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NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

MEETING OF THE TRUST BOARD IN PUBLIC
WEDNESDAY 5 APRIL 2023

A meeting of the Trust Board will take place at 9.30am on Wednesday 5 April 2023 in the Boardroom Norfolk & Norwich University Hospital and/or via MS Teams

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

AGENDA

	Item	Timing	Lead	Purpose
0	Clinical Visits (08.45 – 09.15hrs)	08.45 - 09.15		
1	- Apologies and Declarations of Interest - Chairman's Introduction - Reflections on Clinical/Departmental Visits	09.30-09.40	Chair	Information/ Discussion
2	Experience of Care – Philip's Story	09.40-10.00	NF	Information
3	Minutes of the Board meeting held in public on 01.02.23	10.00-10.05	Chair	Approval
4	Matters arising and update on actions		Chair	Discussion
5	Chief Executive's Update	10.05-10.15	CEO	Discussion
6	a) People & Culture Committee (13.03.23) inc: (i) Update on Cultural Development Programme (ii) Timetable for Education Strategy	10.15-10.45	SD	Discussion
	b) IPR – Workforce data inc: i) Staff Experience Dashboard (Action P22/092) ii) People Promise Actions (Action P22/175(ii)) iii) Recruitment review (P23/006(a)(v)) - verbal		PJ	
	c) Staff Survey Results & Actions		PJ	
	Break	**10.45–11.00**		
7	a) Quality and Safety Committee (28.03.23)	11.00 -11.15	PC	Information/ Assurance/ Approval as specified
	b) IPR – Quality, Safety and Patient Experience data		NF/ED	
8	a) Finance, Investments and Performance Committee (29.03.23)	11.15-11.30	TS	
	b) IPR – Performance and Productivity data (inc Theatre Utilisation)		CC	
	c) Finance Report – Month 11 inc: (i) Going Concern Statement – for approval		RC	
9	Major Projects Assurance Committee (29.03.23)	11.30-11.40	TS	
10	Audit Committee (29.03.23) inc: (i) Standing Orders* – for approval (ii) Strategic Threat Summary (iii) Terms of Reference – for approval	11.40-11.50	JF	
11	Questions from members of the public	12.50 -12.00	Chair	Discussion
12	Any other business			
13	**In its capacity as Corporate Trustee:** (i) Charitable Funds Committee (15.03.23)	12.00-12.15	JH	

*** 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 7 June 2023 in the Boardroom of the Norfolk and Norwich University Hospital

REPORT TO TRUST BOARD

Date	**April 2023**			
Title	**Philip's Story – Experiences of Care & Volunteering – Phillip Aldred**			
Author & Exec Lead	**Sally Dyson, Voluntary Services Manager & Professor Nancy Fontaine, Chief Nurse**			
Purpose	**For Information and Discussion**			
Relevant Strategic Commitment	**1. Together, we will develop services so that everyone has the best experience of care and treatment**			
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✓**		
	Operational	**Yes☐ No✓**		
	Workforce	**Yes☐ No✓**		
	Financial	**Yes☐ No✓**		
Identify which Committee/Board/Group has reviewed this document:	**Board/Committee: N/A**		**Outcome:**	

1 Background/Context

1.1 An 'Experience of Care' story is where a patient or family member describes their experience of healthcare in their own words. The idea is to gain an understanding of what it is like for them and their family and/or carers. It gives you information on what was positive, what was sub-optimal and what would have made the experience more positive.

1.2 Listening to Experience of Care stories gives us the opportunity to learn about the things that we do well and consider where we can make improvements. It helps put patients at the heart of service development and improvements.

1.3 Philip is 66 years old and has a 56 year history of living with Type One Diabetes and associated complications. Philip has been Director of Music at various State and Public Schools until retiring from teaching due to reduced sight loss in 2001. He then continued his work as a free-lance musician, conductor, and music examiner. In 2008 Philip was appointed Chief Examiner for the London College of Music (LCM). During his time as Chief Examiner, Philip travelled to over 54 countries worldwide. When not examining, promoting, and setting up new exam centres around the Globe, Philip travelled daily to London – getting up at 4.30am! He retired from this role in December 2020 and now enjoys conducting two choirs, an orchestra, being a consultant of music, composing, playing the piano and, since May 2022, being a Volunteer at the NNUH.

1.4 The story will highlight what it's like to be diagnosed with diabetes, how this impacted Philip's life and praise for the services at NNUH – leading to him becoming a much valued Volunteer – bringing his lived and life / work experience and skills into his role at NNUH.

2 Key issues, risks and actions

2.1 Key learning/actions:

- To raise awareness about patients living with diabetes.
- Offer the same quality of support to all patients living with diabetes, their partners/relatives, and carers – whatever their level of need. Making sure they are aware of initiatives in place to assist care.
- Compliments and good practice to be shared with various clinical teams.

3 Conclusions/Outcome/Next steps

3.1 The experiences shared in this story provide rich information about living with Diabetes and also Volunteering at NNUH – this will be shared across the trust via Comms.

Recommendations:

The Board is recommended to: listen to and reflect on the story presented, using that information to inform future strategies.

Experience of Care – Patient Story – Board Meeting
Brief outline of the "story"
Philip has had Type 1 Diabetes since 1967... He has received his 50-year medal from the British Diabetic Association and says that he owes his life to the NNUH for all the care he has received both as an 'out' and 'in' patient. He is registered Blind, Severely Sighted and attends the following clinics for his ongoing treatment: • Eye Clinic • Low Vision Clinic • Elsie Bertam Diabetic Clinic • Diabetic Foot Clinic • Biomechanics Foot Clinic • Plastics Hand Clinic • Joint Hand Clinic • Sleep Apnea Clinic • Neurology Clinic Philip has had a right Hip replacement, trigger finger releases on both hands X 8, Carpal tunnel on both wrists…rt X 2, Ulna nerve release x3, Charcot foot, severe ulcers in both feet, (three months intense antibiotic treatment – PICC line – very close to having his right lower leg amputated - on going treatment weekly for this),1000s of laser blasts to both eyes, Vitrectomy (one of the first at the NNUH), cataracts X 2, deep laser Glaucoma to Left eye X 2… All on going preventative and reactive treatment from this Hospital. Philip would like to share stories of his experiences to date and pass on praise, admiration and huge thanks for all staff and their contribution to his quality of life. Only two instances of 'upset' /concern – • One 'mask' incident where a staff nurse not wearing his mask properly in the Jack Prior Unit whilst vulnerable patients all around...sniffing and coughing...with his mark over his chin... added increased anxiety during treatment. • One incident of feeling 'different/alone' during a Sage & Thyme training event… Considering this was a communication training session Philip was surprised to learn that there were no adaptations available to help him feel included in the session. **Giving back –** Philip wanted to give something back to the hospital as a way of thanking us for his care and so, after retirement he applied to become a Volunteer – an opportunity to bring his personal experiences and life/work experiences to the fore through helping others and the NNUH. Philip Volunteers as part of our Welfare Call project – He calls patients who have been recently discharged from the NNUH to check that they have all they need to be safe at home – He gathers information on any worries or concerns, eating, drinking, asking about the discharge procedure they encountered etc… and passes on any ongoing needs to the project coordinator.

As a Volunteer he is really impressed with all the support and guidance given by the Team... He feels a real sense of care and friendship and he loves his volunteering here.	
What "point" it is trying to convey	
The story highlights: • The support of all the Staff from 1993 to this day has been amazing, and Philip feels he is standing before you as genuine living proof of all the amazing work this Hospital has done, and is doing, for him every single day. • Philip will share a few stories of his journey and why he is giving back as a Volunteer	
Who will be "speaking"	
Patient	Philip will speak in person
Staff	Voluntary Services Manager – Sally Dyson
Time allocation for each element	
Film	N/A – in person
Questions	

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MINUTES OF TRUST BOARD MEETING IN PUBLIC

HELD ON 1 FEBRUARY 2023

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

23/001 **APOLOGIES, DECLARATIONS OF INTEREST, CHAIRMAN'S INTRODUCTION AND REFLECTIONS ON VISITS**

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

Board members reflected on the clinical/departmental visits, to Denton Ward, NNUH Endoscopy Unit, Cringleford Ward and Fracture Clinic. Common themes included restricted space for delivery of clinical services and maintaining adequate staffing. Some staff had made a specific request for recreation of the Discharge lounge.

Mr Spink thanked the Executive Team for all their work over the festive period when the Trustl was under significant operational pressure due to high numbers of patients with Covid and flu and in addressing staffing issues during industrial action.

23/002 **EXPERIENCE OF DEMENTIA CARE – DIRCK'S STORY AND DEMENTIA STRATEGY UPDATE**

The Board received a report from Ms Rosie Bloomfield (Patient & Experience Facilitator) concerning Dirck's experience of care and interactions with medical professionals.

Following diagnosis of early on-set Alzheimer's disease, Dirck found there were no support groups appropriate for his needs. He therefore set up his own group to support people in a similar situation and provided some useful feedback to help improve interactions between medical professionals.

Maintaining a patient's independence is also important and options for helping patients to navigate their way around the hospital site could be explored. Professor Fontaine explained that the Trust introduced the Access Able App in 2019 to assist way finding and it may be possible to extend use to include dementia patients and families. We have worked with the UEA to develop a system-wide dementia training programme to improve communication and patient information internally and externally to include community healthcare services.

Non-Executives asked about Dirck's experience of the referral pathway from secondary to primary care. Dirck explained that he attended three GP appointments before he was referred to the memory clinic.

Mr Prosser-Snelling suggested that the virtual ward could be explored as an option for dementia patients who do not require in-patient care, as it would enable patients to remain in familiar surroundings. Ms Yaxley indicated that a trial for dementia patients on the virtual ward is being explored and there will need to be careful assessment to ensure the right patients are selected.

Mrs Yaxley explained that the Trust's Dementia Strategy has been updated to incorporate an education plan, key messages from patient experiences and in line with updated national guidance. Formalised training is provided to Healthcare Assistants who are providing direct care to patients with dementia via induction courses and awareness sessions.

The Board thanked Dirck and staff for sharing their experiences.

23/003 **MINUTES OF PREVIOUS MEETING HELD ON 2 NOVEMBER 2022**

The minutes of the meeting held on 2 November 2022 were agreed as a true record and signed by the Chairman.

23/004 **MATTERS ARISING AND UPDATE ON ACTIONS**

The Board reviewed the Action Points arising from its meeting held on 2 November 2022 as follows:

22/044(i) – Research forward planning - Non-Executives requested that time should be scheduled in a few months for the Board to discuss the 'forward look' for Research, to include our trajectory towards the BRC application. Carried forward – looking to April/May. **Action: Mr Garside/Professor Denton**

22/044(ii) – Education forward planning - Non-Executives requested that time should be scheduled in a few months for the Board to discuss the 'forward look' for Education. Carried forward – looking to April/May.
Action: Professor Denton/Mr Jones/Professor Fontaine

22/046 (22/030 June '22) Staff Survey – Priority Improvement Actions - Staff Survey – Priority Improvement Actions - The Board was informed that an update report has been provided detailing the plan and forward trajectory for priority improvement actions. Board members indicated that this did not entirely complete the action and requested that the action be kept open for monitoring. Carried forward – additional P&C Committee meeting being established for March '23. **Action: Mr Jones**

22/048(a) – Workforce Strategy - The Board requested that an item be scheduled for the Board to take a forward look on its Workforce Strategy – including the relationship with UEA and planning for roles such as Physician Associates. Carried forward – scheduled for April/May. **Action: Mr Jones**

22/048(e) IPR – Quality, Safety & Patient Experience - Mr Cobb explained that data relating to the number of patients admitted whilst on a waiting list requires considerable interpretation to be meaningful as an indicator of deterioration/harm. Mr Cobb indicated that the IPR is being revised to reflect the Operating Guidance for 2023/24 and will include data in this area. The Board accordingly agreed that the action should be closed. Action closed

22/048(f) Mortality Data - The impact limited palliative care/community care services/beds and higher clinical acuity of patients was noted and Professor Denton offered to bring a high level summary to a future meeting in order to aid oversight of the impact of these two factors. Carried forward – to be reviewed through Quality & Safety Committee with update to next Board. **Action: Professor Denton**

23/005 **CHIEF EXECUTIVE REPORT**

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

Mr Higginson reported that it has been operationally challenging over the Christmas period, with surges of Covid and flu cases. We have continued to operate with escalation beds open and 7 patients in 6 bedded bays. The extreme operational pressure that this represents is extremely challenging and stressful for our staff. Despite our escalation process, the system has stepped down from critical incident status and we are aiming to close escalation beds by the end March. Additional system funding will be required if we are to open escalation beds next year.

We remain on track to deliver the 78-week elective target. The elective and booking teams were thanked for their efforts in booking, cancelling and rebooking elective patients.

The initial results of the 2022 Staff Survey have been released and reviewed by the People & Culture Committee. Publication of further survey data is expected to be released in February and March. Response rates have improved this year and there are a number of areas that are showing improvement. Others appear to have worsened but further detail is awaited in order to inform discussion and to identify areas of focus/improvement.

The report of the CQC unannounced inspection visit in November is awaited. Informal feedback highlights both positive aspects and some areas of challenge.

Operational activity has been adversely impacted by industrial action. The Trust management has sought to achieve a balance between recognising that staff have a right to strike, alongside the responsibility of the Hospital to continue providing patient care. Resilience plans are in place, to protect services during further action by nursing and physio staff which is scheduled to take place next week. A recovery plan is being established for outpatient and elective activity for the period following industrial action.

The Department of Health & Social Care and NHS England have approved the Outline Business Case for the Electronic Patient Record and the programme will now progress to invitation to tender. It is anticipated that the Full Business Case will be ready in the autumn. This will be a major project, necessitating a significant scale of transformation across all clinical services. Mr Spink indicated that the Chairs across the acute trusts have suggested a meeting of the Boards to raise awareness and progress strategic planning.

23/006 **CARE QUALITY COMMISSION (CQC) INSPECTION**

The Board received a report from Professor Fontaine concerning the unannounced CQC inspection of medical services on 23 November 2023.

Professor Fontaine reported that the CQC report had been published shortly before the Board meeting on 1 February and has been made uploaded to the Trust's website. The focused inspection was undertaken following concerns raised about the safety and quality of care in medicine and older peoples medicine services. The impact on safety and quality of care had been recognised in advance of the inspection, due to staffing vacancies and the sustained and unprecedented demand for emergency and urgent care.

The CQC acknowledged that significant numbers of inpatients without a criteria to reside had necessitated the opening of escalation beds with additional patients in bays in order to reduce ambulance delays and risk for patients. The inspectors also found:

- infection control standards were maintained;
- teams were working for the benefit of patients and were actively engaging with system partners to address flow;
- leaders were found to be running services well, identifying, escalating and mitigating risks;
- openness and honesty was encouraged and staff were committed to learning and improving services.

The report identified 6 'must do' and 7 'should do' recommendations and these have been mapped into quality improvement programmes for onward reporting through the Quality & Safety Committee.

Non-Executives noted that the CQC findings link with the Corporate Risk Register (CRR) and escalation conversations, which is positive indication that our governance processes are working. Fundamentally the issue is that we are caring for more patients than we should and it is important to recognise the impact on patient experience and staff well-being. There is an emotional/mental toll for our staff working continuously at this level of extreme operational pressure.

If we have 100 additional escalation patients and gaps in staffing there will be a need to consider what else we prioritise in a risk-based and structured way. Mr Higginson reflected that the CQC report highlights the need for system support to clear discharges and to end the regular use of escalation beds. The Board **agreed** to review the practice of 7-beds in 6-bedded bays by the end of March, in preparation for a 'fresh start' in 2023/24. **Action: Execs**

23/007 **REPORTS FOR INFORMATION AND ASSURANCE**

(a) People & Culture Committee

Ms Dinneen reported on matters considered by the People and Culture Committee. The Committee is continuing its enquiries with regard to mandatory training with respect to follow-up monitoring of completion and consequences of incomplete compliance.

Once published, the results of the 2022 Staff Survey will be analysed to identify areas for improvement and the Committee will meet in March to discuss our response.

At its next meeting, the Committee will be taking a more in depth review of Freedom to Speak Up processes for learning from feedback.

Succession planning continues to be a key area of focus. A number of business critical and key leadership roles do not have any staff who have expressed an interest to

develop into these roles in the future and there is further work to determine why these roles are not attractive.

There is an open invitation to all Board members to attend an informal meeting of the Committee to be held on 22 February to discuss cultural change and the plans for the Education Strategy.

The Committee was advised that progress has been made in the project to improve staff rest/changing facilities and an approach to provide multiple areas close to places of work was supported.

(b) IPR – Workforce data and Staff Experience Improvement Actions
Mr Jones reported mandatory training compliance is above 90%. We are continuing to look at opportunities for staff to be released from operational activity to undertake training. This is however becoming increasingly difficult and the mandatory training requirements will increase in 2023/24 with introduction of national training regarding patients and visitors who have a learning disability. An EPR training programme will also need to be established in 2024/25.

The new Appraisal model was introduced in April 2022 and we are on track to deliver 90% compliance by the end of March 2023. A review will be undertaken to evaluate the quality and staff satisfaction with the new system.

The IPR now includes recruitment trajectories for Healthcare Assistants and Registered Nursing staff and medical recruitment for key roles is to be introduced in future reports.
Action: Mr Jones

(c) Quality & Safety Committee
Dr Chrispin reported that the Committee is maintaining oversight of mortality rates and associated processes. The Committee has received good assurance regarding the impact of the lack of palliative care and coding issues. The Trust's involvement in the Same Day Emergency Care (SDEC) pilot has however negatively impacted the Summary Hospital-level Mortality Indicator (SHMI) because it 'filters out' low acuity cases. NHS Digital will be reviewing mortality reporting to take into account the impact of the SDEC pilot.

The Committee was assured that there are robust processes in place for learning from deaths. A regional review of the Medical Examiner service is also scheduled and this will provide additional assurance.

The Board discussed the potential organisational factors influencing mortality, most particularly operational pressure and escalation. The continuing rise in mortality rates is of concern but the picture is obviously complex and multi-factorial. It will be helpful to see the data modified for the SDEC effect after April and the Quality & Safety Committee will keep this under review to ascertain if there is a question with which an external review can assist.

An extension to March 2025 for review of the Quality Strategy was recommended to the Board in order to allow progress to be recovered following the pandemic. The Committee requested an interim report on progress. The Board **approved** extension of the Term of the Quality Strategy to March 2025 as suggested.

(d) IPR – Quality, Safety and Patient Experience
Professor Fontaine reported that the number of patients with comorbidities has increased and there have been 4 falls reported as having caused moderate/severe harm. The number of pressure ulcers has also risen over the last 5 months. We have

maintained management of infection control during a period of peak operational pressure. Staffing levels in maternity have improved and we are on track to deliver all elements of the Saving Babies Lives Care Bundle requirements under the Clinical Negligence Scheme.

(e) Finance, Investments & Performance Committee
Mr Spink reported that the Committee had been updated on discussions with system partners to create additional capacity in the community in 2023/24. The Committee will be focussed on this as planning continues.

Good progress is being made in developing the Trust's financial plans with initial Divisional budgets established for 2023/24.

The Major Projects Assurance Committee was established and held its first meeting in January. The Committee will provide additional focus and assurance on transformation, and significant capital projects.

(f) IPR – Performance and Productivity Data (inc Theatre Utilisation)
Mr Cobb reported that there were 4,597 patients that need to receive treatment by the end of March if we are to deliver the 78-week target. Our ability to achieve the target activity is at risk due to the impact of industrial action. Everything possible will be done to mitigate that impact but the number of patients affected may be significant.

The backlog of patients on the 62-day cancer pathway increased from 360 to 400 in December. Weekly escalation has been established to ensure performance improves.

Non-elective pathways have been impacted by congestion due to high numbers of patients in hospital with no criteria to reside. Theatre productivity was impacted by high numbers of late patient cancellations and shortage of anaesthetists.

Non-Executives asked if we could learn from examples in other hospitals to reduce operational pressure by establishing integrated discharge hubs and carrying out assessment work following discharge to care homes. Mr Cobb explained that there are further opportunities to explore and we will be reviewing our processes/pathways for our discharge hub to identify actions that will improve performance in the year ahead.

(g) Finance Report (M9 YTD)
Mr Clarke reported that the financial position in the year to date is a £0.4m surplus (£0.7m adverse to plan). The forecast outturn remains breakeven but is likely to improve by £4.8m when the income clawback provision is withdrawn. The closing cash balance was £102m at the end of December and the capital programme was underspent by £2.4m due to slippage of key projects. Key risks to financial performance include achievement of activity and CIP performance.

23/008 **QUESTIONS FROM MEMBERS OF THE PUBLIC**
There were no questions from members of the public.

23/009 **ANY OTHER BUSINESS**
There was no other business.

23/010 **DATE AND TIME OF NEXT MEETING**
The next meeting of the Trust Board in public will be at 9.30am on Wednesday 5 April 2023 in the Boardroom of the Norfolk and Norwich University Hospital.

Signed by the Chairman: …… Date: ……
Confirmed and approved for signature by the Board on 05.04.23 [TBC]

Decisions Taken:

23/003 Minutes of last meeting	The minutes of the meeting held on 2 November 2022 were **agreed** as a true record and signed by the Chairman.
23/007 - Quality Strategy	The Board **approved** extension of the Term of the Quality Strategy to March 2025 as suggested.

Action Points Arising:

	Action
Carried forward	
22/044(i) – Research forward planning	Non-Executives requested that time should be scheduled in a few months for the Board to discuss the 'forward look' for Research, to include our trajectory towards the BRC application. Carried forward – looking to April/May. **Action: Mr Garside/Professor Denton**
22/044(ii) – Education forward planning	Non-Executives requested that time should be scheduled in a few months for the Board to discuss the 'forward look' for Education. Carried forward – looking to April/May. **Action: Professor Denton/Mr Jones/Professor Fontaine**
22/046 (22/030 June '22) Staff Survey – Priority Improvement Actions	The Board was informed that an update report has been provided detailing the plan and forward trajectory for priority improvement actions. Board members indicated that this did not entirely complete the action and requested that the action be kept open for monitoring. Carried forward – additional P&C Committee meeting being established for March '23. **Action: Mr Jones**
22/048(a) – Workforce Strategy	The Board requested that an item be scheduled for the Board to take a forward look on its Workforce Strategy – including the relationship with UEA and planning for roles such as Physician Associates. Carried forward – scheduled for April/May **Action: Mr Jones**
22/048(f) Mortality Data	The impact limited palliative care/community care services/beds and higher clinical acuity of patients was noted and Professor Denton offered to bring a high level summary to a future meeting in order to aid oversight of the impact of these two factors. Carried forward – to be reviewed through Quality & Safety Committee with update to next Board. **Action: Professor Denton**
New Actions arising:	
23/006 – use of escalation capacity	The Board **agreed** to review the practice of 7-beds in 6-bedded bays by the end of March, in preparation for a 'fresh start' in 2023/24. **Action: Execs**
23/007(b) – medical vacancies	The IPR now includes recruitment trajectories for Healthcare Assistants and Registered Nursing staff and medical recruitment for key roles is to be introduced in future reports. **Action: Mr Jones**

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Action Points Arising from Trust Board meeting (public)

Carried forward:		
23/004 (22/044(i) Feb '23) – Research forward planning	Non-Executives requested that time should be scheduled in a few months for the Board to discuss the 'forward look' for Research, to include our trajectory towards the BRC application. **Action: Mr Garside/Professor Denton**	Scheduled with Research Team for Board on **3 May** **Carried forward**
23/004 (22/044(ii) Feb '23) – Education forward planning	Non-Executives requested that time should be scheduled in a few months for the Board to discuss the 'forward look' for Education. **Action: Professor Denton/Mr Jones/Professor Fontaine**	For Board on **5 July** **Carried forward**
23/004 (22/030 June '22) Staff Survey – Priority Improvement Actions	The Board was informed that an update report has been provided detailing the plan and forward trajectory for priority improvement actions. Board members indicated that this did not entirely complete the action and requested that the action be kept open for monitoring. Carried forward – additional P&C Committee meeting being established for March '23. **Action: Mr Jones**	Regular reporting on People Promise and staff survey actions. Reports on improvement actions will continue to be provided. **Action Closed**
23/004 (22/048(a) – Nov '22) Workforce Strategy	The Board requested that an item be scheduled for the Board to take a forward look on its Workforce Strategy – including the relationship with UEA and planning for roles such as Physician Associates. **Action: Mr Jones**	On Agenda for next People & Culture Committee meeting (26.04.23) and then to Board – **3 May**. **Carried forward**
23/004 (22/048(f) Nov '22) Mortality Data	The impact limited palliative care/community care services/beds and higher clinical acuity of patients was noted and Professor Denton offered to bring a high level summary to a future meeting in order to aid oversight of the impact of these two factors. Carried forward – to be reviewed through Quality & Safety Committee with update to Board. **Action: Professor Denton**	
Actions Arising 01.02.23		
23/006 – use of escalation capacity	The Board **agreed** to review the practice of 7-beds in 6-bedded bays by the end of March, in preparation for a 'fresh start' in 2023/24. **Action: Execs**	Reviewed through Management Board, Quality & Safety and Finance, Investments & Performance Committees in preparation for Board consideration. **Action complete**
23/007(b) – medical vacancies	The IPR now includes recruitment trajectories for Healthcare Assistants and Registered Nursing staff and medical recruitment for key roles is to be introduced in future reports. **Action: Mr Jones**	Medical Recruitment paper is being discussed at the People & Culture Committee in April and will then be incorporated into IPR. **Carried forward**

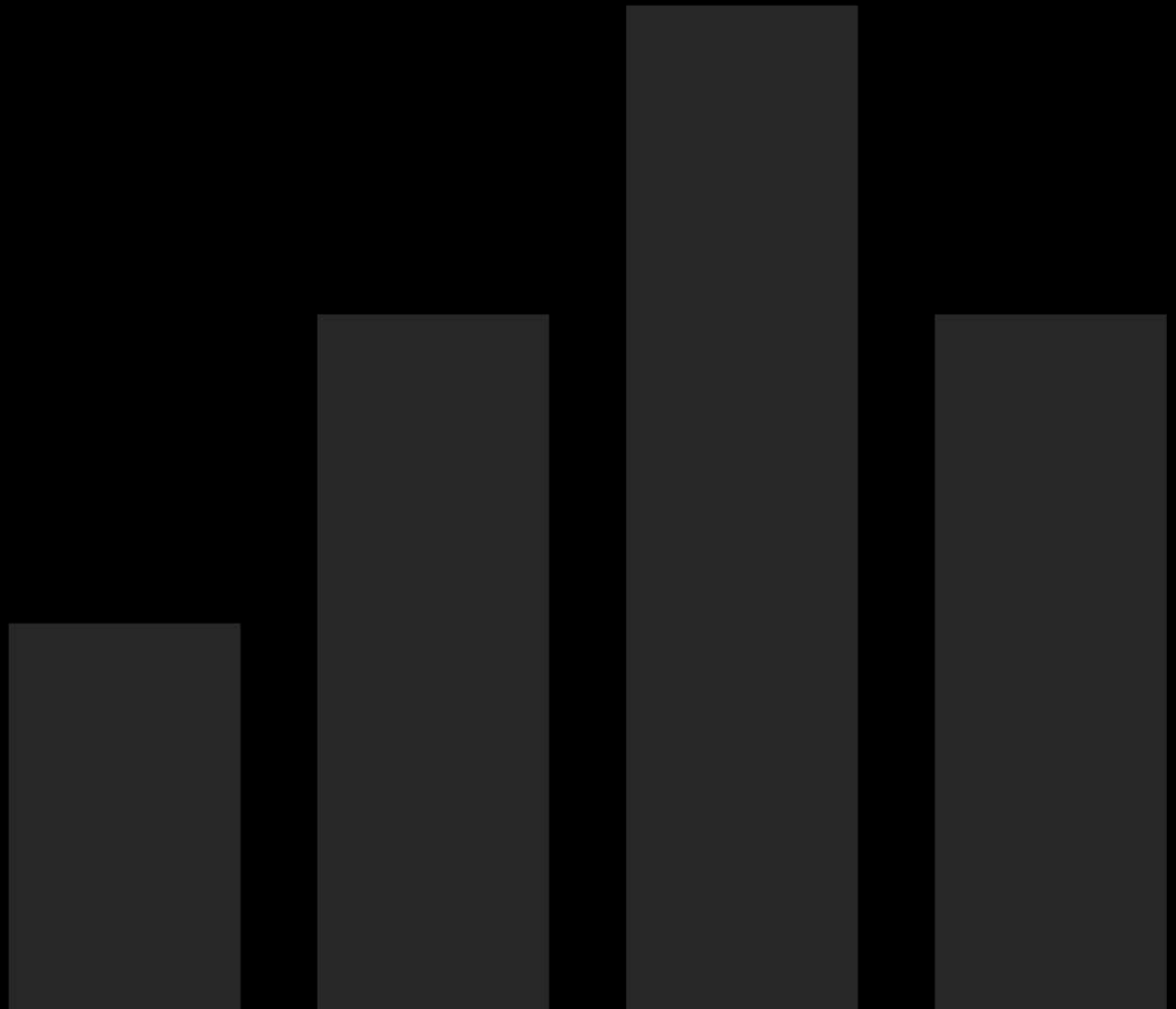
Microsoft | Power BI

Workforce

View in Power BI

Last data refresh:
31/03/2023 07:31:36 UTC

Downloaded at:
31/03/2023 14:04:14 UTC



Workforce Summary

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

NNUH Digital Health
business intelligence

Topic	Metric Name	Date	Result	Variation	Assurance
Recruitment (Non-Medical)	Time to Hire - Time To Select	Feb 2023	11.1	Improvement (Low)	No Target
Non-Medical Appraisals	Non-Medical Appraisal	Feb 2023	89.4%	Improvement (High)	Not capable
Vacancies	Variance: Headcount (WTE)	Feb 2023	-1,064	Concern (Low)	Not capable

SPC Variation Icons

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

SPC Assurance Icons

Capable | Not capable | Unreliable

Mandatory Training

NNUH Digital Health
business intelligence

Mandatory Training

Feb 2023

Variation | Assurance

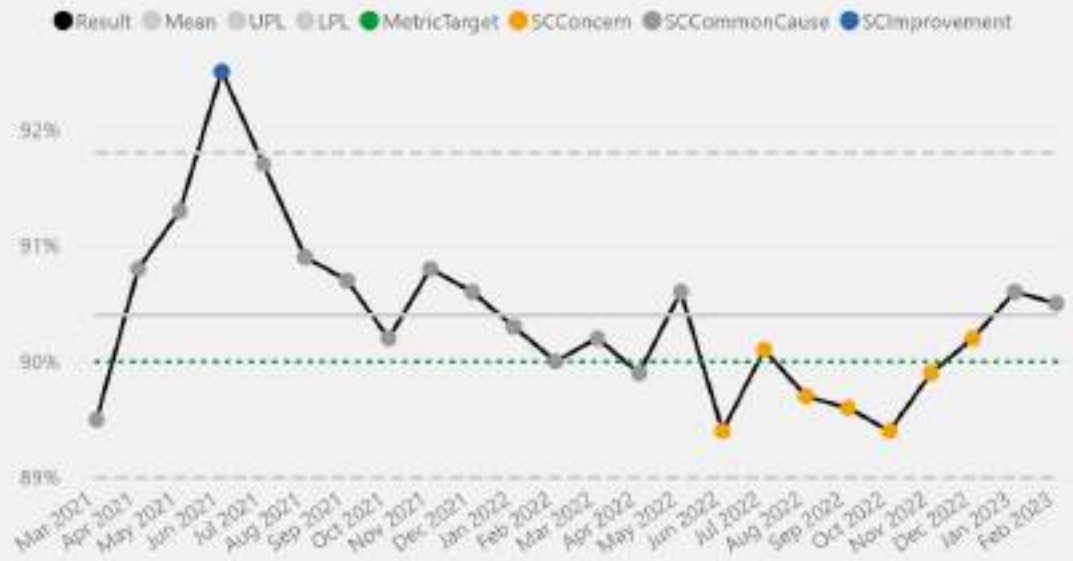
90.5% Result
90.0% Target

91.8% UPL
90.4% Mean
89.0% LPL

Analytical Commentary

Variation is Common Cause

Mandatory Training



Assurance Commentary

As at the end of February, the overall compliance rate was 90.5%. For Medical staff, the compliance rate for permanent staff was 90.1% - this figure reduces to 82.2% including the fixed term rotational junior doctors.

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

Following the split of level 2 Safeguarding Adults to Safeguarding level 3, the compliance continues to increase, as planned. Safeguarding children level 3 is at 90.6% and safeguarding adults level 3 has increased again this month to 88.4%.

Classroom based training remains the primary area of lower compliance and continues to be affected by the extreme pressures that the hospital has been under.

The new Resuscitation eLearning training launched in February. The teams have worked hard to achieve a smooth transition from the current annual classroom requirement to the new model of annual eLearning with 2-yearly classroom-based training. The feedback so far has been very positive around the change.

Improvement Actions

February 2023 - Resuscitation eLearning has finalised its testing phase and launched mid-February.

February 2023 - Targeted messages were sent to staff who have fallen below on their compliance for Information Governance and Safeguarding. Further targeted communication to promote the new Resuscitation eLearning.

February 2023 – Safeguarding children level 3 is at 90.6% and above the Trust target

Non-Medical Appraisals

NNUH Digital Health
business intelligence

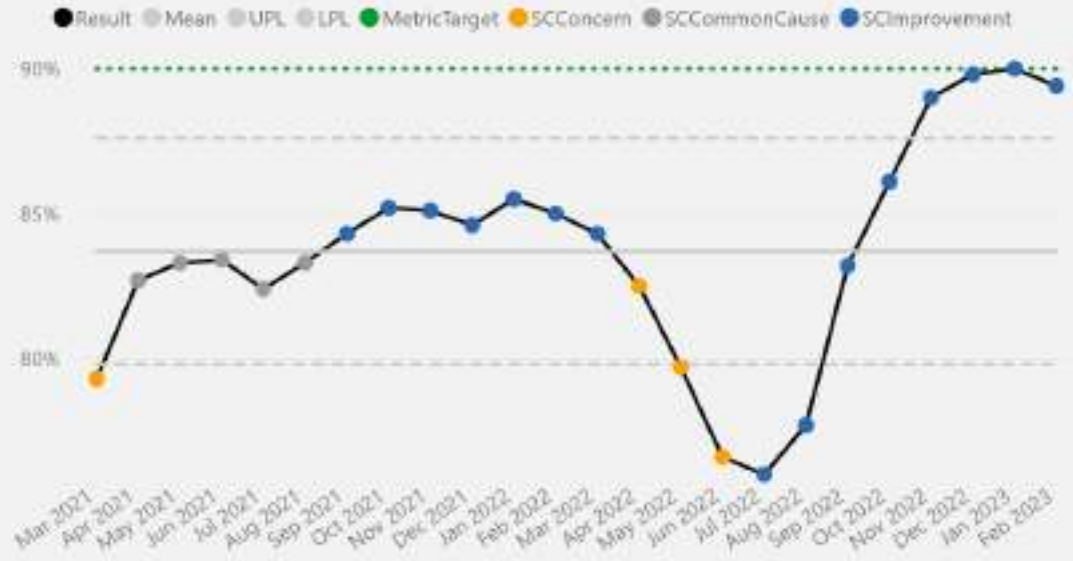
Non-Medical Appraisal

Feb 2023

Variation	Assurance
H	F

89.4% Result	87.6% UPL
90.0% Target	83.7% Mean
	79.8% LPL

Non-Medical Appraisal



Improvement Actions

February 2023 – Appraisal was the most improved NNUH staff survey 2022 sub-score (which comprises of four appraisal related questions) which is encouraging given the actions taken to launch a new PDR process April 2022, supported by line management training.

February 2023 – Clinical Support Services and Womens and Childrens Divisions have exceeded the 90% compliance rates

February 2023 – All Divisions have achieved the 80% target since October 2023

Analytical Commentary

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

Assurance Commentary

The Use of Resources 3.1 recommendation is that the Trust must achieve 80% compliance. The Trust's internal target of 90% of PDRs was extended to February 2023 due to operational pressures.

In the 12 months to February 2023, 89.4% of eligible staff (non-medical appraisals) had an appraisal (inclusive of the new PDR or the previous appraisal process). This represents a 0.6% decrease in performance compared to the previous month. This is the highest compliance that Trust has reported.

Each Division has achieved the 80% consistently since October 2022. Women and Childrens Division and Clinical Support Services have reached the target of 90%. The remaining Divisions have put measures in place to reach the 90% by the end of March, in advance of the new appraisal cascade year.

Appraisal was the most improved NNUH staff survey 2022 sub-score (which comprises of four appraisal related questions) which is encouraging given the actions taken to launch a new PDR process April 2022, supported by line management training. However, the quality of appraisal question scores remain below average the national acute average (124 trusts) and further improvement is required to enhance staff appraisal experience for our staff.

During February 2023 an online PDR questionnaire was promoted across the trust, seeking further qualitative feedback which is currently being considered prior to the launch of the 23/24 appraisal cycle. Departments that scored low staff satisfaction for their appraisal experience will be targeted for improvement interventions.

Sickness Absence

NNUH Digital Health
business intelligence

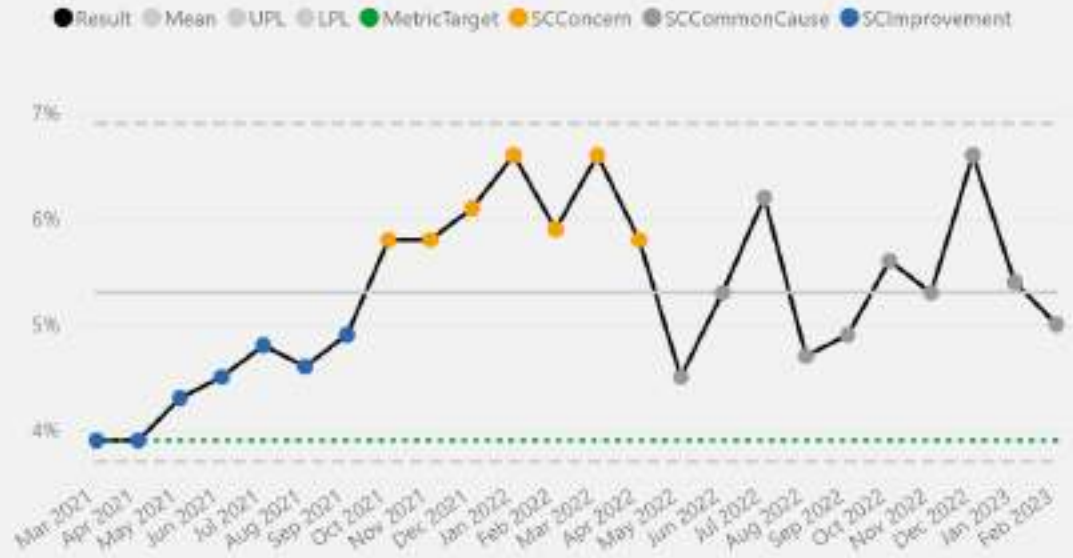
Monthly Sickness Absence %

Feb 2023

Analytical Commentary

Variation is Common Cause

Monthly Sickness Absence %



Assurance Commentary

The Trust's 12 month rolling average target for sickness absence is 3.9%. As at 28 February 2023, that rate is 5.5%. The monthly absence figure for February is 5.0%. Had Covid sickness been excluded the 12-month rolling average rate would be 4.3%.

Due to the ICS Power BI not being up to date, it is difficult to compare with ICS system partners. NCH&C report a rolling absence rate of 5.8% for February 2023, which is higher than the Trust's rolling average of 5.5%.

Covid related sickness in February 2023 was 0.6%; equal to January 2023. Due to covid and flu community prevalence, short-term absence is continuing to impact on staffing levels. The vaccination programme has assisted to mitigate some levels of absence for flu and covid.

Attendance Improvement Group progressing Key Enablers for Maximising Attendance and actions for improvement are currently being collated to commence discussions within task and finish groups.
28% of the psychological occupational health referrals seen this month were considered to be work related. 50% of the above cited 'relationships in the workplace' as reasons for ill health. There was an equal split between relationship concerns with colleagues and managers. Other sources of stress link to demands of workload and one case still having impact form COVID experiences. A wealth of support offerings are available to staff however organisational actions to address the root cause.

Musculoskeletal injuries occurring from increased demands and repetitive activities and postures having to be adopted in overcrowded wards and patient environments.

Improvement Actions

Feb 2023 – The new Employee Assistance Programme was launched in January. Initial reports from the supplier indicate that staff awareness of the service is increasing predominantly via the Workplace health & wellbeing service. The new supplier facilitates increased staff access to telephone support and guided CBT than previous supplier.

Feb 2023 – Attendance Management Workshops held to upskill managers in managing sickness absence. Future monthly workshop dates have been added to ESR until March 2024.

Staff Turnover

NNUH Digital Health
business intelligence

Monthly Turnover

Feb 2023

Variation | Assurance

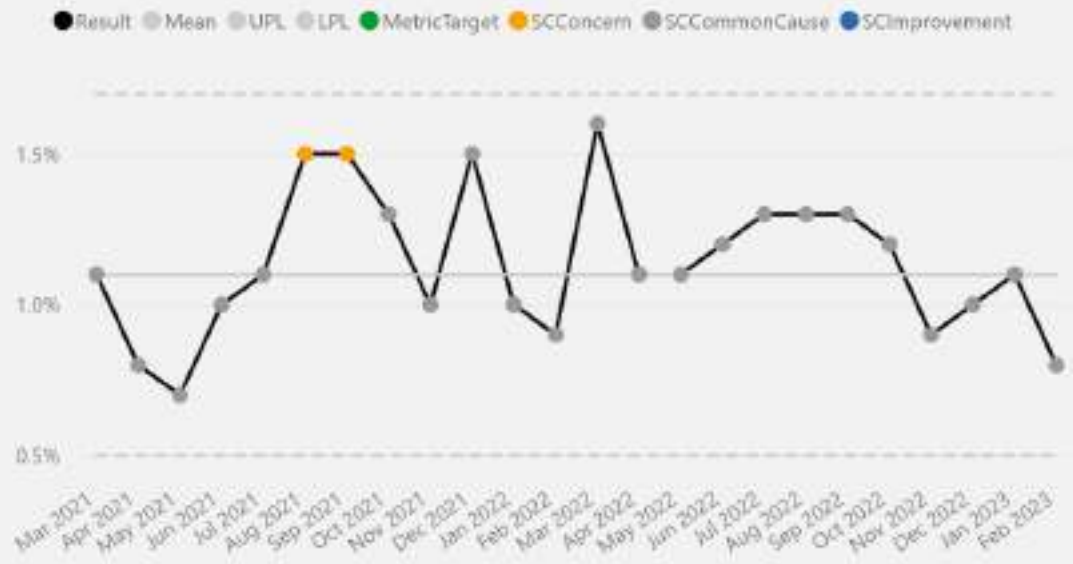
0.8% Result
N/A Target

1.7% UPL
1.1% Mean
0.5% LPL

Analytical Commentary

Variation is Common Cause

Monthly Turnover



Assurance Commentary

The monthly turnover rate for February 2023 is 0.8% which is lower than January 2023 (1.1%) and February 2022 (0.9%). The 12-month average turnover rate is 13.8%, a reduction of 0.1% from January 2023.

To reduce turnover to 10% per annum, a monthly turnover rate of 0.83% needs to be achieved and maintained. This equates to 58 employees leaving per month.

In February 2023, 57 employees left the Trust which is a decrease from January 2023 where 75 employees left, December 2022 seeing 69 leave and November 61. This is a decrease in the preceding three months reporting 94, 95 and 85 leavers.

The Retention Board has reviewed the most recent data from the Stay/Exit Interviews which indicates the top reasons for leaving are promotion opportunities; convenience in travel to work; and relationships with the ward/department; and developed a revised work programme to propose a smaller number of higher impact actions. These have been discussed with colleagues at the Staff Council and JSCC for feedback. The high impact actions, which are predominantly workforce led, are underway to further support retention activities, which include a change from a Probationary Policy to a "Settle in" process, development of options to enable manager to advertise roles internally where high calibre candidates may already be working at NNUH, revisions to the methodology to calculate turnover to be in line with ICB partners and increasing awareness of the pensions scheme flexibilities.

Improvement Actions

Feb 2023 – The review of Travel to Work is underway and the proposals include the provision of additional on-site car parking spaces, additional bus routes and changes to the parking criteria to better support colleagues working 12 hour shifts. Engagement with trade union colleagues will inform the implementation of changes which is due to be implemented from April.

Feb 2023 – Ongoing focus on supporting staff with their right to take industrial action, ensuring all colleagues were treated in accordance with our PRIDE values, and supported through the provision of extensive guidance.

