NHS
West Suffolk
NHS Foundation Trust

Board of Directors (In Public)

Schedule	Friday 27 April 2018, 9:15 AM — 11:15 AM BST
Venue	Northgate Room, Quince House, West Suffolk Hospital
Description	A meeting of the Board of Directors will take place on Friday, 27 April 2018 at 9.15 in the Northgate Room, 2nd Floor, Quince House at West Suffolk Hospital
Organiser	Karen McHugh

Agenda

9:15 GENERAL BUSINESS

1. Introductions and apologies for absence
   To NOTE any apologies for the meeting and request that mobile phones are set to silent
   Apologies: Steve Turpie, Helen Beck
   Presented by Sheila Childerhouse

2. Questions from the public relating to matters on the agenda
   To RECEIVE questions from members of the public of information or clarification relating only to matters on the agenda
   Presented by Sheila Childerhouse

3. Review of agenda
   To AGREE any alterations to the timing of the agenda
   Presented by Sheila Childerhouse

4. Declaration of interests for items on the agenda
   To NOTE any declarations of interest for items on the agenda
   Presented by Sheila Childerhouse

NHS
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5. Minutes of the previous meeting
   To APPROVE the minutes of the meeting held on 29 March 2018
   Presented by Sheila Childerhouse

   Item 5 - Open Board Minutes 2018 03 29 March Draft.docx

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6. Matters arising action sheet
   To ACCEPT updates on actions not covered elsewhere on the agenda
   Presented by Sheila Childerhouse

   Item 6 - Action sheet report.doc

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7. Chief Executive's report
   To ACCEPT a report on current issues from the Chief Executive
   Presented by Stephen Dunn

   Item 7 - Chief Exec Report Apr 18.doc

9:35 DELIVER FOR TODAY

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8. Integrated quality and performance report
   To ACCEPT the report
   Presented by Rowan Procter and Alex Baldwin

   Item 8 - Integrated Quality & Performance Report -March 2018.docx

   Item 8 - IQPR_Ward Level Data.pdf

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9. Winter 2017-18 reflections
   To RECEIVE report
   Presented by Alex Baldwin

   Item 9 - Winter 2017 18 reflections report.doc

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10. Alliance and community services report
    To RECEIVE update
    Presented by Dawn Godbold

    Item 10 - Alliance and community services board report cover sheet April 2018.doc

    Item 10 - Alliances and Community Services report WSFT Board.pdf

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11. Finance and workforce reports
To ACCEPT the following reports:

11.1. Finance and workforce report
Presented by Craig Black

- Item 11.1 - Finance and workforce report cover sheet.docx
- Item 11.1 - Finance and workforce report - March 2018.docx

11.2. Mandatory training report
Presented by Jan Bloomfield

- Item 11.2 - Mandatory Training report - Trust Board Apr 18.docx

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11.3. Appraisal report
Presented by Jan Bloomfield

- Item 11.3 - Appraisal compliance report - March 2018.doc

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12. Transformation report
To ACCEPT the quarterly report
Presented by Alex Baldwin

- Item 12 - Transformation Board Report Apr 18.doc

10:15 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

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13. Nurse staffing report
To ACCEPT a report on monthly nurse staffing levels
Presented by Rowan Procter

- Item 13 - Nursing Staffing board dashboard report - March 2018 data.doc
- Item 13 - Nurse staffing dashboard - Mar 2018.xls

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14. Guardian of Safe Working report
To ACCEPT the quarterly report
Presented by Nick Jenkins

- Item 14 - Guardian of safe working report Cover Sheet Jan-Mar 2018.doc
- Item 14 - Guardian Quarterly Report 1 Jan 18 - 31 March 18.docx

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15. Voluntary services report
To RECEIVE the report
Presented by Jan Bloomfield

- Item 15 - Volunteer Services Trust Board Report - April 2018.docx
- Item 15 - Voluntary Services Report Appendices A & B.pdf

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16. National staff survey report
To APPROVE the report recommendations
Presented by Jan Bloomfield

- Item 16 - WSFT Staff Survey 2017 Trust Board report.doc

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17. Putting you first award
To NOTE a verbal report of this month's winner
Presented by Jan Bloomfield

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18. Consultant appointment report
To RECEIVE the report
Presented by Jan Bloomfield

- Item 18 - Consultant Appointments April 2018.doc

10:50 BUILD A JOINED-UP FUTURE

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19. e-Care report
To RECEIVE an update report
Presented by Craig Black

