



MEETING OF THE TRUST BOARD IN PUBLIC

FRIDAY 29 NOVEMBER 2019

A meeting of the Trust Board in public will take place at 9.30am on Friday 29 November 2019 in the Boardroom of the Norfolk and Norwich University Hospital

The meeting will be preceded by clinical and departmental visits from 08.30hrs

AGENDA

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Date and Time of next Board meeting in public

The next Board meeting in public will be at 9.30am on Wednesday 29 January 2020 in the Boardroom of the Norfolk and Norwich University Hospital













REPORT TO THE TRUST BOARD OF DIRECTORS			
Date	29 November 2019		
Title	Experience of Care – Patient/Family Story – The Icing on the Cake		
Author & Exec lead	Professor Nancy Fontaine, Chief Nurse		
Purpose	For Information/Discussion and reflection		

1. **Background/Context**

- 1.1 A patient story is where a patient or family member describes their experience of healthcare in their own words. The idea is to gain an understanding of what it is like for them and or their family / carers; what was positive; what was sub-optimal and what would have made the experience more positive.
- 1.2 Listening to patient stories gives us the opportunity to learn about the things that we do well and consider where we can make improvements. It helps put patients at the heart of service development and improvements.
- 1.3 Today's story is called "The Icing on the Cake", presented by Jo - a patient of the Pain Management Service. It reflects on her experience of the Pain Management Service, with emphasis on the underpinning multi-disciplinary approach to managing pain, leading ultimately to insertion of a spinal cord stimulator.
- 1.4 In attendance are also key members of the Pain Management Service who will share their reflections.

2. Key issues, risks and actions

2.1 Key learning:

- The importance of multi-disciplinary team working, including MDT discussion time as part of clinical job plan.
- The length of the assessment pathway is long but allows for time to change/implement other aspects of self-management

3. Conclusions/Outcome/Next steps

This experience illustrates that by combining the biopsychosocial aspects of pain management, patient focussed outcomes improve.

Recommendation:

The Board is recommended to:

- Understand the patient impact of living with persistent pain as a long term condition.
- Understand that patient reported outcomes from spinal cord stimulation are improved by support and management advice from the MDT.
- Understand that MDT appointments in the pathway, are value-added in terms of patient outcome.











Experience of Care - Patient/Family Story - Board Meeting -

Brief outline of the "story"

Time span - from onset of symptoms and pain in Sept 2015, through various GP's, Consultants, nerve conduction tests, scans, lumber puncture and MRI's, to referral to Pain Clinic and diagnosis in Jan/Feb 2017, referral to SCS pathway and subsequent implant in May 2018. Disappointments with delays waiting for appointments and results.

Life changes – losing employment, money concerns (how to pay mortgage and bills), unable to drive, loss of independence, effect on extended family members and becoming dependant on others, brain fog, inability to focus, fears, pain.

Pain levels and pain management – how chronic pain became a part of everyday life, struggle to push through it, support from pain management team, understanding, ways to 'manage', PACING, effects on mental health!!

SCS Pathway – multi-disciplinary team including clinical psychologists for mental health assessments, physiotherapists, nurses, encouragement, seminars, 'expert patients'....all invaluable for staff making decisions about who may be best placed to receive an implant and ensuring those that do are in the 'right place' to make the necessary adjustments and adhere to restrictions to encourage success, at the same time ensuring we the patients are aware of all possible outcomes and supported to improve our levels of chronic pain. The MDT process is all explained at the start of the SCS pathway referral and together they make up the ingredients that all mix and work together for the same end and hopeful successful implant to reduce and manage pain, which is the real icing on the cake.

What "point" it is trying to convey

Accessing appointments and meeting with the different members of the team, other patients and those that had already received an implant, gives an invaluable insight into what to expect, and enables patients to make an informed decision regarding their own pain management – I felt a part of the process and decision making and not just a patient being told what was going to happen, which was a refreshing change after being passed from pillar to post in the 18 months leading up to referral to the PMT.

Without all the 'ingredients' of the Pain Management Team working together with the same goal - being concerned with the prevention of pain, and the evaluation, treatment, and rehabilitation of people in pain to ease the suffering, while improving the quality of life of those living with chronic pain – the mix would never be complete and the 'icing on the cake', which for me was a successful implant and reduction in pain, would never be achieved.

Who will be "speaking"			
Family member	Jo Cooper		
Staff	Katherine Dyer, Lead Nurse/Matron Dr Beth Roughsedge, Clinical Psychologist		
Time allocation for each ele	ment		
Family member	15/20 mins		
Staff	5 mins		
Questions	5 mins		
Any Other Pertinent Informa	ition		











- *Studies suggest 33-50% UK population suffers with chronic pain
- *Compares to 6% UK population with diabetes and 12% of UK population with asthma.
- *Limited understanding of biopsychosocial impact of chronic pain



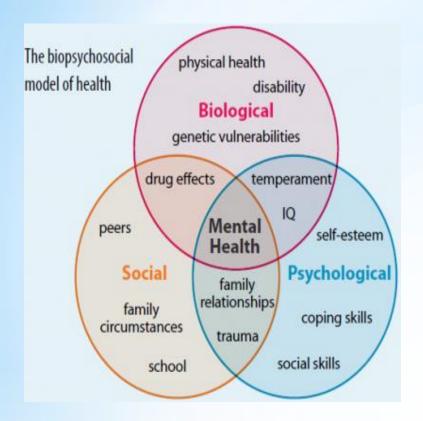
The Team

- *7 Consultants
- * 7 Nurses
- * 5 Psychologists
- * 3 Physiotherapists
- * 1 Psychology Assistant
- * 1 OT
- * 10 Admin Staff

2018 Activity

- * 2666 new patients
- *6667 follow ups
- * 2247 day cases
- * Pain Education sessions
- * Pain Management Programmes
- * 50 SCS patients

*The NNUH Pain Management Service



- *Self-management
- *Exercise
- *Activity & Pacing
- *Thoughts & Feelings
- *Relaxation
- *Medication
- *Injections & Intervention

*Management of Pain



*Pain Management Jigsaw

Assessment

- * Neuropathic or nerve pain
- * Multi-disciplinary assessment
- * Engagement with selfmanagement principles
- * It's not a cure
- * NHS England funded



Outcome Measures

- * Patient-set goals
- * Improved sleep and function
- * Reduced medication
- * Reduction in pain





Summary

- * Chronic pain is a long term condition
- * Reported outcomes are improved by MDT support, education & assessment
- * SCS is a niche market positive patient engagement =
- * "The Icing on the Cake"







MINUTES OF TRUST BOARD MEETING IN PUBLIC

HELD ON 27 SEPTEMBER 2019

Present: Mr D White - Chairman

Mr C Cobb - Chief Operating Officer

Mr M Davies - Chief Executive
Prof E Denton - Medical Director
Prof N Fontaine - Chief Nurse

In attendance: Ms F Devine - Director of Communications

Mr J P Garside - Board Secretary
Mr S Hackwell - Director of Strategy
Mr A Lundrigan - Chief Information Officer
Ms V Rant - Assistant to Board Secretary

19/047 APOLOGIES AND DECLARATIONS OF INTEREST

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

Mr White congratulated Mr Jones on his appointment as Chief People Officer.

Mrs Robson was thanked for her work over the last eight years in her role as Non-Executive Director and Chair of the Audit Committee. Mr Davies was also thanked for his work as Chief Executive over the last four years, developing the strategy of the Trust, addressing current issues but also putting building blocks in place for the future.

19/048 'WHO IS ANNIE?' - FAMILY REFLECTIONS ON EXPERIENCE OF CARE

Professor Fontaine highlighted the importance of hearing the experiences of our patients and their families so that we have an opportunity to look at where improvements can be made and to ensure we put patients at the heart of service development and improvement.

The Board received an account from Mrs King with regard to her mother, Annie, who had suffered with vascular dementia for six years and came to NNUH at the end of her life. Annie had been extremely unwell and had been taken to A&E on 5 January 2018. Prior to Annie's admission, she had been resident in a care home. Annie was in a critical condition and her family felt that she may not be with them much longer. Although the A&E had been extremely busy on the night when Annie was admitted, the staff had been understanding, kind and had shown empathy.

During Annie's admission, Mrs King had been asked to complete a 'this is me' form to provide staff with insight into Annie's background to enable staff to provide the best care possible. Mrs King explained that she had fallen ill with flu on 8 January and had

been unable to visit her mother. The dementia care specialist nurse was in contact to provide an update every day and this had been very reassuring to the family. The 'this is me' form had helped to highlight some personal aspects, such as Annie's favourite music.

The family had felt that staff had taken time to listen to their concerns and had been understanding. Her family felt that Annie's identity had been protected and the staff ensured that the end to Annie's life was positive. The care in hospital at the end of her life had been characterised by kindness.

Following Annie's death, an event was held by the family and the money that was raised was used to purchase equipment to assist the ward. The family have also trained as dementia champions and funds are being raised to start a mobile carers' information service.

Ms Yaxley (Dementia Services Manager) highlighted that the family had been inspirational and highlighted that person centred care benefits patients, families and the healthcare system. The team are supporting the family as they seek support from the STP to set up a dementia café support service. The dementia support team will be funded by charitable donations for the next five years and funding has also been offered for two support worker posts and a dementia palliative care specialist nurse.

Professor Fontaine informed the Board that we are looking at providing dementia care in the acute theatre complex in order that families can stay with patients as they undergo surgical interventions.

Mr White indicated that the patient story had been moving and inspirational. It is important to ensure we continue treating people as individuals and to make their experiences the best we can, even at the most difficult of times.

19/049 **REFLECTIONS ON VISITS**

(i) Security Control Room

Mr How reported that he had visited the Security Control Room, with Professor Fontaine and Mr Garside. Security is operated by Serco and the systems in place were impressive. The team indicated there are challenges caused by car parking capacity and faulty car park barriers. The number of mental health patients coming to A&E has risen and there is a need to consider whether there should be a permanent presence of security staff within the A&E Department.

Mr Garside commented that the value of these visits was apparent – it was obviously appreciated by the team.

(ii) Mulbarton Ward

Mr Jeffries reported that he and Professor Denton had visited Mulbarton Ward and met with Dr Hamish Lyall (Consultant Haematologist). The ward has created a room for palliative care patients and their families. There was limited storage space but the ward appeared to be well ordered. The team have introduced a league table for mandatory training. Professor Denton reported that the ward appeared impressive, tidy, organised and calm.

(iii) Respiratory Medicine Outpatients

Mrs Robson, Mr Hennessey and Mr Jones visited the Respiratory Medicine Outpatient Department. They were impressed by the close knit team who worked well together to resolve issues such as the recent incident of water ingress into the department, which had reduced the number of useable clinic rooms. The team ensured that no

appointments were cancelled/delayed. Mr Jones added that the department's response to flooding had been impressive and had minimised impact on services to patients.

The department has been working extended hours over the weekends to address demand. There may be an opportunity to divide larger spaces to create additional capacity. The department's waiting list is extensive and a new waiting list process has been put in place. Nursing staff have taken on some activity such as follow up appointments to reduce waits for patients. The department has a low vacancy rate.

(iv) <u>Emergency and Urgent Care</u>

Mr White, Mr Cobb and Mr Foster visited the Emergency Department and Urgent Care Centre and met with the governance manager and ED Nursing Director. Mr Foster reported that they had been given an oversight of the streaming process within the ED area. Proposals are being explored to improve the area where patients have their initial assessment, to increase the safeguards to patient privacy.

The Children's ED and Older People's ED areas are quite compact and delays can be caused by impeded flow of patients onto the wards. Various solutions for redesign of the area are being explored as this can be improved.

Mr Cobb indicated that it had been pleasing to hear the team talking about the ambulatory streaming process and the engagement by the team is very positive. Mr White added that the staff had been positive, upbeat and caring, whilst treating a high volume of patients coming to the department. Staff appeared to be resilient and 'up for the challenge' and it is important to ensure that they receive adequate support.

(v) Aylsham Discharge Suite and Medical Day Unit

Dr O'Sullivan and Mr Hackwell visited the Aylsham Discharge Suite and Medical Day Unit. The units had opened in January 2019.

The Discharge Suite has capacity for 100 patients per day and operates from 7am to 7.30pm. The unit is currently under-utilised with only 40 patients per day and patient flow could be increased with better utilisation of the unit. Patient transport is currently provided by the CCG and we are working with the CCG to look at how this can be improved to help the flow of patients out of the hospital.

Since opening, the Medical Day Unit has increased the number of patients treated from 200 to 500 per month. The unit undertakes minor medical procedures and works closely with the Cardiology Department. Both departments have received positive feedback from its patients.

(vi) <u>Kimberley Ward</u>

Mr Lundrigan visited Kimberley Ward. The ward's specialty is Older People's Medicine. Mr Lundrigan reported that the ward appeared safe, clean and uncluttered and the team were proud of their ward and the care they provide to its patients. The team are looking at ways to address super-stranded patients but some issues are caused by external factors such as care home capacity and families needing time to implement changes before patients can be discharged home.

The ward has staffing issues and the number of Healthcare Assistants needs to increase to reduce pressure on staff. The team indicated a need to address issues with IT applications and Mr Lundrigan had explained that the Board has made a commitment to invest in the Trust's IT infrastructure.

19/050 MINUTES OF PREVIOUS MEETING HELD ON FRIDAY 26 JULY 2019

The minutes of the meeting held on Friday 26 July 2019 were agreed as a true record and signed by the Chairman.

19/051 MATTERS ARISING

The Board reviewed the Action Points arising from its meeting held on 26 July 2019 as follows:

19/041(a) A summary of matters considered by the Quality Programme Board was reported at 19/053. Action closed.

19/052 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.

Mr Davies informed the Board that Mr Nick Brighouse OBE had passed away recently. Mr Brighouse had been a governor since formation of the Foundation Trust in 2008 and had built up extensive knowledge and experience during his time as a governor. He had contributed to public service across Norfolk over many years and will be greatly missed.

i) Clinical outcomes:

Mr Davies highlighted that quality and safety has been a key focus across the organisation and the efforts of our work are prominent in this month's update. One of the Board's ambitions over the last 4-5 years has been to reduce HSMR. The Trust's HSMR has now reached 85 which is a significant reduction over the last four years. This is a fantastic achievement by our staff and achieved through the implementation of the approved Mortality Reduction Strategy. We are now working towards a further reduction to 80.

The Cardiology Department has been rated in the best performing 2.3% of Trusts in the national Audit of Percutaneous Coronary Intervention services. The Board congratulated the team on this special achievement.

ii) Clinical facilities:

The Quadram Institute Endoscopy Unit has received the Royal College of Physician's JAG accreditation for the quality of its service. The assessment found that our endoscopists are working to the highest performance standards. The report released following the inspection was highly complementary and the Endoscopy Unit is a centre of which we can be proud. The Quadram Institute is a fine building and its success lays the foundations for the NRP partners to look at other opportunities for working together.

Mr Davies noted that the Trust's Estates Plan is very much focused towards improving capacity to address the unrelenting increase in demand for our services. There are three big schemes focussed on creating the right capacity:

- the expanded Interventional Radiology Unit, which should be ready to open in April 2020;
- the new ward block, to be ready for patients in early 2020;
- the Diagnostic and Assessment Centre, funded by the award of £40m from the Department of Health. The Centre will bring significant benefit for patients through earlier diagnosis and treatment and we are working to develop the Outline Business Case in the Spring of 2020.

iii) CCG merger:

GP practices in Norfolk have supported the proposal to merge the five CCGs in Norfolk. If the merger is approved by all five governing bodies, the County will have one strategic commissioner which will help to focus development of a commissioning strategy for the County.

19/053 REPORTS FROM BOARD COMMITTEES

Mr White indicated that he would like to structure the reports at future Board meetings so that the Board Committee reports are aligned with the relevant section from the IPR.

a) <u>Quality Programme Board & Integrated Performance Report – Quality, Safety and Patient Experience</u>

The Board received a report concerning preparations for the forthcoming CQC inspection.

Mr Davies informed the Board that the request for the CQC's Routine Provider Information Return has been received and the inspection is anticipated to follow within around 12 weeks following submission of our return. The inspection will comprise three parts: an unannounced service inspection; the well-led review; and a use of resources review. Staff have been briefed on the forthcoming inspection and updated on progress of our preparations.

Professor Fontaine reported that the Quality Programme Board continues to review progress towards completion of outstanding actions from previous CQC inspections and 73% of actions have now been completed. Enable East were commissioned to undertake a peer review earlier this year and the outcome of this review found there had been improvement since its last review but there were areas that required further work. The process of review and assurance by the Quality Programme Board and its Evidence Group has been praised and will remain part of the safety assurance structure.

Professor Fontaine reported that we are one of the leading Trusts in the East of England for infection prevention and control.

The number of pressure ulcers per 1,000 bed days has reduced from 1.1 in August 2018 to 0.8 in August 2019. NICU has achieved over a year without any device related ulcerations. In line with an improved safety culture, the number of reported incidents has increased over the last year from 1,663 to 1,883 in August 2019. A high number of these incidents (96/97%) are no or low harm incidents and this is a good indication that our organisation is working to keep patients and staff safe. Professor Denton highlighted that this the teams have been working hard to embed a reporting and learning culture.

Mr How noted the reduction in Duty of Candour compliance. Professor Denton explained the Duty of Candour requires the Trust to be open and honest with patients/families, when something has gone wrong and may have caused or could lead to harm. Introduction of this duty required a culture shift for our teams. Although training programmes were put in place, some teams have not been able to learn the new process and additional support has now been implemented. Any breaches in Duty of Candour are now overseen and reviewed by Professor Denton's management team.

Dr O'Sullivan noted that the HSMR has improved but the SHMI has not reduced correspondingly and this is something we should maintain focus on. Professor Denton explained that the SHMI is within the expected range for that index. There is also a

delay in publication this data and it is difficult to accurately check this data as some information is sourced from the community.

Mr Davies reminded the Board that the SHMI includes those patients that have died within 30 days following discharge from hospital. Mr White highlighted that we need to maintain focus on the SHMI rate as this could indicate issues with discharge or time spent in care.

Dr O'Sullivan expressed concern that there have been a number of Never Events. Professor Denton explained that it is difficult to statistically analyse Never Events as they are rare. We have a robust process for investigating and learning from these events and these processes are now embedded across the organisation.

Dr O'Sullivan reported that at its next meeting the Quality & Safety Committee will be reviewing the Trust's processes for managing formal complaints.

b) Finance and Investments Committee & Integrated Performance Report – Performance, Finance, and Productivity

The Board received a report from Mr How as Chair of the Finance and Investments Committee concerning its meeting held on 16 September 2019.

i) Performance:

Mr Cobb reported that August had been a challenging month for ED performance with an average of 419 attendances per day. Our activity plan projected growth of 3% but actual attendances increased by 6%. We are seeing up to 497 attendances through ED in a single day. Performance has been impacted by vacancies (30%), higher than average demand, increased acuity and poor flow through and out of the hospital.

Our regulators recognise that a large number of breaches in target performance is due to bed capacity. We were challenged to improve ambulance handovers and our performance is now much better. Paediatric ED performance was 95% in August.

Minors performance has been challenging (80%). A review of the layout of our ED has been undertaken and options have been identified to improve the flow through the department.

The bed occupancy rate in August was 94% which is above the recommended level of 92%. The average length of stay has remained at 3.8 days.

The average number of boarders increased in August 2019. This has severely impacted on the surgical division's ability to undertake elective activity and deliver its income target. The waiting list has increased to 45,227 patients and is 3,500 patients above where it should be. Further demand management schemes have been discussed and agreed with NHSE/I, the STP and Commissioners.

Lack of bed capacity has caused a decline in performance against the Two Week Wait and 62 day Cancer targets. The changes in pension tax arrangements has also had a negative effect on additional work that consultants were prepared to work in August.