Staff in Post

NNUH Digital Health
business intelligence

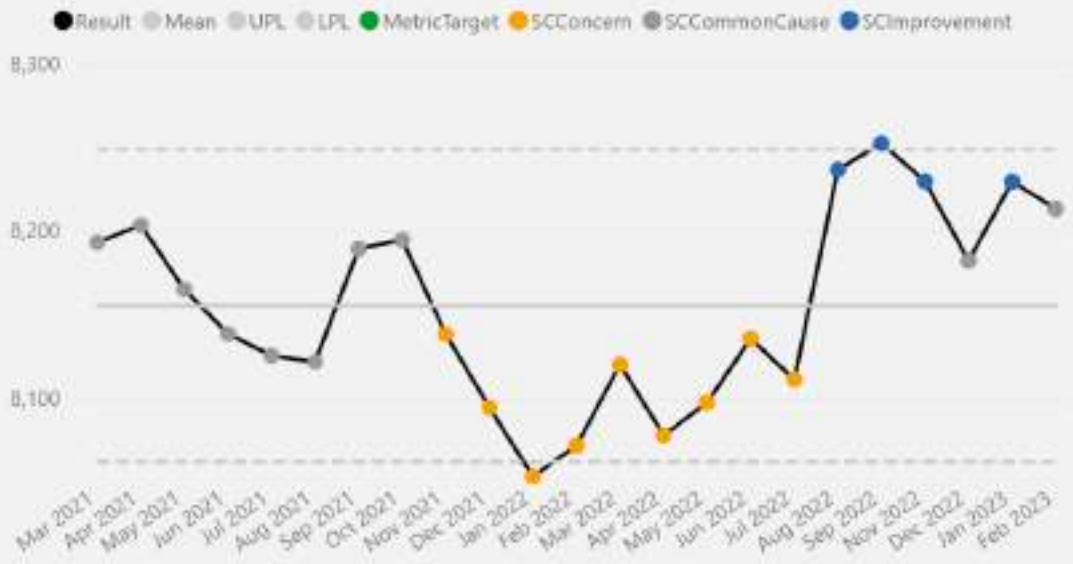
Actual Substantive Headcount (WTE)

Feb 2023

Variation | Assurance

8,213 Result
N/A Target
8,249 UPL
8,155 Mean
8,062 LPL

Actual Substantive Headcount (WTE)



Analytical Commentary

Variation is Common Cause

Assurance Commentary

Substantive staff in post is 8,213 for February 2023, a decrease from January 2023 (8,229.8).

Improving headcount performance requires vacancy reduction and turnover reduction to be achieved.

Recruitment trajectories for nursing across Medicine, Surgery, Midwifery and Paediatrics are in place and progress is reviewed monthly through the Performance Assurance Framework.
In addition, a Trust wide trajectory has been developed for our key clinical posts that span the next 2 years, inclusive of data relating to internal promotions, so that robust plans can be devised to reduce the vacancy gap.

Divisional workforce plans have been finalised in the month of February 2023, these include areas of service expansion, skills mix changes, international recruitment considerations, removal of premium pay and other aspects. These detailed plans will inform the Recruitment Plan for 2023/2024.

Staff engagement is critical and 6 focussed priority actions from the NNUH People Promise continues to progress, as we seek to improve our staff experience of working at NNUH. The actions will be reviewed in response to the staff feedback from the 2022 staff survey after consulting with our JSCC, Staff Networks, the Staff Council, Divisions and Management Teams.

Improvement Actions

February 2023 - The ESR Welcome Page, provided to new joiners up to two weeks before they join NNUH, has been refreshed to include a welcome video from the Chief Executive, a site map, NNUH Twitter links and information on our NNUH PRIDE values, Caring for You – our five year plan, an e-learning guide and links to ViVUp, our new staff benefits portal.

February 2023 - Nationally funded work is underway via Tricordant, an external provider, who deliver the Culture Leadership Programme as part of the People Promise.

Vacancies

NNUH Digital Health
business intelligence

Variance: Headcount (WTE)

Feb 2023

Variation	Assurance
L	F

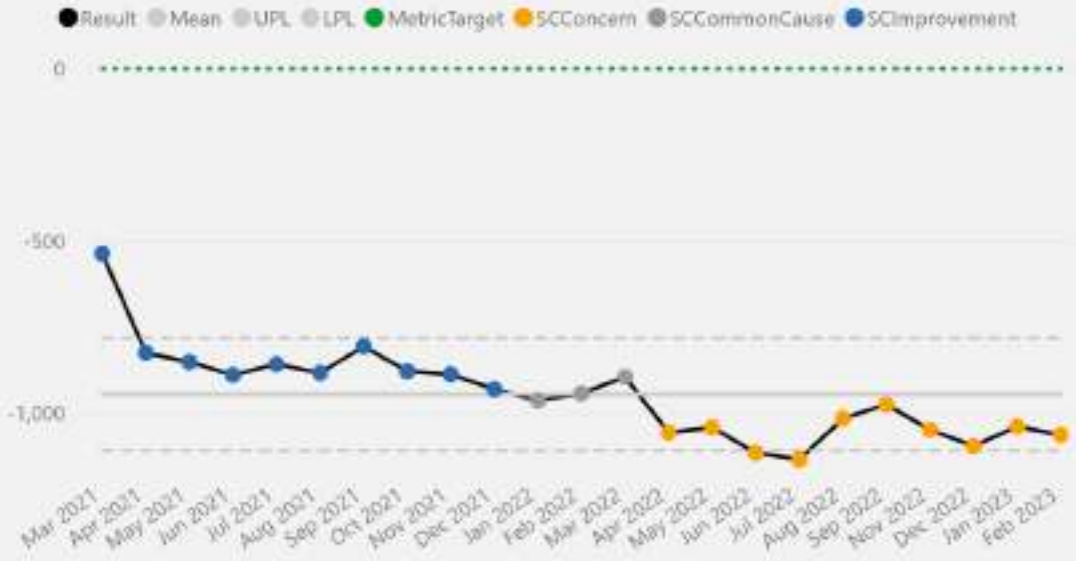
-1,064 Result
0 Target

-783 UPL
-946 Mean
-1,108 LPL

Analytical Commentary

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

Variance: Headcount (WTE)



Assurance Commentary

The Trust vacancy rate for February 2023 is 11.5% which is an increase from 11.2% in January.
Based on the current vacancy rate, the Trust will need to recruit an additional 140 staff to bring the rate below the Trust target of 10%, provided no establishment changes and no additional staff leave.
International RN recruitment via the IR Hub continues with 120 Nurses expected to arrive as part of the commitment to NHSEI by July 2023. 17 arrived at the Trust in February.

The opening window for career discussions for third year student nurses has commenced. 70 career discussions have taken place. These discussions determine suitability to work in a particular clinical area, in place of a more formal interview. The students will be graduating and starting in post between July and September 2023.

There is a significant current risk to decreasing the Trust's Health Care Assistant roles in line with the recruitment trajectory. There is a decrease in the number of applicants for the role of Health Care Assistant which is also seeing a decrease in candidates journey to commencing at the Trust. Two local ICS Trust's are implementing a revision of band 2 Health Care Assistants to band 3. These two issues create the risk that the vacancies will not be filled, in line with the trajectory, over the next year.

Actions are being devised with Divisions where there is long term agency spend or 'Hard to fill' posts connected to agency spend along with 'Hard to Fill' medical posts. This will ensure a robust approach is taken to recruit to known posts.

In line with the financial business planning cycle, workforce planning is well underway for each of our clinical divisions and

Improvement Actions

February 2023 - Recruitment action plans and trajectories continue to monitor the vacancy gap for entry level nursing workforce roles for Medicine, Surgery, Midwifery and Paediatrics, and healthcare assistants across Medicine and Surgery.

February 2023 – Summer 2023 FPQ recruitment is under way, managers are encouraged to complete career conversations with third year student nurses.

February 2023 – 23 new HCAs started in January. A further 72 candidates are either going through pre-employment checks or have a confirmed start date.

Recruitment (Non-Medical)

NNUH Digital Health
business intelligence

Time to Hire - Total

Feb 2023

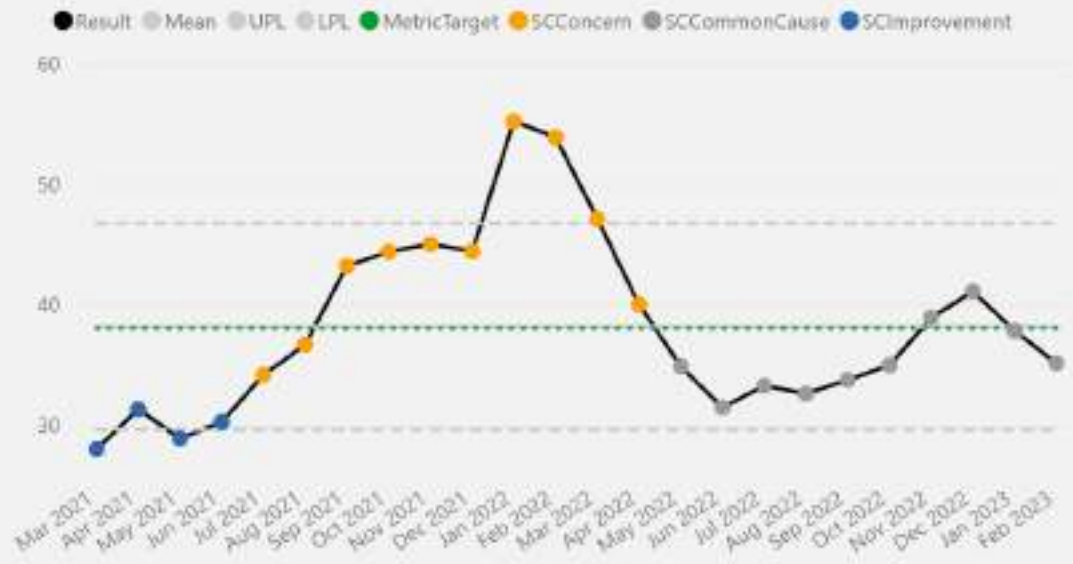
Variation | Assurance

35.1 Result
38.0 Target
46.7 UPL
38.1 Mean
29.6 LPL

Analytical Commentary

Variation is Common Cause

Time to Hire - Total



Assurance Commentary

The new time to hire metric was launched in November. The launch included tips to improve the time to hire to achieve a further reduction.

The February Time to Hire was 35.1 working days. This is within the new Trust KPI of 38 days.
Time to Offer is at 3.0 working days, this is above the target of 2 days. A review has been undertaken to reduce this to the target of 2 working days. This will maintain a good candidate experience and will enable the next stages of the recruitment checks to commence as quickly as possible.

The average Time to Select was 11.1 working days. This is slightly over the target time of 10 days. The majority of the Divisions have achieved the time to select this month during significant operational pressures and industrial action. Additional support will be offered where the target was not achieved.

Time to check was 23.2 which is under the internal target of 26 days.

Improvement Actions

February 2023 - 25 Health Care Assistants commenced their induction training

February 2023 - 17 International Nurses commenced their induction training

Supplementary Metrics

Metric Name	Date	Result		Variation	Assurance
Time to Hire - Time To Select	Feb 2023	11.1		Improvement (Low)	No Target

Job Planning

NNUH Digital Health
business intelligence

Job Plans Signed Off % (Within 12months)

Feb 2023

Variation | Assurance

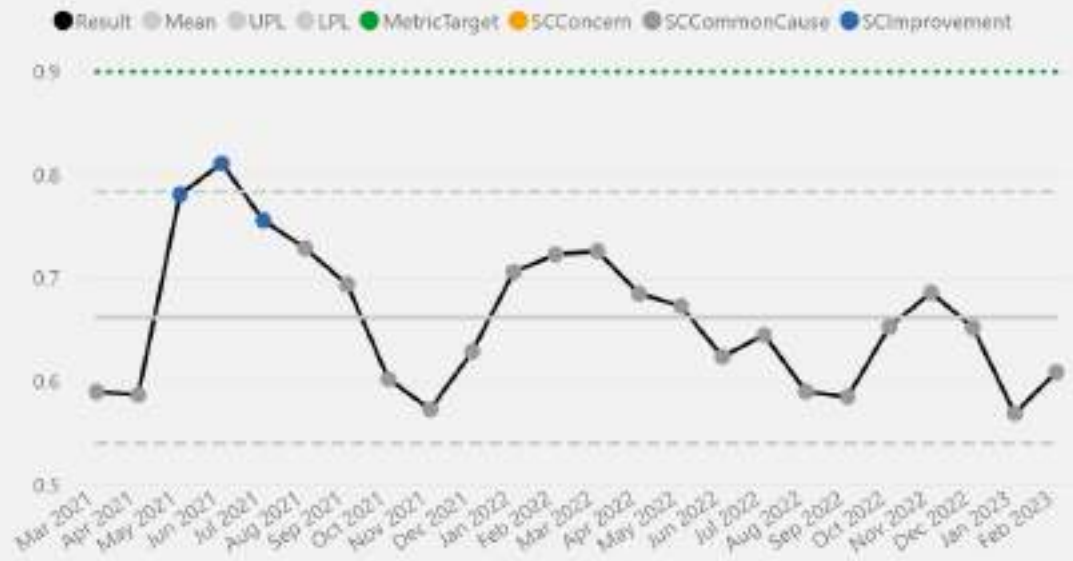
F

60.9% Result
90.0% Target
78.4% UPL
66.2% Mean
54.0% LPL

Analytical Commentary

Variation is Common Cause

Job Plans Signed Off % (Within 12months)



Assurance Commentary

Initial analysis has identified gaps in knowledge for end users in relation to the system and the policy for job plans that have been in the discussion phase for some time. Actions to address these gaps are detailed below.

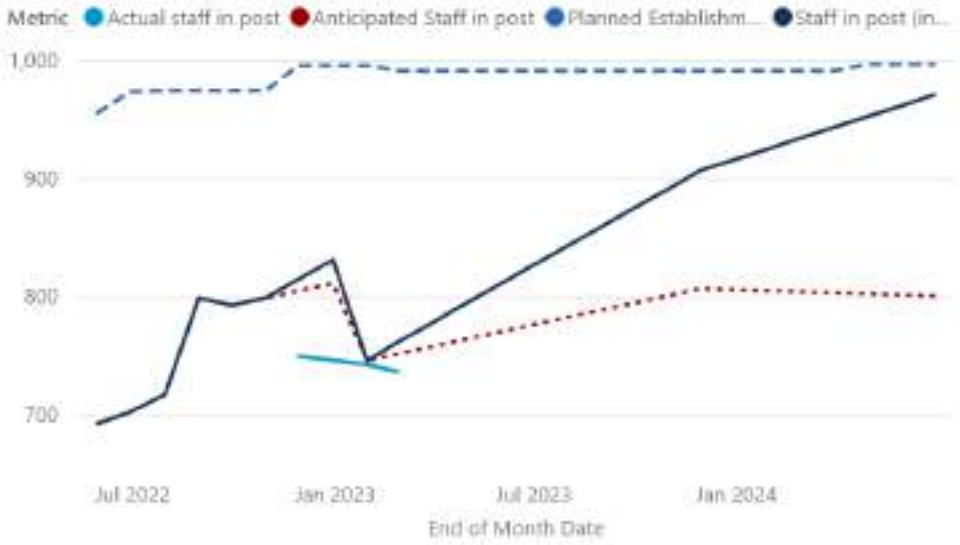
Improvement Actions

To take corrective action with job plans that are signed off and in date which have been republished in error.
To develop new user guides in the form of videos or PowerPoint presentations to be made available on the new intranet when launched.
To implement new IPR report which allows for job plans that have been signed off within 12 months but are in discussion phase to edit and keep up to date.

Recruitment Trajectories

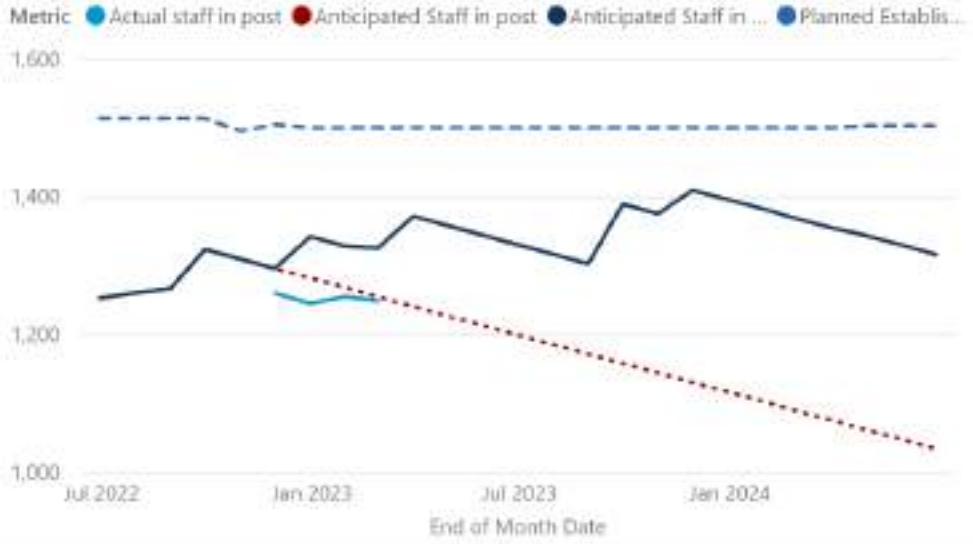
NNUH Digital Health
business intelligence

Recruitment Trajectory - Trust Band 2 Healthcare Assistant



Metric	May-22	Jun-22	Jul-22	Aug-22
Actual staff in post				
Anticipated Staff in post	692.30	702.20	716.57	798.41
Anticipated Vacancy %	27.5%	27.8%	26.4%	18.0%
Anticipated Vacancy % (increased capacity)	27.5%	27.8%	26.4%	18.0%
Increased Capacity				
Internal Promotions			0.87	0.87
Other Leavers	18.84	15.92	19.76	15.29
Planned Establishment	955.40	973.10	974.10	974.10
Planned Establishment %	00.0%	00.0%	00.0%	00.0%
Recruitment Activity			35.00	98.00
Staff in post (increased capacity)	692.30	702.20	716.57	798.41

Recruitment Trajectory - Trust Band 5 Nurse



Metric	May-22	Jun-22	Jul-22	Aug-22
Vacancy % (INR)		17.3%	16.8%	16.3%
Recruitment Activity		15.44	29.30	28.44
Promotions		8.66	8.66	8.66
Planned Establishment %			00.0%	00.0%
Planned Establishment		1,513.20	1,513.20	1,513.20
Leavers		13.00	13.00	13.00
Increased Capacity				
Anticipated Vacancy FTE (INR)		261.30	253.66	246.88
Anticipated Vacancy FTE		261.30	253.66	246.88
Anticipated Vacancy %		17.3%	16.8%	16.3%
Anticipated Staff in post (INR)		1,251.90	1,259.54	1,266.32
Anticipated Staff in post		1,251.90	1,259.54	1,266.32
Actual staff in post				

REPORT TO TRUST BOARD

Date	**Wednesday 5th April 2023**		
Title	**Staff Experience Dashboard**		
Author & Exec lead	**Julia Buck, People Promise Manager (on behalf of) Paul Jones, Chief People Officer**		
Purpose	**For discussion and information**		
Relevant Strategic Objective	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.		
Are there any quality, operational, workforce or financial implications of the decision requested by this report?	**Quality**	**Yes✓ No☐**	Improved patient care, via improved staff experience
	Operational	**Yes☐ No✓**	Improved service delivery and support to address waiting time
	Workforce	**Yes✓ No☐**	Improved staff experience and morale which will lead to a reduction in vacancies and improved retention
	Financial	**Yes✓ No**	Reducing bank, agency and additional hours

1. Background/Context

1.1 A staff experience dashboard has been developed to provide oversight of the Trust's staff experience. The Workforce Team have been working with the Digital Health Team (PowerBI) to develop the dashboard. The initial dashboard has been launched and the Workforce Team continue to work with the PowerBI Team to build on additions to expand the dashboard.

1.2

2. Key issues, risks and actions

2.1 The staff experience dashboard provides an interactive platform for managers and all staff, to view the staff results overview across Divisions and Corporate Departments. The dashboard is populated with the last two years staff survey findings and allows a drill down to individual team level where 11 or more people responded to the survey. Please see appendix one for the three screenshots of the dashboard. The first screenshot is the home page where the Trust, Divisional or Department level results can be selected. The second screenshot is the Divisional home page where the drop down menu can be used to select the division scores by the People Promise theme and individual question. The third screenshot is the department level score (if 11 or more respondents) which can be viewed by People Promise theme and individual question with comparisons to Quality Health average acute trust scores.

2.2 The National Quarterly Pulse Survey data can not currently be added at this time to the dashboard due to the differing format, when comparing to the staff survey. This is on the future development list with the Information Services Team to enable us to continue to build on the dashboard.

2.3 National funding has also been secured, as part of the People Promise, to continue the Culture Leadership Programme with Tricordant, a provider nationally accredited to this programme. The company have engaged with a range of stakeholders during March 2023 to shape KPIs to measure

the Trust's culture and staff experience. Once the KPIs are agreed, these provide an addition to the Staff Experience Dashboard. This will enable divisional management teams to utilise as part of their monthly oversight meetings.

3. Conclusions/ Next steps

3.1 The initial staff experience dashboard has been launched across the Trust, with further development of the dashboard to take place.

Recommendation:

The Board is recommended to:

- Note the progress of the staff experience dashboard
- Note the progress to develop the dashboard further this year

Staff Survey

View staff survey results by division and department.

Norfolk and Norwich University Hospitals

Purpose of Report

This report shows all staff survey results by either division or department. It shows the People Promise and Themes scores which are calculated based on a group of questions. The questions can be viewed on the report by how positively they scored. YoY difference is calculated to show changes over the years.

Data refresh schedule:

This report is refreshed **ANNUALLY.** Estimated March of each year.

Latest Data is -

2022

Data Information - PLEASE READ:

Data is pulled from Quality Health Solar online reporting system. This is provided by HR team.

The survey questions have 2 different scores. The people promise score and the positive score. A breakdown is shown by trust, division, department, people promise section/theme and questions.

The % scored positively is aggregated up to division, department and People Promise element internally, but matches the same logic of Quality Health Reports. It divides total positive responses by all responses.

A link to how people promise scores work is on the report page.

Department and division are calculated separately due to response sample weighting. Division cannot be aggregated up from departments as that data withholds departments with less than 6 responses for data security.

Data is currently shown for the 2021 survey and 2022 survey.

Version History:

| 07/03/2023 - Amy Gill - Initial Build

Contact Information:

Report Owner: Amy Gill

Email: bidevelopment@nnuh.nhs.uk

Team: BI Developers

Report Help:

| Power Bi How-to guide

| Power BI Report Directory

| Business Intelligence FAQ

To reset filters, select this button on the top right on the power bi report page.

Staff Survey

Current View: Trust 2022

Division: All

Promise / Theme: All

Question Text: All

Year: 2022

Hold CTRL to select multiple selections. Please be aware Promise and Theme scores only show on individual divisions.

Norfolk and Norwich University Hospitals NHS Foundation Trust

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

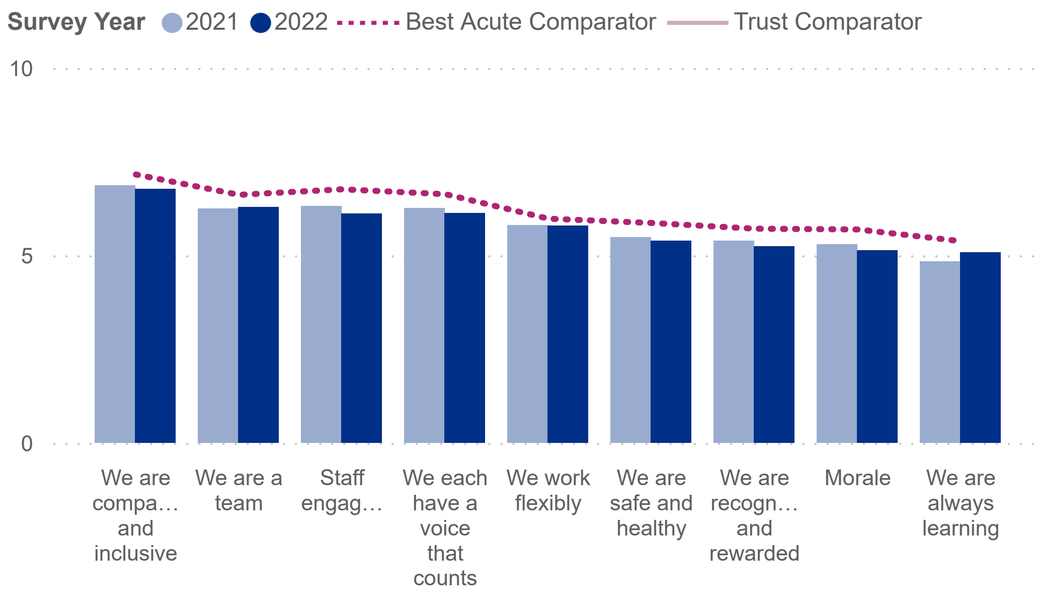
6.3
Promise 7: We are a team

6.1
Theme: Staff Engagement

5.1
Theme: Morale

Hover to find out more:

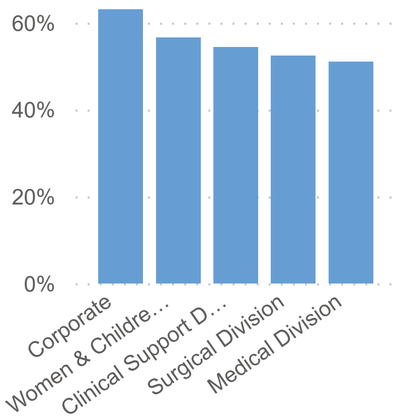
People Promise and Theme Scores by Year and Comparators



Year on Year Difference

People Promise/Theme	YoY 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 %	YOY Diff
Clinical Support Division			
We are compassionate and inclusive	**63.8%**	**70.12%**	**-2.20%**
We are recognised and rewarded	**43.4%**	**50.61%**	**-2.90%**
We each have a voice that counts	**56.7%**	**64.37%**	**-1.20%**
We are safe and healthy	**47.7%**	**51.57%**	**-1.40%**
We are always learning	**42.2%**	**49.96%**	**2.10%**
We work flexibly	**47.3%**	**53.75%**	**0.00%**
We are a team	**58.8%**	**64.42%**	**-0.90%**
Staff engagement	**53.4%**	**64.31%**	**-3.40%**
Morale			
As soon as I can find another job, I will leave this organisation (Strongly disagree/Disagree).	53.6%	55.83%	-2.30%
I always know what my work responsibilities are (Agree/Strongly agree).	79.7%	85.68%	-2.00%
I am able to meet all the conflicting demands on my time at work (Agree/Strongly agree).	29.3%	42.77%	-2.30%
I am involved in deciding on changes introduced that affect my work area / team / department (Agree/Strongly agree).	42.6%	49.83%	1.00%
I have a choice in deciding how to do my work (Often/Always).	46.9%	51.92%	1.10%
I have adequate materials, supplies and equipment to do my work (Agree/Strongly agree).	41.4%	53.35%	-1.80%
I have unrealistic time pressures (Never/Rarely).	17.0%	22.62%	-2.50%

Staff Survey

Current View: Cardiology Admin 2022

Department: Cardiology Admin

Promise / Theme: All

Question Text: All

Survey Year: 2022

Hold CTRL to select multiple selections. Please be aware Promise and Theme scores only show on individual departments.

Norfolk and Norwich University Hospitals NHS Foundation Trust

6.2
Promise 1: We are compassionate and inclusive

4.5
Promise 2: We are recognised and rewarded

5.8
Promise 3: We each have a voice that counts

4.4
Promise 4: We are safe and healthy

3.8
Promise 5: We are always learning

5.2
Promise 6: We work flexibly

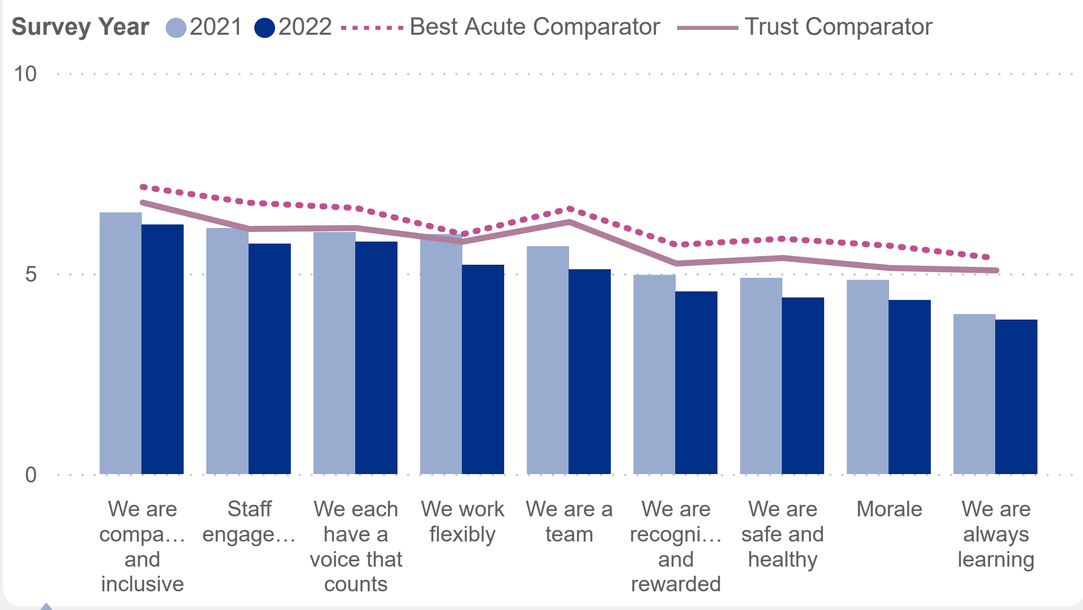
5.1
Promise 7: We are a team

5.7
Theme: Staff Engagement

4.3
Theme: Morale

Hover to find out more:

People Promise and Theme Scores by Year and Comparators



Year on Year Difference

People Promise/Theme	YoY Diff
We are always learning	-0.14
We each have a voice that counts	-0.24
We are compassionate and inclusive	-0.30
Staff engagement	-0.39
We are recognised and rewarded	-0.41
We are safe and healthy	-0.49
Morale	-0.51
We are a team	-0.58
We work flexibly	-0.76

Department	% Scored Positively
Cardiology Admin	40.9%

% Scored Positively by Question Breakdown

Department	% Scored Positively	Avg Acute %	YoY Diff
Cardiology Admin			
We work flexibly	**31.0%**	**53.8%**	**-0.20**
Staff engagement	**42.3%**	**64.3%**	**-0.11**
We each have a voice that counts	**44.2%**	**64.4%**	**-0.09**
We are compassionate and	**50.0%**	**70.1%**	**-0.08**
We are a team			
In my team disagreements are dealt with constructively (Agree/Strongly agree).	19.0%	55.7%	-0.22
My team has enough freedom in how to do its work (Agree/Strongly agree).	38.1%	57.7%	-0.21
My immediate manager takes a positive interest in my health and well-being (Agree/Strongly agree).	42.9%	67.0%	-0.13
Teams within this organisation work well together to achieve their objectives (Agree/Strongly agree).	28.6%	52.0%	-0.12
My immediate manager gives me clear feedback on my work (Agree/Strongly agree).	28.6%	61.5%	-0.10
My immediate manager encourages me at work (Agree/Strongly agree).	28.6%	69.5%	-0.09
The team I work in often meets to discuss the team's effectiveness (Agree/Strongly agree).	42.9%	57.8%	-0.07
The team I work in has a set of shared objectives (Agree/Strongly agree).	52.4%	72.6%	-0.01
Team members understand each	57.1%	70.7%	0.01

REPORT TO TRUST BOARD

Date	**Wednesday 5th April 2023**		
Title	**Staff Experience - Priority Improvement Actions**		
Author & Exec lead	**Julia Buck, People Promise Manager (on behalf of) Paul Jones, Chief People Officer**		
Purpose	**For discussion and information**		
Relevant Strategic Objective	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.		
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, via improved staff experience
	Operational	**Yes☐ No✓**	Improved service delivery and support to address waiting time
	Workforce	**Yes✓ No☐**	Improved staff experience and morale which will lead to a reduction in vacancies and improved retention
	Financial	**Yes✓ No**	Reducing bank, agency and additional hours

1. Background/Context

1.1 The six priority areas that were identified for 2022/23, which will felt could make the biggest difference to them if delivered were:

- Staff Shortages
- Staff Facilities
- Manager Support and Appreciation
- Staff Wellbeing
- Addressing Poor Behaviours
- Flexible Working

2. Key issues, risks and actions

2.1 The six priority areas contain twenty-four actions as part of our People Promise delivery plan. Work continues to ensure these are delivered within the anticipated timescale, with remedial actions in place where this has proven not possible. A RAG rated summary can be found at Appendix A.

2.2 15 of the 24 actions have been completed. Nine actions have been rag rated as unlikely to be met, which are:

- Dignity at Work policy revisions
- A vacancy rate of 5% in key clinical roles,
- Reduction in annualised turnover to10%

- A 20% reduction in sickness triggers
- Implementation of revised travel to work plans
- A 50% reduction of “in shift” moves
- 500 Managers to complete their licence to lead
- Launch of NNUH leadership standards
- Flexible working organisational metrics

2.3 Focus remains on completing these actions as they each contribute to staff experience and therefore support retention overall. Travel to work plans will be implemented during April 2023.

Next steps

2.4 The People Promise is a nationally led initiative, with the ambition that, by 2024, all staff working in the NHS will be able to recognise how the statements making up the promise apply to them. National funding has been agreed in principle for the People Promise Manager role for a further twelve months, which will be vital to help us maintain the momentum in our delivery.

2.5 To inform the actions and high impact outputs for the People Promise Priority Improvement Actions for 2023/24, the 2022 staff survey results will be used. Divisions have been provided with a line manager briefing pack, with a link to the BI pages and will be asked to review their results and discuss with their teams. There may be areas where teams can celebrate success and where things may be going well, and managers will be asked to agree local actions they feel their team could implement and others they feel may require a corporate-wide approach. This action has been requested to be completed by 30th April 2023.

2.6 Research is being undertaken of the top five improved Trust’s, in relation to the staff survey. Once the research has been undertaken, a world café for all staff will be conducted at the end of April. This will showcase actions to inform the People Promise Priority Improvement Actions.

2.7 Further actions are also being developed, in relation to the staff survey, which are outlined in the staff survey report.

2.8 Feedback on the themes has been sought from the Joint Staff Consultative Committee (JSCC) and the Staff Council. Initial feedback suggests a desire to maintain the themes as outlined above. There is however a recognition that operational pressures and additional patients to bays, in particular, are playing a key part in staff morale. This is emerging as a new theme from the initial analysis of the staff survey free text comments. It will be important to develop action plans that address staff concerns regarding the working/caring environmental pressures they are experiencing, whilst not losing our focus on the remaining six areas.

4. Conclusions/ Next steps

4.1 The People Promise Priority Themes and associated high impact actions and outputs will be developed over the next month. The new actions will be shared with Trust Board at a future meeting.

Recommendation:

The Board is recommended to:

- Note the progress of the priority workstreams
- Note the risks to maintaining traction, whilst the organisation is working under pressure
- Note the progress to develop the priority actions for next year

Appendix B

Task Status Key	
	Milestone or task is on schedule
	Milestone or task is behind schedule
	Milestone or task is overdue or unlikely to meet schedule
	Milestone or task is complete

Project Plan

No.	Key Milestone Description	Owner	Associated Actions		Due Date	Task Status	Baseline/ Progress update
1	**Staff Shortages** • Reduce our overall vacancies • Reduce the timescale between applying for a role and joining us • Do more to help retain current staff • Reduce short-term absences.	Paul Jones	Actions required to complete this milestone: 4			0	
			1.1	Reducing overall vacancies to 10% and key clinical roles to 5% (March 2023)	31/03/2023	Unlikely to meet schedule	Overall target of 10% is on target, however 5% is at significant risk for HCAs.
			1.2	Achieving an average of 55 days from placing job ad to completing employment checks (June 2022)	30/06/2022	Complete	55 days met in June. Revisions to process have now set a 38-day average TTH, commencing Dec 22
			1.3	Reducing staff turnover to under 10% (end March 2023)	31/03/2023	Unlikely to meet schedule	Four retention workstreams underway. Focus in supporting HCA new starters, implementation of Stay Conversations and making it easier for staff to move internally. Current trajectory is to achieve 10% by Sept 23
			1.4	20% reduction in staff absence triggers, as set out in the Attendance Policy (end March 2023)	31/03/2023	Unlikely to meet schedule	Divisional data being shared via HRBPs to enable plans/governance to be agreed

2	**Staff Facilities** • Improve facilities • Offer revised travel to work options.	Simon Hackwell	Actions required to complete this milestone: 4			0	
			2.1	Agreed refurbishments/improvement plan (July 2022)	31/07/2022	**Complete**	Prioritised schedule of areas for refurbishment has been agreed.
			2.2	Refurbishment programme communicated (August 2022)	31/08/2022	**Complete**	Schedule of planned refurbishments published November 22, with photographs of completed areas
			2.3	Revised travel to work options and parking offering published (September 2022)	30/09/2022	**Complete**	Travel to work consultation closed end November. Additional capacity still being finalised.
			2.4	Implementation of the updated travel options (March 2023)	31/03/2023	**Not met**	Proposals drafted, currently being consulted with trades unions, with implementation anticipated from April
3	**Manager support and appreciation** • Ensure leaders are more visible across Trust • Implement a new approach to Personal Development Reviews (PDRs) • Ensure uptake of "Licence to Lead" by line managers.	Chris Cobb	Actions required to complete this milestone: 3			0	
			3.1	A monthly programme of senior management visits to ward and specialty areas (from June 2022)	30/06/2022	**Complete**	Schedule populated and diarised to cover all areas to March 2023, increasing to weekly over winter period
			3.2	Meaningful PDR discussion with your line manager (90% of staff by end September 2022)	28/02/2023	**Complete**	90% target achieved by Jan 2023
			3.3	A minimum of 500 line managers complete "Licence to Lead" (March 2023)	31/03/2023	**Unlikely to meet schedule**	200 managers completed as of end Feb 2023. A further 1100 have commenced the programme, with 400 having completed at least 60% of their Licence.
4	**Staff Wellbeing** • Better support wellbeing at work to help address burnout • Offer support and	Nancy Fontaine	Actions required to complete this milestone: 5			0	
			4.1	A wellbeing conversation included as part of your PDR (90% by end September 2022)	30/09/2022	**Complete**	The action for wellbeing to be included as part of PDR is complete and embedded as part of the new process.

	information to help with cost-of-living pressures • Take action to minimise "in shift" staff moves.		4.2	Schwartz Rounds reintroduced, increase Professional Nurse Advocate and Professional Midwifery Advocate roles and promotion of other wellbeing support (September 2022)	30/09/2022	**Complete**	Schwartz Rounds programme launched Jan 23. 11 PNAs being trained, due to complete Jan/Feb 23 which will increase numbers from 19 to 30.
			4.3	A monthly programme of "Rest & Restore" days (ongoing to March 2023)	31/03/2023	**Complete**	Funding approved for programme to end of March 23. Additional "Winter Wellbeing" programme in place Dec-Mar 23.
			4.4	Practical cost-of-living support and information (June 2022)	30/06/2022	**Complete**	"Caring for you, caring for your finances Booklet published electronically and hard copy. Expo event held Aug 22, further event planned 11th Jan 23
			4.5	50% reduction of "in shift" moves reported through E-Roster (October 2022)	31/10/2022	**Unlikely to meet schedule**	Progress continues, to be made, with a 33% total improvement in the number of moves from April 2022 to end February 2023
5	**Addressing Poor Behaviours** • Address poor behaviours from staff and managers • Address poor behaviours from service users.	Erika Denton	Actions required to complete this milestone: 5			0	
			5.1	Agreed divisional actions for areas reporting high incidence of bullying or feeling unable to speak up in the Staff Survey (June 2022)	30/06/2022	**Complete**	Each area has identified a range of interventions appropriate to their area. HRBPs to ensure divisional governance is in place to monitor delivery.
			5.2	A revised Dignity at Work policy (September 2022)	30/09/2022	**Target not met**	Policy drafted and scheduled for consultation via JSCC and Staff Council
			5.3	Implementing new NNUH Leadership Standards making the expectations of all leaders clear (July 2022)	31/03/23	**Not met**	Draft standards have been discussed at JSCC and Staff Council, currently engaging with Staff Networks and a line manager focus group to fully socialise the content. Revised date of April 2023 for implementation.

			5.4	"No excuse for abuse" campaign launched (June 2022)	30/06/2022	**Complete**	Campaign launched and posters distributed.
			5.5	Protocol to withdraw patient care where behaviour is unacceptable (July 2022)	31/07/2022	**Complete**	Following launch of protocol, line manager training is being scoped to enable appropriate support to staff when faced with such situations.
6	**Flexible Working** • Improve access to flexible working for existing and new staff.	Paul Jones/ Wellbeing Guardian	Actions required to complete this milestone: 3			0	
			6.1	At least 25% of job ads include options for flexible working (June 2022)	30/06/2022	**Complete**	TRAC template now includes standard wording to encourage applications on a flexible basis, together with modifications to interview templates and recruitment request forms
			6.2	Introducing divisional oversight for approving flexible work requests to ensure greater equity (September 2022)	30/09/2022	**Complete**	Flexible working policy approved September 2022. Launch during Flex October, with comms and line manager training
			6.3	Organisational measures to monitor progress, with flexible working patterns recorded on E-roster (October 2022)	31/03/23	**Not met**	Postholder commences March 2023 to commence this work and will engage with wards to begin to capture flexible working information.

REPORT TO TRUST BOARD

Date	**Wednesday 5th April 2023**		
Title	**NHS Staff Survey 2022 – release of results and next steps**		
Author & Exec lead	**Amy Nelson, Head of HR Corporate Development (on behalf of)** **Paul Jones, Chief People Officer**		
Purpose	**For Discussion**		
Relevant Strategic Objective	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.		
Are there any quality, operational, workforce or financial implications of the decision requested by this report?	**Quality**	**Yes✓ No☐**	Improved patient care, via improved staff experience
	Operational	**Yes☐ No✓**	Improved service delivery and support to address waiting time
	Workforce	**Yes✓ No☐**	Improved staff experience and morale which will lead to a reduction in vacancies, sickness absence and improved retention
	Financial	**Yes✓ No☐**	Reducing bank, agency and additional hours

1. Background/Context

1.1 The NNUH 2022 NHS Staff Survey benchmark results report were published on Thursday 9 March 2023. These results compare the Trust's results to all National Acute Trusts and places the Trust in a benchmark group of 124 trusts.

1.2 The results are extremely disappointing for the organisation and from the perspective of our staff who have shared their feelings or working and providing care to our patients.

1.3 We have already provided an apology to our staff for not making the improvements needed at the pace or level needed, that the improvements we sought in colleagues experience have not been met.

1.4 In consulting with staff stakeholders are telling us the priorities we have identified, in our People Promise workstreams, remain the right ones to focus on, but we need to make greater progress on this for people to feel the difference. The context of the operational pressures which staff still experience on a daily basis across all our services has also been highlighted as an important factor. This will be incorporated as an additional workstream, to ensure visible actions to improve this are monitored through our governance mechanisms and staff networks.

1.5 Additional investment of £800,000 for recruitment to roles during 2023/24 has been provided, together with a further £750,000 to improve staff facilities, and accelerate improvement actions this year.

2. Key issues, risks and actions

2.1 The full report has been shared with staff, and discussed with staff networks. The following represents a summary of the findings.

2.2 **Appendix A** provides an overview of the Trust's staff survey theme scores compared to the national acute trust benchmark.

2.3 In summary, the benchmark results advise:

- NNUH staff survey 2022 response rate of 51% which is above national acute trusts (124 trusts) median survey response rate of 44%.
- **NNUH scores below the national acute trust average for all nine theme scores** (seven People Promise scores and Staff Engagement and Morale theme scores)
- The scoring for each theme and sub-score is on a scale of 0-10, where a higher score is more positive than a lower score. These scores are created by scoring questions linked to each of the areas of experience and grouping these results together. Appendix A details the questions linked to each theme and sub-score.
- 6 of the 9 themes score the same as the worst national acute trust score, which is of particular concern. These are:
  - We are compassionate and inclusive
  - We each have a voice that counts
  - We are safe and healthy
  - We are a team
  - Staff engagement
  - Morale

2.4 By comparing the nine theme score results from 2021 to 2022:

- 1 theme score improved: We are always learning
- 2 remained the same: We work flexibly and We are a team
- 6 worsened: We are compassionate and inclusive, We are recognised and rewarded, We each have a voice that counts, We are a team, Staff engagement, Morale

2.5 The nine theme scores have 21 sub-scores that feed into the overall theme score.

- All 21 sub-scores, score below the national average
- 11 of the 21 sub-scores, score the same as the worst national acute trust score:

-Compassionate culture
-Health and safety climate
-Negative experiences
-Motivation
-Advocacy
-Stressors
- Autonomy and control
- Burnout
- Team working
- Involvement
- Work pressure

2.6 By comparing the 21 sub-score results from 2021 to 2022:

- 5 improved: compassionate leadership, development, appraisals, support for work-life balance and line management
- 4 remained the same: autonomy and control, burnout, involvement and stressors.