- Item 19 - eCare Trust Board report - Apr 18.doc

11:00 GOVERNANCE

NHS
West Suffolk
NHS Foundation Trust

20. Trust Executive Group report
To RECEIVE a report of meetings held during the month
Presented by Stephen Dunn

Item 20 - TEG report.doc

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21. Use of Trust seal
To RECEIVE the report
Presented by Richard Jones

Item 21 - Use of Trust Seal Report and Coversheet 27 April 2018.doc

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22. Agenda items for next meeting
To APPROVE the scheduled items for the next meeting
Presented by Richard Jones

Item 22 - Items for next meeting.doc

11:15 ITEMS FOR INFORMATION

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23. Any other business
To consider any matters which, in the opinion of the Chair, should be considered as a matter of urgency
Presented by Sheila Childerhouse

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24. Date of next meeting
To NOTE that the next meeting will be held on Thursday, 25 May 2018 at 9:15 am in the Committee Room.
Presented by Sheila Childerhouse

RESOLUTION TO MOVE TO CLOSED SESSION

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25. The Trust Board is invited to adopt the following resolution:
“That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” Section 1 (2), Public Bodies (Admission to Meetings) Act 1960
Presented by Sheila Childerhouse

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MINUTES OF BOARD OF DIRECTORS MEETING

HELD ON 29 MARCH 2018

COMMITTEE MEMBERS			
		Attendance	**Apologies**
Sheila Childerhouse	Chair	•	
Helen Beck	Interim Chief Operating Officer	•	
Craig Black	Executive Director of Resources	•	
Jan Bloomfield	Executive Director Workforce & Communications	•	
Richard Davies	Non Executive Director	•	
Steve Dunn	Chief Executive	•	
Angus Eaton	Non Executive Director	•	
Nick Jenkins	Executive Medical Director	•	
Gary Norgate	Non Executive Director	•	
Rowan Procter	Executive Chief Nurse	•	
Alan Rose	Non Executive Director	•	
Steven Turpie	Non Executive Director/Deputy Chairman		•
In attendance			
Georgina Holmes	FT Office Manager *(minutes)*		
Richard Jones	Trust Secretary		
Tara Rose	Head of Communications		

Action

GENERAL BUSINESS

18/055 INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies for absence were received from Steve Turpie and Catherine Waller.

The Chair welcomed everyone to the meeting.

She apologised for the papers being sent out so late but explained that this had been a difficult week, and particularly challenging with the meeting taking place on a Thursday. She proposed reviewing the timing for the distribution of papers so that board members received these earlier. However, she stressed the importance of the board receiving the most up to date information available.

She reported that the Princess Royal had visited WSFT's occupational therapy department yesterday and this had been a very pleasant event.

She apologised for not attending the workshop on Tuesday evening and explained that she had been at a meeting in London with NHSI and NHS Providers. This had been a very interesting and useful opportunity for meeting and networking and she had been able to raise a number of issues which were important to WSFT and other organisations, eg control totals.

18/056 QUESTIONS FROM THE PUBLIC

- June Carpenter commented on the 5 o'clock club, which she considered to be extremely good, particularly the recent event with Chris Pointon. This had shown that extra care which doesn't cost anything can go a long way.

- June Carpenter asked about the situation with cancelled operations. Helen Beck reported that the Trust was now on target to double the number of hip and knee replacements per week during March. All other areas were on target but there were still a large number of people waiting for treatment and this would take some time to catch up. A further discussion would take place under agenda item 10.

- Justine Corney asked how the board viewed the news yesterday that £87m of STP funding had been awarded to east Suffolk and Essex but WSFT had not received any of this allocation. She asked how the balance in the STP could be restored when WSFT was completely outbid and outnumbered by its STP neighbours. She also asked what steps could be taken to appoint an independent chair of the STP.

  The Chief Executive explained that this was capital investment that was put forward as part of the STP. In effect this was to assist the merger and successful integration of Ipswich and Colchester hospitals. He had not been aware of this until he read the press release and had been disappointed. However, he believed that WSFT would get the £15m investment required for A&E as part of wider capital investment in the future. He said that the Trust needed to use this as an opportunity for recognition in the STP's future capital programme.

  It was noted that WSFT had already received significant investment (£36m loan) for its capital programme over the last few years, eg Quince House, 400 additional car parking spaces, staff accommodation.

  The Chair agreed but said there needed to be clear transparency as to how decisions were taken and the weighting that was put on them. She explained that Clacton was in desperate need of updating, even more than Newmarket hospital.

