

MEETING OF THE TRUST BOARD IN PUBLIC
WEDNESDAY 13 SEPTEMBER 2023

A meeting of the Trust Board will take place at 9.30am on Wednesday 13 September 2023 in the Boardroom
Norfolk & Norwich University Hospital

Papers for the meeting in public can be accessed via www.nnuh.nhs.uk

AGENDA

	Item	Timing	Lead	Purpose
0	Clinical Visits	08.45-09.15		
1	<ul style="list-style-type: none"> - Declarations of Interest - Chairman's Introduction - Reflections on Clinical/Departmental Visits 	09.30-09.45	Chair	Information/ Discussion
2	NNUH reflection regarding the outcomes and concerns at the Countess of Chester Hospital*	09.45-10.00	ED/NF	Discussion
3	Minutes of the Board meeting held in public on 07.06.23	10.00-10.05	Chair	Approval
4	Matters arising and update on actions		Chair	Discussion
5	Chief Executive's Update - verbal	10.05-10.20	CEO	Discussion
6	Use of Artificial Intelligence in healthcare – BAF 5.3	10.20 -10.35	EPS	Discussion
7	Scheme of Delegation & Standing Financial Instructions*	10.35-10.40	RC	Re-approval
	Break	10.40-10.55		
	Reports for Information and Assurance:			
8	(a) Quality and Safety Committee (25.07.23)	10.55-11.10	PC	Information, Assurance & Approval as specified
	(b) IPR – Quality, Safety and Patient Experience inc SNNAP data		ED/NF	
	(c) Finance, Investments and Performance Committee (26.07.23)	11.10-11.30	TS	
	(d) i) IPR – Performance and Productivity data inc Bed Capacity Plan update ii) Finance – YTD report (M4)		CC RC	
	(e) IPR – Workforce data & People Promise Update		SG	
	(f) Major Projects Assurance Committee (26.07.23)	11.45-11.55	Chair	
9	Update from Council of Governors (13.07.23) - verbal	11.55-12.00	Chair	Information
10	Committees in Common (14.08.23) – BAF ref 3.2	12.00-12.10	Chair	Information
11	Questions from members of the public	12.10-12.20	Chair	Discussion
12	Any other business			
13	In its capacity as Corporate Trustee: Charitable Funds Committee (12.07.23)*	12.20-12.30	JH	Information

* Documents uploaded to Resource Centre

Date and Time of next Board meeting in public

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

Trust Board Report

NNUH reflection regarding the outcomes and concerns at the Countess of Chester Hospital

Professor Erika Denton, Medical Director
Professor Nancy Fontaine, Chief Nurse
September 2023

Executive Summary

The crimes committed by an individual whilst working at an NHS organisation have led to loss of life and devastation for families. Our thoughts are with all of the families affected, who have endured experiences few of us can imagine.

It is important to acknowledge the impact of these heinous crimes and the additional scrutiny which will be placed nationally on the NHS may have on our staff and the potential anxieties for our patients and their families attending our hospital.

The purpose of this report is to provide reassurance and assurance regarding the processes we have in place for patient safety across our organisation and our commitment to review these processes in light of the outcome of the trial for Lucy Letby, until the independent inquiry report conducted by the Department of Health & Social Care is made available. We will then reassess our processes to learn every possible lesson from this catastrophic event.

What we have in place now

Freedom To Speak Up (FTSU)

- Sandra Dinneen, Freedom to Speak up Non Executive Director Lead
- Paul Jones – Chief People Officer – Freedom to Speak Up Executive Lead
- Fran Dawson - Lead Freedom To Speak Up Guardian NNUHFT
- 7 Freedom to Speak Guardians
- 18 Freedom to Speak Up Champions
- 2 further Guardians joining the team to help ensure each division has some representation.
- The network of Champions will eventually be around 50+ but recruiting Guardians to ensure coverage has been a priority.
- Via the People and Culture Strategy, Freedom to Speak Up training will become mandatory for 2023/24
- The revised Freedom to Speak Up Policy (following the National Policy launch) will be launched within the Trust in Autumn 2023
- New Key Performance Indicators have been agreed for a 2 working day response and 28 working day resolution. Exceptions will be reported to the Workforce Education Sub Board and People and Culture strategy and through to Trust Board

Raising Concerns through other routes

- Connected
- Speak up portal specifically for Junior Doctors via Post Graduate Medical Education Webpage.
- Nursing & Midwifery Professional Advocates
- Shared Decision Making Council
- Staff Governors
- Service Directors meetings followed by Medical Director's Open Door sessions
- Natter with Nancy, Chief Nurse sessions,
- People Talk, with Chief People Officer
- Trade Union colleagues, Staff Council colleagues, HR Operations Team, Spiritual Healthcare Team
- Line Manager
- Surveys (NHS staff, National Educational & Training Survey (NETS), General Medical Council for (GMC) for Junior Doctors, Friends & Family Test)
- Incident Reporting System (RLDatix)
- Daily Serious Incident Group (SIG)
- Direct conversations with colleagues
- And finally Whistle Blowing directly to Care Quality Commission (CQC).

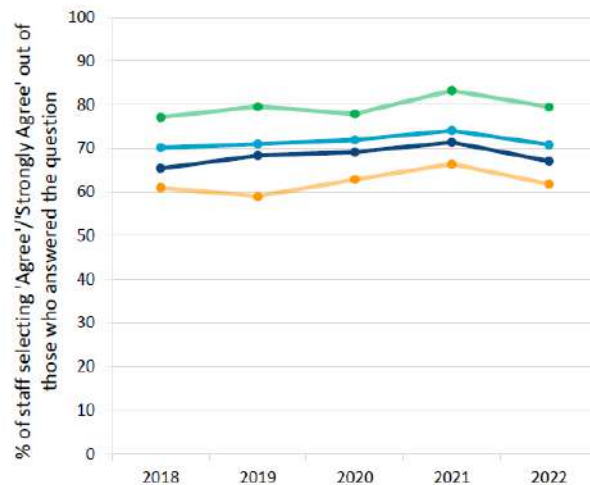
What our staff have said

Raising Concerns Survey Results

NHS Staff Survey – NNUH Results

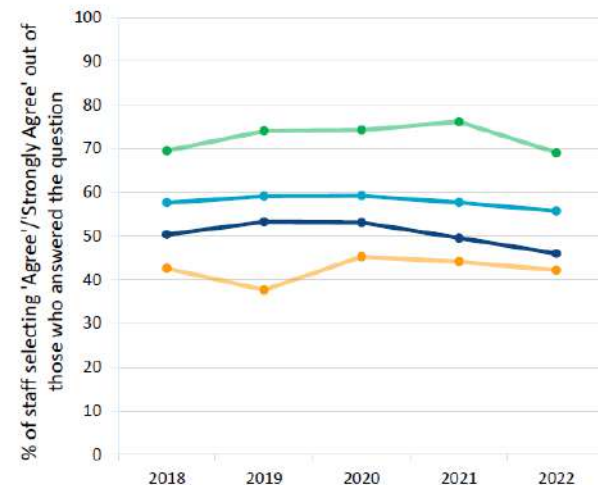


Q19a I would feel secure raising concerns about unsafe clinical practice.



	2018	2019	2020	2021	2022
Your org	65.3%	68.3%	69.1%	71.4%	67.0%
Best	77.1%	79.5%	77.9%	83.2%	79.4%
Average	70.1%	71.0%	71.9%	74.1%	70.8%
Worst	60.9%	59.0%	62.8%	66.4%	61.8%
Responses	3468	3726	4284	4332	4562

Q19b I am confident that my organisation would address my concern.



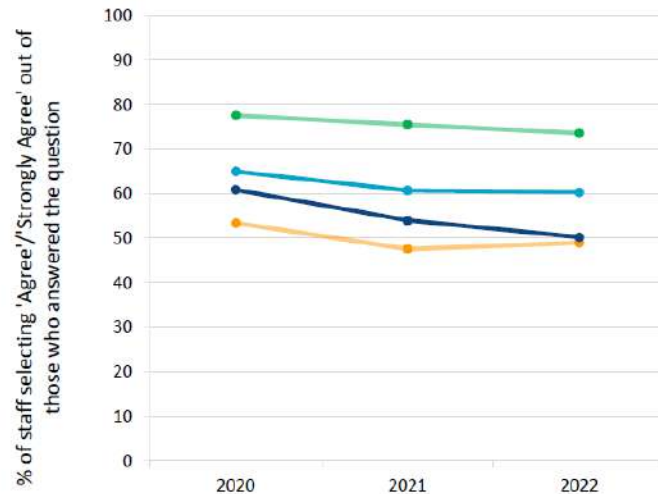
	2018	2019	2020	2021	2022
Your org	50.3%	53.3%	53.1%	49.6%	46.0%
Best	69.5%	74.0%	74.2%	76.2%	69.1%
Average	57.6%	59.1%	59.2%	57.7%	55.7%
Worst	42.6%	37.7%	45.3%	44.1%	42.2%
Responses	3468	3719	4280	4325	4551

Raising Concerns Survey Results

NHS Staff Survey – NNUH Results

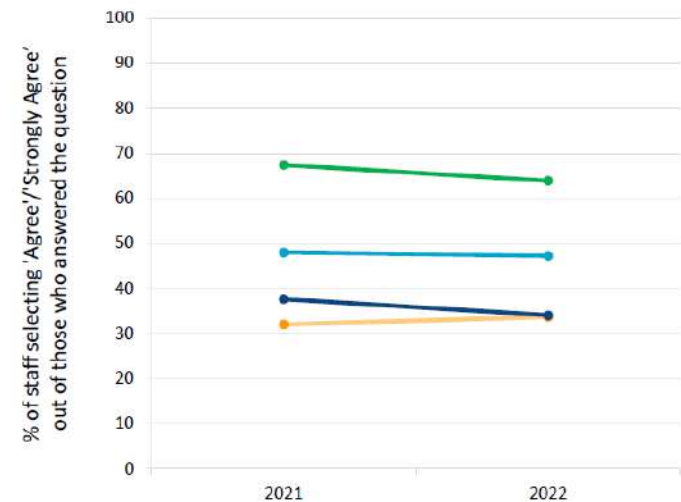


Q23e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022
Your org	60.8%	54.0%	50.2%
Best	77.6%	75.5%	73.6%
Average	65.0%	60.7%	60.3%
Worst	53.4%	47.6%	49.0%
Responses	4272	4321	4559

Q23f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022
Your org	37.6%	34.0%
Best	67.4%	63.9%
Average	48.0%	47.2%
Worst	32.0%	33.7%
Responses	4317	4559

Raising Concerns Survey Results

National Education & Training Survey – NNUH Results

Question Breakdown View

Users can view a breakdown of responses by individual NETS question. Users can filter questions by HEE Quality Domain or Question Category in the filters on the right.

Drop-downs across the top of the page allow for additional location filtering or to change the organisation being viewed. This page is masked on the Organisation-Subject level.

NHS Region: All
ICB: All
HEE Local Office: All
Organisation: Norfolk And Norwich University Hospitals NHS Foundation Trust

Trusts

Selected Organisation Type

Ascale	1 (Worst)		2 (Poor)		3 (Neutral)		4 (Good)		5 (Best)		Skipped or N/A	
Question Text	% of Rspnts.	Count of Rspnts.	% of Rspnts.	Count of Rspnts.	% of Rspnts.	Count of Rspnts.	% of Rspnts.	Count of Rspnts.	% of Rspnts.	Count of Rspnts.	% of Rspnts.	Count of Rspnts.
Do you feel comfortable raising concerns?	25.00%	82							75.00%	246		
Do you know how to raise concerns (i.e. who to tell, and how to go about it)?	7.93%	26							92.07%	302		

Subject Group

All

Subject and Specialism

Multiple selections

Quality Domain

All

Category

All

Question Mapping

Answer Mapping

What we do at the moment

Raising Concerns Staff Survey Actions

2022 Staff survey results, in relation to speak up questions, indicate improvements are required

- With delivery of year two of the Trust's five year People and Culture Strategy;
 - People Promise Commitments - 36 actions identified impacting culture
 - Cultural development programme T3 commissioned to facilitate pace of change
 - A Voice that Counts – KPI's developed enabling accurate reporting of responses to speaking up. Measuring consistency across the Trust, confidence in the process and outcomes.
 - Divisional actions plans agreed for continued staff survey actions
 - Staff survey prioritisation actions plans developed by the HR/OD for 5 key areas
 - Launch of the TED tool
 - FTSU network – aligning to areas identified in survey findings
 - Learning pathway from matters raised, enabling early theme identification
 - WHWB drop in hub, improving access for staff to speak up and well being support.
 - Development of FTSU KPIs for improving action post raising of a concern
 - Recruiting FTSU champions to the network for priority areas

Recruitment

- In accordance with the NHS pre-employment checks, all new starters undertake the following checks, these are important and will be completed even if it causes a delay in our recruitment process.
 - Right to Work
 - Identity
 - Criminal Background
 - Occupational Health
 - Professional Registration/ Qualifications
 - References
- These are outlined in the Trust's Recruitment and Selection Policy and undertaken by the Central Recruitment Team and the Medical Workforce Team.
- All Trust Board members are appointed using the Fit and Proper Person Framework as outlined in the Trust Fit and Proper Person Test Policy. Recommendations are being adapted into the Trust Policy following the recent Tom Kark KC review.

Responding to Concerns relating to Medical & Dental Staff

- 1:1 conversations
- Service Directors and Open Door sessions with Medical Director
- Behavioural agreements
- Written warnings
- Maintaining High Professional Standards (MHPS) and formal investigations
- General Medical Council referral process
- External invited reviews of individuals and teams
- Medical Director fortnightly meetings with Director of Workforce/Head of HR Business Partnering & Medical Workforce and Responsible Officer
- All reviewed monthly at Medical Directors Operational Group with Chief of Divisions, Responsible Officer and Director of Workforce/Head of HR Business Partnering & Medical Workforce.
- Organisational history maintained in line with Information Governance and General Data Protection Regulations.

Responding to Concerns relating to Nursing, Midwifery & AHP Staff

- 1:1 conversations
- Behavioural and professional standards agreements
- Written warnings
- Nursing & Midwifery Council (NMC) and Health & Care Professions Council (HCPC) enquiries and referral process
- Informal and formal investigations
- Nursing, Midwifery and Clinical Professionals Forum
- Nursing, Midwifery and Clinical Professionals Board
- CQC enquiry process
- Patient complaints and PALS enquiries

Reviewing Patient Deaths

Medical Examiner Service

NNUH was an early adopter for this service and has a team in place since 2019. The team have been scrutinising in excess of 95% of deaths since 2020. The following are considered as part of their review:

- what did the patient die from (ensuring accuracy on cause of death certificate)
- does the case need to be notified to the HM Coroner (appropriate & timely notification)
- are there concerns about the quality & safety of care? This is achieved by conducting a proportionate review of the medical record and by speaking with the bereaved families and carers before notifying the relevant internal process or external authority.

Associate Medical Director of Quality & Safety (Mortality Lead)

- has delegated responsibility from the Medical Director for the overall assurance that the mortality review process is in line with national standards
- working with the Associate Director for Quality and Safety to ensure that an appropriate governance structure is in place for reporting and acting on themes and lessons learned.

Reviewing Patient Deaths

Alignment with external healthcare bodies and investigation processes

NNUH report deaths to other organisations that may have interest in the patients death. This will include the patients GP, but may include another Trust where the patient had been cared for, Social Services, the Police or to any of the following listed below:

- In addition to an NNUH review, deaths of patients (4 – 74 years of age) with a recognised Learning Disability are reported to Learning Disability Mortality Review (**LeDeR**) programme.
- **HM Coroner** if the cause of death is unknown, violent or unnatural, sudden and unexplained, during an operation or before the patient came out of anaesthetic, industrial disease or industrial poisoning, the death occurred whilst in a state detention organisation or subject to the Mental Health Act.
- The unexpected death of any child up to the age of 18 years will referred to the Sudden Death in Childhood (**SUDIC**) process.
- All child deaths up to their 18th birthday living in Norfolk, regardless of their place of death are reviewed by the Child Death Overview Panel (**CDOP**)

Reviewing Patient Deaths

Alignment with external healthcare bodies and investigation processes (continued)

- We refer deaths to the Healthcare Safety Investigation Branch (**HSIB**) inline with national requirements, such as early neonatal deaths, intrapartum stillbirths, severe brain injury in babies born at term following labour and maternal deaths. NNUH also participate and proactively engage in any national HSIB investigations, which are designed to improve patient safety and may include incidents that have not resulted in the death of a patient.
- All still birth and neonatal deaths are reviewed in line with the national Perinatal Mortality Review Tool (**PMRT**) which is a detailed review of the patient's medical notes and included parental questions and feedback.
- Invited External reviews, utilised to provide an expert independent and objective opinion with objective advice and recommendations (for living and deceased patients).

What we will do next

- To complete a detailed review of services and processes, utilising risk register, patient and staff feedback, incident reporting supported by triangulation of data at local, regional and national level. This will inform an improvement plan which will be reported to Clinical Safety & Effectiveness Sub Board (CSESB) and monitored by Quality & Safety (Q&S) Committee.
- To review and adapt the staff survey improvement plan in line with NHS England (NHSE) recommendations, with progress reported to Workforce & Education Sub Board (WESB) through to the People & Culture (P&C) Committee.
- To review and adapt the our Cultural Change Programme in line with NHS England recommendations, with progress reported to WESB and through to P&C Committee.
- Implement Patient Safety Incident Response Framework (PSIRF) as planned with initial review after 6 months which will be reported to CSESB through to Q&S Committee.
- Review the invited external review report from the Royal College of Physicians for Mortality when available and implement any suggested recommendations which will be reported to CSESB and monitored by Q&S Committee
- Review information and reporting on the PowerBI software system inline with PSIRF implementation and NHSE recommendations.
- Await independent Countess of Chester inquiry and implement any necessary changes providing updates to Trust Board.

MINUTES OF TRUST BOARD MEETING IN PUBLIC

HELD ON 7 JUNE 2023

Present:	Mr T Spink	- Chairman
	Dr P Chrispin	- Non-Executive Director
	Mr R Clarke	- Chief Finance Officer
	Mr C Cobb	- Chief Operating Officer
	Prof E Denton	- Medical Director
	Ms S Dinneen	- Non-Executive Director
	Prof N Fontaine	- Chief Nurse
	Mr J Foster	- Non-Executive Director
	Mrs J Hannam	- Non-Executive Director
	Mr S Higginson	- Chief Executive
	Mr P Jones	- Chief People Officer
	Dr U Sarkar	- Non-Executive Director
In attendance:	Mrs A Berry	- Director of Transformation
	Mrs J Bradfield	- Head of Communications
	Mr J P Garside	- Board Secretary
	Mr S Hackwell	- Director of Strategy and Major Projects
	Ms V Rant	- Assistant to Board Secretary
	Members of the public and press	

23/030 **APOLOGIES, DECLARATIONS OF INTEREST, CHAIRMAN'S INTRODUCTION AND REFLECTIONS ON VISITS**

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

The Board reflected on the clinical visits to the Delivery Suite, Critical Care Complex and Radiotherapy.

23/031 **EXPERIENCE OF CARE – EQUALITY, DIVERSITY AND INCLUSION**

The Board received a report from Mr Lee Brown, Ms Rosie Bloomfield, Ms Amrita Kulkarni and Ms Sarah Higson (Patient Engagement and Experience Team) regarding their work on equality, diversity and inclusion.

The Board was updated with regard to work to enhance structures and processes in the Trust to listen to the experiences of patients and those people who fall into the protected characteristics as defined in legislation and guidance.

The NHS England Equality Delivery System is a mandatory framework and it has been used to assess our services and performance, with reference to both patients and staff. The self-assessment against the EDS rated the Trust as '*developing*'. A number of key initiatives and further actions for improvement have been identified:

- introduction of improved EDI training for staff;
- reporting dashboard to be informed by feedback gathered from the Friends and Family Test survey; Patient Advice and Liaison Service; complaints and online feedback;

- the Diversity, Inclusion and Belonging Strategy will set out staff and patient-facing objectives over a five-year period, for providing excellent and equitable patient care;
- the Accessibility Information Standards Policy is being rolled out across the organisation and awareness is being raised through additional training packages and highlighting PAS alerts for identifying patients and carers;
- a bi-monthly Carers Forum provides an opportunity for consultation and co-production on work with carers, including the Carers Passport, guidance for Working in Partnership with Carers of Adult inpatients and Carers Partnership Agreement;
- engagement projects have taken place to listen to the experiences of seldom heard communities, with feedback used to improve services;
- NHSE funding has been used to develop the Maternity Voices Partnership to involve service users in a health inequalities improvement collaborative project focusing on vulnerability; ethnicity; and rurality.

Non-Executives asked how the Board could support the work of the Team and asked about the actions are needed to address the gap between a diverse workforce and senior management.

Mr Jones explained that our approach is distinctive in combining consideration of EDI from perspectives of both patients and workforce. 15% of our workforce are from ethnic minority backgrounds, over 100 different nationalities, and we anticipate that this proportion will increase over the next 2-3 years. There has been improvement in a number of metrics:

- in the number of staff from ethnic minority backgrounds who are subject to disciplinary processes;
- shortlisting of candidates from diverse backgrounds has improved.

Progress of staff from diverse backgrounds into senior pay bands will require some further attention and mentorship roles and our leadership programme are supporting staff progression.

Only a small number of respondents to the Friends and Family Test survey provide their age; disability status; ethnicity; and gender. In the circumstances it is difficult to determine the experience of patients with protected characteristics. A communications initiative will seek to explain to FFT respondents why we ask questions around their personal characteristics. It was suggested that it may be helpful to increase use of volunteers from diverse backgrounds to gather feedback.

Ms Higson explained that issues are reviewed with ICS partners and it is hoped that ICB processes for focusing on patient experience and engagement will develop as it becomes more established. The carers project is bringing organisations together to look at issues more widely across Norfolk & Waveney and Non-Executives welcomed this joined-up approach.

Non-Executives expressed support for actions that will have a meaningful impact in practice. The Board noted the significant range of work underway and thanked the Patient Experience and Engagement Team for their involvement in driving improvements for patients and staff.

23/032 **MINUTES OF PREVIOUS MEETING HELD ON 5 APRIL 2023**

The minutes of the meeting held on 5 April 2023 were **agreed** as a true record and signed by the Chairman.

23/033 **MATTERS ARISING AND UPDATE ON ACTIONS**

The Board reviewed the Action Points arising from previous meetings as follows:

23/014 (22/044(i) Feb '23) – Research forward planning - the Board received a report on research forward planning and trajectories towards the BRC application at its meeting on 3 May 2023. Action closed.

23/014 (22/044(ii) Feb '23) – Education forward planning - the draft Education Strategy has been scheduled for review by the People & Culture Committee in November 2023. Action closed.

23/014 (22/048(a) – Nov '22) Workforce Strategy - the Workforce Strategy has been scheduled for review by the People & Culture Committee in October 2023. Action closed.

23/014 (23/007(b) Feb '23) – medical vacancies – a report on medical vacancies was provided to the People & Culture Committee in April but requires some additional work on data validation. This will be followed-up through the People & Culture Committee for onward monitoring and escalation as appropriate. Board action closed.

23/022 - Newton review of discharge arrangements - to come to Board for consideration in July. Carried forward. **Action: Mrs Berry**

23/027 – report on strategic landscape considered on 3 May. Action complete.

23/034 **CHIEF EXECUTIVE REPORT**

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

- During Volunteer Week we have been celebrating our 450 volunteers and their contribution to the work of the Trust – which is hugely appreciated;
- During June we will also be celebrating the contribution by our LGBT+ staff as part of Pride month;
- Dr Bola Owolabi (NHSE Inequalities Lead) visited the Trust on 6 June to hear about our work to deliver waiting list recovery in an equitable way;
- Focus has continued on reducing the use of escalation beds but operational pressure remains high and we are working with system partners to address out of hospital capacity;
- The Trust has been selected to be part of a national programme to promote reduced waits for elective treatment and the work will initially focus on outpatients. We are in the top (best) decile for DNAs and PIFU but there is more work to do;
- Junior Doctors will be taking industrial action from 14-17 June and senior doctors are assisting with providing cover through working extra shifts but there will inevitably be disruption to clinical activity. The Board is grateful to all teams for their work in supporting safe services during this challenging period.

23/034 **FREEDOM OF SPEAK UP UPDATE**

The Board received a report from Ms Dawson (Lead Freedom to Speak Up Guardian) concerning our speak up service and the identified themes, learning and actions for embedding and improving speak-up culture and practices across our organisation.

Ms Dawson reported that the service was used by 207 staff during 2022. The most common speak up theme concerns staff relationships and this is in line with the national picture. A pathway is being developed to overcome the difficulty of sharing and learning from sensitive and subjective experiences and once approved, will be shared across the organisation with the assistance of the Communications Team.

To assess the effectiveness of speaking up for staff, we are establishing KPIs and will share case studies demonstrating how concerns have been resolved. Quarterly reports will show how many cases remain open and escalation processes will be triggered to

ensure progress is maintained. The service aims to acknowledge matters within 2 days and to close matters within 28 days of a meeting with a Guardian. For matters remaining open beyond 28 days, the matter will be shared with an Executive lead/relevant Divisional Triumvirate.

The Staff Survey has highlighted gaps where staff are not confident that speaking up will make a difference. Our approach aligns with the NNUH Communicating with Pride framework and the learning pathway is being developed to embed best practice and to improve sharing and learning.

Following feedback, service users are asked 'if you had not used the FTSU service, what would you have done' and it is anticipated that it will be possible to identify themes once enough responses have been generated.

Non-Executives asked if data is available by staff groups to show which groups may not be accessing the service. Ms Dawson explained that areas of concern can be identified through the Staff Survey and this will be used alongside FTSU data to identify which areas can be targeted for additional support.

Non-Executives indicated that it will be helpful to triangulate data to inform key workstreams in our cultural change programme so that we can invest in the right areas to make the Trust a place where people want to work.

23/035 **REPORTS FOR INFORMATION AND ASSURANCE**

(a) Quality and Safety Committee (30.05.23)

Dr Chrispin reported that the Committee meeting had begun with a visit to the Stroke Unit. This was very educational, visiting a dedicated team delivering expert care. There is a need to address delays in accessing rehabilitation capacity in the community as this is causing unacceptable hold-ups in onward transfer of patients following acute stroke care. It was also noted that use of beds in the Hyper Acute Stroke Unit (HASU) for non-stroke patients is inhibiting admission of stroke patients to the HASU.

Committee members were advised that the Sentinel Stroke National Audit Programme (SSNAP) dashboard is readily available and visible within the clinical team, but it is not so visible to the Committee or Board. In order to give performance in the stroke pathway the profile that it deserves, the Committee requested that the SSNAP dashboard be added to the monthly Integrated Performance Report (IPR).

The Board received the Q&S Committee's Annual Report 2022/23. The Committee's conclusions are inevitably influenced by the fact that the Trust has been in a continuous position of Severe or Extreme Operational pressure throughout 2022/23. Given the recognised association between heightened operational pressures and poorer clinical outcomes, the Committee considers that the Audit Committee and Board are entitled to take partial assurance from the work of the Q&S Committee as part of the Trust's system of integrated governance.

The Committee reviewed the 'Top-5' most Significant Risks relevant to its remit, namely:

- i) Severe & Extreme Operational Pressure and delayed discharges necessitating use of additional escalation beds
- ii) Prolonged waiting times for elective and planned care
- iii) Availability and affordability of sufficient, appropriately qualified staff
- iv) Relative digital immaturity, cyber vulnerability and absence of robust modern digital infrastructure (EPR & PAS)
- v) Potential deficit in staff satisfaction, health & well-being, motivation, engagement & resilience

with a 6th concerning ambulance handovers:

- vi) Acute pressure in our Emergency Department and lack of operational resilience in the Emergency Care Pathway.

The Committee reviewed the proposed Quality Priorities for 2023/24, which are included in the Quality Account. On the recommendation of the Q&S Committee, the Board **approved** 2022/23 Quality Account and Quality Priorities for 2023/24. An easy read version is being prepared for review by the Patient Experience and Engagement Governance Sub-Board. It was confirmed that progress towards achievement of our Quality Priorities will be overseen by the Quality Programme Board.

(b) IPR – Quality, Safety and Patient Experience

Professor Fontaine reported that the reduction in pressure ulcers and falls aligns with the reduction in numbers of escalation beds. Safe staffing, care hours and fill rates have improved, and Mr Higginson noted that the safer staffing score in April was the best in nearly 2 years. Together with the reduced need for escalation this translates into an improved metric on care hours per patient day.

The Board was informed that a review of unplanned neonatal unit admissions has been undertaken, to inform oversight of maternity/perinatal care, and no service issues were identified.

Professor Denton explained that HSMR and SHMI rates remain higher than expected but there are indications of a positive change in trajectory. The invited review from the Royal College of Physicians will consider coding processes and any further areas requiring consideration for assurance.

Five outlier alerts have been triggered with higher-than-expected mortality: septicaemia; congestive heart failure; other perinatal conditions; urinary tract infection; and acute myocardial infarction. Two involve very small numbers, such that 'trend' analysis is unreliable. We are however working with system partners on 'out of hospital' cardiac arrest to look for opportunities to improve clinical pathways and management.

The number of complaints reduced in April. Non-Executives noted the delays in complaint investigation and responses and asked if clinical reviews are undertaken of complaints. Professor Fontaine explained that we are focusing on resolution of complaints by the teams at the point of care. Inpatient concerns are escalated rapidly by the clinical teams for Executive review.

(c) Finance, Investments and Performance Committee (31.05.23)

Mr Spink reported that the Committee had reviewed the operational position; ongoing heightened escalation and running at over 100% capacity has had a negative impact on our Emergency Department performance. Achievement of our Operational Plans for patients on pathways 1-3, will be reliant on ICS measures to reduce the number of patients in hospital without a criteria to reside.

CIP performance is behind plan and increased focus is needed to avoid more challenging actions later in the year.

(d) IPR – Finance, Performance and Productivity

Mr Cobb indicated that the Board Performance Certification has been updated to incorporate revised national priorities. Compliance for Super September was confirmed as the Trust had opted out of the initiative in line with the notice requirements. The Board **approved** the Board Self-Certification.

In April, ED four-hour performance was 78% and initial assessment within 15 minutes was 59%. The improvement in performance is due to a reduction in the number of patients with no criteria to reside. Focus continues in order to reduce escalation beds. There has been improvement but at time of the meeting there were still 13 patients accommodated in 7 in 6 escalation.

Non-Executives noted that whilst Ambulance performance is improving it is not within the required level. This had been reviewed at FIPC and is linked to limited capacity in community facilities and the impact of NCTR patients.

During April 25% of working days were impacted by industrial action, with inevitable consequences for lost elective activity. There is a risk that continuation of industrial action will result in significant lengthening of waiting times for patients.

The backlog of 62-day cancer patients has been reduced to 403 in April. This includes 48 urology patients from QEHL, without which the position would have been on trajectory. Virtual ward capacity is now at 58 patients and we continue to increase this further.

Non-Executives noted the reduction in the number of patients without a criteria to reside from 77 to 13 and thanked everyone involved in this significant achievement.

(e) Finance – Month 1 Report

Mr Clarke provided an update on the financial position, being a £3m deficit financial position; £1.2m adverse to Plan due to industrial action cost pressures and CIP under delivery of £1.2m. The position was offset by £1.5m non-recurrent savings.

An overspend of £1.9m is forecast for the capital programme. The forecast outturn is breakeven, but in-year mitigations will continue to be needed and the actions outlined in the Financial Strategy will be necessary to achieve sustainability.

(f) People and Culture Committee (31.05.23)

Ms Dinneen reported that the Committee had held an additional meeting on 31 May focussed on development of the People Promise 2023/24 and the draft Diversity, Inclusivity & Belonging Strategy. It was recognised that it is challenging to attempt to address all actions for improvement with equal priority and there is a need to focus on deliverable actions which will have most impact.

(g) IPR - Workforce

Mr Jones highlighted mandatory training compliance at 91%. Appraisal compliance has remained relatively high at 88% in April and work is continuing to improve the appraisal experience for all staff.

There is positive news on recruitment with 100 newly qualified nurses/midwives joining the Trust in September. Turnover is not showing as much improvement as we would like but is moving in the right direction. We are prioritising 'stay conversations' and support for new starters has been improved.

Time to hire performance has been compared against benchmarking data provided by Model Hospital, teaching hospitals and Norfolk & Waveney partners. Our time to hire performance is better than target at 34.5 days and we are aiming to reduce this further.

The Board discussed the value of considering metrics 'in the round', in order to learn from the association between care hours, staff fill rates, escalation status quality and workforce metrics. Fundamentally we have observed that sustainable positive staff and

patient experience is closely related to having sufficient appropriately trained staff caring for the right number of patients in the right facilities.

(h) Major Projects Assurance Committee (31.05.23)

The Board received a report regarding the Major Projects Assurance Committee which was established in January. The Board received the Committee's first Annual Report - for 2022/23.

Mr Spink reported that progress is being made in developing the Paediatric Theatres Complex. Particular focus in the Transformation Programme is on improved length of Stay and discharges. We are still awaiting confirmation of national funding for the DAC.

23/036 **ICB FORWARD PLAN**

The Board received a report from Mr Hackwell concerning the Norfolk & Waveney ICB Joint Forward Plan (JFP). The JFP is a national requirement for Integrated Care Boards (ICB's) and partner trusts to describe how they will arrange or provide NHS services for their local populations.

The Norfolk & Waveney Plan outlines 8 ambitions/objectives. Partner organisations are required to agree the Plan prior to the submission deadline to NHSE on 30 June 2023.

Following discussion, the Board **agreed** the ICB Joint Forward Plan.

23/037 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from the public.

23/038 **ANY OTHER BUSINESS**

There was no other business.

23/039 **BOARD IN ITS CAPACITY AS CORPORATE TRUSTEE**

(a) Report of Charitable Funds Committee

The Board received a report from Ms Hannam as Chair of the Charitable Funds Committee concerning its meeting held on 10 May 2023.

Mrs Hannam highlighted that the Charity has been successful in growing its income and in 2022/23 this was £2.4m, and may increase with further legacy receipts. Expenditure is calculated to be £3.8m. 96p of every £1 spent was on charitable activities, evidencing that the Charity offers very favourable value for money.

The Charity's support for specialist services and robot-assisted surgery has received national recognition and is a positive demonstration of the impact of the Charity in service development for the benefit of patients.

The Charity is engaged in a range of fundraising initiatives and in 2023/24 particular focus will be to provide support for neurosciences/stroke and the Jenny Lind Children's Hospital (parental accommodation).

23/040 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Trust Board in public will be at 9.30am on Wednesday 13 September 2023 in the Boardroom of the Norfolk and Norwich University Hospital.

Signed by the Chairman: Date:
Confirmed as a true record by the Board on 13 September 2023 [TBC]

Decisions Taken:

23/032 – minutes of last meeting	The minutes of the meeting held on 5 April 2023 were agreed as a true record and signed by the Chairman.
23/035(a) – Quality Account & Quality Priorities 2022/23	On the recommendation of the Q&S Committee, the Board approved 2022/23 Quality Account and Quality Priorities for 2023/24
23/035(d) – Board Performance Certification	The Board approved the Board Self-Certification.
23/036 – ICB Joint Forward Plan (JFP)	Following discussion, the Board agreed the ICB Joint Forward Plan.

Action Points Arising:

23/022 - Newton review of discharge arrangements	To come to Board for consideration in July. Carried forward. Action: Mrs Berry
--	--

Action Points Arising from Trust Board meeting (public)

Carried forward:		
23/022 - Newton review of discharge arrangements	Report on Newton review of discharge arrangements to come to Board for consideration Action: Ms Berry	Reviewed by Board in July. Action complete

JPG

REPORT TO TRUST BOARD			
Date		8 September 2023	
Title		Artificial Intelligence at NNUH	
Author & Exec Lead		Author: Mike Shemko, Head of Data Science NNUH Executive Lead: Ed Prosser-Snelling, Chief Digital Information Officer	
Purpose		For Information and Discussion	
Relevant Strategic Commitment	1 Together, we will develop services so that everyone has the best experience of care and treatment 2 Together, we will support each other to be the best we can be, to be valued and proud of our hospital for all. 3 Together, we will join up services to improve the health and wellbeing of our diverse communities 4 Together, we will provide nationally recognised, clinically led services that are high quality, safe and based on evidence and research 5 Together, we will use public money to maximum effect.		
Are there any quality, operational, workforce and financial implications of the decision requested by this report? If so explain where these are/will be addressed.		Quality	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Operational	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Workforce	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Financial	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Identify which Committee/Board/Group has reviewed this document:		Digital Health	Outcome/decision/changes made: N/A
1 Background/Context Artificial Intelligence (AI) is revolutionising the healthcare sector by offering unprecedented possibilities in diagnostics, treatment planning, and patient management. From improving the accuracy of MRI scans to automating administrative tasks, AI is enabling more efficient and effective healthcare services. We are presenting a short presentation which will cover our hospital's initiatives to harness the power of AI to enhance both patient care and staff experiences. We are committed to integrating this transformative technology responsibly, with a keen focus on safety and data privacy, to ensure we continue delivering the highest standard of care to our patients, staff and citizens of Norfolk.			
2 Key issues, risks and actions For information only.			
3 Conclusions/Outcome/Next steps Suggested exploration topics and next steps contained in the presentation.			
Recommendations: The Board is recommended to: Note for information and discussion			

Artificial Intelligence at NNUH

Mike Shemko, BEng, MSc, PGCert | Head of Data Science, NNUH FT

Visiting Professor of Data Science and AI, UEA School of Computing Sciences
Senior Research Fellow, UEA Medical School / Norwich Epidemiology Centre

Associate Member, Faculty of Clinical Informatics

Fellow, NHS England Clinical Entrepreneur Programme

Fellow, Royal Statistical Society

mike.shemko@nnuh.nhs.uk

Dr Ed Prosser-Snelling BMBS MRCOG MFCI

Chief Digital Information Officer | Consultant Obstetrician and Gynaecologist
Fellow, NHS Digital Academy

edward.prosser-snelling@nnuh.nhs.uk

Setting the Scene

Objectives:

- To inform the board on recent developments in AI
- To suggest where AI should fit within the organisation's priorities
- To understand potential risks and benefits

Outline:

- Summary and status of artificial intelligence in UK healthcare; the NHS and UK government view
- What are we doing about it at NNUH? (AI components in our already endorsed Digital Strategy)
- Governance, technical, legal, social, ethical factors and how we are addressing them
- How we are engaging patients, staff, citizens and stakeholders
- Case studies, view of the future, roadmap

Potential next steps for exploration:

1. Progress with investment cases for AI components in our Digital Strategy (including staff and computing infrastructure)
2. Proceed with setting up a foundation for the safe implementation of AI in healthcare

AI in healthcare

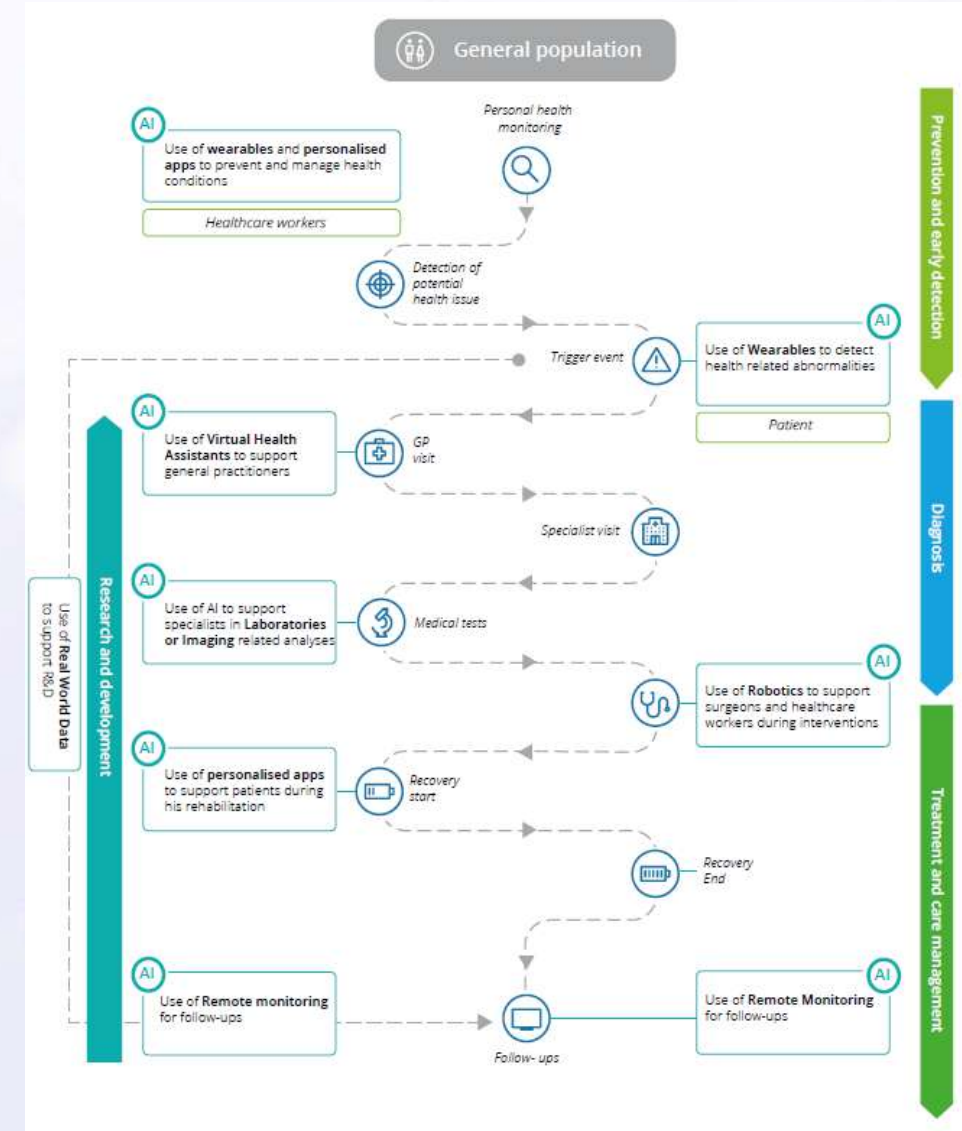
What do we mean by AI and how could it improve health care?