The increase in two week wait referrals in Lower GI and Skin has also increased the 62 day backlog. There have been a number of late tertiary referrals.

Mr How reported that the F&I Committee had reviewed the assurance rating on BAF Strategic Threat 1.2 and 1.3, and these have been revised to 'red' in light of concerns about capacity and demand pressures.

Mrs Robson noted the increased number of attendances in the ED in August and asked if the conversion rate from attendance to admission had remained steady. Mr Cobb explained that the conversion rate has not increased significantly. In August the conversion rate was 24.2 and the six month average was 24.6 but there is a need to ensure the flow of patients out of the hospital is maintained.

Dr O'Sullivan asked if it had been possible to identify the cause for the increased number of patients attending the ED. Mr Cobb explained that the number of attendances at the Walk-In Centre had decreased at the same rate that our attendances had increased. It is expected that many of the patients attending our ED minors could be diverted to primary care services and we are working with the CCG to look at what actions can be taken.

Mr Cobb explained that the acuity of patients has been high and pressure over the weekend was challenging. Professor Fontaine indicated that the resuscitation and Critical Care Complex have been extremely busy as a consequence of higher acuity of patients with physical and mental health illnesses. This patient mix requires staff with different skill sets in the ED and the nurses that are able to provide critical care have been increased. The Emergency and Urgent Care Board is reviewing patient pathways/experience in the ED and looking at the skills and workforce that is needed to optimise performance of the unit.

A review of patient flow through the organisation is also underway and it is hoped that a software package called 'Next Steps' can be brought into operation to support ward rounds and transfer of information to the Operations Centre. The IT system has been designed by our staff and will support the pathway for better patient experience.

Mr Foster noted the decline in two week wait cancer target performance and asked if it could be anticipated that this will improve or decline further. Mr Cobb assured the Board that the Divisional team is very much focused on identifying actions that can be taken to improve performance. A number of actions have been identified but it will be necessary to sacrifice performance in other areas to achieve better performance in the two week wait pathway. Mr Davies highlighted that we are working with system partners to look at what can be done and the STP is exploring how demand and capacity can be maximised across the county.

Mr How reported that the Finance and Investments Committee had reviewed a number of items which all relate to different aspects of achieving our financial targets (financial performance in the year to date; CIP plans/progress; workforce opportunities; and processes for Service Line Reporting). The financial position is challenged at month 5, being £2.9m behind plan.

ii) <u>Finance & Productivity</u>

The Committee is due to receive regular reports on Service Line Reporting and analysis has highlighted that the specialty generating the greatest deficit was ED at £13.6m in 2018/19. Although activity in A&E was above plan this is work that does not generate additional net revenue.

The Committee reviewed workforce related efficiencies and financial savings. The PMO is supporting 10 work streams which include temporary staffing, staff rostering and staff bank enhancements. Mr Hennessey reported that there are three main drivers contributing to the worsening financial position – clinical income, CIP performance and pay overspend.

Most of the Divisions have not achieved their income plans but the clinical income in the Surgery Division was £3.8m behind plan in the year to date.

CIP performance has delivered £6.1m savings in the year to date against the plan of £7.6m. The main drivers of this adverse position is underperformance of clinical income initiatives and under-recovery of private patient income against plan. Pay overspend is £2.3m in the year to date. The main areas with pay overspend are medicine, surgery and urgent and emergency care.

Mr White acknowledged the causes for the underperformance in income but urged the Executives to focus on some of the issues that may be within our control such as pay overspending. There is an urgent need to address recovery actions to address the current trajectory of financial performance.

Mr Jeffries noted the downward trend in elective activity and asked if the cause had been determined. Professor Denton explained that surgical capacity has decreased due to the change in pension arrangements, as consultants were unwilling to take on additional work. Mr Cobb highlighted that some inpatient elective activity has been moved to day case surgery lists and this would also affect the numbers reported.

c) People and Culture Committee & Integrated Performance Report - Workforce

The Board received a report from Professor Richardson as Chair of the People and Culture Committee concerning its meeting held on 17 September 2019. In Professor Richardson's absence, Mr Jones reported that the Committee reviewed workforce metrics in the IPR.

An update on unconscious bias training was provided to the Committee. Unconscious bias training is now being provided to all staff who are involved in recruitment panels. The Management Board has completed training and the Committee requested that the training should be built into a future Trust Board development meeting.

Action: Mr Garside

The Committee reviewed the results of the staff 'temperature check' survey which was undertaken to monitor the position and inform actions between publication of the annual staff survey. The key actions identified by staff to improve their work experience related to improvement of rest-facilities and technology.

The Lead Freedom to Speak-Up Guardian provided the Committee with an update. The number of people speaking up has increased and indicates that staff are using internal systems to speak up as opposed to seeking to do this externally. Mr How noted that good progress is being made following appointment of the Lead FTSU Guardian.

The Committee considered the progress that had been made to enhance staff and public engagement but recognised that more work needs to be done. The BAF rating for Strategic Threat 4.2 was unchanged from 'Amber'.

Dr O'Sullivan referred to the Workforce IPR and was concerned that despite recruiting more staff, our agency spend has remained high. Mr Jones agreed that we had taken on additional staff but this appears to have had no material impact on agency usage. It is anticipated that this is due to management controls not being sufficiently enforced, under-utilisation of the staff bank and the need for enhanced numbers and skill-mix due to the number and acuity of patients.

Mr Jones indicated that the staff bank is under-resourced to manage the growth that we require. It has also been found that systems are operating in tandem that disincentivise people to work bank shifts. Work is continuing to reduce the time to hire in

order to reduce delays in the recruitment process. Some areas are at full establishment and this is a positive sign that people do want to come and work for our organisation.

Mr Foster noted that appraisal compliance remained below target at 78% in August 2019 and asked if this would be perceived negatively by our staff. Were there any ways to make it easier to achieve compliance? Mr Jones indicated that there are stronger incentives for doctors to complete their mandatory training than for non-medical staff. There are some barriers such as pressure of work or finding somewhere to have an appraisal meeting. Professor Denton reported that medical appraisals are monitored closely and compliance is around 98%.

Professor Fontaine indicated that it is important to ensure that we are providing high quality for appraisals for our staff and to have systems for monitoring this. The appraisal should include focus on personal development and an 'I will, we will and the Trust will' style of approach could be introduced into the standard format for appraisals.

Mr Jones reported that the Board Assurance Framework (BAF) Strategic Threat 3.5 had been reviewed by the Committee, in light of the improved position with regard to mandatory training. The relevant assurance rating has been upgraded to Amber accordingly and will continue to be monitored by the Committee.

Mrs Robson reflected that agency spend had been reduced in the past and asked about the current high level of expenditure. Mr Davies indicated that the reduction had been achieved through implementation of tight controls but devolution of responsibility/accountability to the Divisions has resulted in the increased spending. Tighter controls have now been reintroduced. Mr Jones indicated that we need to engage agencies in the steps that we will be taking to reduce agency usage and to seek their cooperation to reduce costs.

Mr White was pleased that the Trust will be undertaking a regular 'temperature test' survey with staff. We need to ensure we engage staff in the actions that are taken following their feedback so that staff feel it is worthwhile participating in future surveys.

d) Audit Committee

The Board received a report from Mrs Robson as Chair of the Audit Committee concerning its meeting held on 11 September 2019.

The Committee reviewed the Accounts and Audit of the Norfolk & Norwich Hospitals Charity, as previously reported.

There has been improvement in the implementation of internal audit recommendations but there are still delays and unless there is good engagement with this process its effect will be limited. The process of improvement needs to continue.

There is a strengthened process in place with regard to the use of tender waivers in procurement. This is now much more transparent and there is now a better system for authorisation and reporting.

Mr Foster reported that Committee members had provided feedback on the draft Risk Management Strategy and will review this again as it is developed further. The Board **approved** revision to the Scheme of Delegation as recommended

19/054 ANY OTHER BUSINESS

Mr White invited questions from members of the public. Dr John Rees (public governor) noted national concerns over antibiotic resistance and asked if this was a particular issue at NNUH and what actions were being taken in response to this issue.

Professor Denton explained that antibiotic resistance is a national issue and focus. Our microbiology and pharmacy teams work closely to ensure that antibiotic prescribing is appropriate for all patients. We work closely with our community colleagues to feedback any issues identified with prescribing in the community. Patients admitted with multi-resistant organisms are monitored and reported locally and nationally.

19/055 BOARD IN ITS CAPACITY AS CORPORATE TRUSTEE

Annual Report and Accounts of the N&N Hospital Charitable Funds 2018/19

The Board received a report from Mr Garside as Executive Lead for the N&N Hospitals Charity and concerning the 2018/19 Annual Report and Accounts of the N&N Hospital Charitable Fund.

The draft Annual Report and Accounts have been subject to External Audit and scrutiny by the Audit Committee. They are recommended to the Board for approval, together with the associated Letter of Representation.

Mr Garside reported that in 2018/19, the Charity allocated £2.3m grant funding to support better care and services for patients, research and education for staff. This included grants to fund purchase of palliative care syringe-drivers and for staff to support patients moving from paediatric care to adult care in diabetes. Our plans for next year include providing support for a mobile chemotherapy service and also a volunteer 'settle-in' service to assist vulnerable patients in going home. These are exciting developments and will mark a step-up in the impact of the Charity in improving services to patients.

As Chair of the Charitable Funds Committee, Mr Jeffries thanked Mr Garside for taking-on the Executive leadership of the Charity. This has been a successful year for the Charity with some notable steps forward in developing the Charity's growth and strategic development. It was helpful to recognise the efforts of fundraisers at the Trust's AGM. Mr Garside was asked to pass on the Board's thanks to his team for all their work.

Mr How supported Mr Jeffries' comments on the renewed direction and drive behind the Charity. There are a number of exciting projects in development that have the prospect of delivering real benefits in facilities and enhancing the sustainability of the Charity in years to come.

The Board, in its capacity as Corporate Trustee, **approved** the Annual Report and Accounts of the Charity 2018/19 and **approved** the associated Letter of Representation.

19/056 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Trust Board in public will be at 9am on Friday 29 November 2019 in the Boardroom of the Norfolk and Norwich University Hospital.

Signed by the Chairman:	. Date:

Action Points Arising:

	Action	
19/053(c)	An update on unconscious bias training was provided Unconscious bias training is now being provided to all strecruitment panels. The Management Board has composed Committee requested that the training should be built in development meeting.	aff who are involved in pleted training and the



Action Points Arising from Trust Board meeting (public) – 27.09.19

Item	Action	Update - November 2019
19/053(c)	Unconscious bias training is now	We have re-established contact with
	being provided to all staff who are	NHS Providers to make arrangements
P&C	involved in recruitment panels. The	for implementation of their proposal to
Committee -	Management Board has completed	input into our Board Development
unconscious	training and the Committee	programme.
bias training	requested that the training should be	
	built into a future Trust Board	Dates of availability being established for
	development meeting.	the New Year, once the new Non-
	Action: Mr Garside	Executive Directors are in place.
		Unconscious bias training will be
		arranged alongside these dates.
		Suggest carry forward – to confirm once
		dates finalised.

JPG 22.11.19





REPORT TO THE TRUST BOARD (in public)			
Date	29 November 2019		
Title	Chief Executive's Report		
Purpose	To update the Board on matters relating to the Trust that are not covered elsewhere in the papers.		

Elsewhere in the papers, issues relating to quality, finance, operational performance and workforce are addressed.

The intention of this report is to briefly update on additional matters that are not addressed elsewhere in the papers.

There are a few particular items of note:

- capacity pressures and national planning for winter (i)
- (ii) national pension tax mitigating actions
- (iii) opening of new PET CT facility
- (iv) ongoing building works
- (v) partnership working with UEA
- (vi) staff awards

Recommendation:

The Board is recommended to **receive** this report for information.









CHIEF EXECUTIVE'S REPORT TO TRUST BOARD 29 November 2019 (Public)

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

1 FOCUS ON QUALITY AND SAFETY

1.1 Development of local winter delivery agreements

Attached is a letter of 5 November 2019 to all Trusts from NHSE/I addressing the challenges of demand pressures over the Winter period. "On behalf of the NHS, thank you for your leadership and the extraordinary dedication of your staff as the NHS looks after record numbers of patients".

The hospital remains extremely busy and we are regularly using escalation areas to accommodate all the patients who need our care, particularly those who arrive at hospital on an unplanned 'emergency' basis. This creates operational and managerial challenges, not least due to the disruption to the planned care of patients. It inevitably has an impact on the quality of experience for patients and, whilst we do all we can to mitigate that impact, all hospitals find this a challenge. Tribute must be paid to our staff who make such efforts to do their best for our patients, particularly when demand for our services is high.

The NHSE/I letter sets out guidance on seasonal preparations. This clearly reflects the need for a multi-organisational approach involving all system partners. The two elements that we can most directly influence are the encouragement to open more beds and promote flu vaccination (to 80%). These are considered further below.

1.2 Pension arrangements

Board members will be aware of the difficulties facing the NHS as a consequence of pension tax arrangements discouraging many senior staff from undertaking additional work. The **attached** letter of 22 November 2019 details steps taken by NHSE/I to address this issue as the NHS plans for extra capacity and staffing over the Winter period. There is a mechanism for clinicians in active clinical roles who undertake additional work in the NHS to be insulated from, or compensated for, adverse impact resulting from the pension tax arrangements. The message from NHSE/I is that "Clinicians are therefore now immediately able to take on additional shifts or sessions without worrying about an annual allowance charge on their pension".

1.3 CQC

As previously reported, we are preparing for the next CQC inspection. We look forward to welcoming the CQC team and to demonstrating all the changes and improvements that we have made and continue to make to the Trust so that its services can be as good as possible for patients.

2 SERVICE DEVELOPMENTS

2.1 Opening of new PET CT

The new PET CT facility is now open and caring for patients.

This is a significant service development (replacing the mobile scanner) which is operated by Alliance Medical under a contract with NHS England. It is an important asset in our cancer service - offering more capacity for patients with high quality images. It also provides a waiting area for patients and dedicated room for our Radiologists to report on the images.

There will be an official opening of the facility in January 2020.

2.2 Building capacity

Board members will be aware that building work continues on site to build the Interventional Radiology Unit and the ward block. Off-site the creation of the renal dialysis unit in Bowthorpe continues. We are also working to optimise use of clinical space within the hospital. There have been some infection prevention and control challenges to address but mitigating solutions have been found which will enable release of additional capacity for patient care.

3 PARTNERSHIP AND SYSTEM WORKING

3.1 **UEA/NNUH Partnership**

We have held the latest of our regular cycle of bi-monthly Executive-level meetings between the Trust and UEA Faculty of Medicine and Health Sciences. This relationship is key to realisation of the Trust's academic mission (in research and education) and in realising the potential of both organisations.

The key areas under discussion are:

- Joint posts to develop clinical academic careers, but also to assist both organisations in 'hard to recruit' areas, eg emergency medicine;
- Education & workforce planning;
- Joint facilities work continues to develop plans for shared training and teaching space, to optimise efficiency opportunities and the benefits of shared working;
- Research strategy and capacity there are obvious areas of strategic and operational shared interest, with regard to research topics and infrastructure such as the Biorepository and Clinical Research Facility.

We are also looking at developing some key metrics or objectives for the partnership and will continue to foster working relations between the senior teams.

3.2 Working in collaboration with other health system partners

As previously reported, work continues to develop a unified clinical service across acute hospital organisational boundaries in Urology and ENT. The aim is to have this in place by the New Year, with other specialities in train for later in the year.

4 STAFF MATTERS

4.1 Staff Awards recognise outstanding contributions of staff and volunteers

The outstanding contribution of our staff and volunteers was celebrated on 8 November at the annual Staff Awards, sponsored by Octagon, Serco and the N&N Hospitals Charity.

Almost 300 people attended the event at OPEN hosted by ITV News Anglia presenter Jonathan Wills, including 55 staff members who received long service awards after amassing a total of 1,555 years' service (pictured right).



Twenty-nine individuals and 14 teams also received awards, following nearly 700 nominations from across the Trust.

This has been a great opportunity to reflect on everything that our staff and volunteers have achieved and to thank them for what they continue to do to improve patient care.

The awards

- 25 years of service: 43 members of staff were recognised
 40 years of service: 12 members of staff were recognised
- 3. Apprentice of the Year:
 - Non clinical winner: Shana MacDonald
 - Clinical winner: Eleanor Lovett
- 4. Partnership Award:
 - Winner: Aylsham Discharge Suite
- 5. Team of the Year:• Winner: Endoscopy
 - Silver:
 - Library
 - c Cardiology Primary PCI team
- 6. Employee of the Year:
 - Winner: Vicki Currie, Lead Clinical Scientist (External Beam Planning, Brachytherapy and Training)
 - Silver:
 - Helen Copsey, Motor Neurone Disease Care and Research Network Co-ordinator
 - Erica Everitt, Tracheostomy Specialist Practitioner
- 7. Leadership award:
 - Winner: Carrie Nolan, Administration Manager
 - Silver:
 - Jon Harrowven, Senior Operational Manager for Meds 1
 - o Katie Symonds, Respiratory Matron
- 8. Unsung Hero clinical:
 - Winner: Niall Pearcey, Resusitation Officer
 - Silver:
 - o Aaron Hyland, Radiology Department Assistant
 - o Rob England, Theatre Support Worker
- 9. **Unsung Hero non clinical:**
 - Winner: Ed Aldus, Operational Manager in Emergency Department
 - Silver:
 - o Mark Wall, Workforce Information Analyst
 - o Jamie Allison, Apprenticeship Administrator
- 10. Volunteer of the Year:
 - Winner: Hugh Darrah
 - Joint Silver:
 - Ralph Richley and Jacky Pond
- 11. Volunteer Team of the Year:
 - Winner: Radiology team
 - Silver: Cromer Team
- 12. Clinical Teacher:
 - Winner: Katy Errington, BMS, Microbiology
 - Silver:
 - o Dr Jean Mackay, MRCP Tutor
 - Mr Peter Tassone, Consultant in ENT
- 13. Patient Choice Team:
 - Winner: Dilham Ward
 - Silver:

- Breast Oncology
- Kilverstone Ward

14. Patient Choice individual:

- Winner: Kari Kordtomeikel Bereavement Midwife
- Silver:
 - Alex Glover Junior Doctor in Obs and Gynae
 - Charmaine Grapes- Healthcare Assistant, Bank

15. Lifetime Achievement:

- Winners:
 - Debbie Laws, Emergency Planning and Resilience Lead
 - Jo Walmsley, Senior Operational Manager
 - Anne Clark Deputy OT Service
 Manager

16. Ward of the year:

• Winner: Cringleford Ward

• Silver: NICU

17. Staff Fundraiser of the Year:

 Winner: Jonny Littlewood and Lewis Weatherburn

• Silver:

Breast Care Nurses

o Megan Frosdick

o Sarah Knapp & Maternity Team

Aravind Shastri

18. Edith Cavell:

• Winner: Rachael Cocker

19. Research:

• Winner: Paul Clarke and team

• Silver: CRTU Team

20. Special award:

• Winner: IP&C team

Lifetime Achievement: Anne Clark, Debbie Laws and Jo Walmsley with Sam Higginson and David White.

4.2 Flu Vaccination Campaign

Flu can contribute to avoidable morbidity and death in vulnerable patients. In addition the spread of flu amounts staff can adversely impact on the availability of staff during the critical winter period. The Trust's annual flu vaccination campaign is going well, with almost 60% of staff having been vaccinated.

4.3 NHS Staff Survey

Following a slow start, the completion rate for the annual staff survey is now running ahead of the same position in the previous two years at 40%.

In the final two weeks, the Trust is encouraging a major push to encourage staff to complete the survey. This includes messages from divisional management, professional leads, and communication channels across the organisation.

