

Schedule of Development and Assurance Visits

02 April 2025

NB: formal Board meeting starts at 9.30am – please ensure you arrive at the Boardroom in time for a prompt start

There will be a pre meet in the boardroom at 08:30am, Mr Nigel Roberts will meet everyone at the boardroom and walk you down to East Block Level 1

This Months visits are all linked to pathology.

Not on Visits: Dr Sarkar

Pathology Clinical	Pathology Administration	Pathology Biochemistry
Alex Chris Nikki Julian	Janice Rachael Jo Sarah Claire	Bernard Sandra Phil Tom
Meeting who: Dr Lyall Clinical Chief of Service	Meeting who: Mr Roberts Service Operations Manager	Meeting who: Dr Chipchase Clinical Lead

Development & Assurance

- This programme of visits is intended to support Board Development – to provide insight into the reality of life in the Trust. They are not supposed to be too ‘staged’ and visits are deliberately quite short, to avoid causing too much operational interruption.
- The Board has recognised that one of the valuable outputs from these visits is that it provides an opportunity for executive and non-executive directors to do something together – and to be seen doing so – as part of a unitary board.
- Whilst these visits are an opportunity to cross-reference and gain first-hand assurance, they are not intended as ‘inspections’. They are an opportunity to offer support and say ‘thankyou’.

Prompts or questions:

It may be helpful to ask:

- What are you most proud of about this area/your team and service?
- Can you give a recent example of something that has changed and improved in response to patient or staff experience (feedback, incident or complaint)?
- What is good about the Trust and what can be improved?
- Other factors to be mindful of – first impressions, does the area appear clean, well-organised and welcoming?

Meeting of the Trust Board in Public

04 June 2025

To be held: 09.30 to 12.00 on **04 June 2025**

Venue: NNUH boardroom and Microsoft Teams

Agenda

	Item	Timing	Lead	Purpose
0	Clinical/Departmental Visits –attend boardroom for brief, Visit will be to pharmacy and pathology	08:40-09.15		
0	Patient Experience Story	09.30- 10.00	SH	Information
1.	- Apologies & Declarations of Interest – - Reflections on Clinical/Departmental Visits	10.00-10.15	Chair	Information/ Discussion
2.	Minutes of the Board meetings held in public on 06.11.2025 02.04.2025		Chair	Approval
3.	Matters arising and update on actions		Chair	Discussion
4.	Group Chair Update - Verbal	10.15-10.25	MF	Information
5.	Group Chief Executive's report	10.25-10.35	LD	Information
6.	Interim Executive Managing Directors Report	10.35-10.45	TB	Information
7.	Corporate Risk Register and presentation	10.45-11.00	PD	Information
8.	Finance Finance report YTD Business cases for approval; Robotics OBC	11.00-11.20	MT	Information Approval
9.	Performance Report including IPR	11.20-11.30	CC	Information
10.	IPR – Workforce data	11.30-11.40	SG	Information
11.	IPR – Quality, Safety and Patient Experience data	11.40- 11.50	RC/BB	Information
12.	Reports for Information and Assurance from Sub Committees:			
	(a) Quality and Safety Committee	11.50-12.00	CF	Discussion
	(b) Finance, Investments and Performance Committee - Verbal update with formal paper to follow.		NG	
13.	Questions from members of the public		Chair	

* Background 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 11 September 2025 in the Boardroom of the Norfolk and Norwich University Hospital

REPORT TO TRUST BOARD					
Date	Wed 4 June 2025				
Title	Valuing Volunteering - experiences of volunteering and patient care				
Author & Exec Lead	Sally Dyson, Voluntary Services Manager, Louise Willimott, Inpatient Volunteer Project Coordinator, Sarah Higson, Associate Director of Patient Engagement and Experience for Rachael Cocker, 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:		Outcome:		

1 Background/Context

- 1.1 Listening to people's experiences and 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. This is true for hearing from patients, Cares, staff – and Volunteers.
- 1.2 02-08 June is Volunteers' Week and the stories shared this month focus on the experiences of one of our patients alongside our ward-based volunteers. The story looks at the journey into volunteering through ill health and how volunteers support others through lived experience with the same or similar conditions. Volunteering demonstrates there is 'something for everyone' and peoples lived and life experiences are a driving force behind their motivation to volunteer and give their time freely to the NNUH.

1.3 Andy is one of our three 'Expert by Experience' volunteers on Kilverstone Ward. Andy's story demonstrates how his volunteer role in Cardiology draws upon his lived experience from when he had triple bypass surgery at Papworth back in 2020, having first spent four weeks on Kilverstone ward that January. He in turn has visited a gentleman (Stephen) who is currently an inpatient on Kilverstone following a heart attack, taking the first steps on his recovery journey as he waits for a date for surgery at Papworth Hospital.

2 **Key issues, risks and actions**

2.1 **Key learning/actions:**

- Volunteering can bring a holistic offering to the care of our patients, utilising life skills and own experiences to support our patients and staff.
- Volunteering can be beneficial in so many ways.
- **Volunteering (Andy's story) illustrates the following benefits:**
 - Opportunity to give back following care received
 - Enriches the diversity of our organisation
 - Provides sense of purpose and value to the retiree
 - Aids social participation
 - Provides cognitive benefits

Stephen's (the patient) story illustrates the following benefits:

- Holistic offering is of huge benefit to patients and gives peace of mind where lived experience reflects their own journey
- Brings personalised knowledge and experience to the organisation which cannot be replicated by staff
- Demonstrates to the patient that there is life after their procedure and support available, with opportunities to utilise their experience for the good of others.

- Recruitment for Trust volunteers rightly focuses on ensuring our voluntary services can continue to provide roles that meet the requirements of all prospective volunteer recruits and enhance patient, carer, staff and volunteer experiences by best and most productive match of lived experience and transferable skills.

3 **Conclusions/Outcome/Next steps**

- 3.1 The experiences shared in this story have provided valuable learning.
- 3.2 Demonstrates the need to continue to invest and support our voluntary services who provide vital support to our Trust.
- 3.3 Demonstrates the need to develop innovate voluntary roles to support the services our Trust provides and the needs of our patients and carers.
- 3.4 People's lived experiences can be hugely beneficial across Volunteer roles and for patients with similar conditions.

Recommendations:

The Board is asked to listen to and reflect on the stories presented, using that information to inform future strategies and improvement plans suggested.

Brief outline of the “story”	
<u>Andy’s story</u> – Volunteer with lived experience	
Andy spent four weeks on Kilverstone ward in January 2020 before being transferred to Papworth to undergo triple bypass surgery, and after this experience wanted to give back something back as a thank you for the excellent care he received. Andy fully retired from employment in 2024 and after a chance meeting with a staff member at the NNUH, decided to apply to be a volunteer. After attending the induction and looking at the various roles available, he felt that offering his experience to patients who were preparing themselves to go on a similar journey would be a great fit. He has now been visiting Kilverstone ward for a year, and with the support of the staff is finding it very fulfilling- speaking to patients pre their Papworth operation and hopefully allaying any fears or apprehensions they might have. During his time as an inpatient, he realised firsthand the importance of keeping up morale. Fortunately, he has a great sense of humour and often utilises this on the ward, engaging with people easily and helping to improve their mood, reducing anxiety and offering a brief respite from the boredom that waiting for a confirmed Papworth date can bring!	
<u>Stephen’s story</u> – Patient perspective	
Stephen is currently an inpatient on Kilverstone ward. He was admitted after a heart attack and has been in the hospital for just over three weeks. During his time on the ward, he has had the opportunity to chat with two of three our ‘Expert by Experience’ volunteers on Kilverstone ward, Andy and Bernie, about their own cardiology journeys and reflects on the difference this has made to his experience.	
What “point” it is trying to convey	
The benefits to patients, carers, volunteers and the wider Trust from volunteering. • Volunteering (Andy’s story) illustrates the following benefits: - Opportunity to give back following care received - Enriches the diversity of our organisation - Provides sense of purpose and value to the retiree - Aids social participation - Provides cognitive benefits	

Stephen’s story illustrates the following benefits:

- Holistic offering is of huge benefit to patients and gives peace of mind where lived experience reflects their own journey
- Brings personalised knowledge and experience to the organisation which cannot be replicated by staff
- Demonstrates to the patient that there is life after their procedure and support available, with opportunities to utilise their experience for the good of others.

Who will be “speaking”

Patient	Stephen
Staff	Andy (volunteer), Louise Willimott, Volunteer Coordinator

Time allocation for each element

Lou’s intro to volunteers’ week & volunteers	5 minutes
Andy’s story (Volunteer)	7 minutes
Stephen’s story (Inpatient)	3 minutes
Questions	5 mins

REPORT TO TRUST BOARD		
Date	04 June 2025	
Title	Chief Executive Monthly Report to Public Board	
Author & Exec Lead	Professor Lesley Dwyer, Chief Executive	
Purpose	For Information	
Relevant Strategic Commitment	1. Together, we will develop services so that everyone has the best experience of care and treatment 2. Together, we will support each other to be the best we can be, to be valued and proud of our hospital for all. 3. Together, we will join up services to improve the health and wellbeing of our diverse communities 4. Together, we will provide nationally recognised, clinically led services that are high quality, safe and based on evidence and research 5. Together, we will use public money to maximum effect.	
Background/Context The purpose of this report is to briefly cover matters that are not addressed elsewhere within the Board papers of additional activities being undertaken by the organisation.		
1. Introduction 2. National Picture 3. Local Picture 4. Communication Reset 5. Group Transition Arrangements 6. Group Appointments 7. Major Projects Review and Reset 8.		
Recommendations: The Board is recommended to note the content of this report for information		

1. Introduction

I have been in the role just over 4 weeks and have managed to visit each site – whilst providing leave cover here at the NNUH. During this period with minimal executive appointments, we have been undertaking our own due diligence at each Trust and at a Group level as well as determining the next 90-day priorities.

I would normally cover in this report items that do not form part of the agenda but rather give an update as to the priorities of the Group, update on progress against priorities as well as to provide a contextual report that framed the discussions at the first Special Purposes Joint Committee held on the 29th of May 2025.

2. National picture

Ten Year Plan

We still await publication of the Ten-Year Plan, with the current estimated date to be June 2025. It is anticipated that the plan will set out more detail the wider system architecture and clarify the role and accountabilities of trusts, systems and the centre. Currently it is still unclear how functions will change, especially those held by neighbourhood teams, place-based partnerships, primary care at scale, trusts and integrated care partnerships (ICPs). However, some interesting work is underway to define a 'model region' which should help bring this to life.

NHS England has confirmed that the plan will set out a new operating model that is "rules-based, provides earned autonomy and incentivises good financial and operational performance".

It seems likely that the changes are likely to require primary legislation and therefore will probably be in place from 26/27 onwards.

VSM Pay framework

NHSE has now published this which is designed to help trusts manage the salaries of their most senior roles. The stated aim is to ensure fairness, consistency and transparency across very senior pay. A report on this and the potential implications for our Group will be taken to a meeting of the Remuneration Committees in Common in June. However, key points include:

- The framework applies to chief executives, directors that report to chief executives, and all other designated VSMs in ICBs, NHS trusts and NHS foundation trusts and aims to standardise remuneration for VSMs within and across these organisations. For VSMs in provider trusts, remuneration is based on turnover.
- The framework is effective from 1 April 2025 but is not expected to be applied retrospectively. VSMs already in post, who earn above the revised pay band, are not expected to have their salaries reduced to meet the framework's parameters.
- Compliance with the framework is not mandatory, but all organisations are expected to comply or explain why not in their annual reports. All salaries above £170,000 will require central approval from NHSE and in some cases this may also involve DHSC.

- A pay premium of up to 10% of one's base salary may be awarded if a VSM takes on additional responsibilities, works across multiple organisations, or performs exceptionally well.
- The annual pay award may be withheld for a VSM if they are subject to internal performance management processes (conduct or capability) and/or fail to meet appraisal objectives.
- Annual pay awards will be withheld for all VSMs of organisations in segment 5 (see below) and the recovery support programme under the NPAF, unless they have been in role for less than two years. There will be a 15% salary incentive for a period of up to 24 months for VSMs moving to challenged organisations.

The framework should be taken into account in setting VSM pay, but it is important to remember that Remuneration Committees remain responsible for setting the pay of VSMs. For our Group this will continue to be the Remuneration Committees in Common.

NHS Performance Assessment Framework (NPAF)

This framework is currently out for consultation. It aims to assess each organisation against an agreed set of performance metrics. Each ICB and provider is placed in a segment from 1 to 4 based on its performance against short- and medium-term NHS priorities. It is proposed that there will be an additional segment 5 for those in most need of support.

At the end of Month 1, all three Trusts were behind in the delivery of their Operational Plans and following Month 2 we will meet with the Regional Team to determine what support we require to deliver.

All 3 Trusts are currently supported by Hunter Health as part of the Investigation and Intervention regime. More detail for the NNUH will be provided in the Finance agenda item at the meeting.

3. Local picture

The first iteration of the Model ICB Blueprint is an important first step towards greater clarity of system working. It reiterates the system leadership role ICBs have as strategic commissioners, working to improve population health, reduce inequalities and improve access to more consistently high-quality care. It also introduces new 'neighbourhood health providers', which will sit between ICBs and neighbourhoods in driving delivery of a neighbourhood health service. This latter point is likely to feature heavily in the ten year plan which will hopefully provide more detail on this matter.

In the meantime, ICBs are required to reduce their running costs by approximately 50% by December 2025. Locally, the East of England ICBs see a strategic opportunity for improving outcomes by aligning ICB boundaries with Local Authority boundaries, particularly the new Mayoral Authority boundaries. They also recognise that they may not be viable as stand-alone organisations. As a result in our part of the region, we will be working towards creating a Norfolk and Suffolk ICB and a Greater Essex ICB. National direction is to cluster ICBs in the first instance ahead of mergers by 1 April 2026 (or by 1 April 2027 if more time is needed).

The Committee will be aware that as a first step the Norfolk and Suffolk ICBs have already 'clustered' and are implementing a (interim) single senior management structure as part of this. It is important that the new hospital group has early engagement with the ICBs during this transition phase and plays a major role in shaping the future arrangements. The new interim Chief Executive of the Norfolk / Suffolk ICB has already reached out to us to start this conversation.

Finally, I hope the NNUH Board will have seen the news that the ICB has just announced to keep the Norwich Walk In Centre open. This is important as potentially its closure could have led to a significant increase in activity at NNUH.

4. Communications reset

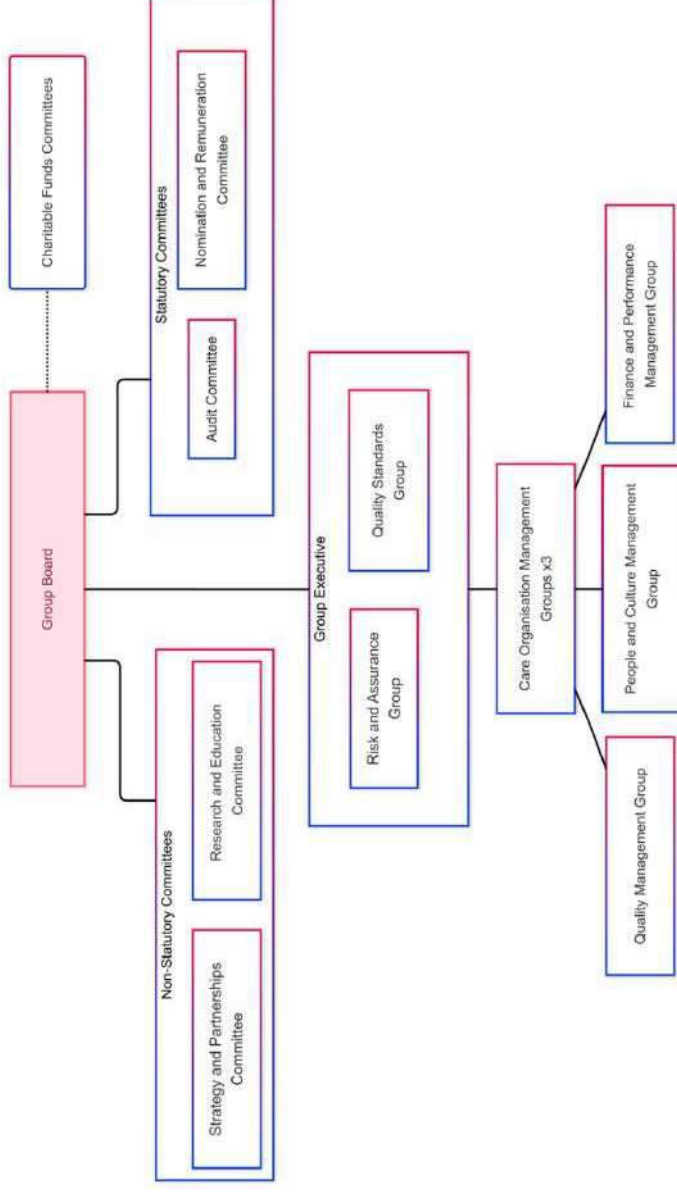
Following the decisions around establishing the hospital group and the initial appointments, it is now time for a reset of our communications activity. I recognise that to date this has largely been a transactional and "on transmit" approach to provide information about the changes. However, it is now time for a more proactive and two-way communications plan. We are getting some specialist support to help us develop this plan over the next few weeks and as part of this we will look to set out the broad aims and vision of our group and the individual hospitals.

In addition to this the Interim Group Chair and myself will be undertaking another round of stakeholder engagement, which includes attending the Health and Oversight Scrutiny Committee on 3rd July.

5. Group transition arrangements

One of the key roles of the SPJC is to oversee the transition to 'full group' working. Currently this is anticipated to be achieved by no later than October 2025. There are many components to this, and the initial work programme is set out in the 90 day plan.

One of the key elements is the development of a more mature risk management system to underpin the assurance function. The initial thoughts on this were set out in the Group Operating Model which the Trust Boards have considered over recent months. The team have done some further work on this and the proposed arrangements for October onwards are set out below:



Central to the new ways of working is the move away from assurance committees to an enhanced Audit Committee – which could probably be more accurately described as an Audit and Risk Assurance Committee. This will be where Non-Executive Directors are able to undertake an assessment of risks and the effectiveness of their controls and where appropriate undertake deep dives against any of these.

To achieve this change, the Executive Directors and their senior management teams need to have the capability of moving into more of an assurance role to satisfy themselves that their particular risks are being managed effectively and where necessary there is appropriate escalation to the Group level. This is new territory for many of us and it will be important that sufficient development time is given for this change to take place. As part of this it is proposed that in the September cycle of assurance committees at each hospital, the relevant executive director chairs the meeting. They will need some help to do this, and we will be asking the respective committee chairs to mentor the executives prior to and after the meeting.

I have also sought advice as to support from external parties in shifting the current Trust committees of the Executive to those that will enable a risk-based assurance approach by which to report to the SPJC and post October to the Group Board.

The Interim Chair has already begun to undertake discussions around a corresponding development plan for non-executive directors. There is also a Governor development group which the NNUH Chair is leading.

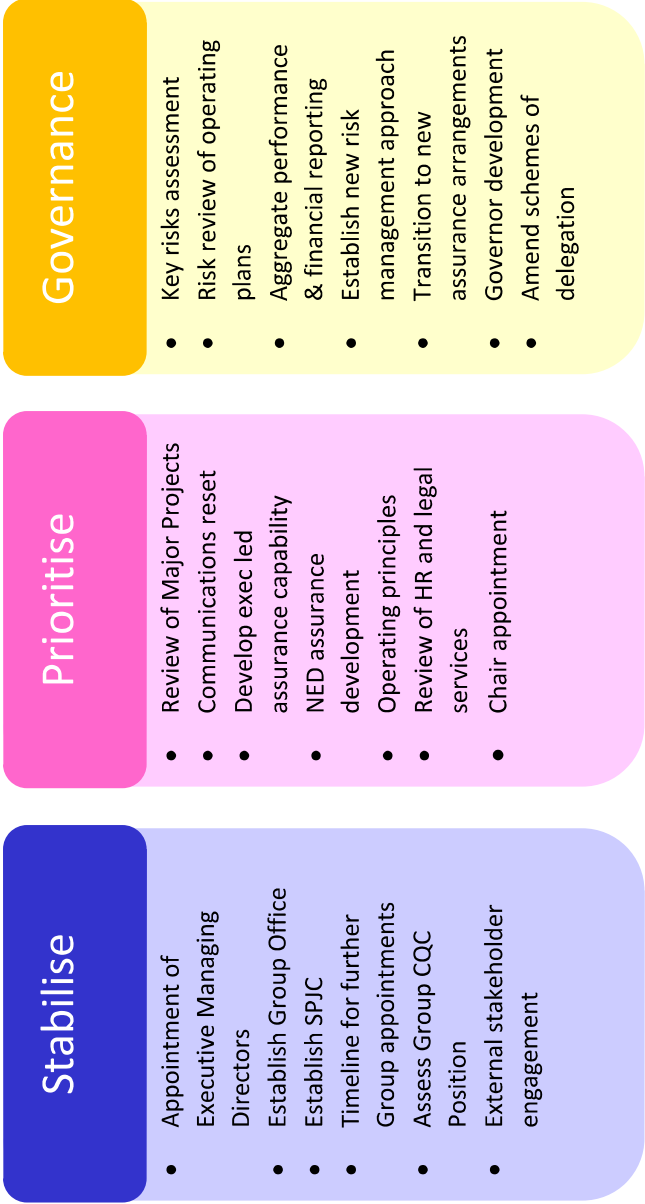
As we develop these plans for this transition, we will have further discussion at both the SPJC and the Trust Boards. For the avoidance of doubt, the individual Trust Boards and their assurance committees will continue to meet as normal over June and July, with transition to the executive committees over August and September – supported by the NEDs and reporting to individual Trusts then from October to the Group Board.

90 Day Plan

I have been consistent in my view that this first 3 – 6 months is to support the operational delivery of each of the Trust’s plans and not distract from delivery of the key priorities we have.

However, there is still much that needs to be done in transitioning to the changed governance as a Group. We have developed a 90-day plan to help focus priorities for the Group. We do not have the bandwidth to do everything at once, and it is appreciated at Group level, that each Trust and the teams at each site need to deliver care to patients and improve performance.

The Group Executive team have agreed 3 objectives:



6. Group appointments

I was able to confirm the appointment of the Interim Executive Hospital Managing Director for the Queen Elizabeth Hospital- Chris Bown. This will complete the appointment of the interim Managing Directors at all the hospitals and together represents a significant injection of new senior leadership talent into the group.

There now needs to be a short period of stabilisation and we will need to prioritise the substantive Managing Directors, Group Chief Medical Officer and Group Chief Nurse during this period.

I am pleased to say that the triumvirates of current executives have worked well to select representatives to join this Committee in the meantime.

7. Major projects Review and reset

The Group Executive undertook an initial stocktake of the key major projects currently being delivered across the group. These are the two New Hospital Programmes, the Electronic Patient Record, Acute Clinical Strategy and a proposal to consolidate the three digital teams (known as the 'Digital Target Operating Model').

I will be able to provide further information in the Private Board as to our next steps following this review.

REPORT TO THE BOARD				
Date	04 th June 2025			
Title	Corporate Risk Register and Risk Management Training Refinement			
Author & Exec Lead	Perry Djahit – Head of Risk Management			
Purpose	For Information			
Relevant Strategic Commitment	1 Together, we will develop services so that everyone has the best experience of care and treatment 2 Together, we will support each other to be the best we can be, to be valued and proud of our hospital for all. 3 Together, we will join up services to improve the health and wellbeing of our diverse communities 4 Together, we will provide nationally recognised, clinically led services that are high quality, safe and based on evidence and research 5 Together, we will use public money to maximum effect.			
Are there any quality, operational, workforce and financial implications of the decision requested by this report? If so explain where these are/will be addressed.	Quality	Yes ☐ No ☒	Outcome/decision/changes made:	
	Operational	Yes ☐ No ☒		
	Workforce	Yes ☐ No ☒		
	Financial	Yes ☐ No ☒		
Identify which Committee/Board/Group has reviewed this document:				
1 <u>Background/Context</u> This report provides an overview of the corporate risk register, as well as a condensed version of a training package, designed for senior leadership within the organisation. 2 <u>Key issues, risks and actions</u> There are currently 41 high scoring risks (risk scoring 15+) which are regularly reviewed by relevant management teams across the organisation. The organisation is currently transitioning from our existing Risk Management Information System (Datix) to InPhase. As part of this process, a robust reviewing, moderation and consolidation of risks is taking place.				

The slides included in the pack are a selection taken from an updated package being produced, aimed at senior leaders within the organisation. The slides set out the purpose of the risk management function and its role as a 2nd line of defence, as well as an approach to control effectiveness ratings which will support the understanding of risk, assurance and reporting within and up outside of the site.

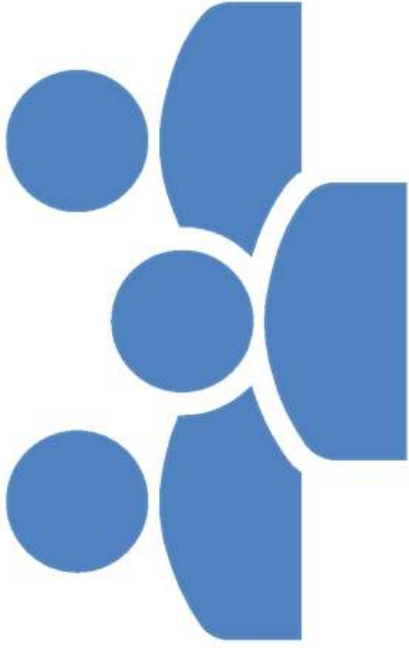
3 Conclusions/Outcome/Next steps

The report provides an overview of the CRR as it currently stands. This will change significantly as we transition from Datix to InPhase and as the CG Leadership Teams embed.

The training package will further enhance the understanding of risk, risk management and our maturing approach to control and assurance.

Recommendations: The Committee is recommended to:

- Note the content of the paper, taking into account the transition from one digital system to another
- Review the training slides and take assurance that this package of training will support improved risk management



Perry Djahit
Head of Risk Management (NNUH)
2025

Risk Management for Senior Managers

Why Risk Management Matters in the NHS

Risk management **creates** and **protects value**. It contributes to the **achievement of objectives** and the improvement of performance. It also encourages innovation (ISO31000:2018).



Promotes safer, better care for patients



Supports CQC and regulatory compliance



Protects staff, reputation, and resources



Enables confident, risk-informed Decisions

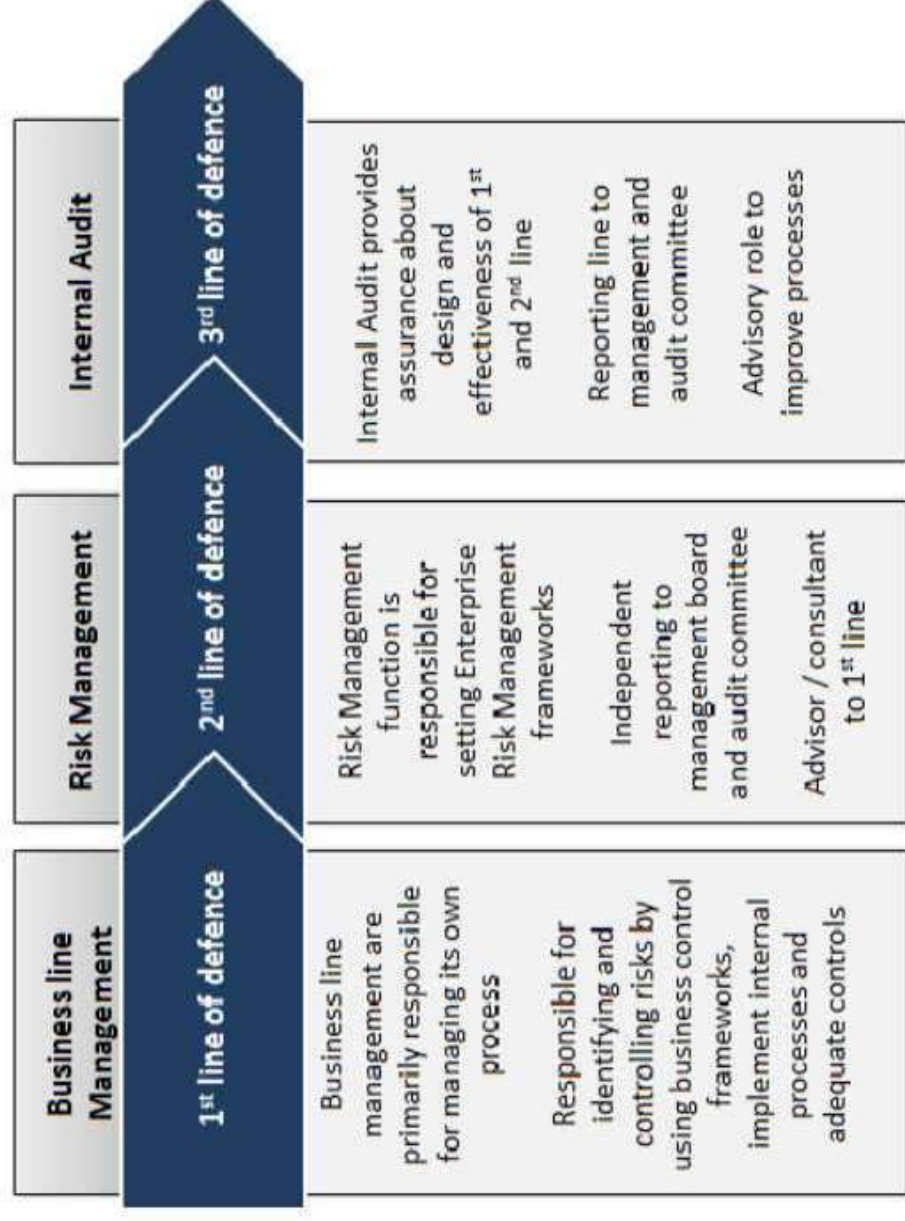


Strengthens organisational resilience by preparing for disruption, anticipating and adapting to change

Risk Management Teams' Purpose

The purpose of the Risk Management function is to:

- Provide support to management in their identification and management of risk
- Ensure the Risk Management Policy is embedded
- Serve as a second line of defence (figure one below)



Risk Management Team Activities

A Risk Management Team undertakes the following activities amongst other things:

- Facilitation of scheduled risk profile reviews (e.g. workshops with Care Groups and specialist / corporate areas)
- Routine reporting of current and emerging risks to Assurance Committees and The Board
- Routinely facilitate risk assessments with Management and Executives
- Undertake control testing and reporting of critical risks
- Conduct regular evaluation of the risk framework, maturity, culture and appetite
- Deliver a risk awareness programme and training
- Maintain and enhance the Risk Management Information System

Risk Management Documents

There are 2 core documents for which the Risk Management Team are responsible and contain detail of our risk management approach:

Risk Management Strategy

Outlines the structure, approach and organisational direction toward risk management, as well as the continual improvement plan.

