

Trust Board (Public) - 24 September 2025

Wed 24 September 2025, 09:30 - 15:00

boardroom

Agenda

- 09:30 - 09:30

0 min

Agenda

00 TB Agenda Public September 2025 Public .pdf (1 pages)
- 09:30 - 09:30

0 min

Clinical/Departmental Visits – Critical and Complex Care and Theatres

All Board members are to meet in the Boardroom at 8:40 to walk down together as a presentation will be give in the CCC Seminar room. The Board members will then convene in the Boardroom to commence the Board meeting at 10:30 am.
- 09:30 - 09:30

0 min

1. Apologies & Declarations of Interest

Information

Chair

1.1. Reflections on Clinical/Departmental Visits

09:30 - 09:30

0 min

2. Minutes of the Board meetings held in public on 04 June 2025

Decision

Chair

Agenda item 2 Unconfirmed Public Minutes 04.06.2025.pdf (6 pages)

09:30 - 09:30

0 min

3. Matters arising and update on actions

Agenda item 3 ACTIONS public board.pdf (2 pages)

09:30 - 09:30

0 min

4. Group Chair Update - Verbal

Information

Mark Friend

09:30 - 09:30

0 min

5. Group Chief Executive’s report

Information

Lesley Dwyer

Group Chief Executive Report to NNUH Board of Directors Sept 2025.pdf (4 pages)

Appendix 1- J.Mackey Letter_Building on Progress.pdf (5 pages)

09:30 - 09:30

0 min

6. Interim Executive Managing Directors Report

Information

Tracey Bleakley

Agenda item 6 Trust Board Report Managing Director 2025_Public.pdf (5 pages)

09:30 - 09:30

0 min

7. Winter planning update

Information

Chris Cobb

Agenda item 7 NNUH Winter Plan - Cover Sheet.pdf (1 pages)

Agenda item 7 Board Assurance Statement - NHS Trust.pdf (5 pages)

09:30 - 09:30 8. NHS NNUH Provider Self Assessment

0 min

Information *Chris Cobb*

 Agenda item 8 NHSE Provider Capability Self-Assessment (Sep 25).pdf (2 pages)

09:30 - 09:30 9. Finance report YTD

0 min

Decision *Marcus Thorman*


 Agenda item 9 Finance Report M5 - Board.pdf (4 pages)

 Agenda item 9 Trust Board Cover Sheet - M5 Finance Report.pdf (2 pages)

09:30 - 09:30 10. Reports for Information and Assurance from Sub Committees:

0 min

10.1. Quality and Safety Committee


 Agenda item 10a - Q&S Committee Chair Report.pdf (4 pages)

10.2. Quality and Safety IPR


 Agenda item 10 b Quality & Safety IPR.pdf (17 pages)

10.3. Finance, Investments and Performance Committee

 Agenda item 10cFIP Chairs' report 230725.pdf (2 pages)

 Agenda item 10c FIP Chairs' report 17092025 final.pdf (1 pages)

10.4. Operational IPR

 Agenda item 10 d Operatoinal and Performance IPR.pdf (25 pages)

10.5. People and Culture Committee

 Agenda item 10e 1024092025 People and Culture Committee.pdf (2 pages)

10.6. Workforce IPR

 Agenda item 10f Workforce IPR Aug-25 data.pdf (10 pages)

09:30 - 09:30 11. Questions from Members of the public

0 min

Meeting of the Trust Board in Public

04 June 2025

To be held: 10.30 to 12.00 on **24 September 2025**

Venue: NNUH boardroom and Microsoft Teams

Agenda

	Item	Timing	Lead	Purpose
0	Clinical/Departmental Visits – Critical and Complex Care – all Board members are to meet in the Boardroom at 08:40 to walk to critical care after a debrief. There patient story will then be shared in the Seminar room	08:45-09:15		
0				
0	BREAK			
1.	<ul style="list-style-type: none"> Apologies & Declarations of Interest – Reflections on Clinical/Departmental Visits 	10:30-10:45	Chair	Information/ Discussion
2.	Minutes of the Board meetings held in public on 04 June 2025		Chair	Approval
3.	Matters arising and update on actions		Chair	Discussion
4.	Group Chair Update - Verbal	10:45-10:55	MF	Information
5.	Group Chief Executive's report	10:55-11:10	LD	Information
6.	Interim Executive Managing Directors Report	11:10-11:20	TB	Information
7.	Winter planning update	11:20-11:30	CC	Information
8.	NHS NNUH Provider Self Assessment	11:30-11:40	CC	Information
9.	Finance Finance report YTD	11.40-11:50	MT	Information Approval
10.	Reports for Information and Assurance from Sub Committees:			
	(a) Quality and Safety Committee	11.50-12.20	Co chairs	Discussion
	(b) Quality and Safety IPR			
	(c) Finance, Investments and Performance Committee			
	(d) Operational IPR			
	(e) People and Culture			
	(f) Workforce IPR			
	(g) Charity			
11.	Questions from members of the public	12:20-12:30	Chair	

* Background documents uploaded to Resource Centre

Date and Time of next Board meeting in public

MINUTES OF TRUST BOARD MEETING IN PUBLIC

HELD ON 02 APRIL 2025

Present:	Mr M Friend	- Interim Group Chair
	Mr T Spink	- Vice Chair
	Prof L Dwyer	- Group Chief Executive Officer
	Dr B Brett	- Medical Director
	Mr C Cobb	- Chief Operating Officer
	Ms R Cocker	- Chief Nurse
	Ms S Dinneen	- Non-Executive Director
	Prof P Baker	- Non-Executive Director
	Mr J Foster	- Non-Executive Director
	Mrs N Gray	- Non-Executive Director
	Mrs J Hannam	- Non-Executive Director
	Dr U Sarkar	- Non-Executive Director
In attendance:	Mrs E Batchelor	- Assistant to Board Secretary
	Ms A Berry	- Director of Transformation
	Mrs J Bradfield	- Head of Communications
	Mr R Millbourne	- Interim chief of Staff
	Mrs S Gooch	- Director of Workforce
	Mrs L Martin	- Interim Director of Estates and Facilities

Members of the public and press

25/021 **APOLOGIES, DECLARATIONS OF INTEREST, CHAIRMAN'S INTRODUCTION AND REFLECTIONS ON VISITS**

Apologies were received from Mr Thorman and Mr Prosser Snelling. No conflicts of Interest were declared in relation to matters for consideration by the Board.

Mr Friend thanked the warm welcome he has received since starting at the NNUH including the support from the executive team in taking the time to familiarise Mr Friend with the organisation.

Prior to the meeting, board members attended clinical visits and reflected on these below. The Board noted both operational strengths and areas for improvement. Key observations included the high volume of testing and innovation within the labs, challenges related to IT infrastructure and cross-site working, and the need for improved demand management and resource allocation. The teams demonstrated pride in their work and highlighted the importance of staff morale, while also expressing concerns about financial and operational pressures. The visits underscored the value of ongoing investment in technology, the necessity of clear communication and collaboration across sites, and the importance of recognising and supporting staff achievements. These reflections will inform future strategic priorities and operational improvements across the trust.

25/022 **EXPERIENCE OF CARE - PATIENT/FAMILY REFLECTIONS**

The Board received a patient experience story highlighting the significant impact of the

expert by experience volunteer programme on Kilverstone Ward. The story focused on a patient, Stephen, who described how interactions with volunteers—former patients who had undergone similar cardiac procedures—greatly alleviated his anxiety and improved his outlook during his hospital stay. Stephen emphasised that the volunteers' personal insights and reassurance were invaluable, helping him feel less isolated and more confident about his treatment journey. The Board noted that this initiative not only benefits patients but also supports their families, and recognised the unique contribution volunteers make in complementing clinical care and enhancing overall patient experience.

25/023 **MINUTES OF PREVIOUS MEETING HELD ON 06.11.24 and 02.04.2025**

The minutes of the meeting held on 06.11.24 and 02.04.25 were agreed as a true record for signing by the Chair.

25/024 **MATTERS ARISING AND UPDATE ON ACTIONS**

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

25/007 – Freedom to Speak up - The Board discussed if freedom to speak up could communicate actions to complaints through out the trust and to consider implementing never events for the workforce. Although Mrs Bradfield and Mrs Dawson have been working together on communications the Board noted that the broader organisation may not be aware of change and therefore further efforts are needed to improve communication and ensure the impact of speaking up is widely recognised. The Board asked that Mrs Dawson provide and update at the June meeting.

Action: Carried forward Mrs Dawson/Mrs Bradfield/Mrs Gooch and Dr Brett

25/011 Patient Experience Story - The Board discussed ideas to develop the Youth Forum such as creating a Shadow Board and Youth Governor group and this will be discussed offline to assess viability.

Action: Carried forward Mrs Bailey and Professor Dwyer.

25/011 Patient Experience Story - The Youth Forum were asked about their ability to visit young patients on the ward to which there has been some challenges in allowing the members to become volunteers. Professor Dwyer will follow up on the possibility of the Youth Forum accessing clinical areas without the need to become volunteers.

Action: Closed.

25/016 Green Plan update - The Board discussed the Green Plan and asked Mrs Goodwin links in with Professor Bakar and Mrs Cocker and the Nutrition and Hydration Steering Group.

Action: Carried Forward Professor Baker, Mrs Cocker, Mrs Goodwin

25/025 **GROUP CHAIR UPDATE - VERBAL**

Mr Fiend provided a verbal update reflecting on their recent engagement with various departments and services across the trust. Mr Friend highlighted the diverse approaches to patient care, particularly in services for older people and stroke, and noted the ambition and willingness among teams to collaborate more closely across the group. The update emphasized the importance of removing barriers to innovation and cross-site working, as well as the need to empower staff to drive improvements. Mr Friend also acknowledged the progress made in dementia care, research, and interventional radiology, and reiterated the Board's commitment to supporting a culture of continuous improvement and system-wide collaboration.

25/026 **GROUP CHIEF EXECUTIVE REPORT**

The Board received a report from Professor Dwyer in relation to recent activity in the Trust since the last Board meeting and not covered elsewhere in the papers, Professor Dwyer provided an overview of national and local developments, the transition to new group governance arrangements, and progress on the 90-day plan for operational and financial stabilisation. Professor Dwyer outlined ongoing work to clarify communication channels, the timeline for transitioning to executive-led meetings, and the alignment of strategic projects such as the EPR and acute clinical strategy. The Board discussed the need for clear decision-making frameworks, particularly regarding scheme of delegation and assurance processes, and requested that a schematic outlining decision points and triggers be developed and shared. It was agreed that education and support for executives and governors would be prioritised to ensure effective implementation of the new governance model.

25/027 **INTERIM EXECUTIVE MANAGING DIRECTORS REPORT – VERBAL**

The Board received a verbal report from the Interim Managing Director Mrs Bleakley, who outlined recent activities focused on organisational stabilisation and financial reset. Mrs Bleakley highlighted the current financial position, noting that the Trust is off track at the end of month two, and detailed plans to reset the financial plan at the end of quarter one. Mrs Bleakley emphasised the identification and tracking of savings programmes, the importance of aligning operational changes with financial targets, and the need for clear accountability. Mrs Bleakley also referenced ongoing engagement with system partners to explore opportunities for collaboration and efficiency, and reaffirmed the commitment to maintaining high standards of patient care during this period of change.

25/028 **CORPORATE RISK REGISTER**

The Board received an update on the corporate risk register, noting ongoing enhancements to risk management processes and the introduction of new training for senior management. The report emphasised the transition towards a strategic, assurance-based approach to risk, with alignment across the group and a focus on consistent methodology. The Board discussed the importance of accurate risk categorisation and the need to ensure that strategic risks and transition risks are appropriately identified and escalated. No further actions were requested.

25/029 **FINANCE**

The Board were informed that 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.

This has been through the Finance, Performance Investment Committee and looked at in detail.

There were no questions or comments from Members of the Board.

25/030 **BUSINESS CASES FOR APPROVAL**

Robotics OBC

The Board considered the Outline Business Case (OBC) for the expansion of robotic surgery, which proposes the acquisition of two additional robots and the development of

a dedicated robotic centre. The OBC was noted to be compliant with recent NICE guidance and supported by internal review panels and committees.

The Board discussed the financial sustainability of the proposal, including the need to ensure future replacement costs are not solely reliant on charitable funding, and highlighted the importance of capturing both patient and operational benefits in the full business case. The Board also requested that an independent evaluation was added post implementation to track benefits.

Action: Mr Thorman

The Board **agreed** that the project team will proceed to procurement and develop a full business case, incorporating independent evaluation of outcomes, workforce implications, and a clear plan for long-term funding.

25/031 **PERFORMANCE IPR**

The Board reviewed the Finance Integrated Performance Report (IPR), noting a reported deficit position driven primarily by under-delivery of savings plans and increased divisional pay costs related to escalation areas. The Board acknowledged the need for a reset of the financial plan at the end of quarter one, with a focus on identifying and delivering savings schemes and ensuring accurate profiling of financial trajectories.

No additional actions were requested.

25/032 **WORKFORCE IPR**

The Board received the Workforce Integrated Performance Report (IPR), noting that sickness absence rates have shown a recent decrease, though targeted interventions are underway in hotspot areas. Appraisal rates are tracking as expected for the time of year, and workforce stability and turnover remain within anticipated ranges during the current period of organisational change.

No further actions were identified.

25/033 **QUALITY AND SAFETY IPR**

The Board considered the Quality and Safety Integrated Performance Report (IPR), highlighting improvements in safer staffing levels, reductions in falls attributed to the frailty model, and an increase in safeguarding referrals following enhanced staff education. The Board also noted ongoing work to address mortality rates, with further analysis and actions in progress, and acknowledged the need for continued focus on quality and safety during organisational transition.

No further actions were identified.

25/034 **REPORTS FOR INFORMATION AND ASSURANCE**

(a) **Quality and Safety Committee (20.05.25)**

The Board received the Quality and Safety Committee Assurance Report, which reviewed the Committee's work programme in light of the transition to group governance arrangements. The report provided assurance on safer staffing, improvements in PLACE assessments, and the embedding of incident management processes. Partial assurance was noted in areas such as chronic conditions pathways, mortality, maternity, cardiology, and safeguarding, with the Committee highlighting the need for improved narrative and outcome-focused reporting. The

Board was advised of limited assurance regarding audit data presentation and the quality account, with constructive feedback provided to support future improvements. The Committee emphasised the importance of maintaining focus on patient quality, safety, and experience throughout ongoing organisational change.

There was no additional questions or comments.

(b) Finance, Investments and Performance Committee (03.06.2025)

The Board received an update from the Finance Committee, which provided assurance regarding progress on PFI relationships and fire risk management, supported by clear action plans. Partial assurance was noted on the delivery of the CIP programme, with the Committee highlighting the need for further clarity and execution of identified schemes, and welcomed the planned Q1 financial refresh. The Committee also discussed the reliance on workforce-related savings, the need for improved tracking of transformation programme contributions, and raised concerns about the pace of investment in cyber security and the clarity of the EPR programme's scope and benefits.

There were no additional questions or comments

25/035 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

Mrs Betts (governor) welcomes Mrs Bleakley to the Trust and enquired whether there are targets for outpatient appointment beyond the 18 week referral to treatment standard and how these are tracked and CDC capacity. The Board will carry these question through to the next Council of Governors meeting.

25/036 **ANY OTHER BUSINESS**

There was no other business.

25/037 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Trust Board in public will be at 9.30am on 24.09.2025 in the Boardroom of the Norfolk and Norwich University Hospital and by MS Teams.

Signed by the Chair: Date:

Confirmed as a true record by the Board on 24 September 2025 [TBC]

Decisions Taken:

25/022 – Minutes of the Last Meeting	The minutes of the meeting held on 06.11.24 and 02.04.25 were agreed as a true record for signing by the Chair.
25/030 – Business cases for approval	The Board agreed that the project team will proceed to procurement and develop a full business case for Robotics, incorporating independent evaluation of outcomes, workforce implications, and a clear plan for long-term funding.

Action Points Arising:

Actions Carried Forward:	
25/007 – Freedom to Speak up	The Board discussed if freedom to speak up could communicate actions to complaints through out the trust and to consider implementing never events for the workforce. Although Mrs Bradfield and Mrs Dawson have been working together on communications the Board noted that the broader organisation may not be aware of change and therefore further efforts are needed to improve communication and ensure the impact of speaking up is widely recognised. The Board asked that Mrs Dawson provide and update at the June meeting. Action: Carried forward Mrs Dawson/Mrs Bradfield/Mrs Gooch and Dr Brett
25/011 Patient Experience Story	The Board discussed ideas to develop the Youth Forum such as creating a Shadow Board and Youth Governor group and this will be discussed offline to assess viability. Action: Mrs Bailey and Professor Dwyer.
25/016 Green Plan update	The Board discussed the Green Plan and asked Mrs Goodwin links in with Professor Bakar and Mrs Cocker and the Nutrition and Hydration Steering Group. Action: Professor Baker, Mrs Cocker, Mrs Goodwin
New Actions Arising	
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Action Points Arising from Trust Board meeting (public)

Actions Carried Forward:	
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004.06.2025

Report to the Trust Board of Directors dated 25 September 2025

Title: Group Chief Executive Report

Sponsor: Group Chair

Author: Group Chief Executive

Previous Scrutiny: Not Applicable

Purpose: This paper is presented for information.

Relevant Strategic Themes:

- | | |
|-------------------------------|------------------------------|
| ✓ 1. Quality | ✓ 2. Operational Performance |
| ✓ 3. Financial Sustainability | ✓ 4. Workforce Wellbeing |

Impact Assessments:

- | | | | |
|----------------------------------|-----------------------------------|---------------------------------------|------------------|
| <input type="checkbox"/> Quality | <input type="checkbox"/> Equality | <input type="checkbox"/> GDPR and DPA | ✓ Not applicable |
|----------------------------------|-----------------------------------|---------------------------------------|------------------|
-

Executive Summary

To update the Board of Directors covering items that do not form part of the agenda.

Recommendation

The Board is recommended to consider this report for information.

National Picture

NHS Oversight Publication Framework

As you will have been made aware the quarter one performance ratings for all three of our Trusts are deeply concerning, with all placed in the lowest performance tier nationally.

The Norfolk and Norwich University Hospital was rated at 113/136, the James Paget University Hospital 131 and the Queen Elizabeth Hospital last at 136.

Each hospital has robust improvement plans in place covering the priority areas within the framework (Cancer services, elective waiting lists, and urgent and emergency care.) Financial oversight has also been strengthened.

The challenges we face are strategic, we have no choice but to deliver sustainable transformation across all three hospitals to maintain consistent high-quality care and performance.

Media interest was as expected at local and national levels. It is appreciated that many public comments were in support of our staff.

Shortly following this, the Queen Elizabeth hospital was notified that it was also to be included in the Maternity and Neonatal review to be undertaken by Baroness Amos.

Modern Region Blueprint

The 10 Year Health Plan for England aims to transform the NHS through three key shifts: hospital to community care, analogue to digital systems, and sickness to prevention. To achieve this, a new operating model will decentralise power to local providers and patients, supported by strategic changes including redesigned central structures, empowered Integrated Care Boards (ICBs), and integrated health organisations.

The recently published blueprint focuses on redesigning the centre by merging NHS England and the Department of Health and Social Care into a leaner, more agile body.

Seven regional teams will lead performance oversight, strategic transformation, and service configuration in partnership with ICBs. The implementation of the blueprint is a starting point to inform further work to develop the new NHS operating model as described in the 10 Year Health plan and the design of the new integrated centre. We remain within the East of England (EoE) Region.

A Model Region framework will guide consistent operations across regions, reducing regulatory burdens and streamlining oversight. These regions will act as the key link between national leadership and local systems, driving rapid improvements and leading reform efforts. Regions will focus on three core functions: Regional strategic leadership, Performance management and Improvement and intervention.

The implementation of this blueprint will require effective communication and transition planning, which is being managed through two programmes of work. The interface between regions, providers and ICBs is co-led by Glen Burley, Director of Financial Reset and Clare Panniker, Regional Director (EoE), and redesigning the centre in line with the 10 Year Health Plan, led by programme SRO Richard Barker and overseen by the NHS England Chief Executive and DHSC Permanent Secretary.

Building on our progress in the second half of 2025/26

Sir Jim Mackey's recent letter (appendix 1) summarises the key priorities for the rest of the year, which includes a midyear review, we will be reviewed as a Group and not as individual organisations. Region are currently scheduling the review which is planned to take place early October.

Regional Picture

East of England ICB and Provider Chief Executive and Chair Event

Clare Panniker hosted the event and talked through the performance of the Region including governance, financial and operational issues. A key notification was on the maternity and neonatal reviews being conducted by Baroness Amos that have now been announced. On elective performance it was expected all trusts would achieve 65 weeks by the end of December and 52 weeks by the end of March 2026. For finance the Region was broadly on plan as at month 4, but concern on the size of some deficits and therefore returning to breakeven by year end. In addition, it was mentioned that Sir Jim Mackey is particularly interested in new EPRs as there is a concern nationally upon the performance reduction following the go-live of new systems. This needs to be considered in planning for our own go live. Finally, there was a presentation on the new configuration of ICBs in the Region from six to three, as well as the model region and its core functions.

Other presentations included population health focusing on the region and areas that need to be addressed; the maternity safety support programme as well as maternal health; children and young people; supporting delivery of the medium term plan; and driving workforce efficiency.

The Group has been notified that following a letter sent from Sir Jim Mackay to all trusts, titled "building on our progress" and outlining the key priorities for the remainder of the year as maintaining financial discipline and delivering on the elective, UEC and primary care targets, that a formal midyear review will be undertaken in early October with the region and for a small number of trusts with the national team. The letter also outlined the expectations for winter planning and the importance of leadership in supporting staff.

The Interim Managing Director will provide an overview of the readiness of the NNUH for winter and an update on vaccinations.

Local Picture

Thank you to our staff

I wanted to take the opportunity to thank our staff for their work and professionalism especially with the additional scrutiny we have received through the media.

The NOF rankings showed that all three trusts were in the bottom quartile, with two trusts in the bottom ten poorest performing. This has the effect of denting confidence in our services by our population and also impacts on the pride and sense of achievement that our staff feel.

The annual staff survey is a great way to receive feedback from our staff and this year the NNUH executive is taking a new approach. The interim Managing Director will provide an overview of the approach which brings increased visibility of executive, so that staff are encouraged to speak about their experience, views but also to be part of improving the trust so that it can deliver on its' priorities and be a great place to work.

Annual Members Meeting/Annual General Meeting

I look forward to attending on the 25th September as given the recent weeks it will be an opportunity to look back at the achievements of NNUH and remind ourselves that whilst there is much to improve - there are many, many examples of what we get right, and what we are proud of.

This will be the last "meeting of the NNUH Board in the current format as we move to the Group governance structure over the next two months. I want to take the opportunity to thank the NEDs for their support and challenge that has enabled many achievements to be made. We have all benefited from being able to work as a unitary board and therefore our patients have also.

In particular I would like to thank the Chair, Tom Spink for his support and leadership since recruiting me to the role of CEO NNUH. Tom has provided steadfast leadership – and the occasional provocation – that always has the best interest in the success of the trust and the patient.

To: ICB and NHS trust/foundation trust:

- chief executive officers
- chairs

cc. NHS England regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

18 September 2025

Dear colleagues,

Building on our progress in the second half of 2025/26

When we met on 16 September, I committed to writing out to summarise the key priorities that we discussed for the rest of this year.

Firstly, to reiterate my thanks to each of you and your teams for the tireless efforts to drive improvement and reform across the NHS on so many fronts, and at the same time as having to manage significant change. This is an unprecedented time, both in terms of the depth of the challenges we face and the scale of the actions that we need to take to address them.

As I outlined when we met, progress since April has been astonishing. To move from a predicted end year deficit of £6 billion to the system position being in balance in final plans and at Month 5, whilst at the same time, continuing to improve waiting times in electives, cancer and for emergency care, has required a herculean effort for which I am hugely grateful.

As we look to the rest of this year, the pace, ambition, and determination which you have demonstrated in the first half of the year must continue. This letter seeks to provide clarity on the expectations of all providers and every system in key areas of finance and performance, and in relation to laying the foundations for longer term reform and delivery of the 10 Year Health Plan. It explains how we will work within our new operating model to support and challenge you to deliver, guided by the new Oversight Framework.

Maintaining financial discipline

Thank you for your continued professionalism and grip, which has been instrumental in ensuring the NHS is broadly on financial plan at Month 5. We recognise that many plans are backloaded and so a continued focus is essential to maintain delivery momentum through the second half of the year.

The half-year mark is a critical point. Boards must have a clear view of actual spend, run rate, and the underlying drivers of financial performance. Where run rates are off-plan, now

is the time to act decisively and take the decisions that will enable you to manage risk and implement credible recovery trajectories.

From close working with the CEO and CFO communities, we understand that organisations falling behind are typically struggling to deliver planned efficiencies or manage unplanned workforce costs – these remain key pressure points that need decisive executive action and board support.

The mid year review process outlined below will test assumptions in plans and seek assurance that steps are being taken to maintain financial discipline to the end of the financial year.

Delivering our priorities

Following a strong start to the year, elective and UEC performance has drifted a little over the summer, and we need to take urgent action to ensure delivery returns to plan by the end of Q3. While industrial action has made a significant contribution, it is not the only factor in this drift, which insight and analysis from providers and systems shows is also being driven by higher than expected demand, financial pressures, and challenges on rates of pay.

On electives, trusts that are significantly off plan on activity, RTT and long-waits standards will be required to submit revised trajectories for return to plan by December. While maintaining their focus on 18 weeks performance and managing the size of the list, all providers are expected to eliminate their remaining 65 week waits by mid-December and meet the planning guidance requirements for 52 week waits by the end of March 2026. ICBs will be required to ensure there are plans in place to address demand growth above that assumed in activity plans, and also ensure that Advice and Guidance is optimised across their system. At a regional level, control totals will be set for waiting list size and long waits, and the leadership across the region collectively held to account for delivery of activity plans.

On UEC, we need to improve our position on 4 hours, 12 hours, and ambulance handovers ahead of winter. As part of the winter planning Board Assurance Statement (BAS) process, you will already be confirming that existing trajectories are deliverable in conjunction with winter surge. However, for those trusts consistently off-track, the key actions that sit behind the BAS will need to be submitted to NHS England and they will be tested through the mid year review process to ensure there are realistic plans in place to return to trajectory. Where aspects of the plan are reliant on community and mental health providers, we know you will be working together on your collective system response. As discussed in Tuesday's event, we all need to step up our focus on 4 hours again, and make some significant shifts in this so that we can start to impact on crowding in our EDs. This will be followed by a separate communication on next steps.

Continuing our focus on access to primary care is an important part of managing system pressures. Patients need to be able to contact their GP practice by phone, online or by walking in, and for people to have an equitable experience across these access modes. As part of dealing with the 8am scramble, from 1 October 2025 practices will be required to keep their online consultation tool open for the duration of core hours for non-urgent

appointment requests, medication queries and admin requests. ICBs should ensure practices are following these requirements.

In addition, ICBs should also continue to support community pharmacy to meet the thresholds of performance for Pharmacy First.

On dentistry, the Government's manifesto commitment is that the NHS will deliver an extra 700,000 urgent dental care appointments. ICBs should urgently ensure that all necessary capacity is commissioned to meet their share of this commitment, that local pathways are in place to effectively match capacity with demand (for example, through 111), and that contractors are delivering on their obligations.

On these key primary care priorities, NHS England will be following up with systems in the coming weeks.

Mid year review process

Led by regions, and underpinned by the Oversight Framework, NHS England will be carrying out mid-year reviews with ICBs and providers over the next 6 weeks. For a small number of systems and providers, I will personally carry out their mid year review.

These discussions will focus on where you are on our key priorities, where there might be risks that need mitigation and opportunities that could be expedited. They will focus on the range of priorities that we all share including finance, quality and performance.

You should prepare for this scrutiny, ensuring that, at organisation and system level, you are ready to articulate a clear and credible financial position for the remainder of this year which delivers operational standards.

Positively, all but one system has confirmed their expectation that they can deliver the operational performance targets set for this year within their financial envelopes, and so, through mid year reviews, we look forward to exploring assumptions.

Resilience during winter

You have been working hard to prepare for this coming winter during the summer months and testing your plans during a series of regional exercises held over the last 2 weeks. We would like to thank you for the time and consideration that you have put into this preparation.

We now have data from the UK Health Security Agency suggesting this winter we may experience circumstances similar to the moderate to severe scenario that we tested in the winter planning exercise. This means that fine tuning our plans and completing preparation is critical.

Over the next 2 weeks, plans must be tightened up and any gaps exposed during the exercise need to be closed, with Board Assurance Statement completed and returned by the end of September.

Working with the COO and EPRR communities, key areas of learning for providers and systems that we have identified include:

- the need for robust plans to maximise vaccination rates across all cohorts, including health and social care workers, and achieve our collective aim of improving frontline staff uptake by at least 5 percentage points
- having a paediatric specific plan for when respiratory viruses cause a surge in demand for primary care, 111 and A&E
- ensuring primary care access is maintained over the Christmas period
- engaging with local authorities and social care providers so that discharge capacity surges at times of peak demand
- having senior clinical decision-maker enhanced rotas in place ready to be activated.
- targeted occupancy reductions in the run-in to the Christmas period
- stepping up personal visibility and leadership, including from CEOs, CMOs, and CNOs, to help lead and support our people through a challenging winter

As we move into delivery of our winter plans, we are asking that a special focus is placed on reducing bed occupancy to below 80% ahead of the Christmas period to give ourselves the best chance of managing the early weeks of January.

During periods of pressure, OPEL escalation level action cards should be consistently applied, and critical incidents only used for short periods to get ahead of further escalation.

To support providers and commissioners, and ensure join up across the system, NHS England will commence its own national and regional operational coordination response 7 days a week from 27 October. This will use data and intelligence to maintain an overview of ambulance response times, OPEL levels, and long waiting times, moving to support when systems are not able to decompress in a timely way.

We know that this will be a challenging period, but we also know that personal leadership – in particular from chief executives, medical and nurse directors, as well as the senior operational team – makes a significant impact on flow, safety and performance. We ask that you make this a priority throughout winter, but particularly during the Christmas, new year and early January period.

Leadership and our people

We discussed on Tuesday the need for us all to step up and lead our people through this challenging period. We have specific actions in place regarding the implementation of the 10 Point Plan for Resident Doctors between now and the end of the year, but we need to redouble our efforts to be mindful of the experience of all staff, especially during periods of high demand and pressure. The best performing organisations make this an organisation wide priority and I would like us to make this more of a central focus for all of us, sitting alongside the focus on patient experience set out in Penny Dash's work and the 10 Year Health Plan.

More will follow on this but, in the meantime, please ensure that this is a central focus for your board and broader leadership team. We all know the impact that regularly walking the

floor and spending time in A&Es and other pressured areas of your organisation has on staff morale, and your ability to understand and manage services.

Looking ahead to 2026/27

As you continue to implement your plans for 2025/26, closing gaps where you have fallen behind, you also need to be shaping your strategy for the following years and how we bring the intent of the 10 Year Health Plan to life.

We shared the foundational elements of the Planning Framework over the summer, and further elements will be published in the coming weeks. Ahead of that, now is the time to begin to prepare for next year and beyond.

In particular, we encourage you to plan for the crucial local service transformations that are needed to improve outcomes and deliver your longer term plans, informed by the demand and capacity analysis that you have been doing over the summer.

Technology and digital solutions are going to be vital for longer term transformation and unlocking our productivity. Cutting back on investments in these areas to help with short term challenges will undermine longer term sustainability and improvement.

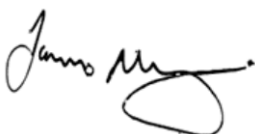
On workforce transformation, we are working with you to build the 10 year workforce plan that will enable the delivery of the 10 Year Health Plan. That will be ready in the coming months and will help us all to plan for the longer term.

Finally, and as discussed on Tuesday, you have responded so well to the challenges we faced together in the spring and you should take pride and hope from that. We all know that there is still a lot to do, and we must ensure that we can deliver our short term operational and financial imperatives while also building for the future. The spirit and energy in the room on Tuesday was very powerful, and I know from many conversations over recent weeks that you really want to engage and shape this all locally with your teams and partners.

Thanks for all you have done so far. Let's all continue to pull together to deliver what we have discussed and set out in this letter, and in the way we have worked together over these past months.

Keep going....

Yours sincerely



Sir James Mackey
Chief Executive Officer
NHS England

REPORT TO TRUST BOARD	
Date	24 September 2025
Title	Managing Director Monthly Report to Public Board
Author & Exec Lead	Mrs Tracey Bleakley, Interim Executive Managing Director
Purpose	For Information
Relevant Strategic Commitment	<ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 1. LIMS 2. Workforce Reduction Update 3. Staff Survey, staff comms and morale 4. NOF 4 and league tables 5. Staff vaccinations 6. Winter planning 	
Recommendations: The Board is recommended to note the content of this report for information	

LIMS

Laboratory Information Management System (LIMS)

Following the introduction of the new Laboratory Information Management System on 29 July 2025, a number of challenges were experienced in the reporting of results. These caused delays and created additional pressures for colleagues in primary care.

Issues included:

- Results not filing correctly into GP systems
- Duplicated results being received
- Results sent without the appropriate coding, limiting visibility
- Connectivity problems from 25 August onwards, leading to backlogs and requiring additional manual intervention.

An incident response structure, led by the Trust with oversight from the ICB and national teams, was activated. Corrective actions were implemented, and by mid-August fixes had resolved duplication and visibility issues. By early September, the majority of the 3,500 missing results and 19,200 results with unit errors had been reissued to practices.

Service stability has since improved, with sample processing delays reduced from hours to minutes. Further resilience measures are under review. Engagement with primary care partners has been maintained through daily updates, and the Trust is grateful for their cooperation and patience.

Recovery work is ongoing under enhanced oversight, with a return to business-as-usual expected by the end of September 2025. Lessons learned will inform future system upgrades, particularly around interface testing, partner communications, and resilience planning.

Workforce Reduction Programme

The Trust has completed Phase One and Phase Two of its restructuring, moving from a Divisional to a Care Group structure with aligned Business, Risk and Governance functions.

Key updates:

- The Voluntary Redundancy Programme is in its final stages, with departures continuing until late October/early November.
- External partners are supporting service transformation reviews in five key areas.

- The Trust set a reduction target from 500 FTE at the start of the financial year. Through restructuring, vacancy reviews and voluntary redundancies, a 200 FTE gap remains. Work is ongoing to address this gap through further vacancy reviews and service transformation.
-

NHS Staff Survey

The NHS Staff Survey provides vital insights into colleagues' experiences and is now embedded in the National Oversight Framework, directly informing organisational performance ratings.

- In 2024, 47% of substantive staff and 18% of bank-only staff participated, broadly in line with 2023.
- For 2025, the Trust is aiming to achieve its highest-ever response rate.

A new approach has been agreed by the Site Leadership Team, led by the Chief Operating Officer, to increase engagement and rebuild a sense of community. Actions—framed within a critical incident-style response plan—include over 20 initiatives such as:

- A “wonder wall” to showcase staff achievements
- Team competitions and recognition activities
- Enhanced volunteer engagement
- Connected sessions, including a “You Said, We Did” programme in October
- An Executive Hub in the centre of the hospital to provide drop in sessions for staff to discuss improvements and meet the executive team
- Coffee vouchers and other staff-focused incentives.

The campaign has launched with screensavers, visual thermometers at site entrances, and communications across the Trust. The 2025 Staff Survey will run from 6 October to 29 November.

NHS Oversight Framework

The first NHS Oversight Framework (NOF) league tables were published in September. Each provider has been scored against a focused set of metrics and have been allocated to a Segment based on their performance against these metrics, from segment 1 (no support) to segment 5 (intensive support through the Provider Improvement Programme). Each of the 3 Norfolk Acute Trusts have been placed in segment 4. Placement in segment 4 will guide a range of decisions, including intensity of oversight and scrutiny by NHSE including support required. The delivery metrics that underpin segmentation cover a range of domains within the core NHS operating objectives, aligned to the 2025/26 NHS priorities and operational planning guidance, financial delivery and quality of care. The segmentation process will now run on a quarterly basis, as soon as possible after all official operating statistics for the previous quarter have been published and will be ranked as follows.

1. Each metric is scored on a scale of 1 to 4 (some with discrete scores and some continuous) with 1 being the highest rating
2. All individual metric scores are consolidated, averaged and quartiled to give a single overall segment of 1, 2, 3 or 4
3. An adjustment ensures that any organisation with an underlying financial deficit cannot be allocated to a segment higher than 3
4. The segment is finalised. As part of this process the NHS England considers the organisation's capability and segment to identify the most challenged providers, placing them in segment 5

Flu Vaccination Programme 2025

The Trust's staff flu vaccination campaign launches on 1 October 2025, aiming to increase uptake by at least 5% and achieve compliance above 70%, building on last year's regional-leading performance of 64%.

Delivery model:

- Central vaccination hub open 12 hours on weekdays and 6 hours at weekends, supported by an online booking system with reminders and external vaccine recording.
- Roaming trolleys in high-traffic areas.
- Peer vaccinators in areas with limited staff movement (e.g. Critical Care).
- Off-site provision (Cromer, Endoscopy).
- Targeted engagement in areas with historically low uptake or higher absence due to flu.

A comprehensive communication campaign is underway, supported by weekly Power BI dashboards to provide real-time data to care group leads and executives. This will enable prompt action and leadership engagement.

The programme will operate in line with NHSE requirements from 1 October 2025 to 31 March 2026.

Winter Plan

The NHSE Emergency Care Plan 2025/26 identified priority areas for Acute Trusts to focus on for inclusion in System plans for Winter25/26:

- Eradicating last winter's lengthy ambulance handover delays to a maximum handover time of 45 minutes.
- A minimum of 78% of patients who attend an A&E to be admitted, transferred or discharged within 4 hours.
- Reducing the number of patients waiting over 12 hours for admission or discharge from an emergency department compared to 2024/25, so that this occurs less than 10% of the time.
- Tackling the delays in patients waiting once they are ready to be discharged– starting with reducing the 30,000 patients staying 21 days over their discharge-ready-date.
- Seeing more children within 4 hours, resulting in thousands of children receiving more timely care than in 2024/25.

Using the NHSE Emergency Care Plan priorities as a guideline a Winter plan has been crafted to identify key actions and ownership and provide confidence to the Board. The Plan has identified actions to maintain or improve performance in each of the priority areas over Winter 24/25. The first draft of the NNUH plan was shared at the System UEC board on 12th August and included in the System plan that was submitted to NHSE for early review in August.

The review of the draft System document highlighted gaps in the plans across all three Acute Trusts. The gaps identified in respect of the NNUH have now been addressed and successfully tested at an NHSE stress test all day system workshop on 4 September. It has been reviewed by the Group CDO in the last week with no further actions required other than delivery as stated in the plan and a keen focus on the elements in respect to ambulance handover times. The full plan is an agenda item today.

REPORT TO TRUSTBOARD

Date	24th September 2025		
Title	NNUH Winter Plan 25/26		
Author & Exec lead	Chris Cobb, Chief Operating Officer		
Purpose	For approval.		
Relevant Strategic Objective	BAF 1.2 and BAF 1.3		
Are there any quality, operational, workforce or financial implications of the decision requested by this report?	Quality	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	For information
	Operational	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	For information
	Workforce	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	For information
	Financial	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	For information

Background/Context

The initial draft of the NNUH self-assessment was presented at the System UEC Board on 12th August and incorporated into the System plan submitted to NHSE for early review in August.

Following NHSE's review, several gaps were identified across all three Acute Trusts. For NNUH, these gaps have since been addressed and tested during a full-day NHSE-led system stress-testing workshop held on 4th September.

Informed by the NHSE Emergency Care Plan priorities and the updated NNUH Assurance Statement, a comprehensive NNUH Winter Plan has been developed. This plan outlines key actions, designated responsibilities, and provides the necessary assurance to support Board sign-off. At present, delivery of the plan assumes no additional funding.

Next Steps

The 2025/26 Winter Plan has been recommended for approval following review at the Finance, Investment and Performance Committee on the 17th September, ahead of submission to the national team by 30th September.

Recommendation:

The Board is recommended to:

- **Review and approve** the 25/26 Winter Plan for national submission on 30th September.



Winter Planning 25/26

Board Assurance Statement (BAS)

NHS Trust





Introduction

1. Purpose

The purpose of the Board Assurance Statement is to ensure the Trust's Board has oversight that all key considerations have been met. It should be signed off by both the CEO and Chair.

2. Guidance on completing the Board Assurance Statement (BAS)

Section A: Board Assurance Statement

Please double-click on the template header and add the Trust's name.

This section gives Trusts the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

Section B: 25/26 Winter Plan checklist

This section provides a checklist on what Boards should assure themselves is covered by 25/26 Winter Plans.

3. Submission process and contacts

Completed Board Assurance Statements should be submitted to the national UEC team via england.eecpmo@nhs.net by **30 September 2025**.