5 RECOMMENDATION

The Board is asked to:

- **note** the contents of this report for information.



80 London Road

London

SE1 6LH

Publishing Approval Number: 001239

5th November 2019

To

- Trust Chairs and Chief Executives
- CCG Chairs and Accountable Officers
- Directors of Adult Social Services
- STP/ICS Chairs and STP/ICS leads

Dear Colleague,

On behalf of the NHS, thank you for your leadership and the extraordinary dedication of your staff as the NHS looks after record numbers of patients.

During recent weeks, we have worked with you to complete a national stocktake of winter readiness and talked to many of you directly about how we can deliver for patients for the rest of this year.

It is clear from your feedback that local partnership working has further developed over the past year, providing the opportunity to jointly tackle challenges more effectively, with mutual assistance and accountability. It has been suggested that individual organisations would find it helpful if these arrangements were now confirmed locally in a 'Winter Delivery Agreement'. To support your work we have set out in Appendix 1 an approach you may find useful.

We have, as part of the stocktake discussions, been asked to set out what the expected national "defaults" now are on several important elements. They are:

- 1. This winter the goal should, wherever possible locally, be <u>more</u> General and Acute (G&A) hospital beds open, to reflect increased levels of patient need and admissions.
- 2. Work with Local Authorities to ensure the same or more care packages and nursing/residential home beds are available over the winter period than last year, with the same level of visibility and dual sign-off on these plans.
- 3. GP Out of Hours services should be expected to deliver services from 8pm to 8am 7 days per week and, critically, over bank holidays.
- 4. Ensure mental health services can respond quickly and comprehensively, particularly in relation to ED presentations.
- 5. Community health services able to operate to the same 'clock speed' of responsiveness as acute emergency services, e.g. 2 hour home response where that would avoid hospital admissions or speed discharges.
- 6. Improving uptake of the flu vaccine:
 - A further increase in staff vaccinated to 80% or above, including through the 'buddy' arrangements in place to support trusts that struggled with this last year;

 Achieving maximum levels of vaccination for eligible patients in community, general practice and pharmacy settings.

We also heard clearly from the stocktake process that our most significant shared challenge relates to workforce availability - particularly nursing - and also the continuing impact of pensions taxes on doctors.

The Government's second consultation on reform of the NHS Pension Scheme closed on 1 November and they have agreed to review the tapered allowance.

In the meantime, NHS Employers have published guidance on the options available to trusts to support staff and service delivery in dealing with the pension tax. Many trusts have already put in place schemes with a positive impact on clinical workforce supply, but a number of provider board members have requested clarification on what the national 'default' should now be. We can confirm that of the options set out by NHS Employers, among the most effective have been local policies on the payment of employer contributions foregone as additional salary where scheme members have elected to opt out of the scheme due to tax arrangements (see in particular section 3b of the September 2019 guidance from NHS Employers). We are now signalling our expectation that trusts that have not done so already should make immediate use of the flexibilities available (unless they are demonstrably not experiencing any issues with medical staff availability). We can provide examples of guidance and Board papers used by trusts that have already implemented schemes if that would be helpful.

We would find it very helpful if chairs or chief executives confirm in the next fortnight the arrangements they have in place or intend to put in place, through Regional Directors. Given the urgency, where Remuneration Committee approval is considered necessary we would ask that these meetings are arranged on an extraordinary basis.

In the coming weeks Regional Directors will work with you to support the development of Winter Delivery Agreements and implementation of pension flexibilities. Please let them know if there is any further information or practical support we can provide, to understand the progress you are able to make and how we can best support you.

Yours Sincerely

Pauline Philip DBE

Level Thef

National Director of Emergency and Elective Care

NHS England and NHS Improvement

Ann Radmore Regional Director (East of England)

Appendix 1: Developing a delivery agreement

From the feedback we have received we suggest that it would be helpful for each system to develop a 'Winter Delivery Agreement'. The agreement would build on the work that has taken place on winter planning at STP/ICS level. The focus of the Agreement would be to set out how organisations in the STP/ICS will work together to maximise capacity, both in hospitals and in the community during winter.

Systems are likely to want to:

- Discuss the progress of current winter planning and the extent to which it delivers additional capacity across key service components
- Discuss the outcomes of the stocktake exercise for all organisations in the system and the expectations for mutual support and support from programmes and corporate teams
- Agree what further can be done to increase capacity this winter to deliver the six priority expectations set out in this letter

You may also find it helpful to use the following list to help explore opportunities:

- GP Streaming Increasing the proportion of patients who are streamed to primary care if they don't require A&E
- Same Day Emergency Care (SDEC) Increasing the proportion of patients who can be treated without requiring an overnight hospital admission, and establishing an acute frailty team for 70 hours per week by the end of December 2019
- Increasing the proportion of patients discharged over weekends to reduce pressures on inpatient beds and patient flow at the start of the week
- Reducing the number of patients with a long length of stay to ensure inpatient spells are
 no longer than is clinically appropriate, in order to improve patient experience and to
 increase the available bed stock
- Continuing the increase of the number of people accessing support and bookable services through NHS 111
- Continuing to expand the availability of Urgent Treatment Centres to ensure that type 1
 Emergency Departments are not the default for patients with minor injury and minor illness
- Escalation Hospital supported by systems put measures in place including the use of full capacity protocols to minimise ambulance queues and improve patient flow out of EDs.
- Primary Care ensuring GP OOHs provision have planned for activity peaks and that extended access hubs are well sign-posted
- Intermediate care local community services should be assured that step-up/step-down beds and workforce capacity are sufficiently resourced for increased winter demand
- Elective care capacity for elective treatment should be delivered so that elective treatment volumes agreed at the start of the year between commissioners and providers are delivered

- Cancer care ensuring capacity for delivering and managing cancer diagnosis and treatment achieves improvements in the number of patients whose treatment starts in less than 62 days from urgent referral
- Diagnostic services increasing capacity for diagnostic services to significantly reduce waits of over six weeks and in targeted service areas to reduce the lengths of wait for elective and cancer care
- Directory of Services and MiDOs local partners should be assured that all information with the local DoS is up to date and well connected to the relevant ambulance service(s)
- Bank holiday capacity planning as in previous years, a more detailed exercise will be
 run on planned bank holiday capacity to ensure gaps are avoided and sufficient capacity
 is planned for ahead of potential activity surge. This exercise will be run closer to the
 Christmas/NYE period once local demand and capacity planning has advanced and
 rostering is underway.

Our intention is that a Winter Delivery Agreement belongs to the system locally and we are not suggesting that it needs to be shared nationally. However, we are asking that you share with your Regional Director what additional capacity in terms of beds, out of hospital care, etc that you have been able to identify.



22 November 2019

To: NHS Foundation Trust and NHS Trust Chief Executives

CCG Accountable Officers and Clinical Chairs

Cc: NHS Regional Directors

By email

Dear Colleague,

ACTION ON 2019/20 PENSION TAX IMPACTS

Please see attached an important, largely self-explanatory, letter sent today to the RCN, UNISON, BMA and a number of medical royal colleges.

It sets out the position that will now apply in 2019/20 to all clinician members of the NHS pension scheme who are in active clinical roles. It means that with your support and cooperation they are now immediately able to take on additional shifts or sessions without worrying about an NHS pensions tax penalty.

This scheme is being nationally funded at no net cost to trusts or CCGs. The mechanism for doing so, together with FAQs on eligibility and scheme administration are available at www.england.nhs.uk/pensions.

It will be for the next Government to decide upon the long term solution that we want to see for all NHS staff. In the meantime this approach is a pragmatic response by the NHS to the well-documented reduction in clinical availability arising from pension taxation.

Please actively promote this development to your affected staff as you plan your extra capacity and staffing over the winter period.

With best wishes

Yours sincerely,

Simon Stevens

CEO

Amanda Pritchard

COO



22 November 2019

To:

Dr Chaand Nagpaul Chair, British Medical Association Council

Professor Carrie MacEwan Chair, Academy of Medical Royal Colleges

Professor Andrew Goddard President, Royal College of Physicians

Professor Derek Alderson President, Royal College of Surgeons

Dr Katherine Henderson President, Royal College of Emergency Medicine

Professor Helen Stokes-Lampard Chair, Royal College of General Practitioners Council

Dame Donna Kinnair Chief Executive and General Secretary, Royal College of Nursing

Sara Gorton Head of Health, UNISON

By email

Dear Chaand, Carrie, Andrew, Derek, Katherine, Helen, Donna and Sara,

PENSIONS TAX IMPACTS ON THE NHS - A SOLUTION FOR 2019/20

Thank you for your recent letters confirming the impact that pensions taxation is having on the availability of many of our most experienced clinicians.

While the various in-year flexibilities already announced are helpful they have clearly not prevented large numbers of senior clinicians reducing their sessional commitments, including in A&E departments, general practice and undertaking waiting list operations.

We have heard loud and clear from local teams and national leaders that these rules are disadvantaging staff who only want to do the right thing by patients. The nature

of clinical contracts coupled with staffing constraints mean the NHS is much more exposed to these impacts than other public services.

It is rightly for Government, not the NHS, to make judgements on wider issues of pension tax design and incentives, and their equitable application. However given the deferral of the Budget and the calling of an election, a substantive answer from Government to the tapered annual allowance issue now seems unlikely to take effect before the new tax year, from April 2020.

In the meantime I am convinced there is an urgent operational requirement to tackle the problem in the NHS. NHS England and NHS Improvement have therefore decided to take exceptional action to address the issues you have raised.

The NHS will therefore now ensure that clinicians who exceed their NHS pension annual allowance in this financial year are not left out of pocket. This scheme will apply to doctors, nurses, AHPs and other clinicians in active clinical roles who are members of the NHS pension schemes. It will cover all pension saving in the NHS schemes in 2019/20 (but not annual allowance tax charges falling due on pension saving outside the NHS schemes).

Specifically, this will be achieved by:

- clinicians who as a result of reaching their annual pension allowance are subsequently notified of a tax liability in respect of this year (2019/20) will be able to choose 'Scheme Pays' on their pension form, meaning that they don't have to worry about paying the fee out of their own pocket; <u>AND</u>
- the NHS will make a contractually binding commitment to pay them a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the Scheme Pays deduction.

Detailed FAQs are available at www.england.nhs.uk/pensions. Local employers will incur no net extra costs as a result of this provision, which will be funded nationally. This commitment is supported by the Department of Health and Social Care and Government.

<u>Clinicians are therefore now immediately able to take on additional shifts or sessions</u> without worrying about an annual allowance charge on their pension.

Your support in ensuring this is widely understood across your membership is most welcome.

With best wishes Yours sincerely,

Fri frans

Simon Stevens

Chief Executive of the National Health Service

NHS Foundation Trust

Integrated Performance Report

November 2019 (October 2019 data)





Contents

Domain	Page(s)	Topic	Executive Owner	Role
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	11	Stroke	Chris Cobb	COO
	12	Cardiology	Chris Cobb	COO
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	16-18	Patient Safety, Experience & Concerns	Nancy Fontaine	CN
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	24	Training & Appraisals	Paul Jones	СРО
Finance	25-36	Finance	John Hennessey	CFO





NHS Foundation Trust

Information Services

Norfolk and Norwich University Hospitals

NHS Foundation Trust





KPI Summary

ummary Ta	able												
					Latest		Monthly			Qua	rterly		Year
Domain	Metric Name	Detail Page	Responsible Role	National Standard	Internal Target	Aug	Sep	Oct	Q1	Q2	Q3	Q4	YTD
Finance	Outpatient Activity vs Plan	@	DOD	0	0	-4,782	-1,041	-3,669	-93	-8,297	-3,669		-12,059
	Non Elective Activity vs Plan	@	DOD	0	0	-140	-210	-36	-553	-356	-36		-945
	Day Case Activity vs Plan	@	DOD	0	0	273	-159	-98	918	402	-98		1,222
	Elective Inpatient Activity vs Plan	@	DOD	0	0	-289	-300	-285	-552	-881	-285		-1,718
	ED Activity vs Plan	@	DOD	0	0	391	627	32	945	1,724	32		2,701
erformance	4Hr Standard	@	DOD	95%	89.0%	78.1%	75.4%	74.0%	78.4%	78.1%	74.0%		77.6%
	Ambulance >60	@	DOD	0	4	95	176	448	216	365	448		1,029
	Cancer 2 Week Wait	@	DOD	93%	93.0%	72.2%	71.0%	76.1%	89.4%	73.1%	76.1%		80.2%
	Cancer 31day First	@	DOD	96%	96.0%	97.1%	96.0%	96.9%	96.9%	97.4%	96.9%		97.1%
	Cancer 62day GP Referral	@	DOD	85%	82.5%	67.1%	66.8%	64.5%	75.5%	68.8%	64.5%		70.9%
	RTT Performance Incomplete	@	DOD	92%	83.8%	81.8%	81.1%	79.9%	83.3%	81.9%	79.9%		82.2%
	RTT Waiting List Incomplete	@	DOD		41,170	45,227	45,614	46,257	43,629	45,614	46,257		46,257
	DM01 Diagnostics	@	DOD	99%	99.0%	96.9%	97.5%	97.3%	97.5%	97.8%	97.3%		97.6%
	SSNAP Score	@	DOD	80	80.0	78.0	72.0	72.0	76.0	72.0	72.0		72.0
Quality	Serious Incidents	ල	DND/HOM			25	18	14	58	59	14		131
	Friends & Family Test (Likely & E. Likely to recommend)	@	DND/HOM	95%	95.0%	94.3%	96.7%	96.5%	95.6%	95.0%	96.5%		95.4%
	HSMR (data 3 months in arrears)	ල	DND/HOM		100.00	87.20	85.64	85.50	89.27	85.64	85.50		85.50
	HOHA C. difficile Cases	@	DND/HOM	0	0	0	0	0	4	1	0		5
	MRSA cases (Hospital Acquired)	@	DND/HOM	0	0	0	0	0	0	0	0		0
	Patients Boarding	ල	DND/HOM	20	29.6	50.1	66.1	60.9	51.8	53.2	60.9		53.7
	Number of Complaints	@	DND/HOM			86	104	133	275	274	133		682
Vorkforce	Mandatory Training Compliance	@	COD	90%	90.0%	90.1%	89.5%	89.5%	89.3%	89.5%	89.5%		89.5%
	Non Medical Appraisals	@	COD	85%	85.0%	78.8%	78.7%	79.5%	79.7%	78.7%	79.5%		79.5%
	Sickness Absence Rates (Annualised, 1month in arrears)	@	COD	3.90%	3.9%	4.2%	4.2%		4.2%	4.2%			4.2%



REPORT TO THE TRUST BOARD							
Date	29 th November 2019						
Title	Quality Programme Board update following 12 th November meeting						
Author	Jane Robey, Head of Improvement						
Exec lead	Sam Higginson (Chair of Quality Programme Board)						
Purpose	For Information						

Background/Context

The Quality Programme Board met on 12th November 2019.

Key Issues/Risks/Actions

Items of note considered at the meeting included:

	Issues considere d	Outcomes/dec	cisions/actions							
1	Highlight		Number of recommendations	Amber	Green	Blue	Black			
	reports	November 19	158	17%	7%	20%	16%	41%		
		October 19	158	19%	9%	21%	15%	36%		
		September 19	154	12%	12%	30%	13%	33%		
		August 19	153	13%	15%	32%	10%	31%		
		July 19	157	15%	10%	39%	10%	26%		
		June 19	157	11%	6%	47%	10%	25%		
		May 19	82	23%	13%	11%	45%	7%		
		April 19	81	22%	12%	15%	49%	1%		
1		March 19	76	24%	12%	9%	55%			
		February 19	75	16%	21%	19%	44%			
		January 19	67	12%	16%	33%	39%			
		December 18	65	15%	19%	37%	29%			
		November 18	65	9%	32%	45%	14%			
		October 18	65	6%	46%	40%	8%			
		September 18	64	40%	33%	27%	0%			
		Assurance Ratings November 2019 Red Amber Green Blue Black								
2 .	Change controls	Scoliosis recondate on 10 th O February, at w Three change recommendat	ntrols were submitted in mendations, follow ctober. A further particle hich point it is hope controls were submitted in the following the of the three change	wing the E aediatric s ed to turn nitted in re Evidence	Evidence Goodings of the collosis recolling all the reconstruction of the collosis of the coll	roup review will to commendate with the commen	ew of propage of the place of t	gress to e in lee.		









		by Chair's action outside the meeting.
3 .	Outcome of the Evidence Group	The Evidence Group met: • on 10 th October to review the evidence in respect of the Paediatric Scoliosis review recommendations. The external report's author attended the meeting. A further review will take place in February, at which point it is hoped to turn all the recommendations blue. • On 30 th October to review the evidence in respect of the Maternity Services recommendations. Of the nineteen recommendations submitted for review: ○ 1 was archived as BLACK (CYP5.1) ○ 2 were upgraded from RED to BLUE (Mat8.1, Mat9.1) ○ 1 was confirmed as remaining BLUE (CYP3.1) ○ 1 was upgraded from RED to GREEN (CYP6.1) ○ 1 was confirmed as remaining RED (Mat11.1) ○ 1 was confirmed as remaining AMBER (CYP2.1) ○ 10 were confirmed as remaining GREEN (Mat1.1, Mat2.1, Mat4.1, Mat5.1, Mat7.1,Mat10.1, Mat12.1,CYP1.1, CYP4.1, CYP7.1) ○ 2 were downgraded from AMBER to RED (Mat3.1, Mat6.1) • On 7 th November to review the evidence in respect of eleven recommendations. Of these: ○ 5 were archived as BLACK (CC5.1, CC13.1, S1.1, TW2.1, O1.1) ○ 2 were upgraded from RED to BLUE (TW30.1, O5.1) ○ 4 were confirmed as remaining RED (TW1.1, TW18.1, TW22.1,
4	Project	TW38.1) Brief updates were provided on the following non-CQC projects:
4	updates	 Installation of new ward boards ReSPECT Pathway to Excellence QAA policy and process
5	Risk register	No new risks were added to the Risk Register; the register was not reviewed during the meeting.
Ь		

Conclusions/Outcome/Next steps

The Quality Programme Board is scheduled to meet again at 10am on Tuesday 10th December 2019, at which meeting the Committee will review:

- Highlight reports from Trust-wide and functional areas for November
- Recommendations assured as 'Complete and Evidenced' by the 28th November and 5th **December Evidence Groups**

Recommendation:

The Board is recommended to note the work of its Quality Programme Board.













REPOR	REPORT TO THE TRUST BOARD						
Date	29 November 2019						
Title	Quality and Safety Committee Meeting on 16.10.19 and 27.11.19						
Lead	Dr O'Sullivan – NED (Committee Chair)						
Purpose	For Information and assurance						

Background/Context

The Quality and Safety Committee met on 16 October 2019. The Agenda for the meeting is attached. By the time of the Board meeting, the Committee will have met again on 27 November 2019 and again the Agenda is attached. At its meeting, the Board will be updated on Committee discussions.

Papers for both meetings have been circulated to Board members for information in the usual way.