Risk Management Policy

Outlines the overall process for risk management, includes key principles of the framework, responsibilities of staff and step by step guidance or risk management.

Leadership Commitment

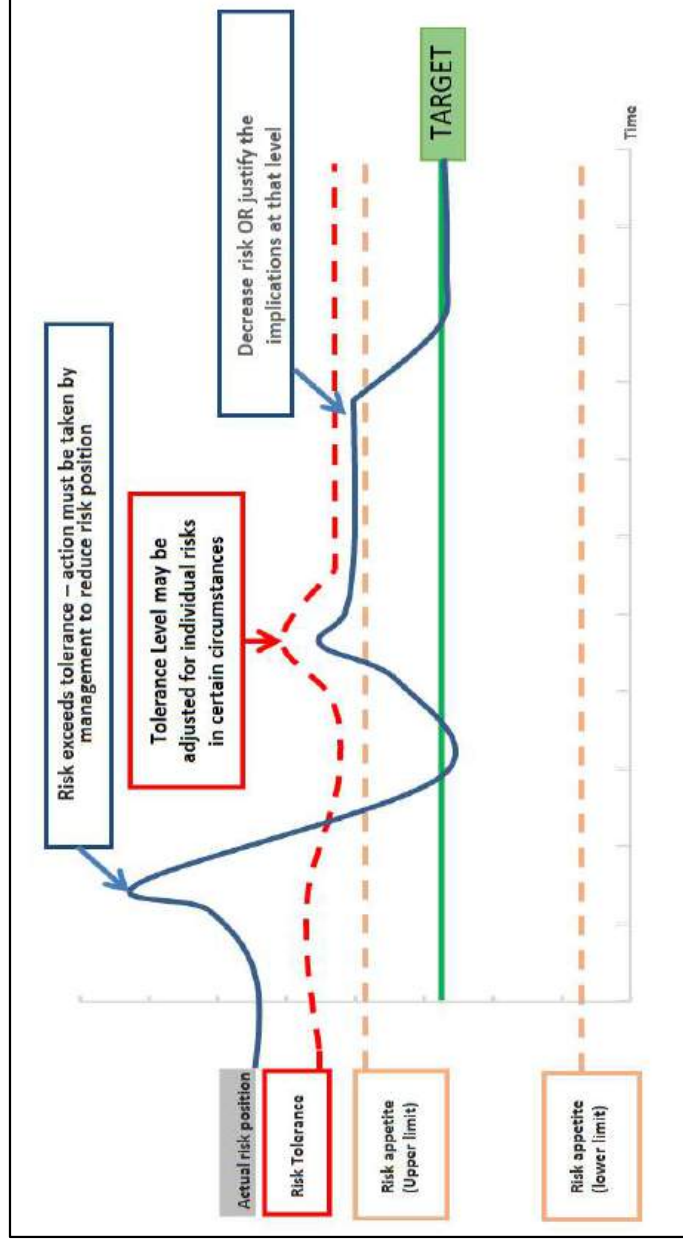
The Senior Leadership Team are committed to maintaining effective risk management, and to reinforcing the behaviours of a positive risk culture.

The Team recognises that effective risk management is essential to achieving the organisation's strategic and operational objectives. Beyond supporting objective delivery, robust risk management protects and enhances organisational value by enabling the identification and pursuit of opportunities, while safeguarding our staff, patients, assets, reputation, and long-term financial sustainability.

In order to deliver these ambitions, a proactive, holistic approach to risk management both clinical and non-clinical is required from management and staff all across the organisation.

Risk Appetite

The organisation has a clear risk appetite statement that sets out the level of risk in certain domains that the organisation is willing to accept, and how much tolerance there is for risks that exceed that threshold.



Risk Management Process

Risk Management is the “...coordinated activities to direct and control an organisation with regard to risk” – ISO 31000

Components:

Establish Context – Define what we do and what our objectives are

Risk identification – What might happen to affect the achievement of those objectives?

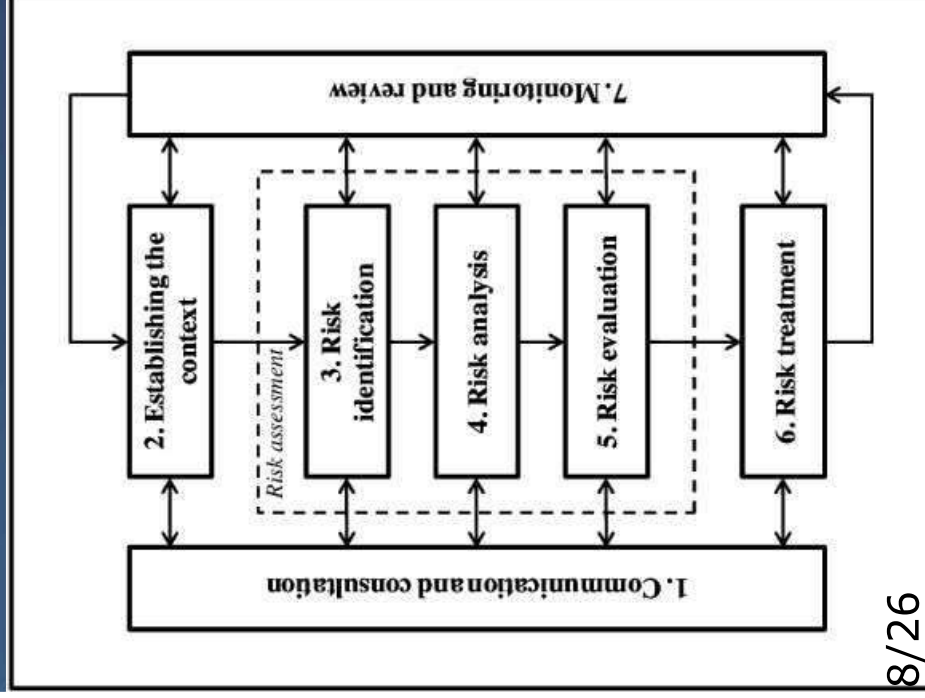
Risk analysis – Understand consequence and likelihood.

Risk evaluation – Compare against criteria to determine significance.

Risk treatment – Choose and implement options to reduce, accept, transfer, or avoid.

Monitoring and review – Track performance, detect change, and reassess risks.

Communication and Consultation – Document decisions, rationale, and actions.



What is a Risk?

“The effect of uncertainty on objectives” – ISO 31000

or,

“An uncertain event or set of events, which should it occur, will have an effect upon (i.e. threaten) the achievement of objectives”

Components:

- Cause: Why it might happen

- Event: What might happen

- Consequence: The impact if it does

Risk needs all 3 components

Strategic vs Operational

Strategic Risk

- Risks that **could** impact the organisation's ability to achieve its long-term **goals** and strategic **objectives**.
- Often linked to decisions at Board or executive level.

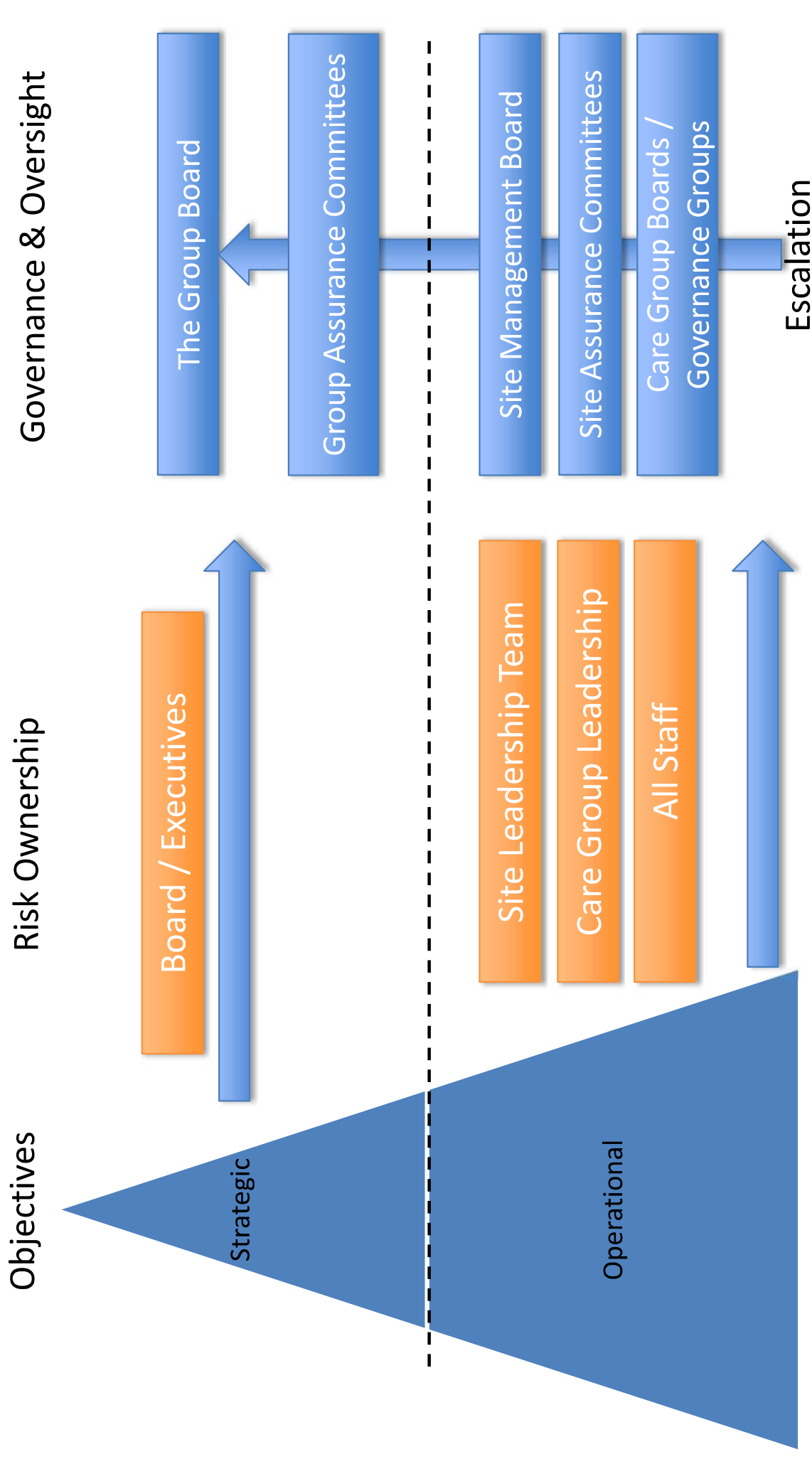
Examples: shifts in policy, major investment, strategic partnerships, market changes, damage to reputation.

Operational Risk

- Risks that **may** affect the **day-to-day operations** of the organisation.
- Typically arise from processes, people, infrastructure or external events.

Examples: IT system failures, staff shortages, non-compliance with procedures, supply chain disruption.

Strategic vs Operational Risk Ownership



Chronic Vs Acute Risk

Chronic Risk - Strategic in nature:

A long-term, persistent risk that develops gradually and can erode an organisation's performance, resilience, or ability to meet objectives, e.g.:

- Persistent staff shortages, ageing infrastructure, rising demand.
- Often scored highly due to sustained impact.
- Managed strategically (e.g. via long-term planning / strategy).
- Needs sustained action, not emergency / incident response.

Evidence of risk seen in persistent vacancies, poor performance, backlog maintenance, aging infrastructure and digital assets

Chronic Vs Acute Risk

Acute Risk – Operational in nature:

A sudden, high-impact event that requires immediate response to protect safety, operations, or reputation, e.g.:

- Cyberattack, major IT outage, disease outbreak, industrial action.
- Often triggers incident response or business continuity plans.
- Short proximity, immediate impact.
- Focused on urgent mitigation and recovery.

Evidence of risk seen in incident reports, audits, complaints and other event records.

Risk vs Issue

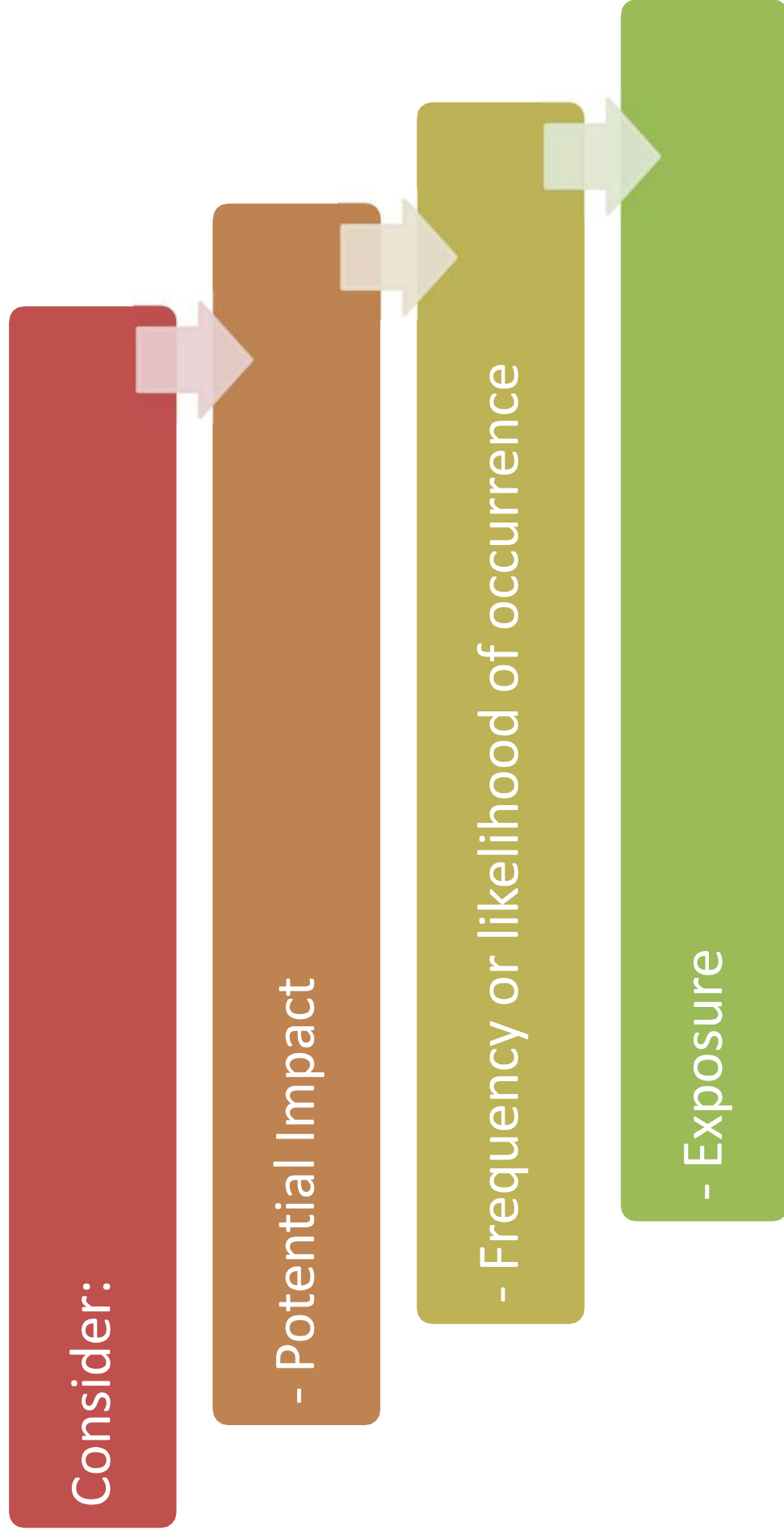
Risk:

- - **May** happen
- - **Could** happen
- - Uncertain
- - Can plan for
- - Managed via risk register

Issue:

- - Something that **is** (happening)
- - **Certain**
- - Must act now
- - Managed via issue log or response plan if an ongoing incident

How to Assess a Risk



How to Assess a Risk

Exposure & Proximity

Proximity relates to the **expected timeframe** in which the risk is **likely to materialise**. The shorter the proximity, the more immediate the need for action.

Close Proximity Example

Risk: Industrial action by junior doctors scheduled next week

Why it's close proximity: The event is imminent, with a confirmed date (timebound).

Impact: Immediate disruption to elective care, outpatient clinics, and rota coverage.

Action needed: Activate business continuity plans, communicate with patients, reallocate staff.

Exposure: High if cover is not in place, especially in emergency and maternity services.

How to Assess a Risk

Exposure & Proximity

Longer-Term Risk Example

Risk: *Aging medical equipment across radiology services*

- **Why it's longer-term:** Equipment is still functioning, but there's a clear trajectory of deterioration and increasing repair frequency.
- **Impact:** Delays in diagnostics, increased maintenance costs, potential safety incidents.
- **Action needed:** Strategic capital investment plan, inclusion in risk register, potential bid for national funding.
- **Exposure:** Medium to high, growing over time — depends on contingency and maintenance strategy.

What is a Control?

ISO 31000:2018 defines a control as:

"A measure that modifies risk."

This includes any process, policy, device, practice, or other actions which are designed to alter risk, typically by reducing the likelihood or consequence of a risk event.

Controls do not eliminate risk entirely but modify it. i.e. the risk will typically still exist but to a lesser extent with the control applied.

They may be **preventive**, **detective**, or **corrective** in nature.

Examples include training, access restrictions, alarms, audits, and engineering controls.

How much control?

The standard also notes that:

"Controls may not always exert the intended or assumed modifying effect."

This underscores the importance of evaluating **control effectiveness**, which is also a key principle in ISO 31000 aligned risk management framework ISO 31010:2019 – Risk Assessment Techniques .

Assessing Control Effectiveness

ISO 31010 notes that when assessing controls, organisations should consider:

Existence – Is the control actually in place?

Design effectiveness – Is it well designed to manage the specific risk?

Operating effectiveness – Is it implemented correctly and working as intended?

Documentation and communication – Is the control documented and understood?

Monitoring – Is it subject to review or audit?

Ask:

- - Are controls clearly defined?
- - Are they being followed?
- - Do they work in practice?
- Document gaps and residual risk

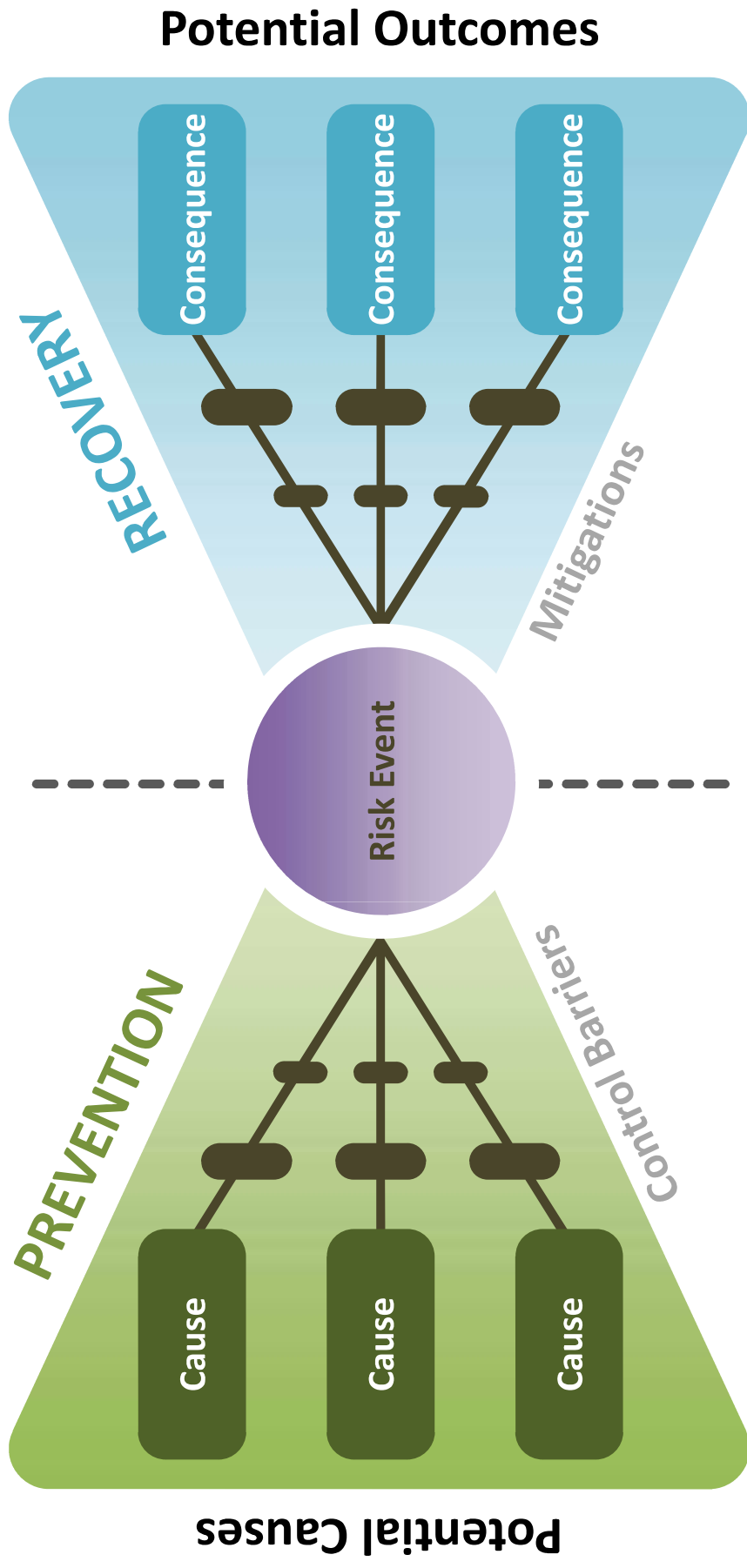
Assessing Control Effectiveness - Rating

Each control should then be assessed and given a 'Control Effectiveness Rating'. A 3 – 5 tier is typically utilised for this:

Rating	Score	Definition
Substantial Control / Substantially Effective	1	Control is well-designed and consistently <u>implemented</u> ; no significant gaps.
Reasonable Control / Reasonably Effective	2	Control is generally reliable; minor improvements may be needed.
Partial Control / Partially Effective	3	Some components work, but there are material weaknesses in either design or execution.
Minimal Control / Minimally Effective	4	Major weaknesses exist; the control provides minimal assurance.
Zero Control	5	No control exists or it is wholly unfit for purpose.

The individual ratings for each control should then be used to provide an aggregated 'Control Effectiveness Rating' for the risk.

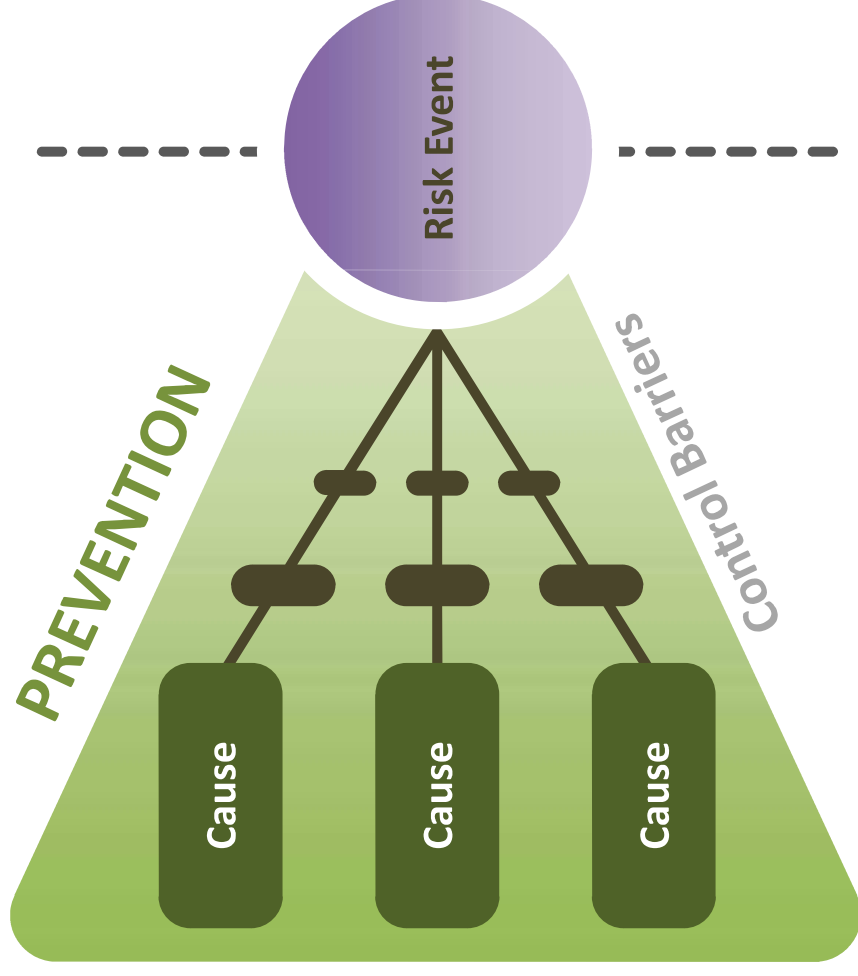
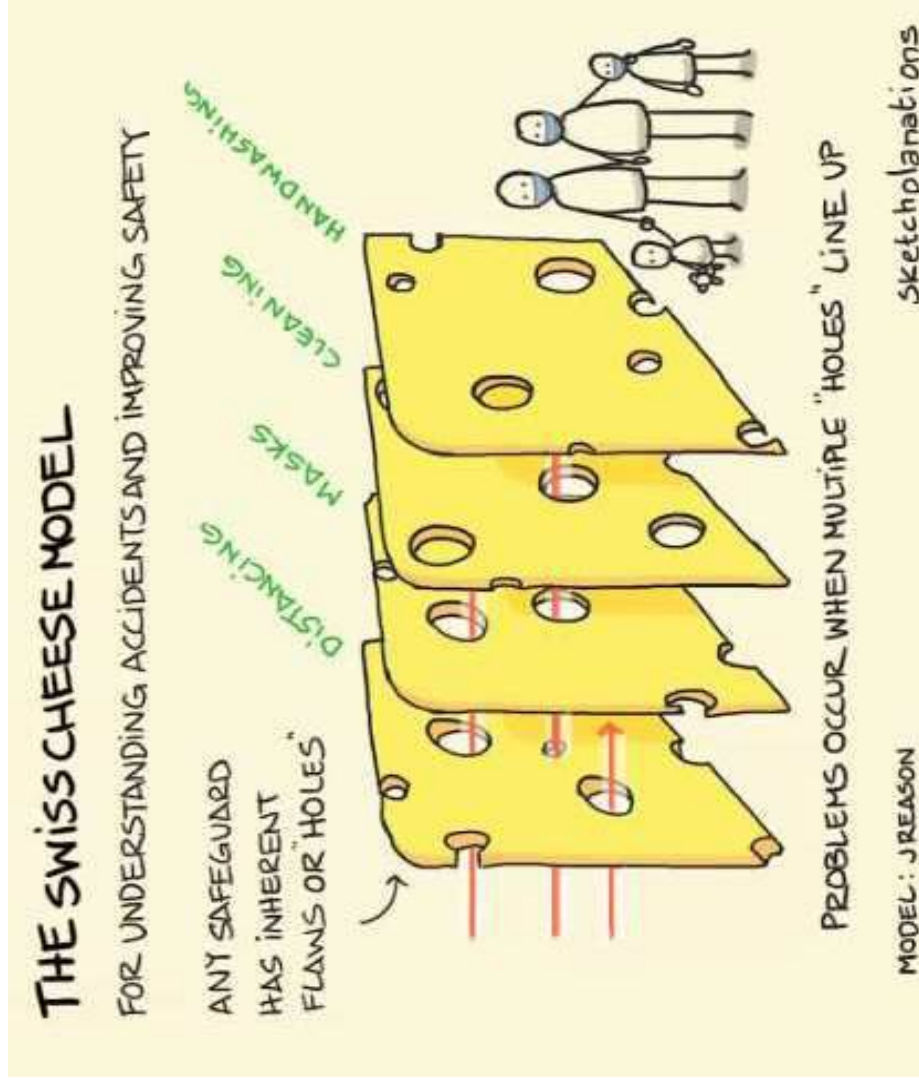
Bowtie Diagram – Example



BEFORE EVENT

AFTER EVENT

The Swiss Cheese and the Bowtie



BEFORE EVENT

Action Planning

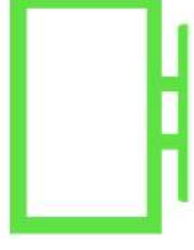
Action plans should:



- Address Control Gaps and Residual Risk



- Be SMART (Specific, Measurable, Achievable, Relevant, Time-bound)



- Be Monitor through: Risk Registers, Committee Oversight and Regular Risk Reviews

Summary – What You Need to Know

- Risk is uncertainty that can impact objectives
- Good controls are layered and tested
- Risks are assessed, not guessed
- Action planning must be purposeful and SMART
- Know the difference between risks and issues
- Know the difference between Strategic and Operational risks

Questions & Discussion

- Thank you, Any Questions?

REPORT TO TRUST BOARD						
Date	4 June 2025					
Title	Month 1 IPR – Finance					
Author & Exec Lead	Marcus Thorman (Chief Finance Officer)					
Purpose	For Information					
Relevant Strategic Commitment	1 Together, we will develop services so that everyone has the best experience of care and treatment 5 Together, we will use public money to maximum effect.					
Are there any quality, operational, workforce and financial implications of the decision requested by this report? If so explain where these are/will be addressed.		Quality	Yes✓ No□	Delivery of the financial plan supports the delivery of operational, quality and workforce plans		
			Yes✓ No□	Delivery of the financial plan supports the delivery of operational, quality and workforce plans		
			Yes✓ No□	Delivery of the financial plan supports the delivery of operational, quality and workforce plans		
			Yes✓ No□	Delivery of the financial plan supports the delivery of operational, quality and workforce plans		
Identify which Committee/Board/Group has reviewed this document:		Board/Committee: HMB and FI&P Committee		Outcome: Report for information only, no decisions required.		
1 <u>Background/Context</u> The Trust operational plan for FY25/26 as outlined in Cycle 3 of the 25/26 planning process is breakeven. Performance is measured against this.						
2 <u>Key issues, risks and actions</u>						
2.1 <u>Summary of Performance</u> April position is a £3.4m deficit on a control total basis, £1.5m adverse to the planned £1.9m deficit. CIP Under delivery is £1.9m and Divisional pay is overspent of £0.3m, of which £0.1m relates to staffing escalation areas. Divisional non pay spend incl. drugs is overspent by £1.3m and activity of £0.2m adverse to plan. This is partially offset by £0.3m of interest income due to higher than planned cash balances and £1.9m of non recurrent risk mitigations and unutilised reserves.						