  Gary Norgate considered this to be less of a problem in terms of the money, as WSFT had benefited from funding in the past. However, he was more concerned about the message, which appeared to be us and them and highlighted the need for an independent chair.

  The Chair explained that the STP had had an unfortunate start, as it had originally appointed an independent chair who had not worked out in this role. Therefore the STP programme board had made the decision not to reappoint to an independent chair role but passed the responsibility to the chairs' group of the STP. As chair of the chairs' group she was currently a lone voice and the chair of the STP was potentially quite a time consuming role. As chair of WSFT she was not able to focus on the time required by the STP.

  STPs in other areas that had an independent chair had found this to be extremely valuable and she considered that the time had come to appoint an independent chair. She would be proposing this to the chairs' group and a discussion would be taking place. This view also needed to be taken back to the STP programme board.

  S Childerhouse /S Dunn

  Alan Rose agreed that this was an important issue around governance. However he said that WSFT should celebrate the ambition that all organisations within the STP should be as successful as possible. He acknowledged that a merger required considerable financial "lubrication" and said that a successful merger should help WSFT.

  Angus Eaton said that it was important for the organisation to think about what it could control and WSFT should remember that as an outstanding trust is started from a powerful position. He urged the board not to get too distracted by this recent allocation of funding. The board agreed with this view.

- Joe Pajak referred to agenda item 14, gender pay gap report, and asked how the organisation would promote the importance of this so that staff were aware that this was taken seriously. It was agreed that this would be discussed under agenda item 14.

18/057 REVIEW OF AGENDA

The agenda was reviewed and there were no issues

18/058 DECLARATION OF INTERESTS

There were no declarations of interest for items on the agenda.

18/059 MINUTES OF THE MEETING HELD ON 2 MARCH 2018

The minutes of the above meeting were agreed as a true and accurate record.

18/060 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following issues raised:-

Item 1529 – 2018-19 winter planning update to be received by the board in April. Helen Beck referred to the 'big data' and population health. She explained that currently this was aspirational as it would take some time for this data to be available; therefore there was not likely to be much information on this in the report. The Chair asked her to keep the board updated on progress with this. **H Beck**

Item 1547 – Gary Norgate and Craig Black to consider how to provide greater visibility of staffing and productivity within the finance report. Gary Norgate confirmed that he had met with Craig Black who was following this up.

The completed actions were reviewed and the following issue raised:-

Item 1535 – identify a NED to engage in the health and wellbeing programme. It was confirmed that Angus Eaton had agreed to take on this role.

18/061 CHIEF EXECUTIVE'S REPORT

The Chief Executive highlighted the following from his report:-

- There was ongoing significant operational pressure within the organisation. Staff continued to feel the pressure and staffing remained an issue.
- All staff had recently been provided with a water bottle to help keep them hydrated. This in itself had provided a number of challenges but these had been addressed.
- The vital signs monitors had been successfully rolled out ahead of the planned schedule.
- WSFT had performed well on the staff survey, even through difficult times.
- The Trust was on plan to deliver the control total this year which was no mean feat. However, this remained a challenge for next year and negotiations around this continued with NHSI.
- The 5 o'clock club continued to go from strength to strength and there had recently been a good visit from Chris Pointon.
- The recent litter pick across the site had been very worthwhile and helped people to take a pride in their environment. He was keen that this should be repeated.
- A launch event for HelpForce had recently taken place and the ward companion volunteer service had also been launched. Both of these initiatives would make a big difference.

- The visit by the Princess Royal yesterday had been a great recognition for the staff who had been involved.

Gary Norgate commended the Chief Executive on his recognition in the Health Service Journal as one of the top 50 NHS trust executives. He considered that there was some very positive news in this report which helped balance out the challenges. He also acknowledged that performance had been very challenged and asked what 'good' looked like in these difficult times and if recovery was being planned sufficiently.

Helen Beck explained that although WSFT's performance had been variable it had been in the top three for performance across the Midlands & East, even when its performance had been poor. Plans had been put in place for recovery and Rowan Procter was chairing the emergency department task & finish group. The issue of the conversion rate of attendances to admissions, which was significantly higher, was also being followed up. WSFT had taken advice from the Emergency Care Intensive Support Team (ECIST) and they were supporting the project group to look at this. There was also a need to look at the compromises that were made when the organisation was under pressure, as some of these could be making things worse. A full review of back end flow would also be undertaken. **R Procter / H Beck**

The Chief Executive explained that all of the initiatives introduced, eg Red2Green etc, had a made difference. However, GP medical expected patients still came in through the emergency department; this was not always the case in other organisations and meant that these patients were not included in their A&E performance figures. The new Acute Admissions Unit (AAU) space would enable the Trust to address this issue be creating space separate to, but aligned to the emergency department where these patients could be assessed.

