHSE/I, regardless of value.

Cash
The cash support arrangements in place are designed to ensure that all costs are covered provided costs are not incurred outside of guidance. Therefore, to avoid the risk of expenditure not being funded it is imperative that robust controls are enforced.

Next Steps
The following actions have been identified:

- Provide a report to NHSE/I outlining the £2.67m deficit plan, detailing the factors behind the deficit, to agree additional funding;
- Issue budgets at specialty and corporate department level across the organisation in May 2020;
- Ensure that the April to July 2020 budget principles, including monitoring at specialty level for divisional budgets, are communicated and clearly understood by budget holders; and
- Reprioritise the capital plan for discussion and agreement, whilst establishing revised governance for system-wide capital planning.

Recommendation

Recommendation:
The Board is recommended to **approve** the plan for the four-month period of April 2020 to July 2020.

April to July 2020 Operating Plan & Budget Holder Responsibilities

Report to HMB – Finance, Investments & Performance Committee – Trust Board

12 May 2020

Roy Clarke, Chief Finance Officer

1. Executive Summary

Contents

On the 17th March, Sir Simon Stevens – NHS Chief Executive wrote to all Trusts outlining the 'next steps on the NHS Response to COVID-19. The 'next steps' included the suspension of the operational planning process for FY20/21 and a fundamental shift in financial governance and business rules within the NHS for an initial period of 1st April 2020 to 31st July 2020.

This paper set outs the Trust's revised financial plan for the period April 2020 to July 2020 and confirms the principles to be adopted by budget holders during this period.

Context

The focus of the medium term COVID-19 response is to achieve (1) Simplification and Certainty; (2) Resilience and continuity; (3) Support the wider economy; and (4) Increase our speed of response whilst maintaining appropriate financial governance and control.

The longer term aim of the Cash and Capital changes is to create a simpler system to navigate that is better joined up and more aligned to the future shape the system in the Long Term Plan, therefore contributing to the overall goal of putting the NHS on a sustainable footing, while expanding and improving services and care.

April 20 to July 20 Financial Plan

As part of the NHS response to COVID-19 all providers will move to a block contract, receive a 'top-up' and also a 'true-up' as required in order to provide sufficient funds for providers to deliver a breakeven position.

The baseline expenditure supporting the funding calculation is the average winter run rate across months 8-10, uplifted for inflation. This will be used by NHSE/I for in year monitoring of the four month period ending 31 July 2020.

The Trust's proposed budget for this period is based on M12 actual expenditure and non-clinical income, adjusted for non-recurrent and full year effect items and also for the actual position for April 2020 as this is now known. Clinical income and top-up income has been set to agree with the actual amounts being provided by NHSE/I.

Comparison to NHSE/I Monitoring Plan

The plan developed creates a deficit of £2.67m against the NHSE/I monitoring plan. This is before any COVID-19 revenue costs. **The deficit after estimated COVID-19 revenue costs is £11.63m.**

If the clinical supplies expenditure experienced in month 1 does not revert to the Trust's planned run rate assumed for May to July 2020, the deficit may reduce to an upside deficit c.£6.0m.

The headline categories driving the variance can be seen in the table below:

	Opening Plan £'000s	NHSE/I Plan £'000	Variance £'000
NHSE/I Block & Top-Up Income	**(213,672)**	**(213,672)**	**-**
Other Income	**(24,370)**	**(26,808)**	**2,438**
Pay	136,410	134,581	1,829
Drugs	25,466	27,137	(1,671)
Non Pay	64,004	64,179	(175)
Expenditure	**225,880**	**225,897**	**(17)**
EBITDA	**(12,163)**	**(14,583)**	**2,421**
Non OPEX	**14,833**	**14,583**	**250**
Deficit / (Surplus)	**2,671**	**-**	**2,671**
Forecast COVID Revenue Expenditure	8,958	-	8,958
Deficit / (Surplus) incl. COVID Exp.	**11,629**	**-**	**11,629**

The key drivers for the difference are:

- Modular Ward Block (£0.8m) and IRU suite (£0.6m) both opening in June 2020;
- East of England HPV Contract of £1.4m and outsourcing of Renal Dialysis (commenced Mar 2020) of £0.6m;
- Other Income reductions of £2.5m, comprised of reductions in car parking, private patient and RTA income;
- Offset by a reduction in non pay expenditure of £(3.2m) in line with reduced clinical activity levels and consumables.

1. Executive Summary

Budget Holder Responsibility

For the April to July 2020 period, financial performance will be monitored at a specialty level, with the exception of corporate departments which will continue to be monitored at a cost centre level.

The paper outlines the principles for budget holder responsibility, including:

- No new revenue or capital investments should be entered into without approval by NHSE/I;
- All COVID-19 costs must be pre approved by the COVID cell;
- All capital claims and bids are required to be submitted on specific forms for preauthorisation by NHSE/I, see Appendix 1; and
- The approved Trust booking process for bank, agency and break glass remains in place to ensure enhanced control.

COVID-19 Governance

The NHSE/I guidance issued in March 2020 continues to be revised to reflect changes and feedback from the service as the response to COVID-19 continues to develop. The amended governance for capturing revenue costs is:

- All revenue orders are captured during the daily Incident Management Team Meeting and then reviewed and approved by the Chief Operating Officer (COO) or Head of EPRR & Business Continuity; and
- All other existing financial governance arrangements remain in place as per the Standing Financial Instructions (SFIs).

The Trust received formal guidance outlining the approach that NHS Providers should take to COVID-19 revenue cost reporting for Month 1 on 6 May 2020.

The rules for what should be included and excluded were outlined in this guidance, see Section 7. The regional NHSE/I finance teams will perform an analytical review and reasonableness test for all COVID-19. **Therefore it is vital that we are collating COVID-19 costs accurately and appropriately.**

Cost Improvement Programme

As a result of the revised financial guidance, there will be no CIPs recognised across April to July 2020. The Trust continues to develop initiatives to ensure that financial savings can commence as the organisation moves into the recovery phase.

Capital

Maintenance of financial control remains critical during the COVID 19 period, and as a result a number of revisions to financial governance have been made. **All capital expenditure relating to COVID-19 MUST be pre-approved by NHSE/I, regardless of value.**

Cash

The cash support arrangements in place are designed to ensure that all costs are covered provided costs are not incurred outside of guidance. **Therefore, to avoid the risk of expenditure not being funded it is imperative that robust controls are enforced.**

Next Steps

The following actions have been identified:

- Provide a report to NHSE/I outlining the £2.67m deficit plan, detailing the factors behind the deficit, to agree additional funding;
- Issue budgets at specialty and corporate department level across the organisation in May 2020;
- Ensure that the April to July 2020 budget principles, including monitoring at specialty level for divisional budgets, are communicated and clearly understood by budget holders; and
- Reprioritise the capital plan for discussion and agreement, whilst establishing revised governance for system-wide capital planning.

Recommendation

Hospital Management Board is requested to approve the plan for the four-month period of April 2020 to July 2020.

Norfolk and Norwich University Hospitals NHS Foundation Trust

2a. Trust plan for period to 31 July

To ensure transparency it is important that the Trust's plan is clear and understood with the key underlying assumptions and associated risks articulated concisely.

Month 12 FY19/20 has been used as the basis for the run-rate for the period, adjusted for any full year effects not represented and all non-recurrent items, before applying inflation.

Clinical income and top-up income has been set to agree with the actual amounts being provided by NHSE/I.

The bridge below outlines the key movements from the month 12 outturn to the actual outturn for April 2020 and then to the average monthly COVID financial plan position of a deficit of £3.57m, including estimated COVID revenue expenditure.

This when aggregated leads to an April to July 2020 operating plan deficit, including estimated COVID revenue expenditure, of £11.6m.

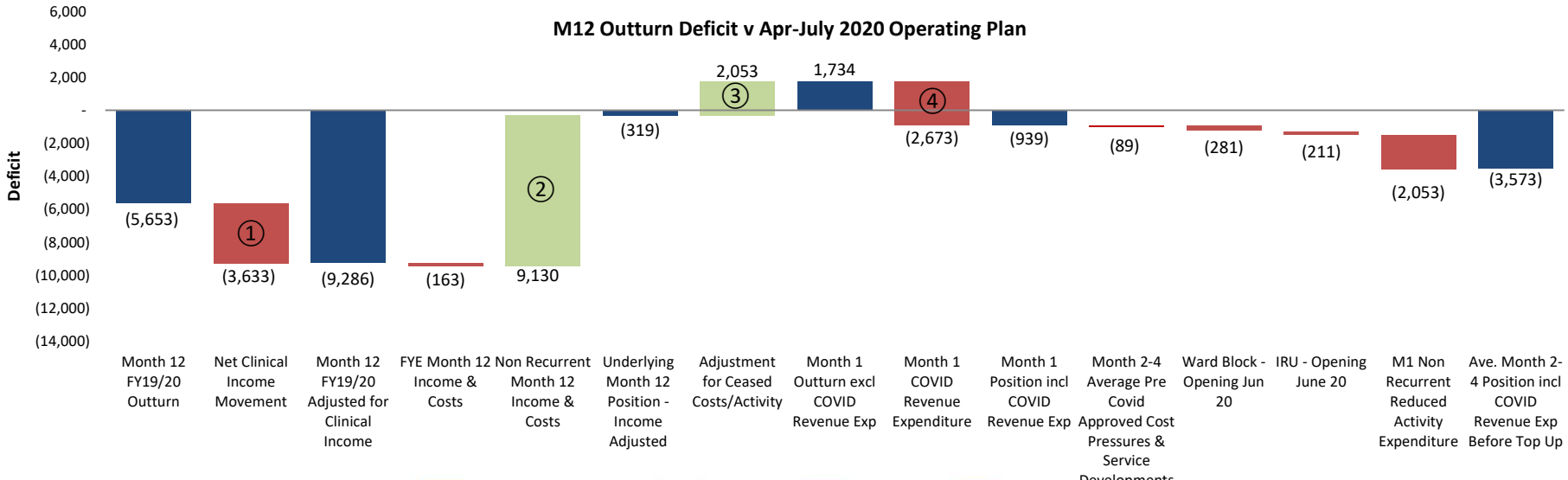
The composition of the material bridging items are:

① **Net Clinical Income Movement** is the net impact of removing the £57.0m of clinical income obtained in month 12 and adding in one months NHSE/I agreed block funding of £53.4m, resulting in a negative movement of £3.6m.

② **Non Recurrent Month 12 Income & Costs** which have been removed from the plan to develop an underlying run rate to drive the calculation of the monthly operating plan. A detailed list of all items comprising this bridging item can be seen within Appendix 2.

③ **Adjustment for Ceased Costs/Activity** which is comprised of a reduction in expenditure incurred across clinical and non-clinical supplies, including third party outsourcing costs of £2.6m; bad debt reduction of £0.1m; offset by a decrease in private patient, car parking and accommodation income of £(0.6)m.

④ **Month 1 COVID Revenue Expenditure** is the total revenue expenditure approved by the COVID cell in month 1.



Norfolk and Norwich University Hospitals NHS Foundation Trust

2b. Movement from Original FY20/21 Plan

The Trust prepared a draft financial plan ahead of FY20/21 which was in the process of being approved as the COVID-19 pandemic commenced.

The bridge below outlines the movement from the draft operational plan for the period from April 2020 to July 2020 to the COVID operating plan for April 2020 to July 2020 of £2.67m. This has been devised under the revised financial arrangements issued by NHSE/I, including the month 1 outturn position.

The bridge also outlines the impact of the month 1 incremental COVID revenue expenditure (£939k), and month 2-4 forecast COVID revenue expenditure (£8.0m) resulting in an £11.63m operating plan deficit, which will require further underspends and/or top up funding to achieve breakeven for the four month period.

The composition of the key bridging items are as follows:

① **Net Clinical Income Movement** is the net impact of removing the original months 1-4 block value of £193.8m of clinical income and adding back the four months NHSE/I agreed block funding of £213.6m, resulting in a positive movement of £19.8m.

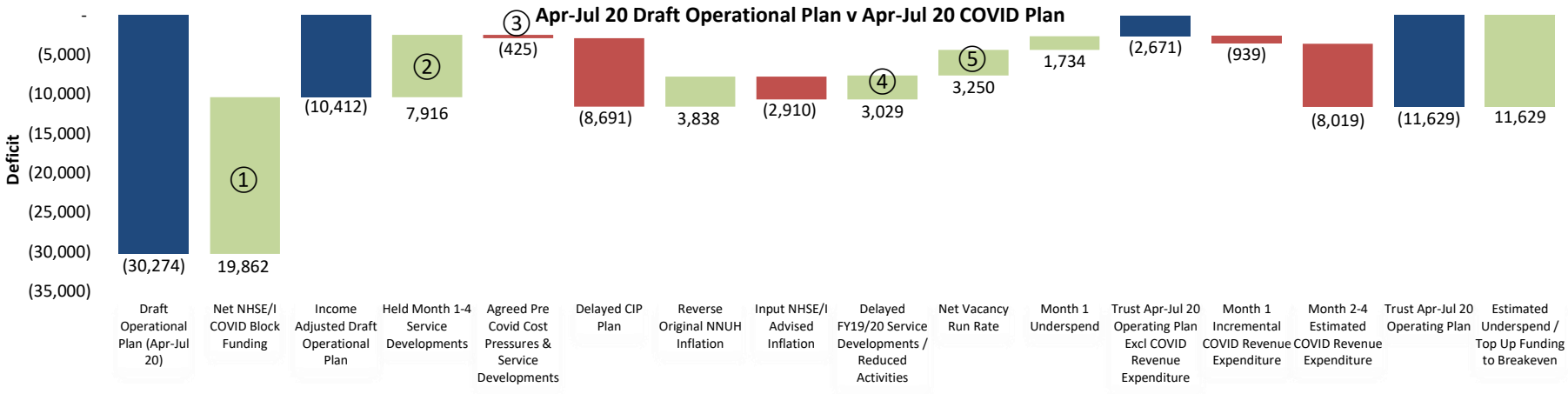
② **Held Month 1-4 Service Developments** contains all proposed developments within the draft operation plan, which have been postponed as they do not comply with COVID financial rules. A detailed list of all investments can be seen within Appendix 3.

③ **Pre COVID Approved Cost Pressures** comprised of a number of small commitments and approved expenditure, see breakdown in Appendix 2.

④ **Delayed FY19/20 Service Developments/Reduced Activities** is composed of:

- Delayed opening of the new modular ward block and of the interventional radiology unit, both opening in June 2020 of £1.6m; and
- Reduced non pay expenditure through a reduction in activity and outsourcing costs, including Spire, offset by a decrease in private patient, car parking and accommodation income, with a net impact of £1.3m.

⑤ A **Net Vacancy Run Rate** of £3.3m, from a review of all vacant posts not covered by premium pay, including WLI, in month 12 and adjusted for performance in the month 1 outturn.



Norfolk and Norwich University Hospitals NHS Foundation Trust

2c. Movement from NHSE/I Plan

The NHSE/I plan was built using an expenditure baseline comprised of the average winter run rate across months 8-10, uplifted for inflation. This will be used by NHSE/I in place of a plan for in year monitoring for the four month period ending 31 July 2020.

The Trust plan for this period is based on month 12 actual expenditure and non-clinical income, adjusted for non-recurrent and full year effect items and also for the actual position for April 2020. Clinical income and top-up income has been set to agree with the actual amounts being provided by NHSE/I.

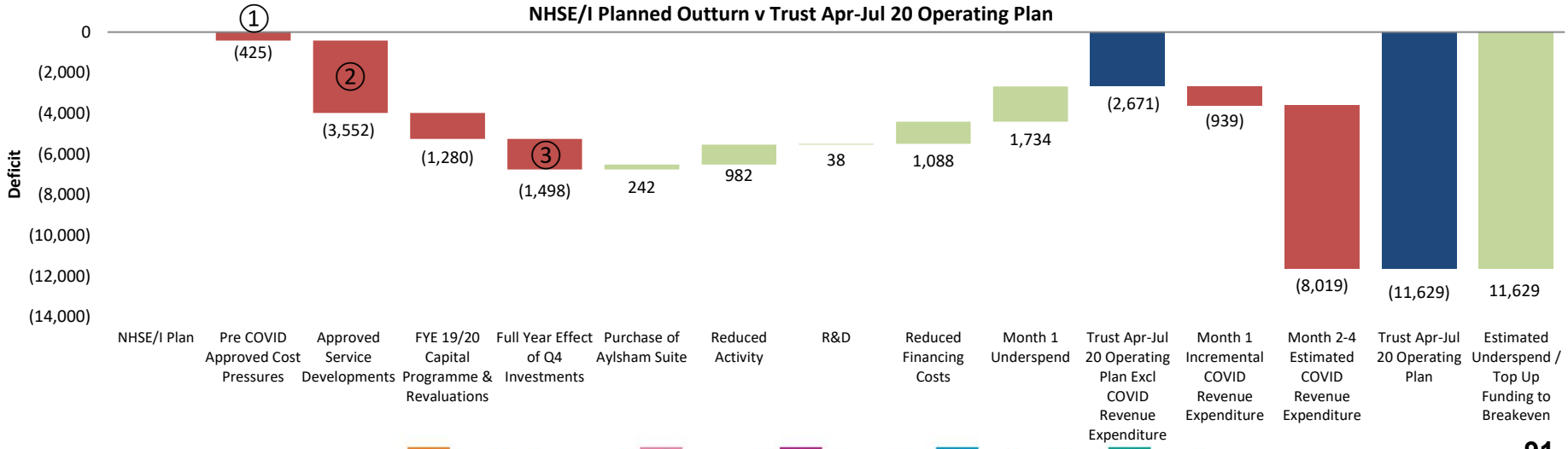
The Trust plan position is a deficit of £2.7m before of the impact of incremental and forecast COVID revenue expenditure of £8.9m, resulting in an operating plan deficit of £11.6m. The bridge below outlines the key items driving the adverse variance to the NSHE/I plan. Further breakdown of bridging items have been provided, where relevant.

① **Pre COVID Approved Cost Pressures** comprised of a number of small commitments and approved expenditure, see breakdown in Appendix 2.

② **Approved Service Developments** comprised of authorised expenditure not experienced within the NHSE/I expenditure baseline, that was approved via business case in FY19/20 planning, but implementation has been delayed, including:

- Modular Ward Block (opening June 2020) - £0.8m (£0.4m in relation to staffing costs and £0.4m in relation to other revenue costs, including depreciation)
- East of England HPV Contract - £1.4m
- IRU Suite (opening June 2020) - £0.6m
- Outsourcing of Renal Dialysis (commenced Mar 2020) - £0.6m

③ **Full Year Effect of Q4 Investments** containing a number of small balances alongside the following: Paediatric Safer Staffing (£0.4m); IT & Finance staffing investment (£0.3m); Surgical 52 week breach investment (£0.5m) and bed management and mattress hire contract (£0.2m).



3. Budget Holder Responsibility

Budget Holder Responsibility

During the COVID19 response period, there are a number of important procedures that must be followed, as defined in guidance issued by Simon Stevens. The changes and key requirements are set out below:

1) No new revenue or capital investments should be entered into without approval by NHSE/I;
2) All COVID-19 costs must be pre agreed by the COVID cell:
   - All revenue orders to be reviewed and approved by COO or Head of EPRR & Business Continuity; and
   - Capital orders are captured by the Strategic Investment Manager and reviewed weekly by COO ahead of NHSE/I Submission.
3) All capital claims and bids are required to be submitted on specific forms for preauthorisation by NHSE/I, see Appendix 1;
4) All Consultancy costs above £50k need both regional and national approval in addition to Trust approval before committing spend;
5) Overtime and expenses must continue to be recorded and authorised in advance as per existing Trust policy;
6) Like for like replacements or recruitment for the replacement of expensive premium spend should continue to be recruited if the post is required following the revised vacancy governance process;
7) The approved Trust booking process for bank, agency, and break glass remains in place to ensure enhanced control, see Appendix 4;
8) A monthly audit of the break glass forms to ensure the process is adhered to is completed by the PMO;
9) Fraud – be mindful and continue to act with the utmost integrity, ensuring adherence to the Trust's Fraud and Bribery Policy; and
10) Ensure that all supplier invoices continue to be approved in a timely manner. A Procurement Policy Notice (PPN) has been issued nationally to emphasis the important of prompt payments as well as strong financial governance.

Budget Holder Accountability

The following principles are in place to drive budget holder accountability:

1) There should be no relaxation of existing governance processes;
2) All existing financial governance arrangements must remain in place as per the Standing Financial Instructions (SFI) of the Trust;
3) Accountability for budget performance will be at Specialty and Corporate Department level, see Section 6 – Divisional Summary;
4) Budget virements will be made in M2 for material changes and to allow for alignment with COVID-19 operational practices. These should be agreed with your finance business partner;
5) Budget performance must be fully explained and reported;
6) The maintenance of financial control and stewardship of public funds remains critical during this COVID-19 response period; and
7) Budget holders must continue to comply with their legal responsibilities and have regard to their duties as set out in Managing Public Money and other guidance.

Norfolk and Norwich University Hospitals NHS Foundation Trust

4. Clinical Income

Context

Prior to the outbreak of the COVID-19 pandemic a draft annual plan had been submitted to NHSI/E in February, with total Trust clinical income of £582.0m (including HCD of £64.3m) and with a deduction for Commissioner QIPP of circa £9m.

This gives a rough monthly run rate of £48.5m (on even twelfths) and includes significant uplift for service developments expected for 2020/21. In reality the final phasing reflects working and actual days each month so does have a different phasing over April – July accordingly. The final phased split is shown on the next slide as a comparator against the new COVID-19 arrangements.

COVID19 Temporary Arrangements

Coronavirus guidance released on 17 March 2020 confirmed suspension of the operational planning process for FY20/21 and confirms the following arrangements for clinical income:

Block contracts will be in place to cover April to July 2020. This provides a guaranteed monthly income, based on average monthly expenditure implied by provider figures in month nine Agreement of Balances with an uplift for inflation. It does not include growth.

This block contract value has been confirmed nationally as £47.068m per month for NNUH. This payment covers all Commissioners (including CCGs and NHSE England). This is set out by Commissioner on the next slide. This does not include payment for Non-Contracted Activity (for which invoicing is suspended from April-July), which later guidance has confirmed will be dealt with through the top-up mechanism.