Activity: Value-based activity performance for April was £0.2m adverse to plan equating to 99% of planned levels. The elective elements were on plan equating to 100%, and other chargeable API (Chemotherapy Delivery and Diagnostic Imaging) activity was £0.2m adverse to plan equating to 87%.

CIP: Year to date CIP delivery is £0.2m against a budgeted plan of £2.1m, an adverse variance of £1.9m, comprised of an adverse planning variance of £1.9m. As at 13th May 2025, the programme consists of £10.6m of Gateway 2 approved schemes. This is £33.1m adverse to the planned £43.7m full year CIP requirement.

Capital Expenditure: Year to date total capital spend is £1.5m, a £3.1m underspend against the planned £4.6m. This is as a result of delivery of scheme milestones running behind plan assumptions across the central, core and IFRS16 lease programme.

Cash: Cash held on 30th April 2025 was £100.3m, £9.5m higher than the FY25/26 submitted forecast due to working capital movements.

3 Conclusions/Outcome/Next steps

Year to date, the Trust has delivered a £3.4m deficit against the planned £1.9m deficit, £1.5m adverse to plan. Forecast Outturn remains Breakeven. The Trust underspent Capital Expenditure by £3.1m for the month. Forecast Outturn for the total capital plan is £78.5m, a £0.6m overspend against the Trust's CDEL allocation of £93.2m.

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

Finance Report

April 2025

04 June 2025

Marcus Thorman, Chief Finance Officer

1. Executive Dashboard

The Trust operational plan for FY25/26 as outlined in Cycle 3 of the 2025/26 planning process is breakeven. Performance is measured against this.

April position is a £3.4m deficit on a control total basis, £1.5m adverse to the planned £1.9m deficit.

CIP Under delivery is £1.9m and Divisional pay is overspent by £0.3m, of which £0.1m relates to staffing escalation areas. Divisional Non-Pay spend incl. drugs is overspent by £1.3m and activity is £0.2m adverse to plan. This is partially offset by £0.3m of interest income due to higher than planned cash balances and £1.9m of non recurrent risk mitigations and unutilised reserves.

Activity: Value-based activity performance for April was £0.2m adverse to plan equating to 99% of planned levels. The elective elements were on plan equating to 100%, and other chargeable API (Chemotherapy Delivery and Diagnostic Imaging) activity was £0.2m adverse to plan equating to 87%.

CIP: Year to date CIP delivery is £0.2m against a budgeted plan of £2.1m, an adverse variance of £1.9m, comprised of an adverse planning variance of £1.9m. As at 13th May 2025, the programme consists of £10.6m of Gateway 2 approved schemes. This is £33.1m adverse to the planned £43.7m full year CIP requirement.

Capital Expenditure: Year to date total capital spend is £1.5m, a £3.1m underspend against the planned £4.6m. This is as a result of delivery of scheme milestones running behind plan assumptions across the central, core and IFRS16 lease programme.

Cash held on 30th April 2025 was £100.3m, £9.5m higher than the FY25/26 submitted forecast due to working capital movements.

	In Month		Year To Date	
	Actual	Variance	Actual	Variance
SOC1				
Clinical Income	£m	£m	£m	£m
	67.8	68.0	67.8	68.0
Other Income	10.9	10.4	10.9	10.4
TOTAL INCOME	78.7	78.4	78.8	78.4
Pay	(49.9)	(50.0)	(49.9)	(50.0)
Non Pay	(22.0)	(20.5)	(22.0)	(20.6)
Drugs (Net Expenditure)	(3.6)	(3.1)	(3.6)	(3.1)
TOTAL EXPENDITURE	(75.5)	(73.6)	(75.5)	(73.6)
Non Opex	(6.6)	(6.8)	(6.6)	(6.8)
Control Total Surplus / (Deficit)	(3.4)	(1.9)	(3.4)	(1.9)
Statutory Surplus / (Deficit)	(2.9)	(1.4)	(2.9)	(1.4)
Other Financial Metrics				
Cash at Bank (before support funding)	£m	£m	£m	£m
	100.3	90.8	100.3	90.8
Capital Programme Expenditure	1.5	4.6	4.6	1.5
CIP Delivery	0.2	2.1	0.2	2.1
Activity Metrics				
Day Case	£m	£m	£m	£m
	5.6	5.7	5.6	5.7
Elective Inpatient	4.4	4.7	4.4	4.7
Outpatients - New & Procedures	5.7	5.4	5.7	5.4
Other Chargeable activity included within API	1.3	1.5	1.3	1.5
TOTAL	17.1	17.3	17.1	17.3

2. Statement of Comprehensive Income

April is £1.5m adverse on a control total basis. The statutory position, which includes peppercorn lease/donated asset depreciation of £0.2m and an adjustment to PFI revenue costs of £0.7m, is a £2.9m deficit, £1.5m adverse to plan. Trust Performance is measured against the Control Total.

	In Month Month 01 - April 2025			Forecast outturn FY 2025/26		
	Actual £m	Trust Plan £m	Variance £m	FOT £m	Trust Plan £m	Variance £m
Clinical Income	67.8	68.0	(0.2)	824.1	824.1	0.0
NT Drugs Income	6.2	6.6	(0.4)	78.6	78.6	0.0
Total Clinical Income	74.00	74.6	(0.6)	902.7	902.7	0.0
Other Income Incl. Non NHS Clinical Income	10.9	10.4	0.5	119.1	119.1	0.0
Total Operating Income	84.9	85.0	(0.0)	1,021.8	1,021.8	0.0
Medical Staff	(15.9)	(16.0)	0.1	(190.7)	(190.7)	0.0
Nursing	(18.8)	(18.2)	(0.6)	(218.6)	(218.6)	0.0
A&C	(7.1)	(7.4)	0.3	(88.6)	(88.6)	0.0
Other Staffing Groups	(6.5)	(7.0)	0.5	(85.2)	(85.2)	0.0
Other Employee Expenses	(1.6)	(1.4)	(0.2)	(2.6)	(2.6)	0.0
Total Employee Expenses	(49.9)	(50.0)	0.1	(585.8)	(585.8)	0.0
Drugs Costs	(9.8)	(9.6)	(0.2)	(115.3)	(115.3)	0.0
Clinical Supplies	(8.5)	(8.9)	0.4	(108.1)	(108.1)	0.0
Non Clinical Supplies	(10.4)	(8.6)	(1.8)	(93.5)	(93.5)	0.0
PFI	(3.0)	(3.0)	(0.0)	(36.6)	(36.6)	0.0
Total Expenditure Excl. Employee Expenses	(31.8)	(30.2)	(1.6)	(353.4)	(353.4)	0.0
Total Operating Expenditure	(81.7)	(80.1)	(1.6)	(939.2)	(939.2)	0.0
Total Operating Surplus/(Deficit)	3.3	4.8	(1.6)	82.6	82.6	0.0
Total Non Operating Expenditure	(5.9)	(6.2)	0.3	(75.2)	(75.2)	0.0
Adjust PFI revenue costs to UK GAAP basis	(0.7)	(0.6)	(0.1)	(7.4)	(7.4)	0.0
Control Total Surplus/(Deficit)	(3.4)	(1.9)	(1.5)	(0.0)	(0.0)	0.0
Control Total Adjustments						
Donated/Peppercorn lease Income & Equipment	0.0	0.0	0.0	0.0	0.0	0.0
Donated/ Peppercorn lease Assets Dep'n	(0.2)	(0.1)	(0.1)	(2.4)	(2.4)	0.0
Adjust PFI revenue costs to UK GAAP basis	0.7	0.6	0.1	7.4	7.4	0.0
Statutory Surplus / (Deficit)	(2.9)	(1.4)	(1.5)	5.1	5.1	0.0

* Note: calculations are done unrounded – only one decimal place displayed.

3. Statement of Financial Position

The Statement of Financial Position at the end of April has decreased by £3.6m compared to the opening balance. This is as a result of the in-month deficit.

Property, plant and equipment: This balance is £0.2m lower than the opening balance. The key items are capital expenditure of £1.4m offset by depreciation of £1.6m.

Right of use assets – leased assets: This balance is £0.9m lower than the opening balance. The is as a result of £0.9m depreciation.

Receivables: due from DHSC group bodies: This balance is £5.6m lower than the opening balance. The key items are the release of income accruals relating to Digital Aspirant of £4.0m and EPA of £1.5m.

Receivables: due from non-DHSC group bodies: This balance is £1.8m higher than the opening balance. The key items are higher levels of prepayments: PFI lifecycle maintenance of £0.5m, CNST of £0.4m and HR £0.4m.

Cash: This is £4.3m lower than the opening balance. The key reasons are working capital movements.

Trade and other payables: capital: This has decreased by £5.7m mainly as a result of high capital spend at the end of 2024/25 with a much reduced level of spend in M01 2025/26. The key item was the year end accrual for EPR reducing by £3.7m.

Trade and other payables: non-capital: This is £4.6m higher than the opening balance. Aged creditors have increased by £0.8m, and accrued expenditure has increased by £4.7m predominantly due to clinical trial commitments of £1.7m and pharmacy invoices in transit £2.5m. PAYE & NI accruals are £1.3m higher as a result of increases in employer's NI of £1.0m.

Borrowings: leases: The current and non-current element is a total of £0.8m lower than the opening balance. The key item is £0.8m of repayments.

Borrowings: PFI: The £0.4m decrease in non-current PFI borrowings relates to capital repayment of £1.5m, offset in part by an increase in liability of £1.0m for in year indexation.

Deferred Income: This balance is £5.4m higher than the opening balance. The key items are LDA, CPD and other education income increasing by £6.1m.

April 2025	Actual Mar-25 £m	Actual Apr-25 £m	Movement
Property, plant and equipment	413.9	413.7	(0.2)
Right of use assets - leased assets	43.7	42.8	(0.9)
Receivables: due from DHSC group bodies	3.2	3.3	0.1
Receivables: due from non-DHSC bodies	60.5	54.8	(5.7)
Total non-current assets	521.2	514.6	(6.7)
Inventories	15.8	15.9	0.1
Receivables: due from DHSC group bodies	23.6	17.9	(5.7)
Receivables: due from non-DHSC group bodies	25.1	32.6	7.5
Cash and cash equivalents	93.4	97.7	4.3
Total Current assets	157.9	164.1	6.2
Trade and other payables: capital	(16.6)	(10.9)	5.7
Trade and other payables: non-capital	(126.6)	(131.2)	(4.6)
Borrowings - PFI	(18.0)	(18.0)	0.0
Borrowings: leases current	(8.5)	(8.3)	0.2
Current provisions	(1.5)	(1.5)	0.0
Deferred Income	(23.3)	(28.9)	(5.6)
Total current liabilities	(194.6)	(198.8)	(4.3)
Total assets less current liabilities	484.5	479.9	(4.8)
Borrowings - PFI	(351.0)	(350.6)	0.4
Borrowings: leases non-current	(31.9)	(31.3)	0.6
Provisions	(6.5)	(6.5)	0.0
Deferred Income	(1.2)	(1.1)	0.1
Total non-current liabilities	(390.6)	(389.5)	1.1
Total assets employed	93.9	90.4	(3.7)
Financed by			
Public dividend capital	390.8	390.8	0.0
Retained Earnings (Accumulated Losses)	(323.1)	(326.7)	(3.6)
Revaluation reserve	26.3	26.3	0.0
Total Taxpayers' and others' equity	94.0	90.4	(3.6)

Integrated Performance Report



April 2025

Key Operational Priorities

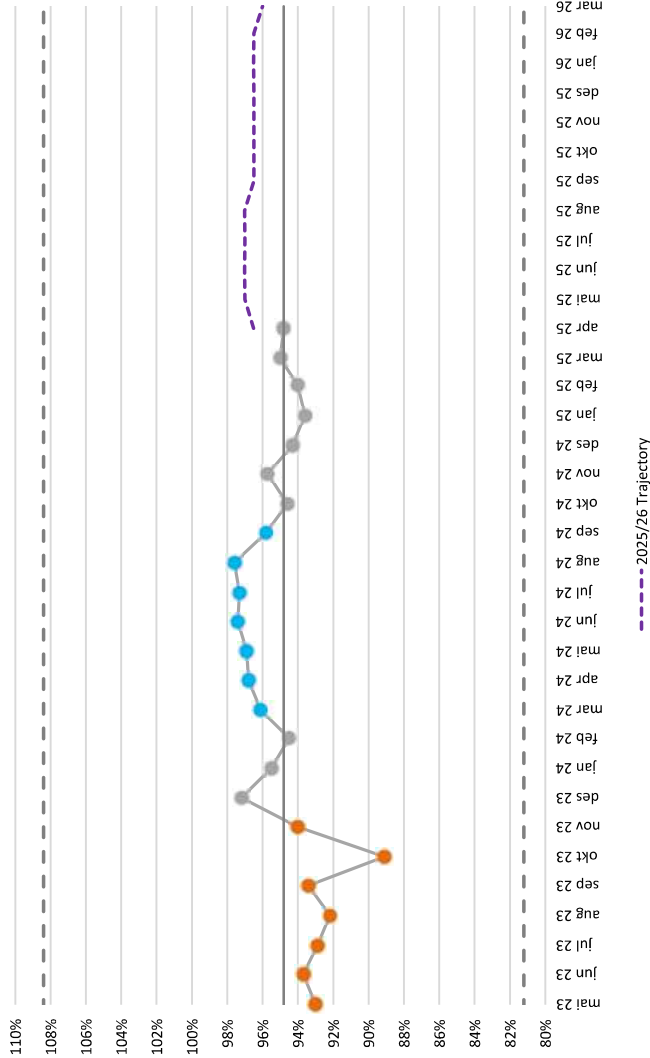
2025-26 Headline Operational Priorities

Operational Priorities	Description	2025-26 Plan	Apr-25 Plan	Apr-25 Actual	Variance to Month Plan	Commentary	RAG
Urgent and Emergency Care							
Improve A&E Waiting Times	The proportion of patients that were admitted, discharged or transferred from ED within 4 hours	80.9%	80.7%	80.2%	-0.5%	3 rd consecutive month above 80% but below the April plan. Ranked 19 th across all Type 1 NHS Trusts in April.	
	The proportion of patients that were admitted, discharged or transferred from ED within 12 hours	96.0%	96.5%	94.8%	-1.7%	Performance was below the April 2025 plan but higher than 3 of the last 4 months.	
Elective Care							
18 Weeks	Improve the percentage of patients waiting no longer than 18 weeks for treatment	60.1%	52.8%	51.9%	-0.9%	Performance was below April plan – predominantly due to the overall waiting list reduction in April, aided by the validation sprint, where the majority of removals took place at the front end of the pathway. Current May performance is correcting the April variation and returning to trajectory.	
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment	67.0%	57.9%	57.9%	0.0%	In line with April plan.	
52 Weeks	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list	2.2%	4.6%	4.8%	+0.2%	Performance was above April plan – predominantly due to the overall waiting list reduction in April, aided by the validation sprint, where the majority of removals took place at the front end of the pathway.	
Cancer							
28-Day Faster Diagnosis Standard	Improve performance against the 28-day Cancer Faster Diagnosis Standard	80.0%	68.5%	79.7% (provisional)	+11.2%	Closed March performance was above target at 82.9%. Provisional April performance has reduced to 79.7% but is above the April plan.	
62-Day Performance	Improve performance against the headline 62-day Cancer standard	65.0%	60.1%	52.2% (provisional)	-7.9%	Closed March performance was below target at 51.8%. Provisional April performance has increased to 52.2% but is below the April plan.	

Urgent and Emergency Care

Improve A&E Waiting Times – ED 12 Hour Performance

Patients Departing ED Within 12 Hours



Commentary

April 2025 Performance

The percentage of patients that were admitted, discharged or transferred from ED within 12 hours in April 2025 was 94.8% - this is below the April 2025 plan (96.5%) but above 3 of the last 4 months.

Reason for Variation

- Intentional overnight stays in OPED 4 bed bay
- Medical bed availability.

Actions

- Remove OPED from 4-hour clock.

Risk To Delivery

AMBER

Elective Care

65 Weeks – Specialty Level Forecast to 31st May 2025

Specialty	Weekly Removal Averages / Total Future TCIs	Breaches									
		11/04/2025	18/04/2025	25/04/2025	02/05/2025	09/05/2025	12/05/2025	16/05/2025	23/05/2025	30/05/2025	31/05/2025
502 - Gynaecology	Will Breach	480	375	337	253	196	163	141	96	51	50
	Weekly Removals	51	105	38	84	57	33	22	45	45	1
	Will Breach	259	206	162	116	91	84	57	36	24	21
	Weekly Removals	55	53	44	46	25	7	27	21	12	3
	Will Breach	88	84	73	66	60	60	47	35	20	18
110 – Trauma and Orthopaedic	Weekly Removals	9	4	11	7	6	0	13	12	15	2
	Will Breach	166	150	141	90	80	75	61	36	18	15
	Weekly Removals	36	16	9	51	10	5	14	25	18	3
	Will Breach	114	100	86	62	52	43	37	25	13	10
	Weekly Removals	28	14	14	24	10	9	6	12	12	3
100 - General Surgery	Will Breach	92	73	61	52	47	46	34	24	13	9
	Weekly Removals	14	19	12	9	5	1	12	10	11	4
	Will Breach	43	34	32	23	18	17	16	11	9	9
	Weekly Removals	5	9	2	9	5	1	1	5	2	0
	Will Breach	44	30	27	16	13	13	10	9	7	7
101 - Urology	Weekly Removals	8	14	3	11	3	0	3	1	2	0
	Will Breach	50	43	42	33	32	31	21	15	6	5
	Weekly Removals	5	7	1	9	1	1	10	6	9	1
	Will Breach	42	36	33	24	22	21	17	10	4	3
	Weekly Removals	10	6	3	9	2	1	4	7	6	1
108 - Spinal Surgery	Will Breach	77	56	48	34	26	19	15	9	4	2
	Weekly Removals	17	21	8	14	8	7	4	6	5	2
130 - Ophthalmology	Will Breach	14									
	Weekly Removals										
	Will Breach										
	Weekly Removals										
	Will Breach										
215 - Paediatric Ear Nose and Throat	Weekly Removals										
	Will Breach										
	Weekly Removals										
	Will Breach										
	Weekly Removals										
160 - Plastic Surgery	Will Breach										
	Weekly Removals										
	Will Breach										
	Weekly Removals										
	Will Breach										
340 - Respiratory Medicine	Weekly Removals										
	Will Breach										
	Weekly Removals										
	Will Breach										
	Weekly Removals										

Commentary

Current Position

The end of April 65-week breach position was 157. Current end of May forecast is 120-149.

Forecast position for June:

Currently 80 at risk. Specialty summit planned for week of 26th May to reduce further. Aim remains zero position for 30th June.

Actions

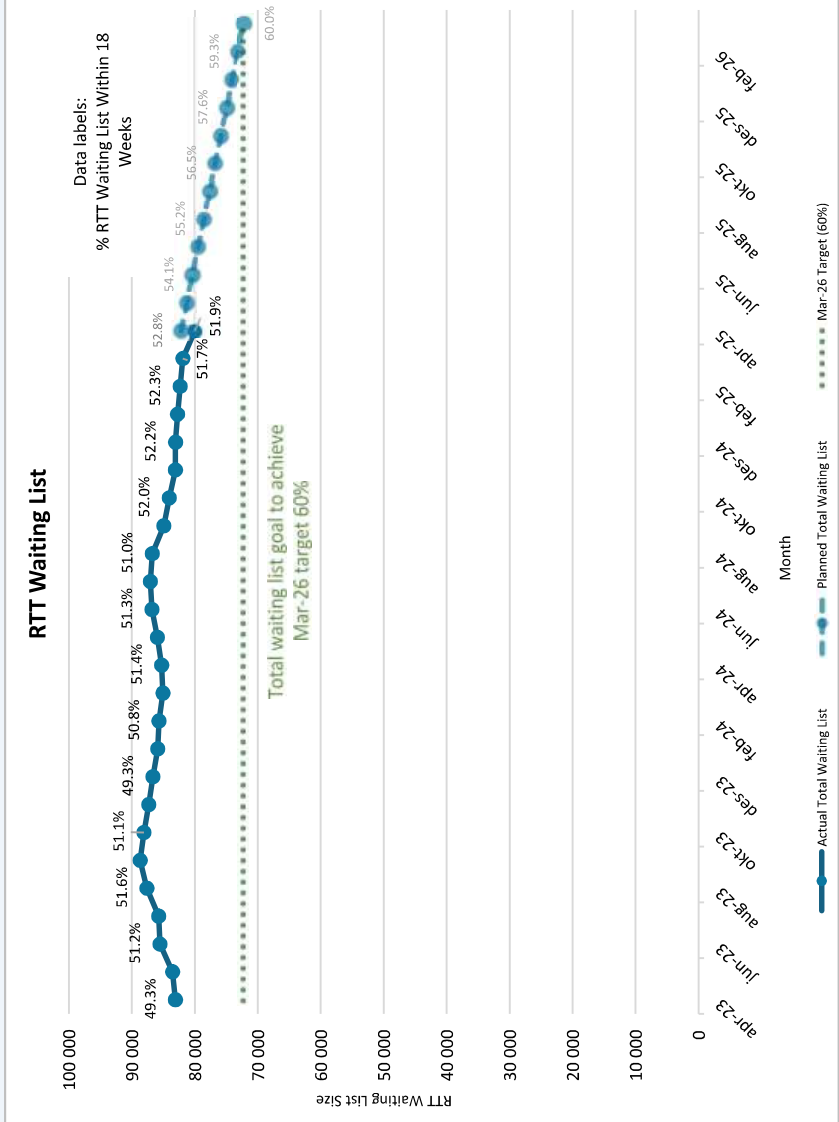
1. Specialty summit week commencing 26th May.
2. Continue to validate waiting list to ensure all patients have been contacted / are clinically fit and ready to proceed.
3. Maximise theatre utilisation – Productive Partners
4. Daily PTL oversight to continue to ensure grip and control over booking processes.
5. Continued use of mutual aid.

Risk To Delivery

- Ongoing theatre capacity constraints
- Trust restructure
- Vacancies in ENT and Gynae

AMBER

Percentage of Patients Waiting Less than 18 Weeks for Elective Treatment



The chart above illustrates the RTT waiting list size with 18-week performance annotated, displayed as actuals (dark blue) and planned (light blue).

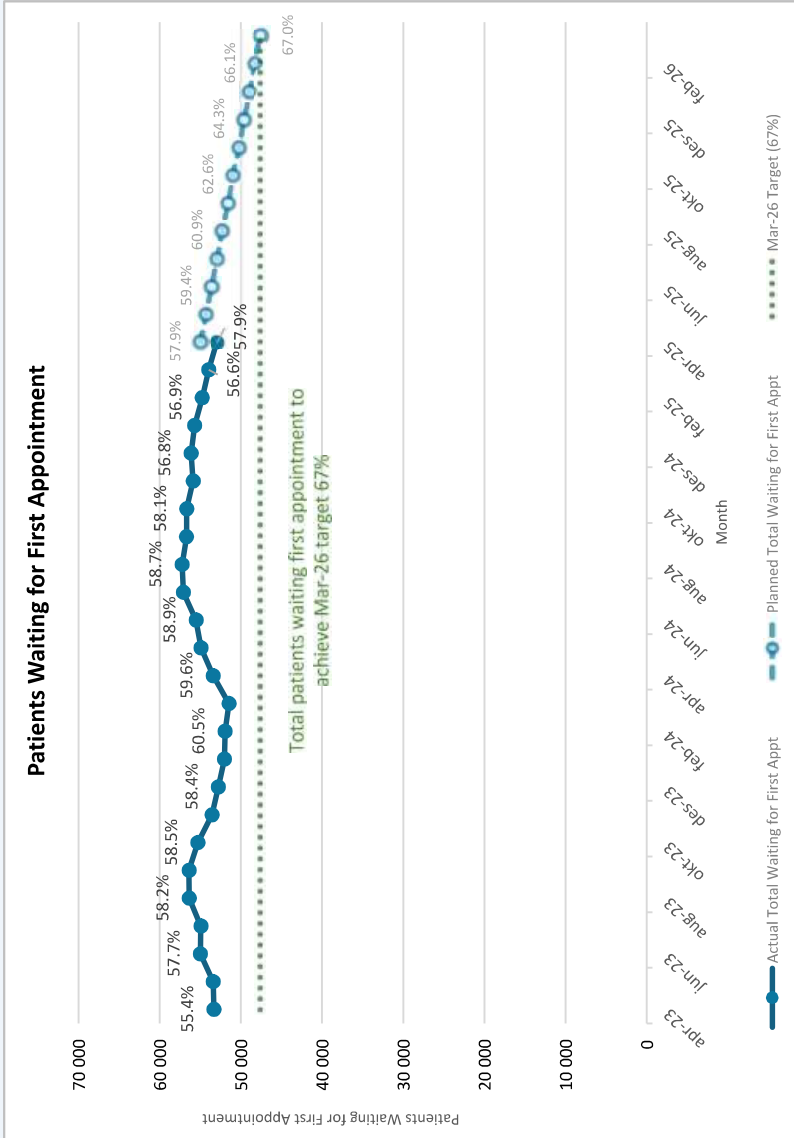
RTT 18 Week Performance – April 2025	
April Performance	51.9%
April Plan	52.8%
Variation	-0.9%
RAG	
Reason	Validation

RTT 18 Week Performance – May 2025	
May Performance (Current)	53.9%
May Plan	53.8%
Variation	0.0%
RAG	
Reason	Forecasted return to plan in May

Percentage of Patients Waiting Less than 18 Weeks for Elective Treatment (Specialty Level)

	Delivery	Apr-25	May-25 (current)	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Trust	RTT waiting list	79,987	79,534	80,367	79,470	78,572	77,674	76,776	75,878	74,980	74,082	73,185	72,287
	RTT 18-week performance	Actual 82,163 51.9%	Actual 81,265 53.8%	Actual 80,367 53.8%	Actual 79,470 54.1%	Actual 78,572 55.2%	Actual 77,674 55.8%	Actual 76,776 56.5%	Actual 75,878 57.1%	Actual 74,980 57.6%	Actual 74,082 58.6%	Actual 73,185 59.3%	Actual 72,287 60.0%
	RTT waiting list	9,333	9,110	8,994	8,873	8,748	8,623	8,495	8,371	8,252	8,115	7,988	7,863
110 - Trauma and Orthopaedic	RTT 18-week performance	Actual 40.0%	Actual 41.8%	Actual 41.1%	Actual 42.3%	Actual 42.8%	Actual 43.4%	Actual 44.0%	Actual 44.7%	Actual 45.3%	Actual 45.8%	Actual 46.8%	Actual 47.6%
	RTT waiting list	4,854	4,734	4,698	4,651	4,608	4,565	4,522	4,481	4,438	4,393	4,355	4,313
	RTT 18-week performance	Actual 60.1%	Actual 61.6%	Actual 61.6%	Actual 62.8%	Actual 63.3%	Actual 63.9%	Actual 64.4%	Actual 65.1%	Actual 65.6%	Actual 66.1%	Actual 67.0%	Actual 67.6%
502 - Gynaecology	RTT waiting list	7,179	7,190	7,099	7,005	6,906	6,809	6,709	6,613	6,520	6,413	6,315	6,216
	RTT 18-week performance	Actual 41.3%	Actual 43.0%	Actual 43.0%	Actual 43.5%	Actual 44.1%	Actual 44.7%	Actual 45.4%	Actual 46.0%	Actual 46.5%	Actual 47.5%	Actual 48.2%	Actual 49.0%
	RTT waiting list	8,628	8,520	8,414	8,305	8,192	8,079	7,965	7,853	7,745	7,624	7,510	7,396
120 - Ear Nose and Throat	RTT 18-week performance	Actual 40.1%	Actual 41.8%	Actual 41.8%	Actual 44.6%	Actual 45.1%	Actual 45.7%	Actual 46.3%	Actual 47.0%	Actual 47.6%	Actual 48.1%	Actual 49.1%	Actual 49.9%
	RTT waiting list	4,689	4,754	4,709	4,667	4,626	4,585	4,546	4,506	4,462	4,427	4,388	4,347
	RTT 18-week performance	Actual 65.7%	Actual 65.8%	Actual 65.2%	Actual 65.7%	Actual 66.2%	Actual 66.8%	Actual 67.4%	Actual 67.9%	Actual 68.4%	Actual 69.2%	Actual 69.9%	Actual 70.5%
340 - Respiratory Medicine	RTT waiting list	2,108	2,100	2,076	2,050	2,024	1,999	1,973	1,948	1,923	1,896	1,871	1,845
	RTT 18-week performance	Actual 41.4%	Actual 48.9%	Actual 48.9%	Actual 49.2%	Actual 49.7%	Actual 50.3%	Actual 50.9%	Actual 51.6%	Actual 52.2%	Actual 52.7%	Actual 53.7%	Actual 54.5%
	RTT waiting list	1,759	1,877	1,852	1,824	1,796	1,767	1,738	1,710	1,683	1,651	1,622	1,593
341 - Respiratory Physiology	RTT 18-week performance	Actual 33.5%	Actual 34.9%	Actual 34.9%	Actual 36.1%	Actual 36.6%	Actual 37.1%	Actual 37.7%	Actual 38.4%	Actual 38.9%	Actual 39.5%	Actual 40.4%	Actual 41.1%
	RTT waiting list	4,929	4,831	4,782	4,730	4,679	4,627	4,576	4,525	4,474	4,423	4,372	4,322
	RTT 18-week performance	Actual 58.3%	Actual 61.3%	Actual 61.3%	Actual 55.7%	Actual 56.2%	Actual 56.8%	Actual 57.4%	Actual 58.1%	Actual 58.7%	Actual 59.2%	Actual 60.1%	Actual 60.9%
330 - Dermatology	RTT waiting list	3,847	4,041	4,001	3,963	3,926	3,889	3,853	3,816	3,777	3,745	3,708	3,672
	RTT 18-week performance	Actual 56.0%	Actual 57.5%	Actual 57.5%	Actual 61.4%	Actual 62.3%	Actual 63.1%	Actual 63.7%	Actual 64.2%	Actual 64.9%	Actual 65.4%	Actual 65.9%	Actual 66.8%
	RTT waiting list	5,535	6,529	6,466	6,398	6,330	6,265	6,198	6,133	6,065	5,998	5,934	5,868
320 - Cardiology	RTT 18-week performance	Actual 61.8%	Actual 62.8%	Actual 62.8%	Actual 57.3%	Actual 58.1%	Actual 58.7%	Actual 59.3%	Actual 60.0%	Actual 60.6%	Actual 61.0%	Actual 62.0%	Actual 62.7%
	RTT waiting list	5,535	6,529	6,466	6,398	6,330	6,265	6,198	6,133	6,065	5,998	5,934	5,868
	RTT 18-week performance	Actual 61.8%	Actual 62.8%	Actual 62.8%	Actual 57.3%	Actual 58.1%	Actual 58.7%	Actual 59.3%	Actual 60.0%	Actual 60.6%	Actual 61.0%	Actual 62.0%	Actual 62.7%
100 – General Surgery	RTT waiting list	5,535	6,529	6,466	6,398	6,330	6,265	6,198	6,133	6,065	5,998	5,934	5,868
	RTT 18-week performance	Actual 61.8%	Actual 62.8%	Actual 62.8%	Actual 57.3%	Actual 58.1%	Actual 58.7%	Actual 59.3%	Actual 60.0%	Actual 60.6%	Actual 61.0%	Actual 62.0%	Actual 62.7%
	RTT waiting list	5,535	6,529	6,466	6,398	6,330	6,265	6,198	6,133	6,065	5,998	5,934	5,868

Percentage of Patients Waiting Less than 18 Weeks for First Appointment

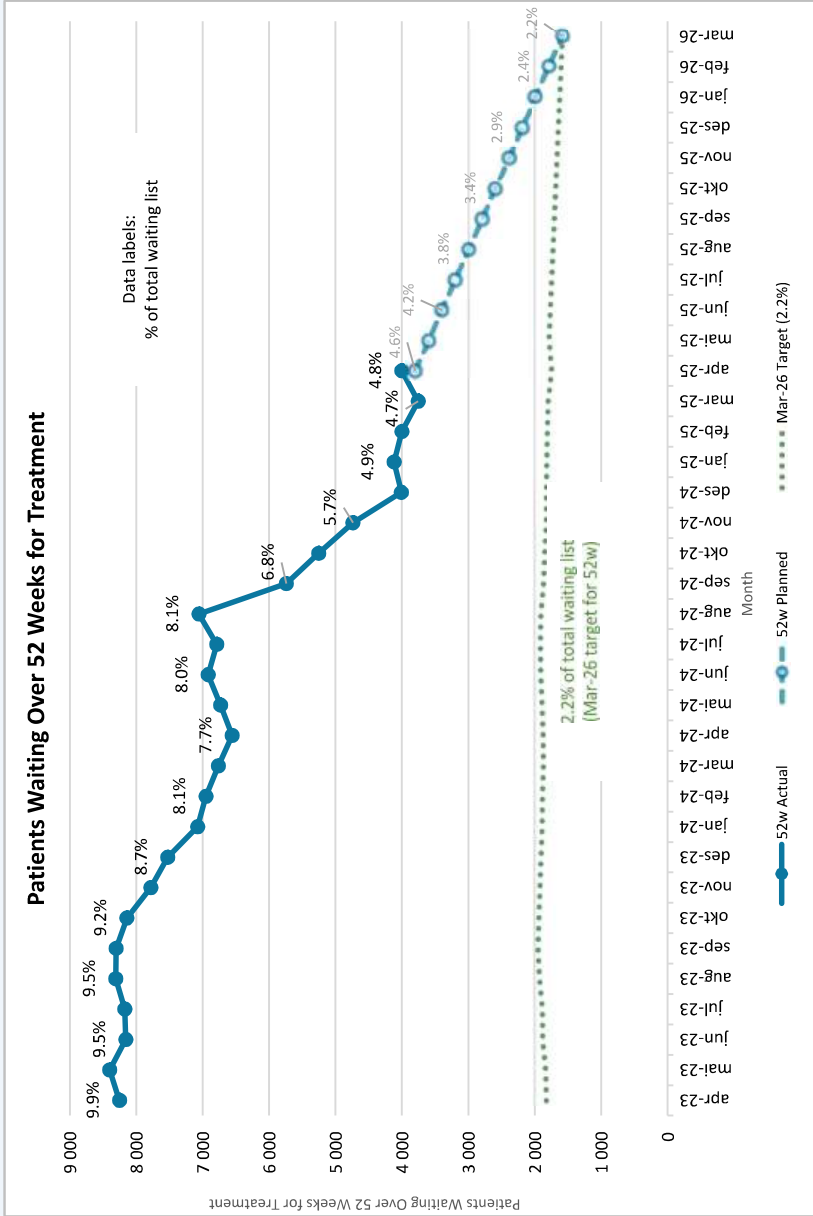


The chart above illustrates the number of RTT patients waiting for their first appointment, with performance annotated, displayed as actuals (dark blue) and planned (light blue).

