

MEETING OF THE TRUST BOARD IN PUBLIC WEDNESDAY 7 FEBRUARY 2024

A meeting of the Trust Board will take place at 9.30am on Wednesday 7 February 2024 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/Departmental Visits - separate schedule	08.45-09.15		
1	- Apologies & Declarations of Interest - Reflections on Clinical/Departmental Visits	09.30-09.40	Chair	Information/ Discussion
2	Experience of Care: Older Peoples Medicine - Sarah Higson	09.40-10.00	NF	Discussion
3	Minutes of the Board meeting held in public on 01.11.23	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	Update from Council of Governors (25.01.24) – verbal	10.20-10.25	Chair	Information
7	Committees in Common (11.12.23 & 08.01.24) - verbal	10.25-10.30	Chair	Information
	Break	10.30-10.45		
	Reports for Information and Assurance:			
8	(a) Audit Committee (13.12.23) inc Risk Management Strategy* - for reapproval	10.45-10.55	JF	Information, Assurance & Approval as specified
	(b) Quality and Safety Committee (30.01.24)	10.55-11.10	JH	
	(c) IPR – Quality, Safety and Patient Experience data		ED/NF	
	(d) People & Culture Committee (31.01.24) inc updated Freedom to Speak-Up Policy* – to approve	11.10-11.25	SD	
	(e) IPR – Workforce data		PJ	
	(f) Finance, Investments and Performance Committee (31.01.24)	11.25-11.40	TS	
	(g) IPR – Performance and Productivity data		CC	
	(h) Finance – YTD report		RC	
	(i) Major Projects Assurance Committee (31.01.24)	11.40-11.50	TS	
9	Questions from members of the public	11.50-12.00	Chair	Discussion
10	Any other business			

* Documents uploaded to Resource Centre

Date and Time of next Board meeting in public

The next Board meeting in public will be at 9.30am on Wednesday 6 March 2024 in the Boardroom of the Norfolk and Norwich University Hospital

REPORT TO THE TRUST BOARD

Date	07.02.24
Title	Chair's Key Actions Report from Audit Committee meeting 13.12.23
Lead	Julian Foster – Committee Chair
Purpose	For Information & approval as specified

1 Background/Context

The Audit Committee met on 13 December 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 Mrs Ines Grote (Public Governor) attended as observer.

2 Key Issues/Risks/Actions

The Committee identified the following matters of note to bring to the attention of the Board:

	Issues considered	Outcomes/decisions/actions
1	Internal Audit – progress update and draft Head of Internal Audit opinion (HOIA)	<p>The Committee received a report from RSM (as the Trust's Internal Auditors). The report confirmed good progress and RSM and all the corporate/divisional teams involved were thanked for their efforts which have ensured that the Internal Audit programme is running to schedule.</p> <p>Reasonable Assurance reports have been received regarding Workforce Planning and also Medicines Management. A Partial Assurance report has been received regarding Discharge Management and the Committee discussed particular actions regarding compliance with completing the Discharge Checklist and daily checks through the Virtual Ward. The Committee suggested that it may be helpful for the Quality & Safety Committee to have sight of the recommendations & follow-up actions to review the associated clinical governance.</p> <p>The Committee received the draft Head of Internal Audit Opinion (HOIA) for 2023/24. The Committee that the Opinion is anticipated to be a positive one, within the second level, whilst recognising that there are some areas for further improvement. This outcome is consistent with the HOIA in previous years but the underlying context is one of improvement. The position is still draft but it is anticipated to be a positive outcome at Year-end.</p> <p>RSM confirmed that the position is much more securely positive than has been the case than in the past. It was noted that the audit</p>

		recommendations indicate that assignments are being appropriately targeted – balanced to provide assurance and identify opportunities for improvement.
2	Local Counter Fraud Service (LCFS)	The Committee received the regular update report from the LCFS. There has been an increase in reporting rates following fraud awareness sessions which is encouraging.
3	Risk management update & Strategy	<p>The Committee received the regular update report regarding the Corporate Risk Register which has been updated in accordance with agreed process and subject to review through the Management Board and board assurance committees. Committee members suggested that it would be helpful to receive positive confirmation from the Board assurance committees in their Annual Reports that they have reviewed the key risks falling within their remit and that appropriate mitigating actions and timescales have been identified. An appropriate prompt will be added to the template for committee annual reports accordingly.</p> <p>The Committee also received the Risk Management Strategy for annual review. No substantive changes were recommended and the Committee agreed to recommend that the Board reapprove its Risk Management Strategy (uploaded to Resource Centre).</p>
4	Organisational Governance Framework	<p>The Committee received a report regarding the annual review of the Organisational Governance Framework. The Framework has been updated with amendments suggested by the Audit Committee, management teams and Board committees. The most significant update is to reflect the Board's decision to create a new Research & Education Assurance Committee. Other changes relate to increased reference to the ICS and emphasising the unitary nature of the Board with collective responsibility for decision making.</p> <p>The updated Organisational Framework for Governance was approved and has been uploaded to Trust Docs and the Resource Centre for ease of reference.</p>
5	Use of Resources	The Committee was updated on actions taken to enhance efficiency in Use of Resources and the Committee congratulated the Finance & Estates teams following receipt of the HFMA award for governance of the PFI.
6	KPMG insights report	The Committee received an Update circular from KPMG as the Trust's External Auditors. This may be helpful for all Board members and has been uploaded to the Resource Centre for information. Of the matters raised, the Committee suggested that the Board should receive a report regarding the updated Fit & Proper Persons Policy and that the item regarding development of a Clinical Data Culture should be brought to the attention of the Research & Education Committee
7	Board Assurance Framework	The Committee reviewed the Board Assurance Framework (as uploaded to the Resource Centre). noting updates to reflect changes in the last quarter and review in accordance with the agreed SOP. The Committee received a review demonstrating 'triangulation' between the BAF and Corporate Risk Register. The BAF will be used in developing the Work Programmes for each of the Board assurance committees to agree for 2024/25. The Committee encouraged addition of additional strategic actions to implement the level of strategic change that we aim to achieve in 2024/25 and these should reflect the annual work programmes for assurance committees and the Board for next year.

3 Conclusions/Outcome/Next steps

The Committee discussed the timing of an independent developmental review against the Well-led framework. As part of considering the Code of Governance in July 2023, the Board agreed to consider commissioning such a review during 2023/24. The timing may be informed by any recommendations arising from the

report of the recent CQC inspection. It was **agreed** that this should be added to the Agenda for the next Committee meeting so that a recommendation can be made to the Board. The Committee is scheduled to meet again on 28 February 2024.

Recommendation:

The Board is recommended to **note** the work of its Audit Committee and **reapprove** the existing Risk Management Strategy.

REPORT TO THE TRUST BOARD

Date	07 February 2024
Title	Chair's Key Actions Report from Quality and Safety Committee
Lead	Jo Hannam on behalf of Pam Chrispin (Committee Chair)
Purpose	For Information

1 Background/Context

The Quality and Safety Committee met on 30 January 2024 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 but on this occasion no Governor Observers were present.

2 Key Issues/Risks/Actions

In addition to reviewing standard reports in accordance with its Terms of Reference, the Committee identified the following matters to bring to the attention of the Board:

	Issues considered	Outcomes/decisions/actions
1	Winter update	The Committee received an update on Winter Pressures in the hospital, industrial action, Covid and risks associated with measles for patients +/- staff. The Committee received positive feedback on the flexible, pragmatic & professional approach of the IP&C team.
2	Neurosciences Strategy & Stroke Thrombectomy	<p>The Committee received a briefing with regard to development of a Neuroscience Centre at NNUH and the proposed introduction of Stroke Thrombectomy. Thrombectomy is known to improve outcomes for stroke patients but whilst it is available to 11% of patients nationally, the provision in this region is much lower (c. 1%). There is therefore national support for development of this service at NNUH and funding is available for scanning equipment.</p> <p>The Committee was advised that an FBC is in preparation for review by the Finance, Investments & Performance Committee and recruitment is underway for consultant staff with the relevant expertise in interventional procedures. A provisional timeframe is for implementation from March '25 but this will require agreement of the FBC and some capital works.</p>
3	Processes relating to clinical coding & mortality data	The Committee was briefed on a review of clinical coding practice in the Trust. The evidence is that the Trust has a lower than average depth of coding that that nationally. This is exacerbated by relevant data being contained in source documentation across multiple paper and electronic records. The impact is to reduce the quality and accuracy of coding data which may distort comparison with other hospitals – for example in generating standardised mortality ratios. Improving this position will require senior clinical leadership and a number of targeted actions, which are being tracked through an Action Plan.

4	Improvement work to address falls, pressure ulcers and safeguarding	The Committee received a detailed report from the team leading improvement work to reduce risks associated with falls and pressure ulcers. This report included detail of the project developed with the Norfolk Safeguarding Adults Board to enhance understanding of the multi-factorial nature these events and that care needs to be taken in considering the relevant timelines and clinical context. A pilot is to be undertaken over the next six months involving the 3 acute hospitals in N&W and NSFT to support a greater consistency of approach & strengthen a shared understanding on what constitutes a safeguarding concern.
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3 Conclusions/Outcome/Next steps

The Committee is scheduled to meet again on 27 February 2024, at which meeting the Committee is due to consider:

- fractured Neck of Femur (#NoF) Pathway
- Cancer Strategy
- Capital Programme 2024/25

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

Quality & Safety

[View in Power BI](#) ↗

Last data refresh:
22/01/2024 08:30:33 UTC

Downloaded at:
22/01/2024 14:55:27 UTC

Patient Safety Incident Investigations (PSIRP)

	Incident Type	YTD	Dec
National Priorities	Maternity & Neonatal incidents which meet the 'Each Baby Counts' criteria referred to MNSI	3	0
	Maternal and Neonatal deaths referred to Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE*)(PMRT^)	(5*) [4^]	(0*) [1^]
	Child Death referred to local Child Death Overview Panel (CDOP)	3	0
	Death involving patient with Learning Disability referred to local LeDeR reviewer. (A local mortality review is also completed)	0	0
	Safeguarding incidents referred to Complex Health Hub for review and safeguarding referral	31	7
	Information Governance incidents referred to Trust IG Lead for Data Security and Protection Toolkit completion	1	0
	Incidents related to National Screening Programmes referred to local Screening Quality Assurance Team	0	0
	Deaths of patients in custody, in prison or on probation referred to Prison and Probation Ombudsman	0	0
	Incidents meeting Never Event Criteria to undergo PSII	1	0
	Incidents resulting in death, assessed as more likely than not due to problems in care following Structured Judgement Review to undergo PSII	3	0
Trust PSII Priorities	Missed / Delay in Diagnosis to undergo PSII	1	2
	Sub – optimal care to undergo PSII	1	0
Local Level PSR	Incidents to undergo another Patient Safety Review (PSR) to provide a proportionate learning response.	182	72

Supplementary Metrics

Metric Name	Date	Result	Variation
Duty of Candour Compliance	Dec 2023	90%	Common Cause
Incidents	Dec 2023	2,063	Common Cause

Analytical Commentary

The priorities for Patient Safety Incident Investigation (PSII) are based on national requirements of the NHS Patient Safety Incident Response Framework (PSIRF) and our highest local patient safety risks identified through situational analysis of local sources of insight. Therefore is it not possible to benchmark activity as each provider's patient safety incident response plan (PSIRP) is specific to them.

Assurance Commentary

This gives the number of incidents reported against each of the categories in the Trust Patient Safety Incident Response Plan (PSIRP). Only incidents meeting referral criteria to National bodies are included (eg MNSI, CDOP, ICO) or where a PSII level investigation has been commissioned in month. The number of Patient Safety Reviews is also reported.

There were 2063 safety incidents reported in December: 97.8% resulting in no or low harm, 1.89% were moderate harm and 0.24% resulting in severe harm or death. All incidents resulting in death are reviewed using SJR methodology, if determined >50% likely due to the reported safety incident they will undergo PSII.

Action Commentary

Daily Triage process across all divisions continues to be embedded as BAU, December Complex Case Review Group meetings escalated 2 for PSII.

Pressure Ulcers

Hospital Acquired Pressure Ulcers per 1,000 bed days

Dec 2023

Variation

Assurance



0.8
Result

N/A
Target

1.6
UPL

1.1
Mean

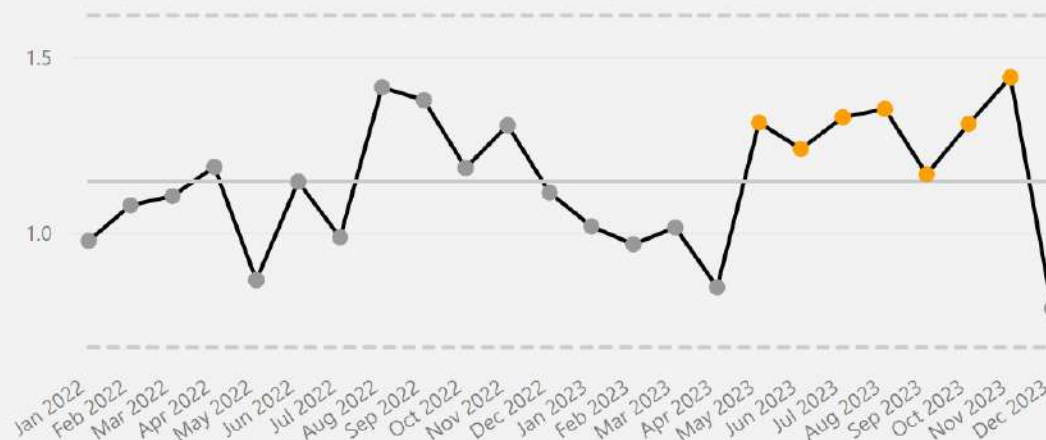
0.7
LPL

Analytical Commentary

Variation is Common Cause

Hospital Acquired Pressure Ulcers per 1,000 bed days

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



Assurance Commentary

There has been a special cause for concern in the rate of Hospital Acquired Pressure Ulcers between May and November 2023, with 7 data points above the mean of 1.1 per 1000 bed days. Decembers data point has dropped to 0.8 and is below the mean. Category 2 Pressure Ulcers were 20; Category 3 were 5 and unstageable pressure ulcers were 3. Suspected Deep Tissue Injuries remain very high but are not nationally reportable.

Improvement Actions

Work with Education Team to support additional study days for HCA, new staff and those in training to increase knowledge and care planning skills. Additional support needed for the new international nurses to embed the categories, how to complete the risk assessments and expected actions as this is a new area of learning for them and support remains ongoing. QI meetings weekly continue for Medicine with support and discussions on areas of focus for pressure areas along with falls and nutrition. Changes to national guidelines for pressure ulcer categories and reporting will occur in January.

Patient Falls

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

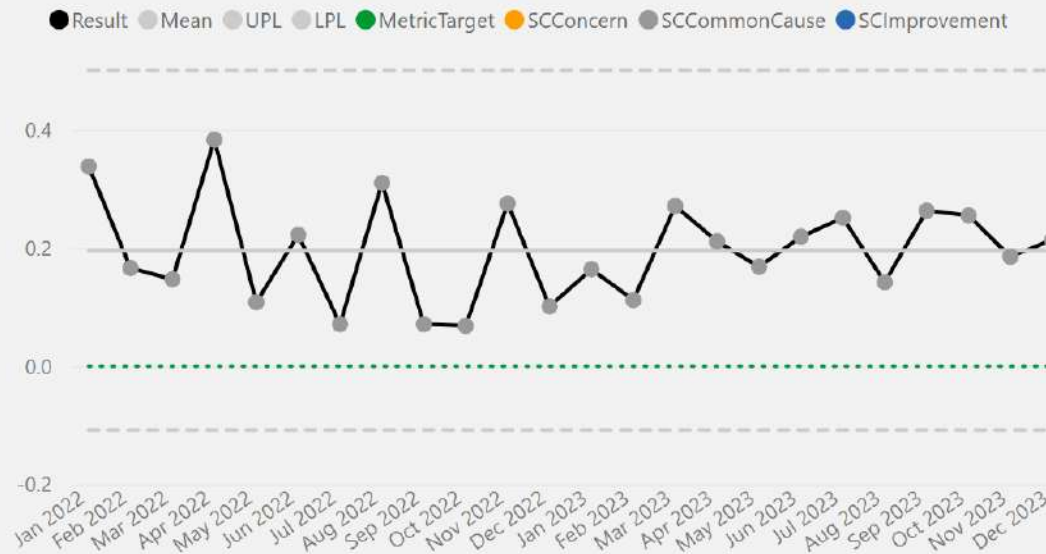
Dec 2023



Analytical Commentary

Variation is Common Cause

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



Assurance Commentary

Although not displayed on this chart, the rate of falls per 1000 bed days is showing a 7 data points below the mean indicating a special cause improvement since May 2023. There has been an increase in inpatient falls per thousand bed days since the week commencing 20.11.23, with a rate of 9.1 in December, above the mean of 8.5. Falls per 1000 bed days causing moderate harm and above continues to show common cause variation within expected range. This is no longer showing a direct correlation with improved staffing levels, as safer staffing metrics continue to show improvements, this suggests another factor may be involved. It should be noted there has been an increase in the use of escalation bed usage from November to December.

Improvement Actions

Weybourne Unit MFRA now integrated with Aria and Paediatric and Virtual Ward Falls Risk Assessment approved. Assistive Falls Technology shortly being added to PowerGate but approval by divisional financial governance required prior to purchase. New lying and standing blood pressure report available daily. Patient/Carer/Family Co-Production Falls Stories being planned with Voluntary Service partner. Falls specific Datix page to be implemented Feb 2024. QI hour meetings focussing on ward themes and specific PDSA cycles. Physiotherapy Student placement has commenced as of 15.01.23 for 6 weeks.

Friends & Family Score

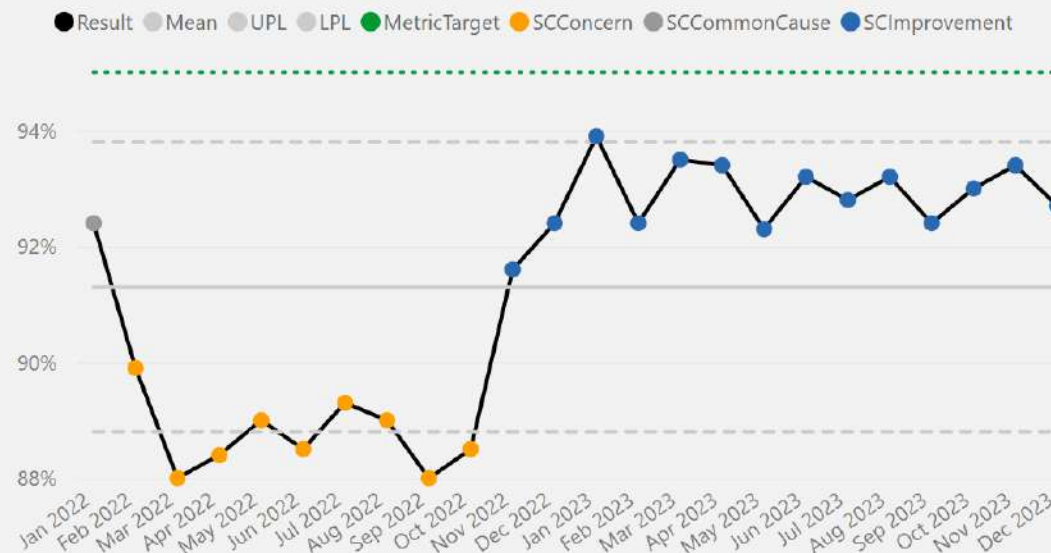
Dec 2023



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

2373 FFT responses were received in December, which has given us an overall score of 93%. This remains within our usual limits for responses and we are continuing to see common cause variation. The score has maintained improvement since December 2022. The reduction in number of surveys completed reflects reduced outpatient activity in December. Top feedback themes were staff attitude, implementation of care, waiting times and communication for positive sentiment. Within negative sentiment we saw environment replace communication. Consistently far more positive themes than negative within FFT feedback.

Improvement Actions

Further FFT provider issues identified and corrected. There is a new account manager in place with monthly account management meetings scheduled for 2024.

Our first meeting with the account manager focused on the pilot of SMS in Medicine Division which he believes should be fairly simple to complete. Updated FFT cards have been prepared for delivery to Medicine wards now stamps have arrived. Volunteers continue to support. Impact reported to the task and finish group. Comms to promote FFT.

Supplementary Metrics

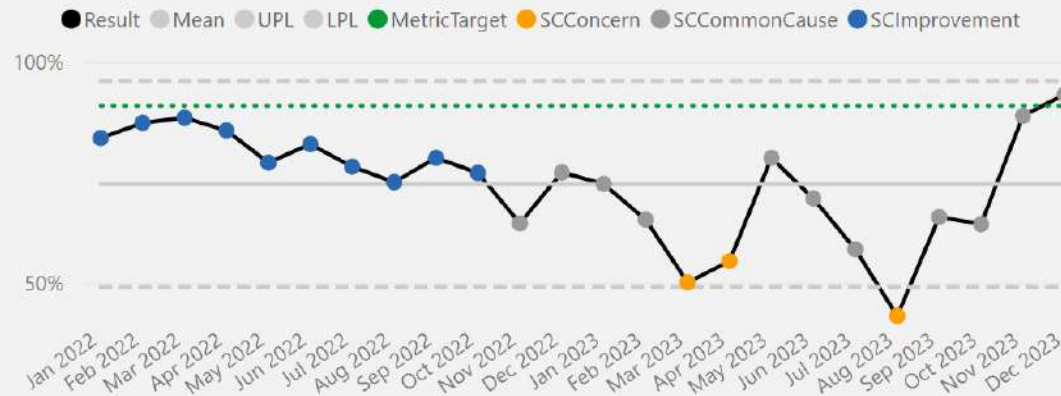
Metric Name	Date	Result	Variation	Assurance
Compliments	Nov 2023	144	☺ Common Cause	No Target

PALS % Closed within 5 days - Trust

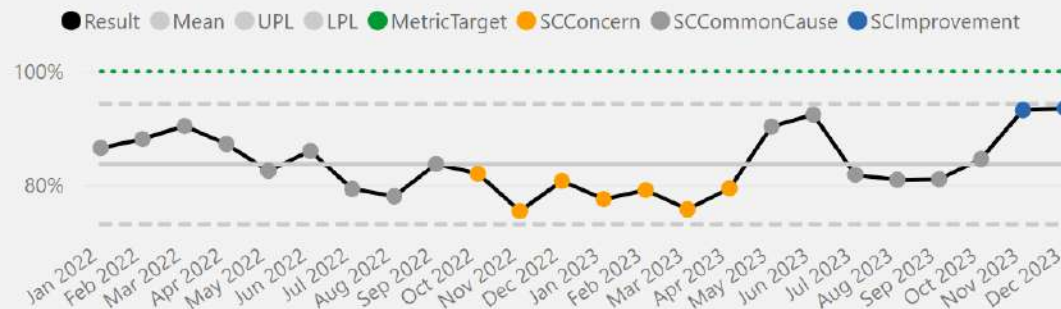
Dec 2023



PALS % Closed within 5 days - Trust



PALS % Closed within 7 days - Trust



Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
PALS Contacts - Trust	Dec 2023	323	Concern (Low)	No Target

Analytical Commentary

Variation is Common Cause

Assurance Commentary

A decrease in PALS matters received, 323 matters (379 Nov). The PALS KPI continues to improve with 92.6% of the 323 matters being closed within 5 working days; the target is 90%. 7-day KPI was at 93.5%, the target being 100%. Main subject in PALS was appointments including delays and cancellations n=22. In December the team worked incredibly hard to ensure contacts were responded to on the same day of receipt in the run up to closing for the bank holidays. Continued close management, being fully staffed and with an additional Bank part time assistant all helped the team achieve this. Manager phased return complete.

Improvement Actions

Awaiting outcome of the financial planning cycle, based on establishment review. Comms to complete planned refresh of information to support Doctor Dr promotion. In addition, PALS page has been updated to promote direct contact with departments.

Complaints

Complaints (Trust)

Dec 2023



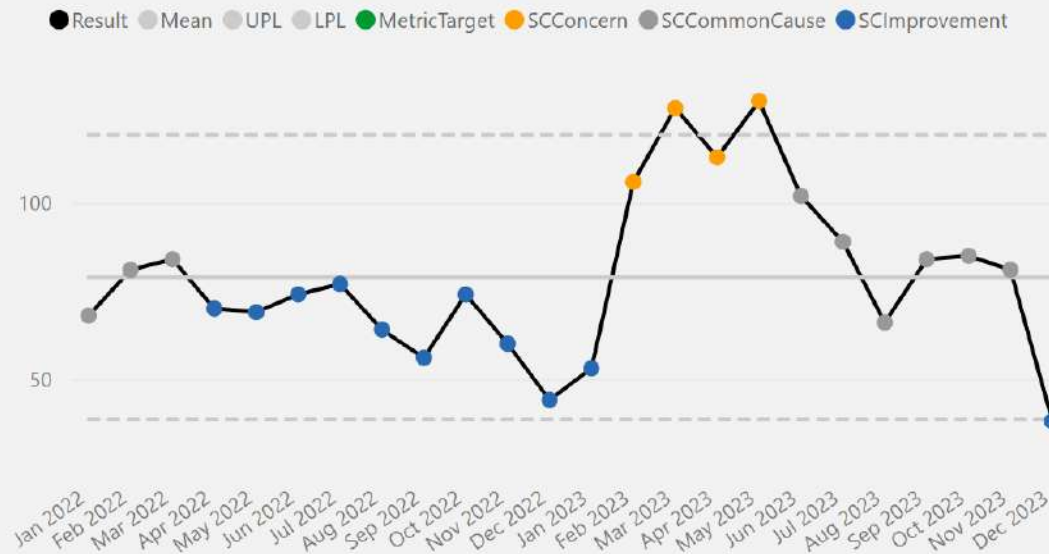
Variation

Assurance

38
Result
N/A
Target

119
UPL
79
Mean
38
LPL

Complaints (Trust)



Analytical Commentary

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

Assurance Commentary

36 complaints were received this month, lower than our normal ranges however not unprecedently lower than other months and fairly typical for December. SCEC continues to be the Division with the highest number of complaints received. The most common subject of the complaints was Clinical Treatment, 10. The backlog continues to reduce, with 40 remaining outstanding. Continued management support trajectories for all to be closed in the next few weeks. The learning from the project has been embedded into normal case management ensuring additional support is given to officers when complaints near their expected timeframes for completion. Bank support for the team has been essential to mitigate 2 Officers being on long term sickness. 1 is on a phased return. Service improvements continue to be managed weekly with this month seeing completion of a revised Policy/SOP, approved at PEEG: new KPIs developed on DATIX to improve measurement of the service; slight upgrades to the website pages; team away day planning.

Improvement Actions

Continue with Bank support to mitigate ongoing sickness and support those on phased return.
Improvement plan with weekly monitoring meetings continues.
New KPIs to be implemented with staff training and divisional awareness-raising.
Team away-day to take place end January to support morale, engagement and training regarding new KPIs.
Awaiting outcome of the financial planning cycle, based on establishment review.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Complaints - Acknowledgement	Dec 2023	100%	🟢	Common Cause	🟡	Inconsistent
Complaints - Response Times - Trust	Dec 2023	92%	🟡	Concern (Low)	🟡	Inconsistent
Post-investigation enquiries	Dec 2023	2	🟢	Common Cause	🟢	Capable

Palliative Care Seen Within 48 Hours

Dec 2023



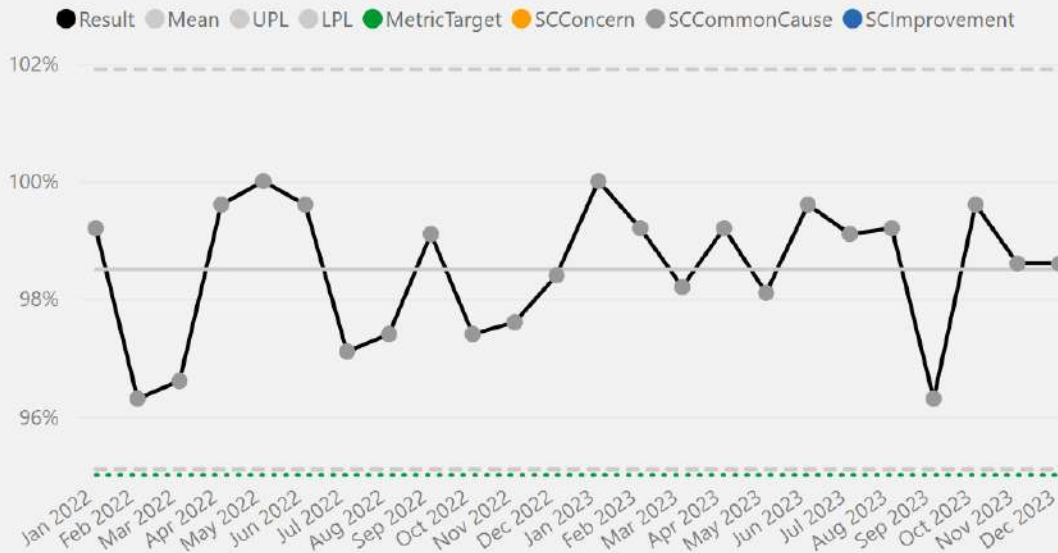
98.6%
Result
95.0%
Target

101.9%
UPL
98.5%
Mean
95.1%
LPL

Analytical Commentary

Variation is Common Cause

Palliative Care Seen Within 48 Hours



Assurance Commentary

Some issues with data inputting so figures not accurately recorded for this mpth due to admin staff absence. Position being reviewed by the Ops team. An apprentice is due to start in the team soon which will help with admin workload. New Individualised Plan of Care (IPOC) document is being widely used.

Improvement Actions

Service review is drawing to a conclusion.
Work is ongoing with end of life strategy.
The National Audit of Care of the End of Life (NACEL) due to commence 01/01/24.

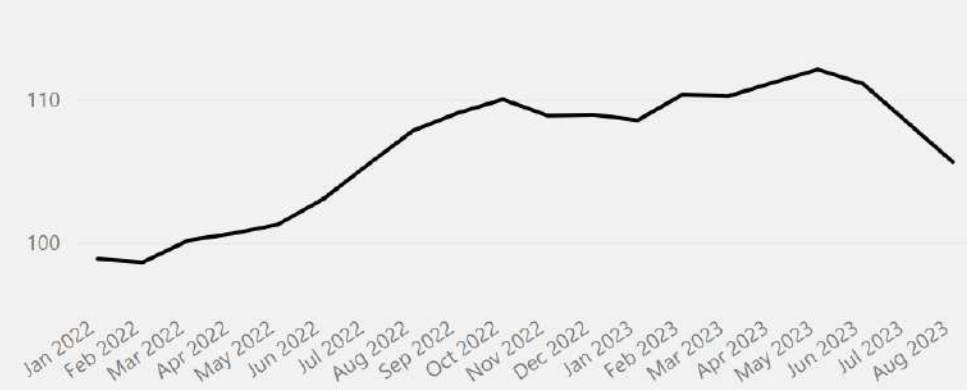
Supplementary Metrics

Metric Name	Date	Result		Variation	Assurance
Palliative Care Died in Trust and Seen by SPCT	Dec 2023	55.6%	⬇️	Common Cause	No Target
Palliative Care IP Referrals Accepted	Dec 2023	210.0	⬆️	Common Cause	No Target

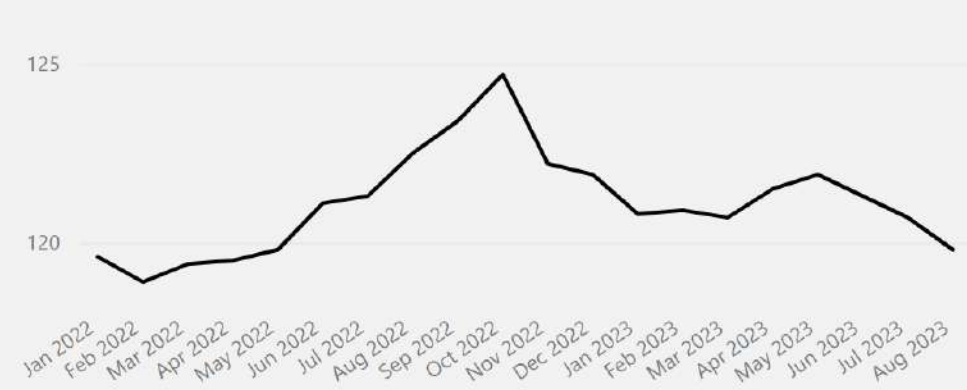
Mortality Rate

MetricName	Date	Result
HSMR	Aug 2023	105.64
SHMI	Aug 2023	120


HSMR



SHMI



Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Crude Mortality Rate	Nov 2023	4.80%	 Improvement	No Target

Assurance Commentary

HSMR is decreasing reflecting the decreasing in-patient crude mortality. SHMI remains 'higher than expected'. External coding and mortality reviews are underway. HED have launched a new mortality dashboard that has highlighted NNUH as an outlier for 'low mortality diagnosis groups' for the reporting period Nov 2022 to October 2023. The indicator was previously used by the CQC as part of their intelligent monitoring. Initial review indicates that the main contributor to NNUH's outlier status is the diagnosis group 'abdominal hernia' and initial cross check with the ME office.

Coding reviews of mortality outlier alerts & SHMI major contributors continue to highlight previously identified data quality themes and sub-themes:

1. Accuracy of primary diagnosis (short/excessive finished consultant episodes; seniority of initial medical review; incomplete or missing EDLs/EDNs; sub-optimal/gaps in documentation)
2. Under-recording of co-morbidities particularly Charlson co-morbidities
3. Accuracy of data on PAS.

Mortality outlier alerts of ongoing concern:

Sepsis (excluding labour)

Improvement Actions

Support the development of an action plan to improve identification and management of sepsis factoring in findings of the Walk Through/Talk Through analysis and coding reviews of sepsis. Support cross divisional improvement work to improve the fracture neck of femur care pathway. Support Clinical coding, Trauma leads, and ED governance team to undertake coding and clinical thematic reviews of 'other fractures'. Work with Clinical Coding, Commissioning, General Surgery, Surgery Governance to understand the 'low mortality diagnosis groups' alert with a focus on abdominal hernia care pathway. Work with NICU, PMRT, Clinical Coding and W&C governance to understand why we have re-alerted for the diagnosis group 'short gestation, low birth weight and fetal growth retardation'. Work with OPM, Dementia and Delirium leads, Clinical Coding and Medicine governance to understand the alert for 'senility and organic mental disorders'. Support the development of an action to improve/standardise documentation. Continue to highlight risks associated with lack of sufficient resource for mortality.

Safe Staffing Fill Rates

Dec 2023

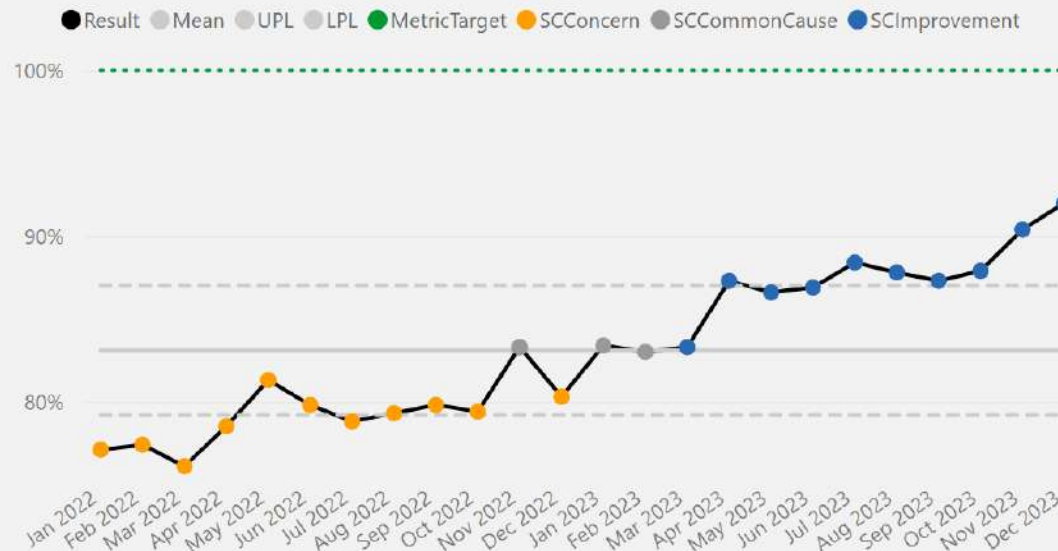


92.00%	87.00%
Result	UPL
100.00%	83.10%
Target	Mean
	79.20%
	LPL

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

In December, the Trust-wide RN/M vacancy rate decreased by 0.2% to 9.7% (n=269.4) with a reported turnover rate of 0.9% (22.0 WTE leavers and 7.00 WTE new starters). The average Trust-wide RN/M fill rate increased from 93.7% in Nov to 94.4% in December. The Trust-wide HCSW vacancy rate decreased from 18.4% (n=260.0) to 12.9% (n=185.7) in Dec, with a reported turnover rate of 0.8% (8.8 WTE leavers and 25.32 WTE new starters). Finance reported 3 areas with >20% vacancy rate in both RN and HCSW (AMUK, AMUH & GUIST). Trust wide CHPPD increased slightly from 7.3 to 7.4 which is an improvement from 6.3 last year. Red flags decreased by 136 in December to 1,541 with 85% remaining open 790 of these were raised for shortfall in RN time. There were 296 Datix raised that caused harm relating to Nursing and Midwifery indicators, an increase from 291 in November. Of these, 8 were reported with moderate harm and above.