Whilst pass-through costs for High Cost Devices will be included in block payments, should the cost vary significantly then there is a process nationally for true costs to be reimbursed.

In addition to this block payment, there is also a national top-up payment (confirmed as £6.350m per month) to reflect the difference between the actual costs and income guaranteed under the national block payment.

This will increase the clinical income each month under COVID-19 to a higher level than would have been expected under normal planning rules, as the income references back to the cost base each month.

Other Considerations

- Full contract monitoring from month one FY20/21 will still be processed so actual activity and income data will be available throughout this period.
- The intention is to compare this to the draft Annual Plan, for reference only – it is not intended that this will be used for internal operational performance management. However this will give some indication of activity changes resulting from COVID-19.
- Again High Cost Drug and Device datasets will also continue to be collated.

2020/21 - Covid-19 Block Payments v Draft Annual Plan

			Phased Draft Annual Plan M1-4 ONLY**			
	Monthly COVID19 Payments	Draft Annual Plan Total	Apr	May	Jun	Jul
	£'000	£'000	£'000	£'000	£'000	£'000
East of England Regional Office	1,989	20,274	1,639	1,618	1,718	1,776
NHS Cambridgeshire and Peterborough CCG	82	1,108	90	88	94	97
NHS England - East Midlands Specialised Commissioning Hub	494	-	-	-	-	-
NHS England - East of England Specialised Commissioning Hub	10,856	144,966	11,718	11,572	12,284	12,702
NHS Norfolk and Waveney CCG	33,009	401,162	32,426	32,023	33,992	35,151
NHS Ipswich and East Suffolk CCG	400	4,836	391	386	410	424
NHS Lincolnshire CCG	82	981	79	78	83	86
NHS North East Essex CCG	24	-	-	-	-	-
NHS West Suffolk CCG	110	1,302	105	104	110	114
South West Regional Office	23	-	-	-	-	-
	47,068	**574,629**	**46,447**	**45,870**	**48,690**	**50,351**
Other CCGs	-	2,806	227	224	238	246
Non Contracted Activity CCGs	-	4,449	360	355	377	390
Non Contracted Activity NHSE	-	106	9	8	9	9
	47,068	**581,990**	**47,042**	**46,457**	**49,314**	**50,996**
National Top-Up Income Payment	**6,350**					
Total Clinical Income	**53,418**					

Block value does not reflect movement of activity to NHSE Specialised (~£5m per annum for Neurosciences)
**Plan phased on actual days (for non-elective) and working days (for elective / OP)

5. Other Income & Expenditure

The other areas of the plan have been constructed using key inflationary assumptions that are consistent with national guidance.

Other Income

The Other Income balance has been developed through identifying known sources of income and applying assumptions for areas where the billing for FY20/21 has not yet been agreed. The two key assumptions made are:

- The Trust will continue to bill for provider to provider billing at FY19/20 amounts; and
- Providers within the STP have agreed to bill at FY19/20 plus 2.8%.

The full breakdown of April to July 2020 planned Other Income can be seen in the below table:

Other Income (M1-4)	£'000s
E&T	8,102
R&D	7,678
EPA Recharge	2,136
Beach Ward (Stroke) Recharge to NCH&C	1,400
P2P Conusltant Recharges	958
JPUH Cell Path SLA	625
Cancer Alliance	600
WH&Wb Income	500
ASI	436
CEA Income	400
Palliative Care Recharge to NCH&C	300
Drugs Recharges	255
RADACAD Funding	250
Accomodation	220
Car Parking	210
Cremation Fees	126
Sendaway Tests	100
RTA	74
Total	**24,370**

Pay

The pay budgets are based on all staff in post as at 31 March 2020, including any premium pay costs. To derive an underlying run rate, the substantive and known premium pay costs have been supplemented by the following costs to arrive at the opening pay budget:

- Removal of non recurrent expenditure;
- ESRs approved for new posts advertised, but pending recruitment for the IT restructure;
- Employment offers for new posts, where the expenditure is due to commence in the period;
- Full year effect of developments commenced prior to COVID-19; and
- Pay awards of:
    - Agenda for Change Staff: 3.0%
    - Junior Doctors: 3.1%
    - Consultant & Career Grade Doctors: 0.1%

Non Pay/Drugs/Non Operating Expenditure

All non pay expenditure is based on expenditure incurred in March 2020 with the removal of removal of non recurrent expenditure and the full year effect of developments have been included to derive an underlying run rate. The notified non pay and drugs inflation funding includes:

- Non pay inflation of £772k across general inflation, CNST, PFI and contingent rent and utilities; and
- Drug inflation of £75k.

Norfolk and Norwich University Hospitals NHS Foundation Trust

6. Divisional Summary and Budget Statements

The Finance Business Partners have produced the directorate level plans, where possible through liaison with budget holders, see the month 1-4 aggregate budgets by area within the table below.

Programme/Specialty level plans will be distributed to budget holders w/c Monday 18 May in readiness for producing the month 1 financial performance report.

Budget holders will continue to receive budget statements in the same format as has always been provided, this will include statements at cost centre, specialty and divisional level.

However for the April to July 20 period under COVID rules, with the exception of Corporate Departments, financial performance will be monitored at a Speciality Level. In the budget statements this is referred to as 'Level 6 Summary'.

Accountability for financial performance against the April to July 20 plan will be at this level with the exception of corporate departments who will continue to be monitored at a cost centre level and therefore accountability for performance will remain unchanged.

£000's	Medicine	Emergency	Surgery	Women's & Children's	CSS	Corporate	Other	Trust
Clinical Income							(165,062)	**(165,062)**
High Cost Drugs							(23,212)	**(23,212)**
Top-up Income							(25,398)	**(25,398)**
NHSE Funding							**(213,672)**	**(213,672)**
Other Income	**(931)**	**(21)**	**(1,586)**	**(244)**	**(3,873)**	**(1,372)**	**(16,343)**	**(24,370)**
Pay	38,461	8,678	38,756	15,113	22,877	9,972	2,501	**136,410**
Drugs	20,728	164	2,598	1,202	698	14	62	**25,466**
Non Pay	11,325	914	9,781	1,108	11,426	23,039	6,411	**64,004**
Expenditure	**70,514**	**9,756**	**51,135**	**17,423**	**35,001**	**33,025**	**8,974**	**225,880**
Non OPEX	**0**	**0**	**0**	**0**	**0**	**0**	**14,917**	**14,833**
Deficit / (Surplus)	**69,583**	**9,735**	**49,549**	**17,179**	**31,128**	**31,653**	**(206,125)**	**2,671**

Norfolk and Norwich University Hospitals NHS Foundation Trust

7. COVID Revenue Cost Reporting

The Trust received formal guidance outlining the approach that NHS Providers should take to COVID-19 revenue cost reporting for Month 1 on 6 May 2020.

The regional NHSE/I finance teams will perform an analytical review and reasonableness test for all COVID-19 costs as part of the assurance process for the retrospective top-up payment. **Therefore it is vital that we are collating COVID-19 costs accurately and appropriately.**

The guidance outlined the key principles to be applied to COVID collection and submission:

- FY20/21 collection is a mechanism for **cost reporting and not reimbursement**;
- Providers are expected to breakdown 'total operating expenditure' and 'total employee benefits' into COVID-19 spend categories for month 1 only;
- Organisations should take a view of the costs over and above those they would have normally incurred had COVID-19 not happened. The assumptions made should be recorded and challenged to ensure that they are reasonable in allocating costs against COVID-19;
- Providers are not required to report on the total costs of providing services for COVID-19 patients at this stage, but these should be collated as may be required at a future date; and
- The information provided to NHSE/I should be signed off by the Chief Executive level and subject to audit scrutiny.

Detailed Guidance

The monthly reporting of COVID-19 costs should focus on the incremental cost impact of COVID-19 and not the total cost of treating/caring for COVID-19 patients.

Therefore, the Trust should include the following:

- The costs of specific COVID-19 policies, directives or nationally approved business cases. This includes the costs of workforce initiatives put in place to enable the expansion of services to deal with the expected increase in demand;
- Costs that are a consequence of policies relating to COVID-19 but do not directly relate to the treatment of COVID-19 patients, including:
    - Existing workforce working additional shifts to meet increased demand;
    - Backfill for increased sickness absence; and
    - Costs associated with enabling remote working for non-patient related activities.

The Trust must exclude the following:

- Costs relating to treating COVID-19 patients that are within the pre-COVID cost base, such as the normal staff costs of running an existing ICU;
- Wider inflationary impacts, that impact spend outside of the COVID-19 response, including agency price increases; and
- All capital spend.

The only exception to these rules, are costs relating to Nightingale Hospitals, where it is expected that organisation would report on a total cost basis.

Norfolk and Norwich University Hospitals NHS Foundation Trust

8. Cost Improvement Programme

FY20/21 Cost Improvement Programme (CIP)

As part of business planning, The Trust agreed a £26.4m CIP Target, which was allocated across individual directorates.

Pre COVID CIP Plan

As at the 20 March 2020, the programme consisted of £31.4k of approved initiatives, with £14.5m in development and £1.5m sitting within the pipeline. An additional £4.0m of opportunities were being developed by the directorates.

Interim CIP Programme: Apr-Jun 2020

As a result of the pandemic, it was agreed that the programme will be divided into three priority categories, with schemes to be delivered, where possible, with minimal involvement from divisional front line staff. The agreed categories can be seen in the table to the right, alongside the M5-M12 CIP values as provided by the directorate.

The financial governance and rules for budgetary control during COVID, as outlined by NHSE/I has resulted in no CIPs being reported in M1-M4.

The PMO has been working with directorates to ensure that the schemes identified within Category 1, and in some cases Category 2 are developed and ready to enter delivery as the Trust enters COVID recovery.

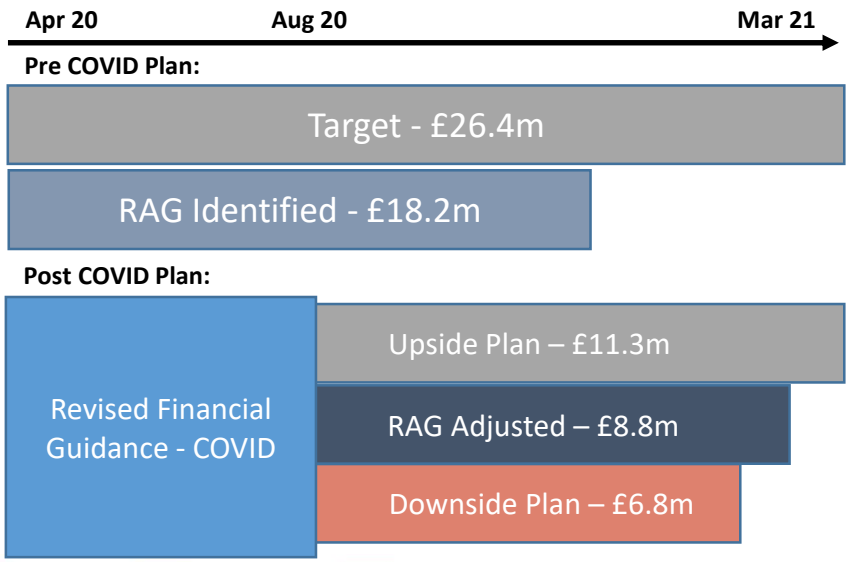
The diagram to the right outlines the upside planned delivery (£11.3m), risk adjusted delivery (£8.8m) and downside delivery (£6.6m) with schemes commencing delivery from August 2020.

The initiatives that comprise these values are subject to change as a result of COVID recovery planning guidance and finalisation of the Trust's post-COVID financial plan.

It must be noted that should the current revised financial governance continue to be in effect after 31 July 2020 this will reduce the planned delivery of the cost improvement plan further.

Breakdown of Priority Category	CIP Value £'m
Category 1: Ongoing Priorities – These are schemes which are currently in the pipeline and that should be deliverable with minimum continued support from divisional staff. This category is largely comprised of: Facilities; Procurement; Colour Printing; Theatre Inventory Management System; TPW – Private Patients; Maternity CNST; Non-invasive divisional schemes and Spire*.	11.3*
Category 2: Further CIPs to Develop – These are further divisional initiatives, which may not be deliverable until COVID recovery. These include vacancy slippage (both corporate and divisional), collaborative bank and clinical support initiatives.	2.1
Category 3: Clinically Dependent CIPs – These are on hold, whilst the Trust focuses on the pandemic.	-

**Inclusive of £2.4m of SPIRE benefit which may need to be removed.*



Norfolk and Norwich University Hospitals NHS Foundation Trust

9. Capital

NHSEI Approval process for Capital Expenditure - COVID-19

All capital expenditure **regardless of amount, relating to COVID-19 MUST be pre-approved by NHSE/I.**

All claims and bids are submitted on unique forms and should be submitted to Regional Finance as they are ready. The table below sets the requirement out. The Trust guidance is included as Appendix 1 and must be followed.

Value	Submit advance application to	Approval	Response Standard	Submission Format
ALL	NHSE/I Regional Teams	NHSE/I National Team & DHSC	48 hours from submission to National Team	COVID-19 Capital Bid Form

Financial Governance

Maintenance of financial control is critical during the NHS response to COVID-19 and we must ensure that we continue to comply with legal responsibilities and existing financial governance arrangements as per the Standing Financial Instructions (SFIs).

In this regard, a specific COVID-19 capital expenditure process has been introduced and must be followed. It is set out in the Appendix 1, and ensures that no expenditure is incurred without COO approval.

Initial Four Month Capital Plan – to 31 July 2020

Progression of projects for which funding is confirmed/ in discussion:

- IRU completion
- £5.0m of loan funding agreed in FY19/20 – QI, IT, Imaging
- COVID-19 funding of £8.9m for Isolation Pod and floor 3 ward block
- Development of 'super surge' capacity investment

Capital Planning FY20/21 – National overview

The NHS Capital Allocation set for FY20/21 is £5.8bn (FY19/20 £4.5bn).

The majority is earmarked for operational investments - £3.7bn, which will be allocated to STP / ICS for local prioritisation of system driven day to day operational capex. The majority is expected to be self financed through depreciation or other sources of locally held cash.

Full Year Planning Priorities – STP allocation for the FY20/21 Fin Year

For operational investments, the system level spending envelope has been confirmed as £62.008m. This represents 41% of the N&W STP planned capital programme of £105.6m, of which the Trust accounted for £64.294k.

The Trust amount included £5.345m of pre approved loan which is identified within the overall envelope for the system, £2.655m of self generated funding and a loan requirement of £56.294m.

The allocation, at 41% of the aggregated plan for the STP is challenging.

It is therefore important that our plan is rigorously reviewed to ensure that it is properly prioritised and reflects only urgent and essential schemes required to support the safety and quality of patient services.

Next Steps:

Reprioritise the plan for discussion and agreement at HMB.

Work with STP system to establish new governance for capital planning, expenditure and reporting.

Ensure COVID-19 capital process is robust and properly controlled to ensure we remain within guidance.

Norfolk and Norwich University Hospitals NHS Foundation Trust

10. Cash

Revised Financial Arrangements - Cash for the four months to 31 July 2020

In order to support providers, and in conjunction with the pausing of the annual planning process a revised operational cash regime is in place, as follows:

- All providers have moved to a block contract payment 'on account' for the four month period to 31 July 2020 with suspension of the usual PBR national tariff.
- In addition a national 'top-up payment will be issued to providers which is an estimate of the additional funding required for providers to breakeven based on FY19/20 underlying costs.
- A national 'true-up' will be provided to adjust provider positions for additional costs / loss of revenue where the block and top-up do not equal the actual costs of genuine and reasonable additional marginal costs due to COVID-19.

The first step of the true up process will be the month 1 finance returns which will be subject to regional review and discussion with the Trust – on 18th May 2020, once returns have been submitted.

Accounting for cash funding

The Trust should assume that the true up process will enable the Trust to reach a breakeven position for Month 1, with the only exception being where the Trust has incurred costs outside of guidance. **An example would be commencing new investments since the Simon Stevens' letter of 17 March 2020 which outlined that no new investments should be made, and there would be no confidence that funding would be made available for this.**

The confirmed monthly funding for the Trust, is as follows:

- Block - £47,068k
- Top up - £6,350k
- **Total - £53,418k**

Risks

The key risk is that the guidance is not rigorously implemented and that expenditure outside the expected run rate is incurred. This would not be funded as part of the 'true-up' and our cash stability and reputation would be compromised.

It is therefore imperative that robust controls over expenditure are enforced and that the budget principles are clear to all budget holders and wider teams.

Procurement Policy notes PPN 02/20 – Supplier relief due to COVID-19 until 30 June 2020

This sets out guidance on the payment of suppliers to ensure service continuity during and after the COVID-19 pandemic. It includes a requirement to introduce appropriate payment measures to support supplier cash flow and pay promptly – with a seven day target.

We have not relaxed any payment controls, we paid all properly authorised invoices as at 31 March, and continue to pay all properly approved invoices as soon as they are available. We have increased our payment runs to suppliers to twice a week to support this initiative.

Next steps:

Ensure that the budget principles are clearly understood by budget holders.

Ensure that expenditure approval processes and controls are rigorously applied.

Ensure that all COVID-19 expenditure is routed through the COVID-19 financial governance process for approval.

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendices

Norfolk and Norwich University Hospitals NHS Foundation Trust

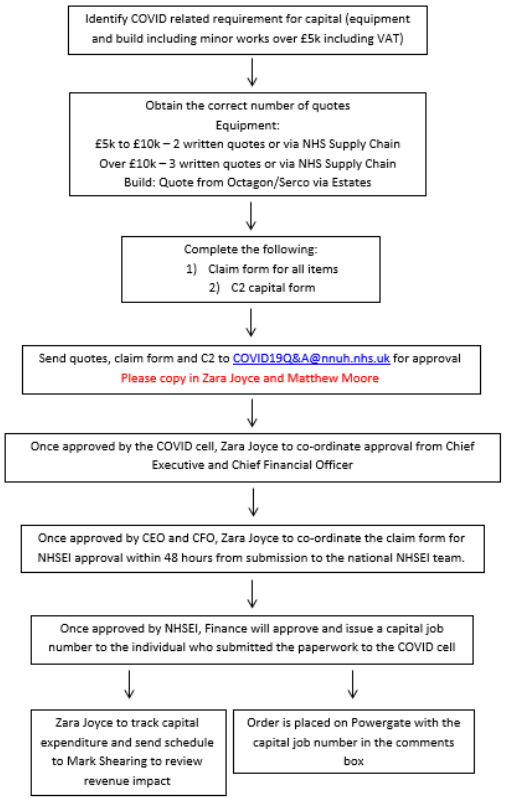
Appendix 1 – Financial Governance and Capital Processes

Maintenance of financial control remains critical during the NHS response to COVID-19 and all NHS organisations are expected to continue to comply with legal responsibilities and other related guidance.

In addition to a number of revisions to financial governance outlined within the main body of this report, the Trust has developed a formal approval process for COVID-19 related capital expenditure, to be compliant with the NHSE/I guidance issued on 27 March 2020.

Note: Guidance issued on 7 May 2020 requires ALL capital expenditure bids to be pre approved by NHSE/I, regardless of value. The process below complies with the updated guidance.

Process for COVID capital
All bids require NHSEI approval before expenditure is incurred.
Failure to obtain pre-approval will result in expenditure scoring against the STP capital allocation



Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 2 – Breakdown of Non Recurrent Month 12 Income & Costs and Pre COVID Approved Cost Pressure Bridging Items

The table below outlines the composition of the Non Recurrent Month 12 Income & Costs bridging item. These are items which have been removed from the plan to develop an underlying run rate to drive the calculation of the monthly operating plan:

Non Recurrent Month 12 Income & Costs	Month 12 Total £'000
FRF/MRET/PSF Funding	758
Clinical Research and Trials Unit (CRTU) Impairment	(324)
CCG & NHSE/I Challenges	(862)
Overseas Nursing Costs	(556)
High Cost Drugs Recovery Risk	(214)
Bad Debt Risk	(1,197)
HR Liabilities	(2,050)
Acute Service Integration	(1,513)
Private Patient Income – TPW Ltd Impairment	(1,832)
YTD Pricing Correction	503
Aylsham Suite Purchase Adjustment	658
GRNI >6 Months Movement	(400)
EPMA Project Closedown	(350)
Robot Impairment	(550)
Other Small Items	(1,201)
Total	**(9,130)**

The table below outlines the composition of the pre COVID approved cost pressures within Section 2b. These are items which were approved after the period utilised by NHSE/I to calculate the Trust's average winter run rate which has driven the monthly block income the Trust is receiving during April to July 2020, but were approved before the COVID financial rules came into effect.

Unavoidable Cost Pressures	Total £'000
Fund end of FTCs - cancer alliance	36
Cessation of Cambridge Community Service	(672)
Transfer of Community Dietetic Service to NCHC	(176)
AfC Band Uplifts	12
AP Transfer In House	64
CNST Maternity Rebate End	160
Apprenticeship & Armed Forces Income End	64
Yr3 Local CEA's	180
20/21 Capital programme	84
Transformation and Integration Director	54
Professional Fees LSI, QI Development, Estates Strategy	54
Sub Total	**(141)**

FY20/21 Service Developments – Commenced in Q4 FY19/20	Total £'000
Physician of the Day rota	56
Nuclear Medicine Business Case	248
Electronic Document Management System	122
E-Observation System	140
Sub Total	**(525)**

Total	425

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 3 – Breakdown of Held Month 1-4 Service Developments Bridging Item

A number of Service Developments have been held across April to July 2020 due to them being outside of COVID-19 financial approval guidance. The detailed list can be seen within the table below.