Patients Waiting for First Appointment <18 Weeks – April 2025	
April Performance	57.9%
April Plan	57.9%
Variation	0.0%
RAG	

Patients Waiting for First Appointment <18 Weeks – May 2025	
May Performance (Current)	59.5%
May Plan	58.7%
Variation	+0.8%
RAG	

Proportion of Patients Waiting Over 52 Weeks for Treatment



The chart above illustrates the number of RTT patients waiting over 52 weeks for treatment, with performance annotated, displayed as actuals (dark blue) and planned (light blue).

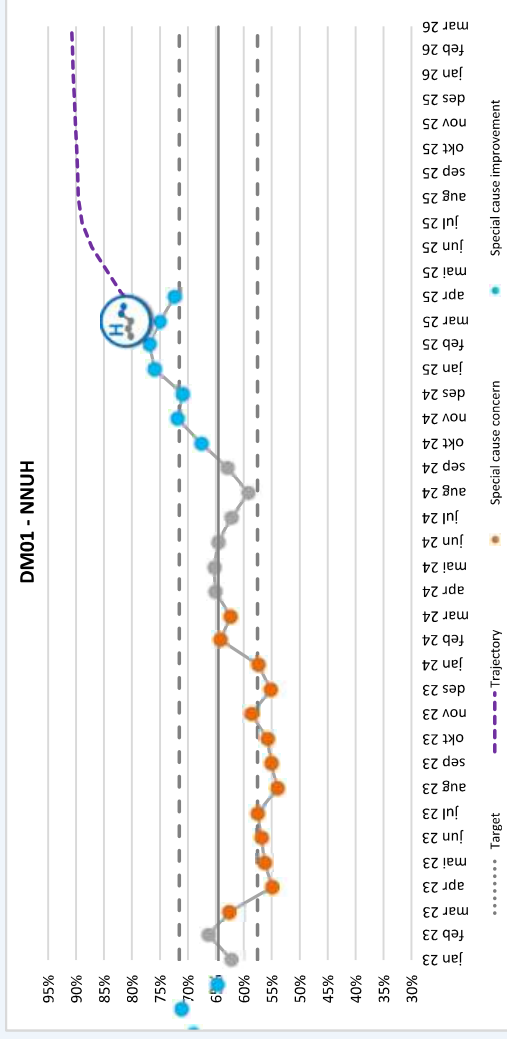
RTT 52 Week Performance – April 2025	
April Performance	4.8%
April Plan	4.6%
Variation	0.2%
RAG	
Reason	Validation

RTT 52 Week Performance – May 2025	
May Performance (Current)	4.6%
May Plan	4.4%
Variation	0.2%
RAG	
Reason	Validation

Elective Care – Actions and Risks Summary

Specialty	Actions (May 2025)	Risks for Current / Future Months
Trauma and Orthopaedics	- Continued use of mutual aid to reduce long waits and reduce time to first OPA - Prioritisation of theatre and clinic's for longer waiting patients - Maximise theatre utilisation (Productive Partners) - Expand pre-assessment clinics to avoid late cancellations	- Trust restructure - WLI risk
Ear, Nose and Throat	- Review pathway delays in diagnostic stages - Prioritise all >40-week waiters for pooled new OPA "42 Week" dashboard under development	- Vacancies within consultant staff group - Diagnostic dependencies (Audiology, MRI) causing delay
Gynaecology	- Continued use for local mutual aid, in first OPA - Targeted validation - Prioritise Histology reporting in May and June - Increase OPH clinics over weekends during May and June - Confirm mutual aid slots by mid-May and book all >50w patients	- Late referrals and inconsistent triage - High vacancy factor across the speciality
Urology	- Explore mutual aid - Productive Partners – 42 Weeks / Theatre Utilisation	Very high volume of referrals into the service impacting RTT and Cancer (public VIP)
Cardiology	- Increase uptake of community diagnostics (CDC) for Echo/ECG - Offer virtual follow-ups where appropriate - Prioritise longest waiters weekly - Complete full PTL review of >40w patients	- CDC reporting delays impacting decision to treat - Workforce constraints for face-to-face OPAs
Respiratory Medicine	- Run dedicated validation sprint for long waiters - Deliver targeted "wait list cleanse" clinics - Explore digital respiratory triage solutions	- Limited clinic capacity for diagnostics + follow-ups - High DNA risk in chronic patients without digital engagement
Respiratory Physiology	Changes to pathway underway – virtual review of results without the need to bring in patients where appropriate	- Diagnostic result delays impact onward treatment - Workforce shortages in physiology staff

Diagnostic Test Within 6 Weeks (DM01)



Commentary

April 2025 Performance

Overall, Trust DM01 performance in April was 72.4% compared to the April plan of 81.5%. Reduced from March performance of 75.0%.

Risk To Delivery

RED

Key

Above trajectory
Within 5% below trajectory
More than 5% below trajectory

Exam Type	Apr-25	Variance to Exam Type Plan	Reasons for Variation in Performance	Actions	Risks for Current Month
MRI	70.0%	-12.0%	20% sickness rate in April	- Additional 9 lists managed to be added for May through skill mix review. - Review of staffing structure for consideration of on call impact. - Focused efforts on case mix booking in accordance with staffing skill mix with the introduction of 6:4:2 GIRFT processes to allow for booking changes in time, while sickness is still high. - Morning huddles for IP/ED case mix review	Staffing sickness levels and increasing on call and subsequent impact of compensatory rest on staff unavailability.
CT	76.2%	-5.8%	Sickness and vacancies and focus on reducing breaches / long waits for April. Improved DM01 performance due to staff skill mix review and ensuring sufficient capacity for all elective streams: 2ww, long waits, DM01, interventional, despite variance in activity plan	- Continue with cardiac training and a revision of cardiac service. - Focused efforts on case mix booking in accordance with staffing skill mix with the introduction of 6:4:2 GIRFT processes to allow for booking changes in time, while sickness is still high. - Morning huddles for IP/ED case mix review	AMDU bed availability for elective work. Cardiac service – review of acquisition and reporting options to be tabled in May.
NOUS	91.5%	-1.5%	Minimal change but primarily impacted by bed availability.	Use of NCIR recovery space where possible. Seeking alternative recovery space.	If ED/IP pressures continue, Trust bed availability for elective work compromised.
DEXA	99.8%	+0.8%	No concerns		
Echo	88.0%	+6.5%	Continuation of insourcing is seeing the positive variation in performance	Insourcing extension to commence April-June 2025	Physiologists not in post until 29 th September 2025 (approx. 6 month wait for Physiologists to be in post)
Colonoscopy	45.8%	-15.9%	Endoscopist sickness and vacancy has impacted recovery trajectory, back fill cover for lists has been limited to single modality trained staff due to skill mix	Executive Summit – May Review of complex procedures cases (dye spray) and surveillance guidance, extra weekend lists for backlog clearance.	Workforce gaps
Flexi Sig	57.7%	-10.3%	Backlog of complex GA procedures, as well as staff sickness and vacancy.	Executive Summit – May Additional 3 lists for GA procedures, clinical review of remaining procedures to be completed	Workforce gaps
Gastroscopy	64.8%	-11.2%			
Grand Total	72.4%	-2.6%			

Activity

Commentary

April 2025 – Provisional Activity and May 2025 – Activity Forecast

As at 1st May, the provisional April position (below left) indicates that Activity was above plan (104%), predominantly due to Outpatient Follow Ups – excluding procedures (107%) and Outpatient News – excluding procedures (106%). Day Case (99%) and Electives (92%) were both below plan in April, with Outpatient Procedures (100%) in line with plan.

The bottom table provides further detail on the Activity, Plan and Variance to Plan by Care Group and Point of Delivery for April.

As at 15th May, the May forecast position shows booked activity at 106% of plan (below right).

AMBER

Business Plan Achieved

Business Plan Not Achieved

April 2025 – Provisional Activity

	A		B		C		D		E		F		G		H		I		J		Total	
	Activity	Plan	Activity	Plan	Activity	Plan	Activity	Plan	Activity	Plan	Activity	Plan	Activity	Plan	Activity	Plan	Activity	Plan	Activity	Plan	Activity	Plan
APC - Daycase	175	171	4	1,137	1,334	(197)	2,675	2,740	(64)	152	153	(1)	3	8	(5)	0	0	0	0	0	0	0
APC - Elective	2	1	1	89	116	(27)	664	702	(37)	79	83	(4)	0	0	0	0	0	0	0	0	0	0
OP - Procedures	45	42	3	307	291	16	1,250	1,277	(28)	1,598	1,555	43	0	0	0	0	0	0	0	0	0	0
OP - New (exc procedures)	222	214	8	1,533	1,741	(209)	4,589	4,719	(129)	1,829	1,791	38	3	8	(5)	0	0	0	0	0	0	0
Subtotal - Variable																						
APC - Non Elective																						
OP - Follow Up (exc Procedures)																						
Subtotal - Non Variable																						
Overall																						

April 2025 – Provisional Activity (Care Group Detail)

NNUH	A - Surgical Support			B - Head & Neck			C - Gen Surg & Ortho			D - Maternity & Paediatrics			E - Radiology & Labs			F - Therapies			G - Medicine 1			H - Medicine 2			I - Cancer Services			J - Emergency & Acute			TOTAL				
	Activity	Plan	Var	Activity	Plan	Var	Activity	Plan	Var	Activity	Plan	Var	Activity	Plan	Var	Activity	Plan	Var	Activity	Plan	Var	Activity	Plan	Var	Activity	Plan	Var	Activity	Plan	Var					
APC - Daycase APC - Elective APC - Non Elective Admitted - Total	175	171	4	1,137	1,334	(197)	2,675	2,740	(64)	152	153	(1)	3	8	(5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,178	6,261	(83)		
	2	1	1	89	116	(27)	664	702	(37)	79	83	(4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	908	987	(79)			
	45	42	3	307	291	16	1,250	1,277	(28)	1,598	1,555	43	0	0	0	0	0	0	1,560	1,606	(46)	182	199	(17)	249	230	19	378	421	(44)	5,570	5,622	(52)		
	222	214	8	1,533	1,741	(208)	4,589	4,719	(129)	1,829	1,791	38	3	8	(5)	0	0	0	2,206	2,148	57	493	497	(4)	1,403	1,330	73	378	421	(44)	12,656	12,870	(214)		
OP - Procedures OP - New (exc procedures) OP - Follow Up (exc Procedures) Non Admitted - Total	27	27	(0)	8,851	8,989	(138)	2,799	2,460	339	117	105	11	0	0	0	0	0	545	552	(7)	2,017	2,126	(109)	55	51	4	535	600	(65)	0	0	0	14,945	14,910	35
	253	222	31	2,510	2,605	(96)	6,449	5,956	493	1,358	1,514	(156)	42	20	22	1,195	1,301	(106)	2,582	2,122	460	1,183	1,148	35	1,078	1,046	33	789	458	331	17,439	16,392	1,046		
	832	2,500	(1,668)	4,731	4,833	(102)	9,268	7,610	1,658	3,174	2,783	390	112	75	37	2,909	2,873	36	3,867	3,725	142	6,090	4,742	1,348	5,710	5,041	669	250	217	32	36,942	34,399	2,543		
	1,111	2,749	(1,638)	16,092	16,428	(336)	18,515	16,026	2,489	4,649	4,403	246	154	95	59	4,649	4,726	(77)	8,467	7,973	493	7,328	5,940	1,387	7,322	6,686	636	1,039	675	364	69,325	65,701	3,624		
Total - NNUH	1,333	2,963	(1,630)	17,625	18,169	(544)	23,104	20,744	2,360	6,478	6,194	284	157	103	54	4,649	4,726	(77)	10,672	10,122	551	7,821	6,438	1,383	8,726	8,016	709	1,417	1,097	320	81,981	78,572	3,409		

Urgent and
Emergency
Care

Elective Care

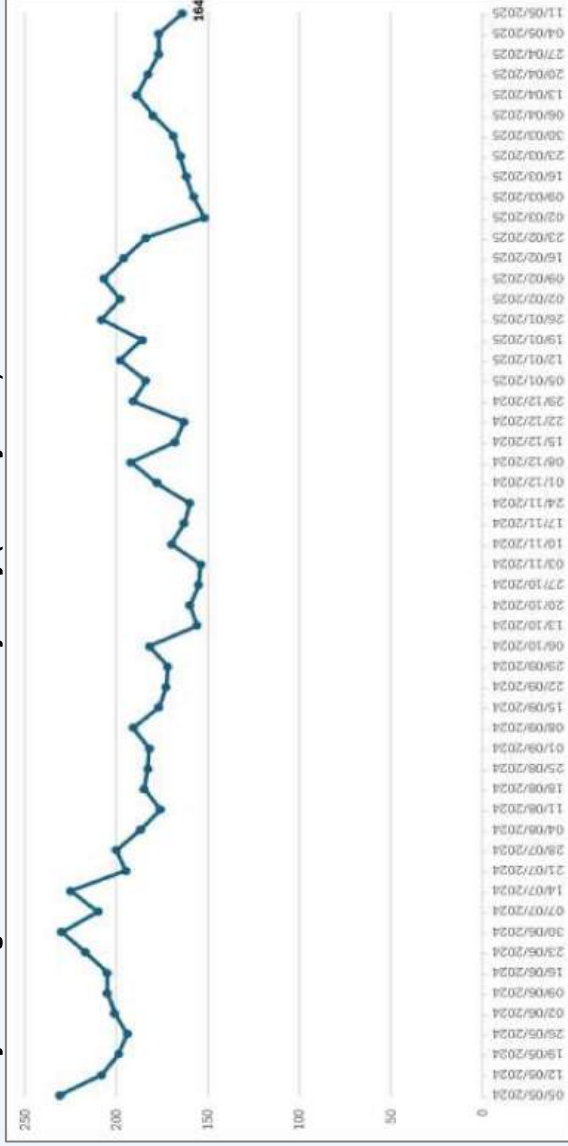
Cancer

Benchmarking

Cancer

62-Day Backlog Profile

62 Day Backlog – NNUH Actuals Vs Trajectory (11th May 2025)



Suspected Tumour Type	Past day 62	Change in last week	Change in 4 weeks	Change in 12 weeks
Brain	0	0	0	0
Breast	5	+2	+1	+1
Children's	0	0	0	0
Gynaecological	26	-10	-2	-4
Haematological	3	-2	-3	0
Head & Neck	14	-2	+3	+6
Lower Gastrointestinal	31	0	+9	-13
Lung	6	-3	-5	-14
Sarcoma	3	0	0	-1
Skin	16	-4	-9	+7
Upper Gastrointestinal	2	-1	-3	-1
Urological	58	+7	-16	-13
Other	0	0	0	0
All Suspected Cancers	164	-13	-25	-32

Commentary

Current Position

Up to 11th May, the 62-day backlog saw a net decrease of 13 patients waiting over 62 days compared to the previous week, a reduction of 25 patients compared to 4 weeks ago and 32 patients compared to 12 weeks ago.

Reason for Variation

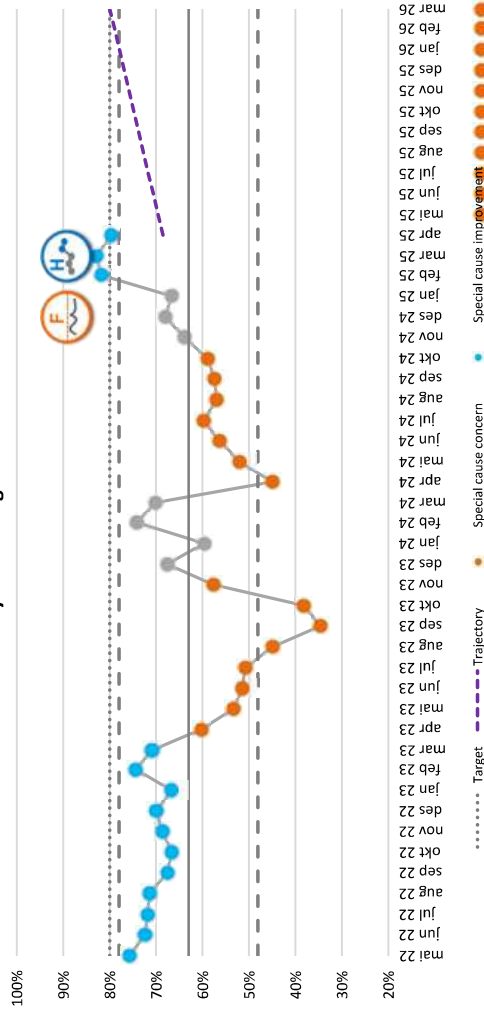
- Increase in Urology backlog as the service manages the high volume of treatments now exceeding tip overs.
- Reduction in Lung backlog due to the impact of CNS triage and pathway efficiency.
- Skin reduction due to an earlier increase in referrals.

Actions

- PMB clinics starting May 14th and then straight to OHP will ease the flow through the Gynaecology pathway.
- Skin – planning additional capacity to manage increased seasonal referrals – further capacity still to be identified.
- Urology – additional robotic lists utilised for April and May.

28-Day Faster Diagnosis Standard

28 Day Faster Diagnosis Standard



Commentary

Current Position

Closed performance in March was above the 2024/25 target at 82.9%. Provisional April performance is 79.7% - ahead of the April 2025 plan of 68.5%.

Reason for Variation

- Breast – strong performance with additional 1-stop capacity and Upper GI with CNS triage.
- Gynaecology – decline driven by rising PMB referrals, outpacing current triage and diagnostic capacity.
- Lower GI – remains above 70% following implementation of CNS led triage.
- Upper GI – CNS led triage embedded.
- Head & Neck – CNS led triage planned to commence in June to maintain performance.
- Urology – increased utilisation of CNS and middle grades in diagnostic phase. Improvement from 47.8% in January to ~90% in March and April, amongst the highest in the country.
- Skin – slight reduction in performance due to out of season increase in referrals volumes.

Actions

- Gynaecology – PMB CNS triage commencing May 14th, fully implemented June 2nd (48 slots per week). Reviewing outpatient and one-stop clinic capacity. May flex clinic templates or use insourcing / weekend sessions if demand remains high. Impact will be seen in June / July.
- Skin to identify and implement sufficient capacity to manage seasonal demand plus expansion of Telederm, flexing job plans, recruiting short term-locums.
- Lung – CNS team to triage referrals to expedite investigations, improvement seen in FDS by July.

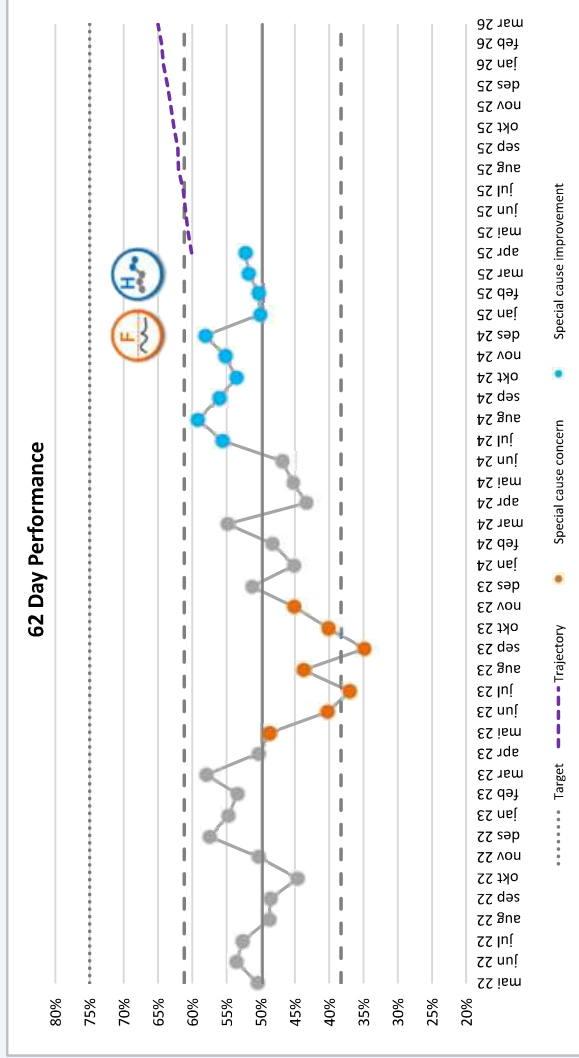
Risk to Delivery

GREEN

Body Site	Mar-25 (Confirmed)	Apr-25 (Provisional)
Brain	85.7%	73.7%
Breast	93.0%	90.2%
Gynaecology	64.8%	59.9%
Haematology	21.4%	53.3%
Head and Neck	82.0%	82.6%
Lower GI	73.3%	70.7%
Lung	71.1%	63.6%
Paediatric	66.7%	62.5%
Sarcoma	50.0%	56.5%
Skin	83.5%	75.1%
Testicular	100.0%	100.0%
Upper GI	91.2%	93.6%
Urology	92.3%	93.7%
Grand Total	82.9%	79.7%

Key	
Above trajectory	
Within 5% below trajectory	
More than 5% below trajectory	

62-Day Performance



Body Site	Mar-25 (Confirmed)	Apr-25 (Provisional)
Breast	78.7%	84.3%
Gynaecology	51.2%	24.1%
Haematology	60.0%	57.1%
Head and Neck	46.2%	40.7%
Lower GI	22.2%	32.2%
Lung	33.3%	54.3%
Skin	90.5%	60.9%
Upper GI	93.3%	64.3%
Urology	32.7%	34.2%
Grand Total	51.8%	52.2%

Key
Above trajectory
Within 5% below trajectory
More than 5% below trajectory

Commentary

Current Position

Closed performance in March was 51.8% - below trajectory. Provisional April performance is at 52.2% - below April 2025 plan.

Reason for Variation

- Gynaecology – reduction in performance due to staff sickness and consultant leave.
- Head and Neck – robotic capacity for ENT patients.
- Skin – pathways still to be closed for April, including several complex histology cases requiring second opinions.
- Lower GI – performance remains low due to theatre capacity.
- Urology – performance improved from March but remains low due to treatment capacity vs recent high volume of referrals for prostate and bladder, alongside late tertiary referrals.
- Upper GI – performance reduced due to low volume treated in March, with tip overs into April due to complex cases requiring review at other hospitals. Body site performance remains in line with national average.

Actions

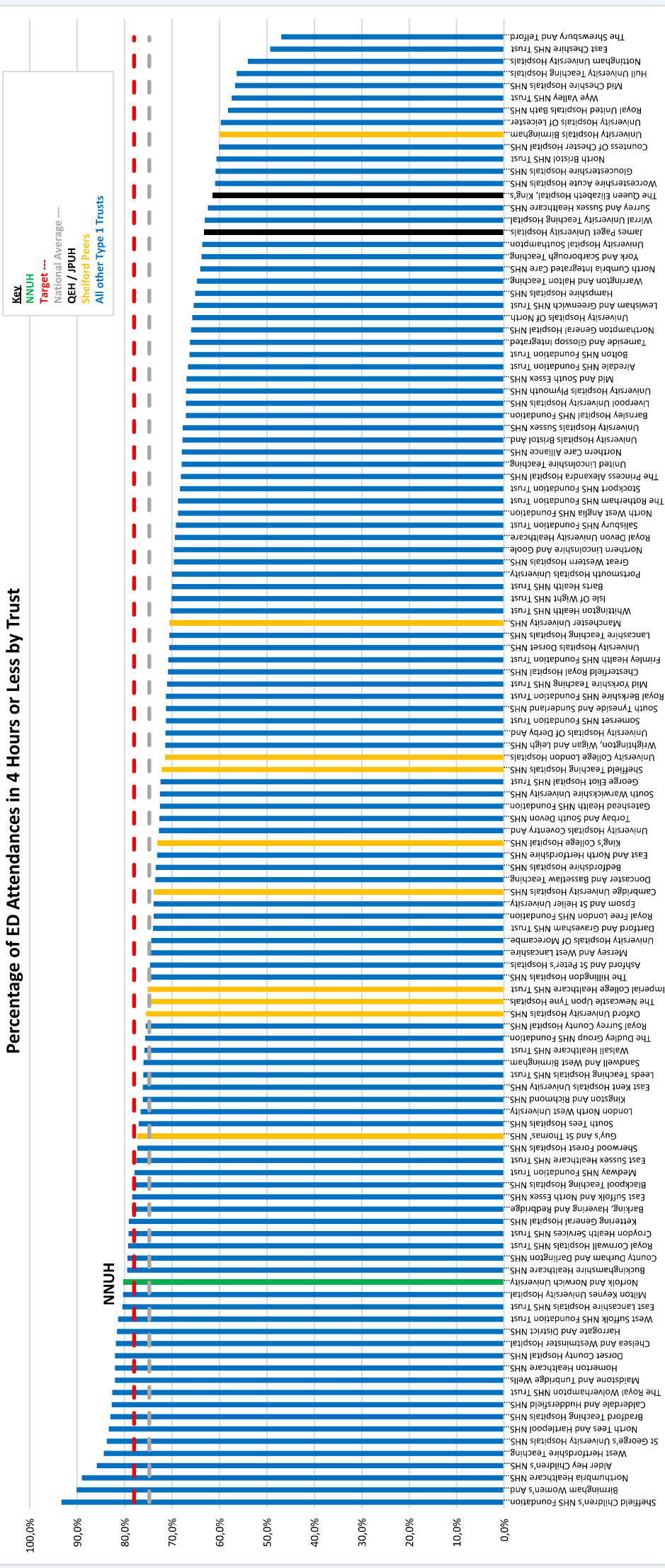
- Gynaecology – PMB clinics will facilitate the front end of the pathway for all patients. Additional OPH clinics planned for May and June. Majority of patients in backlog have TCIs for May.
- Head and Neck – additional theatre lists obtained for May and June to ensure that patients can be booked within target.
- Lower GI – team working to maximise theatre utilisation, with assistance from Productive Partners.
- Skin – progression of vacancies through triple lock process, with supporting detail behind PA sessions in relation to increases in USC clinics, surgery and Teledermatology activity for FDS and 62-day performance improvement.
- Upper GI – building on improved FDS performance to ensure timely transfer to surgery for treatment in time.
- Urology – additional robotic lists with increased pooling. Building on FDS performance for AS and hormones, plus surgery.