Improvement Actions

- Recruitment with international nursing continues.
- 46 HCAs scheduled for training in Jan, with 37 completing the induction in Dec 2023.
- 2024/2025 Nursing Establishment review submitted into the divisional business planning cycles.
- Agency spend is being monitored with several agencies reducing rates, however with the number of escalation areas opened at present with no assigned budget, this is assumed to increase.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
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MetricName	Date	Result	Target	Mean
C. difficile Cases Total	Dec 2023	5	77	7
CPE positive screens	Dec 2023	0	N/A	0
E. Coli trust apportioned	Dec 2023	5	91	4
HOHA Trajectory C. Difficile Cases	Dec 2023	0	0	2
Hospital Acquired MRSA bacteraemia	Dec 2023	0	0	0
Klebsiella trust apportioned	Dec 2023	3	24	3
MSSA HAI	Dec 2023	2	N/A	3
Pseudomonas trust apportioned	Dec 2023	1	19	1

Assurance Commentary

C. difficile = Total 5; 3 x HOHA, 2 X COHA, 1 COHA non trajectory, 4 cases pending PIR
Gram negative surveillance.
E. coli = Total 7; 5 x HOHA cases -source: 3 x lower urinary tract, 1 x hepatobiliary, 1 x unknown. 2 x COHA cases source: 1 x skin/soft tissue, 1 x hepatobiliary.
Klebsiella = Total 5; 3 x HOHA cases- source: 2 x gastrointestinal/intrabdominal, 1 x unknown. 2 x COHA, 1 x lower urinary tract, 1 x bone & joint.
Pseudomonas aeruginosa = Total 3; 1 x HOHA case – source: Hepatobiliary. 2 x COHA, 1 x lower urinary tract, 1 x upper urinary tract.
COVID-19 (SARS CoV-2) – 5 outbreaks reported in December.
MSSA HAI Total cases x 2 – sources: 1x skin/soft tissue, 1x chest infection.
MRSA Blood stream infections – Nil
CPE – nil new cases.
Norovirus – Dunston ward closed 28.11.2023 – reopened 05.12.2023 – PIR meeting held 18.12.2023.

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 the monthly OWL and is now integrated within Datix, providing access to divisional governance teams, ensuring actions and learning is discussed and disseminated appropriately.
A review of the current PIR process is currently ongoing with colleagues across Norfolk and Waveney to align with introduction of the Patient Safety Incident Response Framework (PSIRF).
Surveillance undertaken on each Healthcare Associated Gram-negative Blood Stream Infection to ascertain the potential sources.
COVID-19 outbreak reporting/monitoring continues to be a requirement from NHS England.

Hospital Acquired MRSA bacteraemia



E. Coli trust apportioned



C. difficile Cases Total



HOHA Trajectory C. Difficile Cases



MSSA HAI



Klebsiella trust apportioned



CPE positive screens



Pseudomonas trust apportioned



Mothers Delivered

Dec 2023



Variation

Assurance

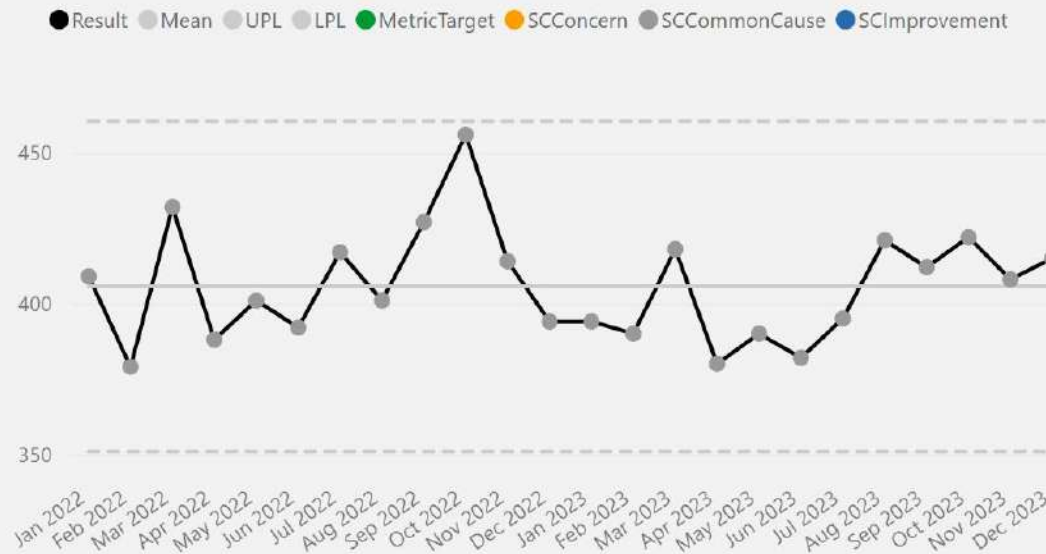
415
Result
N/A
Target

461
UPL
406
Mean
351
LPL

Analytical Commentary

Variation is Common Cause

Mothers Delivered



Assurance Commentary

There were 425 babies delivered to 415 mothers. There was a 40% cesarean section rate; 80 elective and 86 emergency. Induction of labour rate was 32.8%. There were 349 births on delivery suite, 50 on MLBU, 15 at home and 1 on transit to the unit. There was 1 planned admission to ITU, and 4 emergency admissions. 3 mothers were transferred out of the unit due to acuity of NICU.

Improvement Actions

All Babies Born before Arrival (BBA) reviewed by the community matron and lessons learnt are shared. All 3rd/4th degree tears and Post Partum Haemorrhages (PPH) are discussed at the weekly incident review meeting. To reduce the number of 3rd and 4th degree tears, we are looking to introduce a package of education around episiotomy and hands on delivery. Discussions are underway regarding the unit implementing the Obstetric Anal Sphincter Injury (OASI) care package.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
1:1 Care in Labour	Dec 2023	98.7%	⬇️	Common Cause		No Target
3rd & 4th Degree Tears	Dec 2023	2.0%	⬇️	Common Cause	⬆️	Inconsistent
Births Before Arrival	Dec 2023	3	⬇️	Common Cause		No Target
Post Partum Haemorrhage ≥1500mls	Dec 2023	5.5%	⬇️	Common Cause		No Target

Mothers Delivered

415

Babies Delivered

425

Unplanned NICU ≥37 week Admissions (E3)

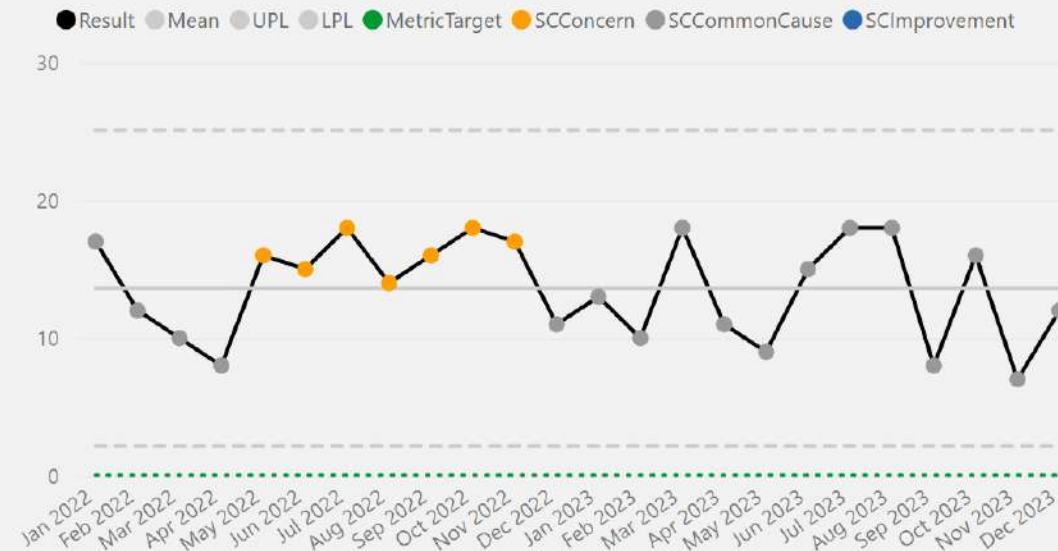
Dec 2023



Analytical Commentary

Variation is Common Cause

Unplanned NICU ≥37 week Admissions (E3)



Assurance Commentary








In December 425 babies were delivered with 1 stillbirth and 2 neonatal deaths. There were 12 unplanned admissions to NICU with 3 babies with apgars below 7, which will be reviewed with our ATAIN process. There were 73.7% babies breast feeding just after their birth.

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	Dec 2023	1		Not Applicable	No Target
Apgar score <7 @5, ≥37 weeks	Dec 2023	3	⊖	Common Cause	No Target
Early Neonatal Death	Dec 2023	2		Not Applicable	No Target
Mothers Transferred Out of Unit	Dec 2023	3	⊖	Common Cause	No Target

Topic	Metric Name	Date	Result		Variation		Assurance
Smoking Awareness	Smoking Status at Delivery	Dec 2023	8.7%		Common Cause		Inconsistent
Fetal Growth Restriction	Less Than 3rd centile born > 37+6 weeks	Dec 2023	2%		Common Cause		Not capable
Fetal Growth Restriction	SGA detected Antenatally	Dec 2023	115%		Common Cause		No Target
Reducing Preterm Birth	Singleton Births Preterm	Dec 2023	7%		Common Cause		Inconsistent
Reducing Preterm Birth	Singleton live births < 34 wks (AN corticosteroids within 7 days PN)	Dec 2023	25%		Common Cause		Inconsistent

Assurance Commentary

There were 425 babies born in December, with 6.8% (20) of those being born preterm. 99.5% of women had reduced fetal movements leaflet given in the antenatal period. 87.6% of mothers had CO2 monitoring at booking, with 92.% being booked before 13/40. We had no HIE grade III cooled babies reported.

Improvement Actions

The diabetes midwifery and consultant team to review Version 3 of Saving Babies Lives Care Bundle (SBLCB) as this now includes 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.

Safeguarding Adults Referrals

Dec 2023



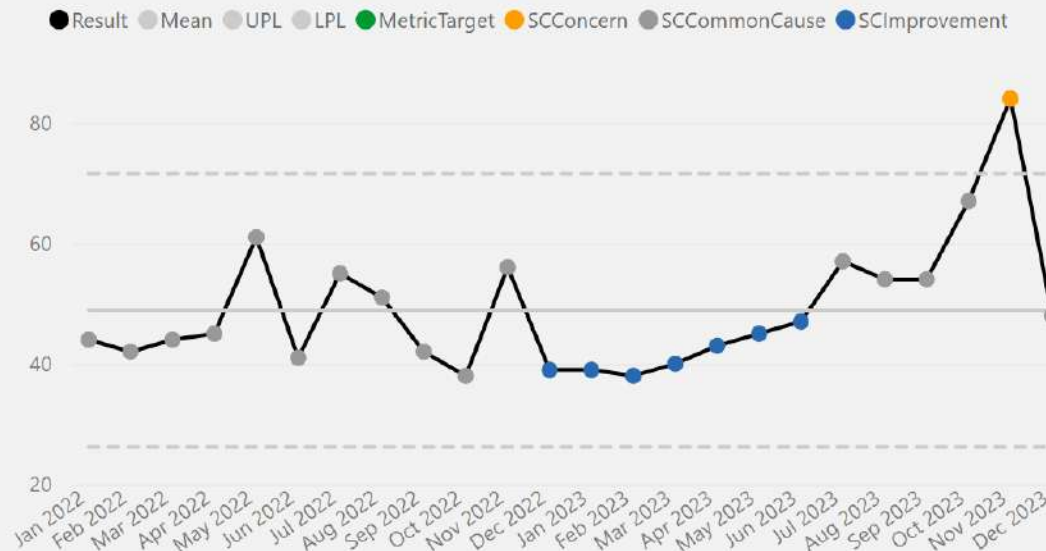
48
Result
N/A
Target

72
UPL
49
Mean
26
LPL

Analytical Commentary

Variation is Common Cause

Safeguarding Adults Referrals



Assurance Commentary

This month the section 42s reduced to figures we are more familiar with. The increase in incidences was raised to the ICB Designated Safeguarding Team and a meeting has been arranged early February. The safeguarding team are working in partnership with the Pals and Complaints team as we identified that cases were being raised to both departments about the same concern. We are looking at ways to respond without repetition.

Improvement Actions

The proposed Local Authority and Health Framework pilot has not been commenced yet and we are still waiting approval from NSAB. As highlighted previously, the Police and Crime Commissioning Service and Norfolk Integrated Domestic Abuse Service (NIDAS) have jointly funded a fixed term post for a hospital Independent Domestic Abuse Advisor (IDVA). They will be employed by NIDAS with an honorary NNUH contract. The job description has been developed by the ICB and NIDAS and recruitment processes will begin imminently. The IDVA will support recommendations from the recent Serious Violence Duty.

Safeguarding Children and Midwife...

Dec 2023



Variation

Assurance

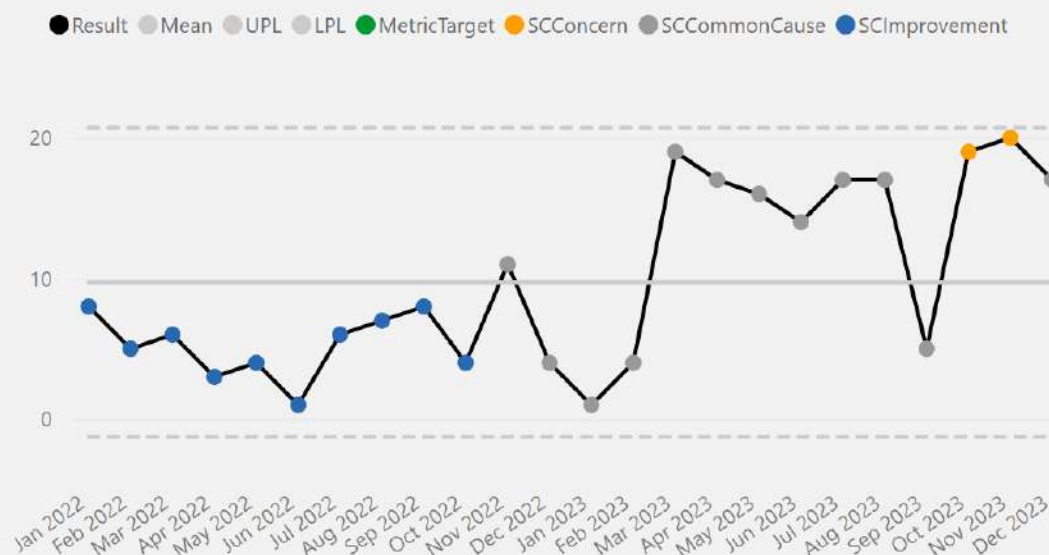
17
Result
N/A
Target

21
UPL
10
Mean
-1
LPL

Analytical Commentary

Variation is Common Cause

Safeguarding Children and Midwifery Referrals



Assurance Commentary

Safeguarding bespoke sessions continue to run throughout the paediatric department; with paediatric theatres opening very recently, this roll out will include theatre staff. The Named Nurse for Safeguarding Children will attend the Jenny Lind Theatres paediatric governance meeting within the next 4 weeks to identify their needs and deliver a targeted package. In addition, there are plans to audit compliance of the newly implemented proformas which are being piloted in Jenny Lind Outpatients and Children's Day ward. This will be overseen by the clinical teams and supported by the Named Nurse for Safeguarding Children.

Improvement Actions

The Norfolk Graded Care Profile to support with identifying neglect continues to be rolled out in community and is expanding to include other teams within the hospital; engagement is positive. It has been identified that there is limited access to the Child Protection Information Sharing system (CPIS) from the paediatric teams. This system, endorsed nationally, helps identify children known to local authority or alerted for potential risk of Female Genital Mutilation (FGM). A few staff at NNUH have access. The safeguarding team is working with the paediatric leads to implement this further.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Safeguarding Children Referrals	Dec 2023	16	Concern (High)	No Target
Safeguarding Midwifery Referrals	Dec 2023	1	Common Cause	No Target

REPORT TO THE TRUST BOARD

Date	07 February 2024
Title	Chair's Key Actions Report from People and Culture Committee
Lead	Sandra Dineen – Chair of People & Culture Committee
Purpose	For Information & agreement as specified

1 Background/Context

The Quality and Safety Committee met on 31 January 2024 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 was attended by Chris Hind & Annie Cook as Governor Observers.

2 Key Issues/Risks/Actions

In addition to reviewing standard reports in accordance with its Terms of Reference, the Committee identified the following matters to bring to the attention of the Board:

	Issues considered	Outcomes/decisions/actions
1	DBS periodic rechecking	<p>The Committee had requested a report regarding the approach of the Trust to periodic repeating of DBS checks for staff, to complement those checks that are undertaken on recruitment. The position has been reviewed by the Management Board, with the conclusion not to introduce regular rechecking and the Committee had requested a briefing on the associated risk assessment.</p> <p>The Committee was advised that our current practice (of not repeating checks) is consistent with national requirements. Introducing periodic rechecks would require significant infrastructure and resourcing – with a cost to the Trust of >£400k over 5 years, even if some charges were passed on to staff. This level of expenditure would need to be balanced against other priorities and it was noted that there is an obligation for staff to inform the Trust if they are subject to criminal conviction or caution. The Committee supported the suggestion that it may be helpful to remind staff of this obligation, with provision of an accessible confidential mechanism for self-reporting, with enhanced guidance on the applicable circumstances.</p>
2	Workforce IPR	The Committee reviewed key metrics as reported in the Workforce IPR. With regard to the persistent number of HCA vacancies, it was noted that there may be an opportunity to introduce simplified procedures for recruitment of UEA students willing to work as part-time/bank HCAs.

		For many students this would be an opportunity for reliable work. Committee members noted that it is consistent with the approach in other university hospitals where, for example, medical students may routinely receive information about enrolment on the Staff Bank and are then proactively provided with information about forthcoming vacancies & available shifts. It was reported that some organisations have found that temporary staff are attracted by a daily pay-run, resulting in less delay between work and reward. It was recognised that there are a number of opportunities to enhance communication and engagement with potential HCAs and to make the Trust's offer more attractive
3	Workforce Development Strategy	The Committee received an initial draft Workforce Development Strategy for discussion and comment. The Committee welcomed this opportunity and provided feedback on the outline and initial analysis. The Committee encouraged greater reference to the opportunities around co-location on NRP, the need to develop staff for non-clinical as well as clinical roles, and the impact that digital/AI initiatives will play in shaping future workforce needs.
4	Workforce Planning	The Committee was briefed on workforce planning for 2024/25 and was assured that a robust process is in place, working with divisional teams, with a focus on the year ahead but also considering future years.
5	Freedom to Speak-Up Policy (FTSU)	<p>The Committee reviewed updates to the Trust's Freedom to Speak Up Policy as prepared by Mrs Dawson (Lead FTSU Guardian) and in line with the National FTSU Policy. The policy has been reviewed with staff representatives and through the Workforce & Education Sub-Board. The updated draft Policy has been uploaded to the Resource Centre. The Committee was advised that in line with national policy <i>"the policy has been drafted with the aim of ensuring correct channels for escalation are clear, and that emphasis is on the "normality" of speaking up"</i>. It included additional information on avenues for direct reporting into safety teams and governance channels in divisions.</p> <p>The crucial importance of supporting a culture in which staff feel able and willing to raise concerns or suggestions for improvement is something that the Committee and Board have discussed, recognised and championed. The Committee agreed to recommend that the Board approve the updated FTSU policy – which will then be uploaded to Trust Docs so as to be available to all staff.</p> <p>The importance of protecting FTSU is such that changes to the Policy requires approval of the Board in the Scheme of Delegation. As the updated document now contains additional contact details and information links (which may change within the annual review cycle) the Committee supported the proposal that the Director of Workforce/CPO should have delegated authority to approve any updates to those contact details as necessary within the annual review cycle.</p>
6	Cultural change	The Committee discussed the next steps in developing our cultural change programme to enhance staff experience and improve the Trust as a place to work and receive care. The Committee thanked the OD team for their work in co-ordinating the assessment of these next steps, so that they can be taken into account in establishing our Operational Plan for 2024/25.

3 Conclusions/Outcome/Next steps

The Committee is scheduled to meet again on 27 March 2024, at which meeting the Committee is due to consider:

- Workforce & Development Strategy
- Staff Survey Responses & actions
- Committee annual self-assessment

Recommendation: The Board is recommended to **note** the work of its People and Culture Committee and **reapprove** the FTSU Policy as updated.

REPORT TO THE BOARD OF DIRECTORS

Date	Wednesday 7 February 2024		
Title	Workforce Integrated Performance Report		
Author & Exec lead	Sarah Gooch, Director of Workforce, (on behalf of) Paul Jones, Chief People Officer		
Purpose	For Information and Discussion		
Relevant Strategic Objective	<ul style="list-style-type: none"> - Our Patients: Together, we will develop services so that everyone has the best experience of care and treatment. - Our NNUH Team: Together, we will support each other to be the best that we can be, to be valued and proud of our hospital for all. - Our Resources: Together, we will use public money to maximum effect. 		
Are there any quality, operational, workforce or financial implications of the decision requested by this report? If so explain where these are/will be addressed.	Quality	Yes✓ No□	Improved patient care
	Operational	Yes✓ No□	Improved service delivery and support addressing waiting time
	Workforce	Yes✓ No□	Reduction in vacancies, turnover, and improved morale
	Financial	Yes✓ No□	Reducing bank, agency, overtime, and incentive payments

1. Background/Context

- 1.1 The Workforce Integrated Performance Report highlights key performance indicators for workforce for the Trust in the December 2023 reporting month.
- 1.2 This report informs the People and Culture Committee on the key highlights and risks and the improvement actions in place, where necessary.

2. Key issues, risks and actions

Key Highlights

- 2.1 As at the end of December, the overall compliance rate for mandatory training is 91.2% which is slight increase on last month of 0.5%. The Trust has maintained 90% compliance rate since December 2022.

- 2.2 The monthly turnover rate for December 2023 is 0.8% which is the targeted monthly rate to achieve a reduction of the 12-month average turnover rate target below 10.0%. This compares to 1.0% in December 2023. The 12-month average turnover rate is 10.3%, compared to 13.9% December 2022.
- 2.3 The Trust 12 month rolling sickness absence is 4.7%, which compares to 5.7% for December 2022. Divisions have seen a steady decline in the last year. There is a slight increase in short term absence, which is expected during the winter months. The flu and covid vaccination programme had the highest uptake in the Region which will help to mitigate against the winter illnesses.
- 2.4 In the 12 months to December 2023, 90.3% of eligible staff (Non-Medical appraisals) had an appraisal which is a 2% increase on last months compliance rate. All Divisions have met the 90% compliance, with the exception of corporate, which will now have focused support.

Key Risks

- 2.5 The Trust's vacancy rate for December 2023 is 9.8% and the time to hire is under the target of 38 working days, reporting at 34.4 days. The staff in post of 8,638, is also the highest staff in post the Trust has reported.

These areas are all improved, however, there are still risks that remain and require focused action. The Healthcare Assistant vacancy rate remains above 20% and remains a priority recruitment that has focused support by the Recruitment Team. It should be noted that the vacancy rate is likely to increase from April 2024. This will be due to the outcome of the business planning cycle. Although, the nursing vacancy rate is now reporting under 10%, this may also be impacted by service developments. Both Nursing and HealthCare Assistant roles remain to have recruitment trajectories to ensure projection of future vacancies are mitigated with recruitment campaigns and support for newly qualified recruitment.

2. Next steps

- 3.1 To monitor the improvement actions and report back to the People and Culture Committee in six months.

Recommendation:

The Board is recommended to:

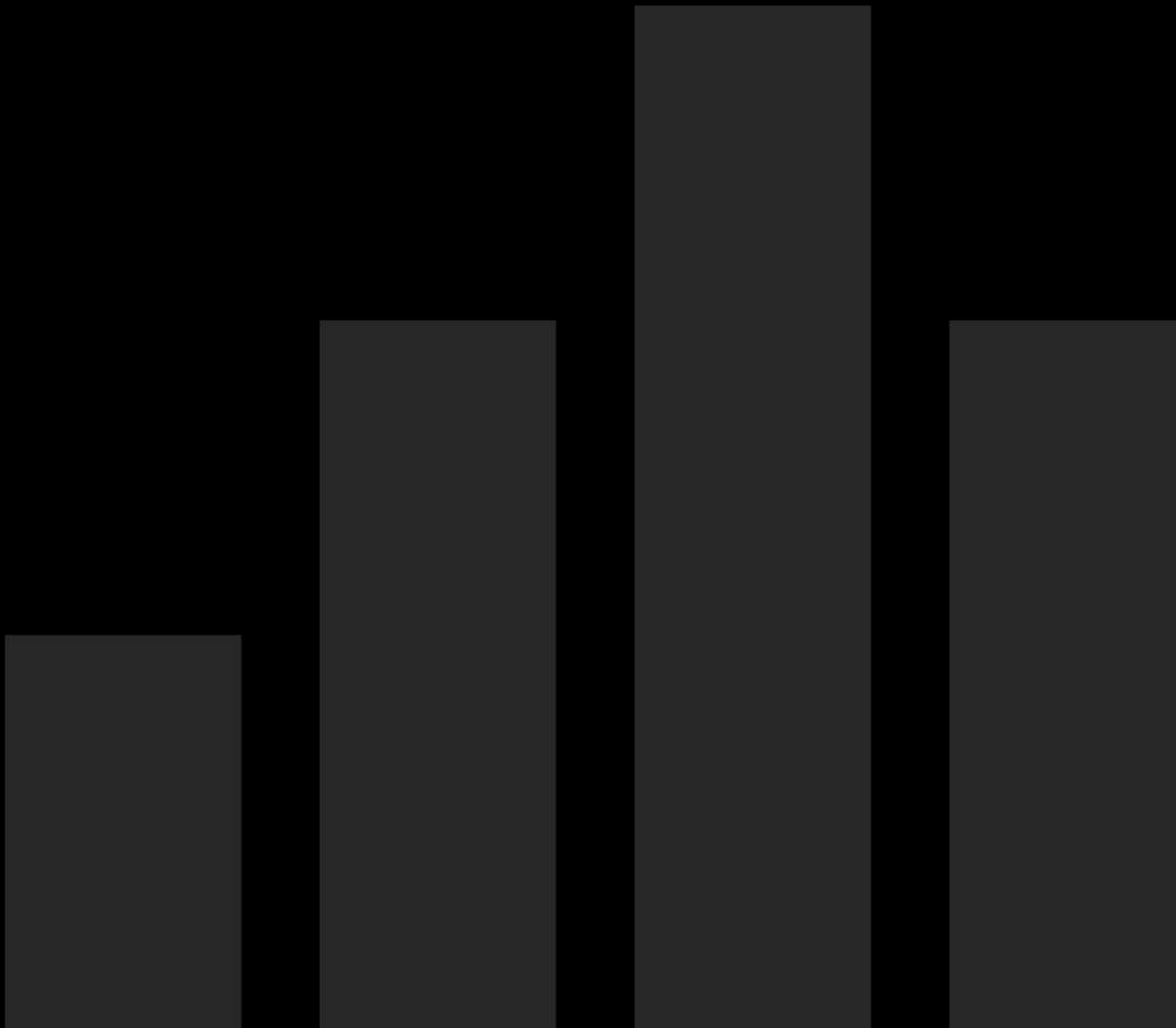
- To discuss and note the contents of this report

Workforce

[View in Power BI](#) ↗


Last data refresh:
23/01/2024 08:30:52 UTC

Downloaded at:
23/01/2024 09:52:38 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
Sickness Absence	Monthly Sickness Absence %	Dec 2023	4.9%	 Improvement (Low)	 Inconsistent
Staff Turnover	Monthly Turnover	Dec 2023	0.8%	 Improvement (Low)	No Target
Recruitment (Non-Medical)	Time to Hire - Time To Select	Dec 2023	10.3	 Improvement (Low)	No Target
Staff in Post	Actual Substantive Headcount (WTE)	Dec 2023	8,638	 Improvement (High)	No Target
Mandatory Training	Mandatory Training	Dec 2023	91.2%	 Improvement (High)	 Inconsistent
Non-Medical Appraisals	Non-Medical Appraisal	Dec 2023	90.3%	 Improvement (High)	 Not capable
Job Planning	Job Plans Signed Off % (Within 12months)	Dec 2023	56.0%	 Concern (Low)	 Not capable

SPC Variation Icons

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



SPC Assurance Icons

Capable Inconsistent Not capable



Mandatory Training

Mandatory Training

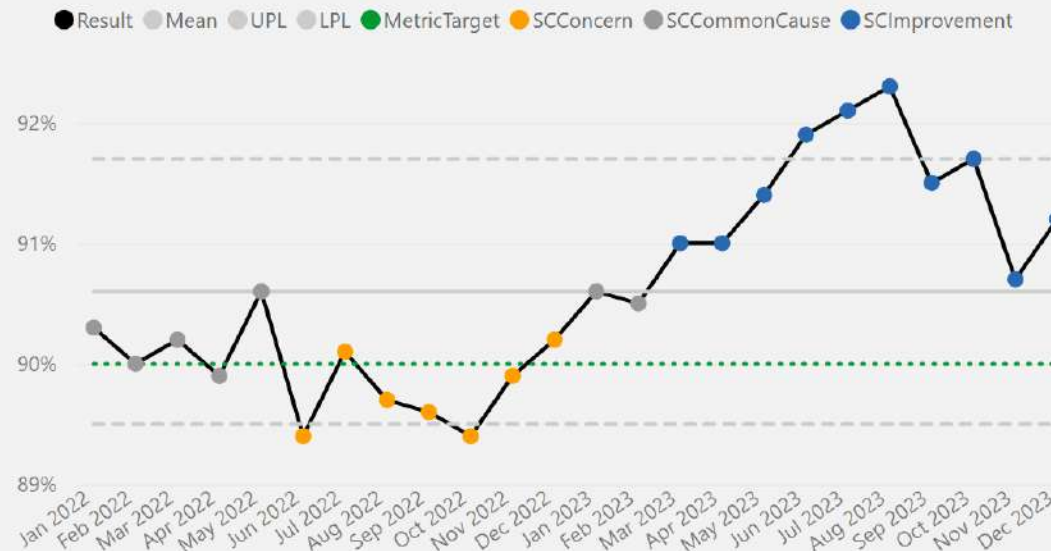
Dec 2023



Analytical Commentary

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

Mandatory Training



Assurance Commentary

As at the end of December the overall compliance rate was 91.2%. For Medical staff, the compliance rate for permanent staff was 93.0% - this figure reduces to 84.2% including the fixed term rotational junior doctors.

This is the 13th consecutive month where the Trust has achieved compliance against the target of 90%. This is the first time the Trust has sustained this level of compliance over a year. Classroom based training remains the primary area of lower compliance. Work is on-going with Divisions to focus on raising attendance and continues to be monitored by the CQC Evidence Group for completion.

Improvement Actions

December 2023 - Targeted messages were sent to staff who have fallen below on their compliance. Each month the topics of lower compliance (Resus, MCA & DoLS and Safeguarding) are reviewed and reminder messages sent.

December 2023 - Our additional manual handling trainer has now commenced in the role and is being inducted.

Non-Medical Appraisals

Non-Medical Appraisal

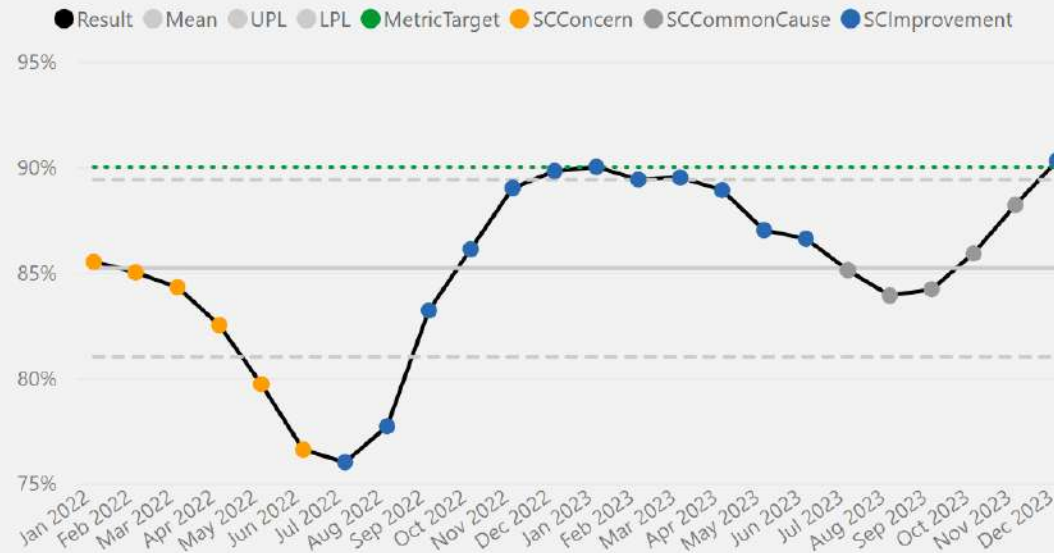
Dec 2023



Analytical Commentary

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

Non-Medical Appraisal



Assurance Commentary

In the 12 months to December 2023, 90.3% of eligible staff (non-medical appraisals) had an appraisal. This represents a 2.0% increase in performance compared to the previous month.

This is the first month since January 2023 that the 90% target has been achieved.

All divisions have now achieved the target. However the Corporate department is at 79.2%. The HRBP team are supporting Heads of Department to review the compliance and are putting in place plans to achieve 90% by the end of January 2024. Oversight of this is provided by the relevant Executive Director.

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

Improvement Actions

December 2023 – Divisional trajectories for the 23/24 cascade continued to be monitored through December's Performance Assurance Framework, with plans established to mitigate risk.

Sickness Absence

Monthly Sickness Absence %

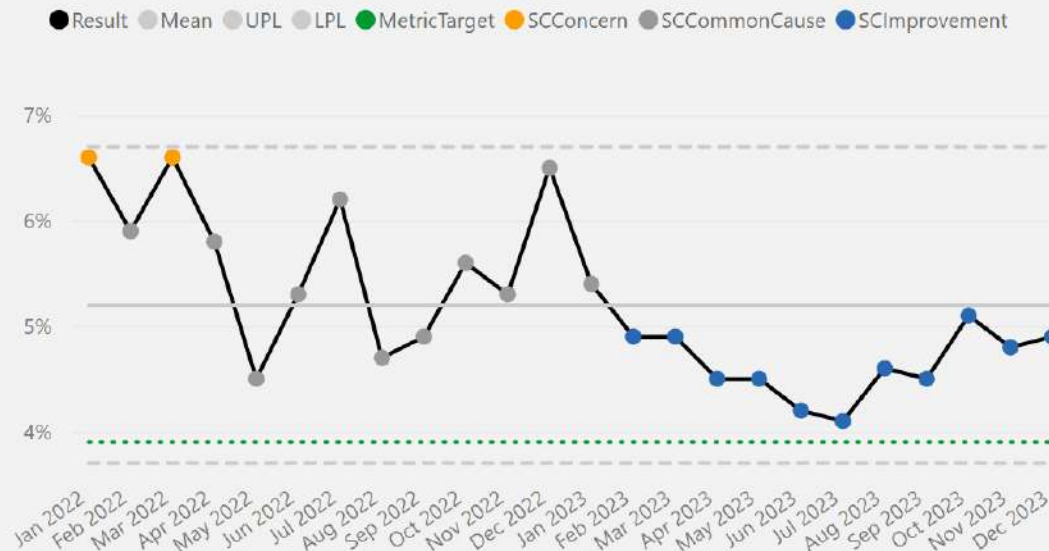
Dec 2023



Analytical Commentary

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

Monthly Sickness Absence %



Assurance Commentary

The Trust's 12 month rolling average target for sickness absence is 3.9%. As at 31 December 2023, the rate is 4.7%. This compares to 5.7% in December 2022.

Latest national NHS sickness data (August 2023) reports the NHS England monthly average as 4.88%. The East of England reports a monthly average of 4.58% and Norfolk and Waveney reports at 5.15%. The Trust reports the lowest monthly sickness absence rate for Trusts in Norfolk and Waveney, 4.57% for the same period.