- Oxford Dictionary : **“the theory and development of computer systems able to perform tasks that normally require human intelligence, such as visual perception, speech recognition, decision-making, and translation between languages.”**

Broad categories (healthcare)



AI is present throughout the patient journey



AI in the NHS, UK Government and Globally

NHS AI Lab

- August 2019 national laboratory in England (£250m) launched NHS AI Lab which “was created bring together government, health and care providers, academics and technology companies.”

Live Programmes
<ul style="list-style-type: none"> The Artificial Intelligence in Health and Care Award AI in Imaging The AI Regulation Ecosystem The AI Lab Ethics Initiative

Delivered Programmes
<ul style="list-style-type: none"> The National AI in Health and Adult Social Care Strategy The AI Lab Skunkworks Programme

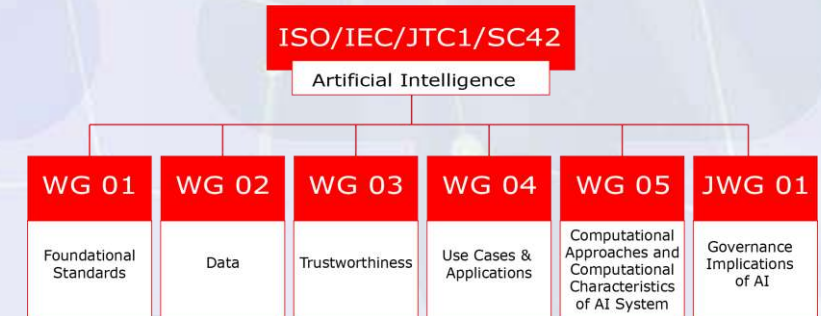
UK Government

- 2018-2021: several AI summits, digital innovation strategy, industrial strategy, several data strategies
- 2021-present: national AI strategy, government office for artificial intelligence, world leading ambition, standards, regulation, multi-agency AI regulatory approach (NICE, MHRA, CQC, HRA collaboration)



Global

- 2022 new ISO standards for Artificial Intelligence
- FDA now has over ~350 approved AI medical technologies



AI in Digital Strategy

- Organisationally “Embrace AI”
- 3 Pillars within Digital Strategy

Pillar 1: Invest in AI Enabling Infrastructure
Short Term: <ul style="list-style-type: none">• Develop framework for data availability• Consultation on computing infrastructure• Support AI skill development (UEA, HEE, NHS, Turing Institute)
Medium to Long Term: <ul style="list-style-type: none">• Publish research into skill development• Support and partner with others to promote safe use of AI• Evaluate changing landscape and impact of AI on healthcare across major programmes (EPR, etc)

Pillar 2: Ensure AI Benefits all Stakeholders
Short Term: <ul style="list-style-type: none">• Integrate and engage AI in wider strategic programmes (ICS/ICB, NHS Region, Nationally)• Plan for large scale patient, staff, citizen engagement channels
Medium to Long Term: <ul style="list-style-type: none">• Publish research into opportunities, challenges, and benefit horizon scanning• Build effective AI monitoring and robust clinical safety programmes, standards, ethics, and public engagement• Expand open data initiatives and the use of AI for societal change

Pillar 3: Governing AI Effectively
Short Term: <ul style="list-style-type: none">• Publish an AI assurance and quality index roadmap (Foundation)• Determine the role of data protection, patient involvement and wider AI and data governance framework definitions• Publish details and horizon scanning of approaches other healthcare / sectors embed AI in business-as-usual
Medium to Long Term: <ul style="list-style-type: none">• Publish white paper on pro-innovation position of the organisation in relation to governing and regulating safe use of AI in healthcare (Foundation)• Complete an in-depth analysis on algorithmic transparency, bias, interpretability of AI with a view to develop standards frameworks (Foundation)• Work with partners to co-develop guidance and standards for ethics and safety, <u>values</u> and priorities for the use of AI in healthcare

AI Management Oversight Group (AI-MOG)

- Governance group for AI projects; reports into DTC
- Diverse stakeholder group (all NNUH divisions, R&D, clinical safety, patients and citizens, information governance, university and research park, industry)
- Terms of Reference, protocol for AI project governance, procurement, technology assessment
- Delivery of CogStack Operational Data Environment (CODE) Proof-of-Concept (-> investment case to scale up); approved DPIA, priorities for data science activities and projects; triage for R&D
- Monitoring AI projects (several NHS AI Lab service evaluation projects in-flight)

NHS AI Award Winning Technology at NNUH

RITA: Referral Intelligence and Triage Automation (Deloitte)

AI solution to automate the triage of GP referrals 2WW Gastro (Upper GI) and Urology

e-Stroke Suite (Brainomix Ltd)

A set of tools that uses AI methods to interpret acute stroke brain scans, and helps doctors make the right choices about treatment and the need for specialist transfer

Galen Prostate Cancer AI (Ibex Medical)

AI designed to analyse biopsy images for the automatic and precise diagnosis of prostate cancer

Mia Mammography Intelligent Assessment Kheiron Medical Technologies

Deep learning software that has been developed to solve critical challenges in the NHS Breast Screening Programme (NHSBSP), including reducing missed cancers, tackling the escalating shortage of radiologists and improving delays that put women's lives at risk.

Veye (Aidence)

An AI platform to optimise oncology pathways, which can be integrated into existing software systems. Veye Chest, the first clinical application, is unique in its ability to currently automate early lung cancer detection, and soon also support treatment response assessment.

View of the Future

Moving from intelligent clinical decision-support to full automation

- We are currently at the transition between Level 2 and Level 3
- Evolution towards Level 5 in next 5-10 years

Rapidly accelerating technology

- Launched in August 2023



	Assistive AI algorithms		Autonomous AI algorithms		
	Level 1 Data presentation	Level 2 Clinical decision-support	Level 3 Conditional automation	Level 4 High automation	Level 5 Full automation
Event monitoring	AI	AI	AI	AI	AI
Response execution	Clinician	Clinician and AI	AI	AI	AI
Fallback	Not applicable	Clinician	AI, with a backup clinician available at AI request	AI	AI
Domain, system, and population specificity	Low	Low	Low	Low	High
Liability	Clinician	Clinician	Case dependent	AI developer	AI developer
Example	AI analyses mammogram and highlights high-risk regions	AI analyses mammogram and provides risk score that is interpreted by clinician	AI analyses mammogram and makes recommendation for biopsy, with a clinician always available as backup	AI analyses mammogram and makes biopsy recommendation, without a clinician available as backup	Same as level 4, but intended for use in all populations and systems

Figure: Levels of automation of medical artificial intelligence systems
AI=artificial intelligence.

Live demo of ChatGPT (Clinical Coding example)

THANK YOU

Any questions, comments or suggestions?

REPORT TO TRUST BOARD

Date	13 th September 2023
Title	Review of Standing Financial Instructions and Trust Scheme of Delegation
Author & Exec Lead	Roy Clarke, Chief Finance Officer & Stephen Beeson, Deputy Director of Finance
Purpose	For Agreement

Relevant Strategic Commitment	1. Together, we will use public money to maximum effect.		
Are there any quality, operational, workforce and financial implications of the decision requested by this report? If so explain where these are/will be addressed.	Quality	Yes✓ No□	The SFIs and SoD outline requirements including compliance Trust wide
	Operational	Yes✓ No□	The SFIs and SoD outline requirements including compliance Trust wide
	Workforce	Yes✓ No□	The SFIs and SoD outline requirements including compliance Trust wide
	Financial	Yes✓ No□	The SFIs and SoD outline requirements including compliance Trust wide

1 Background/Context

In August 2022, the Norfolk and Waveney ICS providers aligned their financial governance documents, the Standing Financial Instructions and the Scheme of Delegation to support our joined working and the implementation of consistent financial platforms. These governance documents require an annual review to provide the Board with assurance they remain fit for purpose, and to make any minor amendments required, whilst retaining the consistency in the ICS.

2 Key issues, risks and actions

Standing Financial Instructions (SFIs)

The SFIs have been reviewed and there are no substantial amendments required. There is one minor amendment to Appendix A of the SFIs, to remove the value “currently £10,000” from the table where the primary threshold is derived from the Public Contract Regulations (PCR). The PCR has increased the threshold to £25,000, and the amendment updates the Appendix to ensure that end users do not need to be fully conversant with the regulations to see clearly the limits the regulations prescribe.

There are no other amendments recommended following the annual review.

Scheme of Delegation

The Trusts’ Scheme of Delegation provides the granularity of detail to the SFIs in the delegation of those roles and responsibilities to officers of the Trust, and the limitations of such delegation. The Scheme has been reviewed and there are no proposed amendments following this annual review.

3 Conclusions/Outcome/Next steps

The annual review of the Standing Financial Instructions and Scheme of Delegation has been undertaken, with one amendment recommended, which updates the Appendix to the SFIs to keep the values in line with the Public Contract Regulations.

Recommendations: The Board is recommended to:

- Approve the amendment to the SFIs; and
- Note the review of the Scheme of Delegation.

REPORT TO THE TRUST BOARD

Date	13 September 2023
Title	Chair's Key Issues report from Quality & Safety Committee: 25 July 2023
Author & Exec lead	John Paul Garside (Company Secretary) on behalf of Dr Pam Chrispin (NED & Committee Chair)
Purpose	For Information

The Quality & Safety Committee met on 25 July 2023 and discussed matters in accordance with its Terms of Reference. Papers for the meeting have been made available to all Board members for information in the usual way via Admin Control. The meeting was quorate and the meeting was attended by Richard Smith as Governor Observer.

In addition to consideration of the usual suite of information and reports concerning quality and safety in the Trust, the Committee received a series of reports in accordance with its Work Programme and relating to the Trust's annual priorities. The following matters were identified to highlight to the Board:

1	Clinical visit	<p>The Committee meeting began with a visit to the endoscopy unit in the Quadram Institute. Whilst the clinical element of the visit ultimately could not proceed the visit was helpful in identifying:</p> <ul style="list-style-type: none"> i) a request for the Patient Panel to assist in reviewing wayfinding for patients at the QI (this is recognised as a particular challenge in the QI building given its design and multi-function use) and ii) a sense that it would help patients if we can strengthen the visual presence of NNUH logo in the Unit – to take advantage of familiarity and enhance the integration between the Unit and the Hospital.
2	Patient Safety Incident Response Framework (PSIRF) governance arrangements	<p>The Committee was updated regarding the governance arrangements associated with introduction of the national Patient Safety Incident Response Framework (PSIRF). The Committee was advised that it will take some time for staff to adapt to the new framework but it is anticipated that the new framework will provide a richer source of learning.</p> <p>The 3 primary changes to current arrangements are:</p> <ul style="list-style-type: none"> i) the daily Serious Incident Group will be superseded by a daily incident triage process managed within the Divisions and Risk & Patient Safety team; ii) A new weekly complex case meeting will be set up for discussion of incidents that have cross-Divisional reach, reach a trigger threshold or if the Divisional team is unsure of what learning response to adopt. iii) The CEO assurance panel will be superseded by an Exec level review and sign off group.

		The Committee supported these changes to the governance arrangements. A review has been scheduled after 6 months and then a formal review after 12-18 months.
3	Quality Programme Board (QPB)	The Committee received an update report from the Quality Programme Board and requested a review of CQC recommendations to identify any that are judged to be unresolved or requiring further attention.
4	IPR	<p>The Committee received the Quality, Safety and Patient Experience Integrated Performance Report and reviewed the quality & safety performance indicators:</p> <ul style="list-style-type: none"> - the Committee welcomed the inclusion of the SSNAP (stroke performance) data. There is a recognised need for additional capacity for rehabilitation of patients following stroke and brain-injury, many of whom currently face very long delays or service provision outside the Region. There is a need for discussion at ICS level to ensure that adequate services are commissioned, and this will be escalated through the ICS Quality Chairs and ICS quality and safety committee routes. - the improvement in care hours per patient day was noted, together with similar improvement in pressure ulcers and falls indicators. - the Committee enquired into the current position on utilisation of the Sepsis 6 Bundle and requested a review report.
5	Incidents, Complaints, Compliments and National Audit report (ICCNA)	<p>The Committee received an update on incidents, complaints, compliments and national audits. The Committee requested to receive speciality presentations at future meetings from Ophthalmology and also the Emergency Department team (to include any lessons from the ECIST review).</p> <p>The Committee was advised that the Healthcare Safety Investigation Branch (HSIB) are undertaking a national review of locum staff and association with patient safety incidents.</p>
6	Maternity SI Update*	<p>As part of its regular reporting schedule, the Committee received a report, with reference to key elements of our Maternity Service, from Ms Stephanie Pease (Head of Midwifery) and Ms Laura Allen (Midwifery Risk and Governance Facilitator)</p> <ul style="list-style-type: none"> - the draft Maternity Strategy was made available to Committee members for comment and will come back to the next meeting for review before coming to the Board - at its September meeting the Committee will review progress in implementing the CNST maternity actions - SI Update the Committee discussed incidents relating to retention of vaginal swabs following perinatal/O&G procedures. This issue has been reviewed with staff, ICS and LMNS to identify learning points. These primarily relate to human factors and strengthening work practices and clarity in communication between staff and with patients to ensure that everyone is working collectively to understand the challenge of effectively tracking swabs in this context. The Committee was assured that the Team are continuing to focus on this area, learning from others where possible and engaging with patients and staff. - Cultural development continues in response to the lessons from East Kent. Committee members reflected that the workshop held with the Board was very positive and impactful. - Quality assurance feedback – the Committee was updated on positive feedback received from a Healthwatch visit, Royal College of Midwifery representative, and assessment against the Breast Feeding Initiative Level 3 accreditation. - Robson Criteria for LSCS rates: work continues to try to introduce enhanced reporting, but it has become apparent that we are one of 37 organisations struggling with the limited functionality of the maternity records system resulting in difficulties in collating the data.

		Now that the issue has been identified work to address this is ongoing.
7	Safer Staffing (nursing)*	The Committee received the regular update report concerning Safer Staffing and recruitment & retention relevant to Quality & Safety. The Committee commended the improved quality of the reporting and would find it helpful to receive a position summary relating to medical workforce, indicating any particular shortfalls & vacancies which may impact on clinical quality & safety.

Conclusions/Outcome/Next steps:

The next Committee meeting is scheduled for 26 September 2023. Forthcoming items for consideration include:

- Focus on Gynaecology – inc waiting times & associated risks
- Ophthalmology
- Emergency Department and ECIST
- Maternity Strategy
- IP&C Annual Report 2022/23
- Neurosciences Strategy – inc stroke thrombectomy and major trauma
- Paediatric Strategy

Recommendation: The Board is recommended to note the work of its Quality and Safety Committee.

Quality & Safety

[View in Power BI](#) ↗

Last data refresh:
21/08/2023 07:31:49 UTC

Downloaded at:
21/08/2023 11:04:18 UTC

Quality Summary

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

Topic	Metric Name	Date	Result	Variation	Assurance
Saving Babies Lives	CTG Training and Human factors situational awareness compliance	Jul 2023	90%	 Improvement (High)	 Unreliable
Safer Staffing	Safe Staffing Care Hours Per Patient Per Day	Jul 2023	7.1	 Improvement (High)	No Target
Safer Staffing	Safe Staffing Fill Rates	Jul 2023	88.40%	 Improvement (High)	 Not capable
Patient Experience	Compliments	Jun 2023	383	 Concern (Low)	No Target
Patient Experience	Friends & Family Score	Jul 2023	92.80%	 Improvement (High)	 Not capable
Patient Concerns	PALS % Closed within 48 hours - Trust	Jul 2023	35.9%	 Concern (Low)	No Target
Patient Concerns	PALS % Closed within 5 days - Trust	Jul 2023	55.4%	 Concern (Low)	 Unreliable
Maternity Activity	Emergency Caesarean Deliveries	Jul 2023	23.3%	 Concern (High)	No Target
Infection Prevention & Control	Klebsiella trust apportioned	Jul 2023	9	 Concern (High)	 Capable
Falls (AIMS)	Falls (AIMS)	Jul 2023	86.6%	 Improvement (High)	No Target
Children & Midwifery Safeguarding	Safeguarding Children	Jul 2023	15	 Concern (High)	No Target

SPC Variation Icons

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



SPC Assurance Icons

Capable Not capable Unreliable



Serious Incidents

Jul 2023



Variation

Assurance

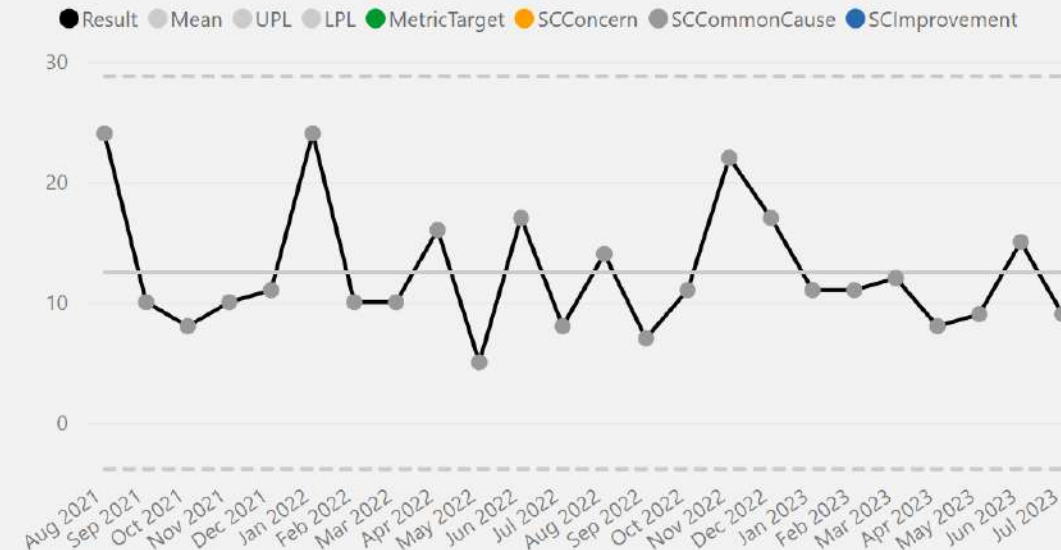
9
Result
N/A
Target

29
UPL
12
Mean
-4
LPL

Analytical Commentary

Variation is Common Cause

Serious Incidents



Assurance Commentary

10 Serious Incidents were reported in July:
1x Surgical Procedure, 2x Treatment Delay (Ophthalmology and Dermatology), 1x Wrong Site Surgery Never Event, 3x Fall with Injury (1 subarachnoid haemorrhage, 2 fractured neck of femur), 1x IP&C incident (SARs CoV2 death from June), 1x HAPU Cat 4 and 1x Maternity incident.

Serious Incidents will not be reported after 31st August as we transition to the new national Patient Safety Incident Response Framework (PSIRF) from 1st September. All existing SI reported up to that date will be investigated to closure.

Improvement Actions

The daily Serious Incident Group (SIG) will be replaced from 01/09/23 with Divisional Daily Incident Triage and a weekly Complex Case Review meeting to support safety governance arrangements required for PSIRF. AAR training continues monthly. Discussions underway with BI team to amend reporting requirements in IPR and PAF to reflect PSIRF from October reporting period (September data). SCEC Division are planning an Ophthalmology Safety Summit in September.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Duty of Candour Compliance	Jul 2023	96%	⬆️	Common Cause	⬆️	Unreliable
Incidents	Jul 2023	1,954	⬆️	Common Cause		No Target

Pressure Ulcers

Hospital Acquired Pressure Ulcers per 1,000 bed days

Jul 2023

Variation

Assurance



1.3
Result

N/A
Target

1.5
UPL

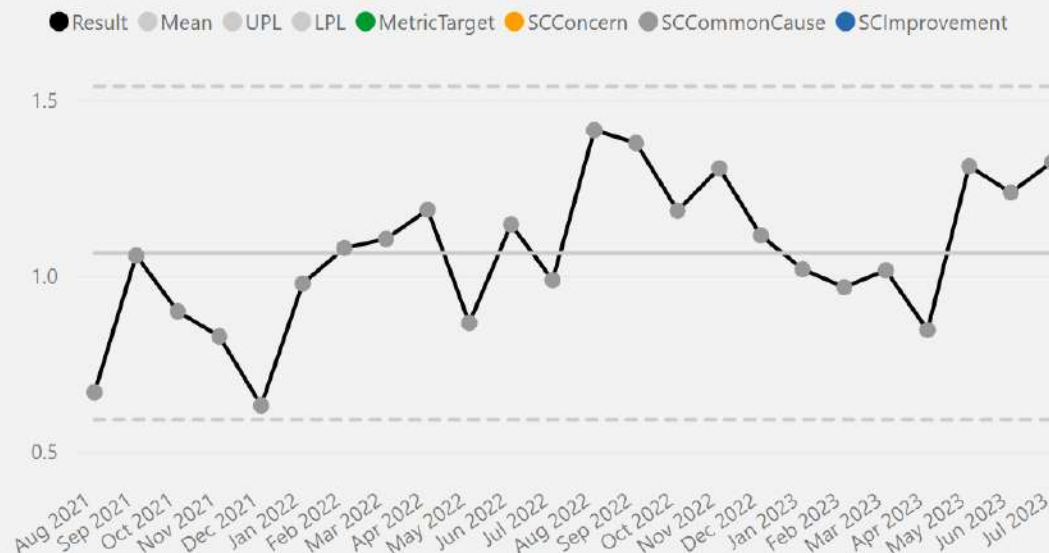
1.1
Mean

0.6
LPL

Analytical Commentary

Variation is Common Cause

Hospital Acquired Pressure Ulcers per 1,000 bed days



Assurance Commentary

In July the Trust had 28 Category 2 (19 in medicine and 9 in surgery), 9 Category 3 (7 in medicine and 2 surgery), 3 Unstageable (2 in medicine and 1 surgery) and 14 Suspected Deep Tissue Injuries. This equates to a current reporting level. 8 of the pressure ulcers were related to medical devices that were not easily prevented (plaster casts etc.). Whilst the Category 3 is higher than we tend to see two of these were unstageable pressure ulcers where the patient passed away (now classified as Category 3). 17 ulcers were to the sacral area and 10 toe/heels (blisters) that are predominantly believed to be friction related (moving and handling issues) with three of these being vascular impaired patients (palliative). Some of the reported pressure ulcers in July may have been present on admission but documentation has been variable across the Trust and not sufficient to conclusively infer this. The wards have removed the additional beds and we have seen an improvement in numbers towards the end of July (into August) as a result of staff having more time to carry out appropriate personal care, repositioning and mobilisation. CQUIN results suggest risk assessments are mainly accurate and timely but care plans require improvement (in keeping with current documentation gaps).

Improvement Actions

The Tissue Viability Service continues to provide support, advice and guidance to clinical areas where and when required where TVS staffing allows.
To support all ward specific study days.
Provide training sessions to new staff as part of the induction process, newly qualified training and international nurse training, this includes large cohorts of HCA inducted twice each month.
Participating in the Pressure Ulcer Risk Assessment CQUIN for 2023 – 2024 which will focus staff on Risk Assessments, documentation and care plans. Training session have been provided to wards seeking support.

Patient Falls

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

Jul 2023

Variation



Assurance



0.2
Result

0.0
Target

0.4
UPL

0.1
Mean

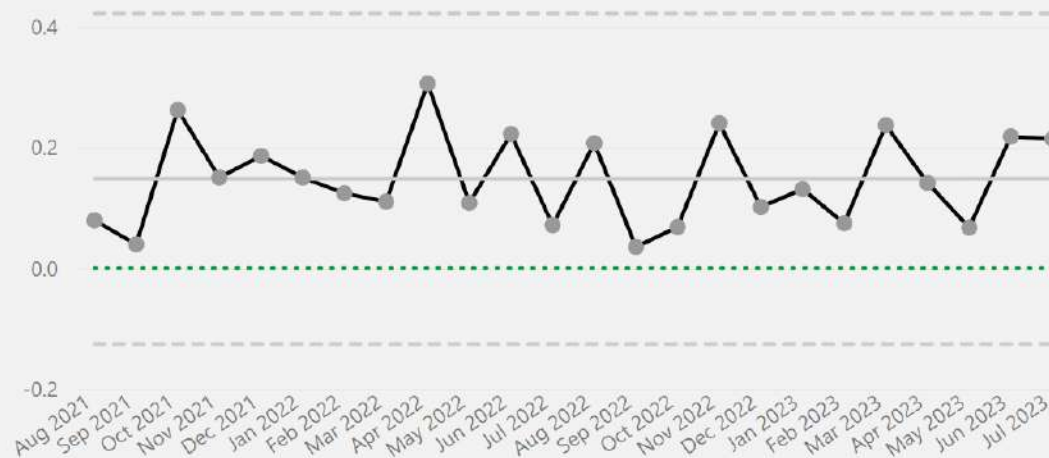
-0.1
LPL

Analytical Commentary

Variation is Common Cause

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

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



Assurance Commentary

Variation remains common cause with 0.2 falls per thousand bed days moderate harm and above which remains within the upper process limit of 0.4, with no signs of improvement or deterioration. Gross falls numbers have continued to fall significantly but falls per thousand bed days has increased despite improved staffing metrics.

Improvement Actions

Weybourne Unit MFRA waiting upload to Trust Docs and a bespoke Falls Risk Assessment being written for Paediatrics. Assistive Technology Trial Units have been withdrawn and units to be added to Powergate. MDT approach to Falls Prevention continuing for risk assessments and all falls initiatives. Falls Week Planning has begun for Sept 18-24 2023. Nurse, Physio and Housekeepers training booked for 2023. Refresh of Falls Leaflets underway and work to add standing blood pressure to e-Obs dashboard on Power Bi in progress to enable wards to generate a daily report to ensure clinical compliance.

Friends & Family Score

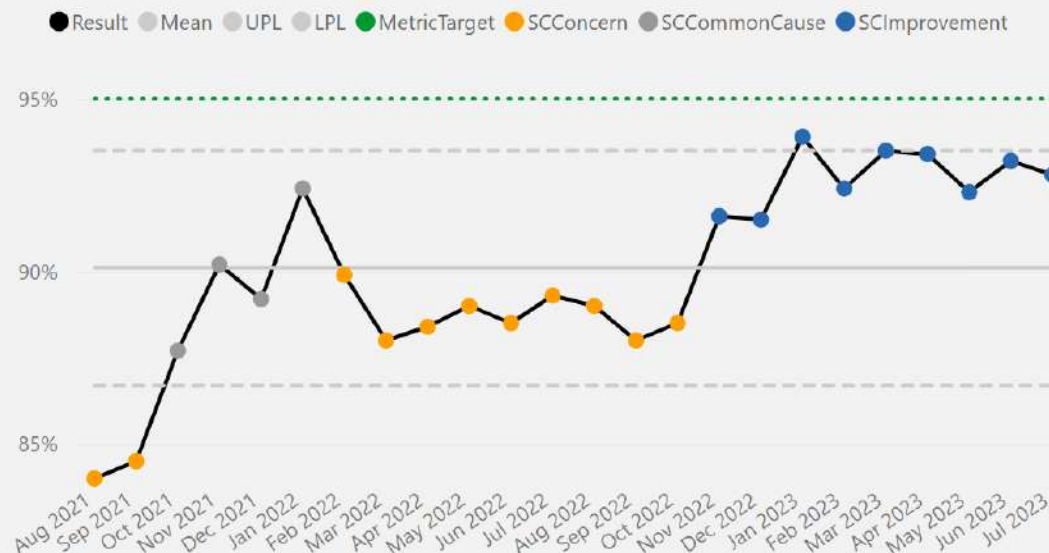
Jul 2023



Analytical Commentary

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

Friends & Family Score



Assurance Commentary

3773 FFT responses were received in July which have given us an overall score of 93% which remains within usual limits. We are continuing to see common cause variation but with improvement in the FFT scores. Our top feedback themes for July continue to be staff attitude, implementation of care, waiting times and communication for both positive and negative themes. However, we continue to hear more positive themes than negative. Meeting held with one divisional lead to discuss general consensus on the way forward in terms of SMS allocation as the ability to send additional texts requires further investment or reallocation of current service arrangements within specialities.

Improvement Actions

Continue with SMS project
Task and Finish group established to support improvements to FFT responses within the Medicine division following CQC recommendations.
Action Plan submitted to evidence Group 03.08.23 rated the evidence and plan as 'green' – on target. Ongoing monitoring in place and next submission to Evidence Group due December 2023.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Compliments	Jun 2023	383	Concern (Low)	No Target

PALS % Closed within 5 days - Trust

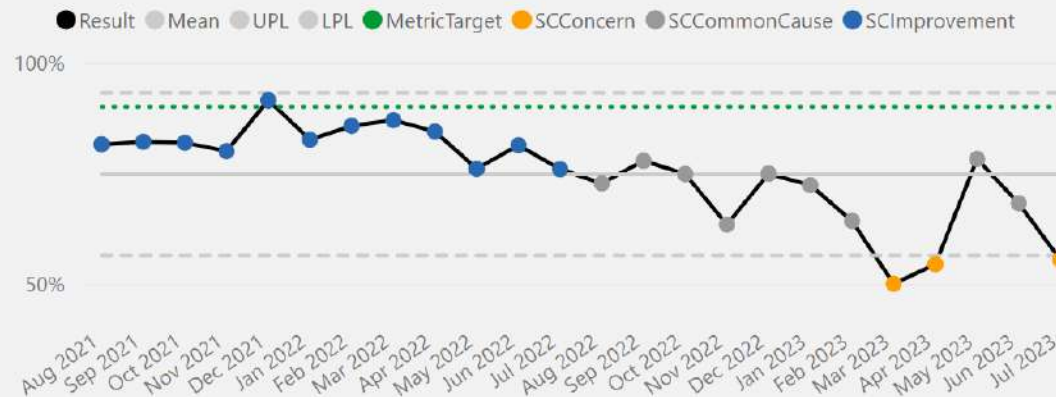
Jul 2023



Analytical Commentary

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

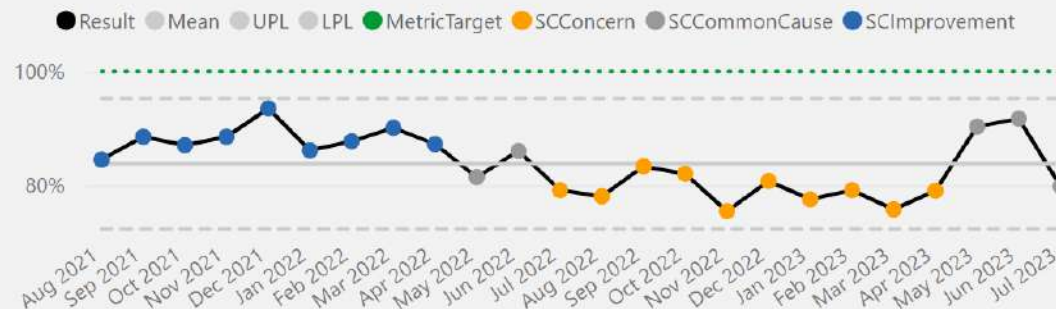
PALS % Closed within 5 days - Trust



Assurance Commentary

312 PALS level 1 matters were received within the reporting period—a decrease of 72. Of these, 227 were Enquiries, 82 signposting, 2 Best Wishes, 1 suggestion. Appointments including delays and cancellations remained the top subject for PALS followed by waiting times and communication.

PALS % Closed within 7 days - Trust



Improvement Actions

Band 3 Admin is now in post, this is a new role for the team to provide admin support and improve customer service. The new KPI is being monitored by the Service Manager to identify blocks to closure within the timeframes and any additional support needed within the team to meet it. Two members of the team remain off long sick, depleting the team ability to respond and manage PALS caseload. Additional bank support is being recruited to support this on a 3 month interim basis.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
PALS Contacts - Trust	Jul 2023	312	☹️ Common Cause	No Target

Complaints

Complaints (Trust)

Jul 2023



Variation

Assurance

82
Result
N/A
Target

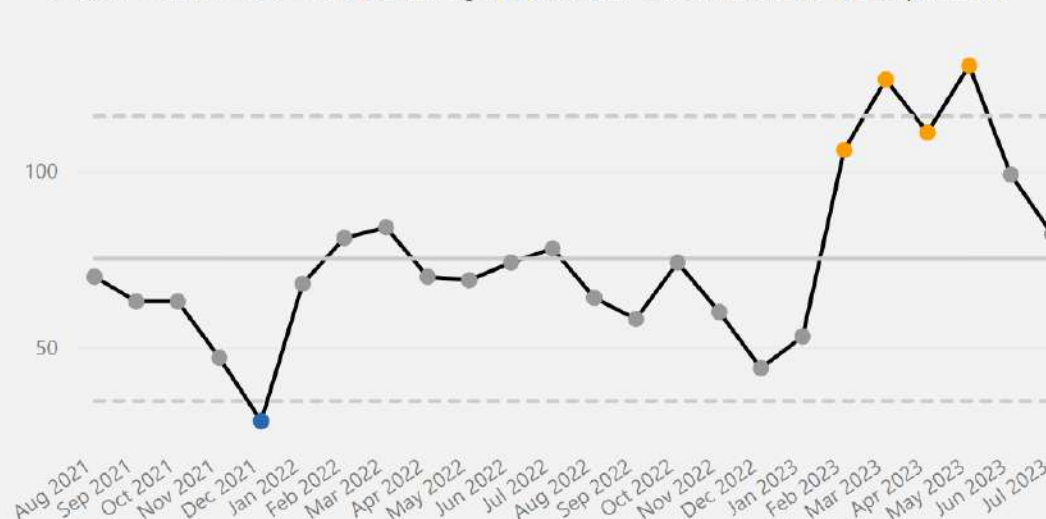
116
UPL
75
Mean
35
LPL

Analytical Commentary

Variation is Common Cause

Complaints (Trust)

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



Assurance Commentary

The total number of complaints on the PowerBI data extract was 82 for the reporting period. Of these 44 are level 2 complaints and 38 are level 3 complaints.
 The division with the highest number of complaints for this period was surgery, complex and emergency care, recording 38. Top subject was Clinical Treatment.
 The team's response times continue to be affected by the impact of the sudden loss of the band 6 team member and additional workload as a result for the remaining team members whilst cover/substantive recruitment is completed. Backlog complaints have further reduced from 343 (April) to 224 (July) and this work continues.

Improvement Actions

The new band 6 post holder starts their new role on 21/08/2023. The postholder will continue to manage the back log reduction as per trajectory to end September '23 whilst taking on the wider band 6 responsibilities.

Review of case load per staff member ratio and benchmarking with similar trusts to be completed, to identify optimum staffing establishment.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Complaints - Acknowledgement	Jul 2023	100%	⬆️	Common Cause	⬆️	Unreliable
Complaints - Response Times - Trust	Jul 2023	91%	⬆️	Common Cause	⬆️	Unreliable
Post-investigation enquiries	Jul 2023	10	⬆️	Common Cause	⬆️	Capable

Palliative Care Seen Within 48 Hours

Jul 2023



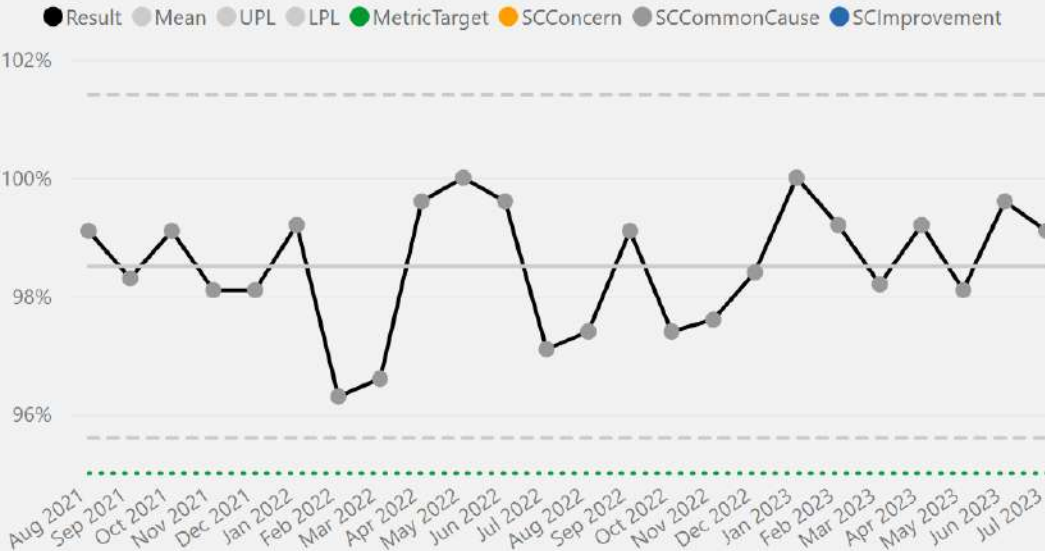
99.1%
Result
95.0%
Target

101.4%
UPL
98.5%
Mean
95.6%
LPL

Analytical Commentary

Variation is Common Cause

Palliative Care Seen Within 48 Hours



Assurance Commentary

Ongoing work to improve clinical and administration processes, which includes reviewing the teams key performance indicators in line with national expectations. Awaiting the opening of the new Priscilla Bacon Lodge to work even closer collaboratively, this has already started with nursing colleagues and for education through the Lead Nurse from NNUH and the Nurse Consultant at Priscilla Bacon Lodge.

New Service Director appointed for Palliative Care.

Improvement Actions

Complete the review of the End of Life Strategy

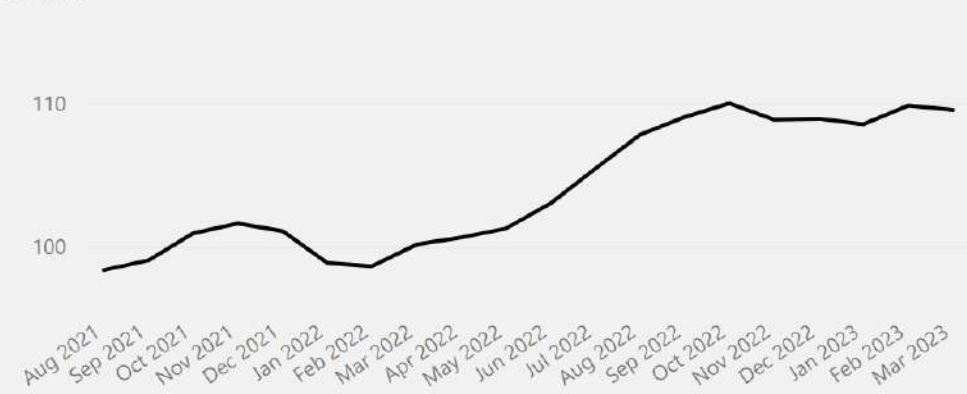
Supplementary Metrics

Metric Name	Date	Result		Variation	Assurance
Palliative Care Died in Trust and Seen by SPCT	Jul 2023	62.9%	⬇️	Common Cause	No Target
Palliative Care IP Referrals Accepted	Jul 2023	222.0	⬆️	Common Cause	No Target

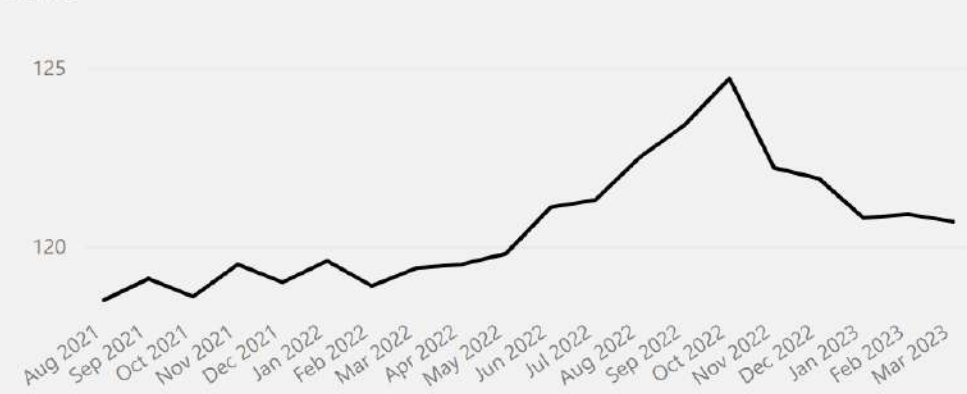
Mortality Rate

MetricName	Date	Result
HSMR	Mar 2023	109.55
SHMI	Mar 2023	121

HSMR



SHMI



Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Crude Mortality Rate	Jun 2023	4.80%	 Common Cause	No Target

Assurance Commentary

HSMR/SMR & SHMI remain higher than expected but show improvement. The upward trend in in-hospital mortality, with special cause variation from July 2022, is now reversing. Further investigation suggests that reduced patient flow was a key contributory factor, given the commensurate fall in 1- 90 day crude mortality, that it was driven by patients awaiting discharge. A report capturing a number of key metrics has been agreed with BI for continued monitoring.

Of 6 HSMR outliers, 5 are of concern these include septicaemia (excluding labour), other perinatal conditions, cancer of bladder, iron deficiency anaemia & acute myocardial infarction. All are undergoing investigation. The SJR cohort review of SHMI outlier diagnosis groups is now completed & analysed with BI's help – overall care was judged mostly good. BI have agreed to provide a self-service reporting function to facilitate analysis of SJR cohort reviews going forward.

High operational pressures/ strike action is impacting on:

- Progress with the SJR and SJR scrutiny backlog which has slowed.
- Attendance at SJR training sessions.
- Ongoing attempts to obtain consistent engagement with mortality surveillance from the divisions & directorates. This is associated with gaps in assurance & oversight including M&M.

Delays & difficulties to recruitment has meant continued lack of dedicated

Improvement Actions

Continue work with BI/DFI/ HED/Clinical Coding/Commissioning team.

Continue work with Digital Health to address developer resource

Continue the investigation of mortality outlier alerts. For sepsis, a 'walk-through/talk through' exercise will be conducted in ED & AMU to understand 'work as done' vs 'work as imagined'.

To continue to seek engagement with clinical teams to complete SJRs to address the SJR backlog. To continue efforts to increase the pool of available chairs for SJR scrutiny panels

Work continues with BI to make further improvements to reporting including a dedicated M&M report for specialty M&M leads which includes specialty level SJR care scores, crude mortality and HSMR data.