Risk To Delivery

RED

Regional / National Benchmarking

UEC: ED 4 Hour Performance – National Position (April 2025)



Commentary

In April, NNUH were ranked 19th across all Type 1 NHS Trusts and the best performing amongst our Shelford Group peers with 80.2% of ED patients either admitted, transferred or discharged within 4 hours of arrival. This was also ahead of the national target of 78% and the April national average of 74.8%.

Urgent and
Emergency

Elective Care

Cancer

Benchmarking

Elective: System and Provider Level Total Waiting Trend (East of England)

Commentary

The table below details the total elective waiting list trend by East of England Systems and Providers over the last 6 weeks (up to 11th May).
The NNUH average reduction of 694 patients per week from the waiting list (based on the last 4 weeks of data) was the 3rd largest average across the East of England providers.

Org code	Org Name	w-e 06 Apr 25	w-e 13 Apr 25	w-e 20 Apr 25	w-e 27 Apr 25	w-e 04 May 25	w-e 11 May 25	Change from previous week	Average volume change per week (based on latest 4 weeks)	Difference from weekly change to 4 week average
Y61	EAST OF ENGLAND	885,014	882,850	882,505	878,847	876,478	872,315	-4,163	-2,634	-1,529
QHG	NHS BEDFORDSHIRE, LUTON AND MILTON KEYNES INTEGRATED CARE	134,790	132,962	133,860	133,151	131,885	129,963	-1,922	-750	-1,172
QUE	NHS CAMBRIDGESHIRE AND PETERBOROUGH INTEGRATED CARE BO/	153,165	152,692	152,362	151,527	151,114	150,522	-592	-543	-50
QM7	NHS HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE BOARD	161,962	161,329	159,983	158,237	157,105	155,898	-1,207	-1,358	151
QH8	NHS MID AND SOUTH ESSEX INTEGRATED CARE BOARD	169,718	170,542	171,165	171,364	171,973	172,410	437	467	-30
QMM	NHS NORFOLK AND WAVENEY INTEGRATED CARE BOARD	141,780	142,202	142,071	141,592	141,676	141,191	-485	-253	-232
QJG	NHS SUFFOLK AND NORTH EAST ESSEX INTEGRATED CARE BOARD	123,599	123,123	123,064	122,976	122,725	122,331	-394	-198	-196
RC9	BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST	103,237	101,593	102,085	101,346	100,035	98,097	-1,938	-874	-1,064
RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	67,670	67,158	67,132	66,873	66,949	66,579	-370	-145	-225
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	57,742	57,364	57,042	56,298	55,705	55,350	-355	-504	149
RDE	EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST	87,640	87,549	87,405	87,253	86,862	86,468	-394	-270	-124
RGP	JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	33,590	34,008	34,276	34,608	34,983	35,040	57	258	-201
RAJ	MID AND SOUTH ESSEX NHS FOUNDATION TRUST	169,718	170,542	171,165	171,364	171,973	172,410	437	467	-30
RD8	MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	31,553	31,369	31,775	31,805	31,850	31,866	16	124	-108
RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION	82,296	81,758	81,278	80,295	79,900	78,981	-919	-694	-225
RGN	NORTH WEST ANGLIA NHS FOUNDATION TRUST	78,154	78,161	77,887	77,363	77,047	76,926	-121	-309	188
RGM	ROYAL PAPWORTH HOSPITAL NHS FOUNDATION TRUST	7,341	7,373	7,343	7,291	7,118	7,017	-101	-89	-12
RQW	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	55,846	55,736	55,113	54,344	53,339	52,328	-1,011	-852	-159
RCX	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TI	25,894	26,436	26,517	26,689	26,793	27,170	377	184	194
RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	48,374	48,229	47,828	47,595	48,061	48,220	159	-2	161
RGR	WEST SUFFOLK NHS FOUNDATION TRUST	35,959	35,574	35,659	35,723	35,863	35,863	0	72	-72

Commentary

The table below details the Validation Sprint performance by East of England providers, including a breakdown of the actual clock stops, the cumulative performance against baseline, the total waiting list, and the full 12-week validation sprint performance.

NNUH has validated 27,724 pathways (+19% above baseline expectations) since the commencement of the Validation Sprint, with a 4-week average of 4,612 actual clock stops.

Clock stops as per validation methodology of comparing open pathways each week										Actual Clock Stops			w/e 11 May/25		Cumulative Performance against baseline					Total WL (Latest Week)					Full 12 week sprint baseline			
		11/05/2025		4 Week Average		Variance from last week		Variance against 4 wk average				Baseline	Actual	Baseline	Actuals	Variance	% Variance	% Variance against Baseline (Last Week)	% point change from last week	Total WL at 30/03/25	11/05/2025	Change from previous week	Average volume change per week (based on latest 4 weeks)	Difference from weekly change to 4 week average	Change from 30/03/25	% Change		
BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST		8,383	8,192	7,279	-191	913				5,589	8,192	30,626	45,468	14,842	48%	0%				103,307	98,097	-1,938	-874	-1,064	-5,210	-5.0%	65,236	88.5%
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST		4,520	3,839	3,901	-681	-62				3,688	3,839	22,832	24,814	1,982	9%	-1%				67,661	66,579	-370	-145	-225	-1,082	-1.6%	47,405	88.2%
EAST AND NORTH HERFORDSHIRE NHS TRUST		4,546	3,640	3,861	-908	-221				2,873	3,640	19,364	23,336	3,972	21%	1%				57,840	55,350	-355	-504	149	-2,480	-4.3%	41,261	72.8%
EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST		5,659	4,867	4,816	-792	51				4,150	4,867	27,644	29,609	1,965	7%	2%				87,187	86,468	-384	-270	-124	-719	-0.8%	56,623	0.0%
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST		2,047	2,189	1,918	142	271				2,154	2,189	12,955	11,947	-1,008	-8%	2%				32,992	35,040	57	258	-201	2,048	6.2%	27,158	23.5%
MID AND SOUTH ESSEX NHS FOUNDATION TRUST		12,705	10,912	10,857	-1,793	55				9,853	10,912	66,535	67,675	1,140	2%	2%				169,718	172,410	437	467	-30	2,692	1.6%	136,855	61.7%
MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST		2,143	2,173	1,918	30	255				2,094	2,173	11,631	11,464	-167	-1%	3%	1%			31,422	31,866	16	124	-108	444	1.4%	25,705	56.5%
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST		4,758	4,774	4,612	16	162				3,663	4,774	23,312	27,724	4,412	19%	17%	2%			81,738	78,981	-919	-694	-225	-2,757	-3.4%	48,083	67.5%
NORTH WEST ANGLIAN FOUNDATION TRUST		5,103	3,956	4,422	-1,147	-466				4,549	3,956	27,237	26,978	-259	-1%	1%	-2%			77,788	76,926	-121	-309	188	-862	-1.1%	56,896	72.2%
ROYAL FREE HOSPITAL NHS FOUNDATION TRUST		503	489	448	-14	42				316	489	2,380	2,647	267	11%	5%	7%			7,353	7,017	-101	-89	-12	-346	-4.7%	4,907	29.3%
THE PRINCESS ALXANDRA HOSPITAL NHS TRUST		3,473	2,776	2,745	-697	31				1,663	2,776	10,542	15,745	5,203	49%	46%	3%			55,297	52,328	-1,011	-852	-159	-2,969	-5.4%	23,273	84.4%
THE QUEEN ELIZABETH HOSPITAL, KINGSLYNN, NHS FOUNDATION TRUST		2,255	1,731	1,927	-524	-196				2,136	1,731	13,579	12,074	-1,505	-11%	-10%	-1%			25,348	27,170	377	184	194	1,822	7.2%	26,018	100.0%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST		2,830	2,448	2,681	-382	-233				2,780	2,448	17,167	17,003	-164	-1%	1%	-2%			47,866	48,220	159	-2	161	354	0.7%	36,576	58.1%
WEST SUFFOLK NHS FOUNDATION TRUST		2,046	null	1,643						1,834	null	11,242	11,085	-157	-1%	1%	0%			35,843	35,863	0	72	-72	20	0.1%	23,820	

Cancer: National Rankings – 28-Day Faster Diagnosis Standard (Feb 2025)

Positioned 43rd nationally in February – an increase of 59 places from January, due to a 15% improvement in performance and a 6.7% improvement compared to the same month last year.

Ranking	Region	Trust Name	Cases	Breaches	% in target	Change in last same month	Change compared to last year
1	NW	BOLTON NHS FOUNDATION TRUST	1687	165	90.2%	3.5%	1.4%
2	L	KINGSTON HOSPITAL NHS FOUNDATION TRUST	1780	178	90.0%	5.6%	8.7%
3	NEV	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	1662	169	89.8%	9.6%	9.5%
4	NEV	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	1843	188	89.8%	4.9%	-0.2%
5	M	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	1777	203	88.6%	5.3%	3.5%
6	M	WALSALL HEALTHCARE NHS TRUST	721	91	87.4%	3.7%	0.3%
7	M	THE DUDLEY GROUP NHS FOUNDATION TRUST	1634	210	87.1%	5.6%	-0.4%
8	EoE	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	1736	224	87.1%	7.3%	0.3%
9	L	CROYDON HEALTH SERVICES NHS TRUST	1561	202	87.1%	11.4%	-0.7%
10	L	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	2471	322	87.0%	6.8%	-0.5%
11	SE	EAST SUSSEX HEALTHCARE NHS TRUST	2496	336	86.5%	7.6%	4.0%
12	L	ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1768	238	86.5%	6.4%	14.8%
13	SE	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	1057	143	86.5%	5.5%	-1.5%
14	SW	PLYMOUTH HOSPITALS NHS TRUST	2782	381	86.3%	8.8%	7.8%
15	SW	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	1592	220	86.2%	6.0%	15.8%
16	EoE	CAMBRIDGE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	2407	335	86.1%	2.5%	1.2%
17	SE	FRIMLEY HEALTH NHS FOUNDATION TRUST	2891	412	85.7%	9.9%	2.6%
18	M	KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	1235	177	85.7%	5.5%	0.9%
19	SE	QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST	487	72	85.2%	6.6%	-4.6%
20	SE	SURREY AND SUSSEX HEALTHCARE NHS TRUST	2015	301	85.1%	3.3%	4.9%
21	NEV	THE ROTHERHAM NHS FOUNDATION TRUST	1045	159	84.8%	8.2%	6.9%
22	L	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	2323	361	84.5%	7.5%	4.3%
23	SE	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	2399	374	84.4%	3.8%	-4.6%
24	NEV	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	2041	323	84.2%	5.9%	-3.3%
25	SW	ROYAL CORNWALL HOSPITALS NHS TRUST	2309	366	84.1%	8.4%	2.3%
26	SE	ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	1936	310	84.0%	7.4%	-1.9%
27	NW	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	1719	276	83.9%	3.8%	0.0%
28	NW	TAMESIDE HOSPITAL NHS FOUNDATION TRUST	1158	186	83.9%	2.7%	7.5%
29	SE	ROYAL BERKSHIRE NHS FOUNDATION TRUST	1956	320	83.6%	3.6%	7.2%
30	NEV	MID YORKSHIRE HOSPITALS NHS TRUST	2281	376	83.5%	2.5%	0.0%
31	NEV	AIREDALE NHS FOUNDATION TRUST	693	115	83.4%	3.3%	-1.1%
32	M	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	4132	686	83.4%	7.6%	0.5%
33	NEV	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	2317	385	83.4%	12.7%	0.2%
34	L	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	1931	321	83.4%	6.1%	3.0%
35	L	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	2321	389	83.2%	6.9%	9.7%
36	SW	TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	1758	296	83.2%	7.7%	2.9%
37	NW	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	2001	340	83.0%	4.7%	4.1%
38	NEV	LEEDS TEACHING HOSPITALS NHS TRUST	3860	656	83.0%	7.5%	8.3%
39	SW	ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	3371	573	83.0%	6.1%	5.1%
40	EoE	NORTH WEST ANGLIA NHS FOUNDATION TRUST	1969	337	82.9%	7.5%	12.3%

Ranking	Region	Trust Name	Cases	Breaches	% in target	Change in last same month	Change compared to last year
41	M	WYE VALLEY NHS TRUST	974	167	82.9%	10.5%	3.8%
42	NW	COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	1231	213	82.7%	2.6%	2.2%
43	EoE	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	3337	616	82.6%	15.0%	6.7%
44	SW	NORTH BRISTOL NHS TRUST	2917	513	82.4%	6.2%	7.7%
45	L	EPSOM AND ST HELEIR UNIVERSITY HOSPITALS NHS TRUST	1177	208	82.3%	-0.6%	-3.6%
46	SE	HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	1944	344	82.3%	9.2%	8.9%
47	NW	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1643	291	82.3%	3.6%	-2.1%
48	SE	DARTFORD AND GRAVESHAM NHS TRUST	970	172	82.3%	10.6%	-0.2%
49	NEV	BARNSELY HOSPITAL NHS FOUNDATION TRUST	969	172	82.2%	3.1%	-4.9%
50	M	THE ROYAL WOLVERHAMPTON NHS TRUST	1882	342	81.8%	4.3%	0.7%
51	SE	UNIVERSITY HOSPITALS OF SUSSEX NHS FOUNDATION TRUST	5490	1016	81.5%	10.3%	8.4%
52	NEV	DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	1713	318	81.4%	2.2%	-1.5%
53	NEV	BRADFORD TEACHING HOSPITALS NHS TRUST	1598	303	81.0%	2.7%	-3.7%
54	M	SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	1410	269	80.9%	5.4%	5.4%
55	SE	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	1991	380	80.9%	5.7%	0.8%
56	L	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	2400	461	80.8%	3.2%	4.2%
57	NW	STOCKPORT NHS FOUNDATION TRUST	1096	211	80.7%	5.6%	-1.2%
58	NEV	GATESHEAD HEALTH NHS FOUNDATION TRUST	1288	249	80.7%	2.9%	-2.9%
59	NW	EAST LANCASHIRE HOSPITALS NHS TRUST	2089	404	80.7%	6.2%	-2.6%
60	L	LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	2975	579	80.5%	10.0%	1.9%
61	L	HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	1360	266	80.4%	5.1%	-0.2%
62	M	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	1549	303	80.4%	8.1%	5.1%
63	L	BARTS HEALTH NHS TRUST	3274	642	80.4%	7.8%	2.8%
64	NEV	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	1522	300	80.3%	4.9%	-1.3%
65	M	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	2692	531	80.3%	5.1%	5.7%
66	SE	PORTSMOUTH HOSPITALS UNIVERSITY NATIONAL HEALTH SERVICE TRUST	2394	476	80.1%	7.7%	0.0%
67	SW	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	2612	520	80.1%	9.7%	-0.5%
68	NEV	SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	1330	267	79.9%	3.7%	-1.8%
69	M	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	2444	491	79.9%	2.9%	10.4%
70	M	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	1662	338	79.7%	8.1%	-3.3%
71	SW	UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST	2738	558	79.6%	4.6%	1.8%
72	SE	BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	2084	425	79.6%	12.1%	5.7%
73	NW	NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	3790	775	79.6%	7.0%	1.1%
74	SE	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2903	603	79.2%	4.0%	-2.0%
75	L	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	3153	655	79.2%	5.1%	5.1%
76	EoE	EAST AND NORTH HERTFORDSHIRE NHS TRUST	1473	307	79.2%	7.0%	-4.3%
77	L	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	1130	236	79.1%	5.9%	1.5%
78	EoE	MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	1512	316	79.1%	11.8%	4.9%
79	M	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	4143	875	78.9%	8.6%	2.5%
80	SW	SOMERSET NHS FOUNDATION TRUST	2193	469	78.6%	6.6%	-6.1%

Urgent and
Emergency

Elective Care

Cancer

Benchmarking

RAG rating:- Dark Green: ≥80% (March 2026 target), Light Green: 77-80% (planning ambition), Amber: 72.5-77%, Red: <72.5% (Tiering Threshold)

24

24/30 Care

137/176

Theatres – Capped Theatre Utilisation %

Total capped touch time within valid elective sessions as a proportion of total planned theatre session duration.

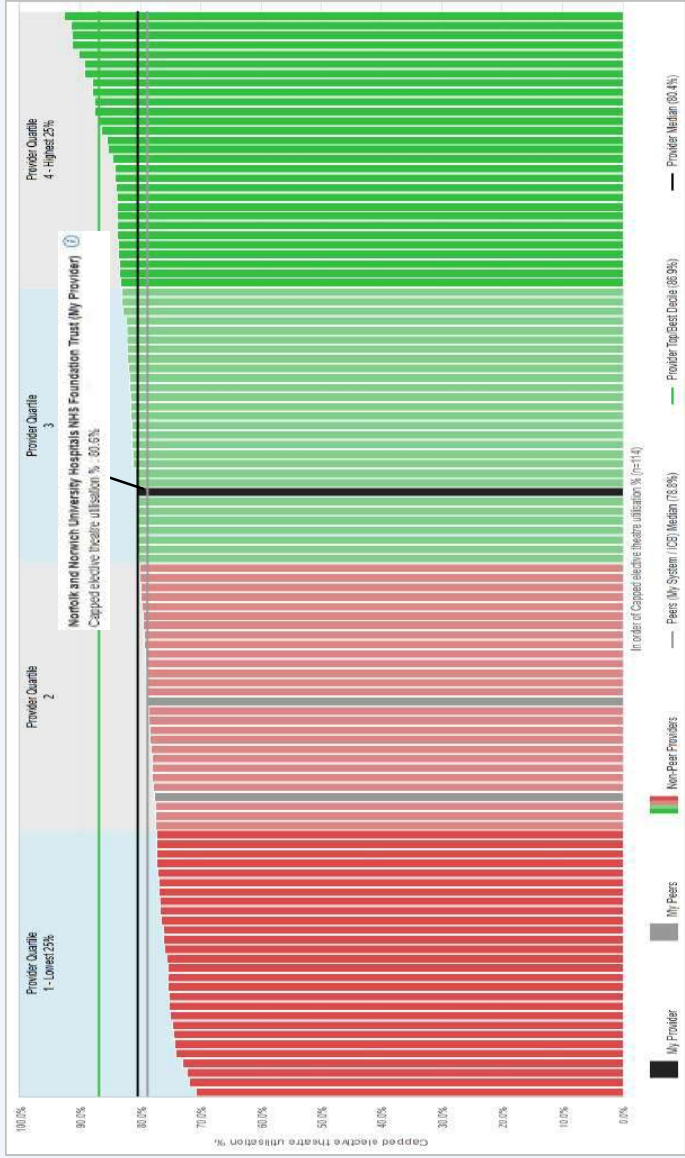
National / System Benchmarking

System Providers	Value
Norfolk and Norwich University Hospitals NHS Foundation Trust	80.6%
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	78.8%
James Paget University Hospitals NHS Foundation Trust	77.7%

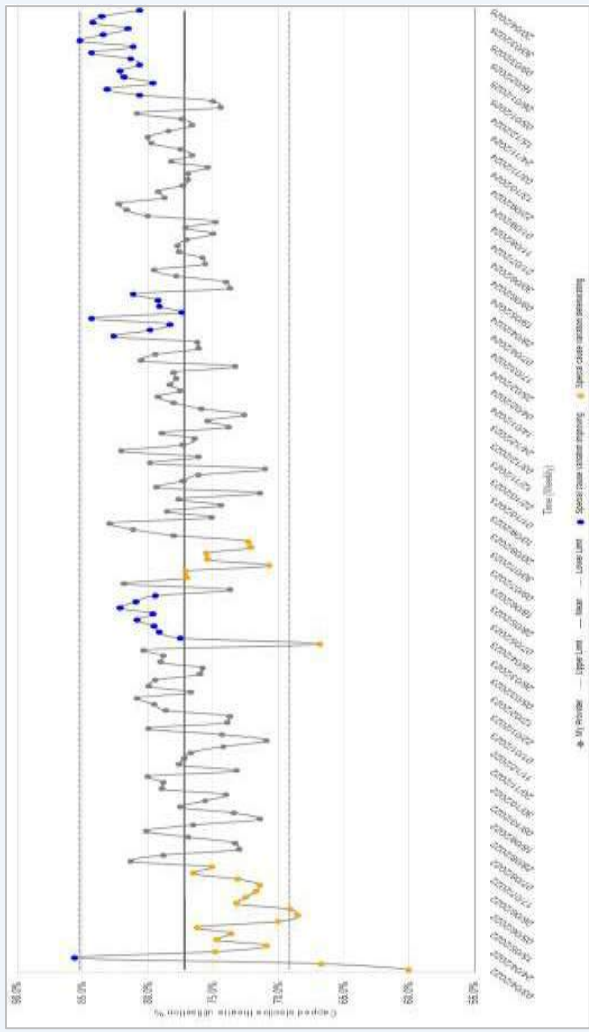
Commentary

NNUH achieved 80.6% theatre utilisation for the 2 weeks up to 20th April, above both JPUH and QEH and the national median (80.4%).

The rolling NNUH performance (below) highlights weekly special cause variation improving since January 2025 compared to the last 3 years.



NNUH Performance (03/04/2022 – 20/04/2025)



Theatres – % of Valid Elective Sessions with an Unplanned Extension

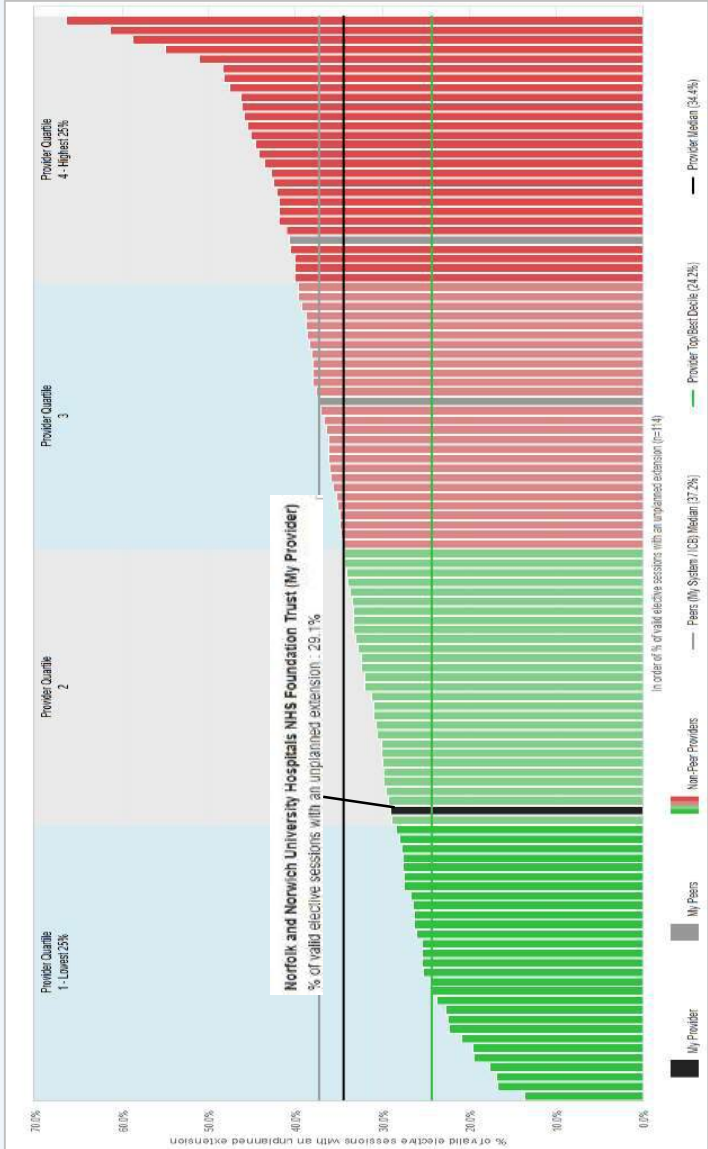
The percentage of valid elective sessions where the last case in the session finished after the planned session finish time

National / System Benchmarking

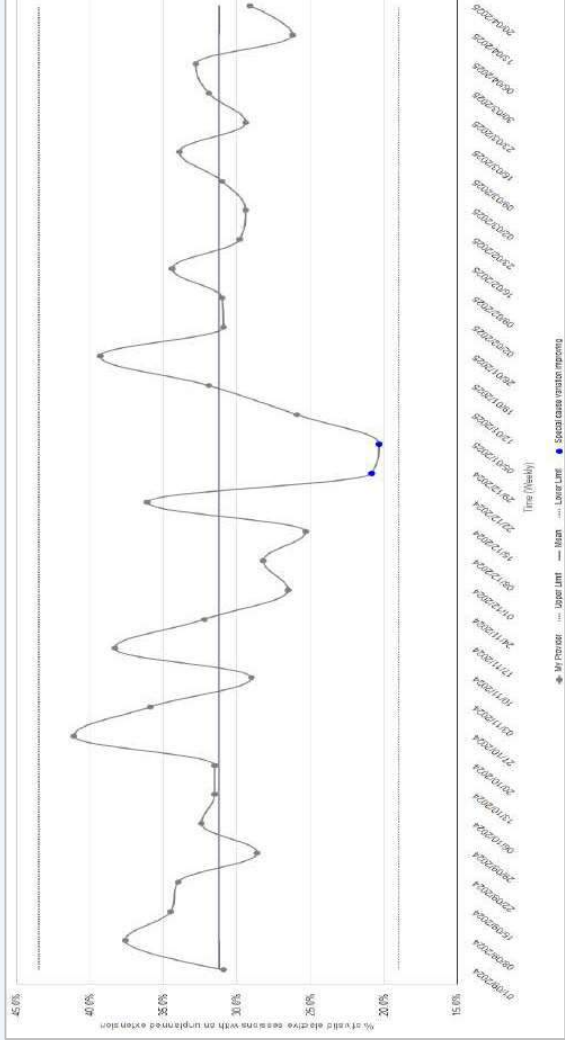
System Providers	Value
Norfolk and Norwich University Hospitals NHS Foundation Trust	29.1%
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	37.2%
James Paget University Hospitals NHS Foundation Trust	40.7%

Commentary

29.1% of NNUH's elective sessions had an unplanned extension for the 2 weeks up to 20th April, lower than both JPUH and QEH and the national median (34.4%).



NNUH Performance (01/09/2024 – 20/04/2025)



Theatres – % of Planned Session Time Lost Due to Late Starts

The percentage of planned elective operating time in valid elective sessions that was lost due to sessions starting after the planned session start time.

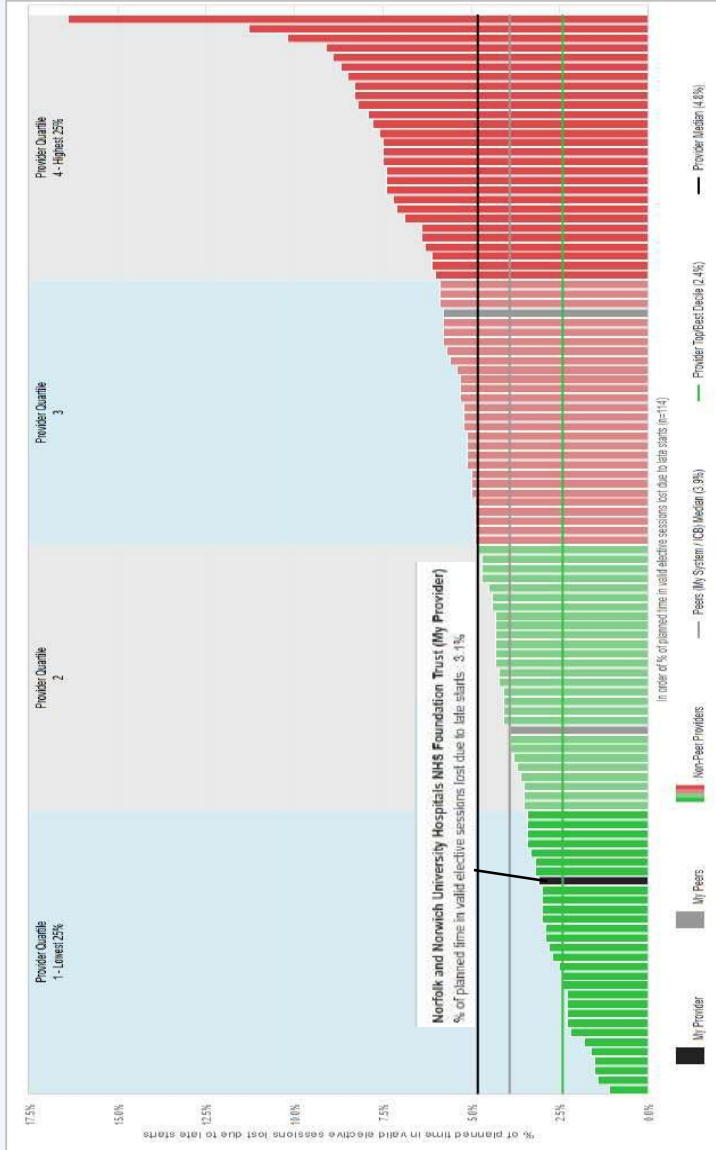
National / System Benchmarking

System Providers	Value
Norfolk and Norwich University Hospitals NHS Foundation Trust	3.1%
James Paget University Hospitals NHS Foundation Trust	3.9%
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	5.8%

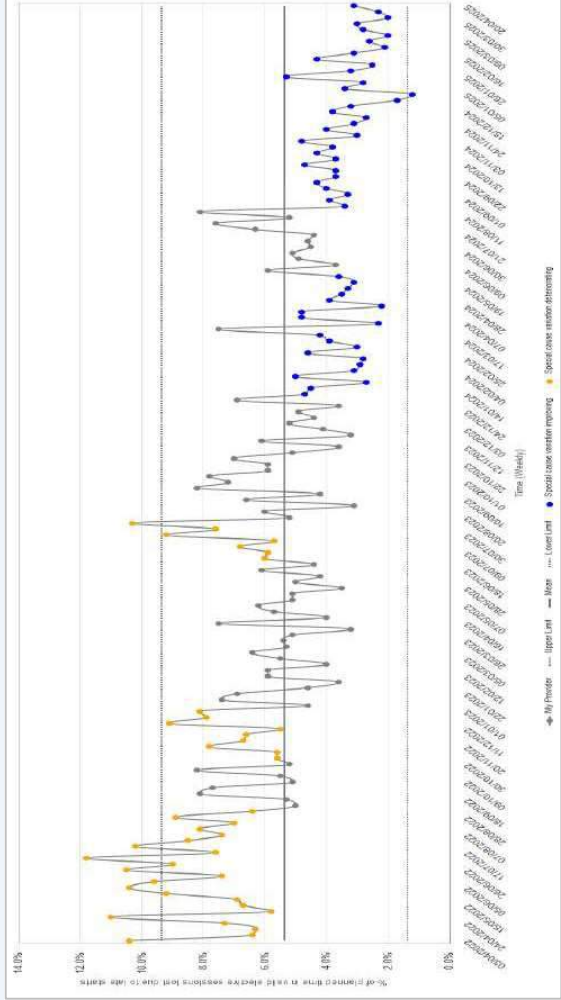
Commentary

NNUH lost 3.1% of planned session time due to late starts for the 2 weeks up to 20th April, lower than both JPUH and QEH and the national median (4.8%).