- 12 scores worsened: compassionate culture, diversity and equality, inclusion, raising concerns, health and safety climate, negative experiences, flexible working, team working, motivation, advocacy, thinking about leaving and work pressure.
- **Appraisal** was the most improved score in the 2022 survey (+0.5). The four other improved sub-scores (noted above) improved by +0.1.
- **Advocacy** was the most worsened score (-0.5), followed by compassionate culture (-0.4), work pressures (-0.3), raising concerns (-0.2) and thinking of leaving (-0.2). The eight other worsened scores (noted above) reduced by -0.1.

2.7 Following the national publication of results on 9th March 2023, the Trust has been able to benchmark the results by national and local organisations/ trends (e.g. how we compare to ICS organisations and East of England).

2.8 **Appendix B** details how the Trust's Divisions and Staff Group theme scores compare to the national average and trust average.

2.9 By acknowledging that all the Trust scores are below the national average, where Divisions and Staff Groups score below the trust average, it is considered that these are areas of particular concern. The following have all/ the majority of scores below the trust average:

- Medicine and Surgery Divisions
- Medical and Dental staff, Additional Professional Scientific and Technical staff (examples of job roles in this staff group include: pharmacy technicians, pharmacists, theatre practitioners/ ODPs, psychologists, operations managers, retinal screeners, physicians associates), and Additional Clinical Services staff (examples of job roles in this staff group include: healthcare assistants, assistant practitioners, phlebotomists, radiology assistants, midwifery care assistants, housekeepers, therapy assistants, pharmacy assistants)
- Corporate Division and Admin and Clerical staff group are the only areas that have all scores above the trust average, however not all are above the national average.

2.10 Questions 23a, 23c and 23d are often reviewed by regulators such as the CQC, as key indicators of staff experience (**Appendix C**). All three questions are included in the People Promise themes: we are compassionate and inclusive and staff engagement. All three question scores have declined at a rate much higher than the national average in the last five years, which is concerning.

- Question 23a 'Care of patients/ service users is my organisation's top priority' - has declined to 58% which is the worst acute trust score
- Question 23c 'Recommendation of place to work' - has declined to 41% which is the worst acute trust score
- Question 23d 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' - has significantly reduced since 2021 from 60% to 47.3%.

2.11 An overview of the results has been shared with Divisional management teams by HR Business Partners and the more detailed local department data is available for staff to view on Power BI.

Free text Comments

2.12 1,162 free text comments received from staff as part of their staff survey submission.

2.13 The comments section is at the end of questionnaire which states "Any other comments? Written comments you provide will be passed to your organisation, so do not include any personal details in your comments if you want to remain anonymous."

2.14 The comments are not published and are received from Quality Health (QH), our external survey contractor. Prior to releasing the comments to the Trust, Quality Health review these to ensure confidentiality is maintained by redacting any personal information which may have been disclosed in the comments.

2.15 The free text comments provide an additional perspective and helps to build up a picture of staff experience. Obtaining feedback from staff, and taking account of their views and priorities, is vital for driving improvements in our trust.

2.16 In summary, the comments advise:

- More staff have engaged and provided their comments in comparison to 2021.
- 77% of the comments were negative, 15% balanced, 4% positive and 3% neutral.
- The top five positive reflections are the same as reported in 2021 (positive team working, love/like/enjoy my job, supportive immediate line manager, optimistic about change and general positive experience)
- The top 5 negative reflections include: staff shortages, patient care and safety compromised, overworked/ under pressure, underpaid/ pay equity, and additional beds on wards/ surge patients.
- Recurring negative themes include staff shortages, feeling overworked/ under pressure, parking/ public transport/ facilities, bullying and harassment and low morale.
- Emerging negative themes include: patient care and safety compromised, underpaid/ pay equity, additional beds on wards/ surge patients, middle/ higher/ senior leadership out of touch with clinical areas, poor manager skills/ performance, lack of space
- Lessening negative theme: feeling undervalued/ not supported by management, work related stress, redeployment/ staff moves, covid-19 pandemic and D2A/ OT restructure.

<u>Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Indicator Scores</u>

2.17 The staff survey results relating to the race and disability equality standards show some improvement (experiencing discrimination from managers/ team leaders or colleagues and making reasonable adjustments). The majority have worsened and score below the national average. Further analysis of these results is taking place and will also include other protected characteristics e.g. gender, religion, sexual orientation, and age. These results will also be shared with our staff networks for review.

<u>Review of 2021 Identified Hotspot Departments</u>

2.18 As part of the Trust's response to the 2021 survey results, analysis of key questions in the staff survey relating to feeling safe to speak up and bullying was carried out. Eight key questions were reviewed (four relating to bullying and harassment and four relating to speaking up). Eight departments were highlighted as having particularly lower than average scores for bullying and feeling safe to speak up, thus being high priority areas requiring support. These departments were: Blakeney, Critical Care, Earsham, Edgefield, Emergency Department nursing, Emergency theatres, Endocrinology Admin and Hethel Ward.

2.19 In response to these low scoring results, several interventions were actioned to support these areas to improve staff experiences. These included for example, enhanced health and wellbeing support, improved communications/ engagement groups, speak up events, team development and managing/ improving behaviours.

2.20 The initial survey results indicate that improvements have been made in the majority of these departments, with improved results and higher response rates in the 2022 survey, except for three areas which declined to participate.

3.0. **Survey Findings**

NNUH highest and most improved scores

3.1 The most improved score in the staff survey 2022 results relate to staff appraisals. This is positive feedback given we launched a new personal development review (PDR) process in April 2022, with an improved structured form, and inclusion of key conversations, including career aspirations, development and wellbeing. Over 90% of staff have had a PDR since April 2022 and the launch was supported by a largescale line management training programme. The improvements have clearly been felt by staff with a positive +0.5 improvement in the sub score. Although the score remains below average it has had a significant shift in the right direction and will continue to be a priority area for improvement.

3.2 The four other areas of improvement (each by +0.1 increase) were development, support for work-life balance, compassionate leadership and line management. These areas were also key programmes of work as part of our NNUH People and Culture Strategy and People Promise priority actions. These included our Licence to Lead and Compassionate Leadership management training programmes with over 700 managers having with either completed or commenced the programmes. A new Flexible Working Policy has been launched and increased awareness on flexibilities offered within the NHS Pension Scheme. These actions indicate from the results that they have been positively felt by staff and are making a positive difference to their working experiences.

3.3 Departments that have higher scoring results should be identified and acknowledged by divisional management. Consideration should also be given to identifying and sharing what is working well for staff experience within those departments.

NNUH lowest and most worsened results

3.4 As indicated in the summary results, there are several theme and sub-score results that require attention and are of particular concern. The sub-scores that have deteriorated the most since 2021 is advocacy (-0.5), compassionate culture (-0.4), work pressures (-0.3), raising concerns (-0.2) and thinking of leaving (-0.2).

3.5 The lowest scoring themes are: we are safe and healthy and staff engagement which require significant improvement.

3.6 It is understood that it has been a particularly difficult year for the hospital in terms of capacity, escalation, flow/discharge, and pressures on our services and this has evidently had a negative impact on our staff experiences.

4.0 **Conclusion**

4.1 The ongoing work from the Trust's People and Culture Strategy and the People Promise priority actions hasn't yet seen the staff experience improvement progress that would have been liked to have delivered. However, firm foundations have been established to build upon and will continue to focus on delivering the key changes identified from our staff feedback. There are several cultural development initiatives are in progress in seeking to deliver improvements to our staff experience. The People Promise priority actions are being reviewed in response to the 2022 results, building in actions to address operational pressures.

4.2 It is to be acknowledged that several actions can take longer periods of time to embed before they are felt/experienced by staff. NHSI/E suggests that the staff survey data provides rich and valuable data to support and inform continuous improvement and cultural change for longer term 3–5 year planning. However we need to action more rapid improvement to peoples experience of working and delivering care here.

5..0 **Next Steps**

- Internal communications have released the national results and will continue to share how we are responding to the poor findings
- The results have been discussed at Hospital Management Board, People & Culture Committee, Joint Staff Consultative Committee, Staff Council, with plans to share at our other forums. A special HMB will be held on18th April to finalise actions that will significantly impact on the issues raised by colleagues
- Trust staff survey data is available as a Staff Experience Dashboard on Power BI and a tool has been developed to help managers share the results and discuss improvement actions within the team.
- All management teams are requested to review their results and consider how they will share the data with their teams – briefing packs have been provided by the HR team to help focus on key considerations and actions.
- Areas that are identified as particular areas of concern or hotspots, will have dedicated support provided through intervensions supported by the OD Team together with Freedom to Speak Up service
- Research is being undertaken with Acute Trust's identified as the 5 x most improved in the country based on last year's survey. A 'world café' is being held during April, with staff, to formulate actions from any transferrable learning.
- We plan to accelerate key improvement priorities with an investment of a further £800,000 to support recruitment to vacancies during 2023/24 and invest £750,000 to improve staff facilities.
- A structured approach to cultural change within the Trust is being adopted and a set of performance indicators developed to track a healthy organisational culture.

Recommendation:
The Board is recommended to:

- Note the trust's benchmark results for 2022 NHS Staff Survey
- Support improvements at all levels within the Trust and investments make the greatest impact on staff experience

APPENDIX A Staff Survey 2022 NNUH Theme Score Results

Staff Survey Themes and 2022 survey scores: - **People Promise 7 elements** - **Staff Engagement** - **Morale** **Theme score 0-10 scale** (higher the better)	**Theme score comparison to National acute trusts (124 in benchmark group)**	**Statistically significant change from 2021**	**Sub-scores for each theme, compared to the national acute trusts average**
PP1: **WE ARE COMPASSIONATE AND INCLUSIVE** **NNUH 2022 Score: 6.8** **Best acute trust score: 7.7** **Average acute trust score: 7.2** **Worst acute trust score: 6.8**	Below average **Scores same as worst acute trust**	**NNUH 2021 score: 6.9** **Significantly lower -0.1** ↓	**Four sub-scores make up 'We are compassionate and inclusive' theme:** **Compassionate Culture** (Questions: 6a, 23a, 23b, 23c, 24d) ↓ **- scores same as worst acute trust** **NNUH reduced by -0.4 from 6.5 in 2021 to 6.1 in 2022** **2022– Best acute score: 7.7 Average acute score: 7.0 Worst acute score: 6.1** Q6a - "I feel that my role makes a difference to patients / service users." Q23a - "Care of patients / service users is my organisation's top priority." Q23b - "My organisation acts on concerns raised by patients / service users." Q23c - "I would recommend my organisation as a place to work." Q23d - "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation." **Compassionate Leadership** (Questions: 9f, 9g, 9h, 9i) ↑ **- scores below average** **NNUH improved by +0.1 from 6.5 in 2021 to 6.6 in 2022** **2022– Best acute score: 7.4 Average acute score: 6.8 Worst acute score: 6.4** Q9f - "My immediate manager works together with me to come to an understanding of problems." Q9g - "My immediate manager is interested in listening to me when I describe challenges I face." Q9h - "My immediate manager cares about my concerns." Q9i - "My immediate manager takes effective action to help me with any problems I face."

			Diversity and equality (Questions: 15, 16a, 16b, 20) - **scores below average** **NNUH reduced by -0.1 from 8.0 in 2021 to 7.9 in 2022** **2022– Best acute score: 8.8 Average acute score: 8.1 Worst acute score: 7.5** Q15 - "Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?" Q16a - "In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?" Q16b - "In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?" Q20 - "I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc)." **Inclusion** (Questions 7h, 7i, 8b, 8c) - **below average (0.1 from worst acute trust score)** **NNUH reduced by -0.1 from 6.6 in 2021 to 6.5 in 2022** **2022– Best acute score: 7.3 Average acute score: 6.8 Worst acute score: 6.4** Q7h - "I feel valued by my team." Q7i - "I feel a strong personal attachment to my team." Q8b - "The people I work with are understanding and kind to one another." Q8c - "The people I work with are polite and treat each other with respect."
PP2 **WE ARE RECOGNISED AND REWARDED** **NNUH 2022 score: 5.3** **Best acute trust score: 6.4** **Average acute trust score: 5.7** **Worst acute trust score: 5.2**	Below average **0.1 from worst acute trust**	**NNUH 2021 score: 5.4** **Significantly lower -0.1**	**No sub-scores for 'We are recognised and rewarded' theme:** (Questions 4a, 4b, 4c, 8d, 9e) – **all questions score below average** Q4a – "The recognition I get for good work." Q4b – "The extent to which my organisation values my work." Q4c – "My level of pay." Q8d - "The people I work with show appreciation to one another." Q9e - "My immediate manager values my work."

PP3 **WE EACH HAVE A VOICE THAT COUNTS** **NNUH 2022 score: 6.2** **Best acute trust score: 7.1** **Average acute trust score: 6.6** **Worst acute trust score: 6.2**	Below average **Scores same as worst acute trust**	**NNUH 2021 score: 6.3** **Significantly lower -0.1**	**Two sub-scores make up 'We each have a voice that counts' theme:** **Autonomy and control** (Questions: 3a, 3b, 3c, 3d, 3e, 3f, 5b) - **scores same as worst acute trust** **NNUH scored the same in 2021 and 2022: 6.5** **2022– Best acute score: 7.3 Average acute score: 6.9 Worst acute score: 6.5** Q3a - "I always know what my work responsibilities are." Q3b - "I am trusted to do my job." Q3c - "There are frequent opportunities for me to show initiative in my role." Q3d - "I am able to make suggestions to improve the work of my team / department." Q3e - "I am involved in deciding on changes introduced that affect my work area / team / department." Q3f – "I am able to make improvements happen in my area of work." Q5b - "I have a choice in deciding how to do my work." **Raising concerns** (Questions: 19a, 19b, 23e, 23f) - **below average (0.1 from worst acute trust score)** **NNUH reduced by -0.2 from 6.0 in 2021 to 5.8 in 2022** **2022– Best acute score: 7.1 Average acute score: 6.4 Worst acute score: 5.7** Q19a - "I would feel secure raising concerns about unsafe clinical practice." Q19b - "I am confident that my organisation would address my concern." Q23e - "I feel safe to speak up about anything that concerns me in this organisation." Q23f - "If I spoke up about something that concerned me I am confident my organisation would address my concern."
PP4 **WE ARE SAFE AND HEALTHY** **NNUH 2022 score: 5.4** **Best acute trust score: 6.4** **Average acute trust score: 5.9** **Worst acute trust score: 5.4**	Below average **Scores same as worst acute trust**	**NNUH 2021 score: 5.5** **Significantly lower -0.1**	**Three sub-scores make up 'We are safe and healthy' theme:** **Health and Safety Climate** (Questions: 3g, 3h, 3i, 5a, 11a, 13d, 14d) – - **scores same as worst acute trust** **NNUH reduced by -0.1 from 4.7 in 2021 to 4.6 in 2022** **2022– Best acute score: 5.9 Average acute score: 5.2 Worst acute score: 4.6** Q3g – "I am able to meet all the conflicting demands on my time at work." Q3h – "I have adequate materials, supplies and equipment to do my work." Q3i – "There are enough staff at this organisation for me to do my job properly." Q5a – "I have unrealistic time pressures." Q11a – "My organisation takes positive action on health and well-being." Q13d – "The last time you experienced physical violence at work, did you or a colleague report it?"

			Q14d – "The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?"
			Burnout (Questions: 12a, 12b, 12c, 12d, 12e, 12f, 12g) - scores same as worst acute trust NNUH scored the same in 2021 and 2022: 4.4 2022– Best acute score: 5.3 Average acute score: 4.8 Worst acute score: 4.4
			Q12a – "How often, if at all, do you find your work emotionally exhausting?" Q12b – "How often, if at all, do you feel burnt out because of your work?" Q12c – "How often, if at all, does your work frustrate you?" Q12d – "How often, if at all, are you exhausted at the thought of another day/shift at work?" Q12e – "How often, if at all, do you feel worn out at the end of your working day/shift?" Q12f – "How often, if at all, do you feel that every working hour is tiring for you?" Q12g – "How often, if at all, do you not have enough energy for family and friends during leisure time?"
			Negative experiences (Questions: 11b, 11c, 11d, 13a, 13b, 13c, 14a, 14c) - scores same as worst acute trust NNUH reduced by -0.1 from 7.4 in 2021 to 7.3 in 2022 2022– Best acute score: 8.1 Average acute score: 7.7 Worst acute score: 7.3
			Q11b – "In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?" Q11c – "During the last 12 months have you felt unwell as a result of work related stress?" Q11d – "In the last three months have you ever come to work despite not feeling well enough to perform your duties?" Q13a – "In the last 12 months how many times have you personally experienced physical violence at work from...Patients / service users, their relatives or other members of the public?" Q13b – "In the last 12 months how many times have you personally experienced physical violence at work from...Managers?" Q13c – "In the last 12 months how many times have you personally experienced physical violence at work from...Other colleagues?"

			Q14a – "In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...Patients / service users, their relatives or other members of the public?" Q14b – "In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...Managers?" Q14c – "In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...Other colleagues?"
PP5 **WE ARE ALWAYS LEARNING** **NNUH 2022 score: 5.1** **Best acute trust score: 5.9** **Average acute trust score: 5.4** **Worst acute trust score: 4.4**	Below average	**NNUH 2021 score: 4.9** **Significantly higher +0.2** ⇧	**Two sub-scores make up 'We are always learning' theme:** **Development** (Questions: 22a, 22b, 22c, 22d, 22s) ⇧ - **scores below average** **NNUH improved by +0.1 from 6.0 in 2021 to 6.1 in 2022** **2022– Best acute score: 6.8 Average acute score: 6.3 Worst acute score: 5.9** Q22a – "This organisation offers me challenging work." Q22b – "There are opportunities for me to develop my career in this organisation." Q22c – "I have opportunities to improve my knowledge and skills." Q22d – "I feel supported to develop my potential." Q22e – "I am able to access the right learning and development opportunities when I need to." **Appraisals** (Questions: 21a, 21b, 22c, 22d) ⇧ - **scores below average** **NNUH improved by +0.5 from 3.6 in 2021 to 4.1 in 2022** **2022– Best acute score: 5.1 Average acute score: 4.4 Worst acute score: 2.9** Q21a – "In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skill Framework (KSF development review)?" Q21b – "It helped me to improve how I do my job." Q21c – "It helped me agree clear objectives for my work." Q21d – "It left me feeling that my work is valued by my organisation."
PP6 **WE WORK FLEXIBILY** **NNUH 2022 score: 5.8**	Below average	**NNUH score 2021: 5.8** **No significant change**	**Two sub-scores make up 'We work flexibly' theme:** **Support for work-life balance** (Questions: 6b, 6c, 6d) ⇧ - **scores below average** **NNUH improved by +0.1 from 5.7 in 2021 to 5.8 in 2022** **2022– Best acute score: 6.7 Average acute score: 6.1 Worst acute score: 5.6**

Best acute trust score: 6.6 **Average acute trust score: 6.0** **Worst acute trust score: 5.6**			Q6b – "My organisation is committed to helping me balance my work and home life." Q6c – "I achieve a good balance between my work life and my home life." Q6d – "I can approach my immediate manager to talk openly about flexible working." **Flexible working** (Question 4d) - **scores below average** **NNUH reduced by -0.1 from 6.0 in 2021 to 5.9 in 2022** **2022– Best acute score: 6.6 Average acute score: 6.0 Worst acute score: 5.5** Q4d – "The opportunities for flexible working patterns."
PP7 **WE ARE A TEAM** **NNUH 2022 score: 6.3** **Best acute trust score: 7.1** **Average acute trust score: 6.6** **Worst acute trust score: 6.3**	Below average **Scores same as worst acute trust**	**NNUH score 2021: 6.3** **No significant change**	**Two sub-scores make up 'We are a team' theme:** **Team Working** (Questions: 7a,7b, 7c, 7d, 7e, 7f, 7g, 8a) - **scores same as worst acute trust** **NNUH reduced by -0.1 from 6.3 in 2021 to 6.2 in 2022** **2022– Best acute score: 7.0 Average acute score: 6.6 Worst acute score: 6.2** Q7a – "The team I work in has a set of shared objectives." Q7b – "The team I work in often meets to discuss the team's effectiveness." Q7c – "I receive the respect I deserve form my colleagues at work." Q7d – "Team members understand each other's roles." Q7e – "I enjoy working with the colleagues in my team." Q7f – "My team has enough freedom in how to do its work." Q7g – "In my team disagreements are dealt with constructively." Q8a – "Teams within this organisation work well together to achieve their objectives." **Line management** (Questions: 9a, 9b, 9c, 9d) - **scores below average** **NNUH improved by +0.1 from 6.3 in 2021 to 6.4 in 2022** **2022– Best acute score: 7.3 Average acute score: 6.7 Worst acute score: 6.2** Q9a – "My immediate manager encourages me at work." Q9b – "My immediate manager gives me clear feedback on my work." Q9c – "My immediate manager asks for my opinion before making decisions that affect my work." Q9d – "My immediate manager takes a positive interest in my health and well-being."

STAFF ENGAGEMENT **NNUH 2022 score: 6.1** **Best acute trust score: 7.3** **Average acute trust score: 6.8** **Worst acute trust score: 6.1**	Below average **Scores same as worst acute trust**	**NNUH 2021 score: 6.3** **Significantly lower -0.2**	**Three sub-scores make up 'Staff engagement' theme:** **Motivation** (Questions: 2a, 2b, 2c) - **scores same as worst acute trust** **NNUH reduced by -0.1 from 6.6 in 2021 to 6.5 in 2022** **2022– Best acute score: 7.4 Average acute score: 7.0 Worst acute score: 6.5** Q2a – "I look forward to going to work." Q2b – "I am enthusiastic about my job." Q2c – "Time passes quickly when I am working." **Involvement** (Questions: 3c, 3d, 3f) - **scores same as worst acute trust** **NNUH scored the same in 2021 and 2022: 6.3** **2022– Best acute score: 7.3 Average acute score: 6.8 Worst acute score: 6.3** Q3c – "There are frequent opportunities for me to show initiative in my role." Q3d – "I am able to make suggestions to improve the work of my team / department." Q3f – "I am able to make improvements happen in my area of work." **Advocacy** (Questions: 23a, 23c, 23d) - **scores same as worst acute trust** **NNUH reduced by -0.5 from 6.1 in 2021 to 5.6 in 2022** **2022– Best acute score: 7.7 Average acute score: 6.6 Worst acute score: 5.6** Q23a – "Care of patients / service users is my organisation's top priority." Q23c – "I would recommend my organisation as a place to work." Q23d – "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation."
MORALE **NNUH 2022 score: 5.2** **Best acute trust score: 6.3** **Average acute trust score: 5.7** **Worst acute trust score: 5.2**	Below average **Scores same as worst acute trust**	NNUH 2021 score: 5.3 **Significantly lower -0.1**	**Three sub-scores make up 'Morale' theme:** **Thinking about leaving** (Questions: 2a, 2b, 2c) - **scores below average** **NNUH reduced by -0.2 from 5.6 in 2021 to 5.4 in 2022** **2022– Best acute score: 6.6 Average acute score: 5.9 Worst acute score: 5.2** Q24a – "I often think about leaving this organisation." Q24b – "I will probably look for a job at a new organisation in the next 12 months." Q24c – "As soon as I can find another job, I will leave this organisation."

			Work pressure (Questions: 3c, 3d, 3f)  - scores same as worst acute trust **NNUH reduced by -0.3 from 4.4 in 2021 to 4.1 in 2022** **2022– Best acute score: 5.7 Average acute score: 5.0 Worst acute score: 4.1** Q3g – "I am able to meet all the conflicting demands on my time at work." Q3h – "I have adequate materials, supplies and equipment to do my work." Q3i – "There are enough staff at this organisation for me to do my job properly." **Stressors** (Questions: 23a, 23c, 23d)  - scores same as worst acute trust **NNUH scored the same in 2021 and 2022: 5.9** **2022– Best acute score: 6.7 Average acute score: 6.3 Worst acute score: 5.9** Q3a – "I always know what my work responsibilities are." Q3e – "I am involved in deciding on changes introduced that affect my work area / team / department." Q5a – "I have unrealistic time pressures." Q5b – "I have a choice in deciding how to do my work." Q5c – "Relationships at work are strained." Q7c – "I receive the respect I deserve from my colleagues at work." Q9a – "My immediate manager encourages me at work."

Appendix B Theme score summaries by Division and Staff Group

Division	Number of Theme scores above/ below the national acute trust average	Number of Theme scores above/ below the NNUH average
Clinical Support Division	9 below average	1 above average, 5 same as average, 3 below average
Corporate	8 above average 1 below average	All 9 above average
Medical Division	9 below average	9 below average
Surgical Division	9 below average	8 below average, 1 same as average
Women & Children Division	9 below average	6 above average, 2 below average
Staff Group	**Number of 9 Survey Theme scores above/ below the national average**	**Number of 9 Survey Theme scores above/ below the NNUH average**
Add Prof Scientific and Technic	9 below average	9 below average
Additional Clinical Services	9 below average	8 below average, 1 same as average
Administrative and Clerical	2 above average 2 same as average 5 below average	All 9 above average
Allied Health Professionals	9 below average	3 above average, 3 same as average, 3 below average

Estates and Ancillary	**2 above average** **1 same as average** **6 below average**	**3 above average, 6 below average**
Healthcare Scientists	**9 below average**	**3 above average, 6 below average**
Medical and Dental	**9 below average**	**9 below average**
Nursing and Midwifery Registered	**9 below average**	**2 above average, 2 same as average, 5 below average**

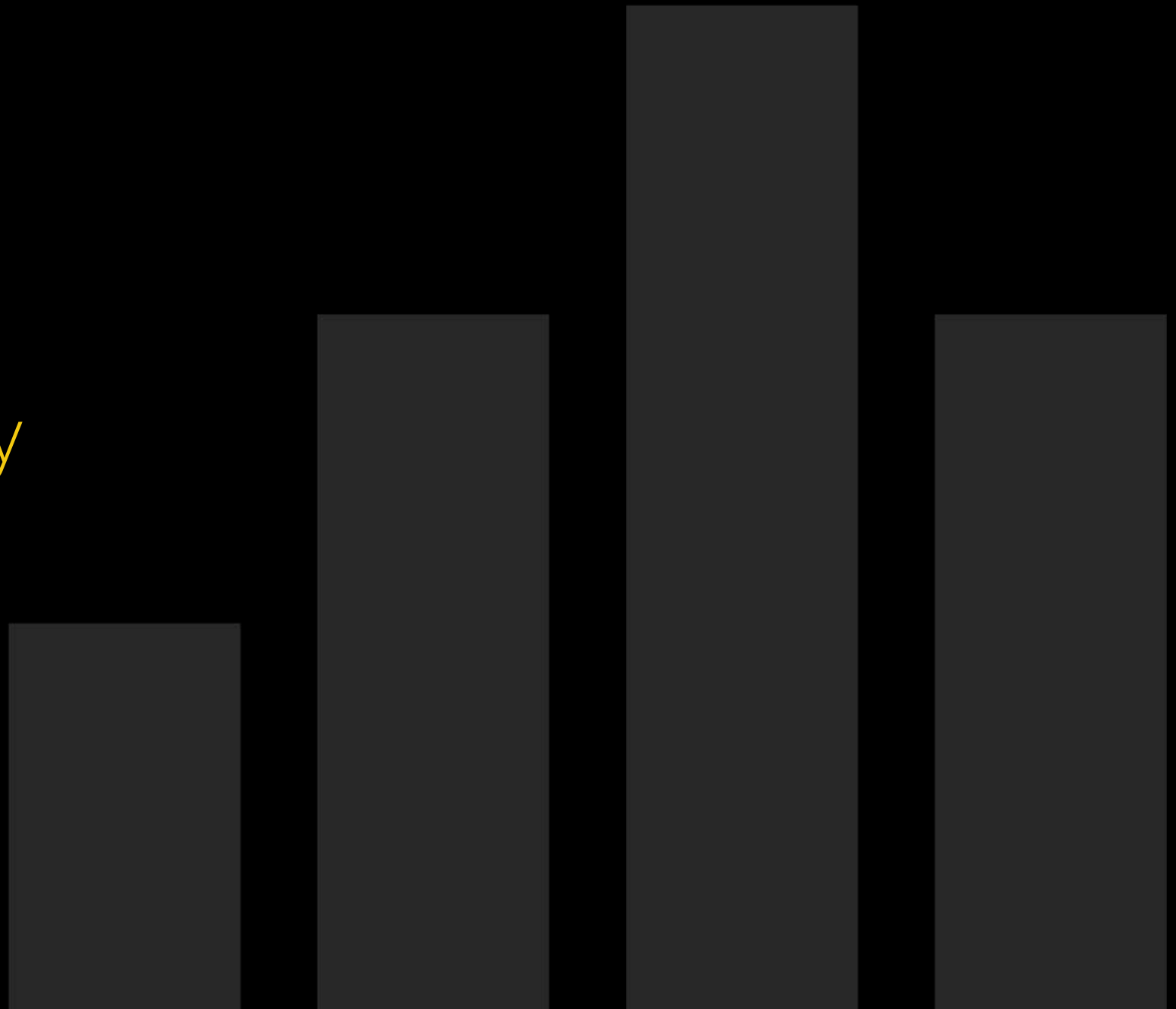
Microsoft | Power BI

Quality & Safety

View in Power BI

Last data refresh:
17/03/2023 08:30:28 UTC

Downloaded at:
17/03/2023 15:14:49 UTC



Quality Summary

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

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business intelligence

Topic	Metric Name	Date	Result	Variation	Assurance
Saving Babies Lives	CTG Training and Human factors situational awareness compliance	Feb 2023	90%	Improvement (High)	Unreliable
Saving Babies Lives	SGA detected Antenatally	Feb 2023	139%	Improvement (High)	No Target
Safer Staffing	Safe Staffing Care Hours Per Patient Per Day	Feb 2023	6.4	Concern (Low)	No Target
Pressure Ulcers (AIMS)	Pressure Ulcers (AIMS)	Feb 2023	82.7%	Improvement (High)	No Target
Patient Safety	Incidents	Feb 2023	1,792	Improvement (Low)	No Target
Patient Observation and Escalation (AIMS)	Patient Observation and Escalation (AIMS)	Feb 2023	87.3%	Improvement (High)	No Target
Patient Concerns	PALS % Closed within 48 hours - Trust	Feb 2023	17.5%	Concern (Low)	No Target
Patient Concerns	PALS Contacts - Trust	Feb 2023	320	Concern (Low)	No Target
Mortality Rate	Crude Mortality Rate	Jan 2023	5.80%	Concern (High)	No Target
Maternity Activity	Elective Caesarean Deliveries	Feb 2023	17.7%	Concern (High)	No Target

SPC Variation Icons

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

SPC Assurance Icons

Capable | Not capable | Unreliable

Patient Safety

NNUH Digital Health
business intelligence

Serious Incidents

Feb 2023

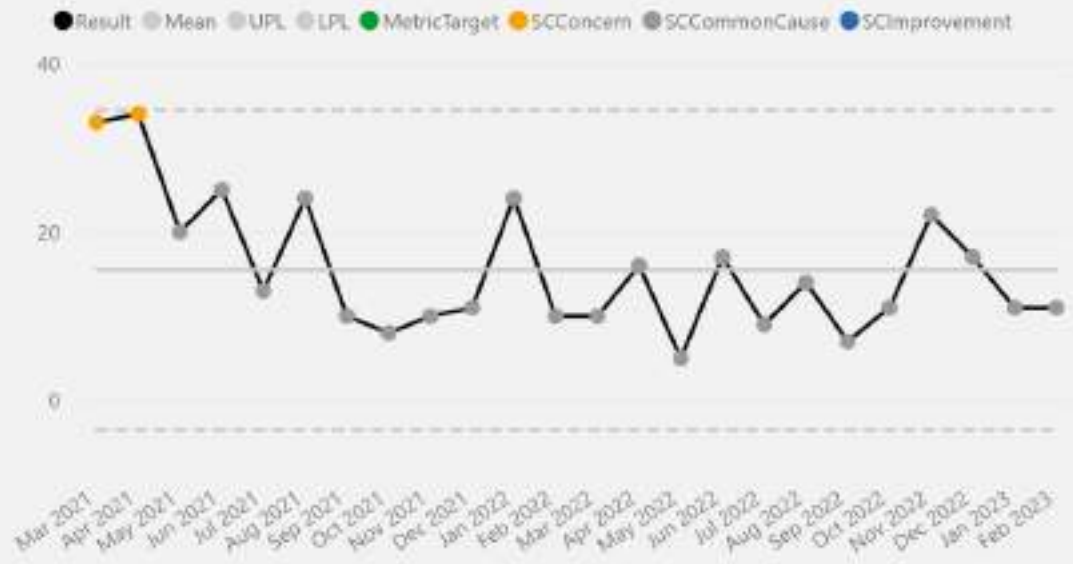
Variation | Assurance

11 Result
N/A Target
34 UPL
16 Mean
-3 LPL

Analytical Commentary

Variation is Common Cause

Serious Incidents



Assurance Commentary

11 SI reported during February: 2 Never Events (both relate to invasive outpatient procedures being performed on an incorrect patient), 3 IP&C incidents (2 Norovirus ward closures and 1 COVID death), 2 treatment delay in Ophthalmology, 2 Maternity incidents, 1 screening incident and 1 fall resulting in fractured neck of femur. Total number of safety incidents reported was 1459, 97% of which reported as no or low harm. Duty of Candour compliance was 95%, 1 case did not meet the 10 day target.
After Action Review (AAR) is starting to be used as a methodology to review incidents not meeting criteria for reporting as an SI but there are opportunities for learning. Properly conducted AAR across an organisation can drive continuous improvement mind-set, improve the delivery of safe patient care, boost the speed of transfer of knowledge, build psychological safety and speak up cultures and create opportunities for learning. This will be increasingly used as a methodology as we transition to the new Patient Safety Incident Response Framework (PSIRF) in September 2023.

Improvement Actions

The Serious Incident Group (SIG) meets daily to discuss incidents in a supportive environment, promoting psychological safety to reinforce a just and learning culture.
The falls QI programme aims to reduce the number of falls causing serious harm which make up 25% of SIs since January 2022.
Governance teams continue to support DoC compliance.
32 staff have received After Action Review conductor training and 8 to receive Train the Trainer training in June to build capacity and capability.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Duty of Candour Compliance	Feb 2023	100%	Common Cause	Unreliable
Incidents	Feb 2023	1,792	Improvement (Low)	No Target

Essential Care Measures – February 2023

Fig 1 Our Trust-wide falls data is showing predictable variation between 152 and 301 falls per month . Since December 2021* the number of falls has been above the mean, and was demonstrating a reducing trend , since August however the number of falls have reverted to being above the mean. Bed occupancy remains high with 113 escalation beds in use in January. Rate of patient falls causing moderate harm and above a rate between 0 and 0.3. (Between 0 and 10 per month, mean of 4) the data continues to show common cause variation and no signals of improvement or deterioration.
To manage unprecedented increase in emergency admissions and in response to 3rd wave of Covid the Trust had to make the very difficult decision to increase the 6 bedded bays to take a 7th patient on 30/12/2021**. Risk No: 1856** - Additional patients in the 6 bedded bays or twin bedded rooms

You can also see from the Safe Staffing Fill Rates (Fig 2) that this date also correlates with the special cause reduction in safer staffing levels. Since September 2021 there is also a special cause of concern for Care Hours Per patient Day (Fig 3.) **Risk No: 886**: Ability to meet safer staffing levels

The number of HAPU was showing a sustained reduction below the mean between March 2021 and July 2022 , since August of this year the numbers have been above the mean of 31.(Fig 4.) Staffing remains a significant challenge, coupled with the increase of our bed base to accommodate our emergency admissions are contributory factors affecting the increased number of patient falls. However, despite the staffing constraints and the increased beds and high bed occupancy (Fig 6) , the rate of falls per 1000 bed days causing moderate harm or above continue to be predictable between 0 and 0.2.(Fig 4.) Similarly the rate of HAPU per 100 bed days remains within the predicted range of between 0.3 and 2.1.(Fig 7)

Pressure Ulcers

NNUH Digital Health
business intelligence

Hospital Acquired Pressure Ulcers per 1,000 bed days

Feb 2023

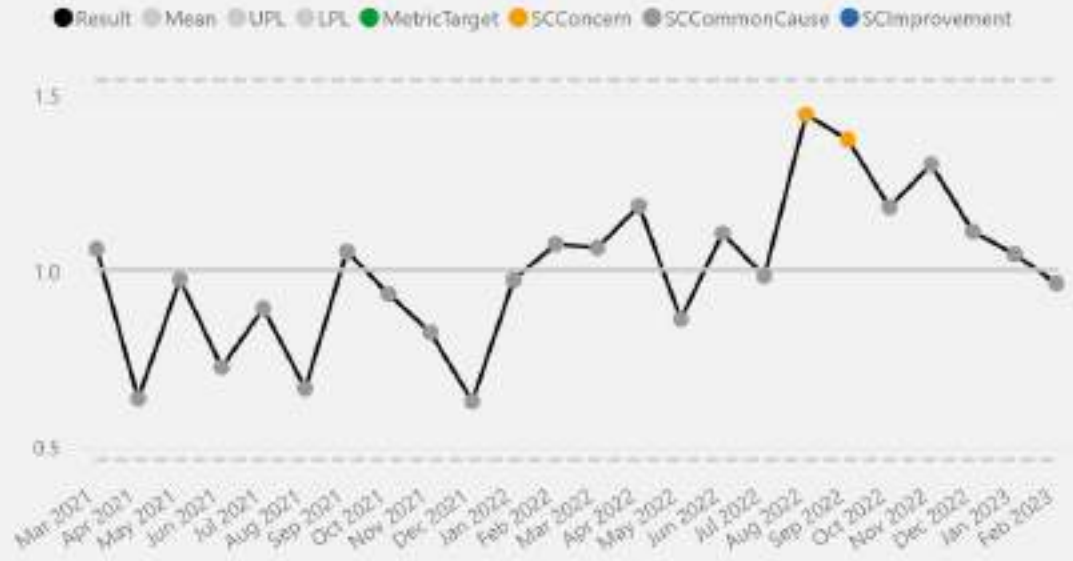
Variation | Assurance

1.0 Result
N/A Target
1.5 UPL
1.0 Mean
0.5 LPL

Analytical Commentary

Variation is Common Cause

Hospital Acquired Pressure Ulcers per 1,000 bed days



Assurance Commentary

The increase in the numbers of Suspected Deep Tissue Injuries mirrors the national trend being reported.
Tendable data suggests consistency with Purpose T completion and care plans.

Improvement Actions

For the Tissue Viability Service to continue to provide support, advice and guidance to clinical areas where and when required.
To continue to scope project work with EEAST and NNUH ED luse of equipment on trolleys, skin checks).
Provide training sessions to new staff as part of the induction process.

Patient Falls

NNUH Digital Health
business intelligence

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

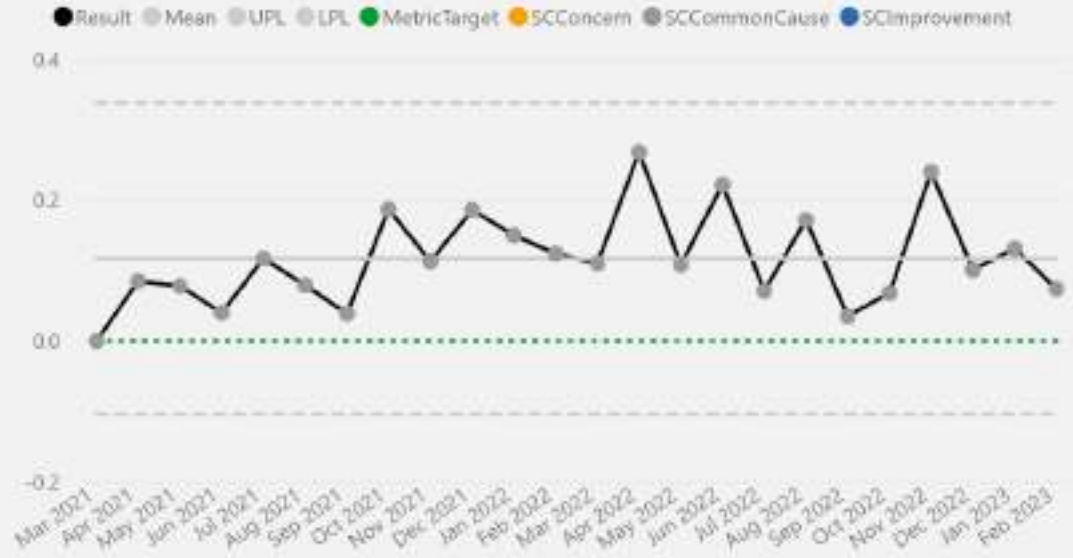
Feb 2023

0.1 Result
0.0 Target
0.3 UPL
0.1 Mean
-0.1 LPL

Analytical Commentary

Variation is Common Cause

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



Assurance Commentary

Multi-Factorial Falls Risk Assessment (MFRA) compliance remains the biggest challenge. Support is being provided by the Falls Lead. The removal of the old generic risk assessment booklet is assisting with improving the new paperwork compliance.
Falls Response Team Alertive is now live, this team will respond to a patient who has had a second fall or more.
Emergency Department Falls AIMS Audit written and implemented.
The Falls Lead to be involved with Ward Refurbishment planning.

Improvement Actions

New bespoke MFRA designed for Kidney Units to complete governance approval process
Assistive Technology Trial to be undertaken on 5 wards until early April.
MDT approach to Falls Prevention Awareness to take place on AMU's in April.

Patient Experience

NNUH Digital Health
business intelligence

Friends & Family Score

Feb 2023

Variation | Assurance

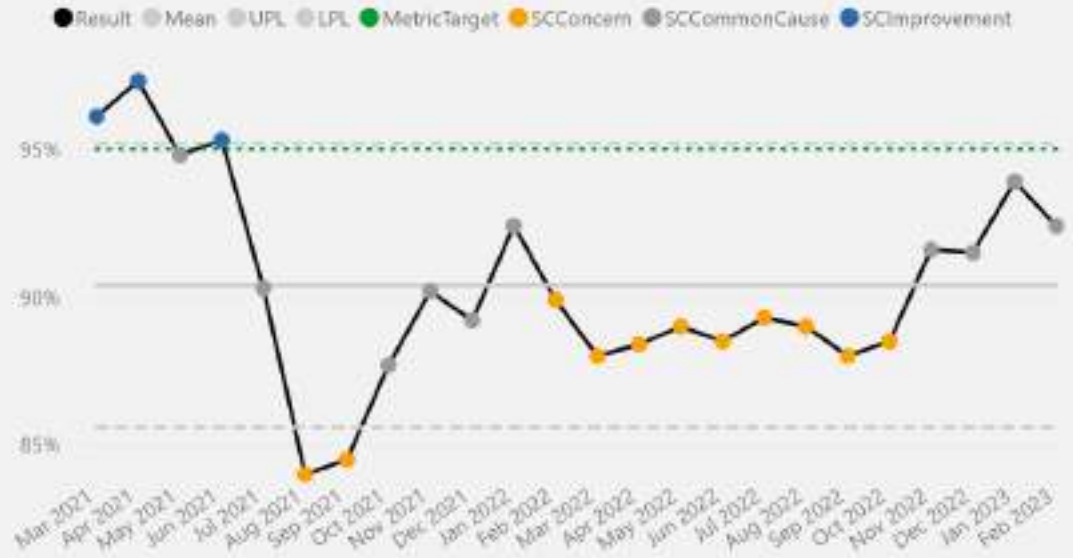
92.40% Result
95.00% Target

95.20% UPL
90.40% Mean
85.60% LPL

Analytical Commentary

Variation is Common Cause

Friends & Family Score



Assurance Commentary

Overall FFT score remains within usual limits, with a slight decrease to 92% for February 2023.
3392 FFT responses were received in February, this is within the normal variation we'd expect.
Top themes within reviews for February continue to be staff attitude, implementation of care, waiting times and communication for both positive and negative themes.
However, we continue to hear more positive themes than negative.