Nick Jenkins reported that a lot of soft intelligence gathering had also been undertaken. Information was triangulated from conversations with people in the organisation and things that were not reported, ie Addenbrooke's had not done any elective joint replacements since Christmas, and whilst WSFT's backlogs were a concern it was now back to delivering a full elective programme.

Angus Eaton said that he was pleased to see that progress was being made on harassment, bullying and abuse. He asked if there were robust plans in place to further reduce this. Jan Bloomfield confirmed that this would be looked at in detail and a report would come back to the board. **J Bloomfield**

DELIVER FOR TODAY

18/062 INTEGRATED QUALITY & PERFORMANCE REPORT

Rowan Procter reported that the Trust was still delivering high standards of quality compared to other organisations. However, an area where performance had significantly decreased was the response time for complaints which was currently very poor. This was mainly due to the delay in clinical staff responding to queries relating to complaints. This was being addressed but remained a challenge due to the pressure that staff were under.

There had been an improvement in pressure ulcer performance, both avoidable and unavoidable. This was not because pressure ulcers were not being reported, but due to performance improving. Richard Davies noted that it had been agreed at the last board meeting that the RAG rating should be changed to make the target for unavoidable five per month. Rowan Procter confirmed that this would be done for next month. **R Procter**

Angus Eaton asked about the staff shortage in the patient experience team. Rowan Procter explained that there should be six people in this team, but one was on long term sick and there was one vacancy which had now been filled. However, she stressed that the main issue with complaints was due to clinical staff not responding in a timely fashion and she was now supporting staff to improve this.

Gary Norgate considered this to be a very transparent and reassuring report and noted there were a large number of positives. However, there were also a number of issues that he was concerned about, ie complaint responses, discharge summaries, pressure ulcers (which were now starting to improve), SIRI reporting and falls (82 this month compared to an average of 57). These areas did not appear to have improved and were consistently not performing against a back drop of declining referrals and declining activity. He asked if this was a symptom of winter pressures and if there was a need to consider whether the demand on the hospital was changing and look at the way staff worked, ie underlying operating model.

Nick Jenkins said that he would talk about discharge summaries under agenda item 9.

Rowan Procter explained that these were standard quality indicators but there were nearly 100 registered nurse vacancies, which was the highest the Trust had ever had. Nurses were going to work for agencies where they could pick and choose what they did and were better paid. There were also a significant number of additional beds open. The quality walkabout on Tuesday had looked at the escalation ward, which highlighted that how difficult it currently was in the organisation. Staff were not able to provide the standard of care that ideally they would like to, although they were still providing a good standard of quality. She agreed that it would be a good idea to undertake a full review of demographics and bed base etc.

Richard Davies asked if there were system issues that also needed to be looked at, ie increases in A&E attendances, increase in ambulance arrivals and why patients were not getting the right care in the community when they needed it. It was agreed that this did need to be addressed and Helen Beck explained that she had attended a system wide meeting to discuss this and there was an acknowledgement that this needed to be looked at.

WSFT had seen an increase in ambulance arrivals due to issues in the Norfolk system and it had no control over where ambulances took patients to, ie load levelling from Norfolk or Cambridge to WSFT.

Helen Beck explained that a system strategy to reduce GP referrals was being worked on, and the pathway was also being looked at. WSFT needed to consider how it could deliver the majority of elective work in ten or eleven months of the year.

The Chair suggested that a more detailed discussion was required alongside how the system should shape itself to address the needs of the population moving forward.

Jan Bloomfield explained that due to the shortage of registered nurses the Trust would be introducing the concept of bay nursing and would therefore be recruiting more nursing assistants. This should also help in avoiding falls, pressure ulcers etc and take the pressure of existing registered nurses. She would be providing the board with an updated position on recruitment in the next few months. **J Bloomfield**

Craig Black explained that the Trust's ability to independently plan was slowly being reduced due to the number of outside forces that were out of its control. There was a staffing plan and capacity plan for next winter, but uncertainty about underlying demand meant that the certainty of these plans decreased.