Provider:

Double click on the template header to add details

Section A: Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has assured the Trust Winter Plan for 2025/26.	Yes	Trust Board 24 Sep 25
A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.	Yes	Embedded in Winter Plan
The Trust's plan was developed with appropriate input from and engagement with all system partners.	Yes	
The Board has tested the plan during a regionally led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	4 Sep Workshop - Ex Aegis
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	Yes	Chief Operating Officer
Plan content and delivery		
The Board is assured that the Trust's plan addresses the key actions outlined in Section B.	Yes	All Section B actions embedded in Winter Plan
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	Yes	
The Board has reviewed its 4 and 12 hour, and RTT, trajectories, and is assured the Winter Plan will mitigate any risks to ensure delivery against the trajectories already signed off and returned to NHS England in April 2025.	Yes	4hr & 12hr delivering to plan. Elective Ringfence in place for Winter

Provider CEO name	Date	Provider Chair name	Date
Tracey Bleakley	24 Sep 25		Sep 25

Section B: 25/26 Winter Plan checklist

Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Prevention		
1. There is a plan in place to achieve at least a 5 percentage point improvement on last year's flu vaccination rate for frontline staff by the start of flu season.	Yes	NNUH was top performer in 24/25 and has a plan to improve to 70%
Capacity		
2. The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand.	Yes	Completed and has informed bed requirements by specialty and potential surge capacity
3. Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends.	Yes	Focus on rotas for the period Dec 27 – 31 Jan included in the plan.
4. Seven-day discharge profiles have been reviewed, and, where relevant, standards set and agreed with local authorities for the number of P0, P1, P2 and P3 discharges.	Yes	
5. Elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – including on diagnostic services.	Yes	Elective Ringfence in place and activity plan constructed on likely pressures in January 26
Infection Prevention and Control (IPC)		
6. IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.	Yes	Attended planning workshop 29 Aug and allocated specific workstream
7. Fit testing has taken place for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand.	Yes	Programme in place with key actions identified for mobilisation and stock control.

Section B: 25/26 Winter Plan checklist

8.	A patient cohorting plan including risk-based escalation is in place and understood by site management teams, ready to be activated as needed.	Yes	IP&C/Flu seasonal plan reviewed and updated for Winter
Leadership			
9.	On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Yes	In place and adjusted for peak period of pressure
10.	Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Yes	Utilised daily as business as usual
Specific actions for Mental Health Trusts			
11.	A plan is in place to ensure operational resilience of all-age urgent mental health helplines accessible via 111, local crisis alternatives, crisis and home treatment teams, and liaison psychiatry services, including senior decision-makers.		
12.	Any patients who frequently access urgent care services and all high-risk patients have a tailored crisis and relapse plan in place ahead of winter.		



NNUH Winter Plan

2025/26

NNUH Executive Summary

NHSE Emergency Care Plan Priorities

The NHSE Emergency Care Plan 2025/26, has identified the following priority areas for Acute Trusts to focus on and for inclusion in System plans for Winter25/26:

- Patients who are categorised as Category 2 – such as those with a stroke, heart attack, sepsis or major trauma – receive an ambulance within 30minutes.
- Eradicating last winter’s lengthy ambulance handover delays to a maximum handover time of 45 minutes.
- A minimum of 78% of patients who attend an A&E to be admitted, transferred or discharged within 4 hours.
- Reducing the number of patients waiting over 12 hours for admission or discharge from an emergency department compared to 2024/25, so that this occurs less than 10% of the time.
- Reducing the number of patients who remain in an emergency department for longer than 24 hours while awaiting a mental health admission. This will provide faster care for thousands of people in crisis every month.
- Tackling the delays in patients waiting once they are ready to be discharged– starting with reducing the 30,000 patients staying 21 days over their discharge-ready-date.
- Seeing more children within 4 hours, resulting in thousands of children receiving more timely care than in 2024/25.

The NNUH Winter plan has identified actions to maintain or improve performance in each of these areas over Winter 24/25.



NNUH Summary

The first draft of the NNUH self assessment was shared at the System UEC board on 12th August and included in the System plan that was submitted to NHSE for early review in August.

The review of the draft System document highlighted gaps in the plans across all three Acute Trusts. The gaps in respect of the NNUH have now been addressed and tested at an NHSE stress test all day system workshop on 4 September.

The finalised System Winter assurance plans (Appendix 1) and a Board Assurance Statement (Appendix 2) are now required to be signed off by every board and Chief Executive by 30th September 2025.

Using the NHSE Emergency Care Plan priorities and the revised NNUH Assurance Statement as a guideline a Winter plan has been crafted to identify key actions and ownership and provide the confidence in the Board Assurance Statement. Delivery is currently premised on no additional funding.

Key components:	Slide
Governance & Process	5
Ambulance Handover & ED	6
Capacity	7- 8
Vaccination	9
IP&C	10
NNUH Revised UEC Assessment	Appendix 1
NNUH Board Assurance Statement	Appendix 2
Equality Quality Impact Assessment	Appendix 3



UEC Winter Plan

Programme	Winter Plan	Prog. SRO & Prog. Lead	Chris Cobb	Month	September 25
Sub Programme	Governance & Process	Sub Programme Lead	Laura Schaffer	RAG	

Project Summary			
Area	Actions	Lead	Completion date
Modelling including Surge capacity. The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand.	Modelling underway to conclude in Mid September to inform the bed re-allocation for Winter including the extent of the Surgical elective Ringfence.	Roberta Hook	19 Sep
Rota review. Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends	Review Rota’s by Care Group	Lindy-Lee Folscher / Michael Irvine	19 th Oct
	Review the Gold and Exec on call rotas and weekend requirements. Include on site presence at peak periods.	Chris Cobb	30 Sep
	Review Site Management model	Chris Cobb	30 Sep
	Ensure period 27 Dec – 31 Jan has senior decision makers based on each non-elective ward	Chris Cobb	12 Nov
	Ensure there is a daily matrix of senior decision maker for all areas of the Trust for the period 27 Dec –31Jan	Chris Cobb	12 Nov
	Establish temporary adjustments within Care Groups for peak period 27 Dec – 31 Jan to ensure senior decision maker availability	Chris Cobb	12 Dec
Documentation. Review of appropriate policies prior to Winter	Revise Escalation Policy and Full Hospital Protocol to reflect bed model and agreed approach to winter	Laura Schaffer	30 Sep
Reporting. Plans are in place to monitor and report real-time pressures utilising the OPEL framework	Embedded as business as usual	Chris Cobb	1 Apr

UEC Winter Plan

Programme	Winter Plan	Prog. SRO & Prog. Lead	Chris Cobb – Chief Operating Officer	Month	September 2025
Sub Programme	Ambulance & ED	Sub Programme Lead	Laura Schaffer / Lucy Weavers	RAG	

Project Summary			
Area	Actions	Lead	Completion date
Ambulance Handover. Acute trusts to establish a defined improvement trajectory towards achieving the 15-minute hospital handover target.	Agree improvement plan and trajectory to eradicate last winter’s lengthy ambulance handover delays to a maximum handover time of 45 minutes	Chris Cobb	30 Sep
	Implement the Release to Rescue standard. Ensure delivery without exception in the winter months.	Chris Cobb	30 Sep
	Implement Executive escalation plan in extremis for all ambulances >45 mins	Chris Cobb	30 Sep
	Follow NCWICS escalation process in extremis for lengthy delays	Chris Cobb	30 Sep
	Establish call before convey and enhanced NNUH response 24/7 for all appropriate ambulance arrivals from Care homes	Alex Berry	19 Oct
	Establish Process to ensure that only the patients who genuinely meet the “criteria to admit” standards (<u>as published on FutureNHS</u>) are admitted.	Lindy Lee Folscher	30 Sep
	Ensure SDECs have a plan to operate 12 hours a day, 7 days a week including Frailty and implement pathways for Cardiology and Respiratory.	Lindy-Lee Folscher	30 Sep
Children’s ED. To achieve the target of more children being seen within 4 hours, deliver effective utilisation of UTCs, children and young people’s specific services and standards.	Ensure plans are in place to maintain current position of 98% compliance	Chris Cobb	1 Aug
4 Hour Standard. A minimum of 78% of patients who attend an A&E to be admitted, transferred or discharged within 4 hours	Ensure plans are in place to maintain delivery against Business Plan. Currently 80.6%.	Chris Cobb	1 Aug
12 hour stay in ED. Reduce the number of patients waiting over 12 hours for admission or discharge from an emergency department compared to 2024/25, so that this occurs less than 10% of the time	Ensure plans are in place to maintain delivery against Business Plan. Currently 4%.	Chris Cobb	1Aug

UEC Winter Plan

Programme	Winter Plan	Prog. SRO & Prog. Lead	Chris Cobb – Chief Operating Officer	Month	September 25
Sub Programme	Capacity - Inpatients	Sub Programme Lead	Laura Schaffer / Lucy Weavers	RAG	

Project Summary				
Area	Actions	Lead	Completion date	
Bed Plan. Demonstrate effective use of capacity across the full system by reviewing bed usage, returning people to home-based care where possible, and providing surge capacity alongside IPC cohorting where it is effective and appropriate to do so.	Conduct non-elective admission audit and identify bed requirements by specialty	Vicky Braide	30 Sep	
	Review size of Acute Medical Unit	Vicky Braide / Laura Schaffer	30 Sep	
	Agree number / approach to Surgical Ringfenced beds and ensure elective programme runs as planned	Chris Cobb	30 Sep	
	Complete Refurb of Dunston Ward – hold Gunthorpe Ward as empty surge capacity	Estates	23 Sep	
	Establish Acute Frailty Hub	Alex Berry	1 Sep	
Virtual Hospital Plan	Identify facility for Virtual Hospital management	Chris Cobb	30 Sep	
	Expand Virtual Hospital management into new facility	Vicky Braide	31Oct	
	Redesign and Implement revised Acute and Community Virtual Hospital (Hospital at Home) offer	Alex Berry/Sundari Amp	31 Oct	
	Increase use of virtual ward and alignment of the Step-Up and Step-Down Wards in Norfolk (focus on Respiratory Medicine)	Vicky Braide/Sundari Amp	31 Oct	

UEC Winter Plan

Programme	Winter Plan	Prog. SRO & Prog. Lead	Chris Cobb – Chief Operating Officer	Month	September 25
Sub Programme	Capacity- Discharge	Sub Programme Lead	Lucy Weavers / Laura Schaffer	RAG	

Project Summary			
Area	Actions	Lead	Completion date
Discharge P0. Acute trusts to set stretching local performance targets for daily pathway 0 discharges and profile them through the week.	Set stretch targets at 165 per weekday and 100 across the weekend by ward and implement daily monitoring.	Rachael Cocker	30 Sep
	Review of adoption of CLD, learning and acceleration across the week and all wards	Rachael Cocker	30 Sep
Discharge P1-3. Acute trusts and local authorities to set local performance targets for pathway 1, 2 and 3 patients.	Set stretch targets at 30 per weekday and 15 over the weekend	Roberta Hook	30 Sep
	Ensure increased numbers of NCTR patients discharged on Pathway 1 within 24 hours	Roberta Hook	30 Sep
	Ensure increased numbers of NCTR patients discharged on Pathway 2 within 48-72 hours	Roberta Hook	30 Sep
	Ensure increased numbers of NCTR patients discharged on Pathway 3 under 7 days	Roberta Hook	30 Sep
Standardised care process – Internal professional standards (IPS)	As Executive IPS sponsor - Medical Director to hold the organisation and teams to account – this includes reviewing current compliance and implement actions to drive improved compliance.	Bernard Brett	30 Sep

UEC Winter Plan

Programme	Winter Plan	Prog. SRO & Prog. Lead	Sarah Gooch	Month	September 25
Sub Programme	Vaccination	Sub Programme Lead	Hilary Winch	RAG	
Project Summary					
Area	Actions			Lead	Completion date
Staff Vaccination. Plan to improve vaccination rates in health and care workers (increase uptake by minimum of 5%)	Agree central fixed Location for walk in and bookable vaccinations			Hilary Winch	15 Sep
Have an accessible occupational health vaccination offer to staff throughout the entire flu campaign window, including onsite bookable and walk in appointments	Establish Peer Vaccination team and roving schedule			Hilary Winch	15 Sep
	Implement screensaver message on all desktops throughout September			Mike Shemko	15 Sep
	Establish % progress Thermometers at all entrances			Adam Gretton	30 Sep
	Produce daily performance updates by specialty and distribute to Care Group leads			Hilary Winch	30 Sep
	Achieve 70% vaccination compliance			All	31 Oct
Patient Vaccination. Develop Plan for vaccination of patients returning to Care Homes	Acquire volumes of separate vaccine required for >65s			Kate Richardson	30 Sep
	Create Operating Plan			Kate Richardson	30 Sep
	Establish Delivery Plan			Kate Richardson	30 Sep

UEC Winter Plan

Programme	Winter Plan	Prog. SRO & Prog. Lead	Rachael Cocker - Chief Nurse	Month	September 25
Sub Programme	IP&C	Sub Programme Lead	Dawn Curzons	RAG	
Project Summary					
Area	Actions			Lead	Completion date
IP&C staff involvement. Engage IP&C colleagues in the development of the Winter Plan	Include IP&C leads in Workshop of 27/8 & allocate ownership of IP&C workstream			Chris Cobb	27 Aug
	Revise IP&C seasonal plans, identify cohort ward, triggers and escalation space			Dawn Curzons	3 Sep
PPE. Ensure FIT testing has taken place for all relevant staff groups and the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand	Ensure ESR is up to date and names of trained individuals by Care Group are included in planning document.			Hilary Winch	4 Sep
	Extend FIT testing data to E-roster to assist operational delivery			Hilary Winch	30 Sep
	Mobilise additional Testing sessions (Mandatory if mask type has changed)			Hilary Winch	30 Sep
	Carry out baseline PPE stock audit			Simon Moore	22 Sep
	Establish twice weekly Procurement PPE stock management meeting			Simon Moore	22 Sep
Segregation. Provide additional space to segregate minor ED attendances	Complete Minor works in Orthopaedics for additional segregation capacity in ED minors			Chris Cobb	30 Sep
	Agree process with Care Homes/EEAST in respect of conveyance of Flu patients to ED			Lindy-Lee Folscher	30 Sep

Appendices

Appendix 1 – Revised NNUH UEC Assessment

	National expectation	Plan and trajectory if relevant																																																																														
	Prevention																																																																															
Existing	Plan to improve vaccination rates in health and care workers (increase uptake by 5%)	<p>Action plan and campaign created and approved at Trust Hospital Management Board 17 June 2025. Learnings from last year have been addressed in the action plan. Action plan in place and approved by Hospital Management Board</p> <table><tr><td>Programme</td><td>Winter Plan</td><td>Prog. SRO & Prog. Lead</td><td>Sarah Gooch</td><td>Month</td><td>September 25</td></tr><tr><td>Sub Programme</td><td>Vaccination</td><td>Sub Programme Lead</td><td>Hilary Winch</td><td>RAG</td><td></td></tr><tr><td colspan="6">Project Summary</td></tr><tr><td>Area</td><td colspan="3">Actions</td><td>Lead</td><td>Completion date</td></tr><tr><td>Staff Vaccination. Plan to improve vaccination rates in health and care workers (increase uptake by minimum of 5%)</td><td colspan="3">Agree central fixed Location for walk in and bookable vaccinations</td><td>Hilary Winch</td><td>15 Sep</td></tr><tr><td>Have an accessible occupational health vaccination offer to staff throughout the entire flu campaign window, including onsite bookable and walk in appointments</td><td colspan="3">Establish Peer Vaccination team and roving schedule</td><td>Hilary Winch</td><td>15 Sep</td></tr><tr><td></td><td colspan="3">Implement screensaver message on all desktops throughout September</td><td>Mike Shemko</td><td>15 Sep</td></tr><tr><td></td><td colspan="3">Establish % progress Thermometers at all entrances</td><td>Adam Gretton</td><td>30 Sep</td></tr><tr><td></td><td colspan="3">Produce daily performance updates by specialty and distribute to Care Group leads</td><td>Hilary Winch</td><td>30 Sep</td></tr><tr><td></td><td colspan="3">Achieve 70% vaccination compliance</td><td>All</td><td>31 Oct</td></tr><tr><td>Patient Vaccination. Develop Plan for vaccination of patients returning to Care Homes</td><td colspan="3">Acquire volumes of separate vaccine required for >65s</td><td>Kate Richardson</td><td>30 Sep</td></tr><tr><td></td><td colspan="3">Create Operating Plan</td><td>Kate Richardson</td><td>30 Sep</td></tr><tr><td></td><td colspan="3">Establish Delivery Plan</td><td>Kate Richardson</td><td>30Sep</td></tr></table> <p>Vaccination extract from Winter Plan now included above.</p>	Programme	Winter Plan	Prog. SRO & Prog. Lead	Sarah Gooch	Month	September 25	Sub Programme	Vaccination	Sub Programme Lead	Hilary Winch	RAG		Project Summary						Area	Actions			Lead	Completion date	Staff Vaccination. Plan to improve vaccination rates in health and care workers (increase uptake by minimum of 5%)	Agree central fixed Location for walk in and bookable vaccinations			Hilary Winch	15 Sep	Have an accessible occupational health vaccination offer to staff throughout the entire flu campaign window, including onsite bookable and walk in appointments	Establish Peer Vaccination team and roving schedule			Hilary Winch	15 Sep		Implement screensaver message on all desktops throughout September			Mike Shemko	15 Sep		Establish % progress Thermometers at all entrances			Adam Gretton	30 Sep		Produce daily performance updates by specialty and distribute to Care Group leads			Hilary Winch	30 Sep		Achieve 70% vaccination compliance			All	31 Oct	Patient Vaccination. Develop Plan for vaccination of patients returning to Care Homes	Acquire volumes of separate vaccine required for >65s			Kate Richardson	30 Sep		Create Operating Plan			Kate Richardson	30 Sep		Establish Delivery Plan			Kate Richardson	30Sep
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Existing	Have an accessible occupational health vaccination offer to staff throughout the entire flu campaign window, including onsite bookable and	As above. A central bookable location that accepts drop ins and a roaming service will be in place.																																																																														

Appendix 1 – NNUH Revised UEC Assessment

	walk in appointments	
	Capacity	
NEW	The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand.	Evidence from the Southern Hemisphere has indicated that additional focus on respiratory conditions will be key. The predicted attendance and admission profile has been modelled as part of the winter capacity review to determine a revised bed base (including surgical ringfence) by 19 September. The Ward refurbishment programme has been designed to provide potential surge capacity throughout the Winter months.
NEW	Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends	The period 27 Dec – 31 Jan has been identified as the peak period for the NNUH. Each Care Group has a plan to ensure senior decision makers are in place in all key areas, Wards, pharmacy, diagnostics etc for the period. All on call rotas have been adjusted and, where appropriate, will be an on-site presence rather than a distanced on call. Some specialties will delay morning outpatients during January to ensure early participation in ward-based decision making.
	Acute trusts to establish a defined improvement trajectory towards achieving the 15-minute hospital handover target.	A plan is in place to enact Release to Rescue and to minimise the number of ambulances conveyed without a prior call where appropriate from 30 Sep. Exec level escalation agreed for any ambulances at 45 mins. The site management function will be reviewed and overhauled in September with appropriate adjustments to the Full Hospital Protocol and Escalation policy to support ambulance handover. We are working with EEAST on a revised call before conveyance process and access to additional SDEC/Alternative hot clinics.

Appendix 1 – NNUH Revised UEC Assessment

		<table><tr><td>Programme</td><td>Winter Plan</td><td>Prog. SRO & Prog. Lead</td><td>Chris Cobb – Chief Operating Officer</td><td>Month</td><td>September 2025</td></tr><tr><td>Sub Programme</td><td>Capacity – ED</td><td>Sub Programme Lead</td><td>Roberta Hook/Laura Schaffer</td><td>RAG</td><td></td></tr></table> <table><tr><td colspan="6">Project Summary</td></tr><tr><td colspan="2">Area</td><td colspan="2">Actions</td><td>Lead</td><td>Completion date</td></tr><tr><td colspan="2">Ambulance Handover. Acute trusts to establish a defined improvement trajectory towards achieving the 15-minute hospital handover target.</td><td colspan="2">Agree improvement plan and trajectory to eradicate last winter's lengthy ambulance handover delays to a maximum handover time of 45 minutes</td><td>Chris Cobb</td><td>15 Sep</td></tr><tr><td colspan="2"></td><td colspan="2">Implement the Release to Rescue standard, it should now be delivered without exception in the winter months.</td><td>Chris Cobb</td><td>30 Sep</td></tr><tr><td colspan="2"></td><td colspan="2">Implement Executive escalation plan for all ambulances >45 mins</td><td>Chris Cobb</td><td>30 Sep</td></tr><tr><td colspan="2"></td><td colspan="2">Follow NCWCS escalation process for lengthy delays</td><td>Chris Cobb</td><td>30 Sep</td></tr><tr><td colspan="2"></td><td colspan="2">Establish call before convey 24/7 for all appropriate ambulance arrivals from Care homes</td><td>Alex Berry</td><td>15 Sep</td></tr></table>	Programme	Winter Plan	Prog. SRO & Prog. Lead	Chris Cobb – Chief Operating Officer	Month	September 2025	Sub Programme	Capacity – ED	Sub Programme Lead	Roberta Hook/Laura Schaffer	RAG		Project Summary						Area		Actions		Lead	Completion date	Ambulance Handover. Acute trusts to establish a defined improvement trajectory towards achieving the 15-minute hospital handover target.		Agree improvement plan and trajectory to eradicate last winter's lengthy ambulance handover delays to a maximum handover time of 45 minutes		Chris Cobb	15 Sep			Implement the Release to Rescue standard, it should now be delivered without exception in the winter months.		Chris Cobb	30 Sep			Implement Executive escalation plan for all ambulances >45 mins		Chris Cobb	30 Sep			Follow NCWCS escalation process for lengthy delays		Chris Cobb	30 Sep			Establish call before convey 24/7 for all appropriate ambulance arrivals from Care homes		Alex Berry	15 Sep
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	To achieve the target of more children being seen within 4 hours, deliver effective utilisation of UTCs, children and young people's specific services and standards.	Currently achieving 96% within 4 hours and aim to maintain throughout Winter. <table><tr><th>Department Stream</th><th>Count of Attendances</th><th>Count of 4hr Breaches</th><th>4 Hour Performance</th></tr><tr><td>CHED</td><td>9,350</td><td>368</td><td>96.06%</td></tr><tr><td>Total</td><td>9,350</td><td>368</td><td>96.06%</td></tr></table>				Department Stream	Count of Attendances	Count of 4hr Breaches	4 Hour Performance	CHED	9,350	368	96.06%	Total	9,350	368	96.06%																																							
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NEW	Seven-day discharge profiles have been reviewed (links to next two existing requirements)	Discharge profiles have been reviewed. Current practice indicates the following levels: <ul style="list-style-type: none">150 discharges per weekday80 discharges per weekend Stretch targets by pathway have been set and agreed with system partners.																																																						
	Acute trusts to set stretching local performance targets for daily pathway 0	Stretch target 1 - Revised discharge volumes. The projected weekly discharge volumes have been increased and agreed with System partners: <ul style="list-style-type: none">Target – 165 discharges per weekday – with the increase from medical specialities.																																																						

Appendix 1 – NNUH Revised UEC Assessment

	discharges and profile them through the week.	<ul style="list-style-type: none"> Target – 100 discharges per weekend –with the increase from medical specialities. <p>Automated reports are now available and distributed daily at ward level. Weekly Executive oversight meetings established from September.</p>
	Acute trusts and local authorities to set local performance targets for pathway 1, 2 and 3 patients.	<p>Stretch Target 2 – Improved speed of discharge</p> <p>Improvement actions:</p> <ul style="list-style-type: none"> Pathway 1 Therapy only and NFS funded – which is c.400 patients discharged per month and accounts for 90% of P1 patients. Increase Therapy only discharged within 24 hours of NCTR and increased NFS discharged within 48 hours. Report and monitor daily from Sep 25. Pathway 2 NCHC beds – which is c.165 patients per month and accounts for c.75% of P2 patients. Increase discharges within 72 hours. Report and monitor daily from Sep 25. Pathway 3 – Social and Nursing led beds – which is c. 20 patients a month. Increase discharge within 7 days (current milestone as discharge delay is currently 15 to 30 days). Increase number of patients discharged per week.
	Demonstrate effective use of capacity across the full system by reviewing bed usage, returning people to home-based care where possible, and providing surge capacity alongside IPC <u>cohorting</u> where	<p>Planned and unplanned care bed usage has been reviewed. The non-elective bed base has been re-allocated according to demand profiles. Surgical Elective beds have been ringfenced to protect the planned care programme.</p> <p>Expanded SDEC plan is in development. Frailty SDEC now fully mobilised with plan to extend hours during winter period. Further speciality SDECs/Hot clinics under development.</p> <p>Seasonal IP&C plan updated with IPC <u>cohorting</u> success from last winter embedded with surge wards identified for Flu and CDIFF.</p> <p>Expansion of Virtual Ward and revised operating model under discussion with system partners.</p>

Appendix 1 – NNUH Revised UEC Assessment

	it is effective and appropriate to do so.																																					
NEW	Elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – including on diagnostic services	<p>The 24/25 activity plan is weighted and adjusted by number of working days in the month. The planning for the period 27 Dec- 31 Jan was modified in April 25 to reflect non-elective pressure and some OP activity will be adjusted from morning to afternoon sessions throughout January to provide a balanced approach.</p> <p>The Trust has maintained an elective bed “ringfence” for nearly 3 years to protect planned care from winter pressure and will maintain the same approach for this winter. Diagnostics have taken steps to augment capacity at key points of delivery in CT and MRI prior to winter.</p>																																				
Elective Ri	Infection Prevention and Control (IPC)																																					
NEW	IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.	<p>IP&C colleagues have participated fully in the planning for winter and have been instrumental in the review of the seasonal IP&C plans.</p> <table><tr><td>Programme</td><td>Winter Plan</td><td>Prog. SRO & Prog. Lead</td><td>Rachael Cocker - Chief Nurse</td><td>Month</td><td>September 25</td></tr><tr><td>Sub Programme</td><td>IP&C</td><td>Sub Programme Lead</td><td>Dawn Curzons</td><td>RAG</td><td></td></tr><tr><td colspan="6">Project Summary</td></tr><tr><td>Area</td><td colspan="3">Actions</td><td>Lead</td><td>Completion date</td></tr><tr><td>IP&C staff involvement. Engage IP&C colleagues in the development of the Winter Plan</td><td colspan="3">Include IP&C leads in Workshop of 27/8 & allocate ownership of IP&C workstream</td><td>Chris Cobb</td><td>27 Aug</td></tr><tr><td></td><td colspan="3">Revise IP&C seasonal plans, identify cohort ward, triggers and escalation space</td><td>Dawn Curzons</td><td>3 Sep</td></tr></table>	Programme	Winter Plan	Prog. SRO & Prog. Lead	Rachael Cocker - Chief Nurse	Month	September 25	Sub Programme	IP&C	Sub Programme Lead	Dawn Curzons	RAG		Project Summary						Area	Actions			Lead	Completion date	IP&C staff involvement. Engage IP&C colleagues in the development of the Winter Plan	Include IP&C leads in Workshop of 27/8 & allocate ownership of IP&C workstream			Chris Cobb	27 Aug		Revise IP&C seasonal plans, identify cohort ward, triggers and escalation space			Dawn Curzons	3 Sep
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NEW	Fit testing has taken <u>place</u> for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock	Fit testing has taken place and is record n ESR to assist in the event of requirements for a speedy operational response to mask availability. PPE is in place at specialty level with a stock take audit scheduled for 17 Sep and twice weekly stock management meetings established from 4 Sep.																																				

Appendix 1 – NNUH Revised UEC Assessment

	and flow is in place for periods of high demand.	<p>PPE. Ensure FIT testing has taken place for all relevant staff groups and the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand</p> <p>Ensure ESR is up to date and names of trained individuals by Care Group are included in planning document.</p> <p>Extend FIT testing data to E-roster to assist operational delivery</p> <p>Mobilise additional Testing sessions (Mandatory if mask type has changed)</p> <p>Carry out baseline PPE stock audit</p> <p>Establish twice weekly Procurement PPE stock management meeting</p>	<p>Hilary Winch 4 Sep</p> <p>Hilary Winch 17 Sep</p> <p>Hilary Winch 30 Sep</p> <p>Simon Moore 17 Sep</p> <p>Simon Moore 4 Sep</p>
NEW	A patient <u>cohorting</u> plan including risk-based escalation is in place and understood by site management teams, ready to be activated as needed.	The seasonal IP&C plans for Flu, DCDIFF and Norovirus have been reviewed. A trigger-based escalation management process is in place with specific areas identified for each potential outbreak. The detail of the current situation and next steps will be contained within the daily “Plan for the Night” produced and distributed by the site team and the “Weekend Plan” approved by at least 2 of the COO, Chief Nurse and Medical Director each Friday	
	Leadership		
NEW	On-call arrangements are in place, including medical and nurse leaders, and have been tested.	On call arrangements are in place and tested daily. For the period 27 Dec – 31 Jan all areas will populate the “Senior Decision Maker” availability template to cover in and out of hours 24/7 across all areas. Some on call tiers will be amended to provide an onsite presence on key dates and times throughout January.	
	Plans are in place to monitor and report real-time pressures utilising the OPEL framework	This is in place and routinely used as business as usual.	

Appendix 2 – Board Assurance Statement

Winter Planning 25/26

Board Assurance Statement (BAS)

NHS Trust



Introduction

1. Purpose

The purpose of the Board Assurance Statement is to ensure the Trust's Board has oversight that all key considerations have been met. It should be signed off by both the CEO and Chair.

2. Guidance on completing the Board Assurance Statement (BAS)

Section A: Board Assurance Statement

Please double-click on the template header and add the Trust's name.

This section gives Trusts the opportunity to describe the approach to creating the winter plan and demonstrate how links with other aspects of planning have been considered.

Section B: 25/26 Winter Plan checklist

This section provides a checklist on what Boards should assure themselves is covered by 25/26 Winter Plans.

3. Submission process and contacts

Completed Board Assurance Statements should be submitted to the national UEC team via england.eecpmo@nhs.net by 30 September 2025.

Appendix 2 – Board Assurance Statement

Section A: Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has assured the Trust Winter Plan for 2025/26.	Yes	Trust Board 24 Sep 25
A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.	Yes	Embedded in Winter Plan+
The Trust's plan was developed with appropriate input from and engagement with all system partners.	Yes	
The Board has tested the plan during a <u>regionally-led</u> winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	4 Sep Workshop - Ex Aegis
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	Yes	Chief Operating Officer
Plan content and delivery		
The Board is assured that the Trust's plan addresses the key actions outlined in Section B.	Yes	All Section B actions embedded in Winter Plan
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	Yes	
The Board has reviewed its 4 and 12 hour, and RTT, trajectories, and is assured the Winter Plan will mitigate any risks to ensure delivery against the trajectories already signed off and returned to NHS England in April 2025.	Yes	4hr & 12hr delivering to plan. Elective Ringfence in place for Winter

Provider CEO name	Date	Provider Chair name	Date
Tracey Bleakley	24 Sep 25	Mark Friend	24Sep 25

Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Prevention		
1. There is a plan in place to achieve at least a <u>5 percentage</u> point improvement on last year's flu vaccination rate for frontline staff by the start of flu season.	Yes	NNUH was top performer in 24/25 and has a plan to improve to 70%
Capacity		
2. The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand.	Yes	Completed and has informed bed requirements by specialty and potential surge capacity
3. Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends.	Yes	Focus on rotas for the period Dec 27 – 31Jan included in the plan.
4. Seven-day discharge profiles have been reviewed, and, where relevant, standards set and agreed with local authorities for the number of P0, P1, P2 and P3 discharges.	Yes	
5. Elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – including on diagnostic services.	Yes	Elective Ringfence in place and activity plan constructed on likely pressures in January 26
Infection Prevention and Control (IPC)		
6. IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.	Yes	Attended planning workshop 29 Aug and allocated specific workstream
7. Fit testing has taken <u>place</u> for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand.	Yes	Programme in place with key actions identified for mobilisation and stock control.

Section B: 25/26 Winter Plan checklist

8. A patient <u>cohorting</u> plan including risk-based escalation is in place and understood by site management teams, ready to be activated as needed.	Yes	IP&C/Flu seasonal plan reviewed and updated for Winter
Leadership		
9. On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Yes	In place and adjusted for peak period of pressure
10. Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Yes	Utilised daily as business as usual
Specific actions for Mental Health Trusts		
11. A plan is in place to ensure operational resilience of all-age urgent mental health helplines accessible via 111, local crisis alternatives, crisis and home treatment teams, and liaison psychiatry services, including senior decision-makers.		
12. Any patients who frequently access urgent care services and all high-risk patients have a tailored crisis and relapse plan in place ahead of winter.		

Appendix 3 – EQIA

Norfolk and Norwich
University Hospitals
NHS Foundation Trust

APPENDIX 3 EQUALITY- QUALITY – IMPACT - ASSESSMENT (EQIA)

Title

NUUH Winter Plan 25/25

Directorate

Chief Operating Officer

Brief Description of the proposed change

A Winter Plan has been developed to adapt the way that the Hospital functions throughout the Winter period to ensure compliance with NHSE UEC priorities.

Who will the project/ service/ policy/ decision impact?

Staff

☒

Service User / Patient

☒

Carers

☒

Other Public Sector Organisations

☒

Voluntary / Community groups / Trade Unions

☒

Others, please specify below

☐

Details:

Integrated Impact Assessment Review Panel

Members of the panel: Medical Director, Chief Nurse, Chief Operating Officer, Director of Workforce

Date: 5 Sep 25

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Equalities Impact

For each protected characteristics group, consider whether the proposed change has:
Negative Impact: **N**
Neutral Impact: **Ne**
Positive Impact: **P**
Unknown: **U**

Impact	No Impact	Negative	Neutral	Positive	Unknown
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender Re-assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage/Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race and ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (see appendix 6 and provide detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summarise the overall impact:

The Plan aims to prevent ambulance handover delays, reduce unnecessary hospital admissions, ensure patients get to the most appropriate clinician as soon as possible and to improve discharge rates and reduce Length of Stay.

The Plan also aims to ensure that vaccination rates amongst staff are 5% higher than 24/25 and to provide staff with the appropriate PPE and surge areas to manage IP&C issues.

Summarise the evidence used to make the judgement:

NUUH Winter Plan and Self-Assessment Document

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If there are negative impacts how these might be mitigated:

N/A

Health Inequalities Impact

For each listed group at risk of health inequalities, consider whether the proposed change has:
Negative Impact: **N**
Neutral Impact: **Ne**
Positive Impact: **P**
Unknown: **U**

Impact	No Impact	Negative	Neutral	Positive	Unknown
CORE 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PLUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Inclusion Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Combined Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Summarise the overall impact:

The overall impact on patients and staff is expected to be positive for all listed groups.

Summarise the evidence used to make the judgement:

NUUH Winter Plan and Self-Assessment Document

If there are negative impacts how these might be mitigated:

N/A

Appendix 3 – EQIA

NHS
Norfolk and Norwich
University Hospitals
NHS Foundation Trust

Quality Impact Assessment

For each domain of quality, consider whether the proposal has:

Negative Impact: **N**
Neutral Impact: **Ne**
Positive Impact: **P**
Unknown: **U**

Impact	No Impact	Negative	Neutral	Positive	Unknown
Patient Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinical Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Patient Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System/ Operational Impacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Combined Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Summarise the overall impact:

the overall impact is summarised as positive

Summarise the evidence used to make the judgement:

NNUH Winter Plan and Self-Assessment Document

If there are negative impacts how these might be mitigated:

Overall Conclusion

Summarise the overall outcome of the screening tool, any key potential impacts identified, and any key mitigations, and tick the relevant score under each domain below.

Negative Impact: **N**
Neutral Impact: **Ne**
Positive Impact: **P**
Unknown: **U**

NHS
Norfolk and Norwich
University Hospitals
NHS Foundation Trust

Impact	No Impact	Negative	Neutral	Positive	Unknown
Equality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Inequality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Combined Overall				x	

Any negative impact outcomes will need a full impact assessment.

Recommendation	Tick Applicable
Proceed	<input checked="" type="checkbox"/>
More information needed	<input type="checkbox"/>
Full impact assessment required	<input type="checkbox"/>
Stop.	<input type="checkbox"/>

Any other key issues to record

Completion

Name and Job Title of the lead completing the screening tool: Chris Cobb, Chief Operating Officer

Date: 5 Sep 25

Authorisation

Name and Job Title of the accountable lead: Tracey Bleakley, Executive Managing Director

Date: 5 Sep 25

Appendix 3 – EQIA

NHS

Norfolk and Norwich
University Hospitals

NHS Foundation Trust

APPENDIX 3 EQUALITY- QUALITY – IMPACT - ASSESSMENT (EQIA)

Recommendations

Based on your assessment, please indicate which course of action you are recommending to decision makers.

Outcome	Description	Tick
Outcome One- Green risk rating	No major change to service/ function required. Proceed no amendments needed.	<input checked="" type="checkbox"/>
Outcome Two- yellow risk rating	Adjust the service/ function. Proceed with minor amendments.	<input type="checkbox"/>
Outcome Three- Amber risk rating	Continue the service/ function with sufficient mitigations in place to minimise risks and negative impacts. Proceed with significant mitigating actions in place.	<input type="checkbox"/>
Outcome Four- Red risk rating	Stop and rethink- QIA shows actual or potential significant harm. Review service and function with senior responsible officer.	<input type="checkbox"/>
Please explain the rationale for your recommendation.	<p>The Plan aims to minimise risk and improve patient safety via a series of interventions that aim to:</p> <ol style="list-style-type: none">1. Prevent ambulance handover delays.2. Reduce unnecessary hospital admissions.3. Ensure patients get to the most appropriate clinician as soon as possible4. Improve discharge rates and reduce Length of Stay.5. Protects patients and staff from IP&C issues including Flu	

NHS

Norfolk and Norwich
University Hospitals

NHS Foundation Trust

APPENDIX 3 EQUALITY- QUALITY – IMPACT - ASSESSMENT (EQIA)

EQIA Monitoring Arrangements and Approval

Monitoring arrangements		
Name of individual, group, or committee	Role	Frequency
Quality & Safety Committee	Oversight and Regulation	Monthly

Quality team Review Panel - must include Equalities lead where appropriate

Members of the panel:

Medical Director, Chief Nurse, Health Equalities lead

Date: 4 Sep 25

Director sign off (green and yellow risks) [No Title]

Director of Nursing or Medical Director

Date: 4 Sep 25

Executive sign off (amber and red risks)

Executive Chief Nurse or Executive Medical Director Date:

N/A

REPORT TO TRUST BOARD (PUBLIC)

Date	24/09/2025		
Title	NHSE Provider Capability Self-Assessment 2025		
Author & Exec Lead	Strategy Directors JPUH, NNUH & QEHL		
Purpose	For Approval		
Relevant Strategic Commitment [delete as appropriate]	<p>1 Together, we will develop services so that everyone has the best experience of care and treatment</p> <p>2 Together, we will support each other to be the best we can be, to be valued and proud of our hospital for all.</p> <p>3 Together, we will join up services to improve the health and wellbeing of our diverse communities</p> <p>4 Together, we will provide nationally recognised, clinically led services that are high quality, safe and based on evidence and research</p> <p>5 Together, we will use public money to maximum effect.</p>		
Are there any quality, operational, workforce and financial implications of the decision requested by this report? If so explain where these are/will be addressed.	Quality	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Operational	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Workforce	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Financial	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Background/Context

As part of the NHS Oversight Framework (NOF), NHS England is assessing NHS trusts' capability, using this alongside providers' NOF segments to judge what actions or support are appropriate at each trust. As a key element of this, NHS boards are asked to assess their organisation's capability against a range of expectations across 6 areas derived from 'The Insightful Provider Board', namely:

- strategy, leadership and planning
- quality of care
- people and culture
- access and delivery of services
- productivity and value for money
- financial performance and oversight

Guidance, produced in August 2025, sets out self-assessment criteria and indicative evidence examples for each of the domains.

These inform a self-assessment which is intended to strengthen board assurance and help oversight teams take a view of NHS trust capability based on boards' awareness of the challenges their organisations face and subsequent actions to address them. The purpose of this is to focus trust boards' attention on a set of key expectations related to their core functions as well as encourage an open culture of 'no surprises' between trusts and oversight teams. NHS England regional teams will then use the assessment and evidence behind it, along with other information, to derive a view of the organisation's capability.

Conclusions/Outcome/Next steps

The submission deadline, with board-approved evidence, is 22 October 2025. A review period follows where NHSE regional teams have 4 weeks to triangulate data and assign capability ratings. The outcomes will be communicated in December 2025.

At an NHSE webinar on 18th September NHSE, it was stated there could be some flexibility in submission deadlines. Due to the complexities of individual trust board meeting dates, and the transition into a Group during this period, NHSE are being asked for delayed submission from the three hospitals.

It is proposed that individual trust boards give delegated responsibility to the Special Purpose Joint Committee, that meets in early November, to approve the self-assessments and submit to NHSE.

Recommendations: The Board is recommended to: note the requirement to complete a Provider Capability Self-Assessment and to approve delegated responsibility to the Special Purpose Joint Committee to ratify the self-assessment and submit to NHSE.

Finance Report 2025

24 September 2025

Marcus Thorman, Group 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.

August position is a £0.1m surplus on a control total basis, £0.7m favourable to the planned £0.6m deficit.