	Apr-July 20 Draft Operating Plan £'000
Medicine	
4 new Cath Lab Pacing lists	196
Gastroenterology activity increase	188
Heart Failure Specialist Nursing Team	112
Drugs	197
Mobile Cancer Care Unit (MCCU) consumables	5
Oncology consultant Radiographer	3
Radiotherapy Radiographer additional resource	18
Medipass - Aria Licences	33
Additional Ward nursing, including mental health Guis	856
Physician of the Day rota	57
WLI	72
Medicine Total	**1,738**
Surgery	
Non-Pay costs for additional activity	924
Fund end of FTCs - cancer alliance	17
ACCP uplift B7 to 8a	10
Review of in-patient ward areas nurse staffing	83
Review of CCC nurse staffing	97
Recruitment of Trainee nurse associates	67
1% growth of drugs usage	33
WLI/NAG	667
Surgery Total	**1,897**
Women's & Children's	
Surgical specialist nurse	91
Drugs	12
WLI	102
Women's & Children's Total	**205**

	Apr-July 20 Draft Operating Plan £'000
Clinical Support Services	
Pharmacy BAU Growth	57
Radiologist WLI	160
EPA Agency	213
Cessation of Cambridge Community Service	-672
Phlebotomist Business Case	40
EPA Activity Growth	117
Transfer of Community Dietetic Service to NCHC	-180
Nuclear Medicine Business Case - Recurrent Costs	22
Uplift EPA Training Manager to full time	4
Training Post - Biochemistry	11
Nuclear Medicine Business Case - Non-Pay Costs	224
Digital Histopathology	18
ICNet Software	21
Increase in Chaplaincy Staffing	3
Additional Histology Lab Staff	4
Lutetium Business Case	264
Other	29
Clinical Supply Services Total	**334**
Emergency & Urgent Care	
Locum Premium	567
Additional Tier 1 & 2 Posts	28
Med & Surg usage in line with activity growth	27
Add. Training Budget	9
Increase discharge co-ordinators	22
Increase site manager WTE	7
2x Safety Nurse within ED each shift	94
Emergency & Urgent Care Total	**752**

	Apr-July 20 Draft Operating Plan £'000
Corporate	
Accounts Payable	102
Additional HR Support	31
Overseas Nursing	425
CNST Reduction in income	159
Macmillan Practitioners	20
Media Manager Uplift band 5 to 8a	5
Transformation and Integration Director	46
Graduate Trainee substantive role	10
Planned care programme	46
Professional Fees LSI, QI Development, Estates	50
Facilities SMT	28
Apprenticeship & Armed Forces Scheme	65
Additional PAs	5
2 8A post and B7 Falls lead	20
2 x Band 2's and 0.43 WTE Band 3	10
Increase Stores Team	12
Health and Wellbeing scheme	35
Complaints Team	16
Temporary Staffing Manager	39
New Clinical Bank Lead	21
Financial Management	20
Beds project Manager	27
Corporate Total	**1,192**
Other	
Local CEA's	188
Failsafe	33
IT Equip Refresh	42
EDMS	139
Nurse Degree Apprentices	62
Depreciation	1,177
EOBS	166
R&D	-8
Other Total	**1,799**
Total	**7,916**

Norfolk and Norwich University Hospitals NHS Foundation Trust

Appendix 4 – Bank, Agency & Break Glass Process

STEP BY STEP PROCESS

6 – 8 WEEKS PRIOR TO SHIFT

1. • Ward / Department Manager completes roster and prepares for full approval by Matron ensuring a Health-Roster note is added for justifications required.
2. • Matron ensures roster is safe and effective and will either fully approve or reject.
   • Monthly Look Ahead template to be completed
3. • Ward / Department Manager to release shifts for Temporary Staff fulfilment.

4 - 6 WEEKS PRIOR TO SHIFT

4. •DND to liaise with Nurse Bank; discussing exception areas (updated on Look ahead template) (based on the rosters published 6 weeks in advance)
   •**4 weeks**: Nurse Bank to then place shifts out to **Tier 1 Agencies** (block bookings at NHSi capped rates only.) *Temporary Staff will still be able to book these*

3 – 4 WEEKS PRIOR TO SHIFT

5. •Ward / Department Managers to review roster and update Matron / Senior Matron with shortfalls.
   • **3 weeks** - Nurse bank to update DND with Agency fill rate

2 WEEKS PRIOR TO SHIFT

6. • **2 weeks : Tier 2 Agencies** given access to all shifts at 2 weeks - for NHSi capped rate bookings. (All bookings placed via the NNUH temporary staffing team.)

1 WEEK PRIOR TO SHIFT

7. •'Look Ahead' meetings arranged and chaired by DND's / Senior Matrons and supported by DoD's. 'Look Ahead Template' completion and identity of Overtime and Tier 3 shift s.

5 DAYS PRIOR TO SHIFT

8. •Overtime to be offered with Matron / Senior Matron approval and added to Health-Roster with an authorisation note - making sure this is NOT added before the 5 days

4 DAYS – 6 HRS PRIOR TO SHIFT

9. •**Ward / Department Manager completes section A** of the BreakGlass Form, **Matron to complete section B** and forward to DND for final authorisation (EoC for OOH)

10. • **DND** contacts nurse bank and forwards BreakGlass email with 'Authorised' to **Break Glass Escalation Email** - Making sure the request is valid AND not before 4 days.
    • Nurse bank to contact **Tier 3 Agencies** and inform Matrons of Fill.

OOH – Duty Matron or Site Matron to follow 'Matrons Action Card' and complete step 9; send to exec on call (CC in all DNDs and senior matron for that area) – who will then forward (+ reply all) to Nurse Bank via Break Glass Escalation Email with 'Authorised'

Integrated Performance Report (Finance, Performance and Productivity Metrics)

May 2020 (April 2020 data)

INTEGRATED PERFORMANCE REPORT

ED Performance

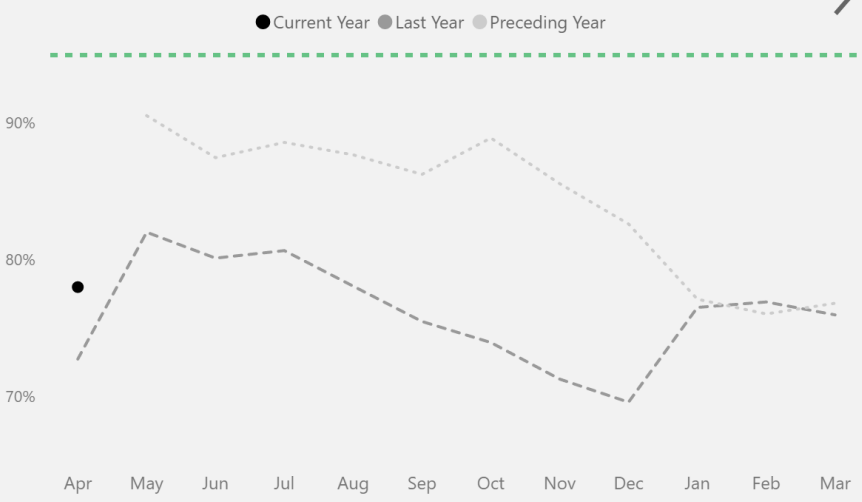
Chief Operating Officer
Chris Cobb

NNUH Digital Health business intelligence

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

Month Selector
Most Recent

ED 4Hr Access Target - Combined



ED Combined Performance

Month	2019	2020
April	72.8%	78.0%

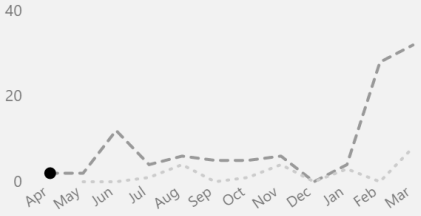
12 Hour Breaches

M	2019	2020
Apr	2	2

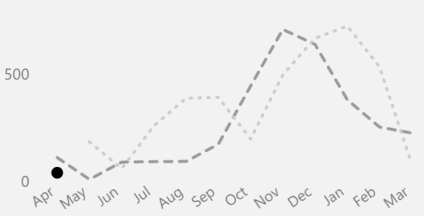
Ambulance Handovers

M	2019	2020
Apr	113	42

12 Hour Breaches



Ambulance Handovers (60+mins)



Data Observations

4h performance was at 74.0% (78.0% combined), an improvement on March's 66.5% (76.0% combined).
Paediatric 4h performance was 98.0%, an improvement on March's 90.7%, and a 12-month high.
Minors' 4h performance was 90.0% in April, an improvement on 84.9% in March, and a 12-month high.
There were 2 12-hour breaches in April, both patients were waiting for an acute bed at NNUH.
The daily average number of Ambulance conveyances in April was 102, in line with March's average of 103. Prior to March the daily average was relatively static at 132 a day.
Conversion rate was 35.6%, an increase from 27.8 % in March, and a historic high.
43.9% of ED attenders had an initial assessment within 15 min, and 42.1% of attenders were treated within 60 minutes. This is a 12-month high for these ED quality measures.

Management Comments and Actions

Performance in April was significantly impacted by COVID. There were a number of challenges including splitting the department to provide separate areas for symptomatic and non-symptomatic patients. This meant that we also had to provide separate staffing as they would be unable to move between areas. Compounding this was the outcome of COVID19 risk assessments for a number of staff that meant some senior decision makers were not able to be patient facing. The requirement to allocate wards on the basis of symptoms and the time for results to be available reduced flow out of ED. This is demonstrated by the improved ED Quality Measures for initial assessment and treatment time in under 60 minutes not corresponding with the 4hour performance. The ED also introduced EPMA at this time which would support removal of paper and reduce risk of COVID transmission.

INTEGRATED PERFORMANCE REPORT

Patient Flow

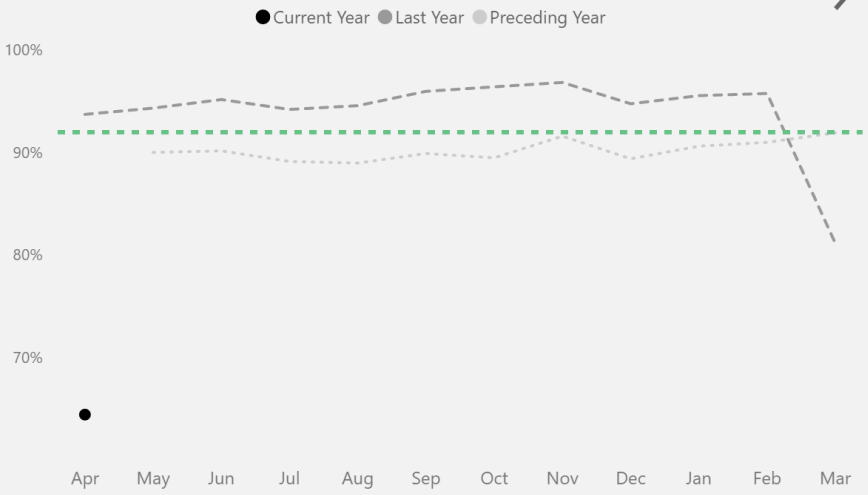
Chief Operating Officer
Chris Cobb

NNUH Digital Health
business intelligence

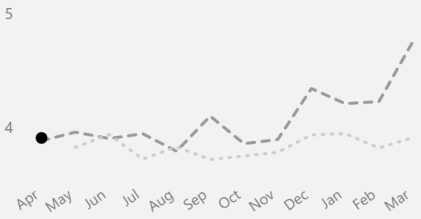
Bed occupancy gives an indication of the pressures faced by the hospital and its capacity to accommodate variations in demand and ensure that patients can flow through the system. The target is to keep occupancy below 92%. Please note that bed occupancy reporting was changed from 01/04/2019, to capture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

Month Selector
Most Recent

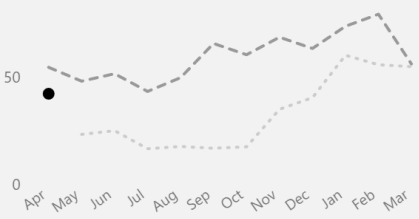
Bed Occupancy Rate (GAB & ESC)



Avg. Length of Stay (Inc. 0 LoS)



Avg. Patients Boarding



Bed Occupancy Rate

Month	2019	2020
April	93.7%	64.5%

Avg. LoS (Inc. 0)

M	2019	2020
Apr	3.9	3.9

Avg. Patients Boarding

M	2019	2020
Apr	55.0	42.6

Data Observations

Bed occupancy rate in April dropped to a record low of 64.5%, from 81.2% in March.

The average length of stay including 0 LoS was 3.9 days in April, a drop from 4.8 days in March. This is in line with the relatively static LoS of 3.9 days before March.

On average, there were 45 patients with a length of stay of greater than 21 days each day in April, down from an average of 121 in March.

The average number of boarders per day in April was 43, a decrease from 57 in March.

The daily average number of delayed transfers of care patients in April was 12, a decrease from 38 in March. This is much lower than the previous 12-month range of 28 – 44 patients.

Management Comments and Actions

The response from community providers enabled the significant reduction in DTOC patients and maintained a limited number of Medically fit patients within the Acute bed base. These were patients that needed specialist placement and had CCG support. The Discharge team increased their operating hours to 8-8 7 days a week and the Discharge Co-ordinators were allocated to be part of the ward team. However, 100 beds per day were required to accomodate patients awaiting COVID test results. The majority of these patients tested negatively and had to be relocated to a negative bed in the late evening.

INTEGRATED PERFORMANCE REPORT

Theatre Utilisation

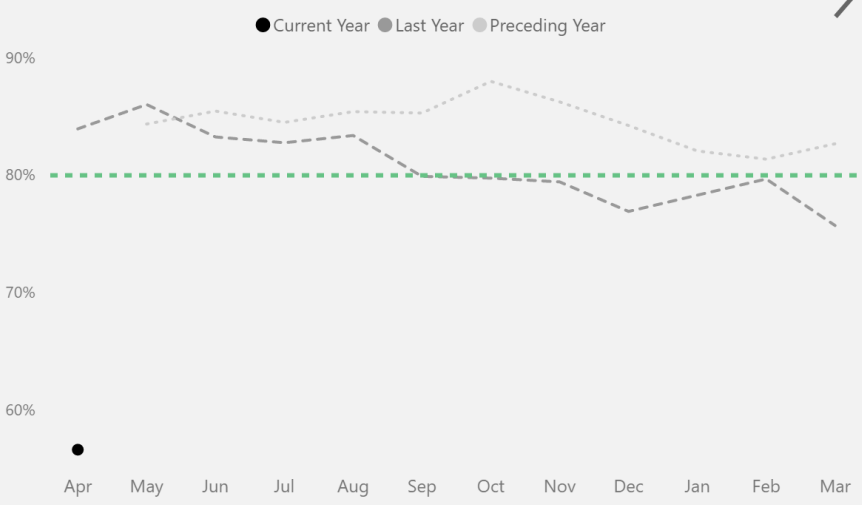
Chief Operating Officer
Chris Cobb

NNUH Digital Health
business intelligence

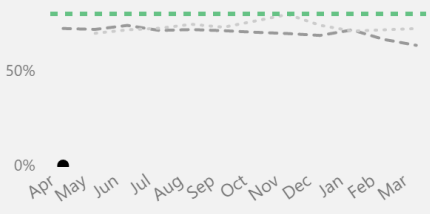
Utilisation is a measure of how efficiently the trust is using its Theatres, looking at operative minutes as a percentage of total planned operation time. Increased use of the planned operation times leads to better use of staff resource, improved patient experience and improved management of elective lists. The cancellations metric monitors operations cancelled for clinical or non-clinical reasons within 3 days of the scheduled date.

Month Selector
Most Recent

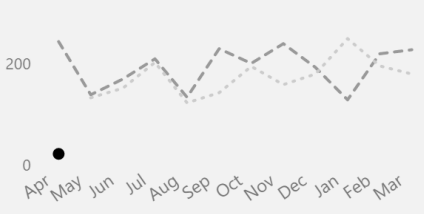
Main Theatre Utilisation



DPU Theatre Utilisation



Cancellations



Main Theatre Utilisation

Month	2019	2020
April	84.0%	56.6%

DPU Theatre Utilisation

M	2019	2020
Apr	72.3%	0.0%

Cancellations

M	2019	2020
Apr	245	23

Data Observations

Main's theatre utilization in April was 56.6%, a drop from 75.7% in March and the lowest on record.

DPU was not used in April, as per COVID 19 plan.

There were 23 short notice (cancelled within 3 days of the scheduled date) cancellations in April. 65% of cases were cancelled due non-clinical reasons, 35% due to clinical reasons.

Management Comments and Actions

Following guidance from NHS England on 17th March all non-urgent elective activity was halted which has had a significant detrimental impact on theatre utilisation. The requirement to segregate symptomatic and asymptomatic patients has meant that DPU has been repurposed as 'yellow' ED and thus utilisation for this area is at 0% for April. Main Theatre 56% utilisation reflecting significantly increased turnaround times to support don/doff protocols and reduced clinical throughput. Cancellation volume reduced in line with reduced total activity. Spire was utilised for cancer and urgent cases. As part of the restoration plan, 'yellow' ED will be moved out of DPU in order to restart procedures within this footprint.

INTEGRATED PERFORMANCE REPORT

RTT Performance

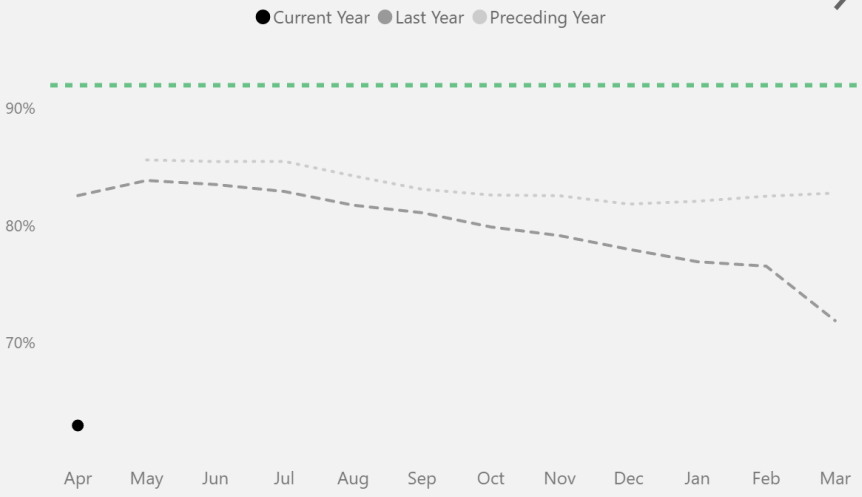
Chief Operating Officer
Chris Cobb

NNUH Digital Health business intelligence

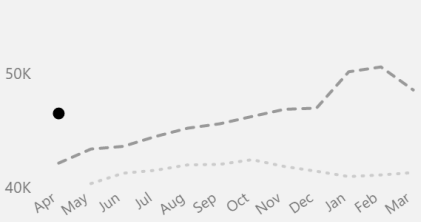
The RTT key performance indicator measures how trusts are delivering on a patient's right to receive treatment within 18 weeks of being referred to a consultant-led service. The standard is that at least 92% of patients should be treated within this timeframe. This standard has not been met since October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

Month Selector
Most Recent

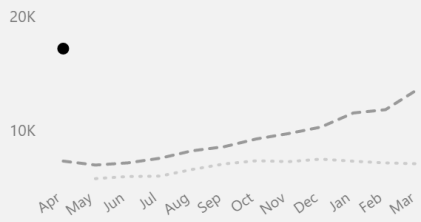
RTT Performance



Waitlist Size



Backlog



RTT Performance

Month	2019	2020
April	82.6%	63.0%

Waiting List

M	2019	2020
Apr	42,162	46,520

Backlog

M	2019	2020
Apr	7,338	17,213

Data Observations

Compliance with national directive for COVID-19 has caused significant disruption across all elective pathways. All routine pathways were stopped which has resulted in an RTT position of 60%, with 2,379 waiting more than 40 weeks and 336 patients waiting more than 52 weeks. Clinical teams were repurposed from routine elective work to support the ward environment for both COVID and non COVID wards.

Management Comments and Actions

Following guidance from NHS England on 17th March all non-urgent elective activity was halted which has had a major impact on RTT performance. A joint agreement with CCGs also meant that routine referrals from GPs were not received by the NNUH. Urgent and 2WW referrals were still accepted and arrangements made to see these virtually. All referral pathways reopened in early May and will be phased back in accordance with national guidance. The primary focus are clinically urgent, cancer, and time critical patients. Outpatient activity is being delivered as non-face to face where possible and the use of advice and guidance is being promoted. Multiple services are coming back online over the next 4 weeks in line with restoration plans to return to business as usual where possible from August 2020.
PPE supply and the requirements for household isolation and pre-assessment swabbing are being considered as constraints to delivery.

INTEGRATED PERFORMANCE REPORT

DM01 Diagnostics

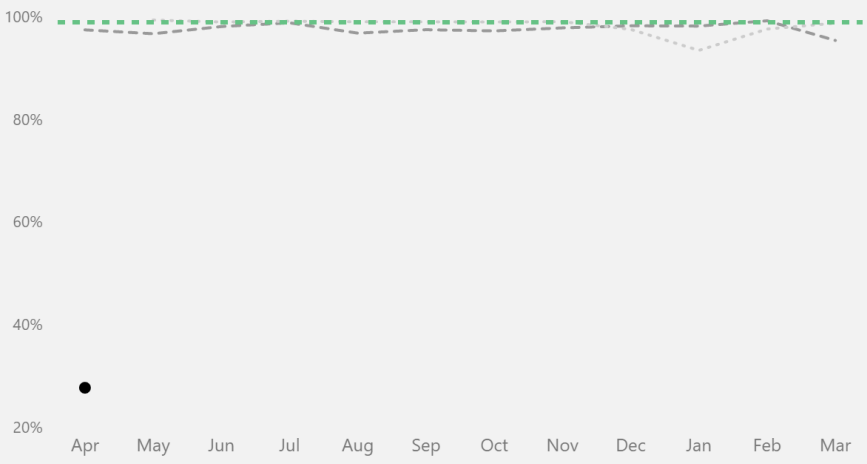
Chief Operating Officer
Chris Cobb

NNUH Digital Health
business intelligence

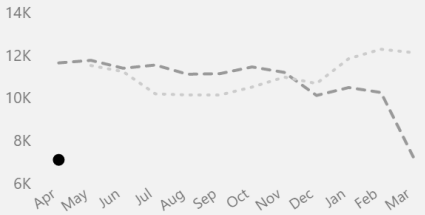
The DM01 key performance indicator measures how trusts are delivering on a patient's right to receive certain diagnostic tests within 6 weeks of the clinical decision that the test was required. The standard is that at least 99% of patients should be treated within this timeframe. We typically meet this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

Month Selector
Most Recent

Diagnostic Performance



Waiting List



Breaches

Diagnostic Performance		
Month	2019	2020
April	97.5%	27.8%

Waiting List		
M	2019	2020
Apr	11,656	7,119

Breaches		
M	2019	2020
Apr	290	5,142

Data Observations

Compliance with national directive for COVID-19 has caused significant disruption across all elective pathways. All routine pathways were stopped which has resulted in a DM01 position of 28%. Clinical teams were repurposed from routine elective work to support the ward environment for both COVID and non COVID wards.

