

MEETING OF THE TRUST BOARD IN PUBLIC

FRIDAY 26 MAY 2017

A meeting of the Trust Board in public will take place at 9am on Friday 26 May 2017 in the Boardroom of the Norfolk and Norwich University Hospital

AGENDA

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3	Matters arising		Discussion	
4	Chief Executive's Report <i>(Mr Ben Everitt (Head of IT) to attend to discuss the recent global 'ransomware' attack)</i>	CEO	Discussion	11
5	Integrated Performance Report <ul style="list-style-type: none"> - Quality & Safety - Safety & Effectiveness - Caring & Patient Experience - Performance & Productivity - Workforce - Finance - High Risk Tracker 	Execs	Discussion	19
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Date and Time of next Board meeting in public

The next Board meeting in public will be at 9am on Friday 28 July 2017 in the Boardroom of the Norfolk and Norwich University Hospital

MINUTES OF TRUST BOARD MEETING IN PUBLIC

HELD ON FRIDAY 31 MARCH 2017

Present:	Mr J Fry	- Chairman
	Mr P Chapman	- Medical Director
	Mr M Davies	- Chief Executive
	Mr M Jeffries	- Non-Executive Director
	Mrs E McKay	- Director of Nursing
	Mr J Norman	- Chief Finance Officer
	Dr G O'Sullivan	- Non-Executive Director
	Mr J Over	- Director of Workforce
	Mr R Parker	- Chief Operating Officer
	Professor D Richardson	- Non-Executive Director
	Mrs A Robson	- Non-Executive Director
	Miss S Smith QC	- Non-Executive Director

In attendance:	Ms F Devine	- Director of Communications
	Mr J P Garside	- Board Secretary
	Mr S Hackwell	- Director of Strategy
	Ms V Rant	- Assistant to Board Secretary

17/009 **APOLOGIES AND DECLARATIONS OF INTEREST**

Apologies were received from Mr How. No conflicts of Interest were declared in relation to matters for consideration by the Board.

17/010 **MINUTES OF PREVIOUS MEETING HELD ON FRIDAY 27 JANUARY 2017**

The minutes of the meeting held on 27 January 2017 were agreed as a true record and signed by the Chairman.

17/011 **MATTERS ARISING**

The Board reviewed the Action Points arising from its meeting held on 27 January 2017 as follows:

17/003 Mr Over explained that the Management Board is reviewing options relating to apprenticeship opportunities. Action closed.

17/003 The targets on Core Slide 13 have been updated. Action closed.

17/003 Additional information on the causes of cancelled admissions has been added to the IPR at Slide 22b. Action closed.

17/005 Additional information concerning stroke performance has been added to the IPR at Slide 24a. Mr Hackwell noted that the Stroke Strategy is also on the Agenda for the next meeting of the Board. Action closed.

17/005 The graph on Core Slide 45 has been amended to include the value for previous year clinical income. Action closed.

17/006 The dates for informal meetings with Governors have been circulated again so that Non-Executives can identify dates on which they are available to attend. Action closed.

17/012 **CHIEF EXECUTIVE REPORT**

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

(a) Financial Special Measures (FSM)

Mr Davies highlighted that this was our first meeting in public since the Trust had been released from Financial Special Measures (FSM). Our staff have been thanked for their efforts towards this achievement. The Divisional restructuring has been a significant factor assisting our financial improvement and we now have strong clinical leaders in place. Our Regulators recognised the work that had been undertaken towards financial improvement and reduction of our pay spend. NHSI will be using our work in reducing agency/locum costs as an example of best practice for other Trusts.

(b) Sustainability and Transformation Plan

In light of the scale of the challenges facing the NHS nationally, it is clear that organisations will be unable to tackle issues alone and healthcare partners will need to work together to find solutions, across the commissioner/provider boundary. The role of our Executive Team in the STP has increased. Mr Davies has been asked to be the county's STP lead for IT, Cancer and Urgent Care. Projects led by our Executives are: RTT (Mr Parker), HR (Mr Over) and back office (Mr Hackwell).

Mr Jeffries noted the increased Executive input into the STP and asked when the benefit from this is likely to be realised. Mr Davies explained that the next 12 months will be important in establishing whether the STP is to be effective in making a difference.

Mr Fry informed the Board that interviews for an independent Chair of the STP will be held in April and appointment to the role is expected to be made in May. This is a significant development.

Miss Smith asked if other organisations had encountered the same issues as we had experienced in progression of the STP. Mr Davies confirmed that it appears other STPs had encountered similar issues. Formulation of the STP Chairs group with reporting from Executive Leads has been a positive step in strengthening the STP process.

(c) NHS Corporate Services Benchmarking

NHSI has published data following its benchmarking review of back office corporate costs as part of the Lord Carter work on improving NHS productivity. This data has been used to assess the relevant position of our corporate functions and will be used to inform STP work and the potential to achieve efficiency gains.

A number of the NNUH departments are amongst the cheapest in the country and there is a question as to whether they require some investment in order to provide the full range and quality of service that we desire. Discussions are ongoing with the Divisions to establish their needs. Mr Hackwell noted that the evidence of the benchmarking is that combining with others will not obviously result in financial savings for the Trust.

Mr Norman explained that he is keen to develop a different model of business in the Finance function, using a business partner arrangement, working with clinical and operational teams to develop services and encourage efficiencies and improvements.

Dr O'Sullivan asked if there was a strong case for investment in specific areas in order to improve efficiency and whether investment in governance/risk management has been sufficient to ensure robustness in these areas. Mr Davies explained that departments had been asked to review their services in order to identify areas that may need investment. This is a key point to take from this national benchmarking exercise. The Estates function is another that requires strengthening.

Mr Fry noted that it is positive that the Trust's support services costs are lower than many others however there is a balance to be struck and requiring periodic support from external consultants can prove an expensive way of financing these functions.

17/013 **INTEGRATED PERFORMANCE REPORT**

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

(a) Quality and Safety

Mr Chapman informed the Board that our incident reporting rate is 44.23 per 100 bed days which is just below the top quartile. High reporting is seen as a positive indicator of a safety culture. Current performance ranks NNUH 36 out of 136 trusts (target 34 out of 136).

The downward trend in the number medication incidents has continued. It may be associated with the introduction of the EPMA. Dr O'Sullivan asked if this would be a positive example of safety improvement through investment and this was confirmed. Mr Chapman explained that the project had received a share of national funding and had been introduced at the James Paget University Hospital at the same time.

The Board was informed that our mortality review process has been established in accordance with national requirements and guidance. Themes arising out of recent mortality reviews concern Acute Kidney Injury management; EWS response to deteriorating patients; and interface between ED/AMU.

Mr Davies highlighted that one aim of the STP is to reduce inequality and improve access for patients across Norfolk. There are a number of examples of services that are of variable standards across the County and, if common standards could be introduced across the County, this would be of benefit to the people of Norfolk.

Mr Chapman informed the Board that the maternity induction rate is high due to the national GROW programme which has been implemented by the Trust. The format of this section of the report is being revised to report induction rates relating to the GROW programme and those that are not.

(b) Caring and Patient Experience

Mrs McKay informed the Board that there had been 6 serious incidents reported in February. There has been an increase in the number of falls in February (229) but the number of falls resulting in moderate harm (or above) has remained low (2).

The number of hospital acquired pressure ulcers continues to be low. Around 3,000 patients have been admitted from the community with Grade 3 pressure ulcers and 162 with Grade 4 pressure ulcers. It is anticipated that many people are unaware of the issues that may cause a pressure ulcer and increased education/promotion in the community could help to raise awareness. This has been discussed with the CCGs.

No cases of C Difficile were reported in February and we are on track to remain under the ceiling for 2016/17. The ceiling for 2017/18 is expected to remain the same at 49 cases.

NNUH was lower (better) than the national average in relation to all indicators on the NHS Patient Safety Thermometer in February.

The score on the Friends and Family Test remains high at 97%. Work continues on projects to increase response rates. 99% of respondents were satisfied/very satisfied with the kindness and compassion demonstrated by staff. The Emergency Department has the highest number of complaints, but these are low numbers relative to the total number of patient attendances.

Mr Davies informed the Board that he had thanked and congratulated staff at the regular Viewpoint meeting for the feedback received from patients, particularly with regard to the kindness and compassion that they had shown to our patients.

The Patient Experience Working Group (PEWG) is working to identify achievable work-streams from patient/carer feedback in order to deliver improvements. Miss Smith asked about membership of the PEWG and Mrs McKay explained that this includes matrons, operational managers and core services.

The revised Quality Assurance Audit process has been in place for six months. External support is now used selectively and this is believed to produce better surveillance. Five audits are supported by external auditors and 10 audits are undertaken internally by Trust staff. The new approach to QAA will be reviewed in April and the Board updated.

(c) Effectiveness

Mr Chapman informed the Board that the NIHR portfolio recruitment target for 2016/17 has been achieved at 3,362 (target 3,000). We are also on track to achieve the 'all study' recruitment target for 2016/17 (5,000) and this target has been added as a Quality Priority for 2017/18. Achievement of HRA targets for initiation and delivery of studies is a challenge for all Trusts nationally. A review of those studies that had not achieved targets had found internal delays had been responsible in only one case.

There is an increased focus on attracting commercially-funded studies and clinical trials to the Trust. Key to this will be achievement of R&D performance metrics and liaison is ongoing with researchers across the NRP to streamline processes for establishing studies.

Professor Richardson noted that the percentage of commercial studies appears low at 7%. Mr Chapman explained that the profile at many other Trusts would be similar. It would be useful to have comparator information and Mr Chapman agreed to provide that.

Comparator information relating to the ratio of clinical and non-clinical research trials will be provided as an indication of what the Trust may aim to achieve.

Action: Mr Chapman

The MHRA has published its report, following an inspection into a dermatology trial in December. The report made some critical findings in relation to the sponsor and 3 major and 5 other findings in relation to NNUH. An action plan to address the findings has been developed and submitted to the MHRA.

The PROMs Oxford Knee score has deteriorated but is still within the 95% control limit. Actions are ongoing to improve patient information, post-operative physiotherapy, helpline for discharge and increase involvement of nurse practitioners in the pre-assessment clinic.

(d) Performance and Productivity

Mr Parker informed the Board that performance towards the 62 day cancer target remains below the 85% target at 71.85% in February and this has been due to ongoing work to reduce the backlog. The cancer recovery trajectory anticipates achievement of compliance in May 2017.

Performance towards the 95% 4 hour A&E target was 77% in February. Demand and bed availability have been the main factors affecting achievement of this target. Patient flow is a key component and the target is to reduce the number of stranded patients down to 170 in the next quarter.

RTT capacity has been used to prioritise treatment of urgent and cancer patients for some time. Mr Parker explained that a recovery action plan has been established with the CCG to return RTT performance to compliance by October 2018.

Targets were achieved for the stroke indicators for % of urgent stroke patients with access to a brain scan within 60 minutes and % door to needle time of ≤ 60 minutes for eligible thrombolysis patients. Access to stroke beds has remained challenging due to ongoing congestion within the hospital and we are continuing to work with community teams to improve the flow of stroke patients back into the community.

Mr Fry asked if the number of stroke beds was sufficient or if this number needed to be increased. Mr Parker confirmed that the current number of beds appears right for current demand providing that flow of stroke patients out of the hospital into community beds is maintained. Mr Hackwell informed the Board that the Stroke Strategy will be presented to the Board at its next meeting in April.

Mr Parker informed the Board that a review of SNNAP audit data had indicated that our performance had been ranked as 'good' but if access continues to be restricted, it is likely that this will affect our ranking in the current year.

Dr O'Sullivan asked about delays in discharge and whether there is any particular area of the pathway that is responsible for prolonging length of stay. Mr Parker noted that metrics 28, 29 and 30 on the Performance Summary table sets out the position and the improving trajectory. Reducing the number of stranded patients (with a LOS >14 days) is key to maintaining the flow of patients through the hospital. We have a dedicated discharge team focussed on this group of patients and aimed at anticipating and resolving impediments to discharge.

Miss Smith noted that a significant percentage of cancelled operations were due to administrative reasons and asked what steps could be taken to address this. Mr Parker explained that this figure also includes those patients that self-cancel and those who are unfit for surgery. Historically, the main cause for the number of cancellations has been access to beds but this has improved from 337 last year to 50 cancellations this year. This is a significant achievement. Work is ongoing to improve our processes for screening patients before day of surgery and also in the development of a system for 'fall-back' patients who will be able at short notice to utilise those slots vacated by patients who are unfit to have their surgery.

Mr Jeffries noted that the number of emergency admissions was 2.4% lower than last year and asked why elective activity was also lower than the figure reported for last

year. Mr Parker explained that 2016 was a leap year which would slightly elevate elective activity for February 2016 compared to 2017. Work is continuing to improve theatre productivity and the working day is being restructured so that teams can work later to accommodate theatre times that run late.

DPU continues to be ring-fenced for surgical activity which has enabled a general increase in day case activity. Mr Chapman confirmed however that we are undertaking more complex cases as day cases and whilst the number of operations is reduced in some cases this is because we are undertaking more complex cases which require more theatre time.

Dr O'Sullivan noted clinical income underperformance and asked what action was being taken to address this. Mr Parker explained that this has been addressed, in part, in activity planning for next year. The plan for 2016/17 anticipated 6% growth in clinical income and, although good progress has been made to increase elective and day case activity, delivering the full planned growth was always expected to be a stretch. The reduction of non-elective activity has had a negative impact on income. There has also been a reduction in the number of births. The Divisions are exploring ways to utilise additional capacity released through the improvement schemes.

(e) Workforce

Mr Over informed the Board that effective controls have ensured that agency/locum expenditure has remained stable and total pay expenditure is £290k better than plan. There has been a significant improvement over the course of the year.

Mrs Robson noted that there had been an increase in agency/locum shifts since December 2016 and asked if it was expected that this would reduce. Mr Over explained that we continue to engage some temporary workers where vacancies exist and according to clinical need. Mr Parker noted that the rise corresponds with the peak 'winter' period and the current position is a significant improvement compared to the levels reported in the months prior to September 2016. The Board was informed that other Trusts are being encouraged by NHSI to learn from our approach to tackling agency/locum expenditure.

Mr Davies highlighted that nationally, a number of Trusts have halted elective activity under their Financial Improvement Programmes and our position has improved compared to other Trusts.

Mr Over explained that in order to increase savings, there had been an inclination to restrict recruitment to vacant posts but an alternative process was introduced at this Trust. A weekly review is undertaken by each of the Divisions and creative solutions explored. It has been found that this process is working well and has been received favourably by the Divisions. Mr Davies explained that the Management Board had been assured about the processes which have speeded up recruitment.

Mr Chapman highlighted that the GMC had identified safety risks around agency/locum staff and this is a further incentive to reduce medical agency/locum spends.

The Board was informed that there has been a positive trend in the number of Registered Nurse/Midwife leavers and the lowest number of leavers in the past two years was recorded in February. This may reflect the reduced availability of temporary work or the effect of a cyclical profile of nurse retirements.

Sickness absence in the last six months has been the same or less than the level in the previous year. This appears to demonstrate the success of the new sickness

absence policy which encourages discussion between managers and staff following periods of absence.

(f) Finance

Mr Norman informed the Board that we remain on track to achieve the planned deficit of £25,032k in 2016/17. By achieving our plan and delaying our request for a working capital facility from DH, we have secured a more favourable interest rate on our loan and saved £1.2m in interest charges.

We are on track to achieve planned CIP savings. To date we have achieved £21.9m which is £0.055m better than plan. At its next meeting, the Board will be updated on FIP development for 2017/18 and progress with the Excellence Together programme.

Action: Mr Norman

The Board was informed that the Divisions have been working to contain variable costs on non-clinical supplies and this has been reduced to £5.7m which is thought to be sustainable, giving some confidence for next year.

The Financial Plan for 2017/18 has a savings target of £30m which should generate a small surplus. Regular meetings are being held with the Divisions to develop savings plans through the FIP/PMO process. This process is well established and focussed on continuing improvement.

Mr Norman informed the Board that Excellence Together projects are underway in T&O and Older Peoples Medicine. The projects are being led by the Trust's clinical consultants with support from Newton. The projects form part of the Financial Improvement Programme's £30m savings target and the Board will be provided with further information on progress in developing CIPs at its next meeting.

(g) High Risk Tracker

Mrs McKay updated the Board on the High Risk Tracker. Two risks will be removed from the HRT, having been reviewed and regraded with a residual risk rating <15.

17/014 **NATIONAL STAFF SURVEY RESULTS**

The Board received a presentation from Mr Over concerning the 2016 national Staff Survey results.

Mr Over reminded the Board that the 2016 Staff Survey had been conducted across England during October/November. The Trust had received 3,200 responses which was a 46% response rate. 32 key findings were derived from the 90 questions posed to staff in the survey. The results of the national survey were published in February.

Our position has remained broadly unchanged from the results in 2015 compared with other hospital trusts. 22 of the 32 key findings have improved, 7 key findings have worsened and 3 remain unchanged. Of the six provider organisations in Norfolk, James Paget University Hospital was rated with the highest score and NNUH was second highest.

Areas of statistically significant improvement relate to:

- % staff appraised in the last 12 months;
- Organisation/management interest in staff health and well-being;
- Recognition and value of staff by managers/organisation;
- Support from immediate managers.

Areas that have worsened to a statistically significant degree were:

- % of staff experiencing discrimination at work in the last 12 months;

- % experiencing physical violence from staff in the last 12 months.

Although the increase in the number of staff reporting either discrimination or violence was small, this is still considered to be unacceptable.

There is a wide-range of responses to some questions, with some divisions/departments scoring highly and others very low. A comparison of the key findings against national averages of the survey has been undertaken by division, age and occupational groups, in order to identify where the problems are occurring to determine where to focus our attention.

The results of the survey have been shared widely with staff via a number of routes. They have been discussed at an 'all staff' open Viewpoint meeting. The Divisions are sharing the results with their teams and reviewing the findings to determine any areas for improvement. A Management Board meeting will be focusing on the results of the staff survey and to hear from the Divisions on the actions they plan to take and what support they require in order to make improvements.

Those departments with the most worrying scores have been identified, to hear directly from staff and ensure that they know action is being taken. Our PRIDE into Values programme will address some of these issues and the way in which our values and behaviours framework is embedded into the organisation will be a good example of organisational change.

Mr Jeffries noted that whilst there are improvements, the results are a long way from where we want them to be and asked if there are a small number of focussed actions that can be taken to make a demonstrable difference.

Mr Fry asked when the action plans arising out of the review, will be ready for the Board's review and it was confirmed that the Board will receive further information at its next meeting.

Professor Richardson asked if any of the processes that have proved effective at JPUH could be shared for learning. Mr Over explained that the PRIDE Values programme had been implemented following a review of actions taken by JPUH. JPUH's ranking has worsened over the course of the last year but it may be possible to explore actions taken at other Trusts to determine if there are any further actions that can be taken.

Dr O'Sullivan asked what further action was planned to monitor progress. Mr Over explained that an internal staff survey is being undertaken bi-monthly and this can be used to monitor progress.

Our overall message to staff at the Viewpoint meeting will be that we are striving to improve and encourage our staff to talk to us about how they feel about working at the Trust. We want our staff to feel they are able to speak up, that they are being listened to and to know that action is being taken to address issues.

17/015 **FEEDBACK FROM THE COUNCIL OF GOVERNORS**

Mr Fry explained that a Q&A session for governors had been held, giving rise to a broad ranging discussion about current issues facing the Trust. A working group is being established to look into options for addressing car parking pressures and a number of governors have volunteered to take part.

Professor Richardson suggested that the review of car parking would benefit from an integrated approach in order to identify longer term solutions to increase car parking

across the whole of the NRP. This will be an issue that the NRP LLP can discuss further.

17/016 **ANY OTHER BUSINESS**

There was no other business.

17/017 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Trust Board in public will be at 9am on Friday 26 May 2017 in the Boardroom of the Norfolk and Norwich University Hospital.

Signed by the Chairman: Date:

Action Points Arising:

	Action
17/013	Comparator information relating to the ratio of clinical and non-clinical research trials will be provided as an indication of what the Trust may aim to achieve. Action: Mr Chapman
17/013	The Board will be updated on FIP development for 2017/18 and progress with the Excellence Together programme at its next meeting. Action: Mr Norman

REPORT TO THE TRUST BOARD (in public)

Date	26 May 2017
Title	Chief Executive's Report
Purpose	To update the Board on matters relating to the Trust that are not covered elsewhere in the papers.

Summary:

The intention of this report is to cover matters not addressed elsewhere in the papers. Key points are noted regarding:

1. Global Ransomware attack:

- The Board is updated on the recent global ransomware attack and Mr Ben Everitt (Head of IT) will be attending the Board meeting to provide an update and answer questions.

2. Regulatory context:

- Further to the CQC visit in April, we invited the inspection team to meet senior staff from the divisions and Operations Centre and to learn about changes that have been made in the Trust over the last year. Their draft report is awaited.

3. Financial and efficiency Improvement:

- Our Improvement Team has been praised by NHSE in relation to the implementation of the Clinical Utilisation Review system in the Trust. This is part of a national programme, of which the Trust's part is understood to be the largest such installation in the UK. Over 119,217 patients were assessed over 2.3 million bed days in a process involving daily assessment of patients' care needs. Analysis of the resulting data is ongoing and the Board will be updated at future meetings as this progresses.

4. Cromer Hospital Anniversary

- This year we are marking the 150th anniversary since Cromer Hospital was first established. This is an opportunity to celebrate the longstanding relationship between the hospital and the community it serves and an anniversary fete is to be held on 24 June 2017.
- The redeveloped Cromer and District Hospital continues to deliver highly valued services for patients. Discussions are ongoing with our clinical teams as to how we can develop the range of outpatient services that are provided from the Hospital.

Recommendation

The Board is asked to note recent matters relating to the Trust as highlighted.

CHIEF EXECUTIVE'S REPORT TO TRUST BOARD 26 May 2017

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

1 OPERATIONAL CHALLENGE

1.1 Global Cyber Attack

The obvious place to start this report concerns the global ransomware-attack which became apparent on Friday 12th May 2017. This was a major international story and organisations around the world were affected. It was declared as a level 4 national major incident by NHS England.

For our part, the Trust was able to avoid the major operational disruption experienced in some other organisations. Of the Trust's 4,500 computers, 7 were affected – all in close proximity to an affected ERS Medical (patient transport) computer. These affected units were quarantined and the attack was stopped.

Tribute should be paid to our IM&T and Operations Team who worked over that weekend to safeguard the Trust and its services for patients. Friday evening and the weekend were spent taking precautionary measures of patching and updating servers to ensure that they were protected from the vulnerability targeted by the ransomware.

One of the issues highlighted by this event is the extent to which medical equipment is now supported by IM&T. One of the areas of our system subject to precautionary quarantine was that which supports our Endoscopy washing machines. It was necessary to postpone procedures for a number of patients booked for the endoscopy unit over the weekend, until the washers were fully operational again. In this way it was possible to maintain our service for emergency patients.

A key reason that the impact of the attack was limited at this Trust was that, after a risk assessment, last year the Management Board approved investment in additional security software. This was on the back of implementing an Action Plan resulting from an Internal Audit review of our Cyber Security in 2016.

There is obviously a need for very close ongoing vigilance of this area but this incident is illustrative of our governance system working well. Ben Everitt, our Head of IT, will attend the Board meeting to report on this ransomware event.

2 STRATEGIC AND REGULATORY CONTEXT

2.1 NHS Improvement

Attached at **Appendix A** is the Certificate of Compliance received from NHSI with regard to our exit from Financial Special Measures and effecting discharge of our FSM Licence Undertakings of September 2016. It confirms that the Trust has been “...fully compliant”.

2.2 CQC Inspection

We are awaiting receipt of feedback from the CQC following its visit to the Trust in April. The CQC conducted follow-up meetings with our divisional leaders – to learn about the clinically-led divisional structure that we put in place last year.

3 FINANCIAL AND EFFICIENCY IMPROVEMENT

3.1 Clinical Utilisation Review CQUIN

The Board will be aware that the contracting process with CCGs involves a number of CQUIN (Commissioning for Quality and Improvement) requirements. In 2016/17 one such CQUIN involved introducing a system for the daily collection of data as part of a programme entitled Clinical Utilisation Review (CUR).

CUR involves collection of patient-level information to enable assessment of the utilisation of available in-patient hospital capacity. Initially this involved focus on delayed transfers of care and then latterly this was extended to include 'inappropriate admission' (i.e. whether the patient could have been cared for outside the hospital environment). The intended output is to enable objective, evidence-based assessments to be made of whether patients are receiving the *right levels of care in the right settings at the right time*.

CUR has the potential to provide important information about the interaction between the Trust's services and those of the wider health and social care system.

Introduction of the CUR data collection process at NNUH was co-ordinated by our Improvement Team, with the input from staff across the Trust. It took place over 6 months (Sept 2016 to March 2017) in what is understood to be the largest such installation in the UK. Over 119,217 patients were assessed over 2.3 million bed days in a process involving daily assessment of patients' care needs. Analysis of the resulting data is ongoing and the Board will be updated at future meetings as this progresses.

In the meantime, feedback from the National NHS CUR team to our Improvement team is worthy of note:

"Thanks very much for your excellent report and all the hard work that you, and your colleagues, have put into this project at the Trust..... your report is one of the best Case Studies for the use of CUR in the country that has been developed through this programme to date".

The national team has indicated that it would like to use NNUH as an exemplar of best practice.