Work would be more focussed on sensitivity analysis so that it could be demonstrated that the Trust had the flexibility to respond in both directions and did not create staffing or capacity that it could not afford. **C Black**

The Chief Executive agreed but explained that health and care systems were now under tremendous pressure. It was acknowledged that this had been the worst winter on record that the NHS had seen and the government also now appeared to be acknowledging this.

The Chair said that it was assuring that a review of this and planning for the future was being undertaken. It was confirmed that the outcomes of this work would come back to the scrutiny committee and the board.

Helen Beck highlighted the dip in cancer performance in February. She reassured the board that she considered this to be a one month dip due to a number of factors, including the shortfall in urology capacity, fewer days in the month and the overhang from the Christmas effect. She confirmed that performance was now on target and this dip was not forecast to recur.

Alan Rose referred to the community report and asked for assurance and that some progress was being made across the system with the issues relating to children in care. Dawn Godbold confirmed that this was receiving a considerable amount of attention and the Chief Executive had written to the Chief Executive of the county council and the CCG. A meeting was being arranged to look collectively as a system as to how this could be resolved and this would be a good test of alliance working. Work as also being undertaken to look at resources and if more where required, and also the number of children from out of the county and if this was putting pressure on Suffolk's services. A paper would come back to the next board meeting. **D Godbold**

18/063 DISCHARGE SUMMARY REPORT

Nick Jenkins explained the background to this and the actions that had been taken to mitigate the problem, which had affected 3709 patients. All 3709 patients were being reviewed, with the assistance of the GP colleagues, CCG and pharmacists and this review was 90% complete. The majority of patients who had not yet been reviewed were from out of Suffolk and responses had not been received from their GPs. Of the 90% of patients who had been reviewed no harm had been identified, which was reassuring.

A detailed review had also been undertaken of the discharge summaries for any patients who had died subsequent to their discharge and it had been concluded that their deaths were not due to harm caused by any error in the discharge summary.

The Trust had worked hard with Cerner to identify and correct the initial technical problem. The initial problem was resolved at the end of last summer and was no longer an issue. Details of this had also been publicised to other Cerner sites in the UK, with an explanation of the problem and what WSFT had done about it.

Nick Jenkins stressed that discharge summaries had always been a problem and were difficult to complete. Although the issue with the system and Cerner had been resolved, the human factors problem still remained an issue. Recognising this WSFT had appointed a full time member of staff to work in the e-Care team and focus on this. This individual has extensive NHS experience and he was hopeful that there would be an improvement in discharge summaries in the emergency department, which was the area she was currently focussing on. This work would then be rolled out to other inpatient wards in April.

Nick Jenkins explained that the problem was prioritising this in everyone's workloads. He had been clear with all medical staff that this was part of patient care and the discharge summary was the final step of a patient's care. He would provide a progress report next month.

The Chair said that she was pleased that the human factors issue was being addressed and was reassured that the results of this should be seen fairly quickly.

The Chief Executive asked if Mmodal voice recognition software would help with this. Nick Jenkins explained that although this might help with the typing of discharge summaries it would not help the human factors element.

Richard Davies said that he was very impressed with the openness, honesty and transparency of this report and he was assured at the way this had and continued to be addressed.

18/064 REFERRAL TO TREATMENT (RTT) POSITION

Helen Beck apologised for the lateness of this report which was due to the timing of the production of the data. She explained that a 12 month average of data had been applied to this due to the previous two months of cancellations distorting the previous model.

90% against this standard had been achieved in January but there had been a reduction in February. March was currently performing at a similar level at 89.4%. The dip in performance had been mitigated by managing outpatients and day surgery. However, the type of activity that had been cancelled was very difficult to reinstate, ie major surgery, which would mean that recovery of the position could take a longer. The financial position of the organisation also needed to be taken into account and the cost of additional activity balanced against the impact on the financial plan.

Helen Beck explained that if the Trust maintained the real base line level of performance it would take 26 months to recover. However, this was considered to be unacceptable and a target had been set to achieve an additional 250 clock stops per month, which would result in an overall recovery by October 2018, although some specialities would not achieve this, eg orthopaedics. It was felt that this would be important to ensure elective waiting times were in a good position prior to next winter, in case there was a need further cancellations as was experienced this year.

Teams had been asked to consider how an additional 250 clock stops per month could be delivered to get to each speciality level position by October. The detail of this was currently being worked through and the executive team would then look at what was affordable within these plans. **H Beck / C Black**

Currently additional activity continued to be delivered through extra sessions. However the only paid additional sessions were to treat patients who had been waiting for a very long time, ie 40-52 weeks.