Improvement Actions

A meeting to progress the Clinical Support Services SMS roll out is scheduled for end of March.
The team met with voluntary services to agree the best way to support the SMS roll out with real-time FFT collection on the wards. The plan is being confirmed and priority areas will be shared with volunteers for April 2023. SMS implementation date for inpatients to be finalised with BI team.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Compliments	Feb 2023	292	Common Cause	No Target

Patient Concerns

NNUH Digital Health
business intelligence

PALS % Closed within 48 hours - Tr...

Feb 2023

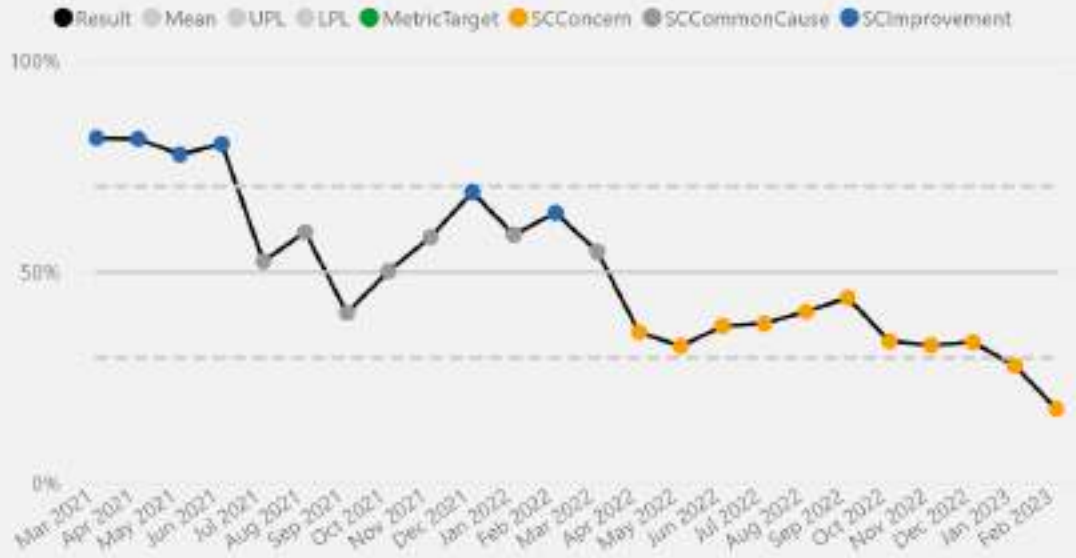
Variation	Assurance
	

17.5% Result	70.2% UPL
N/A Target	49.9% Mean
	29.6% LPL

Analytical Commentary

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

PALS % Closed within 48 hours - Trust



Assurance Commentary

Total PALS received 320 (including Enquiries 214, Signposting 104, Suggestions 1, Best Wishes 1)
First month where new Triage system has been used to align with new PHSO Framework.
This identified 50 L2 Complaints that would previously be categorised a PALS Concern. (This data appears in the Complaints slide whilst we transition to new IPR formatting)
The number categorised as Enquiries is double those identified as such last month. Recognising that these matters raised, whilst not needing an investigation, do need an answer being fed back rather than signposting (which remained at the same level).
PALS KPI for closed within 2 working days remains low due to the volume of contact in the service and 1 Band 4 post vacancy. Of the 319 matters raised in PALS, 245 were closed within the same month and 71 of those within 2 working days. 29%.
Delays are a combination of demand, vacancy, and extra admin time needed for L2 complaints (training and learning surrounding this). Top themes - Appointments including delays and cancelations, Waiting Times, Communications - 33

Improvement Actions

Recruitment is underway, with stronger candidates applying on the second round, with clarity in the advert that it is on site/hybrid working.
Datix and PowerBI changes are underway along with the associated implementation of the changes within the team administration processes.
Review of the 2 day KPI for PALS is underway. Patient Panel complaints sub-group involved in the review and feedback incorporated to the paper/discussion to be held at March PEEG.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
PALS Contacts - Trust	Feb 2023	320	Concern (Low)	No Target

Complaints

NNUH Digital Health
business intelligence

Complaints (Trust)

Feb 2023

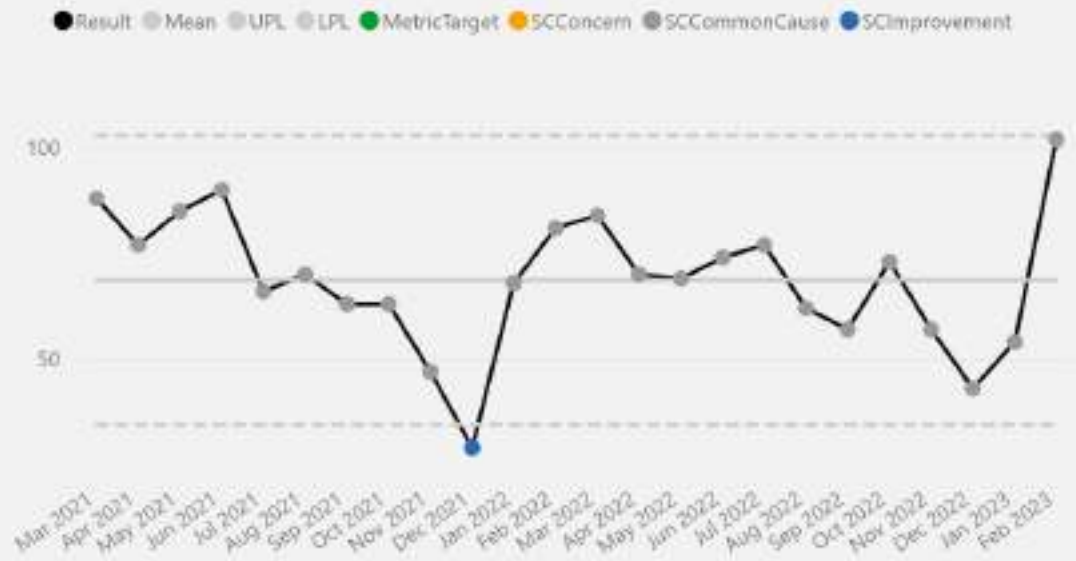
Variation | Assurance

102 Result
N/A Target
103 UPL
69 Mean
34 LPL

Analytical Commentary

Variation is Common Cause

Complaints (Trust)



Assurance Commentary

Total Complaints = 103
Level 2 (L2) = 50 Level 3= 53
Top themes = Appointments, Waiting Times, Communications
This is the first month where new Triage system has been used align with new PHSO Framework.
The new approach identified 50 L2 Complaints that would previously been categorised a PALS Concern, therefore showing in this dataset.
Meetings established with Governance Leads to ensure good complaints management, with escalation processes being discussed to support timely responses.

Improvement Actions

Substantive admin support agreed to support the whole team with timely administration and Datix inputting and recruitment will commence in next month.
Additional temporary support being identified to support managing caseloads and completion of responses within timeframes.
Patient Panel continue to support reviewing case studies.
Public facing information update process continues. Expecting to finalise for April.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Complaints - Acknowledgement	Feb 2023	99%	Common Cause	Unreliable
Complaints - Response Times - Trust	Feb 2023	100%	Common Cause	Unreliable
Post-investigation enquiries	Feb 2023	10	Common Cause	Capable

Palliative Care

NNUH Digital Health
business intelligence

Palliative Care Seen Within 48 Hours

Feb 2023

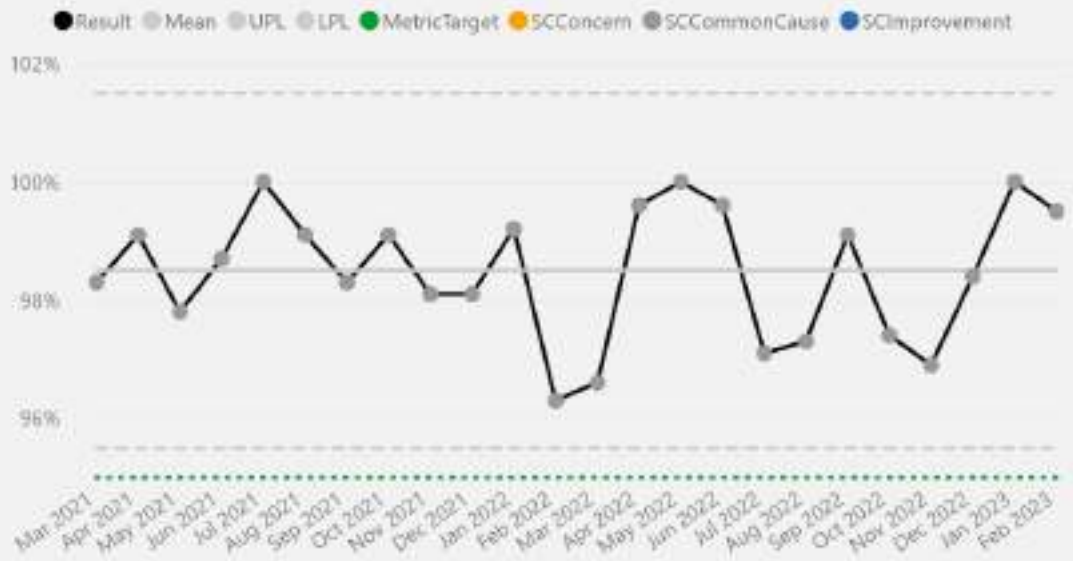
Variation | Assurance

99.5% Result
95.0% Target
101.5% UPL
98.5% Mean
95.5% LPL

Analytical Commentary

Variation is Common Cause

Palliative Care Seen Within 48 Hours



Assurance Commentary

The team saw 99.9% of their referrals within 48 hours of the referral and 53.9 % of all patients who died in the hospital - the National average is 36%.

Improvement Actions

The administration team continue to provide support with data entry to assist with the backlog due the resources available to provide the service and manage annual leave/sickness. There is a plan to employ an apprentice to support all admin activity within the team.

Supplementary Metrics

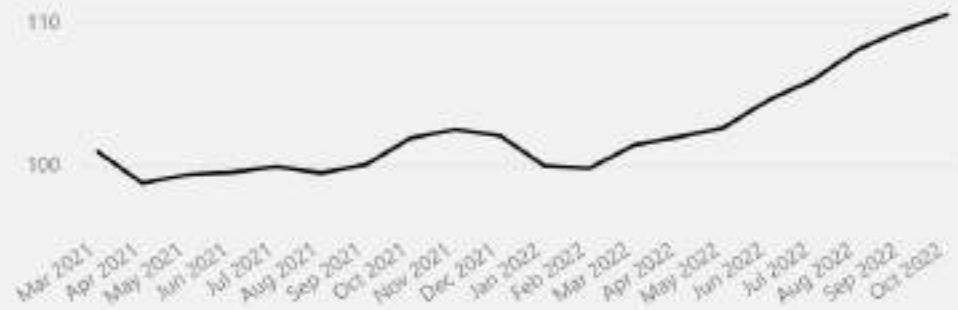
Metric Name	Date	Result	Variation	Assurance
Palliative Care Died in Trust and Seen by SPCT	Feb 2023	53.9%	Common Cause	No Target
Palliative Care IP Referrals Accepted	Feb 2023	220.0	Common Cause	No Target

Mortality Rate

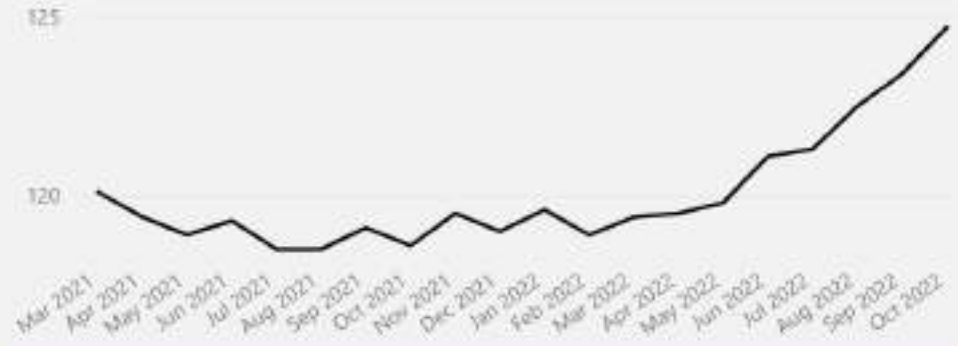
NNUH Digital Health
business intelligence

MetricName	Date	Result
HSMR	Oct 2022	110.47
SHMI	Oct 2022	125

HSMR



SHMI



Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Crude Mortality Rate	Jan 2023	5.80%	Concern (High)	No Target

Assurance Commentary

HSMR/SMR & SHMI remain higher than expected showing an upward trajectory over time

Overall crude mortality shows evidence of special cause variation driven by increasing in-hospital mortality likely due to mortality in patients with no criteria to reside and Covid 19. This rise in in-hospital mortality is also likely to be driving increases in HSMR/SMR. We are working with DFI and HED to fully explain/evidence this. DFI has also confirmed that the HSMR/SMR models were not designed to factor in current system pressures and other Trusts have also seen increases in HSMR/SMR

We have now agreed a system for prioritisation of mortality outlier alerts with DFI which factors in volume of excess deaths, CUSUM alerts and whether the diagnosis group is also flagging as a SHMI outlier alert. Currently, acute myocardial infarction and septicaemia are the alerts of most concern.

Improvement Actions

To continue work with DFI and HED to understand how mortality in patients with no criteria to reside and C19 is impacting on in hospital mortality and system level indicators

Using the pyramid for special cause variation to investigate two mortality outlier alerts – Acute Myocardial Infarction and Septicaemia

To continue to seek engagement with clinical teams to complete SJRs.

Safer Staffing

NNUH Digital Health
business intelligence

Safe Staffing Fill Rates

Feb 2023

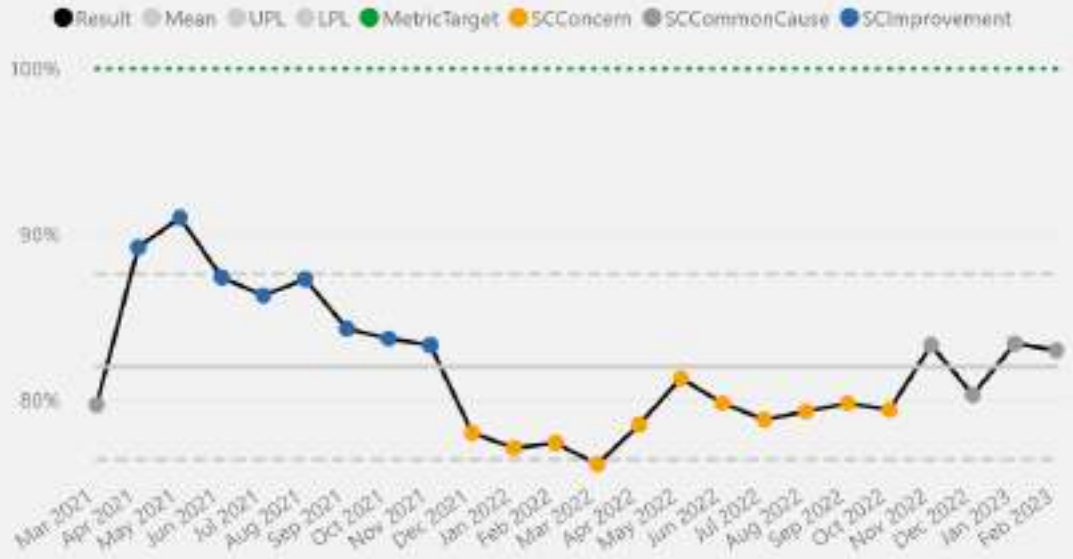
Variation | Assurance

83.00% Result
100.00% Target
87.60% UPL
82.00% Mean
76.40% LPL

Analytical Commentary

Variation is Common Cause

Safe Staffing Fill Rates



Assurance Commentary

A retention group for specific nursing actions has been set up and will feed into the trust wide retention board. These specific actions are in line with NHSE Nurse Retention action plan and the People Promise action plan.
A recruitment group for nursing has started and is working specifically on Health Care Support Worker recruitment. Trainee Nursing Associate workforce plans, International Recruitment and recruitment of First Post Qualified Nurses.
The in-depth data analysis normally provided is not available this month due to the data not being available and a shortfall of resources within the team.

Improvement Actions

The nursing establishment review has been approved by the Chief Nurse and will be presented at the Nursing and Midwifery Board in March before submission to HMB.
A staff redeployment standard operating procedure is being written and will include the settling into shift of the staff member as well as feedback at the end of the shift.
Recruitment efforts continue.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance

Infection Prevention & Control

NNUH Digital Health
business intelligence

MetricName	Date	Result	Target	Mean
C. difficile Cases Total	Feb 2023	5	83	7
CPE positive screens	Feb 2023	0	N/A	0
E. Coli trust apportioned	Feb 2023	2	96	4
HOHA Trajectory C. Difficile Cases	Feb 2023	0	57	2
Hospital Acquired MRSA bacteraemia	Feb 2023	0	0	0
Klebsiella trust apportioned	Feb 2023	3	48	2
MSSA HAI	Feb 2023	2	N/A	3
Pseudomonas trust apportioned	Feb 2023	0	26	1

Assurance Commentary

To date 16 trajectory cases of 61 C.difficile (32 HOHA and 29 COHA). The C.difficile threshold is 83.
0 MRSA bacteraemia.
Gram negative blood stream infections: E.coli 2 in February - 85.4% of 96 threshold. Klebsiella 3 in February - 50% of 48 threshold. Pseudomonas 0 in February - 69.2% of 26 threshold.
0 cases of CPE from screens taken at the NNUH in February.
13 cases of Influenza detected in February.
41 cases of Noro virus in February.

Hospital Acquired MRSA bacteraemia

E. Coli trust apportioned

C. difficile Cases Total

MSSA HAI

Klebsiella trust apportioned

CPE positive screens

Pseudomonas trust apportioned

Improvement Actions

C.difficile Post Infection Review meetings held monthly with clinical staff and Norfolk & Waveney ICB to establish lapses in care. Delay in sampling is the main lapse to date. Lapses are disseminated in Organisational Wide Learning and via Divisional Governance.
Surveillance undertaken on each Healthcare Associated Gram-negative Blood Stream Infection to ascertain the potential sources.
To continue to provide supportive action to wards where required.

Maternity: Mothers

NNUH Digital Health
business intelligence

Mothers Delivered

Feb 2023

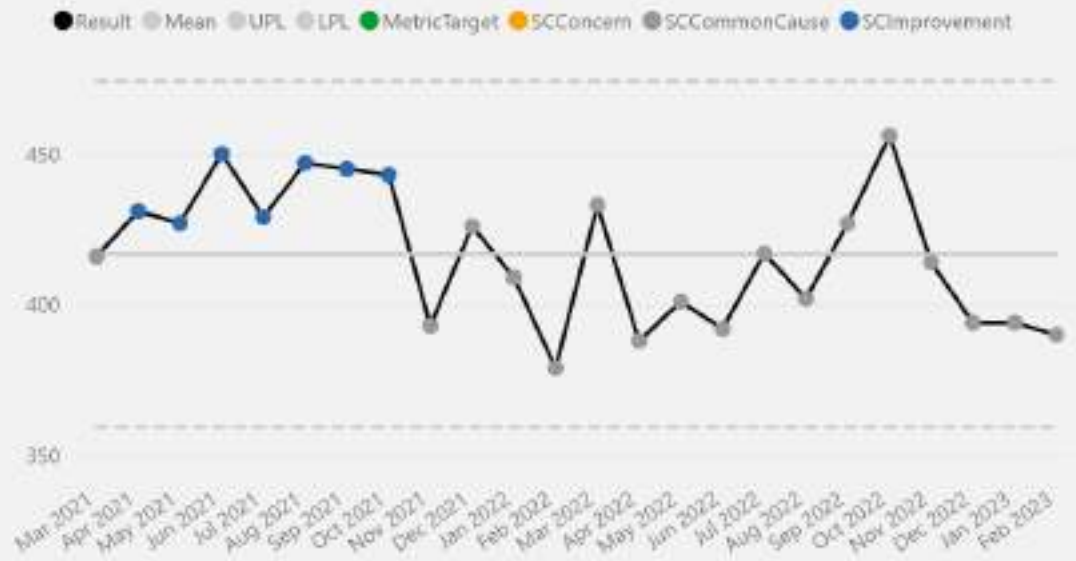
Variation | Assurance

390 Result
N/A Target
474 UPL
417 Mean
359 LPL

Analytical Commentary

Variation is Common Cause

Mothers Delivered



Assurance Commentary

390 women gave birth under our care.
3/4th degree tears has reduced from 4.7% in January to 1.8%.
Postpartum Haemorrhage (PPH) reduced from 3.8% in January to 2.8%.
Induction of Labour 32.3%
Caesarean Sections 43.1%
The 5 readmissions to the hospital in February will be reviewed to identify any themes, trends and learning.

Improvement Actions

We are reviewing our variable spike in 3/4th degree tears. These remain within the national average but are being reviewed. These incidents are all discussed weekly at our R&G meeting and actions / learning shared with the wider team.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
1:1 Care in Labour	Feb 2023	97.9%	Common Cause	No Target
3rd & 4th Degree Tears	Feb 2023	1.8%	Common Cause	Unreliable
Births Before Arrival	Feb 2023	2	Common Cause	No Target
Post Partum Haemorrhage ≥1500mls	Feb 2023	2.8%	Common Cause	No Target

Mothers Delivered
390
Babies Delivered
399

Maternity Activity

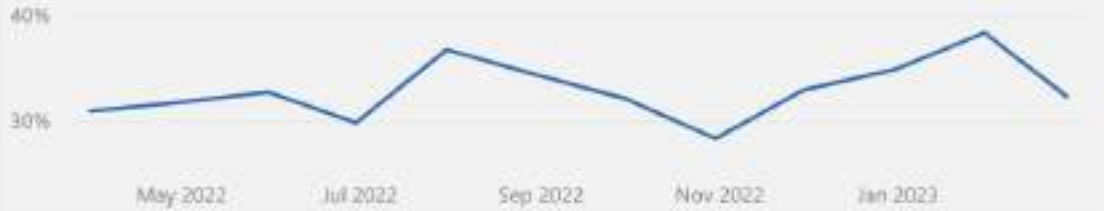
NNUH Digital Health
business intelligence

31/03/2022 28/02/2023

Feb 2023	0.00	0.00
Latest Month	Maternal Deaths	Unplanned Admissions to Critical Care

Caesarean Deliveries

Inductions of Labour



Maternal Deaths

Unplanned Adm. to Critical Care

Latest Assurance Commentary

390 women gave birth under our care.
3/4th degree tears has reduced from 4.7% in January to 1.8%.
Postpartum Haemorrhage (PPH) reduced from 3.8% in January to 2.8%.
Induction of Labour 32.3%
Caesarean Sections 43.1%
The 5 readmissions to the hospital in February will be reviewed to identify any themes, trends and learning.

Latest Improvement Actions

The Business Intelligence (BI) Team and the Digital Midwife have undertaken a vast amount of work to be able to provide the requested Robson Group report within the IPR.
Currently there are issues with the data tables in the Euroking system, which mean it is not possible to provide accurate Robson group data directly from the system. A manual review of data from January 2023 is necessary and once the data has been corrected it can be used to populate the IPR, which will need to continue until Euroking are able to resolve the complex issues identified.

Maternity: Babies

NNUH Digital Health
business intelligence

Unplanned NICU ≥37 week Admissions (E3)

Feb 2023

Variation

Assurance

F

10 Result

0 Target

24 UPL

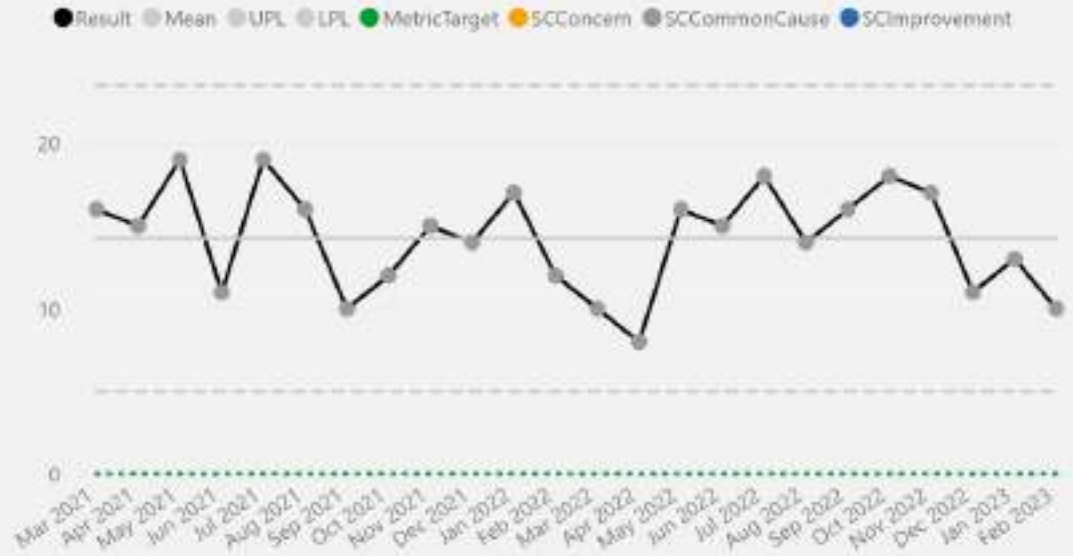
14 Mean

5 LPL

Analytical Commentary

Variation is Common Cause

Unplanned NICU ≥37 week Admissions (E3)



Assurance Commentary

399 babies born in February.
1 stillbirth - being reviewed.
2 Born before arrival (BBA's)
Avoiding Term Admissions Into Neonatal units (ATAIN) figures reported 10 admissions to NICU - all cases reviewed.

Improvement Actions

ATAIN admissions are reviewed monthly.
The Risk and Governance team has been strengthened to ensure that all admissions to NICU are fully reviewed using a MDT approach and lesson learnt are shared.

Supplementary Metrics

Metric Name	Date	Result		Variation	Assurance
Adjusted Still Births	Feb 2023	1		Not Applicable	No Target
Apgar score <7 @5, ≥37 weeks	Feb 2023	7	~	Common Cause	No Target
Early Neonatal Death	Feb 2023	0		Not Applicable	No Target
Mothers Transferred Out of Unit	Feb 2023	1	~	Common Cause	No Target

Saving Babies Lives

NNUH Digital Health
business intelligence

Topic	Metric Name	Date	Result		Variation		Assurance
Smoking Awareness	Smoking Status at Delivery	Feb 2023	7.4%		Common Cause		Unreliable
Fetal Growth Restriction	Less Than 3rd centile born > 37+6 weeks	Feb 2023	2%		Common Cause		Not capable
Fetal Growth Restriction	SGA detected Antenatally	Feb 2023	139%		Improvement (High)		No Target
Reducing Preterm Birth	Singleton Births Preterm	Feb 2023	7%		Common Cause		Unreliable
Reducing Preterm Birth	Singleton live births < 34 wks (AN corticosteroids within 7 days PN)	Feb 2023	40%		Common Cause		Unreliable
Effective Fetal Monitoring	CTG Training and Human factors situational awareness compliance	Feb 2023	90%		Improvement (High)		Unreliable

Assurance Commentary

96.4% of all booked women had CO2 monitoring at booking.
Our detection rate for Small for Gestational Age is 138.8%.
Our mandatory training including the fetal monitoring /CTG training is 90.1%.
The NNUH maternity services are waiting for the SBLCB / CNST document for 23/24.

Improvement Actions

The Directorate will 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. This will ensure our maintenance of the SBLCB compliance for 23/24 and for our Year 5 submission.

Adult Safeguarding

NNUH Digital Health
business intelligence

Safeguarding Adults

Feb 2023

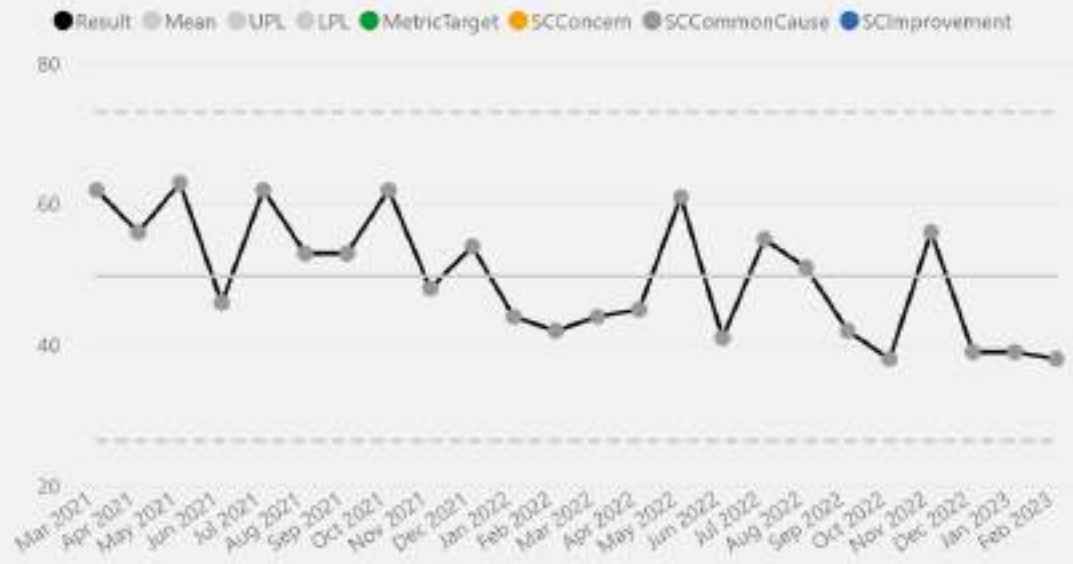
Variation | Assurance

38 Result
N/A Target
73 UPL
50 Mean
26 LPL

Analytical Commentary

Variation is Common Cause

Safeguarding Adults



Assurance Commentary

The new Named Professional for Safeguarding Adults and MCA Lead has made links with some adult wards and has begun to roll out bespoke MCA training sessions to staff.
The aim is to increase compliance and adherence to the ACT.
She has also begun regular contact with members of the Complex Discharge Team to identify potential complex cases, but also to identify potential cases where section 42s are raised against us.
Monthly meetings continue with the Senior Leads of Adult Social Care to improve working relations and streamline processes between hospital and local authority.

Improvement Actions

The NNUH Safeguarding Lead and the Named Professional for Safeguarding Adults have been granted permission for read only access to LAS Social Services IT system. This will facilitate progression of the management of cases. We participated in a course beginning of March run by the local authority to enable use of the LAS system. It will enable quick access to details of the social worker, management and outcome of cases of patients currently admitted at NNUH.

Children & Midwifery Safeguarding

NNUH Digital Health
business intelligence

Safeguarding Children and Midwife...

Feb 2023

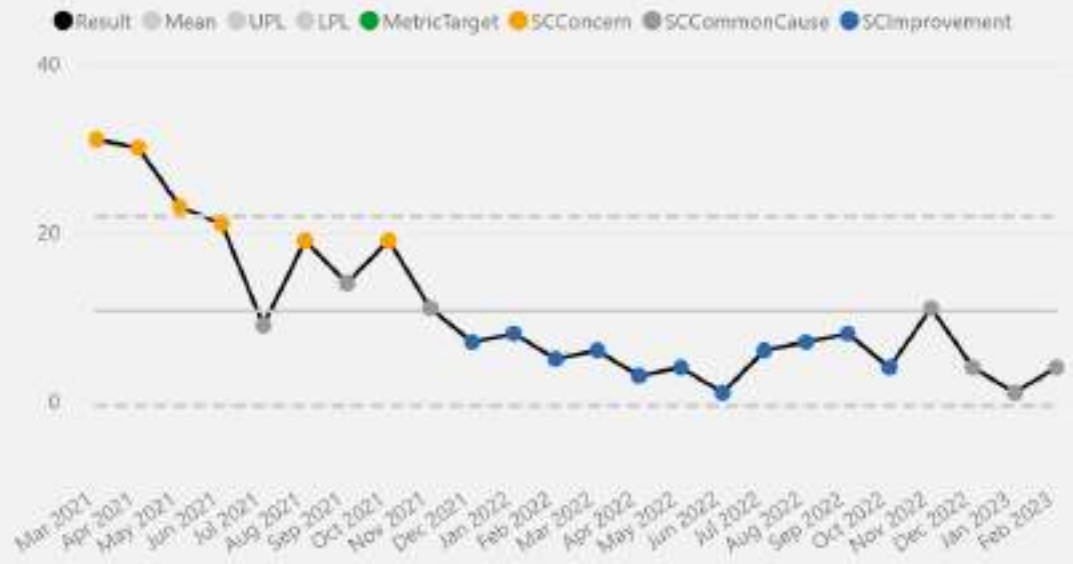
Variation | Assurance

4 Result
N/A Target
22 UPL
11 Mean
-1 LPL

Analytical Commentary

Variation is Common Cause

Safeguarding Children and Midwifery



Assurance Commentary

The meeting between Norfolk safeguarding children's leads and directors of Children's Services was postponed to a later date, yet to be confirmed.
The safeguarding team continues to work collaboratively with the different specialist departments in the Trust and more recently began case discussions with the Weight Management Clinic who manage multiple complex cases. This will help staff to reflect on practice and also provide reassurance in their management of the cases, and help to identify which children need escalating. We hope to disseminate similar conversations to other specialist areas.

Improvement Actions

There is continued partnership within the Complex Health Hub (CHH) to promote a trauma informed approach to working throughout the Trust. Discussions are ongoing to develop the service specifications and pathways of care for Children's Mental Health. Staff are being supported through supervision to manage cases that may be challenging. There are also plans to meet with other multi-agency organisations scheduled for 21st March to identify how we can bring together our training resources and support each other as Norfolk safeguarding practitioners to improve children's outcomes as a county.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Safeguarding Children	Feb 2023	3	Common Cause	No Target
Safeguarding Midwifery	Feb 2023	1	Common Cause	No Target

Daily Safety Check

NNUH Digital Health
business intelligence

Daily Safety Check

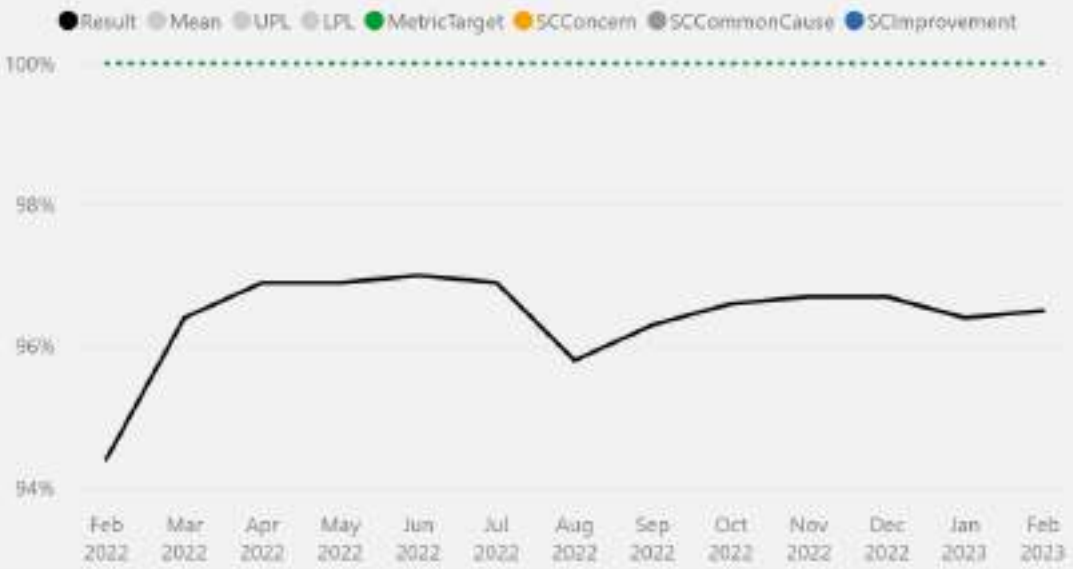
Variation Assurance

Feb 2023

96.5% Result
100.0% Target

UPL
Mean
LPL

Daily Safety Check



Improvement Actions

Daily Safety check question set review continues within specialist areas. Areas with no compliance sent to Divisional Nurse Directors. Current review of daily safety check questions to streamline process. New question set to be taken to NMCP forum in April 2023.

Analytical Commentary

Metric does not meet SPC criteria

Assurance Commentary

Documentation

NNUH Digital Health
business intelligence

Documentation

Variation Assurance

92.9% Result
100.0% Target

UPL
Mean
LPL

Feb 2023

Documentation

Improvement Actions

Data set feedback to Nursing, Midwifery and Clinical Professionals (NMCP). Tendable annual review of questions and trends of non-compliance. Following CQC recommendation, documentation audit being rewritten, new question set to be presented to NMCP forum in March 2023. Trail of new paper risk assessment booklet to be trialled in 4 pilot areas by the end of March 2023.

Analytical Commentary

Metric does not meet SPC criteria

Assurance Commentary

IPC Audit

NNUH Digital Health
business intelligence

Variation Assurance

IPC Audit

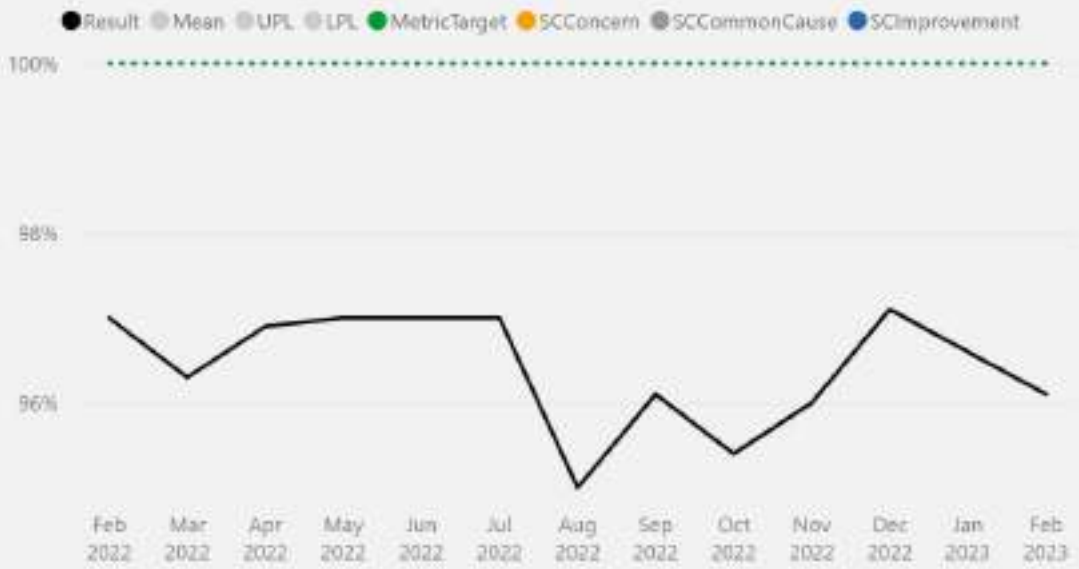
Feb 2023

96.1% Result
100.0% Target
UPL
Mean
LPL

Analytical Commentary

Metric does not meet SPC criteria

IPC Audit



Assurance Commentary

Improvement Actions

Consistent compliance with audit. Review of question set completed to incorporate questions removed from daily safety check. Education from Clinical Quality Improvement Team about importance of audits and the educational possibilities available by reviewing Tendable Dashboard.

Falls (AIMS)

NNUH Digital Health
business intelligence

Falls (AIMS)

Feb 2023

Variation | Assurance

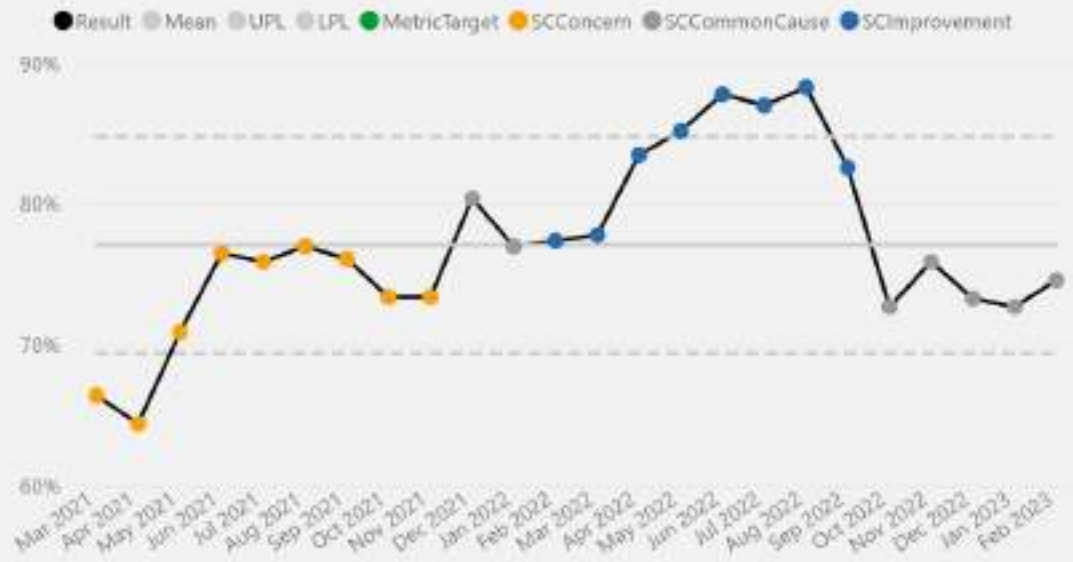
74.6% Result
N/A Target

84.8% UPL
77.1% Mean
69.4% LPL

Analytical Commentary

Variation is Common Cause

Falls (AIMS)



Assurance Commentary

Improvement Actions

Compliance improved, with the use of the new fall's documentation. Falls champion work commenced and good interest. New multifactorial assessment available to order, old risk assessment booklet with old falls chart now removed from powergate.

MCA and DoLS (AIMS)

NNUH Digital Health
business intelligence

MCA and DoLS (AIMS)

Dec 2022

Variation Assurance

89.8% Result
N/A Target

UPL
Mean
LPL

Analytical Commentary

Metric does not meet SPC criteria

MCA and DoLS (AIMS)

Assurance Commentary

Improvement Actions

MCA/DOLS currently suspended due to question set needing re-reviewing. Compliance poor due to poor comprehension of questions by auditing staff. Questions set being reviewed by new MCA/DOLs lead, aim to present to Complex Health governance in April 2023.

Nutrition and Hydration (AIMS)

NNUH Digital Health
business intelligence

Nutrition and Hydration (AIMS)

Feb 2023

Variation | Assurance

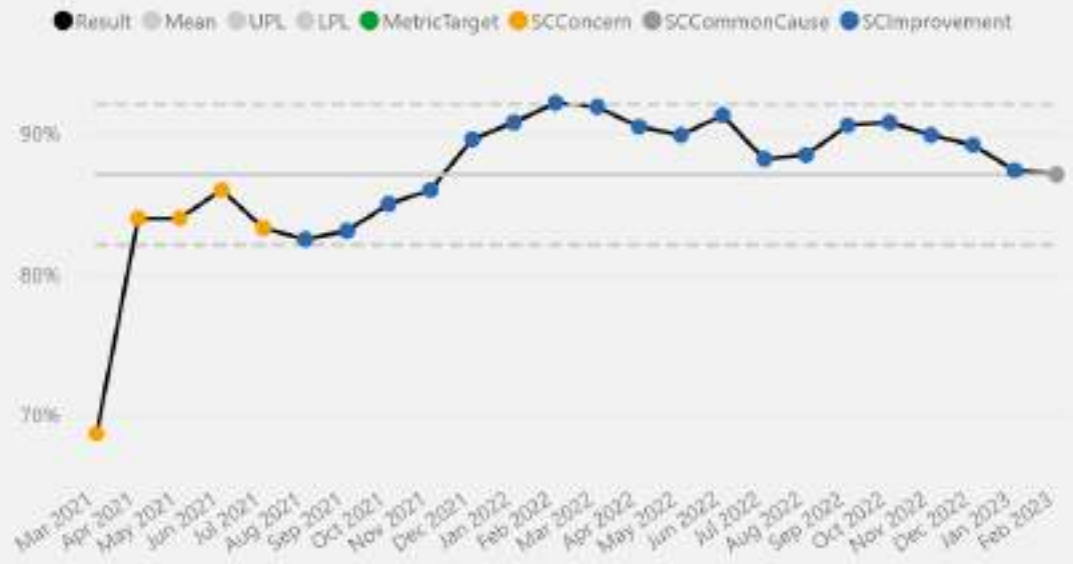
87.1% Result
N/A Target

92.1% UPL
87.1% Mean
82.1% LPL

Analytical Commentary

Variation is Common Cause

Nutrition and Hydration (AIMS)



Assurance Commentary

Improvement Actions

Compliance has reduced again this month. Poor compliance with documentation around food supplements and fluid balance charts. Combined food and think drink form being trialled on Earsham to improve compliance.