4 SERVICE AND ESTATES DEVELOPMENT

4.1 Cromer Hospital 150th anniversary

The Board is aware that this year we are marking the 150th anniversary since Cromer Hospital was first established, in a former vicarage in Cromer Town. This is an opportunity to celebrate the longstanding relationship between the hospital and the community it serves and an anniversary fete is to be held on 24 June 2017 at 10.00.

In its latest incarnation, the redeveloped Cromer and District Hospital continues to deliver highly valued services for patients from North Norfolk and beyond. Discussions are ongoing with our clinical teams as to how we can develop the range of outpatient services that are provided from the Hospital.

4.2 Electronic Patient Referrals

The Board has previously discussed the strategic intention to increase the use of electronic communication with GPs and patients. A further step in this regard is outlined in the letter from NHSI dated 12 May 2017, attached at **Appendix B**. This letter outlines the *"NHS e-Referral Service: Paper Switch-Off Programme"*. The Board will note that from 1 October 2018 providers *"need not accept (and will not be paid for any Activity resulting from)*

referrals by GPs to Consultant-led outpatient services made other than through the NHS e-Referral Service”.

This is going to require careful project management in the Trust and at future meetings the Board will be updated as to progress.

5 OUR ACADEMIC AND RESEARCH MISSION

5.1 Joint Appointments

As previously reported, the Management Board has agreed to establish up to ten additional Clinical Senior Lecturer (Associate Professor) posts funded 50:50 with UEA. This is the next step in strengthening the Trust's research and academic credentials, consistent with its Strategic Objectives. These positions have been advertised and interviews are being arranged.

5.2 Clinical Research Performance

i) We have previously reported that the Trust has exceeded its targets for recruitment to research trials. This is important as we aim to increase such recruitment further with development of the Quadram institute. As example of success is the study into the long-term safety of biologic drugs in patients with rheumatoid arthritis. Last month, NNUH was the highest recruiter to this study in the Country.

ii) We have also been informed that NNUH and UEA joint researchers have been successful in attracting a major funding grant from the Medical Research Council for assessment of a medical monitoring device. The funding is thought to be in the region of £850,000 and arrangements are being made for an appropriate announcement between the relevant organisations.

6 RECOMMENDATION

The Board is asked to note the contents of this report for information.

CERTIFICATE OF COMPLIANCE

LICENSEE:

Norfolk and Norwich University Hospitals NHS Foundation Trust ("the Licensee")
Colney Lane
Norwich
NR4 7UY

In accordance with paragraph 12(1) of Schedule 11 to the Health and Social Care Act 2012, NHS Improvement hereby certifies that in respect of all undertakings in paragraph 8 of the Licensee's Enforcement Undertakings accepted by NHS Improvement on 5 April 2016 and varied on 2 September 2016 (the Financial Special Measures undertakings), the Licensee has been fully compliant.

In this certificate, NHS Improvement means Monitor.

Signed:



Position:

Executive Director of Strategy and Chair of Provider
Regulation Committee

Date:

25 / 4 / 17

By e-mail

To: Chief Executive Officers
Accountable Officers

NHS England, Midlands & East
2 – 4 Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XB

12th May 2017

NHS e-Referral Service: Paper Switch-Off Programme

Dear Colleague,

I am writing to you about an important national programme of work to deliver the NHS e-Referrals Service (e-RS).

The e-RS Paper Switch-off Programme has been developed to support Trusts and CCGs to move to full use of e-RS for all consultant-led first outpatient appointments. The programme will help Trusts meet the conditions of the NHS Standard Contract where, from 1 October 2018, providers:

“need not accept (and will not be paid for any Activity resulting from) Referrals by GPs to Consultant-led acute outpatient Services made other than through the NHS e-Referral Service.”¹

The programme will also help Trusts meet the requirements of the national CQUIN target for e-RS in 2017/18.

Adopting full use of e-RS is key element in the move to a paperless NHS and has the support of NHS England and NHS Improvement. The benefits of using e-RS are immediate for patients being referred through the service and for Trusts. Patients have more choice and control over their healthcare and Trusts benefit through reducing ‘did not attend’ (DNA) rates and improving administrative efficiencies. A National Audit Office report into NHS waiting times for elective care in England² published in 2014 showed that Trusts reduced DNA rates by 50% on average by using e-RS. Furthermore, moving to full adoption of the service will open up future opportunities for elective care innovation and transformation using the e-RS platform.

A national programme has been established to oversee the successful delivery of e-RS paper switch-off by October 2018. This programme will be delivered through collaboration between NHS England, NHS Digital and NHS Improvement working in conjunction with Trusts and Clinical Commissioning Groups (CCGs).

¹ Page 9 SC6.2A NHS STANDARD CONTRACT 2017/18 and 2018/19 SERVICE CONDITIONS (Full Length)

² <https://www.nao.org.uk/wp-content/uploads/2014/01/NHS-waiting-times-for-elective-care-in-England.pdf>

The aim of the programme will be to deliver paper switch-off across England in a phased way from now until October 2018. This will be achieved by delivering a series of 'switch-off' projects organised around individual Trusts and their main referring CCGs.

A small cohort of 'pioneer' Trusts have started work on the programme in order to test the conditions and processes for switching off paper. This learning, with supporting project tools and infrastructure, will then be rolled out across all providers.

In parallel, the regional e-RS programme team will contact Trusts and CCGs over the coming weeks to undertake initial engagement activities, establish a baseline position for each Trust and agree timescales for taking part in the programme.

As part of the programme, Trusts will receive dedicated e-RS subject matter support, expertise, materials and access to wider learning from the programme team. In return, Trusts will be asked to provide executive level sponsorship and project management resource. Trusts will also be asked to work with the regional e-RS programme team to schedule their implementation within a regional pipeline of paper switch-off to ensure all Trust are adequately supported through the process and avoid clustering Trusts towards the end of the programme.

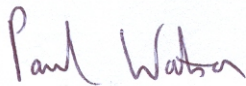
Local projects will include contracting CCGs to ensure projects are delivered as part of a wider health economy and aligned with Sustainability and Transformation Plans (STP).

The purpose of this letter is to inform you of the overall plans for the NHS e-Referral Service and of our intention to contact all Trusts shortly to start initial discussions, commence programme activities and agree timescales for implementation. Included in Appendix A is a list of required actions by Trust and CCG.

If you would like more information or support to initiate a local e-RS project please contact your NHS England Regional e-RS lead whose details are appended to this letter in Appendix B.

I hope I can count on your support for this important national programme.

Yours sincerely



Dr. Paul Watson
Regional Director
NHS England
(Midlands and East)



Dale Bywater
Executive Regional Managing Director
NHS Improvement
(Midlands and East)

cc: Regional Digital Directors, DCOs.

Appendix A: Actions for Trusts and CCGS

Trust Actions:

- 1) Undertake a readiness assessment for adopting the NHS e-Referral Service across all consultant led 1st outpatient appointments.
- 2) Allocate an Executive Director to be accountable to the Trust Board for delivery of full use of e-RS ahead of October 2018 and in line with project timescales set by your organisation in collaboration with the regional e-RS team.
- 3) Work in conjunction with the regional programme team to plan, schedule and deliver the required activities in agreed timescales.

CCG Actions:

- 1) Support Trusts in preparation, planning and implementation activities required to comply with the NHS Standard Contract by October 2018.
- 2) Take responsibility for working with your GP practices to support the necessary changes.
- 3) Define and cascade communications to GP practices in relation to the programme and standard operating procedures relating to the use of e-RS.
- 4) Ensure e-RS use and its potential for transformation is understood and considered in STP planning.
- 5) Ensure compliance with the NHS Standard Contract term for exclusive use of e-RS for consultant-led first outpatient appointments from 1 October 2018.



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Integrated Performance Report

May 2017 (April data)

Format/Presentational Changes this month:

- Nursing Dashboard moved from Core Slide 13 to Core Slide 11
- Caring and Patient Experience moved from Core Slides 11-12 to Core Slides 14-15
- Core Slides 14 and 15 – renamed Safety and Effectiveness and renumbered as Core Slides 12 and 13
- Core Slide 30 (Nurse Staffing ('Red Flags')) has been removed and added to Nursing Dashboard on Core Slide 11
- Additional Slide 28d – Outpatient (productivity)
- Friends and Family Test Core Slide 36 has been left blank as monthly data is not available
- Finance section Core Slides 38-45 revised as discussed at Finance and Investments Committee (inc CIP development and delivery at Core Slide 42). Finance appendices reduced to 5

Core Slide 2

Quality and Safety Summary

Quality & Safety	Target	Oct 2015 to Sep 2016	2015/16	2016/17
Mortality	Core Slide 4			
1 SHMI*	N/A	1.090	1.056	N/A

Quality & Safety	Outturn 2016/17	Monthly Target	Apr-17	6 month trend	YTD 2016/17	YTD 2017/18
Mortality	Core Slide 4					
2 Crude Mortality Rate	2.38%	n/a	TBC		2.45%	
Incidents	Core Slide 5-6					
3 Serious Incidents	115	n/a	10		13	10
4 Incident Reporting	15572	n/a	1230		1437	1230
5 Zero insulin errors causing NPSA category moderate harm or above	1	0	0		0	0
6 Medication Errors	1260	n/a	89		108	89
7 Patient Falls causing moderate harm or above	34	n/a	3		1	3
8 Never Events	5	0	0		1	0
Pressure Ulcers	Core Slide 7					
9 Grade 2 hospital acquired pressure ulcers	156	n/a	9		15	9
10 Grade 3 hospital acquired pressure ulcers	49	n/a	1		9	1
11 Grade 4 hospital acquired pressure ulcers	3	0	0		0	0
Infection Control	Core Slide 8					
12 HAI C. difficile Cases (excluding non-trajectory and pending cases)	20	n/a	0		2	0
13 Zero Hospital Acquired MRSA bacteraemia	0	0	0		0	0
Other						
14 EDL to be completed within 24 hours in 95% of discharges	69.95%	95.00%	72.39%		67.45%	72.39%
15 Harm Free Care	92.08%	n/a	93.20%		90.97%	93.20%
16 Patients 'extremely likely' or 'likely' to recommend our service to friends and family	95.87%	100.00%	96.60%		96.00%	96.60%
17 Complaints	952	n/a	55		92	55

Core Slide 3

Quality Priorities – Patient Safety

Quality Priorities - Patient Safety	Measure	Lead	Outturn 2016/17	Monthly Target	Apr-17	6 month trend	YTD 2016/17	YTD 2017/18
1 Reduction in medication errors	Zero insulin errors causing NPSA category moderate harm or above	Peter Chapman	1	0	0		0	0
2 Prompt recognition and treatment of sepsis	% of Sepsis patients screened	Peter Chapman	91.00%	90.00%	TBC		92.00%	
	% of Sepsis patients treated	Peter Chapman	73.74%	90.00%	TBC		55.00%	
3 Keeping patients safe from hospital acquired thrombosis	95% compliance with TRA assessment as evidenced on EPMA. (and audit of appropriate actions)	Peter Chapman	99.12%	95.00%	98.69%		99.12%	98.69%
4 Incident reporting and management	NNUH duty of candour compliance	Peter Chapman	100.00%	100.00%	100.00%		100.00%	100.00%
5 Incident reporting and management*	Remain within top quartile of acute trusts for incident reporting on NLRs	Peter Chapman	n/a	34/136	61/136		n/a	n/a

*The most recently published incident reporting rate for the Trust is 41.08 incidents per 1,000 bed days (for incidents reported to the NLRs between 01 April 2016 and 30 September 2016). When comparing this figure against 136 other Acute (non- specialist) organisations within our cluster, the median reporting rate for the cluster is 40.02 incidents per 1,000 bed days. The NNUH is currently ranked 61st out of 136 which is 24 places outside of the highest 25% of reporters."

Quality Priorities – Patient Experience

Quality Priorities - Patient Experience	Measure	Lead	Outturn 2016/17	Monthly Target	Apr-17	6 month trend	YTD 2016/17	YTD 2017/18
1 Treat Patients with privacy and dignity	Patients 'extremely likely' or 'likely' to recommend our service to friends and family	Emma McKay	95.87%	100.00%	96.60%		96.00%	96.60%
2 Improved continuity of care and experience through reduced ward moves and reduced numbers of outliers	No more than 20 patients recorded as boarders. Monthly average	Richard Parker	61.00	20.00	60.00		0.00	60.00
	Estimated Date of Discharge (EDD) recorded within 24 hours of admission		#N/A	n/a	TBC		#N/A	#N/A
4 Improved discharge processes	EDL to be completed within 24 hours in 95% of discharges	Richard Parker	69.95%	95.00%	72.39%		67.45%	72.39%

Quality Priorities – Clinical Effectiveness

Quality Priorities - Clinical Effectiveness	Measure	Lead	Outturn 2016/17	Monthly Target	Apr-17	6 month trend	YTD 2016/17	YTD 2017/18
1 Keeping patients safe from infection	HAI C. difficile Cases (excluding non-trajectory and pending cases)	Emma McKay	20	n/a	0		2	0
2 Keeping patients safe from infection	Zero Hospital Acquired MRSA bacteraemia	Emma McKay	0	0	1		0	1
3 Improve quality of care through research	Year on year increase in patients recruited into research studies. Aim to recruit 5000 into research studies in 2016-17.	Peter Chapman	5438	417	129		521	129
4 Timely medical review of all patients	Average number of patients with LoS >14 days	Richard Parker	215	200	207		252	207

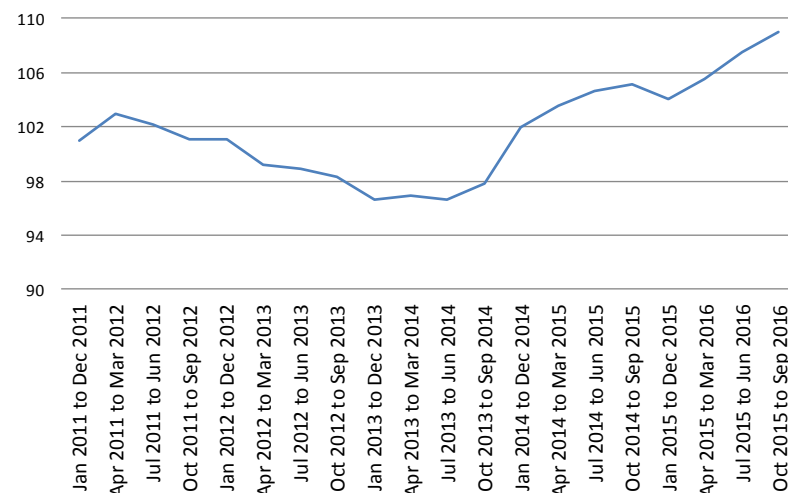
Core Slide 4

Quality & Safety (Mortality) – Lead Director Peter Chapman

HSMR



SHMI



1. HSMR is the risk adjusted ratio of observed to expected in-hospital deaths within 56 clinical groups and is presented as the reported HSMR for each year prior to the month in question. For the year to Jan 2017 this was 109 – reduced for five successive months but is still higher than expected. The HSMR for six months from Aug 2016 to Jan 2017 is 101 (as expected).
2. SHMI is based upon HSCIC data and is the ratio between the actual number of people who die following hospitalisation at a Trust and the number who would be expected to die on the basis of England average figures given the characteristics of patients treated there. SHMI is 109 to Nov 2016 and remains within the expected range though it continues on an upward trend.
3. Crude mortality in February 2017 (most recent month for data availability) was 2.56%. This is lower than the previous month is following the expected trend following an increase in January and is consistent with the previous two years. Seasonal variation therefore is evident but no clear trends beyond this.
4. HSMR diagnostic group monitoring – four groups flagged with outlying mortality this month but not consistently so in previous months (cancer of stomach, congestive heart failure (non hypertension), senility and organic mental disorders, septicemia (except in labour))
5. Monthly monitoring (most recent data Feb 17) of key diagnoses shows continuing below average mortality in lobar pneumonia and bronchopneumonia, a reduction to average this month of mortality associated with UTI, and raised mortality this month due to sepsis (but with marked month by month variation over the last year). Mortality from fractured neck of femur has increased in this month.
6. Analysis of themes and triangulation of data indicates that emphasis is required across all areas to improve fluid and electrolyte management and to improve the response to a deteriorating patient. Increased divisional scrutiny and ownership of mortality reviews required and is managed through the safety board.
7. Fractured neck of femur pathway MDT review group now formed with mortality review underway in this group and is an agreed workstream for the Excellence Together project in conjunction with OPM. There is a clear need to improve time to theatre, response to a deterioration in condition, and cohorting of patients in Brundall Ward.
8. Potentially Preventable Death review process is agreed and implemented and clinician training undertaken. Further training booked for mortality leads through EAHSN. NHS England commissioned RCP standardised mortality review agreed as format and now in progress for 1 year. Most recent themes – AKI management / EWS response / interface between ED and AMU.
9. CQC report “Learning, candour and accountability” and National Quality Board report “Learning from deaths”: Actions in progress to meet requirements in required timescale. Quality strategy under revision to include specific section for “reducing mortality and avoidable harm”
10. Improving patient flow and >4hr waits in ED by improving processes of care through implementation of SAFER bundle considered to be vital in reducing overall HSMR and SHMI. Red to Green day now extended. Changes to medical rotas from August will improve medical care out of hours on AMU.

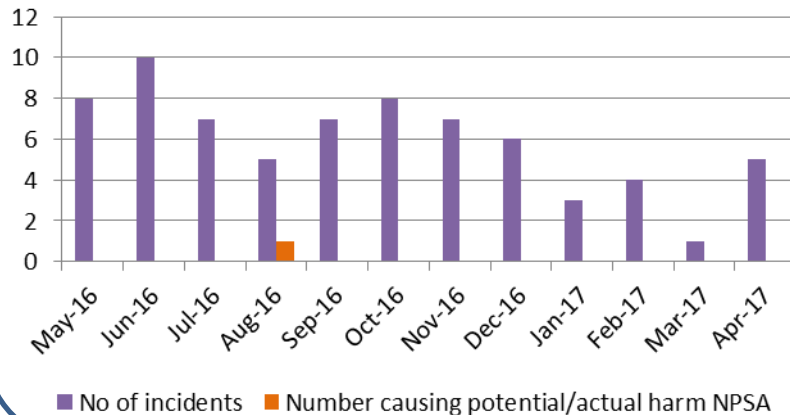


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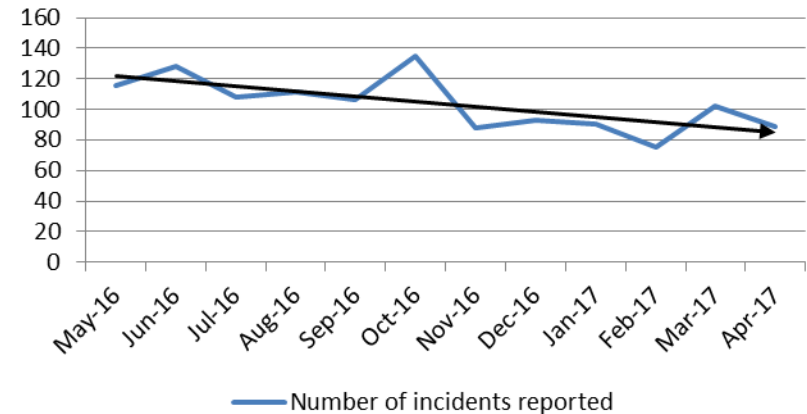
Core Slide 5

Quality & Safety (Incidents) – Lead Director Peter Chapman

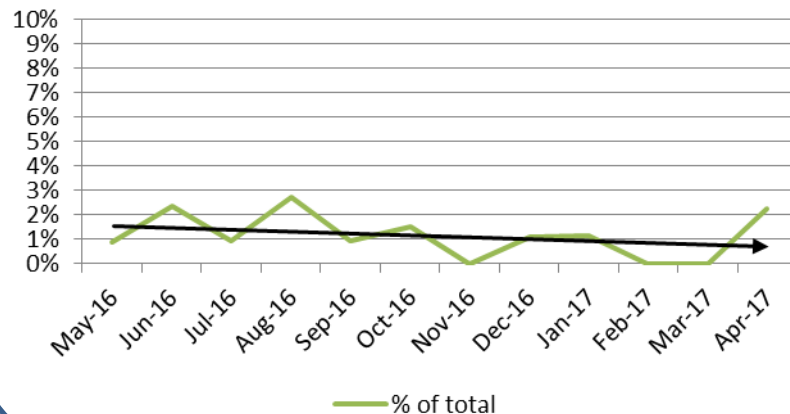
**Insulin incidents past 12 months
NPSA severity categories**



Medication Incidents



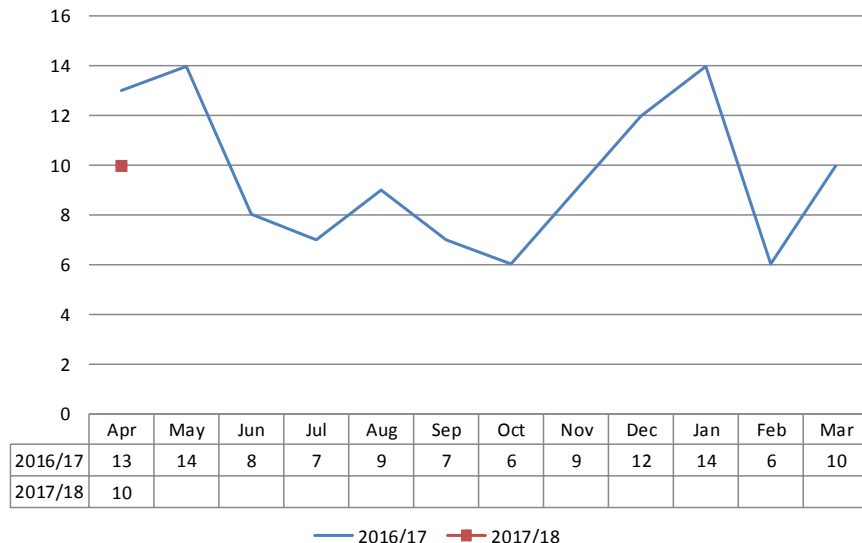
Medication Incidents causing potential/actual harm



- We will focus on increasing reporting of medication errors whilst reducing those causing harm and in particular in relation to insulin. This is an agreed Quality Priority for 2017-18
- Total of 89 medication incidents reported and reviewed in April 2017. 18 not deemed to be true errors (IHI N/A – not deemed to be a medication incident).
- Of the remaining 71 harm caused in 2 cases (IHI E or above):
 - Bleeding in relation to warfarin prescription requiring further treatment
 - Delay in insulin reaching ward resulting in DKA
- 5 Insulin related medication incidents were reported in April 2017 with low harm recorded in one case above
 - 1 missed dose
 - 1 incorrect formulation
 - 3 diabetic management
- One incident of potential or actual harm (moderate or above) related to insulin in last 12 months (in August 2016).

Core Slide 6 **Quality & Safety (Incidents)** – Lead Director Peter Chapman / Emma McKay

Serious Incidents



10 Serious Incidents were reported in April 2017

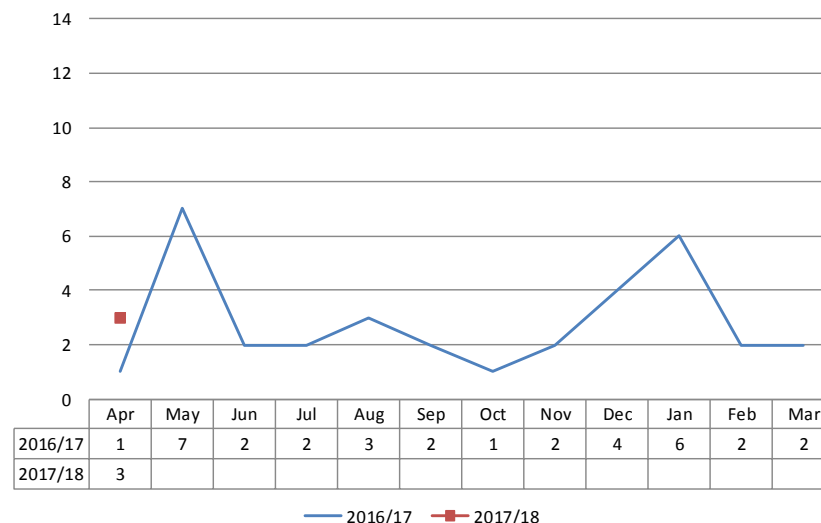
0 were Never Events

Serious Incidents which were reported

- **3** Patient Falls resulting in moderate harm
- **7** Other SI's
 - **4** Ward Closures (Confirmed Noro)
 - **1** Patient readmission & death on day of discharge
 - **1** Potential inappropriate use of restraint
 - **1** Incorrect strength of glucose used in Antenatal GTT testing

Compliance with the duty of candour has been confirmed and RCA investigations are in progress for all relevant incidents.