Income is £2.1m favourable to plan, including £1.5m of pass-through income. Pay is £1.0m adverse, including £1.4m under-delivery of CIP and £0.4m of redundancy costs. Non-pay is £0.3m adverse, including £1.1m of pass-through costs offset by underspends and non distributed reserves. Net drugs expenditure is £0.1m adverse. Non-Operating costs are £0.1m favourable.

Year to date position is a £3.7m deficit on a control total basis, £2.5m adverse to the planned £1.2m deficit.

Income is £9.6m favourable to plan, including £7.7m of pass-through income. Pay is £4.0m adverse, including £5.4m unidentified CIP and £0.8m of redundancy costs, offset by undistributed reserves of £2.2m. Non-pay is £8.5m adverse, including £9.5m of pass-through costs and £1.4m of overspends, offset by £2.4m of undistributed reserves. Net drugs expenditure is £0.3m adverse. Non-operating costs are £0.8m favourable.

Activity: Value-based activity performance for August was £0.1m favourable to plan (£0.4m adverse YTD). The elective elements were £0.4m favourable (£1.2m favourable YTD), and other chargeable API (Diagnostic Imaging) activity was £0.2m adverse to plan (£1.6m adverse YTD).

CIP: Year to date CIP delivery is £10.7m against a budgeted plan of £16.0m, an adverse variance of £5.3m, comprised of an adverse planning variance of £5.2m and an adverse performance variance of £0.1m. As at 5th Sep 2025, the programme consists of £33.1m of Gateway 2 approved schemes. This is £10.4m adverse to the planned £43.6m full year CIP requirement.

Capital Expenditure: Year to date total capital spend is £6.6m, a £27.9m underspend against the NHSE plan value of £34.5m. The current forecast outturn for all programmes is a reduced spend against plan of £14.5m, which is in line with national funding levels.

Cash held on 31st August 2025 was £76.3m, £24.6m higher than the FY25/26 submitted plan. This higher cash balance is as a result of £2.4m NHS invoices expected but not yet received, £7.8m of prior year gas invoices remain outstanding, £9.8m capital timing, £3.0m HEE payment earlier than planned, with the balance due to various working capital movements.

	In Month			Year To Date		
	Actual	Plan	Variance	Actual	Plan	Variance
SOCl						
	£m	£m	£m	£m	£m	£m
Clinical Income	69.0	68.6	0.4	348.1	347.0	1.1
Other Income	11.4	9.7	1.7	58.3	49.8	8.5
TOTAL INCOME	80.4	78.3	2.1	406.4	396.8	9.6
Pay	(49.9)	(48.9)	(1.0)	(251.1)	(247.0)	(4.0)
Non Pay	(20.8)	(20.5)	(0.3)	(110.9)	(102.4)	(8.5)
Drugs (Net Expenditure)	(2.8)	(2.7)	(0.1)	(15.0)	(14.7)	(0.3)
TOTAL EXPENDITURE	(73.5)	(72.1)	(1.4)	(377.0)	(364.1)	(12.9)
Non Opex	(6.7)	(6.8)	0.1	(33.1)	(33.9)	0.8
Control Total Surplus / (Deficit)	0.1	(0.6)	0.7	(3.7)	(1.2)	(2.5)
Statutory Surplus / (Deficit)	0.6	(0.1)	0.7	(1.3)	0.8	(2.1)
Other Financial Metrics						
	£m	£m	£m	£m	£m	£m
Cash at Bank (before support funding)	76.3	51.7	24.6	76.3	51.7	24.6
Capital Programme Expenditure	0.4	6.4	(6.0)	6.6	34.5	(27.9)
CIP Delivery	4.2	3.8	0.4	10.7	16.0	(5.3)
Activity Metrics						
	£m	£m	£m	£m	£m	£m
Day Case	5.7	5.5	0.2	29.6	28.9	0.7
Elective Inpatient	4.6	4.5	0.1	22.4	23.8	(1.4)
Outpatients - New & Procedures	5.3	5.3	0.1	29.6	27.7	1.9
Other Chargeable activity included within API	2.2	2.4	(0.2)	10.9	12.5	(1.6)
TOTAL	17.8	17.7	0.1	92.5	92.9	(0.4)

2. Statement of Comprehensive Income

August position is a £0.1m surplus on a control total basis, £0.7m favourable to the planned £0.6m deficit. The statutory position, which includes donated and peppercorn lease income of £0.0m, peppercorn lease/donated asset depreciation of £0.2m and an adjustment to PFI revenue costs of £0.7m, is a £0.6m surplus, £0.7m favourable to plan. Trust Performance is measured against the Control Total.

	In Month			Year To Date			Forecast outturn			Forecast outturn Excl. Non Recurrent Costs £m
	Actual £m	Trust Plan £m	Variance £m	Actual £m	Trust Plan £m	Variance £m	FOT £m	Trust Plan £m	Variance £m	
Clinical Income	69.0	68.6	0.4	348.1	347.0	1.1	835.1	835.1	0.0	835.1
NT Drugs Income	6.7	6.6	0.1	32.4	32.7	(0.3)	78.6	78.6	0.0	78.6
Total Clinical Income	75.7	75.2	0.5	380.5	379.7	0.7	913.7	913.7	0.0	913.7
Other Income Incl. Non NHS Clinical Income	11.4	9.7	1.7	58.3	49.8	8.5	120.0	120.0	0.0	120.0
Total Operating Income	87.1	84.9	2.2	438.8	429.5	9.3	1,033.7	1,033.7	0.0	1,033.7
Substantive	(51.7)	(54.3)	2.6	(226.5)	(240.9)	14.4	(584.9)	(575.5)	(9.4)	(575.5)
Bank	(4.0)	(0.2)	(3.8)	(18.0)	(0.8)	(17.1)	(2.9)	(2.9)	0.0	(2.9)
Agency	(0.6)	(0.5)	(0.1)	(4.2)	(2.6)	(1.6)	(5.3)	(5.3)	0.0	(5.3)
Other Employee Expenses	6.4	6.1	0.3	(2.3)	(2.7)	0.4	(9.0)	(9.0)	0.0	(9.0)
Total Employee Expenses	(49.9)	(48.9)	(1.0)	(251.1)	(247.0)	(4.0)	(602.0)	(592.6)	(9.4)	(592.6)
Drugs Costs	(9.5)	(9.3)	(0.2)	(47.4)	(47.4)	(0.0)	(113.1)	(113.1)	0.0	(113.1)
Clinical Supplies	(8.0)	(8.8)	0.8	(42.9)	(44.1)	1.2	(106.8)	(106.8)	0.0	(106.8)
Non Clinical Supplies	(9.7)	(8.6)	(1.1)	(52.6)	(43.2)	(9.4)	(103.4)	(101.9)	(1.5)	(101.9)
PFI	(3.1)	(3.1)	(0.0)	(15.4)	(15.1)	(0.3)	(36.6)	(36.6)	0.0	(36.6)
Total Expenditure Excl. Employee Expenses	(30.3)	(29.8)	(0.5)	(158.3)	(149.8)	(8.5)	(360.0)	(358.5)	(1.5)	(358.5)
Total Operating Expenditure	(80.2)	(78.6)	(1.6)	(409.3)	(396.8)	(12.5)	(961.9)	(951.0)	(10.9)	(951.0)
Total Operating Surplus/(Deficit)	6.8	6.2	0.6	29.4	32.7	(3.3)	71.7	82.6	(10.9)	82.6
Total Non Operating Expenditure	(6.0)	(6.2)	0.2	(29.7)	(31.0)	1.3	(75.2)	(75.2)	0.0	(75.2)
Adjust PFI revenue costs to UK GAAP basis	(0.7)	(0.6)	(0.1)	(3.4)	(2.9)	(0.5)	(7.4)	(7.4)	0.0	(7.4)
Control Total Surplus/(Deficit)	0.1	(0.6)	0.7	(3.7)	(1.2)	(2.5)	(10.9)	0.0	(10.9)	0.0
Control Total Adjustments										
Donated/Peppercorn lease Income & Equipment	(0.0)	0.0	(0.0)	(0.0)	0.0	(0.0)	0.0	0.0	0.0	0.0
Donated/ Peppercorn lease Assets Dep'n	(0.2)	(0.1)	(0.1)	(1.0)	(0.9)	(0.1)	(2.4)	(2.4)	0.0	(2.4)
Adjust PFI revenue costs to UK GAAP basis	0.7	0.6	0.1	3.4	2.9	0.5	7.4	7.4	0.0	7.4
Statutory Surplus / (Deficit)	0.6	(0.1)	0.7	(1.3)	0.8	(2.1)	(5.8)	5.1	(10.9)	5.1

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

3. Statement of Financial Position

The Statement of Financial Position at the end of August has decreased by £1.2m compared to the opening balance. This is a result of the year-to-date statutory deficit.

Property, plant and equipment This balance is £8.8m lower than the opening balance. The key items are disposals and category transfers of £5.3m and depreciation of £9.3m, offset by additions of £5.7m.

Right of use assets – leased assets This balance is £1.6m higher than the opening balance. This is a result of additions and category transfers of £6.1m offset by depreciation of £4.4m.

Receivables: due from DHSC group bodies This balance is £2.9m higher than the opening balance. The key items are drugs accrued income of £1.4m and Spec Comm ERF income of £1.5m.

Receivables: due from non-DHSC group bodies This balance is £3.9m higher than the opening balance. The key items are £2.2m of increased CNST prepayments, £1.7m of IT prepayments, and £6.7m relating to a PFI prepayment for LCM.

Cash This is £16.1m lower than the opening balance. The key reason is working capital movements.

Trade and other payables: capital This is £8.5m lower than the opening balance. The key items are the accrual for EPR reducing by £6.4m, equipment replacement programme reducing by £1.0m and DAC reducing by £0.8m.

Trade and other payables: non-capital: This is £10.4m lower than the opening balance. Aged creditors have decreased by £8.1m including a decrease in non-NHS creditors of £10.3m offset by an increase in NHS and other creditors, and accrued expenditure has decreased by £5.6m. PAYE & NI accruals are £3.2m higher due to increases in employer's NI and pay award.

Deferred income: This is £10.2m higher than the opening balance. The key items are £3.0m relating to LDA, CPD and other education income, together with £1.9m of cancer transformation funds, £1.0m mechanical thrombectomy, £1.0m for prepaid devices and £1.4m variable performance.

Borrowings: PFI The current and non-current element is a total of £2.7m lower than the opening balance. The key items are £4.0m of repayments, offset by additions, interest and indexation totalling £1.3m.

Borrowings: leases The £2.1m decrease in non-current PFI borrowings relates to capital repayments in the year of £7.3m, offset in part by an increase in liability of £5.3m for in-year indexation.

August 2025	Actual Mar-25 £m	Actual Aug-25 £m	Movement £m	Prior Month £m
Property, plant and equipment	413.8	405.0	(8.8)	407.4
Right of use assets - leased assets	43.7	45.3	1.6	45.3
Receivables: due from DHSC group bodies	3.2	3.3	0.1	3.3
Receivables: due from non-DHSC bodies	60.5	56.7	(3.8)	56.2
Total non-current assets	521.2	510.3	(10.9)	512.2
Inventories	15.8	16.8	1.0	16.6
Receivables: due from DHSC group bodies	22.9	25.7	2.8	26.1
Receivables: due from non-DHSC group bodies	25.1	32.8	7.7	33.5
Cash and cash equivalents	93.4	77.3	(16.1)	93.9
Total Current assets	157.2	152.6	(4.6)	170.1
Trade and other payables: capital	(16.6)	(8.1)	8.5	(10.8)
Trade and other payables: non-capital	(125.8)	(115.4)	10.4	(131.9)
Borrowings - PFI	(18.0)	(18.0)	0.0	(18.0)
Borrowings: leases current	(8.5)	(7.9)	0.6	(8.0)
Current provisions	(1.5)	(3.3)	(1.8)	(3.3)
Deferred Income	(23.4)	(33.6)	(10.2)	(34.2)
Total current liabilities	(193.8)	(186.3)	7.5	(206.2)
Total assets less current liabilities	484.6	476.6	(8.0)	476.1
Borrowings - PFI	(351.0)	(348.9)	2.1	(349.4)
Borrowings: leases non-current	(31.9)	(29.8)	2.1	(29.4)
Provisions	(6.5)	(3.9)	2.6	(3.9)
Deferred Income	(1.1)	(1.1)	0.0	(1.1)
Total non-current liabilities	(390.5)	(383.7)	6.8	(383.8)
Total assets employed	94.1	92.9	(1.2)	92.3
Financed by				
Public dividend capital	390.9	390.9	0.0	390.9
Retained Earnings (Accumulated Losses)	(323.1)	(324.0)	(0.9)	(324.7)
Revaluation reserve	26.3	26.0	(0.3)	26.1
Total Taxpayers' and others' equity	94.1	92.9	(1.2)	92.3

REPORT TO TRUST BOARD				
Date	24 September 2025			
Title	Month 5 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	
	Operational	Yes✓ No□	Delivery of the financial plan supports the delivery of operational, quality and workforce plans	
	Workforce	Yes✓ No□	Delivery of the financial plan supports the delivery of operational, quality and workforce plans	
	Financial	Yes✓ No□	Delivery of the financial plan supports the delivery of operational, quality and workforce plans	
Identify which Committee/Board/Group has reviewed this document:	Board/Committee: HMB and FI&P Committee		Outcome: Report for information only, no decisions required.	
<p>1 <u>Background/Context</u></p> <p>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.</p> <p>2 <u>Key issues, risks and actions</u></p> <p>Summary of Performance</p> <p>August position is a £0.1m surplus on a control total basis, £0.7m favourable to the planned £0.6m deficit.</p>				

Income is £2.1m favourable to plan, including £1.5m of pass-through income. Pay is £1.0m adverse, including £1.4m under-delivery of CIP and £0.4m of redundancy costs. Non-pay is £0.3m adverse, including £1.1m of pass-through costs offset by underspends and non distributed reserves. Net drugs expenditure is £0.1m adverse. Non-Operating costs are £0.1m favourable.

Year to date position is a £3.7m deficit on a control total basis, £2.5m adverse to the planned £1.2m deficit.

Income: Income is £9.6m favourable to plan, including £7.7m of pass-through income. Pay is £4.0m adverse, including £5.4m unidentified CIP and £0.8m of redundancy costs, offset by undistributed reserves of £2.2m. Non-pay is £8.5m adverse, including £9.5m of pass-through costs and £1.4m of overspends, offset by £2.4m of undistributed reserves. Net drugs expenditure is £0.3m adverse. Non-operating costs are £0.8m favourable.

Activity: Value-based activity performance for August was £0.1m favourable to plan (£0.4m adverse YTD). The elective elements were £0.4m favourable (£1.2m favourable YTD), and other chargeable API (Diagnostic Imaging) activity was £0.2m adverse to plan (£1.6m adverse YTD).

CIP: Year to date CIP delivery is £10.7m against a budgeted plan of £16.0m, an adverse variance of £5.3m, comprised of an adverse planning variance of £5.2m and an adverse performance variance of £0.1m. As at 5th Sep 2025, the programme consists of £33.1m of Gateway 2 approved schemes. This is £10.4m adverse to the planned £43.6m full year CIP requirement.

Capital Expenditure: Year to date total capital spend is £6.6m, a £27.9m underspend against the NHSE plan value of £34.5m. The current forecast outturn for all programmes is a reduced spend against plan of £14.5m, which is in line with national funding levels.

Cash: Cash held on 31st August 2025 was £76.3m, £24.6m higher than the FY25/26 submitted plan. This higher cash balance is as a result of £2.4m NHS invoices expected but not yet received, £7.8m of prior year gas invoices remain outstanding, £9.8m capital timing, £3.0m HEE payment earlier than planned, with the balance due to various working capital movements.

3 Conclusions/Outcome/Next steps

Year to date, the Trust has delivered a £3.7m deficit against the planned £1.2m deficit, £2.5m adverse to plan. Forecast Outturn remains Breakeven. Year to date capital expenditure spend is £6.6m, a £27.9m underspend against the NHSE plan value of £34.5m. The current forecast outturn for all funded programmes is an underspend of £14.5m.

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

REPORT TO THE TRUST BOARD

Date	24 September
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 four occasions since the last report to the board including 24.06.2025, 22.07.25, 19.08.25 and 22.09.25. The Committee 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 meetings were quorate and were attended by Governor observers on some occasions.

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:

Key Matters for the Attention of the Board

Assurance Levels	
Hot Clinics report – The Committee discussed the need to further scale and sustain these initiatives ensuring integration for patients with multiple comorbidities, and enhance the evaluation of clinical risk and patient outcomes. It was agreed that future reports should include data on the proportion of patients impacted, clinical risk mitigation, and patient communication strategies, as well as continued collaboration with system partners to share learning and best practice.	Partially Assured
Spinal Assessment Service Improvement Plan - The Committee received an update on the spinal assessment improvement plan, which has significantly reduced outpatient waiting times and improved patient flow. The Committee Commended the team for the rapid and positive impact of these changes. Further improvements are required for the scoliosis pathway and procurement in orthotics.	Assured
National Guidance Maternity Letter - The Committee acknowledged the ongoing development of an improvement plan based on these insights, with a commitment to bring regular updates and user guides for interpreting maternity statistics to future meetings. The importance of alignment and governance across the three acute trusts was also emphasized to ensure a coordinated response to national requirements.	Partially Assured

Evidence Group CQC action plans -The Committee noted a lack of assurance on progress with the CQC actions plans with a trajectory for closure dates required or review of the actions to determine if they are appropriately worded to allow closure to be evidence. This will flow through the new structure and into HMG	Not Assured	
Performance reports (IPR). Issues with InPhase which resulted in a lack of assurance over the past three months have now been largely resolved. There has been a reduction in the number of incident reports and issues with the complaints data which are being investigated further. Deep dives in pressure ulcer and falls data are being carried out to identify areas for improvement.	Partial Assurance	
ICCNA – The Committee noted partial assurance with timelines to address open SI actions plans required and clear description of action plans to address areas of underperformance from audit data and celebration of good performance. Further assurance is required on the impact and outcomes of PSIRF investigations which will be reported through the Learning from Outcomes Group. There is some duplication of data across IPR and ICCNA reports.	Partial Assurance	
Health inequalities – The Committee noted a lack of assurance that evaluation of HE is routinely integrated into collection and analysis of data relating to quality, safety and experience with further work required to embed this into our data collection systems and analysis of data.	Not Assured	
CSEB – The Committee noted partial assurance with a lack of assurance on some of the findings related to a recent HTA inspection with an action to triangulate the findings of this against our mortuary action plan.	Partially assured	
Children's Board – The Committee noted the progress in the evolution of the Children's Board with the need for improved reporting structures to ensure escalation and accountability with ongoing assurance through Q&S.	Partial Assurance	
Children's Survey – The Committee saw that progress is being made with good response rate and positive feedback being noted in several domains and further work required to address issues with sleep and placement through a task and finish group and engagement with the Youth Forum and parental groups. Committee requested that clear action plans with measurable impacts are in place and monitored.	Assured	
Capital programme – The Committee noted that the PFI team have the required visibility and understanding of clinical and quality issues related to ward refurbishment and that the requirements for capital projects such as Cath Lab, MT Suite, CT3 are being addressed in a timely way with ward refurbishment now scheduled. Issues with Supplemental Agreements have been escalated. Ward refurbishment verbal update provided Sept 2025 – The Committee noted the progress that has been made with the ward refurbishments and positive impact for both patient and staff. The Committee Recommended that this be showcased in the Trust communications. Request for any impacts on quality, safety and experience to be monitored during the refurbishment process.	Partial Assurance	
Staffing report – The Committee was Assured that quality is being monitored in relation to staffing levels with quality dashboards being developed for report at site level to focus assurance and escalation.	Assured	
EPR - The Committee felt that there is a lack of assurance of sufficient clinical input and oversight of the EPR programme with limited engagement and involvement of clinical leadership teams to ensure that quality and safety	Partial Assurance	

measures and processes are being incorporated into the EPR build, that adequate training plans are in place and that there is a staged approach in place to ensure clinical approval of the EPR build.		
Inpatient survey -The Committee were assured of the good experience provided to inpatients based on the inpatient survey results provided and noted the stable position despite the significant pressures the organisation has been under. The Committee recommended that the results should be celebrated to showcase the care our staff have provided to our inpatients and thank them for their efforts. Further work needed on measurable action plans to address areas of improvement identified and look back at where we have not made the progress expected.	Assured	
Alerts to Board		
<ul style="list-style-type: none"> • Mortality HMSR – In June the Committee noted that the HSMR remains statistically higher than expected though on a slow downward trajectory. The Committee expressed deep concern on the mortality rate within the trust regarding the persistently elevated mortality rates, emphasising the need for urgent and ongoing scrutiny. Following a detailed paper on mortality coding and outlier diagnosis groups, including sepsis, in September the Committee has better understanding and assurance of the issues with our coding and impact on the mortality statistics and how this is impacting on our SHMI and HMSR. Audit data and triangulation with SJR, ME, PSIRF and complaints data for 4 key mortality outlier diagnosis were provided to provide assurance on the quality of care, with some care issues identified and action plans in place. Further work is required to fully understand and address the coding issues and maintain oversight of quality of care and there is a mortality improvement plan in place. Further analysis of the data and monitoring of the associated action plans requires ongoing oversight at both site and Group level. • EPR – The Committee was not assured there was sufficient involvement of clinical leadership teams to ensure that quality and safety measures and processes are being incorporated into the EPR build, that adequate training plans are in place and that there is a staged approach in place to ensure clinical approval of the EPR build as it progresses. This requires on-going support and oversight at site and Group level • Risk Register – The Committee noted with further development of the CRR in progress and a new approach to risk being implemented at site and group level. Training and support is required and it will take time to embed this across the organisation. It is proposed that a risk maturity matrix and score is in put in place to gain assurance on progress and identify support where needed. The committee recommended that the rating for the risk related to our mortality statistics is reviewed and should be increased with oversight at both site and group level and that the risk relating to EPR is updated to reflect the quality and safe risks relating to the build, implementation and sign-off process. • Additional items for escalation from AOB: The Committee expressed concern of impacts of Transition to Care Groups and headcount reduction, with some poor behaviours reported and impacts on staff morale. Wider feedback from Execs on the pressure resulting from financial recovery activity and meetings. These are taking Executive and leadership team time away from quality and safety focus. These may have potential impacts for quality and safety of services that will need to be monitored. Although staffing metrics appear stable, short term sickness is felt to be rising and morale is low. 		

The Committee expressed concerns with delays and inconsistencies between IG approvals at site and Group level and uncertainty about how this will be managed through the single digital team resulting impacting on key strategic programmes such as EPR but also continuity of site digital systems which provide assurance on quality and safety such as FFT data system

Advice to Board











- TES deep dive – The Committee received a paper on the TES deep dive, the importance of the work was noted and it was agreed that learning from the review should be shared with system partners and incorporated in future planning with attention to improving the documentation and risk assessment process.
- Transition to Group Governance - Specific focus in the Committee in August was on improving papers to support a clear focus on assurance and key issues for discussion to support the transition to Group Governance with the request for use of standardised template and more streamline focussed information and SMART action plans. The Committee was reassured there is support in place for execs and senior leaders on this.
- Maternity IPR – The Committee noted that this should be discussed and agreed at Group level and monitored at site level with appropriate reporting through to the Group Board to ensure appropriate oversight of maternity and neonatal services, quality and experience.
- Mental Health Bed Waits – The Committee noted that a coordinated approach, clear ownership of the issue at system level and aligned reporting systems are required to provide timely and inappropriate admissions to the acute Trusts for people with mental health needs. In the absence of this there is an impact for access, quality of care and experience for our patients with MH needs.
- Closure report – The Committee agreed that all open and new actions must be clearly allocated to replacement governance meetings and Board assured that this is in place. All areas on Trust Risk register and highlighted in the Q&S committee annual report must be allocated to new governance meetings. There is a lack of assurance that all Execs have access to the new reporting templates and that that meeting schedule will enable the appropriate flow of information through from site and Group governance.

3 Conclusions/Outcome/Next steps

The Committee met for the final time in its current capacity on 22.09.25 and it was noted that there are some remaining actions which will therefore be carried through to the new governance structure and closure reported up to group for noting once this is complete

Recommendation:

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

Topic	Metric Name	Date	Result	Variation	Assurance
Patient Concerns	PALS % Closed within 48 hours - Trust	May 2025	67.9%	 Improvement (High)	No Target
Patient Safety	Incidents	Aug 2025	1,371	 Improvement (Low)	No Target
Patient Concerns	PALS Contacts - Trust	Aug 2025	118	 Concern (Low)	No Target
Infection Prevention & Control	Pseudomonas trust apportioned	Aug 2025	0	 Improvement (Low)	 Capable
Safer Staffing	Safe Staffing Care Hours Per Patient Per Day	Aug 2025	7.7	 Improvement (High)	No Target
Saving Babies Lives	Smoking Status at Delivery	Aug 2025	4.3%	 Improvement (Low)	 Inconsistent
Patient Safety	Patient Safety Review (PSR) Complete Within 30 Working Days	Aug 2025	15.40%	 Improvement (Low)	No Target
Patient Safety	Actions Following PSR Complete Within 60 Working Days	Aug 2025	77.40%	 Improvement (Low)	No Target

SPC Variation Icons





Common Cause

Concern (High)

Concern (Low)

Improvement (High)

Improvement (Low)



SPC Assurance Icons

Capable

Inconsistent

Not capable



National Priorities	Incident Type ▲	Last Month	YTD
	Maternity & Neonatal incidents which meet the ‘Each Baby Counts’ criteria referred to MNSI	0	4
	Maternal deaths referred to Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE)	0	0
	Neonatal Deaths Referred To PMRT	1	12
	Child Death referred to local Child Death Overview Panel (CDOP)	2	10
	Death involving patient with Learning Disability referred to local LeDeR reviewer	2	8
	Safeguarding Adults Referrals	67	357
	Information Governance incidents referred to Information Commissioner's Office (ICO)	0	0
	Incidents related to National Screening Programmes referred to local Screening Quality Assurance Team	0	4
	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
Trust PSII Priorities	Incidents to undergo another Patient Safety Review (PSR) to provide a proportionate learning response	66	333
Local Level PSR			
Other	Supplementary Metrics ▲	Last Month	YTD
	Duty of Candour Compliance	100%	94%
	Incidents	1,371	7,726

Assurance Commentary

There were a total of 1736 incidents reported in August, of these 1374 were patient safety incidents.
1282 were triaged for validation of facts at local level
65 for a patient safety review
0 PSII’s were commissioned
0 PSII’s were signed off
5 good care reports were made

There were two cases which breached the organisations Duty of Candour requirements. This was due to changes in the governance structure. The process in the new Governance Team has now been established and Duty of Candour has been fulfilled for the two cases which breached.

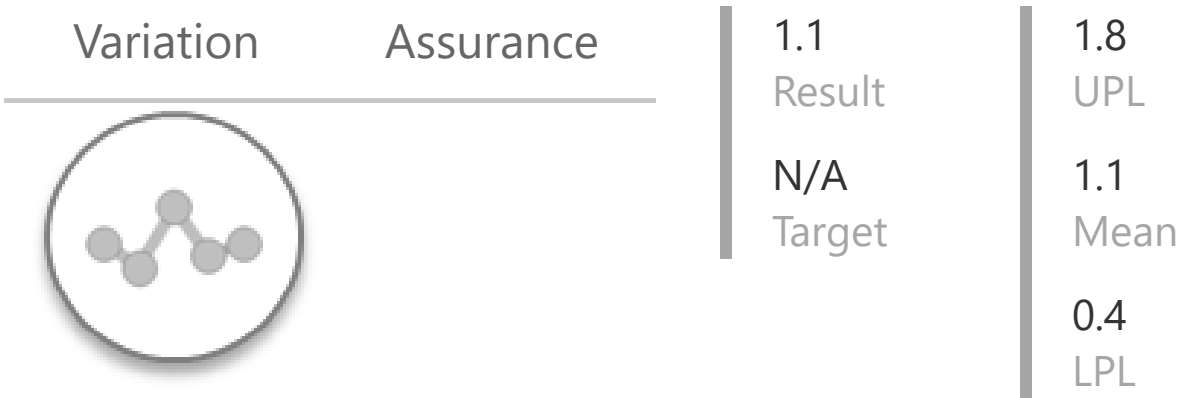
Improvement Actions

Ongoing work continues to support the care groups implementation of PSIRF within their teams, including planned bespoke training.

The data from InPHase reports continues to be developed which will support the Care groups access to patient safety data going forward, which will inform patient safety responses and actions.

Hospital Acquired Pressure
Ulcers per 1,000 bed
days

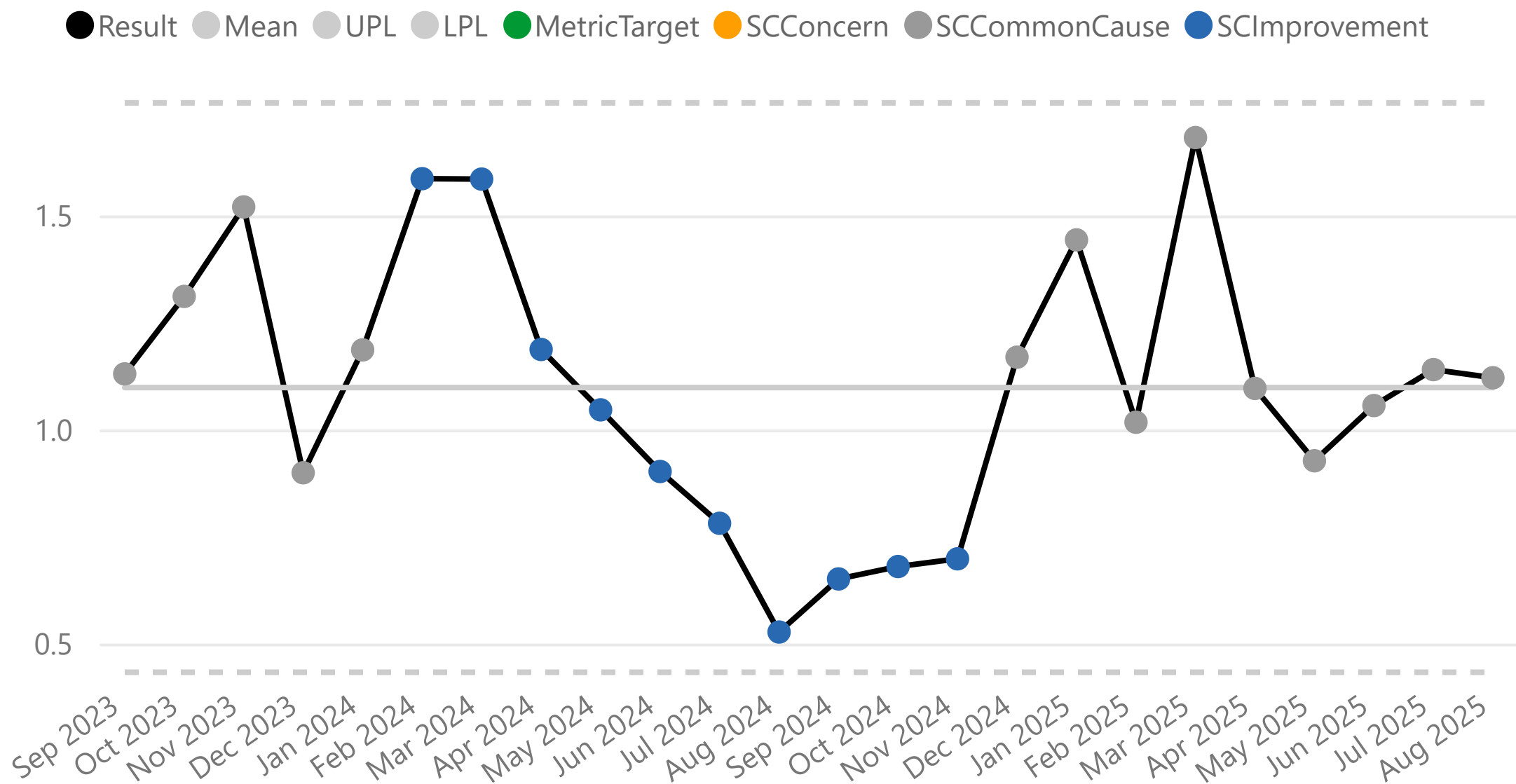
Aug 2025



Analytical Commentary

Variation is Common Cause

Hospital Acquired Pressure Ulcers per 1,000 bed days



Assurance Commentary

The Trust reported 37 Hospital Acquired pressure ulcer in August which is an increase on June and July. This may be partly attributable to staff becoming more familiar with InPhase and reporting better or more. 22 were category 2 pressure ulcers on 21 patients and 15 were category 3 pressure ulcers on 12 patients. Two category 3 ulcers occurred during a long surgery (spinal) on a patient despite all pressure care precautions being taken. One patient was end of life skin changes resulting in pressure damage within 48 hours of death and another was bilateral heel blisters. Whilst there have been no specific issues or themes identified the thought for the lower numbers in June and July are felt to be due to lower reporting with the move to InPhase system. 37 would be within normal numbers for August with the number of admissions and inpatient stays.

Improvement Actions

TVS and Research Teams have joined a national trial for heel pressure damage and NOFs in September, the outcomes are anticipated to help shape local pressure care delivery. A dressing dispenser trial is expected to start in October (waiting on IT to complete security checks). Clinical photography trial for pressure ulcers has started on Docking. TVS study days (total of 7 booked fully for October to December). Induction training continues for PUs. TVS supporting moving and handling bariatric day on 11/9/25 to increase staff awareness of equipment and pressure care for this group of patients

Patient falls per 1,000 bed days

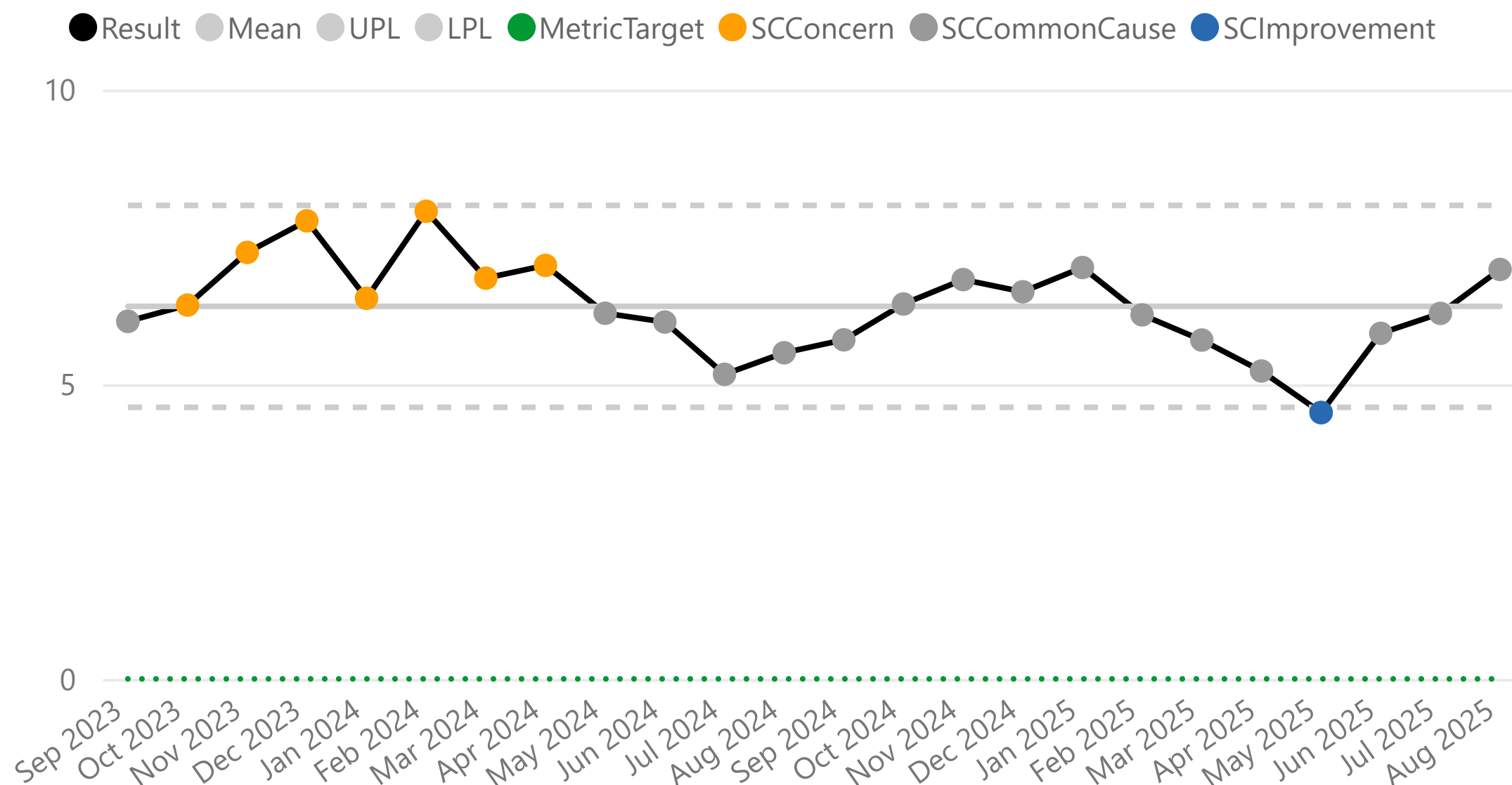
Aug 2025



Analytical Commentary

Variation is Common Cause

Patient falls per 1,000 bed days



Assurance Commentary

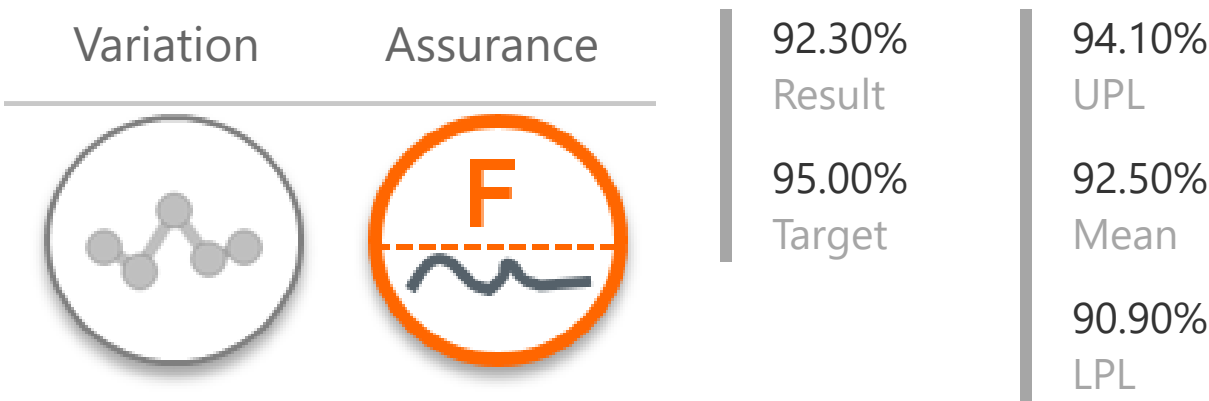
Falls per 1000 bed days for August manually calculated at 6.2, total falls number 205 and falls moderate harm and above 4. 2025 started positively for falls with a sustained improvement against 2024, however for August 2025 falls per 1000 bed days matches that of 2024. An earlier increase in falls has been seen pre winter when compared to 2024.

Improvement Actions

New Falls E-Learning has been launched via The Beat, this 20-minute video is aimed at all patient facing staff and have been encouraged to complete. This is alongside the training available for band 4+ provided by the RCoP. The side room safety poster and leaflet has been distributed in August. The Falls and Frailty Collaborative Pathway has had funding extended until March 2026 and there are system wide working groups planning its expansion. Falls awareness week has been planned in collaboration with the patient safety team with a poster campaign and linked calendar resources on the BEAT.