The rolling NNUH performance (below) highlights weekly special cause variation improving since September 2024 compared to the last 3 years.



NNUH Performance (03/04/2022 – 20/04/2025)



Theatres – % of Planned Session Time Lost Due to Early Finishes

The percentage of planned elective operating time in valid elective sessions that was lost due to sessions finishing earlier than the planned session finish time.

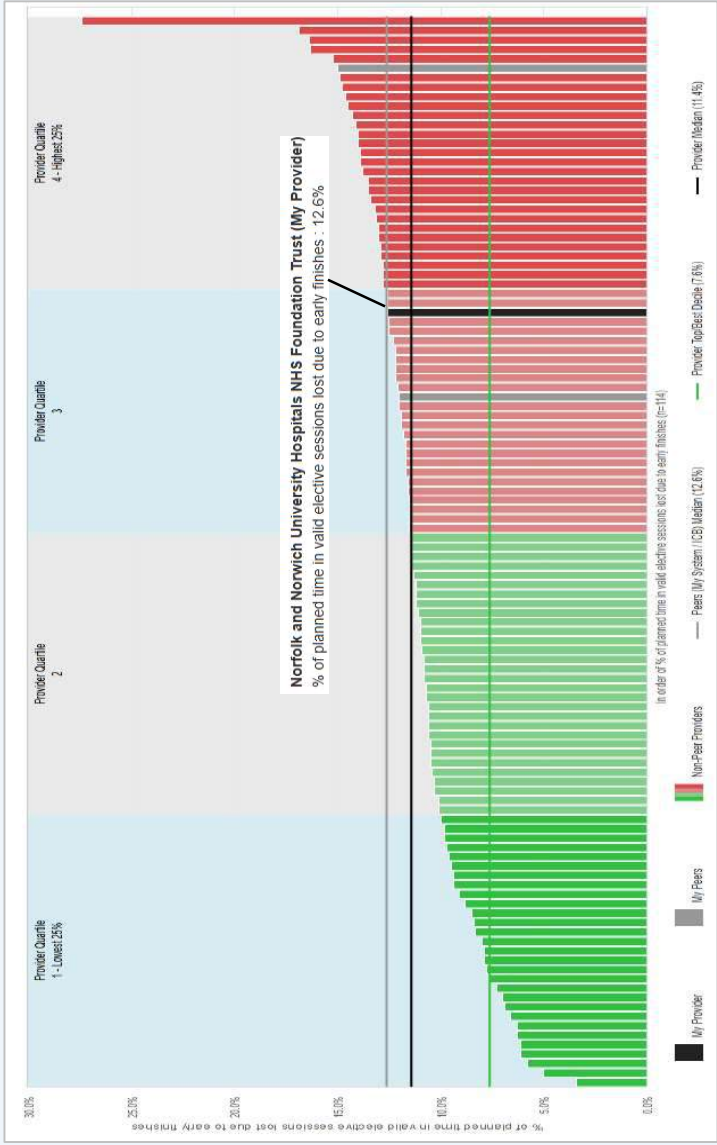
National / System Benchmarking

System Providers	Value
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	12.0%
Norfolk and Norwich University Hospitals NHS Foundation Trust	12.6%
James Paget University Hospitals NHS Foundation Trust	15.0%

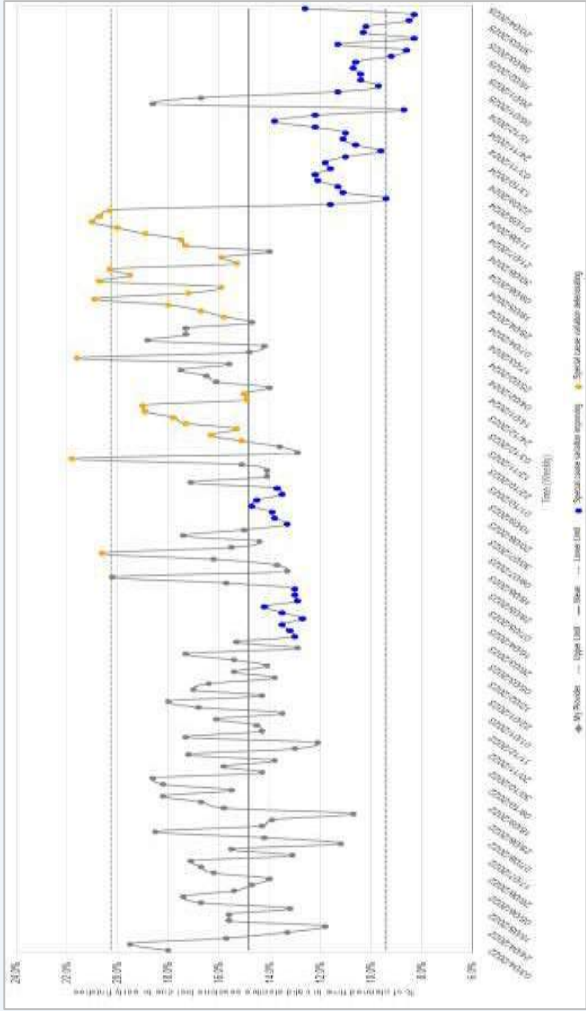
Commentary

NNUH lost 12.6% of planned session time due to early finishes for the 2 weeks up to 20th April, lower than JPUH but higher than QEH and the national median (11.4%).

The rolling NNUH performance (below) highlights weekly special cause variation improving since January 2025 compared to the last 3 years.



NNUH Performance (03/04/2022 – 20/04/2025)



National / System Benchmarking

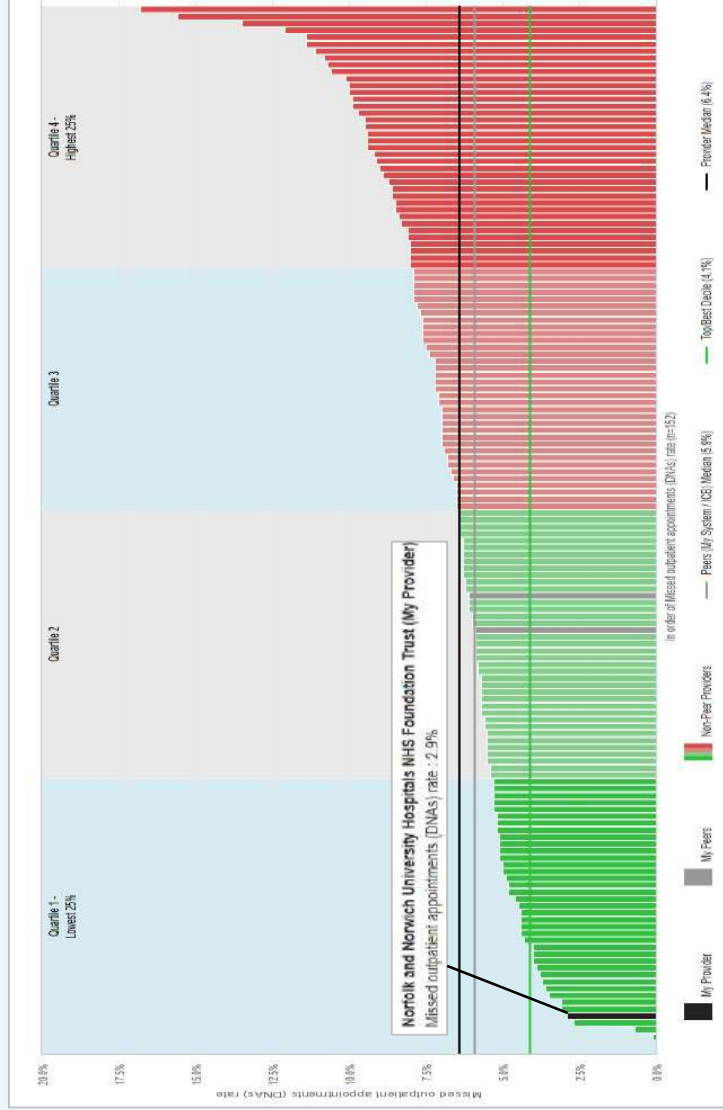
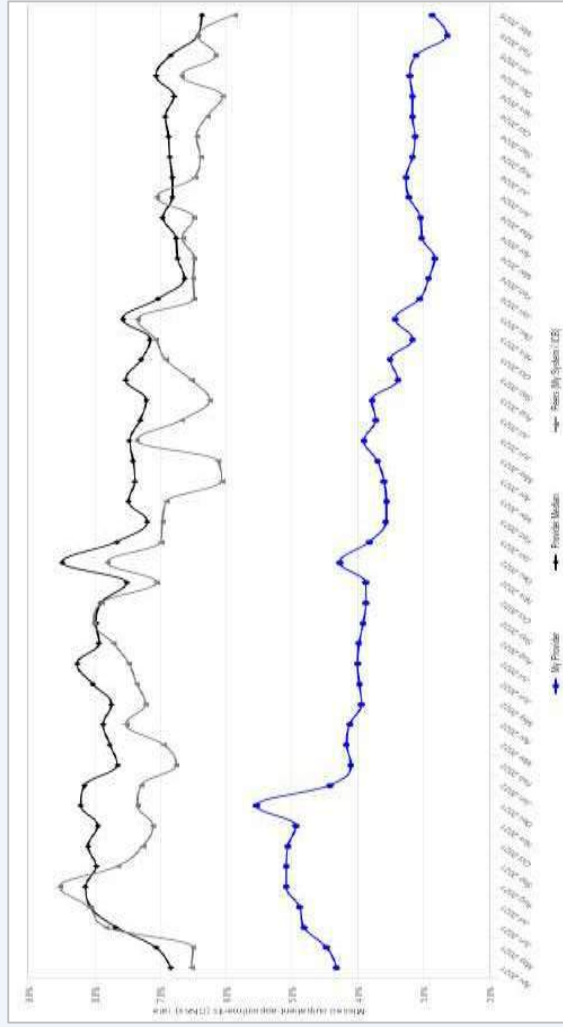
System Providers	Value
Norfolk and Norwich University Hospitals NHS Foundation Trust	2.9%
James Paget University Hospitals NHS Foundation Trust	5.9%
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	6.1%

Commentary

The percentage of missed outpatient appointments by patients at NNUH in March was 2.9%, lower than JPUH and QEH and the national median (6.4%).

The rolling NNUH performance (below) shows performance consistently ahead of the national median and JPUH and QEH performance.

NNUH Performance (April 2021 – March 2025)

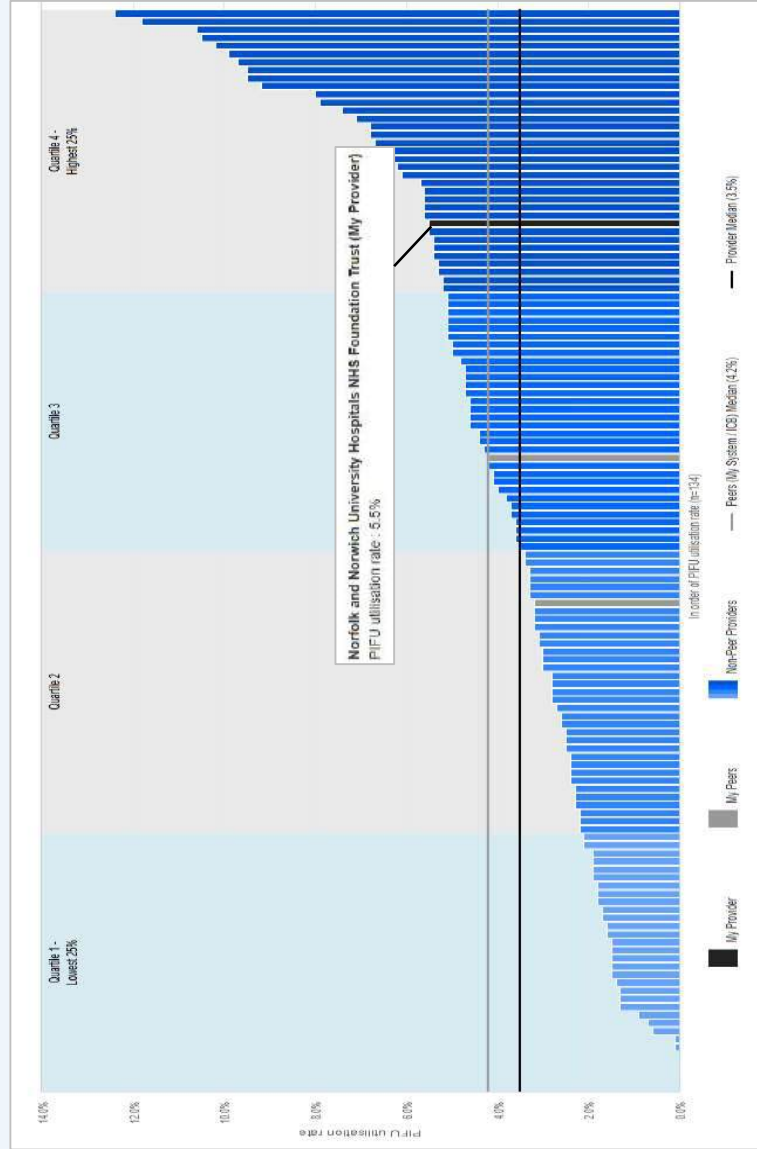


National / System Benchmarking

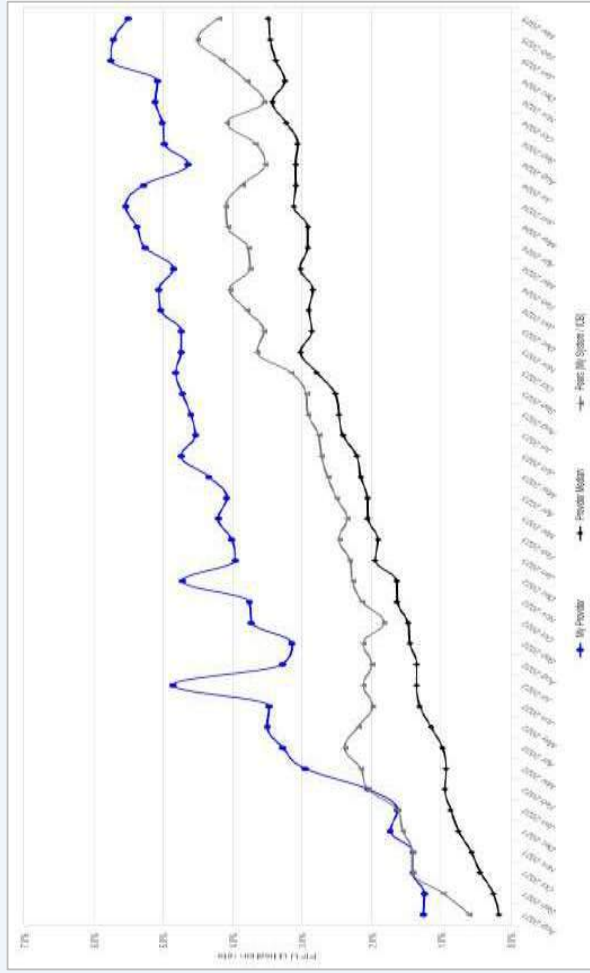
System Providers	Value
Norfolk and Norwich University Hospitals NHS Foundation Trust	5.5%
James Paget University Hospitals NHS Foundation Trust	4.2%
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	3.2%

Commentary

NNUH remain ahead of System Providers and the national median for its PIFU Utilisation Rate in March 2025, with rolling NNUH performance (below) consistently above System Providers and the national median for the past 3 years.



NNUH Performance (August 2021 – March 2025)



Workforce

[View in Power BI](#) ↗

Last data refresh:
29/05/2025 07:33:31 UTC

Downloaded at:
29/05/2025 08:22:17 UTC

Workforce Summary

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

Topic	Metric Name	Date	Result	Variation	Assurance
Recruitment (Non-Medical)	Time to Hire - Total	Apr 2025	27.4		 Inconsistent
	Vacancy Maximum (%)	Apr 2025	10.0%		 Not capable
Staff in Post	Actual Substantive Headcount (WTE)	Apr 2025	8,862		No Target
Staff in Post	Stability Index	Apr 2025	89.90%		No Target

SPC Variation Icons

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



SPC Assurance Icons

Capable Inconsistent Not capable



Mandatory Training

Mandatory Training

Apr 2025

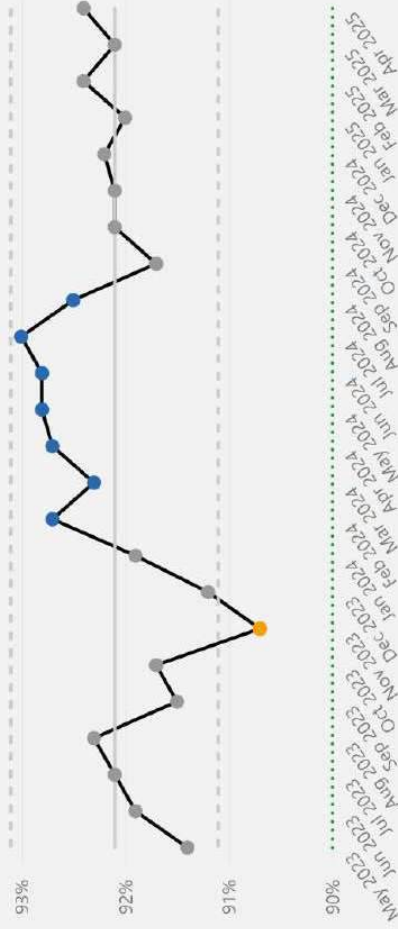


Analytical Commentary

Variation is Common Cause

Mandatory Training

● Result ● Mean ● UPL ● LPL ● MetricTarget ● SCCConcern ● SCCCommonCause ● SCCImprovement



Improvement Actions

April 2025 – Promotion of the new Oliver McGowan and Fire Safety training being undertaken.

Assurance Commentary

The Trust continues to exceed the 90% target with the overall compliance rate for April being 92.4%. Compliance has now been maintained for over 2 years (since December 2022).

Specifically for Medical staff, the compliance rate for permanent staff was 90.3%, which reduces to 83.3% when the fixed term rotational resident doctors are included.

The topics which remain below the 90% target are Fire Safety (88.2%), Moving and Handling Level 2 (87.1%), Resus Adults (87.7%) and Resus Paediatrics (89.6%) have all seen incremental improvements for the latest reporting period. The focus remains in this area and reminder emails are being sent to non-compliant staff to encourage attendance.

The new structure for Fire Safety training is underway with the team delivering level 2 and 3 units for colleagues to support patients who would require support to exit in the event of a fire.

Since the launch of the new Oliver McGowan training, the eLearning (part 1) compliance continues to rise which now sits at 68%. The part 2 face to face training delivery has started.

The national review of Statutory and Mandatory training continues with a full update being provided to Workforce & Education Sub Board. All actions requested have been completed by the NNUH to date.

Non - Medical Appraisals

Non - Medical Appraisal

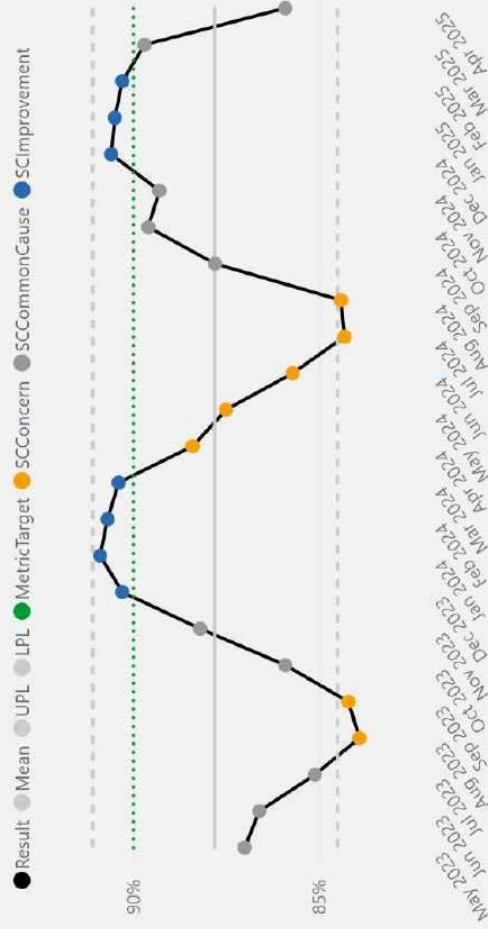
Apr 2025



Analytical Commentary

Variation is Common Cause

Non-Medical Appraisal



Assurance Commentary

In the 12 months to April 2025, 85.9% of eligible staff (excluding medical colleagues) had an appraisal. This is below the 90% target.

The PDR form has been updated to encourage line managers to check with staff whether their objectives are clear and whether their appraisal has helped them to improve how they do their job, which reflect the staff survey questions.

Care Groups encouraged to make decisions on the best way to undertake PDR's given the current change. Training continues to be offered to support line managers deliver good quality PDR conversations.

Improvement Actions

April 2025 – As we transition to Care Groups, implementation plans are in place to ensure the compliance data is updated and available to the new Care Group Leadership Teams.

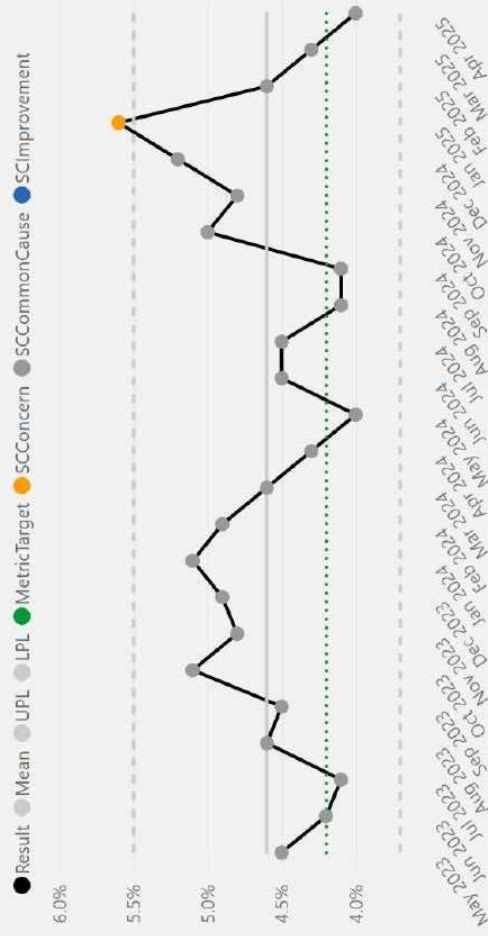
Sickness Absence

Monthly Sickness Absence %

Apr 2025



Monthly Sickness Absence %



Assurance Commentary

The current performance for the 12-month rate (4.6%) mirrors the same point last year but remains outside the Trust target (4.2%).

The top 2 reasons for sickness absence (number of days) is currently stress/anxiety/depression (22.3%) and other known causes (11.8%), compared to the same point last year when it was stress/anxiety/depression, at 22.6% and other known reasons at 11.0%.

In this reporting period work-related stress referrals to Workplace Health & Wellbeing have remained at a significant level of 43%. The main issues reported in this quarter relate to Demands and Relationships and MSK referrals at 13%. No trends identified in the MSK work related cases.

Sickness absence management is a high priority HR workstream as part of the Financial Recovery programme. Analysis is being undertaken to understand where the most effective interventions and supportive measures can be introduced to lower the overall absence rates for the Trust, and ensure correct and timely management action is being used.

Workforce representative continues to attend the Wellbeing Hub allowing 'drop in' support to managers/staff as well as online support resources continue to be available for managers and staff to access, complimented by our Wellbeing Service and support phone line. A further Schwartz Round was undertaken in April 2025.

Improvement Actions

April 2025 – Ongoing promotion of the Wellbeing café and staff support hub. The wellbeing team continue to support the 'Start Well, End Well' initiative being introduced in teams as a further mechanism to support staff wellbeing

April 2025 – Promotion of wellbeing support to staff impacted by the organisational changes and restricting.

April 2025 – Actions created as part of the Workforce Financial Recovery Programme that has focus on trigger points, short term and long term sickness absence

Staff Turnover

Monthly Turnover

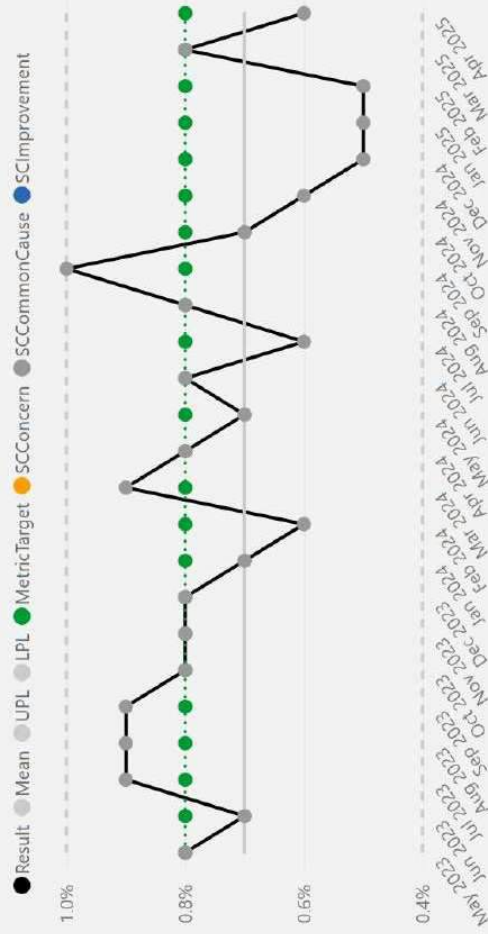
Apr 2025



Analytical Commentary

Variation is Common Cause

Monthly Turnover



Assurance Commentary

The monthly turnover rate for April 2025 is 0.6%

The 12-month average turnover rate continues to reduce, currently to 8.0%.

Of the 44.4 (FTE) leavers that left in the month of April (which compares to 62.4 in March 2025); 34.4 were from three main staffing groups: additional clinical services (e.g. Healthcare Assistants and other support workers); administration and clerical; and registered nursing and midwifery. The main reasons for leaving in April are work life balance, 24.4% and other reasons, 17.0% of leavers in month.

The annualised turnover rate for Registered Nursing & Midwifery is 6.0% reduced from a peak of 13.2% in July 2022. The annualised turnover rate for clinical support workers is 12.1% reduced from a peak of 24% in July 2022.

Support for our workforce in the current changing environment is being enhanced with the development of a new Careers Hub which includes application and CV writing, interview skills and other resources. Further Trust benefits include the wellbeing portal (Vivup) which has many resources of support including access to 24/7 confidential, impartial, telephone support, financial support and guidance for staff, to mention a few in addition to the local staff support hub available Monday – Friday.

Improvement Actions

April 2025 – Support provided to staff impacted by the implementation of the clinical leadership structure, including minimising redundancies where possible.

April 2025 – Development and launch of a Trust wide voluntary redundancy programme, including detailed FAQs, calculators and guidance to enable colleagues to access a range of information to inform if they wish to apply.

Stability Index

Stability Index

Apr 2025

Variation Assurance

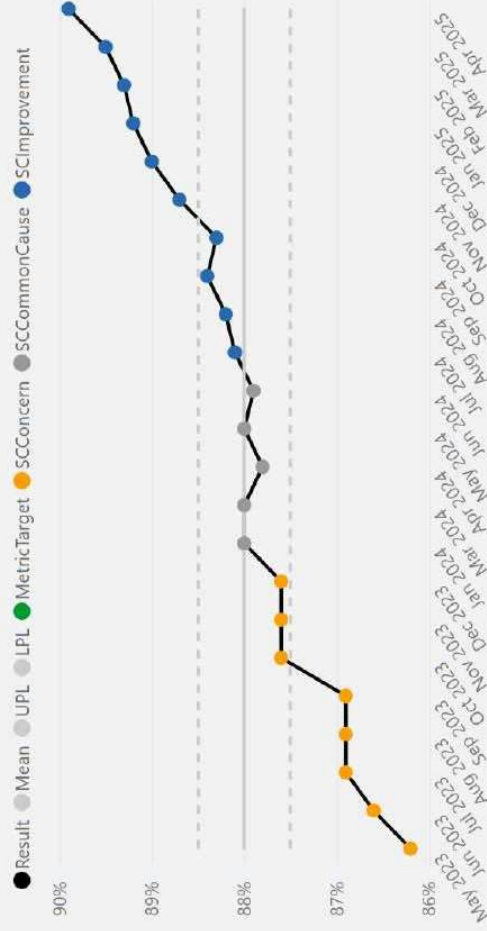


89.90%	Result
N/A	Target
88.50%	UPL
88.00%	Mean
87.50%	LPL

Analytical Commentary

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

Stability Index



Assurance Commentary

The stability index measures the headcount of staff that are in post 12 months ago that remain in post. The stability index for April is 89.9% - where 7,754 staff remain from 8,625 in post 12 months ago. This has seen a gradual improvement over the last 24 months.

The following progress has been made on the People Promise programme during this reporting period:

- Annualised Staff turnover remains low at 6.2% in April 2025
- Infant feeding room has shown an increase in booking from 30 in March to 46 in April
- Car Parking self-assessment process is still underway
- Rouen Rd Space survey has been completed, with the proposals under review.
- Start Well End Well trial
- Schwartz round on being new to the NNUH took place on 29th April
- Sexual Safety at Work policy launched on 29 April
- 17 managers have fully completed their Licence to Lead in April

Resident Doctor survey around detriment completed, results to be shared with Medical Director with detriment risk assessment guidance for distribution to leaders.

Dedicated private FTSU office space opened. Reduction in time required to arrange for meetings and follow ups. Improved access for staff to anonymous reporting has led to an increase of users. A Speak up Champion for AMU has been recruited.