Patient Falls causing moderate harm or above



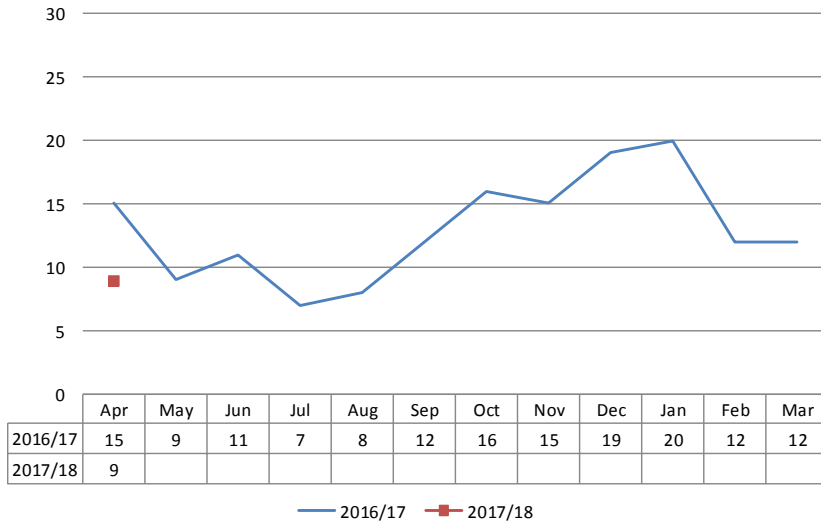
In April there were **174 inpatient falls reported**. This is a further decrease in the number of falls reported in the previous month of **188** and the overall trend over the previous 12 months continues to show a decline.

3 patient falls which have resulted in **moderate harm** to the patient have been reported in April. These were reported as SI's and RCA investigations are underway.

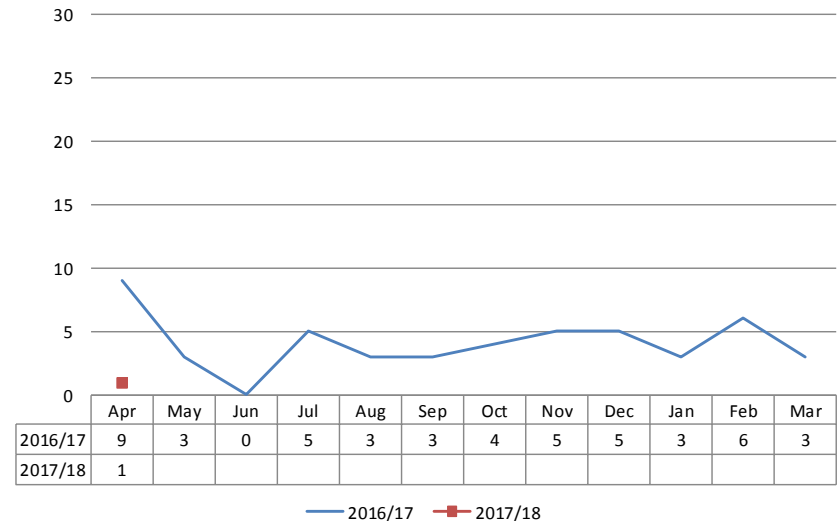
Core Slide 7

Quality & Safety (Pressure Ulcers) – Lead Director Emma McKay

Grade 2 hospital acquired pressure ulcers



Grade 3/4 hospital acquired pressure ulcers



The total number of **Grade 2** hospital acquired pressure ulcers reported in April was **9**. This is 3 less than the number reported in March. RCA investigations were undertaken and peer review found that **5** of the pressure ulcers were **Avoidable** and **4** were **Unavoidable**. **Only 1** patient developed a **Grade 3** hospital acquired pressure ulcer in April RCA investigation found that this was **Avoidable**.

Learning from RCA investigations:

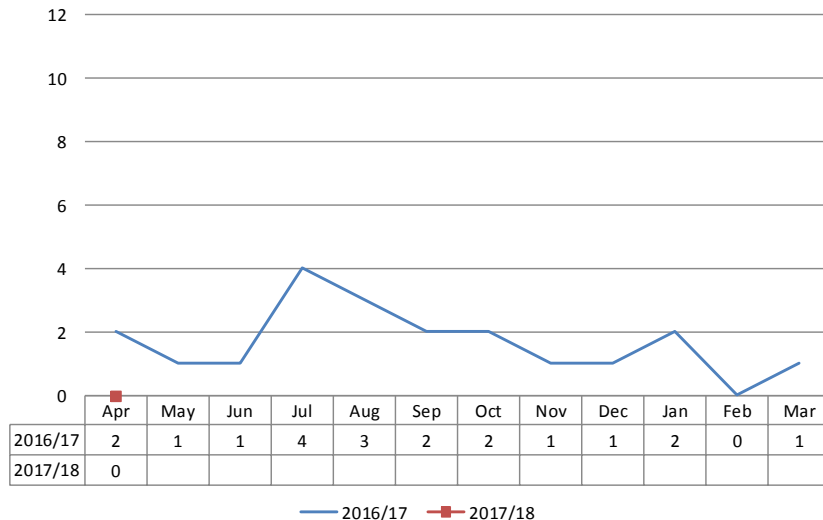
- Staff have been reminded to ensure pressure relieving cushions are used for patients who are sitting out of bed.
- Patient's who are sitting in a chair on a pressure relieving cushion for long periods should be encouraged or assisted to stand regularly.
- All patient's who are likely to be at risk should be given a copy of the Patient Preventing Pressure Ulcer Leaflet and this should be discussed with the patient.
- All patient's with a Waterlow score of 10+ should be commenced on a repositioning regime.



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Core Slide 8 **Quality & Safety (Infection Control)** – Lead Director Emma McKay

HAI C. difficile Cases (excluding non-trajectory and pending cases)



Issues

2 cases of *C. difficile* were identified as hospital acquired in April and are pending the Post Infection (PIR) process. They occurred too late in the month to meet the cut off date for Aprils PIR meeting.



Clostridium difficile 2017-18

From April to March NHS England have set NNUH the following objective

Hospital attributable *C. difficile* to be < 49



Following the post infection review [PIR] meeting with Trust and CCG's representatives each hospital acquired case of *C. difficile* is:-

Trajectory	deemed to have lapses in care
Non-Trajectory	Deemed to have no lapses in care

Pending cases are either awaiting the PIR meeting or the CCG's have requested further information

Summary Table

		Non-Trajectory	Trajectory	Pending	Total
Quarter	4				
	3				
	2				
	1 (to date)	0	0	2	2
Year to date 17/18		0	0	2	2
Previous year 2016/17 Total		22	20	0 26	42



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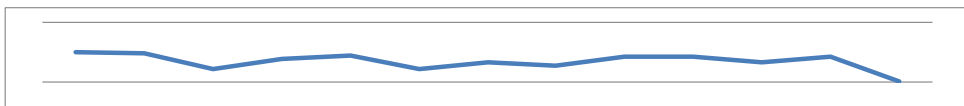
NHS Foundation Trust

Core Slide 9

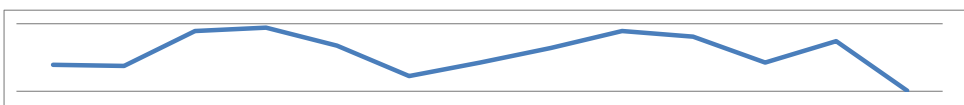
Safety Thermometer Dashboard – Lead Director Emma McKay

	All Acute		NNUH		Barts Health		Bright&Suss		Nott Univ		Royal Free		Royal Liver		Sheff Teach		Univ South Man		UCH London	
Harm Free Care	94.05%		93.02%		94.04%		96.34%		92.88%		92.61%		92.28%		92.87%		92.92%		96.56%	
Pressure Ulcers - ALL	3291	4.23%	52	5.76%	70	5.03%	24	2.75%	13**	4.41%	34	5.35%	31	3.79%	77	5.04%	42	5.61%	20	2.49%
Pressure Ulcers - New	540	0.69%	4	0.44%	11	0.79%	5	0.57%	3**	1.02%	4	0.63%	0	0.00%	22	1.44%	7	0.93%	6	0.74%
Falls with Harm	288	0.37%	2	0.22%	7	0.50%	0	0.00%	3**	1.02%	3	0.47%	10	1.22%	3	0.20%	3	0.40%	1	0.13%
Catheter & UTI's	761	0.98%	5	0.55%	6	0.43%	5	0.57%	4**	1.36%	9	1.42%	3	0.37%	6	0.39%	5	0.67%	4	0.50%
Catheters & NEW UTI's	250	0.32%	1	0.11%	2	0.14%	4	0.46%	4**	1.36%	4	0.63%	3	0.36%	2	0.13%	2	0.27%	1	0.13%
New VTE's	441	0.57%	5	0.56%	5	0.36%	3	0.34%	3**	1.02%	5	0.79%	20	2.25%	24	1.57%	4	0.53%	3	0.38%
New Harms	1496	1.92%	12	1.33%	25	1.79%	12	1.37%	11**	3.73%	15	2.36%	33	4.04%	51	3.34%	16	2.14%	16	1.40%
ALL Harms	4635	5.96%	63	6.98%	25	5.96%	32	3.66%	21**	7.12%	47	7.39%	63	7.71%	109	7.13%	53	7.08%	27	3.37%
No. Pt's in sample	77719		903		1,393		874		295**		636		817		1,529		749		784	

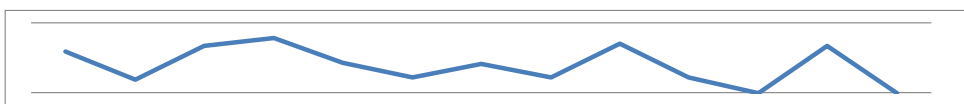
Pressure Ulcers - New



Falls with Harm



Catheters & New UTI's



New VTE's



ALL New Harms



The number of **New harms** which were reported by the Trust via the Safety Thermometer in April at **1.33%** is the lowest of all of the comparative peer Trusts this month and is also lower than the national figure for All Acute New Harms which is **1.92%**.

The Trust has reported a higher level of harms in April for the following:

- VTE's **0.56%**

This figure however still remains lower than is reported for All Acute Trusts at **0.57%**.

The overall harm free care figure for our Trust has improved this month at **93.02%** in comparison to the previous month which was **90.92%**.

The Trust's overall harm figure for April of **93.02%** is also lower than the national figure of **94.05%**.



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Core Slide 10

Maternity Safety Dashboard – Lead Director Peter Chapman

		Measure	Goal	Red	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Women Delivered	Number of women	Number of women	≤526	≥559	465												465
Caesarean Sections	Total rate (elective & emergency)	Caesarean section births % of all deliveries	≤ 25.5%	>27.6%	25.2%												25.2%
Induction Rates		% of all deliveries	≤26.4%	≥29%	31.8%												
No. Black Alerts when women diverted		Number of occasions	0	≥1	0												0
Number of women diverted when on Black Alert		Number of women diverted			0												0
Midwife : Birth Ratio exc. band 3 MCA's		Ratio	≤1:29.5	>1:32	1:30												
Midwife : Birth Ratio inc. band 3 MCA's	Midwife : Birth Ratio inc. band 3 MCA's	Ratio	≤1:28	>1:30	1:28.5												
Unplanned NICU Admissions at Term >24hrs requiring ventilation	Unplanned NICU Admissions at Term >24hrs requiring ventilation	Number of babies			4												4
Number of SI's	Number of SI's	Number per month	0	≥1	1												1
3rd & 4th Degree Tears	3rd Degree Tears	% of all deliveries	<3.5%	>5%	1.94%												1.94%
All Stillbirth excluding TOP≥24wks & Severe Anomalies	excluding TOP≥24wks & Severe Anomalies	Number of babies			2												2

Comments .Comments: RAG ratings removed from Dashboard for CS & IOL until clarity sort from national picture. Analysis being undertaken of Birth outcomes using Robson classification as well as Indication for Induction.



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Core Slide 11

Nursing Dashboard – Lead Director Emma McKay

	Outturn 2016/17	Monthly Target	Apr-17	6 month trend	YTD 2016/17*	YTD 2017/18
1 Same Sex Breach	16	0	1		0	1
Infection Prevention and Control						
2 C Diff cases (hospital acquired)	41	N/A	2		4	2
3 MRSA bacteraemias (hospital acquired)	0	0	0		0	0
4 Norovirus (confirmed cases)	236	N/A	47		29	47
5 Elective MRSA Screening Breaches	95.41%	95.00%	93.67%		96.39%	93.67%
6 Emergency MRSA Screening Breaches	96.59%	95.00%	97.17%		98.91%	97.17%
7 Hand Hygiene Compliance	97.74%	>98.00%	97.48%		99.25%	97.48%
8 Dress Code Compliance	99.05%	>98.00%	99.26%		99.83%	99.26%
9 Commode Audits	93.97%	>98.00%	96.86%		96.26%	96.86%
Health & Safety						
10 Needlestick Incidents	88	0	10		7	10
Incident Reporting						
11 Total number of incidents in month	11933	N/A	949		1127	949
12 Incidents (reported in month) Finally Approved within 14 Days	7490	N/A	514		752	514
13 Incidents reported in month not closed within 14 Days	5536	0	435		375	435
Cleaning						
14 Cleaning Audit Results	95.40%	95.00%	96.60%		96.42%	96.60%
15 Cleaning Audit Results if Re-Audited	92.85%	95.00%	-		96.25%	
Call Bell Waits						
16 Day Call Bell: Patient Call	02 min 40 sec	02 min 30 sec	02 min 23 sec		03 min 13 sec	02 min 23 sec
17 Day Call Bell: Bathroom Call	01 min 46 sec	02 min 00 sec	01 min 21 sec		02 min 15 sec	01 min 21 sec
18 Night Call Bell: Patient Call	01 min 36 sec	02 min 30 sec	01 min 26 sec		01 min 50 sec	01 min 26 sec
19 Night Call Bell: Bathroom Call	01 min 03 sec	02 min 00 sec	00 min 51 sec		01 min 19 sec	00 min 51 sec
Staffing						
20 Number of red flags for the month	15478	N/A	1207		1227	1207

*YTD 2016/17 refers to the YTD figure at this point last year

Core Slide 12 **Safety and effectiveness** - Lead Director Peter Chapman

RESEARCH & DEVELOPMENT

Totals to Date For FY 2017/18		
	March	April
No of Research Projects Active in the Trust	377	371
No of Studies Sponsored by NNUH & UEA	88	86
No of Studies Sponsored by NNUH	41	41
No of Studies Sponsored by UEA	47	45
No of Studies Approved	13	2
Median Days from Submission to Approval for All Studies (per month)	87	5.5
Median Days from Submission to Approval for All Studies (year to date)	52	5.5
Median Days from Submission to Approval for NIHR Studies (year to date)	57	n/a

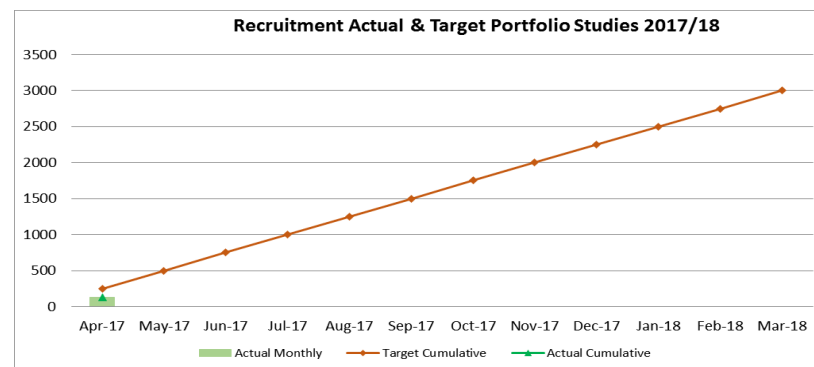
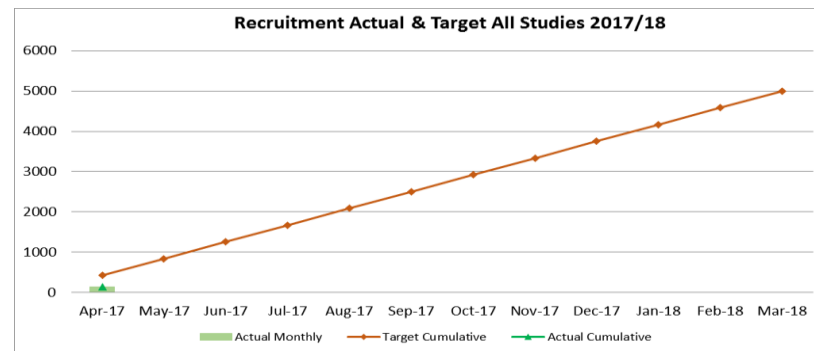
Table 1: Summary of number of research projects in the Trust & approval times

- Full implementation of HRA approval process commenced on 1st April 2016.
- Target time for approval of new studies is 40 days from site selection to confirmation from site of capacity and capability
- 2 new studies approved in April. Both non-portfolio. Non commercially sponsored.

New patient enrolment

Recruitment for 17/18	Number	Percent
Portfolio recruitment target	3300	
Total Recruitment	129	
NIHR Portfolio	126	98%
Non Portfolio	3	2%
Commercial Studies	13	10%
Non Commercial Studies	116	90%

- New CRN target set at 3300



- April 2017 72% of CRTU space available for research. Slight improvement on previous months but will face additional pressure from loss of space within rheumatology for rheumatology research staff.
- Unable to proceed as site for National Lung Matrix Trial due to lack of capacity to support within radiology and cardiology for CT biopsy and echocardiography.
- 100,000 genome project. Dedicated staff in place with NNUH recruitment target of 10 patients per week.



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Core Slide 13 **Safety and effectiveness** - Lead Director Peter Chapman

R&D Safety and compliance – Serious Adverse Events (SAEs)

- 11 SAEs received in April
- 10 of which were new
- 1 follow up report from previously declared SAE
- 10 not attributed to research activity
- 1 unlikely to be attributable to research activity
- Single drug error reported in relation to commercially sponsored study in CCC. Sponsor and MHRA informed. Preventative action plan is underway

Clinical Ethic Group

- **Terms of reference Approved**

Recent issues discussed

- Disorders of consciousness
- Organ donation issues – information sharing / confidentiality / implications for donor.
- Use of post-trial drugs in patients following end of trial where trial does not make provision for on-going therapy using non-commissioned or approved treatment.
- Implications of national guidelines being quoted in Trust guidelines where full implementation is not possible.

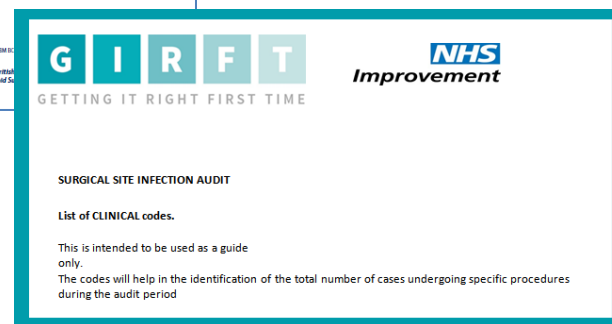
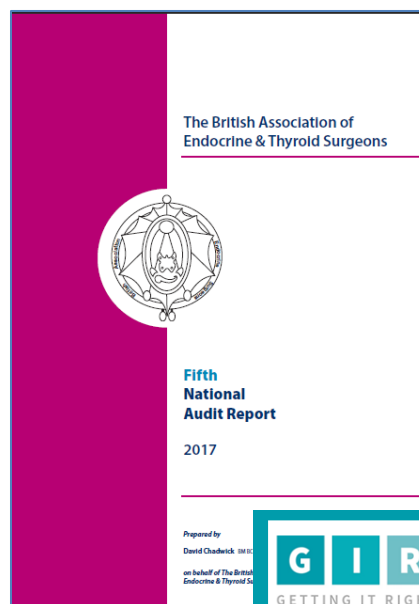
National Reports

Getting it right first time (GIRFT)

- National Surgical Site Infection Audit to be undertaken within 13 surgical specialities. Designed to be run by junior doctors. Identification of individual department leads underway
- Surgical division will present summary of GIRFT reviews so far undertaken for forthcoming management board

British Association of Endocrine and Thyroid Surgeons 5th National report.

- Surgical Division will report local compliance through divisional report.



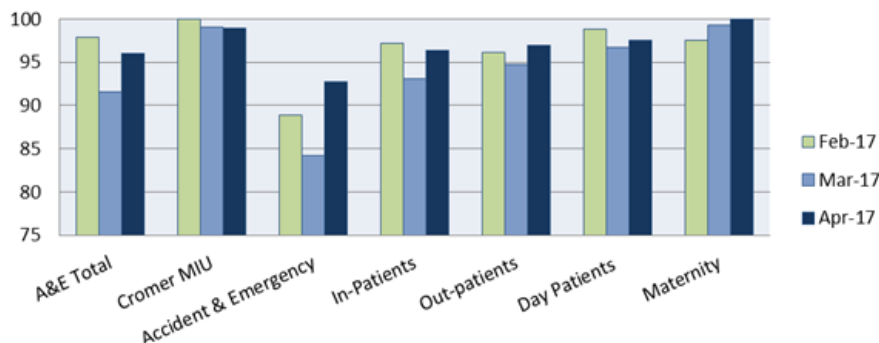


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Core Slide 14 Caring and Patient Experience – Lead Director Emma McKay

Friends & Family Test Feb 2017 - April 2017



Patient Feedback

- During April 2017 to date, **2945** responses (3556 in March since all returns have been captured), were received.
- The overall Trust score was **97%** (improved from 95% in March).
- Of those patients who responded, **98%** were either satisfied or very satisfied with kindness and compassion shown.
- Overall our maternity services (100%) and Cromer Minor Injuries Unit (98.92%) received particularly positive feedback.

#hellomynameis

- Of all staff (including Serco), **95%** were reported to introduce themselves to our patients.

Patient Opinion

- Eleven** comments were left on the Patient Opinion website in April of which **8** were to thank staff for their care. Of the others, **1** related to dissatisfaction with a medical consultation in the Out-patient Department, **1** to care provided to an elderly relative and **1** to the attitude of a ward receptionist. All were fed back to the relevant clinical teams for disseminating and action.

Patient Advice and Liaison Service (PALS)

- Including Patient Opinion, **261** (304 in March) PALS queries/contacts were received in April 2017. Of these, **31** were compliments and **86%** of queries requiring action were closed within 48 hours.
- The two highest subject matters, excluding General Queries (n.56) and compliments, were again **'Communication' (n.27)** (53 in March) and **'Appointments including delay and cancellations' (n.27)**.
- 'Delays in receiving test results' (n.8) and 'Difficulties communicating with departments' (n.6) were the most significant themes, but were spread throughout different departments with no particular areas highlighted.
- An annual survey of satisfaction with PALS demonstrated that **88%** of those who responded were satisfied with the service.

Quality Assurance Audits (QAAs)

- QAAs continue to be undertaken within the annual plan; ensuring that all areas and all Fundamental Standards are reviewed.
- Fifty-two** standards were reviewed between 'in-month', previous month and re-audits. Four were supported by external auditors.
- Overall the percentage of 'Good' or 'Outstanding' standards remains high across the Trust at **89.6%**.
- No 'inadequate' rating were given. 'Requires improvement' judgements related again mostly to the Safety domain (e.g. medical and nursing documentation, Trust-responsible cleaning and storage of medicines). All were escalated for action and themes are being specially reviewed to identify themes and improvement actions.
- A 6-monthly meeting with our external auditors has been held. Their feedback will be considered in a review of the QAA process.

End of Life Care (EoL)

- The EoL Strategy is to be presented to the Trust Board for approval.
- Recruitment into additional consultant, nursing and administrative posts continues. The Nurse Educator will commence in post during May and drive the implementation of the Individualised ³²Care Plan.
- Competency training in the use of single use syringe drivers will be added to the Nursing Quality Dashboard.



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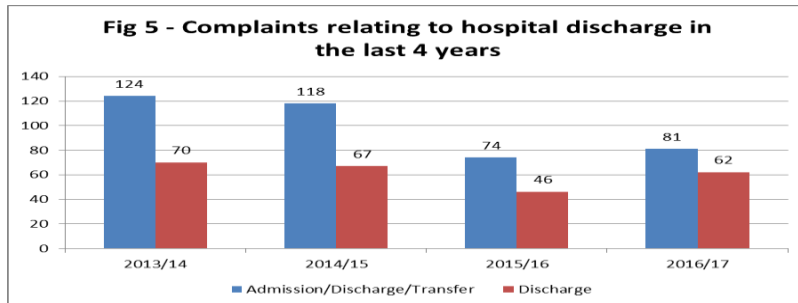


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Core Slide 15 Caring and Patient Experience – Lead Director Emma McKay

Complaints

- In April 2017 **55** complaints were received v **92** in April 2016; continuing a downward trend in formal complaints over the last 4 months.
- Four of the five top subjects are the same as last month but in a different order: 'Communication', 'Admission, Discharge and Transfer', 'Appointments including delays and cancellations'; and 'Patient Care' (all aspects of nursing care). Disappointingly, 'Staff Values & Behaviours' is again featured.
- Complaints in relation to 'admission, discharges and transfers' has consistently been reported as a top 5 subject and remains around 8% of all complaints:



- Further analysis of these over the last 2 years demonstrates a 5% reduction in complaints in relation to discharge at night and a 14% increase in complaints made about delayed discharges; which seems counter-intuitive in the light of the work undertaken to improve this:

Subject	2015/16	2016/17
Inappropriate discharge	11 (24%)	14 (23%)
No practical assessment	3 (7%)	5 (8%)
Delayed discharge	1 (2%)	10 (16%)
No discussion with patient	1 (2%)	2 (3%)
Discharged late at night	3 (7%)	1 (2%)
Poor communication with family/agencies	12 (26%)	17 (27%)
Problems with discharge process	13 (28%)	11 (18%)
Other	2 (4%)	2 (3%)

Discharge Processes and Performance

- All members of Integrated Discharge services have been co-located.
- Discharge coordinators are now available on every ward including the emergency assessment areas.
- The establishment of complex discharge nurses has been increased.
- Daily board rounds are occurring on every ward throughout the Trust.
- A single point of access for referrals is aimed for launch in June/July
- A HUB manager was appointed in April 2017 to support and manage our discharge coordinators and further streamline service provision.
- Training sessions on discharge planning will commence from August.
- Improving integration between Health and Social Care and improving collaboration with home based therapy are among future priorities.
- Plans are in place to support paediatrics with discharge planning.
- The Sub-Board has requested additional information in relation to readmissions for future reports.