Friends & Family Score

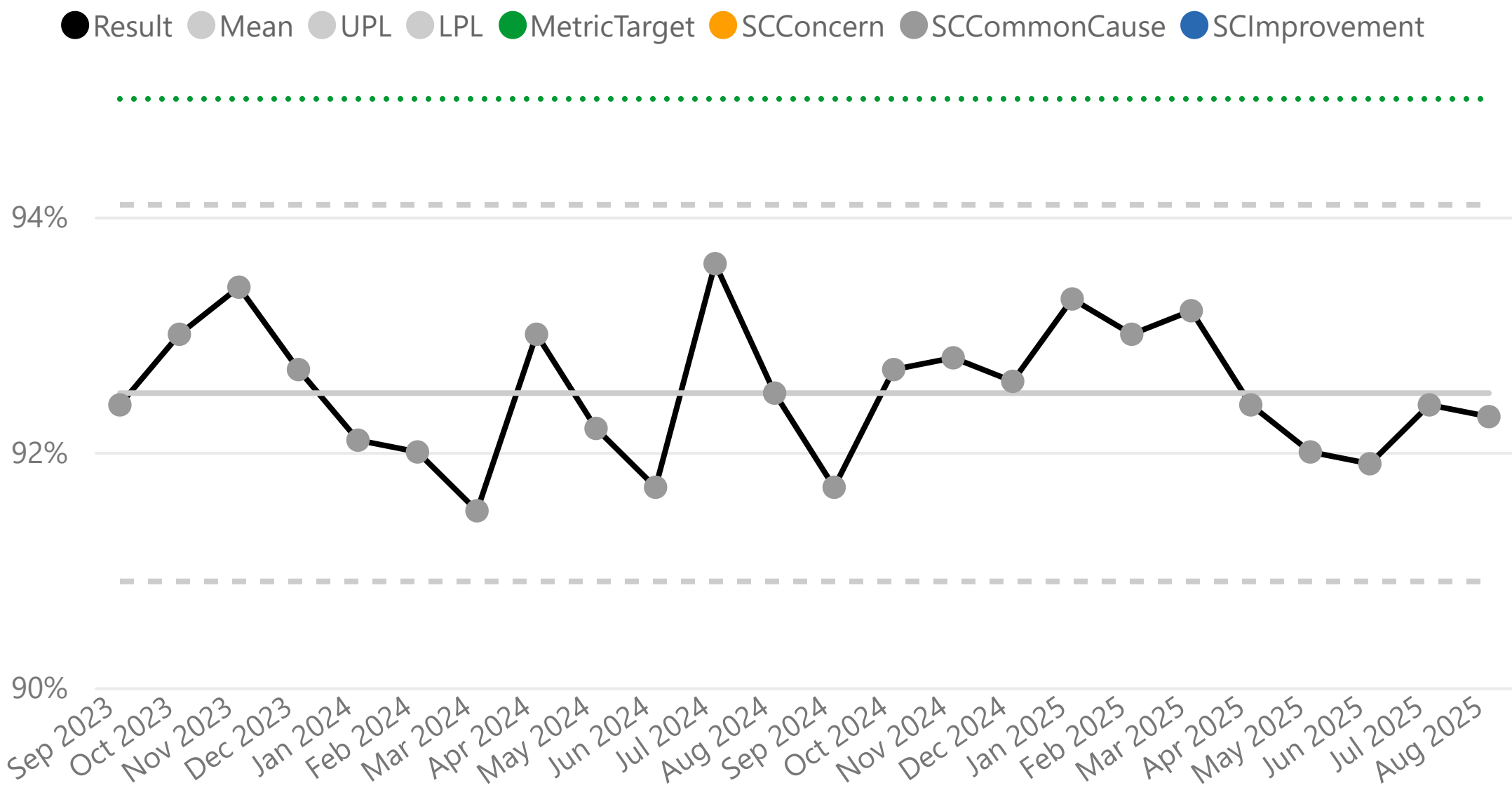
Aug 2025



Analytical Commentary

Variation is Common Cause

Friends & Family Score




Assurance Commentary

3089 Friends and Family Test (FFT) responses were received in August, responses remain within our usual limits. Top feedback themes continue to be staff attitude, implementation of care, waiting time, environment and communication for positive themes. Overall, 92% of feedback received was positive

Improvement Actions

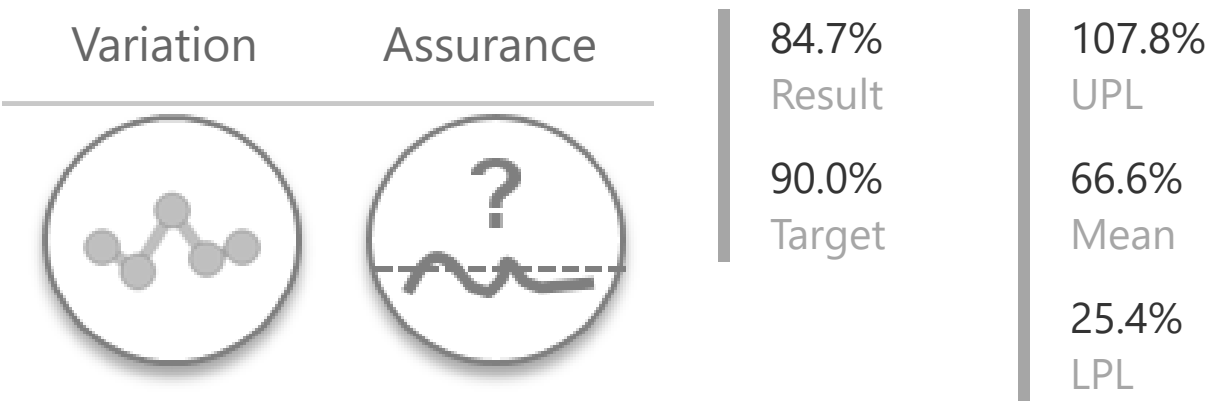
Sign off for new FFT provider remains with cyber and IG. During this time the team have continued to progress setting up the technicalities of data transfer, preparing to move historic data and setting up monthly reports in the system. The team remain hopeful this will put us in a good place once sign off is gained.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Compliments	Aug 2025	85		Common Cause		No Target

PALS % Closed
within 5 days - Trust

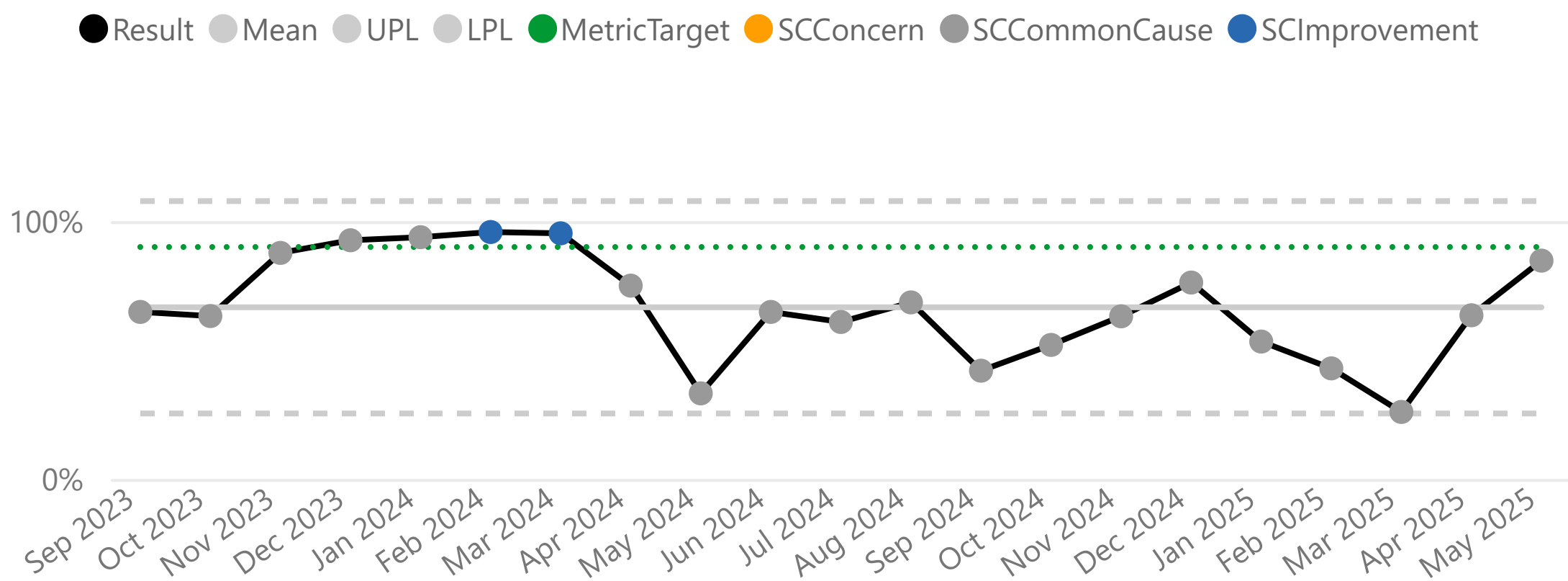
May 2025



Analytical Commentary

Variation is Common Cause

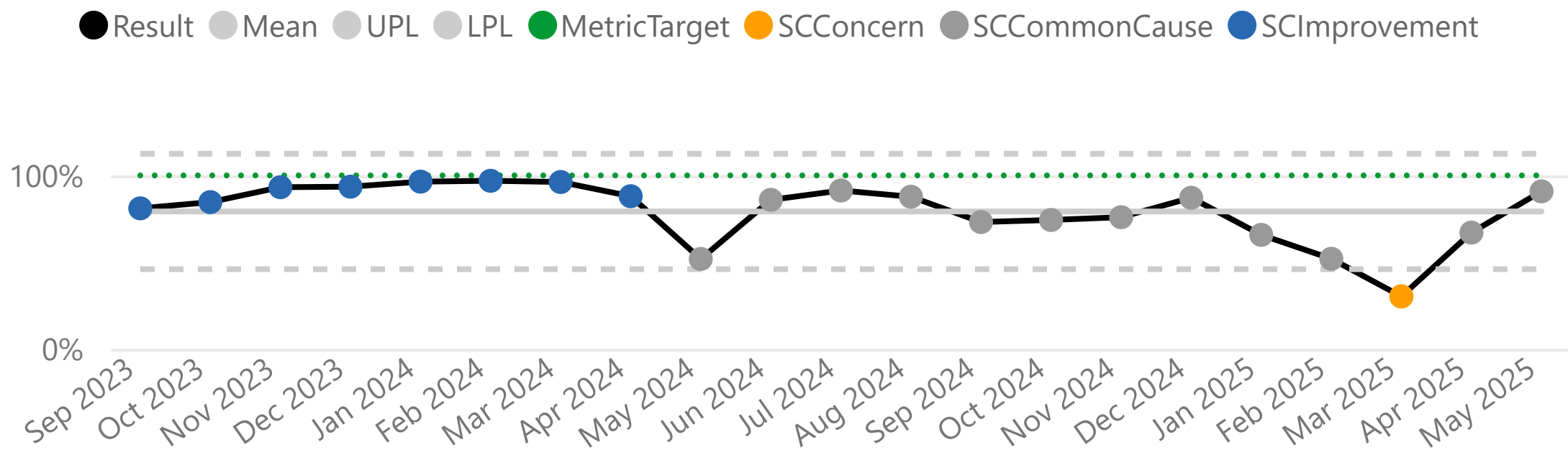
PALS % Closed within 5 days - Trust



Assurance Commentary

68 PALS enquiries added to Inphase during August (plus 60 not yet added due to staffing pressures but all actioned)
Planned care-36, Unplanned care- 13,Other-19
Main topic–access and waiting times
Of the 68 recorded most were closed (96%).
This is again a manual count. This month first time able to report on closed of those entered onto the system which is positive move forward.

PALS % Closed within 7 days - Trust



Improvement Actions

Staff challenge continues due to vacancies and annual leave.
PALS manager started 28 day trial following redeployment.
PALS assistant commences 28 day trial from redeployment mid September. Further 1.0wte PALS assistant post out to internal advert beginning September

Supplementary Metrics


Metric Name	Date	Result		Variation		Assurance
PALS Contacts - Trust	Aug 2025	118		Concern (Low)		No Target

Complaints (Trust)

May 2025

Variation

Assurance



51
Result

N/A
Target

113
UPL

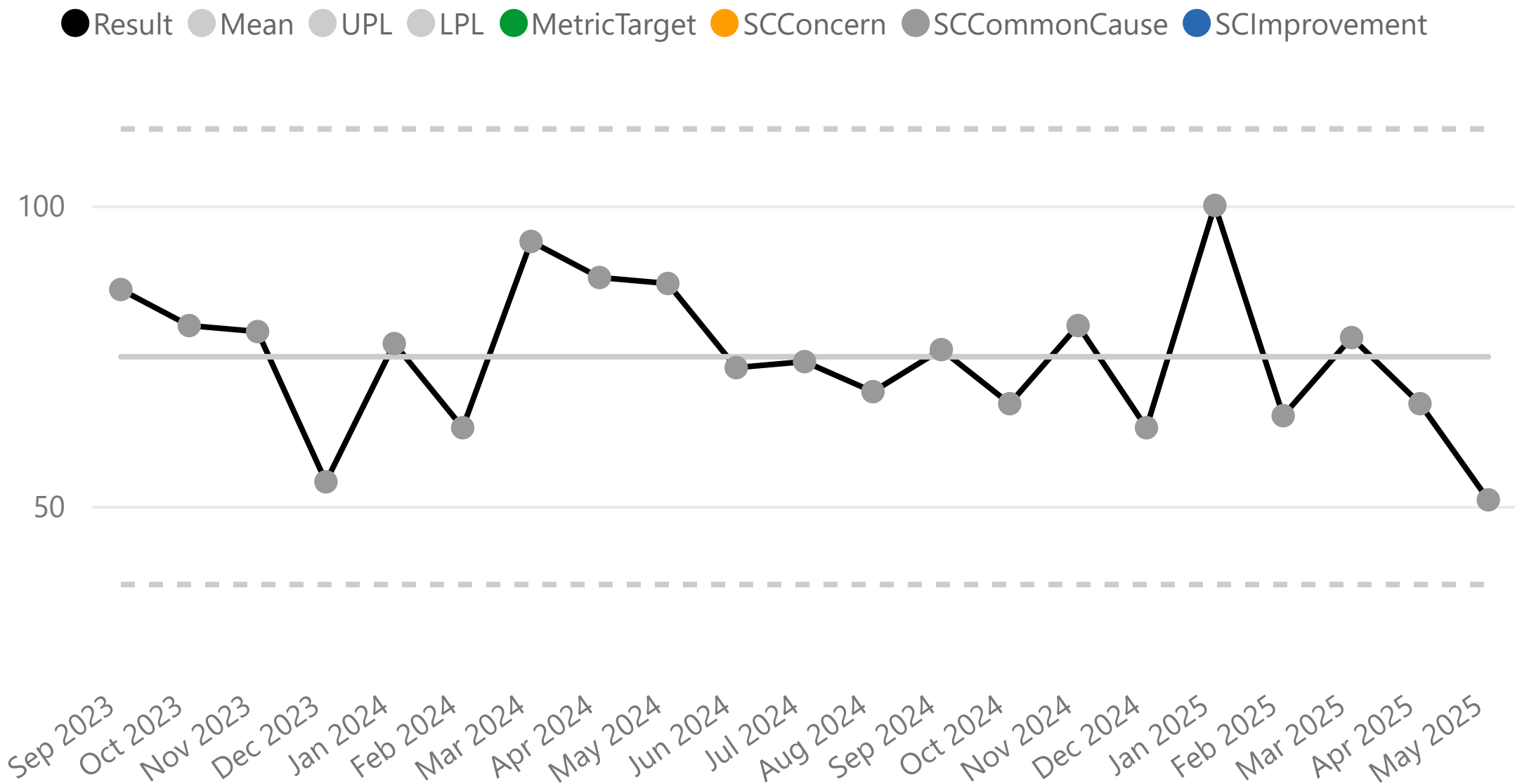
75
Mean

37
LPL

Analytical Commentary

Variation is Common Cause

Complaints (Trust)









Assurance Commentary

51 Complaints received in August, of which 17 were L2 and 34 Level 3.
Planned – 31, Unplanned 9, 11 mixed
Highest Care Group C with 15
Highest subject was clinical treatment.
54 cases closed in August

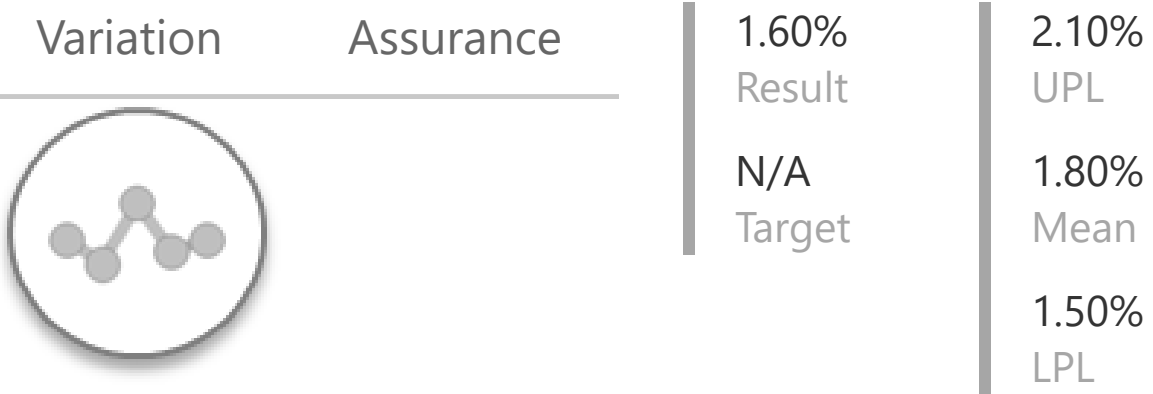
Improvement Actions

Case reviews continue, reviewing expectations re closures and any complex cases. Escalation actioned where responses from Care Groups are delayed. Complaints manager to produce a trajectory chart and report re the closure of oldest complaints to be shared at PEEG.Meeting with Inphase team, pathway agreed for reporting and time frames. Care Group KPIs to be agreed once implemented onto InPhase. 0.6wte delayed til mid-Sept.1.0t wte remains long term sick and additional sickness in month impacting

Supplementary Metrics

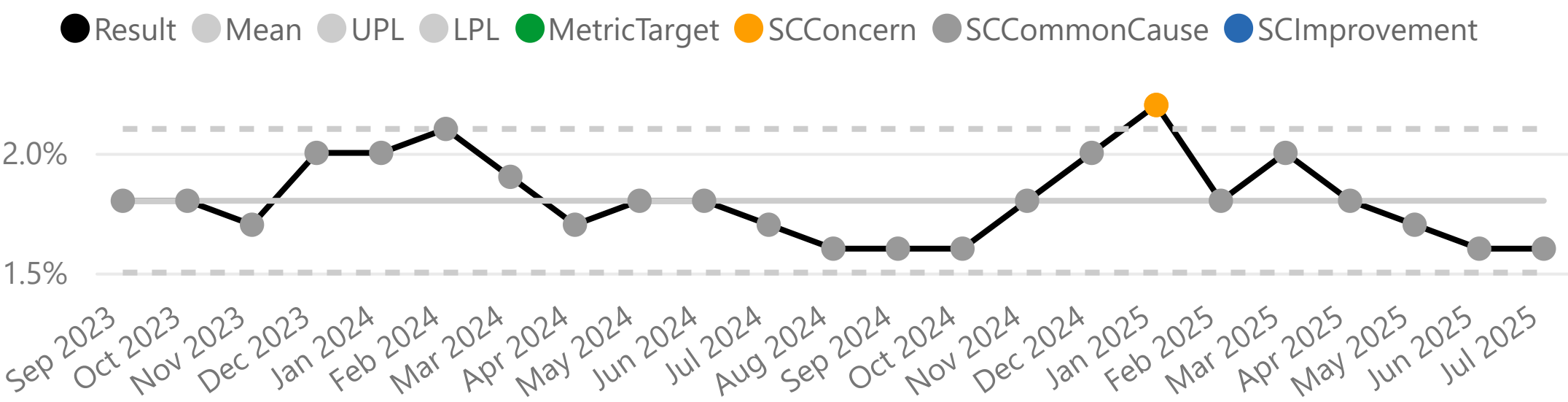
Metric Name	Date	Result		Variation		Assurance
Complaints - Acknowledgement	Jul 2025	95%		Common Cause		Inconsistent
Complaints - Response Times - Trust	Jul 2025	69%		Common Cause		Inconsistent
Post-investigation enquiries	Jul 2025	6		Common Cause		Capable

Crude Mortality Rate

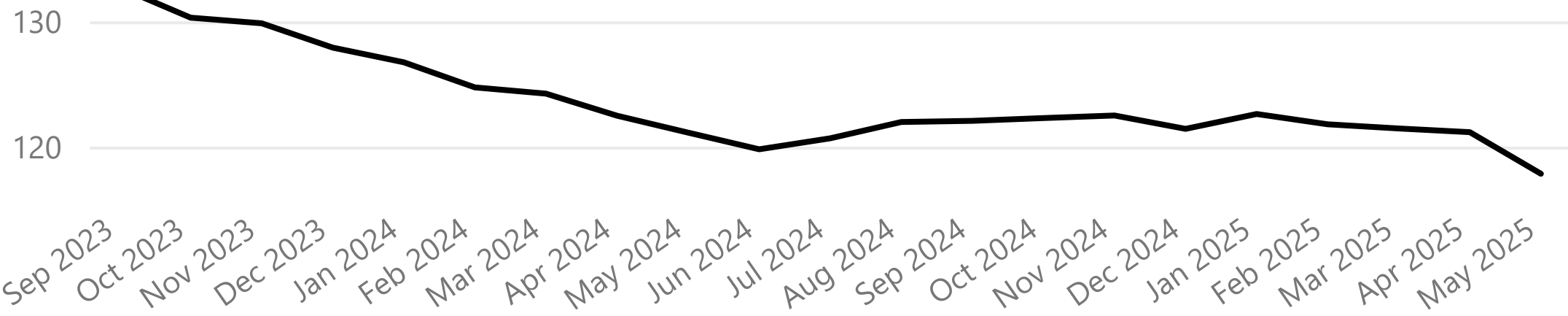


Jul 2025

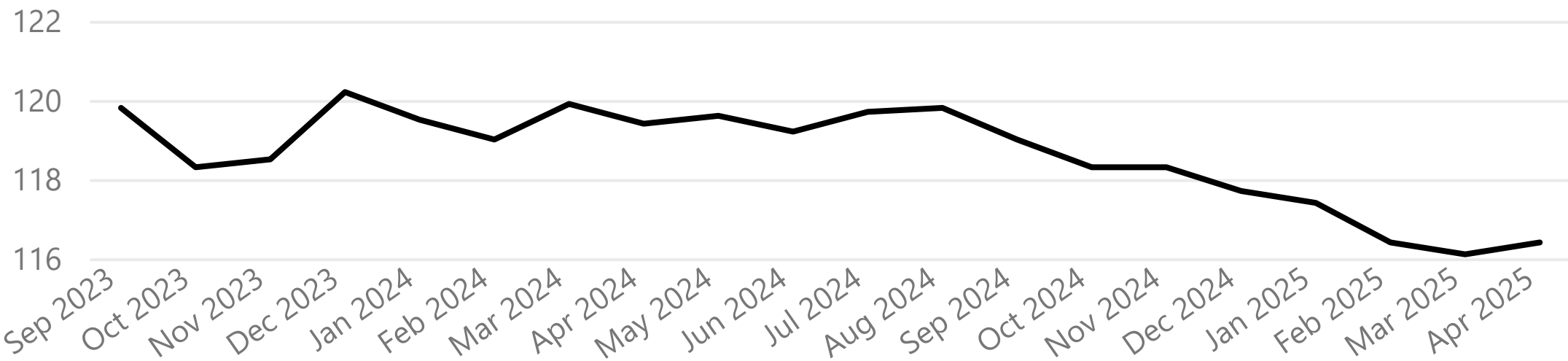
Crude Mortality Rate



HSMR



SHMI



Analytical Commentary

Variation is Common Cause

Assurance Commentary

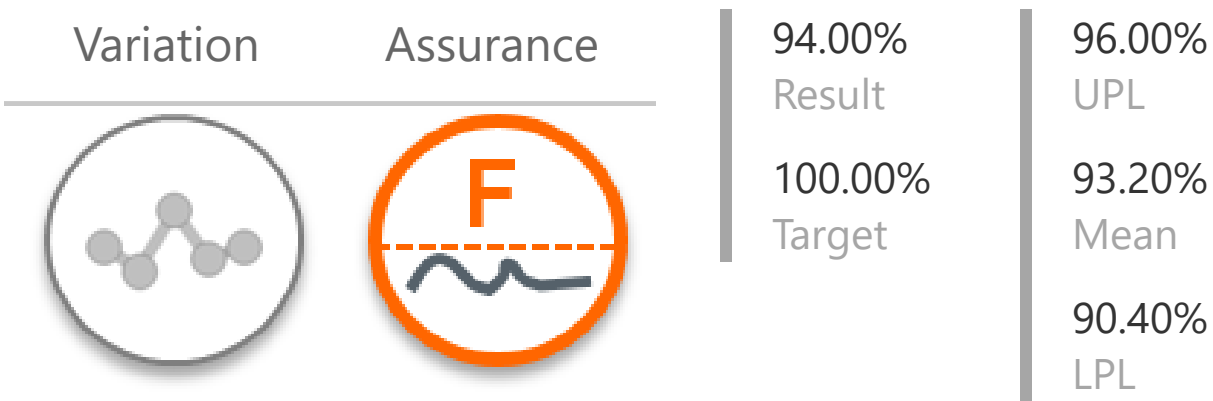
Improvement Actions

The mortality improvement action plan continues to be monitored through the mortality action and review group. The sepsis audit has also commenced to review the care of patients who both died and survived to compare management and care of both cohorts. This will be reported back to the Quality & Safety Committee in September. The SHMI rate when adjusted for palliative care will be explored to identify potential improvement strategies in documentation and coding.

Metric Name	Date	Result
HSMR	May 2025	117.83
SHMI	Apr 2025	116

Safe Staffing Fill Rates

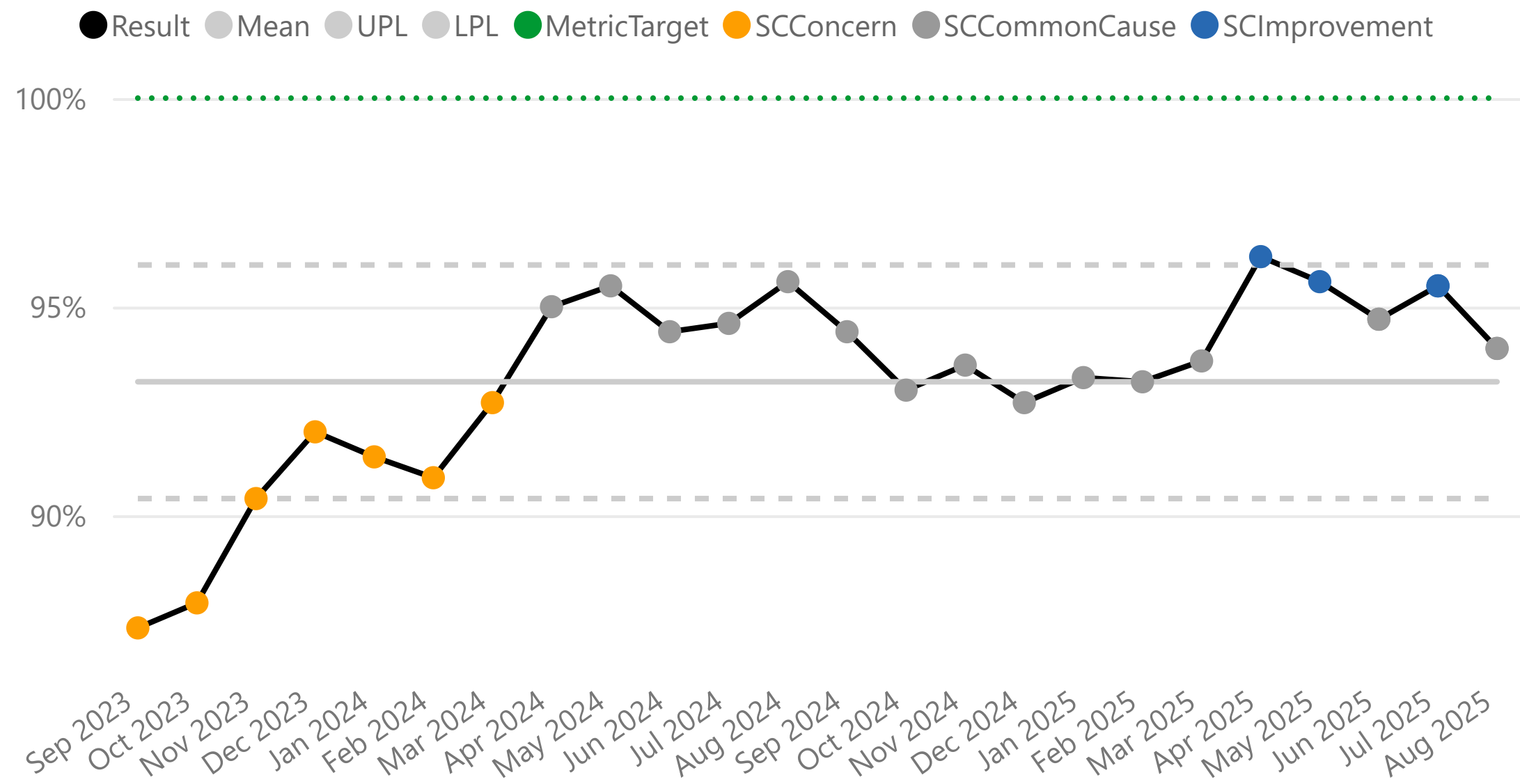
Aug 2025



Analytical Commentary

Variation is Common Cause

Safe Staffing Fill Rates



Assurance Commentary

Improvement Actions

Supplementary Metrics					
Metric Name	Date	Result		Variation	Assurance

MetricName	Date	Result	Target	Mean
C. difficile Cases Total	Aug 2025	9	81	7
CPE positive screens	Aug 2025	1	N/A	1
E. Coli trust apportioned	Aug 2025	5	94	5
Hospital Acquired MRSA bacteraemia	Aug 2025	0	0	0
Klebsiella trust apportioned	Aug 2025	3	40	3
MSSA HAI	Aug 2025	2	N/A	2
Pseudomonas trust apportioned	Aug 2025	0	19	1

Assurance Commentary

Kimberley ward commenced supportive measures 29/07/2025, due to 3 HAI C. diff – ongoing, estimated end date 07/09/2025
Brundall ward commenced supportive measures 18/08/2025, due to 3 HAI C. diff – ongoing, estimated end date 26/09/2025
Nil ward closures or outbreaks for infectious reasons.
Reportable Healthcare Associated Infection (HCAI) figures For August 2025
Clostridioides difficile – 6 HOHA & 3 COHA cases
E. Coli – 6 HOHA & 3 COHA cases
Klebsiella – 3 HOHA & 1 COHA cases
Pseudomonas – 0 HOHA & 2 COHA cases
MRSA Bacteraemia – Nil

Hospital Acquired MRSA bacteraemia



C. difficile Cases Total



MSSA HAI



Pseudomonas trust apportioned



E. Coli trust apportioned



Klebsiella trust apportioned



CPE positive screens

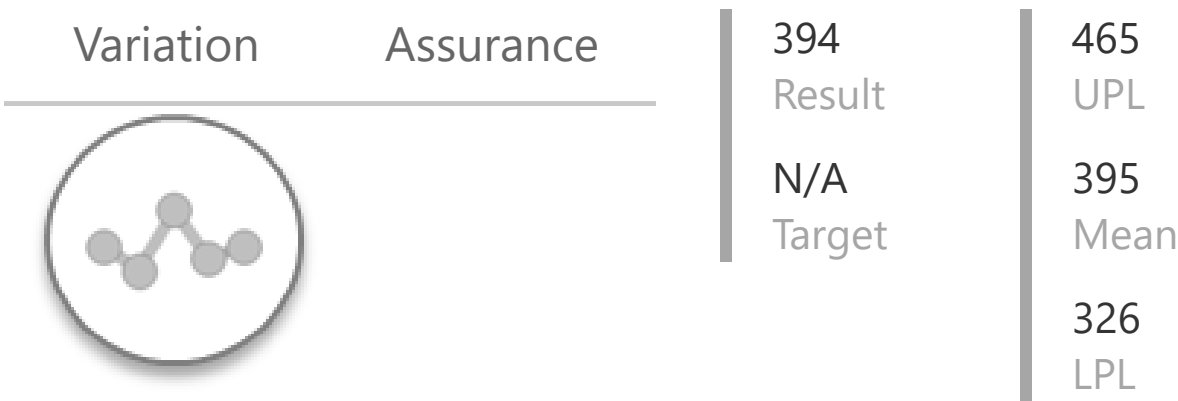


Improvement Actions

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.

Mothers Delivered

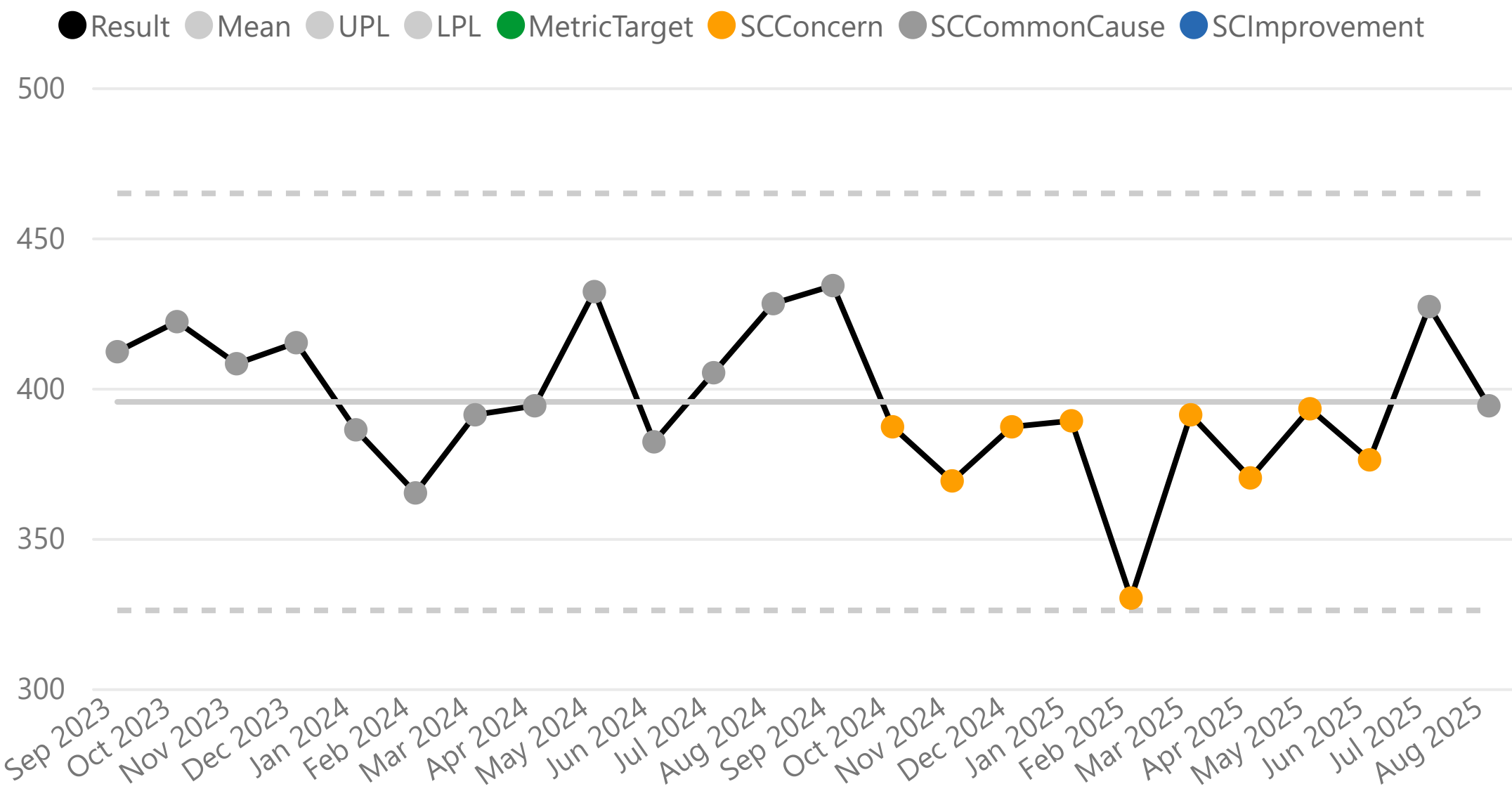
Aug 2025



Analytical Commentary

Variation is Common Cause

Mothers Delivered



Assurance Commentary

In August we supported 394 births with 398 babies delivered. We had 0 stillbirths/ neonatal deaths. We had 356 births on delivery suite, 27 on MLBU, and 11 at home. We had 6 BBA's which will all be reviewed through the InPhase process. We had 190 - 48.2% cephalic deliveries, and 41.1% c/s - 77 elective and 85 emergencies. We had 10.7% instrumental deliveries - 14 ventouse and 28 forcep deliveries. We had 34.3% of induction of labour - of which 0.7% were for reduced fetal movements. We booked 93.7% of women before 13/52. We had 1 admission to critical care for a planned postnatal recovery observation and assessment. We had 4 women readmitted to the postnatal area for maternal sepsis/ mastitis. We had 4.3% pph rate and 1.7% 3/4th degree tear - both below the national parameters. We had 1 woman transferred out of the unit due to NICU capacity issues.

Improvement Actions

We will continue to report readmissions, Born Before Arrivals (BBAs) and consider impact of transfers of women due to NICU activity. Actions and recommendations arising from governance review processes will be managed through internal clinical governance structures.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
1:1 Care in Labour	Aug 2025	98.9%		Common Cause		No Target
3rd & 4th Degree Tears	Aug 2025	1.7%		Common Cause		Inconsistent
Births Before Arrival	Aug 2025	6		Common Cause		No Target
Post Partum Haemorrhage ≥1500mls	Aug 2025	4.3%		Common Cause		No Target

Mothers Delivered

394

Babies Delivered

398

Maternity Activity

Date Range

30/09/2024

31/08/2025

Aug 2025

Latest Month

0.00

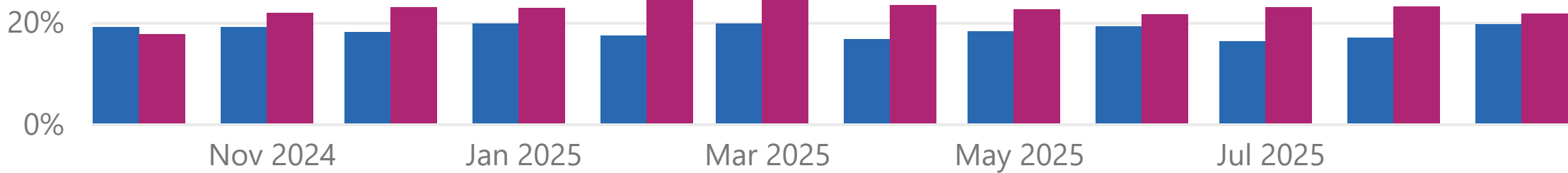
Maternal Deaths

1.00

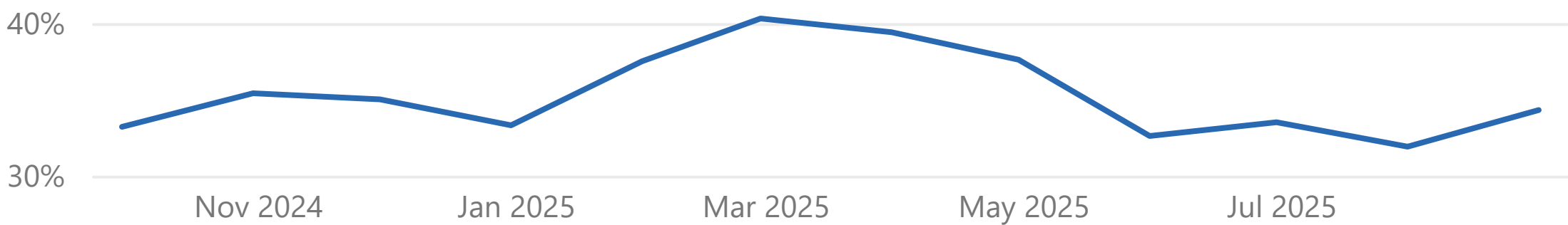
Unplanned Admissions to Critical Care

Caesarean Deliveries

● Elective Caesarean Deliveries ● Emergency Caesarean Deliveries



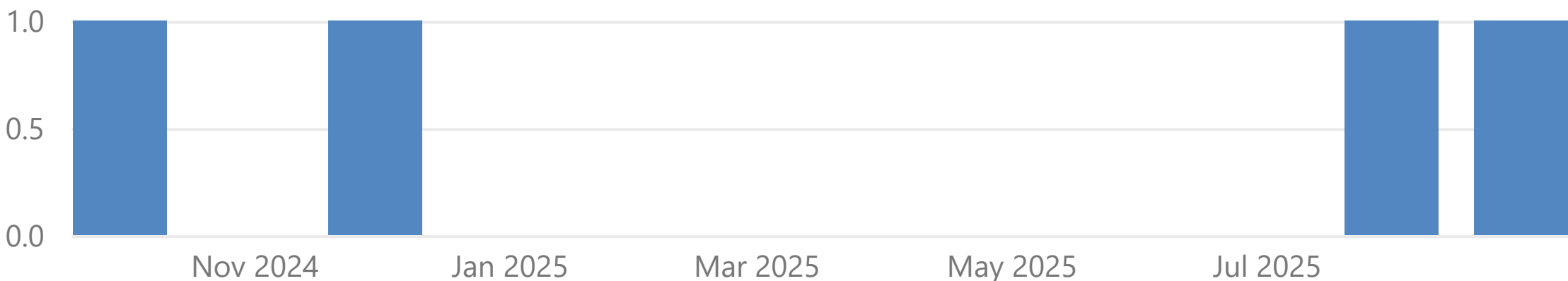
Inductions of Labour



Maternal Deaths



Unplanned Adm. to Critical Care



Latest Assurance Commentary



Latest Improvement Actions

Unplanned NICU ≥37 week Admissions (E3)

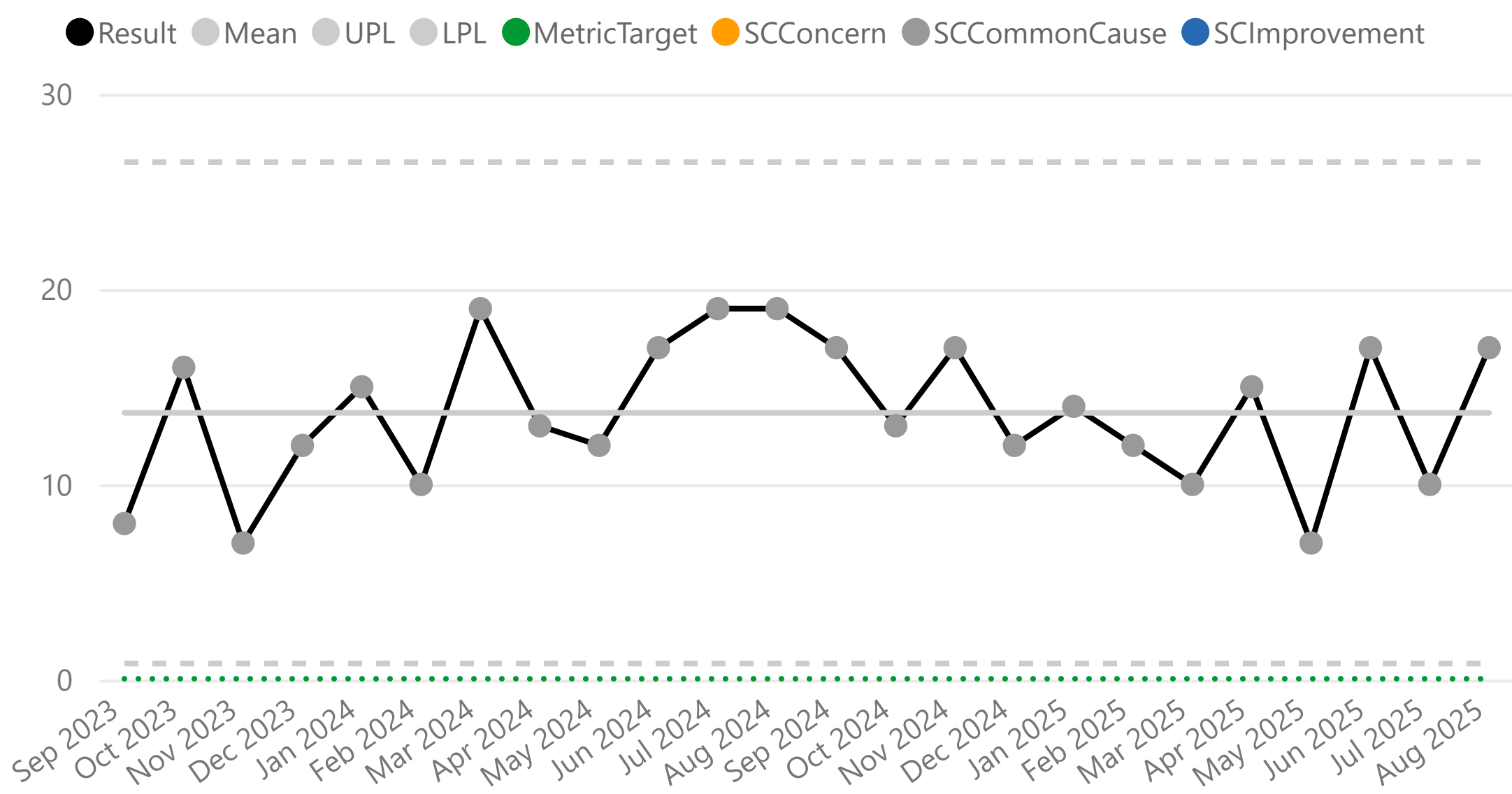
Aug 2025



Analytical Commentary

Variation is Common Cause

Unplanned NICU ≥37 week Admissions (E3)



Assurance Commentary










In August we had 398 babies delivered - 4.8% of which were preterm. We had 0 stillbirth and 0 neonatal deaths. We had 3 babies that required therapeutic cooling. One of these was an ex-utero transfer from external unit which sadly this child died. The two other babies whilst cooled did not have HIE Grade 3. All cases have been reviewed and as per protocol referred to external teams for review and investigation as required. We had 17 admissions to NICU under the ATAIN criteria - these are all reviewed via Inphase and learning shared. This was an increase from 10 the previous month. 77.7% of babies were solely breast fed at birth and 58.1% were mixed fed on transfer to the community. 75.6% babies were mixed fed.