Key Issues/Risks/Actions

In addition to reviewing matters in accordance with its Terms of Reference, items of note considered at the meeting on 16 October included:

	Issues	Outcomes/decisions/actions
	considered	
1	Visit to the Emergency Department, following the 'patient pathway'	The Committee started its meeting with a visit to ED – to follow the 'patient pathway' through triage, minors, the Rapid Assessment Unit, Resus and majors. The logistical difficulties associated with the configuration of the Department were noted, as were the performance challenges and the plans for operational capacity and resilience.
2	IPR Quality and Safety Metrics	The Committee reviewed the section of the IPR relating to quality and safety and asked about the quality metrics and whether the Committee can be assured that there are not quality and safety issues when we are not achieving our performance targets. The Committee was informed of the intention to introduce failsafe co-ordinators, to manage the risk for patients on waiting lists.
3	CQC Insight Report	The Committee reviewed the latest edition of the CQC Insight Report. – This indicates that "This trust's composite score is within the middle 50% of acute trusts. The current composite indicator score is similar to other acute trusts that were more likely to be rated as requires improvement"
4	CQIA Update	The Committee receives regular reports concerning the CQIA process in order to obtain assurance that appropriate safeguards are in place such that financial improvement schemes do not cause unacceptable risks to quality or safety. The process includes ongoing monitoring of quality indicators. In the last
		report it was reported that 7 indicators had been failed v 68 achieved.
5	Serious Incidents, Claims, Complaints and	<u>Serious Incidents:</u> The Committee considered information relating to serious incidents recorded in August. Issues relating to the care of mental health patients still feature highly and this remains a significant risk. <u>Complaints:</u> The Committee considered the processes in place for managing and learning from formal Complaints and received the latest version of "Who







Compliments	leads on what?" (Aug 2019) which details the matrix of Executive portfolios.					
	The Committee was provided with information regarding complaints received					
	over the last month and the annual report for last year. In terms of					
	responding to complaints, the Committee received information that over 90%					
	of complaints are investigated within 25 days or other agreed timescale.					
	Further work needs to be undertaken to improve learning from complaints.					

3 Conclusions/Outcome/Next steps

At its meeting, the Board will be updated on the meeting of the Committee on 27 November 2019.

Recommendation:

The Board is recommended to note the work of its Quality & Safety Committee and to receive an update on its most recent meeting.





MEETING OF THE QUALITY AND SAFETY COMMITTEE 16 OCTOBER 2019

A meeting of the Quality and Safety Committee will take place from 2pm on 5 September 2019 in the Brancaster Room of the Norfolk and Norwich University Hospital

AGENDA

The meeting will commence with clinical visits to ED

	Item	Lead	Purpose	Page
1	Focus on BAF 1.3 – High level and unpredictability of emergency demand creates circumstances that threaten quality of service		Information & assurance	
	Visit to the Emergency Department following the 'patient pathway' (with Rachel Cocker (ED Nurse Director))			
2	Apologies and Declarations of Interest			
3	Reflections on visits	All	Discussion	
4(a)	Minutes of meeting held on 25 July 2019		Approval & Discussion	2
4(b)	Matters arising and update on actions	Chair	Discussion	13
Strate	gic & risk–based focus			
5	Operational Capacity and Resilience (BAF 1.3) Chris Cobb (COO) to attend	СС	Discussion	To follow
6	Board Assurance Framework	JPG	Discussion	14
7	Corporate Risk Register – Clinical risks	KK	Discussion	34
Standi	ng items			
8	IPR Quality and Safety Metrics	ED/NF	Discussion	42
9	CQC Insight Report	ED/NF	Discussion	58
10	CQIA Update	PMO	Information	135
11	Serious Incidents, Claims, Complaints and Compliments	KK/JPG	Discussion	144
Comm	ittee business			
12	Committee reporting schedule and plans for next meeting	Chair	Agreement	181
13	Reflections on the meeting and any other business	Chair	Discussion	

Date and Time of next meeting:

The next meeting will be from 2pm to 5pm on 27 November 2019 at the Norfolk and Norwich University Hospital





MEETING OF THE QUALITY AND SAFETY COMMITTEE 27 NOVEMBER 2019

A meeting of the Quality and Safety Committee will take place from 2pm on 27 November 2019 in the Brancaster Room of the Norfolk and Norwich University Hospital

AGENDA

The meeting will commence with clinical visits to escalation areas

	Item	Lead	Purpose	Page
1	Apologies and Declarations of Interest			
2	Reflections on visits	All	Discussion	
3	Minutes of meeting held on 16 October 2019 & matters arising	Chair	Approval & Discussion	2
4	Divisional Focus – Women and Children's Division plus selected SI report (Ref W136775)		Discussion	9
Stand	ling items			
5	Quality and Safety – Current Performance – Extract from IPR	ED/NF	Discussion	68
6	CQC Insight Report	ED/NF	Information	87
7	Update from Sub-Boards: PEEG and CSEB	ED/NF	Information	Verbal
8	Corporate Risk Register – Clinical risks	NF	Discussion	97
9	Report from Quality Programme Board	SH	Information	101
10	CQIA Update	PMO	Information	103
11	Serious Incidents, Claims, Complaints and Compliments	KK/JPG	Discussion	108
12	Completed SI Report (W151752) – action from July 2019	KK	Information	128
Strat	egic & risk–based focus			
13	Follow up on results reporting	ED	Information	184
14	Patient Engagement and Experience Strategy	NF	Approval	189
15	Research Governance and activity update	ED	Information	197
16	CQC Well Led KLOEs	Execs	Discussion	198
Comi	mittee business			
17	Terms of Reference	JPG	Approval	210
18	Draft Agenda for next meeting and future meeting dates	Chair	Agreement	216
19	Reflections on the meeting and any other business	Chair	Discussion	

Date and Time of next meeting:

The next meeting will be from 2pm to 5pm on 15 January 2020 at the Norfolk and Norwich University Hospital

Integrated Performance Report (Quality and Patient Experience Section)

November 2019 (October 2019 data)





NHS Foundation Trust



Norfolk and Norwich University Hospitals

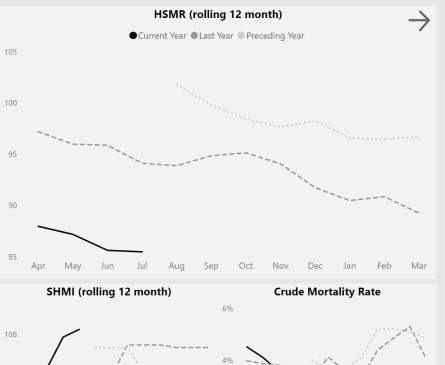
Integrated Performance

Mortality Rate

Medical Director Erika Denton

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

Month Selector Most Recent



HSMR				SHMI		Crude Mortality			
Month	2018	2019	M	2018	2019	M	2018	2019	
July	94.1	85.5	Jul	107	108	Jul	3.3%	3.6%	

Data Observations

There are errors on this month's mortality IPR. Although this is meant to display the latest mortality data (up to July 2019), the monthly SHMI of 108 actually refers to the data period April 2018 to March 2019. The Trust's HSMR score reached 85.5 in July 19, which continues a steady decline on a rolling 12 month trend since Oct 18. The Trust is 1 of 3 Trusts (within the East of England peer group of 16) with an HSMR within the 'lower than expected' range. There are no HSMR outlying groups.

It is difficult to comment on any changes to the Trust SHMI as the SHMI should ideally be compared to the same period the previous year (to ensure that the observed values do not contain correlated data) and the monthly SHMI for July 2019 is not available. Data suggests the Trust SHMI is increasing although this currently remains 'as expected' (band 2). It is difficult to comment on crude mortality without a statistical process control chart to distinguish special cause from common cause variation.

There has been a recent National Hip Fracture Database mortality alert for 2018

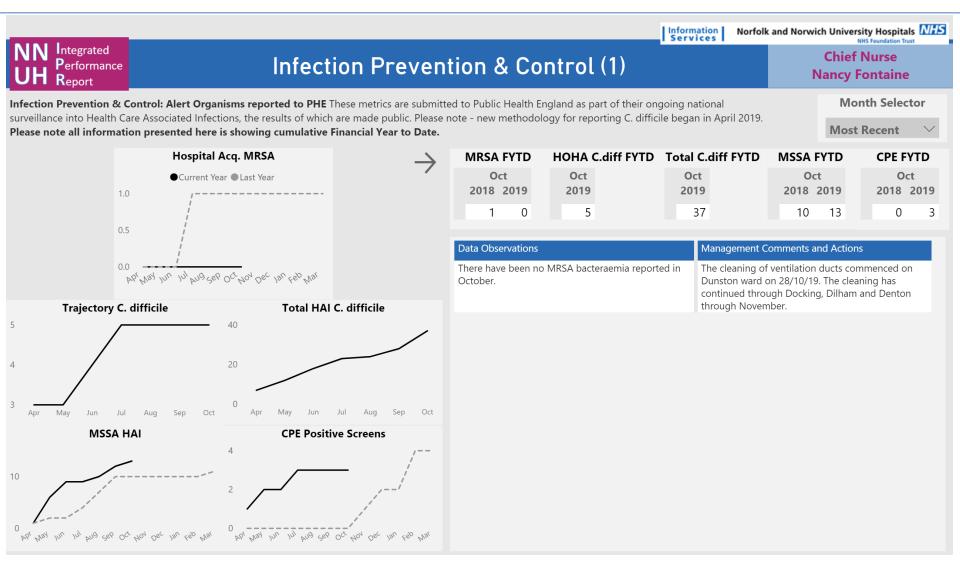
Management Comments and Actions

Following notification of the NHFD mortality outlier alert, the Trust has notified the CQC. Arrangements have been made to conduct an internal review of data quality submitted. An SJR cohort review of 50 deceased patients has also been arranged with input from an external orthogeriatrician. Following the outcomes of these 2 reviews, a decision will be made as regards whether an external MDT review, as offered by the British Orthopaedic Association, should be commissioned.

Previous review of SHMI data suggests that the discrepancy between the HSMR and SHMI reflects palliative care coding. However, readmission data will be reviewed as a surrogate measure of premature/inappropriate discharges.

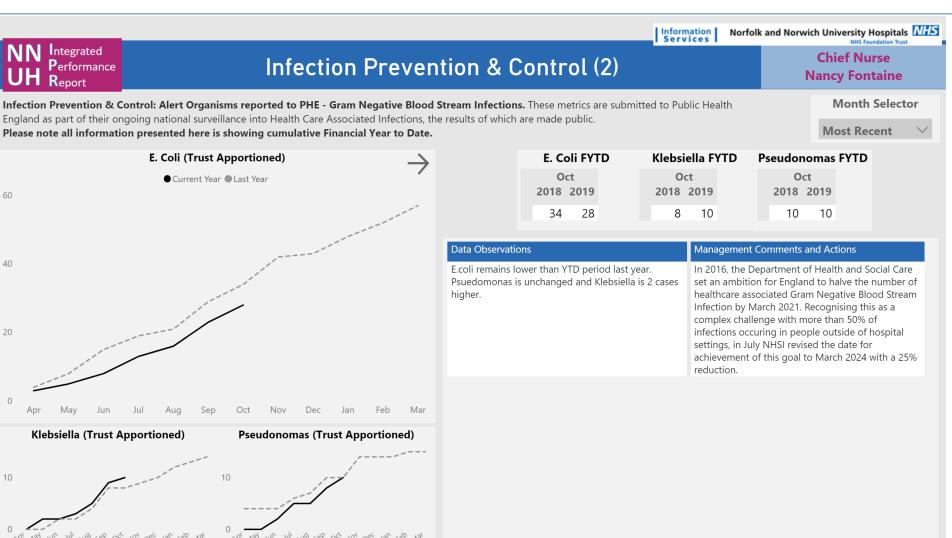






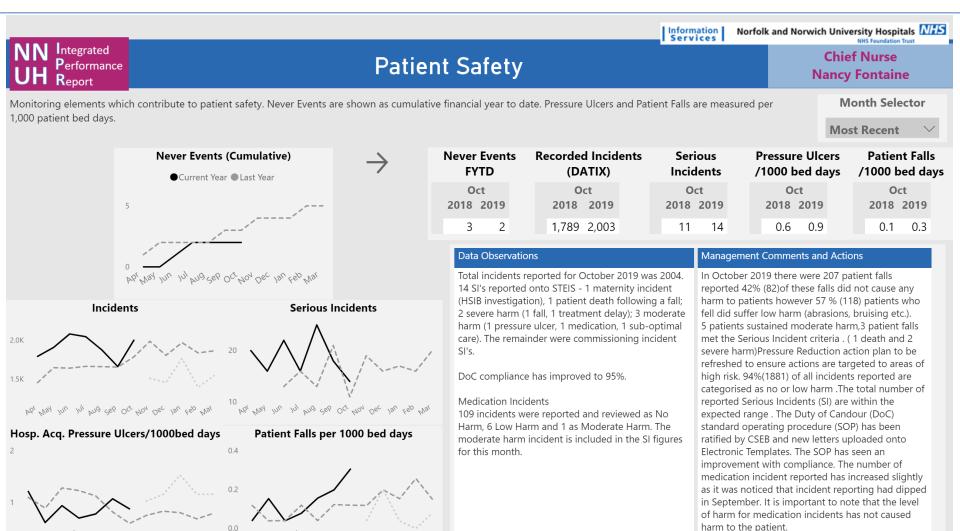
















NHS Foundation Trust



Patient Experience

Chief Nurse **Nancy Fontaine**

Norfolk and Norwich University Hospitals

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

Month Selector Most Recent



Frien	ıds & Famil	Compliments				
Month	2018 2019		M	2018	2019	
October	96.2%	96.5%	Oct	7	299	

Information | Services

Data Observations The FFT score has remained around 95% recommenders, on or above target.

Compliments – slightly fewer this month.

Management Comments and Actions

Outpatient data has been compromised because of issues with IT hardware and scanning software. This has now been fully resolved.

Each department and division reviews their own scores and comments and takes action accordingly; reporting to PEEG.





NHS Foundation Trust



Patient Concerns

Norfolk and Norwich University Hospitals NHS

Chief Nurse Nancy Fontaine

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

Month Selector





С	PALS Enquiries			PALS Closed <48hrs				
Month	2018	2019	M	2018	2019	M	2018	2019
October	95	133	Oct	344	294	Oct	84.0%	87.1%

Information Services

Data Observations

The number of PALS enquiries shows an increase this month. There is a small trend upwards, although fewer than last October. Themes - waiting times, appointments, communication. The number of complaints has increased again in October – 133 (95 Oct 18), showing a clear trend upwards, across the board. Themes - elective waiting lists and cancelled procedures and operations.

Management Comments and Actions

Each department and division is responsible for reviewing complaints and making improvements where necessary. This is reported through to PEEG.





REPORT TO THE TRUST BOARD								
Date 29 November 2019								
Title	Finance and Investments Committee meeting on 18.11.19							
Lead	Lead Mr Tim How (Chair of Committee and Non-Executive Director)							
Purpose For Information and assurance								

Background/Context

The Finance and Investments Committee met on 18 November 2019 and discussed matters in accordance with its Terms of Reference and agreed Work Programme. The Agenda for the meeting is attached for information. Papers for the meeting have been circulated to all Board members for information in the usual way.

Key Issues/Risks/Actions

Items of note considered at the meeting included:

	Issues	Outcomes/decisions/actions
	considered	
1	Activity and achievement of contractual standards	 The Committee was updated on key operational performance metrics: ED performance – in the last period, the NHS has had some of its most challenged days with regard to ED performance. A key element of relieving pressure for this hospital is in increasing bed capacity. In addition to the Ward Block and moving dialysis off site, it is planned to repurpose some training spaces, some administrative space and a section of Gissing Ward that had been earmarked for the proposed PICU – to create additional clinical areas. There have been significant infection control issues to overcome but it is hoped to release an additional 28 beds spaces to clinical use. Super-stranded patients (over 21 days) - there is increased regulatory attention on this group of patients and a Multi-Agency Discharge Event (MADE) is planned for the end of November, to optimise flow through the hospital. Escalation: we are regularly using escalation beds in DPU and JPU. Elective activity and RTT: The Board is well-versed in the position relating to elective activity, due to the impact of emergency demand and the pension rules. It has been necessary to reduce the rate of spend in the private sector due to the excessive financial cost this year. Spend in this area this year is significantly above the contacted level, driven by the need to avoid 52-week breaches. Reducing this spend now will inevitably increase our challenge next year in terms of RTT management.
2	Divisional Performance & Accountability Framework	The Committee was updated on the position at the second quarter review stage. The provisional position is that the divisions have maintained their position from Q1. Some targeted additional support has been provided to Surgery, working in Theatres and the Management Board needs to take a view on what additional measures are needed to drive improvement. Whilst this Committee meeting was focussed particularly on finance, there is a need to give further Committee time to operational performance and achievement of activity plans in line with access standards.
3	Month 7 finance report (BAF 1.4)	The reported deficit for the year to date at month 7 is £19.7m which is £3.7m adverse to budget. In month there was a deficit of £1.0m which was £2.3m adverse to budget. At month 7 the Trust is £2.9m adverse to the Financial









		Recovery Plan agreed in August 2019.
		The underlying issues are well-rehearsed and relate to income underperformance, CIP underperformance and pay costs in excess of Budget. Pay is overspent for the year to date by £4.2m (1.9%). Key areas of overspend are Medicine £1.5m, Urgent & Emergency Care £1.2m, Surgery £0.5m, CSS £0.3m. In all areas the overspend is being driven by temporary staffing costs. We have recruited a significant number of additional staff but we are not yet seeing the reduction in temporary costs as a result. The Executive team are to review the actions we are going to take regarding Bank usage and some of the other payroll work being undertaken, to establish what can be achieved in the
		next 6 months. The approach to CIP and budget planning needs to be more robust, to establish a meaningful plan to which people can be held to account. It was hoped that this is what had been achieved this year. There is a need to consider how the Executives work and how their relationship with the divisional teams. This needs to be considered further by the Executive Team and brought back to this Committee.
		BAF 1.4 – Financial management in line with plan - currently red/amber and it was agreed that this should be unchanged.
4	CIP plans and progress (BAF 1.7)	The Committee received the Month 7 CIP report from Mr Rob Marshall – Head of PMO. YTD the Trust has delivered £10.7m of CIPs against a FIP Board approved plan of £11.9m, an adverse variance of £1.2m. The Committee also received a verbal update / report from Mr Jones on Workforce CIP opportunities. Overtime spend has reduced between April and October but there is further work to do with regard to following policy on WLI and premium pay. BAF 1.7 (timely recruitment/premium pay) is amber rated and it was agreed that
		this should be unchanged. The Committee received for information the Trust budget setting framework
5	Operational and Financial Planning and budget setting process 2020/21 (BAF 4.3)	(2020/21), which has been approved by the Hospital Management Board. The intention is to establish a framework under which the Trust's financial plan and budgets will be set, leading to clear delegation of budgets and budgetary responsibility. It set out a high level timetable for the budget setting process, and seeks to address recommendations made by NHS Improvement and issues raised by budget holders which have hindered effective budget management and control. Areas to be improved from this year include: - Staffing establishments - CIP planning BAF 4.3 (Business Planning) is amber rated and it was agreed that this should be unchanged.
6	Use of Resources assessment update	The Committee was updated on actions taken to implement the recommendations made in the last UoR report

Extract of Corporate Risk 7 Register & finance Risk Appetite

The Committee received for discussion an extract taken from the Trust's Corporate Risk Register of the highest rated risks that are identified as falling under the remit of the Committee. The Committee commended the revised format of reporting. Performance against the ED standards did not appear on the extract and the Risk Manager will be asked to review this and look into the allocation to Board Assurance Committees.

Conclusions/Outcome/Next steps

The Committee is scheduled to meet again on 12 December 2019, at which meeting the Committee is due to consider:

- Capital programme and major projects update
- Plans for Pharmacy Refurbishment
- Activity and achievement of contractual standards
- PFI contract monitoring
- **Financial Performance YTD**
- **Procurement Review**

Recommendation:

The Board is recommended to note the work of its Finance and Investments Committee.