The monthly absence rate is 4.9% in December. Covid related absence is 0.3% of absence in December. All areas of sickness absence have seen a decrease when comparing to last year, short term has reduced by 0.6%, medium has reduced by 0.5% and long term has reduced by 0.6 %.

Last month, 38% of referrals to Workplace & Health Wellbeing relating to psychological ill health were attributed to workplace stress. Of these work-related cases 36% were in the Medicine division & 27% from Clinical Support Services. It was noted that there were multiple cases from the clinical engineering department. The main issues cited within Workplace Health & Wellbeing referrals continue to be work relationships (45% of referrals), including perceived bullying by colleagues and work demands.

From a muscular skeletal perspective, 17% were considered as caused by work this month. No specific trend in location or incident type identified.

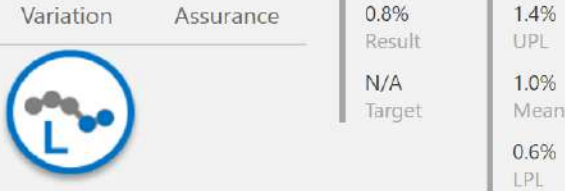
Improvement Actions

December 2023 - The new staff wellbeing hub opened in December where drop in facilities will be available on every week day 10am - 3pm

December 2023 - Our new Civility and Respect policy was agreed at PACS, which aims to provide a framework to better manage poor behaviours at work. This will be launched at the end of January with line manager briefings, communications, and training.

Monthly Turnover

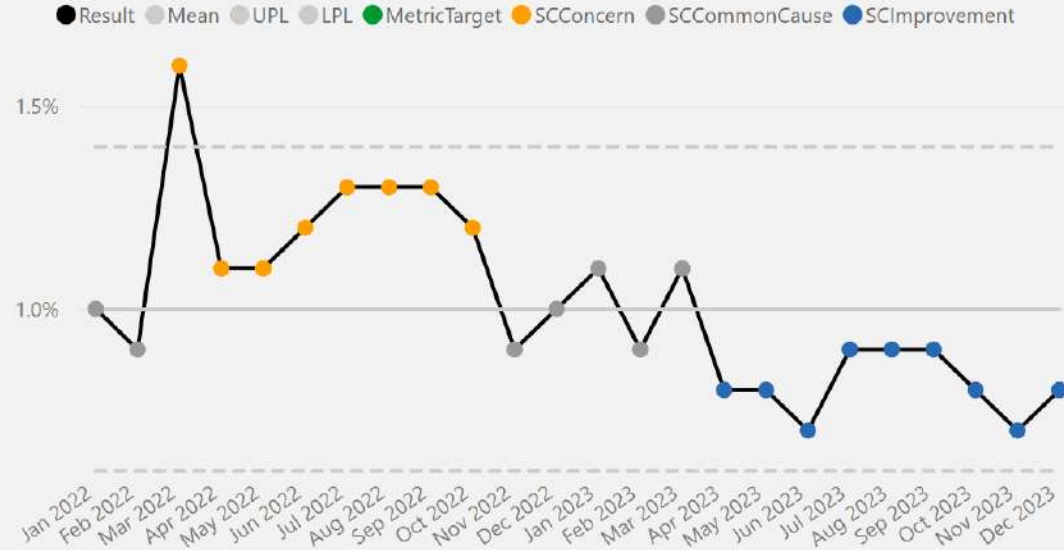
Dec 2023



Analytical Commentary

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

Monthly Turnover



Assurance Commentary

The monthly turnover rate for December 2023 is 0.8% which is a small increase from November 2023 (0.7%) and lower than December 2022 (1.0%). The 12-month average turnover rate is 10.3%, a reduction of 0.2% from November 2023. Turnover has consecutively fallen for the last 12 months, comparing also to a high of 15.1% in July 2022.

Of the 59 leavers that left in the month of December, 49 were from three main staffing groups. These are nursing and midwifery (all grades), additional clinical services (e.g Healthcare Assistants, Receptionist) and administration and clerical. Each staffing group has seen a decline turnover from 25% to 14% for additional clinical services, 13.3% to 9.1% for nursing and midwifery and 15.5% to 11.5% for administration and clerical. These professional groups will remain an area of focus, with a divisional consideration for administration and clerical.

The number of Stay Conversations is currently averaging 22% (138/639 leavers since April) against the target of 40%. Completion in December reduced to 13%, which was impacted by peak annual leave and pressures of industrial action. The Surgery Division are piloting a separation of stay and exit interviews and this will be evaluated in the coming months.

Improvement Actions

- December 2023 – Embargoed initial staff survey results have been received and plan to be shared with the relevant committees
- December 2023 - Continued support for junior doctor colleagues with their right to take industrial action, ensuring the provision of advice and guidance including treating one another in accordance with our PRIDE values, reviewing staffing levels and providing a framework for bank incentives for non-medical staff to increase capacity over the seasonal period

Staff in Post

Actual Substantive Headcount (WTE)

Dec 2023



Variation

Assurance

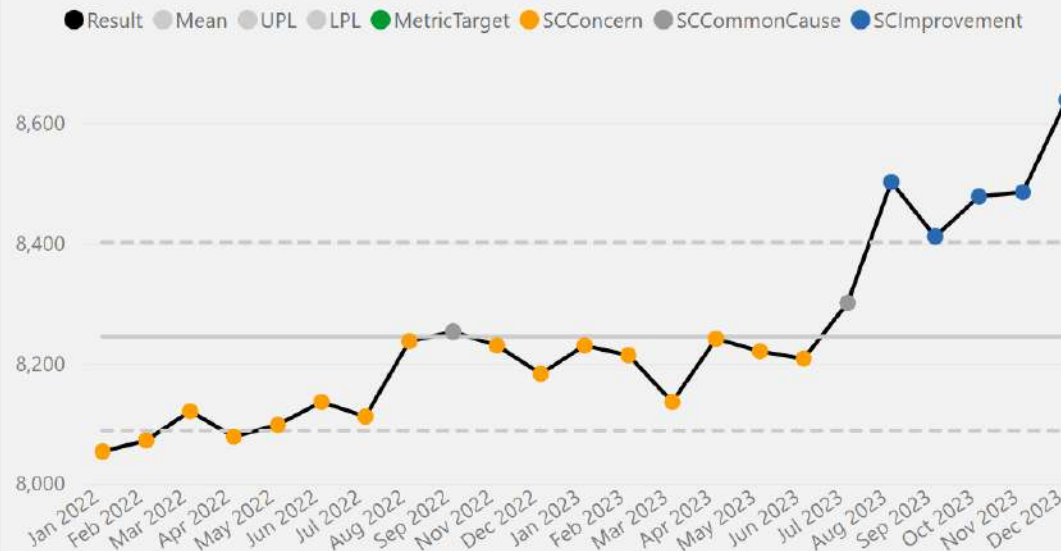
8,638
Result
N/A
Target

8,401
UPL
8,244
Mean
8,088
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 8,638 for December 2023, an increase of 153.3 from November 2023 (8,484). This compares to substantive staff in post of 8,182.0 for December 2022.

Increasing headcount requires vacancy reduction and turnover reduction to be achieved. Vacancy rate is at 9.9% for December 2023, which is a decrease from November 2023 (11.1%), despite a 51.7 increase in budget.

Through the Performance Assurance Framework, performance against trajectories for nursing vacancies in Medicine, Surgery, Midwifery and Paediatrics are reviewed on a monthly basis. Current trajectories are to achieve a 7.7% vacancy rate for registered nurses by March 2024, from a high point of 18.3% in April 2023. A review of the establishment, staff in post and therefore vacancies within ward areas in the Divisions is currently being undertaken to inform revised trajectories to work alongside the business planning cycle.

Whilst a number of improvements have been achieved in recruitment and staff turnover, the ability to recruit, particularly HCAs, remains a risk for the Trust. The proposals to create HCA roles at Band 3 may help to alleviate this, however the number of candidates applying for roles continues to be lower than needed.

Improvement Actions

December 2023 – Phase 1 of the Culture Change programme is complete and phase two is currently being developed with actions identified for 2024. It is planned to share the roadmap with the relevant committees

December 2023 – Preference shifts are being rolled out across inpatient wards, with the learning from the pilot areas being incorporated. Early data shows that 54% of staff in the pilot wards have opted to use the flexibility available, with 81% of preference requests agreed, helping staff in clinical areas where flexible working may not be an option

Vacancies

Variance: Headcount (WTE)

Dec 2023

Variation



Assurance



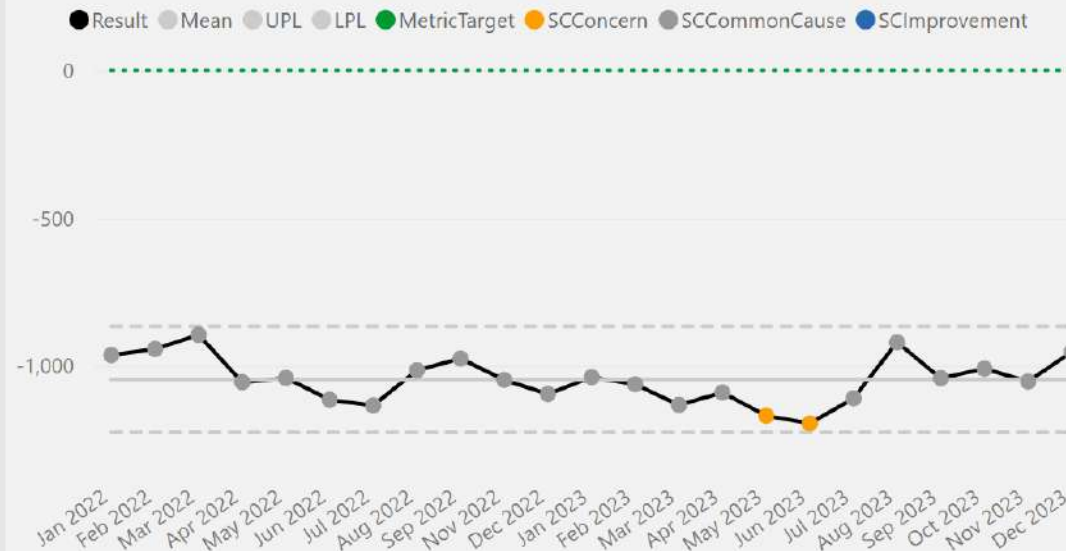
-954
Result
0
Target

-867
UPL
-1,047
Mean
-1,227
LPL

Analytical Commentary

Variation is Common Cause

Variance: Headcount (WTE)



Assurance Commentary

The Trust vacancy rate for December 2023 is 9.9% which is a decrease from 11.1% in November.

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. It has been agreed at Performance Assurance Framework meeting that all Divisions will review their finance against their establishment within the next month to ensure accuracy of reporting.

International RN recruitment via the International Recruitment Hub and the Trust recruitment continues with 168 Nurses expected to arrive as part of the commitment to NHSEI by December 2023. 92 Nurses arrived in November. Nursing, Workforce, Finance and PD&E are working together to manage the newly qualified process for September 2024.

The recruitment trajectory for Health Care Assistant roles continues as a risk due to skill mix changes in Divisions and recruited to the vacancy roles.

Improvement Actions

December 2023 - 32 individuals commenced their HCA induction training (18 Medicine, 11 Surgery, 3 CSS). A further 25 HCAs are due to start (4 CSS, 17 Medicine, 3 Surgery, 1 W&C) in January.

Time to Hire - Total

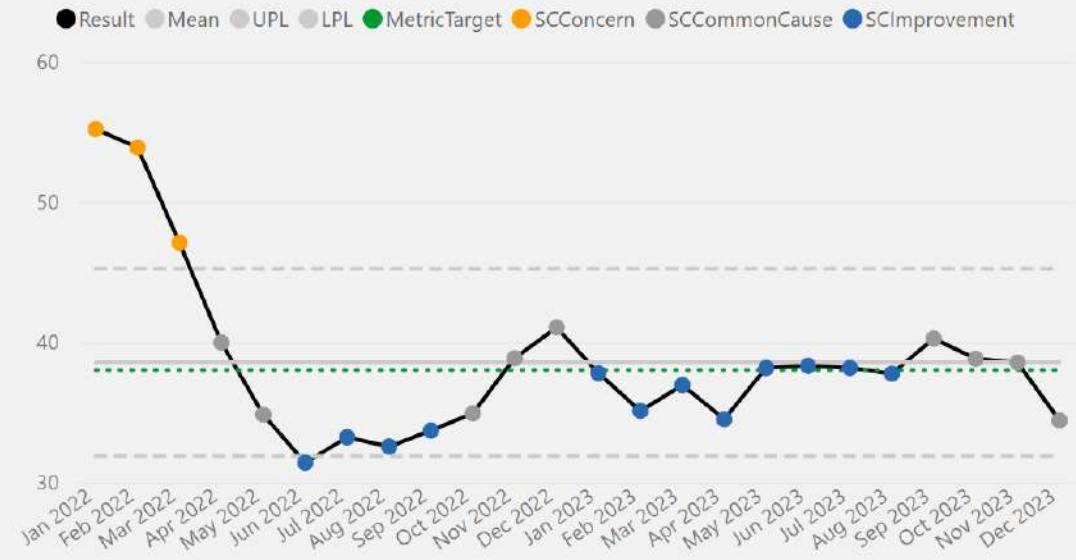
Dec 2023



Analytical Commentary

Variation is Common Cause

Time to Hire - Total



Assurance Commentary

December Time to Hire was 34.4 working days, which is below the Trust KPI of 38 days, this compares to 41 working days in December 2022.

In 2023, the Time to Hire was slightly over the Trust target for 3 months out of the 12, reporting at 40 (Sep), 38.8 (Oct) and 38.5 (Nov).


Time to Offer is on target at 2 working days. Time to Select is also on target at 10 working days. Time to check is 24.7 working days which is below the internal target of 26 days.

In December, 142 candidates have been recruited to roles within the Trust, 49 of which were external to the Trust (which equates to 35%, below the current average of 50%).

A review on internal recruitment is being explored, due to the average recruitment split between internal and external being around 50%. The use of robotics continues to be explored. The Trust is engaging with the ICS to establish an aligned time to hire and target to improve benchmarking.

Improvement Actions

December 2023 - 32 individuals commenced their HCA induction training (18 Medicine, 11 Surgery, 3 CSS). A further 25 HCAs are due to start (4 CSS, 17 Medicine, 3 Surgery, 1 W&C) in January.

Supplementary Metrics					
Metric Name	Date	Result		Variation	Assurance
Time to Hire - Time To Select	Dec 2023	10.3		Improvement (Low)	No Target

Job Plans Signed Off % (Within 12months)

Dec 2023

Variation



Assurance



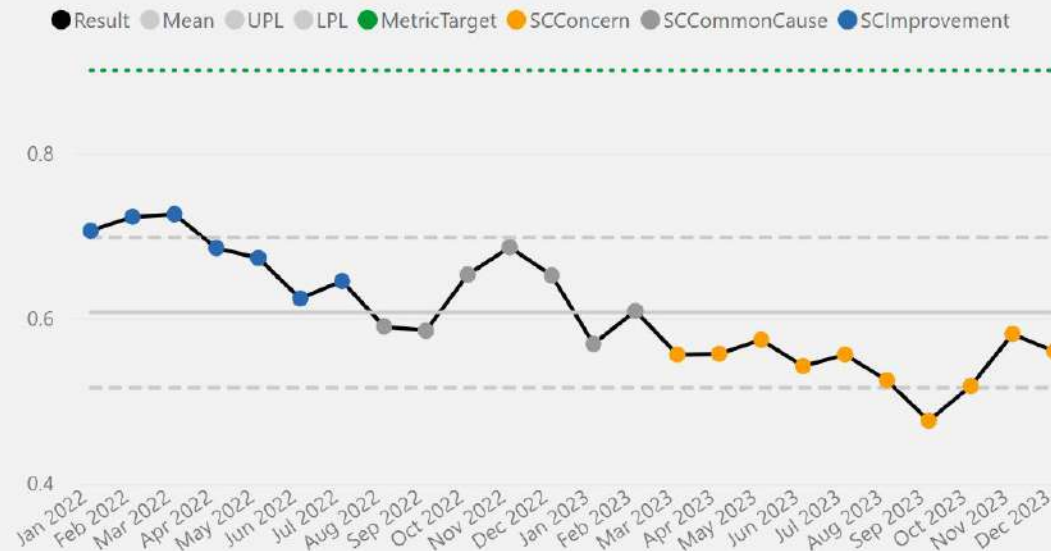
56.0%
Result
90.0%
Target

69.8%
UPL
60.7%
Mean
51.5%
LPL

Analytical Commentary

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

Job Plans Signed Off % (Within 12months)



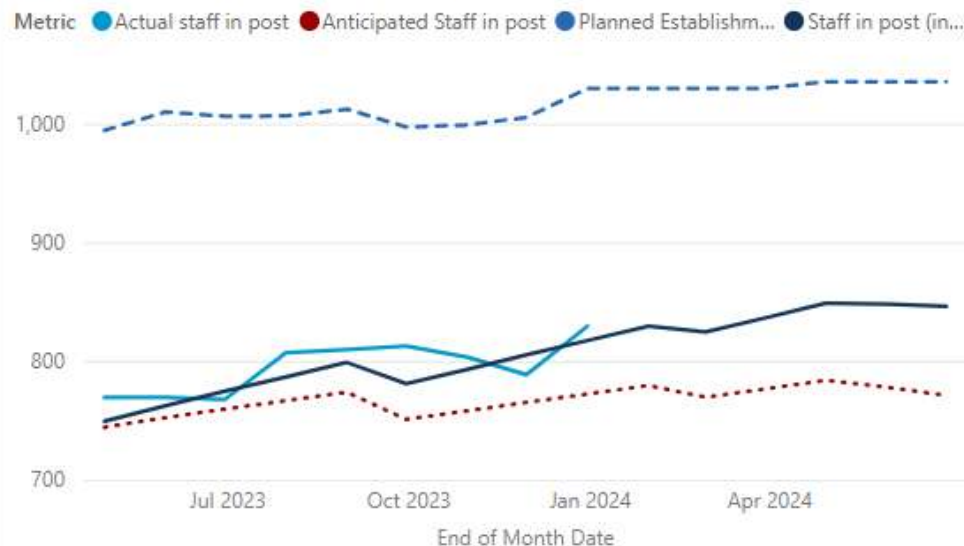
Assurance Commentary

Improvement Actions

- To review the Job Plan Assurance TORs to consider closer alignment with medics rostering
- To continue with updating the Beat with appropriate information.

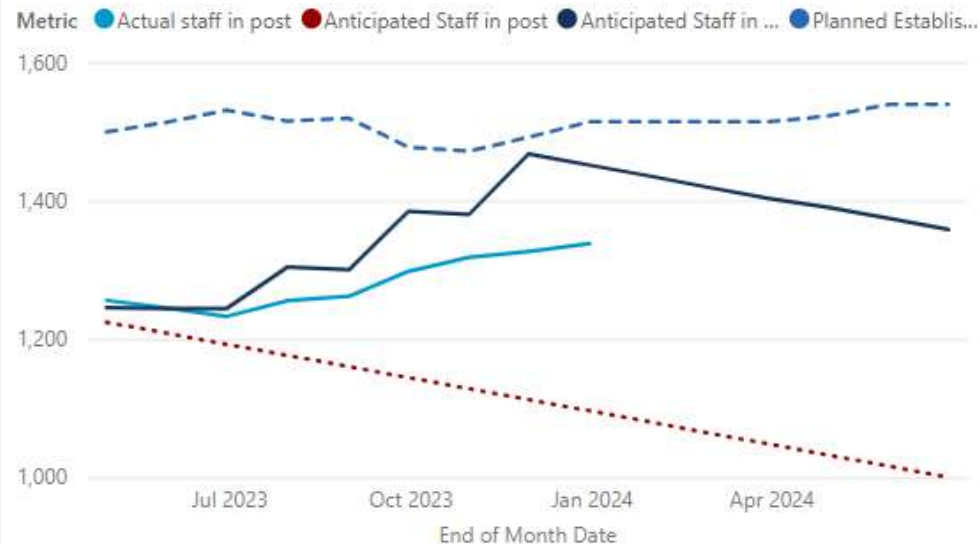
Recruitment Trajectories

Recruitment Trajectory - Trust Band 2 Healthcare Assistant



Metric	Oct-23	Nov-23	Dec-23	Jan-24
Actual staff in post	803.14	788.39	829.27	
Anticipated Staff in post	757.91	765.04	772.17	779.30
Anticipated Vacancy %	24.1%	23.9%	25.0%	24.1%
Anticipated Vacancy % (increased capacity)	20.6%	19.9%	20.6%	19.9%
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	998.89	1,005.29	1,029.55	1,029.55
Planned Establishment %	00.0%	00.0%	00.0%	00.0%
Recruitment Activity	24.00	24.00	24.00	24.00
Staff in post (increased capacity)	792.91	805.04	817.17	829.27

Recruitment Trajectory - Trust Band 5 Nurse



Metric	Oct-23	Nov-23	Dec-23	Jan-24
Vacancy % (INR)	06.2%	01.6%	04.1%	05.2%
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	1,471.09	1,491.42	1,513.69	1,513.69
Leavers	15.00	15.00	15.00	15.00
Increased Capacity	12.00	103.00		
Anticipated Vacancy FTE (INR)	91.09	24.42	62.69	78.69
Anticipated Vacancy FTE	343.05	379.38	417.65	433.65
Anticipated Vacancy %	23.3%	25.4%	27.6%	28.6%
Anticipated Staff in post (INR)	1,380.00	1,467.00	1,451.00	1,435.00
Anticipated Staff in post	1,128.04	1,112.04	1,096.04	1,080.04
Actual staff in post	1,317.74	1,326.33	1,337.36	



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



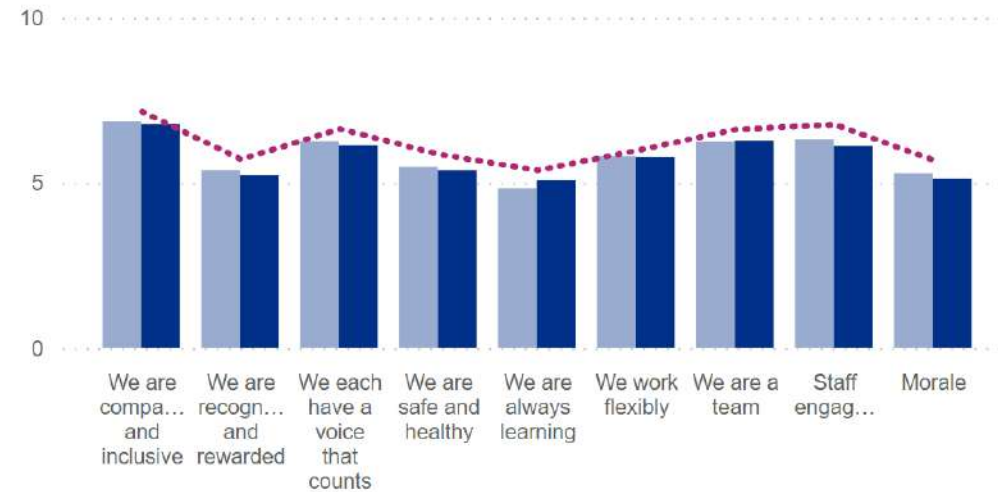
5.1

Theme: Morale

Hover to find out more: ?

People Promise and Theme Scores by Year and Comparators

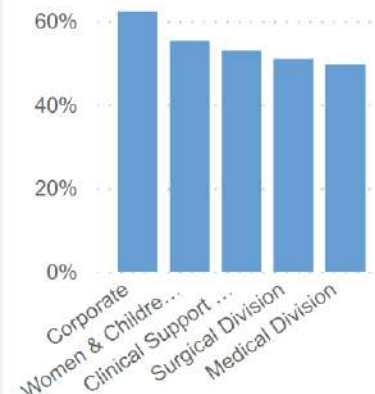
Survey Year ● 2021 ● 2022 - - - - Best Acute Comparator — Trust Comparator



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%

REPORT TO THE TRUST BOARD

Date	07 February 2024
Title	Chair's Key Actions Report from Finance, Investments and Performance Committee
Lead	Tom Spink (Chair)
Purpose	For Discussion

1 Background/Context

The Finance, Investments & Performance Committee met on 31 January 2024 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 was attended by Mrs Erica Betts (Public Governor) as observer.

2 Key Issues/Risks/Actions

In addition to reviewing standard reports with regard to financial and operational performance (reported in separate papers), the Committee identified the following matters to bring to the attention of the Board:

	Issues considered	Outcomes/decisions/actions
1	Clinical visits – Jack Pryor & Brundall Ward	In accordance with established practice, Committee members visited clinical areas in advance of the meeting. Committee members noted the challenges associated with escalation in inpatient areas and discussed these with staff. The Committee recognised that we are evolving our response to reducing patient waits in ambulances. The current position is however unsustainable and the Committee requested sight of the plans for the next stage of our response to meet the level of demand for patient care.
2	Operational performance & system capacity plans	The Committee reviewed the Performance IPR and was updated on the system Capacity Plans. The Committee congratulated the success in reducing ambulance waits. The Hospital is however heavily congested. The rate of discharge from NNUH before Noon has risen to nearly 20% and the Committee requested that this metric be added to the IPR to aid monitoring. It is anticipated that the additional 48 beds in the community trust will become available in June.
3	ED reconfiguration SOC	The Committee reviewed the Strategic Outline Case (SOC) for reconfiguration of the Emergency Department. The current and projected activity of the Department differs considerably in terms of volume and case mix to that when the Department first opened over 20 years ago. There are a series of objectives behind proposed reconfiguration including expansion of existing resuscitation facilities, enhanced provision for children and patients with mental health difficulties and improved flow through the department. Reconfiguration is planned in a number of phases over a number of years as funding becomes available and as operational circumstances

		allow. Although we cannot proceed with this project at the moment, the plan is one to hold readiness for future circumstances in which funding becomes available. The Committee also asked the Hospital Management Board to review other potential major initiatives as per the 5 year capital plan to ensure the Trust prioritises effectively.
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3 Conclusions/Outcome/Next steps

The Committee is scheduled to meet again on 28 February 2024, at which meeting the Committee is due to consider:

- Stroke Thrombectomy FBC
- Divisional Performance & Accountability Framework
- Health & Safety Committee report

Recommendation:

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

REPORT TO BOARD OF DIRECTORS

Date	7 February 2024		
Title	Performance and 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"/>	

• Background/Context

The attached report provides an update on compliance against the Operational Priorities 2023-24:

Urgent and Emergency Care:

- A&E Waiting Times – ‘Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25’: On Track – Sustained delivery since January 2023.
- Increase Ambulance handover delays under 30 minutes – ‘Reduce handover delays to support the management of clinical risk across the system’: On Track – The percentage of ED Ambulance Handovers in 30 minutes is improved for the last 2 months. The average handover delay in December was under 30 minutes, at 22 minutes. The Home for Lunch Taskforce has led to approximately 100 additional discharges per week, with the majority taking place earlier in the day.
- Bed occupancy – ‘Reduce adult general and acute (G&A) bed occupancy to 92% or below’: Off Track – It is unlikely that bed occupancy will reduce due to pressure on both alternative and non-elective beds. The original plan included 22 additional NANOC beds and running

Cringleford (20) and Gunthorpe (28) empty (70 of 1000). None of these beds are available in the calculation due to their continued use to support ambulance handover.

Elective Care:

- 65 Week Waits – ‘Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)’: On Track – Industrial Action has significantly reduced the run rate of 65-week activity before, during and after periods of IA. As such, NNUH’s H2 submission in November 2023 forecasted 1,805 patients waiting over 65 weeks on 1st April 2024 (an increase of 905 breaches from the original 2023/24 planning submission). The latest forecast (on 19th January 2024) is circa 2,134 patients waiting over 65 weeks on 1st April 2024 – this is based on several assumptions. However, the current position remains circa 6,000 ahead of trajectory.
- Day Cases – ‘Meet the 85%-day case expectations using GIRFT and moving procedures to the most appropriate setting’: On Track
- Theatre Utilisation – ‘Meet the 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings’: Off Track – Industrial Action impacted December performance, with a reduction of 2.3 percentage deciles compared to November. Reduced number of on the day cancellations in December (123) accounting for 179 operating hours, predominantly due to patients having their treatment deferred, the procedure no longer being required, lists overrunning or emergency cases taking priority.
- Outpatient follow-ups – ‘Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024’: Off Track – Performance remains behind the target of 75%. Meetings have been undertaken with Divisions and individual specialties to discuss the future management of patients over 12 months past their follow up target date.

Cancer:

- 62-day Backlog – ‘Continue to reduce the number of patients waiting over 62 days’: On Track – Fair Shares Requirement was to have no more than 225 patients waiting over 62 days by 31st March 2024. The Trust are currently 53 away from this. This is predominantly from 70 patients within Urology, 50 within Lower GI, 43 within Gynaecology and 39 within Skin. The main reasons for this are detailed below.
 - Skin – Summer increase in referrals coupled with Industrial Action and competing priorities against achieving the 78-week objective left the Skin backlog reaching a peak of over 250 patients on the Skin backlog in September 2023. This has reduced by 211 since September, and 24 in the last 4 weeks alone.
 - Gynaecology – Paediatric backfill is being utilised and additional weekend lists using regional funding for diagnostics are continuing through to March 2024. Reduction of 34 from the backlog in the last 12 weeks.

- Lower GI – Capacity issues for CTC and Endoscopy led to a peak high of over 100 patients in October. Additional Endoscopy activity in November and December reduced the overall waiting list size from 680 to 480 patients and reduced the number of patients approaching 62 days by 43 in the last 12 weeks. Endoscopy insourcing continues.
- Urology – The backlog has increased by 14 in the last 12 weeks due to increased demand on Robotic Surgery and reduction in turnaround of PET-CT over Christmas. Additional Robotic sessions commencing on 27th January to support recovery. Alliance Medical addressing delays to PET-CT, with 10 additional urgent PET-CTs requested on 24th January.
- 28-Day Faster Diagnosis Standard – *‘Meet the Cancer Faster Diagnosis Standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected Cancer are diagnosed or have Cancer ruled out within 28 days’*: On Track – The provisional performance for December was 72.8% - slightly behind target. This is predominantly due to performance improvements in Breast, Lung, Skin, Gynaecology and Lower GI.
- Lower GI Referrals with a FIT Test – *‘Implement and maintain priority pathway changes for lower GI (at least 80% of FDS lower GI referrals are accompanied by a FIT result), skin (Teledermatology) and prostate cancer (best practice timed pathway)’*: On Track.

Diagnostics:

- Diagnostic Test Within 6 Weeks – *‘Increase the percentage of patients that receive a diagnostic test within 6 weeks in line with the March 2025 ambition of 95%’*: Off Track – working towards 95% target in CT, MRI, Ultrasound and Echo by March 2025.

Recommendations:

The Board is recommended to:

- **Acknowledge** the paper and latest position for information.

Integrated Performance Report: Performance & Activity Domains

December 2023



Key 2023-24 Operational Priorities

- Urgent and Emergency Care:

- G** A&E Waiting Times – *‘Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25’*: **On Track** – Sustained delivery since January 2023.
- G** Improve Ambulance handover delays under 30 minutes – *‘Reduce handover delays to support the management of clinical risk across the system’*: **On Track** – The percentage of ED Ambulance Handovers in 30 minutes is improved for the last 2 months. The average handover delay in December was under 30 minutes, at 22 minutes. The Home for Lunch Taskforce has led to approximately 100 additional discharges per week, with the majority taking place earlier in the day.
- R** Bed occupancy – *‘Reduce adult general and acute (G&A) bed occupancy to 92% or below’*: **Off Track** – It is unlikely that bed occupancy will reduce due to pressure on both alternative and non-elective beds. The original plan included 22 additional NANOC beds and running Cringleford (20) and Gunthorpe (28) empty (70 of 1000). None of these beds are available in the calculation due to their continued use to support ambulance handover.

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Key 2023-24 Operational Priorities

- Cancer:

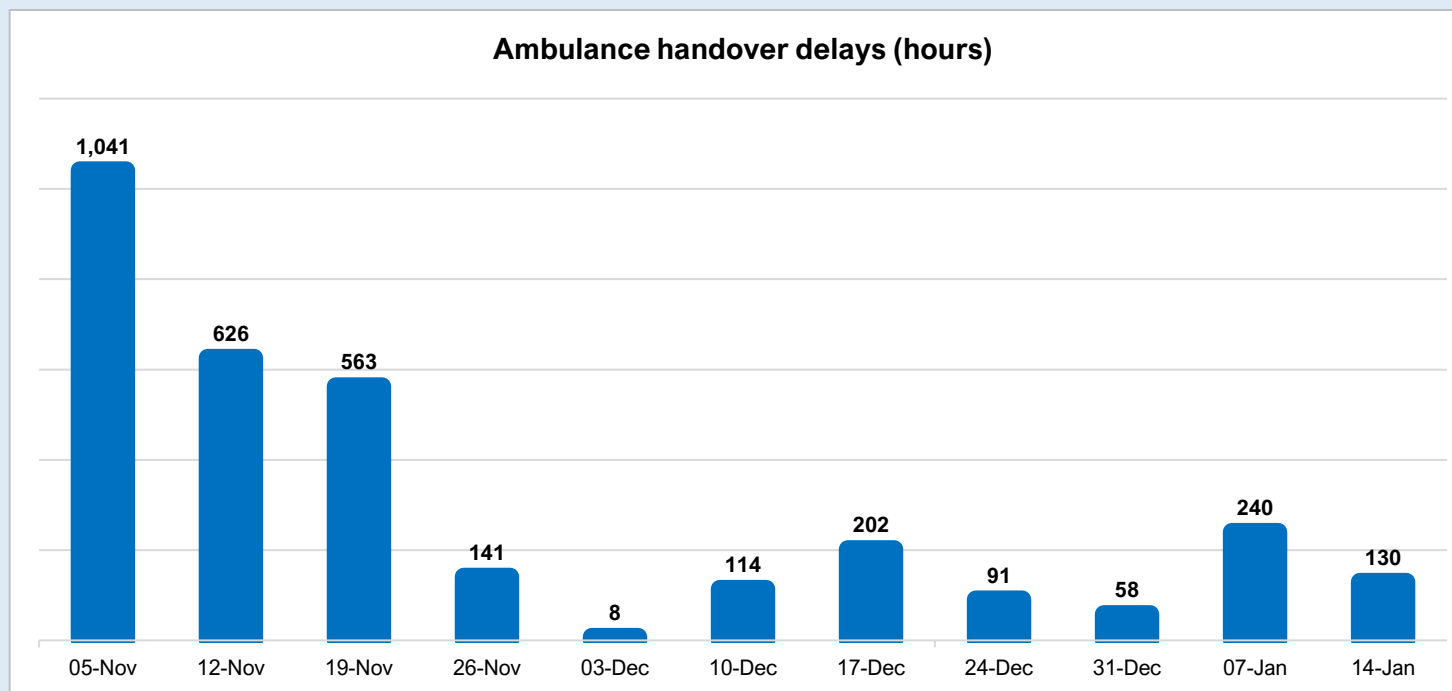
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- G** Lower GI Referrals with a FIT Test – ‘Implement and maintain priority pathway changes for lower GI (at least 80% of FDS lower GI referrals are accompanied by a FIT result), skin (Teledermatology) and prostate cancer (best practice timed pathway)’: **On Track**.

- Diagnostics:

- R** Diagnostic Test Within 6 Weeks – ‘Increase the percentage of patients that receive a diagnostic test within 6 weeks in line with the March 2025 ambition of 95%’: **Off Track** – working towards 95% target in CT, MRI, Ultrasound and Echo by March 2025.