Dementia Strategy

- The Dementia Strategy has been revised and approved.
- Our Trust is a member of the newly formed Norwich Dementia Action Alliance, bringing together organisations and businesses to create a dementia friendly city. The launch in January was attended by the Director of Nursing and the Dementia Services Manager.
- The Trust marked Dementia Awareness Week by holding a Dementia Fayre on Monday 15th May. Information and advice stands were open to staff and the public; alongside a programme of talks open to the public in our Lecture Theatre, a pop-up café and musical entertainment.
- Training programmes for staff continue as does the development of the Dementia Support Workers' role.
- Charitable funding for the Dementia Support Workers ends in October 2018 (1 band 5 and 2.4 Band 3s).

Mental Capacity

- As recommended nationally and following the CCG-funded pilot within ED of mental capacity expertise, the funding of a designated MCA / DoLs and associated medical lead continues to be explored.

Core Slide 16

Performance – Monitor KPI's - Lead Director Richard Parker

Performance	Outturn 2016/17	Monthly Target	Apr-17	6 month trend	YTD 2016/17	YTD 2017/18
Cancer Core Slide 18-20						
1 Cancer 62 day target for referral to treatment - GP Referral *	77.64%	85.00%	71.90%		81.99%	71.90%
2 Cancer 2 week wait - all cancers *	96.97%	93.00%	90.80%		98.29%	90.80%
4 Cancer 31 day target compliance	96.98%	96.00%	96.95%		96.10%	96.95%
5 Cancer 31 day target for subsequent treatments - Surgery *	92.33%	94.00%	96.15%		89.26%	96.15%
6 Cancer 31 day target for subsequent treatments - Anti Cancer Drugs *	99.81%	98.00%	99.00%		99.26%	99.00%
7 Cancer 31 day target for subsequent treatments - Radiotherapy *	97.87%	94.00%	98.57%		96.77%	98.57%
A&E Core Slide 21						
9 A&E 4 hour target compliance	85.62%	90.00%	90.26%		85.48%	90.26%
10 Number of 30 minute handover breaches	4195	0	216		325	216
11 Number of 60 minute handover breaches	2265	0	89		188	89
12 Arrival to Handover time (>15 minutes)	30.17%	1.00%	22.78%		30.49%	22.78%
RTT Core Slide 22						
13 18 week RTT target - Patients on an incomplete pathway	85.71%	92.00%	83.98%		86.75%	83.98%
14 Admitted Backlog	3442	n/a	3522		2940	3522
15 Incomplete Non Admitted Backlog	2686	n/a	2842		2214	2842
Stroke Core Slide 23-24						
16 Percentage of patients with 90% of their length of stay on the stroke unit	81.73%	80.00%	80.00%		76.67%	80.00%
17 Patients with primary diagnosis of stroke admitted to a HASU within 4 hrs	77.78%	90.00%	82.00%		79.00%	82.00%
18 % of urgent Stroke patients with access to brain scan within 60 mins	84.22%	90.00%	91.18%		89.30%	91.18%
19 % Door to needle time of <= 60 minutes for eligible thrombolysis patients	82.71%	90.00%	100.00%		60.00%	100.00%
20 % of high risk TIA patients treated within 24 hour of first contact	86.11%	90.00%	100.00%		98.10%	100.00%
Patient Flow						
21 Diagnostics	98.42%	99.00%	99.08%		98.33%	99.08%
22 Cancelled Operations	1144	n/a	61		72	61
23 Number of 28 day breaches	231	0	13		27	13
24 Average Delayed Transfers of Care	35.65	n/a	36.20		35.65	36.20
25 28 Day Readmission Rates	5.57%	n/a	5.22%		5.54%	5.22%
26 Length of Stay (Elective)	3.07	n/a	3.29		3.07	3.29
27 Length of Stay (Non-Elective)	4.67	n/a	4.55		5.07	4.55
28 Average number of patients with LoS >14 days	215.00	200	207		252	207

*Please note these figures are provisional

Core Slide 17 **Performance Summary** - Lead Director Richard Parker

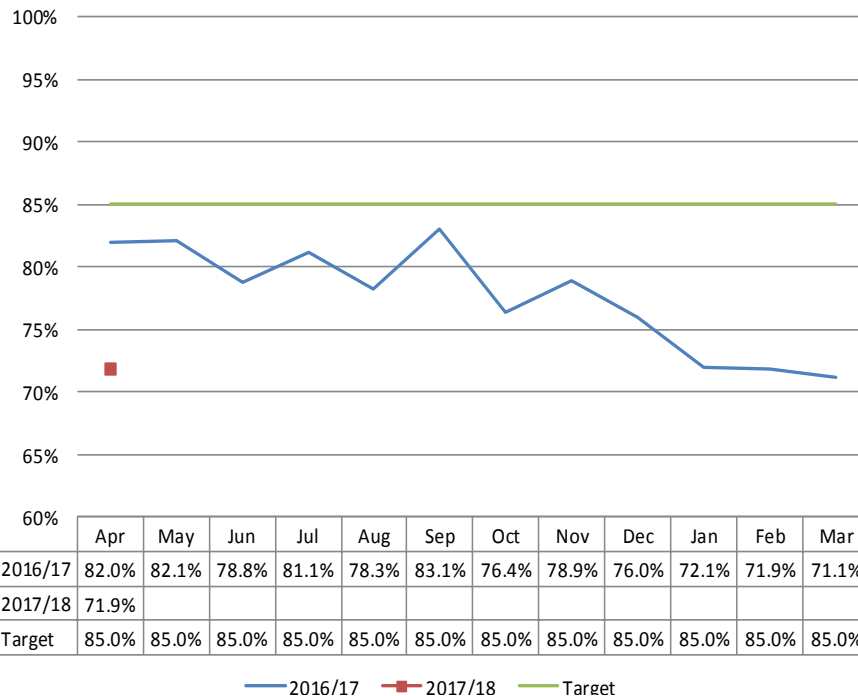
Performance – key issues

- 1. Cancer** - 62-day GP referral performance remains a priority for recovery. Targeted backlog clearance continues. Action plan to deliver cancer recovery agreed by system partners and progress is ongoing, main areas of focus are gynaecology and urology. 2ww demand continues to increase especially in colorectal placing pressure on recovery, regularly discussed at demand management forums with CCG's.
- 2. A&E** - ED transit time performance for April was above trajectory. Key issues were in line with national profile of significantly increased demand, heightened acuity of presentation and significant infection control issues resulting in bed closures and disruption to flow.
- 3. RTT** – Significant partnership work has been completed to establish a recovery action plan with the CCG. Current recovery trajectories set a return to compliance by October 2018
- 4. Stroke** - Progress had been made to recover key strands of stroke performance. Improved performance across all domains; specifically door to needle time, TIA and timely access to scanning. Access to HASU within 4 hours and Length of stay on stroke unit remain a challenge but performance above 16/17 equivalents.



Core Slide 18 **Performance (Cancer)** - Lead Director Richard Parker

Cancer 62 day target for referral to treatment - GP Referral *



Issues

- On going sub-85% performance reflects backlog clearance to achieve recovery. Trajectory of May 2017 will not be achieved due to slippage of actions in recovery plan in urology and gynaecology. Mitigations are in place.
- Diagnostic delays in urology reduced in preparation for switch to MRI guided biopsy.
- Additional theatre sessions have been provided to Gynaecology from 30th May, delays for diagnostics remains a risk.

Actions

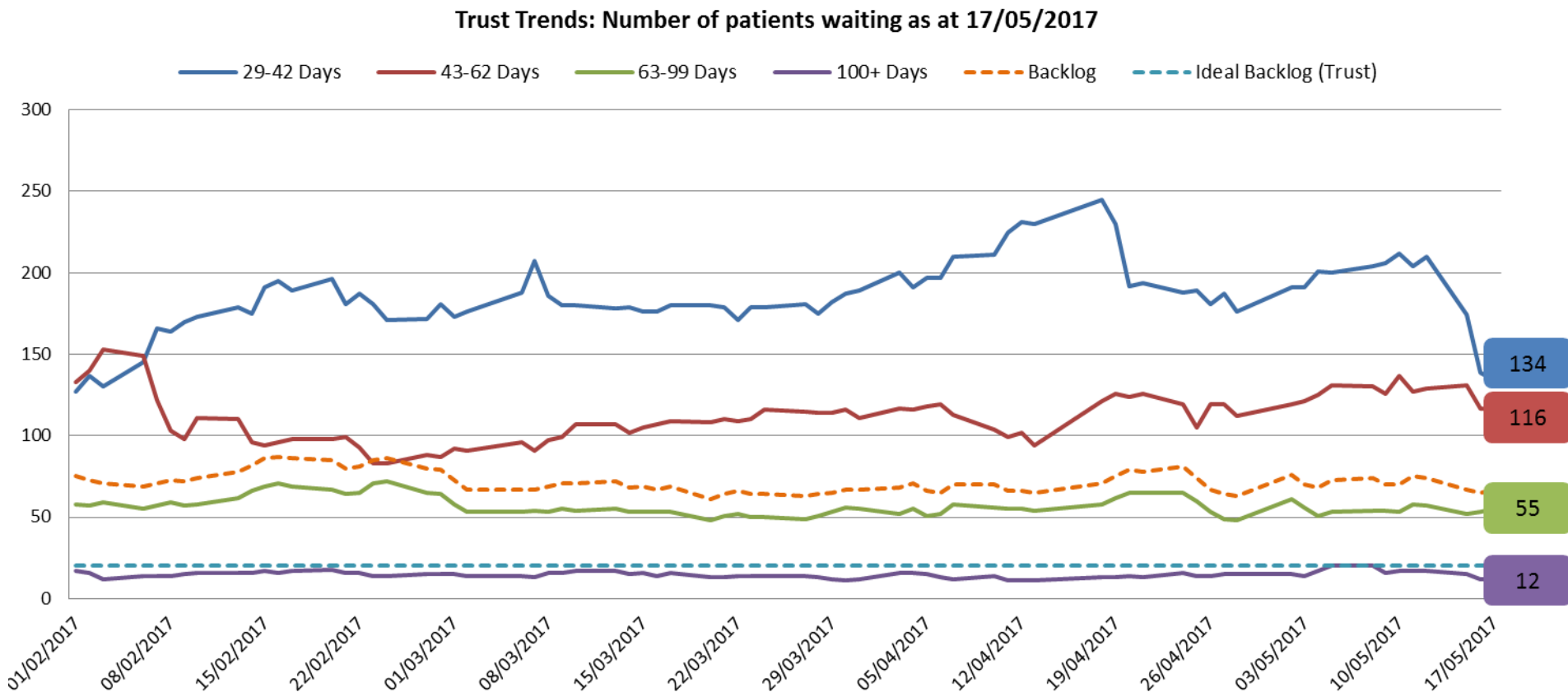
- Additional robotic theatre capacity created during May to reduce the backlog further in addition to weekly three sessions days implemented in April.
- Additional theatre sessions have been provided to Gynaecology from 30th May- removed from paed surgery.
- All other actions in Cancer RAP completed
- Cancer recovery bid submitted to NHSI £371,000



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Core Slide 19

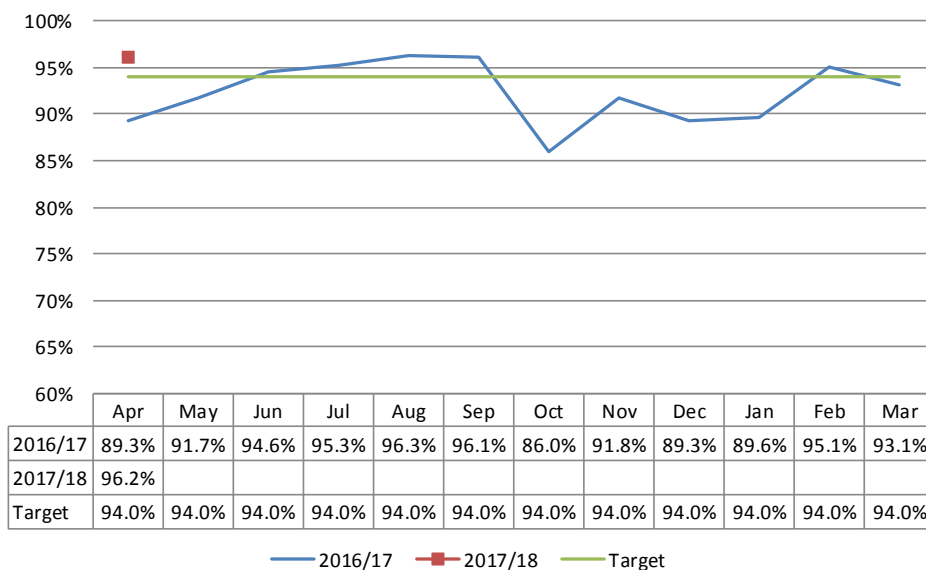
Performance (Cancer) - Lead Director Richard Parker



Core Slide 20

Performance (Cancer) – Lead Director Richard Parker

Cancer 31 day target for subsequent treatments - Surgery *



Issues

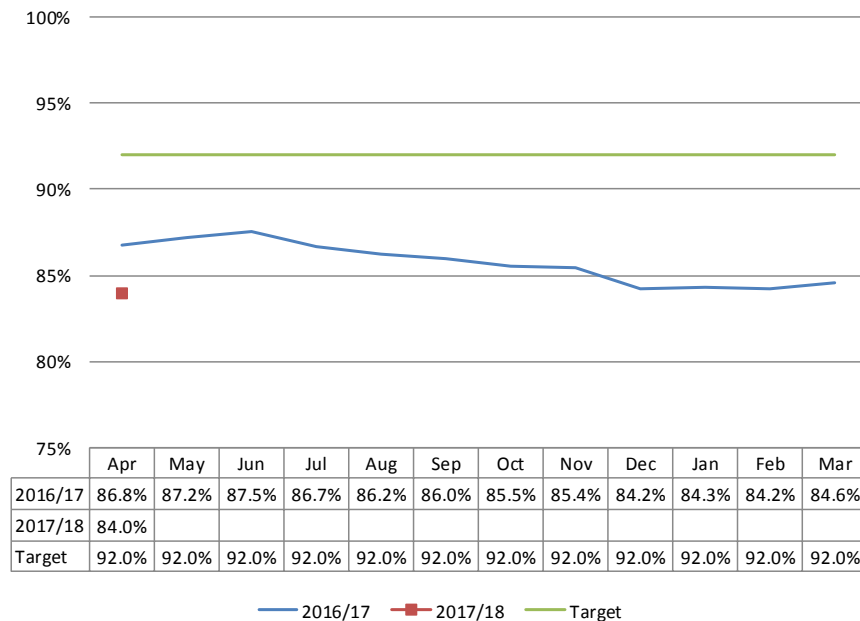
- This target is always challenging due to small number of breaches.
- Achieved in April

Actions

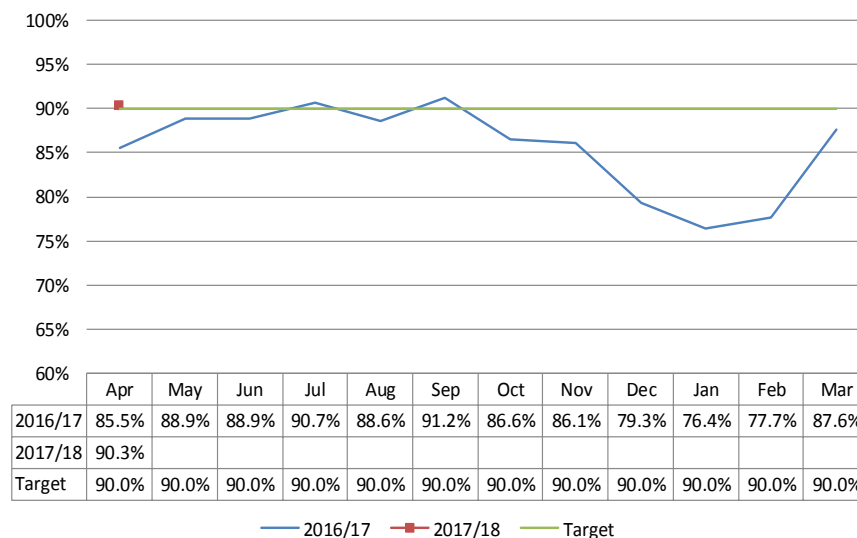
- Close scrutiny of all patients on the pathway remains in place

Core Slide 21 Performance (RTT and A&E) – Lead Director Richard Parker

18 week RTT target - Patients on an incomplete pathway



A&E 4 hour target compliance



Issues

- Capacity concerns remain across most surgical specialities and cardiology
- External review undertaken by IST. Supportive of both modelling, actions to date and need for an increase in substantive capacity

Actions

- Compliance action plan in place & recovery currently set for October 2018;
- System wide demand management schemes being tracked and implemented, clinical meetings in key specialities to continue.

Issues

- Improved performance on 16/17
- Bed availability & demand issues main reasons for failure.
- ED Attendances 6.5% increase on 2016
- ED command and control function is under review

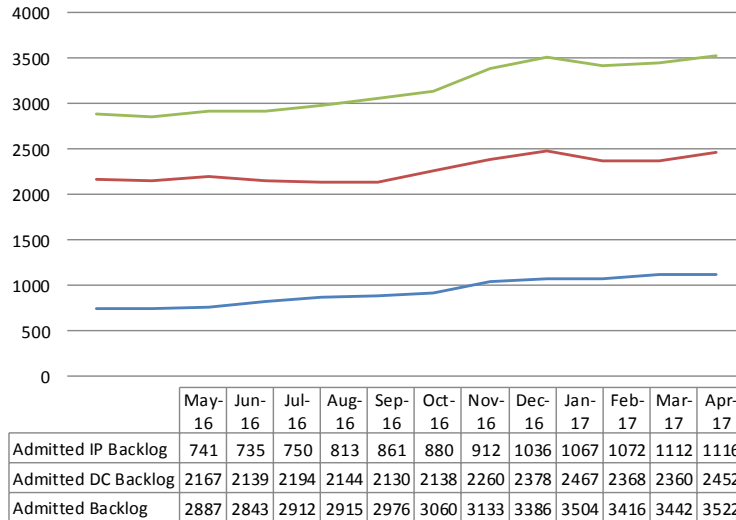
Actions

- Continue to focus on System Recovery Plan, red-green day actions and actions arising from ECIST visit.
- Ongoing work on ED strategy and revised future leadership model supported by ECIST

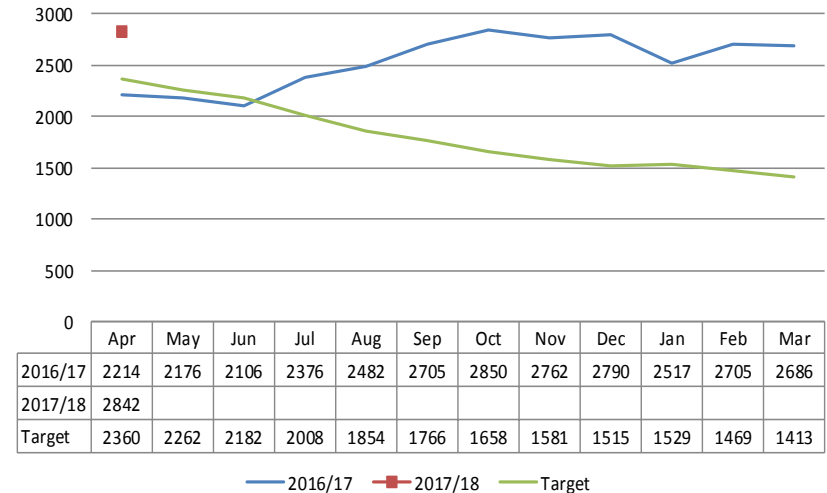
Core Slide 22

Performance (RTT) – Lead Director Richard Parker

Admitted Backlog



Incomplete Non Admitted Backlog



Issues

- Capacity concerns remain across most surgical specialities
- Insourcing for General Surgery reduced patients waiting over 40 weeks is having a positive impact

Actions

- Develop speciality specific plans to increase capacity
- Exploring load balancing of complex versus simple work insourcing for ENT
- Plans to address workforce issues impacting on three sessions days under discussion

Issues

- Capacity issues across a wide range of services as reported elsewhere

Actions

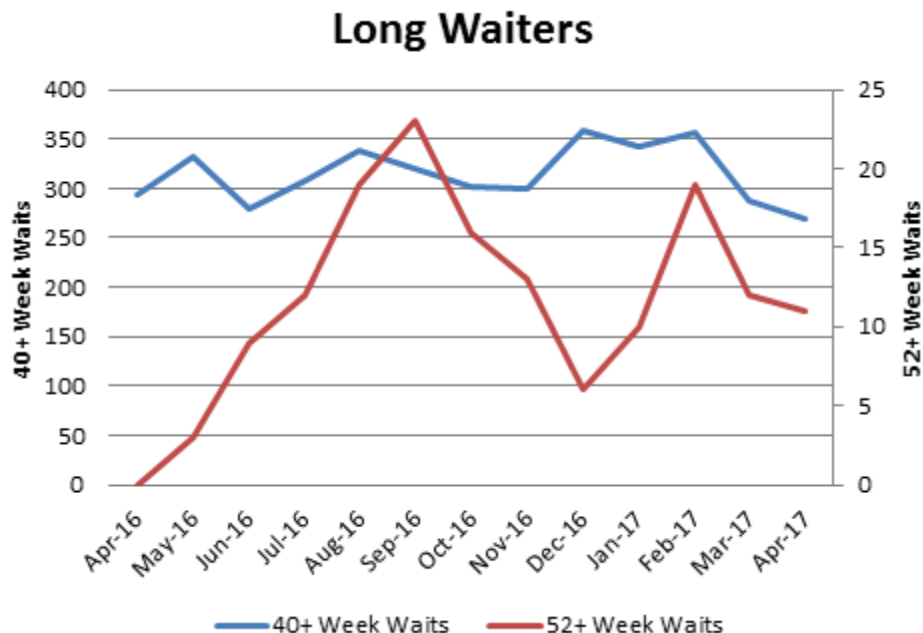
- Additional OP capacity across all specialities in progress
- Targeted validation of waiting lists in place



Additional Slide 22a

Performance (RTT) – Lead Director Richard Parker

Long Waiters - Over 40 and 52 weeks



Comments

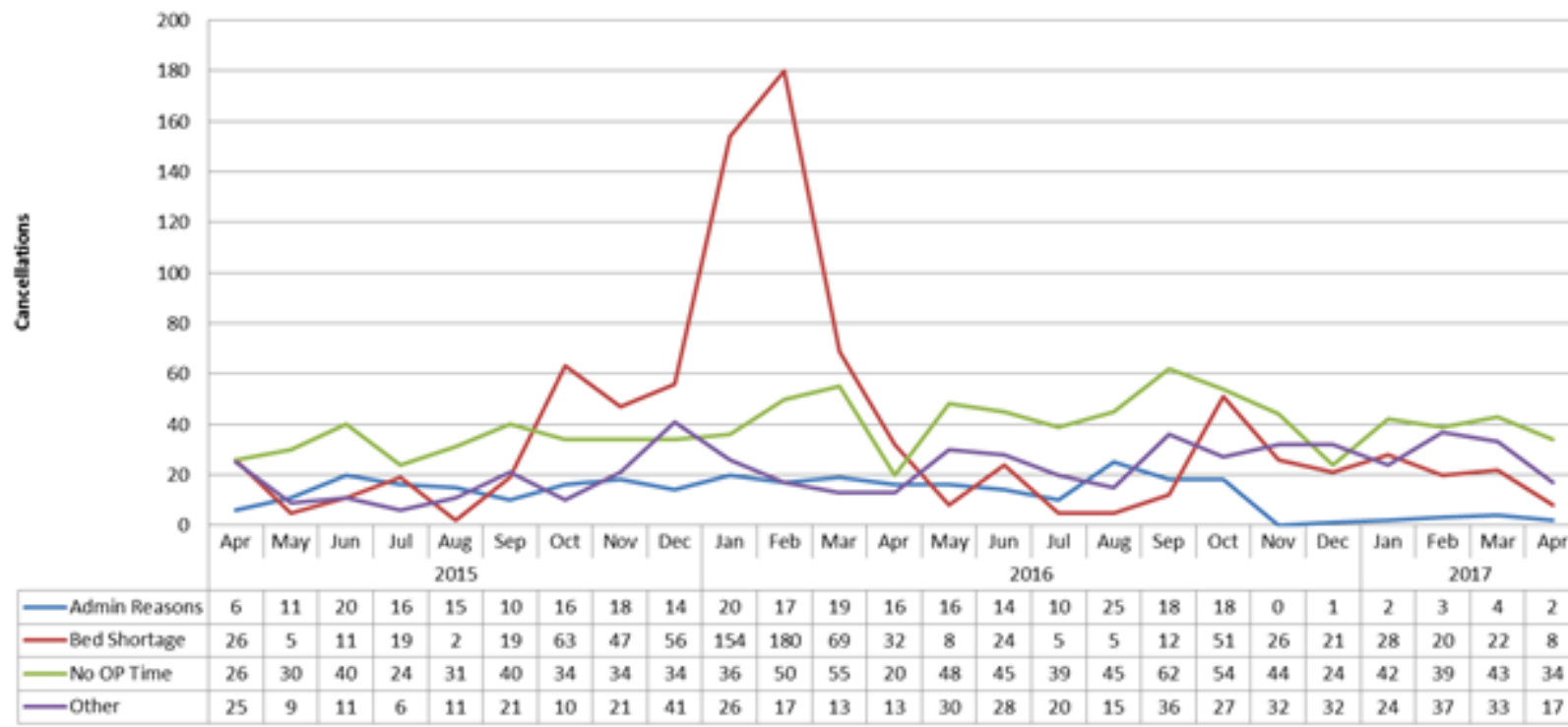
- Proactive management of long-wait patients commended by the elective IST
- Significant reduction in General Surgery 52-week risks through insourcing actions
- ENT remains the most significant area of challenge – reallocating lists internally has reduced number of patients over 40 weeks, however complex work has transferred from JPH to NNUH but not replicated for simple cases.