Management Comments and Actions

Following correspondence from Simon Stevens on 29th April 2020, we are currently working to implement phase II of the NHS COVID response. The primary focus are clinically urgent, cancer, and time critical patients. We are reintroducing some outpatient activity delivered as non-face to face whilst also promoting the use of advice and guidance. Multiple services are coming back online over the next 4 weeks in line with restoration plans to return to business as usual where possible from August 2020.
PPE supply and the requirements for household isolation and pre-assessment swabbing are being considered as constraints to delivery.
Spire will continue NHS work until the end of June with options being considered beyond this point.

INTEGRATED PERFORMANCE REPORT

Cancer Performance: 2ww

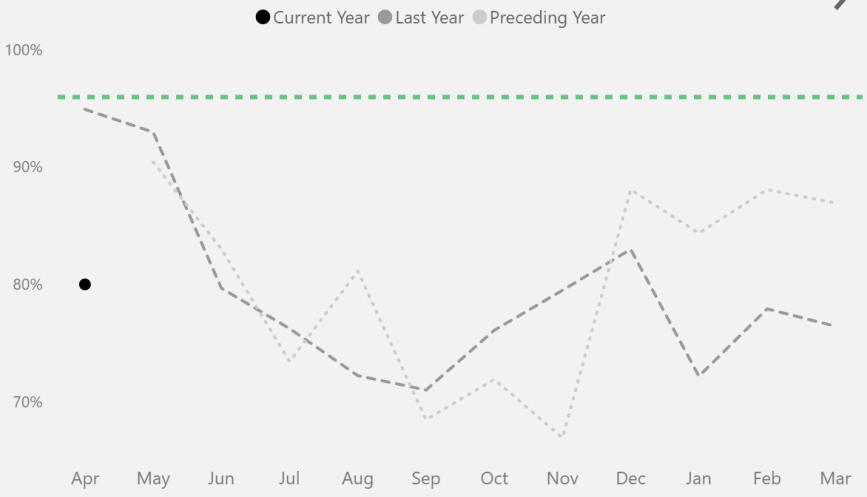
Chief Operating Officer
Chris Cobb

NNUH Digital Health business intelligence

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

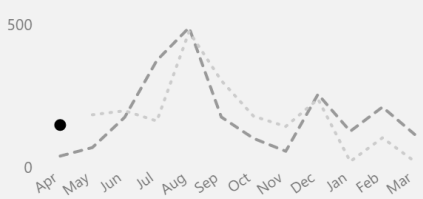
Month Selector
Most Recent

2 Week Wait Performance



Waiting List

Backlog



2ww Performance

Month	2019	2020
April	94.9%	80.0%

Waiting List

M	2019	2020
Apr	719	517

Backlog

M	2019	2020
Apr	41	150

Data Observations

There has been a sharp decrease in 2WW referrals received throughout April, from 2420 (Feb 20) to 1057 (Apr 20). There has been a corresponding decrease in 2WW activity at NNUH, from 2152 (Mar 20) to 843 (Apr 20), whilst the conversion rate has increased from 8.1% (Feb 20) to 18.0% (Apr 20).
The NNUH waiting list decreased from 1150 (Feb 20) to 505 (Mar 20), and has remained steady at 517 (Apr 20). The backlog decreased between Feb 20 (213) and Mar 20 (117), and has increased to 150 (Apr 20). This is all due to COVID-19.
Provisional April data shows an increase in performance for NNUH to 80.1%, and for all trusts combined to 80%.
Please note we are currently in the process of combining the NNUH data with the Acute Service Integration sites. Weekly snapshots of the ASI position (currently 15/05/2020) are available within the detailed cancer pages of this report, and this page will be updated to show combined data in due course.

Management Comments and Actions

A sharp decline in 2ww referrals due to the current COVID-19 pandemic. All bodysites are providing telephone triage for referrals which has been reflected in an improvement in performance to 80%.

Current backlog of patients awaiting appointment is predominantly in Lower GI and Upper GI due to the restriction on Endoscopic procedures due to National Guidance. Plans are in place to re-commence some Endoscopy work by the end of May.

INTEGRATED PERFORMANCE REPORT

Cancer Performance: 31 Day

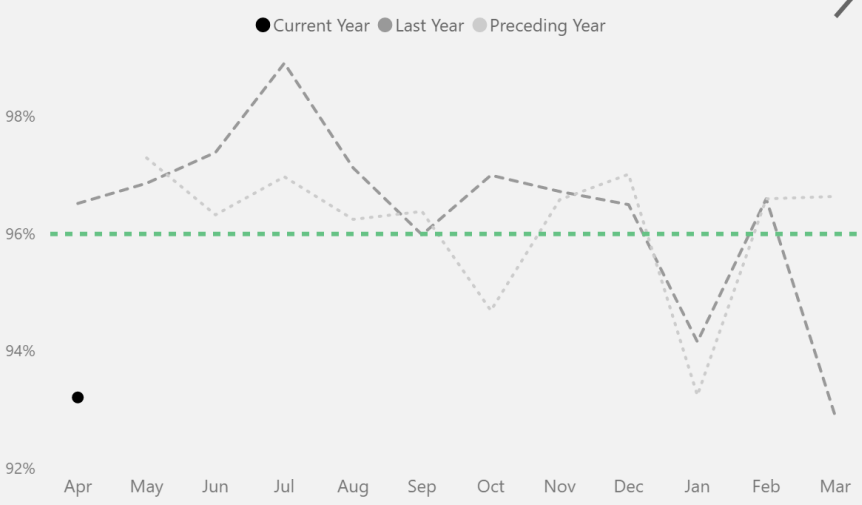
Chief Operating Officer
Chris Cobb

NNUH Digital Health business intelligence

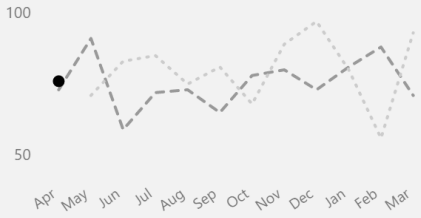
The 31 Day Treatment Standards monitor the trust against the delivery of definitive cancer treatments within 31 days of a decision to treat. For a First Definitive Treatment, 96% of patients should receive their treatment within this timeframe. Subsequent treatments are also monitored, with targets for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

Month Selector
Most Recent

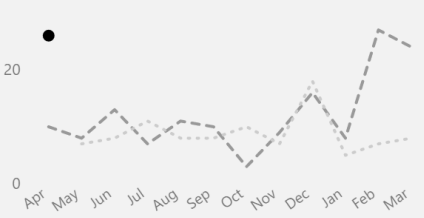
31 Day First Performance



Waiting List



Backlog



31 Day Performance

Month	2019	2020
April	96.5%	93.2%

Waiting List

M	2019	2020
Apr	73	76

Backlog

M	2019	2020
Apr	10	26

Data Observations

Provisional April data shows that there has been a reduction in 31 Day activity at NNUH, from 424 (Mar 20) to 261 (Apr 20). Performance at NNUH declined between Feb 20 (96.6%) and Mar 20 (92.2%), and has shown an increase to 93.9%. For all trusts combined, provisional April performance is 93.7%.
The NNUH waiting list has remained steady at 76 (Apr 20) compared to 71 (Mar 20), and the backlog is 26 (Apr) compared to 24 (Mar 20). The backlog has remained steady between Feb 20 and Apr 20, following on from an increase from 8 (Jan 20) to 27 (Feb 20).
Please note we are currently in the process of combining the NNUH data with the Acute Service Integration sites. Weekly snapshots of the ASI position (currently 15/05/2020) are available within the detailed cancer pages of this report, and this page will be updated to show combined data in due course.

Management Comments and Actions

Decline in performance in April to 93.9%, mainly due to deferment of some treatments due to application of national guidance.

We will expect the waiting list size to increase as patients who have currently been deferred on their diagnostic phase of their pathway are being seen as we restore services. This increase will be managed as part of the restoration plan.

INTEGRATED PERFORMANCE REPORT

Cancer Performance: 62 Day

Chief Operating Officer
Chris Cobb

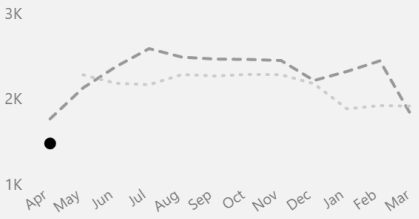
NNUH Digital Health business intelligence

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

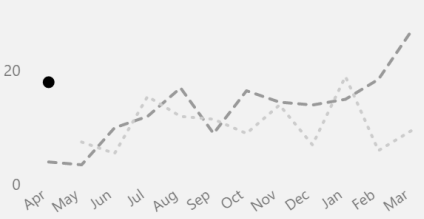
Month Selector
Most Recent

62 Day GP Performance

Waiting List



104+ Day Waiters



62 Day Performance

Month	2019	2020
April	76.0%	59.9%

Waiting List

M	2019	2020
Apr	1,771	1,483

104+ Day Waiters

M	2019	2020
Apr	4	18

Data Observations

Provisional April data shows a continued decline in NNUH performance to 59.9%, and to 59.7% for all trusts combined. The NNUH waiting list has decreased from 1779 (Mar 20) to 1483 (Apr 20), reflecting the change in 2WW referrals. With the addition of ENT and Urology at JPUH, and Urology at QEH, the combined waiting list size was 1706 (Apr 20).
The backlog at NNUH has increased from 171 (Mar 20) to 297 (Apr 20) and the 104 day waits has decreased from 27 (Mar 20) to 18 (Apr 20).
Please note we are currently in the process of combining the NNUH data with the Acute Service Integration sites. Weekly snapshots of the ASI position (currently 15/05/2020) are available within the detailed cancer pages of this report, and this page will be updated to show combined data in due course.

Management Comments and Actions

The month of April has shown a further decrease in performance to below 60%. Mainly due to only providing intervention on Urgent Cancer patients as per National Guidance as part of the response to the COVID-19 pandemic.

The main increases in the 62 day backlog are in Lower GI (Delays to Endoscopy) and Skin (Deferment of low priority skin cancers and patient choice). Other bodysites have had small increases in their backlogs.

Services are currently working through their restoration plans with a view to ensuring patients are seen in order of clinical priority.

INTEGRATED PERFORMANCE REPORT

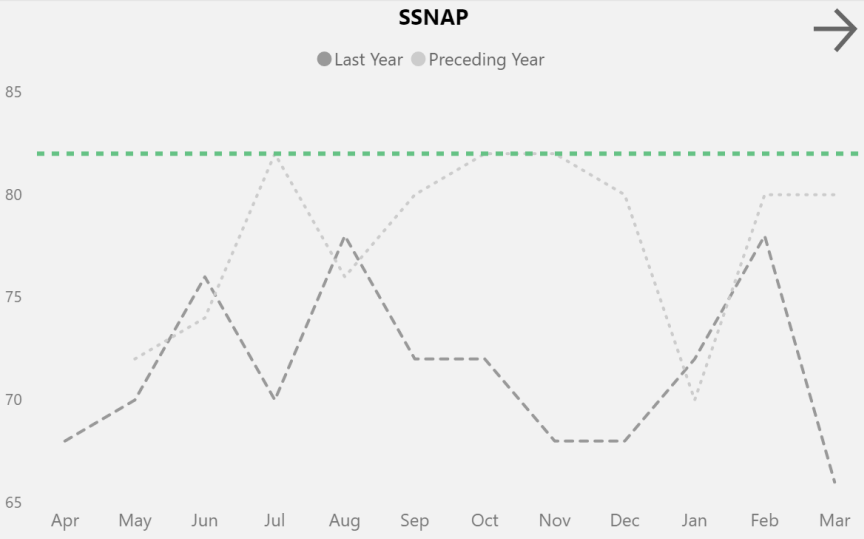
Stroke

Chief Operating Officer
Chris Cobb

NNUH Digital Health business intelligence

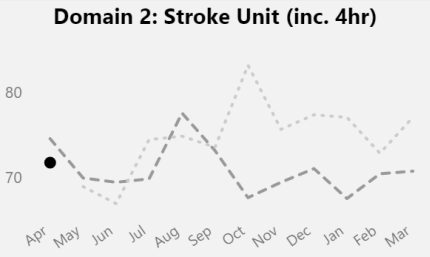
Stroke's key standard, Sentinel Stroke National Audit Programme (SSNAP), measures the quality and organisation of stroke care within the Trust. SSNAP considers 10 distinct domains. Domain 2 shown below focuses on the Stroke Unit, including admission within 4hrs. Domain 3 is based on Thrombolysis, including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

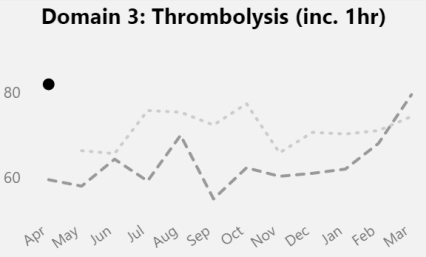
Month Selector
Most Recent



Month	MetricName	2019	2020
April	SSNAP - Score	68	
	Domain 2 - Score	75	72
	Domain 3 - Score	60	82

Month	MetricName	2019	2020
April	SSNAP - Grade	C	n/a
	Domain 2 - Grade	C	C
	Domain 3 - Grade	D	C





Data Observations	Management Comments and Actions
SSNAP reporting was suspended from April 2020 onwards due to COVID-19. Therefore only domains 1-3 and 10 have been reported on. Overall rating of a C due to a C rating in the scanning, admission to stroke unit, and thrombolysis domain. Domain 10, discharge process, achieved an A rating.	Usual access routes to HASU and ASU have been disrupted due to COVID-19. Stroke team have attempted to maintain adequate capacity and flow and continue to protect Stroke admission bed and restore elements of service which have been disrupted.

INTEGRATED PERFORMANCE REPORT

Cardiology

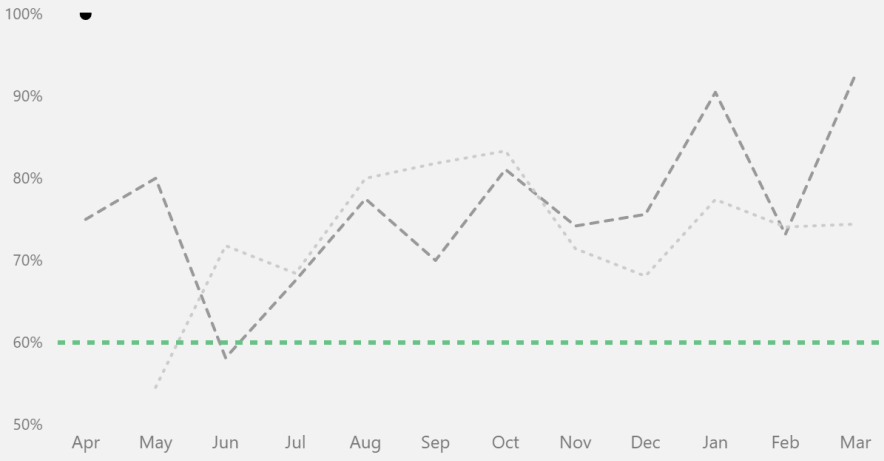
Chief Operating Officer
Chris Cobb

NNUH Digital Health business intelligence

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

Month Selector
Most Recent

NSTEMI

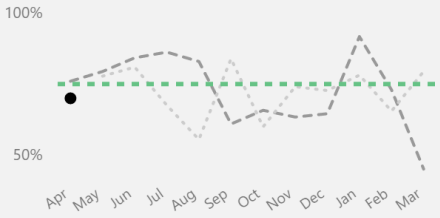


NSTEMI		
Month	2019	2020
April	75.0%	100.0%

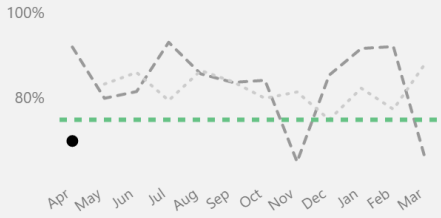
Call to Balloon		
M	2019	2020
Apr	76.0%	70.0%

Door to Balloon		
M	2019	2020
Apr	92.0%	70.0%

Call to Balloon



Door to Balloon



Data Observations

NSTEMI to procedure < 72 hrs – 100% achieved for the 23 patients in this group. Fewer elective patients enabled team to deliver this.
PPCI door to balloon < 150 mins - Achieved for 21 out of 30 patients. 5 patients needed further assessment on arrival, 2 patients has suspected COVID 19 causing delays (donning) and in 4 patients there were pre arrival hold ups.
PPCI call to balloon <60 mins - Achieved for 21 out of 30 patients. 6 patients in this group needed further investigation on arrival. 2 patients were delayed due to the labs already being in use, and 2 patients had short pre arrival activation times.

Management Comments and Actions

Some inefficiencies have been experienced due to disruptions caused by COVID-19. PPCI call to balloon < 150 mins – Consultant team reviewing all patient pathways in this group to identify and share any learning. Team improving preparation for and treatment of suspected COVID – 19 patients.
PPCI door to balloon <60 mins - This relates to the same group of patient as call to balloon. Consultant team reviewing all patient pathways in this group to identify and share any learning. Team improving preparation for and treatment of suspected COVID – 19 patients. Consultants to construct online training for Eeast to improve ambulance on scene times.

INTEGRATED PERFORMANCE REPORT

Plan vs Activity: Admitted

Chief Operating Officer
Chris Cobb

NNUH Digital Health business intelligence

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

Month Selector
Most Recent

Daycase Elective

Inpatient Elective

Non-Elective Discharge

Daycase Elective

Measure	Apr
Current Year - Activity	3,044
Current Year - Plan	7,919
Last Year - Activity	7,481

Inpatient Elective

Measure	Apr
Current Year - Activity	184
Current Year - Plan	942
Last Year - Activity	955

Non-Elective Discharges

Measure	Apr
Current Year - Activity	3,518
Current Year - Plan	4,871
Last Year - Activity	5,435

Data Observations

Day Case

There were a total of 2,749 day cases in April 2020, which equates to ~40% of average number of day cases seen in 2019/20.

Elective Inpatient

There were just 184 elective inpatient spells in April 2020 which equates to ~20% of average number of spells in 2019/20.

Non Elective Inpatient

There were 3,518 non-elective spells (total figure, including maternity) in April 2020 which equates to ~65% of average number of spells in 2019/20.

Management Comments and Actions

With the introduction of national blocking funding as result of the Covid-19 pandemic, these arrangements supersede the historic work to produce detailed activity plans for 2020/21 before these were finalised and signed off, therefore whilst actual activity reports have been prepared, these will not be used for formal performance management. Some general comments are therefore provided for information only.

INTEGRATED PERFORMANCE REPORT

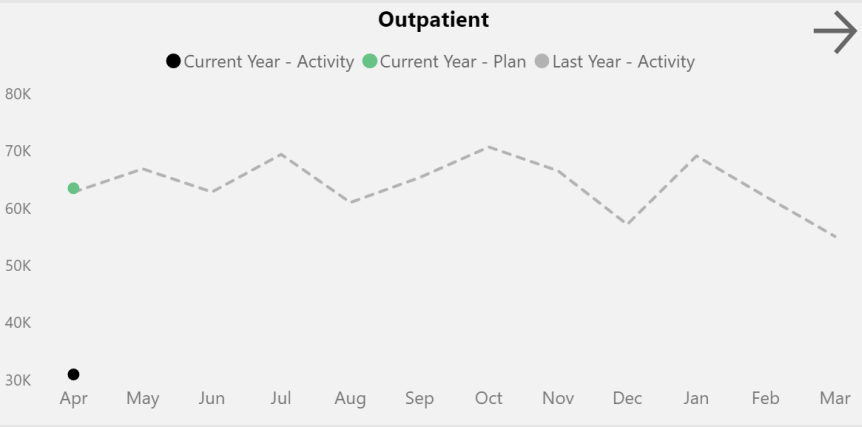
Plan vs Activity: Non-Admitted

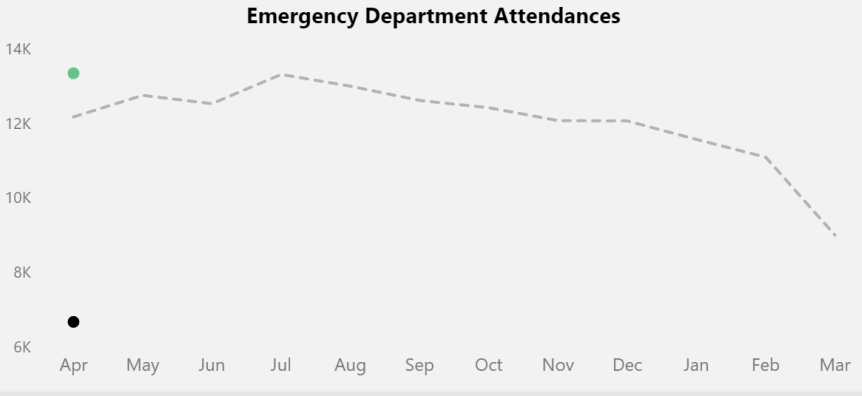
Chief Operating Officer
Chris Cobb

NNUH Digital Health
business intelligence

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

Month Selector
Most Recent





Outpatient

Measure	Apr
Current Year - Activity	31,034
Current Year - Plan	63,554
Last Year - Activity	62,872

Emergency Department

Measure	Apr
Current Year - Activity	6,679
Current Year - Plan	13,350
Last Year - Activity	12,181

Data Observations

Outpatient – Consultant Led New
There were 6.140 new consultant led appointments in April 2020, which is ~35% of average number of appointments in 2019/20. Of the 6,140 appointments 1,419 [23%] were recorded as non face to face appointments, compared to an average of 888 [5%] in 2019/20.
Outpatient – Consultant Led Follow Up
There were 19,634 follow up consultant led appointments in April 2020, which is ~50% of average number of appointments in 2019/20. Of the 19,634 appointments 8,423 [43%] were recorded as non face to face appointments, compared to an average of 3,500 [9%] in 2019/20.
Outpatient – Non Consultant Led
There were 5,260 non-consultant led follow up appointments in April 2020, which is ~55% of average number of appointments in 2019/20. Of the 5,260 appointments 3,012 [57%] were recorded as non face to face appointments, compared to an average of 1,130 [12%] in 2019/20.