Urgent and Emergency Care

Week Ending	05-Nov	12-Nov	19-Nov	26-Nov	03-Dec	10-Dec	17-Dec	24-Dec	31-Dec	07-Jan	14-Jan
Ambulance handover delays (hours)	1,041	626	563	141	8	114	202	91	58	240	130
Ambulance handovers recorded	600	675	692	796	817	838	819	853	864	832	808
Average handover duration (mins)	104	56	49	11	1	8	15	6	4	17	10
Difference from baseline of 505 handovers	19%	34%	37%	58%	62%	66%	62%	69%	71%	65%	60%

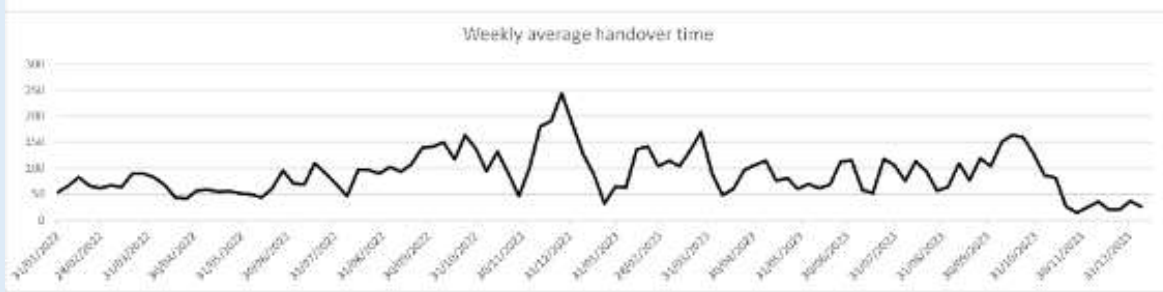
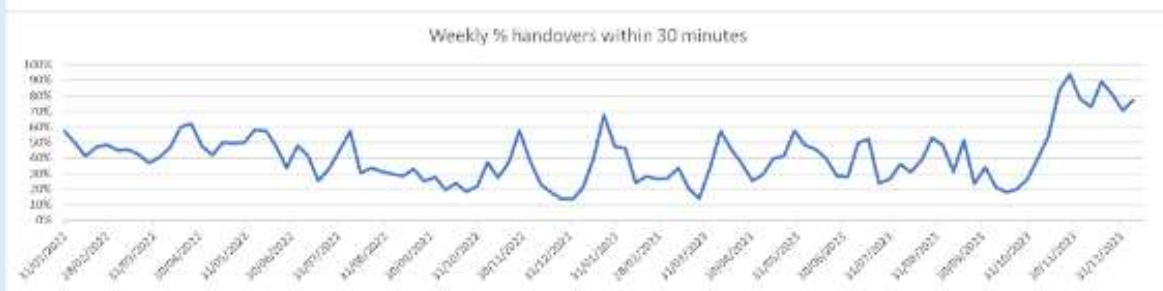
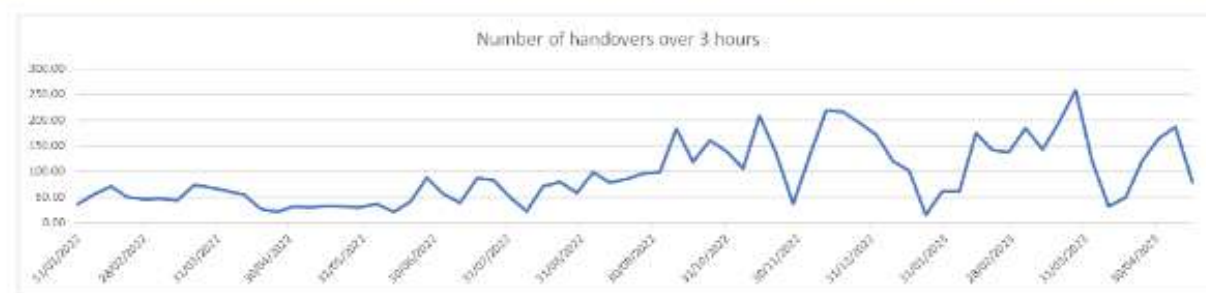
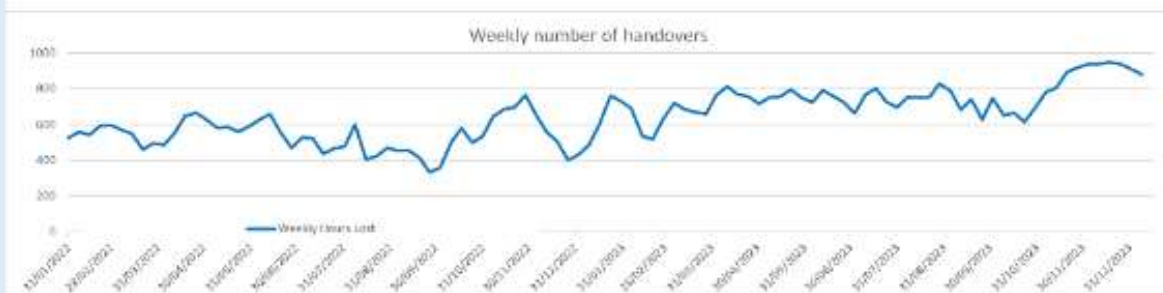


Current Position

The number of patient delays has reduced considerably from the peak in October 2023 and from 10 weeks previous (5th November). The average handover duration has improved by over 1.5 hours since 5th November, whilst the number of ambulance arrivals has increased by 35%.

- This data is provided directly from EFAST and is for EFAST ambulance handovers only.
- The data calculates hours lost due to ambulance delays from 30 minutes onwards – the same as NHS England's national reports
- The data only includes handovers with pin compliance

Norfolk & Norwich University Hospital	October			November			December			January		
	Total	per week	%	Total	per week	%	Total	per week	%	Total	per week	%
Total handovers	2,936	663		3,547	828		4,147	936		1,764	807	
Hours lost	5,649	1,275		2,530	590		548	124		402	201	
Average handover times	142			63			24			31		
< 30 minutes	713	161	24%	2,138	499	60%	3,386	765	82%	1,325	663	74%
> 60 minutes	1,736	392	59%	987	230	28%	350	79	8%	239	120	13%
> 3 hours	806	196	29%	355	83	10%	37	8	1%	28	14	2%
> 4 hours	603	136	21%	207	48	6%	4	1	0%	2	1	0%



Performance – Ambulance Performance < 30 and > 60 Minutes

30 Minute Performance	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Addenbrookes Hospital	62.39%	87.22%	92.57%	86.95%	93.34%	98.54%	97.64%	99.31%	95.92%	98.30%	92.00%	92.45%	77.72%	90.33%
Basildon & Thurrock Hospital	38.53%	58.16%	54.17%	59.44%	70.33%	74.18%	79.41%	84.79%	81.15%	88.18%	78.03%	83.84%	72.64%	70.99%
Bedford Hospital South Wing	76.62%	86.07%	94.21%	89.11%	96.84%	96.69%	91.98%	97.77%	97.31%	94.84%	93.85%	92.25%	86.91%	91.88%
Broomfield Hospital	32.11%	60.84%	61.95%	73.86%	87.42%	91.19%	87.42%	84.80%	76.99%	78.17%	74.77%	73.96%	72.03%	73.50%
Colchester General Hospital	44.83%	78.06%	81.59%	48.04%	85.30%	91.02%	81.15%	89.91%	72.21%	84.89%	73.75%	80.03%	64.71%	75.04%
Hinchingbrooke Hospital	61.42%	81.96%	81.67%	78.47%	87.60%	87.97%	91.24%	92.67%	93.47%	91.61%	80.92%	65.57%	69.31%	81.84%
Ipswich Hospital	48.21%	67.83%	67.35%	64.22%	73.41%	75.60%	69.37%	76.96%	76.83%	74.91%	59.89%	60.11%	53.55%	66.79%
James Paget Hospital	26.01%	43.36%	42.75%	43.40%	67.25%	56.43%	69.14%	79.86%	51.68%	48.67%	49.33%	65.37%	57.56%	53.91%
Lister Hospital	21.70%	43.06%	42.02%	38.36%	51.42%	43.52%	43.32%	62.68%	51.62%	49.64%	47.02%	47.20%	39.54%	44.70%
Luton And Dunstable Hospital	62.21%	71.24%	76.04%	65.36%	73.35%	70.38%	69.31%	70.04%	68.68%	68.15%	65.41%	67.59%	58.05%	68.14%
Norfolk & Norwich University Hospital	31.18%	39.62%	35.55%	22.75%	40.44%	31.98%	44.19%	41.40%	32.70%	44.70%	38.90%	59.86%	82.56%	41.99%
Peterborough City Hospital	33.41%	47.91%	58.64%	50.39%	56.88%	62.27%	69.74%	65.25%	70.48%	63.36%	46.58%	41.32%	53.14%	55.34%
Princess Alexandra Hospital	32.72%	48.60%	38.63%	37.81%	60.43%	50.86%	52.66%	48.27%	45.06%	44.36%	34.64%	39.46%	48.72%	44.79%
Queen Elizabeth Hospital	27.29%	41.08%	53.83%	41.57%	62.29%	47.58%	45.01%	55.33%	49.14%	47.68%	40.92%	60.10%	67.64%	49.19%
Southend University Hospital	30.34%	58.64%	71.57%	64.10%	74.19%	65.77%	61.10%	67.36%	80.62%	86.11%	71.79%	75.77%	68.49%	67.37%
Watford General Hospital	38.06%	48.16%	56.21%	55.89%	59.29%	72.22%	77.57%	76.10%	69.97%	70.81%	73.87%	66.76%	62.51%	63.65%
West Suffolk Hospital	57.05%	73.26%	70.94%	68.21%	91.57%	92.28%	93.24%	93.59%	87.59%	82.53%	76.31%	85.18%	70.88%	80.20%
Total	42.59%	60.89%	63.51%	58.11%	72.43%	71.09%	71.97%	75.65%	70.67%	71.58%	64.59%	68.05%	65.06%	65.86%

> 60 Minute Performance	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Addenbrookes Hospital	23.49%	3.23%	1.16%	3.90%	1.21%	0.00%	0.08%	0.00%	0.73%	0.24%	2.22%	2.70%	13.82%	4.06%
Basildon & Thurrock Hospital	35.35%	21.18%	25.23%	22.86%	12.90%	9.25%	6.64%	3.01%	6.61%	2.58%	8.24%	4.93%	13.98%	13.29%
Bedford Hospital South Wing	14.15%	6.90%	1.96%	6.27%	1.24%	0.48%	2.67%	0.56%	0.67%	1.52%	1.82%	2.86%	5.26%	3.57%
Broomfield Hospital	42.52%	18.41%	15.41%	7.35%	5.20%	1.96%	3.61%	4.53%	7.64%	5.99%	10.17%	11.33%	12.35%	11.27%
Colchester General Hospital	32.36%	5.88%	8.71%	35.91%	3.33%	1.56%	9.50%	3.22%	11.21%	3.81%	9.94%	6.01%	16.52%	11.38%
Hinchingbrooke Hospital	25.19%	9.56%	8.00%	11.26%	4.35%	4.83%	2.40%	2.49%	1.55%	3.65%	9.14%	20.49%	18.95%	9.37%
Ipswich Hospital	32.78%	15.30%	16.19%	18.60%	10.99%	10.45%	14.82%	8.06%	7.97%	10.59%	21.41%	21.71%	25.15%	16.46%
James Paget Hospital	57.11%	34.73%	29.86%	35.47%	16.35%	26.33%	15.14%	9.11%	31.34%	34.58%	35.04%	19.12%	27.06%	28.56%
Lister Hospital	52.81%	26.91%	29.71%	32.97%	19.62%	25.98%	26.58%	10.45%	17.85%	22.78%	24.59%	22.83%	32.25%	26.56%
Luton And Dunstable Hospital	22.29%	12.00%	7.72%	17.21%	8.60%	11.49%	12.05%	10.97%	11.53%	11.78%	15.44%	12.81%	19.35%	13.33%
Norfolk & Norwich University Hospital	57.00%	44.79%	48.47%	63.57%	42.65%	51.89%	38.12%	45.48%	46.55%	41.66%	64.22%	29.99%	9.11%	44.88%
Peterborough City Hospital	33.88%	21.11%	11.98%	16.74%	11.86%	12.01%	9.09%	8.51%	7.07%	10.79%	26.68%	32.45%	26.54%	17.59%
Princess Alexandra Hospital	40.68%	24.84%	36.81%	39.94%	16.60%	23.65%	22.42%	25.20%	26.70%	27.85%	43.47%	34.59%	24.85%	29.82%
Queen Elizabeth Hospital	60.07%	43.43%	28.94%	42.99%	20.94%	37.80%	37.60%	28.28%	33.99%	34.65%	40.33%	17.19%	12.89%	33.78%
Southend University Hospital	47.13%	20.00%	11.08%	13.29%	7.45%	13.20%	12.82%	10.32%	6.04%	2.75%	14.10%	7.89%	15.51%	13.97%
Watford General Hospital	31.84%	18.29%	12.43%	18.40%	12.72%	4.04%	2.20%	2.25%	4.61%	4.28%	1.79%	5.98%	8.01%	9.76%
West Suffolk Hospital	23.10%	12.68%	13.75%	16.04%	0.18%	0.99%	0.59%	0.65%	1.94%	4.13%	9.28%	3.37%	15.77%	7.88%
Total	37.16%	19.96%	18.08%	23.69%	11.46%	13.79%	12.68%	10.05%	13.09%	13.04%	19.88%	15.07%	17.49%	17.38%

Commentary

- < 30 minutes: Ranking 2nd out of 17 in the region for December 2023 (an improvement of 22.7% compared to November and 43.7% compared to October – both comparisons to October and November are the best performance improvements across the region).
- > 60 minutes: Ranking 3rd out of 17 in the region for December 2023 (an improvement of 20.1% compared to November and 55.1% compared to October – both comparisons to October and November are the best performance improvements across the region).
- However, NNUH remain 17th in the region for the period from December 2022 to December 2023.

Commentary

Improved ED 4-hour performance compared to November: **Trust only = 64% / WIC = 100% / Combined = 79.1%.**

N&W highlights for December data:

- % of ambulance handovers > 60 minutes improved by a further 8% for N&W in December to 12.5% vs 15.3% for EoE and 11.6% Nationally. NNUH delays reduced by 19% to 7.4%, JPUH increased by 8% to 24.2% and QEH improved by 3% to 12%.
- Total A&E attendances remained fairly static for the system in December. Attendances reduced at QEH and JPUH but increased by 2.7% at NNUH.
- 4-hour performance (all type) remained fairly static for the system for December at 72.2% vs 66.8% for EoE. JPUH performance declined by 5.5% to 64.2%, QEH improved by 2.3% to 61.4% and NNUH remained fairly static at 79%.
- Mean time in dept for admitted pts improved by 7.7% to 470 minutes for the system vs 556 for EoE. NNUH saw a significant improvement reducing by 20.4% to 376 minutes. JPUH time increased by 4.9% to 524 minutes and QEH increased by 2.1% to 579 minutes.
- The % of type 1 patients with a 12+ hour stay in ED improved by 16.5% for the system to 7.1% vs 10.5% for EoE.
- Emergency admissions per day remained similar for the system overall. JPUH and QEH saw small reductions (-4 and -2/day) and NNUH had a small increase (+4/day).
- G&A bed occupancy improved slightly to 94.9% for the system. JPUH improved by 1.4% to 93.9%, QEH improved by 2.3% to 96.2% but NNUH increased by 1% to 94.6%.

The chart across details the 2023/24 monthly performance for the percentage of patients that spend less than 12 hours in ED at NNUH. December performance was the best performing month across 2022/23 and 2023/24 so far.

Average Daily - 4hr Performance

	Dec-2022	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Diff to Last Month	Diff to Dec 2022
All Type Performance									
National	62.9%	72.7%	71.8%	70.2%	69.0%	68.4%	68.1%	-0.3%	5.2%
East of England	60.7%	71.6%	69.0%	68.7%	67.7%	67.3%	66.8%	-0.4%	6.2%
Norfolk & Norwich University Hospital	74.4%	78.6%	77.0%	77.2%	76.3%	78.1%	79.0%	1.0%	4.7%
Type 1 Performance									
National	49.1%	61.0%	59.2%	57.6%	55.8%	55.1%	54.5%	-0.6%	5.3%
East of England	47.6%	60.8%	57.0%	56.4%	55.1%	54.8%	53.9%	-0.9%	6.3%
Norfolk & Norwich University Hospital	50.0%	63.7%	59.3%	60.4%	59.2%	62.5%	64.0%	1.6%	14.0%

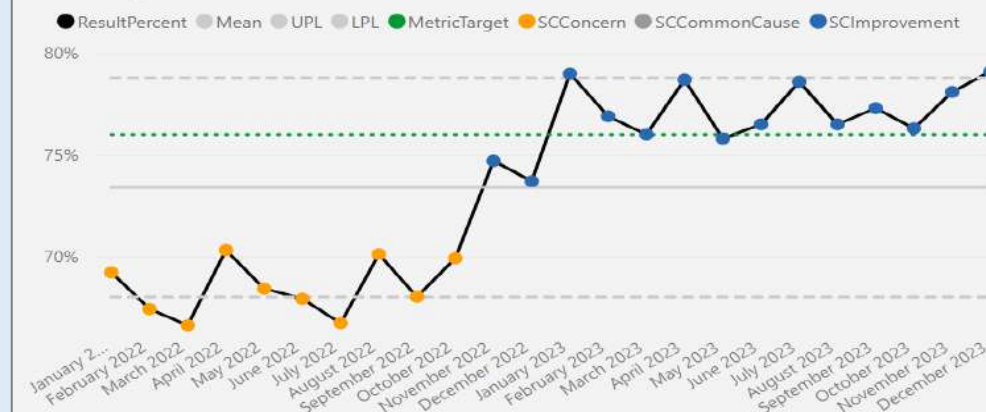
ED 4hr Target

December 2023



79.1% Result	78.8% UPL
76.0% Target	73.4% Mean
	68.0% LPL

ED 4hr Target



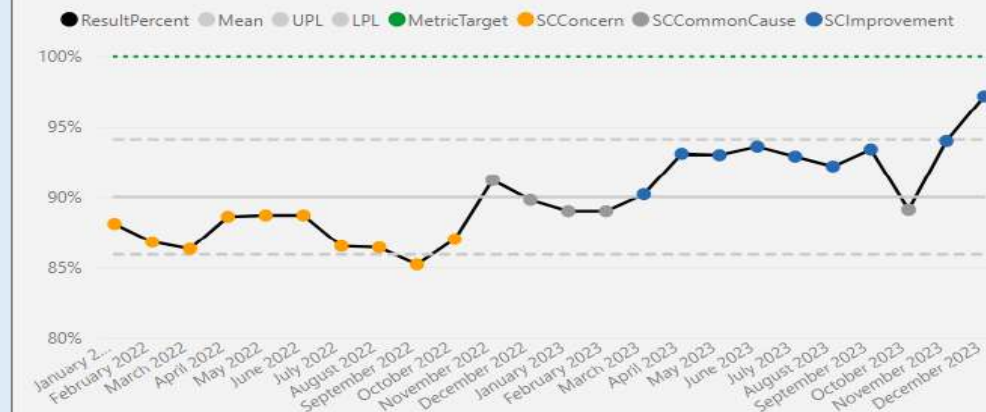
Patients departing ED within 12 hours

December 2023

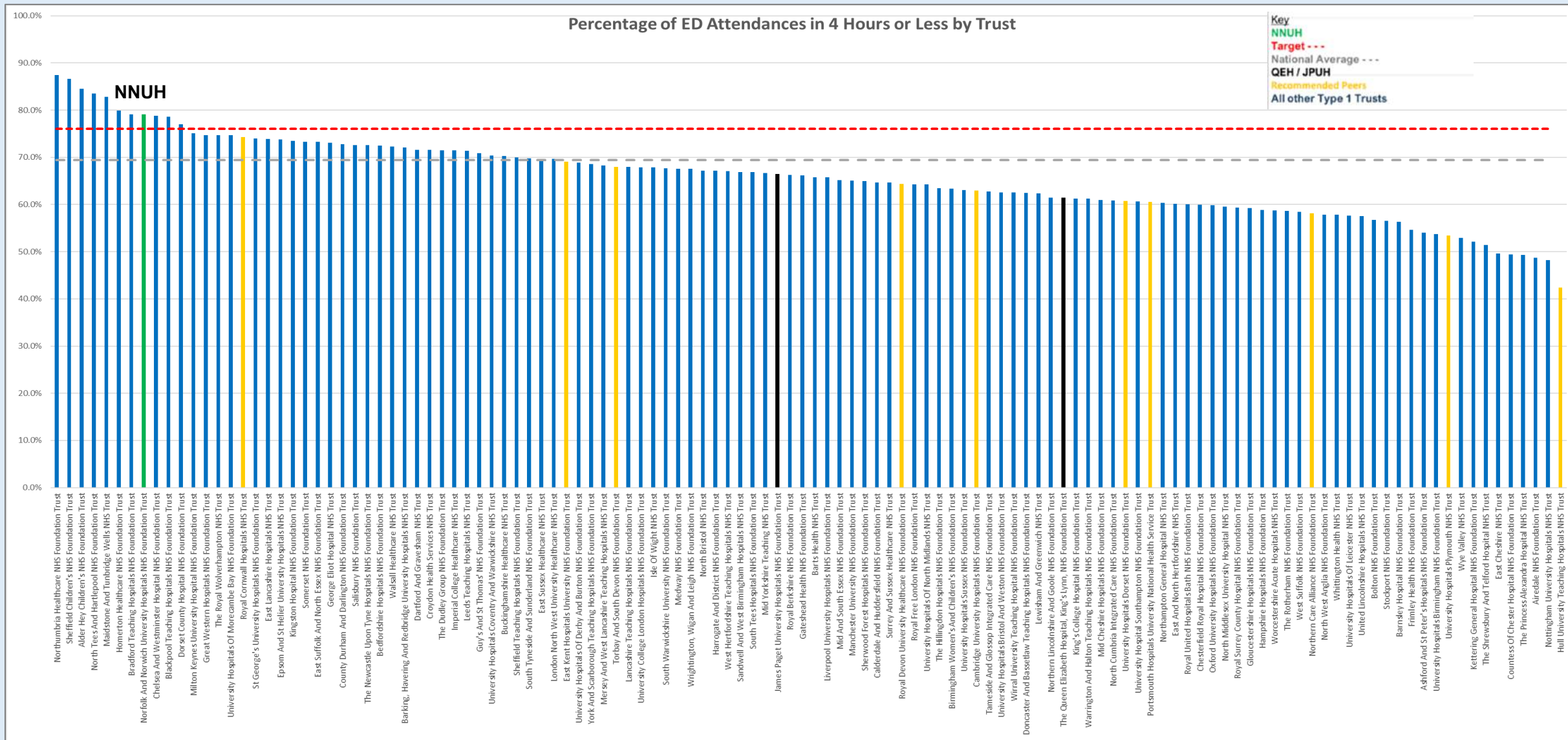


97.2% Result	94.1% UPL
100.0% Target	90.0% Mean
	85.9% LPL

Patients departing ED within 12 hours



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



Commentary

In December, NNUH were ranked 8th across all Type 1 NHS Trusts and the best performing amongst our recommended peers (for most similar attributes) with 79% of ED patients either admitted, transferred or discharged within 4 hours of arrival. This is an increase on the previous month (78%), ahead of the national target of 76%, and the national average of 69%.

PHASE 1 (Oct-Dec'24) Achievements

- Increased morning discharges and moved discharge profile until earlier in the day.
- Approximately 100x extra discharges per week and bulk of discharges moved from 17:00-20:00 to 14:00-17:00.
- Communication & Engagement: Criteria Led Stickers; Patient Information and Leaflets; The Beat Page; Comms email; Trust-wide and role specific events; posters and on screens in the canteen and atrium.
- Alternatives to Emergency Departments for paramedics developed, including QR codes.
- Ringfenced medical SDEC to protect flow through the unit.
- Process changes in Imaging have reduced inpatient waits from over a week to under 28 hours.
- Principles of Clinical Standards agreed in conjunction with Trust's PRIDE values - instigation of Directory of Services.
- Gunthorpe Ward converted into a bedded and seating Discharge Unit with maximum stay of 36 hours.
- 2x additional vehicles funded to increase discharges.
- WardView now follows the user on any desktop.

PHASE 2 (Jan-Mar'24) Initiated

- Increase morning and weekend discharges to focus on aligning with admission profile, as outlined in Trust's winter plan, and to maintain ability to move patients from ambulances into Trust within 30 minutes.
- Four areas of focus: (1) embed standard processes and flows; (2) address weekend and evening structures to maximise discharge / flow; (3) simplify the assess to admit process and (4) strengthen alternative flow pathways.

Ensure discharge profile
supports admission
profile
30% discharges before noon

Enable trust to step
out escalation beds
and divisional
rebalance of beds

Maintain ability to
offload
ambulances in 30
minutes

To enable staff to
give the best
quality care

Place patients in
the right place at
the start of their
care

Home for Lunch Principles Improving Safety for Every Patient

Embedding daily flow

SRO: Chief Operating Officer
Leads: Deputy Chief Nurse &
Co-CoD: Medicine and Chief
Registrar

- Early decisions/ Senior review ward rounds
- Clear patient plans (Expected Discharge Date/ Criteria Led Discharge)
- Pull and early discharge inc Red to Green compliance, TTOs, Discharge Letters, Bloods, pathology Imaging
 - How are we doing information
 - Metrics & compliance of professional standards

Weekend and evening operating model

SRO: Chief Nurse
Lead: Deputy Chief
Operating Officer &
Medical Lead

- Improved planning and discharges for weekends
- Standard flow through weekend
- Discharge arrangements at the weekend
- Evening and night flow/processes

Design the acute clinical 'assess to admit' process

SRO: Medical Director
Lead: Chief of Service: ED
& Co-CoD: Medicine

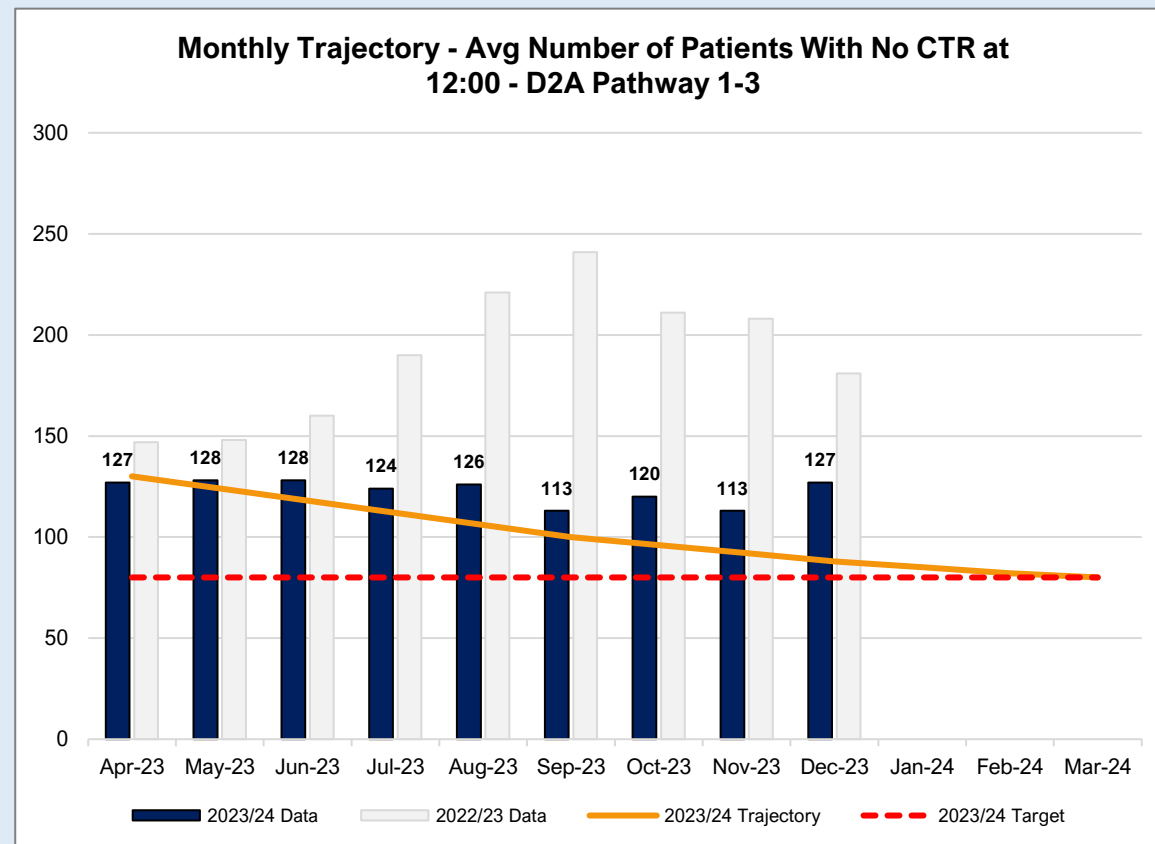
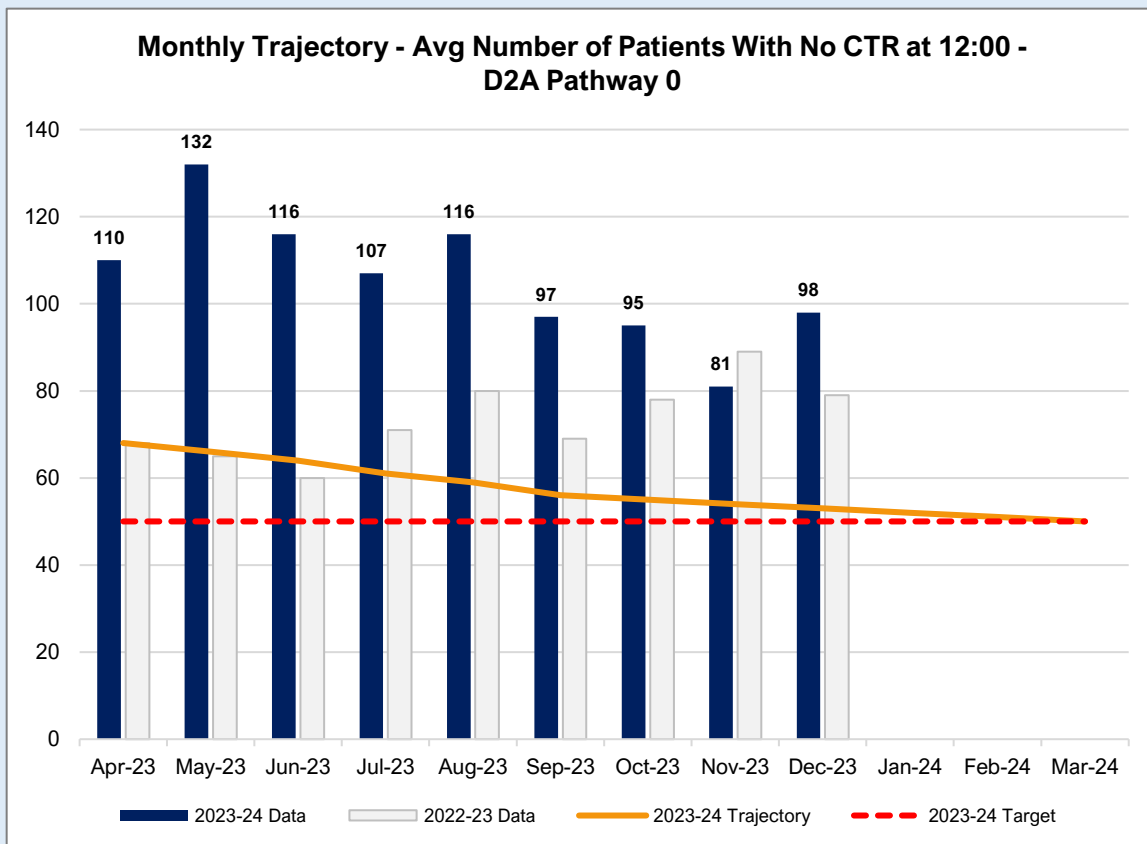
- Standardise & minimise all flows from ED to assessment areas
- Create an Assess to Admit model – senior decision making at the front door and future role of AMU
- Development of an acute frailty service/model
- Single interface between 0001/0002/GP referrals – both directions

Alternatives to ED

SRO: Transformation
Director
Lead: AMU Consultant, Co-
CoD: Medicine, CSORT Lead

- Alternatives to admission – hot clinics pathways
- Respiratory rapid access
- Continued development of the hospital DoS
- Refinement of acute pathways as alternative to admission (Virtual Ward)
- Support to nursing/care homes
- Working with EEAST /urgent care hub on conveyance

Developing our way of working and Spirit of Improvement



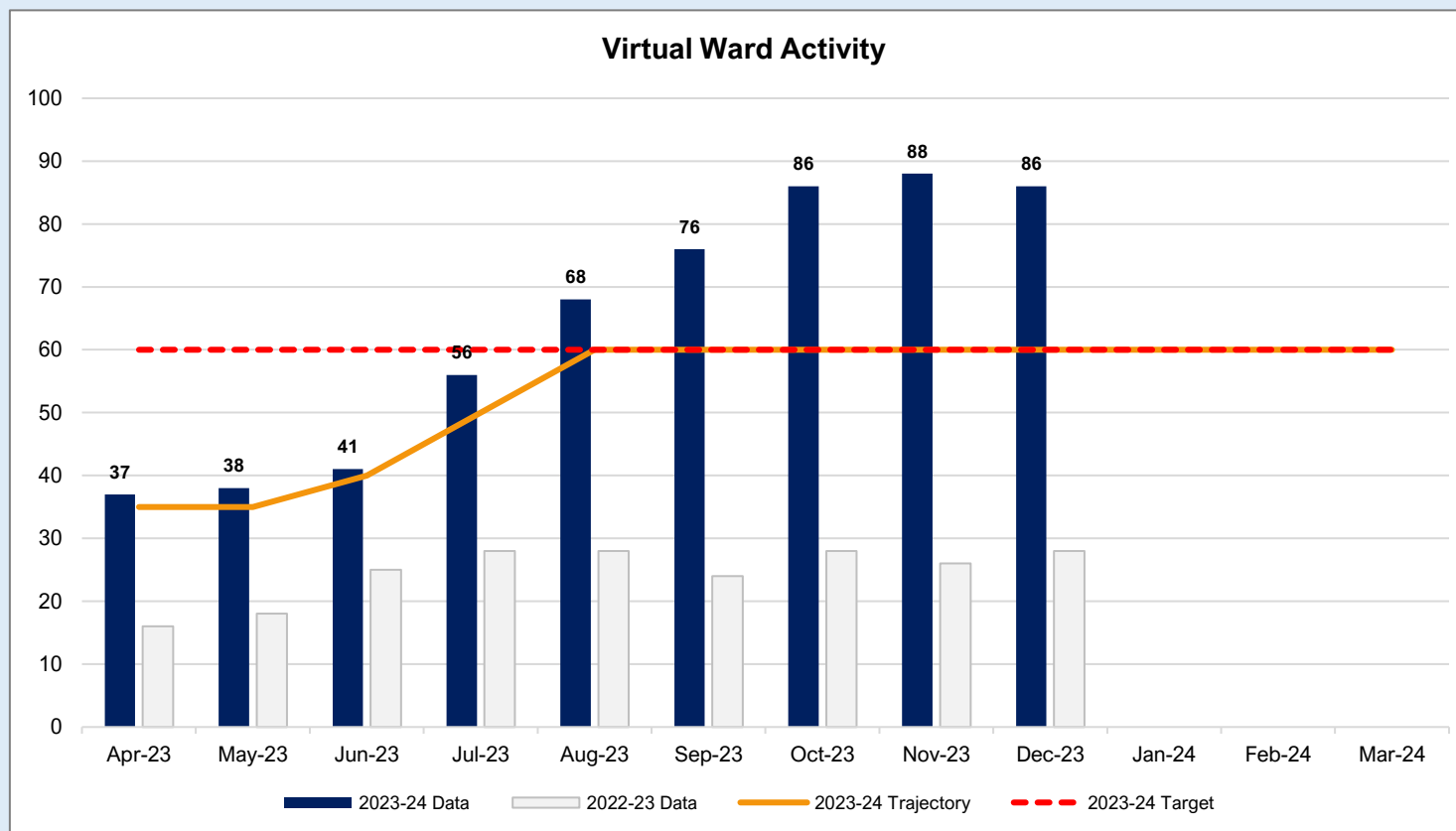
Commentary

No Criteria to Reside D2A Pathway 0 (P0) and Pathway 1-3 for December has increased compared to the past 3 months and remains behind trajectory. Continued sustained improvement against the same month in 2022/23 for Pathway 1-3.

Commentary

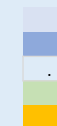
December 2023 Performance

In December, the average number of patients on the Virtual Ward was 86, compared to 88 in November and 86 in October.