Additional Slide 22b **Performance (RTT)** – Lead Director Richard Parker

*

Cancelled Operations - Reasons



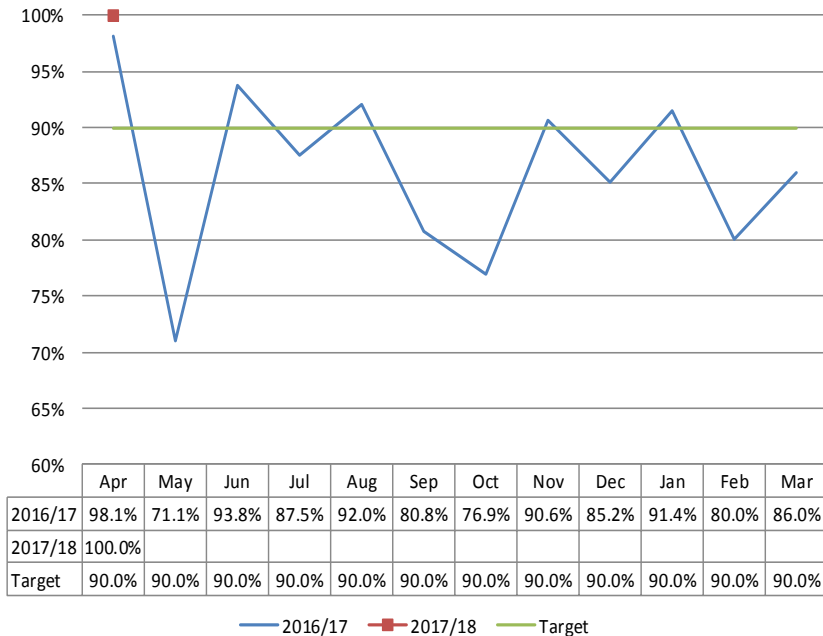
*This graphic is based on unvalidated data.

Comments

- Increased usage of DPU, with flexible bed booking and extended opening hours has prevented the increased winter bed cancellations previously seen
- Overall cancellations continue to reduce
- Work to target 'lack of operating time' through improved booking and workforce scheduling has begun

Core Slide 23 Performance (Stroke) – Lead Director Richard Parker

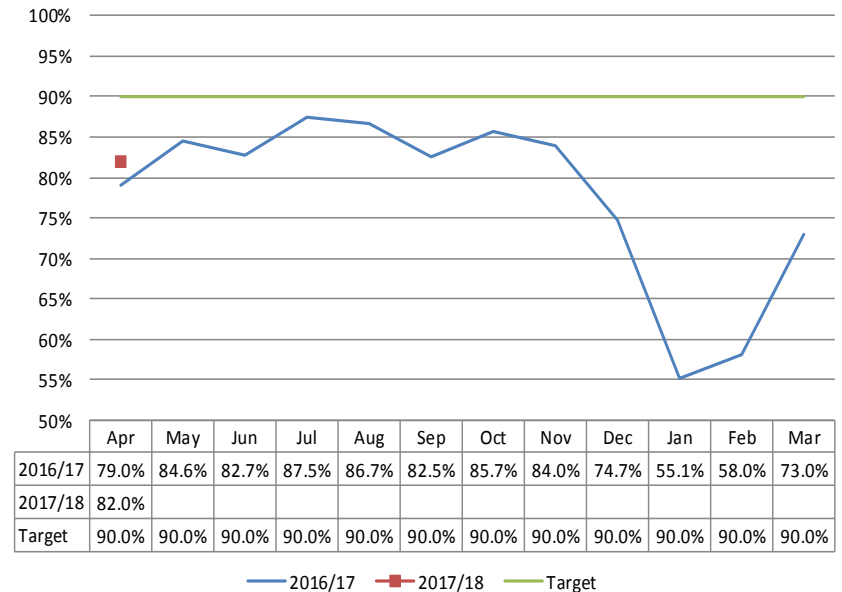
% of high risk TIA patients treated within 24 hour of first contact



Issues

- No issues. 100% delivered.

Patients with primary diagnosis of stroke admitted to a HASU within 4 hrs



Issues

13 breaches

- 7 No beds available on Heydon Ward
- 3 stroke team busy with multiple patients in A&E
- 3 Not diagnosed as stroke

Actions

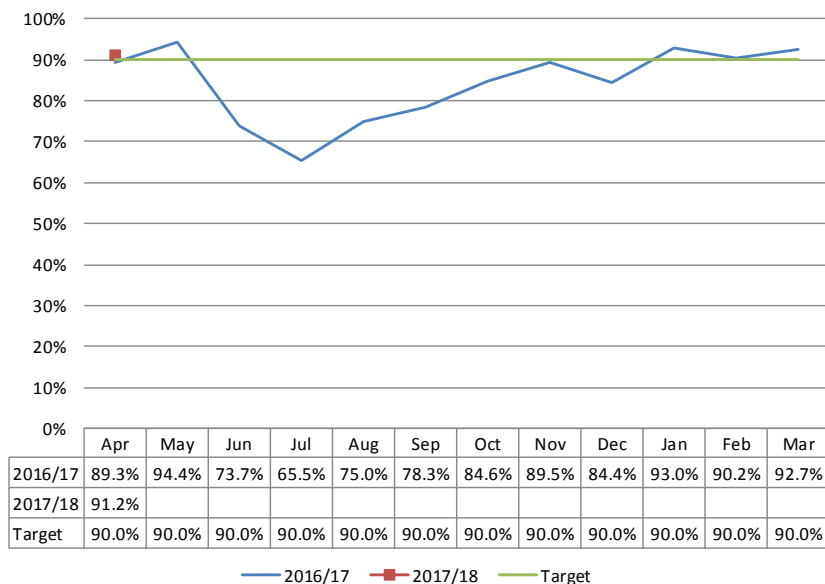
- Ensure ring-fenced Stroke bed is protected to ensure admission pathway is maintained.
- Red-to-Green launched in Stroke to help bed flow / occupancy



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Core Slide 24 **Performance (Stroke)** – Lead Director Richard Parker

% of urgent Stroke patients with access to brain scan within 60 mins



Issues:

3 Breaches –

- 2 Strokes not communicated to Stroke team
- 1 Inpatient required CT perfusion scan – Radiology unable to provide out of hours

Actions

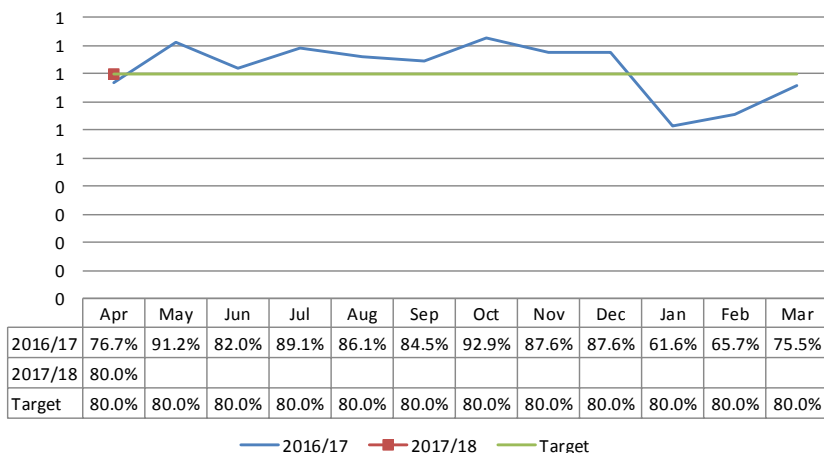
- Continue to work with other referring teams to improve alert-communications



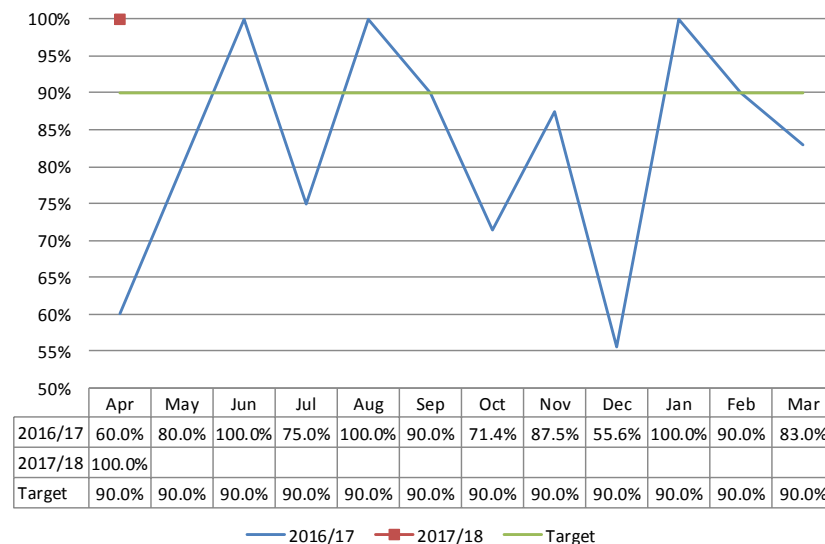
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Additional Slide 24a **Performance (Stroke)** – Lead Director Richard Parker

Percentage of patients with 90% of their length of stay on the stroke unit



% Door to needle time of <= 60 minutes for eligible thrombolysis patients



17 breaches

- 14 No beds available on Heydon Ward
- 3 Not diagnosed as stroke

Actions

- Prioritise direct admission for stroke and no step downs

0 Breaches – 100% delivered



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Core Slide 25 **Performance (Patient Flow)** – Lead Director Richard Parker

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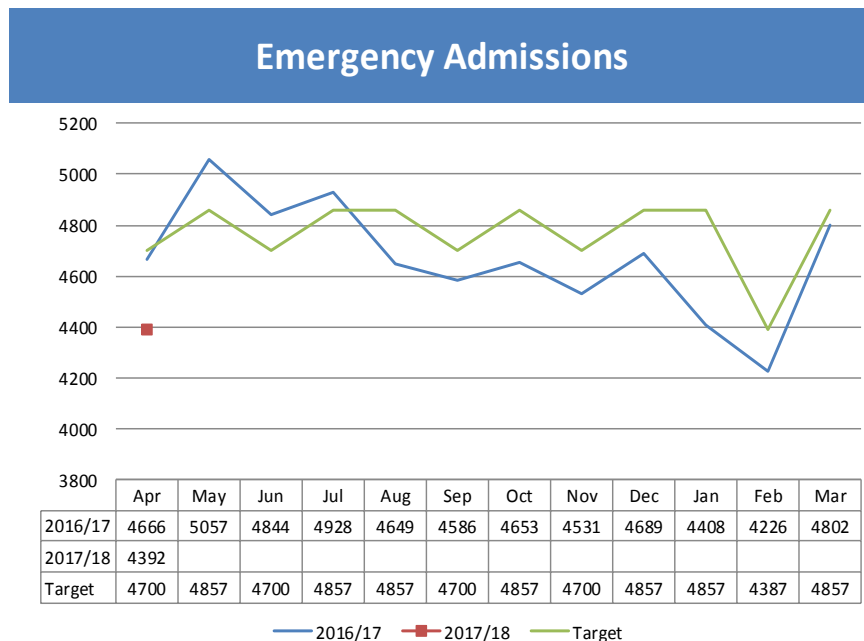
Core Slide 26 **Performance (Productivity) Summary** – Lead Director Richard Parker

Productivity		Outturn 2016/17	Monthly Target	Apr-17	6 month trend	YTD 2016/17	YTD 2017/18
A&E Activity (attendances)		126863	11534	10593		9946	10593
Emergency Admissions	Core Slide 27	56039	n/a	4392		4666	4392
Outpatient Activity (consultant led & non-consultant led)	Core Slide 27	724333	n/a	52030		58647	52030
Elective Activity - Elective inpatient spells	Core Slide 28	13782	n/a	1065		1184	1065
Elective Activity - Day case spells	Core Slide 28	85745	n/a	6605		7052	6605
Theatre Utilisation		78.00%	90.00%	78.00%		76.00%	78.00%



Core Slide 27

Performance (Productivity) – Lead Director Richard Parker



Issues

- Non elective admissions reduced on 16/17 by 5.8%
- Conversion rate of ED attendance to admission was 24%: a reduction of 3.1% on April 2016.
- Good use of alternative pathways, UCC and AEC, with significant growth in both pathways

Actions

Continue to plan for extension of AEC in June 17 and introduce extended short stay pathways and revised medical bed model.



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Core Slide 28

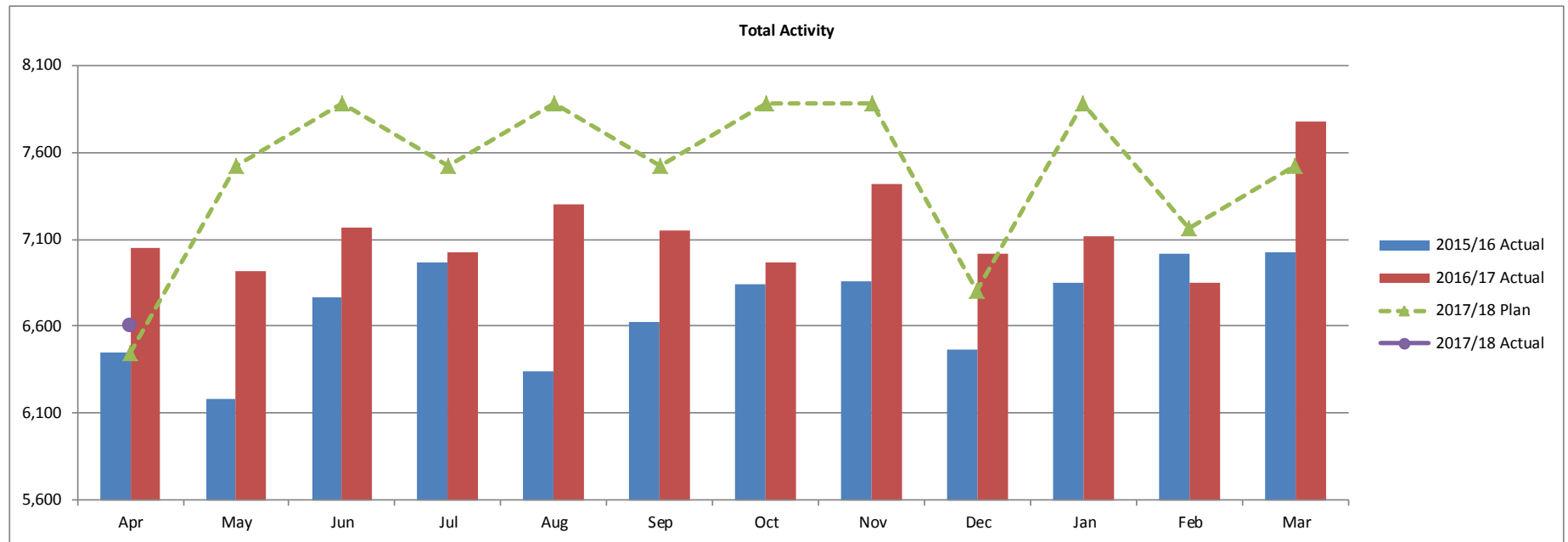
Activity

2015/16 vs 2016/17 vs 2017/18 YTD

Daycase (excluding Lucentis, including RDAs from October 2016 onwards)

Performance (Productivity) – Lead Director Richard Parker

Activity	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
2015/16 Actual	6,447	6,183	6,764	6,970	6,338	6,627	6,841	6,862	6,465	6,847	7,019	7,022	6,447	80,385
2016/17 Actual	7,052	6,914	7,169	7,022	7,299	7,154	6,970	7,419	7,013	7,113	6,846	7,774	7,052	85,745
2017/18 Plan	6,445	7,519	7,877	7,519	7,877	7,519	7,877	7,877	6,803	7,877	7,161	7,519	6,445	89,871
2017/18 Actual	6,605												6,605	6,605
Variance to 2016/17	(447)												(447)	(447)
Variance to 2016/17 %	-6.3%												-6.34%	
Variance to Plan	160												160	160
Variance to Plan %	2.5%												2.48%	



Issues and Comment

- Day-case activity above 17/18 plan – lower activity than 16/17 reflects working days / Easter positioning
- Securing / ring-fencing the DPU continues to support this improvement



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Additional Slide 28a

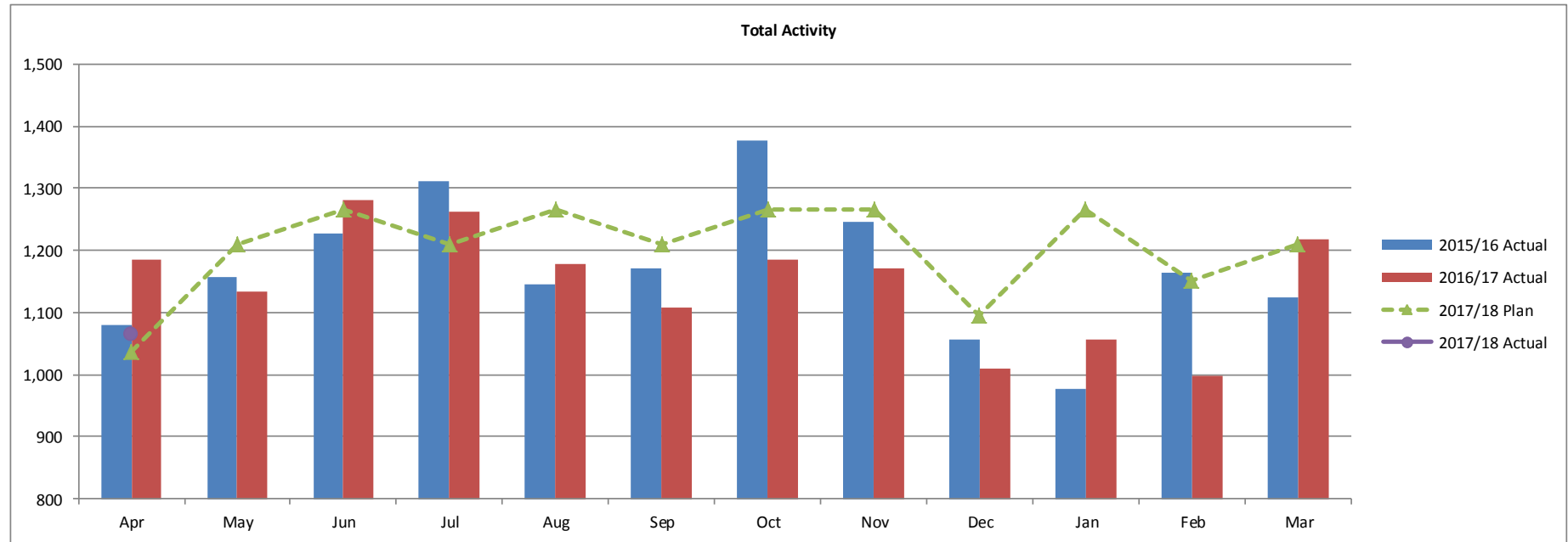
Activity

2015/16 vs 2016/17 vs 2017/18 YTD

Elective Inpatient

Performance (Productivity) – Lead Director Richard Parker

Activity	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
2015/16 Actual	1,080	1,157	1,228	1,312	1,146	1,170	1,376	1,246	1,057	977	1,164	1,125	1,080	14,038
2016/17 Actual	1,184	1,134	1,280	1,263	1,177	1,107	1,184	1,171	1,009	1,057	999	1,217	1,184	13,782
2017/18 Plan	1,036	1,209	1,267	1,209	1,267	1,209	1,267	1,267	1,094	1,267	1,152	1,209	1,036	14,452
2017/18 Actual	1,065												1,065	1,065
Variance to 2016/17	(119)												(119)	(119)
Variance to 2016/17 %	-10.1%												-10.05%	
Variance to Plan	29												29	29
Variance to Plan %	2.8%												2.76%	



Issues and Comment

- In-patient elective activity above 17/18 plan – lower activity than 16/17 reflects working days / Easter positioning
- Patient Flow & Theatre productivity work continues to support this improvement



Additional Slide 28b

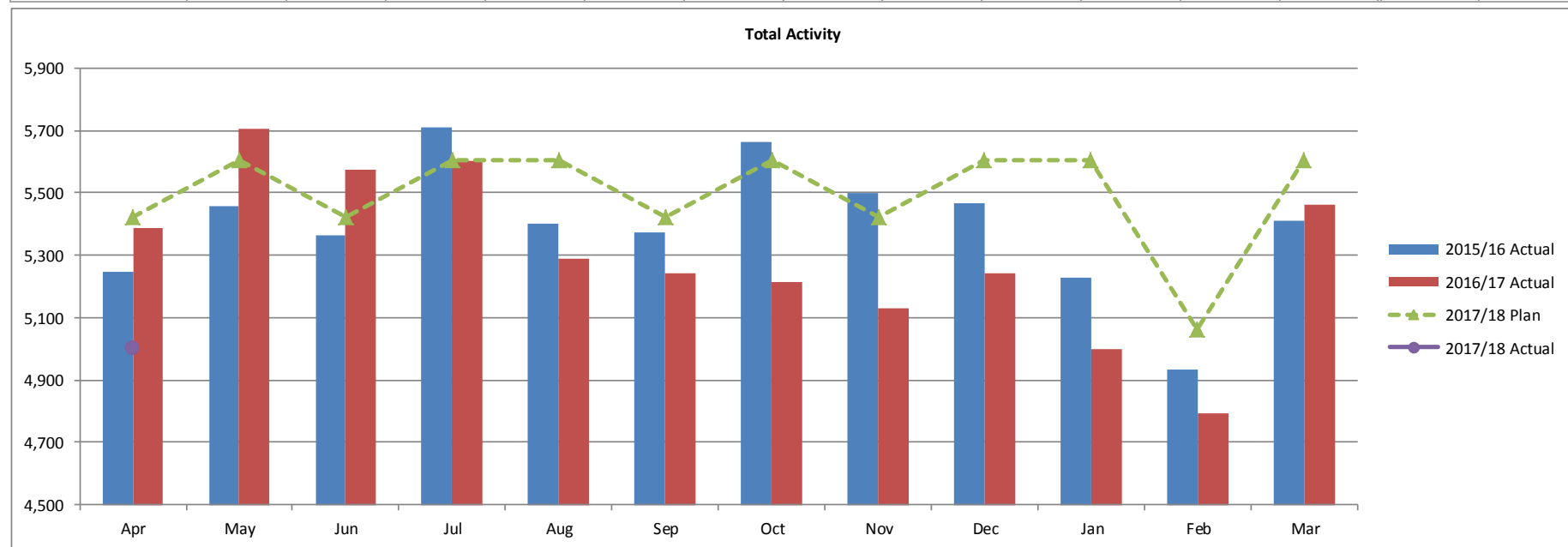
Performance (Productivity) – Lead Director Richard Parker

Activity

2015/16 vs 2016/17 vs 2017/18 YTD

Non Elective (excluding impact of marginal rate)

Activity	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
2015/16 Actual	5,248	5,459	5,365	5,708	5,402	5,373	5,661	5,498	5,467	5,229	4,933	5,412	5,248	64,755
2016/17 Actual	5,385	5,703	5,572	5,602	5,289	5,240	5,212	5,128	5,240	4,998	4,794	5,464	5,385	63,627
2017/18 Plan	5,424	5,604	5,424	5,604	5,604	5,424	5,604	5,424	5,604	5,604	5,062	5,604	5,424	65,986
2017/18 Actual	5,002												5,002	5,002
Variance to 2016/17	(383)												(383)	(383)
Variance to 2016/17 %	-7.1%												-7.11%	
Variance to Plan	(422)												(422)	(422)
Variance to Plan %	-7.8%												-7.77%	



Issues and Comment

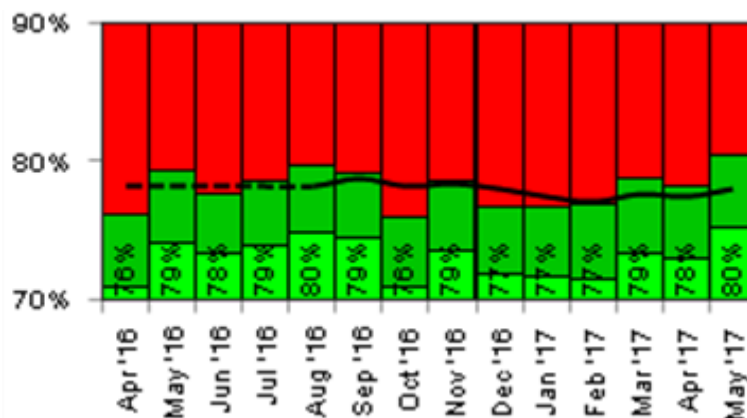
- Further improvements in AEC working and Red2Green / Stranded Patients has seen a further reduction in NEL admissions. This is supporting further CIP bed-reconfiguration & ring-fencing schemes.
- Income is marginally affected only – this reflects the case-mix of the patients who are now being admitted