Improvement Actions

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

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Adjusted Still Births	Aug 2025	0		Not Applicable		No Target
Apgar score <7 @5, ≥37 weeks	Aug 2025	5	⚡	Common Cause		No Target
Early Neonatal Death	Aug 2025	0		Not Applicable		No Target
Mothers Transferred Out of Unit	Aug 2025	1	⚡	Common Cause		No Target

Topic	Metric Name	Date	Result		Variation		Assurance
Smoking Awareness	Smoking Status at Delivery	Aug 2025	4.3%		Improvement (Low)		Inconsistent
Fetal Growth Restriction	Less Than 3rd centile born > 37+6 weeks	Aug 2025	0%		Common Cause		Inconsistent
Fetal Growth Restriction	SGA detected Antenatally	Aug 2025	70%		Common Cause		No Target
Reducing Preterm Birth	Singleton Births Preterm	Aug 2025	5%		Common Cause		Inconsistent
Reducing Preterm Birth	Singleton live births < 34 wks (AN corticosteroids within 7 days PN)	Aug 2025	40%		Common Cause		Inconsistent

Assurance Commentary

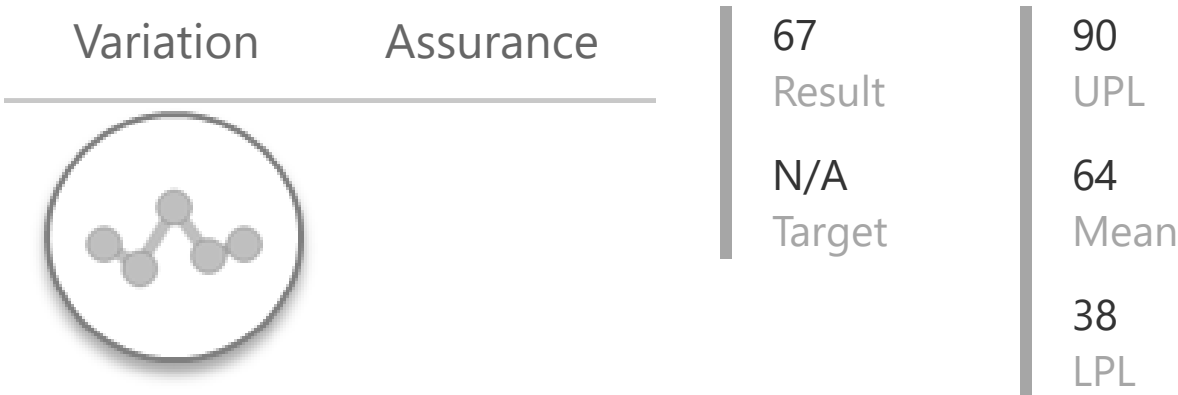
In August 5.6% of the women booked smoked - 9% of these accepted referrals. 4.3% of women smoked at birth. 94.8% of women had CO2 monitoring at their appointments. 99% of women received the reduced fetal movement literature at 28/40 of pregnancy. Mandatory training figures remain consistently 88-99%. 4.8% of the 398 babies were preterm.

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.

Safeguarding Adults Referrals

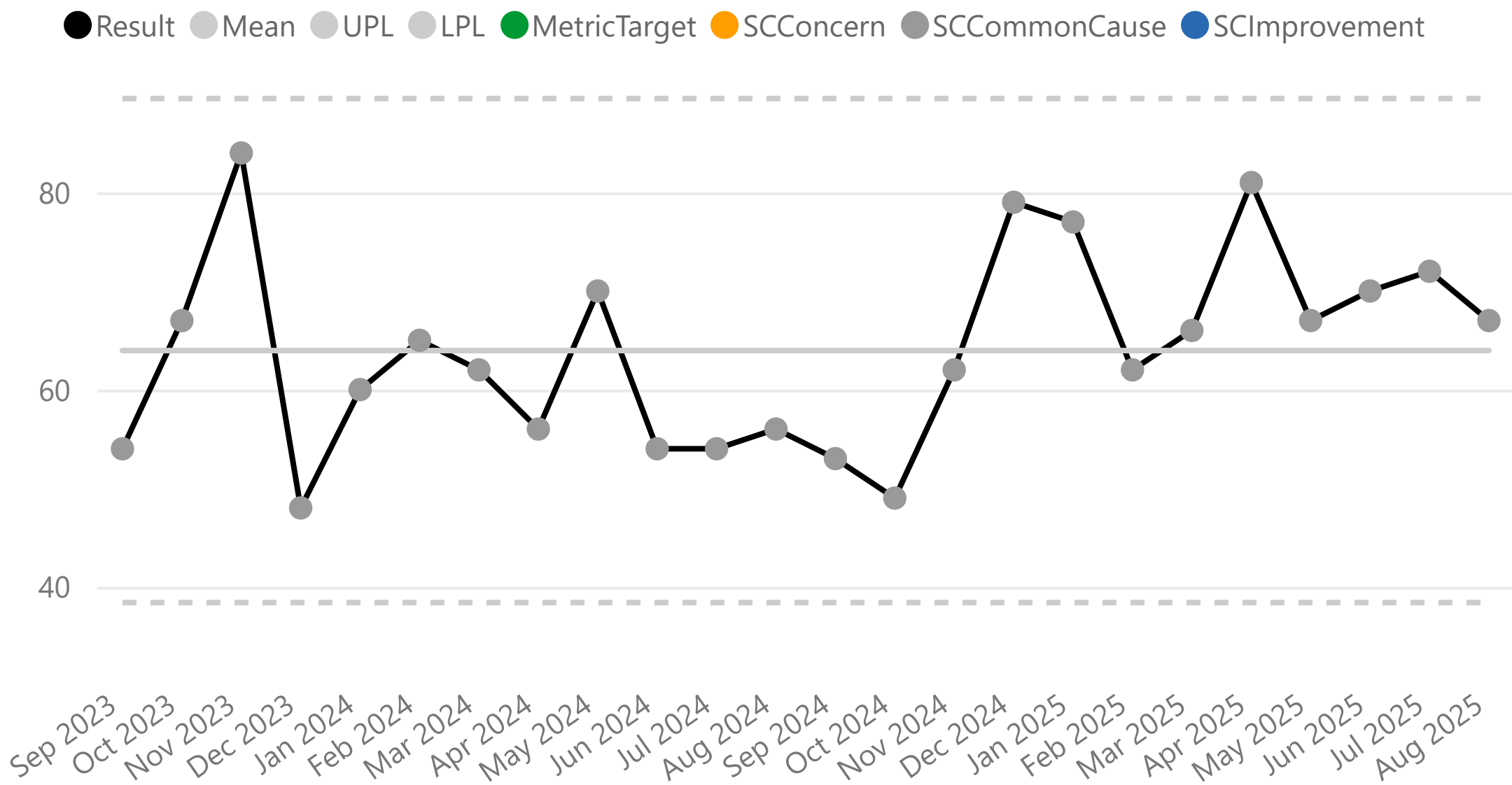
Aug 2025



Analytical Commentary

Variation is Common Cause

Safeguarding Adults Referrals



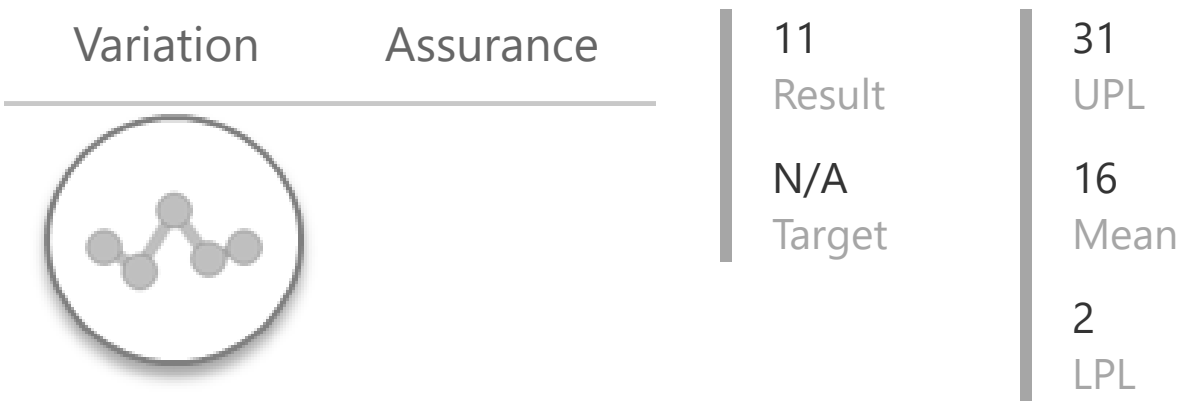
Assurance Commentary

There were three section 42 enquiries raised against the Trust in August. Two of these related to discharge concerns. In one case it is alleged that a District Nurse referral was not made to administer insulin on discharge; and the other it is alleged that equipment necessary for the patient's drainage procedure was not provided until three days after discharge resulting in a delay in the patient's care needs being met. The third referral indicated that the Mental Capacity Act was not applied correctly for a decision for an NGT and catheterisation. All referrals were raised on InPhase for investigation, and a response will be provided to the Local Authority once completed.

Improvement Actions

A concise version of the Norfolk Safeguarding Adults Board (NSAB) framework for identifying whether a concern is a quality issue or a safeguarding has been published on the NSAB website. This is to complement advice and guidance provided to staff, and in particular, for reference when the safeguarding team is not available to speak to. The framework will be uploaded to the safeguarding pages on the Beat and it will be shared with all patient areas.

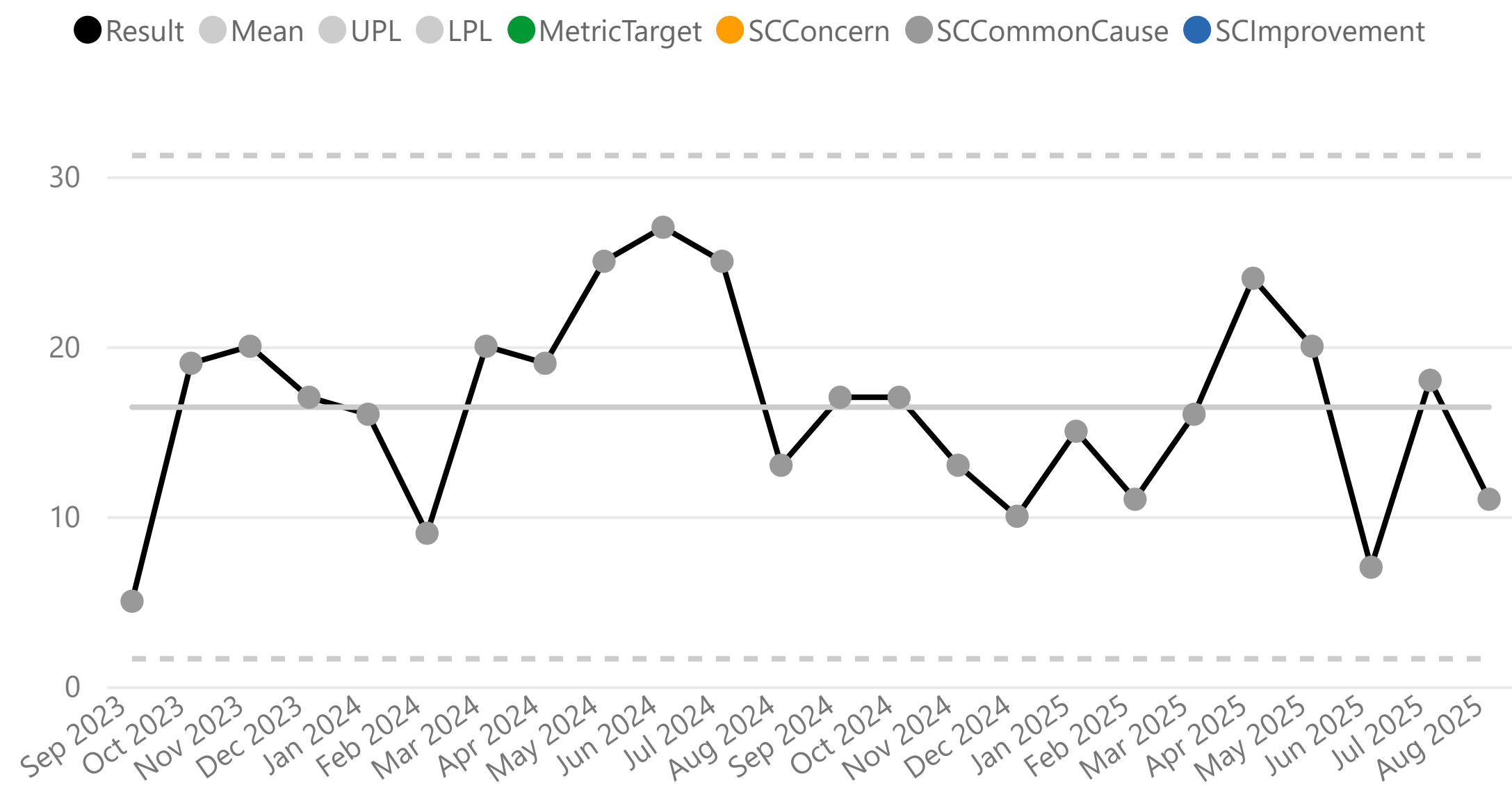
Safeguarding Children and Midwife...
 Aug 2025



Analytical Commentary

Variation is Common Cause

Safeguarding Children and Midwifery Referrals



Assurance Commentary

There is ongoing promotion of domestic abuse (DA) awareness within midwifery. This is a regular feature within midwifery supervision. A number of midwives have expressed interest in becoming DA Champions; they have been directed to the two day training. The safeguarding team continue to provide group supervision at the end of the mandatory midwifery training days. This is proving to be a reliable route to information sharing and promotion of best practice.

Improvement Actions

Collaborative working with Children`s Services has reduced the length of post-natal inpatient stays whilst awaiting hearings for those patients anticipating separation from their baby by Court Order; this has reduced patient anxiety and minimised the number of staff required to supervise parents during admission. The Not Forgotten Boxes are being utilised effectively to support with memory making and compassionate separation for these families.

Supplementary Metrics

Metric Name	Date	Result		Variation		Assurance
Safeguarding Children Referrals	Aug 2025	7		Common Cause		No Target
Safeguarding Midwifery Referrals	Aug 2025	4		Common Cause		No Target

Covid-19 Timeseries

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

Discharge Date

01/09/2024

31/08/2025

Total Covid-19
Discharges

1989

C19 In-hospital
Deaths

302

C19 Died <= 30
Days Discharge

144

Covid-19
Discharged

1543

Covid-19 Crude
Mortality

0.22

Overall Trust
Crude Mortality

0.05

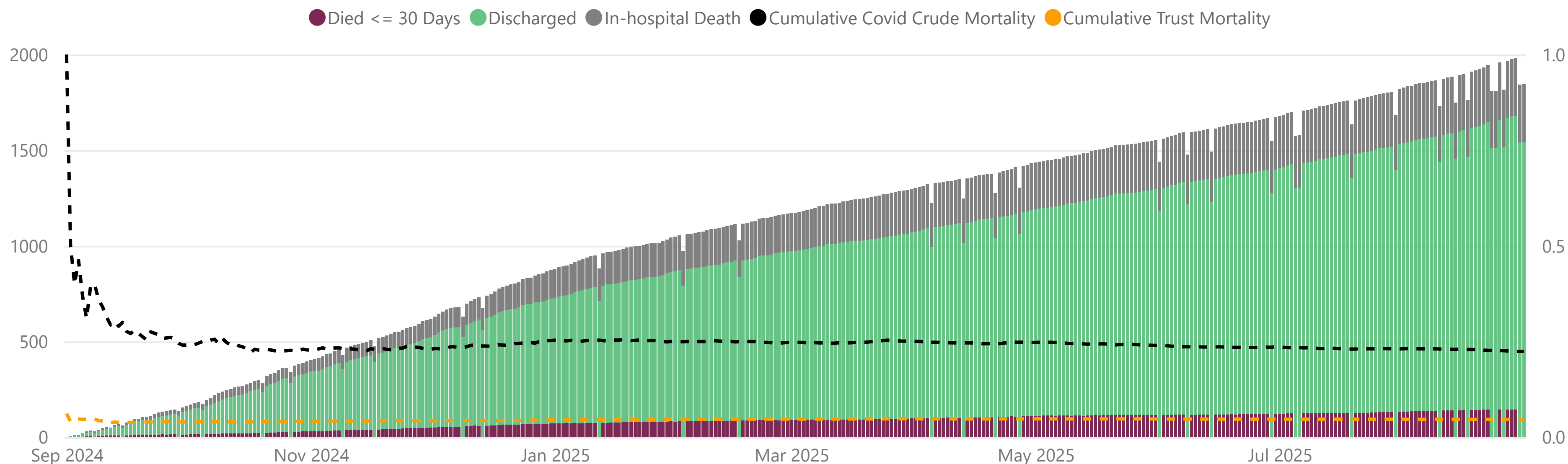
C19 Discharges
to Code

59

Suspected
Covid-19 Deaths

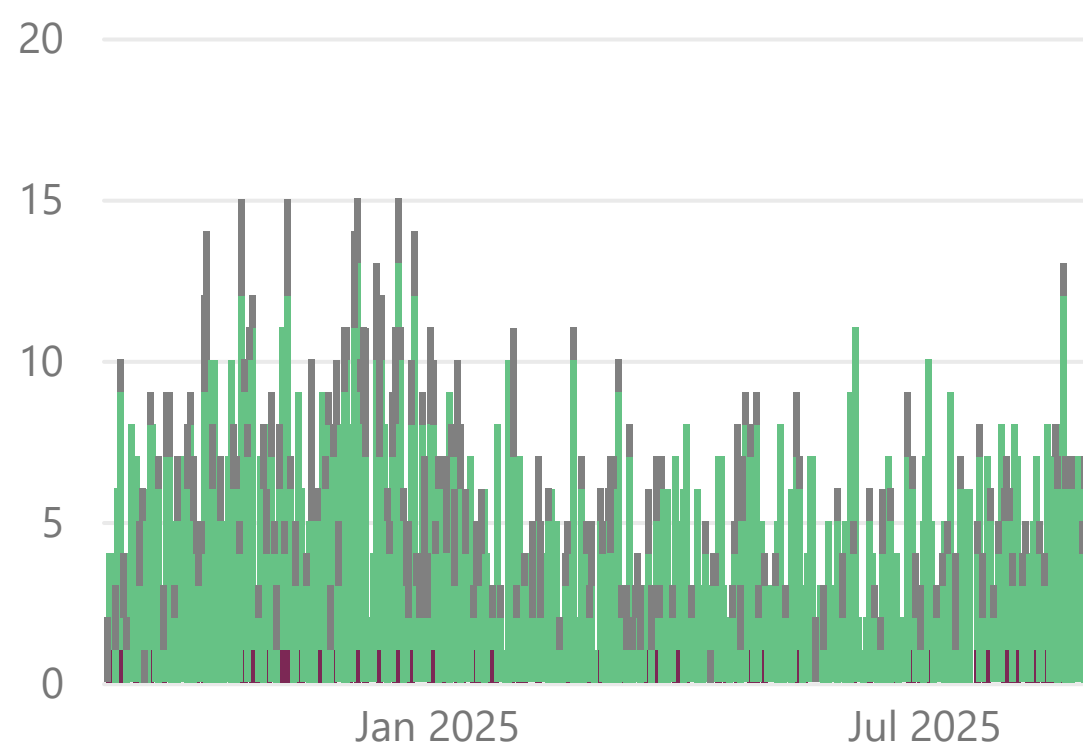
1

Cumulative Covid-19 Discharges, Deaths and Crude Mortality



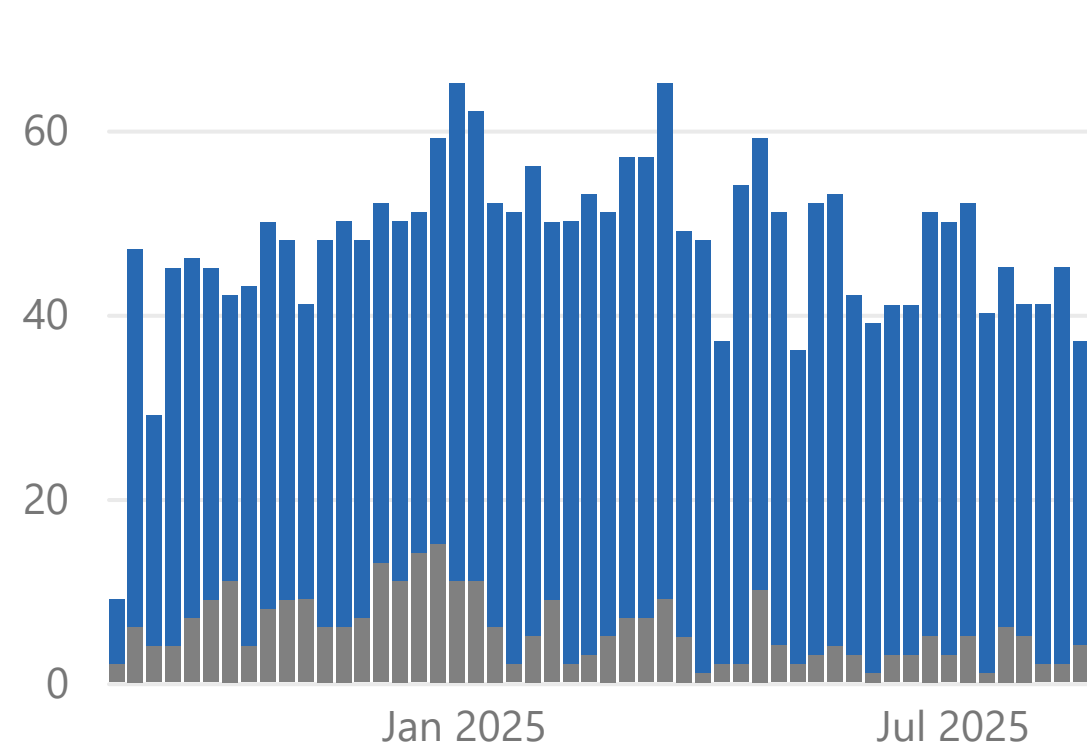
Covid-19 Discharges and Deaths by Day

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

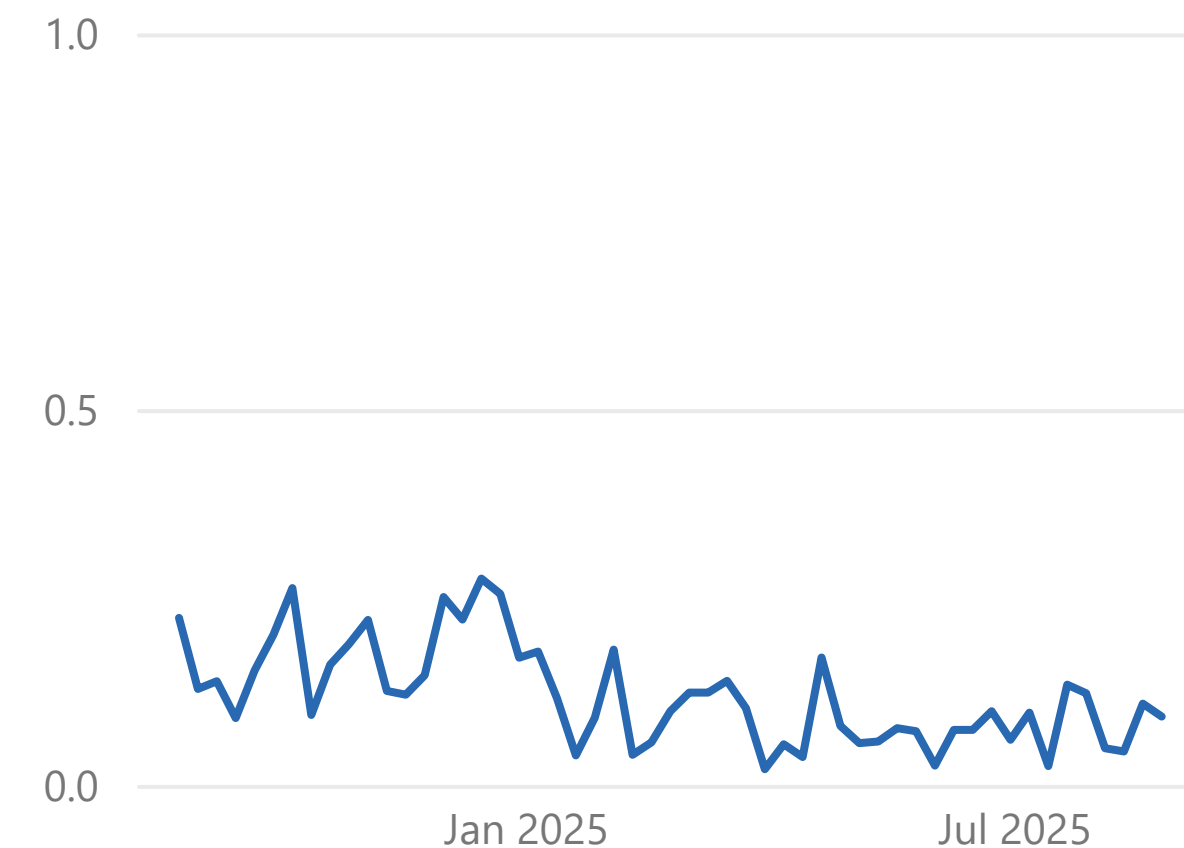


In-hospital Deaths by Week

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



% Covid-19 Positive In-hospital Deaths



Summary

- This FIP was co-Chaired by Nikki Gray (NED) and Marcus Thorman (Interim CFO, NNUH) as part of the transitional plans towards the risk assurance-based Group model
- Due to the emerging risks associated with the industrial action of resident doctors, it was agreed that the FIP would be truncated to a 1hr meeting and the agenda amended accordingly
- It was agreed that the operational IPR, financial position (especially CIP), National Cost Collection submission report, medical workforce planning, contracts >£2m, cyber security and EPR remained on the agenda with anything else deferred to the next FIP on 17 Sept

Key Matters for the Attention of the Board

Assurance Levels	
<ul style="list-style-type: none"> • The Committee discussed the 45min ambulance handover target and noted the operational, demographic and wider system issues which contribute to our ability to hit this target; the COO noted that measures can and have been put in place which will get us to “mid-table” nationally, but advised that always achieving no more than 45min handover times would be extremely challenging 	Partially Assured
<ul style="list-style-type: none"> • 62day cancer targets remain challenging, especially in urology, skin and gynae; there is a level of confidence from CEO and COO that we will be back on plan by end of Sept, however the impact of industrial action needs to be assessed; furthermore whilst actions are on track in respect of skin and gynae, a recent deep dive on urology (currently being validated) has identified issues across all 3x acutes which will likely require significant unfunded action to resolve 	Partially Assured
<ul style="list-style-type: none"> • The Committee noted that £21m of CIP benefits still need to be identified or refined (£10.9m in pipeline, £1.7m in devt and £8.4m to be identified) and that whilst the CFO expressed confidence in achieving target further evidence is required 	Partially Assured
<ul style="list-style-type: none"> • The Committee reviewed the National Cost Collection report and noted the submission and the processes that were in place to support the submission 	Assured
<ul style="list-style-type: none"> • The Committee noted that work is now underway to identify and assess benefits from the medical workforce review, but expressed concern regarding speed and value of benefit delivery and that the key milestone of Sept remains a very tight deadline; the Committee was not assured that this work would fully close the CIP benefit gap 	Not Assured
<ul style="list-style-type: none"> • There was discussion between CDO and CMO regarding how clinical template standardisation from the medical workforce review aligns with work required to deliver EPR; whilst it was concerning to hear that this work had not been aligned to date, the Committee was encouraged to hear that this join-up will be undertaken 	Partially Assured
<ul style="list-style-type: none"> • The Committee received a useful update from the CDO regarding EPR progress; significant delivery risk remains, with CDO particularly concerned regarding how this programme is prioritised in the Trust 	Not Assured
Alerts to Board	

Chairs' Report to the Board

Following the Finance, Investment and Performance Committee, held 23 July 2025

- Good progress has been made regarding the need for cyber security investment, but is regulatory compliance the correct aiming point or should we go further – e.g. best in class
- The 1 year extension to the endoscopy contract requires further input from CMO (questions re age/obsolete equipment and contract performance) before this can be recommended to Board for approval

Advice to Board

- Consider the need to enhance the scrutiny and support of the EPR programme by having a NED on the EPR programme board
- The POCT Managed Service contract is recommended to the Board for approval
- The National Cost Collection processes are approved for future use

Summary

- This FIP was co-Chaired by Chris Cobb (Chief Operating Officer) as part of the transitional plans towards the risk assurance-based Group model

Key Matters for the Attention of the Board

Assurance Levels	
<ul style="list-style-type: none">• The Committee discussed the 45min ambulance handover target and alongside the elective and emergency care noting we were off track in August with plans to get back on track.	Partially Assured
<ul style="list-style-type: none">• The Committee noted that £21m of CIP benefits still need to be identified or refined (£10.9m in pipeline, £1.7m in development and £8.4m to be identified) and that whilst the CFO expressed confidence in achieving target further evidence is required	Partially Assured
<ul style="list-style-type: none">• The Committee noted that the EPR and LIMS update will no longer come to this site meeting and will be continued under the Group Governance structure	Assured
<ul style="list-style-type: none">• The Committee noted the surplus position for the second consecutive month thanking all the team for their efforts in helping with this progress.	Assured
Alerts to Board	
<ul style="list-style-type: none">• The Committee received an update on Cyber Security and discussed the importance of a Group wide approach. This will be escalated through to the SPJC from Mrs Bleakley and will be added to the Risk Register for the NNUH.• The Discussed the Winter Plan and noted that this will come to the Board for discussion and Approval.	
Advice to Board	
<ul style="list-style-type: none">• The Return to Constitutional Standard Contract is recommended to the Board for approval.• The Capital Equipment Replacement Programme contract is recommended to the Board for approval.• The Committee formally closed the NNUH Finance and Performance Committee ahead of the new structure starting in October.	

Integrated Performance Report



August 2025

Key Operational Priorities

Operational Priorities	Description	2025-26 Plan	Aug-25 Plan	Aug-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%	80.6%	81.5%	+0.9%	7 th consecutive month above 80%, above the March 2026 national target (78.0%) and the August 2025 plan (80.6%). Ranked 13 th across all Type 1 NHS Trusts in August and above the national median.	
	The proportion of patients that were admitted, discharged or transferred from ED within 12 hours	96.0%	97.0%	96.2%	-0.8%	The percentage of patients that were admitted, discharged or transferred from ED within 12 hours in August 2025 was 96.2% - this is a 0.6% reduction from July and 0.8% below the August 2025 plan.	
	Ensure that no ambulance handover takes longer than 45 minutes	0.0%	0.0%	26.3%	+26.3%	In August, the proportion of ambulance handovers exceeding 45 minutes increased by 7.6% compared to July but reduced by 11.9% compared to June.	
	Mean ambulance handover time (mins)	40 mins	40 mins	37 mins	-3 mins	The mean handover time was the second lowest since August 2024 (July 2025 was the lowest), and 3 minutes ahead of plan.	
Elective Care							
18 Weeks	Improve the percentage of patients waiting no longer than 18 weeks for treatment	60.1%	55.2%	51.8%	-3.4%	Unvalidated performance is behind August plan but expected to improve following validation.	
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment	67.0%	61.0%	56.1%	-4.9%	Unvalidated performance is behind August plan but expected to improve following validation.	
52 Weeks	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list	2.2%	3.8%	5.0%	+1.2%	Unvalidated performance is behind August plan but expected to improve following validation.	
Cancer							
28-Day Faster Diagnosis Standard	Improve performance against the 28-day Cancer Faster Diagnosis Standard	80.0%	72.7%	73.0% (provisional for Aug-25) 79.0% (final for Jul-25)	+0.3% (Aug-25) +7.3% (Jul-25)	Final July performance was 7.3% above plan at 79.0%. Provisional August performance is currently 0.3% ahead of plan at 73.0%.	
62-Day Performance	Improve performance against the headline 62-day Cancer standard	65.0%	62.0%	54.4% (provisional for Aug-25) 58.4% (final for Jul-25)	-7.6% (Aug-25) -3.1% (Jul-25)	Final July performance was 3.1% behind plan but the highest performance since August 2024. Provisional August performance is currently 54.4% but is expected to improve following validation.	

Urgent and Emergency Care

Commentary

August 2025 Performance

Combined 4-hour performance for August 2025 = **81.5%** - this is above the August plan (80.6%), the March 2026 national target of 78.0%.

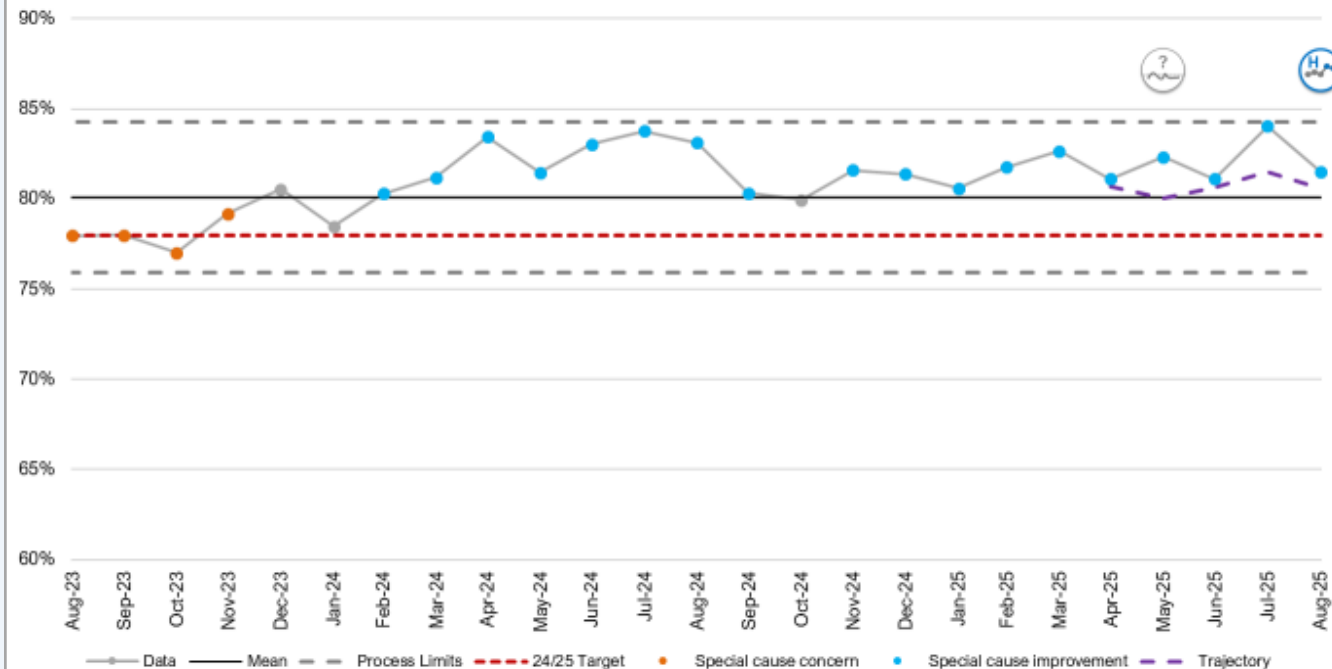
Type 1 4-hour performance for August 2025 = 69.7%.

September forecast is for continued achievement of the plan.