Patient Observation and Escalation (AIMS)

NNUH Digital Health
business intelligence

Patient Observation and Escalation (AIMS)

Feb 2023

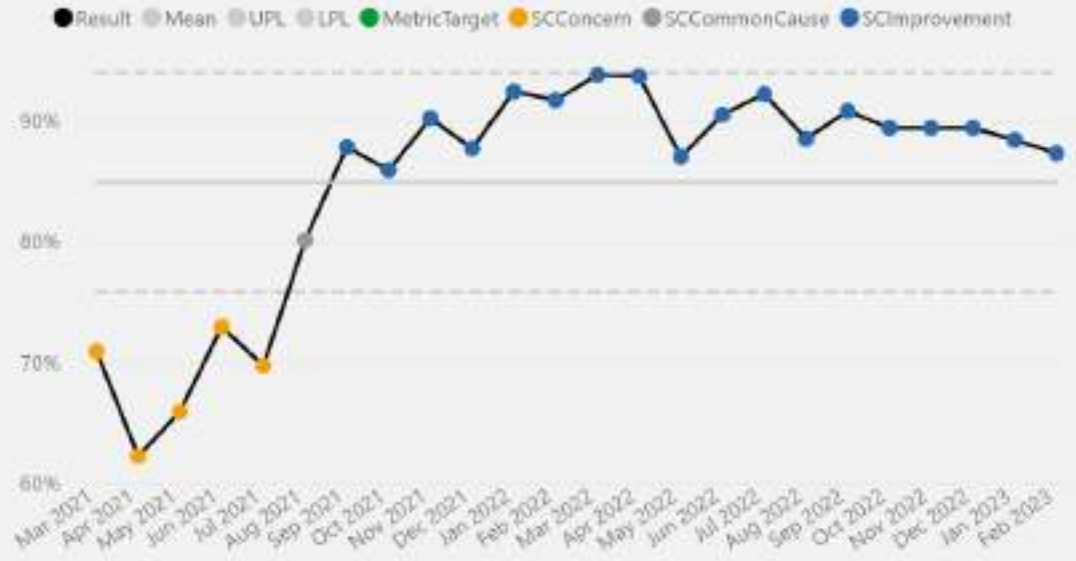
Variation | Assurance

87.3% Result
N/A Target
94.0% UPL
84.9% Mean
75.8% LPL

Analytical Commentary

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

Patient Observation and Escalation (AIMS)



Assurance Commentary

Improvement Actions

Consistent compliance with audit. Failure to escalate QI project commenced. led by RRT Matron.

Pressure Ulcers (AIMS)

NNUH Digital Health
business intelligence

Pressure Ulcers (AIMS)

Feb 2023

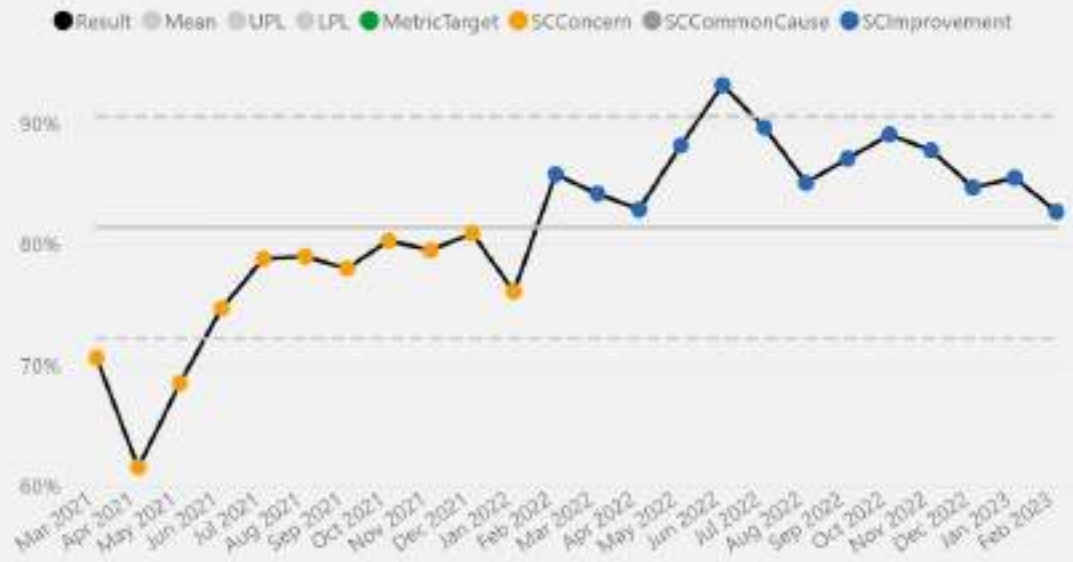
Variation | Assurance

82.7% Result
N/A Target
90.6% UPL
81.4% Mean
72.2% LPL

Analytical Commentary

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

Pressure Ulcers (AIMS)



Assurance Commentary

Improvement Actions

Compliance in audit has declined. New paper risk assessment booklet to support nursing autonomy in the assessment of pressure area/ulcers.

Our Vision
The best care for every patient

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

REPORT TO TRUST BOARD	
Date	**5 April 2023**
Title	**Chair's key Issues report from Finance, Investments and Performance Committee meeting on 29.03.23**
Author & Exec Lead	**Mr Tom Spink (Committee Chair)**
Purpose	**For Information**

The Finance, Investments and Performance Committee met on 29 March 2023. Papers for the meeting were made available to Board members for information in the usual way via Admin Control. The meeting was quorate. On this occasion no governor observers were present.

The Committee endeavoured to conduct its meeting as discussed at the Board development day – to spend less time looking backward and more forward looking, seeking the right KPIs for assurance, with only exceptional, 'not assured' or cross-cutting issues escalated to the Board.

The Committee reviewed reports in accordance with its Terms of Reference, including updates on the current financial and operational position. The following issues were identified to highlight to the Board:

1	Performance & Productivity IPR (inc theatre productivity)	The Committee was updated on the operational position in the Trust and was advised that typically all ED patients who don't need a bed are now treated in less than 4 hours. Average bed occupancy however stands at 107% and flow through the hospital remains a continuing problem. In the circumstances, the ongoing difficulties with delayed discharges and inadequate capacity in the Community are very disappointing and are putting our staff and systems under damaging pressure. Every effort will be made to support the ICS in addressing these problems. The Committee noted and commended the tremendous progress that has been made in reducing elective waiting times.
2	Financial Performance YTD	The Committee received an update on financial performance, as detailed in the Finance paper.
3	Operational and Financial Planning 2023/24 – Cycle 3	The Committee received a report with regard to Cycle 3 of the Trust's Operational and Financial Planning for 2023/24. The Committee commended the detailed work undertaken by staff from across the corporate areas and divisions to generate these draft plans, in line with national guidance and objectives. Key risks to achievement of the plans were identified as delivery of i) sufficient efficiency plans and ii) activity plans. An updated Financial Strategy that takes account of the 23/24 operating plan and its medium-term implications will be presented for approval as part of Cycle 4. The Board will receive a separate paper regarding the Operational & Financial Plan – Cycle 3, which the Committee agreed to recommend to the Board for approval.

4	Projected demand for in-patient bed capacity	The Committee received a report regarding modelling varied out by the Health Foundation reflecting demographic changes and anticipated future demand for healthcare. The primary conclusion is that there is a projected need for additional acute inpatient bed capacity, even after benefits are derived from transformation in clinical delivery models and reduced length of stay. Clearly this is a matter requiring consideration across the ICS but it is of relevance as we develop the Trust's Clinical, Workforce and Estates Strategies.
5	Digital Histopathology	The Committee reviewed and approved the business case for purchase and implementation of a digital histopathology system. This represents a significant financial investment in clinical infrastructure, but it is an essential development in our specialist clinical capability. It will enable digital storage of images of tissue, facilitating remote specialist interpretation, greater efficiency, education of trainees and improved work arrangements for histopathologists. The Trust's investment in this system has now been approved by the Trust Board and work is underway to communicate this positive news with staff and partners as appropriate. The Communications Team will also look to ensure that communications plans are established proactively as a matter of routine whenever future business cases and major investment decisions come to the Board for approval.
6	Sustainability & Green Plan implementation	The Committee received its first update report on implementation of the Trust's Green Plan. There is a great deal of work for us to do in this area and a Sustainability Committee has been established, to harness the enthusiasm and drive of staff to supporting this work. We are still at the stage of assessing the Trust's carbon footprint, which will then establish a baseline from which we can establish targets, trajectories and milestones.

3 Conclusions/Outcome/Next steps

The next Committee meeting is scheduled for 26 April 2023.

Recommendation: The Board is recommended to:

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

Our Vision
The best care for every patient

Integrated Performance Report:

Norfolk and Norwich University Hospitals NHS Foundation Trust

Performance & Activity Domains

February 2023

Key 2023-24 Operational Priorities

- **Board Self Certification:** Sections D and H updated.
- **Urgent and Emergency Care: –**
  - **76.92% of patients seen in ED within 4 hours:** On Track
  - **Increase Ambulance handover delays under 30 minutes**: Off Track
  - **Reduce General and Acute bed occupancy to 92% or below:** Off Track
- **Elective Care: –**
  - **Eliminate waits of over 65 weeks:** On Track
  - **Increase day case rate to 85%:** On Track
  - **Increase theatre utilisation to 85%:** Off Track
  - **Reduce outpatient follow-up to 75% of 2019/20 baseline:** Off Track
- **Cancer: –**
  - **Reduce the number of patients waiting over 62 days:** Off Track
  - **Meet the Cancer Faster Diagnosis Standard (75%):** On Track
- **Diagnostics: –**
  - **Increase the percentage of patients that receive a diagnostic test within 6 weeks to achieve the 95% target by March 2025:** Off Track

Board Self Certification

Board Self Certification

NNUH Elective Recovery - Board Self Certification	Comments	Compliance	RAG
a) Has a lead Executive Director(s) with specific responsibility for elective and cancer services performance and recovery.	Yes - Christopher Cobb, Chief Operating Officer	Fully compliant	G
b) That the Board and its relevant committees (FI&P, Safety and Quality etc.) receive regular reports on elective, diagnostic and cancer performance, progress against plans and performance relative to other organisations both locally and nationally.	Full and detailed speciality level trajectories for elective and cancer recovery with daily chasing for both areas.	Fully compliant	G
c) Has an agreed plan to deliver the required 78ww and 62 day trajectories for elective and cancer recovery, and understands the risks to delivery, and is clear on what support is required from other organisations.	Yes - shared weekly with NHSE/I	Fully compliant	G
d) Has received a report on the current structure and performance of Lower GI, Skin and Prostate cancer pathways (including the proportion of colonoscopies carried out on patients who are FIT negative or without a FIT; the proportion of urgent skin referrals for whom a face to face appointment is avoided by use of dermoscopic quality images; and a capacity/demand analysis for MRI and biopsy requirements on the prostate pathway), and agreed actions required to implement the changes outlined in this letter.	Data submitted to E of E Q3 FIT data collection snapshot as requested and shared. Teledermatology pilot commenced in November and early results show an approximate 25% footfall reduction in OPD. Cancer Alliance bid for funding to implement as BAU from September. Prostate capacity and demand modelled and shortfall in capacity. Funding bid for 23/24 to increase prostate template biopsy service.	Fully compliant	G
e) Is pursuing the opportunities, and monitoring the impacts, presented by Outpatient transformation and how this could accelerate their improvement, alongside GIRFT and other productivity, performance and benchmarking data and opportunities.	Trust was a Pilot site for POP and is continuing to roll out the programme as part of the Outpatient Transformation programme.	Fully compliant	G
f) Have received a report on Super September and have reviewed the impact of this initiative for their organisation.	Super September was optional. The Trust originally planned to participate but due to issues with out of hours payment rates did not generate activity over and above the usual 78 week additional activity.		R
g) Have received reports on validation, its impact and has a validation plan in line with expectations in this letter.	All patients 26 weeks and above validated in May with continued validation on a weekly basis.	Fully compliant	G
h) Have challenged and received assurance from the lead Executive Director, and other Board colleagues, on the extent to which clinical prioritisation (of both surgical and diagnostic waiting lists) can help deliver their elective and cancer objectives. This should include receiving a review of turnaround times for urgent suspected cancer diagnostics and agreeing any actions required to meet the backstop maximum of 10 days from referral to report.	Weekly meetings chaired by the Trust COO to review RTT and Cancer waiting time recovery plans with Divisional Leads and Heads of Cancer Performance and Elective Access and Performance Manager. Urgent cancer diagnostics reviewed in this meeting and escalated for action where 10 day backstop might be breached.	Fully compliant	G
i) Discuss theatre productivity at every Trust Board; we suggest with the support of a Non-Executive Director to act as a sponsor.	Included in IPR in Trust Board pack.	Fully compliant	G
j) Routinely review Model Health System theatre productivity data, as well as other key information such as day case rates across Trusts.	Reviewed monthly by Surgery Division and included in IPR.	Fully compliant	G
k) Confirm your SROs for theatre productivity.	Christopher Cobb, Chief Operating Officer and Tim Leary, Chief of Division for	Fully compliant	G
l) Ensure that your diagnostic services reach at least the minimum optimal utilisation standards set by NHS England.	Overall diagnostic services meet the standard.	Fully compliant	G

Urgent and Emergency Care

Our Vision
The best care for every patient

Performance – ED Waiting Times < 4 hours

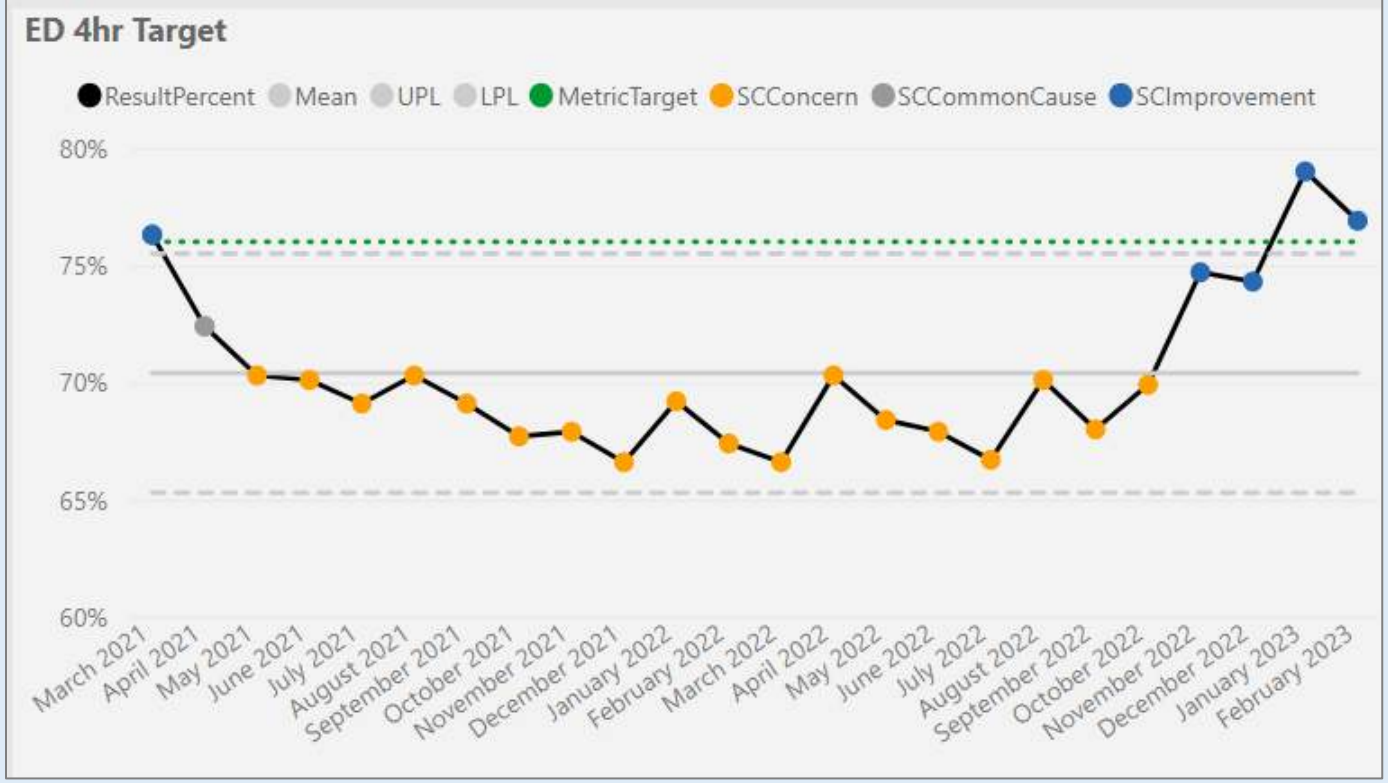
NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

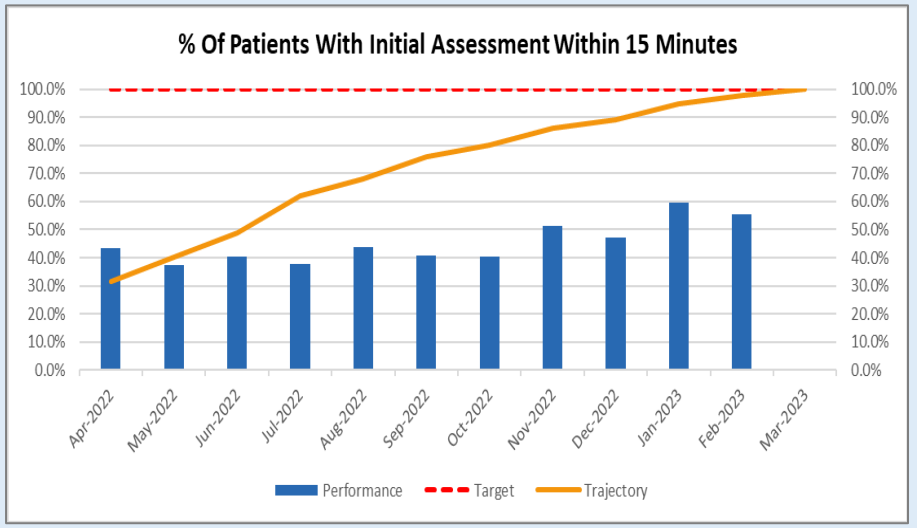
ED 4hr Target

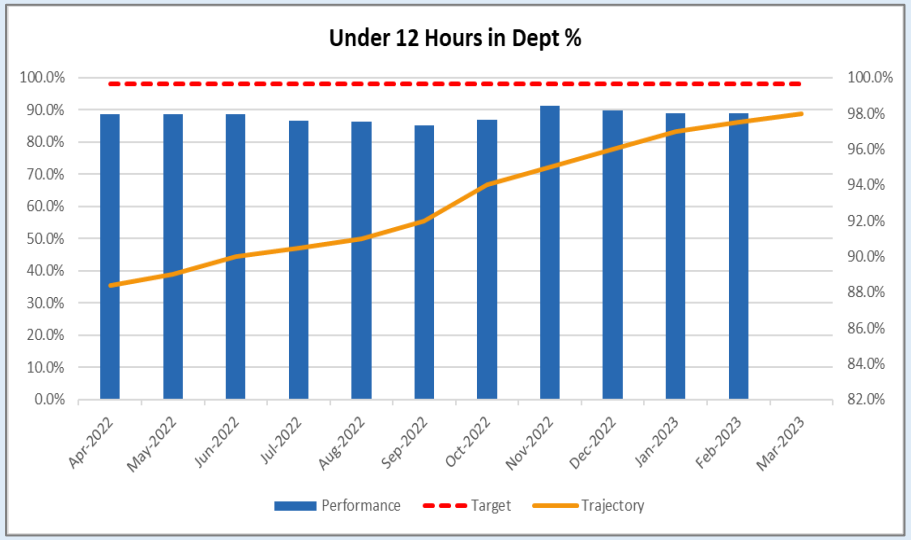
February 2023

Variation	Assurance
H	F

76.9% Result	75.5% UPL
76.0% Target	70.4% Mean
	65.3% LPL







Commentary

The overall position reflects the extremely challenging situation with the trust remaining in OPEL 4 status. Reduction in performance against the ED 4 hour target compared to January, but remain above target: **Trust only = 61.2% / WIC = 100% / Combined = 76.9%**

Our Vision
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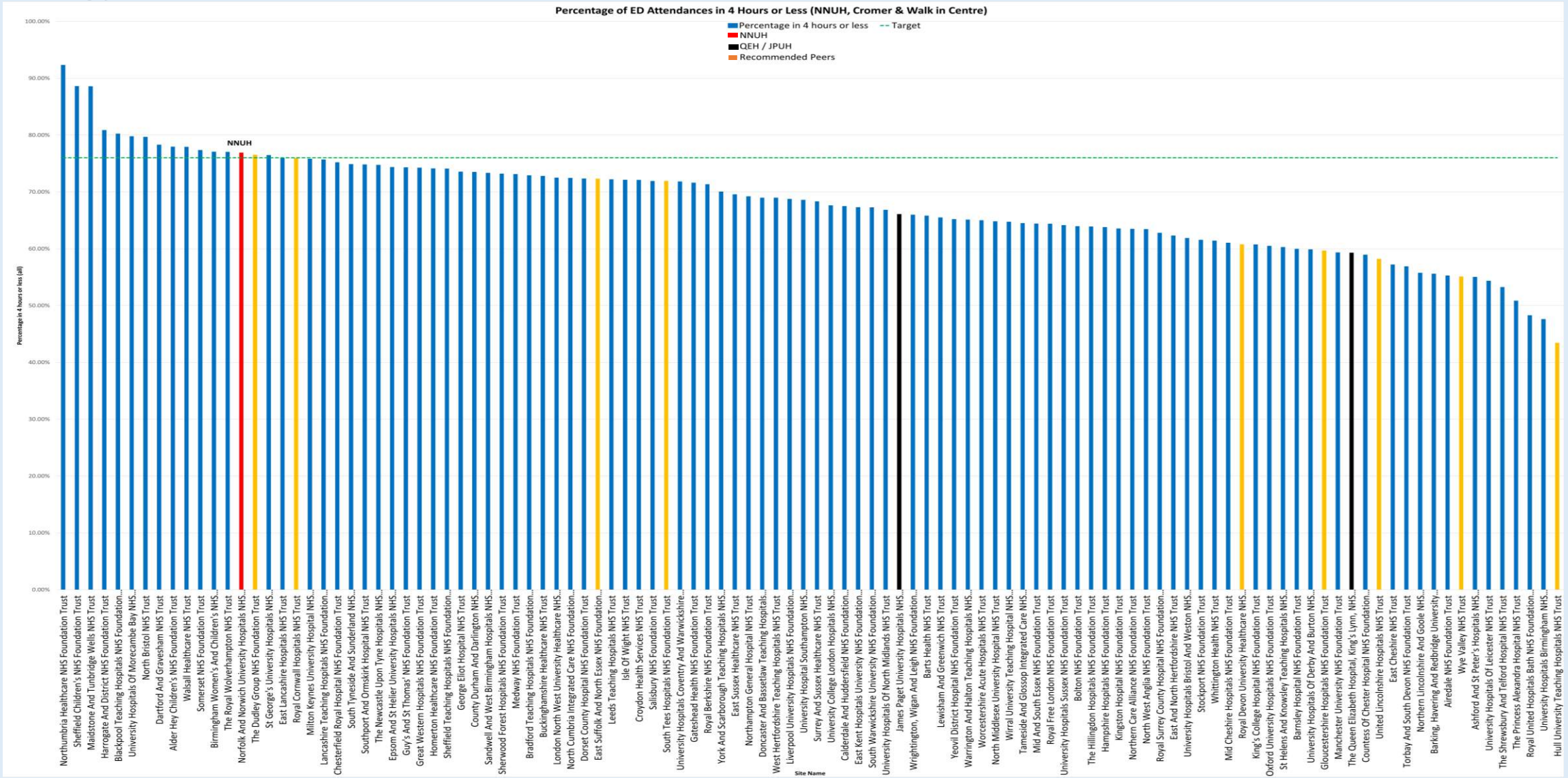
ED Waiting Times <4 hours – National Position (Feb 2023)

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust



Commentary

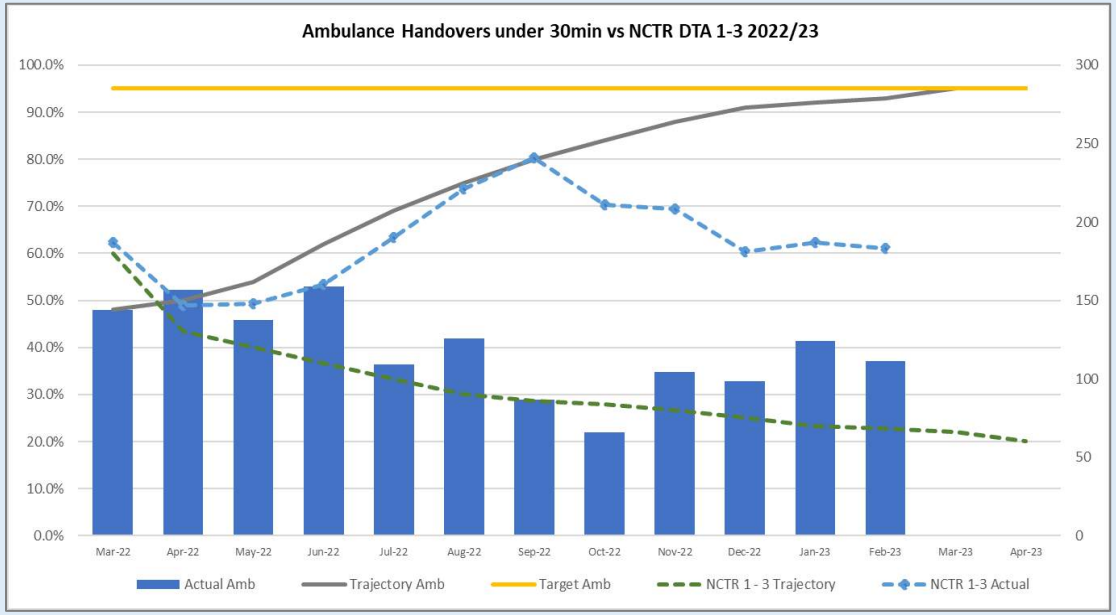
In February, NNUH were ranked 14th across all Type 1 NHS Trusts, with 76.92% of ED patients either admitted, transferred or discharged within 4 hours of arrival. This is the best performance amongst our recommended peers (for most similar attributes and context).

Our Vision
The best care for every patient

Performance – Ambulance Performance < 30 Minutes

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

Hospital Name	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Total
Addenbrookes Hospital	78.25%	70.00%	71.65%	80.84%	73.26%	64.89%	81.48%	79.01%	65.64%	87.17%	62.39%	87.22%	92.57%	76.77%
Basildon & Thurrock Hospital	80.36%	64.68%	60.36%	59.42%	59.60%	54.01%	54.86%	47.10%	39.49%	47.93%	38.53%	58.16%	54.17%	56.17%
Bedford Hospital South Wing	83.30%	87.48%	81.10%	89.32%	90.66%	86.60%	89.77%	85.42%	87.86%	87.40%	76.62%	86.07%	94.21%	86.62%
Broomfield Hospital	62.17%	49.42%	55.58%	69.47%	73.36%	58.62%	63.22%	59.28%	51.90%	59.34%	32.11%	60.84%	61.95%	58.64%
Colchester General Hospital	84.08%	74.02%	76.50%	82.78%	73.29%	69.63%	74.90%	68.85%	37.67%	39.48%	44.83%	78.06%	82.84%	70.22%
Hinchingbrooke Hospital	53.43%	42.14%	51.95%	54.02%	52.43%	37.95%	57.84%	78.10%	74.66%	85.88%	61.42%	81.96%	81.67%	63.46%
Ipswich Hospital	71.90%	67.17%	72.71%	79.81%	73.40%	68.78%	75.63%	71.34%	52.89%	62.46%	48.21%	67.83%	67.71%	68.30%
James Paget Hospital	55.03%	54.23%	57.76%	67.12%	51.08%	35.67%	33.38%	32.98%	26.39%	38.08%	26.25%	43.36%	42.75%	43.37%
Lister Hospital	50.75%	41.01%	31.25%	38.72%	39.14%	24.19%	34.01%	23.62%	18.90%	22.97%	21.70%	43.06%	42.02%	34.31%
Luton And Dunstable Hospital	78.10%	79.12%	78.61%	82.02%	76.43%	73.65%	77.58%	73.31%	68.50%	72.68%	62.21%	71.24%	76.04%	74.89%
Norfolk & Norwich University Hospital	46.49%	43.24%	51.25%	45.42%	52.14%	35.44%	40.47%	28.24%	21.32%	33.40%	31.19%	39.62%	35.55%	39.08%
Peterborough City Hospital	37.48%	28.28%	33.89%	36.06%	35.89%	29.19%	40.22%	46.09%	41.82%	45.15%	33.41%	47.91%	58.64%	39.93%
Princess Alexandra Hospital	43.81%	40.62%	50.69%	50.00%	54.43%	36.74%	41.97%	36.58%	34.84%	31.81%	32.72%	48.60%	38.63%	42.13%
Queen Elizabeth Hospital	61.41%	43.66%	62.47%	58.09%	45.48%	52.59%	47.63%	42.15%	30.68%	34.81%	27.29%	41.08%	53.83%	47.01%
Southend University Hospital	49.09%	40.76%	45.92%	47.08%	52.02%	52.54%	46.57%	41.49%	37.74%	37.92%	30.34%	58.64%	71.57%	48.36%
Watford General Hospital	50.89%	52.36%	54.01%	46.35%	33.72%	40.27%	45.91%	48.18%	39.27%	39.31%	38.06%	48.16%	56.21%	46.16%
West Suffolk Hospital	91.07%	85.17%	89.28%	90.58%	79.92%	83.68%	82.17%	86.85%	70.12%	68.04%	57.05%	73.26%	71.74%	79.63%
Total	**65.37%**	**58.63%**	**61.75%**	**65.44%**	**61.75%**	**55.35%**	**59.81%**	**57.64%**	**48.12%**	**53.51%**	**43.05%**	**61.26%**	**63.92%**	**58.47%**



Commentary

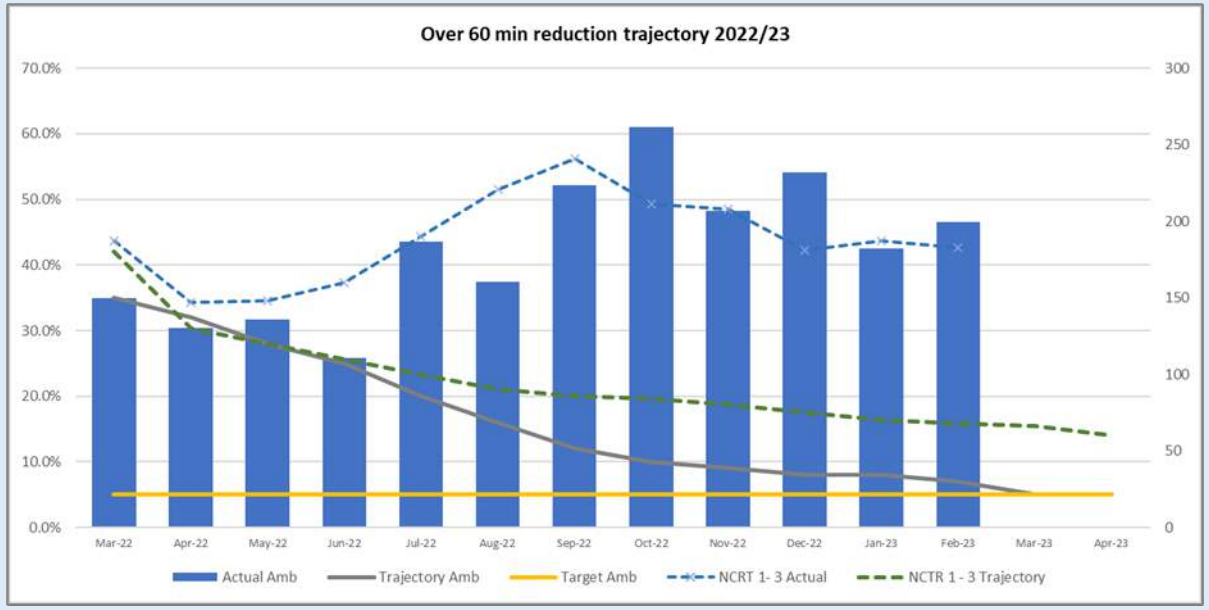
Ranking 16th in the region from February 2022 to February 2023 and 17th for the month (February 2023). Reduced performance from January.

Our Vision
The best care for every patient

Performance – Ambulance Performance > 60 Minutes

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

Hospital Name	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Total
Addenbrookes Hospital	6.73%	13.06%	11.98%	4.53%	9.29%	15.19%	4.46%	8.09%	16.56%	1.78%	23.49%	3.23%	1.16%	8.92%
Basildon & Thurrock Hospital	6.77%	16.13%	18.68%	21.03%	2.11%	2.89%	23.34%	32.00%	38.30%	28.24%	35.35%	21.18%	25.23%	23.38%
Bedford Hospital South Wing	5.62%	4.38%	7.97%	2.59%	2.60%	5.49%	3.10%	6.74%	4.71%	5.55%	14.15%	6.90%	1.96%	5.52%
Broomfield Hospital	20.74%	27.16%	24.47%	13.83%	10.91%	20.90%	16.93%	21.05%	27.88%	18.72%	42.32%	18.41%	15.41%	21.14%
Colchester General Hospital	4.01%	8.60%	6.62%	5.86%	10.47%	13.94%	10.48%	14.08%	40.32%	40.97%	32.36%	5.88%	7.48%	13.90%
Hinchingbrooke Hospital	20.10%	30.65%	19.94%	19.42%	20.69%	38.06%	19.38%	8.07%	9.55%	4.94%	25.19%	9.56%	8.00%	17.41%
Ipswich Hospital	11.15%	14.91%	12.41%	6.65%	10.70%	13.87%	11.71%	14.30%	29.08%	21.33%	32.78%	15.30%	15.82%	15.60%
James Paget Hospital	27.88%	29.66%	23.97%	18.22%	31.79%	47.54%	49.63%	46.15%	58.01%	41.43%	56.72%	34.73%	29.86%	38.01%
Lister Hospital	17.65%	23.72%	36.20%	27.19%	29.72%	46.79%	35.28%	47.23%	52.55%	50.60%	52.81%	26.91%	29.71%	35.29%
Luton And Dunstable Hospital	8.38%	9.21%	8.50%	5.13%	8.38%	13.01%	7.18%	10.43%	16.83%	11.35%	22.29%	12.00%	7.72%	10.57%
Norfolk & Norwich University Hospital	36.78%	38.70%	31.59%	32.17%	27.25%	45.10%	39.67%	53.18%	62.66%	49.92%	56.97%	44.79%	48.47%	43.37%
Peterborough City Hospital	33.01%	38.57%	36.52%	27.61%	31.25%	37.86%	23.14%	20.52%	26.08%	21.47%	33.88%	21.11%	11.98%	27.56%
Princess Alexandra Hospital	31.26%	34.62%	20.87%	21.22%	19.13%	33.68%	27.26%	35.15%	34.84%	39.22%	40.68%	24.84%	36.81%	30.32%
Queen Elizabeth Hospital	21.74%	44.30%	25.14%	27.45%	38.75%	32.97%	36.19%	42.77%	56.08%	52.11%	60.07%	43.43%	28.94%	38.39%
Southend University Hospital	29.70%	35.01%	33.10%	31.62%	23.96%	26.08%	33.70%	38.05%	40.32%	37.15%	47.13%	20.00%	11.08%	30.11%
Watford General Hospital	12.85%	12.36%	11.07%	18.54%	32.95%	28.01%	24.98%	23.50%	28.96%	32.07%	31.84%	18.29%	12.43%	21.85%
West Suffolk Hospital	2.65%	4.98%	2.40%	1.58%	5.70%	6.15%	6.46%	4.66%	14.11%	15.64%	23.10%	12.68%	12.78%	8.38%
Total	**16.60%**	**21.60%**	**19.02%**	**15.93%**	**18.46%**	**25.26%**	**20.89%**	**23.77%**	**32.21%**	**27.41%**	**37.28%**	**19.80%**	**17.83%**	**22.45%**



Commentary

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

Ambulance Handover Delays (Excluding the First 30 Minutes)

Total Handover Delay Time *(excluding the first 30 minutes)*

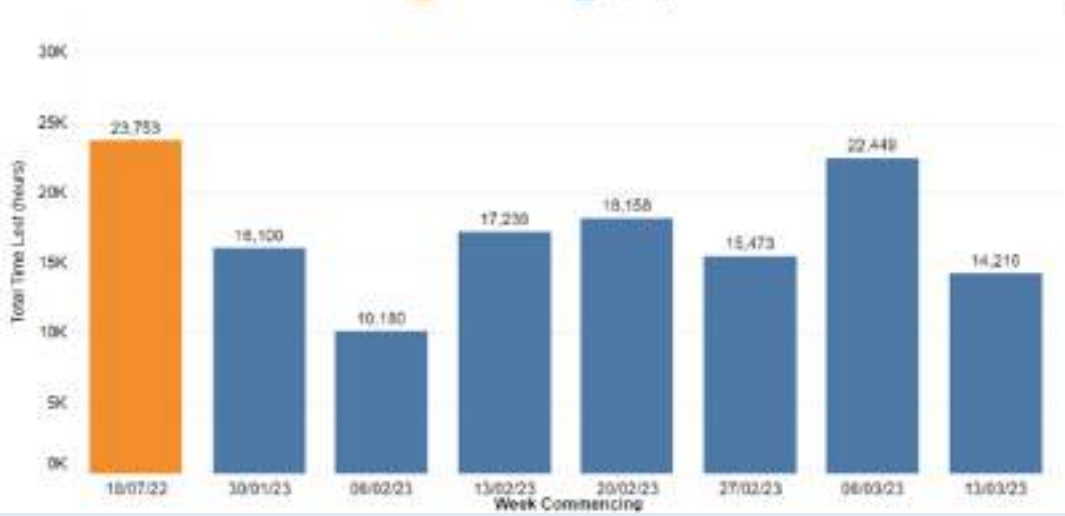
Source: Daily Ambulance Collection

NHS England

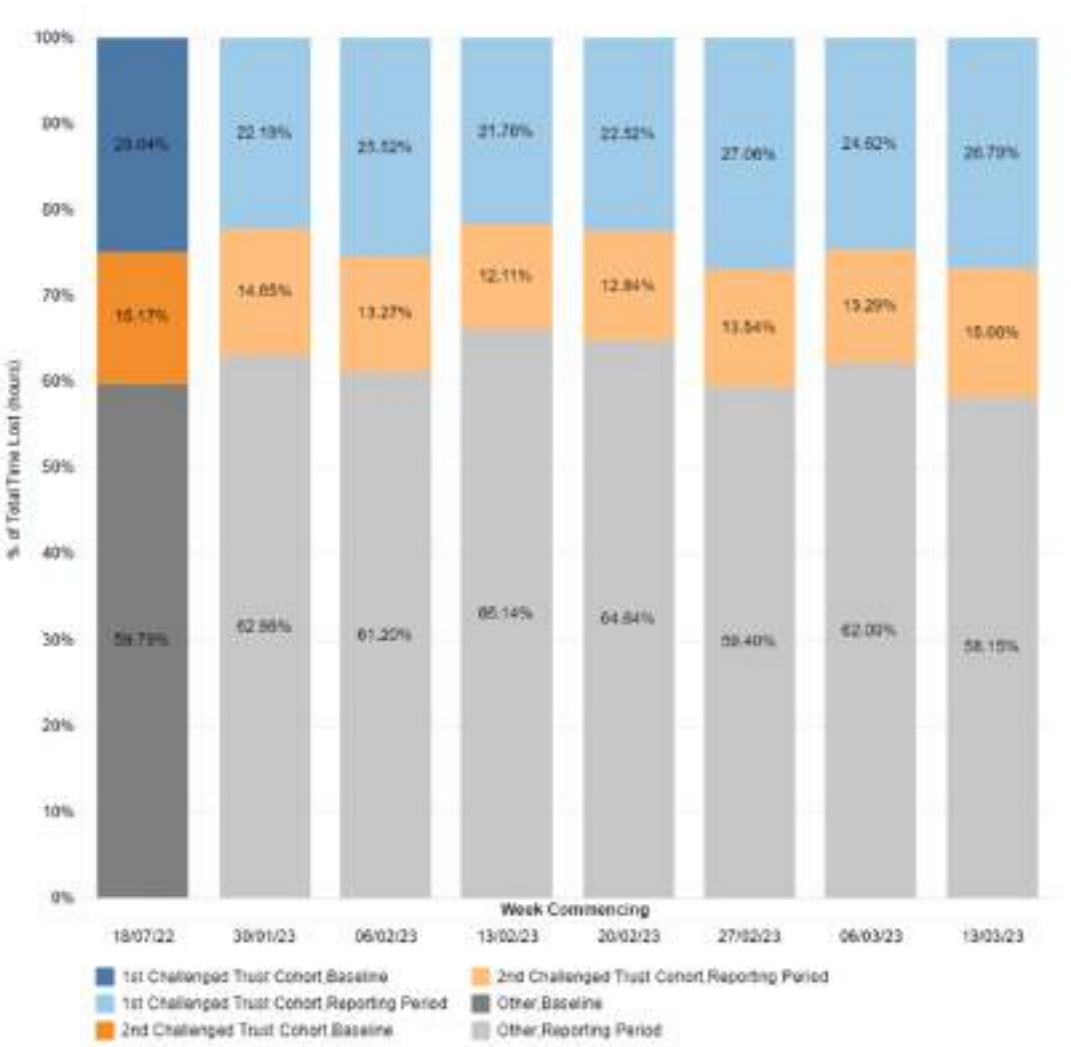
Challenged Trust View

		Week Commencing							
		18/07/22	30/01/23	06/02/23	13/02/23	20/02/23	27/02/23	06/03/23	13/03/23
1st Challenged Trust Cohort	Gloucestershire Hospitals	368	429	265	290	390	482	286	327
	Royal Cornwall Hospitals	1,146	1,000	359	1,355	1,841	1,942	1,963	1,131
	UH Birmingham	1,428	383	227	486	497	305	609	291
	UH of Leicester	903	91	118	100	77	98	344	50
	UH Plymouth	1,161	1,250	1,355	1,170	960	1,085	1,878	1,742
	Worcestershire Acute	921	421	274	350	326	274	446	268
	Cohort total	5,947	3,573	2,598	3,751	4,090	4,188	5,527	3,809
2nd Challenged Trust Cohort	James Paget FT	429	182	240	256	215	124	200	192
	Norfolk and Norwich FT	564	509	478	980	831	796	1,038	881
	North West Anglia FT	678	288	133	189	243	177	313	73
	The QE Hospital, King's Lynn	270	436	216	154	146	252	327	436
	The Shrewsbury and Telford	809	561	256	310	529	445	692	318
	UH of North Midlands	854	423	48	217	369	301	403	240
	Cohort total	3,604	2,391	1,351	2,087	2,331	2,095	2,983	2,140
Total for Cohort 1 & 2		9,551	5,964	3,949	5,837	6,421	6,282	8,509	5,949