Management Comments and Actions

With the introduction of national blocking funding as result of the Covid-19 pandemic, these arrangements supersede the historic work to produce detailed activity plans for 2020/21 before these were finalised and signed off, therefore whilst actual activity reports have been prepared, these will not be used for formal performance management. Some general comments are therefore provided for information only.

Core Slide 38

Finance - Lead Director Roy Clarke

Executive Summary - Month 1-4 Operating Plan

Context: On the 17th March, Sir Simon Stevens – NHS Chief Executive wrote to all Trusts outlining the 'next steps on the NHS Response to COVID-19. The 'next steps' included the suspension of the operational planning process for FY20/21 and a fundamental shift in financial governance and business rules within the NHS for an initial period of 1st April 2020 to 31st July 2020.

Funding: As part of the NHS response to COVID-19 all providers will move to a block contract, receive a 'top-up' and also a 'true-up' as required in order to provide sufficient funds for providers to deliver a breakeven position. The baseline expenditure supporting the funding calculation is the average winter run rate across months 8-10, uplifted for inflation.

Trust Plan: for this period is based on M12 actual expenditure and non-clinical income, adjusted for non-recurrent and full year effect items and also for the actual position for April 2020 as this is now known. Clinical income and top-up income has been set to agree with the actual amounts being provided by NHSE/I.

The Plan developed creates a deficit of £2.67m against the NHSE/I monitoring plan. This is before any COVID-19 revenue costs. The deficit after estimated COVID-19 revenue costs is £11.63m.

The Trust plan against the NHSE/I plan can be seen on the table below:

	NHSE/I M1-4 Plan £'000	Trust M1-4 Plan £'000s	Variance £'000
NHSE/I Block & Top-Up Income	213,672	213,672	-
Other Income	26,808	24,370	(2,438)
Total Operating Income	**240,480**	**238,042**	**(2,438)**
Pay	(134,581)	(136,410)	(1,829)
Drugs	(27,137)	(25,466)	1,671
Non Pay	(64,179)	(64,004)	175
Total Operating Expenditure	**(225,897)**	**(225,880)**	**17**
EBITDA	**14,583**	**12,163**	**(2,421)**
Non OPEX	(14,583)	(14,833)	(250)
(Deficit) / Surplus	**-**	**(2,671)**	**(2,671)**
Forecast COVID Revenue Expenditure	-	(8,958)	(8,958)
(Deficit) / Surplus incl. COVID Exp.	**-**	**(11,629)**	**(11,629)**

The key drivers for the difference of £2.7m are:

£2.5m Other Income reductions, comprising of reductions in car parking, private patient and RTA income;

£1.4m East of England HPV Contract;

£0.8m Modular Ward Block – planned to open in June 2020;

£0.6m IRU suite – planned to open in June 2020;

£0.6m outsourcing of Renal Dialysis (commenced Mar 2020);

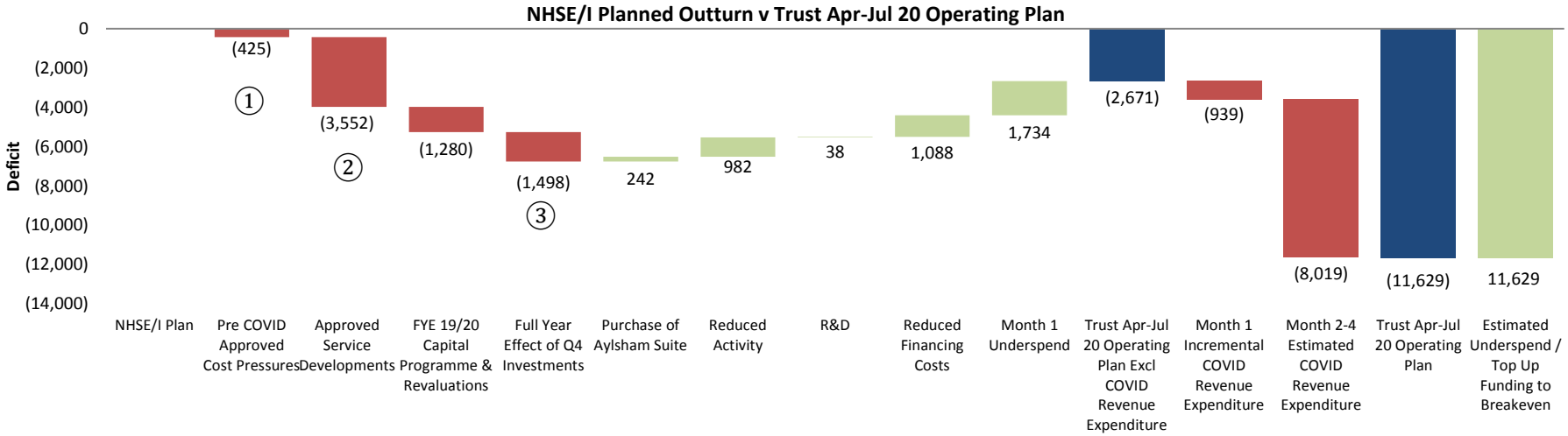
(£3.2m) Offset by a reduction in non pay expenditure in line with reduced clinical activity levels and consumables

Core Slide 39

Finance - Lead Director Roy Clarke

Executive Summary - Month 1-4 Variance to NHSE/I Plan

The Trust plan position is a deficit of £2.7m before of the impact of incremental and forecast COVID-19 revenue expenditure of £8.9m, after COVID-19 expenditure an operating plan deficit of £11.6m. The bridge below outlines the key items driving the adverse variance to the NSHE/I plan. Further breakdown of bridging items have been provided, where relevant.



① **Pre COVID-19 Approved Cost Pressures** comprised of a number of small commitments and approved expenditure.

② **Approved Service Developments** comprised of authorised expenditure not experienced within the NHSE/I expenditure baseline, that was approved via business case in FY19/20 planning, but implementation has been delayed, including:

- Modular Ward Block (opening June 2020) - £0.8m
- East of England HPV Contract - £1.4m
- IRU Suite (opening June 2020) - £0.6m
- Outsourcing of Renal Dialysis (commenced Mar 2020) - £0.6m

③ **Full Year Effect of Q4 Investments** containing a number of small balances alongside the following: Paediatric Safer Staffing (£0.4m); IT & Finance staffing investment (£0.3m); Surgical 52 week breach investment (£0.5m) and bed management and mattress hire contract (£0.2m).

Core Slide 40

Finance - Lead Director Roy Clarke

Executive Summary - Month 1 Analysis

The Position for Month 1 breakeven, this consists of £1.7m surplus from the operating income & expenditure excluding COVID-19, £2.7m of directly attributable COVID-19 costs, offset by £1.0m of accrued additional top up income which is yet to be formally approved by NHSE/I. A breakdown of this can be seen in the table below:

SUMMARY INCOME AND EXPENDITURE ACCOUNT	In Month Excl. COVID Cell			In Month Reported	
	Actual Excl. COVID Expenditure £m	NNUH Plan £m	Variance (adv)/fav £m	Covid Expenditure £m	Reported Position £m
NHSEI Block Income	53.4	53.4	0.0	0.0	53.4
Accrued Add. Top up Income (Not Yet Approved)	0.0	0.0	0.0	1.0	1.0
Other Income	5.9	5.9	0.0	0.0	5.9
TOTAL OPERATING INCOME	**59.3**	**59.3**	**0.0**	**1.0**	**60.3**
Pay Costs	(33.6)	(33.9)	0.3	(1.1)	(34.7)
Drugs	(6.1)	(6.1)	0.0	(0.0)	(6.1)
Other Non Pay Costs	(14.3)	(14.0)	(0.3)	(1.5)	(15.8)
TOTAL OPERATING EXPENSES	**(54.0)**	**(54.0)**	**0.0**	**(2.7)**	**(56.7)**
EBITDA	**5.4**	**5.4**	**0.0**	**(1.7)**	**3.6**
Depreciation	(1.1)	(1.1)	0.0	0.0	(1.1)
Finance Costs	(2.6)	(2.6)	0.0	0.0	(2.6)
Other - PDC, Disposals & Interest Income	0.0	0.0	0.0	0.0	0.0
(Deficit)/surplus after tax excluding Donated Additions	**1.6**	**1.6**	**0.0**	**(1.7)**	**(0.1)**
Adjustment for donated depreciation	0.1	0.1	0.0	0.0	0.1
(Deficit)/surplus on a Control Total basis	**1.7**	**1.7**	**0.0**	**(1.7)**	**0.0**

Income & Expenditure:

The Trust has reported a nil variance for Month 1. The Month 1 budget reflects the actual position for April as the plan was set as Month 1 actuals became known. Small variances are seen across Pay & Non Pay due to a re-categorisation of the actual expenditure

Cash:

The cash flow forecast, which is aligned to the operating plan shows a cash requirement of £6.7m at 31 July 2020. The key assumption is that all COVID-19 revenue expenditure will be funded in full. Should this not be the case, the cash requirement will increase by £8m to cover the future COVID-19 revenue costs. Cash increased in month by £63.9m. Of this £53.4m is due to the receipt of two block payments in month and £4.4m relating to the advance component of a full quarter of Education and Training income also received in month

Capital:

The capital funding regime has changed and allocation is on an STP basis for prioritisation. The allocation is 41% of the aggregated Provider plans and is therefore challenging. Agreement by the STP is due on the 29th May.

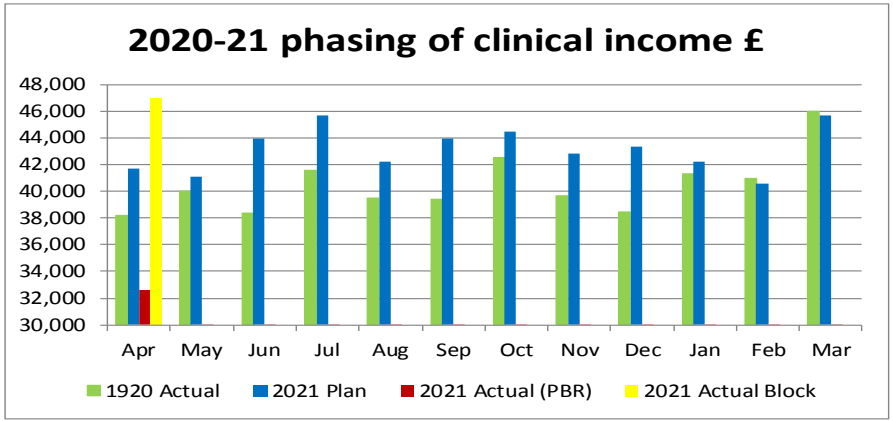
In month, the Trust has spent £2.6m excluding donated additions. The key items are £1.3m on the COVID-19 isolation unit, £0.6m on a Wi-Fi refresh and £0.3m on a Q.I. contractual payment.

Core Slide 41 Finance - Lead Director Roy Clarke

Income Analysis

Clinical Income was £47m in line with the agreed block. The actual value of work done is £32.6m against the draft plan of £41.7m.

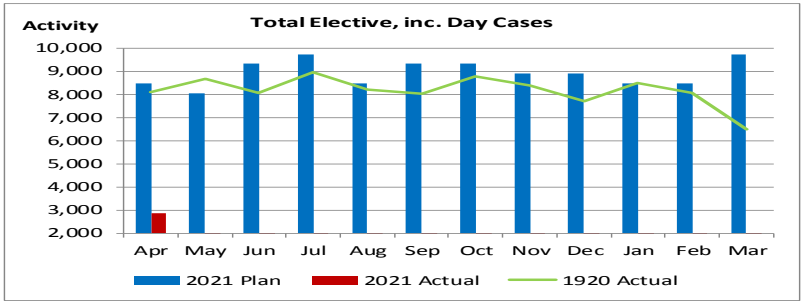
The chart below sets out the monthly phasing of the draft operational plan for clinical income in 2020/21. This chart is for Information only as the draft operational plan has been superseded by the block contract for months 1-4.

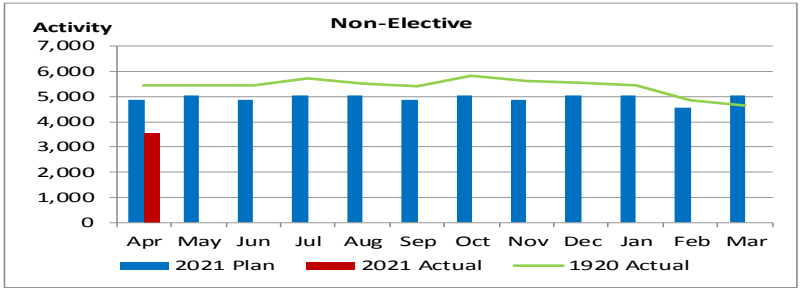


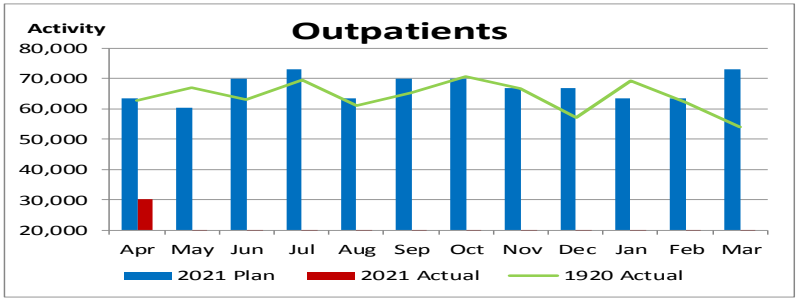
Overall activity is down 42% against the original draft plan.

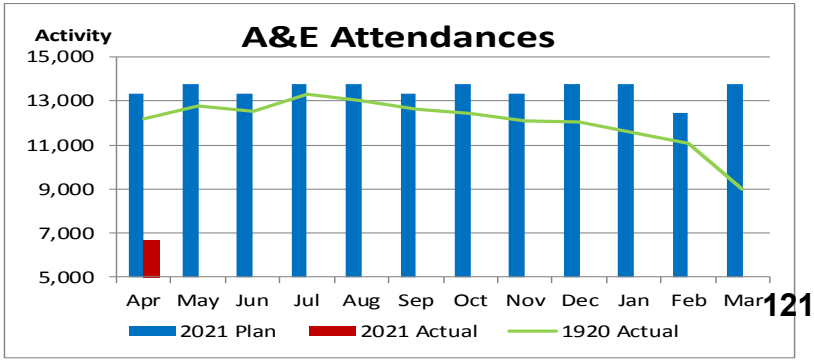
The reduced activity is spread across all activity types. Notably ED attendances are 50% lower than plan and 45% down against the same period last year and Non Elective activity is down 27% (35% down against the same period last year)

	Current Month Activity			
Activity	**Plan**	**Actual**	**Variance**	**Variance %**
Daycase (inc. Reg Day Attd)	7,919	2,992	(4,927)	(62%)
Elective	942	177	(765)	(81%)
Non Elective	4,871	3,549	(1,322)	(27%)
Chemo	1,680	1,174	(506)	(30%)
Accident & Emergency	13,350	6,677	(6,673)	(50%)
Outpatients	63,554	30,278	(33,276)	(52%)
C&V	39,403	31,636	(7,767)	(20%)
Bowel Screening	624	0	(624)	(100%)
Total	**132,344**	**76,483**	**(55,861)**	**(42%)**









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Finance - Lead Director Roy Clarke

Pay Analysis

Total Pay has increased by £60k when removing direct COVID-19 costs, Redundancy Pay & M12 one off Pension Acrl. C. £750k cost increase is attributable to the Apr-20 AfC & medical pay rises thus leaving a like for like monthly decrease of c. £700k. The majority of this decrease is from Agency costs (£400k) as a reduced number of Agency staff are willing to work in the current climate

Substantive WTE have risen by 519 (7.2%) over the last 12 months, with an increase of 46 in the last month.

Premium Staffing is consistent with pre COVID-19 levels seen prior to March. However there has been in a reduction in Agency spend by up to 60% offset by increased Bank & Overtime

Monthly Expenditure						
As at Apr 2020	Apr-20	Mar-20	Feb-20	Jan-20	Dec-19	Nov-19
	£'000	£'000	£'000	£'000	£'000	£'000
Budgeted costs in month	**33,901**	**31,480**	**31,330**	**31,430**	**30,957**	**30,833**
Actuals:						
Substantive staff	**30,521**	**29,779**	**28,938**	**28,840**	**28,862**	**28,382**
Medical External Locum Staff*	58	245	272	235	149	252
Medical Internal Locum Staff	738	723	624	704	555	585
Additional Medical Sessions	377	491	376	323	351	338
Nursing Agency Staff*	193	364	609	502	541	517
Nursing Bank Staff	1,639	1,626	1,206	1,177	1,210	1,163
Other Agency (AHPs/A&C)*	201	237	218	307	362	258
Other Bank (AHPs/A&C)	200	206	194	196	156	184
Overtime	573	667	346	244	368	401
On Call	214	228	210	216	213	208
Total Premium Pay	**4,193**	**4,788**	**4,055**	**3,905**	**3,906**	**3,906**
Less Covid 19 Reported Costs	- 1,132	- 1,045	-	-	-	-
Total Reported Pay costs Excl Covid 19	**33,582**	**33,522**	**32,993**	**32,745**	**32,768**	**32,288**
Variance Fav / (Adv)	319	(2,041)	(1,662)	(1,315)	(1,811)	(1,455)
Monthly Movement Increase/(Decrease)	60	529	247	(23)	479	
Covid 19 Reported Costs	1,132	1,045	-	-	-	-
Redundancy Pay	3	1,269	-	91	687	70
Add. Pension Cont.	-	15,829	-	-	-	-
Total Reported Pay costs	**34,717**	**51,665**	**32,993**	**32,836**	**33,455**	**32,358**
Variance Fav / (Adv)	(816)	(20,185)	(1,662)	(1,406)	(2,497)	(1,525)
Temp Staff costs % of Total Pay	**12%**	**9%**	**12%**	**12%**	**12%**	**12%**
Memo: Total agency spend in month*	**452**	**846**	**1,099**	**1,044**	**1,052**	**1,027**

Substantive Staff Growth over 12 month period	Apr-19	Apr-20	12 month Substantive Increase	12 month Substantive Increase %
Staff Group	**WTE**	**WTE**	**WTE**	**%**
A&C	1,456	1,600	145	9.9%
AHP	588	619	31	5.3%
Apprentices	76	54	(21)	(28.4%)
Medical	1,034	1,078	43	4.2%
Midwives	203	206	3	1.3%
Nursing	2,988	3,247	259	8.7%
Other	231	264	33	14.3%
Science, Professional Technical	676	703	27	4.0%
Grand Total	**7,251**	**7,770**	**519**	**7.2%**

Premium Pay by Division (Excl. On Call)	Apr-20	Mar-20	Feb-20	Jan-20	Dec-19	Nov-19
Division	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Medicine	1,005	1,391	1,343	1,202	1,286	1,235
Emergency & Urgent Care	476	641	591	610	563	611
Surgery	939	1,329	1,071	967	1,075	1,123
Women & Childrens	295	376	284	300	243	236
Clinical Support	324	420	449	363	342	412
Services	936	385	92	240	172	74
R&D Projects	3	16	14	7	11	7
Total	**3,979**	**4,559**	**3,845**	**3,689**	**3,693**	**3,698**

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Finance - Lead Director Roy Clarke

CIP Analysis

FY20/21 Cost Improvement Programme (CIP)

As part of business planning, The Trust agreed a £26.4m CIP Target, which was allocated across individual directorates.

Pre COVID CIP Plan

As at the 20 March 2020, the programme consisted of £31.4k of approved initiatives, with £14.5m in development and £1.5m sitting within the pipeline. An additional £4.0m of opportunities were being developed by the directorates.

Interim CIP Programme: Apr-Jun 2020

As a result of the pandemic, it was agreed that the programme will be divided into three priority categories, with schemes to be delivered, where possible, with minimal involvement from divisional front line staff. The agreed categories can be seen in the table to the right, alongside the M5-M12 CIP values as provided by the directorate.

The financial governance and rules for budgetary control during COVID-19, as outlined by NHSE/I has resulted in no CIPs being reported in M1-M4.

The PMO has been working with directorates to ensure that the schemes identified within Category 1, and in some cases Category 2 are developed and ready to enter delivery as the Trust enters COVID-19 recovery.

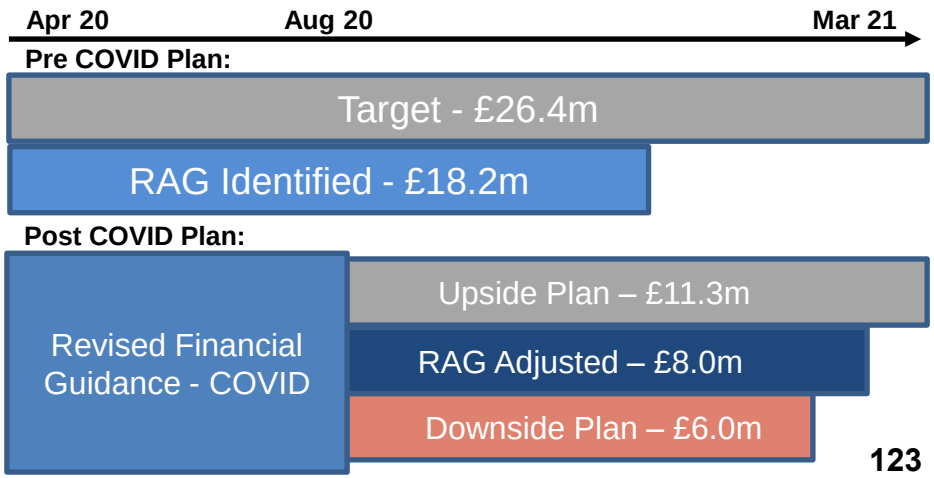
The diagram to the right outlines the upside planned delivery (£11.3m), risk adjusted delivery (£8.0m) and downside delivery (£6.0m) with schemes commencing delivery from August 2020.