Risk To Delivery

GREEN

4 Hour Performance - Type 1, 2 and 3 Combined

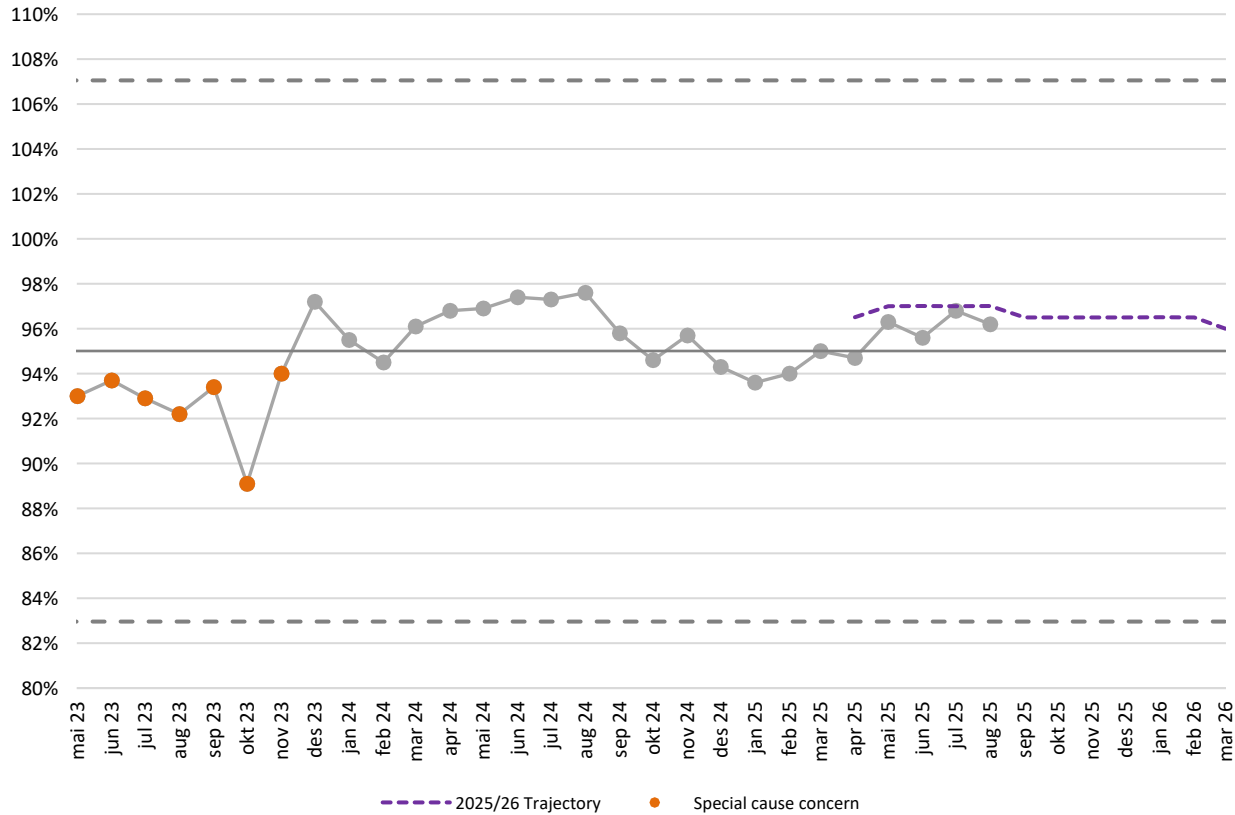


4 Hour Performance - August 2025: **81.5%**

Category	Type	Fri Aug 01	Sat Aug 02	Sun Aug 03	Mon Aug 04	Tue Aug 05	Wed Aug 06	Thu Aug 07	Fri Aug 08	Sat Aug 09	Sun Aug 10	Mon Aug 11	Tue Aug 12	Wed Aug 13	Thu Aug 14	Fri Aug 15	Sat Aug 16	Sun Aug 17	Mon Aug 18	Tue Aug 19	Wed Aug 20	Thu Aug 21	Fri Aug 22	Sat Aug 23	Sun Aug 24	Mon Aug 25	Tue Aug 26	Wed Aug 27	Thu Aug 28	Fri Aug 29	Sat Aug 30	Sun Aug 31	August Avg.
Type 1 Breaches	ED Admitted	56	56	51	47	51	49	55	57	50	51	61	42	54	53	59	59	62	37	59	52	59	46	48	52	48	40	59	60	49	69	55	53
	ED Non-Admitted	55	64	47	74	56	68	60	45	65	69	88	64	66	61	85	71	82	76	64	74	69	51	52	76	59	84	115	117	104	66	57	70
	Type 1 Breaches	111	120	98	121	107	117	115	102	115	120	149	106	120	114	144	130	144	113	123	126	128	97	100	128	107	124	174	177	153	135	112	124
Type 1 Attendances	ED Admitted	73	80	69	64	72	83	70	86	66	64	76	60	68	73	78	79	79	49	71	68	75	62	77	72	63	56	74	76	54	79	65	70
	ED Non-Admitted	315	301	297	390	346	353	320	324	315	357	411	341	315	333	328	316	344	376	337	318	328	332	337	328	336	373	341	365	332	315	347	338
	Type 1 Attendances	388	381	366	454	418	436	390	410	381	421	487	401	383	406	406	395	423	425	408	386	403	394	414	400	399	429	415	441	386	394	412	408
Type 1 (ED) Admitted		23.3%	30.0%	26.1%	26.6%	29.2%	41.0%	21.4%	33.7%	24.2%	20.3%	19.7%	30.0%	20.6%	27.4%	24.4%	25.3%	21.5%	24.5%	16.9%	23.5%	21.3%	25.8%	37.7%	27.8%	23.8%	28.6%	20.3%	21.1%	9.3%	12.7%	15.4%	24.5%
Type 1 (ED) Non-Admitted		82.5%	78.7%	84.2%	81.0%	83.8%	80.7%	81.3%	86.1%	79.4%	80.7%	78.6%	81.2%	79.0%	81.7%	74.1%	77.5%	76.2%	79.8%	81.0%	76.7%	79.0%	84.6%	84.6%	76.8%	82.4%	77.5%	66.3%	67.9%	68.7%	79.0%	83.6%	79.1%
Type 1 (ED) Combined		71.4%	68.5%	73.2%	73.3%	74.4%	73.2%	70.5%	75.1%	69.8%	71.5%	69.4%	73.6%	68.7%	71.9%	64.5%	67.1%	66.0%	73.4%	69.9%	67.4%	68.2%	75.4%	75.8%	68.0%	73.2%	71.1%	58.1%	59.9%	60.4%	65.7%	72.8%	69.7%
Type 1, 2 and 3 Combined		82.4%	80.6%	84.4%	83.3%	84.2%	83.1%	81.7%	84.3%	82.5%	82.7%	80.2%	83.9%	80.6%	82.1%	77.0%	81.5%	79.0%	83.6%	82.1%	80.3%	80.4%	84.7%	85.4%	80.4%	84.3%	82.8%	73.9%	74.8%	75.9%	80.7%	83.7%	81.5%

The NNUH 4 Hour Target includes attendances for ED, Cromer MIU, GP Streaming and the Walk in Centre.

Patients Departing ED Within 12 Hours



Commentary

August 2025 Performance

The percentage of patients that were admitted, discharged or transferred from ED within 12 hours in August 2025 was 96.2% - this is a 0.6% reduction from July and 0.8% below the August 2025 plan, due to high levels of mental health presentations.

Performance is expected to return to trajectory in September.

Risk To Delivery

AMBER

Ambulance Arrivals

An overview of ambulance arrivals to the A&E department. Data is provided by EEAST

View Latest Period

View All Periods

Handover Date

01/08/2025

31/08/2025

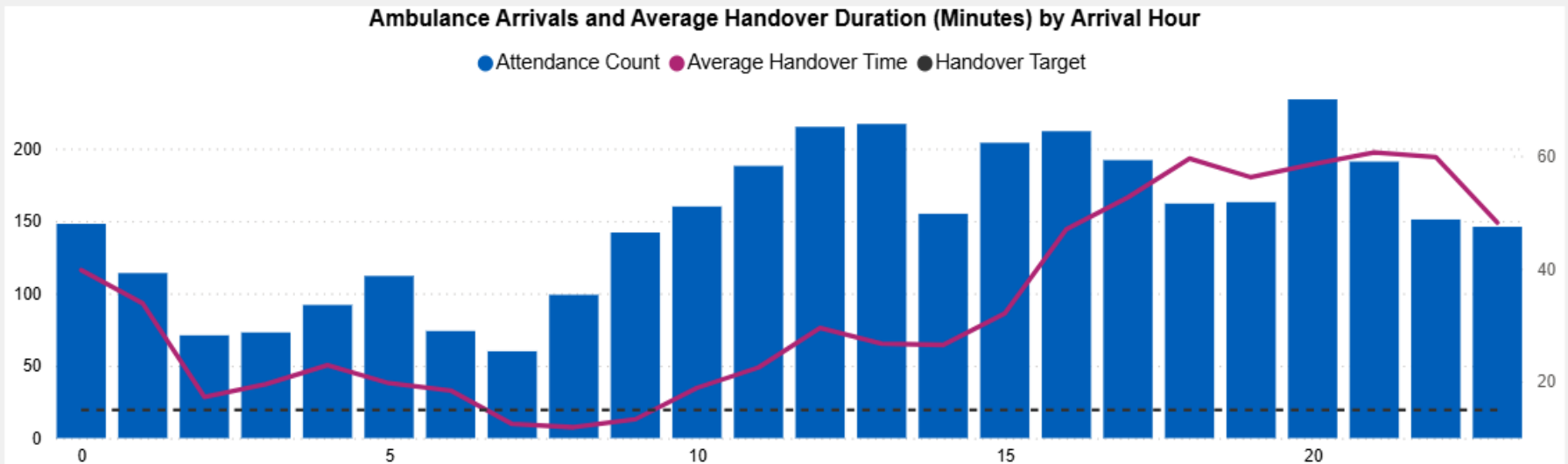
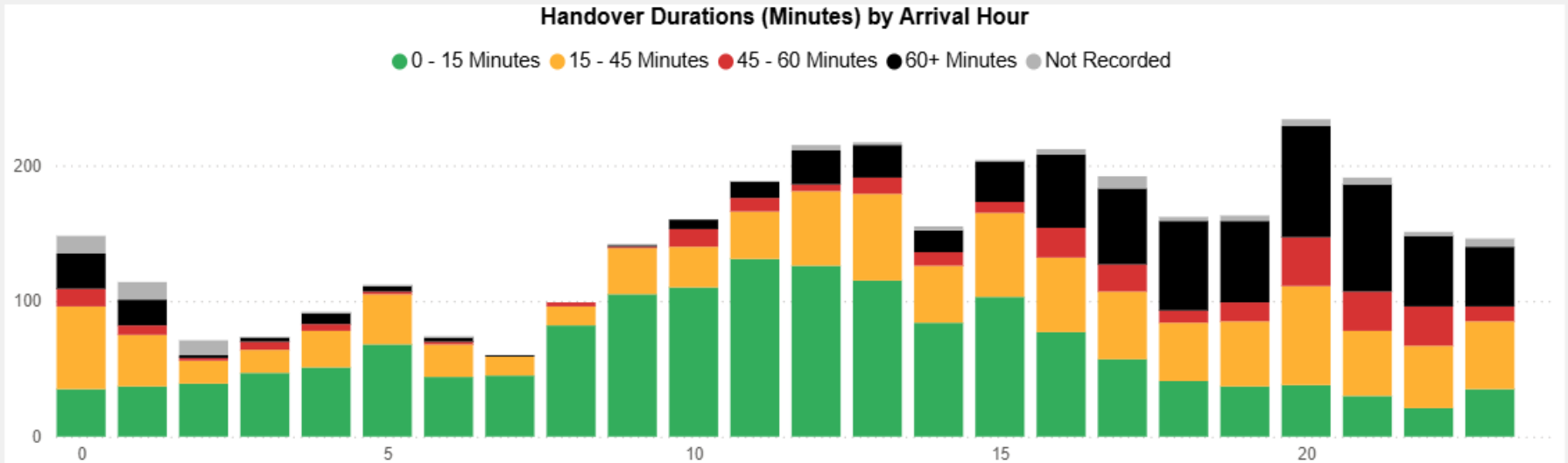
EASTAMB Handover Times

3,575
Ambulance Arrivals

Handovers	Attendance %
1,558 < 15 Minutes	43.58%
984 15 - 45 Minutes	27.52%
269 45 - 60 Minutes	7.52%
674 > 60 Minutes	18.85%
90 Not Recorded	2.52%

37

Average Handover Duration (Mins)



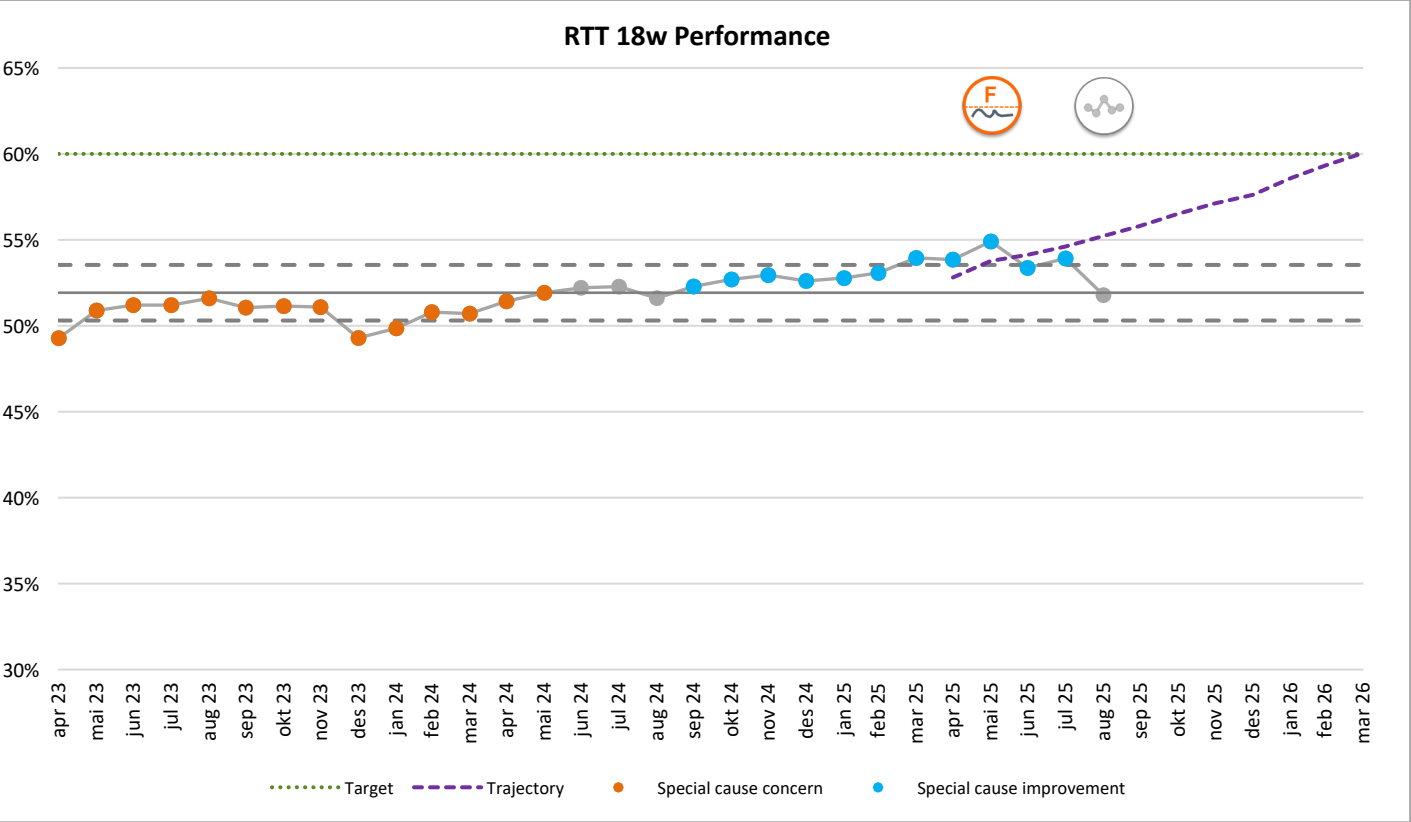
Elective Care

RTT 18 Week Performance – August 2025 (Unvalidated)	
August Performance (Unvalidated)	51.8%
August Plan	55.2%
Variation	-3.4%
RAG	RED

		Delivery	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Trust	RTT waiting list	Actual	80,154	80,324	80,223	81,570	82,597
		Trajectory	82,163	81,265	80,367	79,470	78,572
	RTT 18-week performance	Actual	53.9%	54.9%	55.3%	53.9%	51.8%
		Trajectory	52.8%	53.8%	54.1%	54.6%	55.2%
110 - Trauma and Orthopaedic	RTT 18-week performance	Actual	41.1%	40.8%	42.0%	41.1%	38.7%
		Trajectory	40.7%	41.6%	42.0%	42.4%	43.0%
101 - Urology	RTT 18-week performance	Actual	62.9%	63.9%	64.5%	62.8%	59.9%
		Trajectory	61.8%	62.7%	63.1%	63.5%	64.1%
502 - Gynaecology	RTT 18-week performance	Actual	42.4%	44.3%	48.1%	46.6%	44.8%
		Trajectory	41.5%	42.5%	42.8%	43.3%	43.9%
120 - Ear Nose and Throat	RTT 18-week performance	Actual	42.0%	42.9%	42.4%	39.6%	37.8%
		Trajectory	43.5%	44.5%	44.8%	45.3%	45.9%
130 - Ophthalmology	RTT 18-week performance	Actual	64.9%	65.9%	65.7%	64.6%	64.0%
		Trajectory	64.2%	65.1%	65.4%	65.9%	66.4%
340 - Respiratory Medicine	RTT 18-week performance	Actual	49.6%	47.5%	47.9%	46.0%	45.9%
		Trajectory	47.8%	48.8%	49.1%	49.6%	50.3%
191 – Pain Management	RTT 18-week performance	Actual	38.3%	39.1%	38.3%	36.5%	33.7%
		Trajectory	37.2%	38.1%	38.4%	38.9%	39.5%
330 - Dermatology	RTT 18-week performance	Actual	65.3%	67.3%	66.0%	60.3%	52.5%
		Trajectory	54.6%	55.6%	55.9%	56.4%	57.0%
320 - Cardiology	RTT 18-week performance	Actual	55.9%	57.0%	58.6%	64.9%	64.6%
		Trajectory	61.3%	62.2%	62.6%	63.0%	63.6%
100 – General Surgery	RTT 18-week performance	Actual	62.2%	64.6%	66.2%	64.5%	62.3%
		Trajectory	57.1%	58.1%	58.4%	58.9%	59.5%

Unvalidated performance in August was 51.8% vs 55.2% plan (-3.4%). Diagnostic delays have added pressure to pathways, alongside consultant vacancies across ENT, Ophthalmology, Respiratory, and Pain, and late tertiary referrals.

- September Recovery Actions:
- Additional outpatient clinics and targeted theatre sessions.
 - Strengthened PTL management and weekly Check & Challenge to prioritise long waiters, and overall pathway management
 - Recruitment underway for ENT, Ophthalmology and Pain Management consultants to increase capacity.
 - Targeted diagnostic prioritisation and super-clinics to accelerate pathway progression.
 - Productive Partner initiatives to improve theatre booking efficiency and reduce short-notice cancellations.



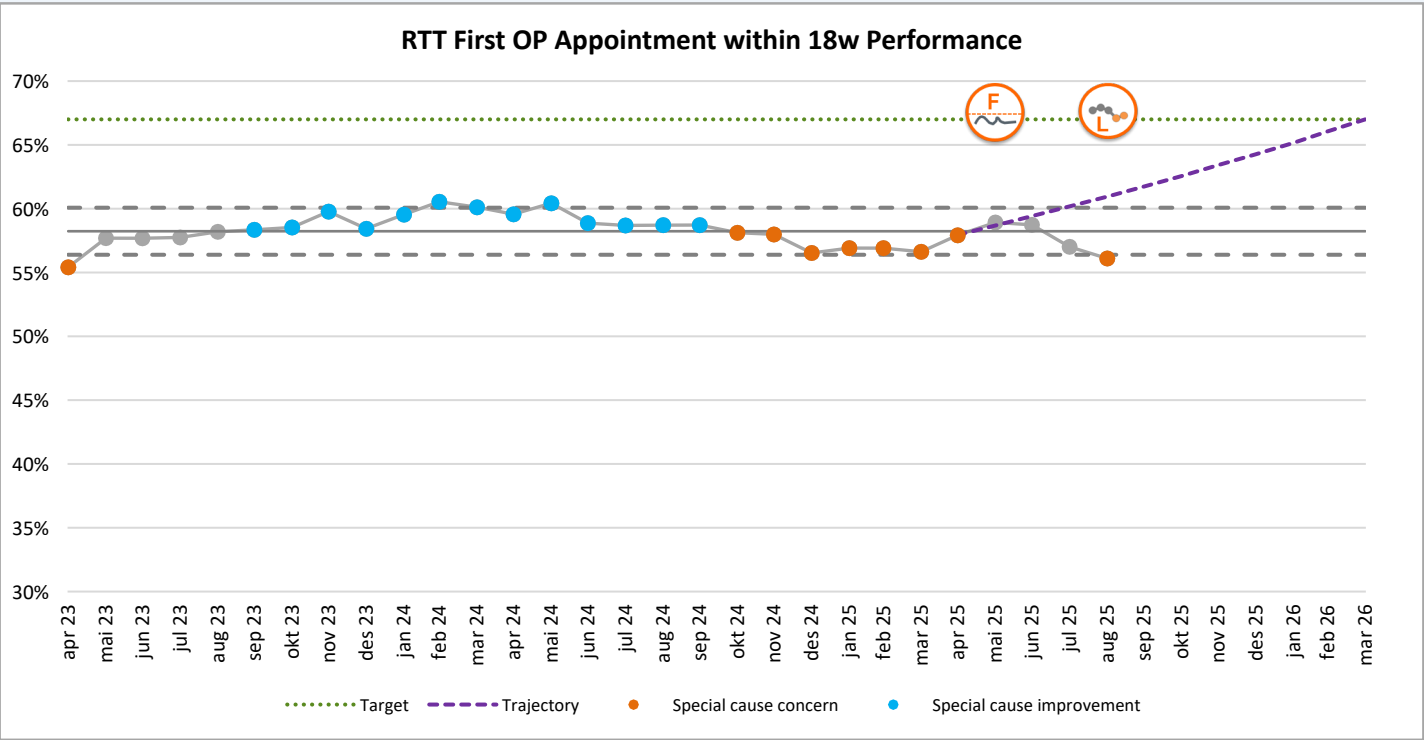
Patients Waiting for First Attendance <18 Weeks – August 2025 (Unvalidated)	
August Performance (Unvalidated)	56.1%
August Plan	61.0%
Variation	-4.9%
RAG	RED

		Delivery	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Trust	RTT First Appointment performance	Actual	57.9%	58.9%	58.7%	57.0%	56.1%
		Trajectory	58.0%	58.7%	59.4%	60.2%	61.0%
110 - Trauma and Orthopaedic	RTT First Appointment performance	Actual	48.7%	48.8%	50.0%	48.5%	47.8%
		Trajectory	48.6%	49.4%	50.2%	51.0%	51.8%
101 - Urology	RTT First Appointment performance	Actual	78.9%	79.3%	79.9%	78.6%	76.6%
		Trajectory	78.1%	78.6%	79.1%	79.6%	80.1%
502 - Gynaecology	RTT First Appointment performance	Actual	45.5%	47.0%	51.9%	49.7%	47.1%
		Trajectory	44.3%	45.0%	45.8%	46.6%	47.3%
120 - Ear Nose and Throat	RTT First Appointment performance	Actual	42.1%	43.4%	41.7%	38.8%	38.2%
		Trajectory	45.6%	46.4%	47.1%	47.9%	48.7%
130 - Ophthalmology	RTT First Appointment performance	Actual	76.1%	75.4%	73.5%	72.7%	72.8%
		Trajectory	73.6%	74.1%	74.7%	75.3%	75.9%
340 - Respiratory Medicine	RTT First Appointment performance	Actual	49.0%	46.3%	48.8%	46.3%	46.8%
		Trajectory	47.5%	48.3%	49.1%	49.8%	50.7%
341 - Respiratory Physiology	RTT First Appointment performance	Actual	34.3%	36.5%	37.9%	41.5%	46.5%
		Trajectory	35.1%	35.8%	36.5%	37.2%	38.0%
330 - Dermatology	RTT First Appointment performance	Actual	57.3%	59.1%	55.5%	49.7%	46.0%
		Trajectory	49.2%	49.9%	50.7%	51.5%	52.3%
320 - Cardiology	RTT First Appointment performance	Actual	62.9%	62.0%	62.4%	75.5%	72.3%
		Trajectory	68.5%	69.1%	69.8%	70.4%	71.1%
400 - Neurology	RTT First Appointment performance	Actual	49.7%	49.1%	46.5%	43.2%	40.9%
		Trajectory	50.4%	51.2%	51.9%	52.7%	53.5%
191 – Pain Management	RTT First Appointment performance	Actual	39.3%	40.4%	39.0%	37.5%	36.2%
		Trajectory	38.6%	39.3%	40.1%	40.8%	41.6%

Unvalidated performance for August was 56.1% vs the August plan of 61.0% (-4.9%), reflecting constrained outpatient capacity, workforce disruption during the leadership restructure, and persistent diagnostic delays. Consultant vacancies (ENT, Ophthalmology, Respiratory, Pain) and late tertiary referrals have also contributed.

September Recovery Actions:

- Additional outpatient clinics and weekend capacity to increase throughput.
- Strengthened PTL management and validation, ensuring long waiters are prioritised.
- Focused diagnostic prioritisation for patients awaiting tests before first appointments.
- Recruitment underway for ENT, Ophthalmology, and Pain Management consultants to increase capacity.
- Agreement to adjust WLI spend to support Respiratory Medicine due to vacancy gaps.
- Job plan analysis and recruitment to gaps in Neurology.
- Pain Management: recruitment support via Litmus; outsourcing and mutual aid options under review; Transformation team engaged to maximise efficiency and productivity.
- Stabilisation of leadership structures to improve oversight and delivery.



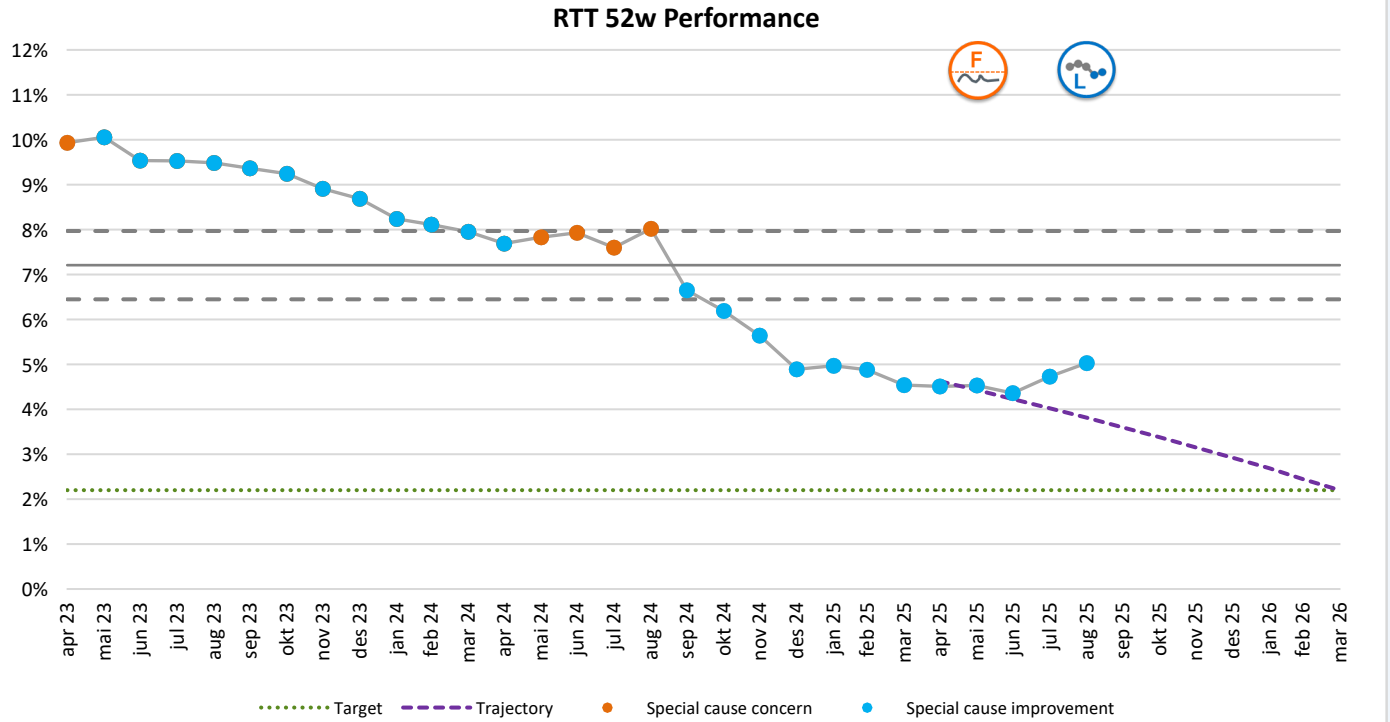
RTT 52 Week Performance – August 2025 (Unvalidated)	
August Performance (Unvalidated)	5.0%
August Plan	3.8%
Variation	+1.2%
RAG	RED

Performance is behind plan, with unvalidated August performance at 5.0% vs a plan of 3.8% (+1.2%). Consultant vacancies in ENT and Ophthalmology.

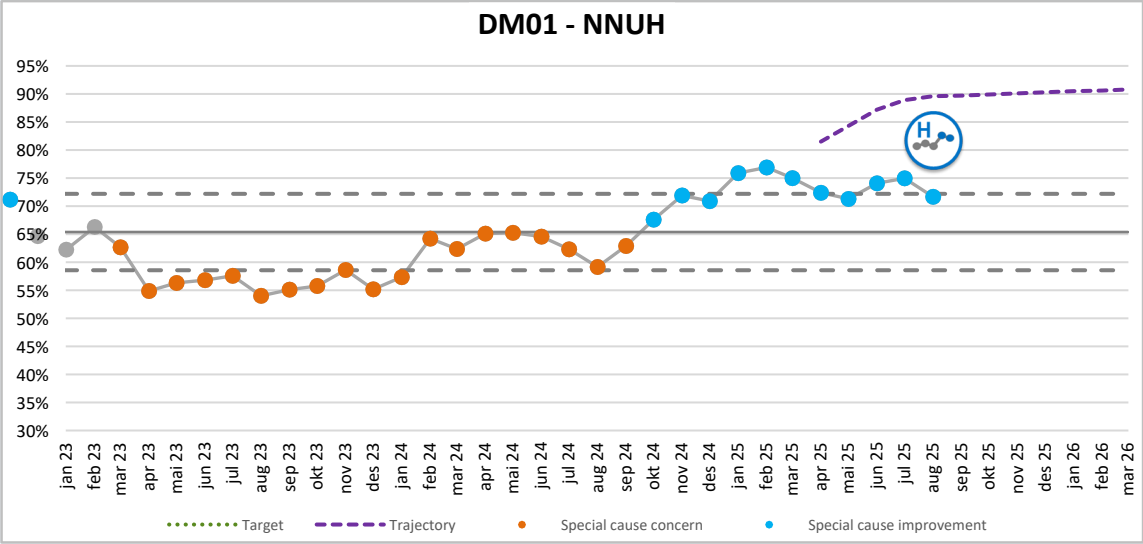
September Recovery Actions:

- Expansion of diagnostics capacity from autumn to accelerate backlog reduction.
- Negotiations with Medinet to increase the volume of patients seen per clinic for ENT.
- Recruitment to key consultant posts (ENT and Ophthalmology) to strengthen delivery.
- Productive Partner initiatives supporting efficiency gains in day case pathways.
- Central PTL validation (weekly) >95% - predicted removals 1,875 over the period Sep 25-Mar 26
- Additional sessions (weekend / evening)
- Prioritise all booking of patients in 52-week cohort first.

		Delivery	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Trust	RTT 52+ weeks	Actual	3,923	3,724	3,850	3,945	4,253
		Trajectory	3,800	3,599	3,398	3,197	2,996
	RTT 52-week performance	Actual	4.5%	4.5%	4.4%	4.7%	5.0%
		Trajectory	4.6%	4.4%	4.2%	4.0%	3.8%
110 - Trauma and Orthopaedic	RTT 52-week performance	Actual	6.2%	6.6%	6.0%	6.0%	6.9%
		Trajectory	6.4%	6.1%	5.9%	5.6%	5.3%
101 - Urology	RTT 52-week performance	Actual	4.1%	4.2%	4.1%	4.1%	3.9%
		Trajectory	4.0%	3.8%	3.6%	3.4%	3.3%
100 - General Surgery	RTT 52-week performance	Actual	4.2%	3.4%	3.0%	3.3%	3.3%
		Trajectory	4.2%	4.0%	3.9%	3.7%	3.5%
120 - Ear Nose and Throat	RTT 52-week performance	Actual	4.0%	4.9%	5.7%	7.7%	8.7%
		Trajectory	4.3%	4.1%	3.9%	3.7%	3.5%
130 - Ophthalmology	RTT 52-week performance	Actual	2.1%	2.7%	3.0%	2.7%	2.7%
		Trajectory	2.4%	2.3%	2.2%	2.1%	2.0%
340 - Respiratory Medicine	RTT 52-week performance	Actual	7.9%	9.3%	9.5%	10.4%	10.2%
		Trajectory	8.4%	8.0%	7.7%	7.3%	6.9%
341 - Respiratory Physiology	RTT 52-week performance	Actual	17.4%	19.7%	19.7%	19.9%	20.8%
		Trajectory	15.7%	15.0%	14.4%	13.7%	12.9%
502 - Gynaecology	RTT 52-week performance	Actual	10.8%	8.6%	8.6%	10.3%	10.2%
		Trajectory	11.4%	10.9%	10.4%	9.9%	9.4%
140 – Oral Surgery	RTT 52-week performance	Actual	7.7%	7.0%	6.0%	6.4%	6.6%
		Trajectory	7.6%	7.3%	7.0%	6.7%	6.3%
215 – Paediatric Ear Nose and Throat	RTT 52-week performance	Actual	7.5%	8.5%	8.9%	8.3%	7.8%
		Trajectory	6.9%	6.5%	6.3%	5.9%	5.7%



Diagnostic Test Within 6 Weeks (DM01)



Commentary

August 2025 Performance

Overall, Trust DM01 performance in August was 71.7%. This is a reduction from the previous 2 months, predominantly due to a reduction in Echocardiography, Audiology and Non-Obstetric Ultrasound.

Performance forecasted to improve in September.

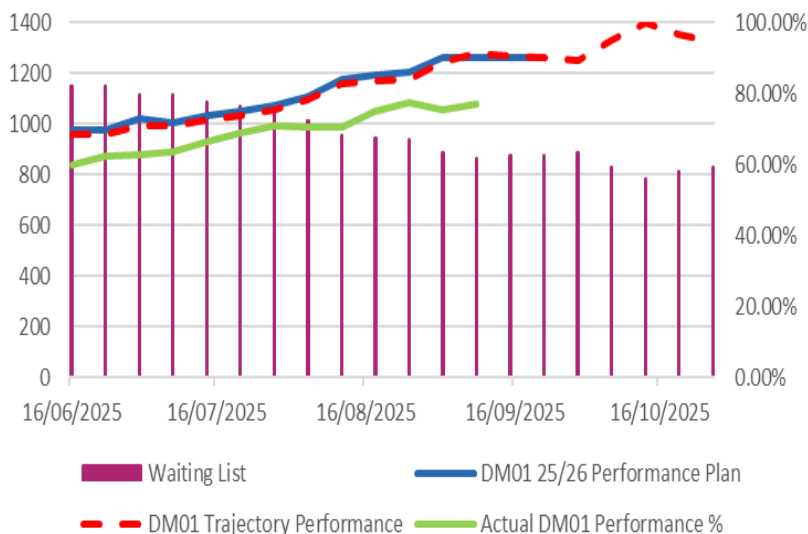
Risk To Delivery

RED

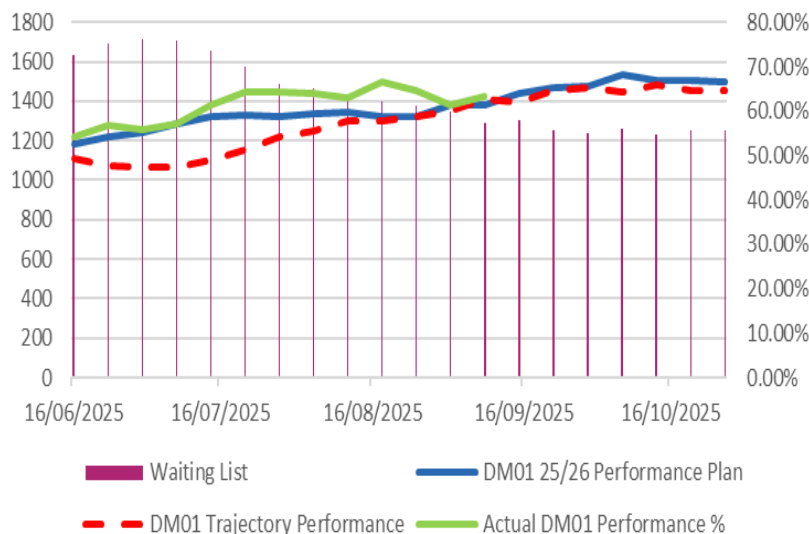
Key	
	Above exam planning trajectory
	Within 5% below exam planning trajectory
	More than 5% below exam planning trajectory

Exam Type	DM01 Performance			Reasons for Variation in Performance	Actions	Risks for Current Month
	Jul-25	Aug-25	Variance to Prior Month			
DEXA	100.0%	100.0%	-			
NOUS	96.9%	89.5%	-7.4%	<ul style="list-style-type: none">Unable to put on additional MSK NOUS lists due to no MSK agency approvalExtra interventional lists in NCIR in August had to be cancelled due to Nursing sickness	Recruitment of MSK agency	
CT	91.0%	86.6%	-4.4%	CT Cardiac backlog is the main cause of under performance. CT Cardiac cancellations in August due to high ED / IP demand.	Investigating whether some cardiac CT activity could be performed at the CDC (lower risk patient groups)	
Echo	84.7%	75.4%	-9.3%	Insourcing stopped at the end of June and restarted on 14 th July, following Triple Lock approval. The break in Insourcing provision impacted August performance due to recovery of the backlog. Expected to improve in September.	Continuation of Insourcing	
Colonoscopy	65.1%	61.5%	-3.6%	<ul style="list-style-type: none">Improvement in Gastroscopy and Flexi Sig performanceReduction in Colonoscopy performance but remain on trajectory	<ul style="list-style-type: none">Recovery plan for September: intensive training block aimed at increasing capacity, with a minimum target of 313 Gastroscopy appointmentsMitigating through WLI and overtime – will see a return to trajectory by the end of September.Deploy two newly independent consultants for dedicated dye spray from September.	
Flexi Sig	64.3%	65.7%	+1.4%			
Gastroscopy	70.7%	75.5%	+4.8%			
MRI	63.6%	62.9%	-0.7%	Staffing availability: 1.5 WTE on maternity leave until Feb 2026. Of 5 previously off sick, 3 remain on long-term sick leave with no confirmed return date. 2 returned on 10/08 and 17/08, both on phased return for 6 weeks.	<ul style="list-style-type: none">Locum recruitmentAdditional bank shifts (15 shifts secured for September so far)MR Van support / insourcing	Staffing sickness and vacancy levels
Audiology	59.4%	49.4%	-10.0%	<ul style="list-style-type: none">Increased Paediatric referrals from QEHReduction in adult activity to support Paediatric activity from March 2025 (greatest clinical risk and need)22% vacancy rate (impacted by triple lock and backfilling internal promotions) and 3x long term sick	<ul style="list-style-type: none">Recruitment to vacanciesTemplate changes and review of roster to increase capacityPerformance expected to improve in September.	Staffing sickness and vacancy levels
Grand Total	75.0%	71.7%	-3.3%	Performance for August shows a 3.3% reduction compared to July.		

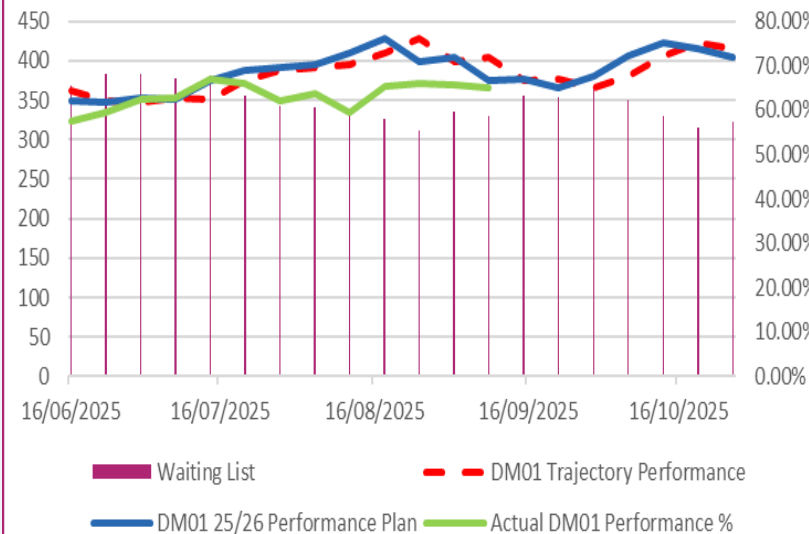
Gastroscopy DM01 Recovery



Colonoscopy DM01 Recovery



Flexi Sig DM01 Recovery



Endoscopy Performance Recovery Actions

Gastroscopy

Position vs Plan: 4.8% improvement in August compared to July. 9.0% behind the recovery plan – shortfall is predominantly due to staff vacancy / sickness.

- Recovery plan for September: intensive training block aimed at increasing capacity, with a minimum target of 313 Gastroscopy appointments
- Mitigating through WLI and overtime for August and September and will see a return to trajectory by the end of September.