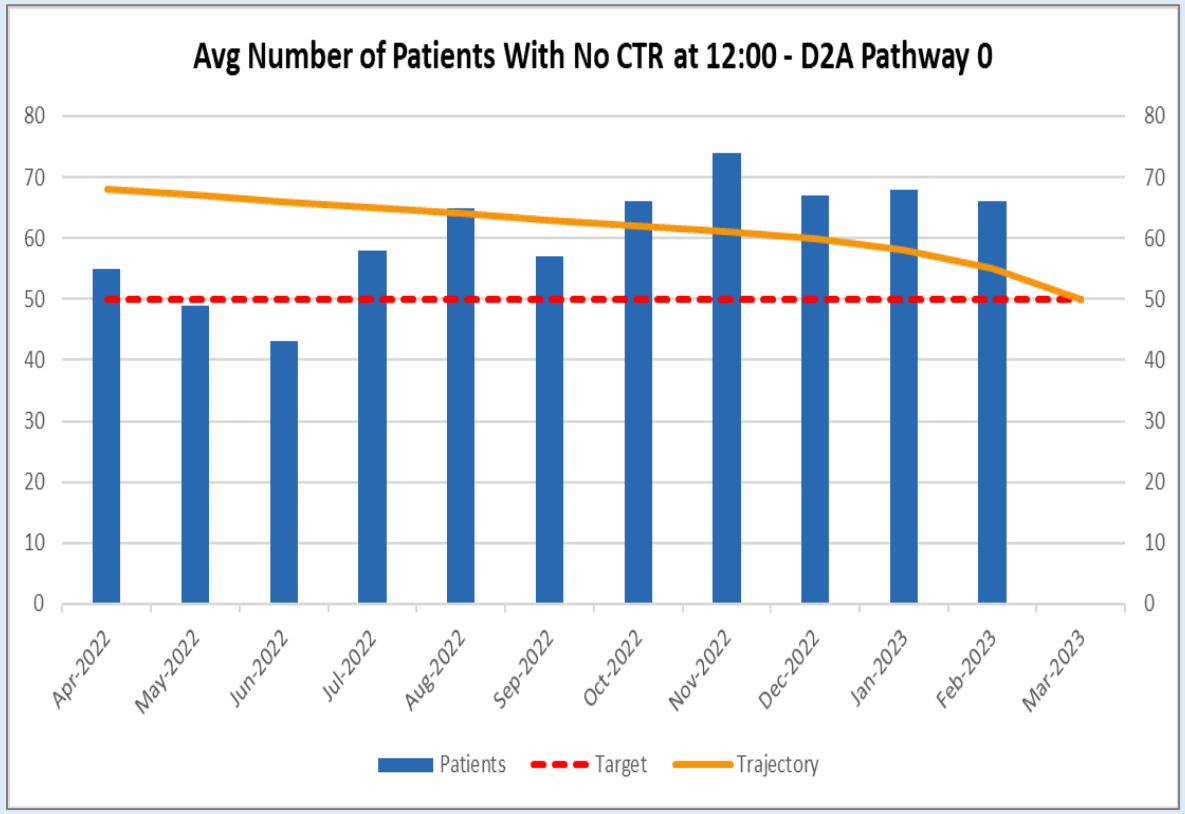
National View

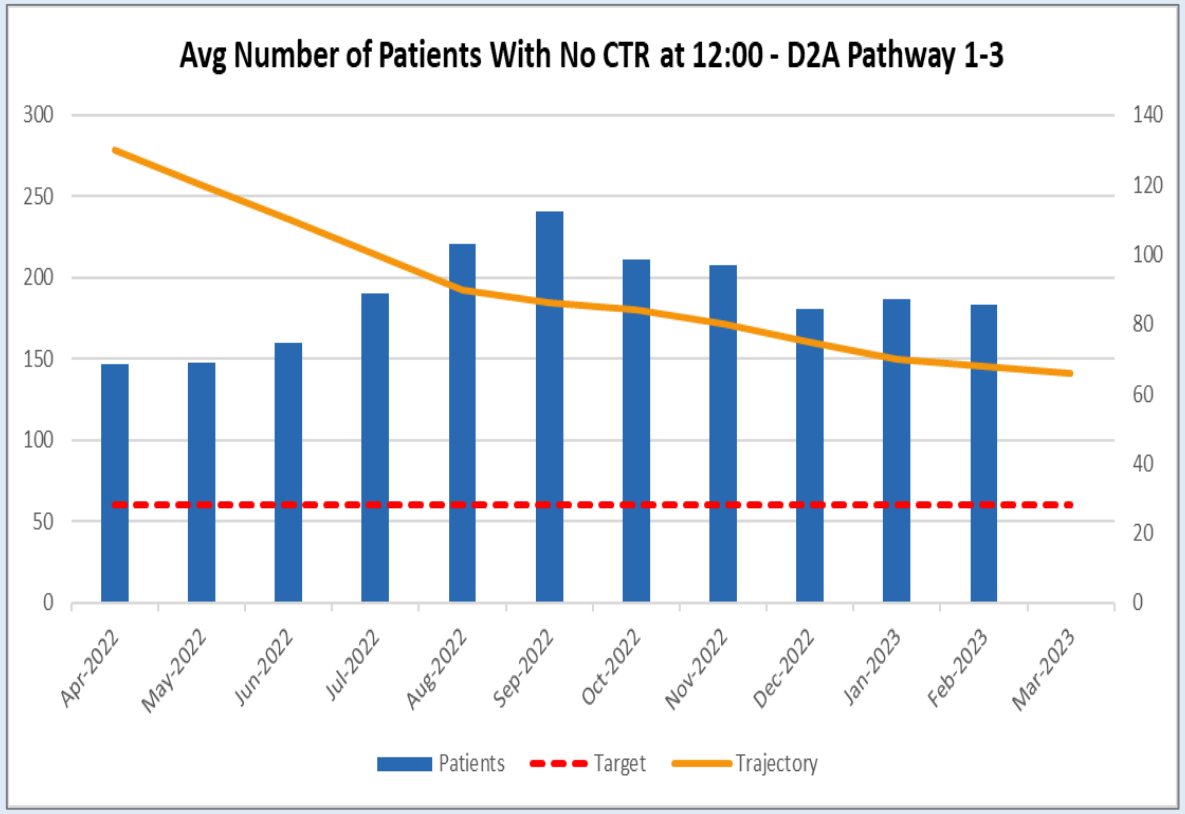


Cohort View



No Criteria to Reside



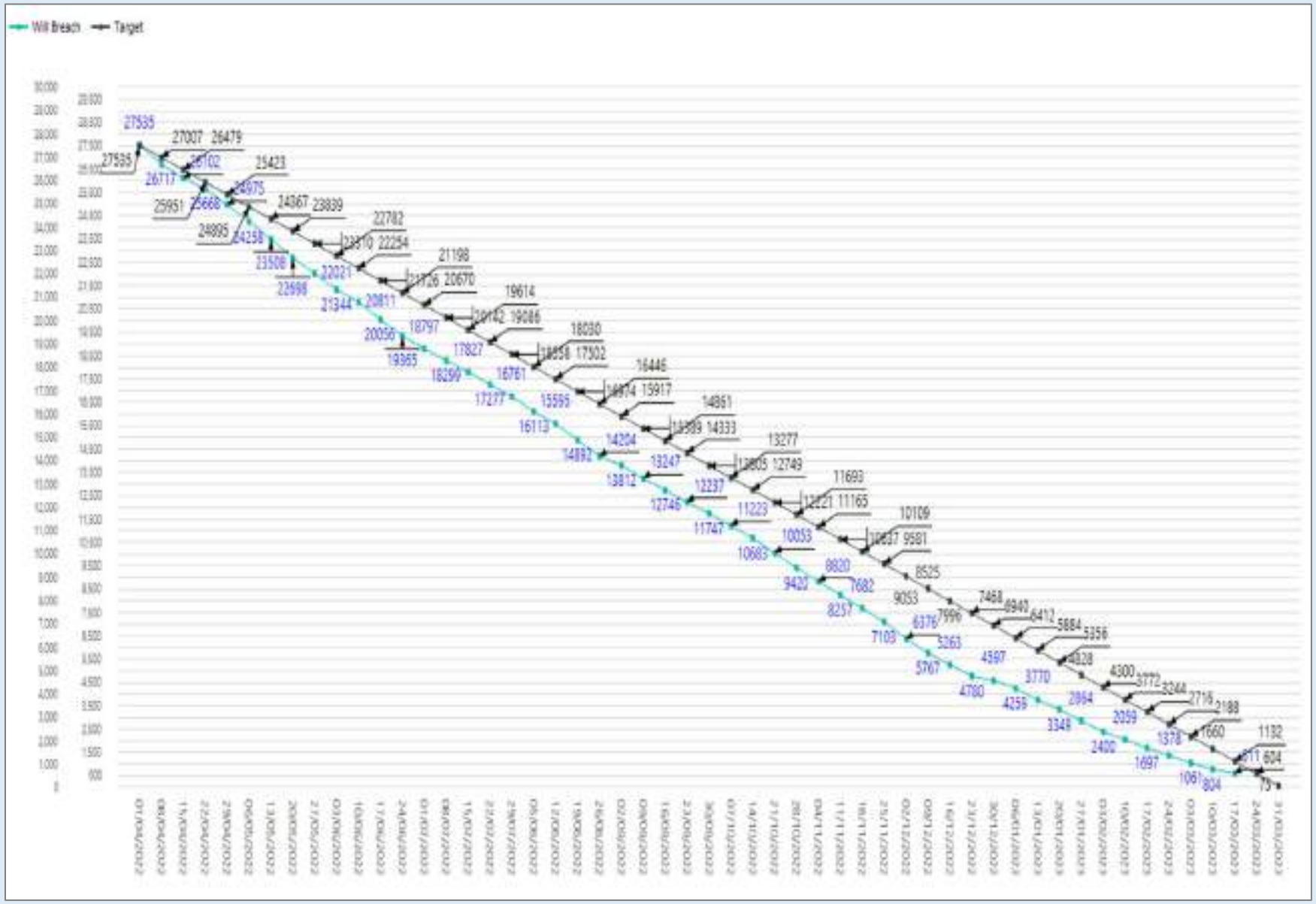


Commentary

Both No Criteria to Reside D2A Pathways 0 (P0) and Pathways 1-3 (P1-3) remain behind trajectory. However, there were slight improvements in P0 and P1-3 performance for February.

Elective Care

Performance – RTT 78-Week Breaches



Commentary

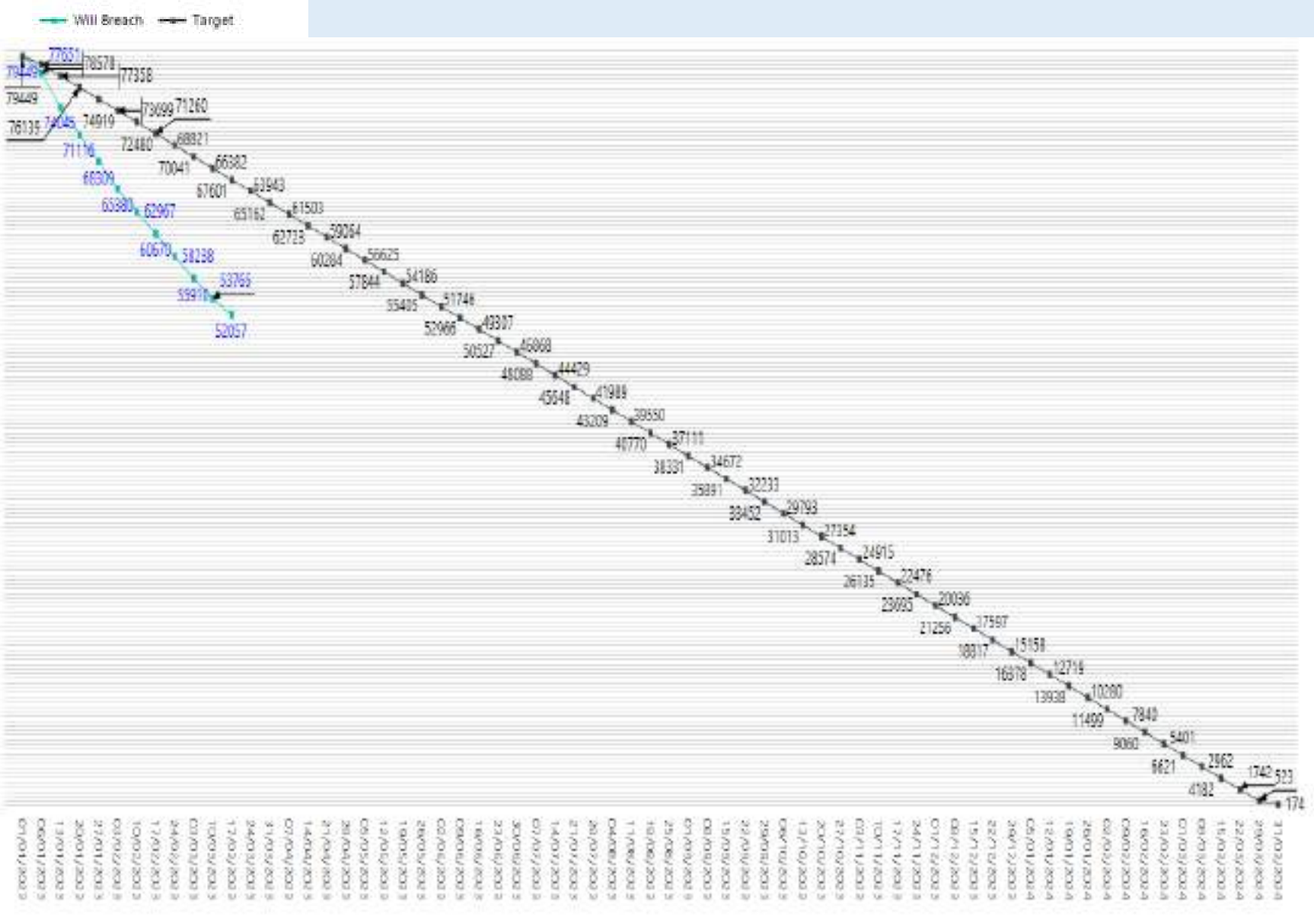
Trust remains **ahead of trajectory** for delivery by the end of March 2023 with **476** patients remaining in the cohort against a target of 754 and was confident of delivery of zero patients waiting over 78 weeks on 1st April**.** However, as a consequence of lost activity due to Industrial Action, the Trust is now forecasting 145-189 breaches (99.48% - 99.32% delivery) of the 78 week standard on 1st April.

The patients that have breached will impact our ability to deliver in April and May due to lack of available capacity to provide TCI's for all patients before the middle of May.

Our Vision
The best care for every patient

Performance – RTT 65-Week Breaches

Norfolk and Norwich University Hospitals
NHS Foundation Trust



Commentary

The current position on 20th March 2023 showed 51,289 patients needing to be treated by the end of March 2024 to avoid any patients being over 65 weeks wait for treatment, in line with the 2023/24 NHS Objectives.

The current forecast position for 1st April 2024 is 900 breaches. However, the impact of Industrial Action and associated breaches could increase that number by 145-189.

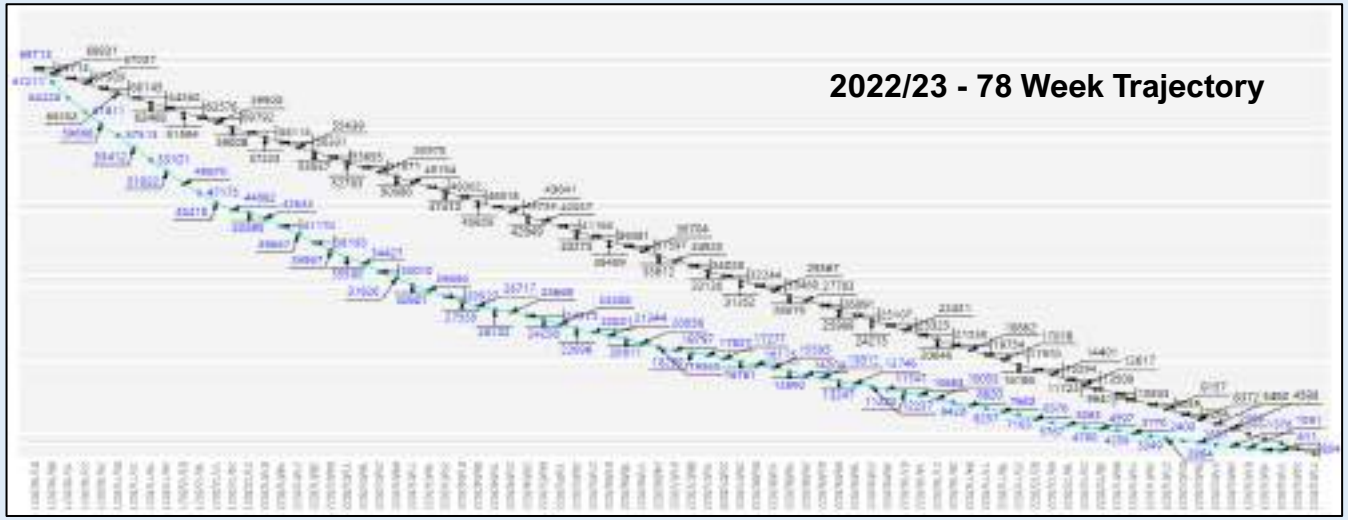
Our Vision
The best care for every patient

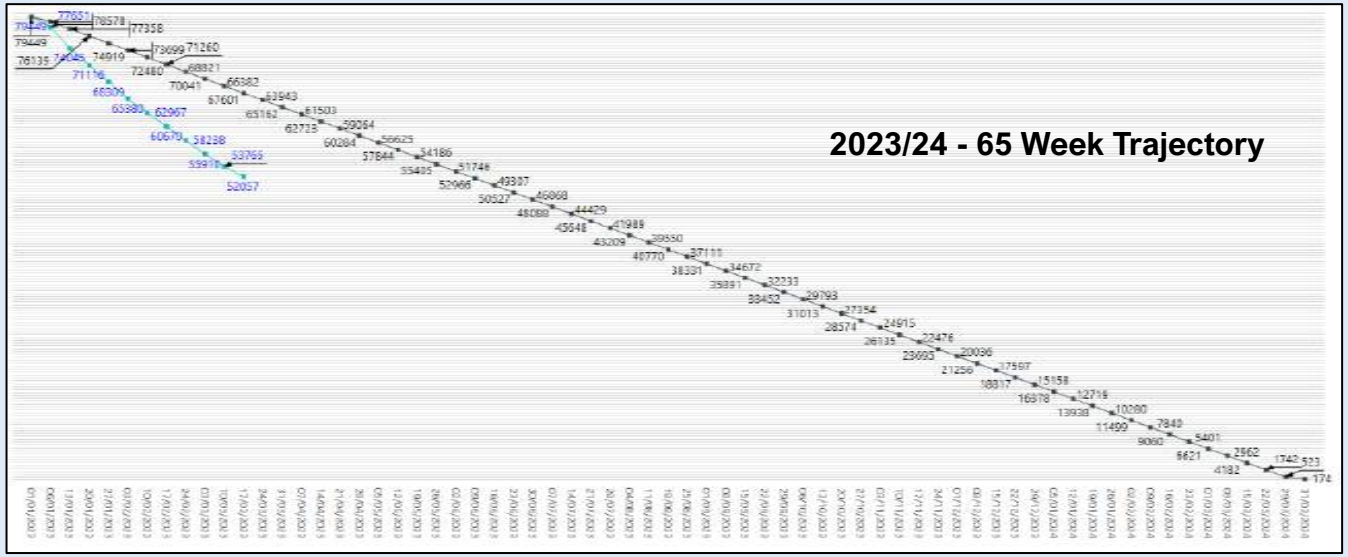
Performance – RTT 78 vs 65-Week Trajectory

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

78 and 65 Week Trajectory Comparison

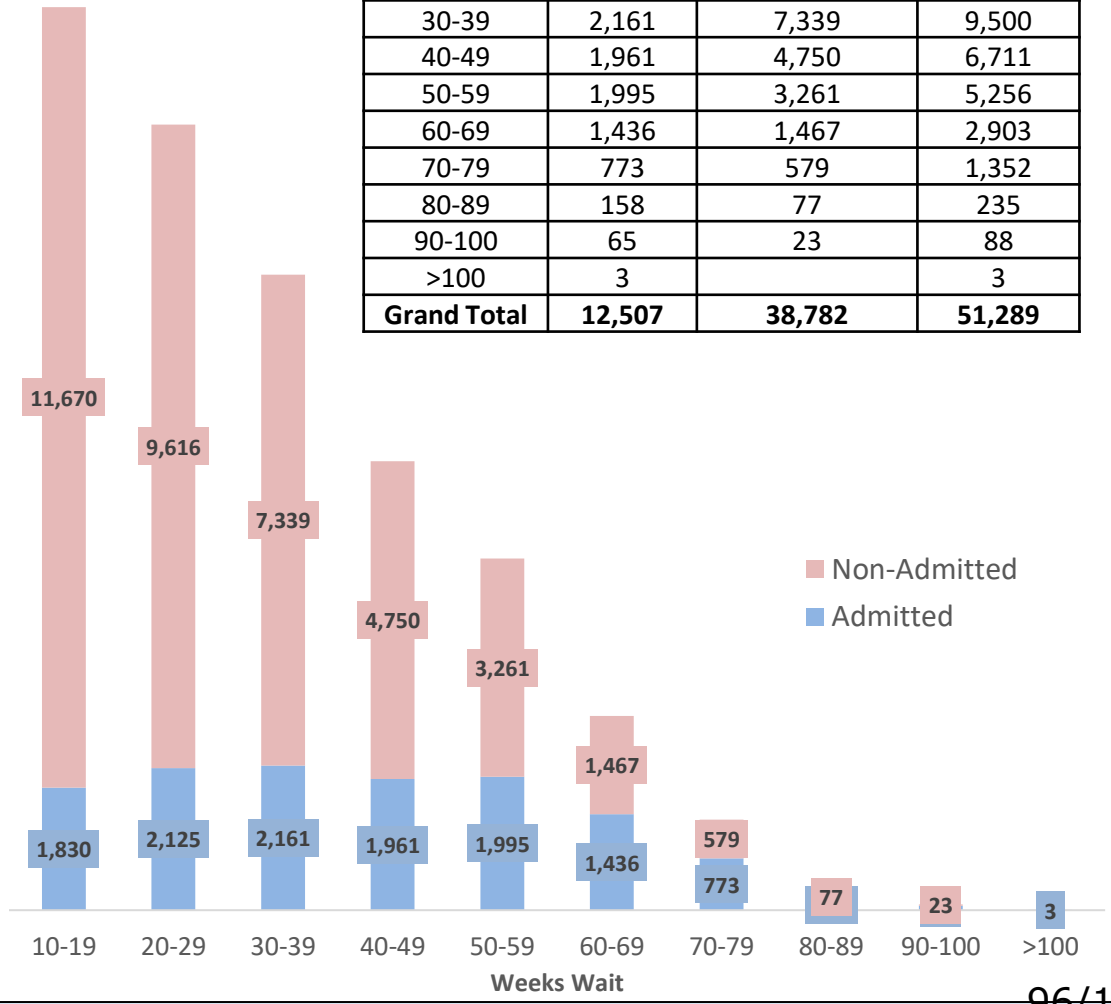
Year	Initial Cohort Size	Time to Deliver (Weeks)	Required Run Rate p/w	22/23 vs 23/24
2022/23	69,713	78	894	
2023/24	79,449	65	1,222	137%





Current 65 Week Cohort (as of 20th March 2023)

Weeks Wait	Intended Management		
	Admitted	Non-Admitted	Grand Total
10-19	1,830	11,670	13,500
20-29	2,125	9,616	11,741
30-39	2,161	7,339	9,500
40-49	1,961	4,750	6,711
50-59	1,995	3,261	5,256
60-69	1,436	1,467	2,903
70-79	773	579	1,352
80-89	158	77	235
90-100	65	23	88
>100	3		3
Grand Total	**12,507**	**38,782**	**51,289**



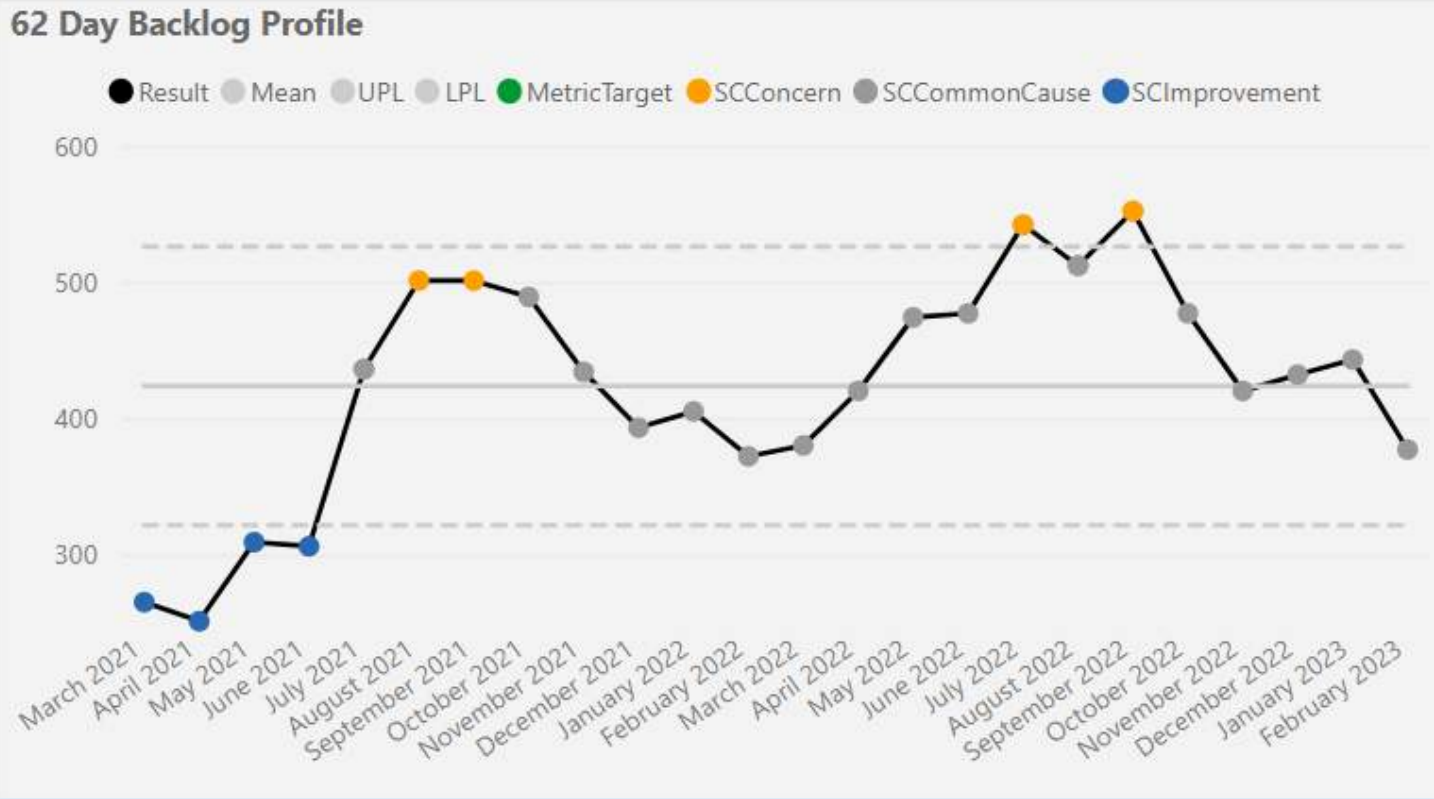
Performance – Cancer 62-Day Backlog Profile

62 Day Backlog Profile

February 2023

Variation | Assurance

377 Result	526 UPL
N/A Target	424 Mean
	321 LPL



Commentary

February 2023 Performance

The 62 day backlog continued to reduce in February, however due to the spikes in December/January the delivery against trajectory for the end of February has not been achieved.

Improvement Actions

1. Continued daily focus on key areas of the pathway requiring intervention.
2. Dedicated MRI capacity with associated reporting and vetting time for Prostate patients due to commence on 1st March.
3. Focus on Radiology and Histopathology turnaround continues, with focused reporting supplied to Operational teams to support escalation.

Risk To Delivery

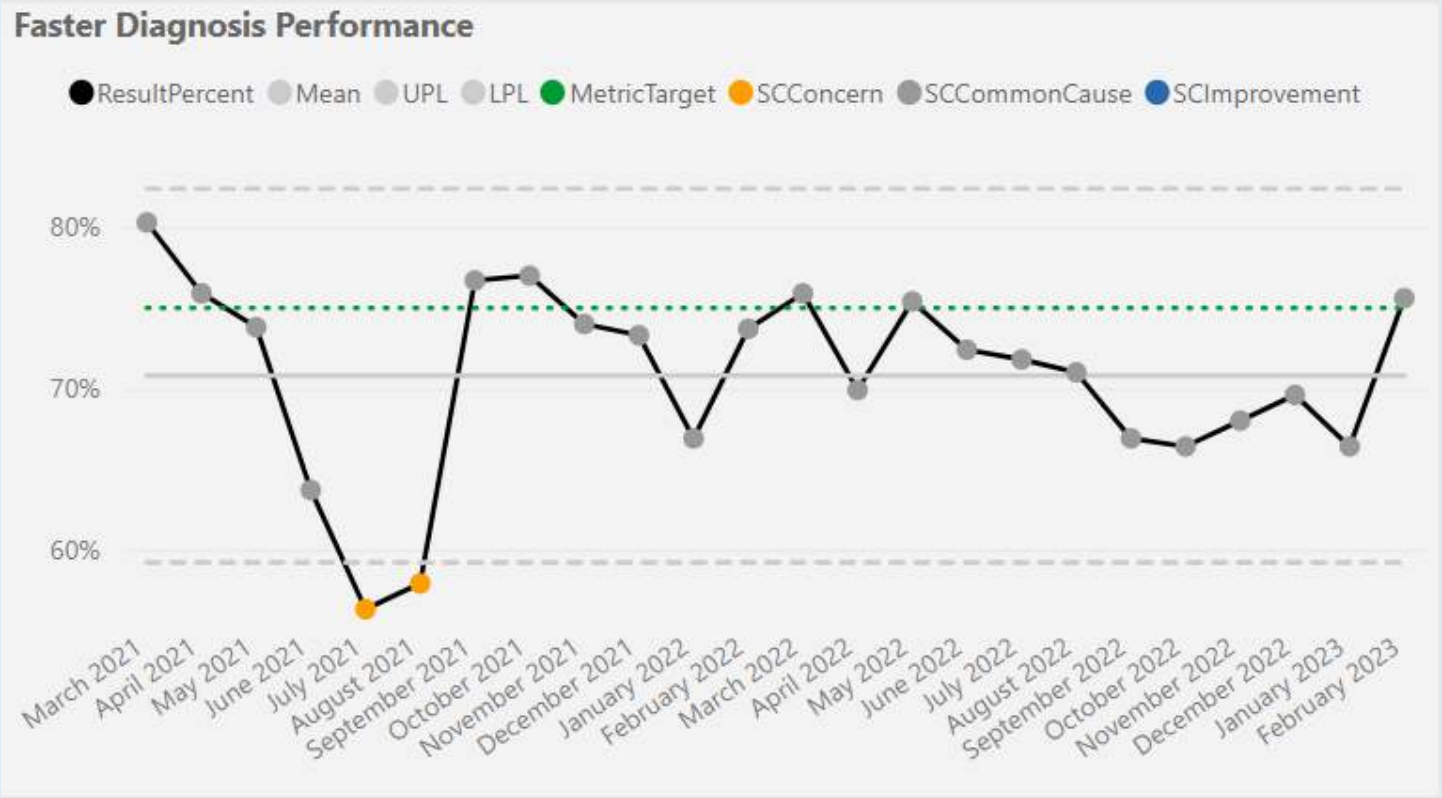
RED

Performance – Faster Diagnosis Standard

Faster Diagnosis Performance

February 2023

75.60% Result
75.00% Target
82.40% UPL
70.80% Mean
59.20% LPL



Commentary

February 2023 Performance

February FDS performance achieved the Faster Diagnosis Standard. Continued recovery of the Two Week Wait standard and initiatives for improvements to timed pathway milestones will support the continued achievement of the standard.

Improvement Actions

1. Continued data quality review to ensure completeness of information for submission to NHS digital is key to ensuring continued achievement of the standard.

2. Additional FTC staff recruited to aid in timely data collection to support new metrics required by the NHS England Cancer Programme. Staff commenced in December and January and currently under supervision to ensure competency.

Risk To Delivery

AMBER

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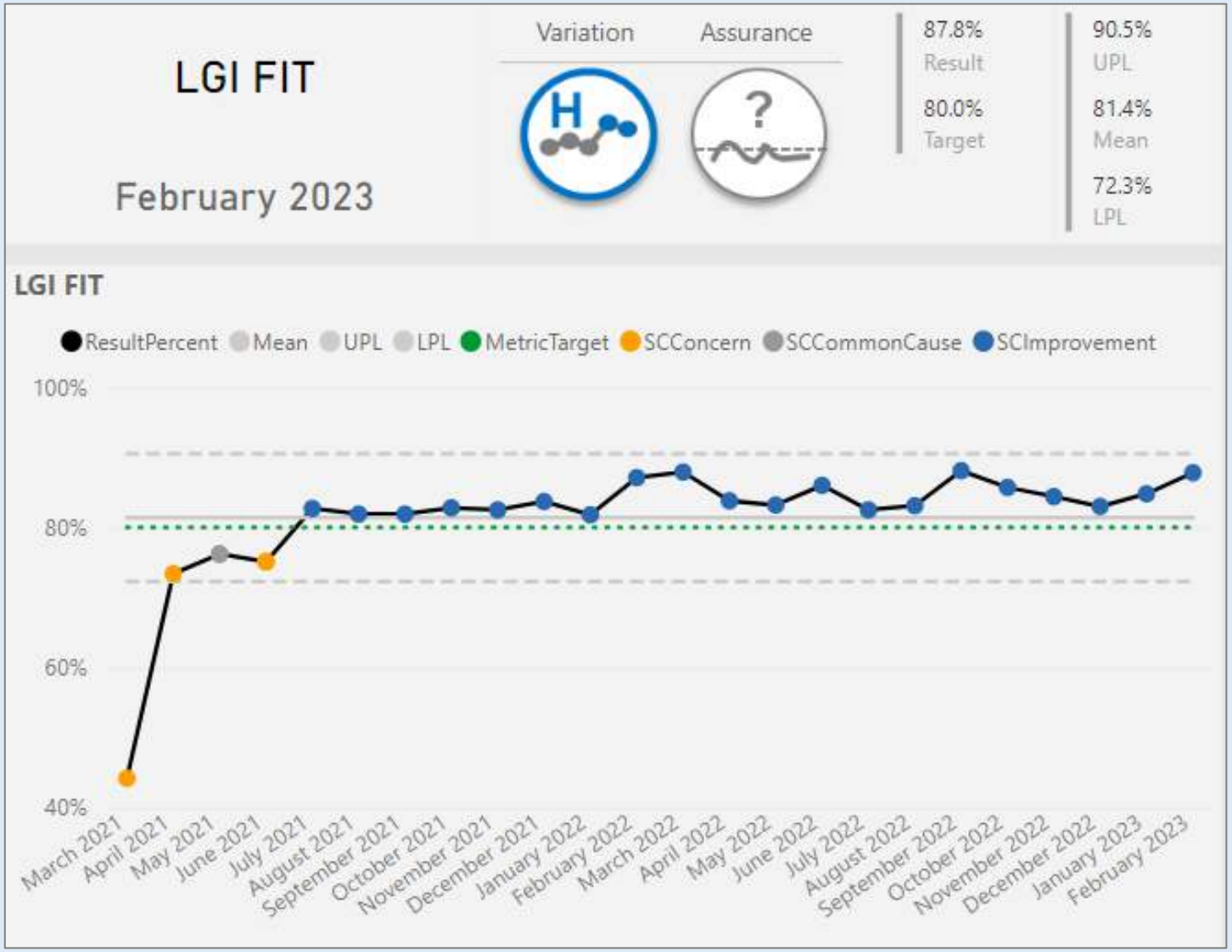
Faster Diagnosis Standard - Lower GI Referrals with a FIT Test

Norfolk and Norwich University Hospitals
NHS Foundation Trust



Commentary

February 2023 Performance

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

For those patients with a negative FIT result and meeting inclusion criteria, an additional clinical service, provided by GPs operating via NNPC's Rapid Diagnostic Service for patients with non-specific symptoms pertaining to cancer has been available (provision until March 31st 2023).

Improvement Actions

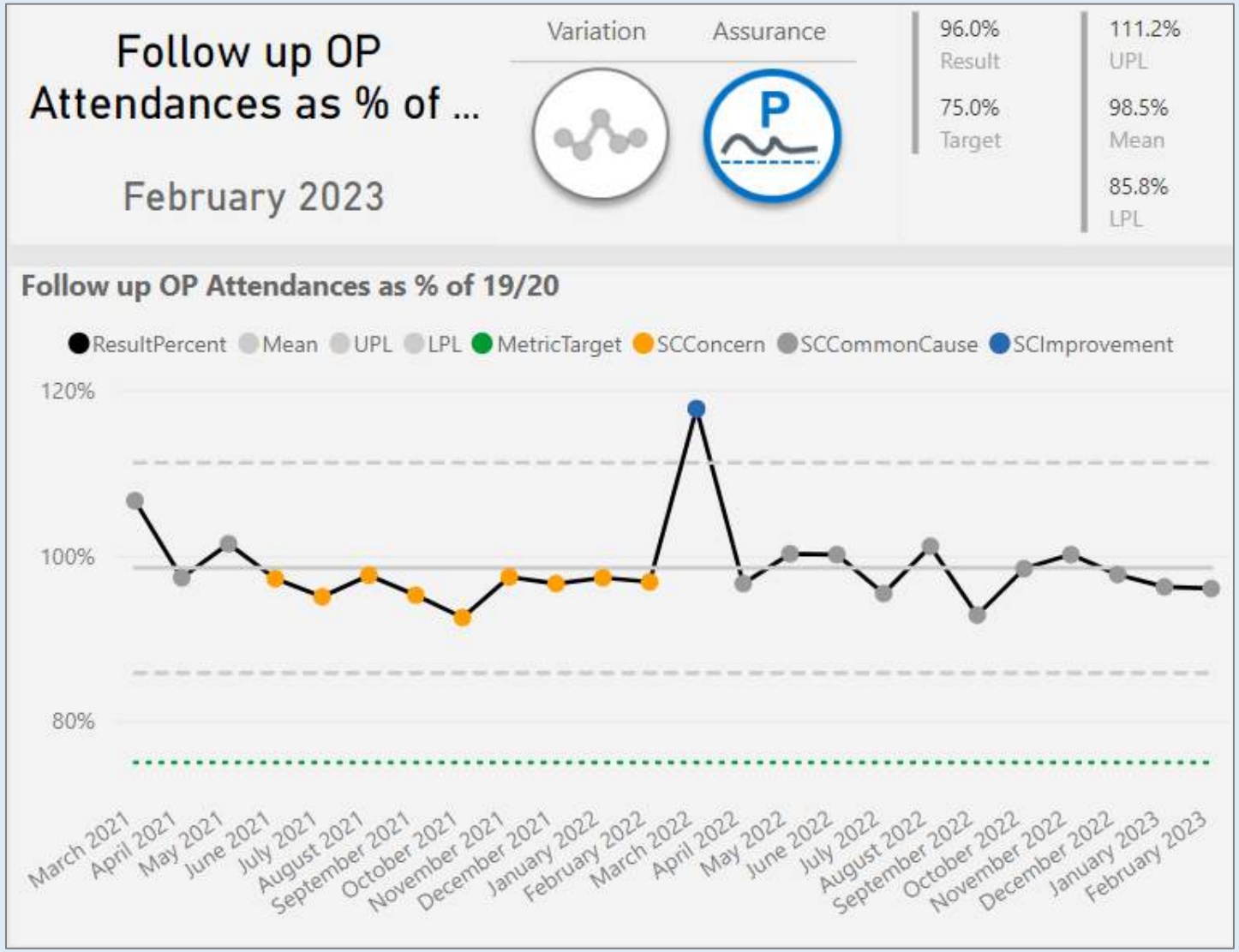
1. Newly developed SOP for management of patients on a LGI cancer pathway now approved, this enables robust tracking and reporting.
2. Retrospective FIT test action for patients on PTL with either no FIT test result or FIT test that took place more than 6 weeks prior to referral to enable consideration for non two week wait alternative pathway.

Risk To Delivery

Service position for NNPC FIT negative pathway has not been secured for 2023/24, which will lead to increased activity at NNUH for this cohort of patients.

RED

Performance – Follow Up Reduction



Commentary

February 2023 Performance

Trust wide performance for February is 96% against the target of 75% of 2019/20 follow up activity.

Division	January 2023
Surgery	88.6%
Medicine	106.8%
Women and Children	109.3%
Clinical Support Services	74.3%

Improvement Actions

Boston Consultancy Group (BCG) have provided opportunity dashboards for the Divisions which are being reviewed at specialty level to finalise the in-year possibilities.

NHSE have confirmed that the target is against all Follow Up activity except where it with a procedure.

Within the Outpatient Transformation Programme the teams are focussing on PIFU / Advice and Guidance / Targeted DNA reduction.

Risk To Delivery

Due to the size of the follow up backlog, it is unlikely that the Trust will achieve 75% of 2019/20 follow up activity.

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Performance – 85% Day Case: National Comparison (Dec 22)

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

Dec 2022

Provider value	Peer median	Provider median
89.3%	87.2%	86.9%

Commentary

In December, NNUH were ranked in Quartile 3, with 89.3% of elective spells performed as day cases against the 85% target.

Performance – Theatre Dashboard: Utilisation

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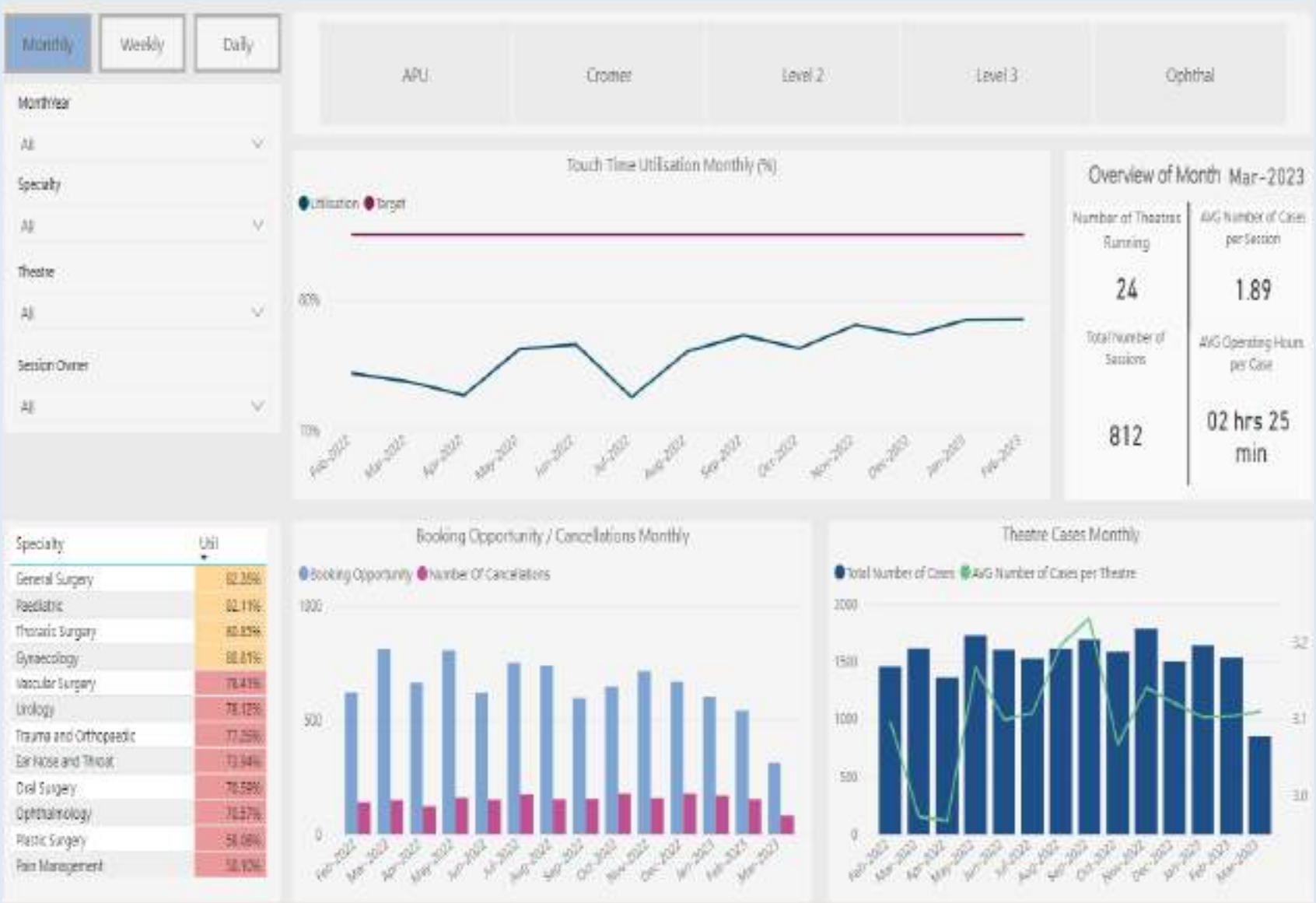
NHS Foundation Trust



Commentary

February 2023 Performance

The touch time delivery across all theatres showed a slight increase to 78.50% across February. Level 3 theatres delivered 82.20%, while Level 2 utilisation was 80.55% for the month which was a significant improvement in month (73.30% in January).

Utilisation improvements were seen in General Surgery, Paediatric, Oral Surgery and Pain Management.

Booking position remained at 76% across all theatres, however level 2 theatres (DPU) showed an improvement at 85%.

Improvement Actions

1. Work continues on the development of the electronic POA system which is now in live format.
2. Support from BCG to move towards 85% target.