Work is being undertaken with CODs for Medicine, Surgery and W&C to set up a reporting structure into Mortality Surveillance Group.

Safe Staffing Fill Rates

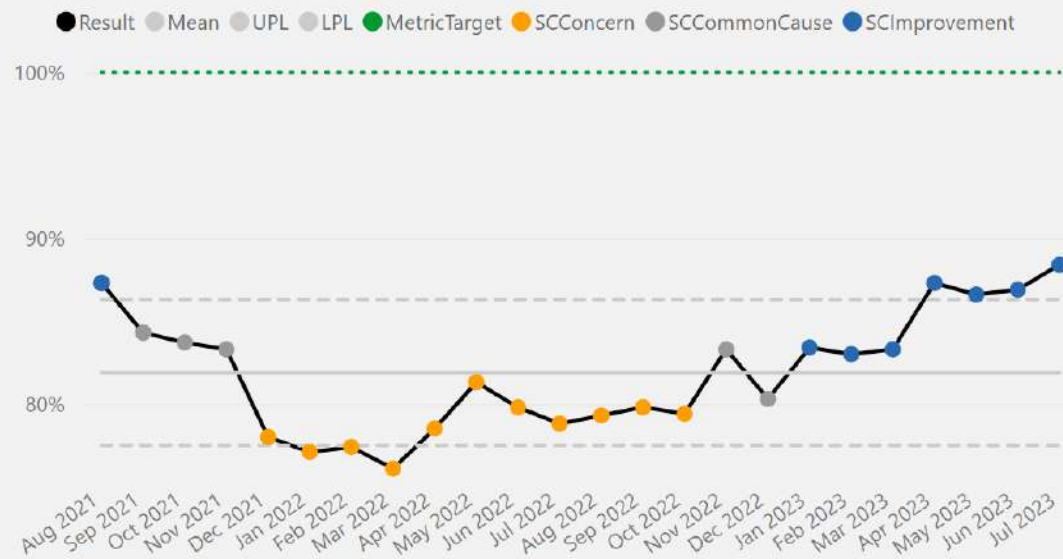
Jul 2023



Analytical Commentary

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

Safe Staffing Fill Rates



Assurance Commentary

The Trust-wide RN/M vacancy rate decreased from 14.6% (n=399.8) in June to 13% (n=356.6) in July with a reported turnover rate of 0.8% (18.8 WTE leavers & 21.30 WTE new starters). Trust-wide, there were 11 areas with an RN/M vacancy rate above 20%. The average Trust-wide RN/M fill rate decreased from 90.7% in June to 89.5% in July. The Trust-wide HCSW vacancy rate decreased from 20.2% (n=284.1) to 17.4% (n=244.6) with a reported turnover rate of 1.3% (13.7 WTE leavers & 30.95 WTE new starters). There were 10 inpatient areas across the Trust with HCSW vacancy rates above 20%. The HCSW average Trust-wide fill rates increased slightly from 82.4% in June to 89.5% in July. The HCSW fill rate fell below 75% in 3 areas (previously 15 in March). The Trust wide CHPPD remained static at 7.1 which remains the highest over the last 12 months. Red flags decreased slightly by 77 in July to 1,679 with 89% remaining open. The number of falls remains a concern, with 107 reported patient falls causing low harm & above. 70 (72 in June) of these were unobserved with 3 recorded as moderate harm & above.

Improvement Actions

74 HCSWs attended the induction in July & 80 international nurses have been onboarded with a further trajectory of 88 by end of November. 95 FPQ offers have been made to date plus 28 midwives. The SOP for nurse in-shift redeployment has been distributed to staff side sub boards & fits with the framework of the boards. Along with an assessment of the NHSE Developing Workforce Standards proposals, a gap analysis of the RCN workforce standards is now underway.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
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MetricName	Date	Result	Target	Mean
C. difficile Cases Total	Jul 2023	8	77	7
CPE positive screens	Jul 2023	0	N/A	0
E. Coli trust apportioned	Jul 2023	3	91	4
HOHA Trajectory C. Difficile Cases	Jul 2023	0	57	2
Hospital Acquired MRSA bacteraemia	Jul 2023	0	0	0
Klebsiella trust apportioned	Jul 2023	9	24	2
MSSA HAI	Jul 2023	4	N/A	3
Pseudomonas trust apportioned	Jul 2023	4	19	1

Hospital Acquired MRSA bacteraemia



C. difficile Cases Total



MSSA HAI



CPE positive screens



E. Coli trust apportioned



HOHA Trajectory C. Difficile Cases



Klebsiella trust apportioned



Pseudomonas trust apportioned



Assurance Commentary

C. difficile = Total 8, 7 x HOHA, 1 x COHA all cases pending RCA Gram negative surveillance:
E. coli = Total 4, 3 x HOHA cases -sources: 2 x lower urinary tract, 1x hepatobiliary, 1 x COHA – 1 x Lower urinary tract.
Klebsiella = Total 10, 9 X HOHA cases- sources 4 x unknown source, 2 x lower urinary tract, 1 x lower respiratory, 1 x upper urinary tract & 1 x gastrointestinal/intraabdominal collection. 1 x COHA case – source 1x unknown source.
Pseudomonas aeruginosa = Total 5, 4 x HOHA case – source 1x upper urinary tract, 3 x unknown source. 1x COHA case – source 1 x unknown source
Vancomycin Resistant Enterococci (VRE) supportive measures – Mulbarton commenced 21.07.2023, 2 HAI cases – different typing for each case – ongoing.
MRSA supportive measures – Home first Unit commenced 20.06.2023, 2 HAI cases – ended 03.08.2023.
COVID-19 (SARS CoV-2) – 1 outbreak reported in July.
MSSA HAI Total cases x 4 – sources 1x unknown source, 2 x skin/soft tissue, 1 x bone joint.
MRSA Blood stream infections – Nil
CPE –Nil new cases

Improvement Actions

C.difficile Post Infection Review (PIR) meetings held monthly with clinical staff and Norfolk & Waveney ICB to establish lapses in care. Delay in sampling remains the main lapse to date. Lapses are disseminated in Organisational Wide Learning and is now integrated within datix. Providing access to divisional governance teams, ensuring actions and learning is discussed and disseminated appropriately.
Surveillance undertaken on each Healthcare Associated Gram-negative Blood Stream Infection to ascertain the potential sources.
At times of periods of increased incidence of infection, supportive measures initiated, providing supporting action to wards where required.
COVID-19 outbreak reporting/monitoring continues to be a requirement from NHS England.

Maternity: Mothers

Mothers Delivered

Jul 2023



Variation

Assurance

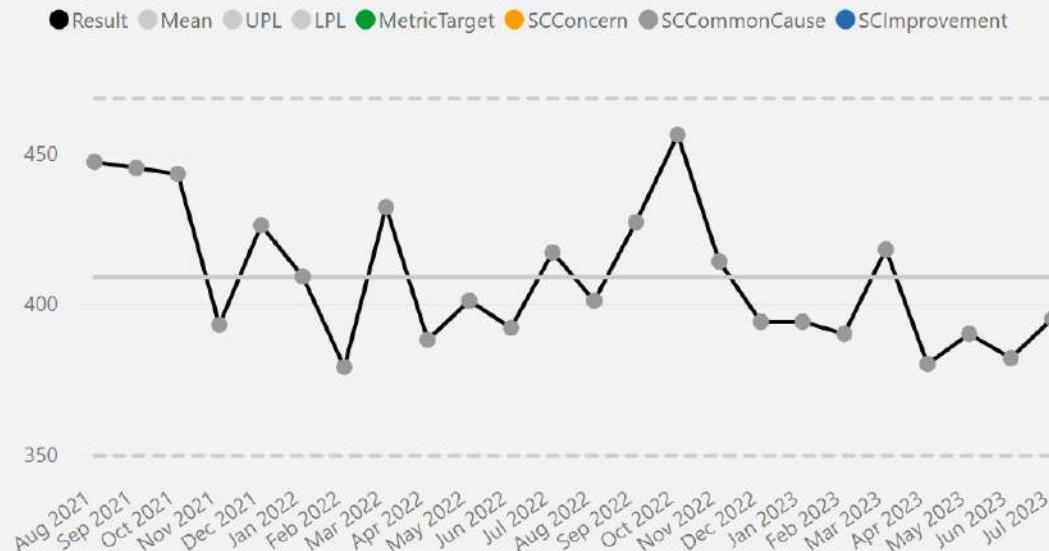
395
Result
N/A
Target

468
UPL
409
Mean
350
LPL

Analytical Commentary

Variation is Common Cause

Mothers Delivered



Assurance Commentary

In July we delivered 395 women with 400 babies birthed at the NNUH. 338 on delivery suite, 47 in MLBU and 10 who gave birth at home.

We had 2 stillbirths - both being investigated. We had no reported born before arrival deliveries. We had 38% induction of labour rate. We had 48.9% cephalic deliveries, 40.3% caesarean sections and 10.9% instrumental deliveries.

We had 3.8% 3/4th degree tears which is within the national average and 2.78% Postpartum Haemorrhage which is below the national average. We had 2 admissions to ITU - both cases being reviewed. We had 2 women transferred out of the unit due to capacity issues and 4 readmitted postnatally - all cases being reviewed.

Improvement Actions

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
1:1 Care in Labour	Jul 2023	98.3%	⬇️	Common Cause		No Target
3rd & 4th Degree Tears	Jul 2023	3.8%	⬇️	Common Cause	⬆️	Unreliable
Births Before Arrival	Jul 2023	0	⬇️	Common Cause		No Target
Post Partum Haemorrhage ≥1500mls	Jul 2023	2.8%	⬇️	Common Cause		No Target

Mothers Delivered

395

Babies Delivered

400

Unplanned NICU ≥37 week Admissions (E3)

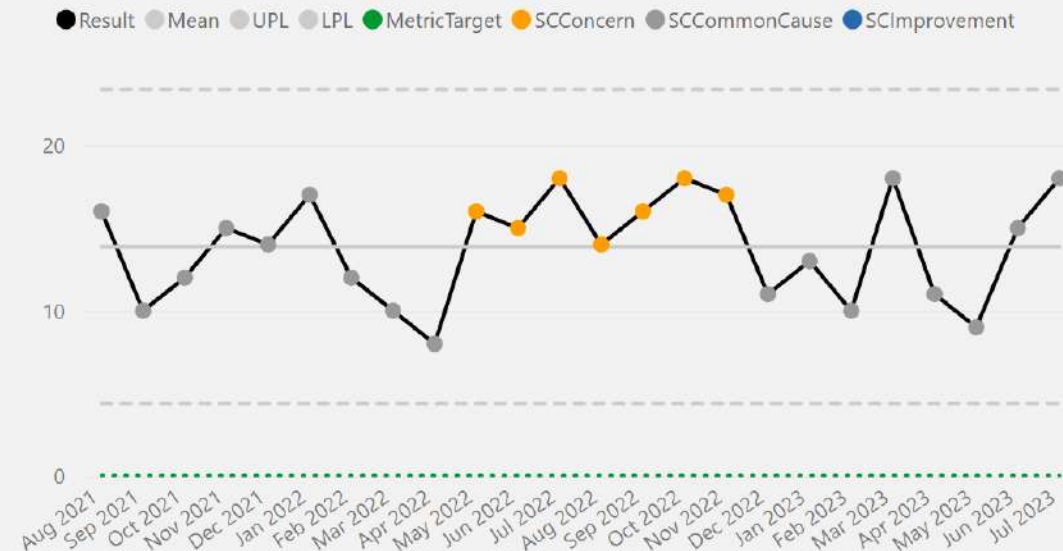
Jul 2023



Analytical Commentary

Variation is Common Cause

Unplanned NICU ≥37 week Admissions (E3)



Assurance Commentary

We had 400 babies delivered in July. 2 stillbirths – both being investigated. We had 1 early neonatal death and 9 unexpected admissions to NICU. These will be reviewed using the Avoiding Term Admissions Into Neonatal Units (ATAIN) tool.

Improvement Actions

To continue to use the strengthened MDT approach to review all NICU admissions, identify any themes and ensure lessons learnt are shared.

Supplementary Metrics

Metric Name	Date	Result		Variation	Assurance
Adjusted Still Births	Jul 2023	2		Not Applicable	No Target
Apgar score <7 @5, ≥37 weeks	Jul 2023	3	⊖	Common Cause	No Target
Early Neonatal Death	Jul 2023	0		Not Applicable	No Target
Mothers Transferred Out of Unit	Jul 2023	2	⊖	Common Cause	No Target

Topic	Metric Name	Date	Result		Variation		Assurance
Smoking Awareness	Smoking Status at Delivery	Jul 2023	7.8%	📉	Common Cause	🔍	Unreliable
Fetal Growth Restriction	Less Than 3rd centile born > 37+6 weeks	Jul 2023	2%	📉	Common Cause	🔍	Not capable
Fetal Growth Restriction	SGA detected Antenatally	Jul 2023	97%	📉	Common Cause		No Target
Reducing Preterm Birth	Singleton Births Preterm	Jul 2023	9%	📉	Common Cause	🔍	Unreliable
Reducing Preterm Birth	Singleton live births < 34 wks (AN corticosteroids within 7 days PN)	Jul 2023	20%	📉	Common Cause	🔍	Unreliable
Effective Fetal Monitoring	CTG Training and Human factors situational awareness compliance	Jul 2023	90%	📈	Improvement (High)	🔍	Unreliable

Assurance Commentary

In July we had 9.9% smokers at booking with 15.8% offered referral to smoking cessation services. We had 7.8% of smokers at delivery. We had 98.1% CO2 monitoring at booking with a target of 95%. This is an improvement from last month which was 96.8%. We had 96.6% training compliance for GROW training and 90% compliance for fetal monitoring training. We had an improving picture for detection of small for gestational age during the antenatal period. We had 8.5% preterm deliveries.

Improvement Actions

For the diabetes midwifery and consultant team to review Version 3 of Saving Babies Lives Care Bundle (SBLCB) as this will now include a new element of compliance for diabetes.

To complete a series of audits for CO2 monitoring performance; Risk assessment, prevention, and surveillance of pregnancies at risk of fetal growth restriction (FGR); raising awareness of reduced fetal movement (RFM) and the use of steroids for fetal optimisation to maintain our compliance for 2023/24 and for our Year 5 submission.

Adult Safeguarding

Safeguarding Adults

Jul 2023



Variation

Assurance

57
Result
N/A
Target

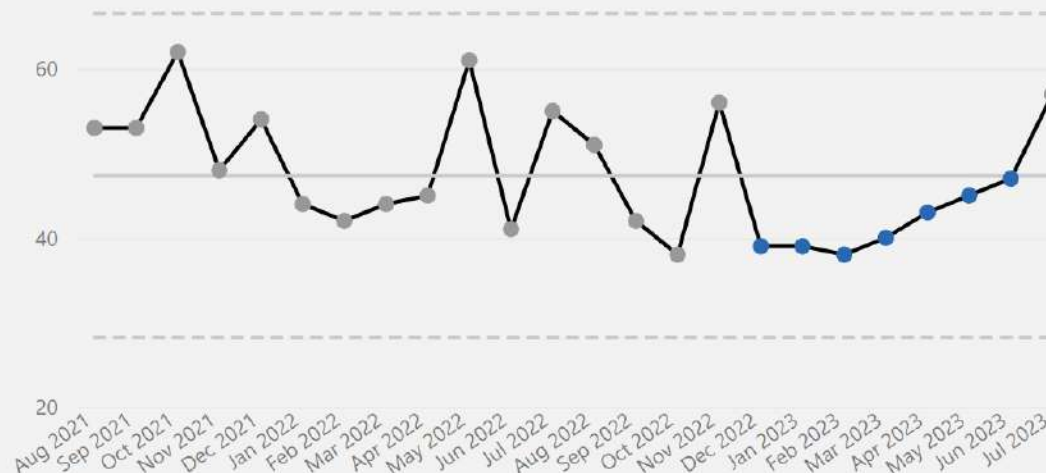
67
UPL
47
Mean
28
LPL

Analytical Commentary

Variation is Common Cause

Safeguarding Adults

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



Assurance Commentary

Bespoke sessions are underway for safeguarding related topics and MCA and DoLS. Staff have fed back that they find these invaluable. Topics are identified by departmental need and facilitated by members of the safeguarding team. The safeguarding team continue to support with domestic abuse cases relating to staff members. We are embedding a trauma-informed approach to managing concerns which ensure staff feel supported and safe. There is ongoing collaboration with the Norfolk Integrated Domestic Abuse Service to coordinate multi-agency support for both identified staff and any children in the household.

Improvement Actions

The acute Trusts and NSFT Safeguarding Leads were hosted by the Norfolk Safeguarding Adults Board on 26th July to finalise the first draft of the NSAB Framework document which will provide guidance about the different indicators of abuse, and to assist practitioners with decision making on what interventions are required. The framework focuses on 4 specific areas: General and unwitnessed falls; pressure areas; incidents between 2 adults who have care and support needs; and medication errors. NSAB will formally inform the Exec Team in due course with an action plan for launching the framework.

Safeguarding Children and Midwife...

Jul 2023



Variation

Assurance

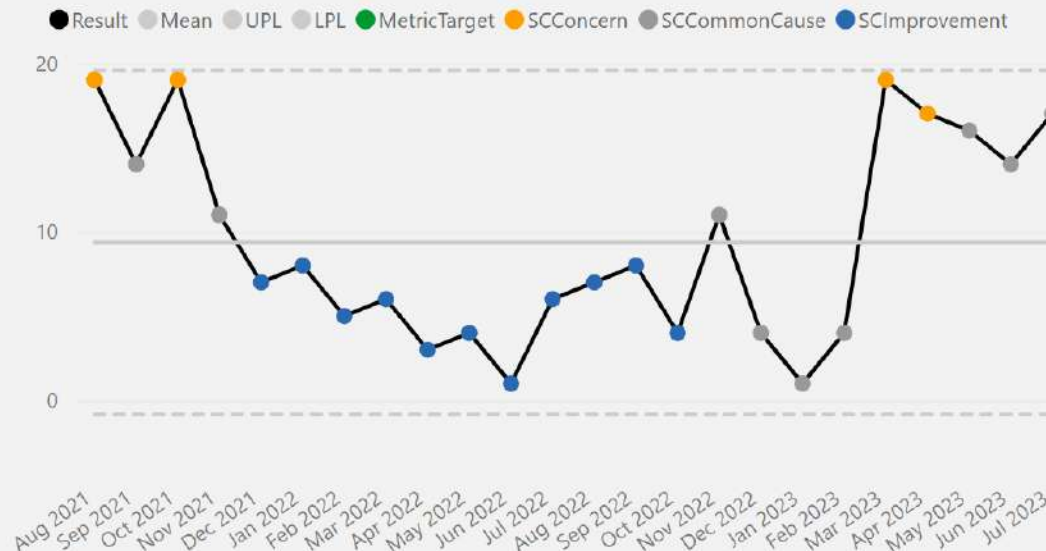
17
Result
N/A
Target

20
UPL
9
Mean
-1
LPL

Analytical Commentary

Variation is Common Cause

Safeguarding Children and Midwifery



Assurance Commentary

The Named Nurse for Safeguarding Children has implemented a supervision model within the paediatric department. Her first session was the first week of August whereby she placed herself in the department with an open door access for up to 2 hours and anyone free to attend, whether individually or as a group. This will support with discussion of anything related to safeguarding and empower staff to manage cases that they may find complex. Feedback for the first session was very positive and the Department Leads have been very supportive of the pathway. This will continue monthly.

Improvement Actions

The section 11 self-assessment is underway and due to be submitted on 15th September. The priorities this year are Neglect, protecting Babies and Exploitation. From September the ICB Designated Safeguarding teams will be hosting the first combined Safeguarding Leads forum for children and adults. This will promote the Think Family Approach to safeguarding and facilitate discussion and reflection on all age safeguarding matters arising within the remit of the healthcare economy in the county. It will also strengthen partnership working with the aim of improving outcomes for our service users.

Supplementary Metrics

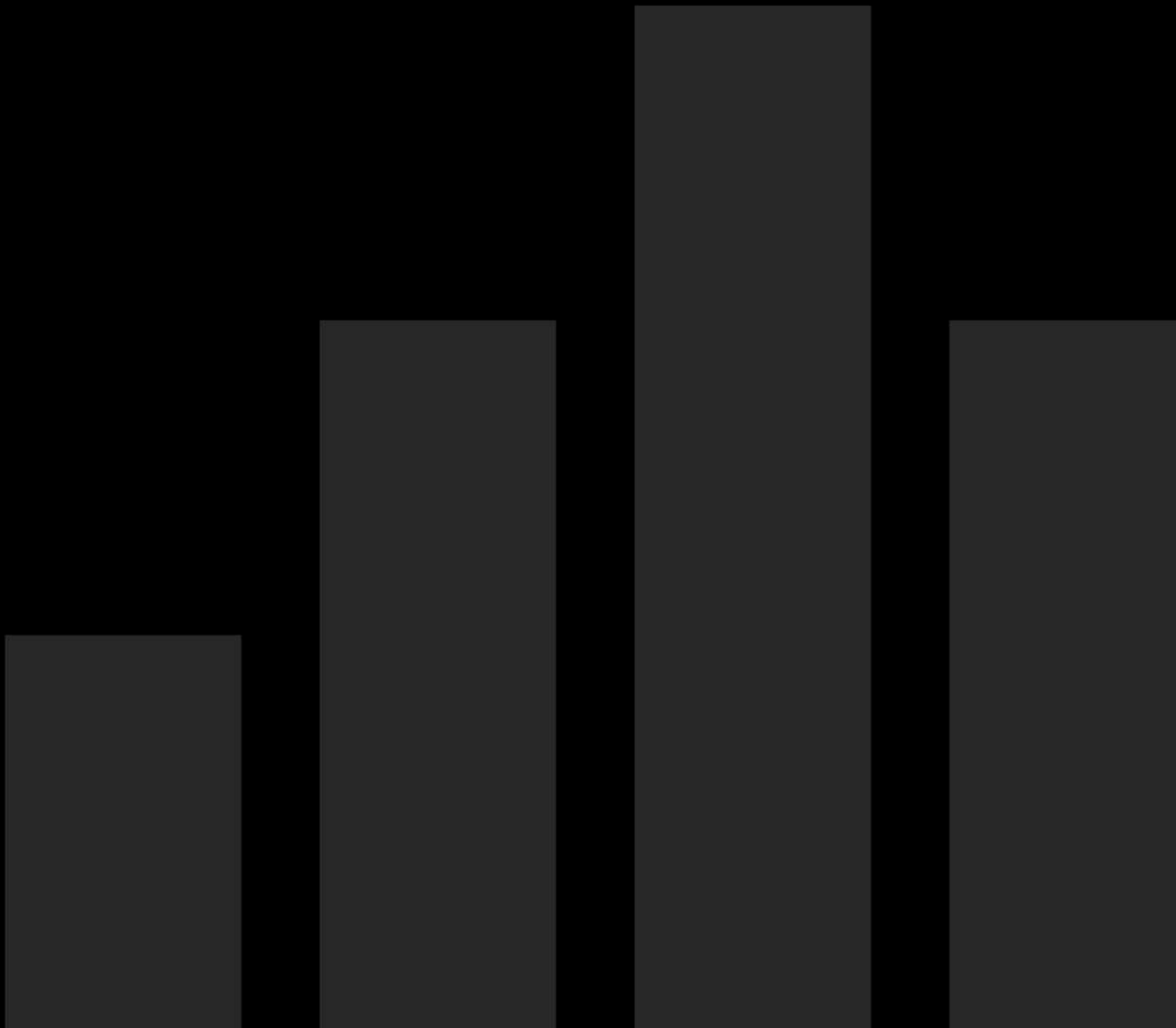
Metric Name	Date	Result		Variation	Assurance
Safeguarding Children	Jul 2023	15	🔴	Concern (High)	No Target
Safeguarding Midwifery	Jul 2023	2	🟢	Common Cause	No Target

Stroke

[View in Power BI](#) ↗

Last data refresh:
21/08/2023 06:30:36 UTC

Downloaded at:
21/08/2023 11:14:38 UTC



Stroke



Date Range

31/07/2022

31/07/2023

Overall SSNAP Score



July 2023

SSNAP Grade

B

SSNAP - Score

79

Potential Strokes

357

Diagnosed Strokes

112

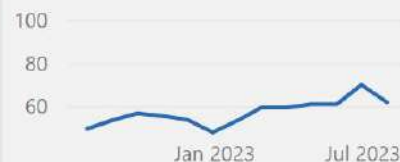
Latest Grade (Domain)

Domain	Grade
Domain 1 - Grade	A
Domain 2 - Grade	D
Domain 3 - Grade	A
Domain 4 - Grade	A
Domain 5 - Grade	B
Domain 6 - Grade	B
Domain 7 - Grade	D
Domain 8 - Grade	B
Domain 9 - Grade	A
Domain 10 - Grade	A

Domain 1 - Scanning



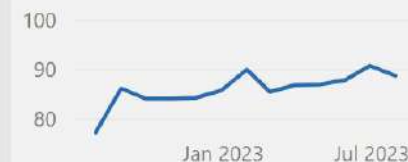
Domain 2 - Stroke Unit



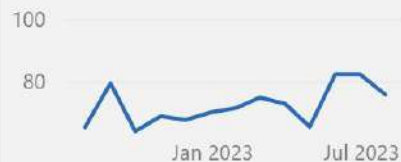
Domain 3 - Thrombolysis



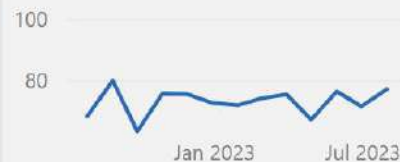
Domain 4 - Specialist Assessment



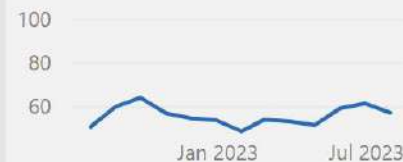
Domain 5 - Occupational Therapy



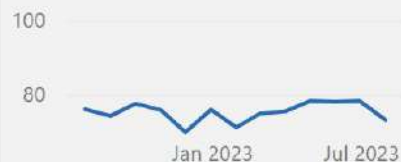
Domain 6 - Physiotherapy



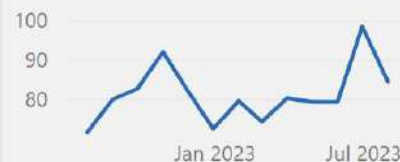
Domain 7 - Speech & Lang. Therapy



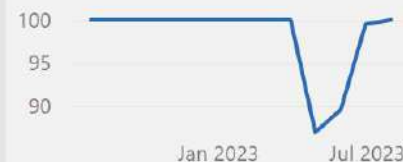
Domain 8 - MDT Working



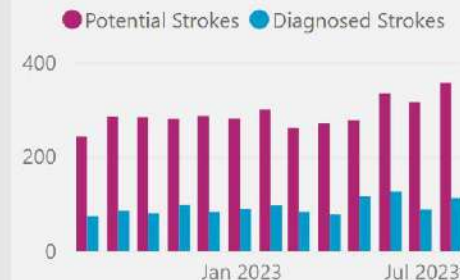
Domain 9 - Standards by Discharge



Domain 10 - Discharge Processes



Stroke Occurrence



MetricRelation	MetricName	MetricDescription	MetricTechSpec
Primary	SSNAP - Score	Total Key Indicator Score is calculated from the 10 Domain grades using a points system, A=100, B=80,C=60,D=40,E=20. Average of these points = Overall rating	N.B. For PAF reporting purposes this data is not pinned to a division, in the PAF SSNAP score is presented both for the Medical Division and Clinical Support Services Division.
Secondary	SSNAP - Grade	Based on the Overall SSNAP rating/score whereby A>80, B >70, C>60, D>40, E<40.	
Secondary	Domain 1 - Score	Scanning: % patients scanned within 1 hour,12 hours of clock start and median time	Scanning 1.1 Proportion of patients scanned within 1 hour of clock start 1.2 Proportion of patients scanned within 12 hours of clock start 1.3 Median time between clock start and scan (hours:mins)
Secondary	Domain 1 - Grade	Grades A-E based on score, calculation varies for each domain	Scanning 1.1 Proportion of patients scanned within 1 hour of clock start 1.2 Proportion of patients scanned within 12 hours of clock start 1.3 Median time between clock start and scan (hours:mins)
Secondary	Domain 2 - Score	Stroke Unit: % patients admitted direct to stroke unit within 4 hours clock start and median time. % patients spent 90% LOS on stroke unit	Stroke Unit 2.1 Proportion of patients directly admitted to a stroke unit within 4 hours of clock start 2.2 Median time between clock start and arrival on stroke unit (hours:mins) 2.3 Proportion of patients who spent at least 90% of their stay on stroke unit
Secondary	Domain 2 - Grade	Grades A-E based on score, calculation varies for each domain	Stroke Unit 2.1 Proportion of patients directly admitted to a stroke unit within 4 hours of clock start 2.2 Median time between clock start and arrival on stroke unit (hours:mins) 2.3 Proportion of patients who spent at least 90% of their stay on stroke unit
Secondary	Domain 3 - Score	Thrombolysis: % of all patients given thrombolysis, % of eligible patients thrombolysed, % thrombolysed within 1 hour clock start, % admitted stroke unit within 4 hrs and thrombolysed or justifiable reason why not, median time	Thrombolysis 3.1 Proportion of all stroke patients given thrombolysis (all stroke types) 3.2 Proportion of eligible patients (according to the RCP guideline minimum threshold) given thrombolysis 3.3 Proportion of patients who were thrombolysed within 1 hour of clock start 3.4 Proportion of applicable patients directly admitted to a stroke unit within 4 hours of clock start AND who either receive thrombolysis or have a pre-specified justifiable reason ('no but') for why it could not be given 3.5 Median time between clock start and thrombolysis (hours:mins)
Secondary	Domain 3 - Grade	Grades A-E based on score, calculation varies for each domain	Thrombolysis 3.1 Proportion of all stroke patients given thrombolysis (all stroke types) 3.2 Proportion of eligible patients (according to the RCP guideline minimum threshold) given thrombolysis 3.3 Proportion of patients who were thrombolysed within 1 hour of clock start 3.4 Proportion of applicable patients directly admitted to a stroke unit within 4 hours of clock start AND who either receive thrombolysis or have a pre-specified justifiable reason ('no but') for why it could not be given 3.5 Median time between clock start and thrombolysis (hours:mins)
Secondary	Domain 4 - Score	Specialist Assessments: % patients assessed by stroke	Specialist Assessment

REPORT TO TRUST BOARD

Date	13 September 2023
Title	Chair's key Issues report from Finance, Investments and Performance Committee meeting on 26.07.23
Lead	Mr Tom Spink (Committee Chair)
Purpose	For Information

The Finance, Investments and Performance Committee met on 26 July 2023. Papers for the meeting were made available to Board members for information in the usual way via Admin Control. The meeting was quorate and it was attended by Mrs Betts and Dr Fleming (Public Governors) as Observers.

The Committee reviewed reports in accordance with its Terms of Reference, including updates on the current financial and operational position. The following issues were identified to highlight to the Board notably with regard to 'not assured' or cross-cutting issues:

1	Performance & Productivity	<p>The Committee was updated on operational performance as detailed in the IPR. The Committee was advised that the Trust was challenged across nearly all operational priorities, apart from 4 hour wait times within the ED and increased day case rate.</p> <p>The Committee had requested and received reports on proposals to increase day case activity, particularly with regard to endoscopy and ophthalmology. Plans were outlined for additional capacity support lists in both specialities to resolve the backlog and reduce waiting times for patients.</p> <p>The Committee received an update on implementation of the Bed Capacity Plan. The Plan addresses risks associated with operational escalation, delayed discharges, pressure on staff, diminished patient experience and prolonged waiting times. The Committee was advised that the plan is currently considered to be on track.</p>
2	Financial Performance YTD	<p>The Committee received the regular update regarding financial performance, after three months of the 23/24 financial year, as detailed in the Financial Report.</p> <p>Performance with regard to cost improvement schemes is behind plan and the Committee discussed the need for increased focus if we are to avoid the need for more difficult cost improvement actions later in the year. Potential benefits in operational productivity gains are proving particularly difficult in the context of disruption resulting from industrial action.</p>
3	Estates &	The Committee received a new format of report with regard to performance in the Estates & Facilities Directorate, with particular

	Facilities Quarterly Report (Q1)	<p>reference to the retained (non-PFI) estate. Driving improvements in this area has been identified as crucial in terms of staff experience, efficiency, operational performance, patient experience and reputation management.</p> <p>The Committee was advised of Top 10 Departmental Key Objectives 23/24:</p> <ul style="list-style-type: none"> i) complete governance review to ensure effective service delivery – target date March 2024 ii) Implement actions from Staff survey – target date December 2023 iii) Complete condition survey of retained estate– target date September 2023 iv) Complete Assurance Audit to enable Premises Assurance Model submission – target date August 2023 v) Complete NaNOC Project – target date February 2024 vi) Complete JLCH Paediatric Theatre Project – target date October 2023 vii) Minor Works backlog no requests longer than 50 days - target date March 2024 viii) Estates strategy & Masterplan – target date January 2024 ix) Complete actions for the Travel to Work project – target date March 2024 x) Reduce carbon emissions by minimum 6% to remain on Net zero carbon trajectory by 2030 - ongoing <p>Committee members welcomed this new format of reporting and noted that this will serve to provide assurance but also information that can be used to guide future focus and investment. This is a major step forward in providing clarity over operational leadership and management of this key function which affects every patient, visitor and member of staff who comes onto the Trust Estate.</p> <p>Committee members challenged the presentation of the key risks and requested additional detail, progress notes and feedback from staff to be incorporated into future reports. Non-Executives questioned the level of confidence that the actions taken and planned will be effective in improving performance and morale in the Team. There are some outstanding concerns but the Committee will receive regular quarterly updates on progress.</p>
4	NANOC 2 Update	<p>The Committee was updated on the next stage in developing elective orthopaedic capacity in order to meet the needs of patients and reduce waiting times to an acceptable level. A Full Business Case is in development, with the challenge to deliver the project within the £25m funding available from the national Targeted Investment Fund. The position is complicated by the need to develop enhanced Sterile Services capacity to support the additional surgical activity. Advice has been commissioned to explore any opportunities to manage costs to an acceptable level and the Committee is to be updated at its next meeting.</p>
5	Virtual Ward update and opportunities	<p>The Committee received an update on development of the Virtual Ward. Its progress is now overseen by a monthly Virtual Ward Board. Areas of future focus concern a communications campaign to aid promotion of the Virtual Ward, enhanced by increased engagement with senior medical staff.</p>
6	Health & Safety Committee	<p>The Committee received a report regarding the operation of the Health and Safety Committee. The Health & Safety Committee reports to the Management Board for purposes of operational management and executive oversight. The Committee requested that the format and content of future reports should be reviewed to focus on providing Board assurance with regard to Health & Safety. It would be helpful if this were to include:</p>

		<ul style="list-style-type: none"> - a dashboard of key issues - assurance with regard to horizon-scanning and identification of potential concerns - who is responsible for implementing specified mitigating actions and what assurance is available that all issues are being addressed in practice - assurance that relevant issues on all Trust premises are being actively monitored and addressed - whether there are any matters that are unresolved following review by Management Board and require intervention by the Board of Directors. <p>The Committee requested that the format of future reports should be reviewed by the Management Board in order to provide greater assurance to the Committee on behalf of the Board.</p>
7	Digital wayfinding	<p>The Committee had requested a scoping report regarding potential for digital wayfinding, especially on the NNUH site. Following discussion, it was apparent that:</p> <ul style="list-style-type: none"> - considerable further work would be necessary to identify what staff, patient and public would find most useful, taking into account the full range of capabilities, to avoid excluding people with mobility issues, visual impairment or limitations in understanding or digital maturity; - the cost could be up to £250K, if not more, depending on the capability of the technology; - considerable improvements could be made to existing analogue signage, not least to correct misleading and outdated signage in the first instance; - we need to obtain feedback from patients and public on existing signage/information and how best we can improve communication generally to aid wayfinding; - implementing a digital solution would be another challenge for the Digital Team at a time that they have a number of very major challenges – in preparation for EPR +/-LIMS. <p>In all the circumstances, the Committee was of the view that a digital solution for wayfinding is not the highest priority at this time and that it would be appropriate to work on improving analogue solutions.</p>

3 Conclusions/Outcome/Next steps

The next Committee meeting is scheduled for 27 September 2023.

Recommendation: The Board is recommended to:

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

REPORT TO TRUST BOARD			
Date	13 th September 2023		
Title	Performance & Activity IPR		
Author & Exec Lead	Chris Cobb – Chief Operating Officer		
Purpose	For Information		
Relevant Strategic Objective	BAF 1.2 and BAF 1.3		
Are there any quality, operational, workforce and financial implications of the decision requested by this report? If so explain where these are/will be addressed.	Quality	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Operational	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Workforce	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Financial	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
1. <u>Background/Context</u> The attached report provides an update on compliance against the new Operational Priorities 2023-24: <ul style="list-style-type: none"> Urgent and Emergency Care: <ul style="list-style-type: none"> 76% of patients seen in ED within 4 hours: On Track Increase Ambulance handover delays under 30 minutes: Off Track Reduce General and Acute bed occupancy to 92% or below: Off Track Elective Care: <ul style="list-style-type: none"> Eliminate waits of over 65 weeks: Off Track Increase day case rate to 85%: On Track Increase theatre utilisation to 85%: Off Track Reduce outpatient follow-up to 75% of 2019/20 baseline: Off Track Cancer: <ul style="list-style-type: none"> Reduce the number of patients waiting over 62 days: Off Track Meet the Cancer Faster Diagnosis Standard (75%): Off Track Diagnostics: <ul style="list-style-type: none"> Increase the percentage of patients that receive a diagnostic test within 6 weeks to achieve the 95% target by March 2025: Off Track 			
Recommendations: The Board is recommended to: Acknowledge the paper and latest position for information.			