The initiatives that comprise these values are subject to change as a result of COVID-19 recovery planning guidance and finalisation of the Trust's post-COVID-19 financial plan.

It must be noted that should the current revised financial governance continue to be in effect after 31 July 2020 this will reduce the planned delivery of the cost improvement plan further.

Breakdown of Priority Category	CIP Value £'m
Category 1: Ongoing Priorities – These are schemes which are currently in the pipeline and that should be deliverable with minimum continued support from divisional staff. This category is largely comprised of: Facilities; Procurement; Colour Printing; Theatre Inventory Management System; TPW – Private Patients; Maternity CNST; Non-invasive divisional schemes and Spire*.	11.3*
Category 2: Further CIPs to Develop – These are further divisional initiatives, which may not be deliverable until COVID recovery. These include vacancy slippage (both corporate and divisional), collaborative bank and clinical support initiatives.	2.1
Category 3: Clinically Dependent CIPs – These are on hold, whilst the Trust focuses on the pandemic.	-

**Inclusive of £2.4m of SPIRE benefit which may need to be removed.*



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Finance - Lead Director Roy Clarke

Summary by Division

The analysis below shows:

1. Month1 Actuals against Trust plan for Month1 – this is nil variance as the Trust's plan has been matched to actual in month 1 due to timing of the budget setting.
2. Month1 Actuals against Month12 adjusted for Non Recurrent & Inflationary adjustments

DIRECTORATES INCOME & EXPENDITURE	Apr-20 Actual Apr-2020 £k	Apr-20 Plan Apr-2020 £k	Apr-20 Variance F/(A) £k	Mar-20 Run Rate Variance F/(A) £k
MEDICINE				
Total Income	209	209	0	(32)
Pay Costs	(9,561)	(9,561)	0	56
Non-Pay Costs	(7,424)	(7,424)	0	731
Total Expenditure	(16,985)	(16,985)	0	787
SURPLUS/(DEFICIT)	**(16,776)**	**(16,776)**	**0**	**755**
EMERGENCY & URGENT CARE				
Total Income	4	4	0	(1)
Pay Costs	(2,118)	(2,118)	0	87
Non-Pay Costs	(246)	(246)	0	31
Total Expenditure	(2,364)	(2,364)	0	117
SURPLUS/(DEFICIT)	**(2,360)**	**(2,360)**	**0**	**117**
SURGERY				
Total Income	350	350	0	(65)
Pay Costs	(9,714)	(9,714)	0	79
Non-Pay Costs	(2,083)	(2,083)	0	1,861
Total Expenditure	(11,797)	(11,797)	0	1,940
SURPLUS/(DEFICIT)	**(11,447)**	**(11,447)**	**0**	**1,875**

Medicine

Nil Variance against M1 operating Plan as actuals known at plan setting

£755k favourable variance to Mar-20 Underlying Run Rate

Drugs - reduction in expenditure of £324k compared to underlying month 12. (£4,897k) expenditure incurred at month 1 20/21 compared to (£5,221k) at month 12 19/20. Reduction in expenditure not expected to continue.

Clinical supplies - reduction in expenditure of £238k compared to underlying month 12. (£1,439k) expenditure incurred at month 1 20/21 compared to (£1,677k) month 12 19/20. The reduction is not expected to continue due to the activity recovery programme starting mid-May.

Non-clinical supplies - reduction in expenditure of £169k compared to month 12 expenditure. (£1,088k) expenditure incurred in month 1 compared to (£1,257k) in month 12. The reduction is not expected to continue due to the activity recovery programme starting mid-May.

Pay costs are forecast to increase from Jun onwards as the Ward Block is planned to become operational

Emergency and Urgent Care

Nil Variance against M1 operating Plan as actuals known at plan setting

£117k favourable variance to Mar-20 Underlying Run Rate

April's deficit has decreased by £117k against the Mar-20 Underlying Run Rate due to decreased premium pay costs, particularly locums, as a result of reduced attendances and staff training

Surgery

Nil Variance against M1 operating Plan as actuals known at plan setting

£1,875k variance to Mar-20 Underlying Run Rate

April's deficit has decreased by £1,875k against the Mar-20 Underlying Run Rate due to decreased Non Pay costs as described below:

Clinical supplies - Large reduction in expenditure of £1,875k compared to month 12 (£2,296k).

The reduction is not expected to be as large moving forwards due to the activity recovery programme starting the middle of May

Non-clinical supplies - 530k reduction in use of Spire. This is due to the contract sitting centrally within the government and is expected to continue for the remaining period 2-4.

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Finance - Lead Director Roy Clarke

Summary by Division

Women's and Children's

Nil Variance against M1 operating Plan as actuals known at plan setting

£13k adverse variance to Mar-20 Underlying Run Rate

Clinical Support

Nil Variance against M1 operating Plan as actuals known at plan setting

£660k favourable variance to Mar-20 Underlying Run Rate

April's deficit has decreased by £660k against the Mar-20 Underlying Run Rate due to decreased Non Pay costs as described below:

Non-Pay - Underspends in the EPA (£117k), Cell Path (£171k) and Imaging (£95k) Linked to reduced activity. £200k reduction in drugs expenditure compared to M12 due to the Cambridge Community service ceasing at end of May.

Expenditure is expected to increase as and when recovery plans commence.

Corporate

Nil Variance against M1 operating Plan as actuals known at plan setting

£429k adverse variance to Mar-20 Underlying Run Rate

April's deficit has increased by £438k against the Mar-20 Underlying Run Rate due to:

Other Income - £160k due to a reduction in staff & visitor car parking revenue

Pay - £30k of pay costs that relate to capital to be moved M02, £22k increase in procurement half of which is due to backdated pay and half is due to premium costs, remainder driven by premium in WPHB

Non-Pay - £130k movement on PFI

Other

Nil Variance against M1 operating Plan as actuals known at plan setting

£126k adverse variance to Mar-20 Underlying Run Rate

Other Income – £350k reduced income due to drop off of private patient activity and £350k reduced R&D Income (offset by costs), offset by increased E&T income of £200k

Pay: Increased pay costs of £54k due to 20/21 CEA costs

Non Pay: Reduced R&D costs of £300k and reduced Interest costs due write off of revenue loans £380k offset by additional costs no longer claimed under the COVID-19

	Apr-20			Mar-20 Run Rate
DIRECTORATES INCOME & EXPENDITURE	Actual Apr-2020 £k	Plan Apr-2020 £k	Variance F/(A) £k	Variance F/(A) £k
WOMENS & CHILDREN				
Total Income	55	55	0	(2)
Pay Costs	(3,810)	(3,810)	0	(29)
Non-Pay Costs	(567)	(567)	0	18
Total Expenditure	(4,377)	(4,377)	0	(11)
SURPLUS/(DEFICIT)	**(4,322)**	**(4,322)**	**0**	**(13)**
CLINICAL SUPPORT				
Total Income	982	982	0	(73)
Pay Costs	(5,650)	(5,650)	0	151
Non-Pay Costs	(2,727)	(2,727)	0	582
Total Expenditure	(8,377)	(8,377)	0	733
SURPLUS/(DEFICIT)	**(7,395)**	**(7,395)**	**0**	**660**
SERVICES				
Total Income	301	301	0	(194)
Pay Costs	(2,494)	(2,494)	0	(87)
Non-Pay Costs	(5,671)	(5,671)	0	(156)
Total Expenditure	(8,166)	(8,166)	0	(243)
SURPLUS/(DEFICIT)	**(7,865)**	**(7,865)**	**0**	**(438)**
OTHER inc. NON OPEX				
Total Income	57,442	57,442	0	(449)
Pay Costs	(253)	(554)	301	(54)
Non-Pay Costs	(5,290)	(4,989)	(301)	376
Total Expenditure	(5,543)	(5,543)	0	323
SURPLUS/(DEFICIT)	**51,899**	**51,899**	**0**	**(126)**
TOTAL				
Total Income	59,343	59,343	0	(816)
Pay Costs	(33,600)	(33,901)	301	203
Non-Pay Costs	(24,009)	(23,708)	(301)	3,443
Total Expenditure	(57,609)	(57,609)	0	3,646
SURPLUS/(DEFICIT)	**1,734**	**1,734**	**0**	**2,829**

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Finance - Lead Director Roy Clarke

Capital

Total YTD spend of £2.6m excluding donated additions

STP capital allocation is 41% of the aggregated capital programme presenting a challenge

Capital Planning FY20/21 – National overview

The NHS Capital Allocation set for FY20/21 is £5.8bn (FY19/20 £4.5bn).

The majority is earmarked for operational investments - £3.7bn, which will be allocated to STP / ICS for local prioritisation of system driven day to day operational capex. The majority is expected to be self financed through depreciation or other sources of locally held cash.

Full Year Planning Priorities – STP allocation for the FY20/21

For operational investments, the system level spending envelope has been confirmed as £62.008m. This represents 41% of the N&W STP planned capital programme of £105.6m, of which the Trust accounted for £64.294m.

The Trust amount included £5.345m of pre approved loan which is identified within the overall envelope for the system, £2.655m of self generated funding and a loan requirement of £56.294m.

The allocation, at 41% of the aggregated plan for the STP is challenging.

It is therefore important that our plan is rigorously reviewed to ensure that it is properly prioritised and reflects only urgent and essential schemes required to support the safety and quality of patient services.

Initial Four Month Capital Plan – to 31 July 2020

Progression of projects for which funding is confirmed / in discussion:

- IRU completion
- COVID-19 funding of £8.9m for Isolation Unit and floor 3 ward block - an additional £2.6m of funding has been requested for completion including surge equipment.

Capital Progress

Total capital expenditure in month 1 was £2.6m excluding donated additions. Key items in the £2.6m:

Project	YTD Capital Expenditure
COVID 19 - Isolation unit	£1.3m
eObs Wi-Fi refresh	£0.6m
Q.I. contractual payment	£0.3m
Other	£0.4m
TOTAL	**£2.6m**

Total month 1 PDC drawdown was £1.3m, this relates to the COVID-19 isolation unit.

Key Projects in Progress

- New ward block purchase
- Super surge capacity investment
- COVID-19 expenditure to support COVID-19 response. The Trust is invited to make bids for funding on a regular basis and all requests are subject to approval by NHSEI.

Next Steps:

Reprioritise the capital plan for discussion and agreement at HMB.

Work with STP system to establish new governance for capital planning, expenditure and reporting.

Ensure COVID-19 capital process is robust and properly controlled to ensure we remain within guidance.

Accordingly, our capital plan for 20/21 will not expect to be confirmed until early June.

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Finance - Lead Director Roy Clarke

Statement of Financial Position at 30th April 2020

	Opening Balance as at 1 April 2020 £'000	Actual YTD 30 Apr 2020 £'000	Movement to 30 Apr 2020 £'000
Property, plant and equipment	268,116	269,617	1,501
Trade and other receivables	84,000	84,639	639
Other financial assets	0	0	0
Total non-current assets	**352,116**	**354,256**	**2,140**
Inventories	11,865	11,564	(301)
Trade and other receivables	36,352	34,284	(2,068)
Non-current assets for sale	0	0	0
cash and cash equivalents	13,432	77,378	63,946
Total Current assets	**61,649**	**123,226**	**61,577**
Trade and other payables	(72,953)	(80,527)	(7,574)
Borrowing repayable within 1 year	(195,131)	(195,131)	0
Current provisions	(299)	(333)	(34)
Deferred Income	(14,578)	(69,804)	(55,226)
Total current liabilities	**(282,961)**	**(345,795)**	**(62,834)**
Total assets less current liabilities	**130,804**	**131,687**	**883**
Borrowings - PFI & Finance Lease	(187,406)	(187,132)	274
Borrowings - Revenue Support	0	0	0
Borrowings - Capital Support	0	0	0
Provisions	(4,726)	(4,657)	69
Deferred Income	(3,515)	(3,515)	0
Total non-current liabilities	**(195,647)**	**(195,304)**	**343**
Total assets employed	**(64,843)**	**(63,617)**	**1,226**
Financed by			
Public dividend capital	38,436	39,709	1,273
Retained Earnings (Accumulated Losses)	(128,616)	(128,644)	(28)
Revaluation reserve	25,337	25,318	(19)
Total Taxpayers' and others' equity	**(64,843)**	**(63,617)**	**1,226**

Property, plant and equipment

The key items are capital expenditure of £2.6m offset in part by depreciation of £1.1m.

Trade and Other Receivables – non current

This balance is £0.6m higher than the opening balance, with the key item being an increase in PFI lifecycle maintenance prepayment.

Inventories

Inventories are £0.3m lower than the opening balance, being a pharmacy stock decrease of £0.3m.

Trade and Other Receivables - current

This balance is £2.1m lower than the opening balance. Debt being settled and not reinstated due to block contract.

Cash

Cash is £63.9m higher than the opening balance. The key reason is the payment of two months of clinical income & top-up income in April – this totals £53.4m. This is expected to reverse in July.

Trade and other payables

This is £7.6m higher than the opening balance.

The first key items is capital creditors and accruals being £5.2m lower. This is due to the exceptional levels of capital spend in March converting to cash outflows.

The second key item is an increase in accruals due to an Octagon unitary charge invoice of £5.7m being accrued in April. The March Octagon cost was paid rather than accrued.

The third key item an increase in general trade creditors and accruals of £4.7m.

Borrowings

The £0.3m reduction in borrowings compared to the opening balance is repayments relating to the PFI contract and Fuji PACS finance lease.

Deferred Income

This balance is £55.2m higher than the opening balance. The key item is the deferral of the receipt of May's clinical income & top-up income of £53.4m received in April.

Public Dividend Capital

This balance is £1.3m higher than the opening balance. This is the receipt of part of the £8.9m PDC award relating to the isolation unit and 3rd floor of the new ward block.

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Finance - Lead Director Roy Clarke

Cash

Revised Financial Arrangements - Cash for the four months to 31 July 2020

In order to support providers, and in conjunction with the pausing of the annual planning process, a revised operational cash regime is in place, as follows:

- All providers have moved to a block contract payment 'on account' for the four month period to 31 July 2020 with suspension of the usual PBR national tariff.
- In addition a national 'top-up' payment will be issued to providers being an estimate of additional funding required for providers to breakeven based on FY19/20 underlying costs.
- A national 'true-up' will be provided to adjust provider positions for additional costs / loss of revenue where the block and top-up do not equal the actual costs of genuine and reasonable additional marginal costs due to COVID-19.

The Trust is receiving a total block and top-up of £53.418m per month.

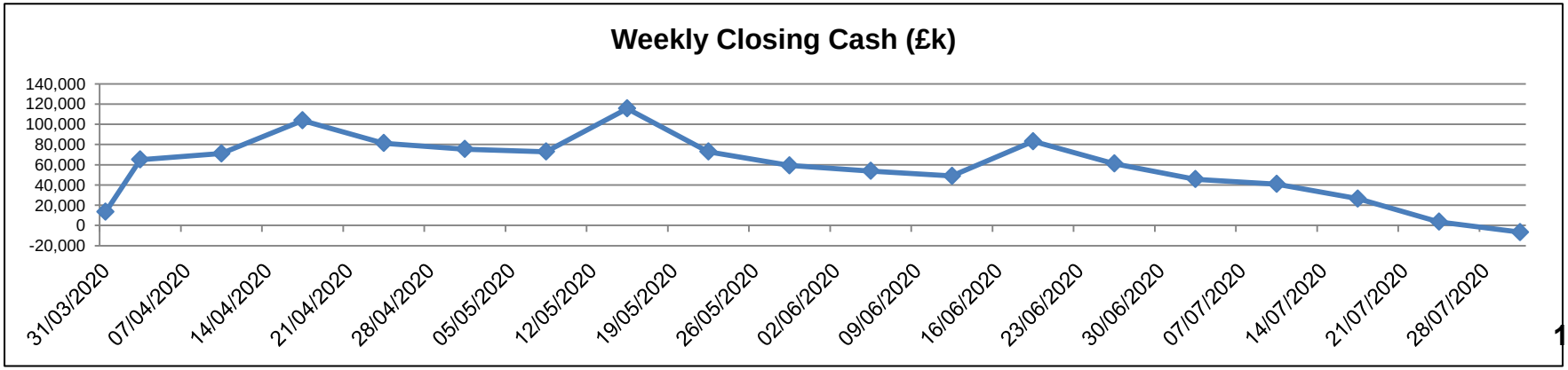
Cash Flow Forecast

The cash flow forecast is aligned to the finance plan for the 4 months to 31st July. The finance plan shows a deficit of £2.671m, the cash flow shows the Trust expects to run out of funds in July and to close with negative funds of £6.748m on 31 July 2020.

Cash Flow – Key Caveats and Assumptions

- The month 1 position is now known and the accrual to reach breakeven has been included as a cash receivable in the cash flow – being £0.9m.
- The Trust has applied for COVID-19 capital of £2.6m relating to the isolation unit and other oxygen and equipment needs. The Trust has assumed full funding for this in the cash flow. Should the funding not be made available the cash flow will deteriorate by that amount.
- The Trust has also applied for COVID-19 capital of £2.5m for monitors, ventilators and associated equipment. Full funding has been assumed.
- All COVID-19 revenue costs included are fully funded.
- Best estimates and assumptions have been made, however, the usual patterns of expenditure and cash flows pre the COVID-19 environment have changed and have not settled, accordingly future forecasts may differ.
- If the block / top-up funding was increased by £2.671m to match the current budget plan for the period to 31 July and if all COVID capital and revenue costs were funded in full, the Trust would require circa £4m of cash support.

The cash regime after July 2020 is currently uncertain. We expect guidance and updates in the forthcoming period.



REPORT TO THE TRUST BOARD

Date	**3 June 2020**
Title	**Chair's Key Issues from People and Culture Committee Meeting on 28.05.20**
Lead	**Professor David Richardson (Committee Chair)**
Purpose	**For Information and assurance**

1 Background/Context

The People and Culture Committee held its latest meeting on 28 May 2020. Papers for the meeting were circulated to Board members for information in the usual way. The meeting was quorate and was held by tele/videoconference. It was attended by Carol Edwards and Diane DeBell (Public Governors) as observers. Due to the Covid 19 pandemic, the meeting was not preceded by clinical/departmental visits.

At the start of the meeting the Chair, on behalf of the Committee, expressed gratitude to all of the NNUH staff for their inspirational work during the Covid-19 pandemic and highlighted the exemplary quality and tone of the regular staff communications during this challenging period.

2 Key Issues/Risks/Actions

The Committee identified the following key issues to highlight to the Board:

Issues to highlight and escalate:		
1	Workforce IPR	The Committee discussed the position with regard to staff appraisals (or annual reviews). Staff survey results indicate that only 18.4% of staff felt that the appraisal had helped improve their job. The programme has been 'paused' during the pandemic acute phase and consideration is being given to how this can be made most effective and impactful on its recommencement.
2	Covid 19 update	The Committee discussed a Workforce Restoration Plan, with a series of proposed actions over the next six months. This is an important part of ensuring that the Trust learns lessons from its response to the pandemic and adapts to the changed circumstances that we face. Whilst the draft Plan is still subject to Management Board review, it is **attached** to enhance awareness for Board members.
3	Staff Survey	The Committee discussed the improvement plan of actions in response to the 2019 Staff Survey results. Again this is sufficiently important that the summary Improvement Plan is **attached**.