Risk To Delivery

AMBER

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110% Activity – February 2023 Forecast vs Plan Electives

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

						% Acheivement of Plan		
Plan - Elective IP	Plan - Elective DC	Plan - Total	Actual Delivery - Elective IP	Actual Delivery - Elective DC	Actual Delivery - Total	Total	Elective IP	Elective DC
1,285	9,100	10,384	916	7,652	8,568	82.5%	71.3%	84.1%

Medicine		Plan - Elective IP	Plan - Elective DC	Plan - Total	Actual Delivery - Elective IP	Actual Delivery - Elective DC	Actual Delivery - Total	% Acheivement of Plan Total	Elective IP	Elective DC
Specialty										
301	Gastroenterology	26	2,125	2,151	16	1,807	1,823	84.8%	61.4%	85.0%
302	Endocrinology	1	11	13	0	10	10	78.9%	0.0%	87.9%
303	Clinical Haematology	36	972	1,008	15	943	958	95.1%	41.7%	97.0%
308	Blood and Marrow Transplantation	1	7	9	0	0	0	0.0%	0.0%	0.0%
320	Cardiology	32	314	346	6	261	267	77.2%	18.9%	83.1%
340	Respiratory Medicine	18	95	113	6	98	104	92.4%	33.6%	103.5%
341	Respiratory Physiology	5	0	5	0	0	0	0.0%	0.0%	0.0%
343	Adult Cystic Fibrosis	2	0	2	0	0	0	0.0%	0.0%	0.0%
361	Renal Medicine	38	34	72	19	37	56	77.9%	49.6%	110.1%
400	Neurology	1	55	56	0	122	122	219.1%	0.0%	223.0%
410	Rheumatology	1	207	208	0	232	232	111.6%	0.0%	112.3%
430	Elderly Medicine	0	8	8	0	10	10	120.9%	0.0%	127.4%
800	Clinical Oncology	43	1,843	1,886	15	1,680	1,695	89.9%	34.7%	91.2%
1	**Medicine**	**206**	**5,670**	**5,876**	**77**	**5,200**	**5,277**	89.8%	37.4%	91.7%

CSS		Plan - Elective IP	Plan - Elective DC	Plan - Total	Actual Delivery - Elective IP	Actual Delivery - Elective DC	Actual Delivery - Total	% Acheivement of Plan Total	Elective IP	Elective DC
Specialty										
811	Interventional Radiology	0	3	3	0	1	1	29.6%	0.0%	29.6%
4	**CSS**	**0**	**3**	**3**	**0**	**1**	**1**	29.6%	0.0%	29.6%

Commentary

% against 19/20 activity levels provide an indicative comparator as some technical adjustments have not been included in the calculations.

110% Activity – February 2023 Forecast vs Plan Electives

Surgery		Plan - Elective IP	Plan - Elective DC	Plan - Total	Actual Delivery - Elective IP	Actual Delivery - Elective DC	Actual Delivery - Total	% Acheivement of Plan		
Specialty								Total	Elective IP	Elective DC
100	General Surgery	110	170	281	65	155	220	78.4%	58.8%	91.0%
101	Urology	230	764	994	187	601	788	79.3%	81.4%	78.7%
107	Vascular Surgery	55	78	132	37	44	81	61.1%	67.5%	56.7%
108	Spinal Surgery	35	10	45	25	5	30	66.9%	71.8%	49.8%
110	Trauma and Orthopaedic	237	224	461	193	161	354	76.8%	81.5%	71.8%
120	Ear Nose and Throat	91	201	292	31	104	135	46.2%	34.0%	51.8%
130	Ophthalmology	4	602	606	2	249	251	41.4%	49.1%	41.4%
140	Oral Surgery	24	279	303	9	192	201	66.4%	37.6%	68.9%
141	Restorative Dentistry	0	1	1	0	0	0	0.0%	0.0%	0.0%
160	Plastic Surgery	59	227	286	36	174	210	73.5%	60.7%	76.8%
173	Thoracic Surgery	42	6	49	37	1	38	77.7%	87.1%	15.5%
191	Pain Management	0	213	214	0	120	120	56.2%	0.0%	56.3%
192	Intensive Care Medicine	1	0	1	2	0	2	262.3%	262.3%	0.0%
211	Paediatric Urology	0	0	0	0	6	6	0.0%	0.0%	0.0%
214	Paediatric Trauma and Orthopaedic	13	21	34	11	16	27	79.0%	82.3%	76.8%
215	Paediatric Ear Nose and Throat	9	16	25	14	16	30	119.7%	160.2%	97.9%
216	Paediatric Ophthalmology	0	2	2	0	6	6	378.7%	0.0%	378.7%
217	Paediatric Oral and Maxillofacial Surgery	0	3	3	0	13	13	492.3%	0.0%	510.8%
219	Paediatric Plastic Surgery	1	4	5	4	13	17	370.2%	382.9%	366.4%
254	Paediatric Audio Vestibular Medicine	0	1	1	0	0	0	0.0%	0.0%	0.0%
330	Dermatology	5	348	353	2	369	371	105.1%	41.8%	105.9%
2	**Surgery**	**917**	**3,169**	**4,086**	**655**	**2,245**	**2,900**	**71.0%**	**71.4%**	**70.8%**

Women and Children		Plan - Elective IP	Plan - Elective DC	Plan - Total	Actual Delivery - Elective IP	Actual Delivery - Elective DC	Actual Delivery - Total	% Acheivement of Plan		
Specialty								Total	Elective IP	Elective DC
171	Paediatric Surgery	33	31	64	5	38	43	67.0%	15.0%	123.3%
251	Paediatric Gastroenterology	1	12	13	1	6	7	54.5%	92.2%	51.0%
252	Paediatric Endocrinology	0	15	16	0	19	19	120.3%	0.0%	123.4%
258	Paediatric Respiratory Medicine	1	37	38	0	0	0	0.0%	0.0%	0.0%
260	Paediatric Medical Oncology	0	1	1	0	16	16	2461.5%	0.0%	2461.5%
262	Paediatric Rheumatology	1	7	8	0	13	13	167.2%	0.0%	181.3%
420	Paediatrics	2	58	60	1	45	46	76.0%	43.8%	77.3%
501	Obstetrics	1	0	1	55	0	55	5449.0%	5449.0%	0.0%
502	Gynaecology	122	96	218	122	69	191	87.7%	100.1%	72.0%
3	**W&C**	**161**	**257**	**419**	**184**	**206**	**390**	**93.1%**	**114.0%**	**80.1%**

Our Vision
The best care for every patient

110% Activity – February 2023 Forecast vs Plan Outpatients

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

	Medicine	Plan - First	First - Face to Face	First with Procedure - Face to Face	First - Telephone	First - Video	% Achievement of Plan First
Specialty							
300	General Internal Medicine	489	377	0	1	0	77.3%
301	Gastroenterology	640	129	1	273	0	62.8%
302	Endocrinology	195	101	0	0	1	52.3%
303	Clinical Haematology	555	436	0	14	10	82.9%
306	Hepatology	145	85	0	6	0	62.7%
307	Diabetes	358	147	0	130	5	78.8%
308	Blood and Marrow Transplantation	1	3	0	0	0	334.8%
315	Palliative Medicine	232	242	0	3	1	106.2%
320	Cardiology	819	474	37	77	0	67.3%
329	Transient Ischaemic Attack	117	103	32	11	0	97.1%
331	Congenital Heart Disease	17	11	0	2	0	77.7%
340	Respiratory Medicine	274	219	0	11	0	84.1%
341	Respiratory Physiology	139	24	0	126	0	108.1%
343	Adult Cystic Fibrosis	0	1	0	0	0	214.1%
350	Infectious Diseases	0	0	0	207	0	0.0%
361	Renal Medicine	106	75	0	16	1	86.6%
400	Neurology	596	368	0	12	0	63.7%
401	Clinical Neurophysiology	419	320	306	0	0	76.4%
410	Rheumatology	464	335	8	21	0	76.7%
430	Elderly Medicine	138	97	0	1	0	71.0%
653	Podiatry	135	92	0	0	0	67.9%
800	Clinical Oncology	1,098	322	2	168	1	44.7%
1	**Medicine**	**6,937**	**3,961**	**386**	**1,079**	**19**	72.9%

	Women and Children	Plan - First	First - Face to Face	First with Procedure - Face to Face	First - Telephone	First - Video	% Achievement of Plan First
Specialty							
171	Paediatric Surgery	271	235	95	16	11	96.5%
251	Paediatric Gastroenterology	39	28	0	0	0	71.0%
252	Paediatric Endocrinology	29	17	0	1	1	65.9%
253	Paediatric Clinical Haematology	3	2	0	0	0	63.7%
258	Paediatric Respiratory Medicine	39	38	0	19	0	146.0%
260	Paediatric Medical Oncology	2	4	0	1	0	322.7%
262	Paediatric Rheumatology	25	22	0	0	0	87.3%
263	Paediatric Diabetes	5	5	0	0	0	105.9%
264	Paediatric Cystic Fibrosis	1	2	0	0	0	340.6%
321	Paediatric Cardiology	0	28	0	0	0	0.0%
420	Paediatrics	487	185	0	254	0	90.2%
421	Paediatric Neurology	60	59	0	2	0	102.5%
422	Neonatal Critical Care	0	1	0	0	0	252.8%
501	Obstetrics	636	432	0	2	29	72.8%
502	Gynaecology	1,263	1,332	515	5	0	105.9%
503	Gynaecological Oncology	77	38	6	2	0	51.9%
505	Fetal Medicine Service	0	60	0	0	0	0.0%
3	**W&C**	**2,937**	**2,488**	**616**	**302**	**41**	96.4%

Total Outpatient Attendances

Plan - First	First - Face to Face	First with Procedure - Face to Face	First - Telephone	First - Video	%Achievement of Plan First
26,643	17,922	4,085	2,258	217	76.6%

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110% Activity – February 2023 Forecast vs Plan Outpatients

NHS
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NHS Foundation Trust

Surgery		Plan - First	First - Face to Face	First with Procedure - Face to Face	First - Telephone	First - Video	% Achievement of Plan: First
Specialty							
100	General Surgery	1,435	1,328	47	192	0	106.0%
101	Urology	1,764	1,199	162	117	0	74.6%
107	Vascular Surgery	217	138	14	8	0	67.2%
108	Spinal Surgery	206	52	0	20	0	34.9%
110	Trauma and Orthopaedic	1,617	1,293	6	69	0	84.2%
120	Ear Nose and Throat	1,803	1,153	624	5	0	64.2%
130	Ophthalmology	2,120	1,362	584	3	1	64.4%
140	Oral Surgery	460	381	0	0	0	82.9%
141	Restorative Dentistry	4	7	0	0	0	164.1%
143	Orthodontic	26	27	1	0	0	102.1%
144	Maxillofacial Surgery	29	24	0	0	0	81.5%
160	Plastic Surgery	397	343	13	8	2	89.0%
173	Thoracic Surgery	34	24	0	0	0	69.6%
180	Emergency Medicine	16	11	0	0	0	70.8%
190	Anaesthetic	12	0	0	0	0	0.0%
191	Pain Management	251	148	0	22	0	67.8%
211	Paediatric Urology	16	21	0	0	0	131.3%
214	Paediatric Trauma and Orthopaedic	308	95	0	120	0	69.9%
215	Paediatric Ear Nose and Throat	226	78	22	1	0	34.9%
216	Paediatric Ophthalmology	210	128	12	0	2	62.0%
219	Paediatric Plastic Surgery	22	29	1	0	0	134.1%
254	Paediatric Audio Vestibular Medicine	262	268	161	0	0	102.1%
257	Paediatric Dermatology	62	44	19	0	0	70.6%
304	Clinical Physiology	202	136	97	0	0	67.3%
310	Audio Vestibular Medicine	179	118	91	8	10	76.0%
317	Allergy	5	4	2	2	0	117.9%
330	Dermatology	1,267	1,053	806	2	0	83.3%
658	Orthotics	154	71	0	0	0	46.2%
840	Audiology	598	346	147	0	0	57.9%
2	**Surgery**	**13,902**	**9,881**	**2,809**	**577**	**15**	**75.3%**

CSS		Plan - First	First - Face to Face	First with Procedure - Face to Face	First - Telephone	First - Video	% Achievement of Plan: First
Specialty							
311	Clinical Genetics	13	0	0	0	0	0.0%
650	Physiotherapy	771	453	5	124	53	81.7%
651	Occupational Therapy	342	229	5	58	7	85.9%
652	Speech and Language Therapy	48	23	0	5	0	58.2%
654	Dietetics	309	87	0	97	14	64.1%
711	Child and Adolescent Psychiatry	13	27	0	9	2	303.4%
811	Interventional Radiology	7	8	0	6	0	211.4%
4	**CSS**	**1,502**	**827**	**10**	**299**	**76**	**80.0%**

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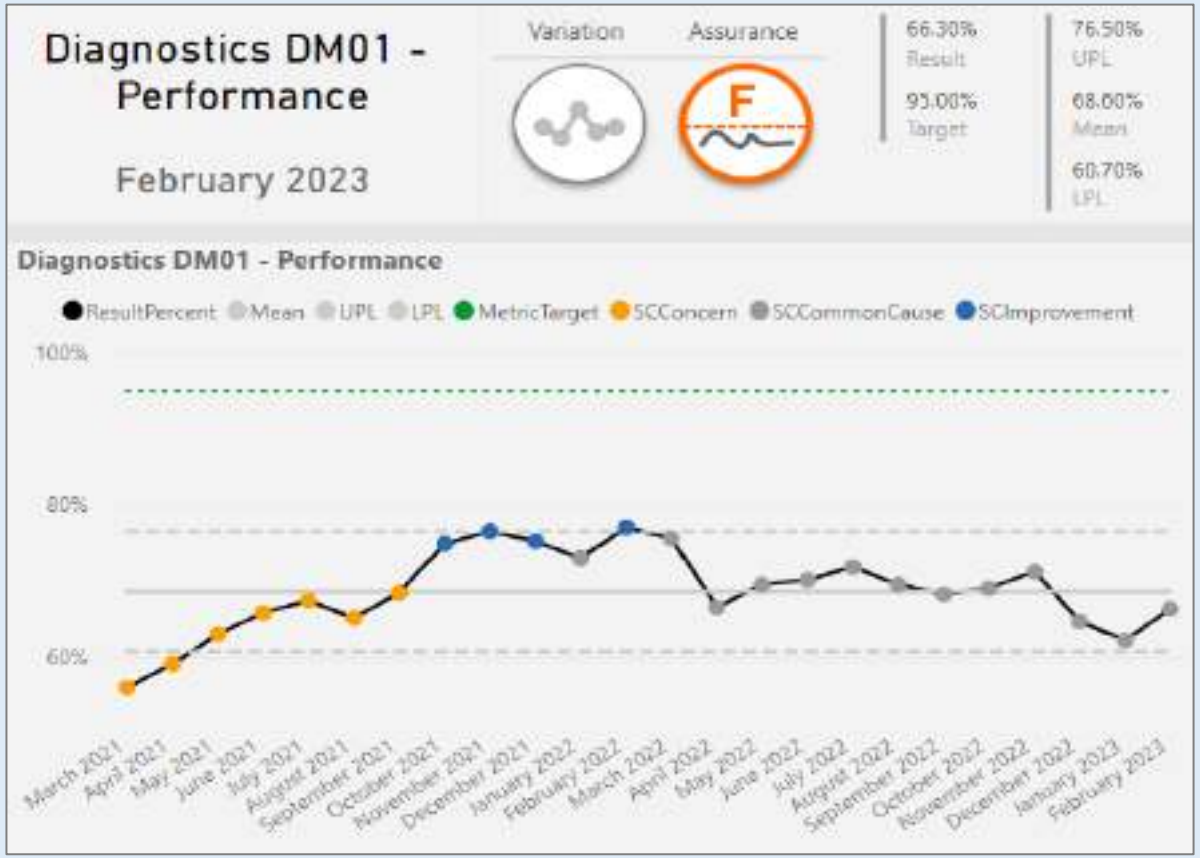
Diagnostic Test Within 6 Weeks

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust



Commentary

Improvement Actions:

No change from the previous month for Medicine specialities. The vast majority of breaches have been down to patient choice, with a small amount of cancellations taking place due to Nursing strikes. Clinical teams are actively encouraging patients to ensure they attend their appointments in a timely manner. Echocardiography started 2022 with a performance level of 19% against the standard with a backlog of 4,000 patients. The backlog has now been cleared, with specialised procedures left to undertake. Once these are cleared (projected end of March 2023) the speciality will be performing above 94%.

CT: High levels of staff sickness and vacancy across Radiographer and RDA team resulting in outpatient CT list cancellations. Agency staff being sought.
MRI: High vacancy levels (3.6 WTE) impacted activity levels. Locum sourced and additional locums being sought. 100-150 requests per week to Global routinely.
Ultrasound: Very poor uptake in overtime and additional sessions (compared to historical levels) and high vacancy. Outsourcing options to be considered in business planning for 2023/24.

February 2023 Performance									
Specialty	**Radiology**					**Cardiology**	**Gastroenterology**		
Specialty Percentage	**62.77%**					**67.87%**	**94.23%**		
Exam Type	Barium Enema	DEXA Scan	CT	MRI	Ultrasound	Echocardiography	Flexi Sigmoidoscopy	Gastroscopy	Colonoscopy
Exam Type Percentage	**98.73%**	**89.65%**	**62.13%**	**61.34%**	**59.77%**	**67.87%**	**94.44%**	**95.54%**	**92.97%**

REPORT TO TRUST BOARD

Date	**5th April 2023**			
Title	**Activity and Contractual Standards – Performance & Activity IPR**			
Author & Exec Lead	**Chris Cobb – Chief Operating Officer**			
Purpose	**For Information**			
Relevant Strategic Objective	**1 Together, we will develop services so that everyone has the best experience of care and treatment** **2 Together, we will support each other to be the best we can be, to be valued and proud of our hospital for all.** **3 Together, we will join up services to improve the health and wellbeing of our diverse communities** **4 Together, we will provide nationally recognised, clinically led services that are high quality, safe and based on evidence and research** **5 Together, we will use public money to maximum effect.**			
Are there any quality, operational, workforce and financial implications of the decision requested by this report?	**Quality**	**Yes☐ No✓**		
	Operational	**Yes☐ No✓**		
	Workforce	**Yes☐ No✓**		
	Financial	**Yes☐ No✓**		

1. Background/Context

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

- Urgent and Emergency Care:
  - 76.92% of patients seen in ED within 4 hours: On Track
  - Increase Ambulance handover delays under 30 minutes: Off Track
  - Reduce General and Acute bed occupancy to 92% or below: Off Track
- Elective Care:
  - Eliminate waits of over 65 weeks: On Track
  - Increase day case rate to 85%: On Track
  - Increase theatre utilisation to 85%: Off Track
  - Reduce outpatient follow-up to 75% of 2019/20 baseline: Off Track
- Cancer:
  - Reduce the number of patients waiting over 62 days: Off Track
  - Meet the Cancer Faster Diagnosis Standard (75%): On Track
- Diagnostics:
  - Increase the percentage of patients that receive a diagnostic test within 6 weeks to achieve the 95% target by March 2025: On Track.

Recommendations: The Board is recommended to: **Acknowledge** the paper and latest position for information.

REPORT TO TRUST BOARD

Date	**5 April 2023**			
Title	**Month 11 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?	**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 report:	**Board/Committee:** **FIPC & HMB**		**Outcome: Report for information only, no decisions required.**	

1 Background/Context

The Trust operational plan for FY22/23 (as submitted on 20th June 2022) is breakeven.

2 Key issues, risks and actions

For the month of February 2023, the Trust delivered a £0.2m deficit, which on a control total basis is £0.2m favourable to plan. This is driven by an overspend in Non-Clinical Supplies of £2.4m, offset by a Pay underspend of £0.6m and £1.8m of additional Income.

Year to date as at February 2023 the position is a £0.4m deficit on a control total basis. This is £0.8m adverse to plan. The position includes a provision for income claw-back of £4.8m due to the Trust's activity performance falling below the baseline offset by reduced expenditure. Pay is overspent by £4.5m driven by a £8.3m adverse variance in medical staffing offset by savings across nursing and professional & technical staff.

Activity: February elective activity was behind plan, with estimated performance at 83% of plan for all elective activity. As a result year to date (YTD) performance is currently 86%. Value based activity performance for February was 80%, 86% YTD.

Forecast outturn at Month 11 is a surplus of £4.8m, £4.8m favourable against the breakeven plan. This includes the trust releasing its provision for Elective clawback, due to ICB cessation of the requirement. The Forecast Outturn excludes any impact from additional pay awards relating to this financial year.

Cash: Cash held at 28th February 2023 is £101.5m. The closing balance is £34.9m above the FY22/23 submitted forecast as result of the continued delay to the capital programme and other working capital movements. Cash balances are forecast to reduce by c.£25.8m however, remains positive in March 2023 thus no revenue support would be required.

110% of 2019/20 Baseline: The Activity Metrics show the proportion of delivery against the 2022/23 plan, which is an activity baseline of 110% of 2019/20 delivery, which equates to 104% of weighted value in financial terms.

Capital: Both in month and year-to-date, the Trust has underspent against the latest plan by £0.2m of which £0.4m relates to the core programme. This is offset by an overspend of £0.2m relating to IFRS16 peppercorn leases. This level of expenditure is £7.4m adverse to the YTD NHSE monitoring plan (June 2022).

The current forecast outturn expenditure is £30.4m which is £0.2m less than the latest plan. There is £8.6m of spend forecast in the last month of the financial year. Of this, £2.5m is at risk of non-delivery which includes NANOC and EPR. These schemes require grip and control from SROs until year end to ensure delivery in line with forecast.

3 Conclusions/Outcome/Next steps

In Month, the Trust delivered a £0.2m deficit against the planned £0.4m deficit with the Trust now £0.8m adverse to the Trust Control Total year to date. The Trusts delivery of the Capital Expenditure is in line with the revised forecast.

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

REPORT TO TRUST BOARD				
Date	**5 April 2023**			
Title	**Going Concern Assumption for Preparation of Annual Accounts**			
Author & Exec Lead	**Roy Clarke, Chief Finance Officer & Stephen Beeson, Deputy Director of Finance**			
Purpose	**For Agreement**			
Relevant Strategic Commitment	**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☐**	
		Operational	**Yes☐ No☐**	
		Workforce	**Yes☐ No☐**	
		Financial	**Yes✓ No☐**	
Identify which Committee/Board/Group has reviewed this document:		**Audit Committee**		**Outcome: Recommendation to Approve basis of Accounts Preparation**

1 Background/Context

1.1 The purpose of the paper is to provide the Trust Board with an assessment and recommendation for the basis of preparation of the Financial Statements for the 2022/23 Financial Year.

2 Key issues, risks and actions

2.1 The basis on which the Financial Statements are prepared is fundamental to them showing a true and fair view. The ability of an entity to continue trading is fundamental to the basis of preparation. The GAM and the Treasury's Financial Reporting Manual (FReM) both give clear guidance on where a going concern basis of preparation would be expected. These manuals state "*the anticipated continued provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents is normally sufficient evidence of going concern*." There is an expectation from auditors that entities are able to evidence their ability to continue to trade for at least six months following the approval of the financial statements.

2.2 The surplus position of the Trust for 2022/23, and the current operational plan for 2023/24 aligned to the Trusts Financial Strategy supports the assessment and provides evidence that the preparation of the accounts on a going concern basis is reasonable.

2.3 On the basis outlined in this paper, the Board is recommended to adopt the following statement on the basis of preparation of the accounts:

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

3 Conclusions

3.1 The preparation of the Financial Statements should be on the basis of the Trust being a Going Concern, which follows national direction and is evidenced through the operational plan and Financial Strategy for 2023/24. This has been reviewed and is recommended by the Audit Committee. The Board of Directors are required to minute its agreement of this assessment.

Recommendations:

The Board is recommended to approve the Going Concern Statement and the basis of preparation for the 2022/23 Annual Accounts

Norfolk and Norwich University Hospitals NHS Foundation Trust

Finance Report February 2023

5 April 2023

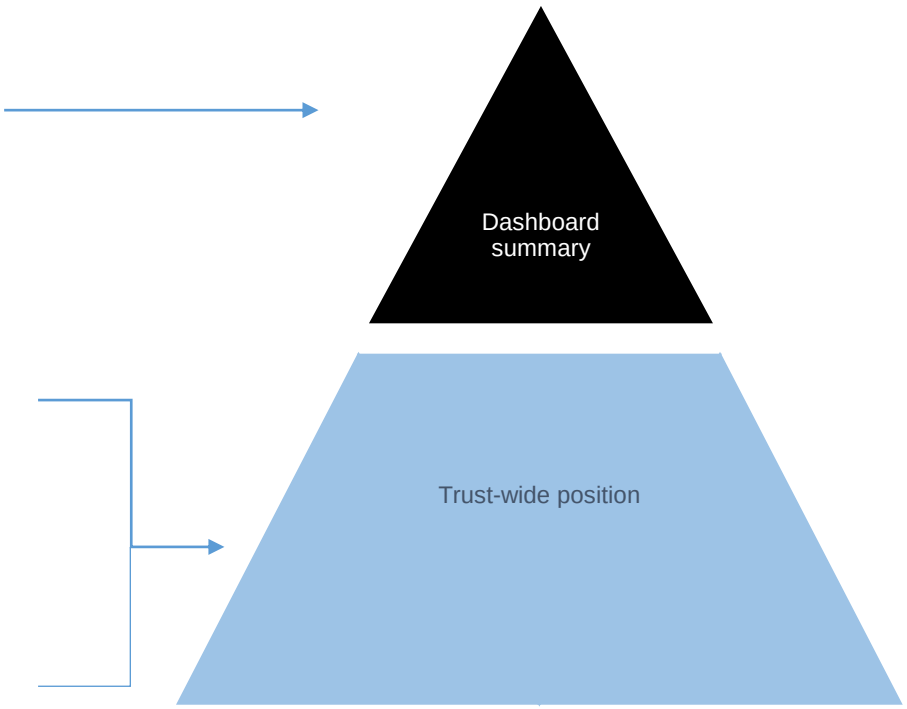
Roy Clarke, Chief Finance Officer

Norfolk and Norwich University Hospitals NHS Foundation Trust

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.



Norfolk and Norwich University Hospitals NHS Foundation Trust

1.1 Executive Dashboard

The Trust operational plan for FY22/23 (as submitted on 20th June 2022) is breakeven.

For the month of February 2023, the Trust delivered a £0.2m deficit, which on a control total basis is £0.2m favourable to plan. This is driven by an overspend in Non Clinical Supplies of £2.4m, offset by a Pay underspend of £0.6m and £1.8m of additional Income.

Year to date as at February 2023 the position is a £0.4m deficit on a control total basis. This is £0.8m adverse to plan. The position includes a provision for income claw-back of £4.8m due to the Trust's activity performance falling below the baseline offset by reduced expenditure. Pay is overspent by £4.5m driven by a £8.3m adverse variance in medical staffing offset by savings across nursing and professional & technical staff.

Activity: February elective activity was behind plan, with estimated performance at 83% of plan for all elective activity. As a result year to date (YTD) performance is currently 86%. Value based activity performance for February was 80%, 86% YTD.

Forecast outturn at Month 11 is a surplus of £4.8m, £4.8m favourable against the breakeven plan. This includes the trust releasing its provision for Elective clawback, due to ICB cessation of the requirement. The Forecast Outturn excludes any impact from additional pay awards relating to this financial year

Cash held at 28th February 2023 is £101.5m. The closing balance is £34.9m above the FY22/23 submitted forecast as result of the continued delay to the capital programme and other working capital movements. Cash balances are forecast to reduce by c.£25.8m however, remains positive in March 2023 thus no revenue support would be required.

110% of 2019/20 Baseline: The Activity Metrics show the proportion of delivery against the 2022/23 plan, which is an activity baseline of 110% of 2019/20 delivery, which equates to 104% of weighted value in financial terms.

Capital Expenditure, both in month and year-to-date, the Trust has underspent against the latest plan by £0.2m of which £0.4m relates to the core programme. This is offset by an overspend of £0.2m relating to IFRS16 peppercorn leases. This level of expenditure is £7.4m adverse to the YTD NHSE monitoring plan (June 2022). **The current forecast outturn expenditure is £30.4m which is £0.2m less than the latest plan**. There is £8.6m of spend forecast in the last month of the financial year. Of this, £2.5m is at risk of non-delivery which includes NANOC and EPR. These schemes require grip and control from SROs until year end to ensure delivery in line with forecast.

	In Month			Year to Date		
	Actual	Plan	Variance	Actual	Plan	Variance
SOCI	£m	£m	£m	£m	£m	£m
Clinical Income	58.4	58.4	(0.0)	641.7	645.1	(3.4)
Other Income	9.4	7.5	1.8	93.5	80.1	13.4
TOTAL INCOME	**67.8**	**66.0**	**1.8**	**735.2**	**725.2**	**10.0**
Pay	(39.0)	(39.6)	0.6	(437.3)	(432.9)	(4.5)
Non Pay	(20.3)	(17.9)	(2.5)	(200.3)	(196.3)	(4.1)
Drugs (Net Expenditure)	(3.1)	(2.8)	(0.3)	(32.4)	(29.4)	(3.0)
TOTAL EXPENDITURE	**(62.4)**	**(60.2)**	**(2.2)**	**(670.0)**	**(658.5)**	**(11.5)**
Non Opex	(5.6)	(6.1)	0.5	(65.6)	(66.2)	0.7
COVID (Out of System) Net Expenditure	0.0	0.0	0.0	0.0	(0.0)	0.0
Reported Surplus / (Deficit)	(0.2)	(0.4)	0.2	(0.4)	0.4	(0.8)

Other Financial Metrics	£m	£m	£m	£m	£m	£m
Cash at Bank (before support funding)	101.5	66.6	34.9	101.5	66.6	34.9
Capital Programme Expenditure	1.5	1.9	(0.4)	21.1	21.5	(0.4)
CIP Delivery	1.8	2.4	(0.6)	14.2	20.7	(6.5)

Activity Metrics*	%	%	%	%	%	%
Day Case*	85%		(15%)	92%		(8%)
Elective Inpatient*	78%		(22%)	79%		(21%)
Outpatients - New & Procedures*	82%		(18%)	89%		(11%)
Activity performance v baseline*	82%		(18%)	89%		(11%)
Value based Activity performance v baseline	81%		(19%)	86%		(14%)

** Activity count as a % of 22/23 Planned Delivery*

Norfolk and Norwich University Hospitals NHS Foundation Trust

1.2 Executive Dashboard

Risk

The Trust's overall risk profile remains stable, however will be beyond levels tolerable should the underlying issues not be resolved ahead of the new financial year (2023/24).

As part of FY22/23 annual planning there were 13 key strategic and operational risks identified with an initial score of ≥ 9, as part of the monthly review process a 14th risk with a score ≥ 9 was identified in May. 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 nice risks rated as 'High' or 'Extreme' on the risk register which have a potential risk assessed financial impact of £82.4m, of which £16.4m has crystalised YTD.

The YTD crystalised risks are:

Risk B: Year to date, CIP Delivery is £14.2m, £6.5m adverse to the budgeted plan of £20.7m, comprising of a planning variance of £5.6m and a performance variance of £0.9m. Gateway 2 approved CIP is currently £17.1m, £6.0m adverse to the Trust efficiency target of £23.1m.

Risk E: Year to date ED staff expenditure is £3.9m overspent as a result of increased rostering of medical staff. Escalation ward continued to be open in Q2 & Q3 despite budget being allocated in Q1 & Q4 only (£0.4m).

Risk D: Home First Unit remains open in Q4 despite budget being allocated in Q1 only (£1.2m).

Risk F has been reduced from Extreme Risk to High Risk due to a reduction in the likelihood of Income claw-back as a result of failure to deliver weighted elective activity in line with plan. This has a YTD crystalised risk of £4.8m however FY forecasted risk is now £0.0m

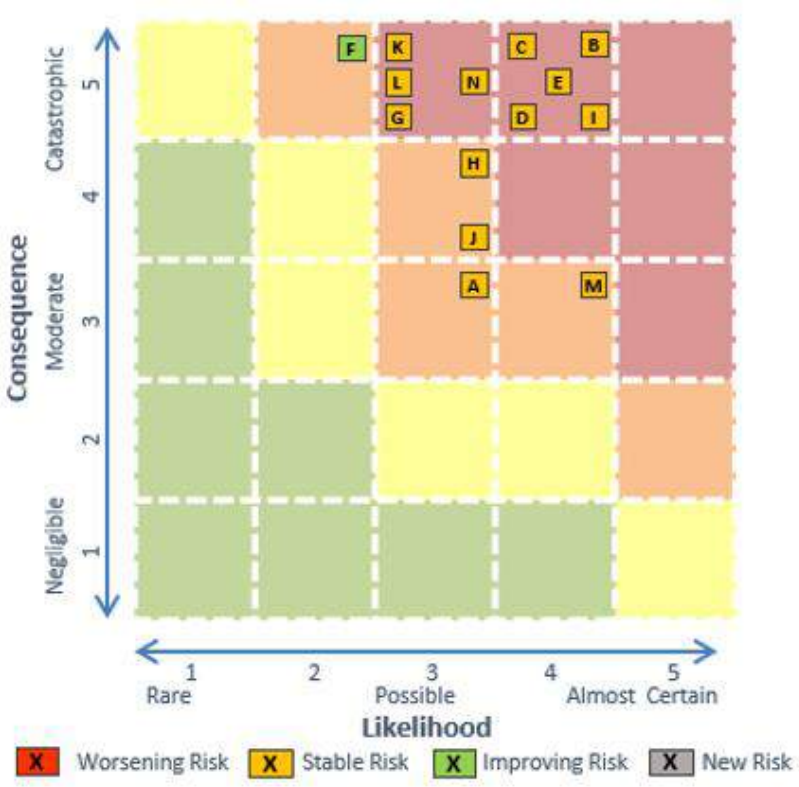
Management Actions Complete:

- **Capital variation approved at IG**
- **Divisional recovery plans completed and reviewed**

Management Actions Outstanding:

- **Identify remaining CIPs to meet Trust's efficiency target**
- **Deliver on existing CQIA approved CIP, including YTD shortfall**
- **Deliver Trust activity plan including YTD shortfall**
- **Mitigate pay expenditure overspends and enact required controls**

Risk Rating		Risks	Financial Impact FY22/23 £m	Risk Assessed Impact £m	YTD Crystallised Impact £m
Extreme	15+	B, C, D, E, G, I, K, L, N	53.4	28.7	11.6
High	9-14	A, F, H, J, M	29.0	10.9	4.8
Moderate	5-8	-	0.0	0.0	0.0
Low	1-4	-	0.0	0.0	0.0
Total			82.4	39.6	16.4
Risk mitigated through Non Recurrent YTD underspends & Release of Expenditure Reserves					(15.6)
Total			82.4	39.6	0.8



Norfolk and Norwich University Hospitals NHS Foundation Trust

2.1 Financial Performance – February 2023

For the month of February 2023, the Trust delivered a £0.2m deficit, which on a control total basis is £0.2m favourable to plan. An overspend in Non Clinical Supplies of £2.4m has been offset by £1.5m of additional Other Income and Non NHS Clinical Income and Pay underspend of £0.6m.

Income:
Income is reporting a favourable variance of £1.5m in February. This favourable variance is due to £0.6m of R&D Income, £0.2m of additional LDA income and £0.7m of other income backed expenditure, including Imaging Hosting, Workplace health and wellbeing, and virtual ward.

Pay:
Medical pay is continuing to overspend in M11 by £0.4m, with nursing continuing to underspend in M11 by £0.8m.

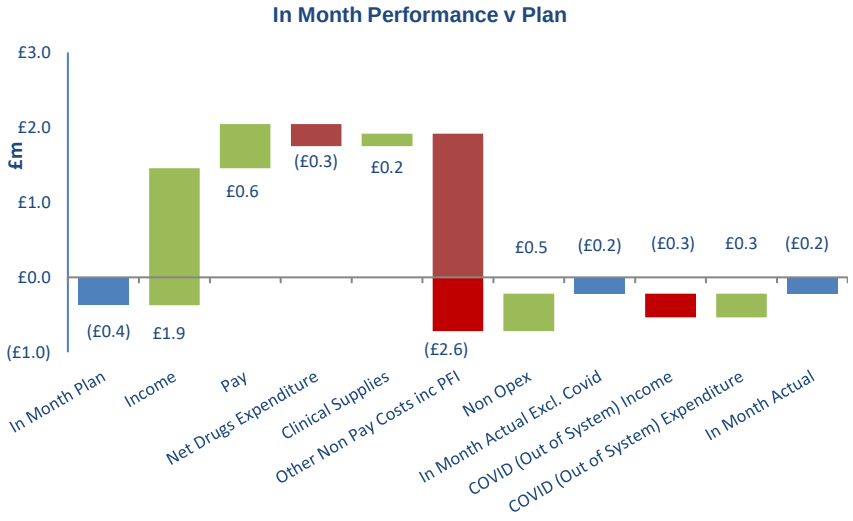
Expenditure control particularly in relation to medical pay requires further and sustained management action.

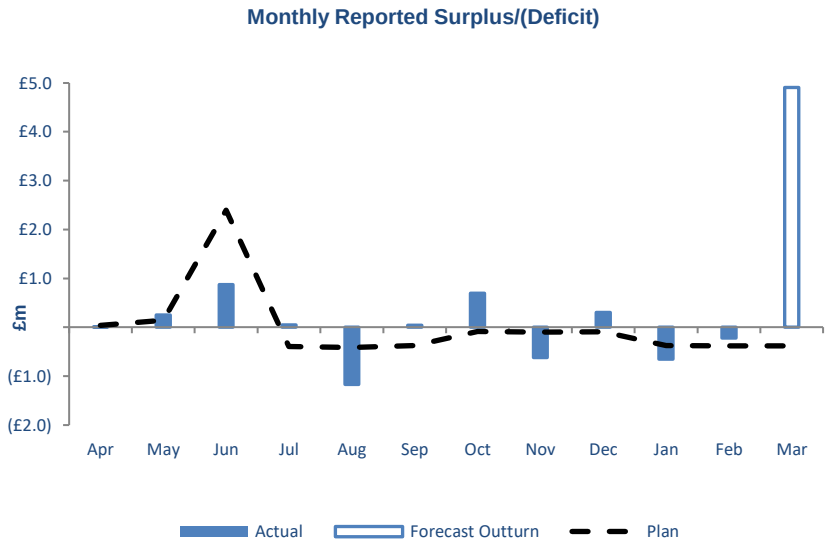
Net Drugs Cost:
The net drugs position for February is £0.2m adverse to plan.

Non Pay: There is a £2.3m adverse variance across Non Pay. This is due to £2.4m increase in Non Clinical Supplies as a result of £0.3m of unidentified CIP, £0.3m of surgical capacity overspend, and £1.7m of income backed expenditure including R&D £0.6m, additional LDA expenditure of £0.2m and of other income back expenditure as detailed above.

Non Operating Expenditure:
There is a £0.1m adverse variance in February.

Out of System COVID 19 Expenditure:
The COVID-19 expenditure in month is £0.02m, with offsetting income of £0.02m and therefore an in month breakeven position. Expenditure is £0.3m lower than planned as result of the reduced presence of COVID.





Norfolk and Norwich University Hospitals NHS Foundation Trust

2.2 Financial Performance – Year to Date

Year to date as at February 2023 the position is a £0.4m deficit on a control total basis. This is £0.8m adverse to plan. The position includes a provision for income claw-back of £4.8m due to the Trust's activity performance falling below the baseline offset by reduced expenditure. Pay is overspent by £4.5m driven by a £8.3m adverse variance in medical staffing offset by savings across nursing and professional & technical staff.

Income:
Income is reporting a favourable variance of £10m year to date. This variance includes a provision for income claw-back of £4.8m due to the Trust's activity performance falling below the required baseline, offset by favourable variances in Devices income (£1.9m), R&D Income (£4.8m) and (£8.1m) of other income backed expenditure, including Digital Aspirant, Personalised Outpatients, international nurse recruitment, workplace health and well being contracts and virtual ward.

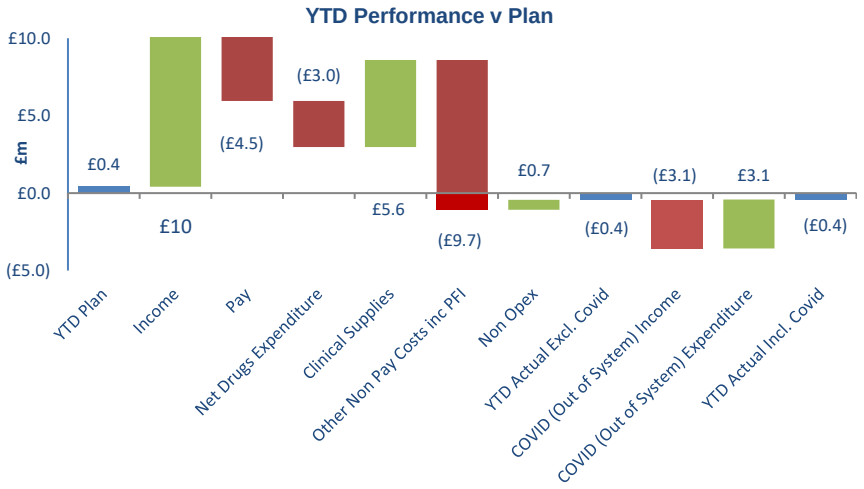
Pay:
Medical pay is £8.3m adverse to plan and unidentified CIP is driving a £3.2m adverse variance, offset by delays in service development expenditure (£0.8m), and net underspends across nursing (£6.2m), resulting in a £4.5m adverse net pay position. Surgery Divisions pay spend is £4.9m adverse to plan including £2.2m due to the unidentified CIP.

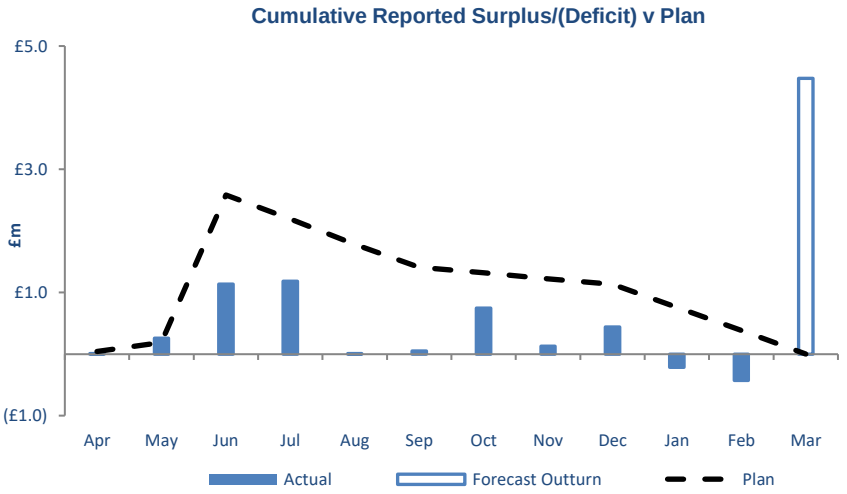
Net Drugs Cost:
Year to date net drugs position is £3m adverse. This is predominantly as a result of increased expenditure on drugs included within block agreements and the transfer of two specific drugs from cost and volume to block. Cycle 3 of the 23/24 business planning process has been addressed.

Non Pay:
Year to date non pay is £4.1m adverse to plan. This is due to £14.8m additional expenditure on devices and other pass through expenditure (offset by matching income as noted above). Offset by £10.7m of unutilised Growth and Prices reserves and expenditure as a result of reduced activity levels.

Non Operating Expenditure:
Year to date non operating expenditure is showing a £0.1m favourable variance.

Out of System COVID 19 Expenditure:
The COVID-19 expenditure year to date is £1.1m, with offsetting income of £1.1m. The main area of expenditure remains testing. Expenditure is £3.1m favourable to plan due to the reduced prevalence of COVID and step down in COVID restrictions.





All divisions are struggling to deliver their financial plans, with the surgical division having the greatest gap due to pay spend in ED (£3.4m), reduced activity and CIP shortfall (£2.4m).

Norfolk and Norwich University Hospitals NHS Foundation Trust

2.3 22/23 FOT

Forecast outturn at Month 11 is a surplus of £4.8m, £4.8m favourable against the breakeven plan. This includes the trust releasing its provision for Elective clawback, due to ICB cessation of the requirement. The Forecast Outturn excludes any impact from additional pay awards relating to this financial year

❶ Crystalised risks in Forecast outturn for under delivery of CIP £7.2 (YTD £6.5m), Provision for activity shortfall £4.8m (YTD £4.8m) and unfunded service developments of £5.5m (YTD £5.1m). **Total £18.3m (YTD £16.4m)**

❷ Crystalised mitigations in Forecast outturn for under utilisation of inflation and capacity reserves £11.5m (YTD £10.2m) and non recurrent reduced expenditure as a result of reduced activity levels £6.0m (YTD £5.4m). **Total £17.5m (YTD £15.6m)**

❸ Forecast outturn at Month 11 including reversal of the provision for income clawback is a £4.8m surplus, £4.8m favourable against the breakeven plan.