Integrated Performance Report:

Performance & Activity Domains

July 2023



Key 2023-24 Operational Priorities

- Elective Care 23/24 Priorities – Board Self Certification (May 2023): Partially Compliant
- Urgent and Emergency Care: –
 - 76% of patients seen in ED within 4 hours: On Track
 - Increase Ambulance handover delays under 30 minutes: Off Track
 - Reduce General and Acute bed occupancy to 92% or below: Off Track
- Elective Care: –
 - Eliminate waits of over 65 weeks: Off Track
 - Increase day case rate to 85%: On Track
 - Increase theatre utilisation to 85%: Off Track
 - Reduce outpatient follow-up to 75% of 2019/20 baseline: Off Track
- Cancer: –
 - Reduce the number of patients waiting over 62 days: Off Track
 - Meet the Cancer Faster Diagnosis Standard (75%): Off Track
- Diagnostics: –
 - Increase the percentage of patients that receive a diagnostic test within 6 weeks to achieve the 95% target by March 2025: Off Track

Board Self Certification

	Assurance statement	Statement	RAG	Owner	Estimated Delivery Date	Additional Comments
1. Excellence in basics	Has any patient waiting over 26 weeks on an RTT pathway (as at 31 March 2023) not been validated in the previous 12 weeks? Has the 'Date of Last PAS validation' been recorded within the Waiting List Minimum Data Set?	We are currently unable to record all validation in PAS, which is a known issue and will be addressed as part of the wider digital strategy. However, validation is now an embedded process that is managed and overseen via the PTL meetings.	A	Nancy Oliver	TBC	Able to demonstrate that 56,000 patients waiting over 26 weeks have been contacted and submitted this data to the ICB – unable to evidence this in PAS. Estimated that 17,000 patients will need to be contacted every 12 weeks. In discussion regarding the use of a robot to support this as its resource heavy. Also investigating the Patient Experience Platform (PEP) implementation to support.
	Are referrals for any Evidence Based Interventions still being made to the waiting list?	Yes. These are screened out if any are received and either rejected or a response given via advice and guidance, monitored via DQ	G	Chris Cobb		
2. Performance and long waits	Are plans in place to virtually eliminate RTT waits of over 104w and 78w (if applicable in your organisation)?	Yes. There are no 104w patients and clear recovery trajectories in place to address 78ww. Industrial action is creating capacity issues in Orthopaedics, Spinal and Gynaecology.	G	Chris Cobb		
	Do your plans support the national ambition to virtually eliminate RTT waits of over 65 weeks by March 2024?	Yes. However, the activity plan forecast 900 breaches due to insufficient Lamina Flow theatre capacity. Following IA and delay to capital projects we are now forecasting 1,300 breaches on 31 March 2024.	G	Chris Cobb		Current forecast will eliminate 98.3% of the long waiting cohort subject to no further Industrial Action.
3. Outpatients	Are clear system plans in place to achieve 25% OPFU reduction, enabling more outpatient first activity to take place?	Partially. Due to the large volume of current backlogs we will not fully achieve this size of reduction. However, the ambition is to work towards reducing follow ups and to expand use of PIFU in key specialties.	G	Chris Cobb		We have joined the national Go Further Faster outpatient programme to provide help and support from GIRFT and the Royal Colleges to 14 key specialties
	Do you validate and book patients in for their appointments well ahead of time, focussing on completing first outpatient appointments in a timely way, to support with diagnostic flow and treatment pathways?	Yes. We do validate and a number of specialties are close to achieving 18w RTT. However, increased focus on time to first appointment would assist in reducing waits by 31 March 24.	A	Nancy Oliver	March 2024	Working with 14 specialties to reduce waiting times to 52 weeks for first outpatient appointment by end of March 2024 as part of the Go Further Faster outpatient programme.
4. Cancer pathway re-design	Where is the trust against full implementation of FIT testing in primary care in line with BSG/ACPGBI guidance, and the stepping down of FIT negative (<10) patients who have a normal examination and full blood count from the urgent colorectal cancer pathway in secondary care?	Yes. FIT Testing fully functioning in primary care. Lower GI SOP in place to ensure timely step down of patients from a Cancer Pathway	G	Nancy Oliver		
	Where is the trust against full roll-out of teledermatology?	Teledermatology Pilot completed Q4 22/23. The roll out to high risk BCC two week wait referrals is underway in Q1 23/24.	G	Iain Young		Telederm capacity now accounts for 25% of suspected Cancer referrals. Plans to further expand to 50% by end of October 2023.
	Where is the trust against full implementation of sufficient mpMRI and biopsy capacity to meet the best practice timed pathway for prostate pathways?	MPMRI turnaround (Vetting, scanning and reporting) currently at 10 days from request. Template Biopsy capacity currently under the required weekly capacity to meet the timed pathway milestone	A	Iain Young	September 2023	Prostate Biopsy capacity improved turnaround to 35 days from referral, down from >100 days in April 2023. Recruitment underway for Nurse Consultant post to lead the service.
5. Activity	Are clear system plans in place to prioritise existing diagnostic capacity for urgent suspected cancer activity?	Yes. 2ww will always be prioritised ahead of urgent and routine priority requests. The Radiology Information System (RIS) is designed to show 2ww requests higher up on the scheduling list meaning that they get booked ahead of routine and urgent priority exams. Cancer PTL highlights any requests that are meant to be 2ww but unintentionally requested as routine or priority and these are then escalated for booking within a 2ww pathway.	G	Iain Young		
	Is there agreement between the Trust, ICB and Cancer Alliance on how best to ensure newly opening CDC capacity can support 62 day backlog reductions and FDS performance?	Yes. CDC Capacity being commissioned from the independent sector currently to provide in year additional capacity.	G	Iain Young		
	How does the Trust compare to the benchmark of a 10-day turnaround from referral to test for all urgent suspected cancer diagnostics?	Trust close to meeting 10 day Turnaround for most radiological testing with the exception of Ultrasound/CT guided Biopsy and CTC. Specialty diagnostics which require theatre capacity greatly exceed 10 day waits due to the competing priorities of 78 week patients and Surgical Cancer Treatment.	A	Richard Goodwin	TBC	Meeting 10 day turnaround for non-specialised Radiology. Additional scoping work required for plans to achieve for CTC, CT guided Biopsy and Gynaecological Ultrasound.
	Are plans in place to implement a system of early screening, risk assessment and health optimisation for anyone waiting for inpatient surgery?	Partially. The system being designed to digitise pre-op will provide automatic screening and risk stratification of patients to improve pre-op process and enable early identification of opportunities for patient optimisation.	A	Tim Leary	September 2023	Revised launch date for system – September 2023. Currently liaising with Infinity to link system to DrDr portal.
	Are patients supported to optimise their health where they are not yet fit for surgery?	Partially. Pre-hab work has commenced with Orthopaedics, utilising digital platforms and education tools. Once established, this will be widened to other areas after pilot outcomes.	A	Tim Leary	March 2024	

	Assurance statement	Statement	RAG	Owner	Estimated Delivery Date	Additional Comments
5. Activity	Are the core five requirements for all patients waiting for inpatient surgery by 31 March 2024 being met as follows:					
	1. Patients should be screened for perioperative risk factors as early as possible in their pathway.	Currently being scoped as part of the Pre-op transformation work – system designed will enable identification at point of waiting list addition.	A	Tim Leary	January 2024	
	2. Patients identified through screening as having perioperative risk factors should receive proactive, personalised support to optimise their health before surgery.	Currently being scoped as part of the Pre-op transformation work – pre-hab processes being improved for Orthopaedics.	A	Tim Leary	March 2024	
	3. All patients waiting for inpatient procedures should be contacted by their provider at least every three months.	Process under design with Clinical Harm reviews.	A	Nancy Oliver	January 2024	Awaiting System approval of updated System Clinical Harm Review policy. SOP to be developed, with implementation plan. Roll out across all specialties by January 2024.
	4. Patients waiting for inpatient procedures should only be given a date to come in for surgery after they have had a preliminary perioperative screening assessment and been confirmed as fit or ready for surgery.	This is Trust policy – provisional dates may be scheduled.	A	Tim Leary	September 2023	
	5. Patients must be involved in shared decision-making conversations.	Patients treatment plans are developed and agreed between patients and clinicians	A	Tim Leary	September 2023	
	Is full use being made of protected capacity in Elective Surgical Hubs?	Elective beds continue to be ringfenced	G	Chris Cobb		
	Do diagnostic services meet the national optimal utilisation standards set for CT, MRI, Ultrasound, Echo and Endoscopy? https://future.nhs.uk/NationalCommunityDiagnostics/groupHome	No. Unable to provide until the DAC is in place which following approval is set to be completed in February 2025 CDC spokes for Central Norfolk, currently being procured by ICB and anticipated they will be opening in Q4 of 2023/24.	A	Richard Goodwin	February 2025 / DAC opening	DAC case signed off. Consolidation of outpatient work when DAC opens in February 2025 will improve utilisation by reducing the number of mixed IP and OPD sessions across the service. Percentage utilisation not routinely captured due to unsupportive IT infrastructure, however snapshot audit in 2022 showed MR at 82%, CT 97% and US 86% against a national benchmark of 85%.
6. Choice	Are any new Community Diagnostic Centres (CDCs) on track to open on agreed dates, reducing DNAs to under 3% and ensuring that they have the workforce in place to provide the expected 12 hours a day, 7 day a week service? Are Elective Surgical Hub patients able to make full use of their nearest CDC for all their pre and post-op tests where this offers the fastest route for those patients?	No - CDC business cases are in the process of being reviewed for approval for the N&W ICS. The Diagnostic Assessment Centres (DAC) for N&W ICS have Ministerial approval pending HMT approval. Once approved, the timetable within the DAC business case will set the time frame for delivery. Elective Hub work will be delivered by a CDC by February 2025. CDC spokes for Central Norfolk, currently being procured by ICB and anticipated to open in Q4 2023/24.	A	Richard Goodwin	February 2025 / DAC opening	DAC case signed off. Coordination of elective referrals into CDCs will need to be worked up across Specialty referral pathways to ensure optimised patient access to local CDCs.
	Are you releasing any Mutual Aid capacity which may ordinarily have been utilised to treat non-urgent patients to treat clinically urgent and long-waiting patients from other providers? Is DMAS being used to offer or request support which cannot be realised within the ICB or region?	Yes. Mutual aid in place between sites and providers to support long wait recovery. DMAS being used, however, little appetite from patients to travel out of East Anglia	G	Nancy Oliver		
	Has Independent Sector capacity been secured with longevity of contract? Has this capacity formed a core part of planning for 2023/24?	Yes. Good partnership working in place and part of ongoing recovery capacity	G	Chris Cobb		
7. Inclusive recovery	Do recovery plans and trajectories ensure specialised commissioned services are enabled to recover at an equitable rate to non-specialised services? Do system plans balance high volume procedures and lower volume, more complex patient care	Yes. Activity plans have been weighted to optimise elective recovery	G	Chris Cobb		
	Have you agreed the health inequality actions put in place and the evidence and impact of the interventions as part of your operational planning return? Was this supported by disaggregated elective recovery data?	Partially. Reducing HI and Core20 plus 5 are in the Trust quality priorities for this year but currently just high level statement. The Trust reviews the emergency admissions and deaths on elective waiting lists in terms of deprivation deciles at the monthly elective clinical harm group - so far we have not seen any evidence that patients in the more deprived deciles are represented proportionally in larger numbers.	A	Erika Denton	September 2023	Health Inequalities and Equality and Diversity Group (EDGE) are merging. Proposals to go to Hospital Management Board once approved by EDGE. Core20 plus 5 to be added to the EDI strategy in July.
	Are children and young people explicitly included in elective recovery plans and actions in place to accelerate progress to tackle CYP elective waiting lists?	Yes. Children and young people included in 65w recovery and 52w 1st OP appointment, with a specific 52w long waiters PTL report for CYP now in place.	G	Chris Cobb		

Urgent and Emergency Care

ED 4hr Target

July 2023

Variation



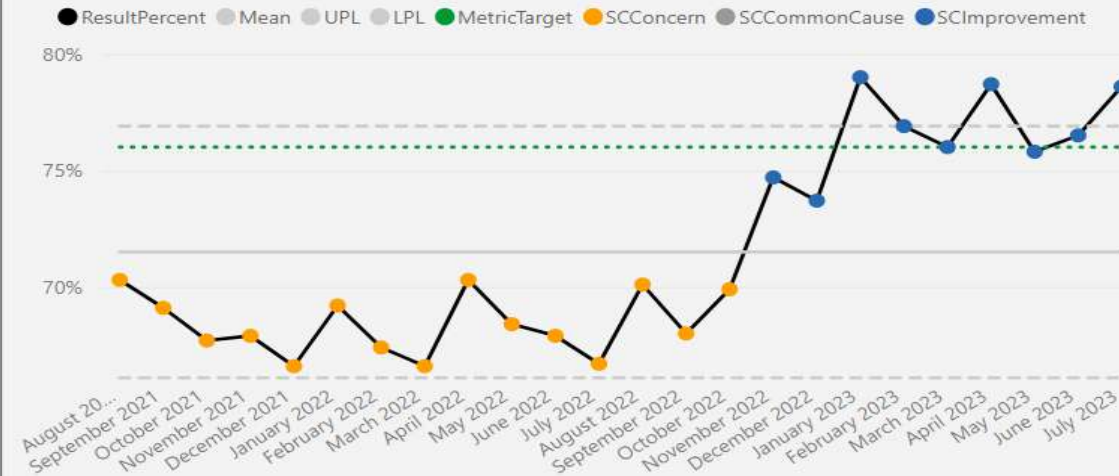
Assurance



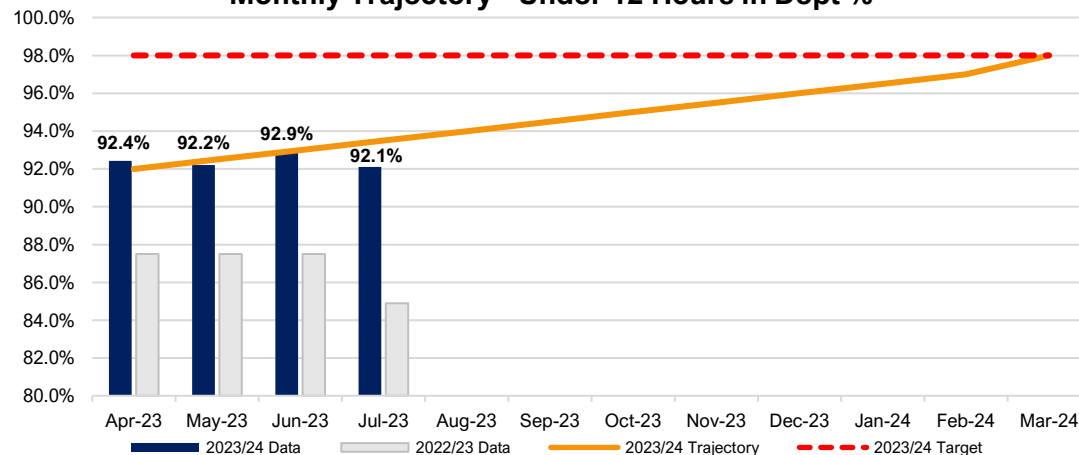
78.6%
Result
76.0%
Target

76.9%
UPL
71.5%
Mean
66.1%
LPL

ED 4hr Target



Monthly Trajectory - Under 12 Hours in Dept %



Commentary

The overall position reflects the extremely challenging situation with the trust remaining in OPEL 4 status in July. Improved ED 4 hour performance compared to June, and ahead of target: **Trust only = 63.7% / WIC = 99.9% / Combined = 78.6%.**

The top table (below) details NNUH's superior 4 hour ED performance in July compared to the Type 1 regional and national average, in addition to highlighting the NNUH's significantly improved performance since July 2022. The bottom table (below) shows that NNUH's mean time in department has reduced by 25% in July 2023 compared to July 2022 for admitted patients, and 36% for non-admitted patients.

The chart (across) details the 23/24 monthly performance for the percentage of patients that spend less than 12 hours in ED at NNUH. For July, performance reduced compared to June, and is behind trajectory for the year.

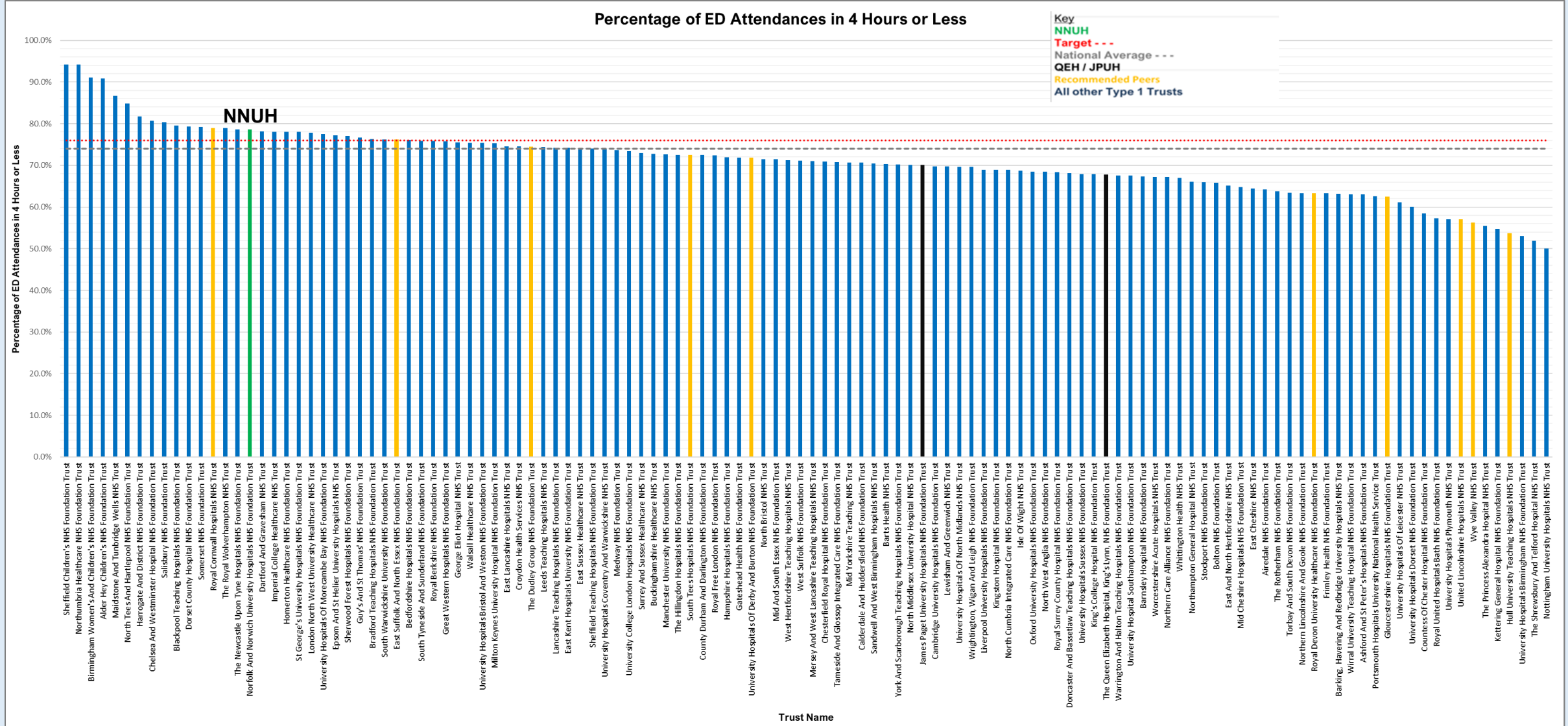
Type 1 Performance

	Jul-2022	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Diff to Last Month	Diff to Jul 2022
Type 1 Performance									
National	56.6%	56.6%	56.5%	60.5%	60.0%	60.3%	61.0%	0.7%	4.4%
East of England	54.3%	55.2%	54.6%	59.0%	58.8%	58.3%	60.9%	2.5%	6.5%
Norfolk & Norwich University Hospital	39.3%	57.6%	56.9%	62.5%	58.1%	61.1%	63.7%	2.6%	24.4%

Mean Time in Department (Minutes)

	Jul-2022	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Diff to Last Month	Diff to Jul 2022
Admitted									
National	568	562	571	486	502	486	460	-5.4%	-19.1%
East of England	583	567	578	475	483	486	452	-7.1%	-22.5%
Norfolk & Norwich University Hospital	713	651	612	504	534	517	536	3.6%	-24.9%
Non-Admitted									
National	269	269	269	246	250	250	243	-2.5%	-9.4%
East of England	265	253	253	232	238	239	230	-3.6%	-13.2%
Norfolk & Norwich University Hospital	317	228	225	200	220	211	203	-3.5%	-35.9%

ED Waiting Times <4 hours – National Position (July 2023)



Commentary

In July, NNUH were ranked 16th across all Type 1 NHS Trusts and the second best performing amongst our recommended peers (for most similar attributes), with 78.6% of ED patients either admitted, transferred or discharged within 4 hours of arrival. This is an increase on the previous month (76.5%), ahead of the national target (76%), and the national average (74%).

Average Time from Arrival to Initial Assessment

July 2023



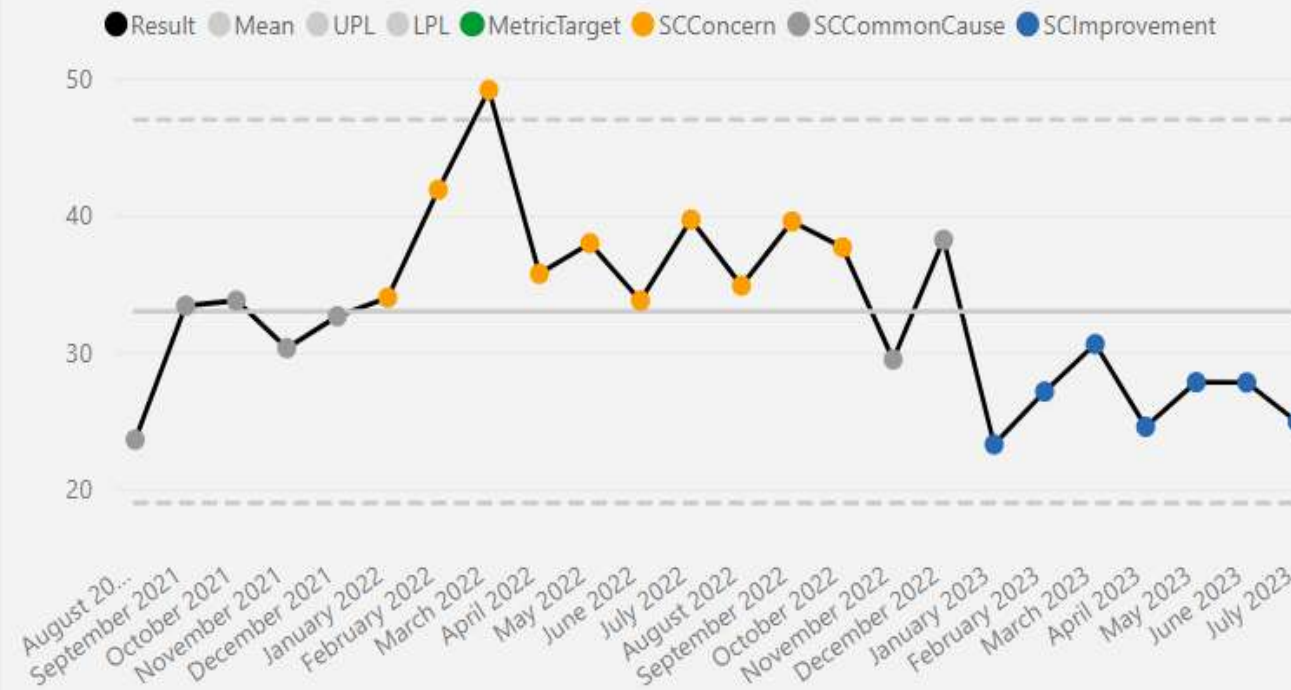
Variation

Assurance

24.9
Result
N/A
Target

47.0
UPL
33.0
Mean
19.0
LPL

Average Time from Arrival to Initial Assessment

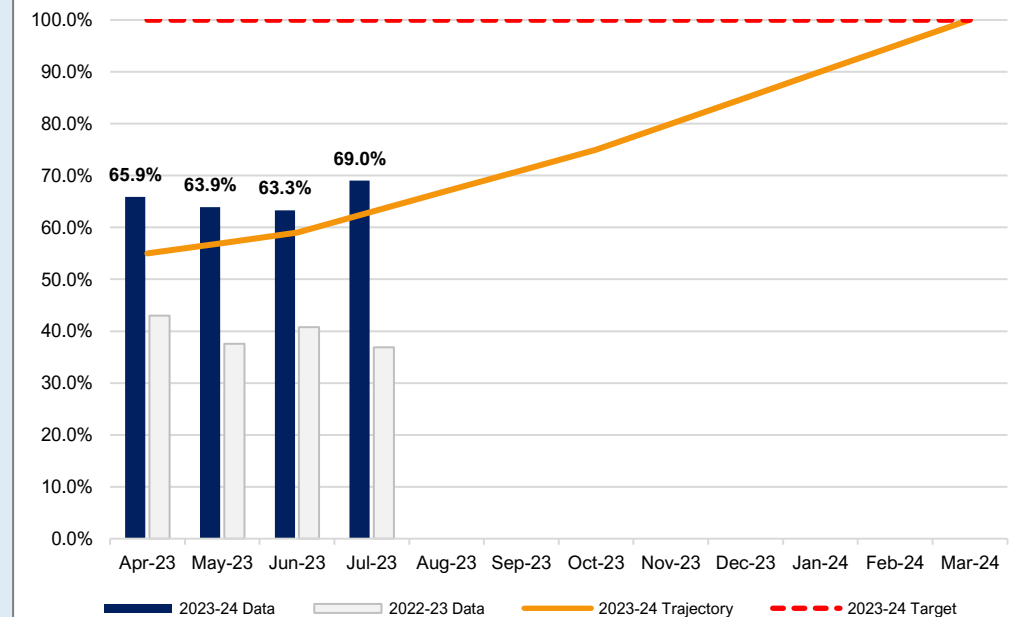


Commentary

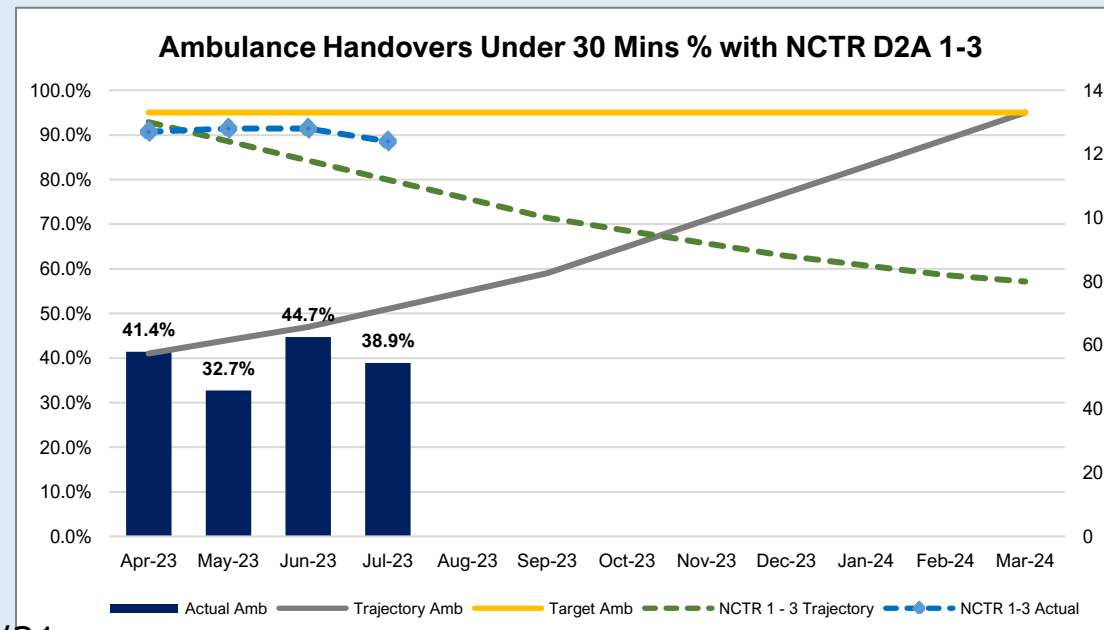
The chart on the left details the average time in minutes from ED arrival to initial assessment. This reduced to 24.9 minutes in July, from 27.8 minutes in May and June.

The chart below highlights that the proportion of patients with an initial assessment within 15 minutes has increased to 69% in July, higher than the 3 months previously.

Monthly Trajectory - % Of Patients With Initial Assessment Within 15 Minutes



Hospital Name	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Total
Addenbrookes Hospital	64.89%	81.48%	79.01%	65.64%	87.17%	62.39%	87.22%	92.57%	87.15%	93.38%	98.54%	97.64%	99.31%	85.23%
Basildon & Thurrock Hospital	54.01%	54.86%	47.10%	39.49%	47.93%	38.53%	58.16%	54.17%	61.20%	72.62%	76.40%	80.54%	84.79%	60.94%
Bedford Hospital South Wing	86.60%	89.77%	85.42%	87.86%	87.40%	76.62%	86.07%	94.21%	89.61%	97.20%	96.80%	92.69%	97.77%	89.88%
Broomfield Hospital	58.62%	63.22%	59.28%	51.90%	59.34%	32.11%	60.84%	61.95%	73.92%	88.22%	91.49%	88.32%	84.80%	68.55%
Colchester General Hospital	69.63%	74.90%	68.85%	37.67%	39.48%	44.83%	78.06%	82.84%	57.06%	86.11%	91.24%	83.66%	89.91%	71.46%
Hinchingbrooke Hospital	37.95%	57.84%	78.10%	74.66%	85.88%	61.42%	81.96%	81.67%	78.60%	87.81%	88.19%	91.69%	92.67%	77.98%
Ipswich Hospital	68.78%	75.63%	71.34%	52.89%	62.46%	48.21%	67.83%	67.72%	66.21%	74.61%	76.33%	70.94%	76.96%	67.96%
James Paget Hospital	35.67%	33.38%	32.98%	26.39%	38.08%	26.25%	43.36%	42.75%	44.83%	68.78%	58.41%	70.76%	79.86%	47.99%
Lister Hospital	24.19%	34.01%	23.62%	18.90%	22.97%	21.70%	43.06%	42.02%	39.14%	52.82%	45.01%	44.87%	62.68%	38.55%
Luton And Dunstable Hospital	73.65%	77.58%	73.31%	68.50%	72.68%	62.21%	71.24%	76.04%	66.03%	74.05%	71.62%	70.40%	70.04%	70.99%
Norfolk & Norwich University Hospital	35.44%	40.47%	28.24%	21.32%	33.40%	31.17%	39.62%	35.55%	25.55%	41.40%	35.37%	47.98%	37.38%	34.37%
Peterborough City Hospital	29.19%	40.22%	46.09%	41.82%	45.15%	33.41%	47.91%	58.64%	50.72%	56.98%	62.49%	69.90%	65.25%	51.03%
Princess Alexandra Hospital	36.74%	41.97%	36.58%	34.84%	31.81%	32.72%	48.60%	38.63%	39.29%	62.44%	52.87%	54.65%	48.27%	43.75%
Queen Elizabeth Hospital	52.59%	47.63%	42.15%	30.68%	34.81%	27.29%	41.08%	53.83%	43.73%	64.13%	50.49%	48.66%	55.33%	45.62%
Southend University Hospital	52.54%	46.57%	41.49%	37.74%	37.92%	30.34%	58.64%	71.57%	65.10%	75.38%	67.56%	62.49%	67.36%	57.78%
Watford General Hospital	40.27%	45.91%	48.18%	39.27%	39.31%	38.06%	48.16%	56.21%	58.56%	62.63%	72.53%	77.60%	76.10%	57.69%
West Suffolk Hospital	83.68%	82.17%	86.85%	70.12%	68.04%	57.05%	73.26%	71.74%	70.86%	91.57%	92.33%	93.24%	93.59%	80.03%
Total	55.35%	59.81%	57.64%	48.12%	53.51%	43.05%	61.26%	63.92%	59.94%	73.16%	72.46%	73.21%	74.77%	61.83%

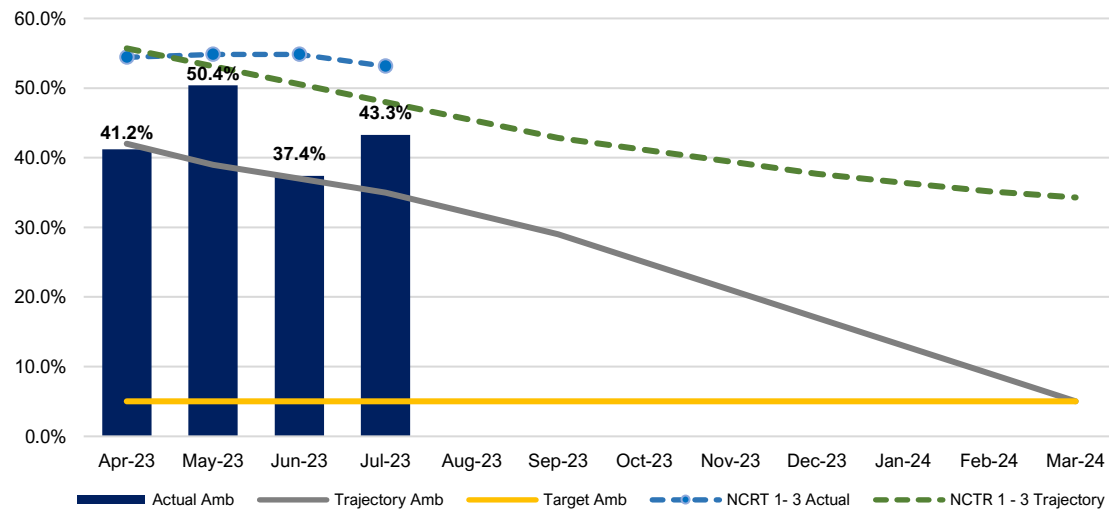


Commentary

Ranking 17th in the region from July 2022 to July 2023 and for the month (July 2023). Reduced performance from June.

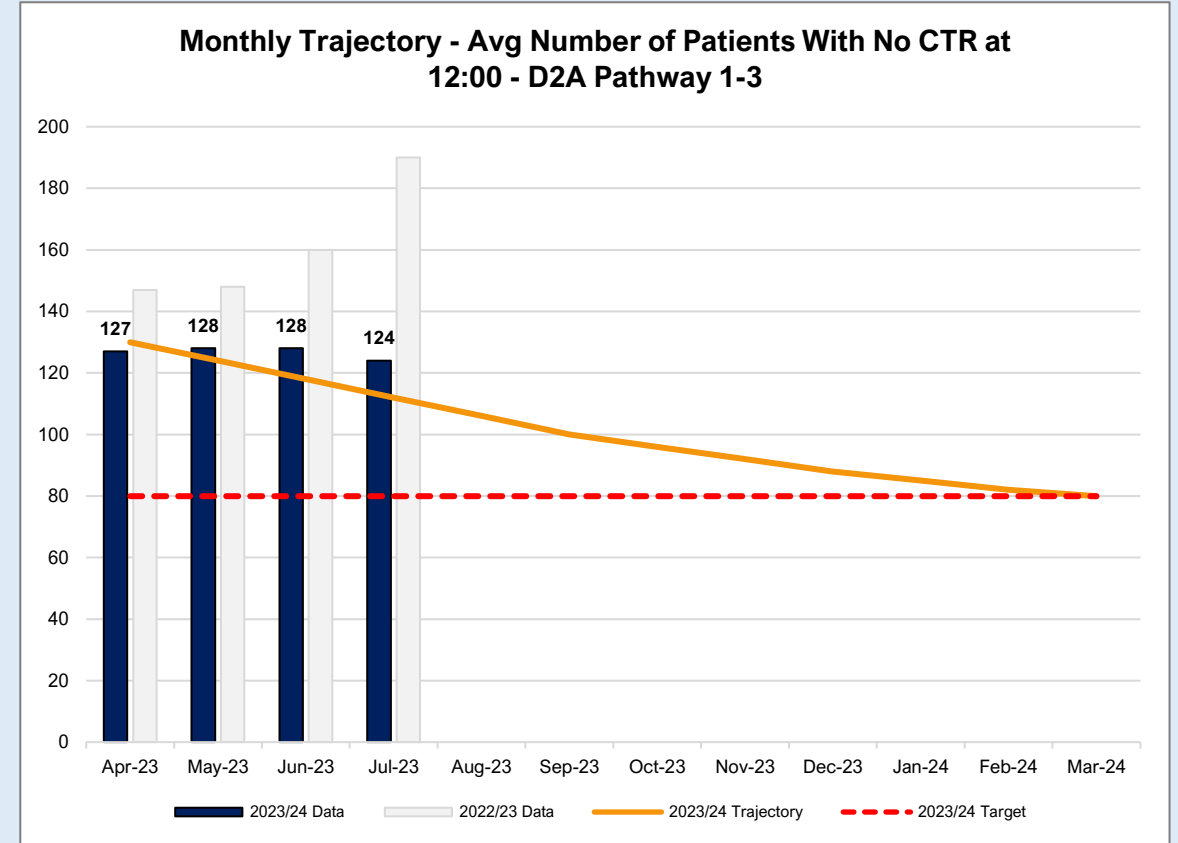
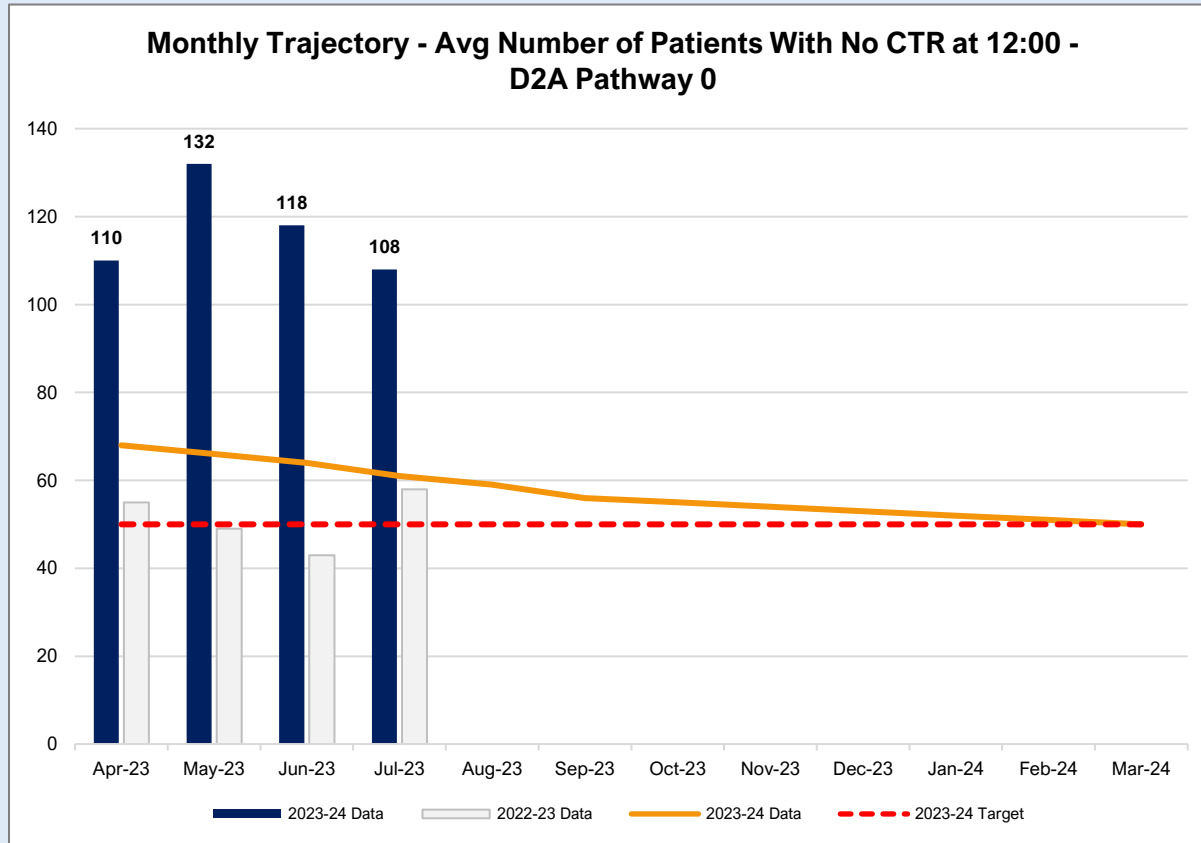
Hospital Name	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Total
Addenbrookes Hospital	15.19%	4.46%	8.09%	16.56%	1.78%	23.49%	3.23%	1.16%	3.90%	1.21%	0.00%	0.08%	0.00%	6.09%
Basildon & Thurrock Hospital	26.79%	23.34%	32.00%	38.30%	28.24%	35.35%	21.18%	25.23%	22.86%	12.90%	9.25%	6.64%	3.01%	21.93%
Bedford Hospital South Wing	5.49%	3.10%	6.74%	4.71%	5.55%	14.15%	6.90%	1.96%	6.27%	1.24%	0.48%	2.67%	0.56%	4.60%
Broomfield Hospital	20.90%	16.93%	21.05%	27.88%	18.72%	42.52%	18.41%	15.41%	7.35%	5.20%	1.96%	3.61%	4.53%	15.73%
Colchester General Hospital	13.94%	10.48%	14.08%	40.32%	40.97%	32.36%	5.88%	7.48%	24.54%	2.63%	1.56%	9.30%	6.93%	16.19%
Hinchingbrooke Hospital	38.06%	19.38%	8.07%	9.55%	4.94%	25.19%	9.56%	8.00%	11.11%	4.12%	4.83%	2.40%	1.91%	11.32%
Ipswich Hospital	13.87%	11.71%	14.30%	29.08%	21.33%	32.78%	15.30%	15.82%	16.33%	9.60%	10.45%	14.82%	12.98%	16.80%
James Paget Hospital	47.54%	49.63%	46.15%	58.01%	41.43%	56.72%	34.73%	29.86%	33.43%	14.67%	26.33%	15.14%	13.53%	35.94%
Lister Hospital	46.79%	35.28%	47.23%	52.55%	50.60%	52.81%	26.91%	29.71%	31.70%	17.45%	25.98%	26.58%	23.93%	35.96%
Luton And Dunstable Hospital	13.01%	7.18%	10.43%	16.83%	11.35%	22.29%	12.00%	7.72%	16.36%	7.87%	11.49%	12.05%	10.82%	12.26%
Norfolk & Norwich University Hospital	45.10%	39.67%	53.18%	62.66%	49.94%	57.00%	44.79%	48.47%	63.57%	42.65%	51.89%	38.12%	45.48%	49.42%
Peterborough City Hospital	37.86%	23.14%	20.52%	26.14%	21.47%	33.88%	21.11%	11.98%	16.19%	11.69%	12.01%	9.09%	8.88%	19.54%
Princess Alexandra Hospital	33.68%	27.26%	35.15%	34.84%	39.22%	40.68%	24.84%	36.81%	37.74%	14.41%	23.65%	22.42%	19.61%	30.02%
Queen Elizabeth Hospital	32.97%	36.19%	42.77%	56.08%	52.11%	60.07%	43.43%	28.94%	40.03%	18.96%	37.80%	37.60%	33.08%	40.00%
Southend University Hospital	26.08%	33.70%	38.05%	40.32%	37.15%	47.13%	20.00%	11.08%	12.02%	6.11%	13.20%	12.82%	11.16%	23.76%
Watford General Hospital	28.01%	24.98%	23.50%	28.96%	32.07%	31.84%	18.29%	12.43%	14.78%	8.39%	4.04%	2.20%	2.16%	17.82%
West Suffolk Hospital	6.15%	6.46%	4.66%	14.11%	15.64%	23.10%	12.68%	12.78%	12.96%	0.18%	0.99%	0.59%	0.59%	8.53%
Total	26.55%	21.93%	25.06%	32.76%	27.79%	37.14%	19.96%	17.93%	21.83%	10.55%	13.88%	12.71%	11.72%	21.52%

Over 60 min reduction trajectory 2023/24



Commentary

Ranking 17th in the region from July 2022 to July 2023 and for the most recent month (July 2023).
Reduced performance from June.



Commentary

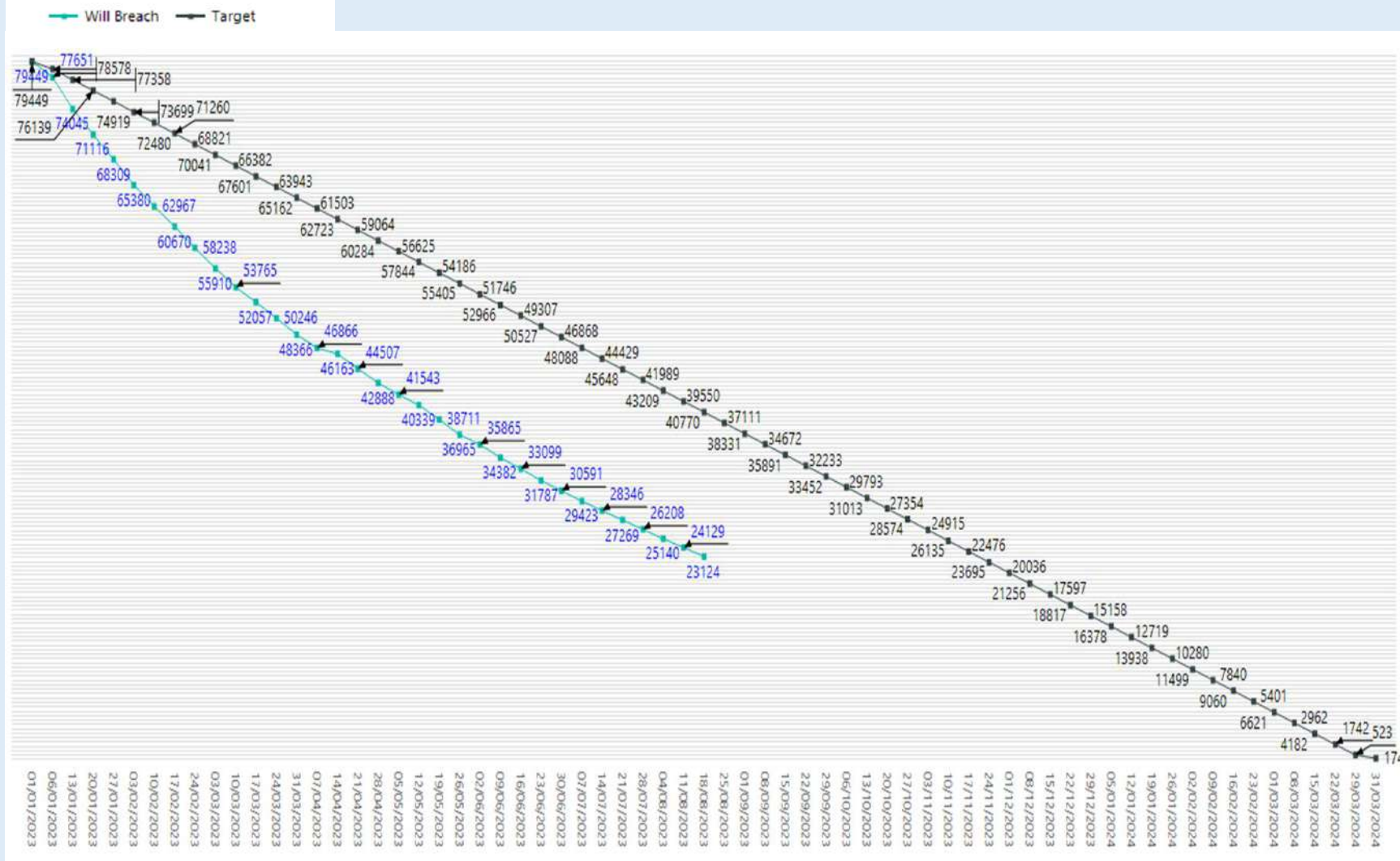
Both No Criteria to Reside D2A Pathways 0 (P0) and Pathways 1-3 (P1-3) has improved from June to July, but remains behind trajectory. Additional community beds in September will assist in reducing the number of P1-3 patients.