Other items of note considered at the meeting included:

Items received for information and assurance:		
4	Freedom to speak up	The Committee received the regular update from Frances Dawson, our Lead Freedom to Speak-Up Guardian, and was assured with respect to the excellent work that is ongoing in the Trust (as recognised by the CQC) to ensure that staff feel able to raise concerns

3 Conclusions/Outcome/Next steps

The next Committee meeting is scheduled for 24 July 2020. Items for consideration at the forthcoming meeting include:

- Reviewing our Workforce and Education Strategy
- Monitoring implementation of the Workforce Restoration Plan
- Development in organisational culture
- Workforce-related cost improvement plans
- Reports from Divisional Boards

Recommendation:

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

NNUH Workforce Restoration Plan

NO	STEP	ACTIONS	STATUS	DATE	LEAD
1	**Bringing back the workforce (substantive staff working in white category, bank workers and volunteers)**	▪ Validate staff schedule with each division recorded as shielding ▪ Confirm productivity of home workers ▪ Update individuals risk assessments ▪ Return to work plan for individuals able to come back to alternate duties/zone ▪ Line managers reminder on need to 'Keep in Touch' (KIT) with staff ▪ Establish regular communication through newsletter and virtual team meetings ▪ Establish peer support network for staff needing to continue to shield	Started	June 2020	Sarah Gooch
2	**Resourcing Plan to ensure sufficient workforce capacity and reduce vacancies**	▪ Development of Recruitment & Retention Strategy ▪ Identify new sourcing pipelines amongst furloughed and downsized businesses ▪ Strategic apprenticeship programme to match to entry and intermediate roles ▪ Upskilling for HCA/AHP/MSW roles ▪ Workshop on NNUH/STP Employer Brand ▪ Capitalise on profile of, and goodwill towards, NHS as a recruitment opportunity ▪ Targeted social media campaigns to attract staff ▪ Consultant Annual Recruitment Plan ▪ Retention of staff who have returned to NHS ▪ KIT plan for overseas recruits in host country ▪ Retain new working practices and flexibilities to support reduction in time to hire ▪ Positively address under-representation in organisation through WRES objectives		September 2020	Neil Fisher
3	**Growing the Bank to reduce reliance on agency staff**	▪ Establish Temporary Staffing Solutions Team ▪ Integrate Medical Locum, Nursing and AHP Banks ▪ "New Deal" for Bank Workers (appraisal, mandatory training, access to wider staff benefits) ▪ New Bank Contracts	In Progress	July 2020	Mark Rodgerson Manda Jones

		▪ Regular KIT scheme for Bank Workers ▪ Clinical Insourcing Proposal			
4.	**STP Collaborative Bank to maximise sharing of staffing resources**	▪ Progress design for collaborative bank across Norfolk and Waveney STP ▪ Proposal for harmonised rates and terms & condition in common	In progress	July 2020	Ian Bruce Mark Rodgerson
5.	**Maximise opportunities for Home Working on a sustainable basis**	▪ Update Policy for home based/agile workers ▪ Optimisation of office and clinical space in conjunction with Estates ▪ Update divisional schedule of staff requiring improved IT access (cat 1 and 2) ▪ Prioritised requests to NHS Employers for mobile data and superfast broadband access ▪ DSE self-assessment of workstations ▪ Webinar management of remote workers		October 2020	Kathryn Jones
6.	**Develop a Holiday Play Scheme proposal for Summer 2020 as children of key workers are no longer at school**	▪ Holiday Play Scheme proposal for Sports Park (5-15 years) ▪ Update Busy Bees and UEA Nursery vacancies (under 5 yrs) ▪ Update the Childminder list to share with staff should they have vacancies and safe social distancing	In Progress	June 2020	Kathryn Jones
7.	**Memoranda of Understanding (MoU) with partner organisations**	▪ Establish MoU with UEA and partners on Norwich Research Park for continuing workforce support, initially focused on testing ▪ Maintain MoU with STP partners for mutual support over coming months	In Progress	May 2020	Paul Jones
8	**Maintain Equality Impact Assessment (EIA)**	▪ Full EIA produced on pandemic response ▪ Consultation with JSCC & Staff Networks ▪ Ensure staff not subjected to discrimination in treatment in respect of terms & conditions or support provided ▪ Expand initial staff EIA to encompass services to patients	Complete	May 2020	Emma Clark Marianne Lingwood

9.	**Psychological & Mental Health Support for staff post-pandemic**	▪ Review next phase of psychological support service recognising that staff may have ongoing need for support ▪ Proposal for Mental Health Lead within H&WB ▪ Structured decompression guidance for staff ▪ Webinars for Line Managers on supporting staff during pandemic	In Progress	June 2020	Hilary Winch
10	**Individual Staff Risk Assessment**	▪ Risk Matrix updated, age, gender, ethnicity and underlying health conditions ▪ Paper based tool deployed to staff ▪ Smart phone application developed utilising AI and secure transmition to Occupational Health ▪ Update Risk Assessment for BAME colleagues, and staff returning to work	In Progress		Rob Hardman
11	**Improved Rest Facilities for Staff**	▪ Charity support to establish enhanced rest facilities for staff ▪ Architectural plans and cost estimate for developments commissioned	In Progress	July 2020	Hilary Winch
12.	**Absence Reporting**	▪ Development of BI Report ▪ Review options on absence reporting desk as single point of contact ▪ Link to staff testing provision to support early return to work in cases of sickness	In Progress	September	Mark Wall
13.	**Managing Staff Redeployment to alternate roles where existing duties no longer required**	▪ Establish a Redeployment Hub within Temporary Staffing Solutions Team ▪ Develop Redeployment Policy ▪ Support worker movements from White to Blue/Zone roles ▪ Skills audit and matching individuals to new roles in divisions ▪ Establishment of a Redeployment Database	In Progress	July 2020	Mark Rodgerson

14.	**Annual Leave Management to ensure staff wellbeing and avoid growing bank of leave**	▪ Guidance on managing annual leave ▪ Two Year calculation period ▪ Ensure staff take at least minimum statutory annual leave requirement during 2020 ▪ Ensure staff able to take fair allocation of annual leave across key specialties/departments	In Progress	June 2020	Nina Jolly
15.	**Developing Future Health & Wellbeing Support**	▪ Health education guidance on improving resilience for staff during pandemic ▪ Update health assessments for new starters who may be required to work in yellow zones/substantial access to Covid+ patients ▪ Consider scope for staff health screening or annual health check-up, subject to sufficient investment from income ▪ Develop proposal for mental health support to individuals and teams ▪ Heatwave plan to support H&WB of staff required to work in PPE in the height of summer	In Progress	July 2020	Hilary Winch
16.	**Maximise uptake of Annual Flu Vaccination Campaign to support workforce resilience through winter**	▪ Review options for safe delivery of flu vaccination campaign to all staff ▪ Combine with coronavirus vaccine, if an effective vaccine is developed for healthcare workers ▪ Options for vaccinating home workers ▪ Social distancing and PPE requirements for vaccination sessions		October 2020	Hilary Winch
17.	**Undertake Covid Secure Workplace Risk Assessments**	▪ Establish Task and Finish Group with Serco ▪ Provide corporate guidance on undertaking Workplace Risk Assessment ▪ Template for Departmental Risk Assessment ▪ Office, laboratories, home visits and vehicle Risk Assessments completed ▪ Assess public transport and Park & Ride risks ▪ Publish Risk Assessment to discharge statutory obligation	Started	July 2020	Paul Jones
18.	**Update education, appraisal and mandatory**	▪ Remediate position on mandatory training and appraisal performance during pandemic	Started	September 2020	Sarah Pask

	training practice for new environment	▪ Ensure safe and sustainable training options for staff moving forward i.e. remote learning, small group training ▪ Investment in Leadership Development Programme ▪ Restoration of MBA and Apprenticeship programmes ▪ Executive Team Building ▪ Restore Reverse Mentoring Programme		
19.	**Management of Change**	▪ Reform of key HR Policies to support new ways of working i.e. recruitment, redeployment, staff protection ▪ Together with staff side colleagues develop new models of consultation and engagement on service changes ▪ Support to divisions making changes to build better team working, communication and kindness ▪ Webinars for line managers to address complexities around new ways of managing and leading people ▪ Continue to assess staff opinion through virtual conversations and Staff Temperature Check		
20.	**Workforce Strategy, aligned with new 5 Year Corporate Strategy for Trust**	▪ Revise workforce plans in light of service changes ▪ Build in assumptions from National People Plan ▪ Based on R&R Strategy, identify new roles and recruitment channels i.e. furloughed workers ▪ New ways of working and productivity opportunities ▪ System-wide collaboration opportunities with acutes, community, mental health and primary care e.g. for shared services/group functions and aligning outsourced services with SLA	October 2020	Paul Jones

Appendix B

NNUH
Staff Survey 2019
Improvement Plan

For information

Staff completed the survey from September to November 2019.

Full results from the National Co-ordination Centre were available from February 2020.

Our hospital for all

NNUH Staff Survey

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

46% **of staff took part** (our highest ever)

ALL themes showed **improvements over previous years**

94.1% of staff **know how to raise concerns**

76.4% of staff **feel their manager supports them in a crisis**

3.1% increase in staff **feeling safe to raise concerns about clinical practice**

5.5% increase in the **support staff feel they get from their manager**

4.4% increase in staff who **feel they are able to make improvements in their area**

2 areas saw significant improvements:

Immediate manager
Safety culture

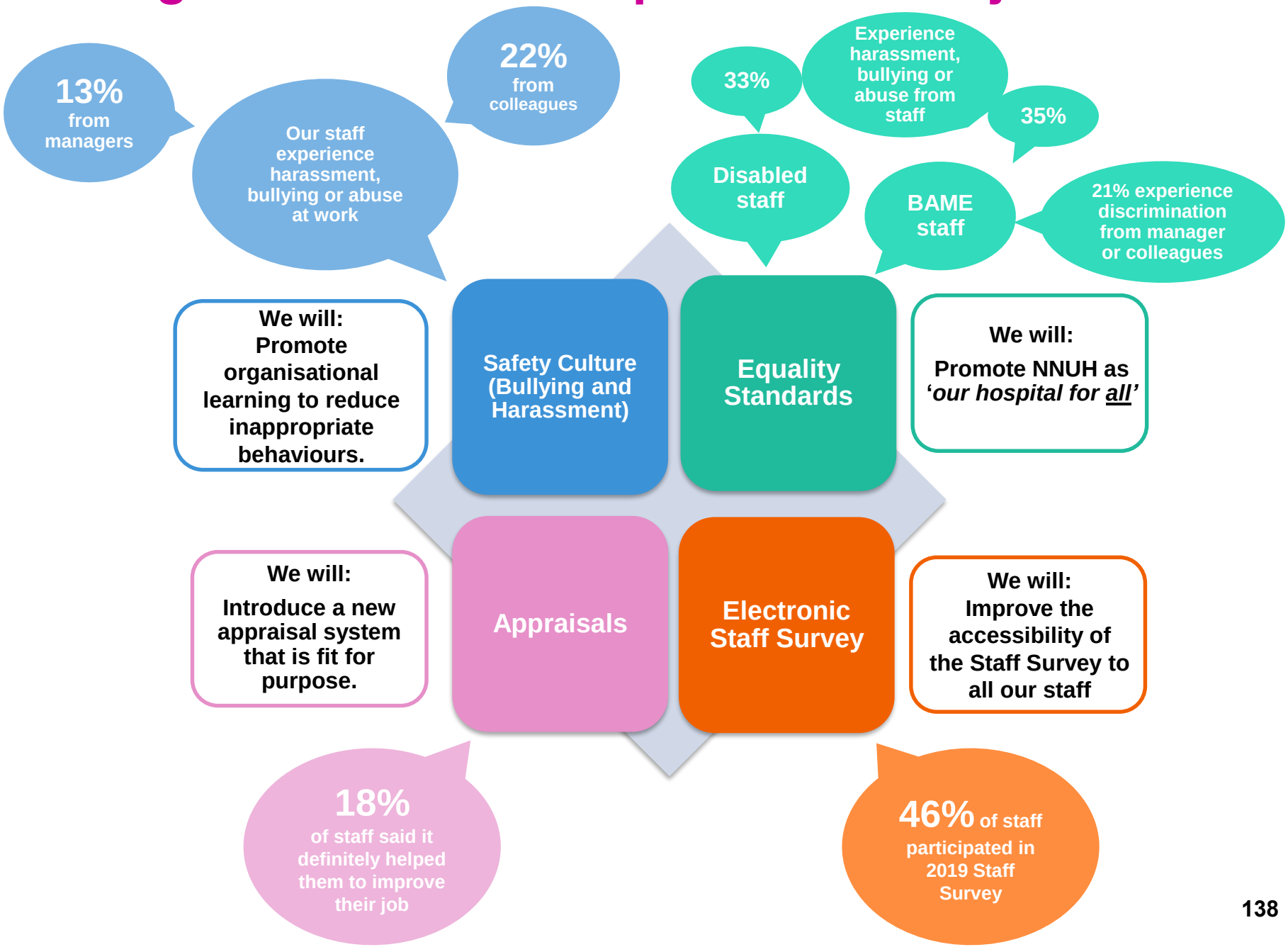
Our **Freedom to Speak Up Index** score continues to rise

Our **staff engagement score** has increased

YOU TOLD US WE NEED TO IMPROVE:

- **The appraisal experience**
- **How we treat our colleagues, irrespective of difference**

Organisation-wide Improvement Objectives



Divisional Improvement Objectives

We will:
Ensure our staff have the ability and confidence to provide care they aspire to

Medicine
Quality of Care

63% of staff said they deliver the care they aspire to

31% experienced violence at work

We will:
Improve the support for our staff and address violence and unacceptable behaviour from patients/ service users

EUC
Safety Culture (Violence)

Surgery
Safety Culture (Bullying and Harassment)

We will:
Engage teams to develop positive working relationships

Our hospital for all

27% experienced harassment or abuse from colleagues

46% have felt unwell due to work related stress

W&C
Health and Wellbeing

We will:
Improve agile working to ensure flexibility, space and a better working environment and work life balance

CSS
Staff Engagement

35% were not enthusiastic about their job

We will:
Engage staff and Union representatives in the development, evaluation and celebration of services

Who?	What did you tell us?	We will	How will we do this?	By when?
NNUH	**Safety Culture (Bullying and Harassment)** • 22% have experienced harassment, bullying or abuse at work from other colleagues • 13% have experienced harassment, bullying or abuse at work from managers • For 39 of 131 teams, 14-20% of that team have experienced at least one incident of harassment, bullying or abuse from a manager.	**Promote organisational learning to reduce inappropriate behaviours.**	• Produce a bullying heat map and partner with divisions to address the hotspots • Promote the understanding of micro-aggressions and their impact on colleagues • With the support of our staff networks, Trade Union partners and Freedom to Speak Up Guardians, we will promote our PRIDE values and behaviours expected through innovative approaches such as bitesize applications.	• 30 June 2020 • June – September 2020 • June – March 2021
NNUH	**Equality, Diversity and Inclusion** • 21% (69 staff) of BAME staff have experienced discrimination from manager or colleagues • 35% (116 staff) of BAME staff report harassment, bullying or abuse from staff • 33% (262 staff) of disabled staff report harassment, bullying or abuse from staff.	**Promote NNUH as, '*our hospital for all*'.**	• Introduce and embed a reverse mentoring programme involving Executives • Support our staff networks to become self sufficient in promoting the equality agenda • Celebrate diverse and cultural difference through a range of events, education and activities • Work with our staff networks and Freedom to Speak Up Guardians to ensure staff feel empowered to raise their concerns • Identify further interventions which support an improvement in capturing personal equality information.	• September 2020 – March 2021 • June 2020 – March 2021 • June 2020 onward • June 2020 - March 2021 • June 2020 onward
NNUH	**Appraisals** • 18.4% of staff reported that it definitely helped them to improve how they did their job • 31.7% suggested that it definitely left them feeling valued by the organisation.	**Introduce a new appraisal system that is fit for purpose.**	• Review alternative models for appraisal and identify a digital solution which is simple, brief, relevant, flexible and celebrates achievement • Seek approval for the new approach through HMB • Subject to options, new system to be implemented.	• 31 July 2020 • 31 August 2020 • October 2020
NNUH	**Online Staff Survey 2020** • NNUH 2019 response rate was 46% • National response rate of 47%.	**Improve the accessibility of the Staff Survey to all our staff.**	• Tender and secure a provider for the 2020 Staff Survey • Complete preparatory work to facilitate an electronic Staff Survey so that survey is accessible to all • Continue with quarterly staff temperature checks through the pandemic.	• July 2020 • September 2020 • June 2020 onward

Who?	What did you tell us?	We will	How will we do this?	By when?
EUC	**Safety Culture (Violence)** • 31% of our staff have personally experience violence at work from patients/ service users, their relatives or other members of the public (NNUH average is 14%).	**Improve the support for our staff and address violence and unacceptable behaviour from patients/ service users.**	• Devise and introduce initiatives which EUC staff feel will improve their safety and dignity at work • Improve the current process of dealing with violence from patient/ service users and implement improvements to ensure positive action is taken in such instances.	• June – August 2020 • August 2020
W&C	**Health and Wellbeing** • 46% of staff have felt unwell as a result of work related stress.	**Improve work life balance and agile working to ensure flexibility, space and a better working environment.**	• Introduce a staff health and wellbeing shared governance group for improvements to be discussed, developed and implemented by staff • Agree and implement improved communication methods within the division to ensure all staff are informed and kept up to date • Review the working environment and arrangements for administrative/ support teams with consideration to new ways of working.	• September 2020 • September 2020 • June – December 2020
CSS	**Staff Engagement** • Staff Engagement score is 6.7 (6.9 for NNUH average) • 35% were not enthusiastic about their job.	**Engage staff and Union representatives in the development, evaluation and celebration of services**	• Establish a monthly forum with nominated staff and Union representatives with the Triumvirate Leadership Team • Representatives should feel empowered to comment and influence divisional direction, including on divisional developments, performance, finance, quality and safety issues.	• 30 June 2020
Medicine	**Quality of Care** • Only 63% said that they deliver the care they aspire to.	**Ensure our staff have the ability and confidence to provide care they aspire to.**	• Review what staff feel makes a good/bad day with regards to patient care provision • Listen to what our staff say is preventing them from being able to provide the care they want • Identify potential improvements and interventions which will improve staff confidence/view on the care that they are able to provide • Implementation of agreed improvements.	• September 2020 • September 2020 – March 2021
Surgery	**Safety Culture (Bullying and Harassment)** • 27% of staff have experienced harassment, bullying or abuse at work from other colleagues • 10% of staff have personally experienced discrimination at work from manager/ team leader or other colleagues	**Engage teams to develop positive working relationships.**	• Engage staff to enable Team Surgery to develop a positive and appreciative team culture • Introduce targeted interventions to develop our surgical teams with more supportive measures where needed • Work in conjunction with the Freedom to Speak up Guardian.	• March 2021

Integrated Performance Report (Workforce Metrics)

May 2020 (April 2020 data)

INTEGRATED PERFORMANCE REPORT

Workforce

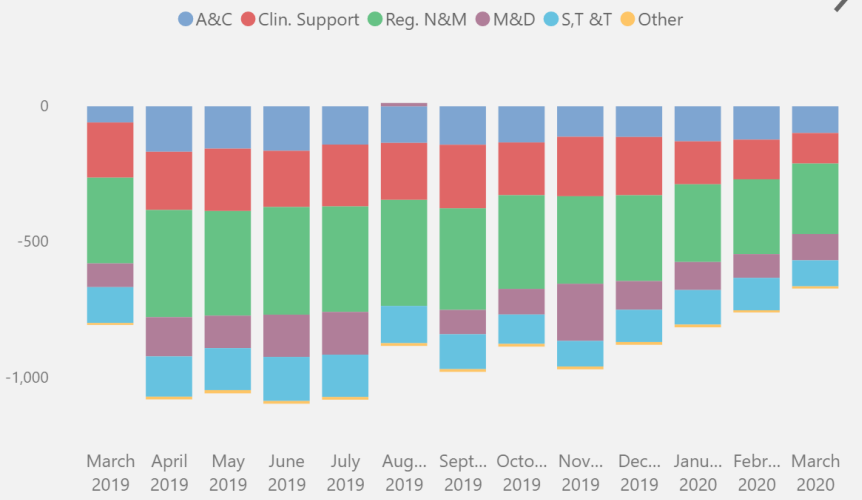
Chief People Officer
Paul Jones

NNUH Digital Health business intelligence

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

Month Selector
Most Recent

Substantive Vacancies (WTE)



Vacancies

Month	A&C	Clin. Support	Reg. N&M	M&D	S,T &T	Other	Total
March	-99	-113	-260	-97	-96	-8	**-672**

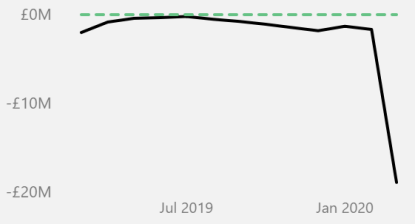
Spend Variance

M	2020
Mar	-18.9M

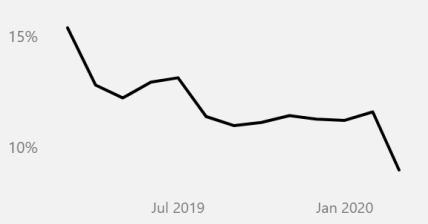
% Temp Spend

M	2020
Mar	9.0%

Variance: Actual to Budget (GBP)



Pay Costs: % Temporary Staff (GBP)



Data Observations

Overall, in the last twelve months to 31st March 2020, there are 545.9 additional staff (7,723.4 staff in post 31-Mar-20), an increase of 7.6% across NNUH as a result of service developments and capacity and quality investments.

Since April 2017 there has been an increase of 1,275.8 WTE (6,447.6 staff in post 31-Mar-17) and since April 2018 there has been an increase of 936.3 WTE (6,787.1 staff in post 31-Mar-18)

Management Comments and Actions

The biggest increase in staffing is the clinical support staff category, which is attributable to our success in recruiting healthcare assistants (133.9 additional support staff since March 2019).

INTEGRATED PERFORMANCE REPORT

Safer Staffing

Chief Nurse
Nancy Fontaine

NNUH Digital Health
business intelligence

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

Month Selector
Most Recent

Safe Staffing CHPPD Average

Safe Staffing Fill Rates Percentage

CHPPD Avg.

Month	2019	2020
April	8.0	12.9

Fill Rates %

M	2019	2020
Apr	99.1%	85.5%

Data Observations

Care Hours Per Patient Day (CHPPD) increased by 0.3 to 8.0 for April 2020, with 4.3 being delivered by RN. Although overall fill rates for RN have increased to just over 90%, fill rates on day shifts remain jut below this threshold at 88.7%. However, due to; the need to repurpose many wards and departments within the hospital in repsonse to the covid-19 Pandemic, a reduction in patient demand and a significant number of new starters requiring a period of supernumerary practice, the fill rates are difficult to validate. The April Red Flags reduced by 36% from March to 453 seeing a specific drop in Red flags raised for RN shortfalls

Management Comments and Actions

The Norfolk Needs You Campaign and a good response from the HEE request for student volunteers have supported workforce planning to prepare for potential of being required to support as a Super Surge Critical Care Hospital. This includes 78 RNs, 54 unregistered nurses, 32 AHPs/ Scientist, 9 unregistreed AHPS/Scientists, 150 student nurses and 135 medical students supporting as HCAs. The clinical leads of the nurse bank have supported these staff with weekly catch ups, allocating them according to thier skills are and embedding them in a team. This process has been well evaluated and will continue in to the future.
1,700 nurses and registered practitioners have completed enhanced skills training to upskill them to be able to work in a critical care environment if required in a Super Surge situation. Opportunities to update e-Roster to reflect skills and availability of staff will also form part of the project with our external stakeholders from Allocate.