System Bed Plan

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

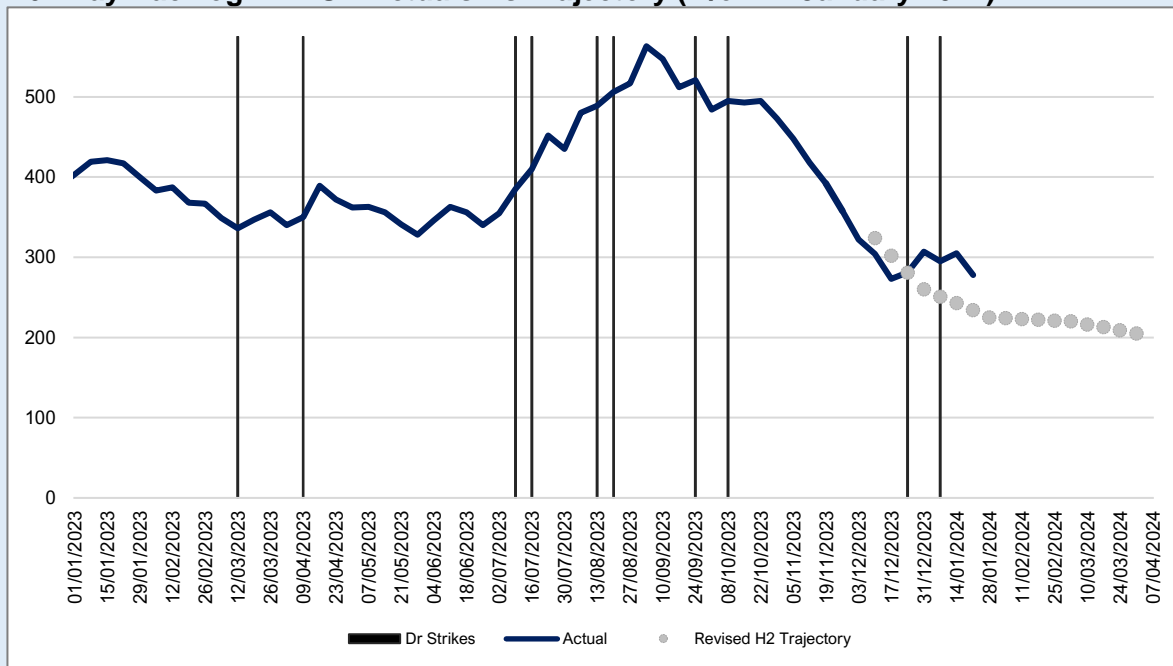


System changes	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Additional Capacity	Cumulative Additional Capacity	£	SRO	Change Lead
1 NNUH Increase Virtual Ward to 60 (from 40 to 60 by 15th Jul)		38 40 49 41	49 45 61									20	20		Chief Information Officer NNUH	
S1 Community 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	0	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

Cancer

62 Day Backlog – NNUH Actuals Vs Trajectory (w/e 21st January 2024)



Suspected Tumour Type	Number Past Day 62	Change in number past day 62 (4 week)	Change in number past day 62 (12 weeks)
Brain	0	-1	0
Breast	9	-1	-7
Children's	2	0	-1
Gynaecological	43	-12	-34
Haematological	6	0	+3
Head & Neck	24	+11	-2
Lower Gastrointestinal	50	-1	-43
Lung	7	+2	0
Sarcoma	14	+1	-2
Skin	39	-24	-152
Upper Gastrointestinal	13	+8	+8
Urological	70	+13	+14
Other	1	+1	-1
All Suspected Cancers	278	-3	-217

Commentary

December 2023 Performance

The 62-day backlog saw a net decrease of 3 patients waiting over 62 days up to the week ending 21st January compared to the prior 4-week period, and a net decrease of 217 patients compared to the prior 12-week period (below left). Despite this, the Trust is slightly behind the revised H2 trajectory of no more than 205 patients on the backlog at 31st March 2024.

The largest contributors to the 62-day backlog are Urology, Skin, Gynaecology, and Lower GI. The backlog has reduced in Skin, Gynaecology and Lower GI by a total of 37 patents over the last 4 weeks, however Urology has increased by 13 patients over the same period due to increased demand on Robotic Surgery and reduction in turnaround of PET-CT over Christmas.

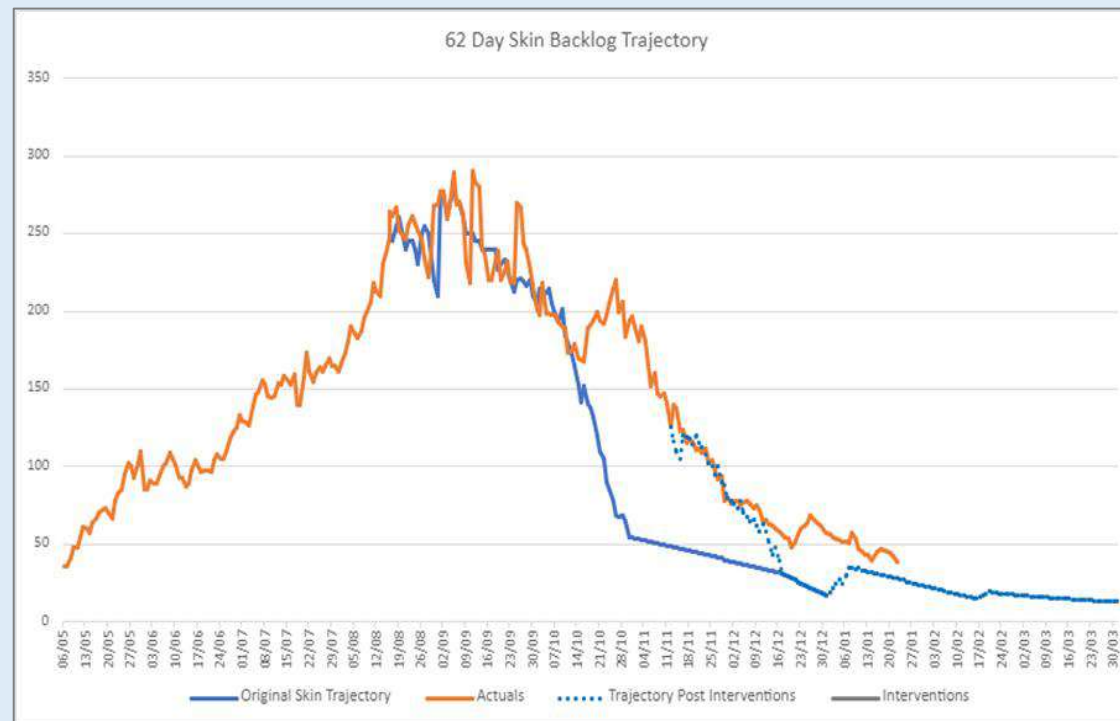
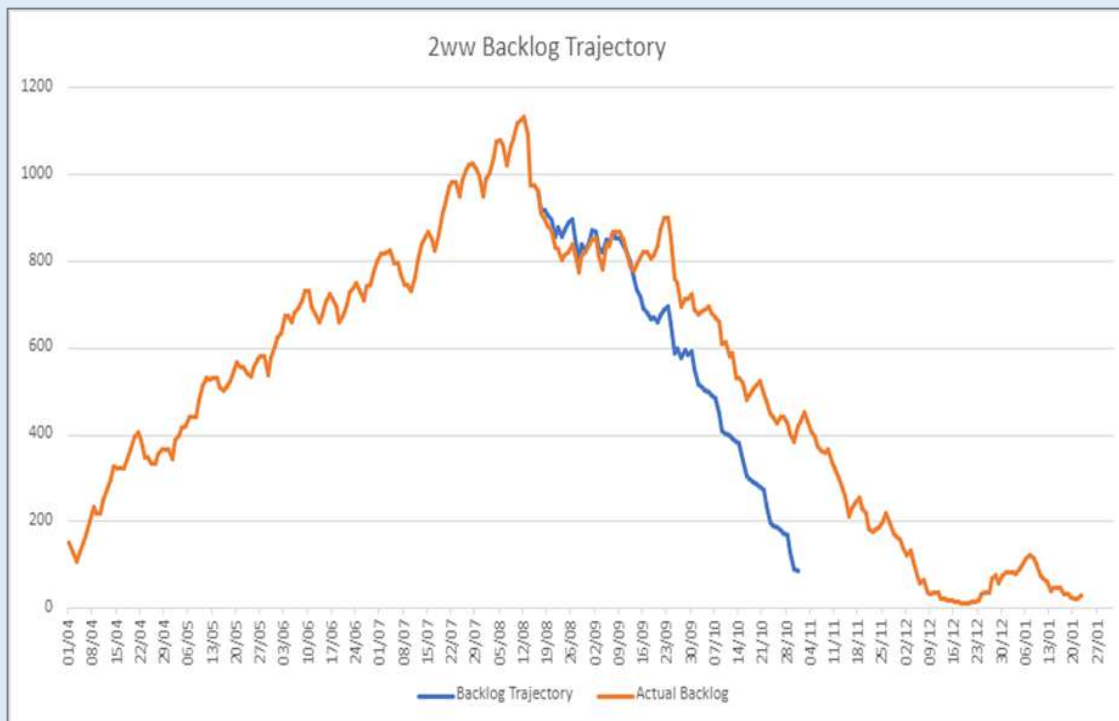
Improvement Actions

1. Additional Robotic sessions to commence weekend of 27th January to support recovery.
2. Alliance Medical addressing delays to PET-CT, with 10 additional urgent PET-CT's requested on 24th January.
3. Additional 'Wet' Lab work outsourced from December to support Skin Histology turnaround.
4. Paediatric backfill being utilised by Gynaecology to support Cancer Recovery.
5. Additional weekend lists utilising Regional funding for diagnostics continues through to March 2024.
6. Review of referral process and timed pathway with MDT on 29th January to focus on reducing time between diagnostic testing.

Risk To Delivery

Further Industrial Action may slow the current improvement rate.

AMBER



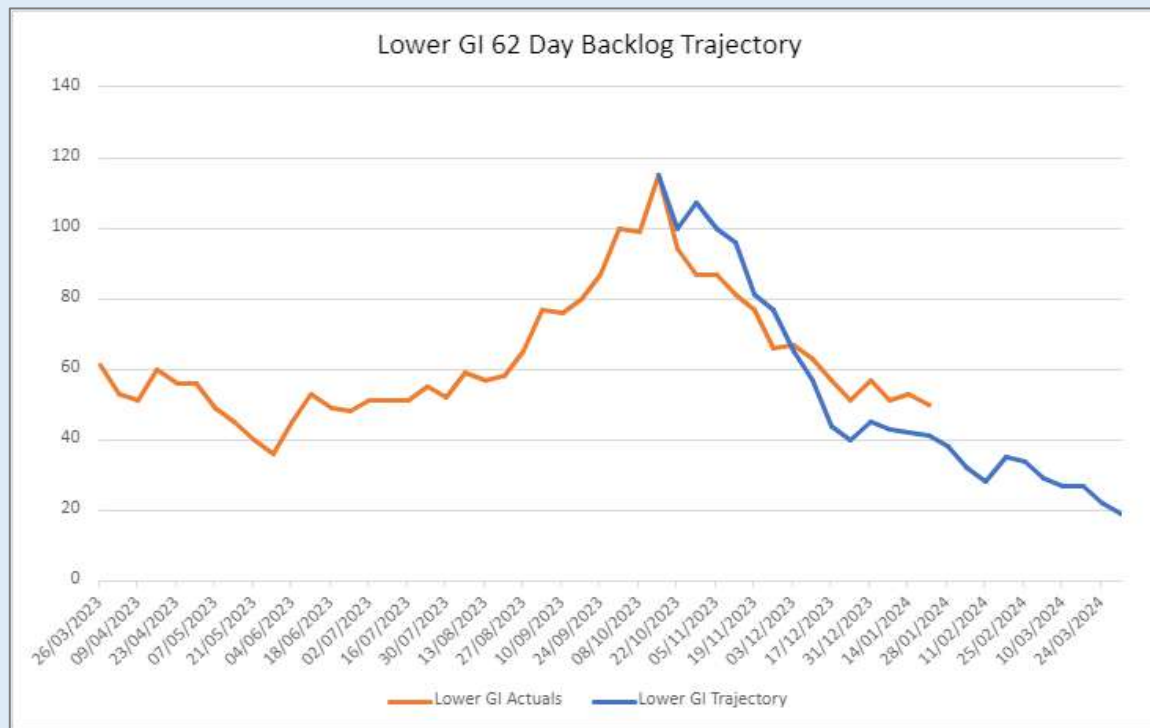
In-Week Position

- Patients waiting over 14 days for first appointment now under control.
- Portland clinic outsourcing continues every weekend.
- Excision capacity has continued to reduce the over 62-day number.
- Run Rate increasing post-Christmas and Industrial Action, plans to be back on plan in February.
- Skin FDS continues to improve.

Steps to Mitigate

- Additional Weekend capacity through Portland Clinic freeing up Cancer capacity in week.
- Additional 'Wet' Lab work outsourced from December to support Skin Histology turnaround.
- Targeting of booking excisions within 62 days to reduce rollovers into the 62-day backlog.
- Capacity / Demand planning exercise underway to ensure adequate Plastic Surgeon capacity.

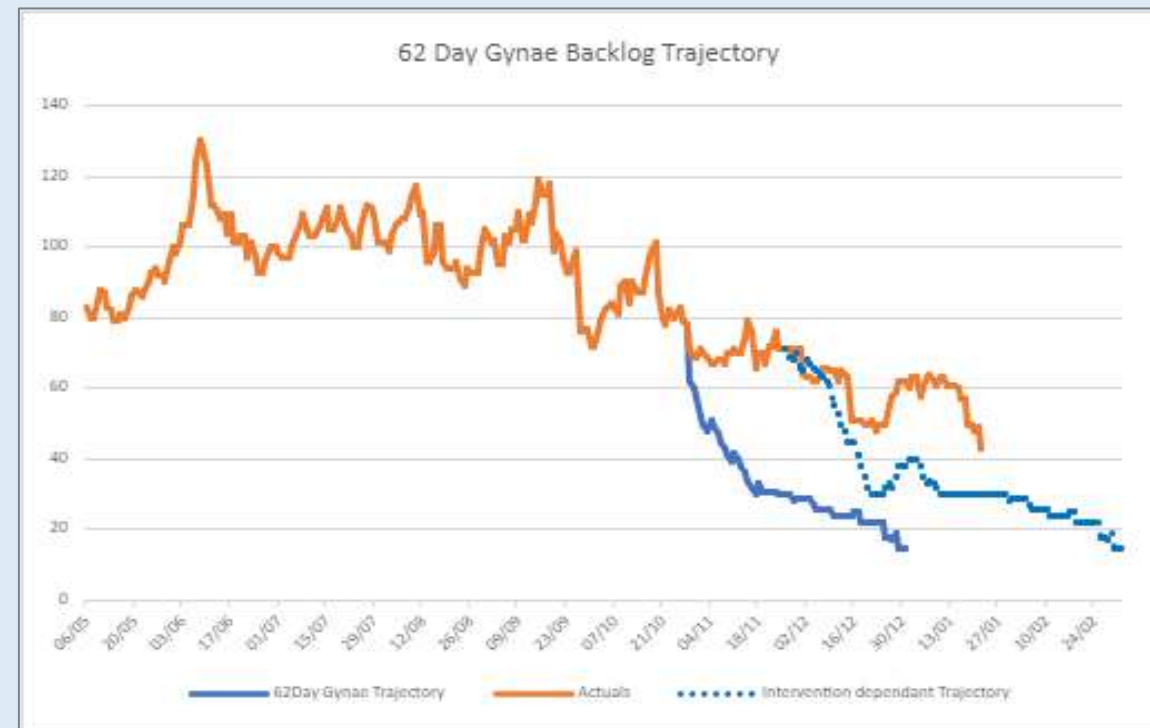
Lower GI



Lower GI Interventions

- Endoscopy insourcing continues – 24 lists completed in November and December.
- Additional Endoscopy activity has reduced the overall waiting list size from 680 to 480 patients and reducing the number of patients approaching 62 days.
- High levels of samples sent to Histology, causing a minor delay to removal from pathway – further Histology resource implemented to continue to support above.
- Lower levels of removals through Industrial action due to General Surgeons covering emergency activity. High level of removals planned in preceding fortnight to bring backlog back to planned run rate.

Gynaecology



Gynaecology Interventions

- Paediatric backfill being utilised by Gynaecology to support Cancer Recovery.
- Additional weekend lists utilising Regional funding for diagnostics continues through to March 24.
- Review of referral process and timed pathway with MDT on 29th January to focus on reducing time between diagnostic testing.

Commentary

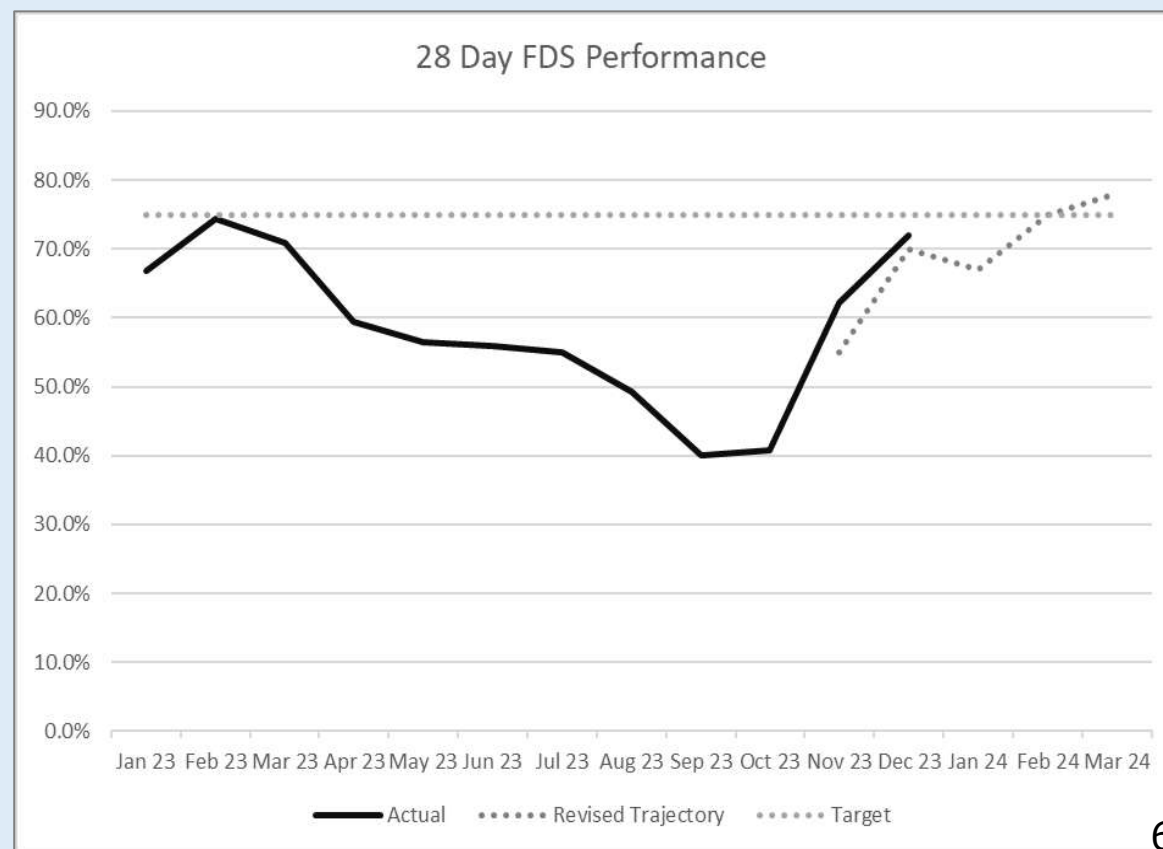
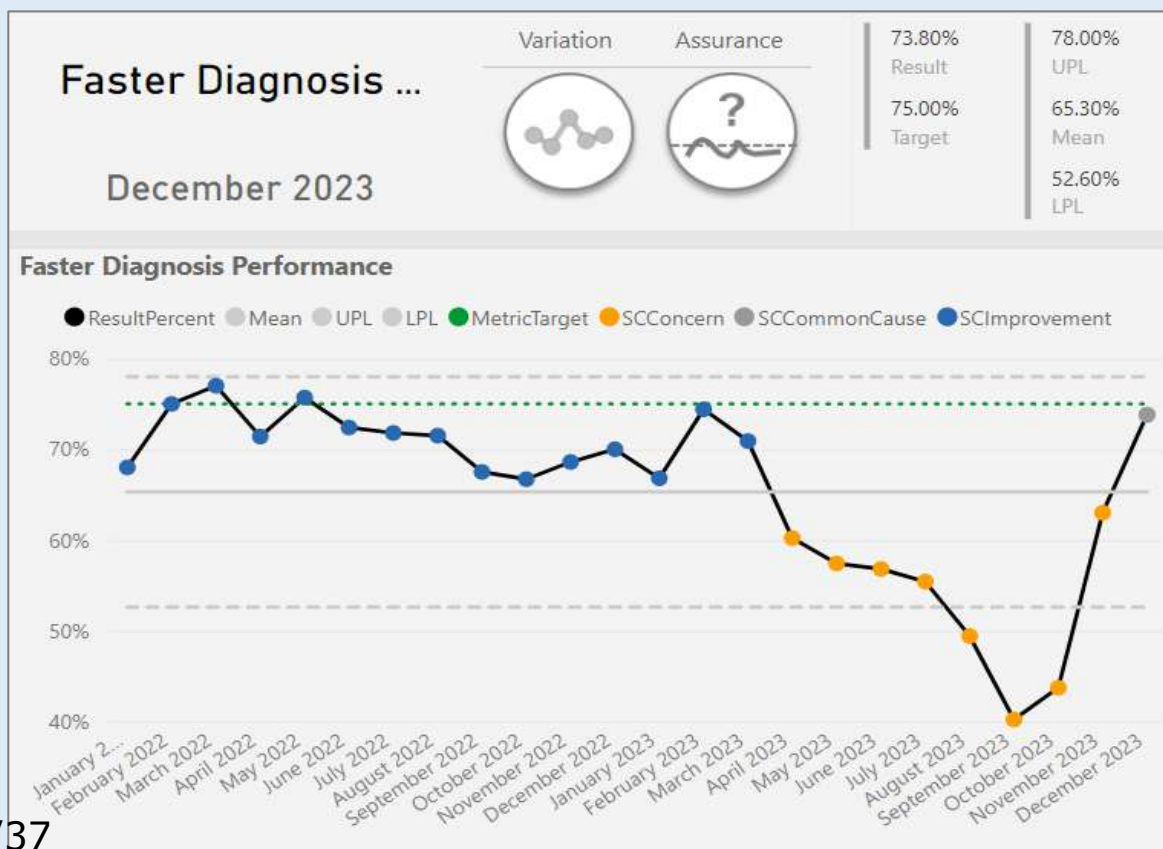
December 2023 Performance (Provisional)

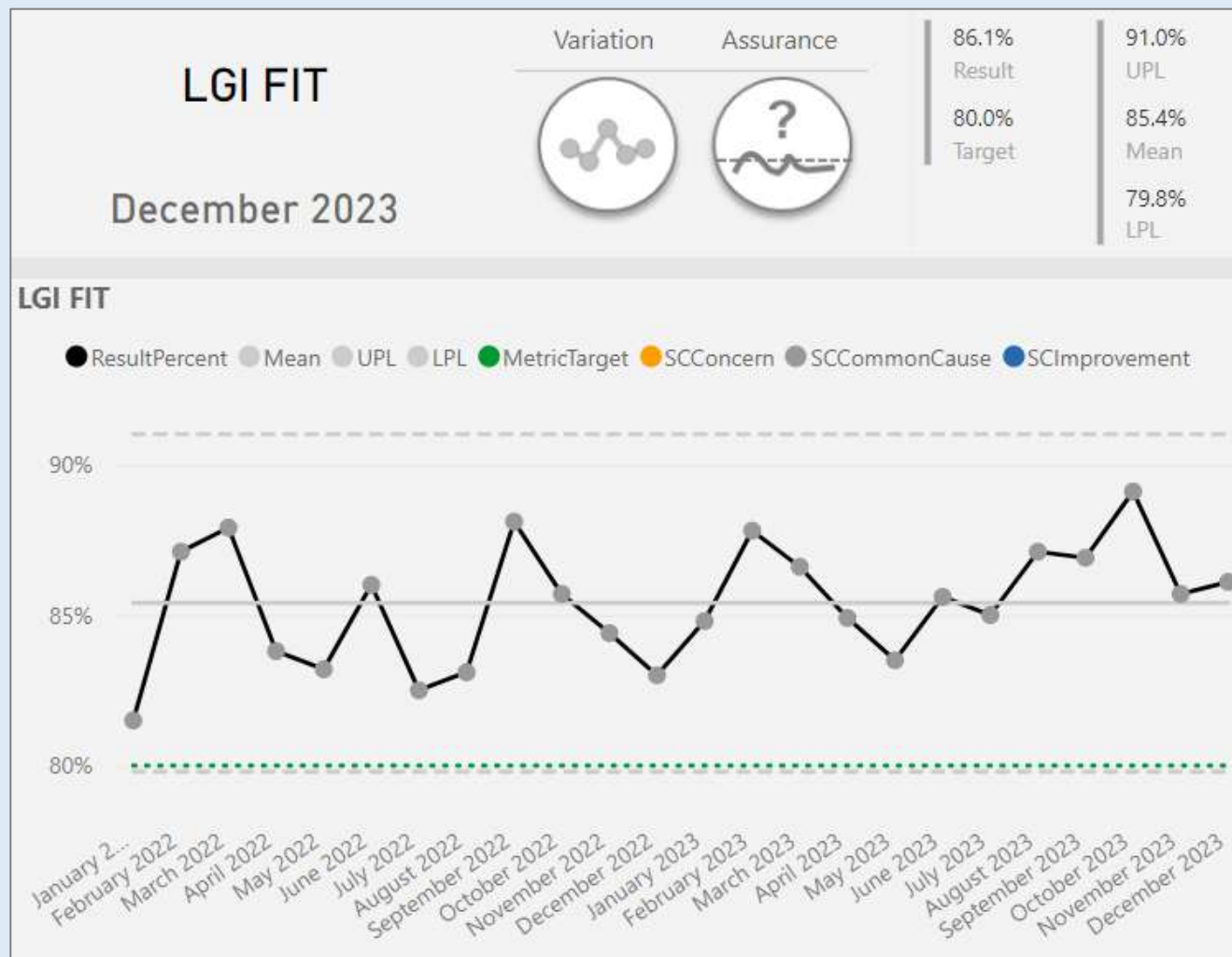
The provisional faster diagnosis performance in December was 73.8%. This is the highest performing month since February 2023 (74.4%) and is now ahead of trajectory. Skin and Gynaecology are the largest improving bodysites.

Improvement Actions

1. Interventions for Skin, Gynaecology and Lower GI, as outlined in the previous slides.
2. Continued increased activity in Breast to recover and maintain position.

GREEN





Commentary

December 2023 Performance

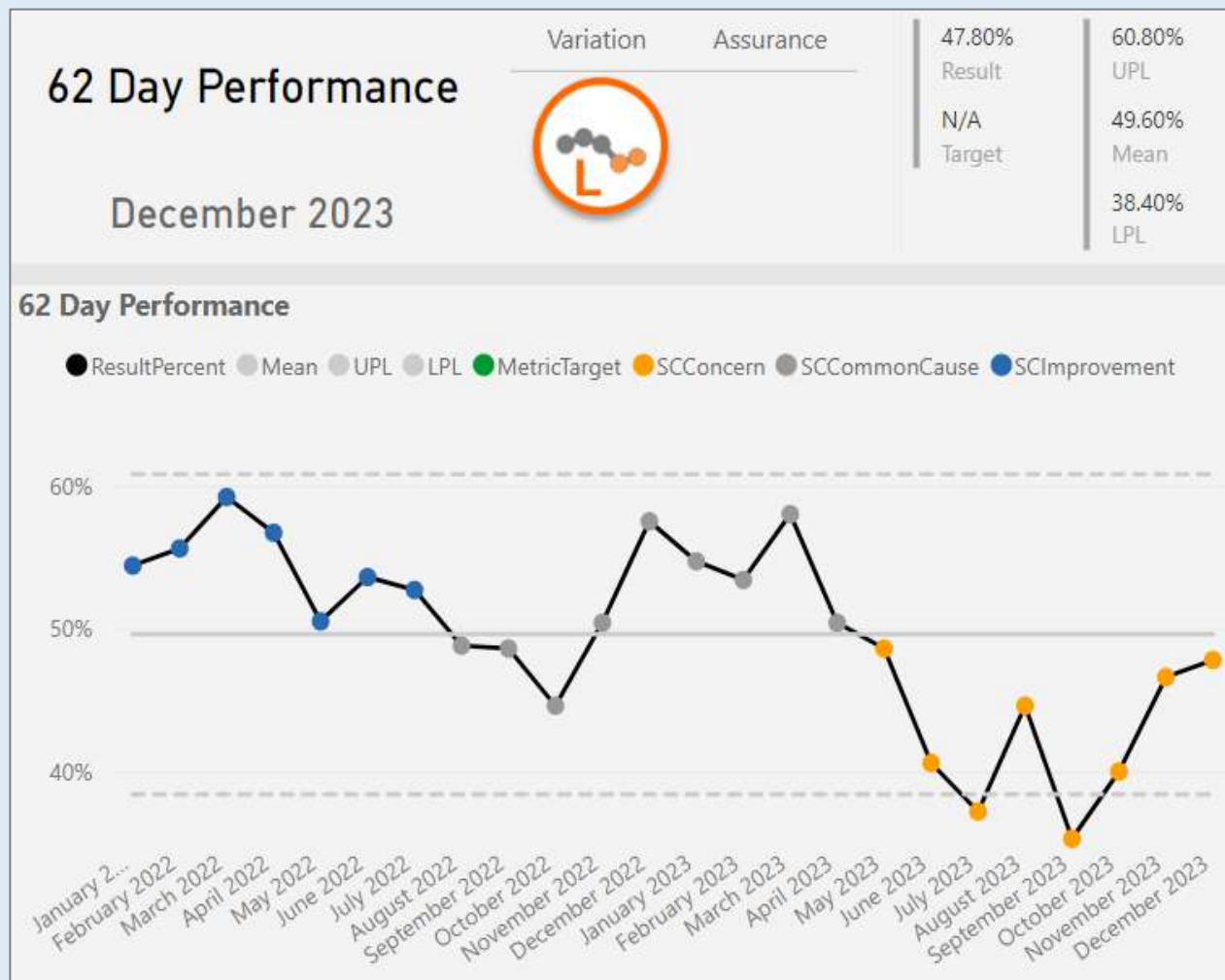
Performance increased to 86.1% in December compared to 85.7% in November and remains ahead of target for all LGI referrals having an accompanying FIT result, enabling effective triage and straight to test investigations where criteria met.

Improvement Actions

1. FIT negative service led in Primary Care continues.

Risk To Delivery

GREEN



Commentary

December 2023 Performance

62-day performance remains low during implementation of key recovery actions to improve backlog position; however, it has seen a gradual increase from 39.9% in October to 45.1% in November and 47.8% in December.

Improvement Actions

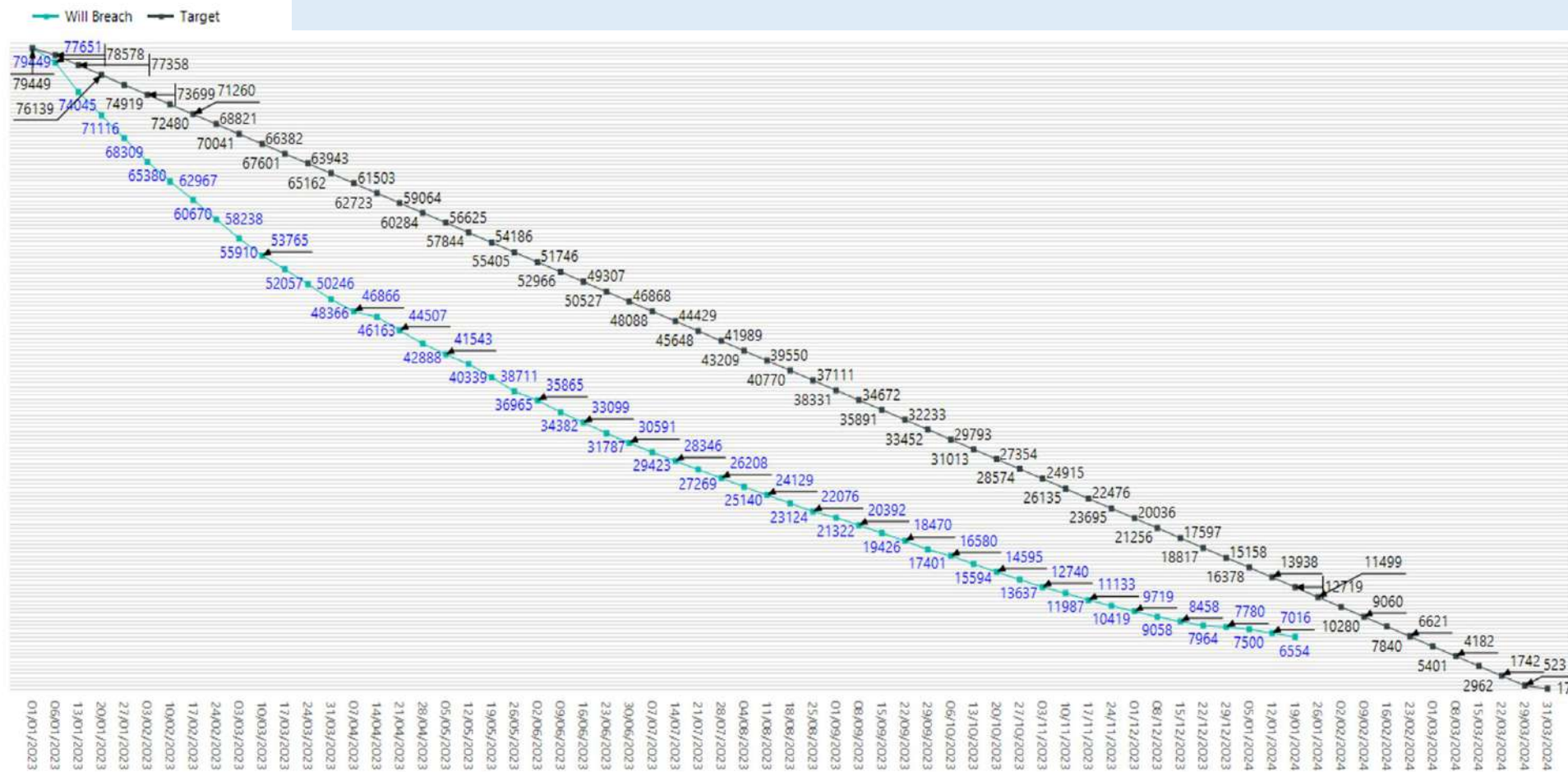
Interventions as per previous slides for key body sites

Risk To Delivery

1. Industrial action still poses a risk in terms of cancellation of activity.

AMBER

Elective Care

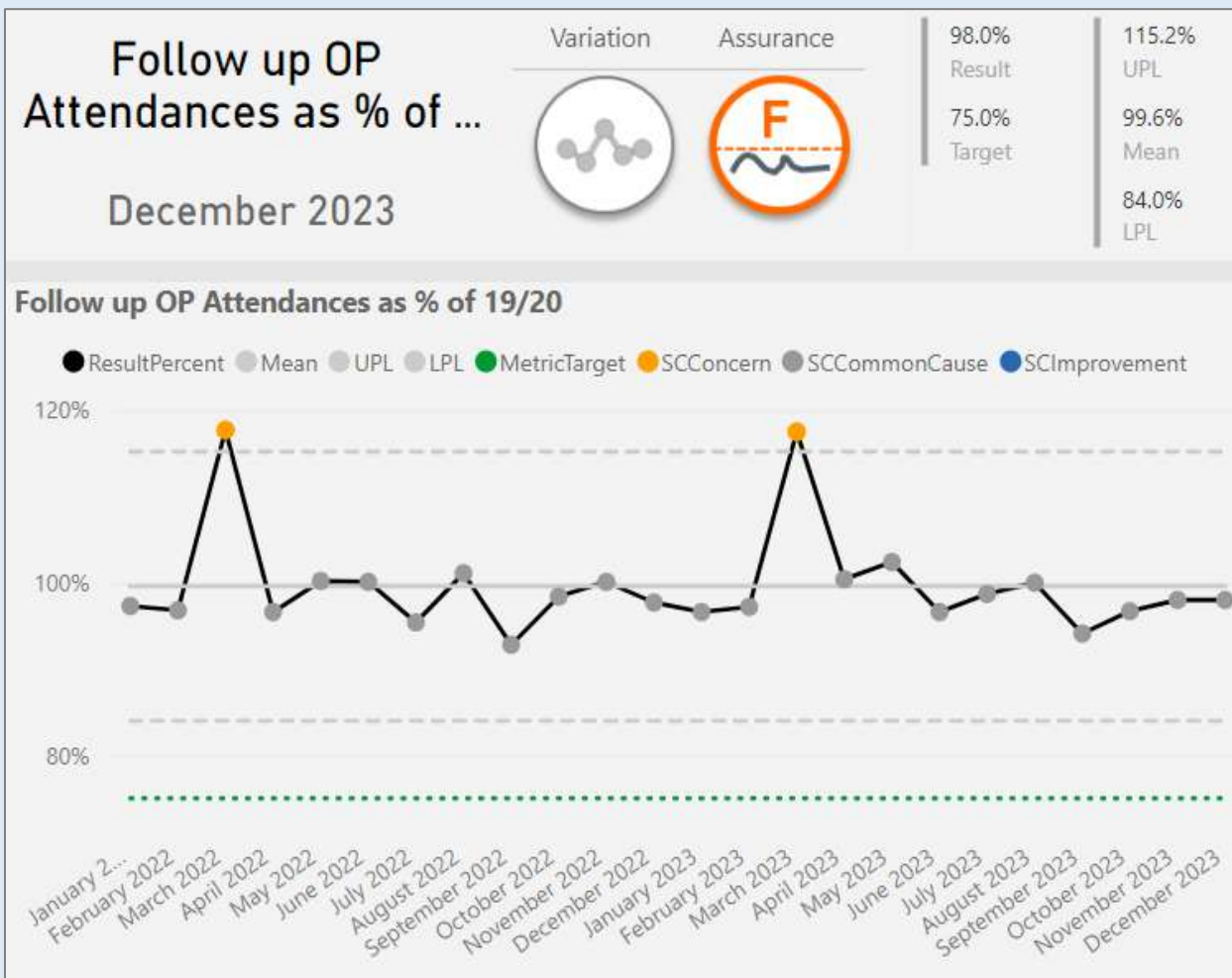


Recovery Actions

1. Continue Go Further Faster
2. Additional IS agreed for Q4
3. Additional funding for 78-week cohort
4. Additional Theatres from December 2023

Commentary

For the overarching requirement of 65-week delivery by 31st March 2024, delivery is ahead of trajectory at a Trust level, with 6,554 patients remaining in the cohort against a target of 12,719. The impact of Industrial Action has increased the forecasted number of breaches on 1st April 2024 to 2,134. However, if Industrial Action goes ahead in February half-term this figure is forecasted to increase by 222 patients to approximately 2,356 breaches.