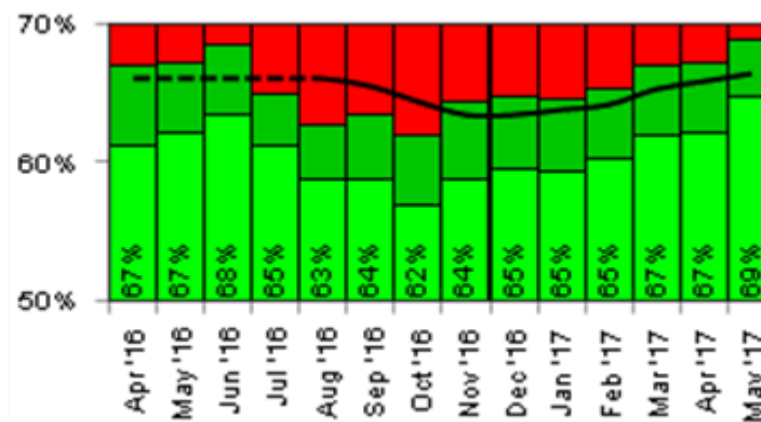
Additional Slide 28c

Theatre Utilisation – Lead Director Richard Parker

Utilisation (Main Theatres Sites)



Utilisation (DPU)



Comment

- Internal utilisation improvement programme running.
- NNUH selected for the Four-Eye / NHSI sponsored programme to further help in this area. A full briefing paper will be presented to the Board of Directors in June – early headlines are:
 - Largest productivity study since 2002
 - Offers a 'practical' approach re how to best access unused time
 - NNUH appears better than the Regional and National average but has a circa 12% productivity improvement potential



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

Additional Slide 28d

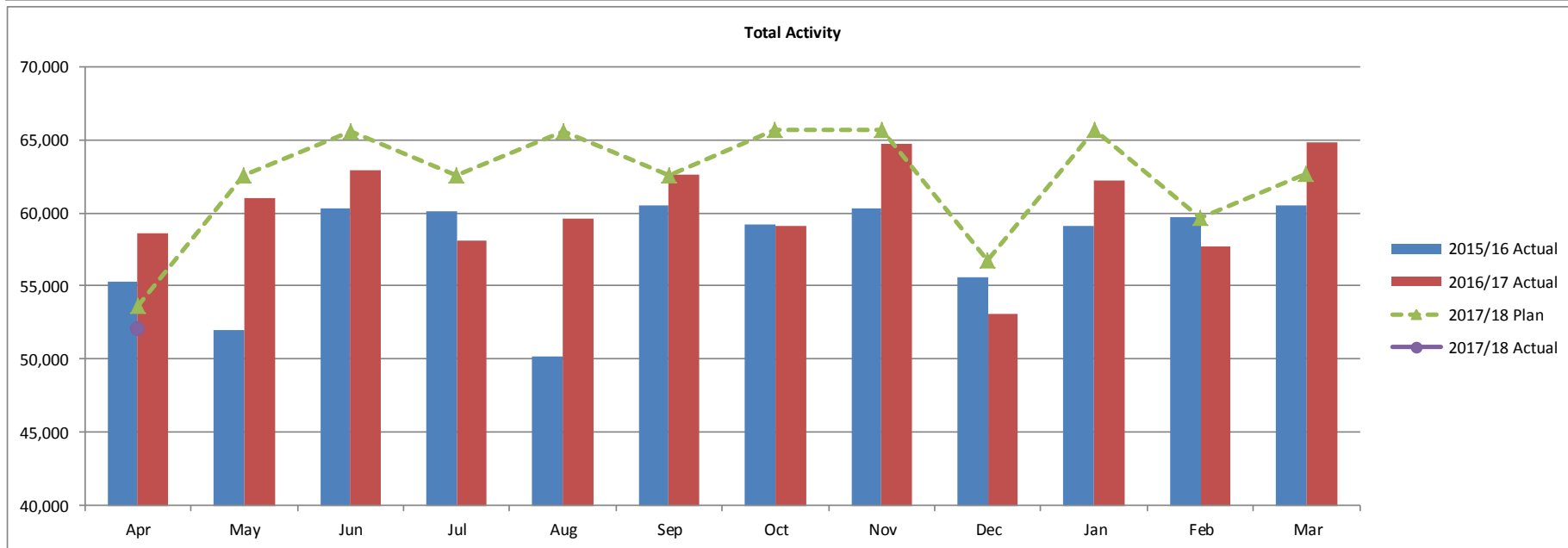
Performance (Productivity) – Lead Director Richard Parker

Activity

2015/16 vs 2016/17 vs 2017/18 YTD

Outpatient - All (Consultant & Non Consultant Led, New & Follow Up)

Activity	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Full Year
2015/16 Actual	55,253	51,966	60,351	60,084	50,148	60,470	59,181	60,303	55,563	59,152	59,753	60,523	55,253	692,747
2016/17 Actual	58,647	60,971	62,885	58,054	59,595	62,622	59,078	64,679	53,131	62,166	57,652	64,853	58,647	724,333
2017/18 Plan	53,621	62,568	65,548	62,568	65,548	62,568	65,658	65,658	56,713	65,658	59,696	62,678	53,621	748,482
2017/18 Actual	52,030												52,030	52,030
Variance to 2016/17	(6,617)												(6,617)	(6,617)
Variance to 2016/17 %	-11.3%												-11.28%	
Variance to Plan	(1,591)												(1,591)	(1,591)
Variance to Plan %	-3.0%												-2.97%	



Issues and Comment

- OPD activity below plan. Partly due to an 'Easter effect' however work to increase OPD activity through reduced DNA rates, increase 3-session days etc is underway

Core Slide 29

Workforce Summary – Lead Director Jeremy Over

Workforce		Outturn 2016/17	Monthly Target	Apr-17	6 month trend	YTD 2016/17	YTD 2017/18
Payroll							
1 Budgeted WTE*		7207	n/a	7193		7207	7193
2 Actual WTE*		6508	n/a	6489		6508	6489
3 Vacancy maximum (%)		9.70%	10.00%	9.78%		9.70%	9.78%
Pay Spend							
4 Pay spend - % employed (%)*		87.10%	n/a	91.34%		84.70%	91.34%
5 Pay spend - % bank (%)*		2.84%	n/a	3.08%		2.22%	3.08%
6 Pay spend - % agency (%)*		4.08%	n/a	2.05%		5.00%	2.05%
7 Pay Spend - % Medical Locum (%)*		3.80%	n/a	1.81%		5.35%	1.81%
Staffing Numbers							
Core Slide 36							
8 % of registered nurse day hours filled as planned		93.43%	n/a	93.72%		95.28%	93.72%
9 % of unregistered care staff day hours filled as planned		115.75%	n/a	124.72%		113.10%	124.72%
10 % of registered nurse night hours filled as planned		93.52%	n/a	93.59%		94.77%	93.59%
11 % of unregistered care staff night hours filled as planned		128.70%	n/a	139.89%		118.67%	139.89%
12 RGN % Actual to planned		93.47%	n/a	93.67%		95.06%	93.67%
13 HCA % Actual to planned		121.03%	n/a	131.06%		115.39%	131.06%
Other							
14 Appraisals completed	Core Slide 32	61.19%	80.00%	67.30%		57.97%	67.30%
15 Staff Turnover rate	Core Slide 33	10.75%	10.00%	11.12%		10.35%	11.12%
16 Mandatory Training	Core Slide 34	75.72%	90.00%	77.20%		73.77%	77.20%
17 Sickness levels**	Core Slide 35	4.17%	3.50%	4.04%		4.27%	
* Please note these figures are provisional							
** Reported one month in arrears							



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Core Slide 30

Workforce Summary – Lead Director Emma McKay

Nurse Staffing ('Red Flags')

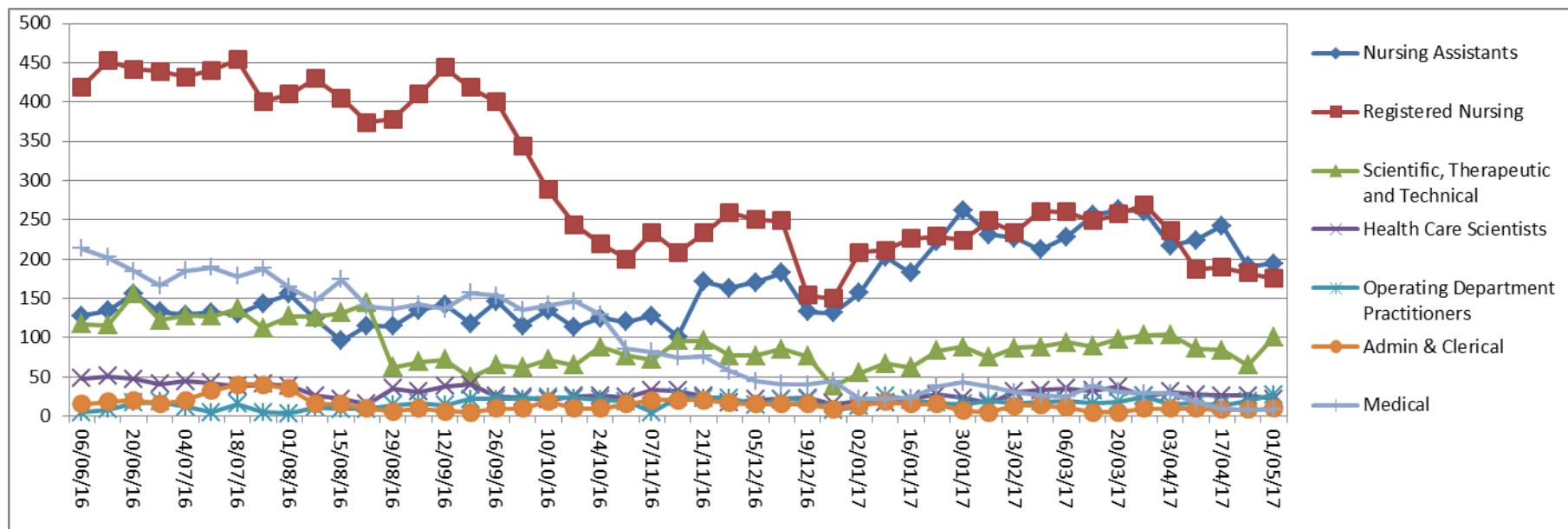
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Core Slide 31

Workforce - Lead Director Jeremy Over

Agency and Locum Shifts Booked



Issues

- Month 1 expenditure was £600k compared to £2.8m in May 2016.
- Demand for agency staff continues to be at consistently low levels with overall volumes of booked shifts are around 50% lower than the peak seen in June 2016.
- The reduction in demand and impact of agency price cap compliance since October has led to significantly reduced agency expenditure.
- Controls continue to be effective and responsive to situations where temporary workers are absolutely required based on clinical need.
- The Finance section of the IPR details the expenditure for the month.

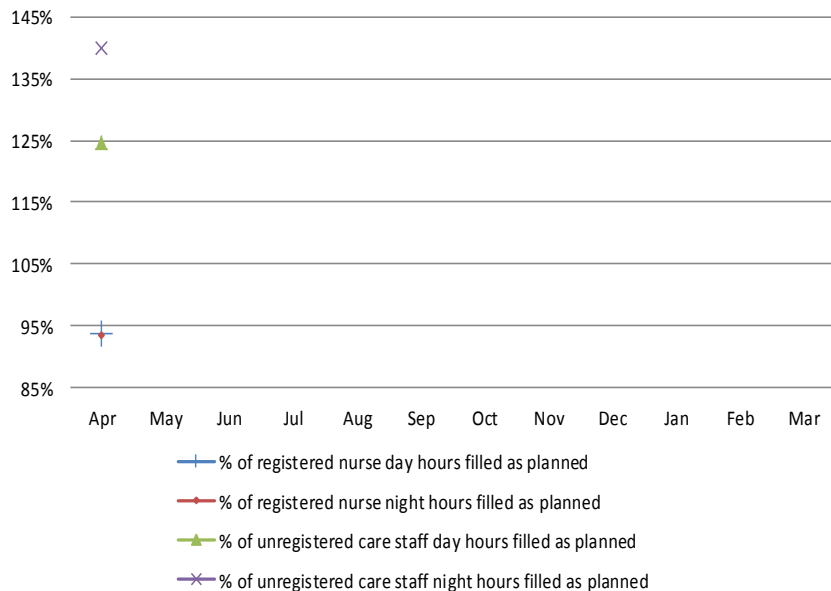
Actions

- Weekly price cap compliance consistently exceeds 75% (compared to c.0% in September 2016).
- Break glass arrangements only for exceptional safety grounds (with executive level sign off).
- Pre-authorisation checklist and daily scrutiny by Medical Director for all locum requests has been very effective.
- Recruitment Oversight Group is in operation and applies controls and assists with speedy recruitment.
- Bank incentives are embedding.

Core Slide 32

Workforce – Lead Director Jeremy Over

Ward Nursing fill-rate Analysis



Issues

- The graph shows our nursing planned versus actual staffing levels.
- The percentage of shift hours worked versus planned may be greater than 100% where additional staff have been deployed to meet the needs of patients requiring 1-to-1 care (e.g. a third healthcare assistant, compared with a staffing plan of 2 for the shift will result in a fill-rate of 150%).
- The small improvement in RN fill rate compared to Jan/Feb 2017 has been maintained.

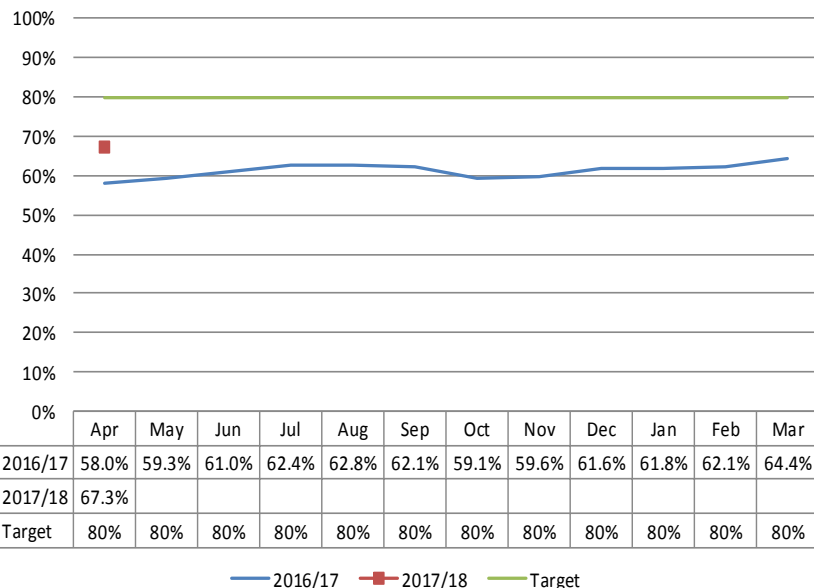
Actions

- The impact of the Premium Pay activity in respect of the scrutiny on agency usage and agency rates is being closely monitored by senior Nurses, Managers and HR through the Workforce CIP meeting and Workforce Sub Board.
- Core Slide 36 confirms growth in the substantive workforce

Core Slide 33

Workforce – Lead Director Jeremy Over

Appraisals Completed*



— 2016/17 — 2017/18 — Target

*2016/2017 based on Non-medical appraisals & 2017/18 based on all appraisals

Non-Medical Appraisal Completion	Eligible for Appraisal	Current Appraisal	Completion %
Trust	5610	3600	64.2%
by Division			
Medicine	1689	927	54.9%
Surgery	1543	1049	68.0%
Women & Children	593	435	73.4%
Clinical Support Services	1251	887	70.9%
Corporate	534	302	56.6%
by Staff Group			
Add. Prof. Scientific and Technical	316	212	67.1%
Additional Clinical Services	1122	742	66.1%
Administrative and Clerical	1409	780	55.4%
Allied Health Professionals	408	297	72.8%
Estates and Ancillary	142	64	45.1%
Healthcare Scientists	215	151	70.2%
Nursing and Midwifery Registered	1998	1354	67.8%
Medical Appraisal			
Medical & Dental	557	552	99.1%
Overall Total			
Trust	6167	4152	67.3%

Issues

- The IPR appraisal indicator now includes medical appraisals in addition to non-medical staff
- 67.3% of staff have participated in appraisal during the last 12 months.
- Two of our clinical divisions have improved their non-medical appraisal compliance to over 70%.
- The NHS Staff Survey results for 2016 suggests that 83% of our staff have responded that they have been appraised in the last 12 months (up from 77% in 2015). Also, the survey reports an increase in the quality of appraisals from 2015 to 2016 (the 'rating' increasing from 2.84 to 2.91 of a scale of 1-5).

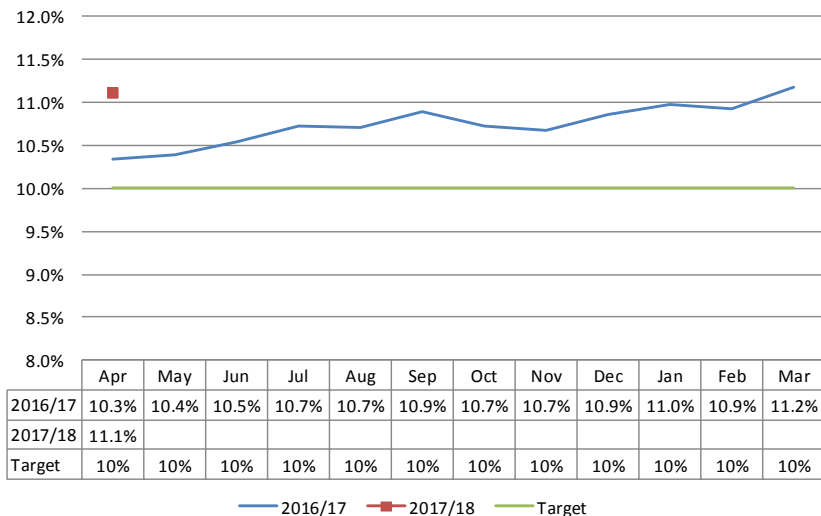
Actions

- Appraisal rates are discussed with divisions at monthly performance committee meetings.
- The CEO and Executive Directors continue to stress the importance of the appraisal experience.
- The importance of appraisal is a feature in the PRIDE Values in Action plans and our PRIDE values and behaviours are part of appraisal conversations.

Core Slide 34

Workforce – Lead Director Jeremy Over

Staff Turnover rate



Issues

- Turnover is just above 11%, which is an aggregate of the sum of the past 12 months' turnover position
- The number of leavers for the month was 44 which represents a monthly turnover position of 0.8% - this is a reduction compared to March.
- Of the known reasons for leaving, approximately two-thirds continue to relate to retirement or promotion/relocation reasons.

Actions

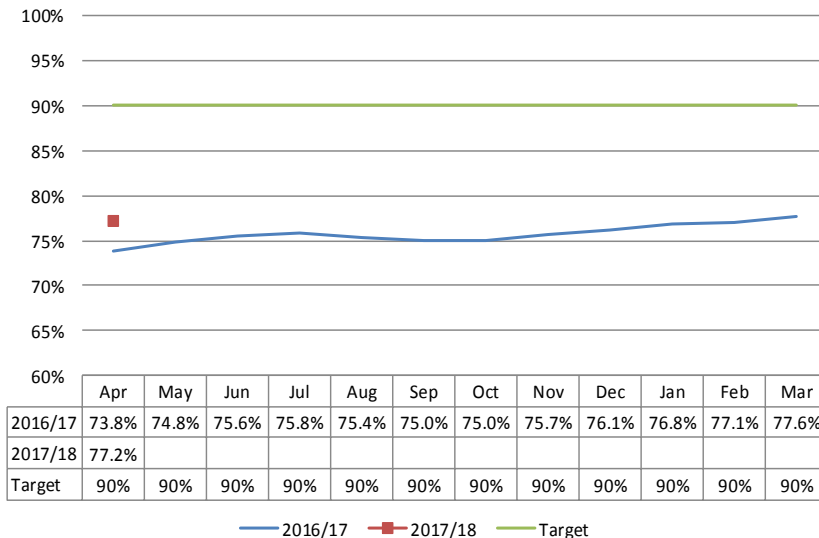
- Staff Survey action plans are addressing issues around staff satisfaction and experience which will in turn have the potential to yield a positive benefit for retention and turnover.
- The Staff Experience Working Group is reviewing our practice around flexible retirement options.

Staff Turnover	Apr-17
Trust	11.1%
Medicine Division	11.8%
Surgery Division	11.5%
Women & Children Division	10.6%
Clinical Support Division	10.2%
Corporate	10.4%

Core Slide 34a

Workforce – Lead Director Jeremy Over

Mandatory Training



Issues

- The overall compliance rate remains at 77%.
- Mandatory training compliance showed a gradual sustained improvement over the past year, although not at the desired pace.

Actions

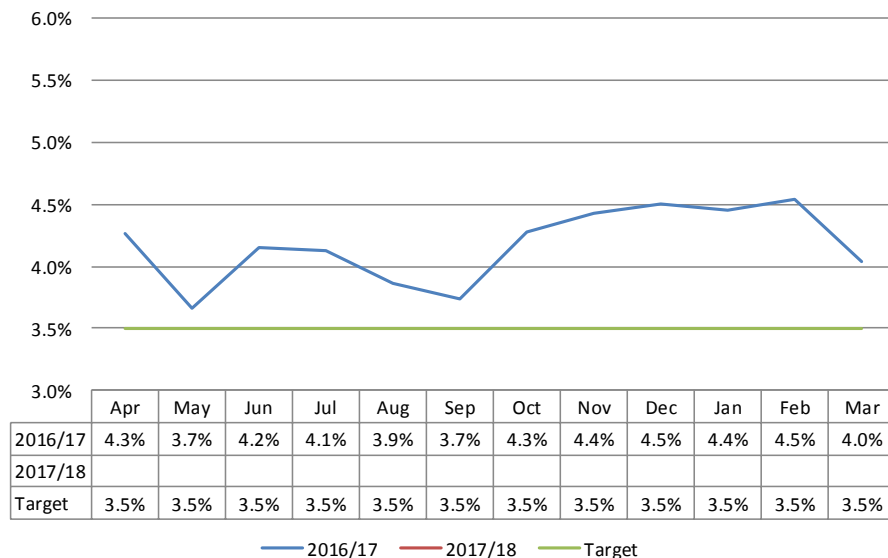
- Divisional level mandatory training rates are discussed at divisional performance committee.
- The Head of OD & Learning is leading on a project to address the capacity and system constraints that need to be overcome in order to enable greater take-up of mandatory training.
- A review of core mandatory training has been presented to the Workforce Sub Board which provides clarity for essential requirements and new learning requests.

Mandatory Training		Apr-17
Trust		77.2%
Medicine Division		78.3%
Surgery Division		81.8%
Women & Children Division		81.3%
Clinical Support Division		87.4%
Corporate		58.5%

Core Slide 35

Workforce – Lead Director Jeremy Over

Sickness levels**



** Reported one month in arrears

Sickness Levels	Apr-17
Trust	4.0%
Medicine Division	4.5%
Surgery Division	4.1%
Women & Children Division	2.7%
Clinical Support Division	4.3%
Corporate	3.5%

Issues

- The sickness rate for March 2017 is 4%.
- This is markedly lower than February (0.5% reduction)
- This continues the trend of notably lower sickness rates compared with the previous year.
- Promisingly, for the past eight months (from August 2016), the monthly sickness figure has been either at, or less than, the corresponding month 12 months previously.
- that for the corresponding period 24 months previously.
- The 12-month seasonally adjusted figure continues to fall and is currently 4.17%, down from 4.31% in January 2017.
- For data accuracy and reliability purposes, sickness figures are reported one-month in arrears.

Actions

- Sickness is discussed in detail at divisional Performance Committees.
- Management teams are reinforcing the 'Know Your Staff' message of the Attendance Policy (introduced May 2016) underpinned by trust, relationships, engagement and empowerment.
- The critical message remains the need for supportive interventions within the first week of absence, in order to minimise absences becoming 'certified'. This is because evidence suggests that, where staff are off sick for more than one week, they are likely to be absent longer term (between 1-3 months).