Elective Care

No TCI, TCI booked after deadline, or a provisional TCI booked Specialty (Top 10)	Intended Management				Grand Total
	New	Follow up	Day Case	Inpatient	
110 - Trauma and Orthopaedic	0	9	42	77	128
502 - Gynaecology	0	6	45	33	84
108 - Spinal Surgery	10	30	4	11	55
130 - Ophthalmology	1	1	35	0	37
100 - General Surgery	0	10	11	5	26
160 - Plastic Surgery	1	2	10	9	22
120 - Ear Nose and Throat	0	7	2	3	12
330 - Dermatology	1	3	5	0	9
101 - Urology	0	0	5	3	8
216 - Paediatric Ophthalmology	0	0	5	0	5
Other Combined	2	6	3	2	13
Grand Total	15	74	167	143	399

As of 21st August, there are 399 patients due to be waiting 78 weeks or more by 1st September. These are patients with the criteria of no TCI, with a TCI but booked after the 31st August or only a provisional TCI booked. The table above highlights the 10 specialties with the highest number of patients that meet this criteria.

The total cancellations due to Industrial Action in July and August (up to 21st August) were 431 Inpatients and 1,986 Outpatients = 2,417. When combined with the reduction in booking, this equates to quite an impact on the long waits.



Commentary

For the overarching requirement of 65 week delivery by 31st March 2024, delivery is ahead of trajectory at a Trust level, with 22,850 patients remaining in the cohort against a target of 39,028.

However, the impact of Industrial Action has increased the forecast number of breaches on 1st April 2024 to 2,671.

Performance – RTT 65-Weeks (Specialty Level Forecast)

Specialty		Weekly Averages	30/06/2023	07/07/2023	14/07/2023 (Industrial Action)	21/07/2023 (Industrial Action)	28/07/2023	04/08/2023	11/08/2023 (Industrial Action)	18/08/2023 (Industrial Action)	25/08/2023 (Industrial Action)	01/09/2023 (Public Holiday)	08/09/2023	15/09/2023	22/09/2023 (Industrial Action)	29/09/2023 (15 Funds Expire)	06/10/2023	13/10/2023	20/10/2023	27/10/2023	03/11/2023	10/11/2023	17/11/2023	24/11/2023	01/12/2023	08/12/2023	15/12/2023	22/12/2023 (Public Holiday)	29/12/2023 (Public Holiday)	05/01/2024 (Public Holiday)	12/01/2024	19/01/2024	26/01/2024	02/02/2024	09/02/2024	16/02/2024	23/02/2024	01/03/2024	08/03/2024	15/03/2024	22/03/2024	31/03/2024 (Public Holiday)		
			30/06/2023	07/07/2023	14/07/2023 (Industrial Action)	21/07/2023 (Industrial Action)	28/07/2023	04/08/2023	11/08/2023 (Industrial Action)	18/08/2023 (Industrial Action)	25/08/2023 (Industrial Action)	01/09/2023 (Public Holiday)	08/09/2023	15/09/2023	22/09/2023 (Industrial Action)	29/09/2023 (15 Funds Expire)	06/10/2023	13/10/2023	20/10/2023	27/10/2023	03/11/2023	10/11/2023	17/11/2023	24/11/2023	01/12/2023	08/12/2023	15/12/2023	22/12/2023 (Public Holiday)	29/12/2023 (Public Holiday)	05/01/2024 (Public Holiday)	12/01/2024	19/01/2024	26/01/2024	02/02/2024	09/02/2024	16/02/2024	23/02/2024	01/03/2024	08/03/2024	15/03/2024	22/03/2024	31/03/2024 (Public Holiday)		
110 - Trauma and Orthopaedic	Starting Cohort	-	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	9,387	
	Will Breach	-	5,073	4,906	4,766	4,637	4,510	4,339	4,213	4,082	3,982	3,882	3,741	3,600	3,500	3,425	3,350	3,275	3,200	3,125	3,050	2,975	2,900	2,825	2,750	2,675	2,600	2,568	2,536	2,504	2,429	2,354	2,279	2,204	2,129	2,054	1,979	1,904	1,829	1,754	1,679	1,625		
	Weekly Removals	141	138	167	140	129	127	171	126	131	100	100	141	141	100	75	75	75	75	75	75	75	75	75	75	75	75	32	32	32	75	75	75	75	75	75	75	75	75	75	75	75	75	54
	Target	128	5,682	5,538	5,393	5,249	5,105	4,961	4,817	4,673	4,529	4,385	4,241	4,097	3,952	3,808	3,664	3,520	3,376	3,232	3,088	2,944	2,800	2,656	2,511	2,367	2,223	2,079	1,935	1,791	1,647	1,503	1,359	1,215	1,070	926	782	638	494	350	206	21		
	Difference	-	-609	-632	-627	-612	-586	-622	-604	-591																																		
	Future TCIs	584									127	113	131	71	61	56	25																											
	Provisional TCIs	9									0	5	0	2	1	1	0																											
341 - Respiratory Physiology	Starting Cohort	-	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901	901
	Will Breach	-	396	396	395	394	383	381	379	377	375	373	370	367	365	362	358	355	352	349	346	343	339	336	333	330	327	326	325	324	321	317	314	311	308	305	302	298	295	292	289	287		
	Weekly Removals	3	3	0	1	1	11	2	2	2	2	2	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	1	1	1	3	3	3	3	3	3	3	3	3	3	3	3	3	2
	Target	12	545	532	518	504	490	476	462	449	435	421	407	393	379	366	352	338	324	310	296	283	269	255	241	227	213	200	186	172	158	144	130	117	103	89	75	61	47	34	20	2		
	Difference	-	-148	-138	-123	-118	-107	-98	-93	-72																																		
	Future TCIs	9									2	6	1																															
	Provisional TCIs	0									0	0	0																															
108 - Spinal Surgery	Starting Cohort	-	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	1,799	
	Will Breach	-	1,127	1,069	1,043	1,019	973	951	912	869	843	817	780	743	717	699	681	663	645	627	609	591	573	555	537	519	501	494	487	480	462	444	426	408	390	372	354	336	318	300	282	269		
	Weekly Removals	37	39	58	26	24	46	22	39	43	26	26	37	37	26	18	18	18	18	18	18	18	18	18	18	18	18	7	7	7	18	18	18	18	18	18	18	18	18	18	18	18	13	
	Target	27	1,089	1,061	1,034	1,006	978	951	923	896	868	840	813	785	757	730	702	675	647	619	592	564	537	509	481	454	426	398	371	343	316	288	260	233	205	178	150	122	95	67	39	4		
	Difference	-	38	8	9	13	8	0	-11	-27																																		
	Future TCIs	108									23	18	29	15	12	9	2																											
	Provisional TCIs	3									0	1	0	1	0	0	1																											
160 - Plastic Surgery	Starting Cohort	-	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	
	Will Breach	-	1,210	1,189	1,167	1,132	1,103	1,070	1,045	1,019	999	979	951	922	902	874	846	817	789	761	732	704	676	647	619	591	562	551	540	529	501	473	444	416	388	359	331	303	274	246	218	198		
	Weekly Removals	28	31	21	22	35	29	33	25	26	20	20	28	28	20	28	28	28	28	28	28	28	28	28	28	28	28	11	11	11	28	28	28	28	28	28	28	28	28	28	28	28	20	
	Target	32	1,427	1,391	1,355	1,319	1,282	1,246	1,210	1,174	1,138	1,101	1,065	1,029	993	957	920	884	848	812	776	739	703	667	631	595	558	522	486	450	414	377	341	305	269	233	197	160	124	88	52	5		
	Difference	-	-217	-282	-188	-187	-179	-176	-185	-185																																		
	Future TCIs	135									37	17	37	16	19	7	2																											
	Provisional TCIs	60									7	5	6	10	9	17	6																											
257 - Paediatric Dermatology	Starting Cohort	-	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	808	
	Will Breach	-	467	455	446	436	434	417	405	398	391	384	375	365	358	349	339	330	320	311	301	292	282	273	263	254	244	240	236	232	223	213	204	194	185	175	166	156	147	137	128	121		
	Weekly Removals	10	9	12	9	10	2	17	12	7	7	7	10	10	7	10	10	10	10	10	10	10	10	10	10	10	10	4	4	4	10	10	10	10	10	10	10	10	10	10	10	10	7	
	Target	12	489	477	464	452	439	427	415	402	390	377	365	353	340	328																												

Performance – RTT 65-Weeks (Specialty Level Forecast)

Specialty		Weekly Averages	30/06/2023	07/07/2023	14/07/2023 (Industrial Action)	21/07/2023 (Industrial Action)	28/07/2023	04/08/2023	11/08/2023 (Industrial Action)	18/08/2023 (Industrial Action)	25/08/2023 (Industrial Action)	01/09/2023 (Public Holiday)	08/09/2023	15/09/2023	22/09/2023 (Industrial Action)	29/09/2023 (IS Funds Expire)	06/10/2023	13/10/2023	20/10/2023	27/10/2023	03/11/2023	10/11/2023	17/11/2023	24/11/2023	01/12/2023	08/12/2023	15/12/2023	22/12/2023 (Public Holiday)	29/12/2023 (Public Holiday)	05/01/2024 (Public Holiday)	12/01/2024	19/01/2024	26/01/2024	02/02/2024	09/02/2024	16/02/2024	23/02/2024	01/03/2024	08/03/2024	15/03/2024	22/03/2024	31/03/2024 (Public Holiday)	
215 - Paediatric Ear Nose and Throat	Starting Cohort	-	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	
	Will Breach	-	650	646	634	630	618	587	557	541	530	519	504	489	478	463	448	433	418	403	388	373	358	343	328	313	298	291	284	277	262	247	232	217	202	187	172	157	142	127	112	101	
	Weekly Removals	15	14	4	12	4	12	31	30	16	11	11	15	15	11	15	15	15	15	15	15	15	15	15	15	15	15	7	7	7	15	15	15	15	15	15	15	15	15	15	15	11	
	Target	17	705	687	669	651	634	616	598	580	562	544	526	508	491	473	455	437	419	401	383	365	347	330	312	294	276	258	240	222	204	187	169	151	133	115	97	79	61	43	26	3	
	Difference	-	-95	-41	-35	-21	-16	-29	-41	-39																																	
	Future TCIs	57									24	11	12	3	5	2																											
	Provisional TCIs	0									0	0	0	0	0	0																											
251 - Paediatric Gastroenterology	Starting Cohort	-	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175
	Will Breach	-	112	109	109	109	108	106	104	103	102	101	100	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	
	Weekly Removals	1	1	3	0	0	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	Target	3	106	103	101	98	95	92	90	87	84	82	79	76	74	71	68	66	63	60	58	55	52	50	47	44	41	39	36	33	31	28	25	23	20	17	15	12	9	7	4	0	
	Difference	-	6	6	8	11	13	14	14	16																																	
	Future TCIs	2										1	1																														
	Provisional TCIs	0										0	0																														
217 - Paediatric Oral and Maxillofacial Surgery	Starting Cohort	-	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78
	Will Breach	-	60	60	59	59	57	58	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	
	Weekly Removals	1	7	0	1	0	2	-1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	Target	2	47	46	45	44	42	41	40	39	38	36	35	34	33	32	30	29	28	27	26	24	23	22	21	20	18	17	16	15	14	12	11	10	9	8	7	5	4	3	2	0	
	Difference	-	13	14	14	15	15	17	15	15																																	
	Future TCIs	4										1		1		2																											
	Provisional TCIs	4										0		3		1																											
214 - Paediatric Trauma and Orthopaedic	Starting Cohort	-	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	623	
	Will Breach	-	189	185	174	170	169	165	153	138	134	130	123	116	112	105	98	91	84	77	70	63	56	49	42	35	28	25	22	19	12	5	0	0	0	0	0	0	0	0	0	0	
	Weekly Removals	7	7	4	11	4	1	4	12	15	4	4	7	7	4	7	7	7	7	7	7	7	7	7	7	7	7	3	3	3	7	7	7	7	7	7	7	7	7	7	7	4	
	Target	4	377	368	358	348	339	329	320	310	301	291	281	272	262	253	243	234	224	214	205	195	186	176	167	157	148	138	128	119	109	100	90	81	71	61	52	42	33	23	14	1	
	Difference	-	-188	-182	-184	-178	-170	-164	-167	-172																																	
	Future TCIs	9										2	1	2		1	1	2																									
	Provisional TCIs	0										0	0	0		0	0	0																									

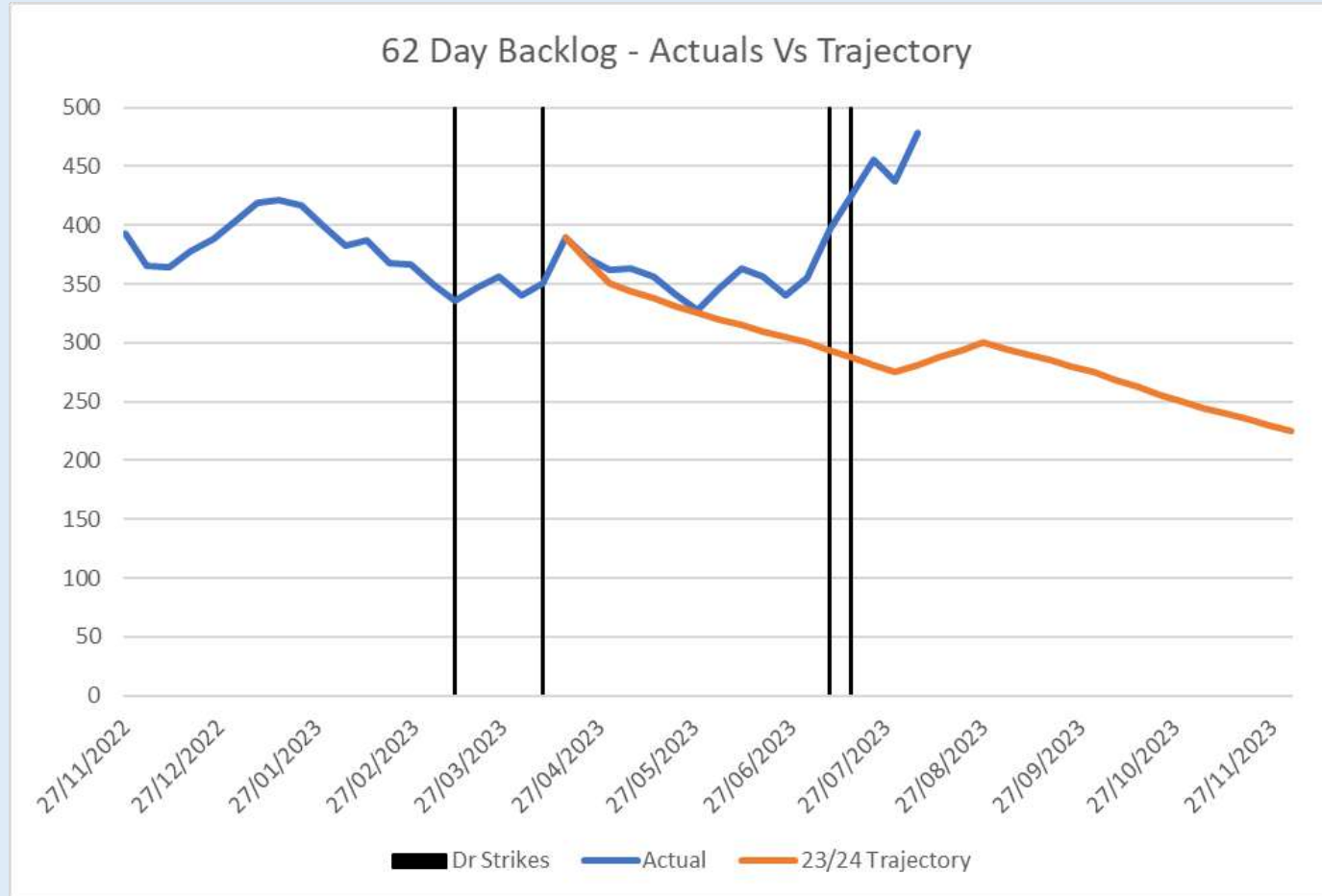
Assumptions:

Predicted Breaches: 2,671

1. No 65 Week activity on days of IA in August and September
2. 30% reduction in weeks of Public Holidays
3. 60% reduction at Xmas/New Year
4. IS activity at Spire ends 30th September

No further Industrial Action

62 Day Backlog – NNUH Actuals Vs Trajectory (w/e 6th August 2023)



Commentary

July 2023 Performance

Increases in the Skin backlog has had an adverse effect on the Trust's overall 62 day backlog. The impact of industrial action and the large volume of patients needing to be rebooked in Dermatology has effected the rate of recovery.

Improvement Actions

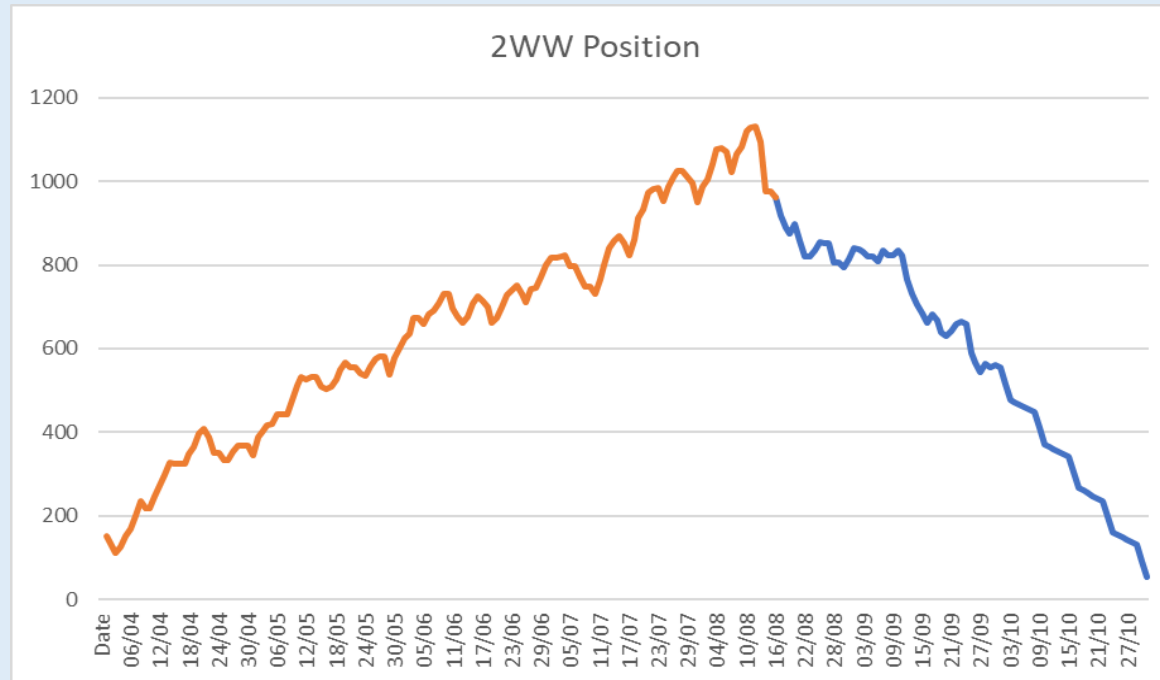
1. All patients awaiting first appointment to be booked (currently 10 patients over 14 days with no booked OPA, down from 950 on 1st August).
2. Super weekends for first appointments and subsequent excisions occurring throughout September.
3. Reduction in first appointment backlog will in turn reduce the numbers of patients moving into the 62 day backlog.

Risk To Delivery

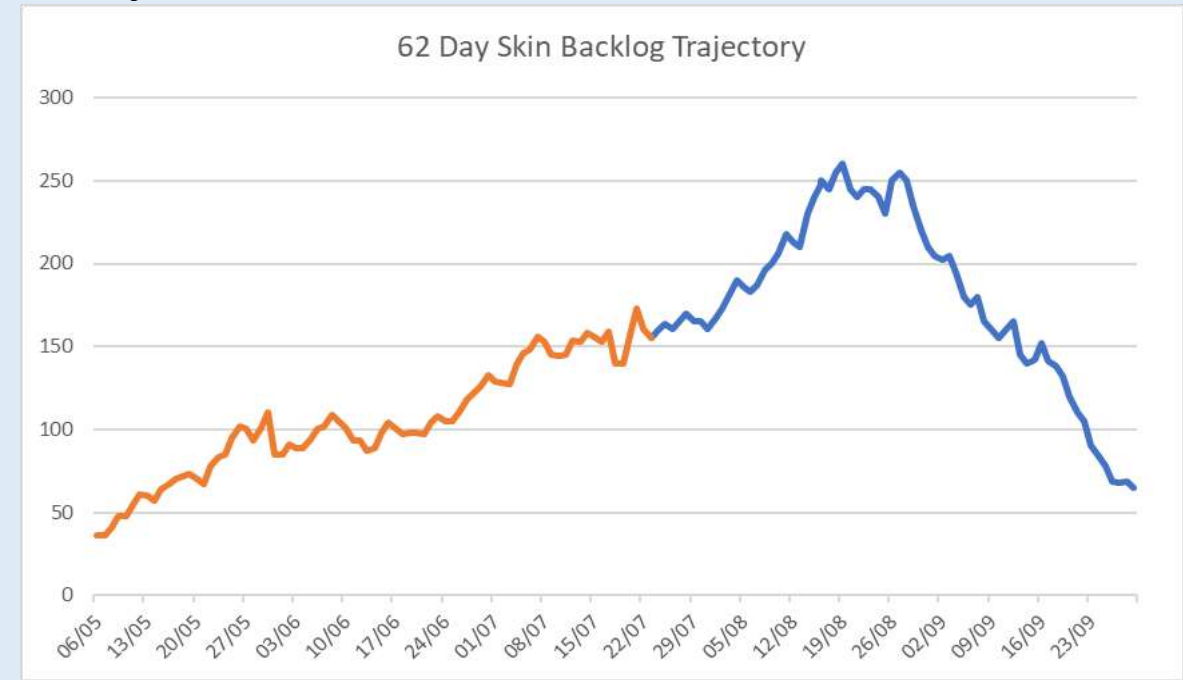
There are still significant risks to ongoing recovery performance with constrained capacity, particularly in Skin and Gynaecology cancer pathways. Industrial action still poses a risk in terms of cancellation of activity.

RED

Two Week Wait



62 Days



Date	WE 20/08	WE 27/08	WE 03/09	WE 10/09	WE 17/09	WE 24/09	WE 01/10	WE 08/10	WE 15/10	WE 22/10	WE 29/10
2WW Skin Backlog Trajectory	897	853	832	836	681	658	554	448	342	236	130
Booked	208	232	67	95	76	86	177	5	5	5	5
Available Capacity	0	46	44	47	36	33	36	120	120	120	120
Clinics Still to be added to PAS	0	0	40	20	216	130	30	155	155	155	155
Total Booked/Capacity with DNA Adjustment	199	267	146	156	315	240	233	266	266	266	266
Rollover	95	214	160	160	160	160	160	160	160	160	160
End Backlog	859	806	820	824	669	589	516	410	304	198	92

62 Day Backlog by Current Status

Excision Booked	Awaiting Histology	Biopsy Booked	Biopsy To Be Booked	Excision To Be Booked	First OPA Booked	Plastics OPA	Ophthalmic OPA	Follow Up OPA	Total
117	42	32	24	17	9	3	2	2	248

62 Day Backlog increased due to:

- 1) Impact of Industrial Action
- 2) Industrial Action cancellations and inability to rebook appropriately
- 3) Junior Doctor capacity due to changeover.

Recovery Interventions

- 1) Additional Junior Doctor capacity post induction from September
- 2) 2ww recovery actions will reduce rollovers to the 62 day backlog
- 3) Super weekends for 2ww and excisions occurring throughout September
- 4) Conversion of all long waiters to convert to 2ww capacity.

Faster Diagnosis Performance

July 2023

Variation



Assurance

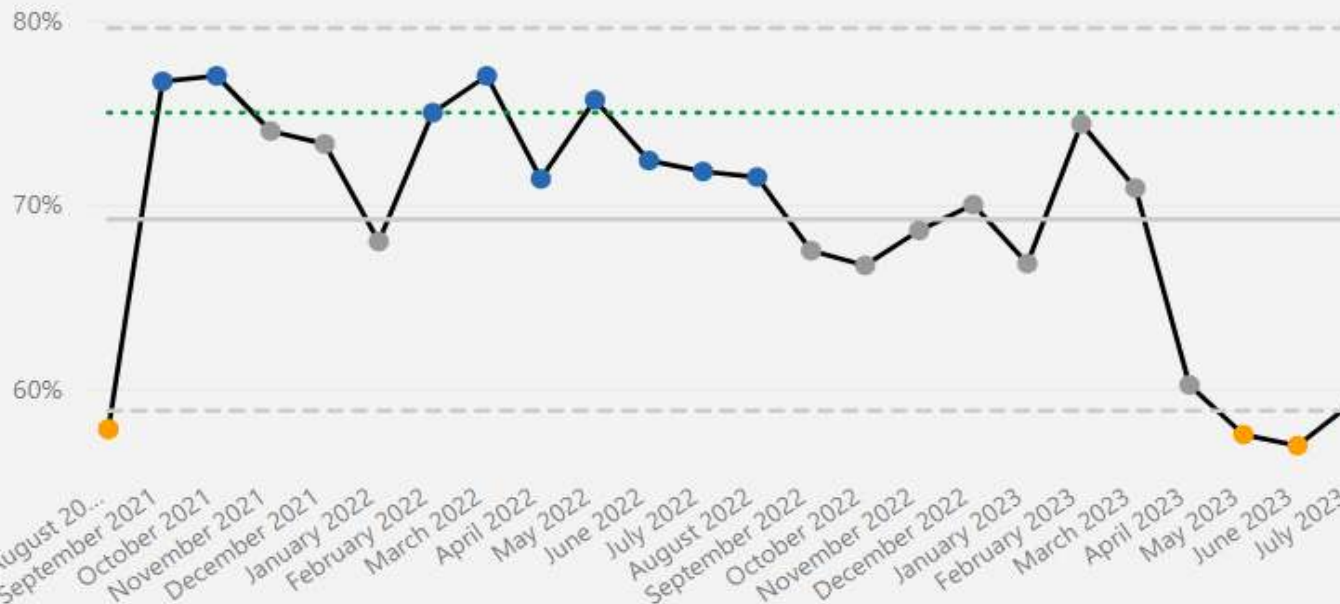


59.20%
Result
75.00%
Target

79.60%
UPL
69.20%
Mean
58.80%
LPL

Faster Diagnosis Performance

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



Commentary

July 2023 Performance (provisional)

The provisional Faster diagnosis performance in July was 59.2%. This has improved compared to May (57.5%) and June (56.9%), but remains significantly behind the target of 75%. This is driven by low performance in Skin and Gynaecology.

Improvement Actions

1. Review of admin processes across all body sites to ensure all staff understand the importance of the Faster Diagnosis Standard, and to ensure accurate recording.
2. Gynaecology rapid improvement event planned in September to work towards a plan to meet all aspects of the best practice timed pathway.

Risk To Delivery

RED

LGI FIT

July 2023

Variation



Assurance



85.0%

Result

80.0%

Target

89.6%

UPL

84.4%

Mean

79.2%

LPL

LGI FIT

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



Commentary

July 2023 Performance

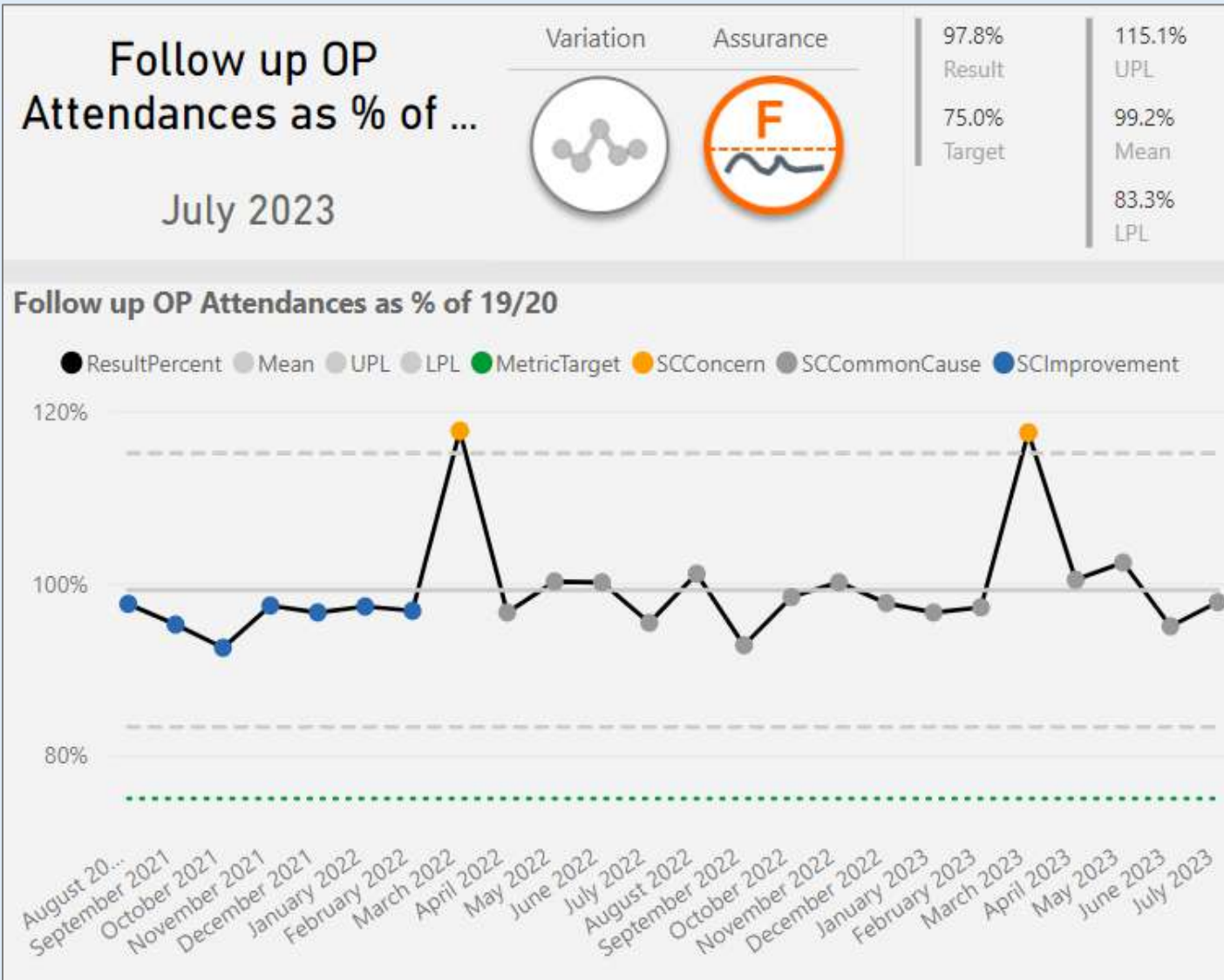
Performance remains above 80% target performance for all LGI referrals having an accompanying FIT result, enabling effective triage and straight to test investigations where criteria met.

Improvement Actions

1. FIT negative service led in Primary Care continues.

Risk To Delivery

GREEN



Commentary

July 2023 Performance

Trust wide performance for July has deteriorated (from 95% in June to 97.8% in July), against the target of 75% of 2019/20 follow up activity.

Division	July 2023
Surgery	90.1%
Medicine	105.8%
Women and Children	104.2%
Clinical Support Services	96.6%

Improvement Actions

Divisions have undertaken a review of their services with a view to reduce their follow up numbers to the levels detailed in their activity plans. Medicine and DCSS feel confident that they will achieve the 75% target by 31st March, but Surgery and Women and Children's do not believe this will be possible due to the increased new activity and corresponding follow up activity required to achieve the 65 week ask.

Meetings have been arranged with the COO/COD's/DOD's and specialty managerial and clinical teams to discuss how they intend to manage any patient that is over 12 months past their follow up target date. There will be a distinct focus on Discharge or PIFU for this patient group.

Follow up activity continues to be closely tracked through the weekly Elective Priorities Divisional meetings with focus on delivery against Commissioned targets.

Risk To Delivery

Due to the size of the follow up backlog and the focus on increased new appointments, it is unlikely that the Trust will achieve 75% of 2019/20 follow up activity.

Day Case Percentage of Elective Activity

July 2023

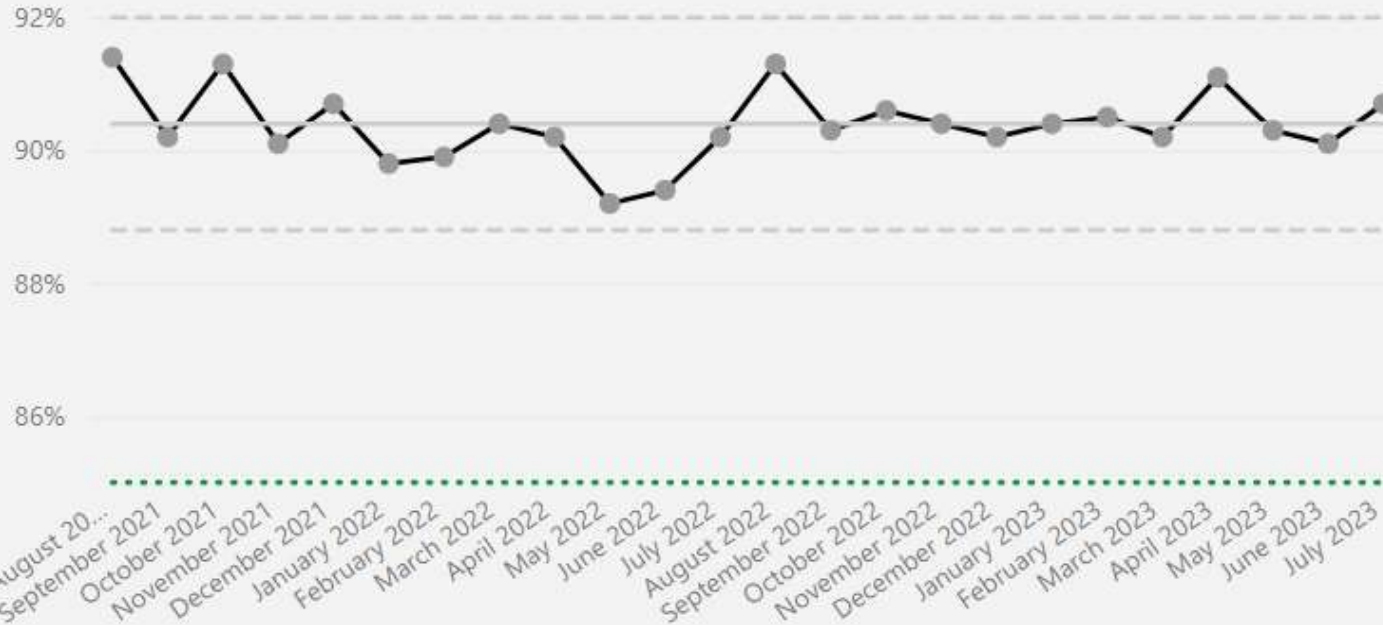


90.7%
Result
85.0%
Target

92.0%
UPL
90.4%
Mean
88.8%
LPL

Day Case Percentage of Elective Activity

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



Commentary

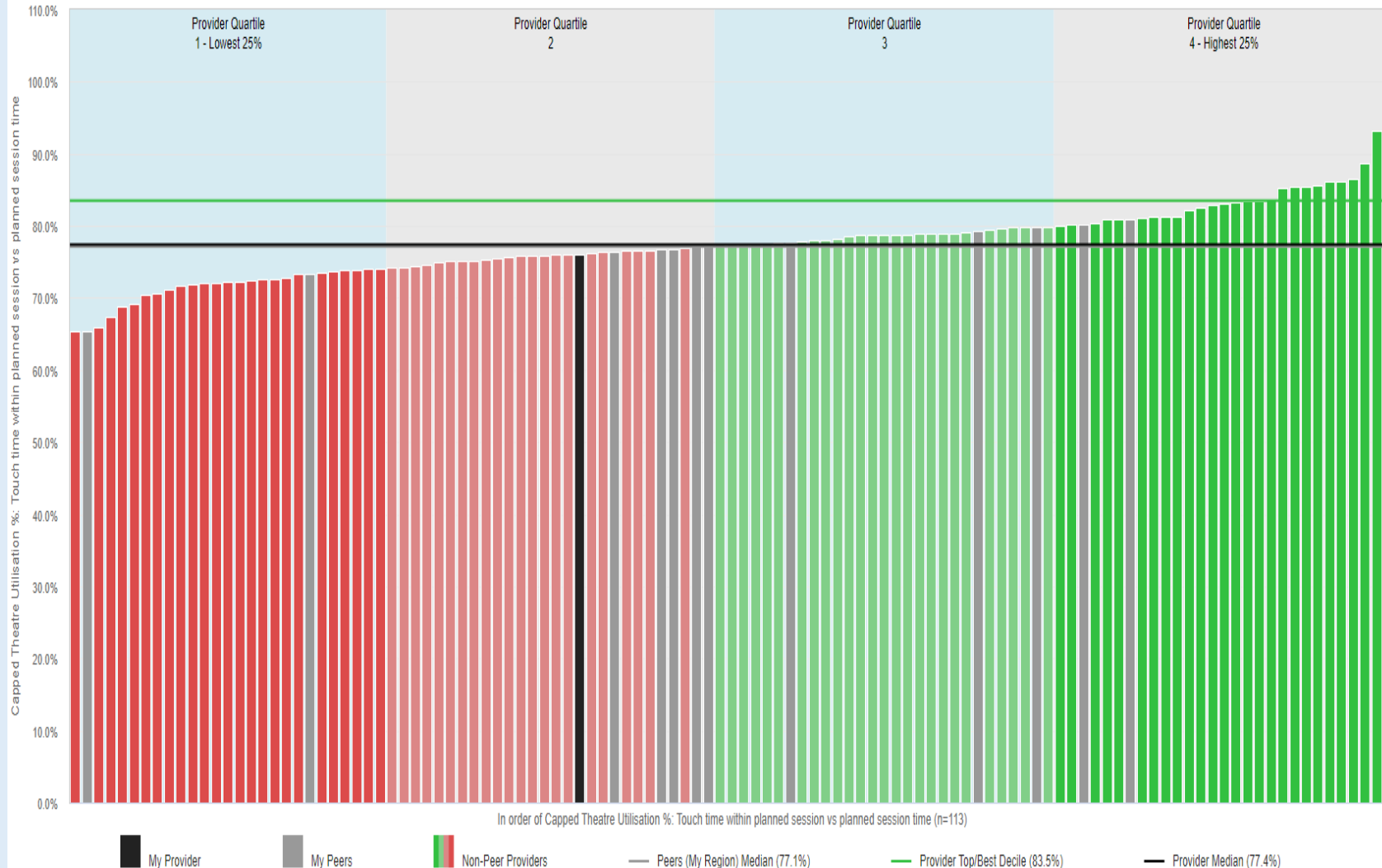
In July 2023, NNUH delivered 90.7% of elective activity as day cases against the 85% target. This is a slight increase from June 2023 (90.1%).

Risk To Delivery

GREEN

Capped Theatre Utilisation %: Touch time within planned session vs planned session time, National Distribution

Download



Commentary

July 2023 Performance

The touch time delivery across all theatres showed a reduction to 76.1% at 30th July. This demonstrates the impacts of ongoing Industrial Action.

Level 3 theatres delivered 76.84%, while Level 2 utilisation was 78.70% compared to 79.72% in June. Utilisation improvements were seen in Ophthalmology, Oral Surgery, Pain Management, and Plastics.

Improvement Actions

1. Work continues on the development of the electronic POA system; integration with Infinity and DrDoctor is ongoing.
2. The issue with the Theatre tracker remains unresolved and is impacting on our ability to fully deploy the 6-4-2 process. Work to update the remaining system has been commissioned.