Colonoscopy

Position vs Plan: 3.6% reduction in August compared to July. Remain ahead of 2025/26 DM01 performance plan.

- Deploy two newly independent consultants for dedicated dye spray from September.

Flexi Sig

Position vs Plan: 1.4% improvement in August compared to July. Remain behind the recovery plan due to focusing on the larger backlog of Colonoscopy and the impact of staff vacancy / sickness.

- Mitigated through WLI and overtime for August and September and will see a return to trajectory by the end of September.

Commentary

August 2025 – Provisional Activity and Elective Variance Performance

As of 1st September, the provisional position for August (shown below left) indicates that overall activity was below plan at 98%. Day Case and Outpatient Procedures were above plan, though Electives and Outpatient New (excluding procedures) were below plan. The bottom table provides a breakdown of activity, plan and variance to plan by Care Group and Point of Delivery for August.

Elective Variance Performance: Forecasted £272k ahead of plan in August and £1.4m above plan YTD (Summary by Point of Delivery provided below right).

GREEN

August 2025 – Provisional Activity

% 2025/26 Business Plan Achieved

	Business Plan Achieved
	Business Plan Not Achieved

	A	B	C	D	E	F	G	H	I	J	Total
APC - Daycase	72%	89%	105%	107%	86%		104%	112%	114%		102%
APC - Elective	75%	97%	101%	99%			118%	34%	63%		98%
OP - Procedures	140%	102%	120%	56%		74%	92%	93%	102%		102%
OP - New (exc procedures)	80%	82%	93%	89%	137%	98%	102%	86%	84%	177%	93%
Subtotal - Variable	80%	96%	101%	89%	119%	90%	98%	90%	99%	177%	98%

APC - Non Elective	109%	83%	98%	99%			85%	118%	86%	79%	93%
OP - Follow Up (exc Procedures)	78%	87%	97%	107%	130%	94%	88%	105%	92%	120%	95%
Subtotal - Non Variable	78%	87%	98%	104%	130%	94%	87%	106%	91%	93%	94%

Overall	78%	94%	100%	100%	128%	93%	92%	102%	94%	128%	96%
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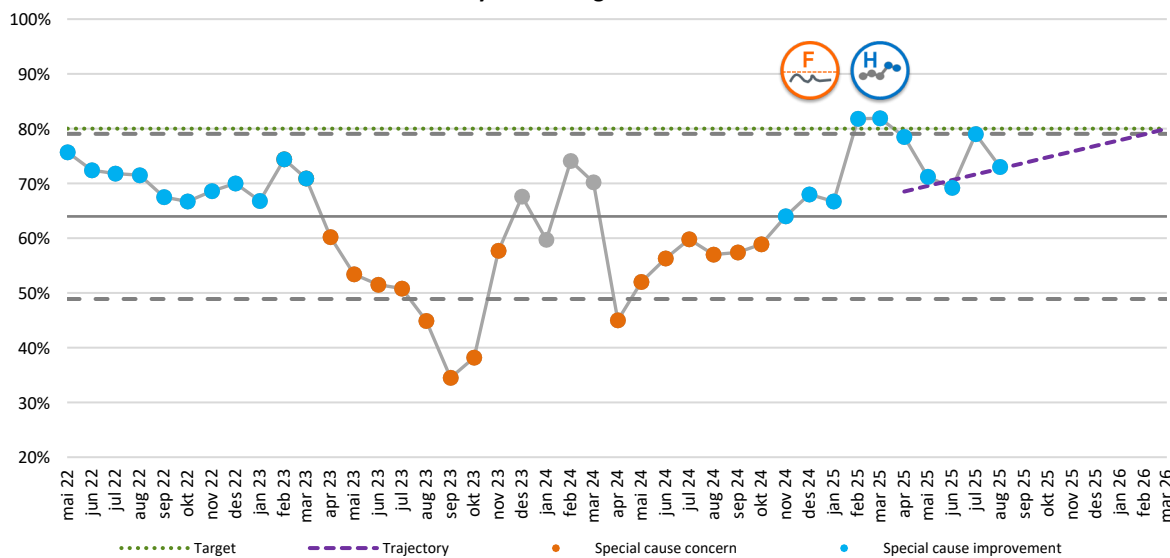
Provisional Elective Variance Performance

	Actual				Plan				Variance			
	Jun-25	Jul-25	Aug-25	Total (YTD)	Jun-25	Jul-25	Aug-25	Total (YTD)	Jun-25	Jul-25	Aug-25	Total (YTD)
New Procedure	£947,077	£996,480	£812,176	£4,515,635	£857,222	£891,455	£791,015	£4,146,919	£89,855	£105,025	£21,161	£368,716
Follow Up Procedure	£1,974,078	£2,023,776	£1,711,913	£9,488,062	£1,822,747	£1,937,575	£1,668,383	£9,025,492	£151,331	£86,201	£43,530	£462,570
New Attendances	£3,517,178	£3,632,710	£3,067,587	£17,138,349	£3,245,188	£3,460,709	£3,056,407	£15,916,299	£271,990	£172,001	£11,180	£1,222,050
Daycase	£6,594,276	£6,417,928	£5,922,172	£30,653,317	£6,064,876	£6,421,339	£5,799,451	£29,922,157	£529,400	(£3,412)	£122,722	£731,160
Elective	£4,817,046	£4,732,863	£4,747,852	£23,400,379	£5,115,108	£5,327,587	£4,674,530	£24,833,488	(£298,062)	(£594,725)	£73,322	(£1,433,110)
Total	£17,849,655	£17,803,756	£16,261,700	£85,195,742	£17,105,140	£18,038,666	£15,989,786	£83,844,356	£744,515	(£234,910)	£271,914	£1,351,386

NNUH	A - PACE			B - Complex OP & Surgical			C - Int Spec & Surgical			D - Maternity & JLCH			E - Path, Imaging & Pharm			F - Therapies			G - Neuro, Cardioresp & OPM			H - Specialist Medicine			I - Colney (Cancer)			J - Acute & Emergency			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	Activity	Plan	Var
APC - Daycase	137	190	(53)	1,277	1,433	(156)	2,841	2,707	134	156	146	10	6	7	(1)	1	0	1	539	519	20	312	279	33	1,210	1,058	152	0	0	0	6,478	6,338	140
APC - Elective	1	1	(0)	103	106	(3)	681	675	6	90	91	(1)	0	0	0	0	0	0	28	24	4	7	20	(13)	27	42	(16)	0	0	0	936	959	(23)
APC - Non Elective	46	42	4	268	321	(53)	1,301	1,331	(29)	1,612	1,625	(13)	0	0	0	0	0	0	1,403	1,659	(256)	243	206	37	204	238	(34)	346	436	(89)	5,423	5,857	(434)
Admitted - Total	184	233	(49)	1,647	1,860	(213)	4,823	4,713	110	1,858	1,862	(4)	6	7	(1)	1	0	1	1,970	2,202	(232)	561	504	57	1,440	1,338	102	346	436	(89)	12,837	13,154	(317)
OP - Procedures	30	22	9	8,557	8,356	201	2,852	2,374	478	56	99	(43)	0	0	0	379	515	(136)	1,952	2,126	(174)	47	51	(4)	609	600	9	0	0	0	14,481	14,143	339
OP - New (exc procedures)	176	219	(43)	2,229	2,716	(488)	5,489	5,931	(443)	1,374	1,542	(168)	18	13	5	1,144	1,173	(29)	2,131	2,090	40	982	1,148	(166)	874	1,046	(172)	816	460	356	15,232	16,339	(1,107)
OP - Follow Up (exc Procedures)	1,944	2,500	(556)	4,100	4,706	(605)	7,234	7,423	(189)	3,034	2,833	201	91	70	21	2,407	2,561	(154)	3,263	3,704	(440)	4,990	4,742	248	4,625	5,041	(416)	261	217	44	31,950	33,797	(1,847)
Non Admitted - Total	2,150	2,740	(590)	14,886	15,778	(892)	15,575	15,729	(154)	4,464	4,475	(10)	109	83	26	3,931	4,249	(318)	7,346	7,920	(574)	6,018	5,940	78	6,108	6,686	(578)	1,077	678	399	61,663	64,278	(2,615)
Total - NNUH	2,334	2,973	(640)	16,533	17,638	(1,105)	20,398	20,441	(43)	6,323	6,337	(14)	115	90	25	3,932	4,249	(317)	9,316	10,122	(806)	6,580	6,444	135	7,548	8,024	(476)	1,423	1,113	310	74,501	77,433	(2,932)

Cancer

28 Day Faster Diagnosis Standard



Body Site	Jul-25 (Final)	Aug-25 (Provisional)
Testicular	100.0%	100.0%
Breast	97.6%	98.2%
Upper GI	92.8%	92.6%
Paediatric	83.3%	90.0%
Head and Neck	83.5%	88.5%
Urology	87.4%	82.9%
Lower GI	79.4%	74.1%
Lung	68.1%	66.7%
Brain	28.6%	60.0%
Skin	61.7%	55.6%
Haematology	33.3%	52.0%
Gynaecology	63.0%	38.5%
Sarcoma	58.8%	36.0%
Grand Total	79.0%	73.0%

Key

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

Commentary

Current Position

Closed performance in July was 79.0% - above the July plan of 71.1%. Provisional August performance has reduced to 73.0% but remains above the August plan of 72.7%.

Reason for Variation

- Gynaecology – PMB clinics (now paused)
- Skin – Additional first OPA capacity from middle grades (improvement from 36.7% in June).

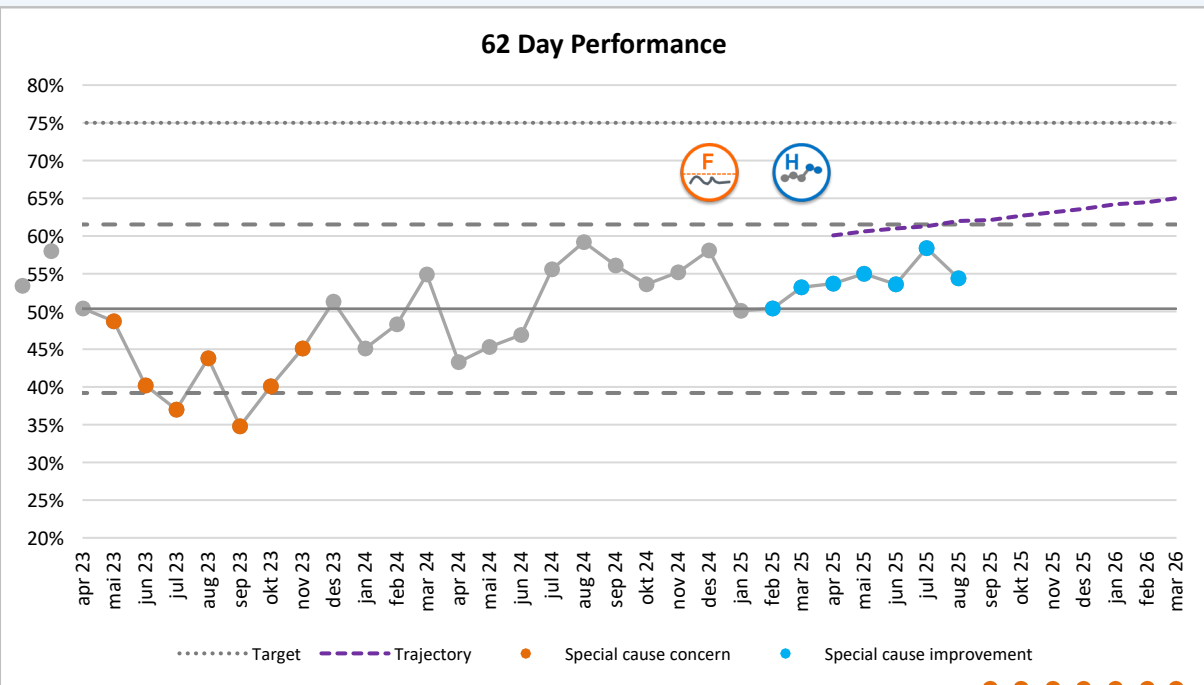
September Recovery Actions

- Gynaecology – Working with ICB and LMC to reinstate PMB clinics. Additional GAH clinics from September.
- Skin – 8x outsourcing sessions for minor ops to free NNUH consultants for first OPA capacity, started August 9th. Allocation of new national money for capacity and histology. Firebreak week w/c 22nd September (+250 slots).
- Lung – Additional capacity / robustness for biopsy.
- Urology – Maintaining additional evening and weekend triage and diagnostic capacity. Full embedding BPTP.

September forecast is to remain on trajectory.

Risk to Delivery

GREEN



Body Site	Jul-25 (Final)	Aug-25 (Provisional)
Breast	88.6%	84.2%
Upper GI	63.6%	84.2%
Lower GI	42.4%	54.5%
Haematology	71.4%	50.0%
Lung	51.7%	50.0%
Gynaecology	35.5%	46.4%
Head and Neck	47.7%	39.0%
Skin	88.6%	33.3%
Urology	30.1%	30.9%
Grand Total	58.4%	54.4%

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

Commentary

Current Position

Closed July performance was 58.4% - below the plan of 61.3%, but the highest performance since August 2024. Provisional August performance is at 54.4% but is projected to increase as an end of month position, against the August plan of 62.0%.

Reason for Variation

- Head and Neck – TORS capacity, tertiary referrals.
- Haematology – Low volumes and nature of pathway with few direct referrals.
- Urology – Sustained high referrals has led to increased Urology 62d backlog.

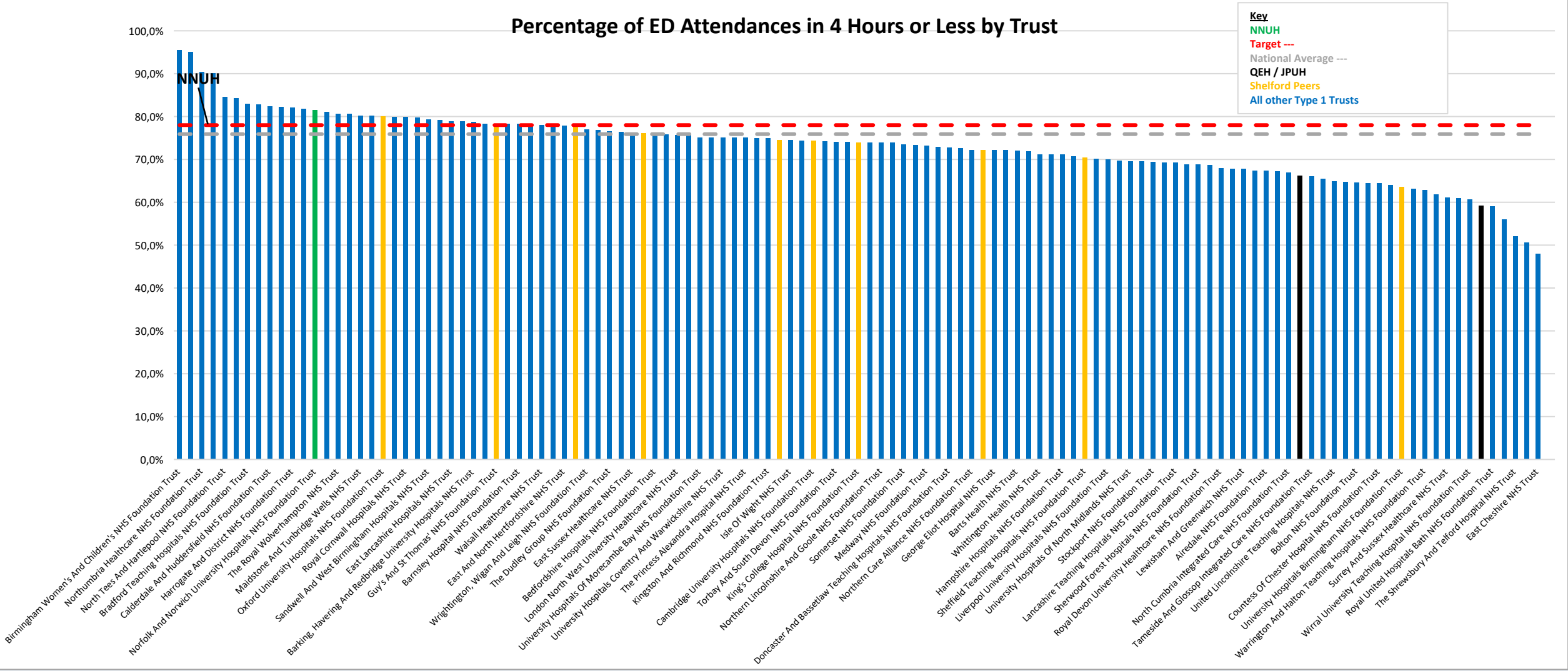
Actions

- Head and Neck – Additional theatre lists to ensure that patients can be booked within target. Build on one-stop from September.
- Gynaecology – Working with ICB and LMC to reinstate PMB clinics. Increase GAH capacity.
- Lung – Maintain triaging / diagnostic improvements. Extend some theatre sessions to create additional surgical capacity.
- Lower GI – Further pathway improvements to build on FDS, including pooling of patients (September). Allocation of national money for STT and theatres.
- Skin – Insourcing and focus on Dermatology TCIs to book within 62 days. Allocation of new national money.
- 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 (from Sep / Oct), plus outsourcing surgery (Oct).

Risk To Delivery

RED

Regional / National Benchmarking



Commentary

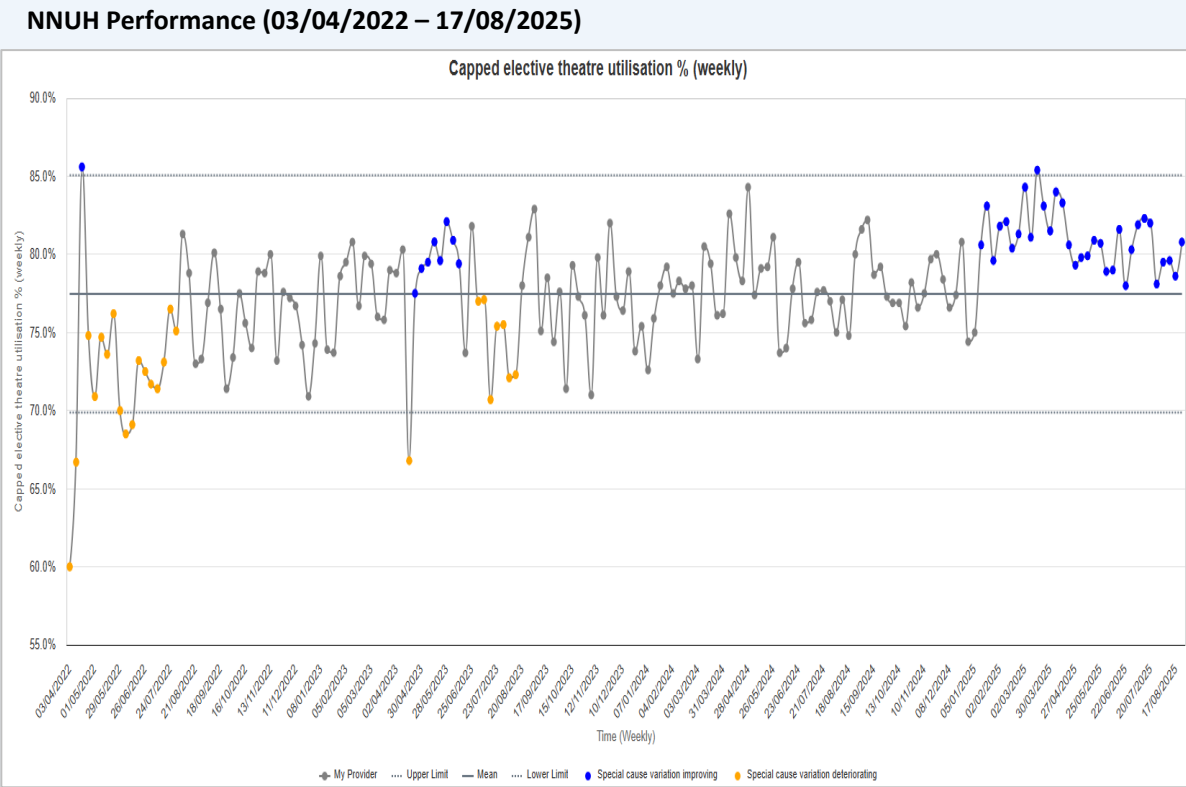
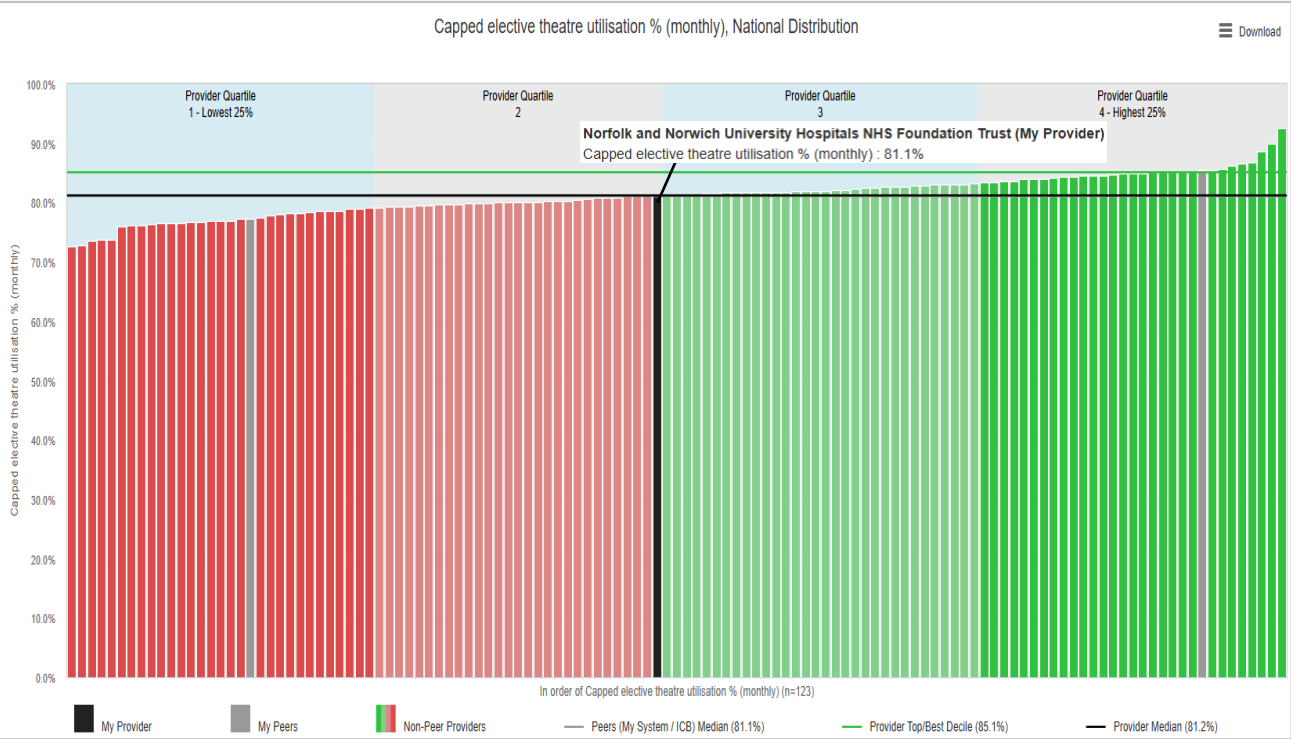
In August, NNUH were ranked 13th across all Type 1 NHS Trusts and the best performing amongst our Shelford Group peers with 81.5% of patients either admitted, discharged or transferred from ED within 4 hours of arrival. This was also ahead of the national target of 78% and the August national average of 75.9%.

Commentary

NNUH achieved 81.1% theatre utilisation for July – 0.1% below the national median and 4.3% below JPUH but 3.8% above QEH. The rolling NNUH performance (below, right) highlights weekly special cause variation improving since January 2025 compared to the last 3 years. A rapid theatres improvement programme has commenced focusing on POA and clinic utilisation.

National / System Benchmarking

System Providers	Value
James Paget University Hospitals NHS Foundation Trust	85.4%
Norfolk and Norwich University Hospitals NHS Foundation Trust	81.1%
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	77.3%



Theatres – % of Valid Elective Sessions with an Unplanned Extension

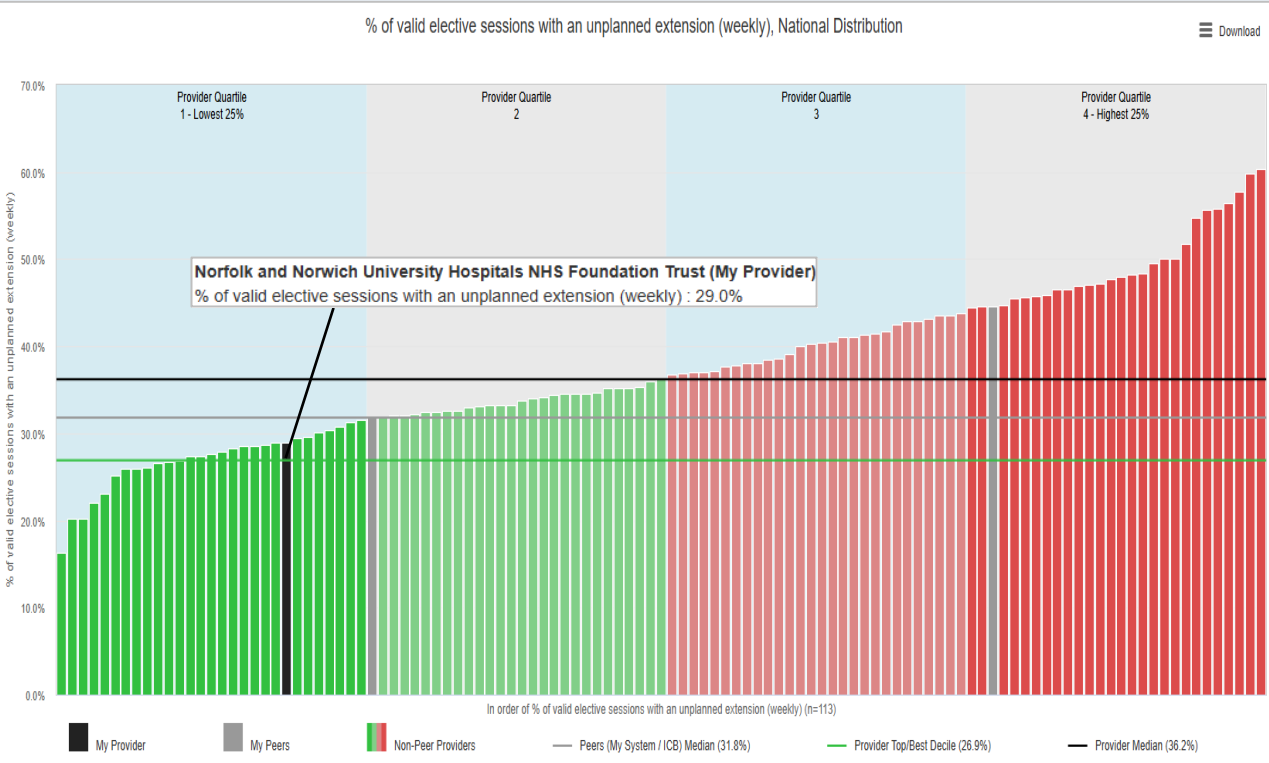
The percentage of valid elective sessions where the last case in the session finished after the planned session finish time

Commentary

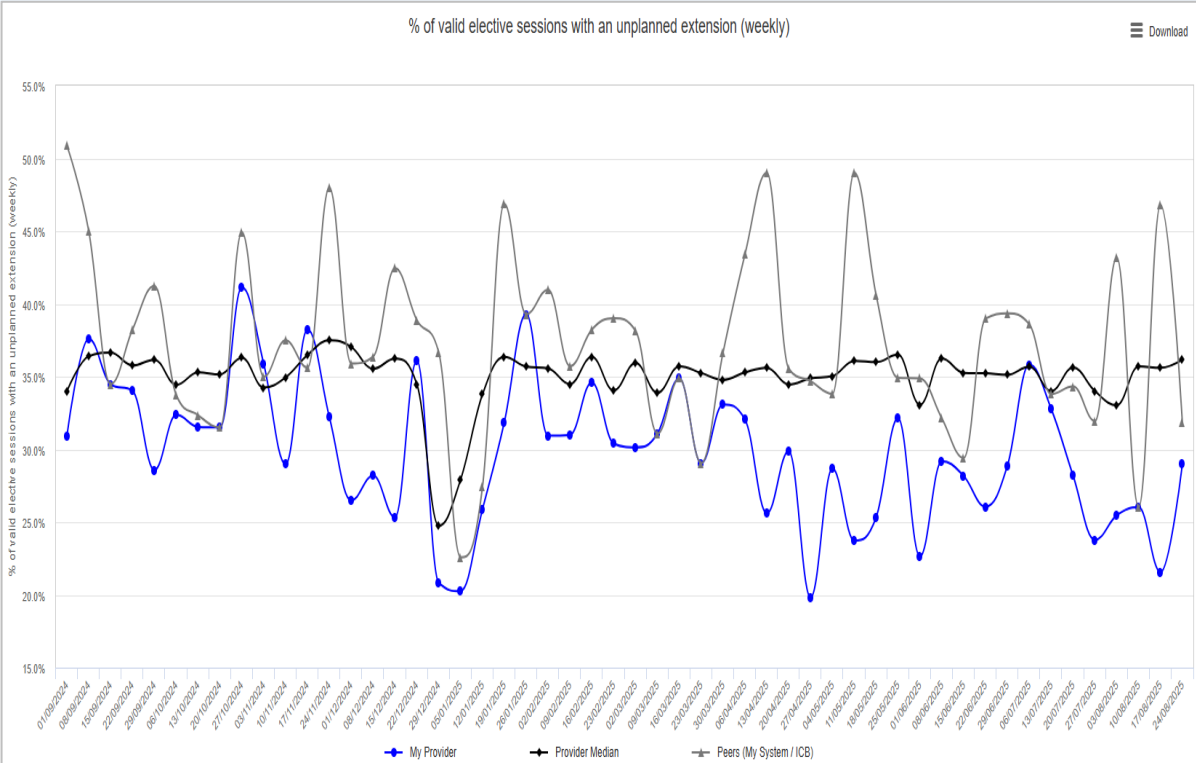
29.0% of NNUH’s elective sessions had an unplanned extension for the 2 weeks up to 24th August, lower than JPUH, QEH and the national median (36.2%). The rolling NNUH performance (below right) highlights that performance is consistently ahead of the national and peer median.

National / System Benchmarking

System Providers	Value
Norfolk and Norwich University Hospitals NHS Foundation Trust	29.0%
Queen Elizabeth Hospital King’s Lynn NHS Foundation Trust	31.8%
James Paget University Hospitals NHS Foundation Trust	44.6%



NNUH Performance (01/09/2024 – 24/08/2025)



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

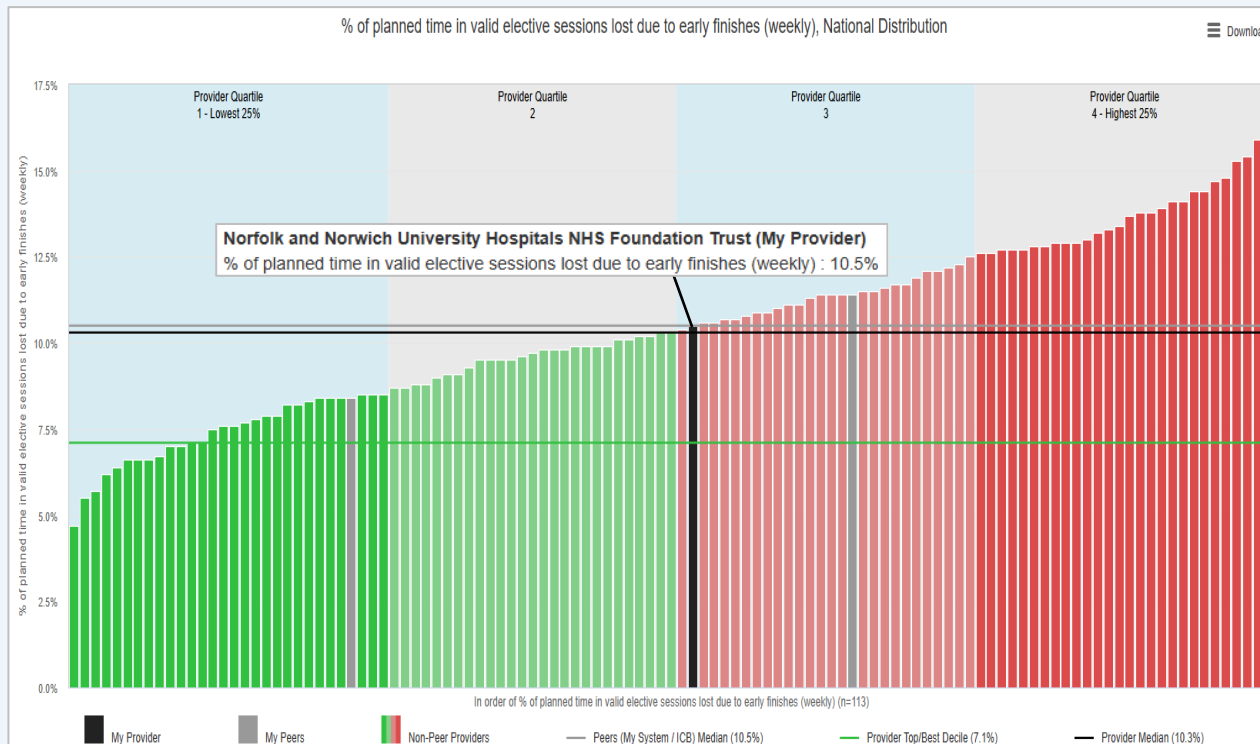
The percentage of planned elective operating time in valid elective sessions that was lost due to sessions finishing earlier than the planned session finish time.

Commentary

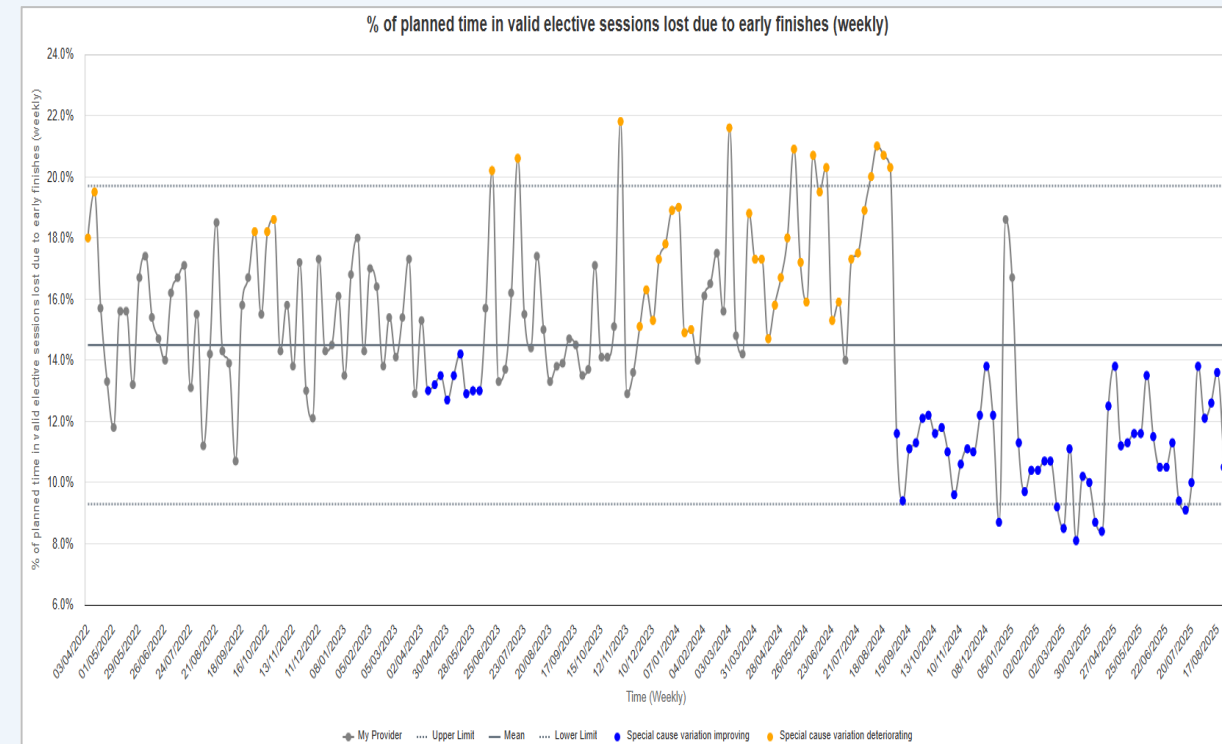
NNUH lost 10.5% of planned session time due to early finishes for the 2 weeks up to 24th August, higher than JPUH and the national median (10.3%), but below QEH. Despite this, the rolling NNUH performance (below right) highlights weekly improving special cause variation since January 2025 compared to the last 3 years.

National / System Benchmarking

System Providers	Value
James Paget University Hospitals NHS Foundation Trust	8.4%
Norfolk and Norwich University Hospitals NHS Foundation Trust	10.5%
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	11.4%



NNUH Performance (03/04/2022 – 17/08/2025)

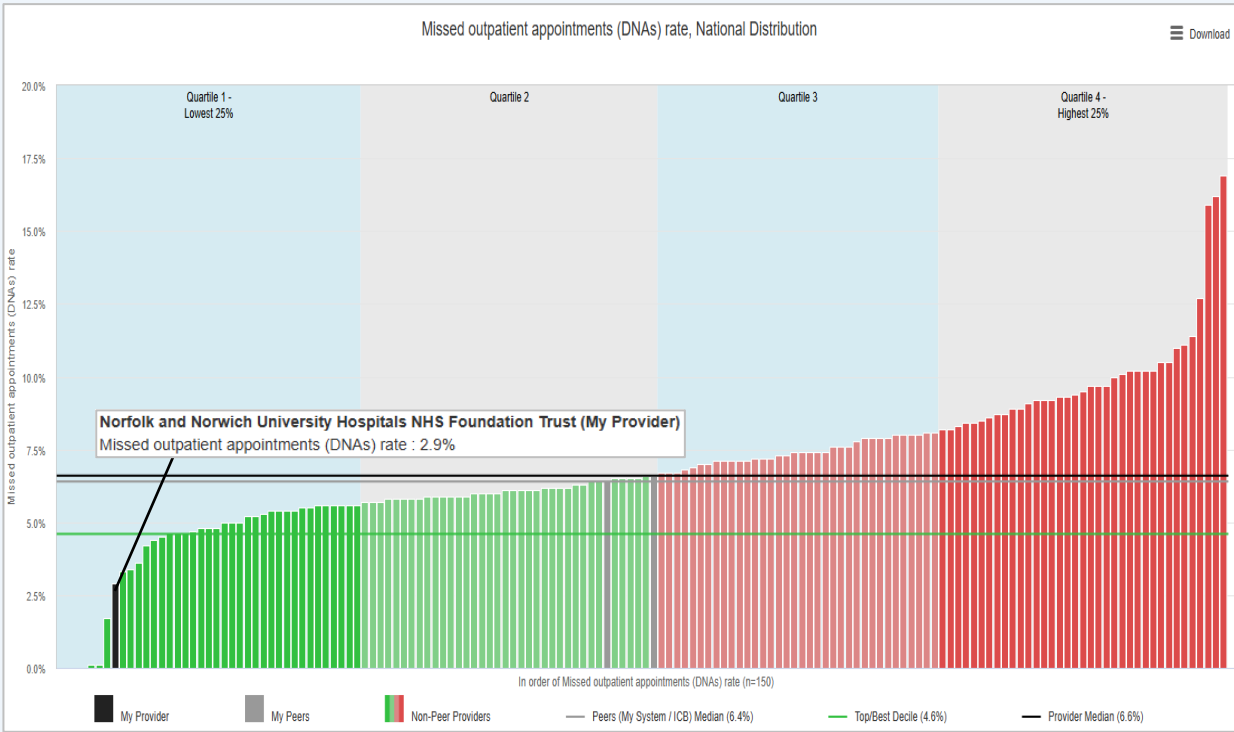


Commentary

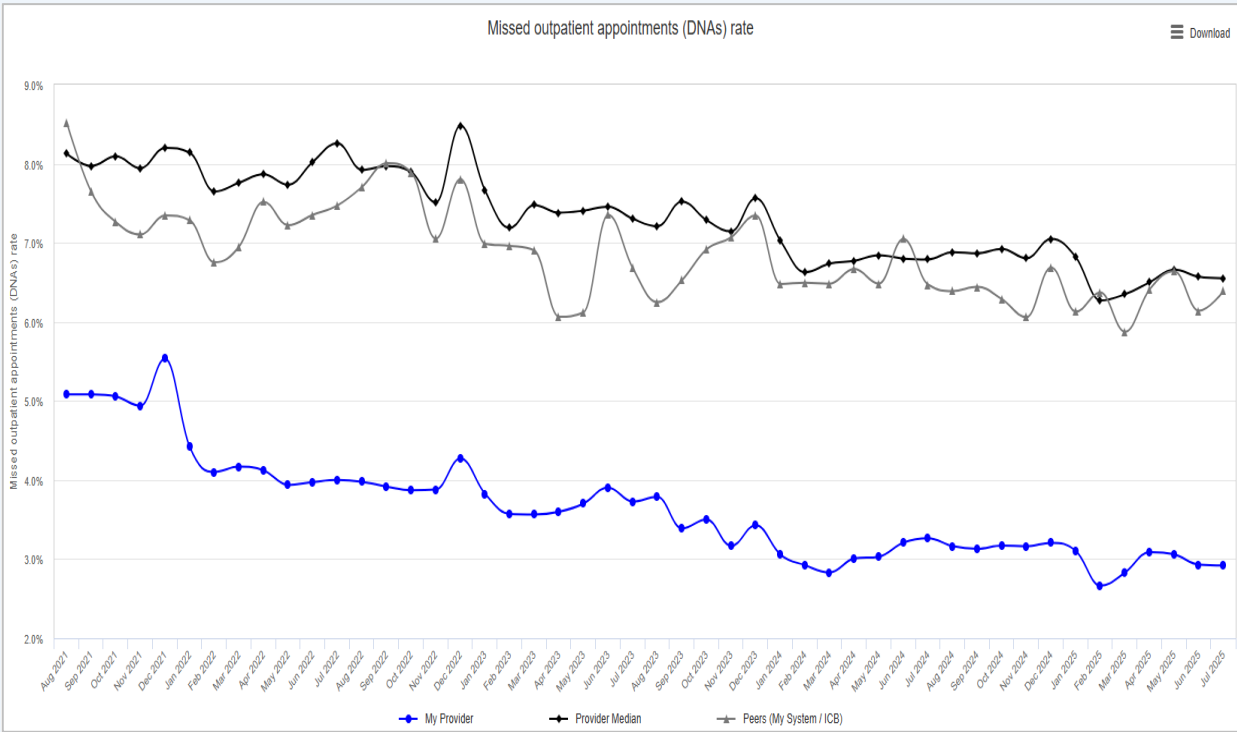
The percentage of missed outpatient appointments by patients at NNUH in July was 2.9% - lower than JPUH and QEH and the national median (6.6%). The rolling NNUH performance (below right) shows performance consistently ahead of the national median and JPUH and QEH performance.