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Core Slide 35

Workforce – Lead Director Jeremy Over

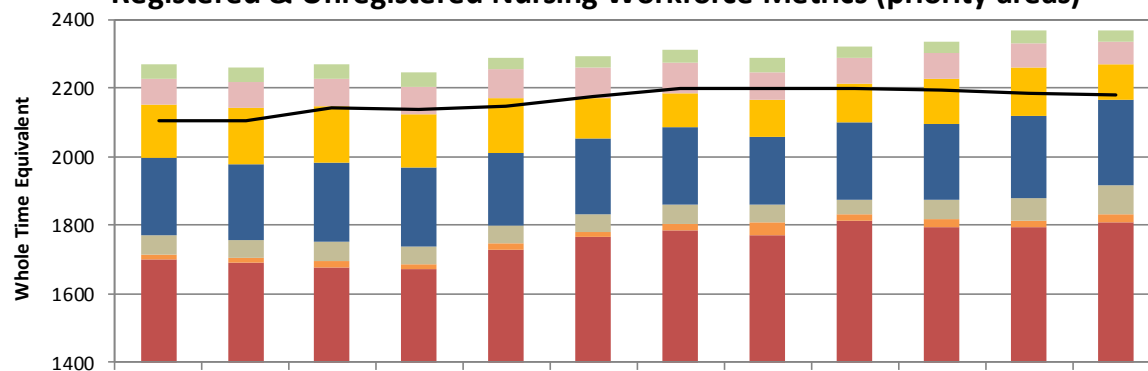
Friends and Family Scores

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Core Slide 37

Workforce – Lead Director Jeremy Over

Registered & Unregistered Nursing Workforce Metrics (priority areas)



	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
Establishment	2105.7	2104.6	2141.6	2138.7	2146.9	2175.4	2196.9	2198.8	2197.0	2194.1	2186.6	2181.2
Resourcing - surplus(+) gap(-)	+163.4	+155.9	+127.4	+107.0	+140.7	+115.3	+113.5	+89.6	+122.0	+141.6	+181.4	+185.5
SIP - Long Term Sick*1	43.2	41.0	43.8	43.5	33.6	32.6	37.2	40.8	30.4	35.1	38.5	29.9
SIP - Maternity & Other*2	75.3	76.4	78.0	77.5	85.0	88.8	88.8	82.2	75.4	75.9	72.0	66.4
Agency*3	154.3	164.7	166.7	155.6	156.7	116.6	100.5	107.1	113.6	128.8	141.1	107.0
Bank*3	227.4	221.6	229.9	230.0	213.9	219.6	224.1	197.2	224.5	220.5	239.3	248.4
Overtime*3	53.1	52.0	56.7	54.9	53.1	51.3	56.3	54.9	43.5	58.4	64.4	81.1
Excess Hours*3	15.5	13.1	15.6	13.8	14.9	18.0	20.9	33.5	18.7	24.8	20.1	27.6
'Attending' Staff in Post *4	1700.4	1691.7	1678.4	1670.4	1730.5	1763.8	1782.5	1772.8	1812.9	1792.3	1792.6	1806.2
Staff in Post (SIP)	1818.8	1809.1	1800.2	1791.4	1849.1	1885.2	1908.6	1895.9	1918.7	1903.3	1903.1	1902.6
'Vacancy' level interpretations												
Establishment less SIP	286.9	295.5	341.4	347.3	297.8	290.2	288.3	303.0	278.3	290.8	283.5	278.6
Establishment less attending SIP	405.4	412.9	463.2	468.3	416.4	411.6	414.4	426.0	384.1	401.8	393.9	375.0

*1 Long term sick defined as 28+ calendar days *2 Figure includes maternity leave, career break and external secondments

*3 Bank, Overtime, Excess Hours and Agency figures are illustrative, based on a conversion to WTE

*4 The 'attending' figure includes all staff in post, with the exception of those on Maternity or LTS, but includes staff absent on short term sickness

Source - Establishment from Finance 17/5/2017, Staff in post from ESR 17/5/2017, Bank & Agency from e-Roster 4/5/2017, OT & excess hours from Finance 9/5/2017

- This analysis reflects nursing workforce data incorporating equivalent figures for employed, bank, agency, overtime and excess hours.
- This data also reflects the impact of the Premium Pay activities in reducing agency volume
- The actual numbers of staff in post is at its highest ever level, reflecting growth in the workforce.
- Despite vacancies, temporary resources are supplementing the workforce.

Core Slide 38

Finance Summary – Lead Director James Norman

	Apr-17	Apr-17	YTD	YTD	Full Year
	Actual	Variance (adverse)	Actual	Variance (adverse)	Plan 16/17
Total income excluding interest	£44,471k	(£1,126k)	£44,471k	(£1,126k)	£600,101k
Clinical Income	£32,988k	(£494k)	£32,988k	(£494k)	£445,652k
Total Operating Expenses	(£45,070k)	£953k	(£45,070k)	£953k	(£551,224k)
Pay	(£26,670k)	(£464k)	(£26,670k)	(£464k)	(£316,530k)
Clinical Supplies	(£4,944k)	£412k	(£4,944k)	£412k	(£62,795k)
Variable Non-Clinical Supplies	(£6,228k)	£84k	(£6,228k)	£84k	(£74,025k)
Surplus/(deficit) for the year	(£4,094k)	£8k	(£4,094k)	£8k	£3,600k
CIP Achievement	£1,118k	(£940k)	£1,118k	(£940k)	£30,834k
Closing cash balance	£9,419k	(£600k)	£9,419k	(£600k)	£14,537k
Capex	£786k	(£699k)	£786k	(£699k)	£12,361k

Financial Performance

The budget for Month 1 was a £4,102k deficit. The reported position is a £4,094k deficit, £8k better than budget.

Clinical Income has under-delivered against budget by £494k – 1.5%

The STF has been accrued in full as the planned financial position has been met as has the trajectory for the A&E target. Achieved 89.9%. Trajectory 89.8%

Cash

£16m was received from NHSI in the prior year and £5.223m was received in April 2017 totaling £21.223m, being the full receipt of the agreed interim revenue support facility – at 3.5% interest rate. The Cash balance at the end of Month 1 was £9,419k against a budget of £10,019k, an adverse variance of £600k. The variance is due to the first installment (£520k) for the Quadram Institute being paid in month, it was budgeted for June 2017. Accordingly the variance will reverse.

CIPs

The budget includes a savings requirement of £30,834k. This has been profiled within the budget to reflect the schemes approved by FIP Board which to date amount to £16.5m (including £3.1m of income stretch), with £1,286k expected in month. The remaining £14,334k, has been profiled using best estimates based upon savings ideas from the Divisions having regard to a build up period in delivery of new schemes. Of this, £772k was profiled for April 2017, bringing the total CIP profiled for April to £2,058k.

Total of £1,118k CIP has been achieved. This represents 87% of the CIP supported by FIP Board approved schemes.

CIPs have been profiled as: Q1 - £6,416k (21%); Q2 - £7,519k (24%); Q3 - £8,319k (27%); Q4 - £8,579k (28%); Total - £30,834k

Work is ongoing to process CIP ideas into schemes, so that the full £30.8m is supported by properly approved schemes.

Risks

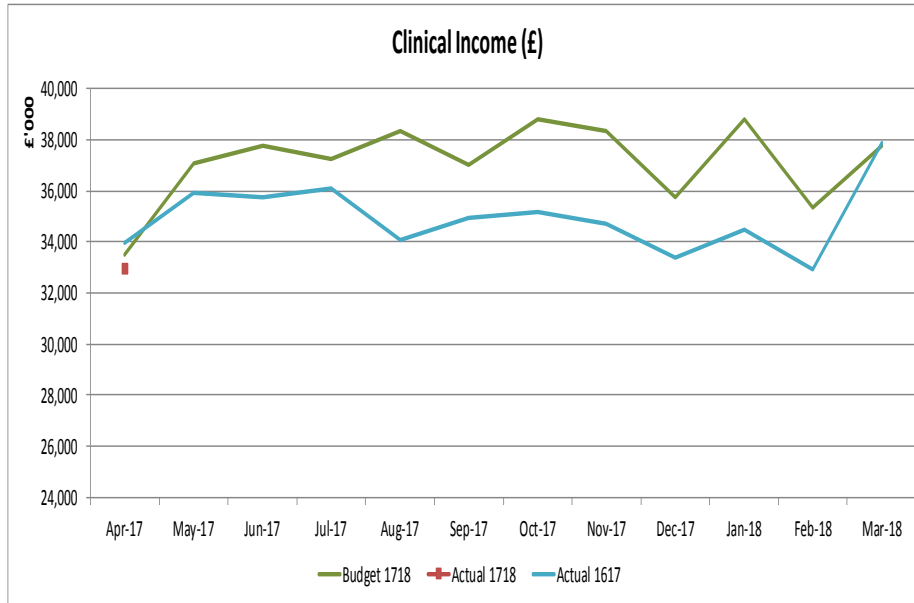
Clinical income has under-performed by 1.5%. Pay has overspent by 1.8%. These two categories of income and expenditure along with CIPs significantly influence our performance and budget achievement. Close attention is therefore required at all times.

The 13 week rolling cash flow shows the next cash shortfall arising on 28 June 2017, for @ £2m for four days. Cash management will be key to overcome this.



Core Slide 39

Clinical Income



Activity

POD	Apr-17 Actual	Apr-17 Variance	% Variance	£ Variance	YTD Actual	YTD Variance	Full Year Plan 17/18	Full Year Actual 16/17
APC - Daycase	6,319	-126	-2%	£146,268	6,319	-126	£89,871k	£84,160k
APC - Elective	1,065	29	3%	£565,563	1,065	29	£14,452k	£13,780k
APC - Regular Day Attend	286	253	777%	£203,675	286	253	£454k	£1,794k
APC - Non Elective	5,002	-422	-8%	£162,558	5,002	-422	£65,986k	£63,618k
OP - New	14,451	-855	-6%	£154,581	14,451	-855	£213,787k	£205,003k
OP - Follow Up	29,500	-455	-2%	£77,299	29,500	-455	£418,123k	£408,142k
OP - New (Non Con)	1,277	-234	-15%	£12,902	1,277	-234	£21,065k	£20,225k
OP - Follow Up (Non Con)	6,734	-115	-2%	£1,704	6,734	-115	£95,506k	£90,777k
A&E	10,593	-673	-6%	£92,219	10,593	-673	£137,067k	£126,863k

- Clinical income budget for the year is £445.7m, an increase of £26.9m (6.5%) on 2016/17 full year reported income.
- The clinical income budget includes £10.7m of income associated with CIP schemes.
- Clinical Income has under-delivered against budget in month by £494k, being 1.5%.
- The FIP approved income schemes assumed achievement of £349k in month, of which £196k was delivered, being 56%.

- The table above reports Activity count, % variance and value / loss of variance.
- We over achieved our activity plan for elective inpatients – up 3%
- We did not achieve our plan for day cases - down 2%; non electives - down 8%; out patients-new - down 6%, out patients follow up – down 2%, outpatients-new (non-consultant) – down 15% and out patients follow ups (non-consultant) – down 2% & A&E – down 6%
- Income for day cases is above plan even though activity is lower, this is due to case mix.



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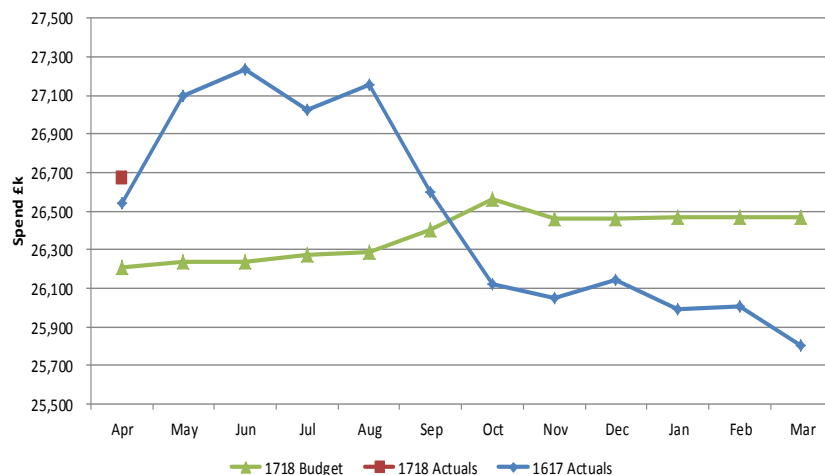


Finance – Lead Director James Norman

NHS Foundation Trust

Core Slide 40

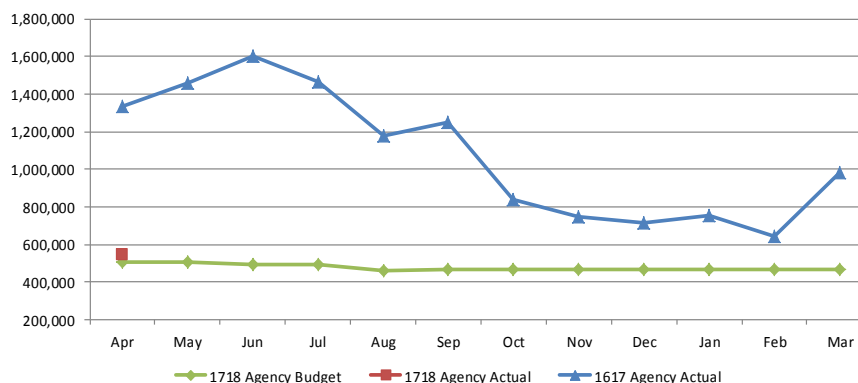
Pay – Plan & Actual



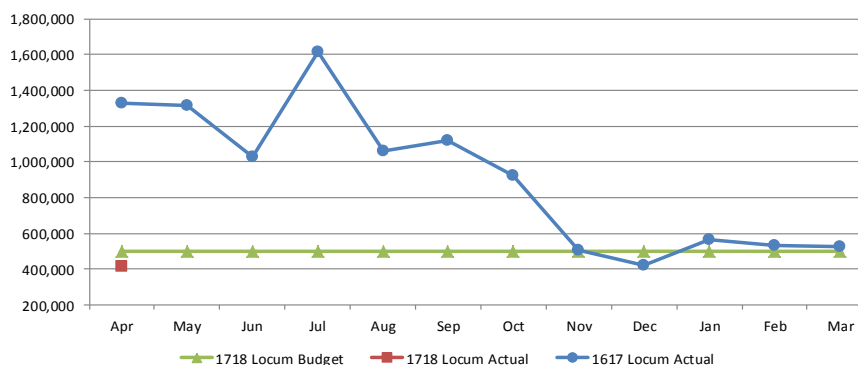
- The pay budget for the year is £316.5m. Outturn for 2016/17 was £317.8m.
- The pay budget is after the pay related CIP savings assumed of £10.1m, being a 3%.
- Pay expenditure was overspent in Month 1 by £464k, being 2%.
- The CIP plan for pay in the month was £454k re FIP approved schemes
- CIP achieved was £438k for FIP schemes an adverse variance of £16k.
- Overspending divisions are:
 - Surgery £344k, &
 - Emergency £134k.

Pay – Locums & Agency (budget & actual)

Agency



Locums

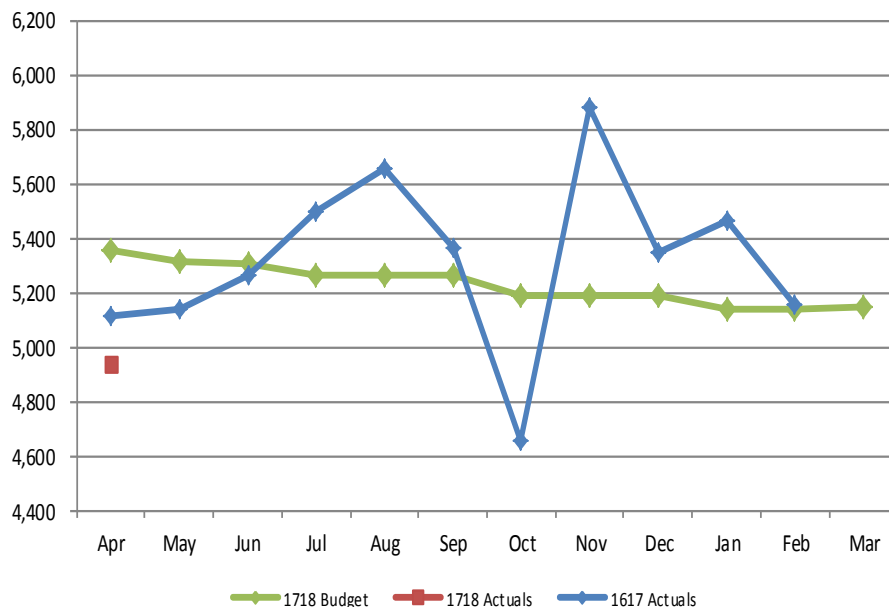


- Locum & Agency costs have been allocated budget in 1718 equivalent to the annualised average of that incurred in M10 and M11 in 2016/17.
- Locum costs (internal & external) were underspent in the month against budget by £83k.
- Agency costs were overspent in the month against budget by £41k.
- Both Locum & Agency costs have reported the lowest cost in month in the last 13 month period.



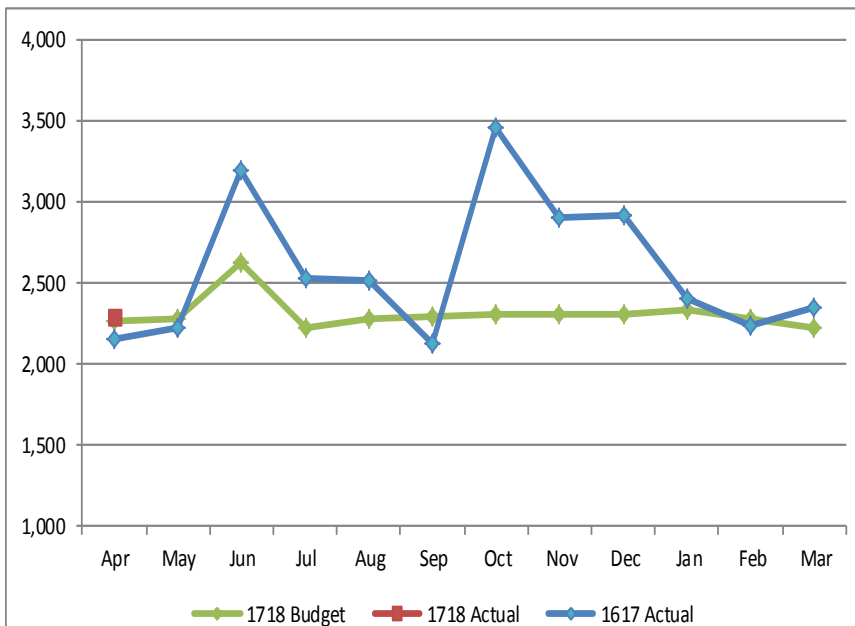
Core Slide 41

Clinical Supplies



- The clinical supplies budget for the year is £62.8m. Outturn for 2016/17 was £64.1m
- The budget is after the related CIP savings assumed of £3.177m. Thus clinical supplies CIPs represent a savings requirement of 4.8%.
- Clinical supplies expenditure was underspent in Month 1 by £412k, being 8%
- Main underspends were in Med & Surg £76k, Blood Products £58k, Cath lab £83k.
- The CIP plan in the month was £141k, being £130k FIP approved schemes and £11k for schemes not yet approved.
- CIP achieved was £125k for FIP schemes, an adverse variance of £5k.

Variable Non-Clinical Supplies



- The non-clinical supplies budget of £74.025m is analyzed:
 - Fixed Costs £17.3m
 - Capacity Costs – eg 18 Week Support £6.3m
 - Income backed costs £22.7m
 - Other variable costs £27.7m
- The graph reports the 'other variable' category as the majority of the other categories are not influencable / have a net nil impact overall.
- Month 1 is an overspend of £25k.
- The CIP plan in the month was £264k, being £169k FIP approved schemes and £95k for schemes not yet approved.
- CIP achieved was £167k for FIP schemes, a favorable variance of £2k.



Core Slide 42

CIP Performance

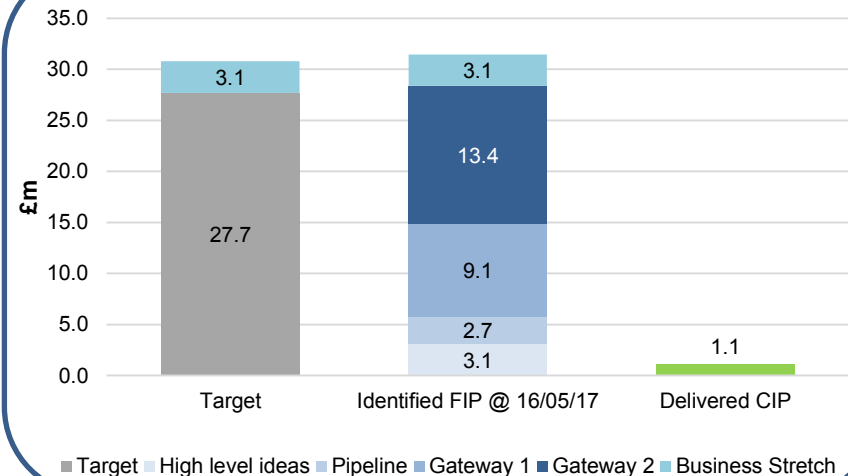
Performance

- To date £16.5m of schemes (including £3.1m of income through activity stretch) have been approved through Gateway 2 and into delivery against the £30.8m Financial Improvement Programme (FIP) target.
- In month 1, the Trust has delivered £1.12m of CIPs, against a FIP Board approved plan of £1.29m resulting in an adverse variance of £0.17m.

Risks

- There is currently a significant gap to the £30.8m target, this is being managed through close liaison with the divisions to identify, design and develop additional FIP schemes. A full day every fortnight ('FIP Friday') is set aside to drive CIP development and to allow divisions and corporate areas to raise key issues for escalation.
- The PMO is working alongside project teams to identify causal actions for adverse variances and to identify mitigating actions to address the adversely performing schemes. In the event that adverse variances continue, additional mitigation schemes will need to be identified to assure delivery of the Trust's FIP plan.

FY17/18 CIP Identified Position



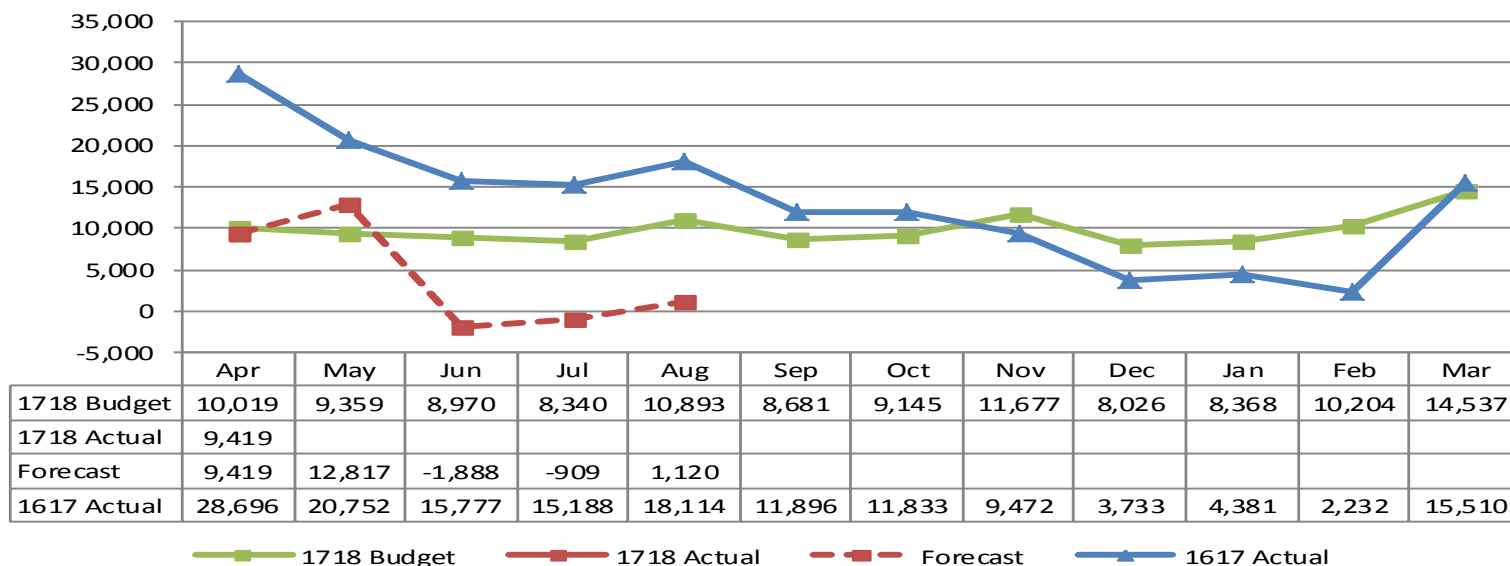
FY17/18 Performance by Division

Division	Number of schemes 'In Delivery'	Total started milestones in plan	Milestones Overdue	Milestone slip %	Month 1 FIP Approved Plan £'000	Month 1 Actual £'000	Month 1 Variance £'000	Month 1 Variance %	YTD FIP Approved Plan £'000	YTD Actual £'000	YTD Variance £'000	YTD Variance %
Clinical Support Services	12	46	0	0%	192.5	159.2	(33.3)	-17%	192.5	159.2	(33.3)	-17%
Corporate	1	4	0	0%	201.3	192.1	(9.2)	-5%	201.3	192.1	(9.2)	-5%
Medicine	34	117	2	2%	573.8	553.7	(20.1)	-4%	573.8	553.7	(20.1)	-4%
Surgery	23	67	1	1%	182.1	156.9	(25.2)	-14%	182.1	156.9	(25.2)	-14%
Women & Children's	24	96	0	0%	136.3	56.3	(80.0)	-59%	136.3	56.3	(80.0)	-59%
Total	94	330	3	1%	1,286.0	1,118.2	(167.8)	-13%	1,286.0	1,118.2	(167.8)	68-13%



Core Slide 43

Cash – actual & budget



- Cash at the end of Month 1 was £9,419k being £600k lower than budget.
- The adverse variance in cash relates to the payment of the first instalment for the Quadram Institute of £520k. It was budgeted for June 2017. Accordingly, this variance will reverse.
- The temporary working capital facility agreed in 2016/17 of £21.223m has been drawn in full, with £16m received in 2016/17 and the remainder of £5.223m received in April 2017.
- No further revenue borrowings are assumed in the Annual Plan / Budget submitted to NHSI in December 2016 / March 2017.
- The 13 week rolling cash flow forecast shows a cash requirement of £2m over four days at end of June and similarly, £2.3m over eight days at the end of July. At this stage it is considered that both of these shortfalls can be managed through CCG and creditor management. This will require careful cash management.