Risk To Delivery

AMBER

Diagnostics DM01 - Performance

July 2023

Variation

Assurance



57.60%

Result

95.00%

Target

75.50%

UPL

67.60%

Mean

59.70%

LPL

Diagnostics DM01 - Performance

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



Commentary

July 2023 Performance

Industrial Action continues to affect performance, along with complex specialised procedures awaiting Echocardiography, and 3 staff taking maternity leave. However, Echo performance has increased from 50.75% in June to 63.59% in July, and is ahead of recovery trajectory. All 3 Gastro exam types are forecast to recover by the end of October. Actions being taken include:

- 2 locum Physiologists for Echo commencing in August
- Increase in capacity support lists within Endoscopy throughout the summer months.

CT: CT machine downtime has had a significant impact on activity levels from April to July. 3.85wte CT Radiographer vacancies exist – recruitment adverts closed at the end of July. Staff on long term sick returning from the first week of August on phased returns.

MRI: 1 member of staff on long term sick has resumed non-clinical duties. Cromer MRI to re-open for 5 days per week from the middle of September. All in-house scanners expected to run for 7 days a week from January 2024. Onboarding of new staff expected in September. The current mobile MRI van has been extended for 2 months until the end of September.

Ultrasound: Improved performance compared to June (65.39%).

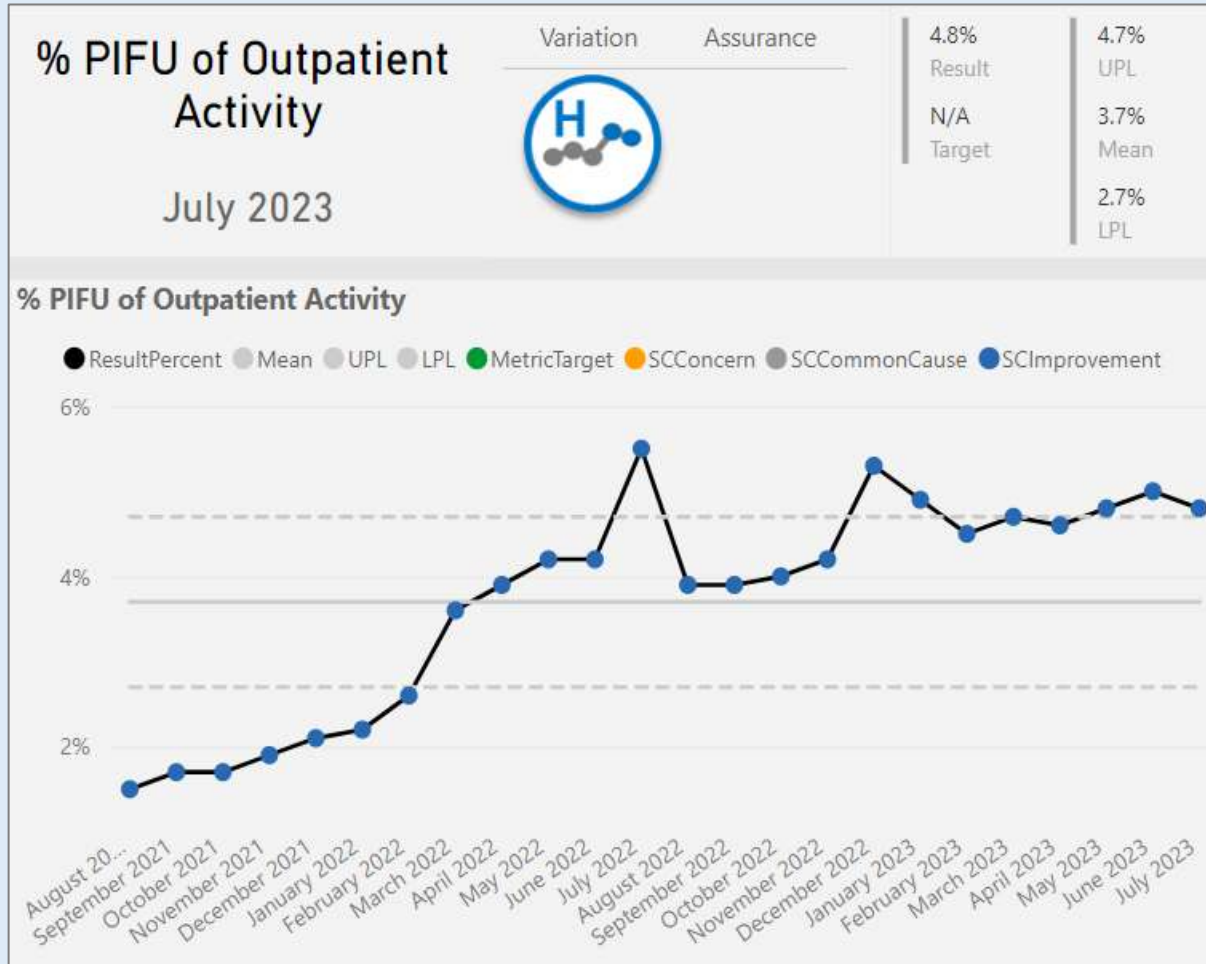
July 2023 Performance

Specialty	Radiology					Cardiology	Gastroenterology		
Specialty Percentage	53.14%					63.49%	76.70%		
Exam Type	Barium Enema	DEXA Scan	CT	MRI	Ultrasound	Echocardiography	Flexi Sigmoidoscopy	Gastroscopy	Colonoscopy
Exam Type Percentage	100%	79.86%	40.31%	52.95%	73.58%	63.59%	88.44%	68.24%	81.26%

Commentary

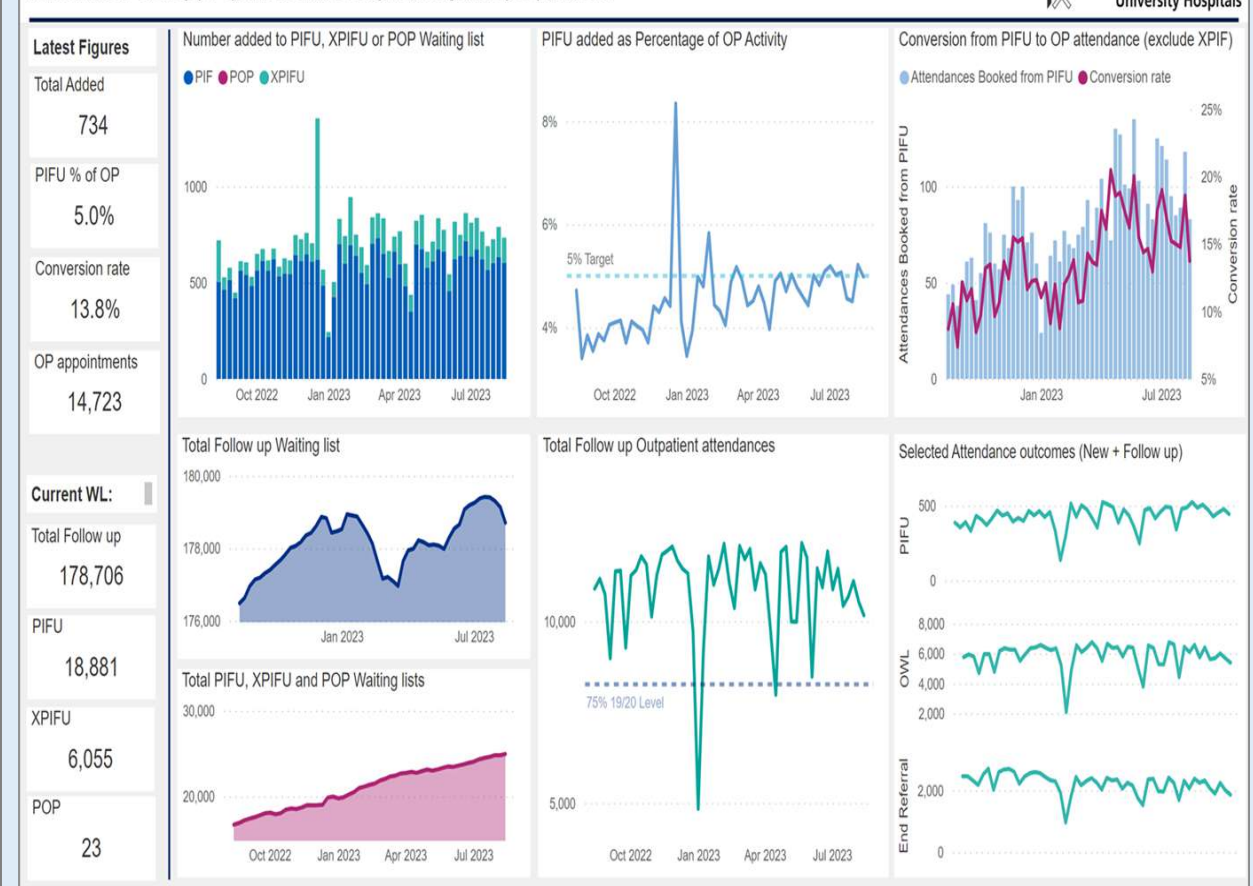
July 2023 Performance

The % of PIFU in July reduced from 4.9% in June to 4.8% in July. For the most recent week in August (week ending 20th) this illustrates improved performance at 5%, with a 13.8% conversion from PIFU to Outpatient attendance (below right).

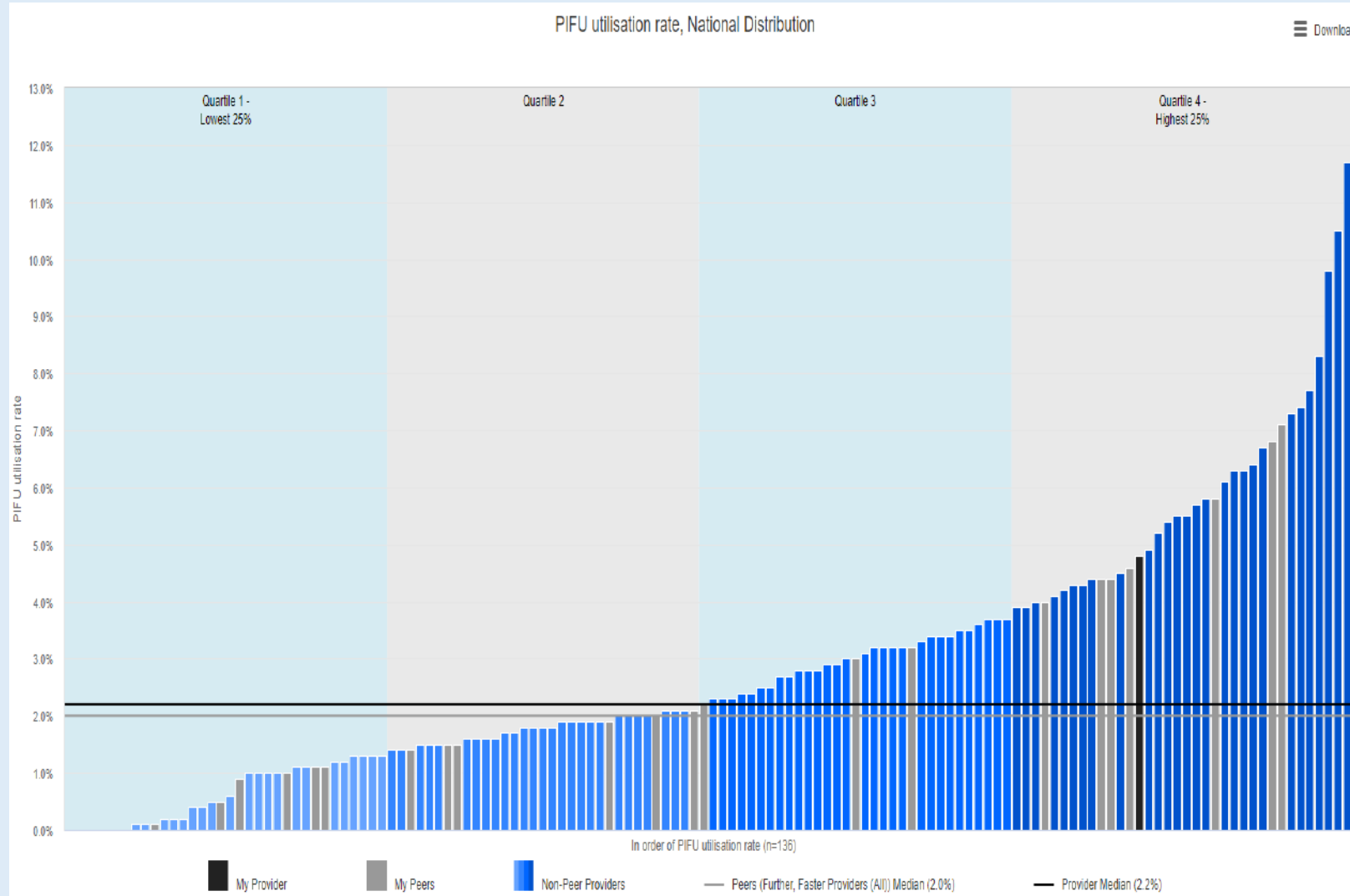


PIFU Dashboard

Patient Initiated Follow Up (PIFU) and Personalised Outpatient Programme (POP) dashboard



PIFU Utilisation – Comparison Nationally and with Further Faster Providers (June 2023)



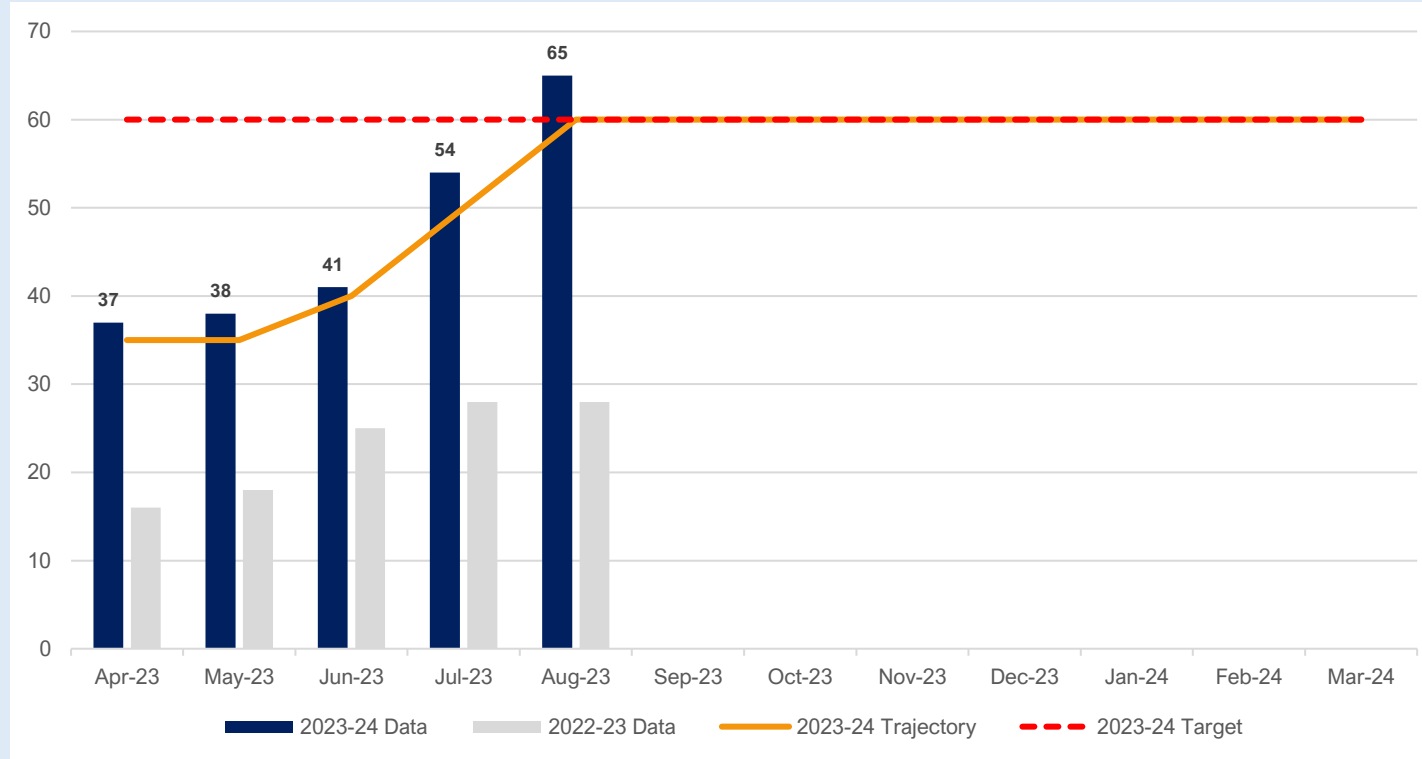
NNUH's PIFU Utilisation rate for all outpatient appointments was 4.8% in June. This has increased from 4.6% in May and is the 4th highest across the organisation's participating in the Go Further Faster programme.

Go Further Faster Organisation Name	Provider Value
South Warwickshire NHS Foundation Trust	7.1%
Torbay and South Devon NHS Foundation Trust	6.8%
Homerton Healthcare NHS Foundation Trust	5.8%
Norfolk and Norwich University Hospitals NHS Foundation Trust	4.8%
Calderdale and Huddersfield NHS Foundation Trust	4.6%
Northumbria Healthcare NHS Foundation Trust	4.4%
University Hospitals Plymouth NHS Trust	4.4%
Nottingham University Hospitals NHS Trust	4.0%
Royal Devon University Healthcare NHS Foundation Trust	3.2%
Wye Valley NHS Trust	3.0%
Royal National Orthopaedic Hospital NHS Trust	2.2%
Manchester University NHS Foundation Trust	2.1%
University Hospitals of Leicester NHS Trust	2.0%
Barking, Havering and Redbridge University Hospitals NHS Trust	1.9%
Walsall Healthcare NHS Trust	1.5%
Royal Wolverhampton NHS Trust	1.5%
United Lincolnshire Hospitals NHS Trust	1.4%
Barts Health NHS Trust	1.1%
George Eliot Hospital NHS Trust	1.1%
Northern Care Alliance NHS Foundation Trust	1.0%
Medway NHS Foundation Trust	0.9%
Dudley Group NHS Foundation Trust	0.5%
Sandwell and West Birmingham Hospitals NHS Trust	0.1%
Maidstone and Tunbridge Wells NHS Trust	0.0%
Hull University Teaching Hospitals NHS Trust	0.0%

Commentary

August 2023 Performance

In August, the average number of patients on the Virtual Ward was 65, compared to 54 in July and 41 in June.

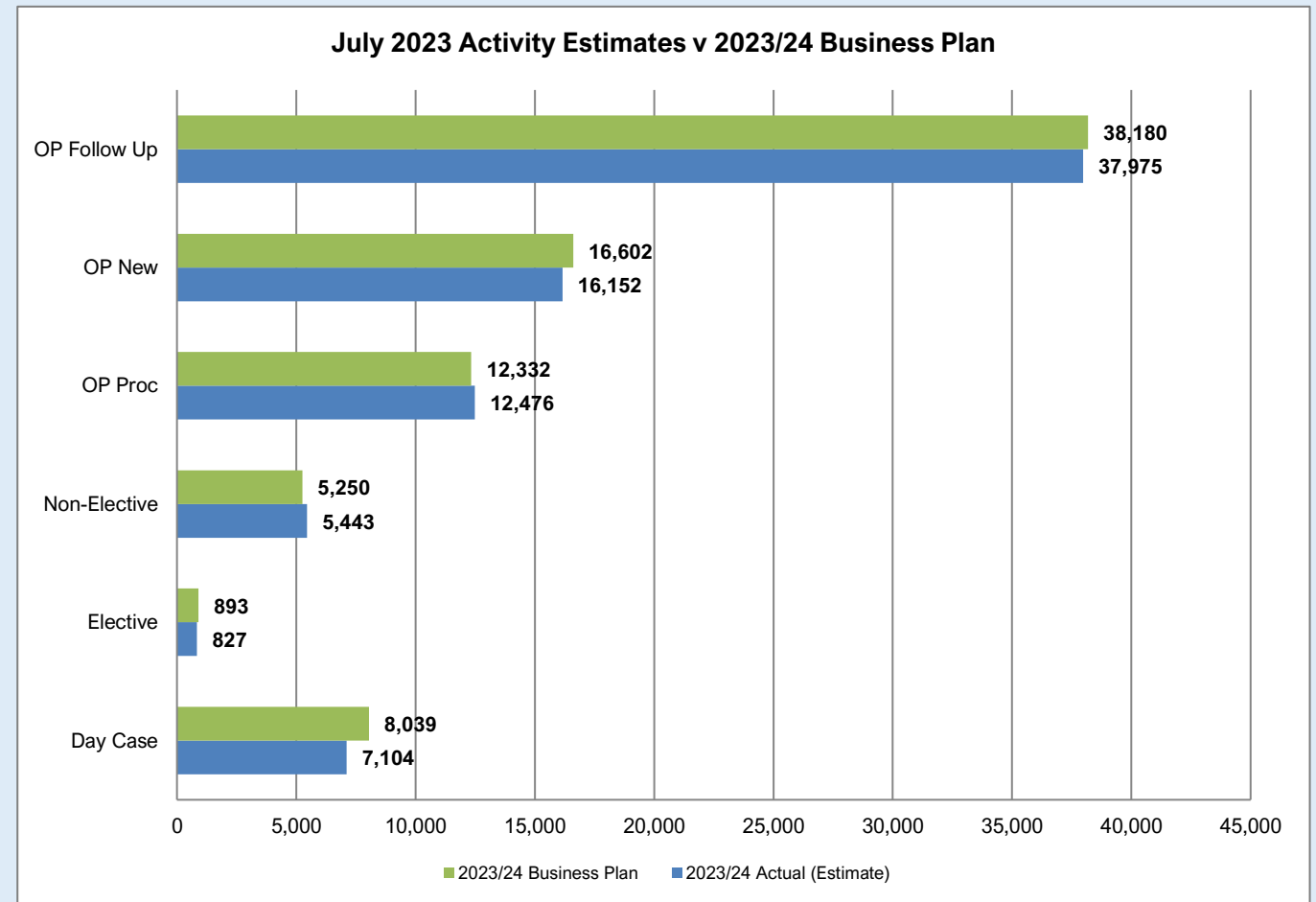


Commentary

July 2023 Performance

July's activity was further impacted by Industrial Action. The table below (left) details the top 5 specialties (across Daycases, Elective and Non-Elective) that delivered above their plan in July. The graph below (right) summarises the activity versus plan. The subsequent slides provide a detailed position for each specialty.

Activity Type	Specialty	Positive Variance
Daycase	Urology	52
	Trauma and Orthopaedics	45
	Oral Surgery	35
	Rheumatology	33
	Pain Management	32
Elective	Obstetrics	66
	Gastroenterology	7
	Spinal Surgery	5
	Thoracic Surgery	4
	Plastic Surgery	3
Non-Elective	Geriatric Medicine	118
	General Medicine	98
	Stroke Medicine	36
	Cardiology	27
	General Surgery	21



Medicine Division		Daycase				Elective				Non Elective				OP - Procedure				OP - New (Exc Procedure)				OP - Follow Up (Exc Procedure)				Total			
		Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved
300	General Medicine	0	0	0	0.0%	0	0	0	0.0%	295	196	98	150.2%	0	0	0	0.0%	415	374	41	110.8%	226	179	46	125.9%	935	750	185	124.7%
301	Gastroenterology	1,542	2,170	(628)	71.1%	16	8	7	187.3%	263	289	(26)	90.9%	3	6	(3)	52.7%	244	500	(256)	48.8%	553	630	(77)	87.8%	2,621	3,603	(982)	72.7%
302	Endocrinology	6	8	(2)	78.3%	0	1	(1)	0.0%	97	119	(23)	81.0%	0	1	(1)	0.0%	153	202	(49)	75.9%	431	590	(159)	73.1%	687	920	(234)	74.6%
303	Clinical Haematology	983	987	(4)	99.6%	13	12	0	104.0%	62	59	3	105.5%	0	0	0	0.0%	598	552	46	108.3%	2,140	1,995	145	107.2%	3,796	3,605	190	105.3%
306	Hepatology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	99	152	(53)	65.3%	563	373	190	150.9%	662	525	137	126.2%
307	Diabetic Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	3	(3)	0.0%	304	327	(23)	92.9%	2,126	1,956	170	108.7%	2,430	2,287	143	106.3%
308	Blood and Marrow Transplantation	2	5	(3)	42.9%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	1	(1)	0.0%	25	48	(23)	51.7%	27	54	(27)	50.3%
315	Palliative Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	211	197	14	106.9%	643	561	82	114.5%	854	759	95	112.6%
320	Cardiology	202	324	(122)	62.4%	12	26	(14)	46.3%	319	292	27	109.3%	1,109	1,271	(162)	87.3%	1,057	840	217	125.9%	1,873	2,036	(163)	92.0%	4,573	4,789	(216)	95.5%
326	Acute Internal Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
328	Stroke Medicine	0	0	0	0.0%	0	0	0	0.0%	139	103	36	134.4%	0	0	0	0.0%	0	0	0	0.0%	10	13	(3)	78.9%	149	116	33	128.3%
329	TIA	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	23	(23)	0.0%	96	91	5	105.9%	0	0	0	0.0%	96	114	(18)	84.2%
331	Congenital Heart Disease Service	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	5	26	(21)	19.5%	97	83	14	117.3%	102	108	(6)	94.2%
340	Respiratory Medicine	55	102	(47)	54.1%	3	10	(7)	29.4%	226	208	18	108.9%	323	378	(54)	85.6%	248	347	(99)	71.4%	963	829	134	116.1%	1,818	1,874	(55)	97.1%
341	Respiratory Physiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	32	0	32	0.0%	71	156	(85)	45.4%	191	253	(62)	75.5%	294	409	(115)	71.9%
343	Adult Cystic Fibrosis	0	0	0	0.0%	1	0	1	333.3%	1	0	1	0.0%	0	0	0	0.0%	1	0	1	0.0%	41	43	(2)	95.3%	44	43	0	100.8%
350	Infectious Diseases	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	29	0	29	0.0%	2	0	2	0.0%	31	0	31	0.0%
361	Nephrology	40	48	(8)	83.1%	32	33	(1)	97.2%	106	106	(0)	99.9%	27	19	8	141.9%	84	139	(55)	60.4%	564	672	(108)	83.9%	852	1,016	(164)	83.9%
370	Medical Oncology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
400	Neurology	125	137	(12)	91.0%	0	1	(1)	0.0%	123	116	7	106.0%	7	10	(3)	67.5%	366	560	(195)	65.3%	822	944	(122)	87.1%	1,443	1,768	(326)	81.6%
401	Clinical Neurophysiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	307	265	42	115.9%	37	72	(35)	51.0%	0	5	(4)	5.8%	344	341	3	100.8%
410	Rheumatology	243	210	33	115.5%	0	0	0	0.0%	7	4	3	181.0%	21	29	(8)	73.0%	287	386	(99)	74.4%	1,835	1,787	48	102.7%	2,393	2,416	(23)	99.0%
430	Geriatric Medicine	16	8	8	192.0%	0	0	0	0.0%	692	574	118	120.6%	0	0	0	0.0%	104	119	(15)	87.6%	64	57	7	112.3%	876	758	118	115.6%
653	Podiatry	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	67	82	(15)	81.7%	458	460	(2)	99.6%	525	542	(17)	96.9%
800	Clinical Oncology	1,881	1,870	11	100.6%	21	20	2	107.6%	166	175	(8)	95.3%	6	6	0	104.0%	567	509	58	111.4%	3,386	3,517	(131)	96.3%	6,028	6,096	(68)	98.9%
Total - Medicine (NNUH)		5,095	5,868	(773)	86.8%	98	112	(14)	87.6%	2,496	2,242	255	111.4%	1,836	2,011	(175)	91.3%	5,041	5,630	(589)	89.5%	17,013	17,031	(18)	99.9%	31,580	32,894	(1,314)	96.0%

Women and Children's Division		Daycase				Elective				Non Elective				OP - Procedure				OP - New (Exc Procedure)				OP - Follow Up (Exc Procedure)				Total			
		Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved
171	Paediatric Surgery	42	30	12	139.8%	12	12	(0)	99.2%	41	42	(1)	97.6%	103	109	(6)	94.6%	151	146	5	103.3%	359	185	174	194.1%	708	524	184	135.1%
242	Paediatric Intensive Care	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
251	Paediatric Gastroenterology	13	8	5	163.8%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	10	35	(25)	28.6%	159	110	49	144.5%	182	153	29	119.0%
252	Paediatric Endocrinology	24	14	10	171.4%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	22	25	(3)	88.0%	108	92	16	117.4%	154	131	23	117.6%
253	Paediatric Clinical Haematology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	2	2	0	100.0%	25	24	1	104.2%	27	26	1	103.8%
258	Paediatric Respiratory Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	47	26	21	180.8%	133	98	35	135.7%	180	124	56	145.2%
260	Paediatric Medical Oncology	27	25	2	108.0%	0	0	0	0.0%	5	9	(4)	53.6%	0	0	0	0.0%	7	2	5	350.0%	112	104	8	107.7%	151	140	11	107.7%
262	Paediatric Rheumatology	7	8	(1)	87.5%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	16	21	(5)	76.2%	110	128	(18)	86.0%	133	157	(24)	84.8%
263	Paediatric Diabetic Medicine	0	0	0	0.0%	0	0	0	0.0%	0	2	(2)	0.0%	0	0	0	0.0%	2	4	(2)	50.0%	110	108	2	102.3%	112	114	(2)	98.7%
264	Paediatric Cystic Fibrosis	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	33	18	15	183.3%	33	18	15	183.3%
321	Paediatric Cardiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	40	35	5	114.3%	54	58	(4)	93.8%	94	93	1	101.5%
420	Paediatrics	39	56	(17)	69.2%	1	2	(1)	46.0%	109	164	(55)	66.6%	0	0	0	0.0%	458	403	55	113.6%	243	261	(18)	93.2%	850	886	(36)	95.9%
421	Paediatric Neurology	0	0	(0)	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	53	58	(5)	91.4%	88	124	(36)	70.8%	141	182	(41)	77.2%
422	Neonatology	0	0	0	0.0%	0	0	0	0.0%	248	247	1	100.6%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	248	247	1	100.6%
424	Well Babies	0	0	0	0.0%	0	0	0	0.0%	175	241	(66)	72.6%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	175	241	(66)	72.6%
501	Obstetrics	0	0	0	0.0%	66	0	66	0.0%	736	777	(41)	94.7%	0	0	0	0.0%	454	523	(69)	86.9%	1,642	1,601	41	102.5%	2,898	2,901	(3)	99.9%
502	Gynaecology	69	64	5	107.8%	80	88	(8)	91.3%	203	208	(5)	97.7%	1,000	890	110	112.4%	783	864	(81)	90.6%	631	611	20	103.3%	2,766	2,725	41	101.5%
503	Gynaecological Oncology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	6	11	(5)	54.1%	40	63	(23)	63.3%	129	179	(50)	71.9%	174	253	(78)	69.0%
505	Fetal Medicine Service	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	50	47	3	106.4%	46	42	4	109.5%	96	89	7	107.9%
560	Midwife Episode	0	0	0	0.0%	0	0	0	0.0%	369	245	124	150.7%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	369	245	124	150.7%
Total - Women & Children (NNUH)		221	206	15	107.5%	159	102	57	155.8%	1,887	1,935	(48)	97.5%	1,109	1,010	99	109.8%	2,135	2,254	(119)	94.7%	3,982	3,743	240	106.4%	9,493	9,249	244	102.6%
Women & Children (NNUH) Exc. Maternity		221	206	15	107.5%	93	102	(9)	91.2%	781	913	(131)	85.6%	1,109	1,010	99	109.8%	1,680	1,731	(51)	97.1%	2,341	2,142	199	109.3%	6,226	6,103	123	102.0%

Activity Planning Run Rate

Surgery Division		Daycase				Elective				Non Elective				OP - Procedure				OP - New (Exc Procedure)				OP - Follow Up (Exc Procedure)				Total			
		Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved
100	General Surgery	126	173	(47)	72.6%	69	85	(15)	81.8%	298	277	21	107.5%	107	121	(14)	88.8%	1,497	1,479	18	101.2%	2,500	2,672	(172)	93.5%	4,597	4,807	(210)	95.6%
101	Urology	325	273	52	119.0%	94	180	(87)	51.9%	116	146	(30)	79.7%	803	810	(7)	99.2%	856	837	19	102.3%	1,666	1,477	189	112.8%	3,860	3,723	137	103.7%
107	Vascular Surgery	42	40	2	105.5%	39	37	1	103.5%	63	48	15	131.1%	44	59	(15)	73.9%	180	197	(17)	91.1%	214	249	(35)	85.9%	580	630	(49)	92.1%
108	Spinal Surgery Service	5	9	(4)	54.8%	21	16	5	134.7%	18	13	5	140.6%	0	0	0	0.0%	136	113	23	119.9%	262	225	37	116.5%	442	376	66	117.6%
110	Trauma & Orthopaedics	133	88	45	151.5%	117	129	(12)	90.5%	198	216	(18)	91.7%	20	19	1	103.5%	1,505	1,454	51	103.5%	2,056	2,235	(180)	92.0%	4,028	4,141	(112)	97.3%
120	ENT	84	91	(7)	92.3%	31	69	(38)	45.0%	86	100	(14)	86.4%	1,080	1,017	63	106.2%	501	427	74	117.4%	349	454	(105)	76.9%	2,132	2,158	(26)	98.8%
130	Ophthalmology	239	363	(124)	65.8%	4	2	2	232.7%	14	8	6	177.2%	3,573	3,510	63	101.8%	837	900	(63)	93.0%	1,694	1,980	(286)	85.5%	6,361	6,762	(401)	94.1%
140	Oral Surgery	255	220	35	115.7%	15	16	(1)	92.0%	35	35	0	100.0%	0	1	(1)	35.5%	440	423	17	104.0%	588	550	38	106.9%	1,333	1,246	87	107.0%
141	Restorative Dentistry	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	7	1	6	747.2%	1	0	1	0.0%	26	10	16	248.4%	34	11	23	296.2%
143	Orthodontics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	361	270	90	133.3%	88	34	54	259.2%	155	240	(85)	64.6%	604	545	59	110.9%
144	Maxillo-facial Surgery	0	0	0	0.0%	0	0	0	0.0%	0	3	(3)	0.0%	5	16	(11)	30.3%	27	33	(6)	83.0%	151	192	(41)	78.8%	183	243	(60)	75.3%
150	Neurosurgery	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	10	0	10	0.0%	0	0	0	0.0%	10	0	10	0.0%
160	Plastic Surgery	100	187	(87)	53.5%	42	39	3	107.5%	156	149	7	104.5%	535	455	80	117.7%	377	285	93	132.5%	548	551	(4)	99.4%	1,759	1,667	92	105.5%
173	Thoracic Surgery	2	3	(1)	59.0%	39	35	4	111.9%	16	18	(2)	91.1%	0	0	0	0.0%	22	19	3	118.5%	74	90	(16)	82.2%	153	164	(11)	93.1%
180	Accident & Emergency	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	20	16	4	124.3%	19	24	(5)	77.8%	39	41	(2)	96.2%
190	Anaesthetics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	417	467	(50)	89.3%	417	467	(50)	89.3%
191	Pain Management	147	115	32	127.9%	0	1	(1)	0.0%	0	0	0	0.0%	27	59	(32)	45.2%	109	164	(55)	66.6%	593	533	60	111.3%	876	872	4	100.5%
192	Critical Care Medicine	0	0	0	0.0%	1	2	(0)	73.0%	37	49	(12)	75.3%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	38	51	(13)	75.2%
214	Paediatric Trauma and Orthopaedics	15	16	(1)	92.7%	9	8	0	104.8%	6	7	(1)	86.1%	6	2	4	328.4%	240	267	(27)	89.9%	400	429	(29)	93.2%	675	729	(54)	92.6%
215	Paediatric Ear Nose and Throat	18	15	3	120.0%	6	10	(4)	61.7%	6	0	6	0.0%	35	61	(26)	57.6%	34	55	(22)	60.8%	62	74	(12)	83.8%	161	216	(55)	74.6%
216	Paediatric Ophthalmology	0	6	(6)	0.0%	0	0	0	0.0%	0	0	0	0.0%	31	33	(3)	91.5%	165	132	34	125.6%	290	397	(107)	73.1%	486	568	(82)	85.6%
217	Paediatric Maxillo-facial Surgery	1	6	(5)	16.7%	0	0	0	0.0%	5	0	5	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	6	6	0	100.0%
219	Paediatric Plastic Surgery	13	15	(2)	86.7%	1	2	(1)	62.7%	5	2	3	250.0%	37	24	13	154.0%	24	27	(4)	86.1%	44	25	19	175.8%	124	95	29	130.1%
254	Paediatric Audiological Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	323	220	103	146.6%	84	114	(30)	73.5%	86	69	17	124.7%	492	403	89	122.2%
257	Paediatric Dermatology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	21	9	12	232.7%	25	21	4	120.1%	33	40	(7)	81.8%	79	70	9	112.3%
304	Clinical Physiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	117	124	(7)	94.3%	36	21	15	173.7%	40	41	(1)	97.4%	192	185	7	103.7%
310	Audiological Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	178	144	34	123.6%	60	51	9	116.9%	205	209	(4)	97.9%	442	404	38	109.5%
317	Allergy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
330	Dermatology	228	329	(101)	69.3%	1	0	1	0.0%	0	2	(2)	0.0%	1,900	2,067	(167)	91.9%	228	61	167	373.1%	584	518	66	112.7%	2,942	2,977	(36)	98.8%
658	Orthotics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	64	90	(26)	71.4%	293	254	39	115.5%	357	344	14	104.0%
840	Audiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	177	209	(32)	84.7%	112	158	(46)	70.9%	332	355	(24)	93.3%	621	723	(102)	85.9%
Total - Surgery & Emergency (NNUH)		1,733	1,950	(217)	88.9%	489	631	(142)	77.5%	1,060	1,073	(13)	98.8%	9,386	9,232	155	101.7%	7,677	7,377	301	104.1%	13,678	14,360	(682)	95.2%	34,024	34,623	(599)	98.3%

Clinical Support Services Division		Daycase				Elective				Non Elective				OP - Procedure				OP - New (Exc Procedure)				OP - Follow Up (Exc Procedure)				Total			
		Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved	Estimate	Plan	Var	% Achieved
311	Clinical Genetics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
650	Physiotherapy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	21	32	(11)	66.5%	652	672	(20)	97.1%	1,726	1,787	(61)	96.6%	2,400	2,491	(91)	96.3%
651	Occupational Therapy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	121	47	74	257.6%	265	318	(53)	83.4%	689	728	(39)	94.7%	1,075	1,093	(18)	98.4%
652	Speech & Language Therapy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	1	0	1	0.0%	47	31	16	151.6%	171	130	41	131.5%	219	161	58	135.8%
654	Dietetics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	298	291	7	102.3%	306	304	2	100.8%	604	595	9	101.5%
656	Clinical Psychology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
711	Child and Adolescent Psychiatry	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	15	2	13	750.0%	43	37	6	116.2%	58	39	19	148.7%
713	Medical Psychotherapy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
811	Interventional Radiology	4	4	0	100.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	19	27	(8)	70.4%	29	60	(31)	48.3%	52	91	(39)	57.1%
812	Diagnostic Imaging	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	1	0	1	0.0%	0	0	0	0.0%	1	0	1	0.0%
822	Chemical Pathology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
Total - Clinical Support (NNUH)		4	4	0	100.0%	0	0	0	0.0%	0	0	0	0.0%	143	79	64	181.1%	1,297	1,341	(44)	96.7%	2,965	3,046	(81)	97.3%	4,409	4,470	(61)	98.4%

REPORT TO TRUST BOARD

Date	13 th September 2023		
Title	Bed Capacity Plan		
Author & Exec Lead	Chris Cobb – Chief Operating Officer		
Purpose	For Information		
Relevant Strategic Commitment [delete as appropriate]	<p>1 Together, we will develop services so that everyone has the best experience of care and treatment</p> <p>2 Together, we will support each other to be the best we can be, to be valued and proud of our hospital for all.</p> <p>3 Together, we will join up services to improve the health and wellbeing of our diverse communities</p> <p>4 Together, we will provide nationally recognised, clinically led services that are high quality, safe and based on evidence and research</p> <p>5 Together, we will use public money to maximum effect.</p>		
Are there any quality, operational, workforce and financial implications of the decision requested by this report? If so explain where these are/will be addressed.	Quality	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Operational	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Workforce	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Financial	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Background/Context An update to NNUH's 2023/24 Bed Capacity Plan is included as a separate attachment for information.			
Recommendations: The Committee is recommended to note the information contained in the report.			