MEETING OF THE FINANCE AND INVESTMENTS COMMITTEE

18 NOVEMBER 2019

A meeting of the Finance and Investments Committee will take place from 12pm to 2pm on 18 November 2019 in the Chief Executive's Office of the Norfolk and Norwich University Hospital

	Item	Exec Lead	Purpose	Page			
1	Apologies and Declarations of Interest						
2	Minutes of meeting held on 16.09.19 and 21.10.19	Chair	Approval	2			
3	Matters arising and actions update	All	Discussion	14			
Activ	vity, Estates and Capital Planning (BAF 1.2 (elective activity), 1.3 (e	mergen	cy activity))				
4	Activity and achievement of contractual standards	CC	Information	15			
5	Divisional Performance & Accountability Framework	CC	Information	38			
	ncial Performance and Governance (BAF 1.4 (financial sustainabilet effectiveness and business planning))	ity), 1.7	(premium pay), 4.3			
_	Financial Performance YTD			46			
6	a. Month 7 Finance Report (BAF 1.4)b. Month 6 Income Summary	JH	Information	57			
	CIP plans and progress	.JH		61			
7	a. Month 7 CIP Report b. Workforce CIP Update (BAF 1.7)						
8	Proposal to agree a fixed value CCG contract for 2019/20	JH	Decision	73			
9	Projected 2019/20 Outturn a. Summary of projected outturn	JH	Information	77			
	b. NHS Requirement for changing projected outturn			84			
10	2020/21 Financial Planning a. Operational and Financial Planning and budget setting	JH	Information	88			
10	process 2020/21 (BAF 4.3) b. STP Financial planning 2020/21 to 2023/24	011	momation	101			
11	Proposed increase in cash borrowing limit	JH	Discussion	103			
12	Use of Resources inspection update	JH	Information	verbal			
Com	nmittee Business						
13	Extract of Corporate Risk Register & finance Risk Appetite	Execs	Discussion	104			
14	Draft Agenda for next meeting	JPG	Agreement	110			
15	Any other business and reflections on the meeting	All	Discussion				

Date and Time of next meeting:

The next meeting will be from 1pm to 3.30am on 12 December 2019 at the Norfolk and Norwich University Hospital

Integrated Performance Report (Operational Performance and Productivity Section)

November 2019 (October 2019 data)





NHS Foundation Trust

Information | Services

Norfolk and Norwich University Hospitals NHS

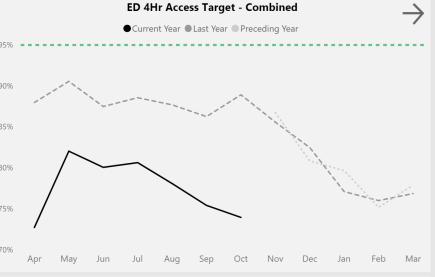
Integrated Performance

ED Performance

Chief Operating Officer Chris Cobb

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

Month Selector Most Recent



70%	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		12 Ho	our Bre	aches			Amb	ulance	Hando	overs (6	60+mir	ıs)
10	,	^				500)			,		
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ED Comb	ined Perfor	mance	12	Hour Bre	aches	Ambulance Handovers			
Month	2018	2019	M	2018	2019	M	2018	2019	
October	88.9%	74.0%	Oct	1	5	Oct	200	448	

Data Observations

ED attendances in October averaged 401 a day. 4h performance was at 62.9% (74.0% combined), a drop from 66.0%, 75.4% combined in September. Paediatric 4h performance was 92.1%, an improvement from 88.8% in September. Minors' 4h performance was at 76.1%, a decrease from 80.5% on September. Minors' 4h performance has been decreasing since June 2019's 87.0% There were 5 12-hour breaches in October. 4 were mental health breaches and 1 was a NNUH breach. The daily average of Ambulance conveyances has been relatively static for the past 12 months at around 132 countenances per day. In October 448 (11.1%) of ambulance conveyances

took 60+ mins to handover, an increase from September's 176 (4.4%).

32.8% (1,320) of ambulance arrivals met the target to handover within 15 minutes.

Conversion rate was at 26.6% in October. Conversion rate has been increasing since July 2019's 23.6% 29.6% of ED attenders had an initial assessment within 15 min and 21.1% were treated within 60 min.

Management Comments and Actions

October has been a challenging month (reflected nationally) resulting in a re-focus on all trajectories and associated actions; targeting minors, paeds and ambulances. The GP Streaming pilot is progressing, which will reduce the number of primary care attendances from mid December. There are discussions about reconfiguring ED space to create more ambulatory major cubicles. Other key actions are addressing flow issues to release capacity for ED to manage their demand. Discussions have taken place with NSFT as to how we could work differently with MHLT at the front door and they are working up proposals in order to reduce 12 hr breaches. Ambulance performance has deteriorated – this is largely a result of overcrowding and consequent limited capacity to offload in RATs. Review of the actions taken previously has identified that one of the high impact changes was having a dedicated manager from EEAST on site to support alternative pathway management and general ambulance off load





NHS Foundation Trust

Information | Services

Norfolk and Norwich University Hospitals NHS

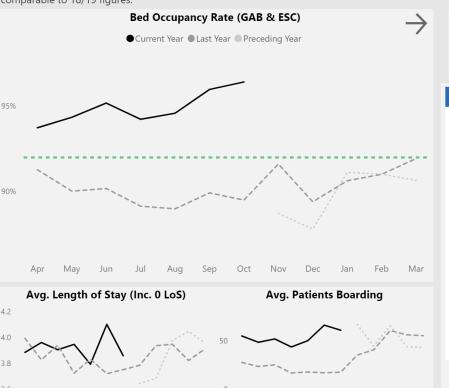
Integrated Performance Report

Patient Flow

Chief Operating Officer Chris Cobb

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





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Bed O	ccupancy F	late	Α	vg. LoS (lı	nc. 0)	Avg. Patients Boarding			
Month	2018	2019	M	2018	2019	M	2018	2019	
October	89.5%	96.4%	Oct	3.8	3.9	Oct	17.7	60.9	

Data Observations

Bed occupancy rate increased to 96.4% from September's 95.9%, occupancy rate has been increasing since December 2018.

The average length of stay has remained relatively static since December 2018 (approx 3.9 days including 0 Los, 5.5 days excluding 0 LoS).

On average, there were 115 patients with a length of stay of 21+ days each day in October, a decrease from September's average of 125.

The average number of boarders per day in October was 61, a slight decrease from 66 in September. There were more boarders on Tuesdays than on any other day of the week.

The daily average number of delayed transfers of care patients in October was 32, a decrease from September's average of 42. Most delays were attributed to local authorities.

An average of 31 patient per day were discharged by 11:00 am in October, in line with the 6-month average of 30.

Management Comments and Actions

The following actions have been identified to address the pressured occupancy and poor flow:

- Follow up MADE scheduled for post New Year
- Weekly "Long Stay Tuesday" and "Long Stay Wednesday" events with Exec presence
- Weekly Exec led performance check and challenge meetings across the divisions
- New scoring/evaluation component to long stay
- Targeted work with MHLT and NSFT to address complex pathways
- D2A non hospital based assessment test of
- Expanded NFS capacity and Integrated Discharge Hub/HomeFirst strategy

These are being monitored fortnightly via the performance calls; trajectories are in place





NHS Foundation Trust

Norfolk and Norwich University Hospitals NHS

Information | Services

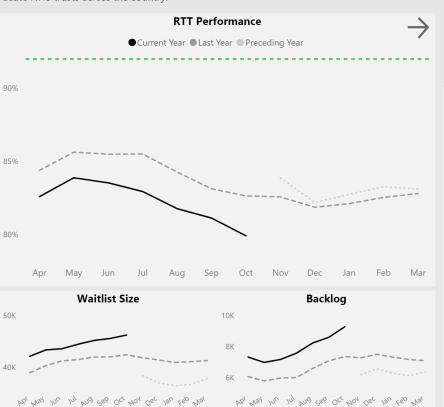
ntegrated Performance

RTT Performance

Chief Operating Officer Chris Cobb

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





RTT	Performan	ce		Waiting I	List	Backlog		
Month	2018	2019	M	2018	2019	M	2018	2019
October	82.6%	79.9%	Oct	42,463	46,257	Oct	7,369	9,288

Data Observations

- RTT performance has decreased for the 6th consecutive month and is now at 79.9%.
- The overall waiting list size has increased for 9th consecutive month and is now at 46,257.
- The overall Backlog has increased in size for the 5th consecutive month and is now at 9,288.
- There are 2 patients waiting more than 52 weeks. 1 in Vascular Surgery and 1 in Orthopaedics.
- Continuous waiting list increase across all divisions are pushing services to theoretically unrecoverable positions, without a signifianct change to process.
- Urology, ENT and Oral show signs of improvement with an overall decrease in waiting list size over the
- Orthopaedics and Gynaecology are consistently the worst performing services.
- Admitted Orthopaedics has a clearance rate of 52 weeks which means at the current rate of activity it would take a year to clear the list if demand were to stop today.

Management Comments and Actions

Waiting List shows further increases due to high levels of demand, cancellations and an increase in Cancer/Urgent case mix pushing routine waits further out. High levels of cancellations due to lack of capacity continue to impact the elective programme, along with a reduction in the number of PA's and WLI due to the pension tax. High levels of 40+ weeks waits slightly reduced in Oct 19, with ongoing robust daily management to reduce the risk of 52 week breaches. Clinical Harm management process in place. Meetings held with NHSEI, STP and commissioners

're further demand management schemes, with schemes to be identified & included in RTT RAP. Trust has requested assistance from Elective IST team around redesign and training for Ops teams to ensure accurate capture of RTT information ensuring validity of pathways. 12 Week programme of insourcing lists in most challenged specialities currently being planned.





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Information Services

Norfolk and Norwich University Hospitals NHS

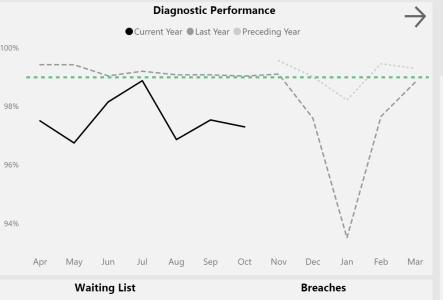
ntegrated Performance

DM01 Diagnostics

Chief Operating Officer Chris Cobb

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

Month Selector Most Recent



	ДРІ	iviay	Juli	Jui	Aug	Sep	OCI	1404	Dec	Jan	160	IVIGI
		Wa	iting Li	st					Breacl	nes		
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APr	Way Inu	Jul AUG	sep oct,	401 Dec 19,	V 660 W	,ar (APr May	Jun Jul	AUG SEP (Oct MON D	ec lan ke	ip Wal

Diagnos	stic Perforn	nance		Waiting	List		Breaches		
Month	2018	2019	M	2018	2019	M	2018	2019	
October	99.0%	97.3%	Oct	10,526	11,468	Oct	101	309	

Data Observations

- DM01 Performance has shown no significant change at 97.3%
- Breaches have increased to 309 from 274 last month.
- The overall waiting list size has remained stable at 11,468 although this is 942 patients more than last
- Non-obstetric ultrasound breaches make almost three quarters of the total number of breaches at
- Both MRI and CT modalities continue to achieve the 99% target.

Management Comments and Actions

- Recent issues in CT & MRI now resolved. standards have recovered. Additional MRI van to manage the increase in GP demand delivering. Non Obstetric US position not achieving due to a number of factors, including increased demand and Global unable to accept any work at the end of July and into August (210 pts a week).
- Reduction in circa 50 WLI hours per month compared to 2018
- Loss of key individuals who offered regular WLI lists circa 35 patients per list
- Small reduction in substantive evening lists in July due to annual leave
- Bookings Team lacking capacity to book with patient choice and to fill cancellation gaps as timely as possible.
- · This combination of issues caused a wider problem, which the Trust did not predict. Solutions implemented and have seen a September recovery for General US. Issues remain with MSK and MSK diagnostic injections with breaches continuing to be forecast for November. Exploring fixed term locum consultant and sonographers and OT





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Cancer Performance: 2ww

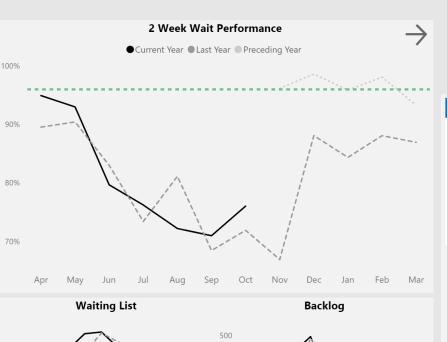
Information Services Norfolk and Norwich University Hospitals NHS

> **Chief Operating Officer Chris Cobb**

> > **Most Recent**

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

Month Selector



2ww	Performar	ice		Waiting	List		Backlog			
Month	2018	2019	M	2018	2019	M	2018	2019		
October	71.9%	76.1%	Oct	955	949	Oct	181	103		

Data Observations

Provisional October data shows an increase in performance at 76.1% vs. a target of 93%, compared to 71.0% in September. This follows on from a period of continued decline since May 2019. The waiting list has continued to decline, from 1076 (Sep 19) to 949 (Oct 19). A similar decline is evident in the backlog, which has reduced from 178 (Sep 19) to 103 (Oct 19). Overall, there were 597 breaches in Oct 19, with inadequate capacity recorded as the cause of delay in 94% of cases.

Management Comments and Actions

Additional capacity to address backlog and underperformance in Lower GI and Skin is continuing. This is now having an impact with performance increasing in October and backlog of patients over 14 days continues to reduce.





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Cancer Performance: 31 Day

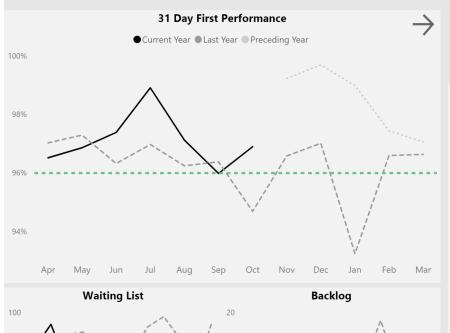
Data Observations

Information Services Norfolk and Norwich University Hospitals NHS

> **Chief Operating Officer Chris Cobb**

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





31 Da	y Performa	nce		Waiting I	_ist	Backlog			
Month	2018	2019	M	2018	2019	M	2018	2019	
October	94.7%	96.9%	Oct	68	78	Oct	10	3	

Provisional October data shows an increase in performance at 96.6% vs. a target of 96%, compared to 96.0% in September. The waiting has increased from 65 (Sep 19) to 78 (Oct 19), however there has been a decline in the backlog from 10 (Sep 19) to 3 (Oct 19). There were 12 breaches in October, with inadequate capacity recorded as the cause of delay in 75% of cases.

Urology performance has continuously declined from a high of 95.7% (Jul 19) to 82.4% (Oct 19). Performance was reported at 87.2% in Oct 18.

Provisional data, some underperformance in Sugical Specialties but standard will be achieved.

Management Comments and Actions



ntegrated

Performance

Norfolk and Norwich University Hospitals WHS



NHS Foundation Trust

Information Services

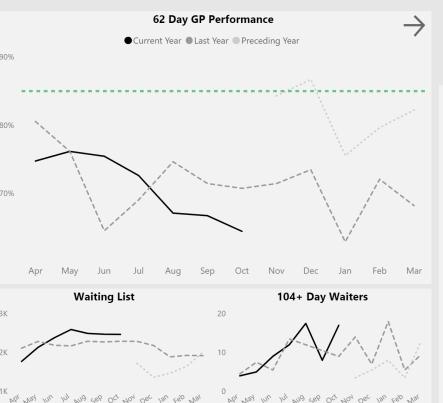
Norfolk and Norwich University Hospitals NHS

Cancer Performance: 62 Day

Chief Operating Officer Chris Cobb

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

Month Selector Most Recent



62 Day Performance				Waiting L	.ist	104+ Day Waiters			
Month	2018	2019	M	2018	2019	M	2018	2019	
October	70.8%	64.5%	Oct	2,291	2,467	Oct	9	17	

Data Observations

Provisional October data shows a decrease in performance at 65.0% vs. a target of 85%, compared to 66.8% in September. This continues a period of decline since a peak of 76.2% in May 2019. The waiting list has remained steady between September (2471) and October (2467), however the backlog has declined from 180 (Sep 19) to 135 (Oct 19). Inadequate capacity has been recorded as the single largest cause of delay for October 19, attributed to 50.4% of breaches. This is followed by diagnostic delay in 30.2% of breaches.

General Surgery performance has decreased consistently since a peak of 82.8% in June 19 to 58.8% in October 19. There has also been an increase in the waiting list from 982 (Sep 19) to 1168 (Oct 19), however the backlog has decreased from 52 (Sep 19) to 37 (Oct 19).

Management Comments and Actions

Improvements in addressing the 2WW backlog and subsequent testing/treatments in Lower GI & Skin has assisted in reducing the backlog of patients over 62 days.

62 Day performance is predicted to continue to be under the 85% standard whilst we address the long waiting Patients

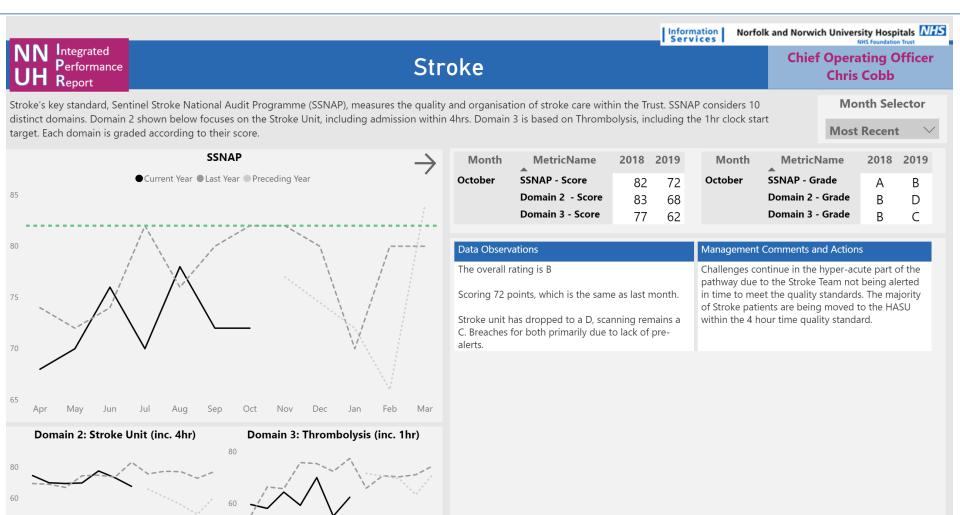
Work around improving Diagnostic delays in Urology is starting to take effect and less patients are moving into the 62 day backlog.



API MAY JUN JUN AUG SEP OCT MON DEC JAN FER MAI

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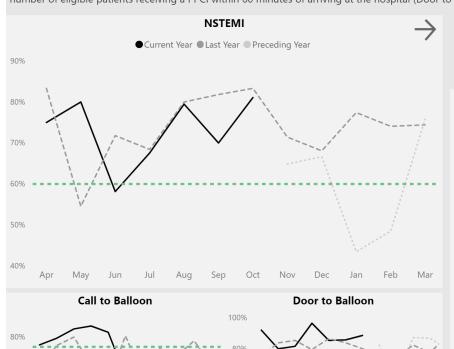
Cardiology

Information Services Norfolk and Norwich University Hospitals NHS

> **Chief Operating Officer Chris Cobb**

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

Month Selector Most Recent



NSTEMI			c	all to Bal	loon	Door to Balloon			
Month	2018	2019	M	2018	2019	M	2018	2019	
October	83.3%	81.1%	Oct	60.0%	71.4%	Oct	80.0%	88.6%	

Data Observations

Plan: Team to continue liaising with Eeast & Air Ambulance teams around transfer delays as the majority of delays due to time on scene and transportation issues.