INTEGRATED PERFORMANCE REPORT

Sickness & Turnover Rates

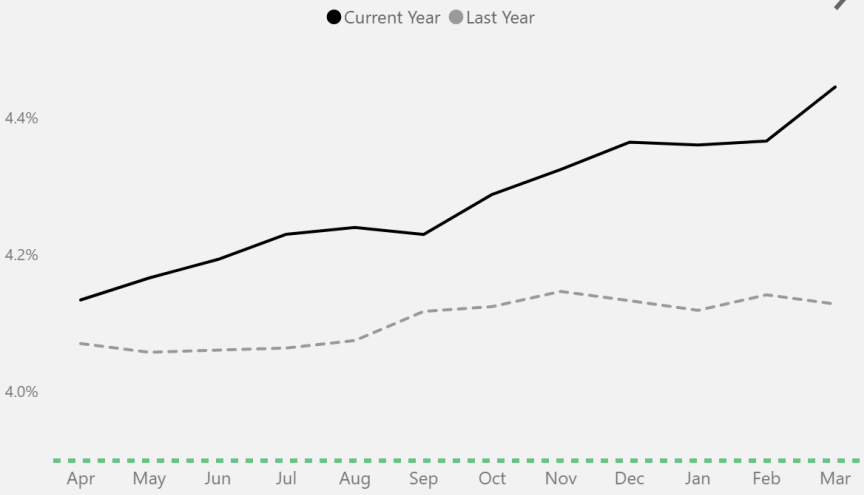
Chief People Officer
Paul Jones

NNUH Digital Health business intelligence

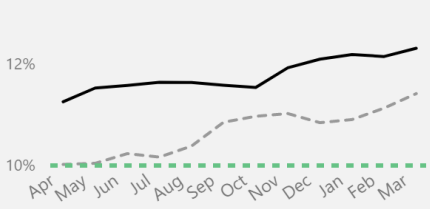
Staff wellbeing and retention is an important factor in the long-term workforce picture for the NHS. The measures below show annualised sickness rates (recorded on ESR) and staff turnover. Turnover is shown both annualised (showing the level of staff leavers over the preceding twelve month period) and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

Month Selector
Most Recent

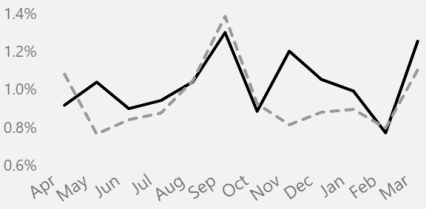
Annualised Sickness Absence



Annualised Turnover



Monthly Turnover



Annualised Sickness Absence		
Month	2019	2020
March	4.1%	4.4%

Annualised Turnover		
M	2019	2020
Mar	11.4%	12.3%

Monthly Turnover		
M	2019	2020
Mar	1.1%	1.3%

Data Observations

The Operating Plan for 2019/20 has set a challenging 12 month rolling average target of 3.9% for sickness. As at 31 March 2020, the rate is 4.44%. Provisional indications for April sickness is in the region of 4.8%. However, if absence recorded as Covid were removed the monthly rate would reduce to 3.6%. This shadow figure would confirm that the seasonally adjusted rate has not only stabilised but would be reducing.
Note that the turnover rates are inflated for the NNUH and CSS Division due to 38 leavers as a result of TUPE implementation (21 with regard to HPV, and 17 in respect of Community Dietetics). The impact is to inflate the turnover figure for the NNUH by 0.44% per month and for CSS Division specifically by 2.2% per month. This staff alignment will remain in the monthly turnover figures until November 2020.
The turnover rate for the 12 months to April 2020 is 12.0% (when adjusted for HPV and Community Dietetics the rate would be 11.56%). The monthly turnover rate is 0.65%

Management Comments and Actions

The most significant indicator is the rolling 12-month average sickness rate. For the 12 months to end of March 2020 this is 4.44%.

It should also be noted that 60% of lost days are due to staff absent for more than 28 days. Furthermore, during 2019, 2% of all episodes of sickness accounted for 35% of all lost sick days. Accordingly, efforts are required to reduce and minimise the occasions for longer term sickness.

If Covid related sickness absence were excluded the monthly sickness rate would reduce from 4.93% to 4.25%. It is also reasonable to suggest that other Covid related sickness may have been mis-recorded e.g the level of cough/cold/flu category is significantly higher than would be expected. Accordingly, it would be reasonable to assume that the seasonally adjusted rate (12 months rolling) absence has stabilised in the last five months.

INTEGRATED PERFORMANCE REPORT

Appraisals & Mandatory Training

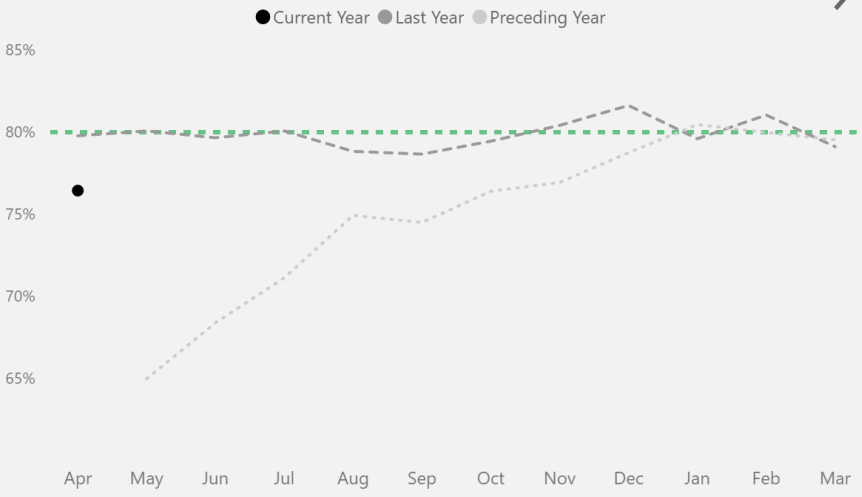
Chief People Officer
Paul Jones

NNUH Digital Health business intelligence

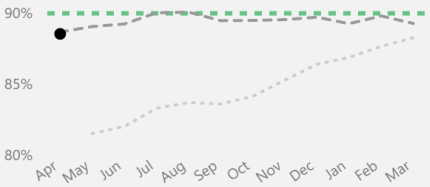
An insight into the proportion of non-medical staff who have recieved appraisals (of those eligible), alongside the proportion of staff meeting their Mandatory Training requirements.

Month Selector
Most Recent

Non-Medical Appraisals



Mandatory Training



Medical Appraisals

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

Non-Medical Appraisals

Month	2019	2020
April	79.8%	76.4%

Mandatory Training

M	2019	2020
Apr	88.7%	88.6%

Medical Appraisals

M

Data Observations

For appraisals, the Operating Plan for 2019/20 reflects an aspiration for 90% compliance but accepting that consistently exceeding 85% compliance would represent excellent progress. 76.4% of eligible staff (Non-Medical appraisals) had an appraisal during the last 12 months.

For information, the 2019 Staff Survey reports that 87.8% of staff had an appraisal. However, just 18.4% indicated that the appraisal experience helped them to improve their job.
For Mandatory Training, the compliance rate is at 88.6% with one area (Clinical Support) showing a compliance rate which exceeds 90%.

Management Comments and Actions

Management effort is required to support the completion of appraisals in order to increase the compliance rate. As a result of the 2019 Staff Survey, a review of the appraisal experience and process is to take place in order to improve engagement, participation and value.

A series of improvements and interventions have been in place to support mandatory training compliance. To help prioritise releasing staff to frontline duties to cope with the pandemic, an organisational decision was taken to suspend mandatory refresher training. Therefore classroom-based refresher mandatory training expiring dates will be rolled forward to reflect the current unavailability of this training. A recovery plan is being developed to set out re-introducing this training following the Government's social distancing guidance. Additionally, more training topics are being made available by eLearning and targeted messages are being sent to non-compliant staff to advise them to complete this learning online

REPORT TO THE TRUST BOARD OF DIRECTORS

Date	**3 June 2020**
Title	**CRN Eastern Annual Report 2019/20**
Author & Exec lead	**Martin Batty, Deputy Chief Operating Officer, CRN Eastern; Erika Denton, Medical Director, Norfolk and Norwich University Hospitals**
Purpose	**For Approval**
Relevant Strategic Objective & BAF Reference	**SO: 3 - We will be a centre of excellence for research, education and innovation** **BAF Ref: 3.6 - Importance of network & partnership relationships – threatened by changes to NIHR & CRN funding and reputational risk were we to fail as host of the NIHR CRN network or QI partner**

1. Background/Context

At the behest of the NIHR Coordinating Centre and due to the Covid-19 pandemic, all Local Clinical Research Networks (LCRNs) are required to submit a 3 page summary as part of their annual reporting for 2019/20. An additional document compiled by the Coordinating Centre will include data on the Network's metrics including its financial position, in which CRN Eastern will report a financial balance.

The annual report covers 7 key business areas: Highlights from the year; HLO Performance; Response to Covid-19; Targeting Health Needs; Partner Engagement; Patient and Public Involvement and Engagement; and Social Care Pump Priming Pilot.

CRN Eastern's highlights included its performance in commercial portfolio firsts, in which over a quarter (15/52; 29%) of the entire CRN's portfolio of commercial firsts were achieved by CRN Eastern, including 3 Global Firsts. Other highlights included the development of our freely downloadable clinical research game app, which has been used to for numerous public engagement events and will soon be used in a suite of lesson plans in schools to engage children in conversations about research; and our strategic initiatives in social care and inclusion, which have included working with NIHR partners in Eastern along with other organisations including the Applied Research Collaboration (ARC) and Research Design Service (RDS).

Our performance on High Level Objectives (HLOs) remains strong and in particular, our performance on HLO2a (recruitment to time and target; RTT) on commercial studies continued to maintain an upward trajectory, closing at 78%, while commercial performance (HLO 1b) achieved 177% of target and HLO 2b (RTT for non-commercial studies) closed at 93%, making CRN Eastern a Top 3 performer on this measure for the second year running.

CRN Eastern's response to Covid-19 has been swift and robust. Its Business Continuity Plan was formally implemented on 16 March 2020 and 3 priority work streams (internal, Covid-19, and external) were established, with regular updates and reviews, augmented by a revised communications strategy to ensure key and

clear messages were conveyed to the core team and Partners. Contingency money has been used to implement a new scheme to support Partners to deliver Urgent Public Health (UPH) studies, and within the region over 2,500 participants have been recruited from 9 UPH studies, with one Partner Organisation (Papworth NHSFT) having the second highest recruitment of the CRNs to the nationally prioritised Recovery trial.

£367k (2% of the annual budget) was set aside to deliver research targeting health needs of the population, including the development of COPD rehabilitation studies and funding for mental health posts in underserved areas. Numerous other studies have been set up or will run in 2020/21, ensuring that CRN Eastern continue to deliver research in areas of need and ensure parity of opportunity for all participants.

Partner Engagement remains strong, with 100% feedback from our Partner Organisations. We are committed to listening to and working with our partners to ensure we maximise their input and fully support them wherever possible. Our patient and public involvement and engagement continues to be a particular strength and we increased participation in the Participant Research Experience Survey (PRES) by 97% on the previous year to almost 2,500 responses, with responses from all 16 Partner Trusts. Furthermore, Research Champions from 10 Trusts were involvement in over 40 projects. Project work instigated by one of our Public and Patient Involvement and Engagement (PPIE) representatives, in which the NIHR CRN portfolio was reviewed to determine the inclusion of people with a learning disability, highlighted inequalities in access to research for people with a learning disability. The results were published in a letter to the Lancet, naming the PPIE representative in the list of authors.

Finally, we delivered a Social Care readiness project in partnership with the Centre for Research in Public Health and Community Care, University of Hertfordshire, and the Health and Care Research Service and the Centre for Social Work and Social Justice, University of Essex. The project aimed to better equip the LCRN to support social care research through mapping researchers in Higher Education Institutes and social care provision and establishing key contacts within this domain.

2. Key issues, risks and actions

With the exception of the Covid-19 pandemic, which affected the end of Quarter 4, there are no key risks, issues or actions from 2019/20. Moving forward, the research landscape has and will continue to change and we are well placed to adapt to this and have an established Business Continuity Plan, which include plans to recover from critical events as swiftly as possible. The Clinical Directors and Chief and Deputy Chief Operating Officers are working closely with one another and the national centre and teams, and regularly review business plans, including plans to restart studies paused due to the Covid-19 emergency. CRN Eastern returned a financial balance for 2019/20 and regularly reviews its financial position to ensure it maximises its outputs while exercising due diligence and financial probity.

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

CRN Eastern continues to work closely with its Host and Partner Organisation to deliver the nationally prioritised Urgent Public Health studies. We will continue to work closely with the national team to ensure we deliver the prioritised studies and are in a position to deliver and resume paused and new studies at the earliest opportunity moving forwards.

Recommendation:

The Board is recommended to:

- Approve the CRN Eastern Annual Report 2019/20. The report was approved by the CRN Eastern Partnership Group on 11 May 2020, Management Board on 26 May and submitted in draft to the NIHR CRNCC by the mandated deadline of 18 May 2020.

NIHR | Clinical Research Network Eastern

Annual Report 2019/20

a. Three highlights from 2019/20

(i) A leading network in commercial portfolio firsts. During 2019/20 CRN Eastern achieved over a quarter (15/52; 29%) of the entire CRN's portfolio of commercial firsts. This included 3 global firsts (in Ophthalmology, Cancer and Children's), 1 European first (in Diabetes), and 11 UK firsts, including a UK first in a GP surgery (Dr Amrit Takhar, who also received an RCGP research award), reflecting our close relationship with CI/PIs across a range of settings and specialties.

(ii) Rebo the interactive online clinical research game proves to be a massive success. Following on from our earlier work developing a freely downloadable app, 'Rebo the Research Robot' available on both Apple and Android platforms, Rebo and its supporting promotional stand were taken to numerous events over the course of 2019/20, reaching >1500 people and its launch was covered by the local press. It will soon be used as a platform to engage with school children in conversations about research. Ongoing work with collaborators in the University of East Anglia has seen us team up to develop a 6-week suite of lesson plans built around the game, including topics on research participation and design, healthy eating and diabetes. The lesson plans have already been drafted and will be implemented in schools across the Norfolk region.

(iii) Social Care and Inclusion Projects. Working with NIHR partners in Eastern, the ARC & RDS specifically, we have a number of strategic initiatives across the inclusion agenda. The social care pilot work we commissioned involved the NIHR ARC social care lead and this collaboration provides a foundation for ongoing work. In partnership we have also commenced a joint communications project so there is a unified approach to engagement in underserved areas across Eastern. Project work instigated by one of our PPIE representatives, in which the NIHR CRN portfolio was reviewed to determine the inclusion of people with a learning disability, highlighted inequalities in access to research for people with a learning disability. The results were published in a letter to the Lancet, naming the PPIE representative in the list of authors. Eastern also secured funding for one national social care project and was a co-applicant on another with CRN Kent Surrey & Sussex. The governance project has been successfully completed and the final outputs from the second one will be realised in 20-21. Details of other projects under this umbrella are available.

b. HLO Performance

HLO 2a performance continues on an upward trajectory closing at 78% - a credit to all Partners and the Eastern study support service. HLO1b has been particularly strong due to large-scale commercial performance (177% of target achieved), and for the second year running HLO2b performance has been a top 3 network performer (93%). Central to this performance has been a key studies group, which provides a vehicle for discussing HLO priorities and enables knowledge and experience to be shared. This will also ensure greater strategic planning and consideration of resources for building greater cohesion across divisions and specialities. In particular, the Ageing specialty has performed well against HLOs 1, 2a and 2b, with all studies closing within the year meeting their target, while Mental Health has performed strongly against HLOs 1, 2a and 2b. During 2019/'20 Mental Health studies recruited 5646 participants, a 67% increase on the previous year, making CRN Eastern the second highest recruiting CRN for Mental Health. Oral & Dental remains a challenge as there is no dental school within the Eastern region. We have however worked closely with dentists, who continue to recruit into mental health-led and anaesthetics-led studies (MAGIC 40234 and CLASP LD 42285). HLO7 recruitment has been lower than previous years and not wholly unexpected given the highly ambitious target. This drop in recruitment reflects changes in the local portfolio, with 12 fewer studies and a high recruiting study (Bioresource - genes and cognition; 42686) has not opened in year as expected. However, the local Eastern-led portfolio continues to be strong, with 7 new studies, including one from Anglia Ruskin University, showing that our promotion of the benefits of CRN support is effective. The Discover - Me (40837) study was due to open May 2019, with over 30 sites recruiting 500

participants. However, the planned recruitment trajectory was revised, with a start date of October 2019 and a phased approach to opening sites. Sites that have opened have largely recruited well, with 681 Eastern participants to date. There have been a significant number of vacancies in the senior management team which has brought its challenges during the year: the team is now up to full strength.

c. Response to COVID-19

CRN Eastern has a Business Continuity (BC) Plan, which operates alongside its Urgent Public Health (UPH) Research Plan and the Trust's Major Incident and Infectious Diseases Plan. This aims to maintain critical business operations and to have in place plans to recover from critical events as swiftly as possible. Our BC plan was submitted to the Coordinating Centre in January 2020 and formally activated on 16 March 2020. Three priority work streams supported by the network core team have been established: (i) an internal work stream, focusing on transitioning the core team to working from home, augmented with practical support, clear and frequent communications and an emphasis on wellbeing; (ii) a COVID-19 study work stream, involving the d/RDM team and Study Support Service, reconfigured to deliver Covid-19 studies with input from Workforce, Communications and the Business Development team; and (iii), an external work stream, focussing on POs and exchanging information, reporting, policy and communications. Regular reviews of these workstreams take place alongside regular meetings between the d/COO and the CDs (in addition to meetings with the national team), with a refreshed local communications strategy, with regular updates underpinning this work. This includes bi-weekly core business continuity communication updates; a weekly COVID-19 Research round-up bulletin, shared with all CRN Eastern-funded staff; and a new UPH research area on the CRN Eastern Hub Home, which provides a single place for essential guidance, information and links relating to COVID-19. The team have quickly adapted to new and flexible ways of working and many of these practices (e.g. monthly 'virtual' CD/SGL meetings) are likely to remain when we review our business practices moving forward. To ensure our Partners are able to support as many UPH studies as possible we have implemented a new UPH support scheme, which provides up to £200k additional funding to increase capacity within organisations, for example through additional nursing, PI or admin support. Applications are turned around within 48 hours, in keeping with the prioritisation and urgency of these studies. This has enabled us to increase the number of priority studies within the region, including sites running multiple studies including Recovery, Recovery RS, CCP and Remap-Cap (2,209 participants recruited from 9 studies to date). We are pleased to report that Royal Papworth University NHS FT has the second highest rate of recruitment to Recovery trial nationally.

d. Targeting Health Needs

£367k (2% of 2019/20's annual budget) was set aside to deliver research projects targeting health needs. We have invested in the development of COPD rehabilitation study (Active+me PRE-Hab 45250) that will open in COPD hotspots in West Norfolk and Great Yarmouth identified through the ODP disease mapping tool. Funding for Mental Health posts in Great Yarmouth has also generated new recruitment in this underserved area. Likewise an initiative to offer research opportunities within the Reproductive Health and Childbirth portfolio to women living in areas of high deprivation involves tracking participation by postcode data to evidence improved access. Within the Stroke portfolio, a focus group of patients will review the findings from a survey of North Norfolk stroke patients aimed at understanding the barriers and drivers to taking part in research. We have invested in some preliminary work looking at how care services, volunteers and families work together to provide end of life care that will both inform how we establish our community research workforce and be developed into a research study. Within Primary Care, teams have focused on identifying and supporting sites in areas of unmet needs and new ways of resourcing these sites have been explored. The ATTACK study (37100) has sites opening in Central and North Norwich, Great Yarmouth and Peterborough, all of which have been identified by PH fingertips as underserved populations. Sites in Peterborough have also been targeted for the

SAFER (40491) study and will open in 2020/21. Underpinning this, we are running a project in General Practices in underserved areas of Norfolk, which aims to understand the patients' perspective of the barriers to research participation. We are conducting focus groups with patients from targeted practices using ATTACK as an example study (with their permission) and will share learning from this with the study team and practices. The IMP2ART (43924) asthma study, due to open in Q4, will open in high prevalence areas - (NB this is a primary care led asthma study). A new PI in Norfolk has also expanded participation in Lewy body dementia studies. It is disappointing that our flagship Public Health (PH) event, partnering with PHE East, academic PH colleagues and our PH SGL, has been postponed twice (NIHR purdah & Covid-19 pandemic).

e. Partner Engagement (reference to LCRN's 2020 Partner Satisfaction Survey Results)

We continue to have strong engagement and attendance at Partnership Group meetings, which, in consultation with partners, have been reduced to 3 per annum, including one CEO level meeting. New meetings involving R&D leads to help co-produce annual plans have been added and well received by partners. We value the feedback from 100% of our Partners (an improved level of response) however note that overall satisfaction was marginally down. We are committed to listening to and working with our partners to address areas where there could be improvement.

f. Patient and Public Involvement and Engagement (PPIE)

CRN Eastern continues to deliver exemplary PPIE. In 2019/20, participation in the PRES was up by 97% (2,469 responses) and included responses from all 16 partner Trusts and from Primary Care teams. Seven versions of the PRES were available, including an ambulance version piloted with one of our supra-network partners (CRN West Midlands) and our local ambulance trust. The online response rate increased significantly, from 2018/19 (from 0.2% to 5.5%) and a range of PRES improvement projects took place, including a research completion pack designed by the research team at the Norfolk & Suffolk NHS FT. Patient-facing events included the Let's Talk Prostate event, delivered in partnership with North West Anglia NHS FT, and the Young Minds Inspiring Health and Wellbeing Research event, part of the INVOLVE funded Reaching Out project led by the East of England RDS in collaboration with the East of England ARC and CRN Eastern. This event featured young people from North Essex and showcased projects from Refugee Action Colchester, Essex Council for Voluntary Youth Services, and Tendring District Council. We also continue our high volume, high-quality research championing and 43 research champions in 10 of our 16 partner trusts have been involved in over 40 projects, including an awareness raising survey at the Norfolk & Norwich University Hospitals FT; a series of talks delivered in the local community by PRAs at the North West Anglia NHS FT; and a new research volunteer cafe set up at East Suffolk & North Essex NHS FT.

g. Social Care Pump Priming Pilot, including confirmation of any underspend.

This social care readiness project was delivered in partnership with the Centre for Research in Public Health and Community Care, University of Hertfordshire, and the Health and Care Research Service and the Centre for Social Work and Social Justice, University of Essex. The project aimed to better equip the LCRN to support social care research through mapping researchers in HEIs and social care provision and establishing key contacts within this domain. With the exception of regional stakeholder engagement events, which were postponed due to COVID-19, all planned outputs were delivered. No underspend against £15k funding. Eastern was also awarded funding for social care Research Governance project, delivered successfully by Cambridgeshire and Peterborough Primary & Community Care Research and Development Team and Norfolk and Suffolk Primary and Community Care Research Office and a second project investigating recruitment of participants from community settings (see top 3 highlights). A collaborative project, run in conjunction with colleagues from Kent, Surrey and Sussex investigated the recruitment of participants from community settings. Some of the project outputs were slowed due to the Covid-19 pandemic and will be completed in 2020/21.