Bed Plan

Key
Delivery Period
Due Date
Must be done by date
On Track - Process Driven
Dependent on additional capacity



System changes		May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Additional Capacity	Cumulative Additional Capacity	£	SRO	Change Lead
1	NNUH Increase Virtual Ward to 60 (from 40 to 60 by 15th Jul)		38 40 49 41	49 45 61									20	20		Chief Information Officer NNUH	
S1	community Virtual Ward Step Up (System) - - Norwich - phased from 30th Sept 23					26			53				79	99		COO NCHC	Kirsty Rowden
2	Remove 7 in 6 escalation												0	99		Dep Chief Nurse NNUH	
8	Close Cringleford Ward & relocate POA to Cringleford			2									0	99		COO NNUH	
12	Close Gunthorpe Ward (relocate)						3						-20	79		COO NNUH	
13	Staffing model for additional capacity agreed between NCHC/NCC/NNUH												0	79		COO NCHC	Rob Mack
S2	Priscilla Bacon Lodge (18, 15/9/23)												18	97		COO NCHC	Rob Mack
S3	Priscilla Bacon Hospice (additional 8 beds)												8	105		COO NCHC	Andrew Butcher
S4	ICB Beds												-17	88	1.614	AD Local Commissioning	Jacinta Bidewell
S5	Mayflower (35 beds)												35	123		COO NCHC	Rob Mack / Danny Edmonds / Jacinta Bidewell / Marcus Bailey
S6	Pathway 1 activity - increase non bed based solutions												0	123	870k	AD Local Commissioning	Jacinta Bidewell
16	NNUH Close Medical Ward X (20 beds Apr'24)												0	123		Director of Strategy/COD Medicine	
S7	NCHC Modular Facility (48, 1,2,24)											24	48	123	1.85m (q4)	COO NCHC	Rob Mack
s8	Improvement in D2A processes												0	123		AD Local Commissioning	Jacinta Bidwell

Virtual Ward	99
P2 Beds	24

REPORT TO TRUST BOARD				
Date		13 September 2023		
Title		Month 4 IPR – Finance		
Author & Exec Lead		Roy Clarke (Chief Finance Officer)		
Purpose		For Information		
Relevant Strategic Commitment		1 Together, we will develop services so that everyone has the best experience of care and treatment 5 Together, we will use public money to maximum effect.		
Are there any quality, operational, workforce and financial implications of the decision requested by this report? If so explain where these are/will be addressed.		Quality	Yes✓ No□	Delivery of the financial plan supports the delivery of operational, quality and workforce plans
		Operational	Yes✓ No□	Delivery of the financial plan supports the delivery of operational, quality and workforce plans
		Workforce	Yes✓ No□	Delivery of the financial plan supports the delivery of operational, quality and workforce plans
		Financial	Yes✓ No□	Delivery of the financial plan supports the delivery of operational, quality and workforce plans
Identify which Committee/Board/Group has reviewed this document:		Board/Committee: HMB		Outcome: Report for information only, no decisions required.
1 Background/Context The Trust operational plan for FY23/24 as outlined in Cycle 4 of the 2023/24 planning process is breakeven.				
2 Key issues, risks and actions For July 2023, the Trust delivered a £1.6m deficit, which on a control total basis is £0.7m adverse to plan. £1.9m relates to Industrial Action with £0.7m as a result of direct pay costs and £1.2m due to increased use of independent sector capacity to maintain activity levels. CIP under delivery was £1.0m. This adverse variance was offset by mitigations agreed in the recovery plan of £1.3m				

Year to date, position is a £6.9m deficit on a control total basis. This is £4.6m adverse to plan. £4.6m relates to Industrial Action with £2.3m as a result of direct pay costs and £2.3m due to increased use of independent sector capacity to maintain activity levels. CIP under delivery is £4.3m. This adverse variance is offset by additional interest income received of £2.1m, forecast reduction in PDC charge and non recurrent underspends of £2.2m.

Forecast Outturn: Risks totalling £10.2m and mitigations totalling £5.6m have crystallised year to date, a net impact of £4.6m adverse variance. Further crystallisation of these risks is forecast at £18.0m in year, requiring a further £22.6m of mitigation (via a Recovery Intervention) to achieve the breakeven plan.

ERF Income: as a result of Industrial Action in April and May a 2% adjustment has been to provider ERF values, this adjustment will result in an increase in income to the Trust of £3.5m. This additional income will offset the API under performance of £1.8m and contribute an additional £1.7m to the Trust's financial position. This is reflected with in Forecast Outturn position, in August. In line with National Guidance neither adjustments are reflected in the year to date position.

Cash: Cash held at 31st July 2023 was £103.4m, £17.5m higher than the FY23/24 submitted forecast as result of the phasing to the capital programme and higher than planned creditors and accruals. Cash balances are forecasted to remain positive in 2023/24 thus no revenue support will be required.

Capital Expenditure: In month the core programme was underspent by £0.4m. The current forecast outturn of £15.5m results in a significant overspend of £0.9m. **This requires immediate management action to bring the programme back in line with plan.** The total programme including the Central Programme, IFRS16 & the Donated Programme is underspent by £3.0m Year to Date.

3 Conclusions/Outcome/Next steps

Year to date, the Trust delivered a £6.4m deficit against the planned £1.8m deficit, £4.8m adverse. Forecast Outturn remains Breakeven. The Trust underspent Capital Expenditure by £0.4m for the month. The latest Capital Forecast is an overspend of £0.9m.

Recommendations: The Board is recommended to **Note** the contents of the report.

Finance Report July 2023

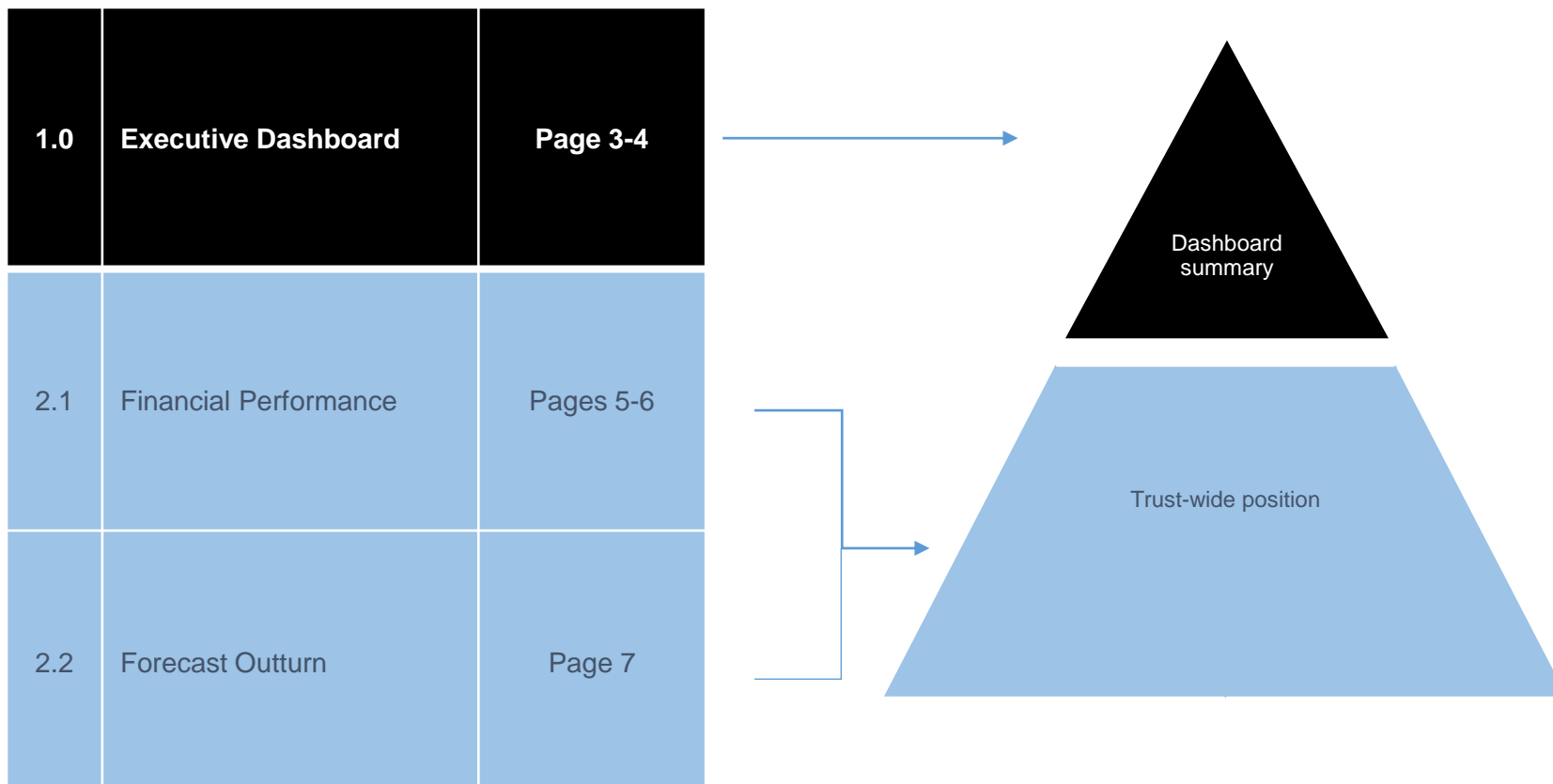
13 September 2023

Roy Clarke, Chief Finance Officer

Contents

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

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



1.1 Executive Dashboard

The Trust operational plan for FY23/24 as outlined in Cycle 4 of the 2023/24 planning process is breakeven.

For July 2023, the Trust delivered a £1.6m deficit, which on a control total basis is £0.7m adverse to plan. £1.9m relates to Industrial Action with £0.7m as a result of direct pay costs and £1.2m due to increased use of independent sector capacity to maintain activity levels. CIP under delivery was £1.0m. This adverse variance was offset by mitigations agreed in the recovery plan of £1.3m.

Year to date, position is a £6.9m deficit on a control total basis. This is £4.6m adverse to plan. £4.6m relates to Industrial Action with £2.3m as a result of direct pay costs and £2.3m due to increased use of independent sector capacity to maintain activity levels. CIP under delivery is £4.3m. This adverse variance is offset by additional interest income received of £2.1m, forecast reduction in PDC charge and non recurrent underspends of £2.2m.

Forecast Outturn: Risks totalling £10.2m and mitigations totalling £5.6m have crystallised year to date, a net impact of £4.6m adverse variance. Further crystallisation of these risks is forecast at £18.0m in year, requiring a further £22.6m of mitigation (via a Recovery Intervention) to achieve the breakeven plan. **Appendix E sets out the Board approved list of identified mitigations and performance against these.**

ERF Income: as a result of Industrial Action in April and May a 2% adjustment has been to provider ERF values, this adjustment will result in an increase in income to the Trust of £3.5m. This additional income will offset the API under performance of £1.8m and contribute an additional £1.7m to the Trust's financial position. This is reflected with in Forecast Outturn position, in August. In line with National Guidance neither adjustments are reflected in the year to date position.

Cash held at 31st July 2023 was £103.4m, £17.5m higher than the FY23/24 submitted forecast as result of the phasing to the capital programme and higher than planned creditors and accruals. Cash balances are forecasted to remain positive in 2023/24 thus no revenue support will be required.

Capital Expenditure: In month the core programme was underspent by £0.4m. The current forecast outturn of £15.5m results in a significant overspend of £0.9m. **This requires immediate management action to bring the programme back in line with plan.** The total programme including the Central Programme, IFRS16 & the Donated Programme is underspent by £3.0m Year to Date.

	In Month			Year to date		
	Actual	Plan	Variance	Actual	Plan	Variance
SOCI	£m	£m	£m	£m	£m	£m
Clinical Income	62.1	61.8	0.3	247.7	246.5	1.2
Other Income	8.8	8.7	0.1	34.1	31.4	2.7
TOTAL INCOME	70.9	70.5	0.4	281.8	277.9	3.9
Pay	(42.9)	(43.1)	0.2	(170.5)	(168.3)	(2.2)
Non Pay	(21.1)	(19.1)	(2.0)	(81.0)	(74.4)	(6.6)
Drugs (Net Expenditure)	(2.8)	(2.7)	(0.1)	(12.5)	(10.8)	(1.7)
TOTAL EXPENDITURE	(66.8)	(64.9)	(1.9)	(264.1)	(253.5)	(10.6)
Non Opex	(5.7)	(6.5)	0.8	(24.2)	(26.2)	2.1
Reported Surplus / (Deficit)	(1.6)	(0.9)	(0.7)	(6.4)	(1.8)	(4.6)

Other Financial Metrics	£m	£m	£m	£m	£m	£m
Cash at Bank (before support funding)	103.4	85.8	17.6	103.4	85.8	17.6
Capital Programme Expenditure	1.3	3.8	(2.5)	7.3	10.3	(3.0)
CIP Delivery	1.0	2.0	(1.0)	2.9	7.2	(4.3)

Activity Metrics*	%	%	%	%	%	%
Day Case*	88%		(12%)	96%		(4%)
Elective Inpatient*	85%		(15%)	89%		(11%)
Outpatients - New & Procedures*	99%		(1%)	96%		(4%)
Activity performance v baseline*	97%		(3%)	96%		(4%)
Value based Activity performance v baseline	95%		(5%)	97%		(3%)

* Activity count as a % of 23/24 Planned Delivery

1.2 Executive Dashboard

Risk

The strategic financial risks remain the same as Cycle 4 Business planning Process in nature. The Risks will remain beyond tolerable levels should the underlying issues not be resolved.

As part of FY23/24 annual planning there were 13 key strategic and operational risks identified with an initial score of ≥ 9 . The Finance Directorate continues to formally review the Financial Risk Register on a monthly basis, reviewing the risks and adding new risks which have been identified across the finance portfolio.

There are seven risks rated as 'High' or 'Extreme' on the risk register which have a potential risk assessed financial impact of £45.7m, of which £10.2m has crystallised YTD. A further £18.0m is forecast to crystallise.

The YTD crystallised risks are:

CIP Delivery (Risk B) is £2.95m year to date - £4.25m adverse to the budgeted plan of £7.2m, comprising of a planning variance of £4.43m and a performance variance of £0.18m, the equates to an underperformance of c. 60%. The risk adjusted forecast outturn CIP delivery is currently £16.6m against a CIP target of £28.0m presenting a significant risk to achievement of the target.

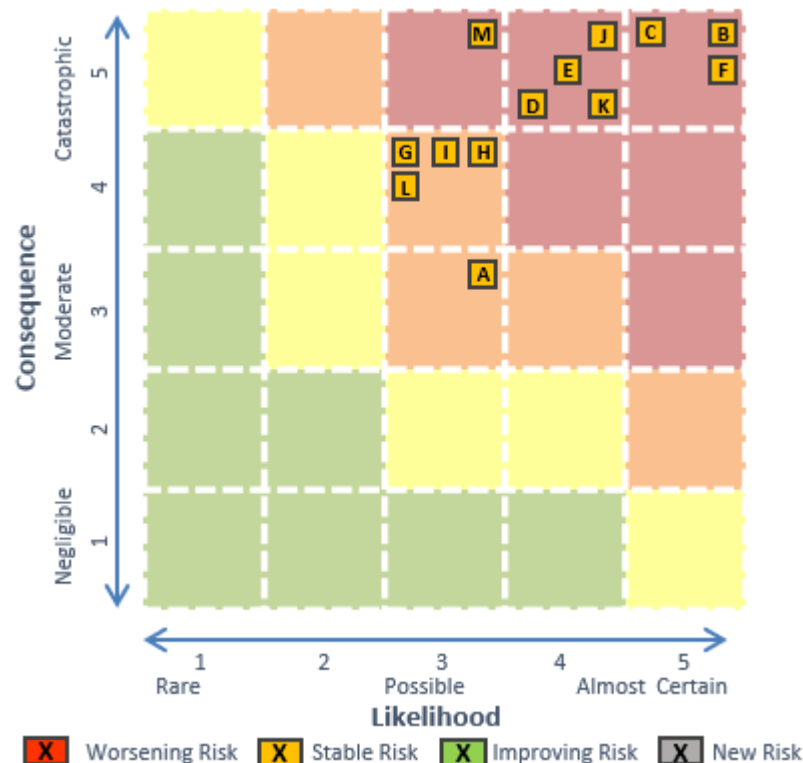
Failure to control expenditure in line with plan (Risk C) has a crystallised impact of £6.0m YTD, comprising of an additional £2.3m of spend on Independent Sector capacity usage and £2.3m of spend to cover Industrial Action in April, June & July. The remainder is due to overspends in Pay and Drugs.

Financial Recovery Plan (FRP): Forecast Outturn for Month 4 at Month 3 reporting was an adverse variance of £1.05m, actual performance was £0.66m, a favourable variance of £0.39m. Performance against the agreed mitigations in Month 4 was £0.2m against a planned £0.7m. The main drivers of the variance were as result of failure to implement mitigation 10 & 11 – reductions in locum use in AMU & Respiratory. Mitigation 8, a 20% reduction in nursing premium fill rate, is behind plan with a reduction of 6% in July v April and May run rate.

Management Actions to be agreed:

- **Independent Sector:** Agreement required to cease activity when the budget is fully consumed, pending further agreed action regarding ERF adjustments as a result of Industrial Action post May
- **FRP:** action is required for mitigations that are yet to commence are not yet at planned delivery rate
- **Capital:** Variation to breakeven required
- **CIP:** FYE needs to be 100% of plan by September

Risk Rating		Risks	Financial Impact FY23/24 (Cycle 4) £m	Financial Impact FY23/24 (Revised) £m	YTD Crystallised Impact £m
Extreme	15+	B, C, D, E, F, J, K, M	44.5	45.7	10.2
High	9-14	A, G, H, I, L	16.2	16.2	0.0
Moderate	5-8	-	0.0	0.0	0.0
Low	1-4	-	0.0	0.0	0.0
Total			60.7	61.9	10.2
Risk mitigated through Non Recurrent YTD underspends & Release of Expenditure Reserves					(5.6)
Total			60.7	61.9	4.6



2.1 Financial Performance – July 2023

For July 2023, the Trust delivered a £1.6m deficit, which on a control total basis is £0.7m adverse to plan. £1.9m relates to Industrial Action with £0.7m as a result of direct pay costs and £1.2m due to increased use of independent sector capacity to maintain activity levels. CIP under delivery was £1.0m. This adverse variance was offset by mitigations agreed in the recovery plan.

Income: Income is favourable to plan in July by £0.4m. This is as a result of additional R&D income, offset by additional costs. A claw back of £0.8m for underperformance against the API target is offset by the change in ERF as a result of industrial action in April in line with national guidance.

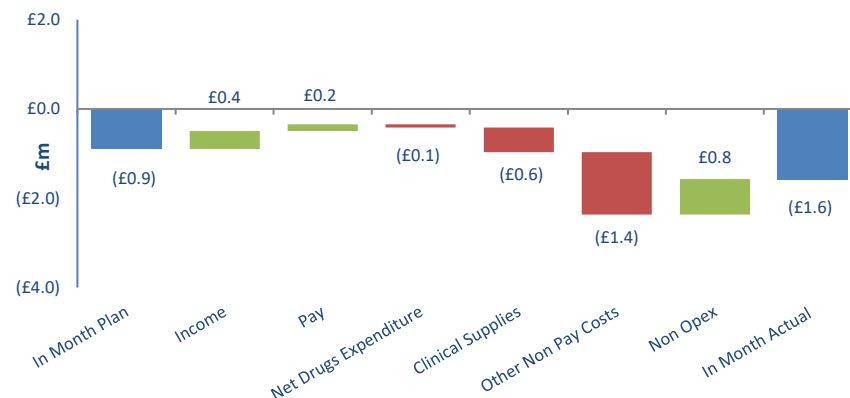
Pay: Pay is underspent in July by £0.2m. However this includes £0.8m of Cancer Alliance variances, which are externally funded and matched to income. The underlying position would be a £0.4m overspend which is made up of a £0.5m of unidentified CIP, £0.7m increase in industrial action. This is offset by £0.3m of underspends in Corporate, Nursing and other Admin & Clerical roles and £0.5m unutilised capacity growth. Pay control in clinical divisions requires additional focus as the pay recovery processes implemented in the last quarter of 2022/23 have not been sustained. This is particularly in relation to Medical and Other pay across all divisions. In July Agency spend was 3.8%, an increase from 3.58% in June and 0.1% higher than the NHSE threshold of 3.7%

Net Drugs Cost: The net drugs position for July is £0.1m adverse to plan due to unidentified CIP.

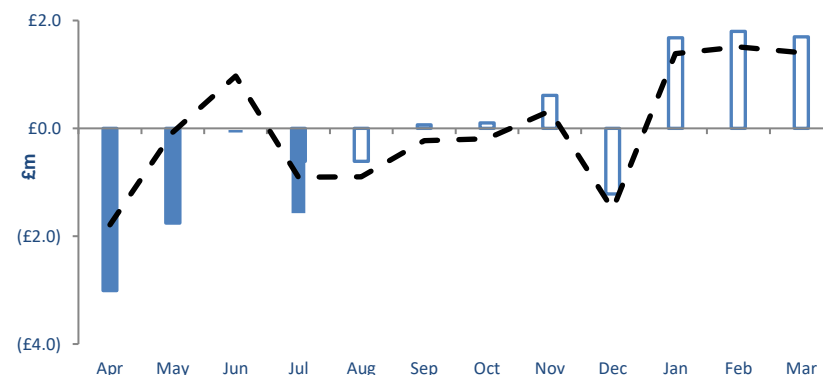
Non Pay: There is a £2m adverse variance across Non Pay In July. This is made up of £0.4m as a result of unidentified CIP, £1.2m additional expenditure with the independent sector to achieve activity levels, and £0.4m of additional R&D expenditure offset by increased income.

Non Operating Expenditure: There is a £0.8m favourable variance in July. This is due to additional interest income received and a forecast reduction in PDC charge, both as a result of higher cash balances.

Financial Recovery Plan (FRP): Divisional Performance against the agreed mitigations in Month 4 was £0.2m against a planned £0.7m. The main drivers of the variance were as result of failure to implement mitigation 10 & 11 – reductions in locum use in AMU & Respiratory. Mitigation 8, a 20% reduction in nursing premium fill rate, is behind plan with a reduction of 6% in July v April and May run rate.



Monthly Reported Surplus/(Deficit)



Actual Forecast Outturn Plan

2.2 Financial Performance – Year to date

Year to date, position is a £6.9m deficit on a control total basis. This is £4.6m adverse to plan. £4.6m relates to Industrial Action with £2.3m as a result of direct pay costs and £2.3m due to increased use of independent sector capacity to maintain activity levels. CIP under delivery is £4.3m. This adverse variance is offset by additional interest income received of £2.1m, forecast reduction in PDC charge and non recurrent underspends of £2.2m.

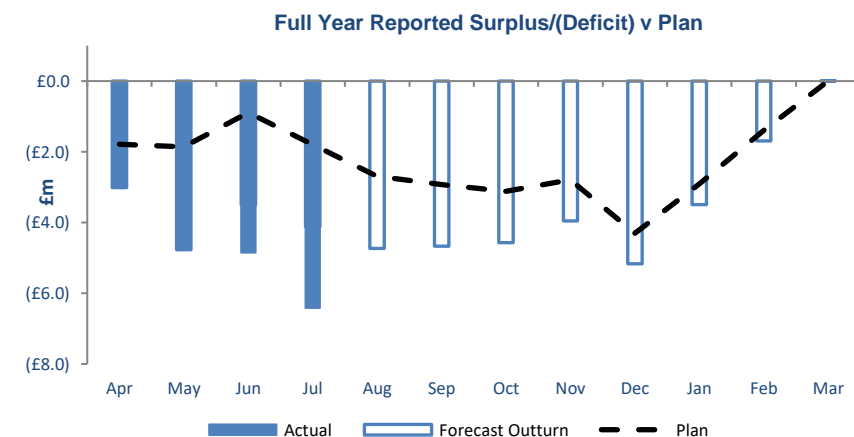
Income: Income is reporting a favourable variance of (£3.9m) year to date due to increased R&D & LDA income. A claw back of £1.8m for underperformance against the API target is offset by the change in ERF as a result of industrial action in April in line with national guidance.

Pay: Pay is overspent by £2.2m year to date. This is due to additional pay for industrial action of £2.3m and £2.3m of unidentified CIP, of which £1.5m is in Surgery, offset by underspends in Corporate, Nursing and A&C of £1.7m and £0.7m of unutilised capacity growth Reserve. Pay control in clinical divisions requires additional focus with the over spend in pay evident despite the investment in a number of clinical areas to re-base services such as ED. Pay is overspending in medical staffing in all divisions, and in nursing across both the Medicine and Clinical Support Services divisions. Corporate Services pay is within the budget envelope, which is expected to be sustained through the Corporate vacancy control process now in place. Year to date Agency spend is 3.68%, 0.02% lower than the set threshold of 3.7%. Registered Nursing is the largest user of agency spend, being 5.6% of total nursing spend. Use of Agency has increased from 3.58% of total pay in June to 3.8% in July.

Net Drugs Cost: Year to date net drugs position is £1.7m adverse. This is predominantly as a result of increased expenditure on drugs included within block agreements and unachieved CIP of £0.2m. Average price increases are estimated to be c. 4.3% resulting in a c. £0.4m pressure. There are significant usage increases in Adalimumab, Lanreotide & Dalteparin which have increased by c. 29% in the past 12 months and these drugs are included within tariff thus no offsetting income is received. Work is ongoing with Pharmacy to assess if the change in usage is commensurate with the clinical need.

Non Pay: Year to date non pay is £6.6m adverse to plan. This is due to £2.3m additional expenditure on the independent sector to achieve activity levels, R&D expenditure which is offset by income of £1.5m with the remainder of the variance, £1.6m, being unidentified CIP, of which £1.1m is Surgery.

Non Operating Expenditure: Year to date non operating expenditure is showing a (£2.1m) favourable variance due to additional interest income received and a forecast reduction in PDC charge, both as a result of higher cash balances.



2.2 23/24 Forecast Outturn (FOT)

Forecast Outturn: The 23/24 plan was breakeven with identified risks totalling £60.7m offset by assumed mitigations totalling £60.7m. Risks totalling £10.2m and mitigations totalling £4.6m have crystallised year to date, a net impact of £4.6m adverse variance. Further crystallisation of these risks is forecast at £18.0m in year, requiring a further £22.6m of mitigation (via a Recovery Intervention) to achieve the breakeven plan. Funding for the April Industrial Action has been proposed, which provides some mitigation in the Forecast Outturn. The Recovery Intervention was agreed by Board in July.

① Delivery risk / downside of £60.7m identified in Cycle 4 of the 23/24 planning process offset by assumed mitigations of £60.7m leaving a breakeven plan.

② Year to date crystalised risk of £10.2m, including increase Independent Sector spend

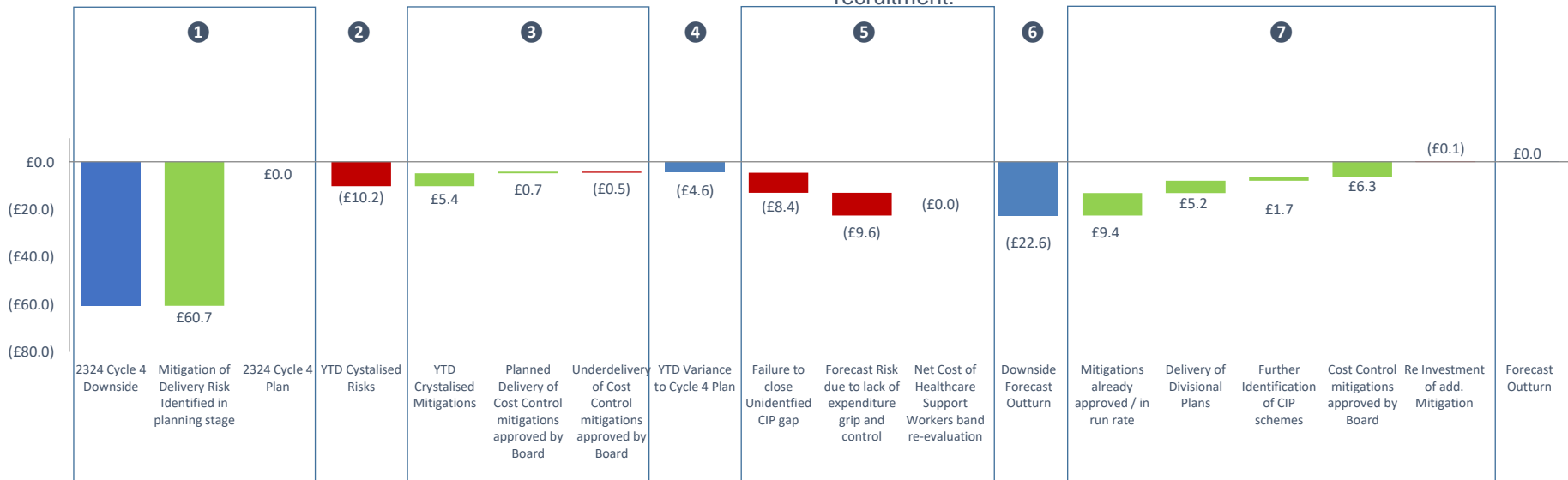
③ Year to date crystalised Mitigation of £5.6m, of which £0.2m relates to the board approved identified mitigations, this is an under performance of £0.5m against the forecast £0.7m

④ Year to date performance £4.6m adverse to plan.

⑤ Further run rate risk of £18.0m forecasted to crystallise through remainder of the year based on current run rates.

⑥ Forecast outturn based on expected run rate £22.6m adverse to 23/24 Cycle 4 plan of breakeven. This is an improvement against the position reported in Month 2 of £0.9m.

⑦ Identified mitigations of £22.6m, £9.4m of approved mitigations include £3.5m additional ERF following the April industrial action, which includes a £1.8m provision due to underperformance against the API contract. Also included is the £6.3m remaining of the £6.5m worth of cost control mitigations approved by Board in July, breakdown of the mitigations can be found in Appendix E. An additional £0.05m of mitigation has been identified as a result of Flu/COVID vaccination business case costing less than anticipated at planning stage, as agreed in Board these additional funds are to be re invested in International recruitment.

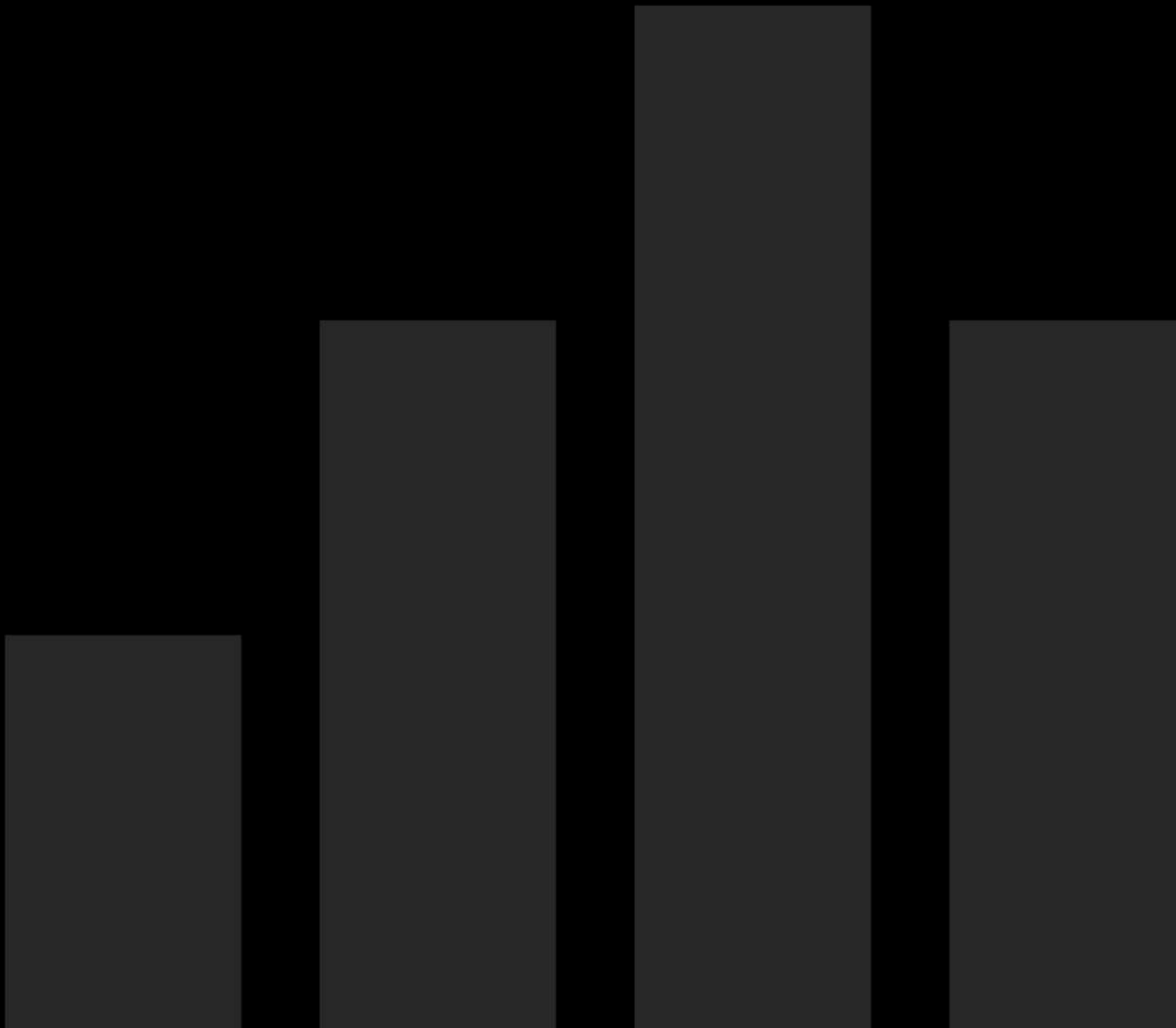


Workforce

[View in Power BI](#) ↗

Last data refresh:
21/08/2023 07:31:09 UTC

Downloaded at:
21/08/2023 08:03:35 UTC



Workforce Summary

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

Topic	Metric Name	Date	Result	Variation	Assurance
Recruitment (Non-Medical)	Time to Hire - Total	Jul 2023	38.2	Improvement (Low)	Unreliable
Staff in Post	Actual Substantive Headcount (WTE)	Jul 2023	8,300	Improvement (High)	No Target
Mandatory Training	Mandatory Training	Jul 2023	92.1%	Improvement (High)	Unreliable
Non-Medical Appraisals	Non-Medical Appraisal	Jul 2023	85.1%	Improvement (High)	Not capable
Job Planning	Job Plans Signed Off % (Within 12months)	Jul 2023	55.6%	Concern (Low)	Not capable
Vacancies	Variance: Headcount (WTE)	Jul 2023	-1,111	Concern (Low)	Not capable

SPC Variation Icons

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



SPC Assurance Icons

Capable Not capable Unreliable



Mandatory Training

Mandatory Training

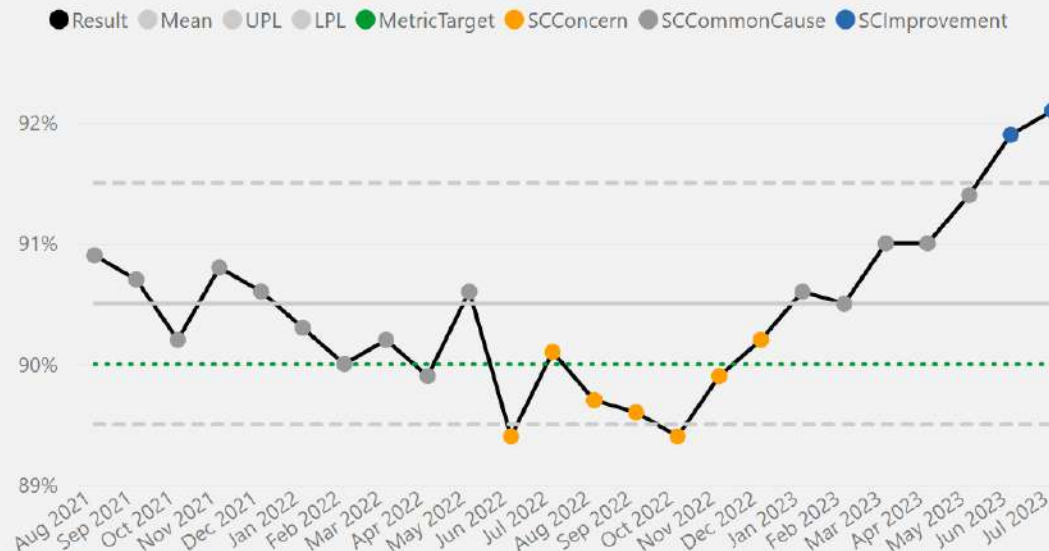
Jul 2023



Analytical Commentary

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

Mandatory Training



Assurance Commentary

As at the end of July, the overall compliance rate was 92.1%. For Medical staff, the compliance rate for permanent staff was also 92.1% - this figure reduces to 85.2% including the fixed term rotational junior doctors.

This is the eighth consecutive month achieving the trust compliance target of above 90%.

Classroom based training remains the primary area of lower compliance being affected by the pressures the hospital has been under. However, there has been some progress for these topics this month. There has been a 1.7% rise for manual handling, a 3.2% increased for Resus adults and 1.7% for Resus paediatric which now moves this topic out of amber.

Following the launch of the new Resuscitation eLearning, compliance has seen a month on month improvement with Adult basic life support now a risk rating of amber achieving 84.0% compliance. The teams have worked hard to achieve a smooth transition from the current annual classroom requirement to the new model of annual eLearning with 2-yearly classroom-based training.

Improvement Actions

July 2023 - Targeted messages were sent to staff who have fallen below on their compliance for Safeguarding and Information Governance

Non-Medical Appraisals

Non-Medical Appraisal

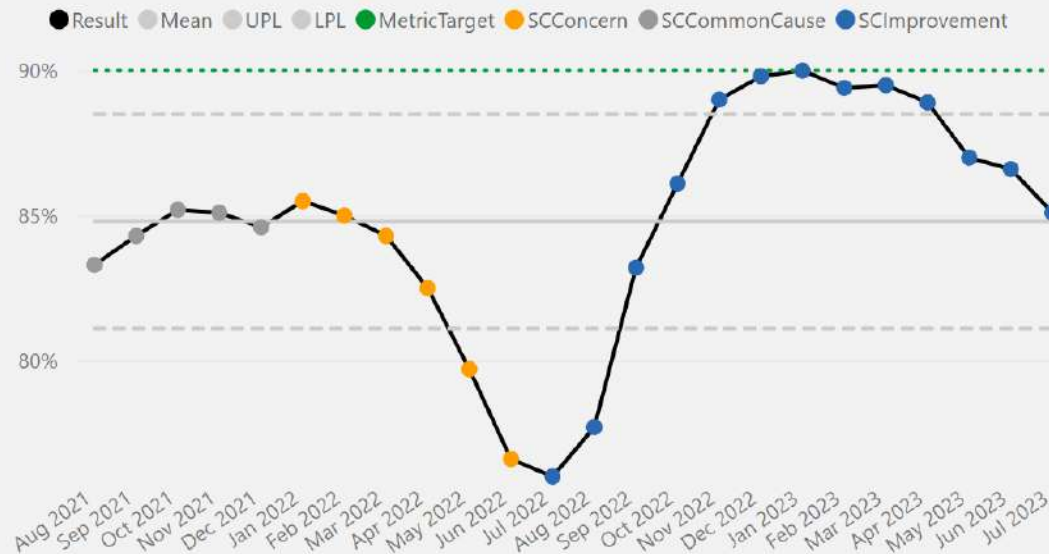
Jul 2023



Analytical Commentary

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

Non-Medical Appraisal



Assurance Commentary

In the 12 months to July 2023, 85.1% of eligible staff (non-medical appraisals) had an appraisal (inclusive of the new PDR or the previous appraisal process). This represents a 1.4% decrease in performance compared to the previous month.

All other Divisions and Corporate have fallen below the 90% target, this indicates that the cascade is not being maintained. The risk of maintaining compliance and completion of the cascade by September was discussed at the monthly performance assurance framework. Surgery division have requested an extension to the timeframe for an additional month. All other divisions have mitigation plans to ensure the target is achieved.

Appraisal training remains available to line managers to assist with the quality of the appraisals.

Improvement Actions

July 2023 – Divisional trajectories for the 23/24 cascade reviewed at Performance Assurance Framework meeting, with plans established to mitigate risk.

July 2023 - HR Business Partner team supporting discussion and review of performance at divisional boards and sub-boards with actions agreed to improve performance in line with the cascade model.

July 2023 – Promotion of appraisal training available for line managers

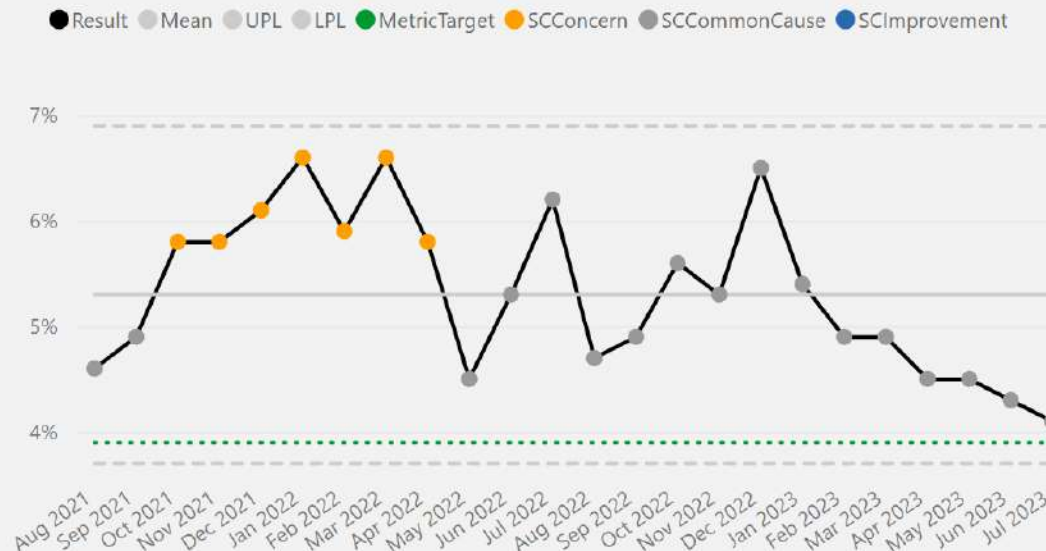
Sickness Absence

Monthly Sickness Absence %

Jul 2023



Monthly Sickness Absence %



Improvement Actions

Jul-23 – The HWB team hold weekly drop in sessions for staff in the East Atrium to help and support individuals

Jul-23 – A powerful Schwartz Round took place to explore the concerns of Violence and Aggression in the organisation. A Violence and Aggression strategy has been drafted and circulated to the Health & Safety committee for review

Jul-23 – New Rest and Restore days have been advertised to support staff.

Analytical Commentary

Variation is Common Cause

Assurance Commentary

The Trust's 12 month rolling average target for sickness absence is 3.9%. As at 31 July 2023, that rate is 5.0%. The monthly absence figure for July 2023 is 4.1%. Had Covid sickness been excluded the 12-month rolling average rate would be 4.3%. Covid related sickness in July 2023 was 0.2%; a slight decrease from June 2023.

Latest national NHS sickness data (March 2023) reports the NHS England monthly average as 4.94%. The East of England reports a monthly average of 4.84% and Norfolk and Waveney reports at 5.31%. The Trust reports the lowest monthly sickness absence rate for Trusts in Norfolk and Waveney, 4.92% for the same period.

The monthly absence rate has reduced from 4.3% in June to 4.1%. There is an improved reduction in long term absence by 0.1% which indicates that long term absence is being managed within the departments. Short term absence continues to reduce and is the lowest it has been in the last year but remains disruptive for wards.