National / System Benchmarking

System Providers	Value
Norfolk and Norwich University Hospitals NHS Foundation Trust	2.9%
Queen Elizabeth Hospital King’s Lynn NHS Foundation Trust	6.4%
James Paget University Hospitals NHS Foundation Trust	6.6%



NNUH Performance (August 2021 – July 2025)

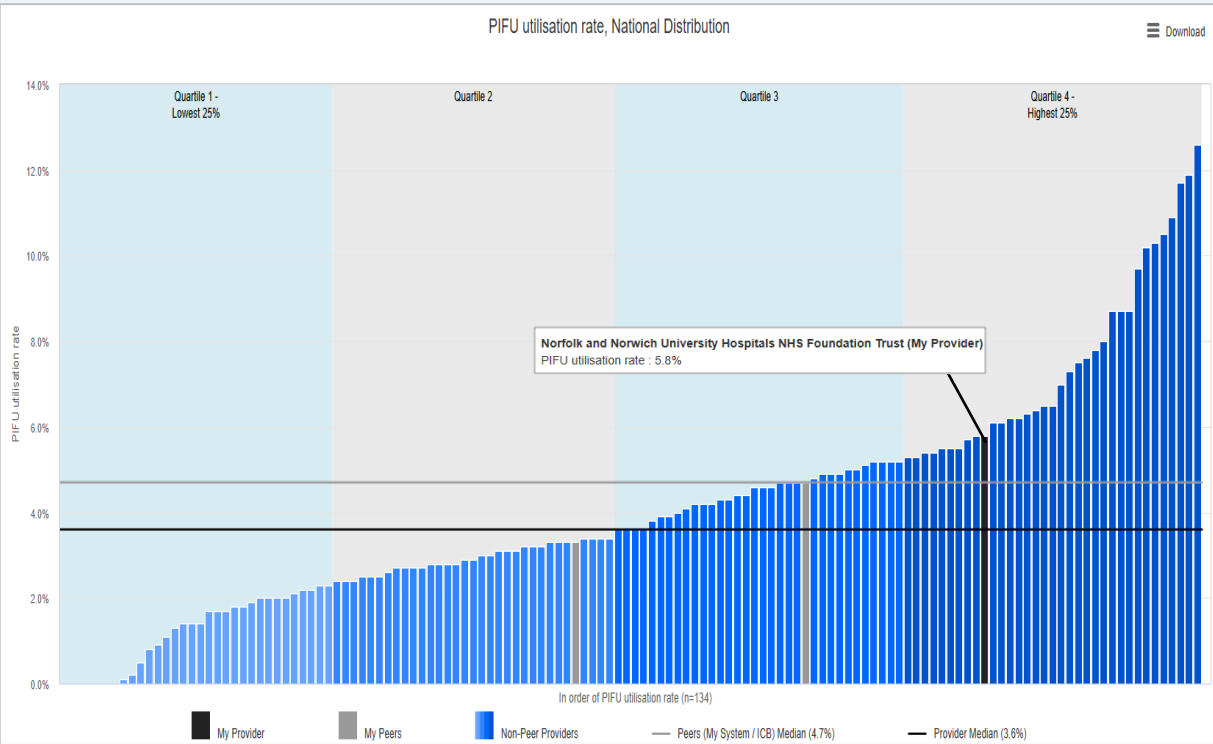


Commentary

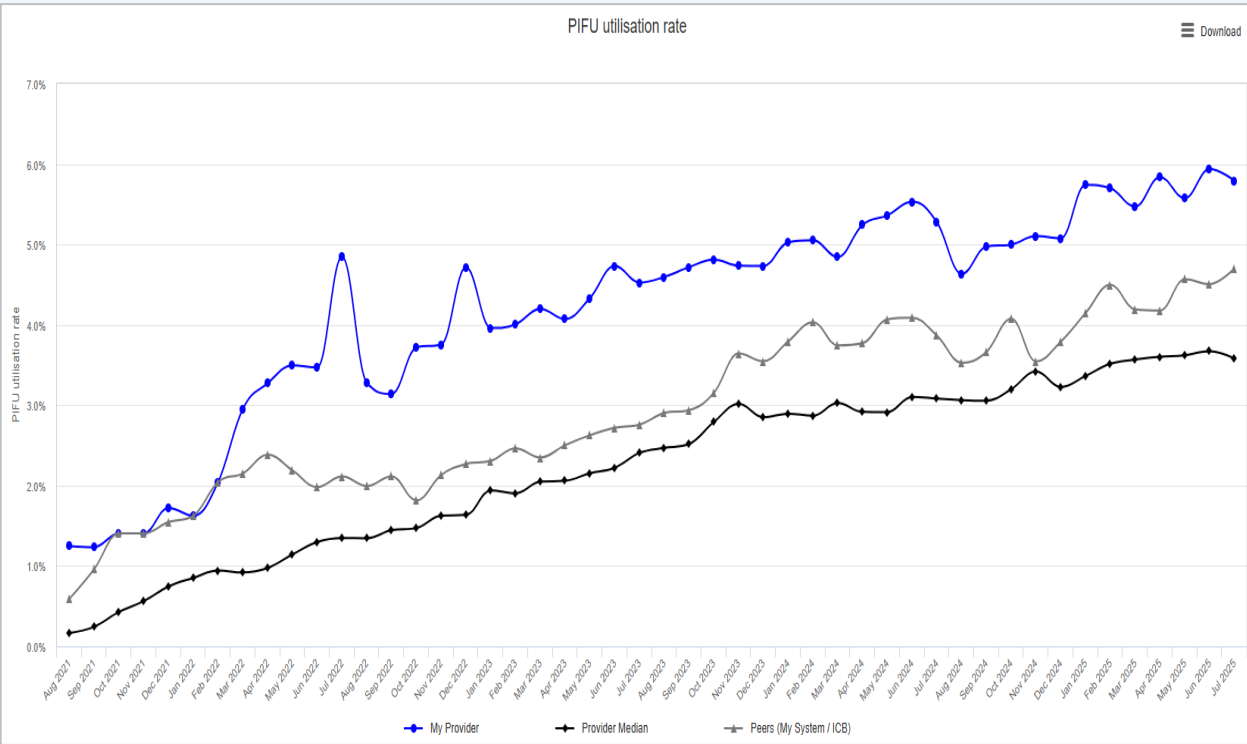
NNUH remain ahead of JPUH and QEH and the national median for its PIFU Utilisation Rate in July 2025, with rolling NNUH performance (below) also consistently above JPUH and QEH and the national median for the past 4 years.

National / System Benchmarking

System Providers	Value
Norfolk and Norwich University Hospitals NHS Foundation Trust	5.8%
James Paget University Hospitals NHS Foundation Trust	4.7%
Queen Elizabeth Hospital King’s Lynn NHS Foundation Trust	3.3%



NNUH Performance (August 2021 – July 2025)



REPORT TO TRUST BOARD

Date	24 th September 2025
Title	Chair's Ley Issues from People and Culture Committee
Author & Exec Lead	Sarah Gooch – Director of Workforce
Purpose	For Information
Relevant Strategic Commitment [delete as appropriate]	<p>1 Together, we will develop services so that everyone has the best experience of care and treatment</p> <p>2 Together, we will support each other to be the best we can be, to be valued and proud of our hospital for all.</p> <p>3 Together, we will join up services to improve the health and wellbeing of our diverse communities</p> <p>4 Together, we will provide nationally recognised, clinically led services that are high quality, safe and based on evidence and research</p> <p>5 Together, we will use public money to maximum effect.</p>

1 Background/Context

The People and Culture Committee met on Monday 15th September 2025 and discussed matters in accordance with its Terms of Reference. Papers for the meeting were made available to all Board members for information in the usual way via Admin Control. The meeting was quorate and there were no governor observes on this occasion.

2 Key issues, risks and actions

The Committee reviewed the following reports;

- Workforce IPR
- Freedom to Speak Up update
- Winter Flu Campaign
- Workforce Financial Intervention Programme Update
- Staff Survey and Pulse Survey update
- Update on Sexual Safety
- Closure of the Committee report

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

	Issues Considered	Outcomes/Decisions/Actions
1	Staff Survey	The Committee discussed the latest July Pulse Survey results and the Trusts plan to increase the response rate for this years staff survey. This includes a different approach to the launch of the staff survey with this being managed via a critical incident team and a range of actions agreed. The emphasis of this approach will be creating a staff champion network to generate a greater sense of hospital community, celebrate positively areas of work to be proud of and enable greater staff engagement. The plan is outlined in appendix one.
2	Freedom to Speak Up	The Committee discussed the latest report from the Freedom to Speak Up Guardian with the relevant data. This included that a greater number of cases been seen on the upward trend from June and also each month seeing an increase from the previous year via the anonymous reporting tool. If the trend continues, it may be reflecting a downturn in this cultural marker, relating to confidence in speaking up in the Trust and feeling safe to do so.

3 Conclusions/Outcome/Next steps

This is the final People and Culture Committee and it was agreed that any remaining actions were agreed to be continued via the new governance framework.

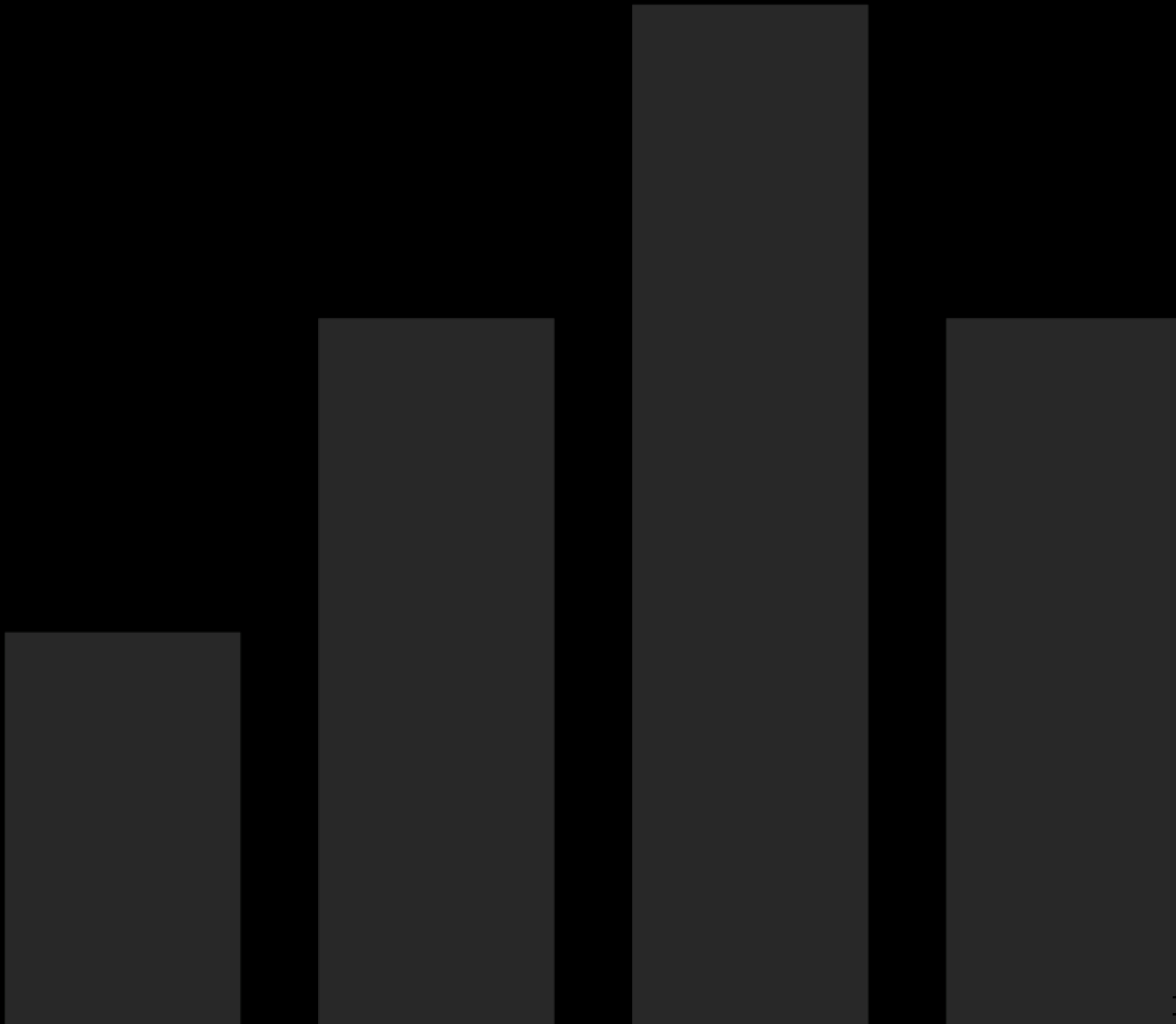
Recommendations: The Board is recommended to note the work of its People and Culture Committee.

Workforce

[View in Power BI](#) ↗









Last data refresh:
12/09/2025 07:32:59 UTC

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12/09/2025 13:43:49 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	Aug 2025	29.0	 Improvement (Low)	 Inconsistent
Staff in Post	Actual Substantive Headcount (WTE)	Aug 2025	8,886	 Improvement (High)	No Target
Job Planning	Job Plans Signed Off % (Within 12months)	Aug 2025	63.7%	 Improvement (High)	 Not capable
Staff in Post	Stability Index	Aug 2025	90.50%	 Improvement (High)	No Target
Non-Medical Appraisals	Non-Medical Appraisal	Aug 2025	80.2%	 Concern (Low)	 Inconsistent

SPC Variation Icons

Common Cause



Concern (High)



Concern (Low)



Improvement (High)



Improvement (Low)



SPC Assurance Icons

Capable



Inconsistent



Not capable



Mandatory Training

Aug 2025

Variation



Assurance



91.6%
Result

90.0%
Target

93.1%
UPL

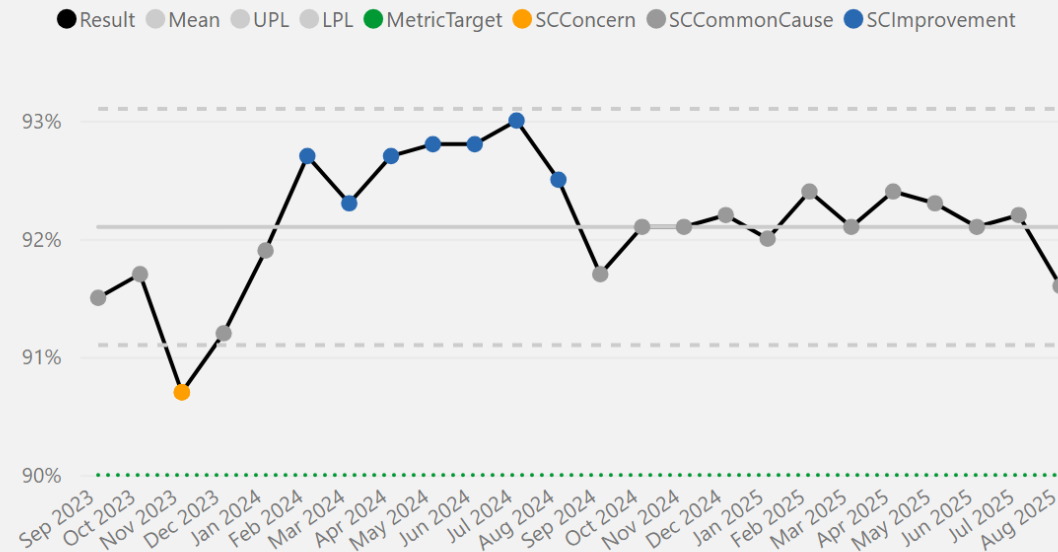
92.1%
Mean

91.1%
LPL

Analytical Commentary

Variation is Common Cause

Mandatory Training



Improvement Actions

August 2025 – Actions continue following the deep dive that was undertaken by the Mandatory Training Committee in relation to high non-attendance rates on classroom based courses.

Assurance Commentary

The Trust continues to exceed the 90% target with the overall compliance rate for August being 91.6%. Compliance has now been maintained since December 2022. Overall compliance including Bank staff continues to exceed 90% (since February 2025).

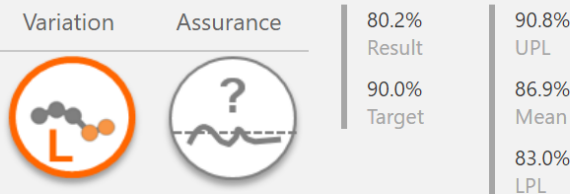
Specifically for Medical staff, the compliance rate for permanent staff was 88.7%, which reduces to 79.9% when the fixed term rotational resident doctors are included.

The topics which remain below the 90% target are Fire Safety (86.5%), Moving and Handling Level 2 (87.8%), Resus Adults (87.4%), Safeguarding Level 3 for adults and children (87.2%) and Mental Capacity Act and Deprivation of Liberty Safety (86.1%). The focus remains in these areas with a deep dive having been undertaken at the last Mandatory Training Committee. The cancellation guidance has been updated and promoted via the Beat

Since the launch of the new Oliver McGowan training, the eLearning (part 1) compliance continues to rise which now sits at 83.7%.

Non-Medical Appraisal

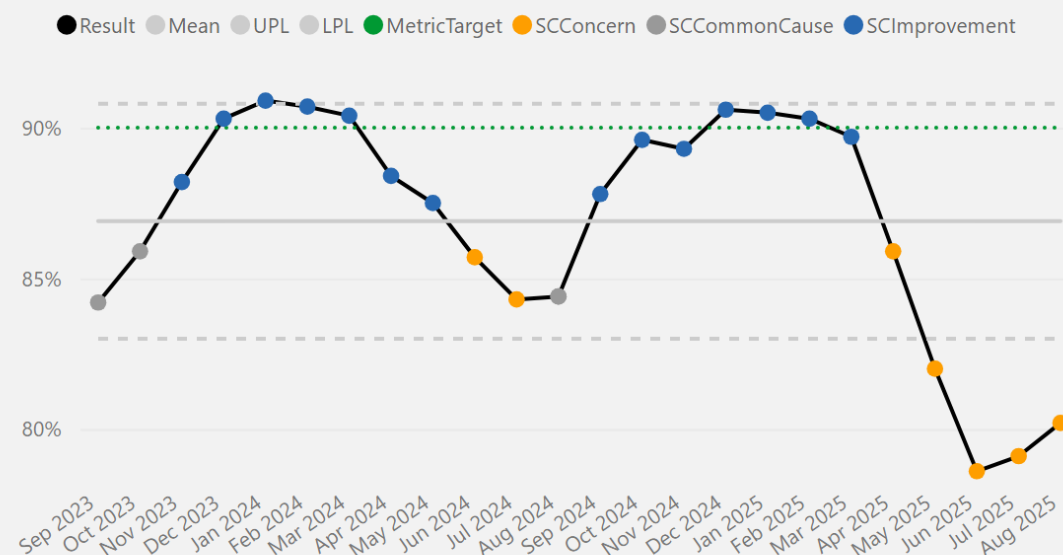
Aug 2025



Analytical Commentary

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

Non-Medical Appraisal



Assurance Commentary

In the 12 months to August 2025, 80.2% of eligible staff (excluding medical colleagues) had an appraisal. This is an increase from last month, 79.1%.

As part of the Care Group Delivery Oversight Committees, each Care Groups has received data and trajectories have been set to refocus performance in line with the cascade model we have in place, to achieve 90% by September 2025.

Training continues to be offered to support line managers deliver good quality PDR conversations. The weekly report for PDR compliance will commence again in September.

Improvement Actions

August 2025 – Performance against trajectories is monitored through the Care Group Delivery Oversight Committees to ensure each Care group achieves 90% by September 2025.

Sickness Absence

Monthly Sickness Absence %

Aug 2025

Variation



Assurance



4.3%
Result

4.2%
Target

5.5%
UPL

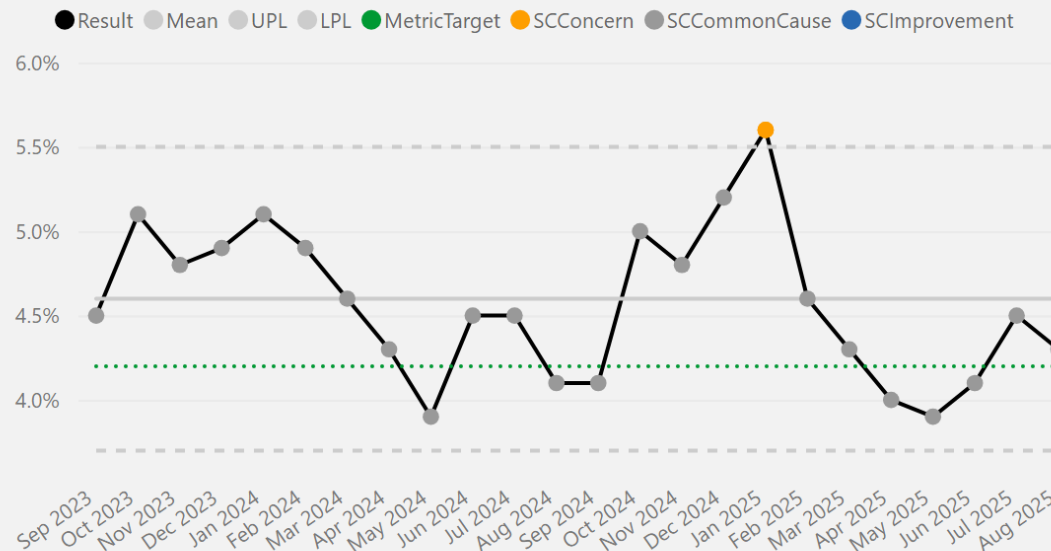
4.6%
Mean

3.7%
LPL

Analytical Commentary

Variation is Common Cause

Monthly Sickness Absence %



Improvement Actions

August 2025 – Ongoing provision of Staff Support Hub for managers/staff as well as online support resources, complimented by the Wellbeing Service and support phone line. This has been used significantly during this period of change in the organisation.

August 2025 – Planning commenced for Influenza vaccination campaign in Autumn 2025

August 2025 – Hotspot areas reviewed as part of Care Group Delivery oversight meetings with actions agreed to address.

Assurance Commentary

The current performance for the 12-month rate (4.54%) is a slight decrease from the same point last year (4.59%) but remains outside the Trust target (4.20%).

The top 2 reasons for sickness absence (number of days) is currently stress/anxiety/depression (25.8%) and other known causes (13.6%), compared to the same point last year when it was stress/anxiety/depression, at 23.9% and Musculoskeletal at 13.1%.

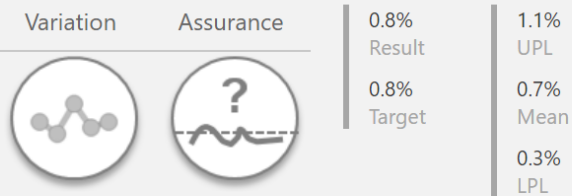
Following a review of key systemic issues identified from manager interviews, a number of actions are underway including the launch of open 'surgeries' for sickness absence to provide a dedicated forum for managers to receive support and guidance. A technology platform to assist with data-driven absence management is being explored in conjunction with neighbouring Trusts.

In this reporting period work-related stress referrals to Workplace Health & Wellbeing equated to 7% of our total referrals seen this last month (decrease from 9% last month). The main issues reported in this month are relationship and support concerns. Citations of how investigation cases have been managed as well as 'toxic behaviours' have been described. No trend of area or staff group identified. 4% of total referrals undertaken were considered as work related MSK concerns. These were linked to inanimate object handling, patient handling and workplace posture.

The Health and Wellbeing team have started to arrange and undertake 'drop in sessions' at off site locations – Cromer, Rouen Road etc for those staff who would not have access to the Staff Support Hub easily. The Team are also actively promoting Menopause training for line managers as well as an

Monthly Turnover

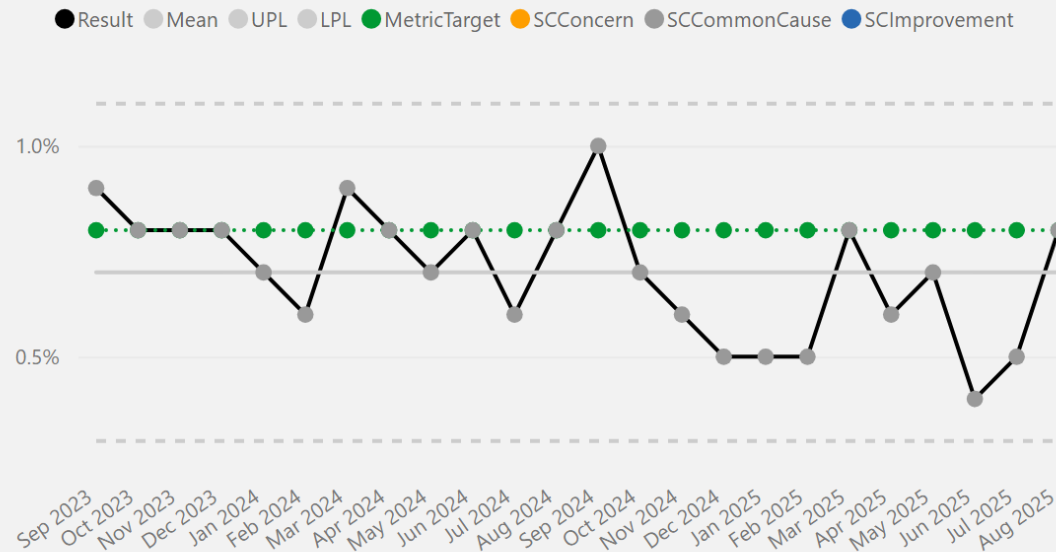
Aug 2025



Analytical Commentary

Variation is Common Cause

Monthly Turnover



Assurance Commentary

The monthly turnover rate for August 2025 is 0.8%

The 12-month average turnover rate has reduced further, currently to 7.6%.

Of the 58.7 (FTE) leavers that left in the month of August (which compares to 39.9 in July 2025); 43.0 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 August are relocation (21.7%) and further education/training (17.8%).

The annualised turnover rate for Registered Nursing & Midwifery is 5.9%, the same as the previous month. This is also replicated for the annualised turnover rate for clinical support workers of 11.3%.

Improvement Actions

- August 2025 – Ongoing progression of the Trust wide voluntary redundancy programme, supporting the notice meetings and offboarding processes.
- August 2025 – Service redesign is underway for high priority areas to support transformation following the workforce reduction programme.
- August 2025 – Connected session held for staff to highlight support available whilst workforce changes occurs – including Careers Hub, and the wellbeing portal (Vivup).

Stability Index

Aug 2025



Variation

Assurance

90.50%
Result

N/A
Target

89.20%
UPL

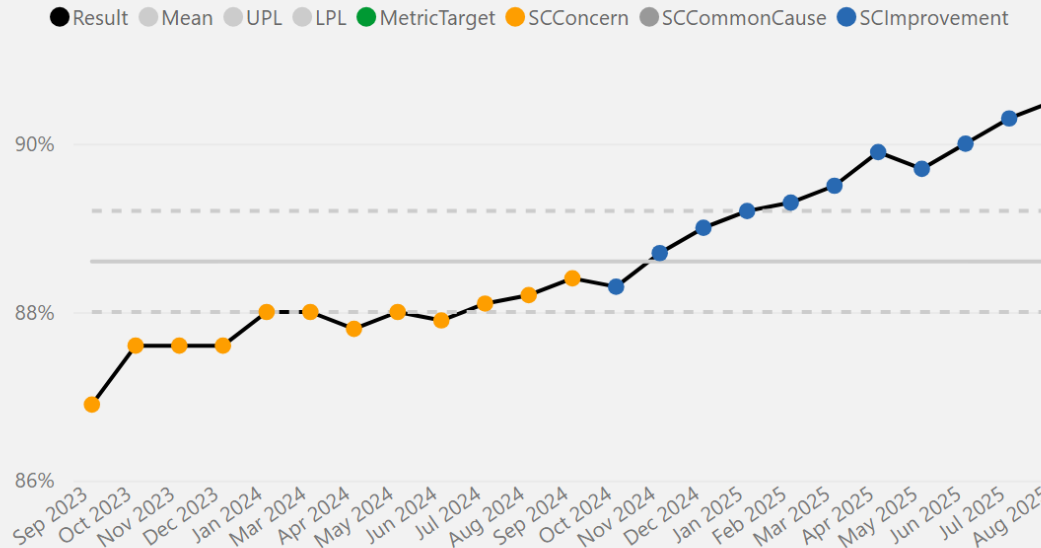
88.60%
Mean

88.00%
LPL

Analytical Commentary

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

Stability Index



Improvement Actions

August 2025 – All executive owners and subject matter leads have been updated on the programme in preparation for the next Connected.

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 August is 90.5% - where 7,855 staff remain from 8,682 in post 12 months ago. This is a slight increase from the previous month (90.3%).

Following the sign off for the new People Promise plan, progress has been made on a number of areas during this reporting period, such as;

- Cultural Lecture series future planned dates
- FTSU Cultural lecture series 12th August - Watch the GMC Cultural Lecture on Speaking Up - the Beat
- Bernard's August Blog celebrating some positive results in the GMC survey
- Connected session focussing on resources to support staff through organisational change Watch Connected from 20 August - the Beat
- 5th August Menopause Awareness webinar with Dr Edward Morris for all colleagues to attend. With recording available on the Beat
- Wellbeing Beat Pages updated following a full review, now have clearer paths to find information

The latest quarterly pulse survey has highlighted that the current organisational context is being reflected through staff feedback with a decline in our staff engagement questions both against ourselves and in comparison to other Acute Trusts. 'Feeling informed' is the area of greatest concern raised by colleagues. Work is on-going to publicise and promote People Promise activities that will contribute to supporting staff at this time.

Vacancy Maximum (%)

Aug 2025

Variation



Assurance



9.8%
Result

6.0%
Target

10.8%
UPL

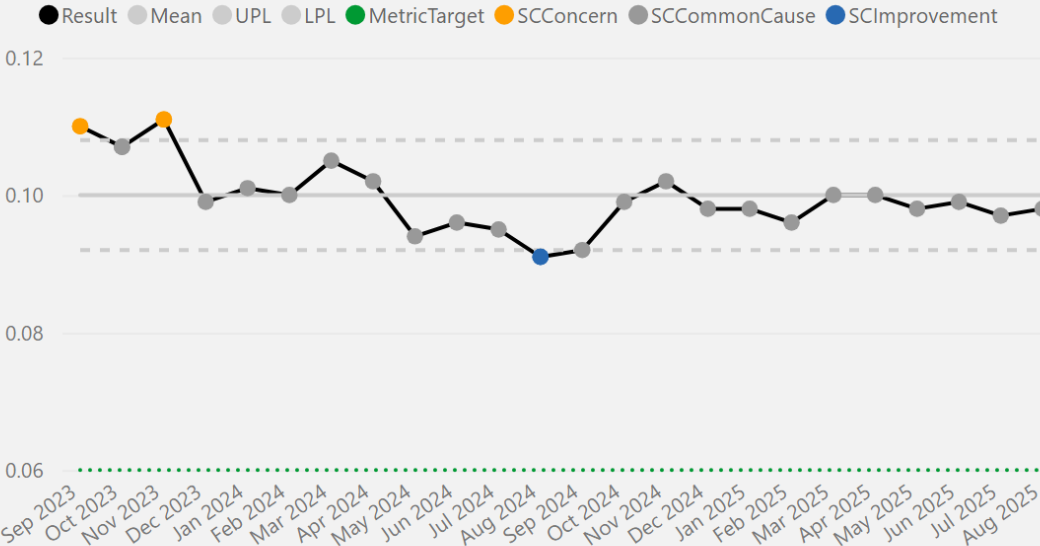
10.0%
Mean

9.2%
LPL

Analytical Commentary

Variation is Common Cause

Vacancy Maximum (%)



Assurance Commentary

The Trust vacancy rate for August 2025 is 9.8% which is an increase on the previous month (9.7%), and higher than the same period last year (9.1%). This would be expected in line with current heightened vacancy controls.

The staff group with the highest rate of vacancies (12.2%) is the staff group of Administration and Clerical. The higher rate is connected to enhanced vacancy control requirements.

The Healthcare Assistant pipeline is ongoing to enable the vacancy to be reduced.

As part of the Workforce Financial Recovery Programme, a further 'red pen' exercise is underway 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 programme.

Whilst the workforce reduction programme is in place, this will impact on the Trust's vacancy percentage. Both the budgeted establishment and the staff in post will now reduce over the next few months.

Improvement Actions

August 2025 – Continued progression of implementation of enhanced temporary workforce solutions for medical staff, in partnership with Litmus. This includes the Patchwork software, processes for authorisation of timesheets, unpaid breaks, reducing enhanced pay rates and agency rates.

August 2025 – Medical staffing tasks and finish group has commenced to review and challenge temporary workforce spend and ensure plans are in place to fill vacancies.

Time to Hire - Total

Aug 2025

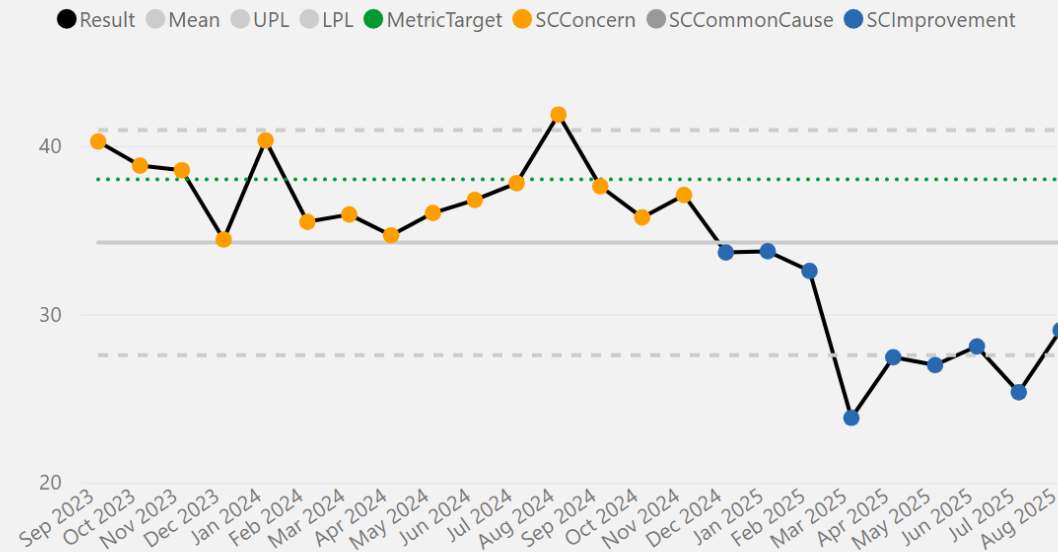


29.0	40.9
Result	UPL
38.0	34.2
Target	Mean
	27.6
	LPL

Analytical Commentary

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

Time to Hire - Total



Assurance Commentary

Time to hire for August was 29.0 working days and has increased from the figure last month of 25.4 days. Performance remains ahead of the Trust target of 38 days, and also well ahead of the same point last year of 41.9 days.

Recruitment resource has been supporting the vacancy authorisation process, and the preparations for the Resident Doctor intake in August.


The task and finish group to streamline vacancy control is progressing, with a Care Group pilot commenced in August. The trial has been successful and is reviewing areas for improvement before being expanded to other Care Groups.

Improvement Actions

July 2025 – Task and finish group to streamline the vacancy authorisation process.

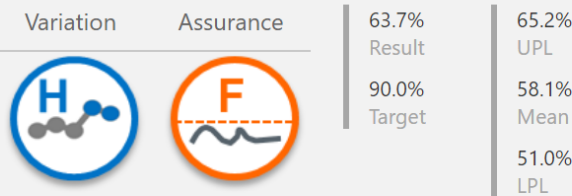
August 2025 – 259 doctors onboarded as part of the August changeover to commence new rotations or locally employed roles at NNUH.

Supplementary Metrics

Metric Name	Date	Result	Variation	Assurance
Time to Hire - Time To Select	Aug 2025	10.6	 Common Cause	No Target

Job Plans Signed Off % (Within 12months)

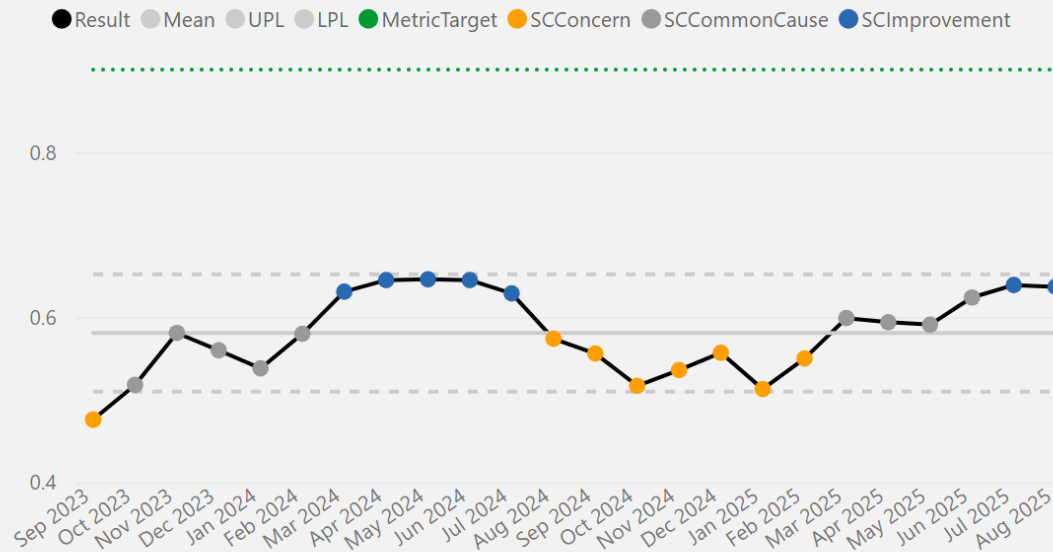
Aug 2025



Analytical Commentary

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

Job Plans Signed Off % (Within 12months)



Assurance Commentary

The monthly unadjusted figure has decreased from 64.3% to 64.2%. The annualised figure has increased to 88.2%. Performance remains behind the target of 95%. The target has not been achieved since May 2021.

A Trust-wide review of consultant job plans is underway to review and optimise all medical staffing job plans to enhance clinical productivity, align job plans with service demands, and identify opportunities for cost savings without compromising quality of care.

The programme involves a comprehensive assessment of current consultant job plans, benchmarking against best practice, and stakeholder engagement to ensure alignment with strategic objectives. Key improvements include optimised Direct Clinical Care (DCC) time, better scheduling efficiency, reduced duplication and variation for equality, and enhanced use of Supporting Professional Activities.

The compliance achievement against the 95% target continues to be monitored the Delivery Oversight Meetings with 1 care groups achieving the 95% target. All care groups that have not achieved the 95% will have a trajectory in place to achieve the 95%.

Improvement Actions

August 2025 – Medical productivity task and finish group is on track to complete initial review of the majority of departments by the end of September, with one medical and one surgical specialty fully completed to use as templates. Report and outcomes to be discussed at the FIPB.