Management Comments and Actions

%NSYEMI to Procedure < 72 hrs: Standard achieved. For 7 out of 37 patients' standard not achieved for reasons such as comorbidities. %PPCI Call to balloon < 150 minutes: Standard not achieved for 10 out of 35 patients. 7 out of these 10 patients did not meet the standard mainly due to delayed initial response times and out of hospital arrests. %PPCI to balloon: Standard achieved. For 4 out of 35 patients' standard not met primarily due to delays in access to Cath Lab facilities or self-presenting at A&E.



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ntegrated Performance

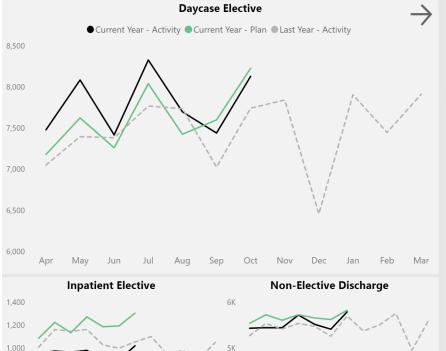
Plan vs Activity: Admitted

Chief Operating Officer Chris Cobb

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

APINAY IN IN MY SEP OCKNOY DEC IST EED WAL

Month Selector Most Recent



Daycase Liective								
Measure	Oct							
Current Year - Activity	8,131							
Current Year - Plan	8,229							
Last Year - Activity	7,744							

Daycase Flective

Measure	Oct
Current Year - Activity	1,021
Current Year - Plan	1,306
Last Year - Activity	1,055

Inpatient Elective

Non-Elective Disc	charges
Measure	Oct
Current Year - Activity	5,791
Current Year - Plan	5,827
Last Year - Activity	5,702

Data Observations

Daycase/RDA: Oct performance was -1.2% (98 cases) under plan but 387 cases more than prior year. Surgery underperformed by 260 cases against plan, driven by Ophthalmology (-125), Pain Management (-41) and Urology (-40). W&C also underperformed due to Gynae (-19) and Paediatric Surgery (-14). Medicine overperformed in month by 191 cases, mainly in Gastro and Haematology.

Elective: Oct activity was well down against business plan (by 22%) and prior year (by 3%). In Medicine part of this is the cardiology switching to daycase. Surgery were 167 down against plan driven by Urology (-57) and General Surgery (-37). Gynae were 15 down against plan.

Non Elective Activity was slightly below plan (by 36 cases) and slightly up on prior year levels (by 89 cases). Paediatrics had 29 fewer than planned, but actual activity was only slightly less than October 2018. Other areas that were down included General Surgery (-86), Vascular (-40) and General Medicine (-41). OPM/Stroke were 111 cases over plan.

Management Comments and Actions

Daycase/RDA - Cardiology in particular has seen a switch of activity from elective to daycase due to recording changes which were not anticipated in the plan. There is no monetary impact. This will be monitored going forward.

Closely monitoring impact of Aylsham suite on dayase performance skewing trends. Elective - Work is being done within the Performance Meetings as part of business planning for 2020/21 to understand areas of underperformance better and work up appropriate speciality action plans, particularly in Surgery. Non Elective - Joint work is ongoing between Women and Children's Division and Commissioning Info Dept to further understand the drivers for under performance in this area. Issues with EAUS coding being addressed through Same Day Emergency Care (SDEC) project and plans to block income for this area.





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Plan vs Activity: Non-Admitted

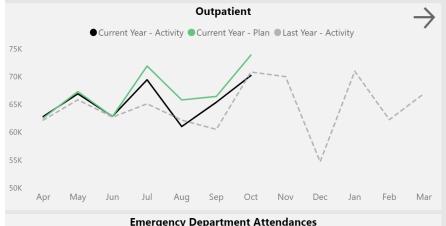
Information | Services Norfolk and Norwich University Hospitals NHS

Chief Operating Officer

Chris Cobb

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

Month Selector Most Recent



			Er	nerge	ncy Dep	partme	nt Atte	endanc	es			
13,500				^								
13,000		_	/	/ \								
12,500			\		1		>					<i>j</i>
12,000							\				,	/
11,500								`\		\		
11,000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Outpatient		Emergency Department				
Measure	Oct	Measure	Oct			
Current Year - Activity	70,240	Current Year - Activity	12,427			
Current Year - Plan	73,909	Current Year - Plan	12,395			
Last Year - Activity	70,858	Last Year - Activity	11,919			

Data Observations

Outpatient - Consultant Led News were 8% down on plan and 2.6% down on prior year. Ophthalmology, General Surgery, Urology, Gastro and Respiratory Medicine were significantly under plan, whilst ENT, Dermatology and Cardiology were over. Consultant Led Follow Ups were down against plan by 1,650 (4%) and slightly down on prior year also. Underperformance in medicine was the biggest driver, particularly Neurology, Rheumatology and Cardiology. Surgery were also under plan, driven by Dermatology and Ophthalmology W&C were under plan, due to combined underperformance of 195 in paediatrics specialties. Non Consultant outpatients were down against plan across the board, but particularly in Palliative medicine (-312), Plastics (-89), Urology (-86) and therapies (-104) A&E - Performance was in line with plan but 4% up

to prior year levels (+508 attendances)

Management Comments and Actions

Possibility of block for outpatient follow-ups for chronic medical conditions being considered by the Division, although this may be superseded by overall minimum income guarantee / block discussions that are now starting with CCGs.

Integrated Performance Report (Finance Section)

November 2019 (October 2019 data)





October 2019

NHS Foundation Trust

Core Slide 38

Finance - Lead Director John Hennessey

Executive Summary

- The reported deficit for the year to date at month 7 is £19.7m which is £3.7m adverse to budget. In month there was a deficit of £1.0m which was £2.3m adverse to budget.
- Income Excluding adjustments for the NHSE Specialised block (£1.7m), pass through payments (£1.0m) and one off CCG funding (£1.7m) the income based on actual activity to date is £2.6m adverse to budget. Of which key variances inclusive of CIP targets are: Electives under performance £4.3m, Non electives under performance £1.5m, Outpatients under performance £1.6m, Day-cases under performance £0.2m, A&E over performance £0.4m, Spire outsourcing £1.0m over performance.
- Pay is overspent for the year to date by £4.2m (1.9%). Key areas of overspend are Medicine £1.5m, Urgent & Emergency Care £1.2m, Surgery £0.5m, CSS £0.3m. In all areas the overspend is being driven by temporary staffing costs i.e. locums, bank, agency, overtime. In month pay was overspent by £1.1m mainly due to £0.4m CIP unidentified, £0.3m CIP categorisation change and £0.4m temporary staffing.
- Non Pay is overspent by £1.9m year to date. In month adverse to plan by £1.2m mainly due to clinical supplies £0.7m and non-clinical supplies by £0.5m.
- The CIP Target is £26.6m. The budget for M7 year to date was £12.1m. Of this £1.4m was not achieved. FIP Board approved year to date plan is £11.9m.
- Financial Recovery: At month 7 the Trust is £2.9m adverse to the Financial Recovery Plan agreed in August 2019
- Forecast: The table below includes the forecast as reported to NHSI. An updated forecast and plans will be formally reported in the NHSI/E return at M9.
- Risks: The position includes £1.7m clinical income which will reverse later in the year. Private patient income of £1m is included but has not been paid yet.

SUMMARY INCOME AND EXPENDITURE ACCOUNT	In Month			Year to Date			Full Year Forecast		
			Variance			Variance			Variance
	Actual	Budget	(adv)/fav	Actual	Budget	(adv)/fav	Forecast	Budget	(adv)/fav
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Clinical Income excluding NT Drugs	41.9	42.1	(0.2)	281.5	279.7	1.8	478.6	478.6	0.0
NT Drugs	5.9	5.9	0.0	38.3	41.3	(3.0)	70.7	70.7	0.0
Other Income	10.0	10.4	(0.4)	64.2	65.0	(8.0)	118.5	118.5	0.0
TOTAL OPERATING INCOME	57.8	58.4	(0.6)	384.0	386.0	(2.0)	667.8	667.8	0.0
Pay Costs	(32.5)	(31.4)	(1.1)	(223.4)	(219.2)	(4.2)	(375.2)	(375.2)	0.0
Drugs	(7.0)	(7.0)	0.0	(45.2)	(48.9)	3.7	(83.8)	(83.8)	0.0
Other Non Pay Costs	(16.0)	(14.8)	(1.2)	(109.8)	(107.9)	(1.9)	(184.2)	(184.2)	0.0
TOTAL OPERATING EXPENSES	(55.5)	(53.2)	(2.3)	(378.4)	(376.0)	(2.4)	(643.2)	(643.2)	0.0
EBITDA	2.3	5.2	(2.9)	5.6	10.0	(4.4)	24.6	24.6	0.0
Depreciation	(0.5)	(0.9)	0.4	(5.6)	(5.8)	0.2	(10.6)	(10.6)	0.0
Finance Costs	(2.8)	(3.0)	0.2	(19.9)	(20.2)	0.3	(35.6)	(35.6)	0.0
Other - PDC, Disposals & Interest Income	0.0	0.0	0.0	0.2	0.0	0.2	0.1	0.1	0.0
(Deficit)/surplus after tax excluding Donated Additions	(1.0)	68.3	(2.3)	(19.7)	(16.0)	(3.7)	(21.5)	(21.5)	$2_{0.0}$





October 2019

NHS Foundation Trust

Core Slide 39

Finance - Lead Director John Hennessey

Income and Expenditure Summary as at M7 - Oct 2019

The reported I&E position for M7 is a deficit of £1.0m, against budget of £1.3m surplus. This is a £2.3m adverse variance in month (adverse variance of £3.7m year to date).

The key in month variances are Clinical Income £0.2m adverse, Pay £1.1m adverse, Clinical Supplies £0.7m adverse, Non Clinical Supplies £0.4k adverse.

Summary of I&E Indicators

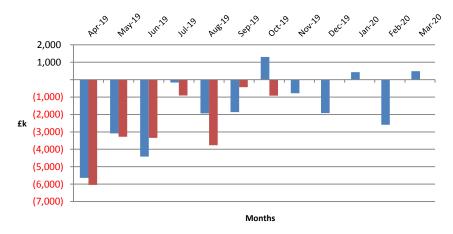
Income and Expenditure	Actual / Forecast £'000	Budget / Target £'000	to Budget (adv) / fav £'000	Direction of travel (variance)	RAG
In month (deficit) / surplus	(997)	1,285	(2,282)	—	Red
YTD (deficit) / surplus	(19,723)	(15,980)	(3,743)	-	Red
Forecast (deficit) / surplus	(21,453)	(21,453)			Green
NHS Clinical Income (exc Drugs) YTD	281,516	279,757	1,759	-	Green
Other Income YTD	64,095	64,977	(882)	-	Red
Pay YTD	(223,370)	(219,197)	(4,173)	-	Red
Non Pay (exc Drugs) YTD	(109,828)	(107,893)	(1,935)	-	Red
Net Drugs YTD	(6,843)	(7,635)	792	-	Green
Non Opex YTD	(25,293)	(25,989)	696	1	Green
CIP Target YTD		12,115	(12,115)	-	Red

Other Indicators

Cash	at Bank	5,834	1,155	4,679	-	Green
Borro	wings	(143,524)	(132,748)	(10,776)	-	Red
Green	Criteria: Favourable or nil variance Adverse Variance less than £2	1001	_	onth improvement		
Amber Red	Adverse Variance less than £2 Adverse Variance more than £3		No ch	nange		
	_	1	In mo	onth deterioration	and YTD favour	able

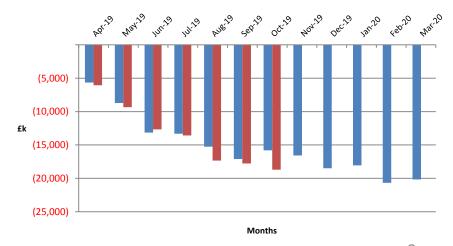
In month deterioration and YTD adverse

Monthly I&E deficit against budget for 2019/20



Cumulative I&E deficit against budget for 2019/20

■ Budget deficit
■ Actual deficit



■ Budget Deficit ■ Actual deficit





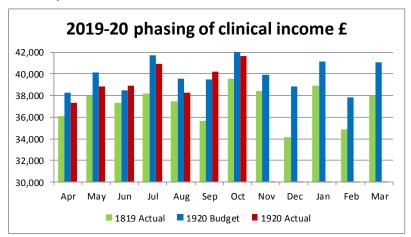
October 2019

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Core Slide 40 Finance - Lead Director John Hennessey

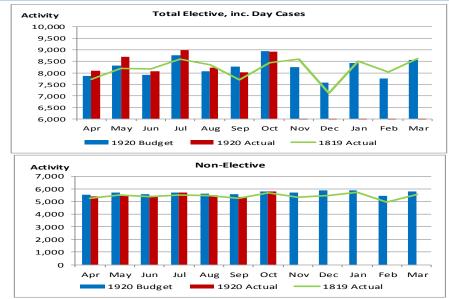
Income Analysis

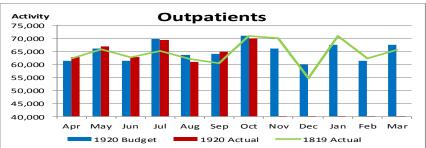
The chart below sets out the monthly phasing of the clinical income budget for 2019/20. This phasing is in line with activity phasing which is how the income is recognised. The phasing is responsive to actual days and working days, hence the monthly variation.

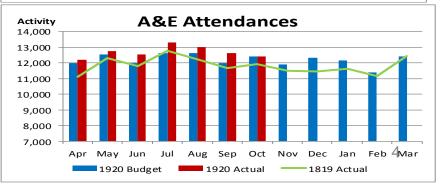


The income position in October is an under performance of £0.2m. This includes a reversal of £0.3m in relation to operations cancelled, which was recognised in September. Medicine is over performing by £0.6m, Surgery is(£1.3m) adverse to plan in month across Elective and Non-elective procedures.

	С	urrent mont	:h	Year to date			
Income (£'000s)	Budget	Actual	Variance	Budget	Actual	Variance	
Daycase (inc. Reg Day Attd)	4,662	4,643	-19	30,326	30,923	597	
Elective	4,318	3,736	-582	28,165	24,114	-4,051	
Non Elective	13,850	14,056	206	94,791	93,284	-1,507	
Marginal Rate Reduction	-758	-758	0	-5,308	-5,308	0	
Accident & Emergency	1,764	1,773	8	12,261	12,673	412	
Outpatients	7,832	7,628	-205	50,458	50,052	-407	
CQUIN	453	446	-7	3,015	3,006	-9	
C&V	6,320	6,238	-82	41,771	41,935	164	
Other	3,665	4,183	517	24,278	30,838	6,560	
Total	42,106	41,943	-163	279,757	281,516	1,7 <u>5</u> 9	





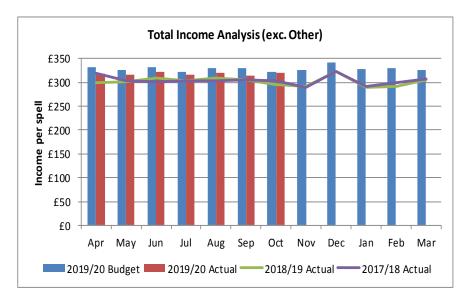


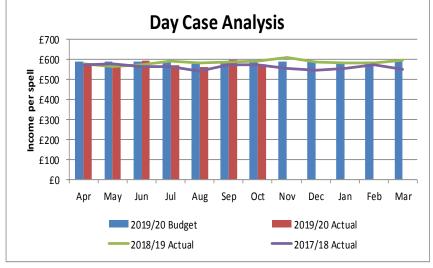


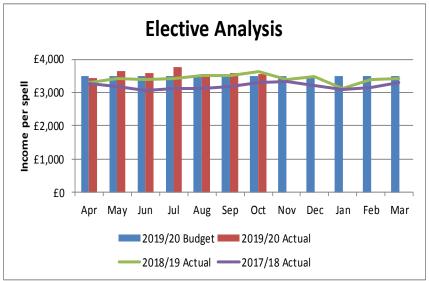
October 2019

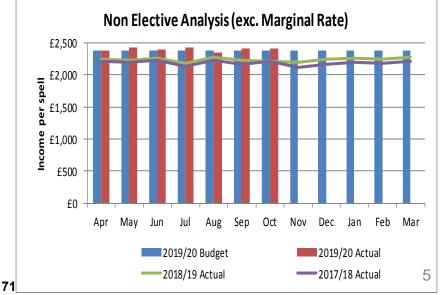
Core Slide 41

Finance - Lead Director John Hennessey













October 2019

NHS Foundation Trust

Core Slide 42

Finance - Lead Director John Hennessey

Pay Analysis

Monthly Expenditure (£)							
As at October 2019	Oct-19	Sep-19	Aug-19	Jul-19	Jun-19	May-19	Apr-19
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Budgeted costs in month	31,387	31,372	31,038	31,217	31,065	31,220	31,895
Actuals:							
Substantive staff	28,644	28,380	27,540	27,297	27,134	27,567	28,311
Medical External Locum Staff*	201	221	279	456	322	511	363
Medical Internal Locum Staff	607	585	567	531	797	443	602
Additional Medical Sessions	366	337	427	422	470	449	431
Nursing Agency Staff*	529	486	676	570	648	659	696
Nursing Bank Staff	1,123	1,110	1,122	1,032	1,034	992	949
Other Agency (AHPs/A&C)*	247	249	222	362	198	218	259
Other Bank (AHPs/A&C)	183	174	188	170	160	160	148
Overtime	366	377	325	392	445	451	762
On Call	214	223	210	203	198	180	200
Total temporary expenditure	3,835	3,761	4,017	4,139	4,273	4,063	4,410
Total Pay costs	32,478	32,141	31,557	31,436	31,407	31,630	32,720
Variance Fav / (Adv)	(1,091)	(769)	(518)	(218)	(342)	(410)	(825)
Monthly Movement Increase/(Decrease)	921	706	121	29	(223)	(1,090)	
Temp Staff costs % of Total Pay	12%	12%	13%	13%	14%	13%	16%
Memo: Total agency spend in month*	976	956	1,177	1,388	1,168	1,389	1,506

Data taken from the workforce return as agreed with deputy workforce director each month.

Actuals taken from NHSI return which is generated from the ledger.

Employed substantive provided by payroll. This is converted into WTE that are populated in the ledger, and reported to NHSI, via the workforce return. sourced from payroll.

The table below represent the substantive WTE movement in the last 12 month's.

Jul-19 Includes £267k of 18/19 accrual releases, split as follows:

- Agency £181k
- Internal Locums £44k
- External Locums £42k

Sep-19 includes £0.6m pay award for Consultants and Oct-19 includes £0.5m pay award for junior doctors.

Substantive Staff Growth over 12 month period			12 month Substantive	12 month Substantive
over 12 monar period	Oct-18	Oct-19	Increase	Increase %
Staff Group	WTE	WTE	WTE	%
A&C	1,388	1,528	140	10.1%
AHP	573	621	48	8.4%
Apprentices	78	67	(11)	(13.9%)
Medical	1,074	1,123	49	4.5%
Midwives	209	202	(7)	(3.4%)
Nursing	2,797	3,080	283	10.1%
Other	215	253	38	17.5%
Science, Professional Technical	691	690	(1)	(0.1%)
Grand Total	7,025	7,564	539	7.7%

Premium Pay by Division (Excl. On Call)							
(EXCI. OII Call)	Oct-19	Sep-19	Aug-19	Jul-19	May-19	Apr-19	Mar-19
Division	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medicine	1,133	1,153	1,136	1,198	1,178	1,176	1,212
Emergency & Urgent Care	576	544	606	733	822	602	691
Surgery	1,102	1,025	1,136	1,208	1,195	1,230	1,364
Women & Childrens	267	269	278	352	377	351	355
Clinical Support	369	363	488	516	397	399	482
Services	169	181	158	191	101	122	104
R&D Projects	4	3	6	3	5	4	2
Total	3,620	3,538	3,807	4,202	4,075	3,883	4,210

18/19 Balance Sheet accrual releases of £267k excluded from Divisional Breakdown



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Finance - Lead Director John Hennessey

CIP Analysis

FY19/20 YTD CIP Performance

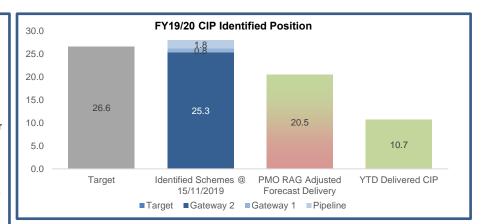
- The Trust has delivered £10.7m of CIPs against a FIP Board approved plan of £11.9m, an under-performance of £1.2m arising through adverse performance in:
 - Clinical income initiatives, particularly within the surgical specialties and theatre productivity;
 - Pay initiatives, including temporary spend and planned vacancies; and
 - Under-recovery of private patient income against plan.
- The £10.7m of YTD delivery represents an underperformance of £1.4m against the year to date plan of £12.1m.