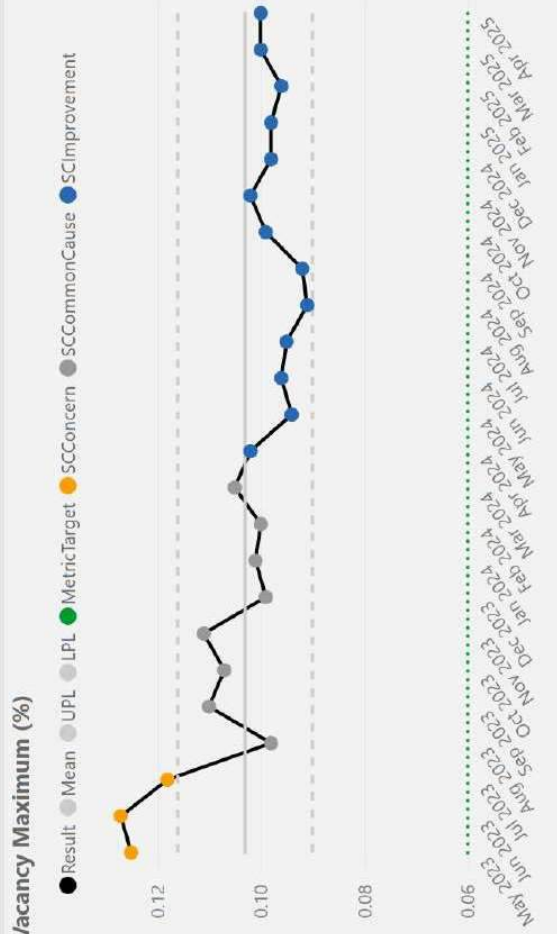
The Workforce Financial Recovery Programme has supported the completion of phase one of the Clinical Structure and preparing for phase two and the launch of a voluntary redundancy programme. Further recommendations being

Improvement Actions

April 2025 – Dedicated private FTSU office space opened.

April 2025 – The outcomes of the staff engagement events to review and make recommendations on the Staff Survey feedback have been collated in preparation for prioritising and finalising the People Promise plan for 2025/26.

Vacancies



Improvement Actions

April 2025 – Vacancy control panels continue. FAQs updated to reflect the decision that roles are advertised internally only first, unless an exception is agreed.

Analytical Commentary

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

Assurance Commentary

The Trust vacancy rate for April 2025 is 10.0% which is equal to the previous month, although lower than the same period last year (10.2%). The average vacancy rate for the past 12-months is (9.7%).

The staff group with the highest rate of vacancies (13.7%) is the staff group of Administration and Clerical. The rate has been increasing since July 2024 (9.6%) and is connected to enhanced vacancy control requirements.

Enhanced vacancy controls remain in place with additional requirements introduced that requires a default position of 'internal only' advertising for vacancies unless the role is a Band 2 role which will then go out for external fill.

The Healthcare Assistant pipeline is ongoing with 43 candidates currently in the selection process and in addition, a further 25 which have start dates booked from April onwards.

As part of the Workforce Financial Recovery Programme, a 'red pen' exercise will be undertaken to review vacancies that have been held for longer than three months as to whether these can be deleted from the establishment permanently. This will aid the workforce reduction.

Recruitment (Non - Medical)

Time to Hire - Total

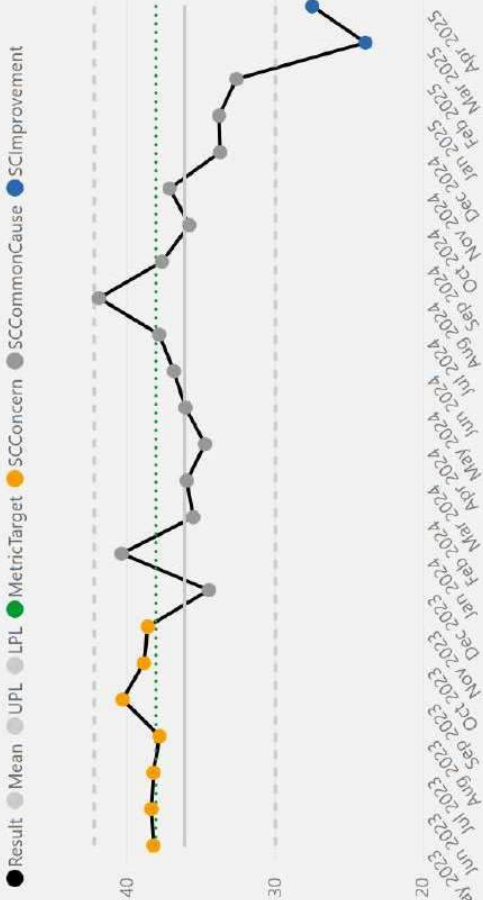
Apr 2025



Analytical Commentary

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

Time to Hire - Total



Assurance Commentary

Time to hire for April was 27.4 working days and although an increase on last month (23.8 days), performance remains well ahead of the Trust target of 38 days.

The ongoing improved performance is directly related to the reduction in recruitment associated with enhanced vacancy controls. In line with trends in previous years, the speed of recruitment slows from April and is usually attributed to an increase in annual leave in March (end of annual leave year) impacting on time to recruit of recruiting managers and recruitment team.

While recruitment KPI data suggests the speed of recruitment is performing very well, the data does not incorporate the additional time that has been introduced to obtain approval to start recruitment through internal vacancy control measures, as well as delays experienced through gaining the wider ICB and NHS England approvals.

Work is currently underway in advance of next month end cycle that will see recruitment data reflected into the Care Groups

Improvement Actions

April 2025 – Realignment of Trac in to Care Groups model for all current and future recruitment episodes.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Time to Hire - Time To Select	Apr 2025	11.6	Common Cause	No Target

Job Planning

Job Plans Signed Off
% (Within 12months)

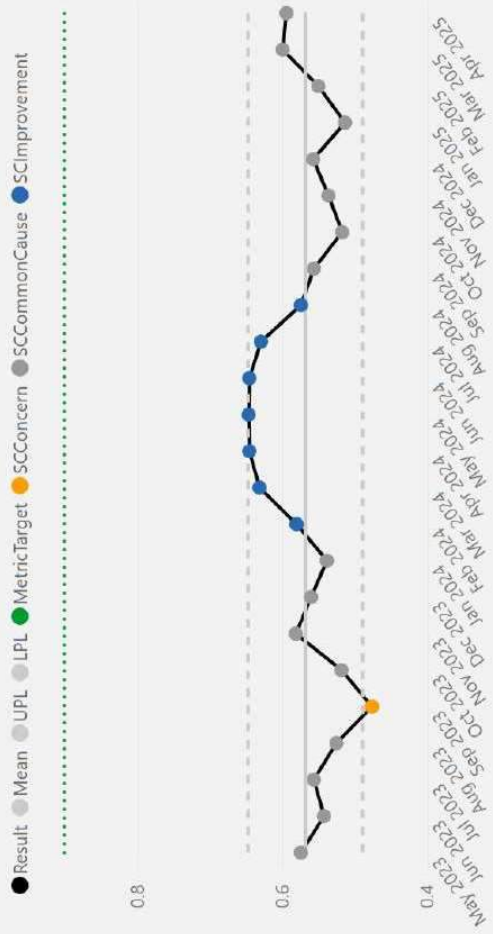
Apr 2025



Analytical Commentary

Variation is Common Cause

Job Plans Signed Off % (Within 12months)



Assurance Commentary

The monthly unadjusted figure has decreased from 59.9% to 59.4%. The adjusted figure has increased from 68.5% to 74.2%. Performance remains behind the target of 90%. The target has not been achieved since May 2021. A range of barriers exist, primarily around the capacity of clinical colleagues.

A new reporting metric is being developed to provide clarity on the compliance, in line with NHS E revised guidance and the adjusted compliance figure of 95%.

Accountability for job planning compliance is expected to improve with the transition to care groups. All Associate Clinical Directors will be invited to be part of the Job Planning Assurance group.

Improvement Actions

April 2025 – Review of reporting methodology subject to final decision, to ensure this is compliant with NHS E revised guidance and the adjusted compliance figure of 95%.

April 2025 – Work has commenced to create a single job plan policy across the group.

April 2025 – RSM external audit actions from job plan audit last year have all been closed.

Quality & Safety

[View in Power BI](#) ↗

Last data refresh:
15/05/2025 10:53:28 UTC

Downloaded at:
15/05/2025 12:53:44 UTC

Quality Summary

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

Topic	Metric Name	Date	Result	Variation	Assurance
Maternity: Mothers	Babies Delivered	Apr 2025	375	 Concern (Low)	No Target
Complaints	Complaints - Response Times - Trust	Apr 2025	28%	 Concern (Low)	Inconsistent
Maternity: Mothers	Mothers Delivered	Apr 2025	370	 Concern (Low)	No Target
Safer Staffing	Safe Staffing Care Hours Per Patient Per Day	Apr 2025	8.1	 Improvement (High)	No Target
Safer Staffing	Safe Staffing Fill Rates	Apr 2025	96.20%	 Improvement (High)	Not capable

SPC Variation Icons



SPC Assurance Icons



Patient Safety



	Incident Type	Last Month		YTD
National Priorities	Maternity & Neonatal incidents which meet the 'Each Baby Counts' criteria referred to MNSI	0		0
	Maternal deaths referred to Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE)	0		0
	Child Death referred to local Child Death Overview Panel (CDOP)	0		0
	Information Governance incidents referred to Information Commissioner's Office (ICO)	0		0
	Deaths of patients in custody, in prison or on probation referred to Prison and Probation Ombudsman	0		0
	Incidents meeting Never Event Criteria to undergo PSII	0		0
	Incidents resulting in death, assessed as more likely than not due to problems in care following Structured Judgement Review to undergo PSII	0		0
	Missed / Delay in Diagnosis to undergo PSII	0		0
	Sub-optimal care to undergo PSII	0		0
	Incidents related to National Screening Programmes referred to local Screening Quality Assurance Team	1		1
Trust PSII Priorities	Neonatal Deaths Referred To PMRT	2		2
Local Level PSR	Death involving patient with Learning Disability referred to local LeDeR reviewer	2		2
	Incidents to undergo another Patient Safety Review (PSR) to provide a proportionate learning response	54		54
	Safeguarding Adults Referrals	81		81

	Supplementary Metrics		Last Month		YTD
Other	Duty of Candour Compliance		100%		100%
	Incidents		1,907		1,907

Assurance Commentary

There were no patient safety incidents allocated for Patient Safety Incident Investigation during April 2025. There were no PSII's signed off during April. There are currently 6 active Patient Safety Incident Investigations. There were 54 incidents identified as requiring another Patient Safety Review to provide a proportionate response. Duty of candour compliance was 100% during April.

Improvement Actions

The learning from incidents and outcomes group (LIOG) continues to meet monthly to monitor oversight of actions arising from patient safety insights including 22 patient safety incident investigations (PSII). This month will see the transition from Datix to InPhase with the incident management module the first to transition to the new system. Support and guidance has been communicated and is on offer from the patient safety team.

Pressure Ulcers

Hospital Acquired Pressure
Ulcers per 1,000 bed
days

Apr 2025

Variation

Assurance

1.1
Result

N/A
Target

1.8
UPL

1.1
Mean

0.5
LPL

Variation is Common Cause

Hospital Acquired Pressure Ulcers per 1,000 bed days

● Result

● Mean

● UPL

● LPL

● MetricTarget

● SCCConcern

● SCCCommonCause

● SCCImprovement

Month	Result	Mean	UPL	LPL
May 2023	1.4	1.1	1.8	0.5
Jun 2023	1.3	1.1	1.8	0.5
Jul 2023	1.4	1.1	1.8	0.5
Aug 2023	1.3	1.1	1.8	0.5
Sep 2023	1.4	1.1	1.8	0.5
Oct 2023	1.3	1.1	1.8	0.5
Nov 2023	1.4	1.1	1.8	0.5
Dec 2023	1.3	1.1	1.8	0.5
Jan 2024	1.4	1.1	1.8	0.5
Feb 2024	1.3	1.1	1.8	0.5
Mar 2024	1.4	1.1	1.8	0.5
Apr 2024	1.3	1.1	1.8	0.5
May 2024	1.4	1.1	1.8	0.5
Jun 2024	1.3	1.1	1.8	0.5
Jul 2024	1.4	1.1	1.8	0.5
Aug 2024	1.3	1.1	1.8	0.5
Sep 2024	1.4	1.1	1.8	0.5
Oct 2024	1.3	1.1	1.8	0.5
Nov 2024	1.4	1.1	1.8	0.5
Dec 2024	1.3	1.1	1.8	0.5
Jan 2025	1.4	1.1	1.8	0.5
Feb 2025	1.3	1.1	1.8	0.5
Mar 2025	1.4	1.1	1.8	0.5
Apr 2025	1.3	1.1	1.8	0.5

Assurance Commentary

April saw an average pressure ulcer incidence of 1.1 per 1000 bed days. This equates to a total of 31 hospital acquired reportable pressure ulcer incidents and in a reduction on the April 2024 (1.2 per 1000 bed days). The trend continues to be under previous 12 months average. Medical areas continue to have the higher incidence, as expected as they hold the higher proportion of vulnerable patients. It is noted that there has been a reduction in heel pressure ulcers this month and 4 device related pressure ulcers that could not be avoided due to clinical need of the patients. Staff continue to remain focused on essential care elements and monthly training for new staff continues to support this.

Improvement Actions

TVS and Research Teams are planning to join a national trial for heel pressure damage and NOFs in those over 65 in early June; the outcomes are anticipated to help shape local pressure care delivery. Brundall are looking to trial a different heel pressure distribution device on their patients to see if we can increase our equipment types without increasing current spend, particularly in OPM areas. This started in May and runs separately to the national trial. Dressing dispenser trial is due to start in June. Clinical photography trial for pressure ulcers commences on Docking in May.

4/20

157/176

Patient Falls

Patient falls per 1,000 bed
days



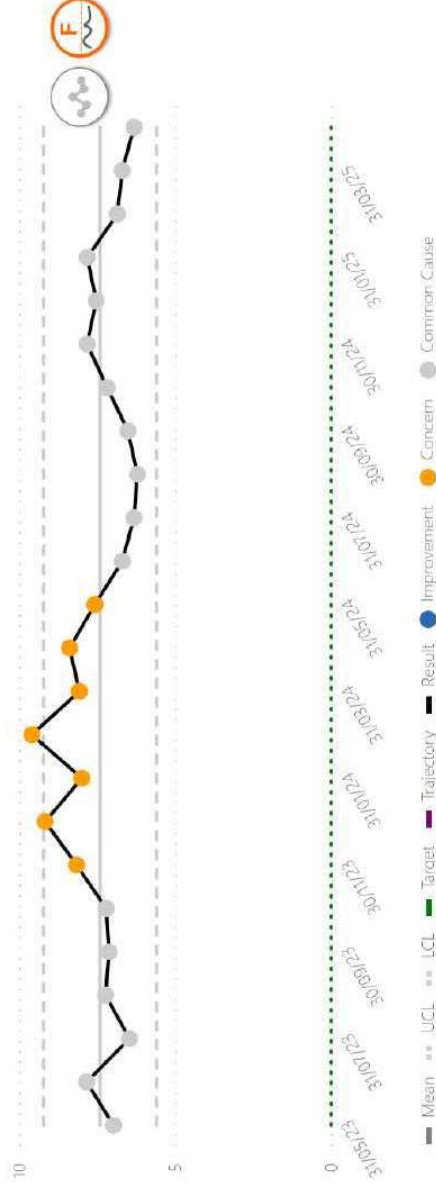
Apr 2025

Falls Setting

ALL SETTING

Assurance Commentary

Total falls for April 2025 173 and falls per 1000 bed days 6.3. This is a reduction of 17.5% for gross falls numbers and 18.8% for falls per 1000 bed days when compared to this point in the year in 2024 and appears related to new frailty triage model to OPM. Falls moderate harm and above 2 for April.



Patient Experience

Friends & Family Score

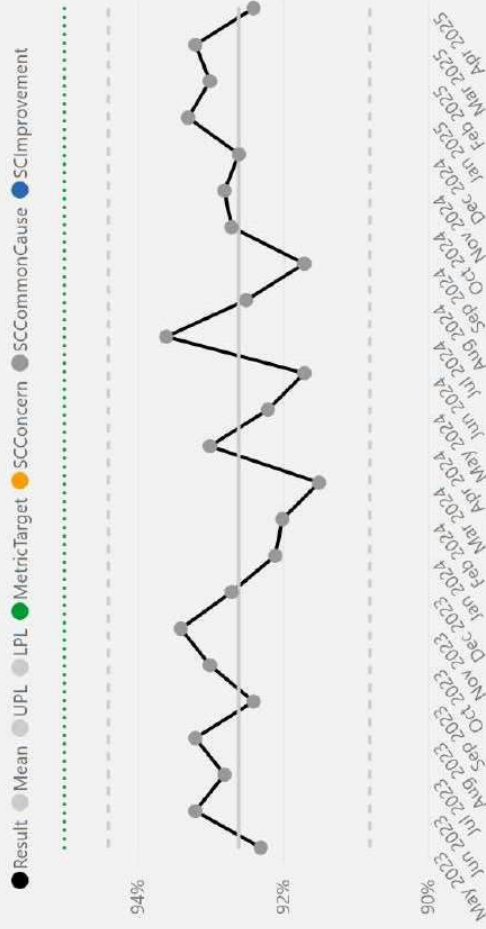
Apr 2025



Analytical Commentary

Variation is Common Cause

Friends & Family Score



Assurance Commentary

3588 Friends and Family Test (FFT) responses were received in April, responses remain within our usual limits. Top feedback themes remain staff attitude, waiting time, communication, implementation of care, and environment for both positive and negative. Overall, 92.53% of feedback received was positive.

Improvement Actions

We are still experiencing delays with new supplier implementation due to cyber and Information Governance sign off at NNUH. Everything else is ready for implementation.

Admin training has commenced. Plans for SMS testing to commence after 14th May update with supplier. PowerBI team are supporting with in house changes to hierarchy

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Compliments	Apr 2025	114	Common Cause	No Target

Patient Concerns

PALS % Closed within 5 days - Trust

Apr 2025

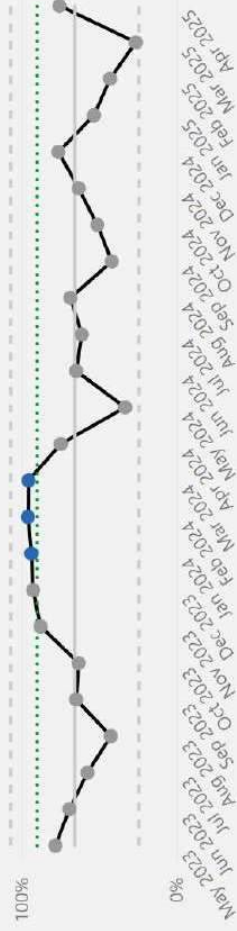


Analytical Commentary

Variation is Common Cause

PALS % Closed within 5 days - Trust

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



Assurance Commentary

At the time of reporting data is incomplete for April and therefore KPIs are not an accurate reflection of performance. Despite this, the data does show some positive impact of the changes introduced for managing new cases. 275 cases have been recorded. Of those, 173 were enquiries and 101 signposting and 1 suggestion. Waiting times (52), Appointments including delays and cancellations (41) and Communications (35) are the most common subjects this month.

PALS % Closed within 7 days - Trust

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



Improvement Actions

Data input remained a challenge during April due to ongoing sickness and vacancy affecting available resources alongside an increase in contacts in month.

The refreshed process for managing new cases into PALS has seen a significant increase in issues and concerns being dealt with in a timely way with ongoing support to clear older records. A review of establishment will be completed to ensure effective deployment of resource to meet volume via PALS.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
PALS Contacts - Trust	Apr 2025	290	Common Cause	No Target

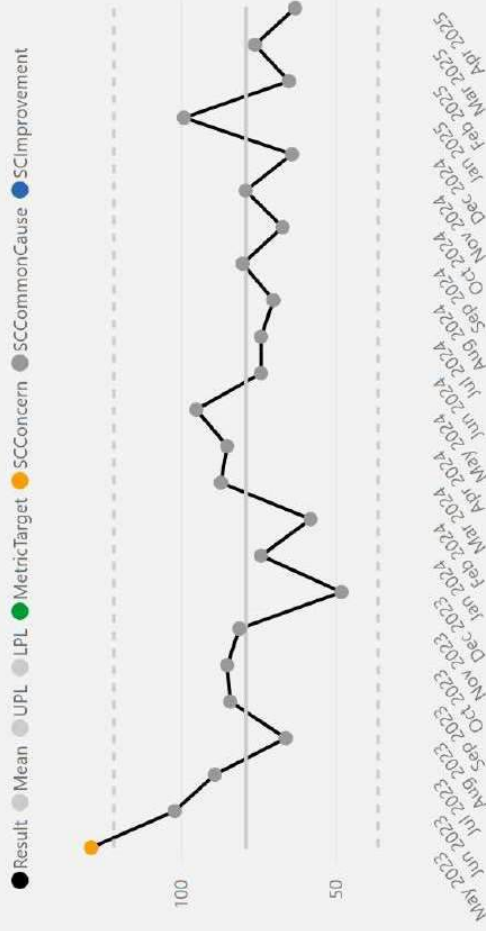
Complaints

Complaints (Trust)

Apr 2025



Complaints (Trust)



Assurance Commentary

59 formal complaints were received this month with a further 27 potential complaints and 37 awaiting consent. 31 complaints were closed this month, 13 of which were older complaints.

The most common subject matter of complaints were: Clinical treatment (30), Communications (11) and Access to treatment or Drugs (9).

122 cases are 5 months or older, including additional 32 first received November 2024. An increase of 23 in total in this cohort.

Analytical Commentary

Variation is Common Cause

Improvement Actions

Vacancies increased in month with additional sickness impacting resource available for case management. Service Manager providing additional support to clear oldest cases and intensive support for current case management with further review of processes and Officer roles and establishment. Officers will be aligned to the new Care Groups. Discussions to take place to establish a replacement for current divisional meetings. The team will work flexibly across the Care Groups to ensure continuity.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Complaints - Acknowledgement	Apr 2025	95%	Common Cause	Inconsistent
Complaints - Response Times - Trust	Apr 2025	28%	Concern (Low)	Inconsistent
Post-investigation enquiries	Apr 2025	0	Common Cause	Capable

Mortality Rate

Crude Mortality Rate

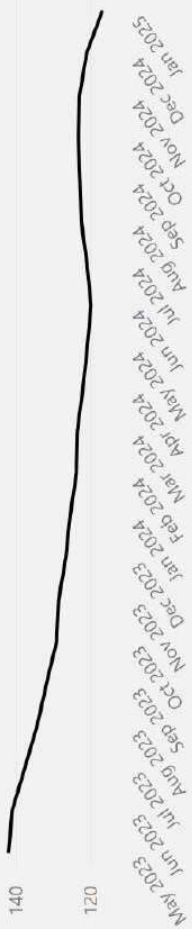
Mar 2025



Crude Mortality Rate



HSMR



SHMI



Analytical Commentary

Variation is Common Cause

Assurance Commentary

SHMI for the rolling year period ending Dec 2024 is 118 (statistically higher than expected) but continues on an improvement trajectory. HSMR- is 116.7 (statistically higher than expected) but also demonstrates an improvement from 120.89 in the previous reporting month. Crude mortality is reported as 2.0% within March 2025 which is slightly up from 1.8% in Feb 25 but remains within statistical control limits.

Improvement Actions

The mortality improvement action plan continues monitoring through the mortality action and review group. In addition, the transformation team are supporting improvements in clinical data quality which will support an increased depth of coding, in- directly supporting the mortality data improvements.

Metric Name	Date	Result
HSMR	Jan 2025	116.70
SHMI	Dec 2024	118

Safer Staffing

Safe Staffing Fill Rates

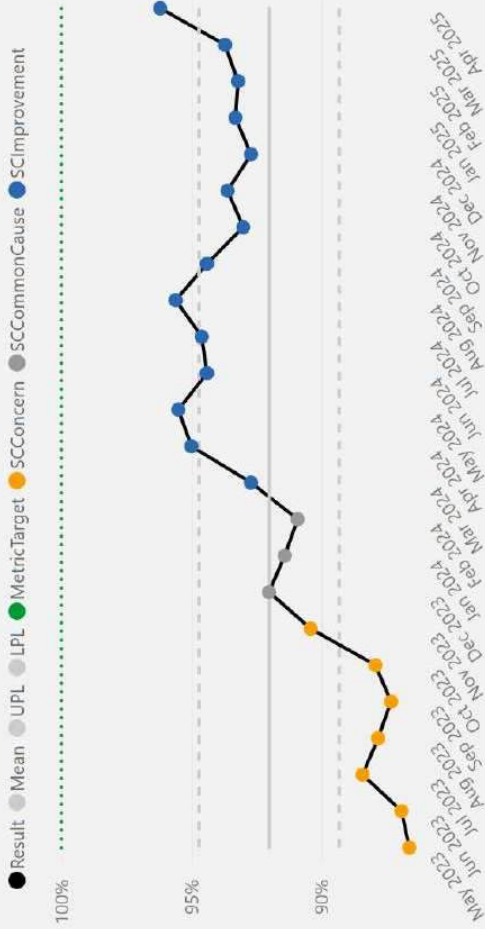
Apr 2025



Analytical Commentary

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

Safe Staffing Fill Rates



Assurance Commentary

In April 2025, fill rates for Registered Nursing and Midwifery (RN/M) staff stood at 94.7% and 98.0% for Healthcare Support Workers (HCSW). Medicine achieved an RN fill rate of 100.9% and HCSW rate of 97.7% (overall 99.1%), while SCEC reported 92.9% for RN and 103.3% for HCSW (96.8% overall). The Women & Children's division had lower staffing levels, with RN/M at 86.1% and HCSW at 90.3% (87.2% overall). The overall Care Hours Per Patient Day (CHPPD) was 8.1 (RN/M: 4.4, HCSW: 3.7), with variations across divisions: Medicine (7.3), SCEC (8.0), and Women & Children's (12.8). A total of 136 incidents resulting in patient harm were reported, including one severe fall under review, and several moderate harm events in medicine and surgery. Seven TES-related incidents were logged with no or low harm: all but one have been closed.

Improvement Actions

Chief Nurse's Office Check & Confirm audit tool shared with Hunter Healthcare group to allow additional scrutiny and identify any further learning or efficiencies to ensure a consistent approach to roster planning, creation and management across the hospital.

Exemption panels are in place to ensure safer staffing is maintained during increased vacancy control.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
-------------	------	--------	-----------	-----------

Infection Prevention & Control

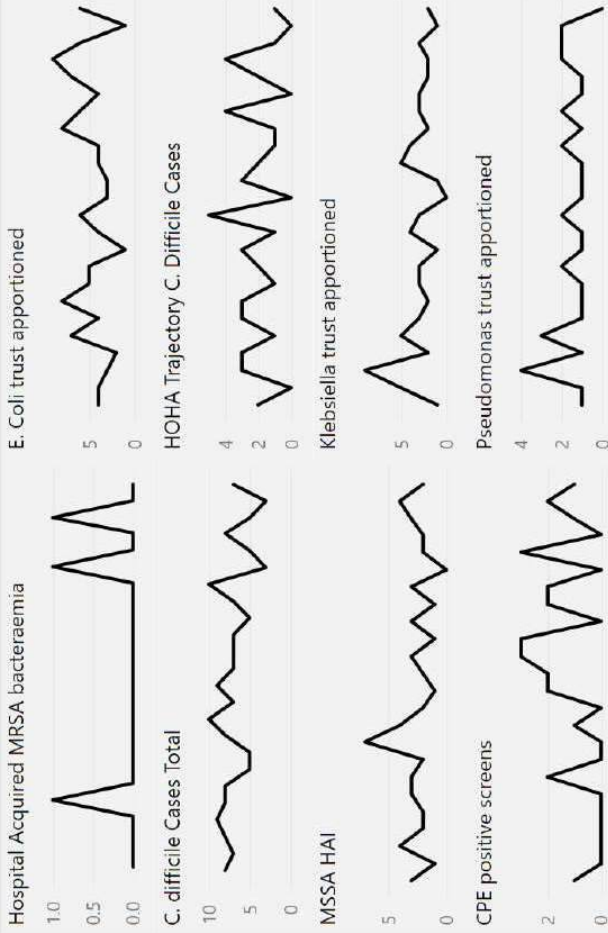
MetricName	Date	Result	Target	Mean
C. difficile Cases Total	Apr 2025	7	90	7
CPE positive screens	Apr 2025	1	N/A	1
E. Coli trust apportioned	Apr 2025	6	100	5
HOHA Trajectory C. Difficile Cases	Apr 2025	1	0	2
Hospital Acquired MRSA bacteraemia	Apr 2025	0	0	0
Klebsiella trust apportioned	Apr 2025	2	55	3
MSSA HAI	Apr 2025	2	N/A	3
Pseudomonas trust apportioned	Apr 2025	0	29	1

Assurance Commentary

1 COVID-19 outbreak – Jack Pryor escalation – 3 patients.
1 Influenza outbreak – Mattishall – 2 patients.
CCC commenced supportive measures on 01.04.2025 – 08.05.2025 due to 2 cases of ESBL Klebsiella.
Guist commenced supportive measures on 29.04.2025 - ongoing due to 2 cases of HCAC C. diff.
3 ward closures for Norovirus – Elsing, Dunston & Elsing.
Reportable Healthcare Associated Infection (HCAI) figures April 2024 – March 2025
Clostridioides difficile - total of 82 HOHA & COHA cases within the annual threshold of 90.
E. Coli – total of 111 HOHA & COHA cases exceeding the annual threshold of 100.
Klebsiella – total of 43 HOHA & COHA cases within the annual threshold of 55.
Pseudomonas – total of 28 HOHA & COHA cases within the annual threshold of 29

Improvement Actions

C. difficile Post Infection Review (PIR) meetings held monthly with clinical staff and Norfolk & Waveney ICB to establish lapses in care. Learning is disseminated in the monthly OWL and is now integrated within Datix. Providing access to divisional governance teams, ensuring actions and learning is discussed and disseminated appropriately.
Surveillance undertaken on each Healthcare Associated Gram-negative Blood Stream Infection to ascertain the potential sources.
All periods of increased incidence have had an IMT completed and supportive measures appropriately put in place.
IMT's & Post Infection Reviews completed for Norovirus ward closure, good practice & learning identified and shared, actions being monitored via datix by medical governance team.