Commentary

December 2023 Performance

Trust wide performance for December remained the same as November at 98%, against the target of 75% of 2019/20 follow up activity.

Division	December 2023
Surgery	94.6%
Medicine	99.1%
Women and Children	104.0%
Clinical Support Services	103.4%

Improvement Actions

Meetings have been undertaken 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. Divisions to focus on follow up backlog.

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

AMBER (based on adjusted rate)

Day Case Percentage of Elective Activity

December 2023

Variation



Assurance



91.6%

Result

85.0%

Target

91.7%

UPL

90.4%

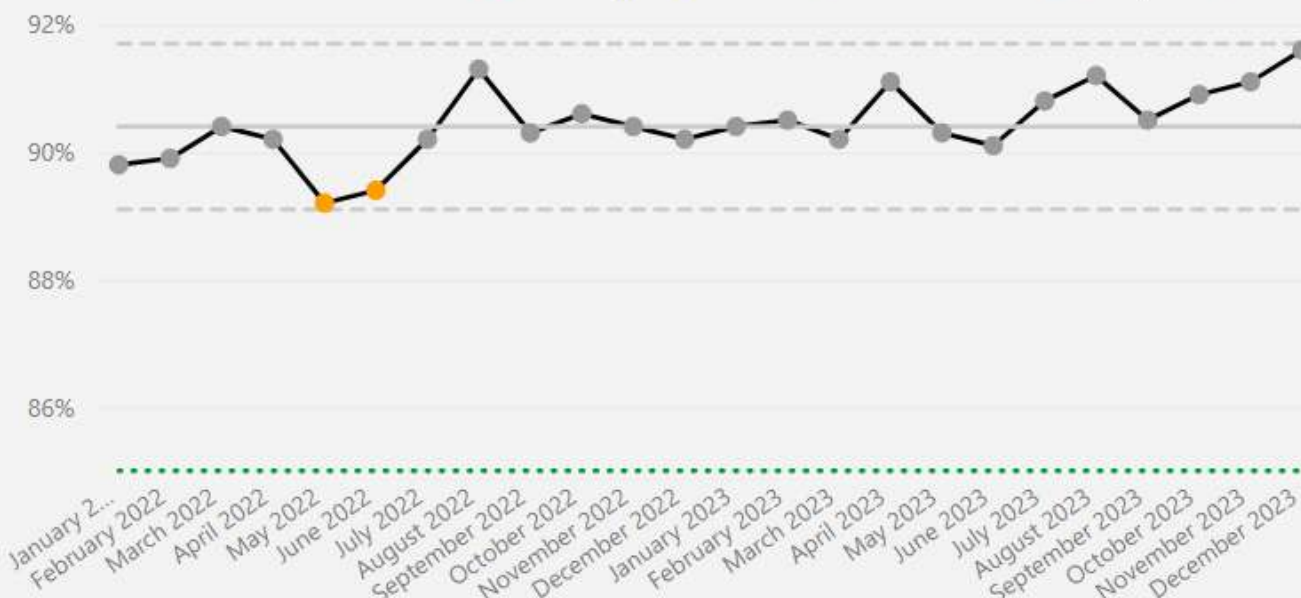
Mean

89.1%

LPL

Day Case Percentage of Elective Activity

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



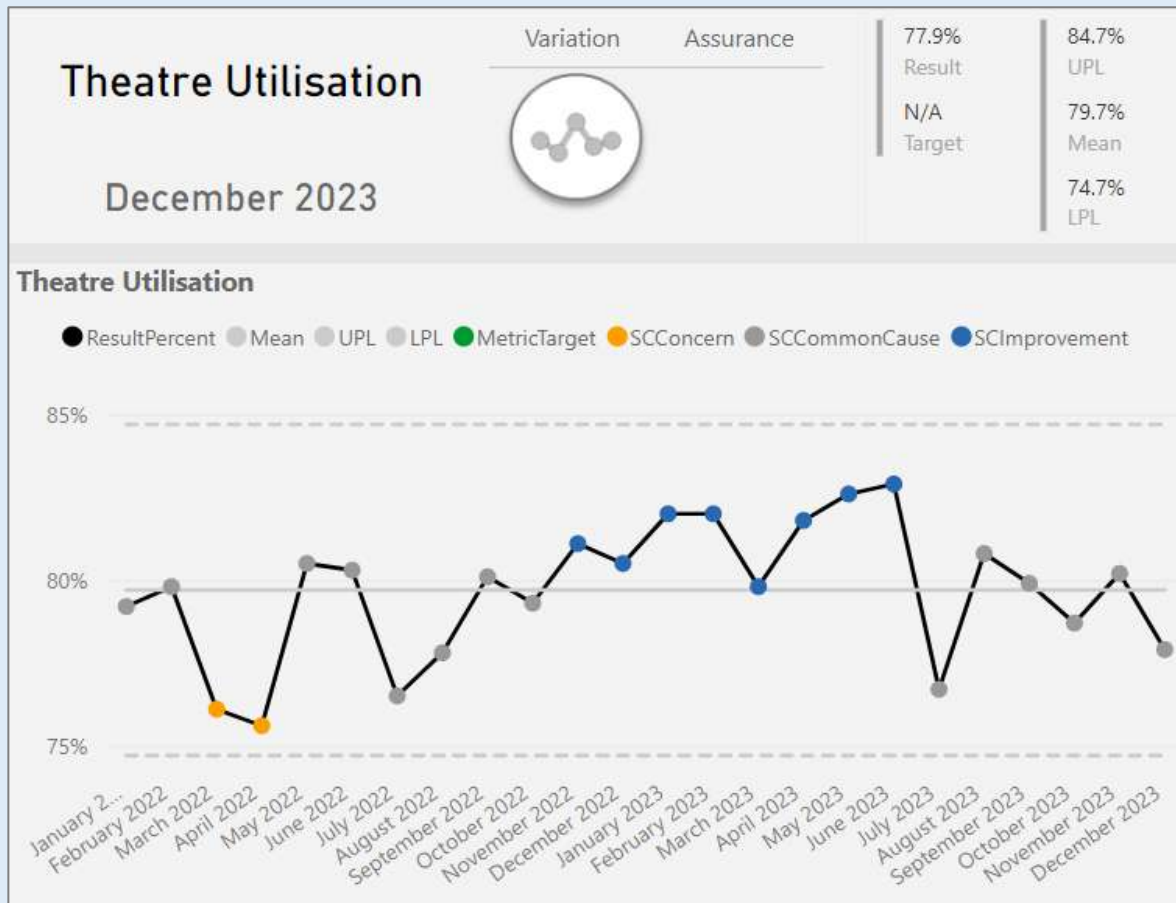
Commentary

December 2023 Performance

In December, NNUH delivered 91.6% of elective activity as day cases against the 85% target. This is a slight increase from November (91.1%), and a consistent rise across the last 3 months.

Risk To Delivery

GREEN



Commentary

December 2023 Performance

The impacts of industrial action were evident in our Theatre performance during December; touch time delivery across all Theatres showed a reduction to 77.9% in December, compared to 80.2% in November.

The booking levels for both Level 2 and Level 3 Theatres were slightly behind target at 76% and 72% respectively, partly down to the need to reprioritise patient bookings in response to a reduced programme. A total of 627 sessions ran in month compared to 680 in 2022.

Level 3 theatres delivered 78.25% across November, compared to 77.34% in October, while Level 2 utilisation was 79.89% compared to 78.67% in October.

The reduction in overall sessions meant that the level of on the day cancellations reduced during this period with a total of 123; this accounted for 179 (elective) operating hours; x56 were clinical with x43 being due to patients having their treatment deferred or the procedure no longer being required. There were x43 non-clinical cancellations, predominantly due to lists overrunning (15) and emergency cases taking priority (17).

Improvement Actions

1. SDAU now located on DPU to avoid the disruption of potential escalation.
2. Work continues on the development of the electronic POA system; formal sign off of the pre-screening campaign should be in place this week with the live patient links being sent to Urology patients by the end of January.
3. The replacement for the Newton Theatre tracker has been developed and final updates are currently being made ahead of live release in January 2024.
4. Deep dive of utilisation in specialty's with highest opportunity levels.

Risk To Delivery

RED

Commentary

DM01 - Diagnostic performance and actions for MRI and CT:

MRI

- MRI performance for December was 64%, down from 68% but higher than the first 6 months of 2023/24.
- Mobile van extended until the end of December. Final new starters will be in by the beginning of January.
- Can outsource to Global from January if required but will require funding for this.
- Demand was 492 exams more than forecasted.

CT

- CT performance for December was 38%, down from 39% in November, but higher than the 3-month period from August to October. This is due to the bank holiday impact and the impact of pushing Inpatient / ED work to Outpatients to respond to demand – these cases are longer studies.
- CT van to come on site where MRI van vacates from 2nd January.
- Plan to use Wisbech from mid-January to March to support recovery once contracts and agreed policies and PGD's in place. Proposed capacity now increased from 2 days per week to 3. Delays in information from Wisbech and CUH means that this will need to be picked up from January 2024.
- Demand was 464 exams more than forecasted.
- Given the current CT/MRI backlogs, IA impact and the addition of another CT mobile van, outsourcing of reporting is required to be funded as soon as possible to prevent further build-up of reporting backlog.

Wisbech CDC

- High level funding bid approved for access to Wisbech CDC from January to March 2024 to help with NNUH CT backlogs and because Wisbech CDC had some under delivery in activity.
- Wisbech will not be reporting these exams, and these completed exams will be returned to NNUH for reporting. However, there is a reporting backlog at NNUH for which outsourcing of reporting is required to be funded.
- 3 days have been offered and will incorporate contrast studies
- There is a risk that patients will not want to travel the distance (approximately 55 miles each way).

Diagnostics DM01 - Performance

December 2023

Variation



Assurance



55.20%

Result

95.00%

Target

71.70%

UPL

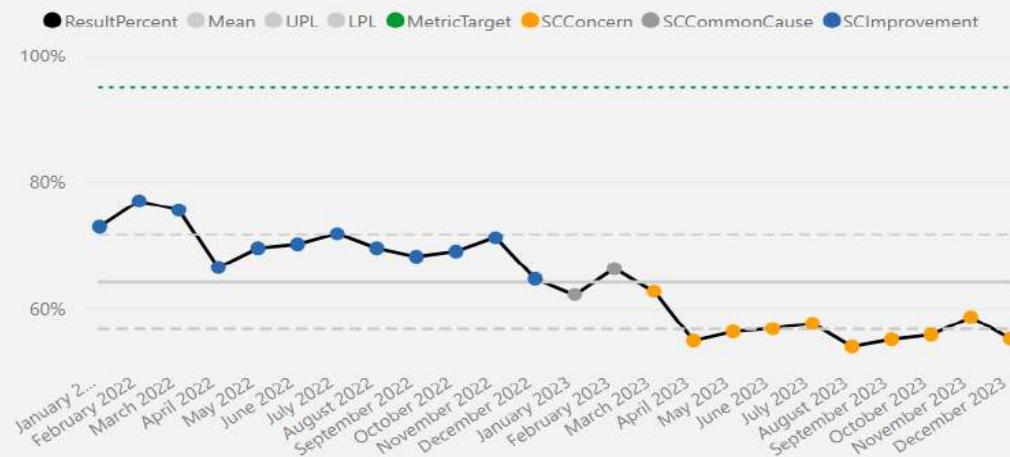
64.20%

Mean

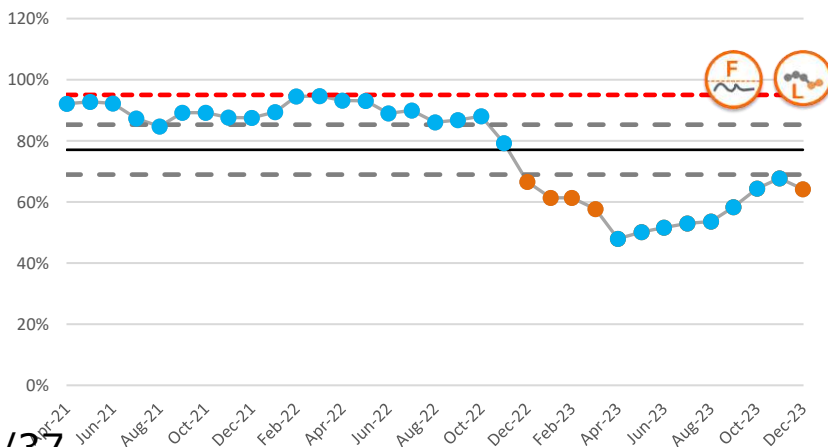
56.70%

LPL

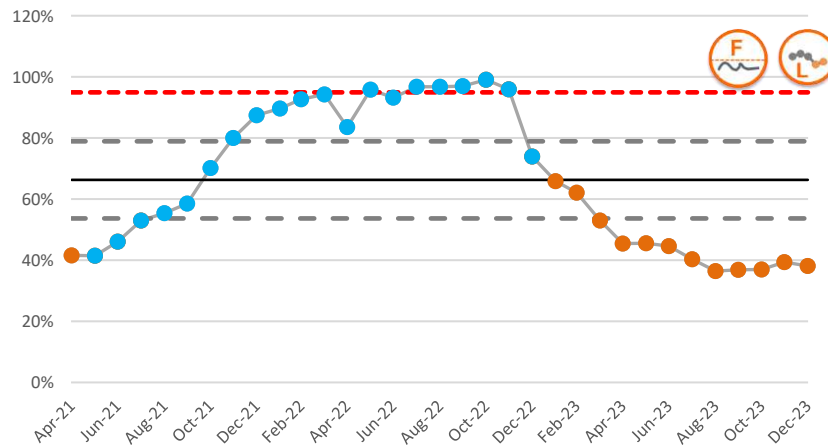
Diagnostics DM01 - Performance



DM01 - Magnetic Resonance Imaging



DM01 - Computed Tomography

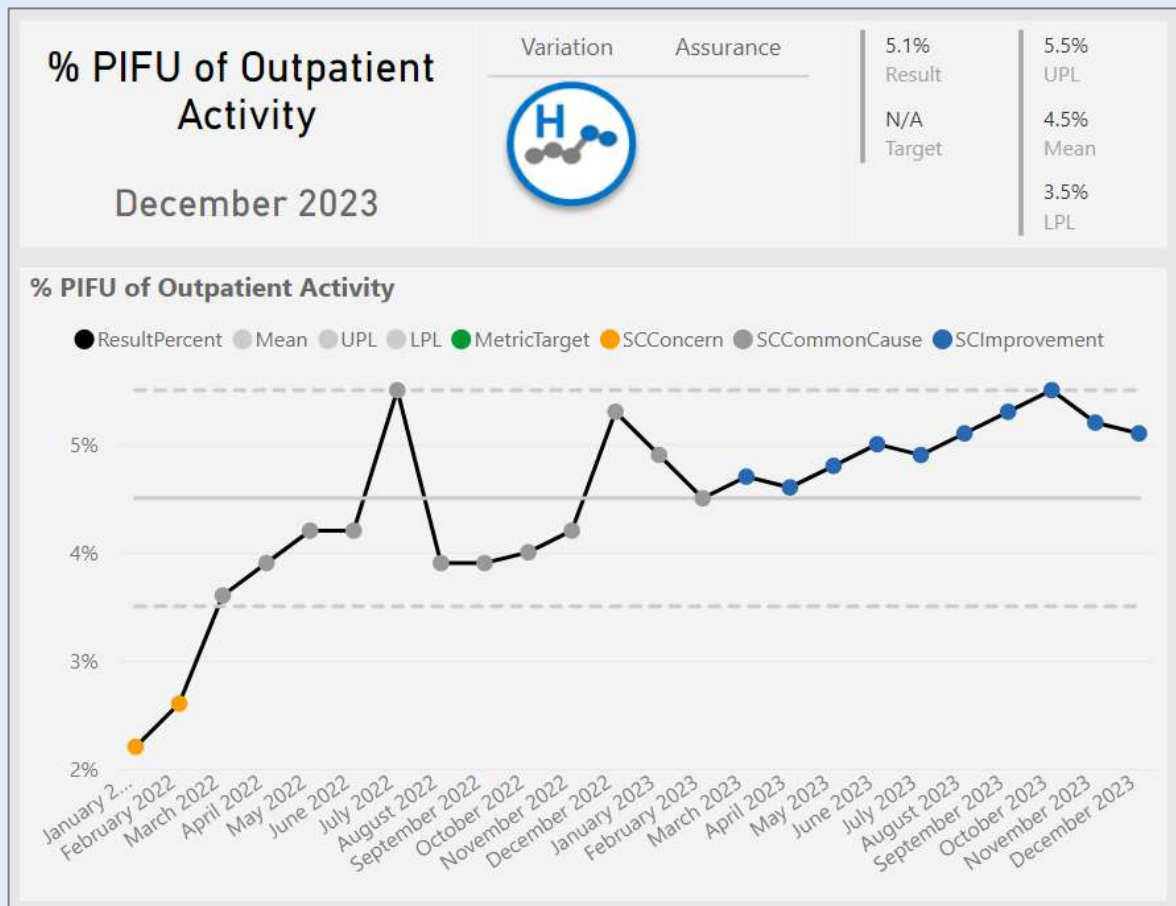


Exam Type	Exam Type Percentage
Barium Enema	83.6%
DEXA Scan	77.1%
CT	38.1%
MRI	64.2%
Ultrasound	65.5%
Echocardiography	44.6%
Flexi Sigmoidoscopy	84.1%
Gastroscopy	83.5%
Colonoscopy	65.3%

Commentary

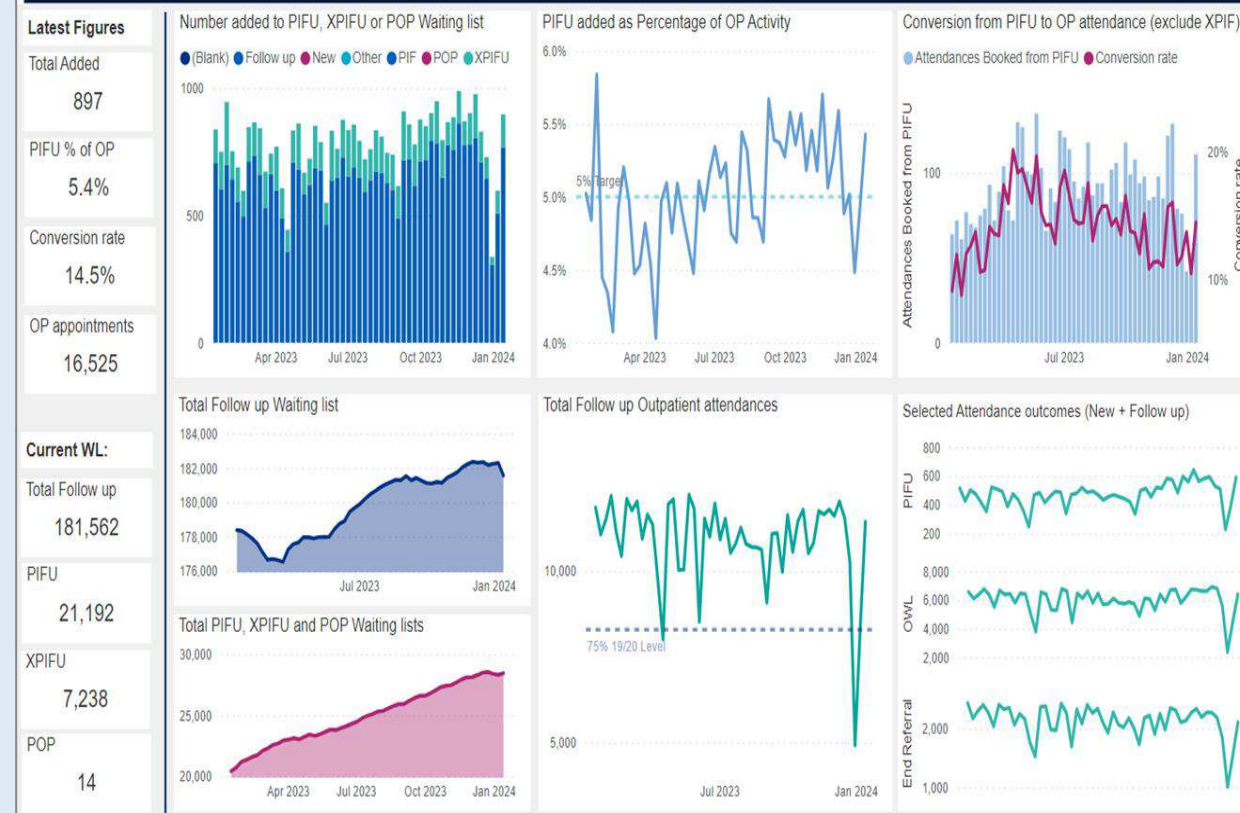
December 2023 Performance

The number of patients added to a PIFU list as a percentage of the monthly outpatient activity decreased from 5.5% in October to 5.3% in November to 5.1% in December. The most recent position (19th January) illustrates improved performance to 5.4%, with a 14.5% conversion from PIFU to Outpatient attendance (below right).

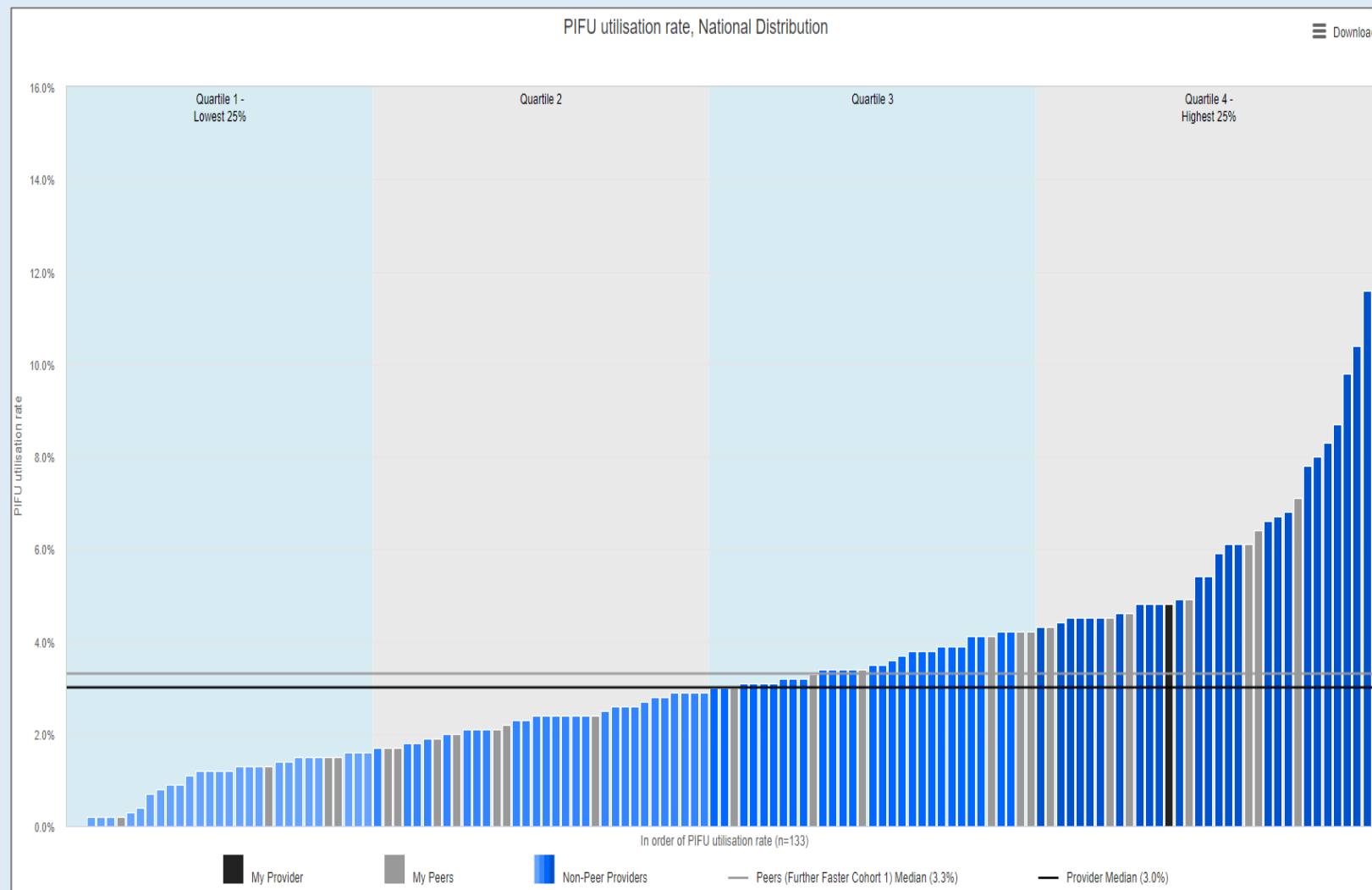


PIFU Dashboard

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



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



Go Further Faster Organisation Name	Provider Value
Torbay and South Devon NHS Foundation Trust	7.1%
Homerton Healthcare NHS Foundation Trust	6.4%
Northumbria Healthcare NHS Foundation Trust	6.1%
Calderdale and Huddersfield NHS Foundation Trust	4.9%
Norfolk and Norwich University Hospitals NHS Foundation Trust	4.8%
University Hospitals Plymouth NHS Trust	4.6%
Maidstone and Tunbridge Wells NHS Trust	4.5%
South Warwickshire NHS Foundation Trust	4.3%
Dudley Group NHS Foundation Trust	4.2%
Royal Devon University Healthcare NHS Foundation Trust	4.2%
Nottingham University Hospitals NHS Trust	4.1%
Wye Valley NHS Trust	3.4%
Royal National Orthopaedic Hospital NHS Trust	3.3%
University Hospitals of Leicester NHS Trust	3.0%
Hull University Teaching Hospitals NHS Trust	2.4%
Manchester University NHS Foundation Trust	2.2%
Medway NHS Foundation Trust	2.1%
Northern Care Alliance NHS Foundation Trust	2.0%
George Eliot Hospital NHS Trust	1.9%
Barking, Havering and Redbridge University Hospitals NHS Trust	1.7%
United Lincolnshire Hospitals NHS Trust	1.7%
Walsall Healthcare NHS Trust	1.5%
Royal Wolverhampton NHS Trust	1.5%
Barts Health NHS Trust	1.3%
Sandwell and West Birmingham Hospitals NHS Trust	0.2%

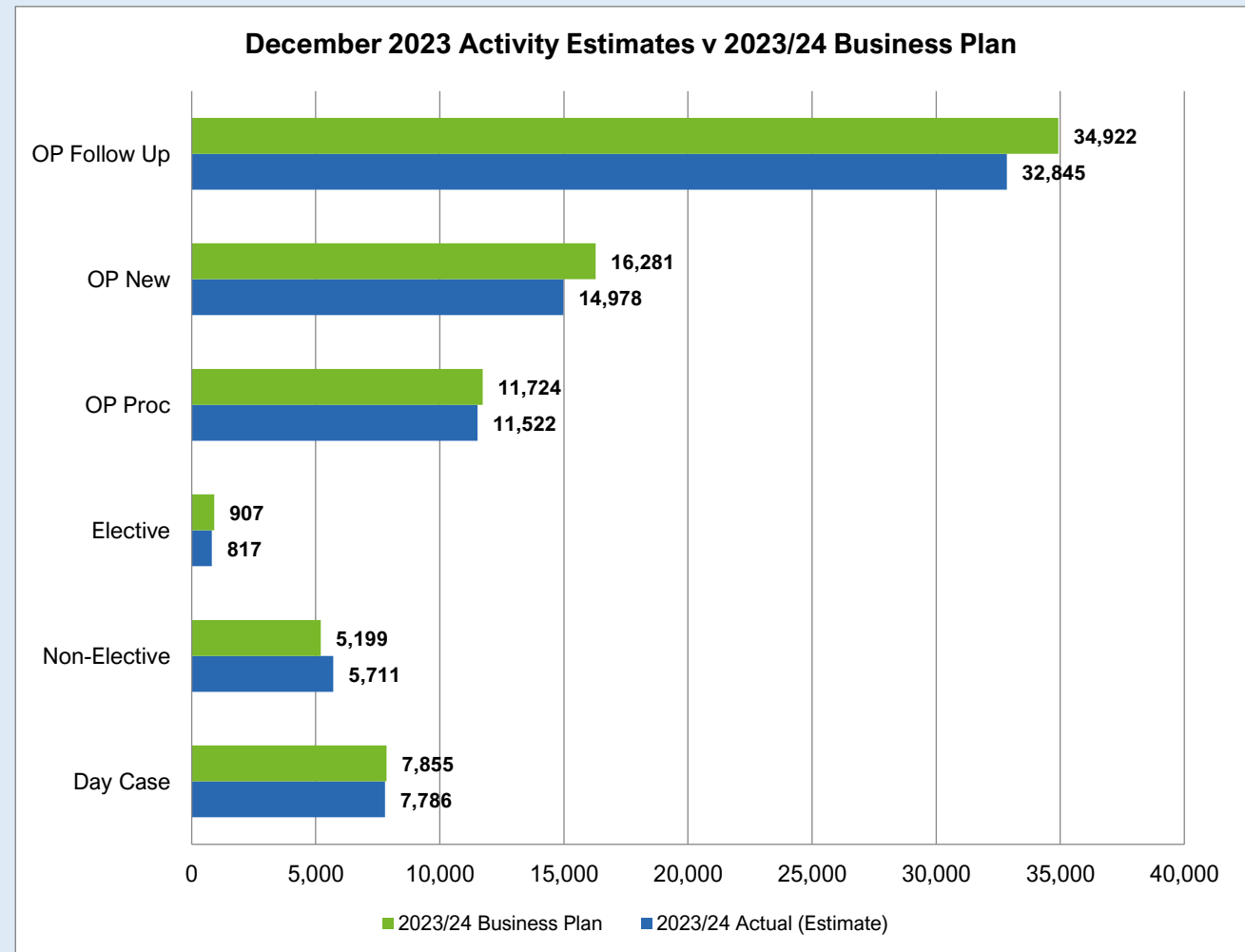
NNUH's PIFU Utilisation rate for all outpatient appointments was 4.8% in November. This remained the same as October and the 5th highest across the organisations in the Go Further Faster programme.