FY19/20 CIP Plan Development

- To date £27.9m of opportunity has been identified to be developed through the Trust's governance gateway process, of which £25.3m has been approved through Gateway 2.
- The risk adjusted forecast delivery for FY19/20 is currently calculated as £20.5m based on the latest forecast financial performance of in delivery schemes, progress against milestone delivery and performance against quality and performance indicators.
- A detailed review of all clinical income initiatives, particularly within surgery, has been performed which has led to a reduction in plan (partially offset by new initiatives) to ensure an accurate revised forecast within the CIP plan.

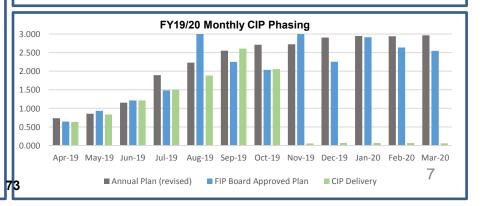
FY19/20	Performance	bv	Division
		~,	

ГІ	19/20 Perior	mance by Divis		
	Number of		CIP Delivery	
Division	schemes 'In Delivery'	YTD FIP Board Approved Plan £'000	YTD Actual £'000	YTD Variance £'000
Medicine	22	3,242.4	3,196.4	(46.0)
Surgery	25	3,094.9	2,413.2	(681.7)
Women & Children's	26	1,321.1	1,395.4	74.3
Clinical Support Services	32	2,376.8	1,964.8	(412.0)
Emergency & Urgent Care	3	90.0	106.0	16.0
Corporate	12	1,750.0	1,658.4	(91.6)
Cross-Divisional*	7	-	-	-
	127	11,875.2	10,734.2	(1,141.0)
YTD per Annual Plan		12,112.0	12,112.0	
Variance to Annual Plan		(236.8)	(1,377.8)	
*Cross-divisional plai	n and actuals ha	ave been allocated	to the relevant	divisions



Category	FIP Approved Plan YTD £'000	Actual YTD £'000	Variance £'000
Clinical Income	5,016.6	3,918.7	(1,097.9)
Pay*	1,732.2	1,943.7	211.5
Non-pay*	3,456.5	3,422.6	(33.9)
Other Income*	1,507.0	1,328.3	(178.7)
Non-Opex	162.9	120.9	(41.9)
	11,875.2	10,734.2	(1,141.0)

^{*}Information is shown as the savings identified net of any costs associated with the delivery of clinical income initiatives.







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Finance - Lead Director John Hennessey

Summary by Division

Medicine

Clinical Income - M07 over performance by £556k - £205k prior month catch-up, £351k over performance in month, mainly due to an increase in non-elective income in OPM and Stroke, along with an increase in day case income mainly driven by Cardiology and Haematology. This is partly mitigated by a reduction in elective income, mainly in Cardiology and outpatient income across the majority of specialties. Year to date over performance of £1,308k due to over performance in day case and non-elective activity, over the reduction in elective activity.

Other Income - M07 drugs income under performance of (£147k), partially offset by an underspend on drugs. YTD drugs income under performance (£2,489k). Other income £45k in month, £137k

Pay - M07 overspend of (£202k). Overspending in Cardiology (£78k) driven by an additional bank nursing costs and external locum SHO expenditure. Oncology (£56k) driven by nursing premium pay, Radiotherapy and Radiotherapy Physics due to OT and agency costs and not meeting the expected vacancy factor. Endocrinology (£37k) driven by nursing bank expenditure and internal locum junior doctor expenditure, along with not meeting the expected vacancy factor. Gastroenterology (£69k) driven by nursing premium pay.

Non-Pay - M07 drugs cost underspent by £48k, offset by an under performance on drugs income, YTD drugs underspent £2,755k. M07 clinical supplies (£227k), increase in Cardiology med & surg and stent usage in EP and PCI and Endocrinology insulin pumps - backed by income, prior month catch-up, (£946k) YTD. M07 non-clinical supplies (£211k) mainly driven by an increase in Medinet usage in Gastroenterology and small overspends across most directorates and (£300k) YTD.

Emergency and Urgent care

Clinical Income - over performance of £28k

Other Income - small over performance of £61k due secondments of Medical staff to Air Ambulance and recharge of CHS service to CCG's

Pay – overspent by £140k due to £48k overspend on ED Locums and £120k overspend in ED Nursing, of which Agency: £46k. Offset by vacancies across the Integrated Discharge team.

Non-Pay – overspend of £95k due to £81k unidentified CIP target

		Oct-19		Year to date				
	Actual	Budget	Variance	Actual	Budget	Variance		
DIRECTORATES INCOME &	£k	£k	F/(A)	£k	£k	F/(A)		
EXPENDITURE			£k			£k		
MEDICINE & EMERGENCY]							
Total Income	21,508	21,054	454	140,517	141,561	(1,043)		
Pay Costs	(9,017)	(8,815)	(202)	(61,650)	(60,186)	(1,465)		
Non-Pay Costs	(7,841)	(7,451)	(391)	(51,100)	(52,608)	1,508		
Total Expenditure	(16,858)	(16,266)	(593)	(112,751)	(112,794)	(44)		
SURPLUS/(DEFICIT)	4,649	4,788	(139)	27,767	28,767	(1,000)		

EMERGENCY & URGENT CARE						
Total Income	1,843	1,753	90	12,732	12,213	519
Pay Costs	(2,120)	(1,980)	(140)	(14,651)	(13,436)	(1,214)
Non-Pay Costs	(321)	(227)	(94)	(2,312)	(2,208)	(103)
Total Expenditure	(2,441)	(2,207)	(234)	(16,962)	(15,645)	1,318
SURPLUS/(DEFICIT)	(598)	(454)	(145)	(4,230)	(3,432)	(799)

SURGERY						
Total Income	15,215	16,472	(1,256)	102,159	108,037	(5,878)
Pay Costs	(9,509)	(9,289)	(220)	(65,237)	(64,730)	(507)
Non-Pay Costs	(4,277)	(4,143)	(134)	(29,474)	(29,133)	(341)
Total Expenditure	(13,786)	(13,432)	(354)	(94,711)	(93,862)	848
SURPLUS/(DEFICIT)	1,429	3,040	(1,610)	7,449	14,175	(6,727)

Surgery

Income - M07 under performance of £1.3m, partially explained by the 71 cancellations in month, Under performance is noted in DC (£308k - Ophthalmology £91k, Urology £64k, T&O £47k), EL (£379k -General Surgery £124k, T&O £164k, Thoracic £78k, Urology £73k), NEL (£399k - Vascular £200k, Plastic £56k, T&O £42k), OP (£225k - General Surgery £97k, Ophthalmology £85k, Restorative Dentistry £23k, Pain £22k), Year to date under performance of £5,750k due to an under performance in DC £1,488k, EL £2,639k, and NEL £2,511k,

Under performance in OP is now £716k behind plan.

Over performance has been recognised within C&V (£204k) & on the Specialised Block (£677k).

Ongoing over performance on the Cancer Alliance as income is recognised to offset costs, variance of £358k YTD

Pay - In month, unidentified CIP £201k. Nursing overtime is overspent (£15k) as substantive recruitments embeds & provides premium pay cover for half term. Agency increase relating to 2x div mgmt. interim ops managers (£12k).

Unidentified CIP £1,139k offset by underspends in premium pay. Agency is £677k underspent for the YTD. Notable underspends have been seen within Theatres. Successful recruitment has resulted in an underspend of £299k YTD. Likewise, the wards are underspent on Agency costs by £232k.

Non-Pay - Clinical Supplies, in month underspend (£47k) is reflective of the underperformance against the activity plan. Med & Surg egpt & Surg Instruments was underspent in the month by £16k, prostheses by £49k.

YTD underspend (£402k) reflects the underperformance against the activity plan. Med & Surg eqpt & Surg





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Finance - Lead Director John Hennessey

Summary by Division continued

Women's and Children's

Income - In month has seen a YTD movement of the additional Fetal Medicine income of £288k. Without this movement Women's and Children's clinical Income would have been down in month by £114k. This is driven by a downside in Outpatient income mainly within Paeds, Elective and daycase income mainly within Gynae. Drugs income is up in month by £30k

Pay - £85k unidentified CIP, £32k additional consultant locum spend within Paed Med due to sickness, £100k underspend over all paediatric nursing cost centre's due to vacancies, £11k additional spend within midwifery

Non-Pay - £47k unidentified CIP. £15k CIP within delivery Suite Med & Surg that not come to fruition. £14k spend on new mobile phones within community midwifery. Drugs overspent by £60k

Clinical Support

Clinical Income - £190k adverse to plan YTD. This is predominantly within EPA (£275k behind) due to failing CIP. Imaging continues to be ahead of plan, partially due to MRI recovery plan.

Other Income - £252k adverse to plan YTD. Non-Tariff Drugs income behind by £431k (offset by underspend in Drugs costs), Cell Path £200k ahead of plan due to HPV Mobilisation (£138k - offset by costs) and additional Cytology Income (£40k). In month ahead by £125k, the main driver being HPV mobilisation which was £78k in month.

Pay - £ 290k adverse to plan YTD. Adverse to plan in Cell path (£145k – due to agency spend), Laboratory Medicine (£83k – due to agency staff required, particularly at the spoke sites), and Imaging (£181k – offset by additional activity). In month is £94k adverse to plan, and this is mainly in Cell path (£49k) and Imaging (£67k)

Non-Pay - £78k underspend YTD. This includes drugs underspend of £521k (offset by Income). Cell Path is £195k overspent (£130k due to SHS work on Cancer reporting, and £80k on HPV mobilisation). Lab med is £256k overspent YTD (£60k on blood product, £188k from JPUH spoke site which is mainly sent away tests. £40k on POCT testing kits). In month is £298k overspent, due to IRU consumables (£51k), MRI recovery plan Inhealth costs (£51k), Increased HPV consumables for new contract (£70k), Blood Products (£40k), SHS Cost in Histology (£34k) and HPV mobilisation costs (£48k - offset by income)

Income - In month has seen a YTD movement in IT for Quadrum AMS installation £130k offset below. Other overachievements in STP funding received as well as car parking income being up due to the business of

Pay - £96k unidentified CIP, offset by underspends YTD in Nurse Management, Finance & Planning & Performance

Non-Pay - £29k unidentified CIP in month, £130k funded through income relating to Quadrum AMS installation

WOMENS & CHILDREN						
Total Income	6,192	5,976	217	39,093	39,626	(533)
Pay Costs	(3,620)	(3,585)	(35)	(24,908)	(24,992)	84
Non-Pay Costs	(639)	(500)	(139)	(4,163)	(3,773)	(390)
Total Expenditure	(4,259)	(4,085)	(174)	(29,071)	(28,765)	306
SURPLUS/(DEFICIT)	1,933	1,891	43	10,022	10,861	(839)

CLINICAL SUPPORT						
Total Income	4,666	4,529	137	29,695	30,144	(450)
Pay Costs	(5,577)	(5,482)	(95)	(38,533)	(38,242)	(291)
Non-Pay Costs	(2,972)	(2,674)	(298)	(18,478)	(18,556)	78
Total Expenditure	(8,549)	(8,156)	(393)	(57,011)	(56,798)	213
SURPLUS/(DEFICIT)	(3,883)	(3,627)	(256)	(27,316)	(26,653)	(663)

SERVICES	I					
Total Income	883	643	240	4,692	4,498	194
Pay Costs	(2,187)	(2,136)	(51)	(14,689)	(14,885)	196
Non-Pay Costs	(5,427)	(5,345)	(81)	(37,734)	(37,558)	(176)
Total Expenditure	(7,614)	(7,482)	(132)	(52,423)	(52,443)	(20)
SURPLUS/(DEFICIT)	(6,731)	(6,839)	108	(47,731)	(47,945)	214

OTHER inc. NON OPEX						
Total Income	7,655	7,962	(307)	55,193	49,956	5,237
Pay Costs	(448)	(101)	(347)	(3,703)	(2,726)	(977)
Non-Pay Costs	(5,004)	(5,375)	371	(37,173)	(38,983)	1,810
Total Expenditure	(5,452)	(5,475)	24	(40,876)	(41,709)	(833)
SURPLUS/(DEFICIT)	2,204	2,487	(283)	14,317	8,247	6,070

	TOTAL						
r	Total Income	57,962	58,388	(426)	384,081	386,036	(1,955)
•	Pay Costs	(32,478)	(31,387)	(1,091)	(223,371)	(219,197)	(4,174)
	Non-Pay Costs	(26,481)	(25,715)	(766)	(180,434)	(182,819)	2,385
	Total Expenditure	(58,960)	(57,103)	(1,857)	(403,805)	(402,016)	1,789
	SURPLUS/(DEFICIT)	(997)	1,285	(2,283)	(19,724)	(15,980)	(3,743)

Other

Income - M07 adverse variance of £0.3m, being reversal of £0.3m additional income recognised from the CCGs regarding demand management YTD £5.2m favourable mainly Specialised Block & recognition of cancelled ops revenue from M6

Pay - M07 adverse variance of £377k due to unallocated Pay CIP of £410k, offset by £133k of delayed service developments. YTD £976k adverse due to £1.6m of unallocated CIP offset by £0.6m delayed Service Developments

Non-Pay - M07 small adverse variance of (£1k). YTD favourable variance £1.2m, contingency £1.9m, R&D £500k, offset by (£1.1m) due to unallocated non-pay CIP

Non-Opex - M07 favourable variance of £372k, being Contingent Rent £72k from RPI being less than assumed and depreciation of £268k. YTD £585k of which Contingent rent £313k & Depreciation £283k



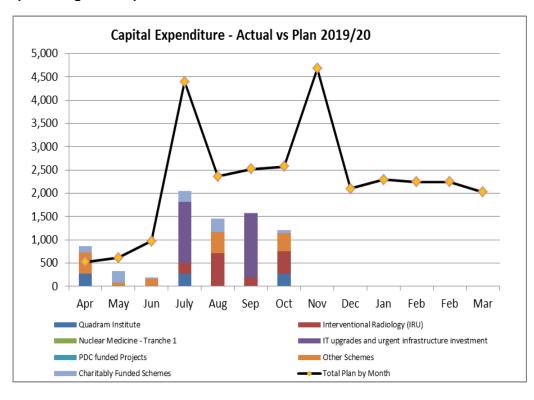


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Core Slide 46 **Capital Progress Report**

Finance - Lead Director John Hennessey



The capital plan for 2019/20 as submitted to NHSI on the 15th July 2019 is £27.305m. This is made up as follows:

- New loan funding £15.8m
- IRU approved loan funding £6.8m
- Internally funded schemes £2.4m
- Charitably funded schemes £2.3m

The total updated 5 year capital plan is £188.9m.

A drawdown of £0.3m was made in October against the approved IRU loan of £7m. Total drawdown is £1.9m.

An application for a capital loan was made to NHSI/DHSC which was confirmed as agreed on 21 October. The loan agreed is for £20.8m, with £15.8m relating to 2019/20. The formal loan agreement is in the process of being drawn up by NHSI/DHSC

	Apr	Apr	May	May	Jun	Jun	July	July	Aug	Aug	Sep	Sep	Oct	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
	Plan	Actual	Plan		Plan	Actual	Plan	Plan	Plan	Plan	Plan	Plan								
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Quadram Institute	271	271	0	0	0	0	271	271	0	0	0	0	271	271	0	0	270	0	0	1,083
Interventional Radiology (IRU)	0	0	360	0	726	18	891	234	882	610	660	195	885	480	1,062	629	250	89	342	6,776
Nuclear Medicine - Tranche 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,273	0	0	0	0	2,273
IT upgrades and urgent infrastructure	0	0	0	0	0	0	2,664	1,315	0	0	370	1,369	470	0	370	370	370	370	150	5,134
PDC funded Projects	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Schemes	251	453	252	84	246	140	212	0	1,227	556	1,363	0	924	385	924	1,053	1,145	1,175	923	9,695
Charitably Funded Schemes	0	148	0	238	0	38	359	225	250	292	125	9	25	78	50	50	261	612	612	2,344
Total Plan by Month	522		612		972		4,397		2,359		2,518		2,575		4,679	2,102	2,296	2,246	202	27,305
Actual to Date		872		322		196		2,045	76	1,458		1,573		1,214						7,680





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Finance - Lead Director John Hennessey

Statement of Financial Position at 31st October 2019

	Opening Balance as at 1 April 2019 £'000	Plan 31 March 2020 £'000	Plan YTD 31 Oct 2019 £'000	Actual YTD 31 Oct 2019 £'000	Variance YTD 31 Oct 2019 £'000
Property, plant and equipment	232.609	256.529	244.122	234.711	(9,411)
Trade and other receivables	78,154	84,918	81,993	81,921	(72)
Other financial assets	0	0	0	0	Ó
Total non-current assets	310,763	341,447	326,115	316,632	(9,483)
Inventories	10,438	10.574	10.574	10.691	117
Trade and other receivables	28,845	33,505	25,854	46,571	20,717
Non-current assets for sale	0	0	0	0	. 0
cash and cash equivalents	7,461	1,155	1,155	5,834	4,679
Total Current assets	46,744	45,234	37,583	63,096	25,513
Trade and other payables	(67,696)	(64,629)	(58,749)	(70,516)	(11,767)
Borrowing repayable within 1 year	(21,233)	(52,393)	(28,007)	(28,007)	0
Current provisions	(282)	(307)	(307)	(282)	25
Deferred Income	(5,851)	(4,764)	(4,764)	(16,883)	(12,119)
Total current liabilities	(95,062)	(122,093)	(91,827)	(115,688)	(23,861)
Total assets less current liabilities	262,445	264,588	271,871	264,040	(7,831)
Borrowings - PFI & Finance Lease	(190,764)	(187,406)	(188,911)	(188,985)	(74)
Borrowings - Revenue Support	(89,647)	(58,512)	(104,741)	(115,517)	(10,776)
Borrowings - Capital Support	(224)	(29,479)	(14,431)	(1,852)	12,579
Provisions	(2,131)	(1,702)	(1,781)	(2,064)	(283)
Deferred Income	(5,875)	(4,755)	(4,805)	(1,287)	3,518
Total non-current liabilities	(288,641)	(281,854)	(314,669)	(309,705)	4,964
Total assets employed	(26,196)	(17,266)	(42,798)	(45,665)	(2,867)
Financed by					
Public dividend capital	31,909	31,881	31,881	31,909	28
Retained Earnings (Accumulated Losses)	(73,852)	(94,025)	(89,652)	(92,544)	(2,892)
Revaluation reserve	14,973	14,973	14,973	14,970	(3)
Total Taxpayers' and others' equity	(26,970)	(47,171)	(42,798)	(45,665)	(2,867)

Non-Current Assets

There is some slippage on the capital programme primarily due to a delay in receiving capital support from DHSC of £12.6m YTD.