Covid-19 Timeseries

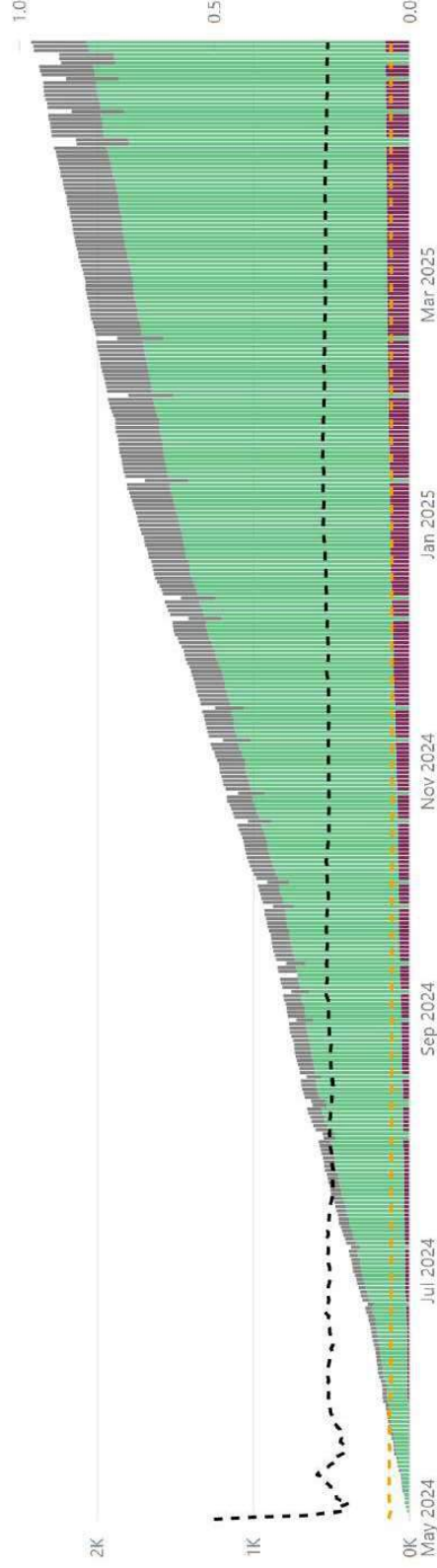
Inpatient deaths and discharges recorded on PAS for Covid-19 positive patients



Discharge Date	01/05/2024	30/04/2025
Total Covid-19 Discharges	2420	352
C19 In-hospital Deaths	152	1916
C19 Died <= 30 Days Discharge	0.21	0.05
C19 Discharges to Code	45	4
Overall Trust Crude Mortality		
Covid-19 Crude Mortality		
Suspected Covid-19 Deaths		

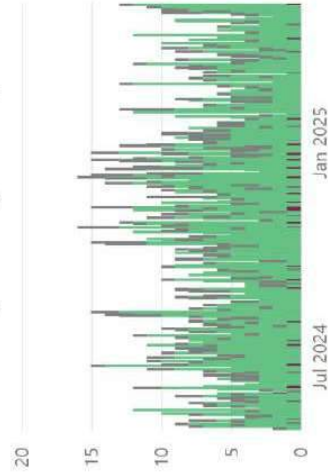
Cumulative Covid-19 Discharges, Deaths and Crude Mortality

● Died <= 30 Days ● Discharged ● In-hospital Death ● Cumulative Covid Crude Mortality ● Cumulative Trust Mortality



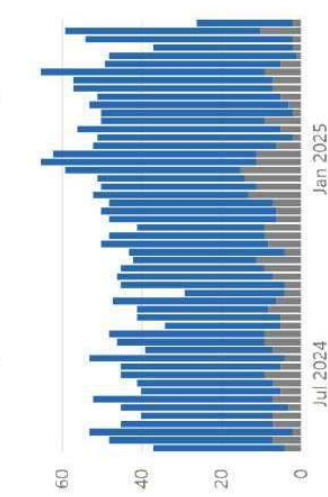
Covid-19 Discharges and Deaths by Day

● Died <= 30 Days ● Discharged ● In-hospital Death



In-hospital Deaths by Week

● Covid In-hospital deaths ● Non Covid In-hospital Deaths



% Covid-19 Positive In-hospital Deaths





System IPR: SPC Summary

Maternity - Caesarean births in Robson group 1 - Provider

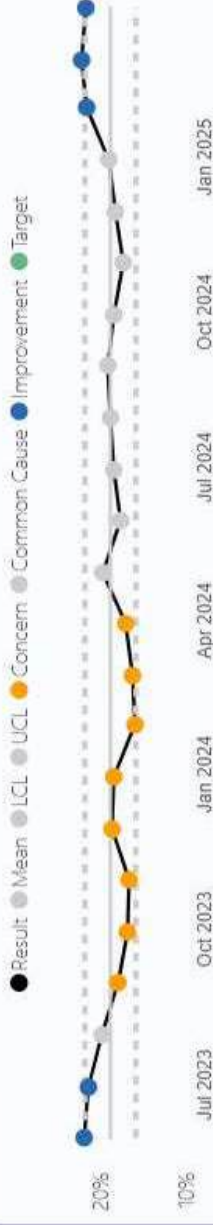


Metric Description

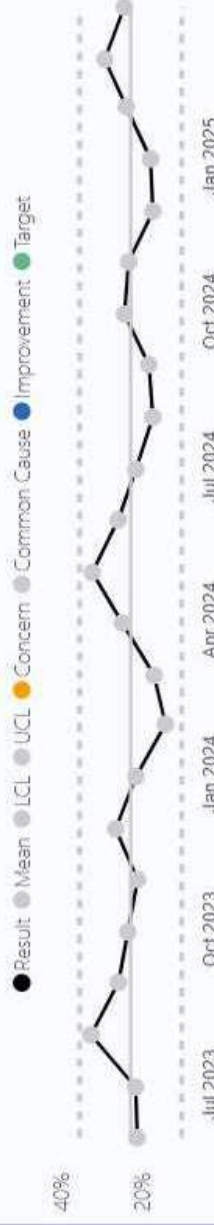
The percentage of women in Robson Group 1 who birthed by caesarean section in the given month. *Figure reported is 3 month rolling average

Level	Latest Date	Metric Data Source	Result	Target	Variation	Assurance
All Acutes	Mar 25	Provider Submission	21.80 %			
JPUH	Mar 25	Provider Submission	24.50 %			
NNUH	Mar 25	Provider Submission	22.60 %			
QEH	Mar 25	Provider Submission	16.00 %			

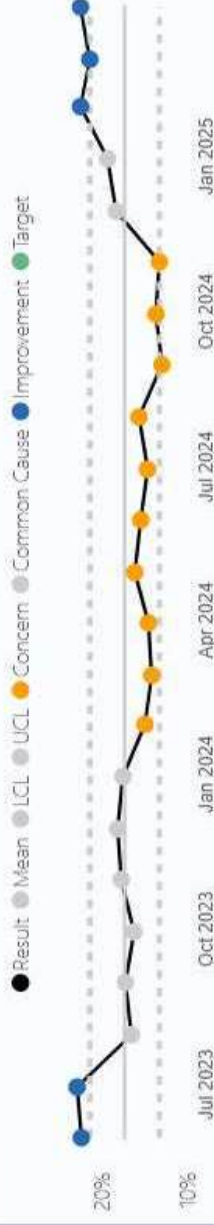
All Acutes



JPUH



NNUH



QEH





System IPR: SPC Summary

Maternity - Caesarean births in Robson group 2 - Provider

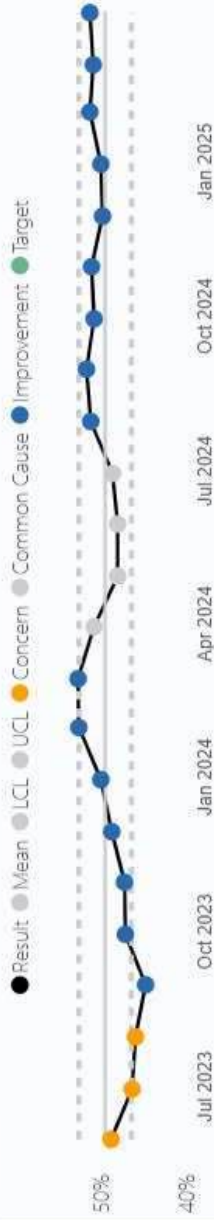


Metric Description

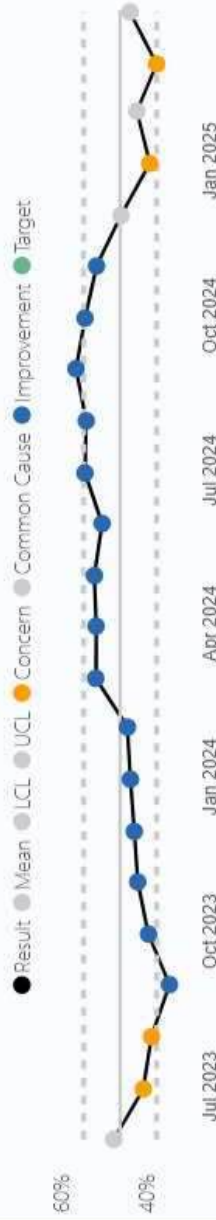
The percentage of women in Robson Group 2 who birthed by caesarean section in the given month. *Figure reported is 3 month rolling average

Level	Latest Date	Metric Data Source	Result	Target	Variation	Assurance
All Acutes	Mar 25	Provider Submission	51.40 %			
JPUH	Mar 25	Provider Submission	44.00 %			
NNUH	Mar 25	Provider Submission	53.30 %			
QEH	Mar 25	Provider Submission	52.90 %			

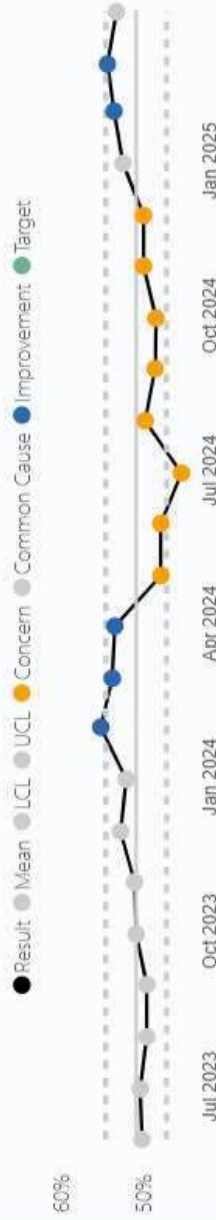
All Acutes



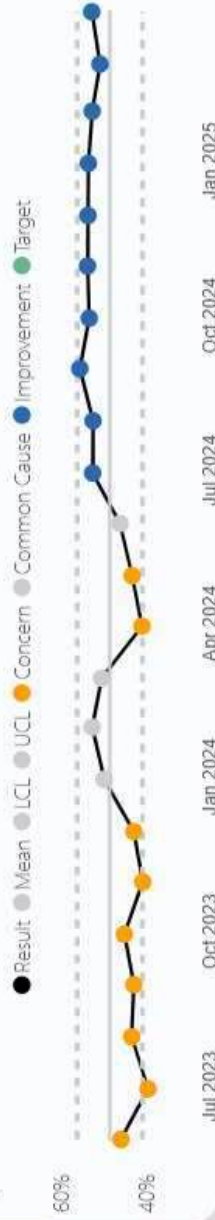
JPUH



NNUH



QEH





System IPR: SPC Summary

Maternity - Caesarean births in Robson group 5 - Provider

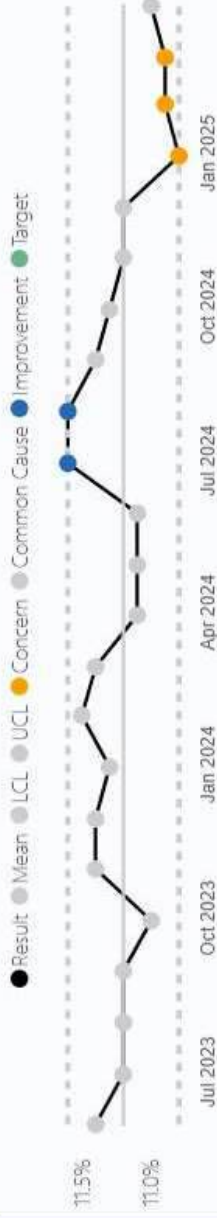


Metric Description

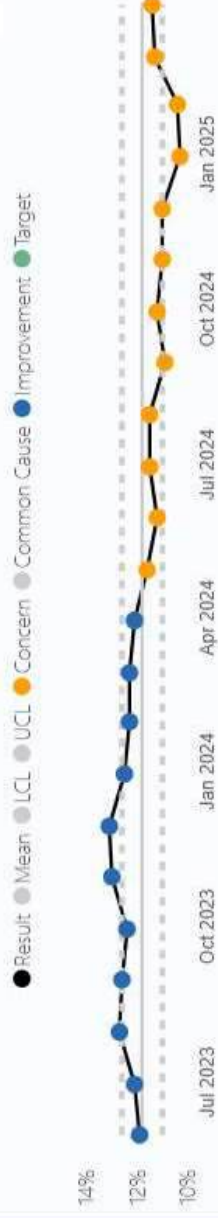
The percentage of women in Robson Group 5 who birthed by caesarean section in the given month. *Figure reported is 3 month rolling average

Level	Latest Date	Metric Data Source	Result	Target	Variation	Assurance
All Acutes	Mar 25	Provider Submission	11.00 %			
JPUH	Mar 25	Provider Submission	11.40 %			
NNUH	Mar 25	Provider Submission	11.00 %			
QEH	Mar 25	Provider Submission	10.80 %			

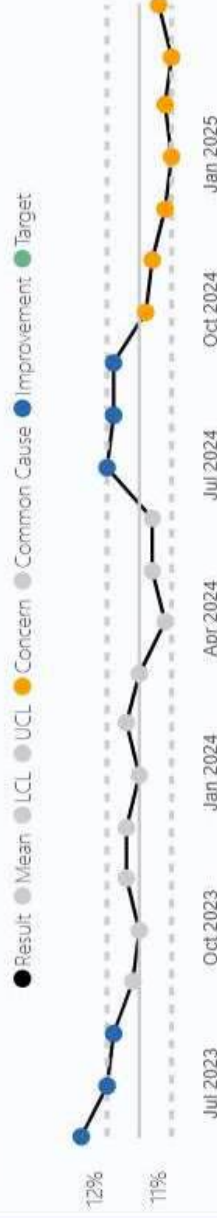
All Acutes



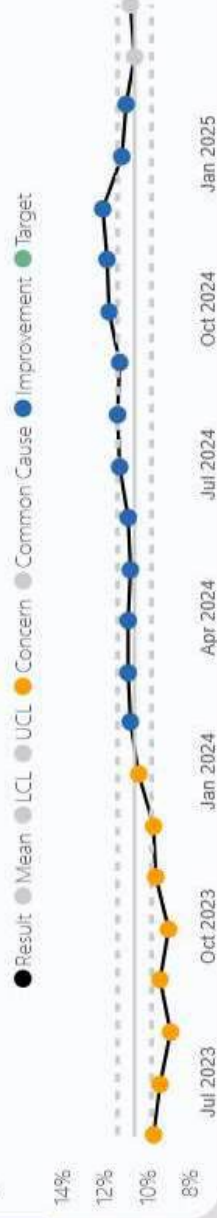
JPUH



NNUH



QEH



Maternity: Mothers

Mothers Delivered

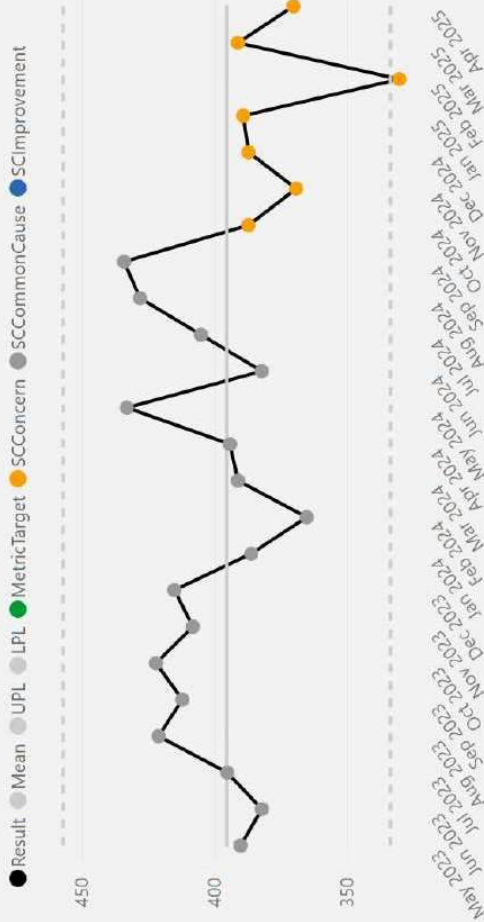
Apr 2025



Analytical Commentary

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

Mothers Delivered



Assurance Commentary

In April we delivered 370 mothers with 375 babies. We had 1 stillbirth. WE delivered 332 mothers on delivery suite, 33 on MLBU and 4 at home. We had 1 BBA - This will be reviewed by the community team leaders. We had 183 cephalic deliveries - 49.5%, - 150 c/s 40.5% - 83 emergency cases / 67 elective cases, and 35 instrumental deliveries 9.5% - 19 forceps and 16 ventouse deliveries. We had 37.6% of women induced - 0.3% of those for reduced fetal movements. We had 2.3% - 3/4th degree tears and 3.8% of PPH. We had 3 readmissions - 2 sepsis/wound infections and 1 post dural headache. We had 2 transfers out due to acuity. We booked 91.1% of women before 13 weeks.

Improvement Actions

To monitor readmissions, Born Before Arrivals (BBAs) and consider impact of transfers of women due to NICU activity.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
1:1 Care in Labour	Apr 2025	99.3%	😊	No Target
3rd & 4th Degree Tears	Apr 2025	2.3%	😊	Inconsistent
Births Before Arrival	Apr 2025	1	😊	No Target
Post Partum Haemorrhage ≥1500mls	Apr 2025	3.8%	😊	No Target

Mothers Delivered

370

Babies Delivered

375

Maternity: Babies

Unplanned NICU ≥37
week Admissions (E3)

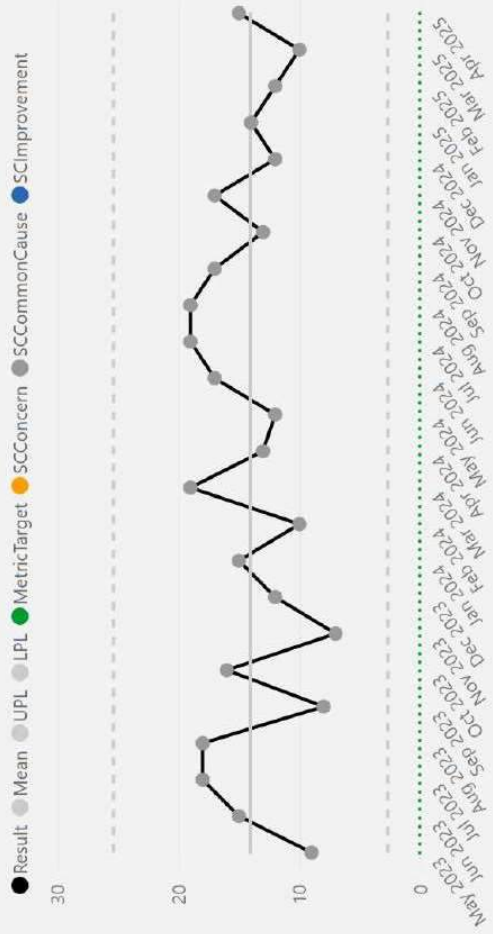
Apr 2025



Analytical Commentary

Variation is Common Cause

Unplanned NICU ≥37 week Admissions (E3)



Assurance Commentary

In April we support 370 mothers to deliver 375 babies. We had 1 stillbirth and 1 neonatal death - these incidents are reviewed at our daily triage meeting and discussed at the weekly joint MIRE meeting. There was 15 unexpected admissions to NICU - these will be reviewed at the triage meeting and investigated by the ATAIN group for themes and trends. No Hypoxic-Ischemic Encephalopathy (HIE) cases were identified. 81% of babies breast fed at delivery and 61.6% on transfer to the community. 77% were mixed feeding on transfer. 7.7% of babies delivered pre-term.

Improvement Actions

NICU admissions are reviewed via the daily triage process with deep dive by the ATAIN team.
Infant feeding statistics continue to be monitored.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Adjusted Still Births	Apr 2025	1	Not Applicable	No Target
Appgar score <7 @5, ≥37 weeks	Apr 2025	9	Common Cause	No Target
Early Neonatal Death	Apr 2025	1	Not Applicable	No Target
Mothers Transferred Out of Unit	Apr 2025	2	Common Cause	No Target

Saving Babies Lives

Topic	Metric Name	Date	Result	Variation	Assurance
Smoking Awareness	Smoking Status at Delivery	Apr 2025	5.8%	Common Cause	Inconsistent
Fetal Growth Restriction	Less Than 3rd centile born > 37+6 weeks	Apr 2025	1%	Common Cause	Not capable
Fetal Growth Restriction	SGA detected Antenatally	Apr 2025	51%	Common Cause	No Target
Reducing Preterm Birth	Singleton Births Preterm	Apr 2025	8%	Common Cause	Inconsistent
Reducing Preterm Birth	Singleton live births < 34 wks (AN corticosteroids within 7 days PN)	Apr 2025	33%	Common Cause	Inconsistent

Assurance Commentary

The Saving Babies' Lives Care Bundle (SBLCB) V3.2 has been launched - the team will review its contents / changes and act accordingly. The team will work with the LMNS/Regional team to facilitate the compliance required.

Improvement Actions

The diabetes midwifery and consultant team will complete a compliance review of Element 6 (management of pre-existing diabetes) of Version 3 of the Saving Babies Lives Care Bundle (SBLCB).
 The service will undertake a series of audits related to pregnancies at risk of fetal growth restriction.
 We will continue partnership working with the Local Maternity and Neonatal System (LMNS) workstream for smoking cessation (Element 1) supporting the new advisors within each Trust.

Adult Safeguarding

Safeguarding Adults Referrals

Apr 2025

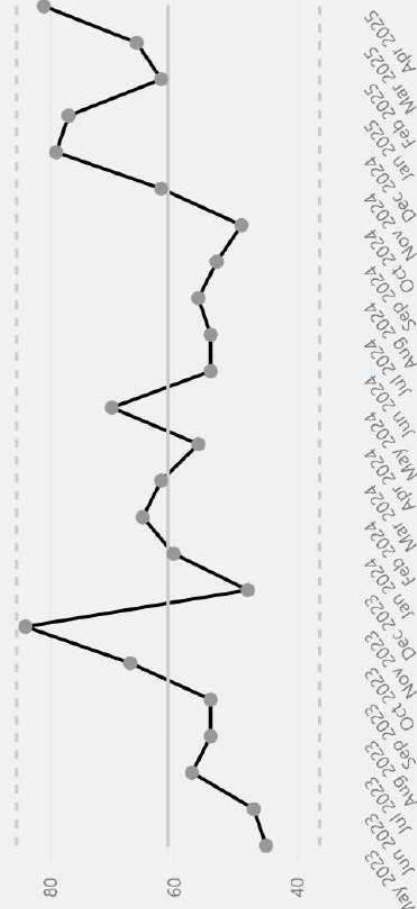


Analytical Commentary

Variation is Common Cause

Safeguarding Adults Referrals

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



Assurance Commentary

There were six section 42s raised against NNUH in April, five relating to pressure ulcers, and one an allegation of neglect. The three acute hospitals safeguarding leads have had a discussion with regards to managing pressure ulcers and ascertaining when it's appropriate to make a safeguarding referral and subsequent to this, on 14/04/25 the leads delivered an action to the three Tissue Viability Nurses in each of the acutes to collaborate on a single pathway relating to safeguarding referrals of pressure ulcers so that the Group can follow the same process. This is work ongoing.

Improvement Actions

The Norfolk Safeguarding Adults Board (NSAB) Framework pilot completed end of January 2025. The Safeguarding Leads met with the ICB Designated Safeguarding Team to review the recommendations of the pilot. It was observed that the sample used was not big enough to represent the demographics of the organisations involved in this evaluation. This will be fed back to NSAB by the ICB to make a final analysis on whether the framework should be endorsed. Separate to this, NNUH safeguarding adults pathways are undergoing an audit facilitated by RSM. Initial feedback is expected 23/05/25.

Children & Midwifery Safeguarding

Safeguarding Children and Midwife...

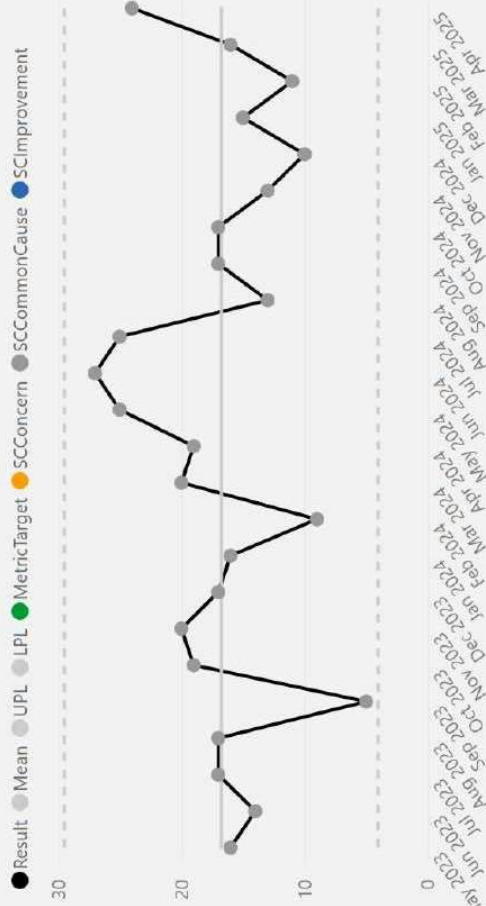
Apr 2025



Analytical Commentary

Variation is Common Cause

Safeguarding Children and Midwifery Referrals



Assurance Commentary

There was a real push from the safeguarding team to staff in paediatrics and midwifery to complete ICE notifications when a referral for a child or unborn baby is made to Children's Services. Referrals into the Local Authority are still telephone only and staff are being encouraged to complete the process by notifying the internal safeguarding team to be able to support with any follow up required. We did see a slight increase in the number of ICE notifications made in April, totalling 24. Outside of this, staff still feel confident in identifying concerns of families that require external input. Supervision continues to be offered adhoc.

Improvement Actions

The safeguarding team is undergoing an audit facilitated by RSM looking at our safeguarding children, safeguarding adults and MCA/DoLS processes. An initial meeting was held on 22/04/25 with the Audit Consultants to better understand our procedures. Since then, the safeguarding team has been providing the evidence requested to offer a better analysis of our governance and reporting structures, as well as an assessment of our legislative responses. RSM will attend NNUH on 16/05/25 for audit testing and then a meeting has been scheduled for 23/05/25 to receive initial feedback of the audit.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Safeguarding Children Referrals	Apr 2025	15	⬆️	No Target
Safeguarding Midwifery Referrals	Apr 2025	9	⬆️	No Target

REPORT TO THE TRUST BOARD			
Date	04 June 2025		
Title	Chair’s Key Issues Report from the Quality and Safety Committee		
Lead	Dr C Fernandez Committee Chair		
Purpose	For Information		
1. Background/Context The Quality and Safety Committee met on 20 May 2025 and discussed matters in accordance with its Terms of Reference. Papers for the meeting have been made available to all Board members for information in the usual way via Admin Control. The meeting was quorate and was attended by Ms Abdulkareem and Mrs Moore as Patient Safety Partners.			
2. Key Issues/Risks/Actions In addition to reviewing standard reports in accordance with its Terms of Reference, the Committee identified the following matters of note to bring to the attention of the Board: • The Committee spent time reviewing and agreeing the work programme of agenda items to be reported for the remainder of the fiscal year. • It was agreed clinical visits are important and that these should be aligned to the agenda topics as much as possible • The level of assurance of the Committee suffered due to the lateness of some papers and the level of content within the papers. It is felt that the content of the papers goes into too much operational detail, without highlighting key areas for concern or improvement, and provide reassurance rather than assurance to the Committee. The Committee noted the level of change within the Trust and transition to the Group Model, and highlighted the need to ensure that during this time assurance provided on the quality, safety and experience of care provided is not affected.			
Key Matters for the Attention of the Board			
Assurance Levels			
• Quality Account for 2024-2025, the draft document was shared with the Committee for comment. The Committee expressed a view that the document required improvement and the images did not reflect our workforce or meet our values relating to equality, diversity, and inclusion. The level of detail contained within the document was variable and there were			Not Assured

inconsistencies in terms of grammar and language. The Committee agreed a series of remedial actions to address these issues, and it was agreed to circulate an updated version of the document via email to the Committee for approval.	
• Safer Staffing report nursing, midwifery and AHPs, the report was detailed and addressed the concerns previously raised by the Committee concerning Care Hours Per Patient Day (CHPPD), vacancies and the triple lock process. The process of recording the acuity three times a day and allows staff with appropriate skills to be moved to mitigate any potential risks and red flags was described. The Chief Nurse also provided detail on how information is being triangulated in relation to the rosters, budgets, head count review and reduction in the use of agency and bank staff.	Assured
• Chronic Condition Pathways and hot clinics. More detailed analysis to be brought back in June due a slight delay in progress due to the implementation of Care Groups. These clinics are all available to Paramedics and will be rolled out to the Community Hospital shortly. Looking to co locate community team alongside Loddon to create a Frailty AMU. A further report is scheduled for the June meeting to address the issues raised by the Committee.	Partially Assured
• IPR. Good performance noted in Staffing with Mortality, Maternity Cardiology and Safeguarding metrics to include a more focussed and informative narrative on the key areas of concern, actions to address and impact on patient outcomes	Partially assured
• ICCNA. Good assurance on the embedding of PSIRF framework within the organisation and participation in local and national audits. Limited assurance on the timely response to historical SI action plans and the impact of actions from PSIRF. Limited assurance on the timely response to PALS and complaints and that these are being effectively used to drive improvements. Request that audit data is presented to provide assurance that good performance and areas for improvement are clearly identified.	Partially assured
• PLACE Assessment. Improvements noted across all domains and support from largest patient assessors to date with an action plan in place to drive further improvements and operational oversight by PEEG.	Assured
Alerts to Board	
• All papers need to be uploaded to Admin Control in a timely manner (Thursday ahead of the Q&S), otherwise the Committee cannot undertake the appropriate level of review and scrutiny. A timetable has been put in place to address this.	
Advice to Board	
• Non-Executives need to be better when saying a paper for a Committee or to Board provides good assurance and provide constructive feedback on areas where papers can be improved, so that colleagues can learn from what provides assurance and reassurance. • An education programme needs to be provided to the Care Groups to support with drafting papers accordingly. • Note the valuable discussion about the work plan for the Committee and to continue to dedicate time to this as it will be important during the transition to Group governance.	

3 Conclusions/Outcome/Next steps The Committee is scheduled to meet again on 24 June 2025.
Recommendation: The Board is recommended to note the work of its Quality and Safety Committee.