Commentary

December 2023 Performance (provisional)

The table below (left) details the top specialties (across Daycases, Elective and Non-Elective) that delivered above their plan in December. 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	Clinical Haematology	152
	Dermatology	54
	Urology	52
	Rheumatology	45
	Vascular Surgery	32
Elective	Obstetrics	80
	Clinical Haematology	13
	Thoracic Surgery	9
	Gastroenterology	8
	Paediatric Trauma and Orthopaedic	7
Non-Elective	Geriatric Medicine	225
	General Medicine	132
	Respiratory Medicine	102
	Acute Internal Medicine	97
	General Surgery	43



Activity Planning Run Rate (Medicine and W&C Divisions) - December 2023 [Provisional]

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%	1	0	1	0.0%	325	193	132	168.5%	0	0	0	0.0%	525	364	161	144.3%	156	185	(29)	84.3%	1,007	742	265	135.7%
301 Gastroenterology	1,988	2,241	(252)	88.7%	15	7	8	212.8%	256	287	(31)	89.2%	15	7	8	214.2%	373	503	(130)	74.1%	489	653	(164)	74.9%	3,137	3,698	(562)	84.8%
302 Endocrinology	8	8	(0)	96.0%	2	1	1	200.0%	103	117	(14)	87.8%	0	0	0	0.0%	169	205	(36)	82.5%	419	606	(187)	69.1%	701	937	(236)	74.8%
303 Clinical Haematology	1,089	937	152	116.2%	24	11	13	214.3%	52	59	(8)	87.2%	0	0	0	0.0%	411	536	(125)	76.6%	1,620	2,011	(392)	80.5%	3,196	3,556	(360)	89.9%
306 Hepatology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	96	154	(58)	62.5%	533	380	153	140.4%	629	533	96	117.9%
307 Diabetic Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	3	(3)	0.0%	261	324	(63)	80.6%	2,041	1,973	68	103.4%	2,302	2,300	2	100.1%
Blood and Marrow																												
308 Transplantation	3	5	(2)	63.5%	5	0	5	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	1	(1)	0.0%	41	47	(6)	86.7%	49	53	(4)	92.6%
315 Palliative Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	199	201	(2)	99.0%	410	571	(161)	71.8%	609	772	(163)	78.9%
320 Cardiology	321	307	14	104.7%	13	20	(7)	63.1%	317	286	31	110.8%	824	1,242	(418)	66.4%	1,051	856	195	122.7%	1,405	2,016	(611)	69.7%	3,931	4,727	(796)	83.2%
326 Acute Internal Medicine	0	0	0	0.0%	0	0	0	0.0%	97	0	97	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	97	0	97	0.0%
328 Stroke Medicine	0	0	0	0.0%	1	0	1	0.0%	114	106	8	107.3%	0	0	0	0.0%	13	0	13	0.0%	37	12	24	295.2%	164	119	46	138.6%
329 TIA	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	24	(24)	0.0%	88	80	8	109.9%	0	0	0	0.0%	88	104	(16)	84.7%
Congenital Heart Disease																												
331 Service	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	14	24	(10)	58.1%	105	82	23	127.6%	119	106	13	111.8%
340 Respiratory Medicine	100	97	3	103.6%	5	9	(4)	56.8%	308	205	102	149.9%	256	358	(101)	71.7%	221	340	(119)	65.0%	730	824	(94)	88.5%	1,620	1,833	(213)	88.4%
341 Respiratory Physiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	33	0	33	0.0%	66	156	(89)	42.7%	202	251	(49)	80.6%	302	407	(105)	74.2%
343 Adult Cystic Fibrosis	0	0	0	0.0%	0	0	(0)	0.0%	1	0	1	0.0%	0	0	0	0.0%	0	0	0	0.0%	32	45	(13)	72.0%	33	45	(12)	73.6%
350 Infectious Diseases	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%
361 Nephrology	42	43	(1)	96.6%	17	31	(14)	54.9%	107	104	4	103.6%	20	17	3	115.9%	91	143	(52)	63.7%	569	676	(107)	84.2%	846	1,013	(167)	83.5%
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	126	124	2	101.8%	1	1	0	112.5%	128	115	14	111.9%	7	10	(3)	67.1%	365	572	(207)	63.8%	687	961	(274)	71.5%	1,314	1,782	(468)	73.7%
401 Clinical Neurophysiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	303	262	41	115.6%	29	71	(41)	41.4%	2	3	(2)	50.8%	334	336	(2)	99.3%
410 Rheumatology	226	181	45	124.8%	0	0	0	0.0%	6	5	1	129.9%	25	26	(1)	95.7%	280	395	(115)	70.8%	1,605	1,786	(181)	89.9%	2,142	2,393	(251)	89.5%
430 Geriatric Medicine	20	9	11	231.8%	0	0	0	0.0%	798	573	225	139.3%	0	0	0	0.0%	76	113	(37)	67.4%	40	58	(18)	69.3%	934	752	182	124.2%
653 Podiatry	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	60	89	(29)	67.1%	437	480	(43)	91.1%	497	569	(72)	87.3%
800 Clinical Oncology	1,814	1,806	8	100.4%	22	17	5	131.3%	179	181	(2)	99.1%	6	5	1	113.6%	503	489	14	102.8%	3,077	3,514	(438)	87.5%	5,601	6,012	(412)	93.1%
Total - Medicine (NNUH)	5,737	5,757	(20)	99.7%	107	98	9	109.1%	2,791	2,230	560	125.1%	1,489	1,954	(464)	76.2%	4,892	5,617	(725)	87.1%	14,636	17,136	(2,500)	85.4%	29,651	32,792	(3,140)	90.4%

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	38	43	(5)	88.1%	6	12	(6)	47.8%	24	38	(14)	63.0%	73	103	(30)	70.9%	117	132	(15)	88.4%	252	183	69	137.7%	509	511	(2)	99.7%
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	15	8	7	189.1%	1	0	1	0.0%	0	0	0	0.0%	0	0	0	0.0%	26	30	(4)	86.7%	113	104	9	109.1%	156	142	14	109.6%
252	Paediatric Endocrinology	15	14	1	107.1%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	32	20	12	160.0%	109	88	21	123.9%	156	122	34	127.9%
253	Paediatric Clinical Haematology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	3	2	1	150.0%	19	8	11	237.5%	22	10	12	220.0%
258	Paediatric Respiratory Medicine	3	0	3	0.0%	0	0	0	0.0%	0	0	0	0.0%	1	0	1	0.0%	51	22	29	233.6%	86	86	0	100.5%	141	108	33	131.0%
260	Paediatric Medical Oncology	17	25	(8)	68.0%	1	0	1	0.0%	2	8	(6)	27.9%	0	0	0	0.0%	2	1	1	200.0%	90	104	(14)	86.5%	112	138	(26)	81.3%
262	Paediatric Rheumatology	12	8	4	150.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	21	22	(1)	95.5%	124	116	8	107.0%	157	146	11	107.6%
263	Paediatric Diabetic Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	4	4	0	100.0%	94	112	(18)	83.5%	98	116	(18)	84.1%
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	1	(1)	0.0%	28	18	10	155.6%	28	19	9	147.4%
321	Paediatric Cardiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	38	29	9	130.2%	36	58	(22)	62.0%	74	87	(13)	84.7%
420	Paediatrics	41	56	(15)	72.7%	2	2	(0)	96.1%	194	327	(133)	59.3%	0	0	0	0.0%	585	383	202	152.8%	242	236	6	102.4%	1,064	1,004	60	105.9%
421	Paediatric Neurology	0	0	(0)	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	62	55	7	112.7%	110	119	(9)	92.4%	172	174	(2)	98.7%
422	Neonatology	0	0	0	0.0%	0	0	0	0.0%	231	240	(9)	96.4%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	231	240	(9)	96.4%
424	Well Babies	0	0	0	0.0%	0	0	0	0.0%	203	187	16	108.6%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	203	187	16	108.6%
501	Obstetrics	0	0	0	0.0%	80	0	80	0.0%	725	731	(6)	99.2%	0	0	0	0.0%	417	630	(213)	66.2%	1,460	1,314	146	111.1%	2,682	2,675	7	100.3%
502	Gynaecology	59	70	(11)	84.3%	90	98	(8)	91.9%	201	206	(5)	97.7%	779	1,037	(258)	75.1%	548	960	(412)	57.0%	657	719	(62)	91.4%	2,334	3,090	(756)	75.5%
503	Gynaecological Oncology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	10	15	(5)	67.1%	55	65	(10)	84.0%	149	169	(20)	88.4%	214	249	(35)	86.0%
505	Fetal Medicine Service	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	55	52	3	105.8%	33	44	(11)	74.1%	88	96	(8)	91.3%
560	Midwife Episode	0	0	0	0.0%	0	0	0	0.0%	286	200	86	143.2%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	286	200	86	143.2%
Total - Women & Children (NNUH)		200	225	(25)	89.0%	180	112	68	160.4%	1,867	1,937	(70)	96.4%	863	1,155	(292)	74.7%	2,016	2,408	(393)	83.7%	3,603	3,478	125	103.6%	8,728	9,315	(587)	93.7%
Women & Children (NNUH) Exc. Maternity		200	225	(25)	89.0%	100	112	(12)	89.0%	855	1,006	(150)	85.1%	863	1,155	(292)	74.7%	1,599	1,778	(180)	89.9%	2,143	2,164	(21)	99.0%	5,759	6,440	(680)	89.4%

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	130	183	(53)	71.2%	82	92	(9)	89.9%	305	262	43	116.2%	101	115	(14)	87.7%	1,517	1,546	(29)	98.1%	2,040	2,253	(213)	90.6%	4,176	4,450	(275)	93.8%
101	Urology	301	249	52	120.8%	108	176	(68)	61.6%	136	143	(7)	95.4%	774	702	72	110.2%	861	888	(27)	97.0%	1,569	1,385	184	113.3%	3,750	3,543	207	105.8%
107	Vascular Surgery	57	25	32	225.4%	28	43	(14)	66.2%	62	38	24	162.0%	31	42	(11)	73.8%	139	175	(35)	79.7%	148	187	(40)	78.8%	465	510	(45)	91.1%
108	Spinal Surgery Service	9	7	2	135.3%	24	20	4	121.4%	10	12	(2)	86.4%	0	0	0	0.0%	139	127	12	109.4%	202	234	(32)	86.4%	384	399	(15)	96.3%
110	Trauma & Orthopaedics	111	118	(7)	94.2%	100	154	(54)	64.8%	210	199	11	105.6%	13	17	(3)	79.9%	1,326	1,372	(46)	96.6%	1,814	1,712	102	106.0%	3,575	3,572	3	100.1%
120	ENT	65	91	(26)	71.4%	31	63	(32)	48.7%	107	94	13	114.3%	911	1,045	(134)	87.2%	400	388	12	103.0%	368	400	(32)	91.9%	1,882	2,081	(199)	90.4%
130	Ophthalmology	267	273	(6)	97.8%	1	3	(2)	35.1%	12	16	(4)	75.0%	3,238	3,129	109	103.5%	765	860	(95)	88.9%	1,512	1,532	(20)	98.7%	5,795	5,813	(19)	99.7%
140	Oral Surgery	171	210	(39)	81.4%	10	12	(2)	87.1%	18	30	(12)	60.1%	0	0	0	0.0%	303	404	(101)	75.0%	412	500	(88)	82.4%	914	1,156	(241)	79.1%
141	Restorative Dentistry	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	6	3	3	216.7%	3	4	(1)	79.2%	15	12	3	125.9%	24	18	6	130.4%
143	Orthodontics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	310	239	71	129.7%	20	26	(7)	75.0%	134	196	(62)	68.3%	463	461	2	100.5%
144	Maxillo-facial Surgery	0	0	0	0.0%	0	0	0	0.0%	1	3	(2)	32.9%	6	20	(14)	28.4%	27	19	8	142.5%	132	109	23	121.1%	166	151	15	109.8%
150	Neurosurgery	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	7	0	7	0.0%	0	0	0	0.0%	7	0	7	0.0%
160	Plastic Surgery	98	161	(63)	60.8%	41	39	2	104.1%	107	149	(43)	71.3%	431	455	(24)	94.7%	323	310	13	104.1%	435	551	(117)	78.8%	1,433	1,666	(232)	86.0%
173	Thoracic Surgery	4	0	4	0.0%	42	33	9	127.5%	13	19	(6)	67.6%	0	0	0	0.0%	15	21	(6)	71.4%	78	90	(12)	86.2%	152	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%	14	9	5	155.6%	19	12	7	162.4%	33	21	12	159.4%
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%	352	436	(84)	80.7%	352	436	(84)	80.7%
191	Pain Management	151	176	(25)	85.6%	0	0	0	0.0%	0	0	0	0.0%	21	54	(33)	38.5%	117	230	(113)	50.8%	460	482	(22)	95.4%	748	942	(194)	79.4%
192	Critical Care Medicine	0	0	0	0.0%	2	1	1	185.4%	43	55	(12)	78.5%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	45	56	(11)	80.3%
214	Paediatric Trauma and Orthopaedics	16	23	(7)	70.6%	9	2	7	449.6%	7	7	0	103.6%	5	4	1	113.7%	160	210	(50)	76.0%	328	364	(36)	90.1%	525	610	(86)	86.0%
215	Paediatric Ear Nose and Throat	21	11	10	184.2%	7	10	(3)	71.1%	5	0	5	0.0%	74	54	20	136.6%	118	50	68	235.5%	52	71	(19)	73.7%	277	196	81	141.2%
216	Paediatric Ophthalmology	3	5	(2)	60.0%	0	0	0	0.0%	0	0	0	0.0%	19	32	(13)	58.7%	115	88	27	130.5%	255	268	(13)	95.2%	391	392	(1)	99.7%
217	Paediatric Maxillo-facial Surgery	13	6	7	216.7%	0	0	0	0.0%	7	0	7	0.0%	0	0	0	0.0%	1	0	1	0.0%	0	0	0	0.0%	21	6	15	350.0%
219	Paediatric Plastic Surgery	7	11	(4)	63.4%	0	2	(2)	0.0%	9	3	6	286.6%	30	24	6	122.9%	30	27	3	109.5%	36	25	11	144.3%	112	92	19	120.8%
254	Paediatric Audiological Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	240	155	84	154.4%	85	117	(32)	72.8%	45	53	(8)	85.7%	370	325	45	113.9%
257	Paediatric Dermatology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	54	22	32	242.3%	36	12	24	293.3%	36	41	(5)	88.5%	126	75	51	167.2%
304	Clinical Physiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	110	122	(12)	90.2%	26	19	7	137.4%	43	30	13	144.2%	180	171	9	105.0%
310	Audiological Medicine	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	126	131	(4)	96.7%	48	45	3	106.8%	237	174	63	136.1%	411	349	62	117.6%
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	363	309	54	117.6%	0	0	0	0.0%	1	2	(1)	50.0%	2,376	1,989	387	119.5%	274	59	215	466.2%	595	503	92	118.3%	3,609	2,861	748	126.1%
658	Orthotics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	6	75	(69)	8.0%	183	175	8	104.5%	189	250	(61)	75.7%
840	Audiology	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	125	209	(84)	59.9%	108	110	(2)	97.8%	270	310	(40)	87.1%	503	629	(126)	79.9%
Total - Surgery & Emergency (NNUH)		1,787	1,858	(71)	96.2%	485	649	(163)	74.8%	1,053	1,032	21	102.0%	9,000	8,562	438	105.1%	6,982	7,192	(210)	97.1%	11,769	12,104	(334)	97.2%	31,077	31,396	(319)	99.0%

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%	24	21	3	115.6%	649	580	69	112.0%	1,400	1,255	145	111.6%	2,074	1,856	218	111.7%
651	Occupational Therapy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	143	32	111	446.8%	173	198	(25)	87.5%	629	536	93	117.4%	946	766	180	123.4%
652	Speech & Language Therapy	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	1	0	1	0.0%	19	34	(15)	55.5%	97	101	(4)	95.7%	117	135	(18)	86.7%
654	Dietetics	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	222	217	5	102.3%	251	206	45	121.8%	473	423	50	111.8%
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%	8	0	8	0.0%	8	0	8	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%	9	6	3	150.0%	6	34	(28)	17.6%	15	40	(25)	37.5%
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	7	4	3	175.0%	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%	15	29	(14)	51.7%	55	72	(17)	76.4%	77	105	(28)	73.3%
812	Diagnostic Imaging	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%
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)		7	4	3	175.0%	0	0	0	0.0%	0	0	0	0.0%	169	53	116	318.3%	1,087	1,064	23	102.2%	2,446	2,204	242	111.0%	3,709	3,325	384	111.6%

Industrial Action Impact – Potential February Half Term (w/c 19/02/2024)

Summary	IA Impact Predicted Worse Case	(Does not include impact on subsequent weeks)
Cancer 62 day	54	
78 weeks	107	
65 weeks	222	

2a. 78 Week Wait Position - 24 January 2024

2a. 78 Week Wait Position - 24 January 2024																				Current Run Rate Forecast	Interventions				Forecast No IA 284	IA Impact	Forecast with IA	Finance	
Specialty	Weekly Average	01/12/2023	08/12/2023	15/12/2023	22/12/2023 (IA)	29/12/2023 (Public Holiday)	05/01/2024 (Public Holiday)	12/01/2024 (IA)	19/01/2024	26/01/2024	02/02/2024	09/02/2024	16/02/2024	23/02/2024 (Half Term)	01/03/2024	08/03/2024	15/03/2024	22/03/2024	31/03/2024 (Public Holiday)	735	Bromsgrove	Bury	Medacs	Additional NNUH Theatre Allocation	284	107	391	Provisional Cost of Independent Sector/ NNUH weekends	
110 - Trauma and Orthopaedic	Starting Cohort	-	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072	9,072										
	Will Breach	-	1,113	1,037	942	888	865	830	756	675	619	584	549	509	473	424	382	346	310	274	274	50	19	32	0	173	36	209	
	Weekly Removals	64	76	76	95	54	23	35	74	81	56	35	35	40	36	49	42	36	36	36									
	Target	68	2,042	1,925	1,808	1,691	1,573	1,456	1,339	1,222	1,105	988	870	753	636	519	402	285	167	17		£730k	£tbc	£160k					£890k
	Difference	-	970	848	836	803	786	726	743	847																			
502 - Gynaecology	Future TCIs	275								56	34	32	37	30	46	40													
	Provisional TCIs	14								0	1	3	3	2	3	2													
	Starting Cohort	-	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948	6,948									
	Will Breach	-	651	623	598	594	586	579	568	549	523	485	461	417	398	362	357	346	335	324	324	50	0	138	35	101	19	120	
	Weekly Removals	15	23	28	25	4	8	7	11	19	26	38	24	44	19	36	5	11	11	11									
330 - Dermatology	Target	53	1,564	1,474	1,384	1,295	1,205	1,115	1,026	936	846	756	667	577	487	397	308	218	128	13		£45k		£400k					£445k
	Difference	-	913	851	786	701	629	546	490	360																			
	Future TCIs	71								18	24	8	17	3	1	0													
	Provisional TCIs	121								8	14	16	27	16	35	5													
	Starting Cohort	-	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835	8,835									
100 - General Surgery	Will Breach	-	666	600	544	493	478	449	413	400	352	323	310	265	220	175	130	85	40	0	0	0	0	0	0	0	0	0	
	Weekly Removals	45	97	66	56	51	15	29	36	13	48	29	13	45	45	45	45	45	45	45									
	Target	35	1,989	1,875	1,760	1,646	1,532	1,418	1,304	1,190	1,076	962	848	734	619	505	391	277	163	16									
	Difference	-	1,892	1,809	1,704	1,635	1,554	1,479	1,394	1,284																			
	Future TCIs	96								48	29	13	3	2	1	0													
130 - Ophthalmology	Provisional TCIs	0								0	0	0	0	0	0	0													
	Starting Cohort	-	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505									
	Will Breach	-	297	270	257	249	243	240	224	209	191	180	164	150	136	122	108	94	80	66	66	Requires 7 additional lists		0	66	0	14	14	
	Weekly Removals	14	31	27	13	8	6	3	16	15	18	11	16	14	14	14	14	14	14	14									
	Target	19	1,239	1,168	1,097	1,026	955	884	813	741	670	599	528	457	386	315	244	173	102	10									
120 - Ear Nose and Throat	Difference	-	942	898	836	777	719	664	602	532																			
	Future TCIs	52								17	11	16	4	4	0	0													
	Provisional TCIs	2								1	0	0	0	0	1	0													
	Starting Cohort	-	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350	6,350									
	Will Breach	-	306	279	259	226	223	215	197	178	165	143	123	103	83	63	43	23	3	0	0	0	0	0	0	20	20		
160 - Plastic Surgery	Weekly Removals	17	14	27	20	33	3	8	18	19	13	22	20	20	20	20	20	20	20	20									
	Target	17	1,429	1,347	1,265	1,183	1,101	1,019	937	855	773	691	609	527	445	363	281	199	117	12									
	Difference	-	1,123	1,068	1,006	937	878	804	727	642																			
	Future TCIs	49								11	17	9	6	3	3	0													
	Provisional TCIs	12								2	5	1	1	0	2	1													

Actions completed		Predicted Breach Position	
NNUH	All 3 T&O theatres Fully booked with patients >78 weeks or p2 until 31 March.	Predicted 78 week breaches 100% IS + No IA	284
NNUH	All Gynae planned capacity full with 78 week patients or Cancer - 0 remaining opportunity to swap patients of lesser wait.	IA Impact on 78 week breaches	107
NNUH	2 Orthopaedic Theatres full of 78 week patients every Sat/Sun to 31 March.		
Spire	3 Orthopaedic Theatres full of 78 week patients Sat or Sun to 31 March	Predicted 78 Week breaches - IA in Feb Half Term	391
NNUH	2 Gynae Theatres full of Gynae 78 week patients Sat/Sun to 31 March.	Patient choice opportunity at Bromsgrove	209
BMI Bury	19 patients of suitable acuity agreed to BMI Bury - No remaining patients of suitable acuity >78 weeks.		
Bromsgrove	Agreed capacity for 50 78 week patients with overnight stay.	Best Case	75
Waiting List	All patient with NO TCI listed on DMAS - No current offers.		
Waiting List	All patient with NO TCI contacted on PIDMAS - No current offers.	Full uptake of Independent sector + No Industrial Action + maximum patients removed through "Choice"	
Waiting List	Review of all patients with TCI < 78 WEEKS - 11 Patient opportunity that could go to IS.		
Actions Still available		Worst Case	842
Waiting List	All patients to be offered 2 reasonable dates at Bromsgrove & categorised as "patient choice" if decline offers. Opportunity 0-239 patients .		
DMAS	ESNEFT may have Gynae capacity - awaiting response.		
NNUH	Source Theatre staff to add 1 hour and 1 patient to all Ortho lists at additional cost to 31 March.	0% uptake of IS + 5 days Industrial action Mon - Fri + 0 application of patient choice	

2b. 65 Week Wait Position - 24 January 2024

2b. 65 Week Wait Position - 24 January 2024																			Current Run Rate Forecast		Interventions					Forecast No IA	IA Impact	Forecast with IA
Specialty		Weekly Averages	01/12/2023	08/12/2023	15/12/2023	22/12/2023	29/12/2023	05/01/2024	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	2,585	Bromsgrove	Bury	Medacs	Additional NNUH Theatre Allocation	2,134	222	2,356
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					0	652	42	694
	Will Breach	-	2,300	2,185	2,059	1,977	1,941	1,889	1,784	1,650	1,555	1,460	1,365	1,270	1,228	1,133	1,038	943	848	753	753	50	19	32	0	652	42	694
	Weekly Removals	95	117	115	126	82	36	52	105	134	95	95	95	95	42	95	95	95	95	95								
	Target	165	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	-	211	182	164	152	6	98	137	147												-209						
	Future TCIs	402									83	59	54	57	40	58	51											
Provisional TCIs	14									0	1	3	3	2	3	2												
502 - Gynaecology	Starting Cohort	-	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045	7,045							19	418
	Will Breach	-	1,092	1,050	1,022	1,016	1,001	986	958	927	894	848	821	774	755	718	694	670	646	622	622	50	0	138	35	399	19	418
	Weekly Removals	24	32	42	28	6	15	15	28	31	33	46	27	47	19	37	24	24	24	24								
	Target	93	1,885	1,777	1,669	1,560	1,452	1,344	1,236	1,128	1,020	912	803	695	587	479	371	263	154	15								
	Difference	-	793	727	647	544	481	319	278	281																		
	Future TCIs	92									25	31	11	20	3	1	1											
Provisional TCIs	123									8	15	16	27	16	36	5												
100 - General Surgery	Starting Cohort	-	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482	5,482							9	197
	Will Breach	-	755	711	681	657	648	633	583	551	519	487	455	423	414	382	350	318	286	254	254	0	0	0	66	188	9	197
	Weekly Removals	32	52	44	30	24	9	15	50	32	32	32	32	32	9	32	32	32	32	32								
	Target	55	1,467	1,383	1,298	1,214	1,130	1,046	962	878	793	709	625	541	457	373	289	204	120	12								
	Difference	-	712	672	617	537	480	413	379	327																		
	Future TCIs	92									29	19	21	7	9	4	3											
Provisional TCIs	6									1	0	1	0	0	3	1												
120 - Ear Nose and Throat	Starting Cohort	-	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641	7,641							20	176
	Will Breach	-	661	608	566	519	510	482	443	419	399	376	357	337	317	297	277	257	237	217	217	0	0	0	61	156	20	176
	Weekly Removals	36	47	53	42	47	9	28	39	24	20	23	19	20	20	20	20	20	20	20								
	Target	42	2,044	1,927	1,810	1,692	1,575	1,458	1,341	1,223	1,106	989	871	754	637	519	402	285	168	17								
	Difference	-	-1,283	-1,319	-1,244	-1,173	-1,083	-976	-898	-808																		
	Future TCIs	100									20	23	19	13	10	5	10											
Provisional TCIs	1									0	0	0	0	0	0	0	1											
330 - Dermatology	Starting Cohort	-	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153	8,153							40	227
	Will Breach	-	1,445	1,274	1,139	1,030	994	947	869	823	724	625	526	427	387	347	307	267	227	187	187					187	40	227
	Weekly Removals	99	172	171	135	109	36	47	78	46	99	99	99	99	40	40	40	40	40	40								
	Target	82	2,181	2,056	1,931	1,806	1,681	1,556	1,430	1,305	1,180	1,055	930	805	679	554	429	304	179	18								
	Difference	-	736	783	793	776	687	609	541	482																		
	Future TCIs	172									83	51	22	7	8	1	0											
Provisional TCIs	0									0	0	0	0	0	0	0												
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							19	145
	Will Breach	-	499	468	443	430	420	402	377	356	330	306	283	260	241	218	195	172	149	126	126					126	19	145
	Weekly Removals	23	43	31	25	13	10	18	25	21	26	24	23	23	19	23	23	23	23	23								
	Target	36	631	595	558	522	486	450	414	377	341	305	269	233	197	160	124	88	52	5								
	Difference	-	132	127	113	92	68	48	37	21																		
	Future TCIs	101									25	20	19	15	18	2	2											
Provisional TCIs	15									1	4	3	6	1	0	0												

2b. 65 Week Wait Position - 24 January 2024

2b. 65 Week Wait Position - 24 January 2024																				Current Run Rate Forecast	Interventions				Forecast No IA	IA Impact	Forecast with IA	
Specialty		Weekly Averages	01/12/2023	08/12/2023	15/12/2023	22/12/2023	29/12/2023	05/01/2024	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	2,585	Bromsgrove	Bury	Medacs	Additional NNUH Theatre Allocation	2,134	222	2,356
101 - Urology	Starting Cohort	-	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771	3,771								
	Will Breach	-	374	362	342	327	324	306	293	270	255	240	225	210	195	180	165	150	135	120	120					120	15	135
	Weekly Removals	15	19	12	20	15	3	18	13	23	15	15	15	15	15	15	15	15	15	15								
	Target	58	1,009	951	893	835	777	719	662	604	546	488	430	372	314	256	198	141	83	8								
	Difference	-	-635	-589	-521	-488	-453	-413	-368	-314																		
	Future TCIs	23									7	12	2	2	0	0	0											
	Provisional TCIs	6									3	1	0	0	0	2	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								
	Will Breach	-	362	343	314	294	287	283	277	256	241	224	209	187	183	168	153	138	123	108	108					108	4	112
	Weekly Removals	15	14	19	29	20	7	4	6	21	15	17	15	22	4	15	15	15	15	15								
	Target	26	481	454	426	398	371	343	316	288	260	233	205	178	150	122	95	67	39	4								
	Difference	-	-135	-111	-112	-184	-84	-68	-39	-13																		
	Future TCIs	66									10	16	6	22	4	7	1											
	Provisional TCIs	4									1	1	1	0	0	0	1											
130 - Ophthalmology	Starting Cohort	-	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249	6,249								
	Will Breach	-	623	583	551	475	465	453	428	400	369	338	307	276	245	214	183	152	121	90	90					90	31	121
	Weekly Removals	31	27	40	32	76	10	12	25	28	31	31	31	31	31	31	31	31	31	31								
	Target	40	1,672	1,576	1,480	1,384	1,288	1,192	1,096	1,000	904	809	713	617	521	425	329	233	137	14								
	Difference	-	-1,649	-893	-529	-399	-323	-239	-168	-68																		
	Future TCIs	77									16	25	15	13	3	5	0											
	Provisional TCIs	17									3	5	1	5	0	2	1											
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								
	Will Breach	-	145	140	128	119	118	111	104	104	97	90	83	76	69	62	55	48	41	34	34					34	7	41
	Weekly Removals	7	19	5	12	9	1	7	7	0	7	7	7	7	7	7	7	7	7	7								
	Target	10	312	294	276	258	240	222	204	187	169	151	133	115	97	79	61	43	26	3								
	Difference	-	-167	-154	-148	-139	-122	-111	-100	-83																		
	Future TCIs	26									4	5	6	3	2	2	4											
	Provisional TCIs	1									0	1	0	0	0	0	0											
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								
	Will Breach	-	80	78	74	71	70	67	65	59	56	53	49	46	43	40	37	34	31	28	28					28	3	31
	Weekly Removals	3	3	2	4	3	1	3	2	6	3	3	4	3	3	3	3	3	3	3								
	Target	6	167	157	148	138	128	119	109	100	90	81	71	61	52	42	33	23	14	1								
	Difference	-	-87	-78	-74	-67	-68	-62	-54	-41																		
	Future TCIs	19									3	3	4	3	2	1	3											
	Provisional TCIs	1									0	0	0	0	0	0	1	0										
219 - Paediatric Plastic Surgery	Starting Cohort	-	251	251	251	251	251	251	251	251	251	251	251	251	251	251	251	251	251	251								
	Will Breach	-	56	53	52	46	45	46	46	45	40	36	32	31	29	28	27	26	25	24	24					24	2	26
	Weekly Removals	1	0	3	1	6	1	-1	0	1	5	4	4	1	2	1	1	1	1	1								
	Target	5	67	63	59	56	52	48	44	40	36	32	29	25	21	17	13	9	6	1								
	Difference	-	-11	-18	-7	-18	-7	-3	2	5																		
	Future TCIs	15									5	3	3	1	2	1	0											
	Provisional TCIs	3									0	1	1	0	0	0	1											
171 - Paediatric Surgery	Starting Cohort	-	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082	1,082								
	Will Breach	-	155	151	138	134	133	129	118	112	98	90	76	68	57	47	40	34	28	22	22					22	11	33
	Weekly Removals	6	9	4	13	4	1	4	11	6	14	8	14	8	11	10	7	6	6	6								
	Target	11	289	273	256	240	223	206	190	173	157	140	123	107	90	74	57	40	24	2								
	Difference	-	-134	-122	-118	-146	-96	-77	-72	-41																		
	Future TCIs	36									9	4	9	3	4	5	2											
	Provisional TCIs	36									5	4	5	5	7	5	5											

62 Day Trajectory	6 Week Average		03/12/2023	10/12/2023	17/12/2023	24/12/2023	31/12/2023	07/01/2024	14/01/2024	21/01/2024	28/01/2024	04/02/2024	11/02/2024	18/02/2024	25/02/2024	03/03/2024	10/03/2024	17/03/2024	24/03/2024	31/03/2024	Forecast Position No IA	Impact of IA (Worse Case)	Forecast Backlog Position (Worse Case)
Total		Target Backlog	225	225	225	225	225	225	225	225	225	225	225	225	225	225	225	225	225	225	225		
		Actual Backlog	448	399	333	311	330	308	329	277	253	228	223	218	213	208	203	198	193	189	189	54	225
	71	Actual Rollovers	61	58	63	62	82	59	90	48	74	74	74	74	74	74	74	74	74	74			243
		Actual Removals	125	100	123	82	64	82	71	91	97	97	97	97	97	97	97	97	97	97			
		Actual Backlog Difference	-39	-49	-64	-33	19	-33	21	-33													
Urology		Target Backlog	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79			
		Actual Backlog	64	68	67	61	59	54	68	70	73	76	79	82	85	88	91	94	97	100	100	10	110
	10	Actual Rollovers	11	10	12	10	10	5	23	12	13	13	13	13	13	13	13	13	13	13			
		Actual Removals	14	6	13	16	12	10	9	10	10	10	10	10	10	10	10	10	10	10			
		Variance								-2	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3			
Skin		Actual Backlog Difference	-3	4	-1	-6	2	-3	14														
		Target Backlog	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17			
		Actual Backlog	166	130	98	84	81	59	47	39	20	1	-18	-37	-56	-75	-94	-113	-132	-151	0	0	0
	45	Actual Rollovers	32	20	22	21	27	14	17	8	26	26	26	26	26	26	26	26	26	26			
		Actual Removals	68	56	54	35	30	36	29	16	45	45	45	45	45	45	45	45	45	45			
Lower GI		Variance								8	19	19	19	19	19	19	19	19	19	19			
		Actual Backlog Difference	-36	-38	-32	-14	-3	-23	-12														
		Target Backlog	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36			
		Actual Backlog	72	63	58	51	55	51	55	50	47	44	41	38	35	32	29	26	23	20	20	12	32
	12	Actual Rollovers	7	6	11	9	11	8	13	5	9	9	9	9	9	9	9	9	9	9			
Gynaecology		Actual Removals	10	15	16	16	7	12	9	10	12	12	12	12	12	12	12	12	12	12			
		Variance								5	3	3	3	3	3	3	3	3	3	3			
		Actual Backlog Difference	-3	-9	-6	-7	4	-4	4														
		Target Backlog	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41			
		Actual Backlog	61	62	48	47	59	63	64	43	39	35	31	27	23	19	15	11	7	3	3	15	18
Head and Neck		Actual Rollovers	7	10	10	9	20	17	10	12	11	11	11	11	11	11	11	11	11	11			
		Actual Removals	16	9	24	10	8	13	9	33	15	15	15	15	15	15	15	15	15	15			
		Variance								21	4	4	4	4	4	4	4	4	4	4			
		Actual Backlog Difference	-9	1	-14	-1	12	-4	1														
		Target Backlog	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21			
Breast		Actual Backlog	13	15	11	17	18	17	25	23	24	25	26	27	28	29	30	31	32	33	33	3	36
	3	Actual Rollovers	1	3	1	6	4	5	11	1	4	4	4	4	4	4	4	4	4	4			
		Actual Removals	7	1	5	0	3	6	3	3	3	3	3	3	3	3	3	3	3	3			
		Variance								2	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1			
		Actual Backlog Difference	-6	2	-4	6	1	-1	8														
Breast		Target Backlog	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4			
		Actual Backlog	18	18	12	10	7	6	10	9	8	7	6	5	4	3	2	1	0	0	0	4	4
	4	Actual Rollovers	0	5	2	2	0	1	4	1	3	3	3	3	3	3	3	3	3	3			
		Actual Removals	4	5	8	4	1	2	0	2	4	4	4	4	4	4	4	4	4	4			
		Variance								1	1	1	1	1	1	1	1	1	1	1			
Breast		Actual Backlog Difference	1	0	-6	-2	-3	-1	4														

62 Day Cancer Backlog – Forecast

62 Day Trajectory	6 Week Average		03/12/2023	10/12/2023	17/12/2023	24/12/2023	31/12/2023	07/01/2024	14/01/2024	21/01/2024	28/01/2024	04/02/2024	11/02/2024	18/02/2024	25/02/2024	03/03/2024	10/03/2024	17/03/2024	24/03/2024	31/03/2024	Forecast Position No IA	Impact of IA (Worse Case)	Forecast Backlog Position (Worse Case)
Upper GI		Target Backlog	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	23	2	25
		Actual Backlog	8	7	9	7	8	11	14	13	14	15	16	17	18	19	20	21	22	23			
	1	Actual Rollovers	1	0	2	0	2	4	6	1	3	3	3	3	3	3	3	3	3	3			
		Actual Removals	2	2	0	0	1	1	5	2	2	2	2	2	2	2	2	2	2	2			
		Variance								1	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1			
Lung		Actual Backlog Difference	-2	-2	2	-1	1	3	4														
		Target Backlog	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	7	1	8
		Actual Backlog	10	8	8	8	8	10	9	7	7	7	7	7	7	7	7	7	7	7			
	1	Actual Rollovers	0	0	1	1	1	2	1	2	1	1	1	1	1	1	1	1	1	1			
		Actual Removals	0	0	1	1	1	0	2	1	1	1	1	1	1	1	1	1	1	1			
Sarcoma		Variance								0	0	0	0	0	0	0	0	0	0	0	-6	4	-2
		Actual Backlog Difference	-1	-2	0	0	0	2	-1														
		Target Backlog	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
		Actual Backlog	17	13	11	15	19	22	21	14	12	10	8	6	4	2	0	-2	-4	-6			
	3	Actual Rollovers	1	2	0	5	4	5	4	3	2	2	2	2	2	2	2	2	2	2			
Haematology		Actual Removals	3	6	2	1	2	2	5	10	4	4	4	4	4	4	4	4	4	4	6	1	7
		Variance								0	2	2	2	2	2	2	2	2	2	2			
		Actual Backlog Difference	-3	-4	-2	4	4	3	-1														
		Target Backlog	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
		Actual Backlog	5	4	5	5	7	7	7	6	6	6	6	6	6	6	6	6	6	6			
Paediatric	1	Actual Rollovers	1	0	2	0	2	0	2	1	1	1	1	1	1	1	1	1	1	1	2	1	3
		Actual Removals	1	0	1	0	0	0	2	1	1	1	1	1	1	1	1	1	1	1			
		Variance								0	0	0	0	0	0	0	0	0	0	0			
		Actual Backlog Difference	0	-1	1	0	2	0	0														
		Target Backlog	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
Brain		Actual Backlog	1	1	2	2	4	4	4	2	2	2	2	2	2	2	2	2	2	2	1	1	2
	1	Actual Rollovers	0	1	1	0	2	0	0	1	1	1	1	1	1	1	1	1	1	1			
		Actual Removals	0	0	0	0	0	0	0	2	1	1	1	1	1	1	1	1	1	1			
		Variance								1	0	0	0	0	0	0	0	0	0	0			
		Actual Backlog Difference			1	0	2	0	0														
		Target Backlog	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2
		Actual Backlog	2	3	2	2	3	3	4	1	1	1	1	1	1	1	1	1	1	1			
	1	Actual Rollovers	1	1	0	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1			
		Actual Removals	0	1	0	0	0	0	0	3	1	1	1	1	1	1	1	1	1	1			
		Variance								2	0	0	0	0	0	0	0	0	0	0			
		Actual Backlog Difference	1	1	-1	0	1	0	1														

REPORT TO TRUST BOARD				
Date		7 February 2024		
Title		Month 9 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 and FI&P Committee		Outcome: Report for information only, no decisions required.
1 Background/Context The Trust operational plan for FY23/24 as outlined in Cycle 5 of the 2023/24 planning process is breakeven on a control total basis. In line with national guidance the Trust has implemented the transition from accounting for PFI under IAS17 to IFRS16.				
2 Key issues, risks and actions For December 2023, the Trust delivered a £1.4m deficit, which on a control total basis is £0.1m favourable to plan. The £0.9m under delivery of CIP and divisional pay overspends totalling £1.1m are offset by additional interest income, reduced PDC charge and other non-recurrent savings totalling £2.1 (including Financial recovery mitigations of £0.4m). £0.9m of costs relating to Industrial Action are mitigated by a £0.9m prior year adjustment to the PFI accounting treatment.				

Year to date, position is a £4.3m deficit on a control total basis, nil variance to plan. Recurrent performance is £19.9m adverse of which year to date CIP under delivery is £8.5m, divisional expenditure is £10.4m adverse and a £1.0m VAT charge for energy costs due to HMRC enquiry into PFI contracting arrangement.

The year to date position is supported by £19.9m of non recurrent mitigations being use of Non recurrent reserves of £12.3m, £3.4m of interest income, reduced PDC charge of £1.0m, overperformance against API of £1.4m, a £0.9m prior year adjustment to the PFI accounting treatment and non-recurrent underspends of £1.8m from the Financial Recovery Plan, offset by £0.9m of Industrial action costs from December. Industrial Action costs of £7.8m over Apr-Oct are offset by £7.8m Additional Funding provided through the 'H2 Reset'.

Forecast Outturn (FOT): In January, the Board provided delegated authority to the Executive to move the Trust's FOT to a £2.6m deficit if required. The forecast outturn remains breakeven at Month 9 reporting but additional mitigation of £4.2m PDC reduction through the PFI transition to IFRS16 is included.

ERF Income: In line with National Guidance issued on 8th December further easing of the elective targets has been applied. At Month 8 a 4% adjustment was made to ERF values which results in a £3.8m decrease in the value-based income target. Year to date performance is £1.4m favourable against the revised ERF target.

Cash: Cash held at 31st December 2023 was £96.4m, £14.8m higher than the FY23/24 submitted forecast as result of the phasing to the capital programme and SoFP movements. Cash balances are forecast to remain favourable in 2023/24.