❹ Upside and downside risk as a result of activity based expenditure:

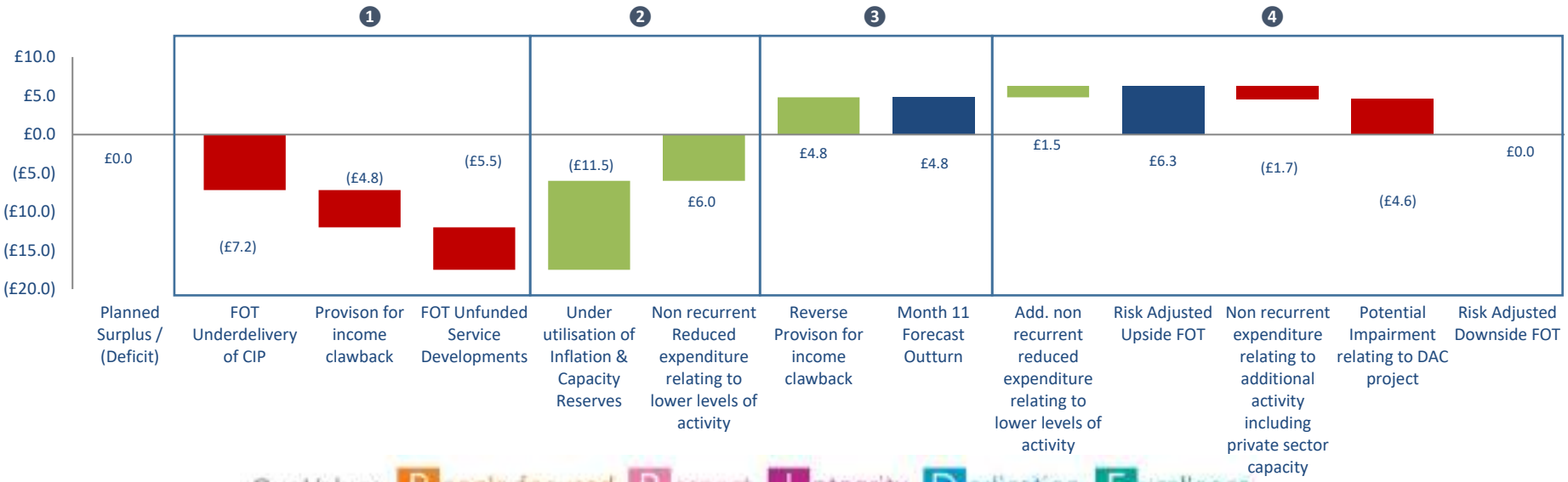
Additional underspend as a result of the reduced activity including inability of private sector to deliver planned activity - **£1.5m**

Risk Adjusted upside forecast outturn - £6.3m Surplus

Additional non recurrent expenditure to additional activity including private sector delivering above planned levels - **£1.7m**

Potential DAC Impairment Risk – **£4.6m**

Risk Adjusted downside forecast outturn - Breakeven



REPORT TO TRUST BOARD

Date	**5 April 2023**
Title	**Chair's key Issues report from Major Projects Assurance Committee meeting on 29.03.23**
Author & Exec Lead	**Mr Tom Spink (Committee Chair)**
Purpose	**For Information**

The Major Projects Assurance Committee met on 29 March 2023. The focus of this meeting was receiving update reports with regard to specified major estates projects and an overview of progress in the Transformation Programme. The following issues were identified to highlight to the Board:

1	Update on Estates Major Projects	• The Committee was pleased to learn that the appropriate contractual documentation has been completed for the next stage in creation of the paediatric theatres complex with an operational readiness target of August. This will be a significant step forward in enhancing the services of the Jenny Lind Children's Hospital. • The Trust awaits final confirmation of national funding for the Diagnostic & Assessment Centre. Arrangements are in place for rapid project initiation as soon as we have the final go-ahead.
2	Update on Transformation Programme	The Committee was updated on progress with the Trust's transformation programme, to deliver improved efficiency, quality and VFM. The Transformation programme is overseeing the delivery of key strategic initiatives with a specific focus on Length of stay, Outpatients, diagnostics and theatres. Current plans across these Strategic Initiatives and Cost Improvement Plans (CIPS) total £17.5m, with a gap of £7.5m for 23/24: • Ongoing work with the divisions and corporate areas to develop their CIPs is progressing, as well as the identification of additional opportunities to help close the remaining gap. • Regarding the Strategic Initiatives, the Committee was informed that plans with detailed milestones and key deliverables have been produced. High level aggregate metrics for each of the programmes is under development, to track milestone achievement and impact on a set of agreed metrics. These should be available for the April Committee meeting. The Committee noted the detailed work undertaken. It is obviously important for this to continue, to support delivery of the Trust's financial obligations. The challenge of achieving this, whilst meeting the operational pressures and the impact of industrial action, was recognised. The Committee supported the approach of seeking to implement some initiatives that are nearly finalised – to highlight to staff that their efforts are showing dividends.

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

REPORT TO TRUST BOARD

Date	**5 April 2023**
Title	**Chair's Key Issues from Audit Committee Meeting on 29.03.23**
Lead	**John Paul Garside, on behalf of Julian Foster – Non-Executive Director (Committee Chair)**
Purpose	**For Information, Assurance and Approval as specified**

The Audit Committee met on 29 March 2023. Papers for the meeting were made available to all Board members for information in the usual way. The meeting was quorate and Mr Chris Hind & Mrs Erica Betts (Public Governors) attended as observers. In addition to consideration of reports contained in the Committee papers, the Committee identified the following matters to highlight to the Board:

Issues to Highlight and escalate:		
1	Implementation of Internal Audit recommendations	The Committee was updated on good progress in implementation of IA recommendations. 32 actions are closed, 17 remain open within timescale and 2 are overdue. The Committee requested two audits to be referred for review by the People & Culture Committee i) Succession Planning and ii) Workforce Policies with further work on associated impact on the risk register.
2	Draft Head of Internal Audit Opinion (HOIA)	The Committee received the Draft HOIA for 2022/23. The HOIA will form part of the supporting documentation on which the Board can rely in approving the Annual Report and Accounts and associated statements. It is also an important component in the Committee's assessment of the Trust's integrated governance arrangements. RSM reported a **positive** draft Head of Internal Audit Opinion providing a reasonable level of assurance. Conclusion of final elements of the 2022/23 IA plan is awaited but these are not expected to alter the overall opinion.
3	Code of Governance Annual Review 2022/23	The Committee received the output of the annual assessment of compliance with the Foundation Trust Code of Governance. The Code is applied on a comply or explain basis and the Trust is assessed as compliant with all elements of the Code other than 3 areas that require explanation: i) A5.12 - agreement to hold some Board meetings in private for specified purposes (e.g. commercial or personal confidentiality); ii) B6.2 - the Code recommends an externally facilitated developmental review against the Well-led framework every 3 years https://www.england.nhs.uk/wp-content/uploads/2020/08/Well-led_guidance_June_2017.pdf Our last review reported in Nov 2018 and a triennial review is therefore now overdue. However, in the meantime, the CQC has assessed the Trust against the Well-led Framework (April 2020) and RSM were commissioned to undertake the Financial Governance Review (October 2020) and this has been subject to follow-up through the Internal Audit Programme (Nov 2021). More recently, the focus of all NHS Trusts has been on essential work in responding to the pandemic and its aftermath. The new NHS Code of Governance (effective for 2023/24) now recommends an externally facilitated review against the Well-led Framework every 3-5 years and it will be appropriate to review this again during 2023/24. iii) D2.3 - the approach to NED remuneration (follows national guidance rather than the now superseded approach of the Code). The associated explanations were **agreed** for inclusion in the Annual Report.

4	Divisional Governance Statements	The Committee reviewed the Annual Governance Statements prepared by each of the divisions. This was the second suite of these annual statements, from which three common risks were identified for potential inclusion in the Trust-wide AGS: • **Capacity** – the potential risk to harm to patients due to delays in treatment driven by waiting list size; • **Workforce** – impact of staffing gaps on ability to deliver care in a timely and safe manner; and • **Financial** – ability to deliver Divisional financial plans. The Committee commended the work undertaken to support preparation of the Divisional governance statements which will inform preparation of the Trust Annual Governance Statement 2022/23
5	Going Concern	The Committee received a report regarding the basis for preparation of the Trust's Financial Statements 2022/23 and agreed to recommend to the Board that these should be prepared on a Going Concern basis (as per a separate report).
6	Standing Orders for Board of Directors – approval requested	A number of minor updating changes have been made to Standing Orders for the Board of Directors. There is also a proposed change to permit the Trust Seal Register to be held digitally rather than requiring a hard copy book. The Committee **agreed to recommend** that the Board approve the updated Standing Orders for the Board of Directors.
7	Board Assurance Framework BAF	The Committee reviewed the Board Assurance Framework which has been updated in line with the agreed Standard Operating Procedure. The BAF tracks and records the evidence of progress towards achievement of the Trust's 5 Strategic Commitments. The Strategic Threat Summary (**attached)** illustrates the challenged position facing the Trust in the aftermath of the pandemic. The Committee noted that the BAF has been updated with input from executives and the Board Assurance Committees. The assurance rating for Strategic Threats 1.1 (Patient Experience) and 2.1 (Staff Experience) have both been downrated, reflecting the extreme operational pressure and continuing need to use escalation beds. The BAF is due for review by the Management Board, with particular regard to actions that can be taken to improve the Trust's strategic position.
8	Matters approved/reapproved	The Committee received relevant reports and approved/reapproved: - Standard Operating Procedure for Maintaining the Registers of Interests for Directors and Governors - SOP for Use of the Trust Seal - Policy for use of External Auditors for Non-Audit Services - Internal Audit Strategy and Plan and fees 2023/24 and Audit Charter - External Audit Plan & fees for 2022/23 - Local Counter Fraud Service (LCFS) work plan for 2023/24 - Committee Work Programme for 2023/24 - timetable for final Annual Report and Accounts 2022/23
9	Reports received	The Committee also received reports regarding: - Conflicts of interest (gifts and hospitality) - SFI waivers of tender requirements - clinical audit priorities - Corporate Risk Register

10	Review of Audit Committee	The Committee conducted its annual self-assessment and noted the results of the Board questionnaire, with 14/16 respondents agreeing or strongly agreeing that the Committee effectively performs its role. The Committee reviewed the output of a point-by-point assessment against the HFMA Committee Effectiveness Review template and against the duties detailed in the Committee Terms of Reference (ToRs). There is clear evidence of the Committee acting in accordance with its ToRs. There was no indication from the annual review to suggest amendment and the Committee agreed to recommend reapproval of its Terms of Reference unchanged, as **attached.**

The next Committee meeting is scheduled for 10.00-12.00hrs on 21 June 2023 at which it will review the audited Accounts and Annual report. An Extraordinary Board meeting has been arranged to take place from 12.30-13.30hrs on 21 June 2023 to approve the audited Accounts and Annual report prior to filing.

Recommendations: The Board is recommended to:

i) **note** the ongoing work of its Audit Committee
ii) **approve** the updates to Standing Orders
iii) **note** the Committee's recommendation regarding preparation of the accounts on a Going Concern basis
iv) **reapprove** the Committee's unchanged Terms of Reference

Strategic Threat Summary – as at March 2023	Exec lead		RAG		
1 Our Patients - Together, we will develop services so that everyone has the best experience of care and treatment					
1.1 Patient experience: If we do not nurture a culture in which the quality of patient experience is at the core of our decisions and a priority of all our staff **then** we will not achieve our Journey to Outstanding	CN	Q&S			↘
1.2 Unplanned & emergency care: If the number and profile of patients requiring care on an unplanned basis is not matched by our operational capacity and efficient resilient systems and processes **then** this may cause delays, use of escalation areas, increased patient moves, poor continuity of care, diminished patient experience and failure to achieve expected performance standards	COO	FIP Q&S			↔
1.3 Planned care: If the Trust is unable to provide planned care without lengthy delay **then** this will lead to diminished patient experience, increased risk, and failure to achieve performance expectations	COO	FIP Q&S			↔
2 Our Team - Together, we will support each other to be the best we can be, to be valued and proud of our hospital for all					
2.1 Culture & Leadership: If the Trust does not have an open, caring and positive employment culture with caring and effective leadership through our divisional and clinical structures **then** staff experience will suffer, it will not be a place where people of diverse backgrounds want to work and staff will not be supported to realise their potential	CPO	P&C			↘
2.2 Staff health & well-being: If inadequate resource and focus is given to supporting staff health, well-being, morale, empowerment & resilience **then** this will have a negative impact on recruitment and retention, staff will not perform at their best and will not identify the Trust as a good place to work	CPO	P&C			↔
2.3 Workforce planning: If we do not adequately anticipate our future workforce needs and educate and train sufficient specialist staff **then** we will be unable to maintain appropriate staffing levels or develop our services and will incur costs in seeking to attract staff educated elsewhere	CPO	P&C			↔
2.4 Education: If we do not give appropriate respect and support to education (undergraduate and post-graduate) **then** we will not deliver our responsibilities as a teaching hospital, generate the necessary supply of specialist staff or enable our staff to realise their potential	CPO MD CN	P&C			↔
3 Our Partners - Together, we will join up services to improve the health and wellbeing of our diverse communities					
3.1 Vertical collaboration: If our services are not adequately aligned with those in mental health, EOL, social, community and primary care **then** there will be fractured clinical pathways, inadequate alternatives to admission, delayed discharges and we will fail to achieve 'Place-Based' services	DoT CN MD COO	Q&S FIP			↔
3.2 Acute Provider collaboration: If the N&W acute sector response to the challenges and opportunities of system redesign is inadequate **then** we will fail to realise the efficiencies & transformational changes necessary to establish and maintain high-quality & sustainable services	CEO DoS	FIP			↔
4 Our Services - Together, we will provide nationally recognised, clinically led services that are high quality, safe, and based on evidence and research					
4.1 Clinical outcomes: If we do not achieve clinical outcomes that compare well against benchmarks **then** this will negatively impact patients and may undermine our reputation and development as a university hospital and provider of high-quality services	MD	Q&S			↔
4.2 Research & innovation: If we do not develop and promote a culture and infrastructure of research and innovation **then** we will not achieve our obligations and potential as a University Hospital and as partner in NRP and Quadram Institute Partners	MD	Q&S			↔
4.3 Specialist services: If there is inadequate infrastructure and capacity (physical & people) for our specialist services **then** we will be limited in providing tertiary and specialist care (e.g. in major trauma, thrombectomy, maternity, oncology, orthopaedics and paediatrics)	MD DoS	FIP Q&S			↔
4.4 Emergency preparedness: If the Trust is not adequately prepared to withstand exceptional events, crisis and pandemic disruption **then** we may be diverted from achieving our Vision and Strategy	COO	FIP			↔
5 Our Resources - Together, we will use public money to maximum effect					
5.1 Financial Strategy: If we do not deliver against our Financial Strategy **then** this will threaten our financial sustainability and ability to improve our services	CFO COO	FIP			↔
5.2 Transformation: If we do not embed improved operational efficiency with enhanced business planning and financial management processes **then** we will fail to get the best from our people and resources to deliver sustainable high quality clinical services	DoT	FIP MPA			↔
5.3 Digital: If we do not address the relative immaturity and fragility of the Trust's digital infrastructure **then** this may lead to inefficiency and risks to cyber security, operational resilience and clinical quality	CIO	FIP			↔
5.4 Estates: If the Trust's physical estate, equipment and major developments are not sufficient in capacity and appropriately maintained & managed **then** this will lead to inefficiency, unsafe environments and sub-optimal facilities in which to work and receive care.	DoS	FIP MPA			↔

↔ or ↗ or ↘.

AUDIT COMMITTEE

TERMS OF REFERENCE[1]

1. CONSTITUTION AND PURPOSE

In accordance with the Constitution of the Trust, a Non-Executive Committee is established, to be known as the Audit Committee ("the Committee"). The Terms of Reference of the Committee shall reflect the requirements of NHSI documents - NHS Foundation Trust Code of Governance (July 2014) and 'Governance over audit, assurance and accountability: guidance for foundation trusts' (March 2015)

The **Purpose** of the Committee is to maintain oversight of and provide assurance to the Board with regard to:

- the integrity of the Trust's financial statements and reporting of financial performance;
- the relevance and robustness of governance structures; and
- the effectiveness of the Trust's systems of risk management and internal control.

2. AUTHORITY

The Committee has no executive powers, other than those specified in these Terms of Reference or otherwise requested by the Trust Board or in its Scheme of Delegation.

The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain legal or other independent professional advice and to secure the attendance of persons with relevant experience and expertise from within or without the Trust as it considers necessary.

3. MEMBERSHIP

The Committee shall consist of not less than three Non-Executive members, appointed by the Board from amongst the independent Non-Executive Directors of the Trust. The Chairman of the Trust shall not be a member of the Committee.

One of the members will be appointed Chair of the Committee by the Board. The Committee Chairman may nominate one of the remaining members to act as deputy in his/her absence, failing which, in the absence of the Committee Chairman the remaining members shall elect one of themselves to chair the meeting. Members will be required to attend at least half of the meetings of the Committee each year. At least one member of the Committee should have recent and relevant financial experience as determined by the Trust Board.

[1] These Terms of Reference are based on the model contained in the NHS Audit Committee Handbook 2011, updated to reflect the HFMA NHS Audit Committee Handbook 2018, but also reflect the UK Corporate Governance Code (2018) and ICSA Guidance on Terms of Reference for Audit Committees (2020). They are informed by NHSI: Audit and assurance: a guide to governance for providers and commissioners (December 2019)

4. MEETINGS, ATTENDANCE AND QUORUM

The Committee must consider the frequency and timing of meetings necessary to allow it to discharge all its responsibilities. Meetings shall however be held not less than four times a year at appropriate times in the reporting and audit cycle. The External Auditor or Head of Internal Audit may request that a meeting be held if they consider that one is necessary.

A quorum for the Committee shall be two members. Attendance at the meeting may be by teleconference or videoconferencing at the discretion of the Committee Chair. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions invested in, or exercised by the Committee.

At least once a year the Committee shall meet privately with the External and Internal Auditors. The Head of Internal Audit and representative of External Audit have a right of direct access to the Chair of the Committee.

Attendance at meetings of the Committee shall be as follows:

- Chief Finance Officer, Deputy Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings of the Committee;
- counter fraud specialist will attend a minimum of two committee meetings a year;
- Chief Executive is expected to attend at least one Committee meeting annually, to discuss the process for assurance that supports the Annual Governance Statement (AGS) and should attend when the Committee considers the draft AGS and the annual report and accounts;
- Medical Director shall attend two meetings per annum, timed to coincide with discussion and review of Clinical Audit in the Trust;
- Chief Nurse shall attend two meetings per annum, timed to coincide with discussion and review of matters relating to Risk Management in the Trust.

The Chairman of the Trust, Chief Executive and other executive directors may be invited to attend any meeting of the Committee, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director. The Executive responsible for Risk Management, or a deputy of appropriate seniority, will also be expected to attend meetings of the Committee that are considering matters relating to Risk Management.

The Committee may ask any or all of those who normally attend Committee meetings but who are not members to withdraw to facilitate discussion of any particular matters at the discretion of the Chair.

In exceptional circumstances when an executive member cannot attend Committee meetings, they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf with agreement of the Committee Chair.

5. SUPPORT ARRANGEMENTS

The Board Secretary will be responsible for providing secretarial support to the Committee and provide appropriate support to the Chair and committee members.

The Committee shall operate as follows:

- The Committee will establish an annual Work Programme, summarising those items that it expects to consider at forthcoming meetings.

- Agendas for forthcoming meetings will be based on the Work Programme, reviewed by the Committee and agreed with the Committee Chair.

- Papers for the meeting should be submitted to the Committee secretary a minimum of 6 working days prior to the meeting. Papers on other matters will be put on the agenda only at the request of or with the prior agreement of the Chair.

- Papers will be sent out by the Committee secretary at least 4 working days before each meeting.

- To facilitate oversight by the Board of Directors, papers for meetings of the Committee will be circulated for information to those members of the Board who are not members of the Committee.

- Minutes will be prepared after each meeting of this Committee within 14 days and circulated to members of the Committee and others as necessary once confirmed by the Chair of the Committee. A record of action points arising from meetings of the Committee shall be made and circulated to its members with the minutes.

- Following each meeting of the Committee, the Chair of the Committee shall make a report to the next meeting of the Board of Directors highlighting any issues that require its particular attention, or require it to take action.

- The Terms of Reference of the Committee will be reviewed annually and will only be changed with the approval of the Trust Board.

6. DECLARATIONS OF INTERESTS

All members must declare any actual or potential conflicts of interest relevant to the work of the Committee, which shall be recorded in the Minutes accordingly. Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict.

7. DUTIES

In furtherance of achievement of its Purpose, particular duties of the Committee are as follows:

7.1 Integrated Governance, Risk Management and Internal Control

The Committee shall review the implementation and ongoing quality and effectiveness of integrated governance, risk management and internal control, across the whole of the Trust's activities (clinical and non-clinical), that supports the achievement of the Trust's objectives.

In particular, the Committee will review the adequacy and effectiveness of:

7.1.1 the structures, processes and responsibilities within the Trust for identifying and managing key risks;

7.1.2 all risk and control related disclosure statements, (in particular the Quality Report and Annual Governance Statement), together with any accompanying Head of Internal Audit Statement, External Audit Opinion or other appropriate independent assurances, prior to endorsement by the Board;

7.1.3 the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks, the fitness for purpose of the Board Assurance Framework and the appropriateness of the disclosure statements identified at 7.1.2;

7.1.4 the operational effectiveness of relevant policies and procedures for ensuring that there is compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications;

7.1.5 the policies and procedures relating to counter fraud, bribery and corruption;

7.1.6 the Trust's 'Speak-Up' procedures (FTSU) to ensure that arrangements are in place for Trust employees to raise concern (in confidence) about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters and for the proportionate and appropriate investigation and follow-up of allegations. In the Trust's governance structure, FTSU reports into the Board's People and Culture Committee and the Audit Committee may take assurance from the People & Culture Committee, in accordance with 7.5 below;

7.1.7 the structures, processes and responsibilities within the Trust with regard to Emergency Preparedness, Resilience and Response & Business Continuity (EPRR). In the Trust's governance structure, EPRR reports into the Board's Finance, Investments & Performance Committee (FIPC) and the Audit Committee may take assurance from the FIPC, in accordance with 7.5 below;

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these and may also seek reports and assurances from directors and managers as appropriate.

7.2 <u>Internal Audit</u>

The Committee shall ensure that there is an effective Internal Audit function that meets the Public Sector Internal Audit Standards (2017) and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board. This will be achieved by:

7.2.1 monitoring the effectiveness of Internal Audit and carrying out an annual review, ensuring that the Internal Audit function has adequate resources, access to information and appropriate standing within the Trust;

7.2.2 approving the Internal Audit strategy and programme of work, ensuring that this is consistent with the audit needs of the Trust and there is co-ordination between the Internal and External Auditors to optimise audit resources. The Audit Committee shall take into account any recommendations made by other Committees of the Board in relation to matters falling within their Terms of Reference;

7.2.3 reviewing the major findings of Internal Audit work (and management response);

7.2.4 approving the audit fee and the appointment or dismissal of the Internal Auditors;

7.3 External Audit

The Committee shall review and monitor the independence and objectivity of the External Auditors (as appointed by the Council of Governors) and the effectiveness of the audit process. In particular, the Committee shall review the work and findings of the External Auditor and shall consider the implications of the External Auditor's work and the responses of Trust managers to it. This will be achieved by:

7.3.1 agreeing with the Council of Governors the criteria for appointment, reappointing and removing External Auditors, considering the performance of the External Auditor including agreement of the audit fees, making appropriate recommendations to the Council of Governors on appointment and reappointment of the External Auditor;

7.3.2 discussion and agreement with the External Auditor, before the audit commences, concerning the nature and scope of the audit;

7.3.3 discussing with the external auditors their evaluation of audit risks and assessment of the Trust and the impact on the audit fee;

7.3.4 review of all External Audit reports, including agreement of the annual audit letter before its submission to the Board, and any work performed outside the annual audit plan, together with management responses;

7.3.5 review and monitor the external auditor's independence and objectivity and effectiveness of the audit process, including the provision of any non-audit services, taking into consideration relevant UK professional and regulatory requirements;

7.3.6 in the event of the external auditors resigning, making appropriate recommendations to the Council of Governors as required. It is for the Chairman of the Board to inform NHSI of the reasons for ceasing an auditor's appointment;

7.3.7 developing and implementing a policy regarding the supply of non-audit services by the External Auditor, taking account of relevant ethical guidance, and monitoring that service, in accordance with the agreement of the Council of Governors.

The Committee shall also assess the effectiveness of the audit process by:

7.3.8 reviewing any representation letters requested by the external auditor before they are signed by management,

7.3.9 review and agree management's response to the auditor's findings and recommendations.

7.4 Counter Fraud

The Committee will satisfy itself that the Trust has adequate arrangements in place for counter fraud, bribery and corruption that meet the NHS Counter Fraud Authority's standards and will review the outcomes of work in these areas.

Specifically, it will:

- approve the Trust's Counter Fraud strategy and Local Counter Fraud Specialist annual work plan, including the resources allocated for the delivery of the strategy and work plan;
- receive and review progress reports of the Local Counter Fraud Specialist against the four principles of the overall NHS Counter Fraud Strategy;
- monitor the implementation of management actions arising from counter fraud reports;
- receive and discuss reports arising from quality inspections by the counter fraud service;
- make recommendations to the Trust Board as appropriate in respect of Counter Fraud at the Trust;
- receive, review and approve the annual report of the Local Counter Fraud Specialist.

7.5 Other Assurance Functions

Where appropriate the Audit Committee shall review the findings of other significant assurance sources and shall consider any implications for the governance of the Trust.

These will include, but will not be limited to, any reviews by Department of Health and Social Care arm's length bodies or regulation/inspectors – for example the CQC, NHS Resolution etc and professional bodies with responsibility for the performance of staff or functions – for example, Royal Colleges, accreditation bodies etc

In addition, as part of its approach to providing assurance to the Board, the Committee will consider the work of other committees within the organisation (in particular the three other Board Assurance Committees), whose work can provide relevant assurance to the Audit Committee's overview of the systems and processes of integrated governance.

In reviewing issues around clinical risk management, the Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function.

7.6 Financial Reporting

The Committee shall monitor the integrity of the financial statements of the organisation and any formal announcements relating to its financial performance.

The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

7.6.1 the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;

7.6.2 changes in, and compliance with, accounting policies and practices and estimation techniques;

7.6.3 unadjusted mis-statements in the financial statements;

7.6.4 any unusual transactions and know they have been accounted for;

7.6.5 significant judgements in preparation of the financial statements;

7.6.6 significant adjustments resulting from the audit

7.6.7 explanations for significant variances.

7.7 Charitable Funds[2]

7.7.1 With respect to the Trust's Charitable Funds, the Committee will report to the Trust Board of Directors (in its capacity as Corporate Trustee). With the support of Internal Audit and External Audit, the Committee will provide assurance with respect to the governance of the charitable funds including expenditure from charitable funds in accordance with the relevant objects.

7.7.2 The Committee will review the Annual Report and Accounts of the Trustees prior to its consideration and approval by the Corporate Trustee.

8. PROCESS FOR MONITORING COMMITTEE EFFECTIVENESS

8.1 The Committee shall submit an Annual Report to the Trust Board reporting on the work of the Committee in support of the Annual Governance Statement, specifically commenting on the completeness and embeddedness of risk management in the organisation and the integration of governance arrangements.

8.2 The Committee will report to the Council of Governors identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken.

8.3 A separate section of the Annual Report should describe the work of the Audit Committee in discharging its responsibilities.

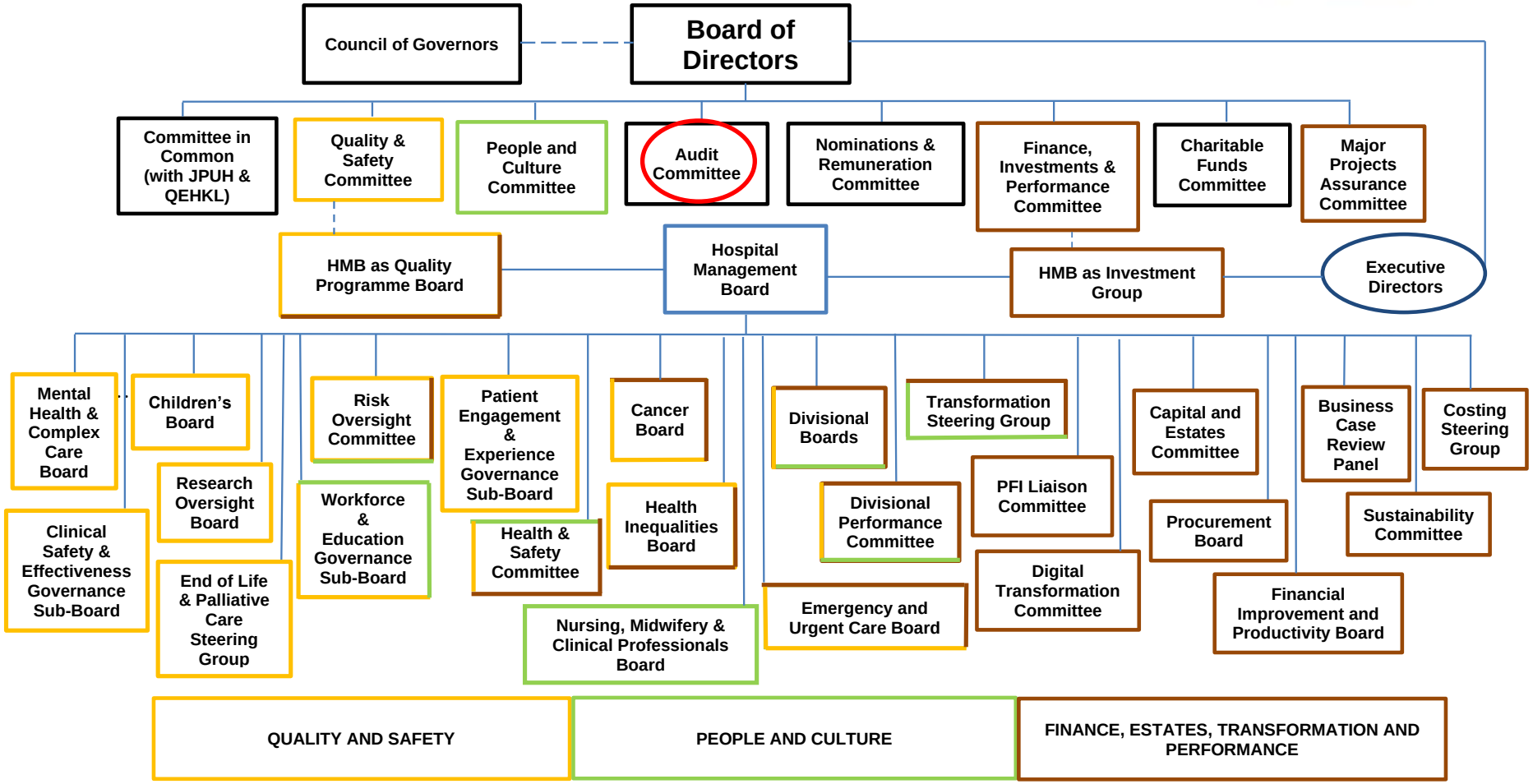
Approved by the Board of Directors on: 7 December 2022

Annual Review date: December 2023

[2] Relevant guidance is found in

- Charity Commission document CC14 "Investment of Charitable Funds (2004);
- Charity Commission document CC10 "the Hallmarks of an Effective Charity (2008);
- National Audit Office – Charitable Funds Associated with NHS bodies (June 2000).

Board of Directors and Management Board Reporting and Accountability Structure



As at December 2022

Norfolk & Norwich Hospitals Charity

Norfolk and Norwich University Hospitals NHS Foundation Trust

REPORT TO TRUST BOARD IN ITS CAPACITY AS CORPORATE TRUSTEE

Date	**5 April 2023**
Title	**Report from Charitable Funds Committee meeting on 15.03.23**
Author & Exec Lead	**John Paul Garside on behalf of Jo Hannam – Non-Executive Director (Committee Chair)**
Purpose	**For Information & Agreement as specified**

1. Background/Context

The Charitable Funds Committee held a meeting on 15 March 2023 and reviewed a range of matters in accordance with its Terms of Reference. Papers for the meeting were made available to all members of the Board through the Admin Control system in the usual way. The meeting was quorate and the following topics were identified to highlight to the Corporate Trustee:

Key issues to highlight:		
1	Grant awards	We are actively using our funds to make a real difference for patients and staff and we have spent £11.4m on charitable activities in the last 5 years (including £1.4m in 2022/23). We also carry forward commitments of a further £5.3m in approved grants – supporting more projects and better care for patients into the future. In accordance with its Terms of Reference and the Charity Grant-Making Standard Operating Procedure, at its meeting in March the Committee received and awarded grant applications totalling £178k: • **Research for patient benefit:** clinical trial support (in gastroenterology, HIPEC & a feasibility study for test-at-home saliva sampling for familial hypercholesterolaemia) – £93k • **Staff facilities:** enhanced staff workspaces in radiotherapy and general surgery - £57k • **Support for patients:** Breast Cancer patients for post-op bras - £15k • **Clinical equipment:** portable ultrasound scanner for the Breast Reconstruction clinic - £13k The Committee was informed of a grant of £31k awarded under the Exceptional Approval procedure to lease two wheelchair accessible vehicles for the volunteer driver scheme.
2	Impact Reporting	The Committee has been actively encouraging follow-up of grants awarded to check that they are supporting better care in the way intended. The Charity has an approved SoP for Impact reporting and this encourages the proactive identification of impact milestones to be featured in the Charity Annual Report and in our Impact Reports. A recent example includes the specialist service provided to patients in the Trust's Interventional Radiology Unit (IRU), opened in 2020 with a grant of £220k from the Charity. This year the IRU treated its 6,000th patient and was awarded Exemplar Unit status by the British Society of Interventional Radiologists.

3	Plan on a Page – 2023/24	Each year the Charity produces its Plan on a Page. **Attached** is the Plan for 2023/24, as **approved** by the Committee at its meeting. There are a number of headlines to highlight to the Board: - our expenditure target is **£4.7m** – our highest ever. Of this expenditure**,** approximately c£3.5m is already committed and includes major grants such as the £2m to fund equipping the NANOC; - the income target for this year is **£3.5m**. This challenging target is in line with the Charity's Financial Strategy but will require significant innovation and effort; Board member support for fundraising will be warmly welcomed; - our Summer Appeal is focussed on Stroke and Neurosciences (to include thrombectomy); the Winter Appeal is to fund on-site accommodation for parents/families of patients in Jenny Lind Children's Hospital and our Neonatal Intensive Care Unit; - preparatory work is to be undertaken to establish a trading subsidiary, in anticipation that in 2024/25 our trading income will have increased to the threshold at which this is financially efficient to separate out from the main Charity; - it is hoped to repurpose space vacated at Cromer Hospital (by creating the new *Mardle* Charity café) to establish a hub for the Charity and research administration. The key principles behind this Plan are ongoing focus on sustainability & growth, establishing the foundations for the Charity to continue making a positive impact into the future.
4	Fundraising & Income Generation Strategic Plan	We have ambitious plans to continue the growth and development of the Charity, to establish a 'steady state' turnover of £5m from 2024/25 onwards. The Committee received and approved a compendious Fundraising & Income Generation Strategic Plan (2023-27) detailing the approach and key actions to generate income and to achieve that growth. Unlike many other hospital charities, our Charity currently has no endowment investments. Future income has therefore been uncertain, dependent on the ongoing generosity of donors. Part of our Strategic Plan for income generation is therefore to develop reliable and diversified income streams – to enhance the sustainability of the Charity. The overall aim of this Strategic Plan is to achieve: • increased income in line with the Financial Strategy; • enhanced sustainability in the Charity, to enable planning and future grant-making; • generation of general unrestricted funds in addition to those donated for specific purposes; • the virtuous cycle of donations encouraged by demonstrating the beneficial impact of previous grants, leading to ongoing benefit for patients. Key initiatives are detailed in a multi-year implementation plan and will include many of the steps already outlined in the Charity Communications and Legacy Strategies. These will be enhanced by a structured approach to grant applications, corporate events, 2 x raffles pa, developing our lottery and engagement with Trust departments and external partners. The Committee **approved** the Charity's Fundraising & Income Generation Strategic Plan (2023-27) and will monitor its implementation.
5	Draft Charity Strategy (2023-27) - *Supporting Better Care*	The Corporate Trustee has established a series of principles and strategic objectives for the Charity through its Communications Strategy, Ethical Fundraising and Donations Policy, Legacy Strategy, Investment Policy and Communications Strategy. These are supported by Standard Operating Procedures regarding Gifts in Kind, Donor Recognition, Grant Making, Naming Rights & Impact Reporting. Without duplicating what is already detailed in those documents, the Committee has encouraged the development of an overarching Strategy for the Charity. The purpose of the N&N Hospitals Charity is to support the NNUH FT to provide benefit and services to its patients. Our Charity Strategy must therefore be aligned with the Strategy of the Trust and the established Values and Strategic Commitments of the Trust must shape the Values and Strategic Objectives of the Charity.

		The Committee received an initial draft and outline of the Charity Strategy, focussed on ***supporting our hospitals to provide the best care for every patient.*** The Committee provided initial feedback on the draft Strategy and supported its further development. The Committee requested that the Strategy should emphasise that the N&N Hospitals Charity is the primary charity associated with the Trust and that it should be promoted and supported as such. Following further review by the Committee, the draft strategy will come to the Corporate Trustee for approval and it is hoped that it can align with the Trust's strategies on Clinical Services, Workforce, Education and Research.
6	Staff rest facilities	The Committee received updates as requested with regard to schemes to support creation of additional rest facilities for staff and patients. Development of these facilities is intended to address feedback from Trust staff about their experience of working at the NNUH, whilst also forming part of the Charity's development plans. There are 3 proposed schemes: i) a covered shelter to accompany the NNUH mobile Charity Café (c. 40 seats) ii) a second mobile Charity Café, at the west end of NNUH, near the 'staff entrance' & to service the additional demand generated by the NANOC (100+ depending on Trust wishes) iii) in a permanent Charity building (100+ depending on Trust wishes) This is seen as a tangible and financially sustainable way in which we could help to improve staff and public experience of NNUH. The Committee stands ready to consider proposals as soon as the Estates Team can facilitate the necessary plans alongside their other priorities.
7	Draft Budget 2023/24	The Committee considered and **approved** the Charity's draft Budget for 2023/24 as summarised in the table below. This is intended to deliver the Charity's Plan on a Page: Income, expenditure and resulting funds balances are all significantly influenced by developments in the Trust (enabling expenditure and income generation). It is however of note that the brought forward balance is gross of £5.3m in grants already awarded. The Committee considered and **approved** additions to fundraising and support expenditure inherent to the budget, together with a consequent variation to the approved Financial Strategy expenditure for 2023/24 in relation to fundraising, support and governance costs.
8	Donor recognition	There is a very limited culture of donor recognition in the Trust, but it is courteous and good practice that the Charity should publicly thank all those donors who make its work possible. We are particularly grateful for recent donations from Roys of Wroxham, Wymondham Phoenix Darts League, Marsham Show, 6th Form fundraisers at Norwich School, West Norwich Lions, Brundall Community Chest, Ellerdale Trust and Alan Boswell Trust, together with many other individual and organisational donors.

	2022/23 Budget £'000	2022/23 Forecast Outturn £'000	2023/24 Financial Strategy £'000	2023/24 Draft Budget £'000
Income	2,706	2,507	3,500	3,504
Expenditure	4,661	1,801	2,969	4,748
Net Gains	-672	-531		240
Fund Movement	-2,627	174	531	-1,003
Fund Balance b/f	*11,370*	*11,370*	*6,652*	*11,544*
Fund Balance c/f	8,742	11,554	7,183	10,540

		We are seeking to establish donor recognition as a regular part of major grant making and capital projects supported by the Charity – for example in the Boudicca Breast Unit. The N&N Orthopaedic Centre (NANOC) is a particular example – given that the Charity's £2m grant is its largest ever. The Committee therefore requested a report from the Estates Team with regard to proposals for a donor recognition installation in the NANOC. This remains a 'work in progress' but the Committee stressed that this is a condition of the Charity's grant and must be approached as an essential part of the project. The Committee was advised that discussions are also underway with regard to donor recognition in the Diagnostic & Assessment Centre (DAC) – to reflect the Charity's £1.6m contribution. As part of the Charity's joint fundraising with the Norfolk Heart Trust, we have indicated that the room in the DAC to accommodate the Cardiac MRI scanner will be named the Brooksby Room, in memory of Dr Iain Brooksby – former Medical Director and Consultant Cardiologist of the Trust. Iain's family have been actively involved in fundraising for the DAC and we expect to receive a major grant from the Heart Trust.
9	Forthcoming events	• The Charity is one of the 'named charities' for the Norwich 100 bike event on 21 May. • Our Summer raffle is due to be drawn on 5 July 2023 – to coincide with NHS 75th anniversary – proceeds to our Stroke & Neurosciences Campaign – tickets available through the Charity Office • Plans are in preparation for events to celebrate and thank our donors associated with the opening of the NANOC • Our Stroke team will be presenting at the AGM in October, to promote the Stroke & Neurosciences Campaign and the plans for introduction of stroke thrombectomy

2 Conclusions/Outcome/Next steps

The next meeting of the Committee is scheduled for 10 May 2023 and will be held at Cromer Hospital. The Committee has specifically requested to receive proposals from the Estates Team regarding 'welcome signs' at the hospital entrances which serve to aid wayfinding but also to promote the Charity.

We are anticipating a grant application from Oncology/Haematology with regard to service expansion, not least at Cromer. The Committee has indicated that it is willing to consider this between scheduled meetings and this may need to come to the Board for approval, depending on the size of the scheme proposed.

Recommendation: The Corporate Trustee is recommended to:

- **note** the work of its Charitable Funds Committee
- **ratify** approvals made by the Committee for the Plan on a Page and draft budget 2023/24, with associated variation to the Charity Financial Strategy.

Plan on a page:

PLAN AND AMBITIONS FOR 2023/24

1. Financial	**Income target:** £3.5m (*then per Financial Strategy 2024/25 £5.0m; 2025/26 £5.0m; 2026/27 £5.0m)*
	Expenditure target: £4.7m (*then anticipate 2024/25 £4.3m; 2025/26 £4.2m; 2026/27 £4.2m*)
	Legacy Target: >15 notifications
	VFM: 9:1 ratio (at least 90p in each pound of expenditure is spent on charitable activities)
2. Major grant funding areas	A. N&N Orthopaedic Centre - £2m approved
	B. Jenny Lind Theatres - £100k approved
	C. Shelter for NNUH Charity Cafe
	D. Oncology/Haematology service expansion
	E. Finalise Boudicca Unit estates work
	F. Additional staff & public rest/catering facilities associated with NANOC
3. Significant projects	A. Install second NNUH mobile catering unit for NANOC opening
	B. New CRM (donor management) and accounting software
	C. Website implementation
	D. Develop Cromer Charity Hub & research base
	E. NANOC Donor Recognition
	F. Establish Alumni network (as per Communications Strategy)
	G. DAC catering tender
4. Fundraising & Income Generation Foci	A. Imaging Appeal for Diagnostic & Assessment Centre and Stroke Thrombectomy
	B. Jenny Lind Children's Hospital - parental accommodation
	C. Continuation of Ophthalmology – (NNUH, CNEC, Cromer), NANOC, Voice and Boudicca campaigns
	D. Cromer Hospital – Oncology & Haematology & Renal
	E. Research
	F. Fundraising Strategy - targeted grant applications x 12; events for corporate partners x 3; donor events associated with NANOC & JLCH
	G. Raffles x 2 – for NHS@75 (July) and Christmas Campaign
	H. Alternative income streams – trading – additional NNUH café
5. Governance & Infrastructure	A. Major events: NANOC opening; JLCH Theatres commissioning; NHS@75; Carols by Candlelight
	B. Implement, as approved, improved CRM & Accounting software
	C. Generate plans for further growth & 'right-size' & capability Charity Team - NHS charities financial comparison dashboard 2021 | Tableau Public
	D. Review of sub-strategies/action plans (Legacy, Comms, Fundraising & Finance)
	E. Build on 250th events/relationships – N&N Festival, Norwich School, business donors

Agreed by CFC March 2023