NHS Foundation Trust

Trade and Other Receivables

This balance is £20.7m higher than plan YTD. £7.4m relates to PSF & FRF yet to be received as cash. The remainder is various - key driver is timing.

Cash

Cash is £4.7m higher than plan at the end of October due to short term timing differences and operational performance. Loan drawdowns continue to be delayed as long as possible.

Trade and other payables

This is £11.8m higher than plan YTD.

Increased levels of general trade payables and accruals timing difference.

Deferred Income

This balance is £8.6m higher than plan YTD. These are timing differences.

Borrowings

Total overall support borrowings are £1.8m lower than plan. In year revenue borrowings are £32.4m against a YTD plan of £21.6m. Being £10.8m higher than plan.

In year capital borrowings are £1.6m against a YTD plan of £14.2m. Being £12.6m lower than plan. The Trust has made an application to NHSI/DHSC for capital support.



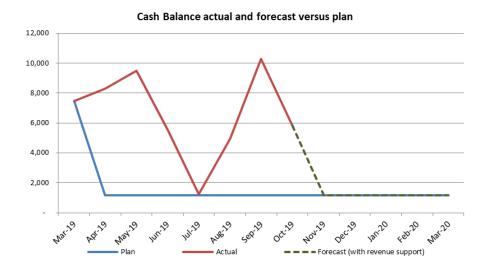


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Finance - Lead Director John Hennessey



- The graph shows the cash levels since the end of March 2019. Short term timing differences drive the difference between actual and plan.
- The Trust is required to keep a minimum balance of £1 million, hence the closing cash plan every month is circa £1m.
- The future cash loan requirements on current projections are: £1.8m in November (received) and £6.3m in December.
- Without the revenue support of £6.3m in December and additional support in January, the cash position at the end of January is forecast to be minus £14.3m.
- Revenue borrowing of £143.5m at the end of October 2019 comprise: £16m in 2016/17, £36.4m in 2017/18, £58.7m in 2018/19 & £32.4m in 2019/20.
- Capital borrowing of £1.8m at the end of October 2019 comprise: £0.2m in 2018/19 & £1.6m in 2019/20.
- The interest rates are: 3.5% on £70.8m, 1.5% on the remainder of £74.5m.

NOTE:

- The plan for 2019/20 assumes in year borrowings of £29.3m for revenue. At the start of the year it was £111.1m, bringing total forecast revenue borrowings to £140.4m.
- Capital Borrowings are planned to be £22.5m following the latest capital plan submission.
- The Trust Board approved borrowing 'limit' is £150m revenue and £25m capital. A request has been made to increase these limits.
- The need for the funds is driven by our operational performance.

REVENUE	Opening	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
Revenue Borrowings-Plan	111,104	116,286	121,185	127,455	127,455	128,376	132,748	132,748	132,748	136,963	136,963	136,963	140,384
Revenue Borrowings-Actual	111,104	115,740	121,962	124,056	132,704	138,630	142,771	143,524					
Variance - (Adverse) / Favourable	0	546	(777)	3,399	(5,249)	(10,254)	(10,023)	(10,776)					

CAPITAL	Opening	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
Capital Borrowings-Plan	224	896	1,808	3,214	6,126	8,642	11,044	14,431	17,421	20,325	23,508	26,741	29,479
Capital Borrowings-Actual	224	224	224	224	224	1,258	1,508	1,852					1
Variance - (Adverse) / Favourable	0	672	1,584	2,990	78 ,902	7,384	9,536	12,579					

Income Statement Comparison - for the Month of October

	For the month			
	Actual	Budget	Prior year	
	£'000	£'000	£'000	
INCOME				
NHS clinical income				
Clinical Income	41,117	41,345	38,364	
Clinical Income - Spire Contract	826	761	662	
NT Drugs	5.894	5.893	6.059	
Total NHS clinical income	47,837	47,999	45,085	
Non NHS clinical income				
Private patients	122	318	194	
Other - RTA	135	110	149	
Total Non NHS clinical income	257	428	343	
Total Non Nine diminda modilio	20.	120	0.0	
Other Income	4.704	4 000	4 707	
R&D	1,721	1,808	1,727	
Education & Training	2,146	1,975	2,270	
PSF / FRF / MRET Income	3,213	3,213		
Other non patient care income	2,763	2,959	3,108	
Total other Income	9,843	9,955	7,105	
TOTAL OPERATING INCOME	57,937	58,382	52,533	
TOTAL OF ENVIRONMENTAL STATE OF THE STATE OF	01,001	00,002	02,000	
EXPENDITURE	(0.0 1=0)	(0.4.000)	(00 ==0)	
Employee benefit expenses	(32,478)			
Drugs	(7,001)	(6,984)	* * * * * * * * * * * * * * * * * * * *	
Clinical supplies	(5,950)	(5,246)	(5,608)	
Non clinical supplies	(7,917)	(7,464)	(7,504)	
PFI operating expenses	(2,086)	(2,123)	(1,818)	
TOTAL OPERATING EXPENSES	(55,432)	(53,205)	(51,860)	
Profit/(loss) from operations	2,505	5,177	673	
Non-operating income				
Interest	17	10	17	
Profit/(loss) on asset disposals	8	(3)	4	
Total non-operating income	25	7	21	
Non-operating expenses				
Interest on PFI and Finance leases	(1,396)	(1,398)	(1,419)	
Interest on Non Commercial Borrowing	(309)	(339)	, , , , , , , , , , , , , , , , , , ,	
Depreciation	(612)	(880)	, ,	
PDC	(012)	(000)	(861)	
	(4.040)	(4.000)	(4.4.40)	
Other - Contingent Rent	(1,210)	(1,282)		
Total non operating expenses	(3,527)	(3,899)	(3,580)	
Surplus (deficit) after tax from continuing operations	(997)	1,285	(2,886)	
Mama				
Memo:	78	0.5		
		25	14	
Donated Asset Additions	76	25	17	

	Variances I	Fav / (Adv)	
To Bu	ıdget	To pric	or year
£'000	%	£'000	%
(228)	(1%)	2,753	7%
65	8%	164	25%
1	0%	(165)	(3%)
(162)	(0%)	2,752	6%
(196)	(62%)	(72)	(37%)
25	23%	(14)	(9%)
(171)	(40%)	(86)	(25%)
, ,	())	(5.5)	(333)
(87)	(5%)	(6)	(0%)
171	9%	(124)	(5%)
	0%	3,213	
(196)	(7%)	(345)	(11%)
(112)	(1%)	2,738	39%
(445)	(1%)	5,404	10%
(1,090)	(3%)	(2,708)	(9%)
(17)	(0%)	159	2%
(704)	(13%)	(342)	(6%)
(453)	(6%)	(413)	(6%)
37	2%	(268)	(15%)
(2,227)	(4%)	(3,572)	(7%)
(2,672)	(52%)	1,832	272%
7	(70%)		0%
11	367%	4	100%
18	257%	4	19%
2	0%	23	(2%)
30	9%	(149)	93%
268	30%	249	(29%)
=30	2270	0	(==70)
72	6%	(70)	6%
372	10%	53	(1%)
(2,282)	178%	1,889	65%
53	212%	64	457%

Notes:

 Calendar Days
 31
 31
 31

 Working Days
 23
 23
 23

Income Statement Comparison - Year to 31 October 2019

	Annual Plan £'000
INCOME	£ 000
NHS clinical income	
Clinical Income	470,145
Clinical Income - Spire Contract	8,409
NT Drugs	70,716
Total NHS clinical income	549,270
Non NHS clinical income	
Private patients	3,913
Other - RTA	1,560
Total Non NHS clinical income	5,473
Other Income	
R&D	21,242
Education & Training	23,703
PSF / FRF / MRET Income	33,649
Other non patient care income	34,266
Total other Income	112,860
TOTAL OPERATING INCOME	667,603
EXPENDITURE	
	(274 007
Employee benefit expenses	(374,007 (83,808
Drugs	
Clinical supplies	(65,743
Non clinical supplies	(93,934
PFI operating expenses	(25,386
TOTAL OPERATING EXPENSES	(642,878
Profit/(loss) from operations	24,725
Non-operating income	
Interest	120
Profit/(loss) on asset disposals	(36
Total non-operating income	84
Non-operating expenses	
Interest on PFI and Finance leases	(16,841
Interest on Non Commercial Borrowing	(3,971
Depreciation	(10,649
PDC	
Other - Contingent Rent	(14,802
Total non operating expenses	(46,263
Surplus (deficit) after tax from continuing operations	(21,454
Memo:	
Donated Asset Additions	1,280
Donalda Asset Additions	1,200
Surplus (deficit) after tax and Donated Asset Additions	(20,174

١	ear to date)
Actual	Budget	Prior year
£'000	£'000	£'000
075 000	074.004	050 044
275,630	274,824	256,041
5,886 38,309	4,933 41,253	4,610 39,775
319,825	321,010	300,426
010,020	021,010	000,420
2,318	2,023	896
694	769	971
3,012	2,792	1,867
12,267	12,658	12,145
13,860	13,827	13,939
16,354	16,354	
18,602	19,346	18,551
61,083	62,185	44,635
383,920	385,987	346,928
(223,370)	(219,197)	(205,394)
(45,152)	(48,888)	(47,101)
(39,693)	(38,165)	(37,655)
(55,424)	(54,956)	(52,106)
(14,711)	(14,772)	(12,664)
(378,350)	(375,978)	(354,920)
5,570	10,009	(7,992)
118	70	85
42	(21)	13
160	49	98
	73	
	43	
(9,848)	(9,850)	
(1,959)	(9,850) (1,946)	(912)
	(9,850)	(912)
(1,959)	(9,850) (1,946)	(912) (6,009)
(1,959) (5,565)	(9,850) (1,946) (5,848)	(912) (6,009) (7,610)
(1,959) (5,565) (8,081)	(9,850) (1,946) (5,848) (8,394)	(9,990) (912) (6,009) (7,610) (24,521)
(1,959) (5,565) (8,081) (25,453)	(9,850) (1,946) (5,848) (8,394) (26,038)	(912) (6,009) (7,610) (24,521)
(1,959) (5,565) (8,081) (25,453) (19,723)	(9,850) (1,946) (5,848) (8,394) (26,038) (15,980)	(912) (6,009) (7,610) (24,521) (32,415)
(1,959) (5,565) (8,081) (25,453)	(9,850) (1,946) (5,848) (8,394) (26,038)	(912) (6,009) (7,610) (24,521)

Variances Fav / (Adv)						
То В	udget	To prior year				
£'000	%	£'000	%			
806	0%	19,589	8%			
953	19%	1,276	28%			
(2,944) (1,185)	(7%) (0%)	(1,466) 19,399	(4%) 6%			
(1,163)	(0 %)	13,333	0 /8			
295	15%	1,422	159%			
(75)	(10%)	(277)	(29%)			
220	8%	1,145	61%			
(391)	(3%)	122	1%			
33	0%	(79)	(1%)			
(744)	0% (4%)	16,354 51	0%			
(1,102)	(4%) (2%)	16,448	37%			
(1,102)	(270)	10,440	31 /6			
(2,067)	(1%)	36,992	11%			
(4,173)	(2%)	(17,976)	(9%)			
3,736	8%	1,949	4%			
(1,528)	(4%)	(2,038)	(5%)			
(468)	(1%)	(3,318)	(6%)			
61	0%	(2,047)	(16%)			
(2,372)	(1%)	(23,430)	(7%)			
(4,439)	(44%)	13,562	(170%)			
48	(69%)	33	39%			
63	300%	29	223%			
111	227%	62	63%			
2	0%	142	(1%)			
(13)	(1%)	(1,047)	115%			
283	5%	444	(7%)			
313	4%	(471)	6%			
585	2%	(932)	4%			
(3,743)	(23%)	12,692	39%			
(0,1 40)	(2070)	12,032	3370			
848	471%	513	100%			
(2,895)	(18%)	13,205	41%			

The table below shows the position on a control total basis. The Trust is obliged to report against this on a monthly basis to NHSI.

Deficit on a control total basis - reportable to NHSI:	
Surplus (deficit) after tax and Donated Asset Additions	(20, 174)
Remove: Donated Asset Additions	(1,280)
Add back: Donated Depreciation	763
Adjusted financial performance surplus/(deficit)	(20,691)
CONTROL TOTAL	(21,691)
Performance against control total	1,000

		(0.1.000)
(18,695)		(31,900)
(1,028)	(180)	(515)
439	445	495
(19,284)	(15,535)	(31,920)
(16,113)	(16,113)	6,315
(3,171)	578	(38,235)

(2,895)	(18%)	13,205	(41%)
(848)	471%		
(6)	(1%)	(56)	(11%)
(3,749)	(24%)	12,636	(40%)
	0%	(22,428)	(355%)
(3,749)	649%	35,064	(92%)

Notes:

 Calendar Days
 214
 214
 214

 Working Days
 149
 149
 149

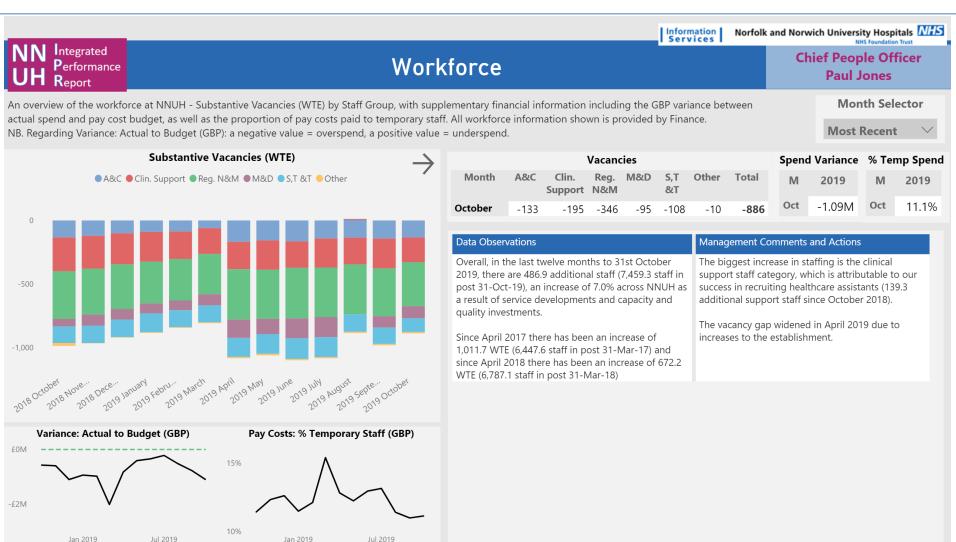
Integrated **Performance Report** (Workforce Section)

November 2019 (October 2019 data)





NHS Foundation Trust





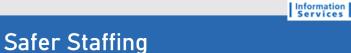
Integrated

Performance

Norfolk and Norwich University Hospitals WHS



NHS Foundation Trust



Norfolk and Norwich University Hospitals

Chief Nurse

Report

Nancy Fontaine

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





C		Fill Rates %			
Month	2018	2019	M	2018	2019
October	7.7	7.6	Oct	99.5%	95.9%

Data Observations

The average care hours per patient day (CHPPD) has dropped slightly to 7.6, with 4.1hrs being delivered by registered nurses.

Overall RN fill rates for October for day shifts were 87.4% and 91.1% for night shifts.

Overall average fill rate of Unregistered nurses for day shifts dropped by 4.4% to 94.8%.

RN fill rates fell below 90% in 16 out of 33 areas in Oct on day shifts and 8 on night shifts. Red flags have increased by 47 to 869 in Sept

(including Womens and Childrens services)

Management Comments and Actions

Establishment review in progress. Senior Nurse training from NHSi Clinical Workforce Lead due January to support accurate and consistent acuity assessment through SafeCare. Enhanced Nursing Care risk assessment being developed with organisational stakeholders. Steady reduction in HCA vacancies continues in response to changes to the rcruitment process. New staffing assurance meetings taking place fortnightly to drive the short term safer staffing improvement actions.





NHS Foundation Trust

Information | Services

Norfolk and Norwich University Hospitals NHS

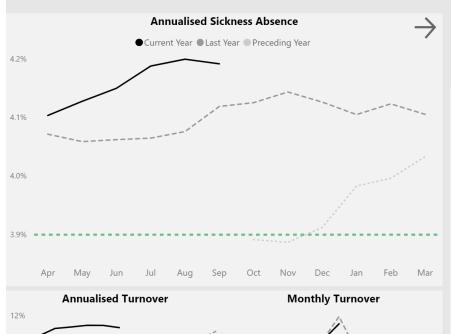
ntegrated Performance Report

Sickness & Turnover Rates

Chief People Officer Paul Jones

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

Month Selector Most Recent



Annualised Sickness Absence			Annualised Turnover			Monthly Turnover		
Month	2018	2019	M	2018	2019	M	2018	2019
September	4.1%	4.2%	Sep	10.9%	11.6%	Sep	1.4%	1.3%

Data Observations

For sickness, the Operating Plan for 2019/20 has set a challenging 12 month rolling average target of 3.9% for sickness. As at 30 September 2019, the rate is 4.20%.

The Turnover rate is the percentage of the workforce that has left NNUH over the past twelve months. It is a 12-month rolling figure. The calculation excludes fixed-term contracts, (for instance junior doctors on rotational training programmes).

Management Comments and Actions

The most significant indicator is the rolling 12month average sickness rate. Although this is a reduction of 3.4% on the peak from August 2016 the upward trend continues. This deteriorating 12 month performance reflects increases when compared to last year. Performance committees are focused on efforts to recover and improve attendance levels.

The turnover rate for the 12 months to October 2019 is 11.5%. This is a reduction when compared to September 2019. The actual number of leavers in October is less than September and comparable with October 2018.





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ntegrated

Performance

Norfolk and Norwich University Hospitals WHS

NHS Foundation Trust



Information | Services Norfolk and Norwich University Hospitals

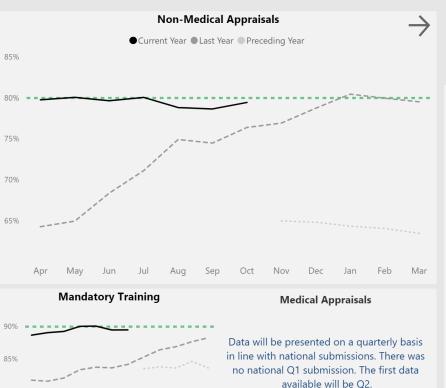
Chief People Officer

Appraisals & Mandatory Training

Paul Jones

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

Month Selector Most Recent



Non-Medical Appraisals			Mandatory Training			Medical Appraisals		
Month	2018	2019	M	2018	2019	M		
October	76.4%	79.5%	Oct	84.2%	89.5%			

Data Observations

For appraisals, the Operating Plan for 2019/20 reflects an aspiration for 90% compliance but accepting that consistently exceeding 85% compliance would represent excellent progress.

79.5% of eligible staff (Non-Medical appraisals) have had an appraisal during the last 12 months.

Three Divisions are above 80% (Medicine, Women & Children, Clinical Support) with just Women and Children above 85%.

For Mandatory Training, compliance remains at 89.5%

For Mandatory Training, three areas (Women & Children, Clinical Support and Corporate areas) have compliance rates which exceed 90%.

Management Comments and Actions

For appraisals, greater management effort is required to support the completion of appraisals in order to increase the compliance rate.

For Mandatory Training, performance remains at 89.5%, under the target of 90%

A series of improvements and interventions are in place to support enhanced compliance. The number of Mandatory training events is increasing with more topics available to staff. Additional support is offered to staff to maximise mandatory training with a range of support options for staff accessing eLearning. Targeted emails are being sent and Divisional level mandatory training rates are discussed at divisional performance committee.