Capital Expenditure: In month the core programme was underspent by £0.1m. The current forecast outturn of £17.1m results in an adverse variance of £1.6m. There is a high risk of a system CDEL overspend following the IFRS16 policy announcement during month 8, estimated at c. £4.1m.

PFI Contract: In December, as required, the Trust has undertaken a technical adjustment to reflect the adoption of IFRS16 on PFI. The adverse impact of this accounting adjustment is adjusted on a control total basis. The outcome is a significant reduction in net assets, and therefore it is expected that the Trust's Public Dividend Capital (PDC) dividend will reduce to nil.

3 Conclusions/Outcome/Next steps

Year to date, the Trust has delivered a £4.3m deficit against the planned £4.3m deficit, a nil adverse. Forecast Outturn remains Breakeven. The Trust underspent Capital Expenditure by £0.3m for the month. The latest Capital Forecast is an overspend of £1.3m.

Recommendations: The Board is recommended to:

- **Note** the contents of the report.

Finance Report December 2023

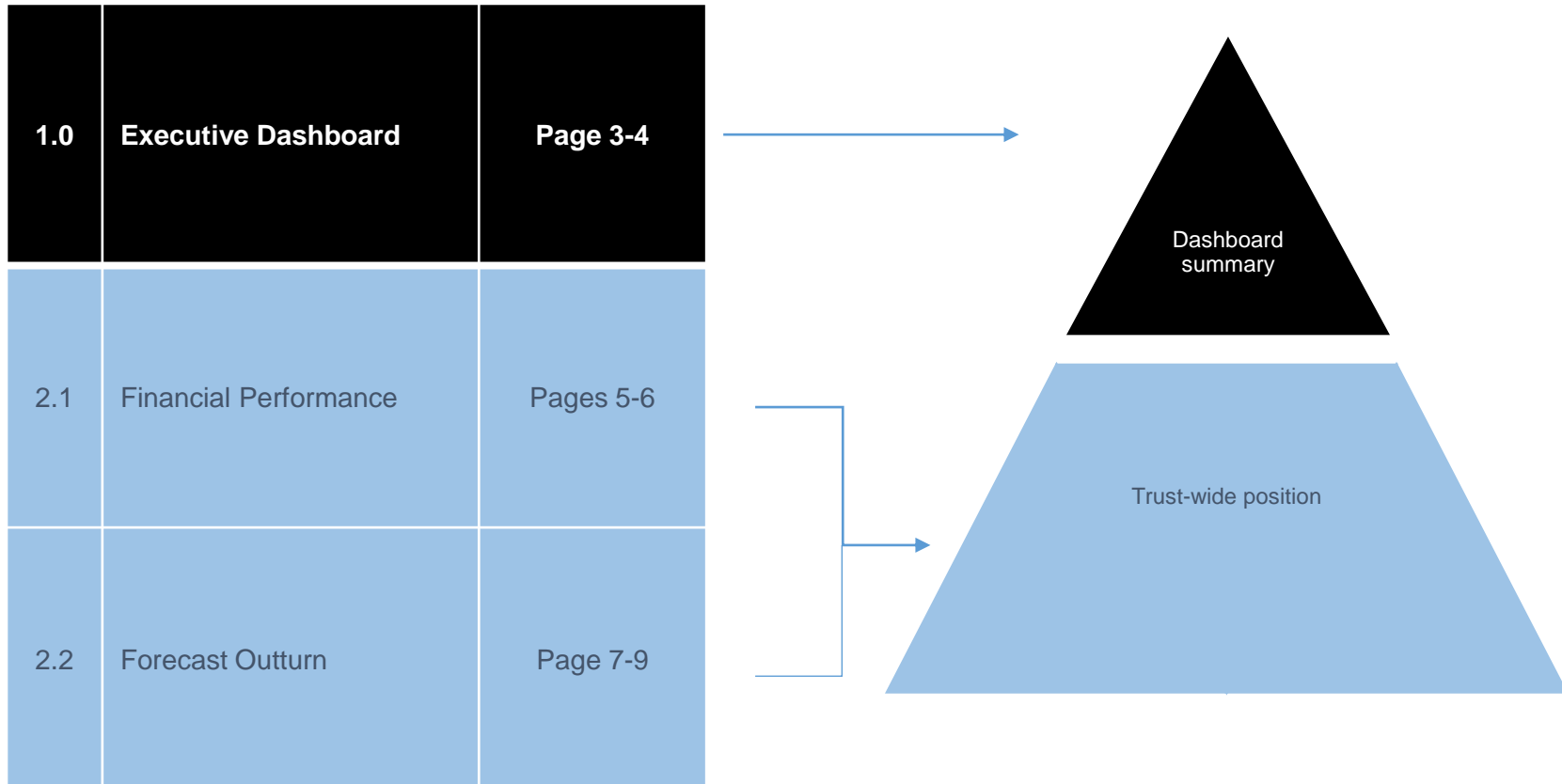
7 February 2024

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 5 of the 2023/24 planning process is breakeven on a control total basis. In line with national guidance the Trust has implemented the transition from accounting for PFI under IAS17 to IFRS16.

For December 2023, the Trust delivered a £1.4m deficit, which on a control total basis is £0.1m favourable to plan.

The £0.9m under delivery of CIP and divisional pay overspends totalling £1.1m are offset by additional interest income, reduced PDC charge and other non-recurrent savings totalling £2.1 (including Financial recovery mitigations of £0.4m). £0.9m of costs relating to Industrial Action are mitigated by a £0.9m prior year adjustment to the PFI accounting treatment.

Year to date, position is a £4.3m deficit on a control total basis, nil variance to plan. Recurrent performance is £19.9m adverse of which year to date CIP under delivery is £8.5m, divisional expenditure is £10.4m adverse and a £1.0m VAT charge for energy costs due to HMRC enquiry into PFI contracting arrangement.

The year to date position is supported by £19.9m of non recurrent mitigations being use of non recurrent reserves of £12.3m, £3.4m of interest income, reduced PDC charge of £1.0m, overperformance against API of £1.4m, a £0.9m prior year adjustment to the PFI accounting treatment and non-recurrent underspends of £1.8m from the Financial Recovery Plan, offset by £0.9m of Industrial action costs from December. Industrial Action costs of £7.8m over Apr-Oct are offset by £7.8m Additional Funding provided through the 'H2 Reset'.

Forecast Outturn (FOT): In January, the Board provided delegated authority to the Executive to move the Trust's FOT to a £2.6m deficit if required. The forecast outturn remains breakeven at Month 9 reporting but additional mitigation of £4.2m PDC reduction through the PFI transition to IFRS16 is included.

Cash: Cash held at 31st December 2023 was £96.4m, £14.8m higher than the FY23/24 submitted forecast as result of the phasing to the capital programme and SoFP movements. Cash balances are forecast to remain favourable in 2023/24.

Capital Expenditure: In month the core programme was underspent by £0.1m. The current forecast outturn of £17.1m results in an adverse variance of £1.6m. **There is a high risk of a system CDEL overspend following the IFRS16 policy announcement during month 8, this is estimated at c. £4.1m.**

PFI Contract: In December, as required, the Trust undertook a technical adjustment to reflect the adoption of IFRS16 on PFI.

The adverse impact of this accounting adjustment is adjusted on a control total basis. The outcome is a significant reduction in net assets, and therefore it is expected that the Trust's Public Dividend Capital (PDC) dividend will reduce to nil.

	Actual	In Month Plan	Variance	Actual	Year to date Plan	Variance
SOC						
	£m	£m	£m	£m	£m	£m
Clinical Income	62.6	62.2	0.4	573.1	563.8	9.3
Other Income	10.6	8.3	2.3	82.7	75.2	7.5
TOTAL INCOME	73.1	70.5	2.7	655.7	639.0	16.8
Pay	(45.1)	(43.3)	(1.8)	(390.6)	(387.1)	(3.5)
Non Pay	(21.8)	(19.4)	(2.4)	(187.3)	(172.1)	(15.2)
Drugs (Net Expenditure)	(2.9)	(2.6)	(0.4)	(28.8)	(24.1)	(4.7)
TOTAL EXPENDITURE	(69.8)	(65.2)	(4.6)	(606.7)	(583.3)	(23.4)
Non Opex	(4.7)	(6.8)	2.1	(53.3)	(59.9)	6.6
Control Total Surplus / (Deficit)	(1.4)	(1.5)	0.1	(4.3)	(4.3)	0.0
Statutory Surplus / (Deficit)	(20.0)	0.1	(20.1)	(23.7)	(3.9)	(19.8)
Other Financial Metrics						
	£m	£m	£m	£m	£m	£m
Cash at Bank (before support funding)	103.3	71.4	31.9	103.3	71.4	31.9
Capital Programme Expenditure	3.2	4.8	(1.6)	22.7	31.0	(8.3)
CIP Delivery	(3.6)	2.1	(5.7)	9.5	17.9	(8.5)
Activity Metrics*						
	%	%	%	%	%	%
Day Case*	100%		0%	97%		(3%)
Elective Inpatient*	72%		(28%)	85%		(15%)
Outpatients - New & Procedures*	108%		8%	102%		2%
Activity performance v baseline*	105%		5%	100%		0%
Value based Activity performance v baseline**	99%		(1%)	104%		4%

* Activity count as a % of 23/24 Planned Delivery and not adjusted for the reduction in API

** Adjusted for the reduction to ERF

ERF Income: In line with National Guidance issued on 8th December further easing of the elective targets has been applied. At Month 8 a 4% adjustment was made to ERF values which results in a £3.8m decrease in the value-based income target. Year to date performance is £1.4m favourable against the revised ERF target.

1.2 Executive Dashboard

Risk

The Trust's overall risk profile remains stable, with no changes in risk scoring this month.

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 nine risks rated as 'Extreme' on the risk register which have a potential risk assessed financial impact of £46.6m, of which £22.5m has crystallised Year to Date. A further £12.9m is forecast to crystallise.

The Year to Date crystallised risks are:

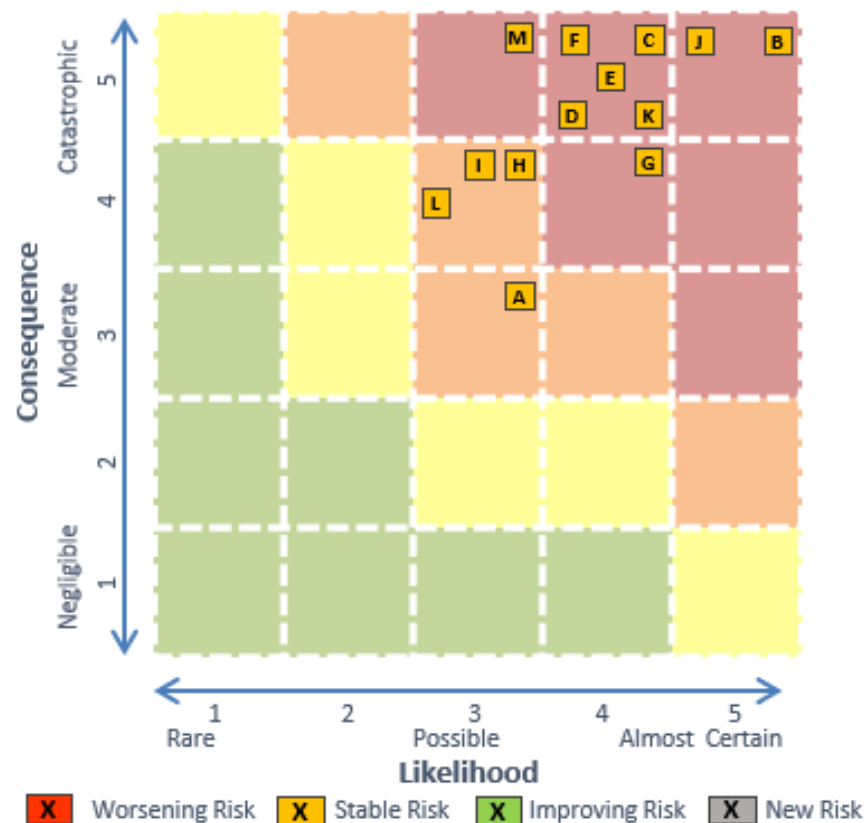
CIP Under Delivery (Risk B) is £8.45m adverse year to date - £9.49m delivered against the budgeted plan of £17.94m, comprising of a planning variance of £8.27m and an adverse performance variance of £0.18m, which equates to an underperformance of c. 47%. The risk adjusted forecast outturn CIP delivery is currently £16.3m against a target of £28.0m presenting a significant risk to achievement.

Failure to control expenditure in line with plan (Risk C) has a crystallised impact of £11.1m year to date, comprising £3.1m of spend to cover year to date Industrial Action and overspends in Divisional Pay (£3.5m) and Drugs (£3.6m). Industrial Support funding of £7.8m has been received mitigating the risk associated with Industrial action for Apr-Oct. The risk remains extreme due to the future notified Industrial Action in Jan.

The Trust creating additional capacity at additional cost beyond the level allowed for in the plan (Risk G) has a crystallised impact of £3.1m year to date. This is as a result of having to bring forward the use of the Independent Sector to deliver activity lost due to Industrial Action. Industrial Support funding of £7.8m has been received mitigating the risk associated with Industrial action.

Financial Recovery Plan (FRP): Performance against the agreed mitigations in Month 9 was £0.4m against a planned £0.7m. The main driver of the variance was failure to implement mitigations.

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, G, J, K, M	45.4	46.6	22.5
	9-14	A, H, I, L	15.3	15.3	0.0
Moderate	5-8	-	-	0.0	0.0
	1-4	-	-	0.0	0.0
Total			60.7	61.9	22.5
Risk mitigated through Non Recurrent YTD underspends & Release of Expenditure Reserves					(22.5)
Total			60.7	61.9	0.0



2.1 Financial Performance – December 2023

For December 2023, the Trust delivered a £1.4m deficit, which on a control total basis is £0.1m favourable to plan.

Income: Income variance for December is £2.7m favourable. This is a result of additional clinical income of £0.5m due to overperformance on the API contract (£0.3m) and pass through expenditure on High-cost Devices (£0.2m). The remaining variance is due to pass through expenditure on R&D (£0.8m), Cancer Alliance (£0.5m), and International Recruitment (£0.4m) with the remaining variance being across consultant recharges, private patient activity and DCSS external activity.

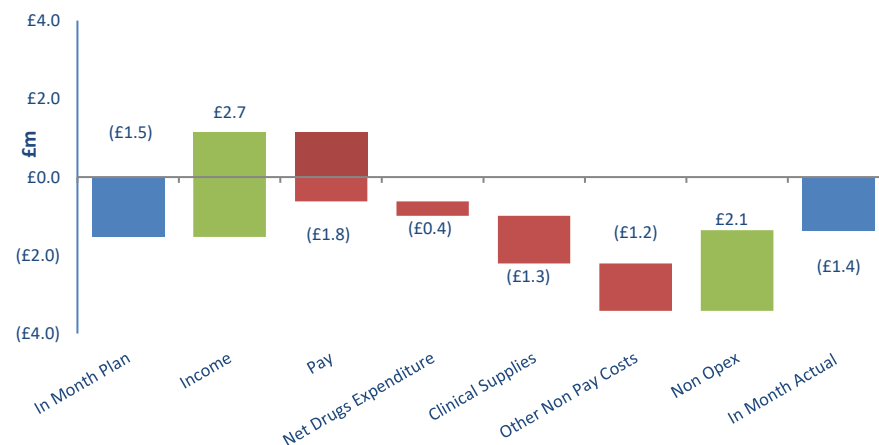
Pay: Pay is adverse to plan for December by £1.8m. This is due to overspend in medical staffing of £1.0m, Nursing of £0.4m and unidentified CIP of £0.5m offset by underspends in Corporate and delayed investments totalling £0.1m. Surgery is overspent by £1.0m, including £0.5m of undelivered CIP, and Medicine is overspent by £0.7m. Pay control in clinical divisions requires additional focus as the pay recovery processes implemented in the last quarter of 22/23 have not been sustained. This is particularly in relation to Medical pay across all divisions. December agency spend was 2.67%, a decrease from 3.4% in November and 1% lower than the NHSE threshold of 3.7%. Registered Nursing has the highest rate; 4.58% in December down from 5.71% in November.

Net Drugs Cost: The net drugs position for December is £0.4m adverse to plan. The majority of this is due to overspends in Gastroenterology, Ophthalmology and Rheumatology.

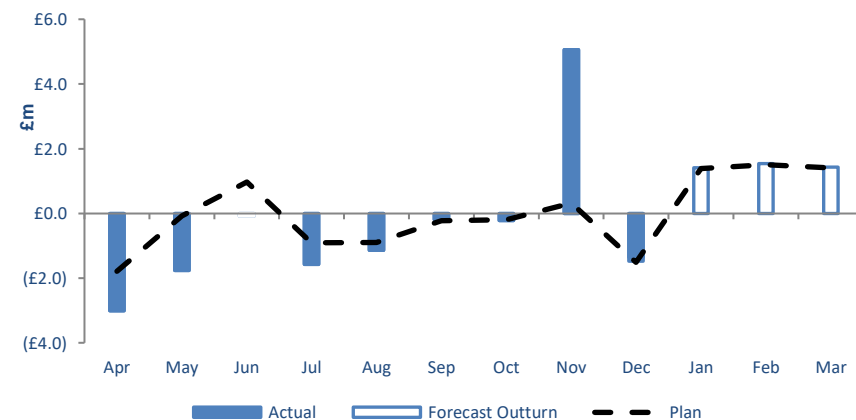
Non-Pay: Non-Pay is £2.5m adverse to plan in December. This is due to £0.4m overspends in theatres, £0.6m for Cancer Alliance, £0.2m for overseas recruitment (see above), £0.2m because of unidentified CIP, and £1.1m of expenditure offset by income being R&D, EPA, and devices (see above).

Non-Operating Expenditure: There is a £2.1m favourable variance in December. This is due to a £0.9m prior year adjustment to the PFI accounting treatment and £1.2m relating to additional interest income received and a forecast reduction in PDC charge, both because of higher cash balances.

Financial Recovery Plan (FRP): Performance in Month 9 is in line with the Recovery Plan. Underperformance against the individual Financial Recovery plans of £0.4m and deterioration of the underlying expenditure in Medicine (£0.2m) & Surgery (£0.5m) is offset by over performance of the mitigations inherent to the underlying plan.



Monthly Reported Surplus/(Deficit)



2.2 Financial Performance – Year to date

Year to date, position is a £4.3m deficit on a control total basis, nil variance to plan. Recurrent performance is £19.9m adverse of which year to date CIP under delivery is £8.5m, divisional expenditure is £10.4m adverse and a £1.0m VAT charge for energy costs due to HMRC enquiry into PFI contracting arrangement.

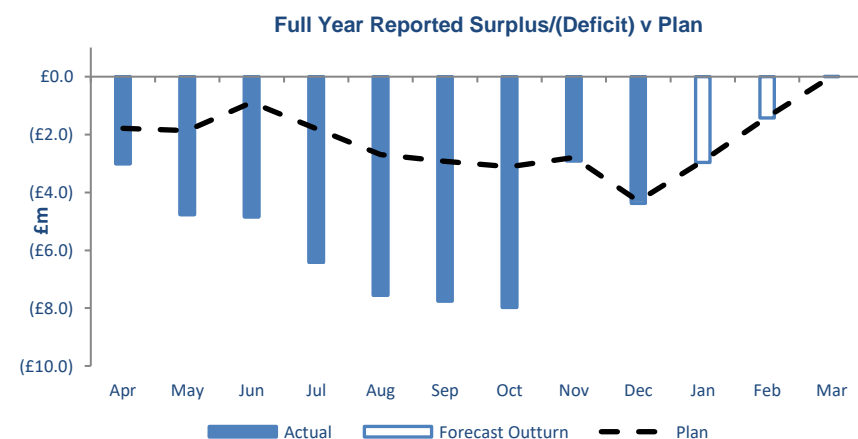
Income: Income is reporting a favourable variance of £16.8m year to date. This is due to £7.8m for industrial action support agreed as part of the H2 reset, £1.4m year to date over performance against API, increased pass-through income for R&D & E&T of £3.3m and high-cost devices £1.4m, £0.7m of funding for International Recruitment, £0.4m for Overseas Patients with the balance relating to increased Consultant recharges to other acute hospitals, increased Workplace Health and Wellbeing Activity and other pass through activity.

Pay: Pay is overspent by £3.5m year to date. This is due to additional pay for industrial action of £2.6m, and £5.0m of unidentified CIP, of which £3.6m is in Surgery, offset by underspends across Corporate, Nursing and A&C, and delayed investments totalling £4.1m. Pay control in clinical divisions requires additional focus with the overspend in pay evident despite investment in the 2023/24 approved budgets. Pay is overspending in medical staffing in all divisions, and in nursing in Medicine and Clinical Support Services. Year to date agency spend is 3.4%, 0.3% lower than the set threshold of 3.7%. Registered Nursing is the largest user of agency spend, being 6.5% of total nursing spend.

Net Drugs Cost: Year to date net drugs position is £4.7m adverse. This is due to increased expenditure on drugs included within block agreements of £4.5m and unachieved CIP of £0.2m. Average price increases are estimated to be c.6% resulting in a c. £0.6m pressure.

Non-Pay: Year to date non pay is £15.2m adverse to plan. This is due to £3.1m additional expenditure on the independent sector to sustain activity levels, R&D expenditure offset by income, of £2.7m, £5.4m overspends in clinical supplies (including pass through devices of £1.4m) and a £1.0m VAT provision for energy costs due to HMRC enquiry into PFI contracting arrangement, with the remainder of the variance, £3.0m, being unidentified CIP, of which £1.6m is Surgery.

Non-Operating Expenditure: Year to date non-operating expenditure is showing a £6.6m favourable variance due to a £0.9m prior year adjustment to the PFI accounting treatment and £5.7m relating to additional interest income received and a forecast reduction in PDC charge, both because of higher cash balances.

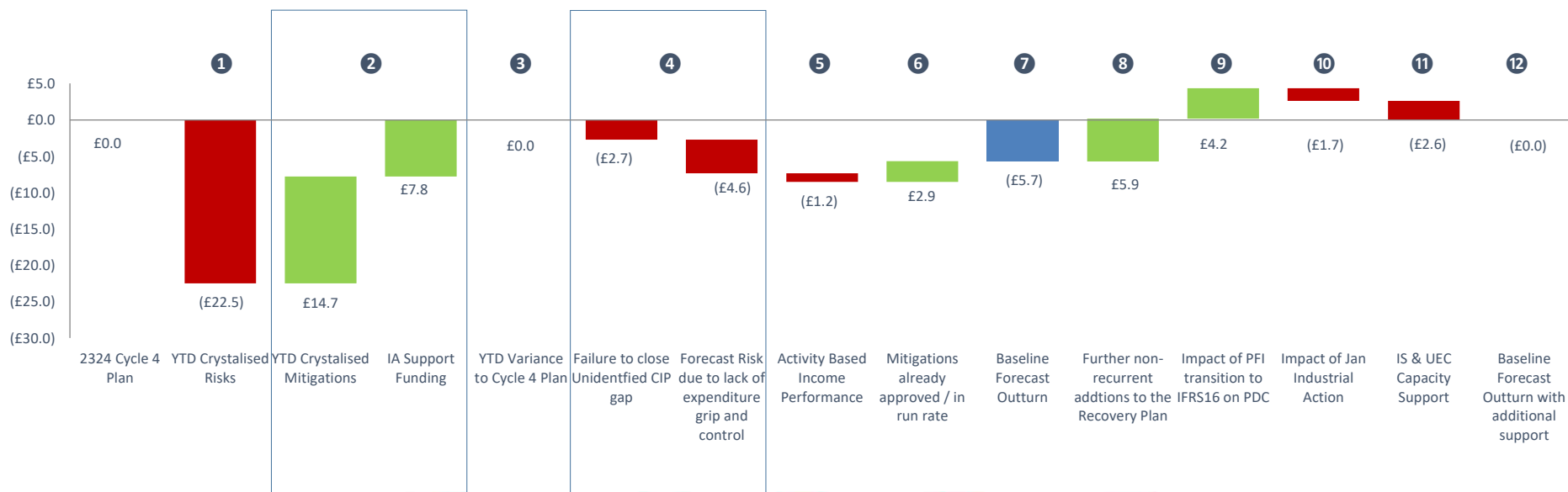


2.4 23/24 Forecast Outturn v Cycle 4 (Lens 1)

Year-to-date, £22.5m of risks and £22.5m of mitigations have crystallised, resulting in a nil variance to plan at month 9. For the remainder of the year, further risk crystallisation is forecast at £12.9m, requiring a further £12.9m of mitigations to achieve the breakeven plan. Further mitigations of £12.9m have been identified, primarily being use of reserves and other non-recurrent funds, resulting in a breakeven FOT at Month 9. The Month 9 FOT is dependent on delivery of the H2 'reset' plan and the reduction of PDC charges as a result on the PFI transition to IFRS16.

- ① Year to date crystallised risk of £22.5m, £6.3m relating to Industrial Action, of which £0.9m relates to December. CIP Under-delivery is £8.5m.
- ② Year to date crystallised mitigations of £22.5m, of which £7.8m relates to the Industrial Action Support Funding agreed as part of the H2 reset.
- ③ Year to date performance nil variance to plan.
- ④ Further run rate risk of £7.3m forecast to crystallise through remainder of the year based on current run rates.
- ⑤ Future variable activity under performance against the plan of £1.2m due to non-delivery of stepped increase in the agreed activity plan.
- ⑥ Non recurrent Risk Mitigation inherent to plan of £2.9m

- ⑦ Baseline Forecast Outturn of £5.7m deficit, £5.7m adverse to the breakeven plan.
- ⑧ Additional mitigations of £5.9m to deliver breakeven plan relating to the release of non-recurrent funds.
- ⑨ PDC reduction as a result of PFI transition to IFRS16 of £4.2m
- ⑩ Direct expenditure and loss of income due to January Industrial Action of £1.7m
- ⑪ As a result of the additional funding provided through the H2 reset an additional £3.6m is to be directed to increased capacity to support UEC and elective delivery over M8-12, offset by £1.0m of additional winter funding
- ⑫ Baseline Forecast Outturn including National 'reset' of breakeven



2.3 23/24 Forecast Outturn v Cycle 5 (Lens 2)

Forecast outturn remains breakeven at Month 9, no change to the Cycle 5 (H2 Reset) plan. Additional risks totalling £4.6m are forecast to crystallise, of which £2.6m relates to industrial action in Dec & Jan, these are offset by additional mitigations totalling £4.6m of which £4.2m is as a result of the forecast reduced PDC charge following the transition of the PFI contract to IFRS16

① Total impact of Dec & Jan industrial action £2.6m of which £1.5m relates to direct pay costs and £1.1m as a result of lost activity. £0.9m has crystallised in Year to Date position.

② Underlying performance deteriorated by £0.3m, £2.9m additional expenditure offset by £2.6m of overperformance against API contract. Year to date £0.5m favourable due to timing of Independent Sector Activity.

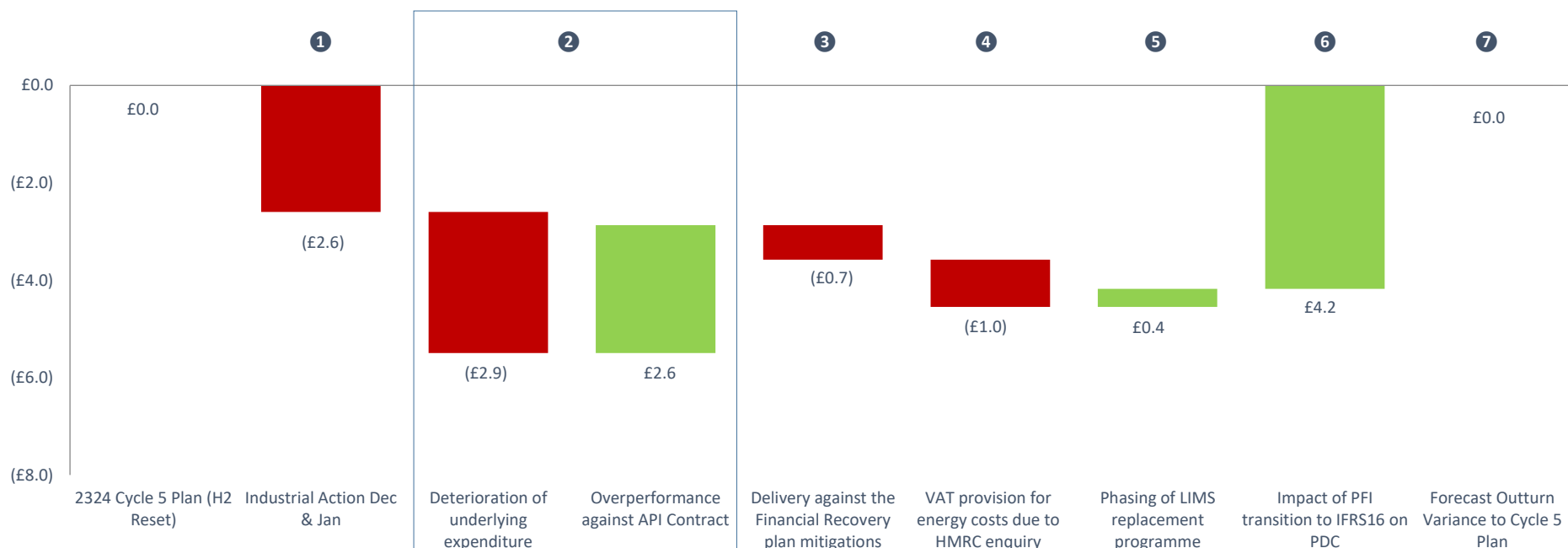
③ Adverse performance against the mitigations agreed as part of the Financial Recovery Plan of £0.7. The £0.7m has fully crystallised YTD.

④ £1.0m VAT provision for energy costs due to HMRC enquiry into PFI contracting arrangement.

⑤ Phasing of expenditure relating to LIMS replacement programme has created a favourable variance of £0.4m

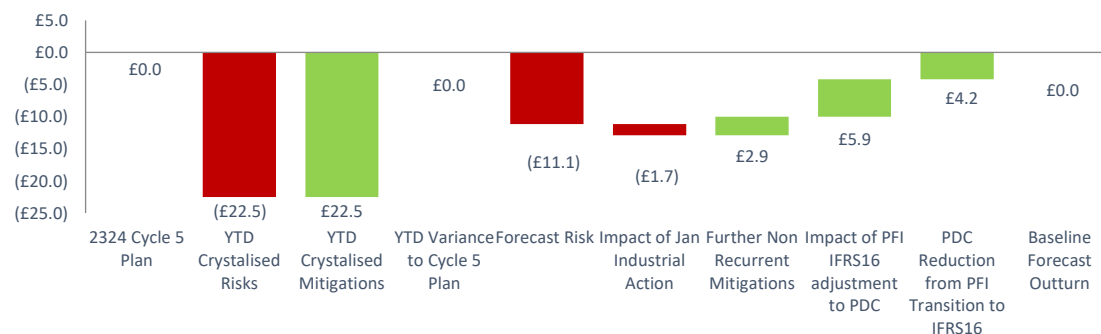
⑥ Impact of the PFI transition to IFRS16 on the PDC charge resulting favourable variance of £4.2m.

⑦ Forecast Outturn of breakeven, no change to Cycle 5 (H2 Reset) plan.

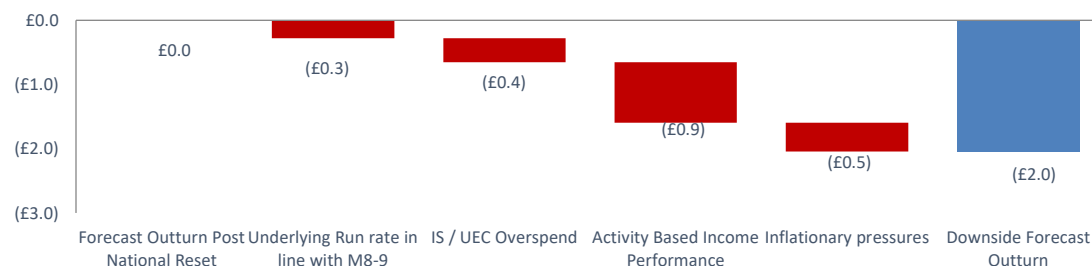


2.5 23/24 Forecast Outturn (FOT) by variance from Plan

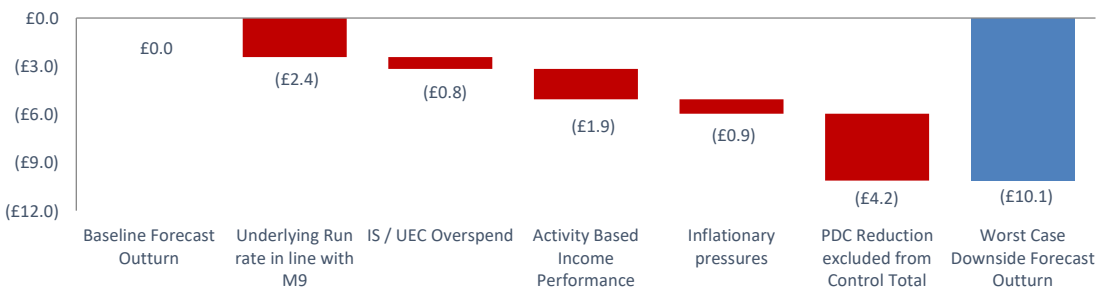
Forecast Outturn: Baseline Forecast Outturn post National 'reset' is breakeven with a downside forecast outturn of a £2.0m deficit and a worst case forecast outturn of a £10.1m deficit.



Forecast Outturn Post National 'Reset': Year-to-date, £22.5m of risks and £22.5m of mitigations have crystallised, resulting in a nil variance to plan at month 9. Future forecast risk is £11.1 plus £1.7m relating to January Industrial action offset by £2.9m of approved mitigations in the underlying run rate, a further £5.9m non recurrent mitigations, and £4.2m reduction in PDC charges due to transition of PFI contract to IFRS16.



Downside Forecast Outturn is a deficit of £2.0m. This decrease is due to a worsening of the underlying run rate of £0.3m, additional expenditure in IS / UEC capacity spend of £0.4m, and a £0.9m increase in the assumed under-delivery of activity. Additional inflationary pressures of £0.5m is also included. No further CIP risk is expected against the Baseline Forecast.



Worst Case Downside Forecast Outturn is a deficit of £10.1m. This decrease is due to a worsening of the underlying run rate of £2.4m, additional expenditure in IS /UEC capacity of £0.8m and a £1.9m increase in the assumed under-delivery of activity. Additional inflationary pressures of £0.9m and removal of the £4.2m PDC reduction from Control Total calculations. No further CIP risk is expected against the Baseline Forecast.

REPORT TO THE TRUST BOARD

Date	07 February 2024
Title	Chair's Key Actions Report from Major Projects Assurance Committee
Lead	Tom Spink - Chair
Purpose	For Information

1 Background/Context

The Major Projects Assurance Committee met on 31 January 2024 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 specified major estates projects and an overview of progress in the Transformation Programme.

2 Key Issues/Risks/Actions

The following issues were identified to highlight to the Board:

	Issues considered	Outcomes/decisions/actions
1	Major Project - Jenny Lind Children's Hospital (JLCH) – Paediatric Theatres	The Committee was delighted to receive an update report confirming that the new paediatric theatres complex is now operational and we have received very positive feedback from staff and patients. Formal opening of the theatre complex will take place in 2024, as part of celebrating the 170 th anniversary of the Jenny Lind Children's Hospital.
2	Major Project - Norfolk and Norwich Orthopaedic Centre (NANOC)	The Committee was updated regarding the timetable for completion of the NANOC – with an in-use date of May 2024.
3	Major Project – Diagnostic & Assessment Centre (DAC)	The Committee received updates on the DAC Programme with dashboard reports to monitor onward progress. Construction of the steel superstructure remains ahead of schedule. Target date for first patient in the NNUH DAC remains 26 February 2025.
4	Update on Transformation Programme	The Committee was updated with regard to the Transformation Programme and RAG-rated progress in the 5 key strategic programmes indicating: i) Length of Stay: Amber ii) Diagnostics: Amber iii) Outpatients: Amber iv) Business Process Automation: Red

		<p>v) Theatres: Amber</p> <p>The importance of developing enhanced efficiency in these key areas is evident if the Trust is to achieve its Strategic Objectives. The full year effect (FYE) of schemes currently approved through Gateway 2 is currently £21.7m, 87% of the recurrent CIP requirement.</p>
5	Strategic Transformation Programme	The Committee received an initial report regarding development of our Strategic Transformation Programme and plans for 2024/25. This work is still at a relatively early stage and the Committee requested a timeline for its completion with the objective to have the programme in place for the full 12 months of 2024/25.

3 Conclusions/Outcome/Next steps

The Committee is scheduled to meet again on 28 February 2024, to include further consideration of our plans for the 24/25 Transformation Programme.

Recommendation:

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