The main issues cited within Workplace Health & Wellbeing referral in July continue to be work relationships, including perceived bullying by colleagues, lack of staffing and support in investigation proceedings. 55% of the referrals relate to clinical staff. With regards to musculoskeletal issues, all inanimate object handling has occurred in Radiology linked to manoeuvring of old equipment

Monthly Turnover

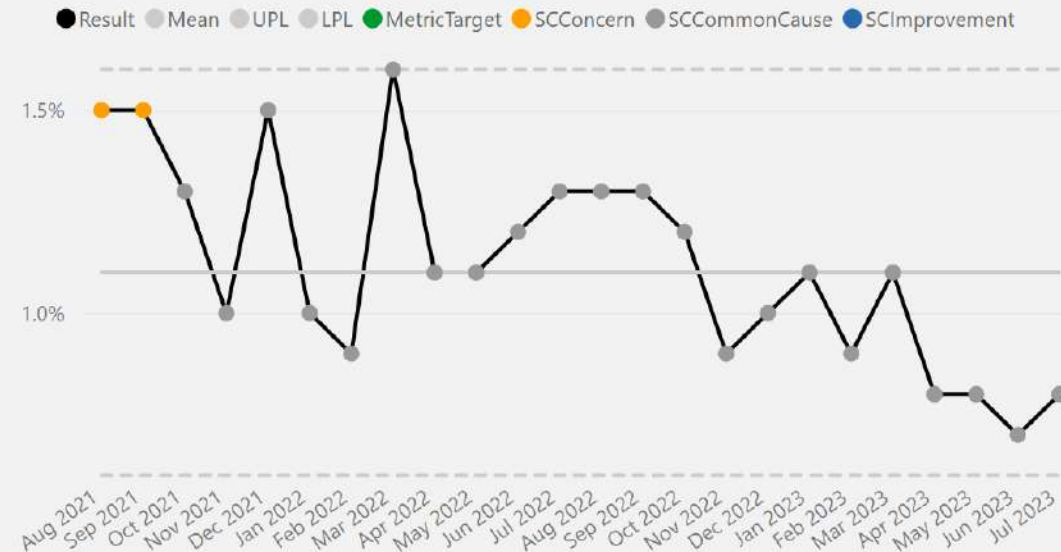
Jul 2023



Analytical Commentary

Variation is Common Cause

Monthly Turnover



Assurance Commentary

The monthly turnover rate for July 2023 is 0.8% which is higher than June 2023 (0.7%) and lower than July 2022 (1.3%). The 12-month average turnover rate is 11.8%, a reduction of 0.5% from June 2023. Turnover has consecutively fallen for the last 7 months.

To reduce turnover to 10% per annum, a monthly turnover rate of 0.83% needs to be achieved and maintained. This equates to 58 WTE leaving per month. In July 2023, 61.2 WTE left the Trust which is an increase from June 2023.

The number of Stay Conversations being held is gradually increasing, with 28% of leavers in June having had a conversation. Divisional targets have been agreed to achieve a minimum of 40%. The reasons given that might make colleagues stay are career development, travel to work, relationships at work and flexible working.

To support flexible working, work to understand the number of staff with existing flexible working patterns is underway. This has not previously been available due to inconsistency in recording and therefore not able to be reported. A dashboard has been developed, and has been populated with Medicine division data. This will enable divisional/departmental comparison across the Trust, as well as to measure our overall position.

To support career development and retention of staff, a “Be Inspired” campaign for Healthcare Workers is being planned for August to showcase colleagues who have followed development pathways.

Improvement Actions

July 2023 – Continued focus on supporting junior doctor and Consultant colleagues with their right to take industrial action, ensuring all colleagues are treated in accordance with our PRIDE values, and supported through the provision of extensive guidance, briefings, and a Workforce Hub.

July 2023 - Self rostering “Preference Shifts” are being piloted in Langley Ward. This will enable staff to have a greater choice and flexibility in when they are rostered, provided skill mix is maintained.

Actual Substantive Headcount (WTE)

Jul 2023



Variation

Assurance

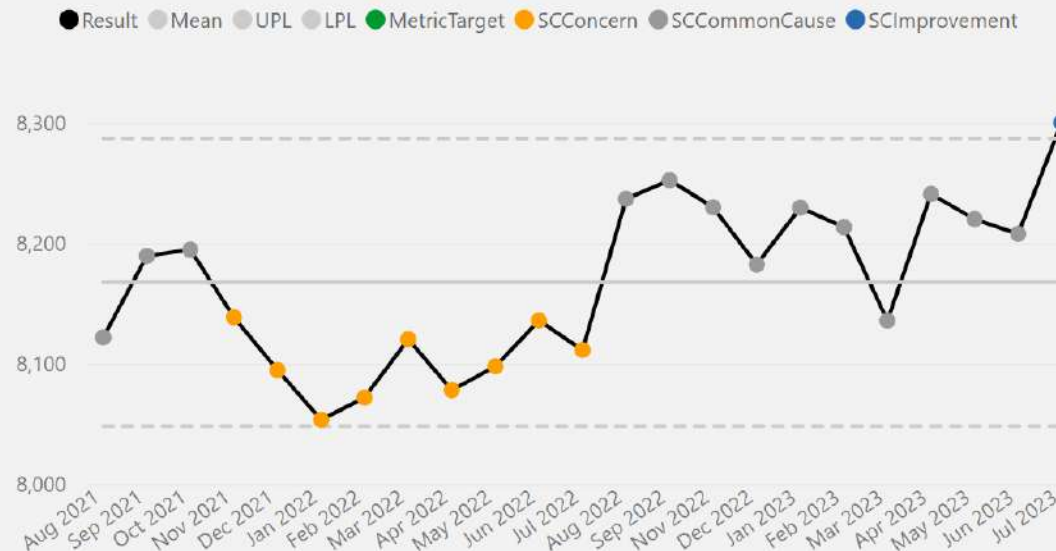
8,300
Result
N/A
Target

8,287
UPL
8,167
Mean
8,048
LPL

Analytical Commentary

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

Actual Substantive Headcount (WTE)



Assurance Commentary

Substantive staff in post is 8,300 for July 2023, an increase from June 2023 (8,207.5). Increasing headcount requires vacancy reduction and turnover reduction to be achieved. Vacancy rate is at 11.8% for July 2023, which is a decrease from June 2023 (12.7%).

Through the Performance Assurance Framework, performance against trajectories for nursing vacancies in Medicine, Surgery, Midwifery and Paediatrics are reviewed on a monthly basis.

The People Promise commitments have been publicised to staff via posters, the Beat, Facebook, divisional cascade, JSCC, Staff Council and Staff Networks, and delivery of the actions are underway.

The priority areas are;

1. Staff Shortages
2. Staff Facilities
3. Working and Care environment
4. Health and Wellbeing
5. Manager support and appreciation
6. Addressing poor behaviours

In addition, the Culture programme has been launched, with a series of staff engagement workshops underway to help define our culture and actions required for longer term change.

Improvement Actions

July 2023 - Travel to Work improvements have resulted in 349 new car parking permits being issued to staff for on-site parking.

July 2023 - A holiday swap scheme is in place for car parking spaces ahead of the main summer holiday period with 64 applications already made

July 2023 - Flexible retirement information has been published to signpost staff regarding the range of options available

Vacancies

Variance: Headcount (WTE)

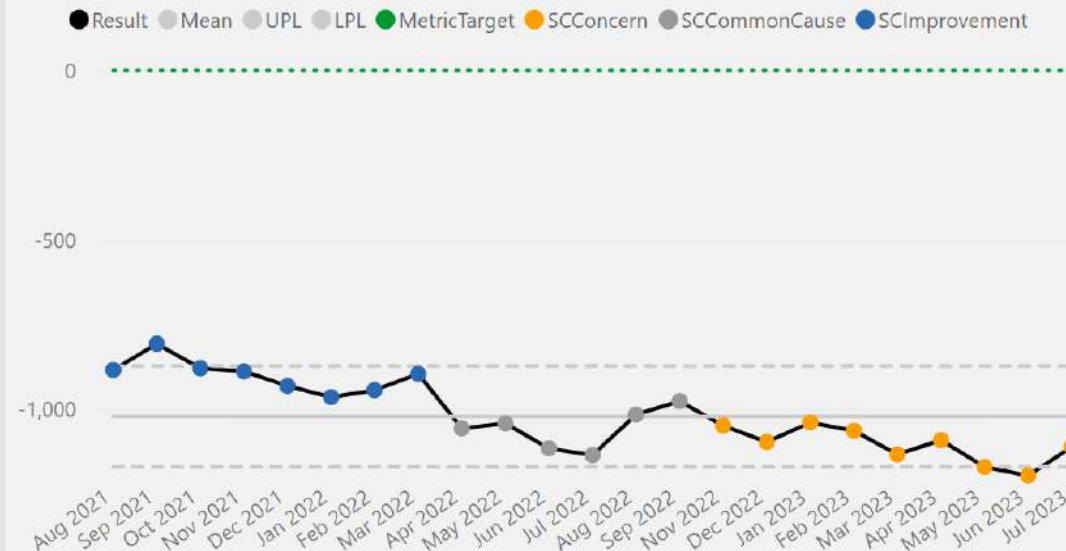
Jul 2023



Analytical Commentary

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

Variance: Headcount (WTE)



Assurance Commentary

The Trust vacancy rate for July 2023 is 11.8% which is a decrease from 12.7% in June.

Based on the current vacancy rate, the Trust will need to recruit an additional 180.7 staff to bring the rate below 10%, provided no establishment changes and no additional staff leave.

Trust wide trajectories are in place for key clinical posts that span the next two years, inclusive of data relating to internal promotions, so that we can monitor the progress of our recruitment planning to achieve a reduction in the vacancy gap.

International RN recruitment via the IR Hub continues with 168 Nurses expected to arrive as part of the commitment to NHSEI by November 2023. 7 Nurses arrived in July.

Following completion of the career discussions for third year student nurses, 118 FPQs conditional offers have been made (90 student nurses and 28 midwifery students have received conditional offers. The students will be graduating and starting in post between July and September 2023.

The current risk to decreasing the Trust's Health Care Assistant roles in line with the recruitment trajectory, remains. To mitigate the risk for implementing a revision of band 2 Health Care Assistants to band 3. ICS HRDs are working collaboratively to resolve. However, this remains a risk for the Trust currently due to the differing implementation plans.

Improvement Actions

July 2023 - 36 Health Care Assistants commenced their induction training (23 Medicine, 8 Surgery, 4 W&C, 1 CSS). A further 21 Health Care Assistants are due to start (15 Medicine, 6 Surgery) in August.

July 2023 - 7 Nurses arrived in June via the IR Hub.

Recruitment (Non-Medical)

Time to Hire - Total

Jul 2023

Variation

Assurance



38.2
Result

38.0
Target

47.5
UPL

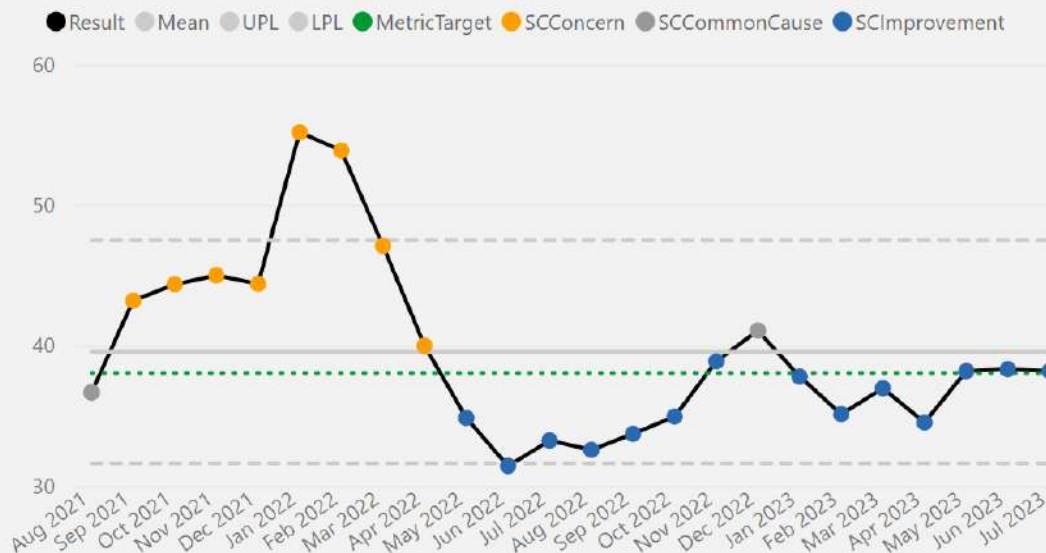
39.5
Mean

31.6
LPL

Analytical Commentary

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

Time to Hire - Total



Assurance Commentary

The July Time to Hire was 37.9 working days, which is within the Trust KPI of 38 days. This has been under the Trust target since January 2023. This has seen 127 candidates be recruited to roles within the Trust, 62 of which were external to the Trust.

Time to Offer is at 2.7 working days, above the target of 2 days. Work allocation will be reviewed to ensure this meets the target.

The average Time to Select was 11.7 working days. This is above the target time of 10 days. Managers will be reminded of the need to complete selection exercises within 10 days.

Time to check was 25.8 which is under the internal target of 26 days.

Improvement Actions

Jul-23 - 36 HCA's commenced their induction training (23 Medicine, 8 Surgery, 4 W&C, 1 CSS). A further 21 HCA's are due to start (15 Medicine, 6 Surgery) in August.

Jul-23 - 7 Nurses arrived in June via the International Recruitment Hub.

Jul-23 - 118 FPQs (First post qualified) Registered Nurses and Midwives are in offer/starting stages (1 CSS, 27 Medicine, 40 Surgery, 50 W&C).

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Time to Hire - Time To Select	Jul 2023	11.9	⊖	Common Cause
				No Target

Job Plans Signed Off % (Within 12months)

Jul 2023

Variation



Assurance



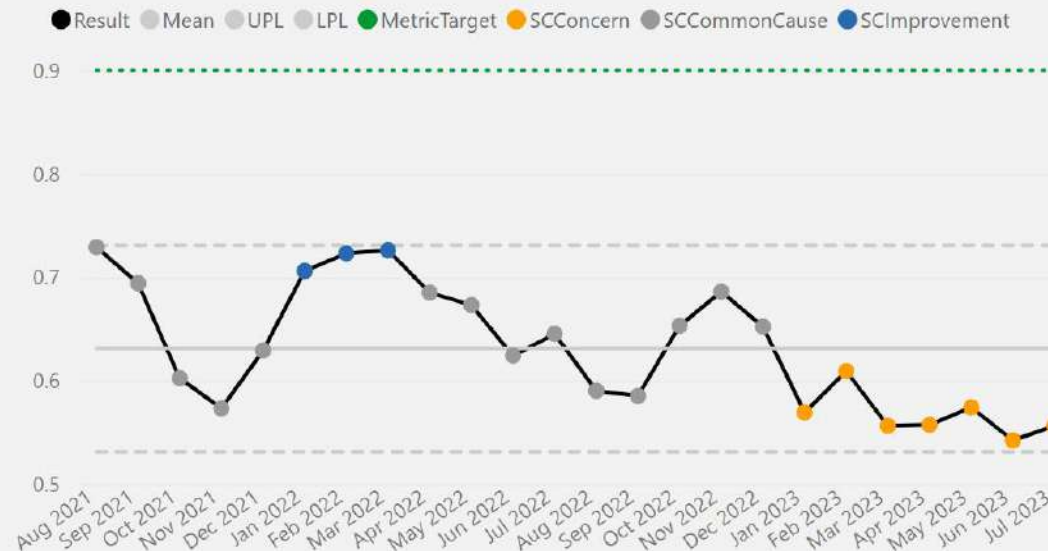
55.6%
Result
90.0%
Target

73.1%
UPL
63.1%
Mean
53.1%
LPL

Analytical Commentary

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

Job Plans Signed Off % (Within 12months)



Assurance Commentary

Job Plan Assurance Group reviewing system functionality and PowerBI reporting.

Improvement Actions

To continue with weekly progress reports to escalate performance issues with Medical Director and Chief of Divisions.
To continue to work with Digital Health Business Intelligence Team to review reports on PowerBI to provide breakdown by grade and to adjust reporting to include those who have had a job plan signed off in the last 12 months, but are in the discussion phase as part of the improved governance process.

Recruitment Trajectories

Recruitment Trajectory - Trust Band 2 Healthcare Assistant

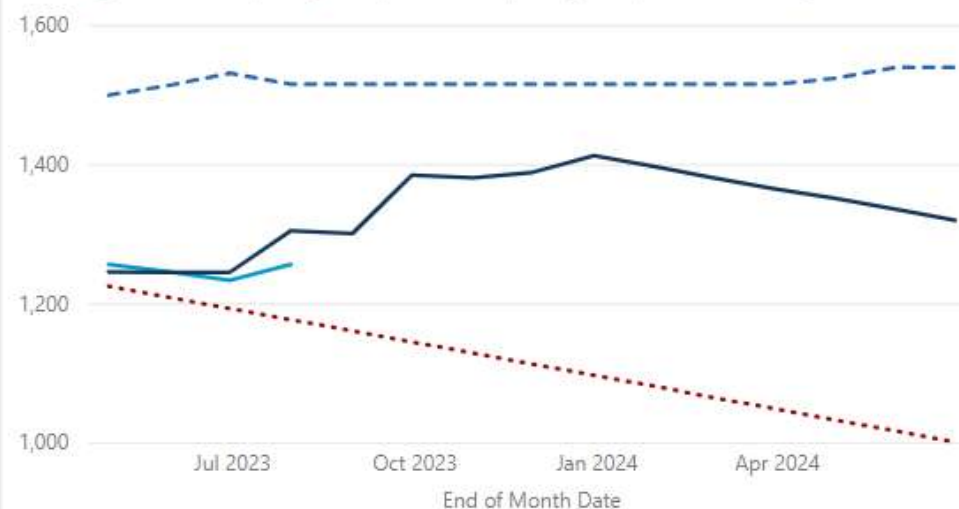
Metric ● Actual staff in post ● Anticipated Staff in post ● Planned Establishm... ● Staff in post (in...



Metric	Apr-23	May-23	Jun-23	Jul-23
Actual staff in post	769.16	769.28	767.29	806.81
Anticipated Staff in post	744.13	752.26	759.39	766.51
Anticipated Vacancy %	25.2%	25.5%	24.5%	23.8%
Anticipated Vacancy % (increased capacity)	24.7%	24.5%	23.0%	21.9%
Increased Capacity	5.00	5.00	5.00	5.00
Internal Promotions	0.87	0.87	0.87	0.87
Other Leavers	16.00	16.00	16.00	16.00
Planned Establishment	994.23	1,009.88	1,006.18	1,006.51
Planned Establishment %	00.0%	00.0%	00.0%	00.0%
Recruitment Activity	25.00	25.00	24.00	24.00
Staff in post (increased capacity)	749.13	762.26	774.39	786.51

Recruitment Trajectory - Trust Band 5 Nurse

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



Metric	Apr-23	May-23	Jun-23	Jul-23
Vacancy % (INR)	16.9%	17.8%	18.7%	13.9%
Recruitment Activity	6.00	6.00	6.00	6.00
Promotions	7.00	7.00	7.00	7.00
Planned Establishment %	00.0%	00.0%	00.0%	00.0%
Planned Establishment	1,498.99	1,513.27	1,530.55	1,514.58
Leavers	15.00	15.00	15.00	15.00
Increased Capacity	13.00	15.00	16.00	76.00
Anticipated Vacancy FTE (INR)	253.99	269.27	286.55	210.58
Anticipated Vacancy FTE	274.95	305.23	338.51	338.54
Anticipated Vacancy %	18.3%	20.2%	22.1%	22.4%
Anticipated Staff in post (INR)	1,245.00	1,244.00	1,244.00	1,304.00
Anticipated Staff in post	1,224.04	1,208.04	1,192.04	1,176.04
Actual staff in post	1,255.59	1,244.41	1,232.55	1,255.35



6.8

Promise 1: We are compassionate and inclusive



5.2

Promise 2: We are recognised and rewarded



6.1

Promise 3: We each have a voice that counts



5.4

Promise 4: We are safe and healthy



5.1

Promise 5: We are always learning



5.8

Promise 6: We work flexibly



6.3

Promise 7: We are a team



6.1

Theme: Staff Engagement



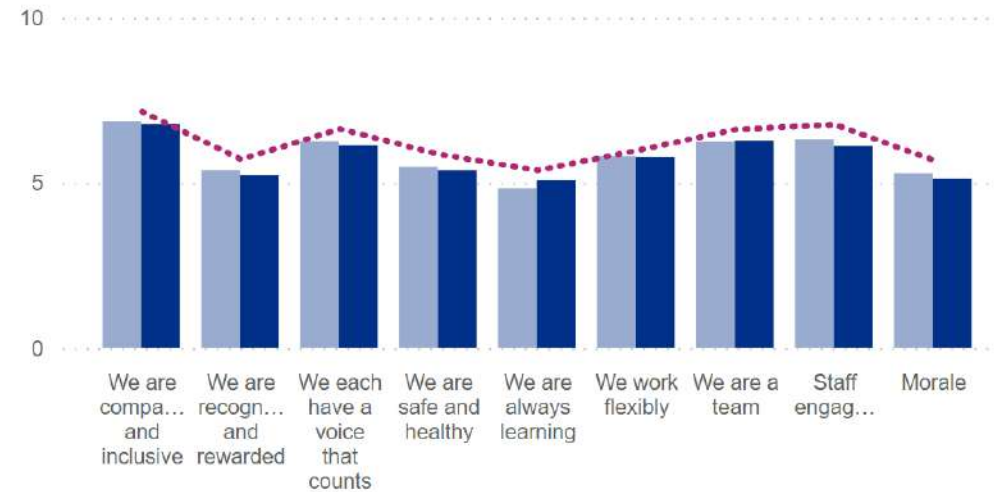
5.1

Theme: Morale

Hover to find out more: ?

People Promise and Theme Scores by Year and Comparators

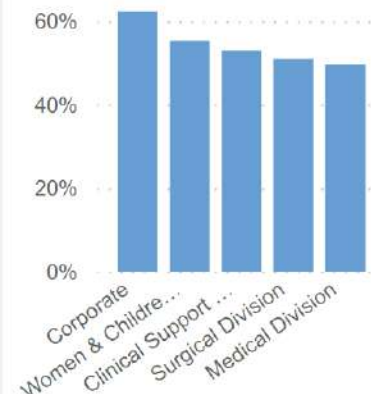
Survey Year ● 2021 ● 2022 - - - - Best Acute Comparator — Trust Comparator



Year on Year Difference

People Promise/Theme	21 & 22 Diff
We are always learning	0.24
We are a team	0.04
We work flexibly	-0.02
We are compassionate and inclusive	-0.09
We are safe and healthy	-0.10
We each have a voice that counts	-0.13
We are recognised and rewarded	-0.14
Morale	-0.15
Staff engagement	-0.21

% Scored Positively by Division



% Scored Positively by Question Breakdown

Division	% Scored Positively	Avg Acute %	21 & 22 Diff
Clinical Support Division			
⊕ We are compassionate and inclusive	63.8%	70.12%	-2.2%
⊕ We are recognised and rewarded	43.4%	50.61%	-2.9%
⊕ We each have a voice that counts	56.7%	64.37%	-1.2%
⊕ We are safe and healthy	47.7%	51.57%	-1.4%
⊕ We are always learning	42.2%	49.96%	2.1%
⊕ We work flexibly	47.3%	53.75%	0.0%
⊕ We are a team	58.8%	64.42%	-0.9%
⊕ Staff engagement	53.4%	64.31%	-3.4%
⊕ Morale	44.3%	51.02%	-1.0%
Corporate			
⊕ We are compassionate and inclusive	70.9%	70.12%	-0.3%
⊕ We are recognised and rewarded	58.1%	50.61%	0.4%
⊕ We each have a voice that counts	65.8%	64.37%	0.0%
⊕ We are safe and healthy	56.4%	51.57%	0.0%
⊕ We are always learning	52.8%	49.96%	5.2%
⊕ We work flexibly	67.4%	53.75%	6.7%
⊕ We are a team	68.6%	64.42%	2.6%
⊕ Staff engagement	63.2%	64.31%	-1.6%
⊕ Morale	54.5%	51.02%	-0.3%
Medical Division			
⊕ We are compassionate and inclusive	60.4%	70.12%	-2.9%
⊕ We are recognised and rewarded	39.9%	50.61%	-1.6%
⊕ We each have a voice that counts	53.6%	64.37%	-3.5%
⊕ We are safe and healthy	42.4%	51.57%	-1.9%
⊕ We are always learning	40.9%	49.96%	1.6%

NNUH Staff Experience Improvements

Julia Buck, People Promise Manager
for Sarah Gooch, Acting Chief People Officer



- Our People Promise 2023/24 action plans have seven priority areas and are based on what staff said matters most to them:
 1. Staff shortages
 2. Travel to work
 3. Care and working environment
 4. Manager support and appreciation
 5. Staff wellbeing
 6. Addressing poor behaviours
 7. Digital health improvements
- Each priority area has an executive lead, with a number of workstreams underway, with nominated delivery leads/milestones/measures wherever possible
- All seven areas have active plans, but the consensus for our areas of highest priority was:
 - Recruitment and retention
 - Staff facilities and travel to work
 - Work and care environment
 - Addressing poor behaviours (culture of kindness)



Recruitment and Retention

- Continued improvements in Time to Hire (38 days), now benchmarking as best in region with a further eight actions agreed to improve candidate experience
- 800K investment to support continued recruitment. Current trajectories are to achieve a 7.7% vacancy rate for Registered Nurses by March 2024, from a highpoint of 18.3% in April 2023
- Healthcare Assistant recruitment continues, with a trajectory to achieve a 12.2% vacancy rate by March 2024, from a highpoint of 25% in March 2023.
- 95 newly qualified nurses and midwives recruited
- New retirement flexibilities promoted with staff webinar sessions throughout September
- Our new appointment support process aims to provide better support for new joiners
- Overall staff turnover continues to improve to 11.8% (end of July) from 15.1% at the same point in 2022, and Healthcare Support Workers improving to 17.4% from 24.9% at the same point last year.



Staff Facilities

- 498 new car parking spaces have been issued to staff since April (as of 31/8/23)
- A “holiday swap” scheme in place for colleagues to lend their pass when on leave, with 158 staff utilising this since its launch in July
- New Thickthorn Park and Ride shuttle facility from July, with 107 current users
- Additional water coolers across the site and portable air conditioning units in some ward areas
- Additional outside benches installed to provide additional options for staff during the summer

Operational Pressures

- Elimination of 7 beds in a 6 bed bay in June
- Continued reduction in short notice moves (57% improvement on April 22)



Cultural Change

- Cultural Change programme (T3) launched 20th June involving leader and staff events July/Aug
- The first wave of “Call it Out” training delivered to equip colleagues with the skills to challenge poor behaviours should they occur
- Development plans in place supported by Human Resources/Org Development/Freedom to Speak Up teams for six of the lowest overall scoring teams in staff survey
- Launch of TED (Team Engagement and Development) tool to provide leaders with a range of tools to increase engagement in their teams
- Recognition that cultural change will take longer term to make a difference
- Our highest ever response rate in the July Quarterly Pulse Survey



July 2023 Pulse Survey

- Some encouraging signs of progress against our results in the 2022 National Staff Survey, in relation to staff feeling their appraisal left them feeling their work is valued (+23.1), staff burnout (-16.7) and in two of the three advocacy scores (+5.3 and +2.5).

Question	2022 National Staff Survey Score	July 2022 Quarterly Pulse Survey Score	Variation
Engagement - Motivation	6.5	6.56	+0.06
Engagement - Involvement	6.3	6.06	- 0.24
Engagement - Advocacy	5.6	5.82	+0.22
Motivation Q - Time passes quickly when I am at work	67.8	68.5	+1.1
Motivation Q - I am enthusiastic about my job	58.5	60.6	+3.1
Motivation Q - I look forward to going to work	42.4	43.3	+0.9
Involvement Q - I am able to make suggestions to improve the work or my team / department	65.9	64.8	-1.1
Involvement Q -There are frequent opportunities for me to show initiative in my role	67.3	60.9	- 6.4
Involvement Q - I am able to make improvements happen in my area of work	42.9	47.9	+5.0
Advocacy Q - Care of Patients / service users is my organisations top priority	58.0	57.0	-1.0
Advocacy Q - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	47.3	52.6	+5.3
Advocacy Q - I would recommend my organisation as a place to work	41.0	43.5	+2.5
Local Q - My most recent appraisal/PDP left me feeling that my work is valued by my organisation	25.9	49.0	+23.1
Local Q - My immediate Line Manager encourages me at work	66.5	70	+3.5
Local Q - I have adequate materials, supplies and equipment to do my work	44.3	56	+11.7
Local Q - How often, if at all do you feel burnout at the end of your working day / shift	57.7	41.0	-16.7
			Positive result



Key areas on track for delivery by end October:

- Establishment of a wellbeing hub providing access to key support services/signposting to sources of help
- Caring for You Expo event (13th September) to support personal and financial wellbeing (Citizen's Advice, staff benefits and wellbeing providers)
- Preference shifts implemented across at least six ward areas to enable greater choice for staff within rosters
- A Wellbeing Lead appointed in each division
- "Hall of Fame" to showcase staff achievements and award winners
- New Civility, Respect and Kindness policy (to replace Dignity at Work)
- A new Speak Up policy to be launched
- A new Diversity, Inclusion and Belonging Strategy launched to support a more inclusive culture for staff and patients
- NNUH Leadership Forum to ensure two-way communication and flow of ideas



- Number of Stay Conversations:
 - Only 20% of leavers since April have had a conversation vs Trust target of 40%
 - Vital to help staff “find a way to stay” and ensure we understand reasons for leaving
- Work continues regarding refurbishment plans/creation of additional staff facilities, but greater communication of plans needed
- Divisional support required to enable managers to complete their Licence to Lead
- Divisions to ensure local communications/newsletters showcase how local improvements to staff experience link to the People Promise overall



REPORT TO THE TRUST BOARD

Date	13 September 2023
Title	Chair's Key Issues report from Major Projects Assurance Committee: 26 July 2023
Lead	Tom Spink - Chair
Purpose	For Information

The Major Projects Assurance Committee met on 26 July 2023 and discussed matters in accordance with its Terms of Reference. Papers for the meeting have been made available to all Board members for information in the usual way via Admin Control. The focus of this meeting was update reports with regard to specified major estates projects and an overview of progress in the Transformation Programme.

The following issues were identified to highlight to the Board:

	Issues considered	Outcomes/decisions/actions
1	Update on Transformation Programme – BAF 5.2	<p>The Committee was updated with regard to the Transformation Programme and progress in key strategic programmes:</p> <p><i>i) Diagnostics:</i> Progress in this programme was rated 'red', being behind plan in recruitment and productivity improvement. Work is underway with the division on mitigation plans but the Committee was advised that it appears unlikely that we will be able to reduce the number of mobile scanning vans as planned. There is an ongoing contractual relationship with an external supplier and there are some issues with equipment reliability and downtime which will need to be addressed through the equipment replacement programme.</p> <p><i>ii) Outpatients:</i> The Committee discussed the appropriate target rate for Patient Initiated Follow-Up (PIFU), based on best practice benchmarks. PIFU was introduced to enable patients to return for follow-up when they need to. The appropriate timeliness of appointments is a key metric but work is ongoing to adopt any further useful initiatives from elsewhere.</p> <p><i>iii) Theatres:</i> Improvements in theatre productivity have generated benefit in support of achieving the 105% elective recovery target rather than financial savings. Similarly improvements around Length of Stay have shown benefit in patient experience and operational efficiency rather than monetary savings. The theatre productivity programme remains an area of focus but has inevitably been</p>

		<p>disrupted by industrial action.</p> <p>Committee members questioned the next steps in transformation in the Trust and Mrs Berry offered to bring a draft strategic plan to the meeting in October. This will help inform financial planning for next year and enhance wider visibility and focus on transformation activity.</p>
2	Major Project - Jenny Lind Children's Hospital (JLCH) – Paediatric Theatres	<p>The Committee was advised that handover of the completed facility is planned for 30 October, which will allow for operational use by December. The review of construction work to date has been completed, together with the review of the Authorised Engineer regarding water system installation. The Committee was advised that all outstanding work has been identified and plans for the formal opening in 2024 are in development. This will coincide with the 170th anniversary of opening the Jenny Lind Children's Hospital in 1854 and it is appropriate that we celebrate this investment in the future of JLCH.</p>
3	Major Project - Norfolk and Norwich Orthopaedic Centre (NANOC)	<p>The Committee was updated regarding completion of the Supplemental Agreement which has subsequently been finalised. This will enable the remaining work necessary to complete the NANOC and it is anticipated that surgery will commence in the Spring. Plans for a formal opening are underway.</p>
4	Major Project – Diagnostic & Assessment Centre (DAC)	<p>The Committee was advised on developments relating to the DAC and associated management arrangements for the NNUH DAC Project. The Committee discussed the role of the N&W DAC Programme Board and the roles of individual trusts. It was confirmed that any matters of concern at programme level will be escalated to the Committee, given the NNUH role with regard to the overall N&W DAC Programme. The schedule of roles and responsibilities in the DAC Programme will be discussed at the Committees in Common to ensure that all parties are prepared to deliver on their areas of responsibility.</p> <p>As we move into the construction phase the Committee has agreed a Dashboard for future reporting, together with baselines and milestones to measure progress. This programme will deliver a significant enhancement to the diagnostic capacity and capability in Norfolk & Waveney, with real benefit to patients in reducing waiting times. It is hugely welcomed.</p>

3 Conclusions/Outcome/Next steps

The Committee is scheduled to meet again on 27 September 2023.

Recommendation: The Board is recommended to note the work of its Major Projects Assurance Committee.

Report in Common to the Trust Boards	
Report Title:	Development of the Norfolk and Waveney Acute Hospital Collaborative (NWAHC) Update - Boards of Directors in Public (September 2023)
Prepared/Presented by:	Jon Barber – Deputy CEO, JPUH Simon Hackwell – Director of Strategy and Major Projects, NNUH Carly West-Burnham – Director of Strategy and Integration, QEH
Date:	September 2023
Issues for escalation/ decision(s) required: The Boards of Directors are asked to note the outcomes from the August Committees in Common and the key areas of focus for the Norfolk and Waveney Acute Hospital Collaborative (NWAHC) moving forward.	

Progress Update
<p>Each Board has been unanimous in their desire to see the NWAHC set out clear actions and accountabilities (which will subsequently be delivered through individual Trust executive teams) that will have the maximum impact on our collective strategic and operational imperatives moving forward.</p> <p>The NWAHC Committees in Common at its meeting in August 2023 confirmed their agreement to several key areas of focus moving forward and an overview of areas discussed and decisions made are summarised in the report attached.</p>
Risks
N/A
Update on the Development of the Norfolk and Waveney Acute Hospital Collaborative
<p>Overview</p> <p>The aim of this report is to provide the Board of Directors with an update on progress in delivering against the Norfolk and Waveney Acute Hospital Collaborative Plan and Strategy for 2023/24 and to provide an overview of the key areas discussed at the August Committees in Common meeting.</p> <p>Update from the August formal Committees in Common Meeting</p> <p>The formal Committees in Common met on the 14 August 2023 and an overview of the key areas discussed and decisions made is provided below.</p> <p>N&WAHC Priorities</p> <p>The N&WAHC has confirmed its priorities as leading on the development of an Acute Clinical Strategy and implementation of the Single Electronic Patient Record, both of which require a transformational approach to change and aligning underpinning strategic enablers (digital etc) alongside the implementation of major acute capital projects (such as Diagnostic Assessment Centre) and the ICS Improving Lives Together Programme (Corporate functions and Discharge.)</p> <p>The Terms of Reference of the NWAHC Committees in Common have been presented to the Trust Boards of all three organisations for annual review and approval. The Trust Boards of QEH and NNUH approved the Terms of Reference. The JPUH Trust Board requested minor amendments to reflect the current context i.e.</p>

removal of references to the COVID pandemic The JPUH Deputy CEO will update the Terms of Reference and they will be shared with the QEH and NNUH.

Work continues with the Norfolk and Waveney Integrated Care Board to ensure clarity in relation to the role and function of the NWAHC within the ICB's governance structure.

N&WAHC development plan

Detailed discussions took place in relation to the current development plan for the N&WAHC and the detail underpinning delivery of the agreed priority areas. A detailed overview of the delivery plans and interdependencies within the three Acute Trusts was presented to the meeting in order to inform discussions in relation to delivery and to ensure alignment between the programmes of work, specifically Acute Clinical Strategy, Electronic Patient Record and the New Hospital Programme.

A detailed discussion in relation to the scale of work and the resource which will be required to deliver took place with agreement that a proposal outlining the full resource requirements (including communications and engagement resource) for delivery of the NWAHC priorities will be presented to the October NWAHC meeting.

Following agreement of its strategic objectives and priorities, NWAHC communication and engagement activities with patients, staff and stakeholders are set to increase significantly. To ensure we have the appropriate channels to provide clear and effective communication with all our stakeholders, the NWAHC is developing a comms and engagement strategy. The strategy focuses on the development of a new website, which will create a dedicated online space to raise the profile of the acute hospital collaborative and to showcase all partnership working, including clear links to existing online platforms such as the EPR Programme's own website.

Tri-Trust Board Meeting

The next Tri-Trust Board meeting will be held on Monday 27 November. The focus of the meeting will be on digital readiness, with the morning sessions facilitated by the NHS Providers Digital Boards Programme Team. The afternoon session will concentrate on the development of the collaborative digital committee and aligned digital work plans, focused on single systems that won't be part of the Phase One EPR migration, acknowledging that FY24/25 planning presents an opportunity to work collectively to agree a single set of digital priorities that inform each respective Acute Trust's digital work plan.

Tri-Trust Executive Team Meetings

Further to the commitment made at the Tri-Trust Board meeting on 17 May to build and strengthen the collaborative working relationships of our executive and non-executive leaders and teams, Tri-Trust Executive Team Meetings will now be held on a quarterly basis, with the first meeting taking place on 25 September.

SBS update

A detailed update on the cross Trust implementation of SBS was provided to the NWAHC. The report highlighted the significant amount of work which has been undertaken at all three sites since implementation of the SBS solution in late 2022.



The NWAHC noted that all three Trusts are seeing service improvements and stabilisation following an initial period of instability. All Trusts have an action plan in place focused on delivery with all Trusts at a stable Business as Usual 'Green' for their Finance and Accounting Service and the Norfolk and Norwich now at a Green rating for its Purchase to Pay service, with other providers expecting to move to a 'Green' position by September.

Implementation of a Shared Electronic Patient Record (EPR)

Alice Webster, EPR Programme SRO provided a high-level update on the Programme including visibility of the current procurement process. A wider discussion took place in relation to the broader Digital transformation across the NWAHC. It was noted that further detailed discussions would take place at the planned tri-Board meeting in November and that the previously approved creation of a NWAHC Digital plan to underpin the collaborative is being taken forward by the Digital Executive Directors.

Acute Clinical Strategy

Jo Segasby, Acute Clinical Strategy CEO SRO provided a detailed update in relation to the Programme. Further to approval of the Acute Clinical Ambitions document by the N&WAHC in April, detailed work has been completed on the development of a 'toolkit' to support specialties as they move towards the creation of (as a minimum) loose clinical networks.

As a minimum, it has been agreed that all specialties should aim to achieve a Specialty Clinical Network as a baseline for: a) collaborative strategic service and quality improvement b) supporting New Hospital and EPR readiness c) Monitoring the benefits of collaborative service design and delivery.

As part of the ICB approach to align the Acute Clinical Ambitions with system clinical priorities, a shortlist of specialties has been created; those with high potential to move activity out of the acute hospital setting, and those where acute collaboration could be pursued. It has been agreed that transformation of these services in line with the acute clinical ambitions would be delivered via the Planned Care and Elective Recovery programmes. For specialties outside of these programmes, clinical teams will target the formation of a loose clinical network to inform service redesign.

To support this development, a communications statement has been developed for distribution across all three sites. The statement articulates what will be achieved with the toolkit, the various modules and the support that is available specialties, alongside clarity as to how the work will link to both the EPR and the New Hospital Programme.

It was noted that the ACS programme team continues to meet with the EPR programme team and New Hospital Programme teams to ensure continuing alignment and maximising opportunities to work together.

DAC Programme

Simon Hackwell provided an update on the current position of the DAC Programme including the planned opening dates for the DACs at QEH / NNUH and JPUH. It was noted that a detailed dashboard will be utilised to provide progress updates to the NWAHC, recognising that the benefits and outcomes of the three DACs will be monitored as a programme. A detailed focus on the DAC workforce plans will be brought to the next NWAHC.



Improving Lives Together Programme

An update in relation to the Norfolk and Waveney ICS transformation programme 'Improving Lives Together' was shared. Detailed discussions around the priority areas of discharge, workforce and digital took place. It was confirmed that implementation of the cases for change within the Improving Lives Together programme are a key priority for the NWAHC and that formal updates would be presented by the ICB to the NWAHC moving forward.

Community Services Review

An update in relation to the Norfolk and Waveney ICS Community Services Review was shared with the NWAHC. It was confirmed that robust engagement with the review was a priority for the three acute Trusts as part of the wider Integrated Care System.

Collaborative approach to transformation

The development of an 'aligned transformation approach' across the three Trusts is underway with initial discussions taking place with the transformation teams at all three sites at a collaborative workshop in July 2023.

Conclusion and key recommendations

Discussions and decisions made at the August Committees in Common have been integral in ensuring that the NWAHC focuses on key collective priorities and delivers on the key objectives of its Programme of work in particular;

- Collectively delivering an implementation plan for the development and delivery of a single Electronic Patient Record across the NWAHC.
- Jointly developing a single Acute Clinical Strategy with a focus on working in partnership with the ICS to implement priority pathways.
- Further implementation of the DAC Programme
- Development of an aligned Digital Strategy and an aligned approach to transformational change across the NWAHC.
- An aligned response and leadership within the ICB Improving Lives Together and Community Services Review programmes.

Trust Boards are asked to note and approve the key outcomes from the August Committees in Common meeting.