Core Slide 44

CAPEX

Scheme Name	31/03/2018 £'000	31/03/2019 £'000	31/03/2020 £'000	31/03/2021 £'000	31/03/2022 £'000	5 Year Plan £'000
1. STRATEGIC SCHEMES						
Additional IRU suite build & Cath Lab Expansion	1,500	11,500	0	0	0	13,000
Ambulatory Care and Diagnostics Centre	0	15,000	36,000	0	0	51,000
EPR	450	3,600	24,100	950	350	29,450
Gastro Dept Development	0	2,000	0	0	0	2,000
ED Development	0	0	0	0	17,500	17,500
Childrens Assessment Unit Development	0	0	0	0	10,000	10,000
Sub-Total STRATEGIC SCHEMES	1,950	32,100	60,100	950	27,850	122,950
2. Capital schemes - other						
Other - 14 Schemes	3,831	2,499	1,142	1,142	1,142	9,756
Total all schemes requiring funding	5,781	34,599	61,242	2,092	28,992	132,706
3. Internally funded capital schemes						
Institute of Food and Gut Health (Quadram Institute)	2,080	1,500	1,500	1,500	1,500	8,080
Medical and Surgical Equipment	4,500	4,000	4,000	4,000	4,000	20,500
Sub-Total internally funded strategic schemes	6,580	5,500	5,500	5,500	5,500	28,580
4. Linear Accelerator Replacement - managed service, no capital outlay	18,900	0	0	0	0	18,900
5. Brachytherapy - Charitably Funded	950	0	0	0	0	950
6. Hospital PFI Lifecycle Maintenance Capitalisation, no capital outlay	0	0	0	31,764	14,676	46,440
GRAND TOTAL - all schemes	32,211	40,099	66,742	39,356	49,168	227,576

- The Capital Plan for the next five years as reported to NHSI is set out above.
- In 2017/18 we plan to spend £5.781m on schemes requiring funding by NHSI. In this regard they have advised that they will require their Project Advisory Unit (PAU) to visit us to review our schemes to ensure they have been properly prioritised and that the timing and need for funds is supported by them – the PAU. This requirement represents a risk to our control over the progression of these schemes.
- The 'funds generated' through depreciation have been earmarked in part for the Quadram Institute – as we are contractually committed to that development. With the balance earmarked for our business as usual medical and surgical equipment needs.
- In Month 1, we spent £0.786m on equipment and the Quadram Institute (being £0.52m on the Quadram Institute & the balance on equipment). 70



Core Slide 45

Key Risks to Financial Plan

- The key risks to achieving the Annual Plan / Budget for 2017/18 are set out in the table alongside.
- In addition we know that the Q4 exit run rate budget which forms the foundation of our Annual Plan / budget for 2017/18 was not met recurrently. This therefore represents a risk to achieving the financial budget for the year.
- No contingency has been built into the Annual Plan / budget. It is based on a planned / expected exit run rate – which formed part of Financial Special Measures and the 'given' control total. It did not assume any scope for contingency – this would have added to the savings target - £ for £. This risk will require tight financial and managerial control.
- All unplanned costs are therefore additional cost pressures which will require additional savings in order to afford them within the budget. Newton, new posts, etc.
- There continues to be ongoing uncertainty around the application of fines and penalties re 2016/17.
- **CASH** – is a key risk area as all of the operational risks described will have an impact on cash. The annual plan / budget assumes no additional cash is required over and above the agreed £21.3m already received in full. Borrowing costs attaching to any additional cash required will be an additional cost pressure.

Risk	Comment/concern
Sustainability & Transformation Funding (STF)	Achievement of the STF is dependent upon delivering the financial plan – 70%. The remaining 30% is achievable if the financial target is met and the agreed trajectory for A&E access standards is also met . Both aspects are risky and no provision for failure to achieve the full STF of £13.285m has been made.
Capacity & Activity	The clinical income target assumes usual growth, a stretch target and also @ £10.7m of CIPs. The patient demand exists, the risk is that the capacity – both physical and staff is not available on a sustainable basis. Cost pressures will arise if premium staff costs and third party capacity costs are required to deliver the activity. Demand profile is also a risk as it will impact bed and theatre availability.
CQUIN	The budget assumes that CQUIN will be delivered in full with no incremental cost attaching to their delivery. This is a risk. The clinical income reported to date assumes full CQUIN delivery.
CCG Challenges	CCG risk relate to counting and coding challenges. We have not assumed any risk for this. It is likely with the new HRG4+ activity grouper that new challenges on counting and coding will emerge. We shall report on our experience for month 1, once that process ahs completed – usually a month in arrears.
CIP Delivery	CIPs schemes do not deliver the £30.8m required savings. Additional compensating schemes are required to cover any shortfall.

Income Statement Comparison - for the Month of April 2017

	For the month			Variances Fav / (Adv)			
	Actual	Budget	Prior year	To Budget		To prior year	
	£'000	£'000	£'000	£'000	%	£'000	%
INCOME							
NHS clinical income							
Clinical Income	32,988	33,482	33,941	(494)	(1%)	(953)	(3%)
NT Drugs	4,626	5,534	5,040	(908)	(16%)	(414)	(8%)
Total NHS clinical income	37,614	39,016	38,981	(1,402)	(4%)	(1,367)	(4%)
Non NHS clinical income							
Private patients	114	159	102	(45)	(28%)	12	12%
Other - RTA	157	111	65	46	41%	92	142%
Total Non NHS clinical income	271	270	167	1	0%	104	62%
Other Income							
R&D	1,754	1,856	1,753	(102)	(5%)	1	0%
Education & Training	1,741	1,765	1,638	(24)	(1%)	103	6%
STF Income	664	664			0%	664	
Other non patient care income	2,427	2,026	2,132	401	20%	295	14%
Total other Income	6,586	6,311	5,523	275	4%	1,063	19%
TOTAL OPERATING INCOME	44,471	45,597	44,671	(1,126)	(2%)	(200)	(0%)
EXPENDITURE							
Employee benefit expenses	(26,670)	(26,206)	(26,540)	(464)	(2%)	(130)	(0%)
Drugs	(5,514)	(6,434)	(6,083)	920	14%	569	9%
Clinical supplies	(4,944)	(5,356)	(5,116)	412	8%	172	3%
Non clinical supplies	(6,228)	(6,312)	(5,688)	84	1%	(540)	(9%)
- Fixed	(1,428)	(1,428)	(1,136)		0%	(292)	(26%)
- Capacity	(721)	(730)	(573)	9	1%	(148)	(26%)
- Income Backed	(1,791)	(1,891)	(1,821)	100	5%	30	2%
- Other	(2,288)	(2,263)	(2,158)	(25)	(1%)	(130)	(6%)
PFI operating expenses	(1,714)	(1,714)	(1,705)		0%	(9)	(1%)
TOTAL OPERATING EXPENSES	(45,070)	(46,022)	(45,132)	952	2%	62	0%
Profit/(loss) from operations	(599)	(425)	(461)	(174)	41%	(138)	30%
Non-operating income							
Interest	2	3	10	(1)	33%	(8)	(80%)
Profit/(loss) on asset disposals		(3)	3	3	100%	(3)	(100%)
Total non-operating income	2		13	2		(11)	(85%)
Non-operating expenses							
Interest on PFI and Finance leases	(1,454)	(1,463)	(1,473)	9	1%	19	(1%)
Interest on Non Commercial Borrowing	(52)	(64)		12	19%	(52)	
Depreciation	(853)	(1,012)	(1,068)	159	16%	215	(20%)
PDC	(148)	(148)	(239)		0%	91	(38%)
Other - Contingent Rent	(990)	(990)	(910)		0%	(80)	9%
Total non operating expenses	(3,497)	(3,677)	(3,690)	180	5%	193	(5%)
Surplus (deficit) after tax from continuing operations	(4,094)	(4,102)	(4,138)	8	0%	44	1%
Memo:							
Donated Asset Additions	249	190		59	31%	249	
Surplus (deficit) after tax and Donated Asset Additions	(3,845)	(3,912)	(4,138)	67	2%	293	7%

Notes:

Calendar Days	30	30	30
Working Days	18	18	21

Income Statement Compared to Budget

1 month position to 30 April 2017

	FULL YEAR BUDGET £'000	Year to date			Prior Year Cumulative to April 16		
		Actual £'000	Budget £'000	Variance £'000	Actual £'000	Difference £'000	%
INCOME							
NHS clinical income							
Clinical Income	445,652	32,988	33,482	(494)	33,941	(953)	(3%)
NT Drugs	66,408	4,626	5,534	(908)	5,040	(414)	(8%)
Total NHS clinical income	512,060	37,614	39,016	(1,402)	38,981	(1,367)	(4%)
Non NHS clinical income							
Private patients	1,951	114	159	(45)	102	12	12%
Other - RTA	1,328	157	111	46	65	92	142%
Total Non NHS clinical income	3,279	271	270	1	167	104	62%
Other Income							
R&D	22,273	1,754	1,856	(102)	1,753	1	0%
Education & Training	21,184	1,741	1,765	(24)	1,638	103	6%
STF Income	13,285	664	664			664	
Other non patient care income	28,012	2,427	2,026	401	2,132	295	14%
Total other Income	84,754	6,586	6,311	275	5,523	1,063	19%
TOTAL OPERATING INCOME	600,093	44,471	45,597	(1,126)	44,671	(200)	(0%)
EXPENDITURE							
Employee benefit expenses	(316,530)	(26,670)	(26,206)	(464)	(26,540)	(130)	(0%)
Drugs	(77,205)	(5,514)	(6,434)	920	(6,083)	569	9%
Clinical supplies	(62,795)	(4,944)	(5,356)	412	(5,116)	172	3%
Non clinical supplies	(74,025)	(6,228)	(6,312)	84	(5,688)	(540)	(9%)
- Fixed	(17,325)	(1,428)	(1,428)		(1,136)	(292)	(26%)
- Capacity	(6,277)	(721)	(730)	9	(573)	(148)	(26%)
- Income Backed	(22,691)	(1,791)	(1,891)	100	(1,821)	30	2%
- Other	(27,732)	(2,288)	(2,263)	(25)	(2,158)	(130)	(6%)
PFI operating expenses	(20,669)	(1,714)	(1,714)		(1,705)	(9)	(1%)
TOTAL OPERATING EXPENSES	(551,224)	(45,070)	(46,022)	952	(45,132)	62	0%
Profit/(loss) from operations	48,869	(599)	(425)	(174)	(461)	(138)	30%
Non-operating income							
Interest	31	2	3	(1)	10	(8)	(80%)
Profit/(loss) on asset disposals	(42)		(3)	3	3	(3)	(100%)
Total non-operating income	(11)	2		2	13	(11)	(85%)
Non-operating expenses							
Interest on PFI and Finance leases	(17,681)	(1,454)	(1,463)	9	(1,473)	19	1%
Interest on Non Commercial Borrowing	(967)	(52)	(64)	12		(52)	
Depreciation	(12,691)	(853)	(1,012)	159	(1,068)	215	20%
PDC	(1,675)	(148)	(148)		(239)	91	38%
Other - Contingent Rent	(12,244)	(990)	(990)		(910)	(80)	(9%)
Total non operating expenses	(45,258)	(3,497)	(3,677)	180	(3,690)	193	5%
(Deficit) after tax from continuing operations	3,600	(4,094)	(4,102)	8	(4,138)	44	1%
Memo:							
Donated Asset Additions	950	249	190	59		249	
(Deficit) after tax and Donated Asset Additions	4,550	(3,845)	(3,912)	67	(4,138)	293	7%

Norfolk and Norwich University Hospitals NHS Foundation Trust
 CURRENT WEEK - SUMMARY
Consolidated short term cash forecast

RAG	£'000 Week ended	May-17		Jun-17					Jul-17				Aug-17	
		Actual 19 May	Forecast 26 May	Forecast 02 Jun	Forecast 09 Jun	Forecast 16 Jun	Forecast 23 Jun	Forecast 30 Jun	Forecast 07 Jul	Forecast 14 Jul	Forecast 21 Jul	Forecast 28 Jul	Forecast 04 Aug	Forecast 11 Aug
	Balance B/F	31,818	28,897	12,534	3,040	24,680	33,869	5,398	(2,101)	19,199	31,167	15,289	(1,122)	(2,309)
	Clinical Income (inflow)													
G	Clinical Income	8,060	22		24,225	9,742			24,225	9,742			7,871	14,628
A	Drugs	3,942			1,325	3,463			1,325	4,263			493	832
A	Over/Under performance	(507)				550				2,200				
	Other income (inflow)													
G	Health Education	100				1,700				1,700				
A	NHS	286	640	590	190	190	190	1,050	190	190	190	640	590	190
A	NON NHS	146	250	250	250	380	250	250	250	350	380	250	250	250
A	R&D	1,723						1,940				1,723		
G	VAT		1,676					1,676						1,676
		13,750	2,588	840	25,990	16,025	2,116	3,240	25,990	18,445	570	2,613	9,204	17,576
	Payroll (outflow)													
G	Salaries	285	14,700	400	400	400	14,700	500	400	400	400	14,700	400	400
G	Superannuation	4,239					4,239				4,239			
G	Inland Revenue	6,924					6,924				6,924			
	Non-pay (outflow)													
R	NON NHS	1,693	2,001	2,271	2,025	2,122	2,436	2,001	2,369	2,307	2,659	2,001	2,315	2,159
A	NHS	377	740	300	300	494	600	740	300	494	300	740	300	300
A	Pharmacy	1,482	1,400	1,400	1,400	1,400	1,400	1,400	1,200	1,200	1,200	1,200	1,200	1,200
G	Litigation	1,191				1,191				1,191				
A	R&D	410	45	137	154	1,158	217	220	324	789	89	287	292	644
G	Shawbrook										541			
G	Octagon			5,754				5,807					5,807	
		16,601	18,886	10,262	4,279	6,765	30,516	10,668	4,593	6,381	16,352	18,928	10,314	4,703
	Cash from operations	(2,851)	(16,298)	(9,422)	21,711	9,260	(28,400)	(7,428)	21,397	12,064	(15,782)	(16,315)	(1,110)	12,873
	Finance and capital													
G	PDC													
A	Capital programme	70	65	71	71	71	71	71	96	96	96	96	77	77
G	Interest paid/received													
		70	65	71	71	71	71	71	96	96	96	96	77	77
	Net Inflow / (Outflow)	(2,921)	(16,363)	(9,493)	21,640	9,189	(28,471)	(7,499)	21,301	11,968	(15,878)	(16,411)	(1,187)	12,797
	Forecast Balance C/F - excluding WCF	28,897	12,534	3,040	24,680	33,869	5,398	(2,101)	19,199	31,167	15,289	(1,122)	(2,309)	10,488
	Working Capital facility drawdown (inflow)													
	Working Capital facility repayment (outflow)													
	Forecast Balance C/F	28,897	12,534	3,040	24,680	33,869	5,398	(2,101)	19,199	31,167	15,289	(1,122)	(2,309)	10,488

Statement of Position

Position as at 30 April 2017

	2017/18		2017/18	2016/17
	£'000	£'000	£'000	£'000
	Actual	Budget	Budget	Unaudited
	Year to Date	Year to Date	Full Year	Actual
				Full Year
Assets				
Assets, Non-Current				
Property, Plant and Equipment, Net	70,322	69,813	81,309	69,963
PFI: Property, Plant and Equipment, Net	163,821	163,661	172,385	164,249
Non NHS Trade Receivables, Non-Current	2,350	2,310	2,205	2,297
Prepayments, Non-Current	62,751	62,755	68,850	62,205
Assets, Non-Current, Total	299,244	298,539	324,749	298,714
Assets, Current				
Inventories	8,825	8,325	8,325	8,404
NHS Trade Receivables, Current	11,584	11,508	11,508	14,736
Non NHS Trade Receivables, Current	4,702	4,423	3,371	3,819
PDC Receivables, Current	732	732		880
Accrued Income	3,583	5,559	6,291	1,580
Prepayments, Current, non-PFI related	3,055	3,152	2,437	2,624
Cash	9,419	10,019	14,537	15,510
Assets, Current, Total	41,900	43,718	46,469	47,553
ASSETS, TOTAL	341,144	342,257	371,218	346,267
Liabilities				
Liabilities, Current				
Deferred Income, Current	(10,076)	(11,263)	(11,263)	(11,054)
Provisions, Current	(302)	(291)	(292)	(329)
Current Tax Payables	(7,077)	(6,290)	(6,290)	(6,290)
Trade Creditors, Current	(16,032)	(15,760)	(15,452)	(20,728)
Other Creditors, Current	(4,335)	(4,237)	(4,237)	(4,237)
Capital Creditors, Current	(753)	(599)	(599)	(877)
Accruals, Current	(29,172)	(30,394)	(30,394)	(30,394)
Finance Leases, Current	(168)	(168)	(168)	(168)
PFI leases, Current	(2,888)	(2,888)	(4,310)	(2,981)
Liabilities, Current, Total	(70,803)	(72,390)	(72,617)	(77,058)
NET CURRENT (LIABILITIES) ASSETS	(28,903)	(28,672)	(26,148)	(29,505)
Liabilities, Non-Current				
Deferred Income, Non-Current	(7,219)	(7,237)	(7,235)	(7,228)
Provisions, Non-Current	(2,811)	(2,794)	(2,663)	(2,841)
Loans, non-commercial, Non-Current (DH)	(21,233)	(21,320)	(27,014)	(16,000)
Finance Leases, Non-current	(594)	(595)	(441)	(608)
PFI leases, Non-Current	(195,895)	(195,897)	(209,874)	(196,096)
Liabilities, Non-Current, Total	(227,752)	(226,955)	(247,227)	(222,773)
TOTAL ASSETS EMPLOYED	42,589	42,912	51,374	46,436
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	25,117	25,117	25,117	25,117
Retained Earnings (Accumulated Losses)	2,449	2,360	10,822	6,294
Revaluation Reserve	15,023	15,047	15,047	15,025
TAXPAYERS EQUITY, TOTAL	42,589	42,524	50,986	46,436
TOTAL ASSETS EMPLOYED	42,589	42,524	50,986	46,436

Cash Flow Statement

Position as at 30 April 2017

	£'000	2017/18 £'000	£'000	2017/18 £'000	2016/17 £'000
	Actual	Budget	Variance	Budget	Unaudited
	Year to Date	Year to Date	Year to Date	Full Year	Actual
	Year to Date	Year to Date	Year to Date	Full Year	Full Year
(Deficit) after tax including donated assets	(3,845)	(3,912)	67	4,550	(24,860)
Non-cash flows in operating surplus					
Finance income/charges	2,494	2,514	(20)	30,861	28,558
Depreciation and amortisation, total	853	1,012	(159)	12,691	12,161
Less: Gain on disposal of property plant and equipment		3	(3)	40	26
PDC dividend expense	148	148		1,675	1,470
Non-cash flows in operating surplus, Total	3,495	3,677	(182)	45,267	42,215
Operating Cash flows before movements in working capital	(350)	(235)	(115)	49,817	17,355
Increase/(Decrease) in working capital					
(Increase) in inventories	(421)	79	(500)	79	30
Decrease in NHS Trade Receivables	3,152	3,228	(76)	3,228	(807)
(Increase) in Non NHS Trade Receivables	(883)	(604)	(279)	448	1,291
(Increase) in accrued income	(2,003)	(3,979)	1,976	(4,711)	1,835
(Increase) in prepayments	(431)	(528)	97	151	399
(Decrease) in Deferred Income (excluding Donated Assets)	(987)	218	(1,205)	216	(10,835)
(Decrease) in provisions	(57)	(85)	28	(215)	(544)
Increase in tax payable	787		787		696
(Decrease) in Trade Creditors	(4,696)	(4,968)	272	(5,276)	4,882
Increase in Other Creditors	98		98		(1,617)
(Decrease) in accruals	(1,222)		(1,222)		3,010
Increase in other Financial liabilities					
(Decrease) in working capital, Total	(6,663)	(6,639)	(24)	(6,080)	(1,660)
Net cash (outflow)/inflow from operating activities	(7,013)	(6,874)	(139)	43,737	15,695
Net cash flow from investing activities					
Property, plant and equipment - non-maintenance expenditure	(786)	(277)	(509)	(13,311)	(11,996)
Proceeds on disposal of property, plant and equipment					56
(Decrease) in Capital Creditors	(124)	(278)	154	(278)	(921)
Other cash flows from investing activities	(546)	(550)	4	(6,645)	(964)
Net cash (outflow) from investing activities, Total	(1,456)	(1,105)	(351)	(20,234)	(13,825)
Net cash (outflow)/inflow before financing	(8,469)	(7,979)	(490)	23,503	1,870
Net cash flow from financing activities					
PDC Dividends paid				(795)	(2,118)
Interest element of finance lease rental payments - <i>Other</i>	(2)	(2)		(22)	(27)
Interest element of finance lease rental payments - <i>PFI</i>	(1,452)	(1,461)	9	(17,659)	(17,596)
Interest element of finance loans	(52)	(64)	12	(967)	(29)
Capital element of finance lease rental payments - <i>Other</i>	(14)	(13)	(1)	(167)	(162)
Capital element of finance lease rental payments - <i>PFI</i>	(294)	(292)	(2)	(3,759)	(3,360)
Interest received on cash and cash equivalents	2	3	(1)	31	60
Movement in Other grants/Capital received					12
(Increase) in non-current receivables	(53)	(13)	(40)	92	332
Interim Revenue Support Facility	5,233	5,233		5,233	16,000
Central Funding - Capital		87	(87)	5,781	
Other cash flows from financing activities	(990)	(990)		(12,244)	(10,966)
Net cash inflow/(outflow) from financing activities, Total	2,378	2,488	(110)	(24,476)	(17,854)
Net (decrease)/increase in cash and cash equivalents	(6,091)	(5,491)	(600)	(973)	(15,984)
Opening cash and cash equivalents	15,510	15,510		15,510	31,494
Closing cash and cash equivalents	9,419	10,019	(600)	14,537	15,510



High Risk Tracker - Lead Director Emma McKay

Risk Register HIGH RISK Tracker 15+ Risks					Date of Update		16/05/2017					
This high risk tracker highlights all current risks on the Risk Register that have a Residual Risk Rating of 15+. Each risk is summarised below together with its current score and trend data (3-month and 6-month). A direction of travel over the last 3 months is also displayed. The final column details the anticipated date for the reduction or resolution of the risk.												
Ref	Risk Name	Current RR			RRR Score			Date Risk added	Executive Lead	Date of Last review	Latest Status report	Anticipated Date for reduction or resolution
		C	L	R	1mth ago	2mth ago	3mth ago					
RR.012	Failure to achieve key local and national operational performance targets	4	4	16	<>	<>	<>	13/10/2015	R.Parker	12/05/2017	Further NHS/E escalation meeting is scheduled for end of May. Trajectory to achieve by October 2018	Oct-18
RR.018 & RR.734	Failure to ensure sufficient numbers of staff are in place to deliver the services.	4	4	16	<>	<>	<>	03/04/2014 (RR0018) 15/11/2016 (RR.734)	J. Over (RR.018) Emma McKay (RR.734)	18/05/2017	Vacancy hotspots and mitigations are reviewed at the monthly Divisional Performance Committee. A Recruitment Strategy is in development. There has been an overall growth in workforce to respond to demand and service developments.	Mar-18
RR 359	Outpatient capacity Ophthalmology	4	4	16	<>	<>	<>	29/04/2015	R.Parker	15/05/2017	No significant drop in monthly trajectory which has been agreed with Newmedica for a reduction of the backlogs. The reduction continues to be monitored monthly by the	Jun-17
RR 476 RR 393	IRU capacity incorporating RR. 393 Vascular waits for IRU	4	4	16	<>	<>	<>	03/06/2014	R.Parker	12/05/2017	Interventional Radiology development is at the final stages of the outline business case. Intention for this to be an additional floor on the East Block, likely to be achieved through a 'managed equipment contract'. Business case is going to the Trust Board in June 2017.	Jun-18
RR 510	Deferral of annual refurbishment programme - Pharmacy production	3	5	15	<>	<>	<>	06/11/2014	R.Parker	16/052017	Options appraisal and business continuity plan awaiting finalisation before being submitted for Divisional review	Jun-17
RR 538	Waiting times for pacemaker implantation - Cardiology	5	3	15	<>	<>	<>	03/06/2015	R.Parker	15/05/2017	194 patients currently waiting upto 19 weeks. The average wait is now reduced to 8 weeks. Plan is in place to continue reduce the waiting times.	Jul-17
RR 635	Capacity for O&G Ultrasound	3	5	15	<>	<>	<>	12/12/2015	P. Chapman	15/05/2017	Business case is awaiting submission for Divisional review and approval in June.	Jun-17
The following risks will be removed from the HRT as following review in May there has been a reduction of the residual score as displayed in the Current RR columns to under 15+.												
RR.735	Increase risk of cybercrime and cyber attacks involving the use of Ransomware in the NHS which have the potential to cause the IT infrastructure unusable and patient data inaccessible.	5	2	10	<>	<>	<>	07/12/2016	R. Parker	16/052017	Software roll out and instillation to Trust workstations has been completed. A number of the Trust key IT systems have required a short period of downtime in order to apply additional security patches to mitigate the ongoing risks associated with the recent cyber security incident, however no major business continuity incidents have occurred at the Trust. Business case in development by IT for additional staffing resources to support future Network and IT security developments is due for completion by end of May.	Residual Risk Likelihood score reduced May-17