Alan Rose asked if the additional resource required was in the financial plan for next year. Helen Beck confirmed that the additional work was in the plan and they were currently looking at whether it was possible to deliver 250 clock stops in the budget that had been set.

Angus Eaton considered this to be reassuring in terms of planning through the difficult situation. He asked if the executive team were confident that they had the right oversight metrics to keep an eye on patients who were waiting.

Helen Beck explained that patients were continually monitored and the pathway included the requirement for reassessment if patients were cancelled or delayed. Angus Eaton said that the organisation should have the courage to acknowledge if this was not working and review actions being taken.

Nick Jenkins said that this was triumvirate working at its best, eg plastics/dermatology, orthopaedics, ENT teams. The clinical teams had responded brilliantly to the explanation and data provided.

The Chair agreed and suggested that the board's recognition of this should be fed back to staff as this action was making a difference to individual patients and their quality of life. **H Beck**

18/065 FINANCE AND WORKFORCE REPORT

Craig Black reported that WSFT was forecasting to beat its control total. He explained that discussions had taken place with the CCG who had agreed to additional support of £700k in addition to the block contract.

Sustainability and transformation funding (STF) would be paid to organisations who hit their control total. There would then be a further allocation, notification of which was expected on 21 April. This would affect the year end bottom line and there was a chance that this could enable WSFT to get close to breakeven. The board would be kept updated on this. **C Black**

The cash position continued to be a concern. A lot of work had been undertaken in March which had resulted in a significant reduction in the creditor and debtor position. The Trust was currently in a reasonable position in relation to cash but this remained tight in the long term.

The real focus was now on the 2018/19 position. The budget would be discussed in the closed board meeting as the Trust had not yet received confirmation from the regulators as to whether or not the plan had been approved.

Gary Norgate asked for confirmation of 'break even' ie if it was possible that the Trust could receive an additional £5.1m from STF. Craig Black said that this was not inconceivable as the number of organisations hitting their control total had reduced dramatically, which meant there could be a large portion of the £1.8b to be divided between those organisations who had hit their control total this year.

The Chair said that it was important that those governors who were observing this meeting today were able to understand the bizarre nature of this and were able to share this with the public when asked.

Alan Rose asked about the cost improvement programme (CIP target) for March. Craig Black explained that the main reason for the CIP being larger in March was due to technical adjustments. The Trust should get close to this but was not likely to beat it. Alan Rose said that 5% CIP was a tremendous achievement and the organisation should be commended for this, as **C Black**

Alan Rose asked about the allocation of STF nationally and if this was paid to all organisations who achieved their pre-STF total. Craig Black confirmed that this was the case.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

18/066 NURSE STAFFING REPORT

Rowan Procter explained that the areas, eg G8, which were of most concern over the last few months were due to an increase in the vacancy rate of registered nurses, ie 4.8 in January to 8.3 in February and there would be a further four vacancies over the next few months. Nursing assistant vacancies had also increased and February saw the highest number of vacancies for both registered nurses and healthcare assistants. Sickness rates had also had a significant effect on staffing.

She highlighted the fill rates, bank and agency use and overtime rates, which were an example of the significant pressures being experienced by wards. Datex had not increased although she was confident that these were still being reported. Complaints and PALs contacts had also not increased and staff should be commended for this. She assured the board that she also looked for trends in any areas where there were significant concerns.

The Chair said that the quality walkabouts in the last few weeks had clearly illustrated the staffing pressures.

Angus Easton asked if the announcement of the pay award would do anything to stem vacancy rates. Rowan Procter and Jan Bloomfield both said that they had not yet received any feedback relating to this announcement. Jan Bloomfield reported that the trade unions had recommended the acceptance of this award which was very positive. She considered this to be a good settlement, particularly for lower paid staff. She was hopeful that this would have a positive effect in future years, but she did not know if this would have an impact on recruitment. WSFT needed to focus on retention as well as recruitment and the fact that this Trust was considered by staff to be a good place to work. The Trust had been working hard on recruitment of nurses, including from the Philippines, and focussing on the development of nursing assistants to registered nurses where possible.

Rowan Procter explained that one of the issues was that WSFT had supported nurses in the development of their careers and they had then moved into positions at speciality level in bigger hospitals.

Gary Norgate asked if there was a way of addressing the issue of losing staff to agencies where they could get more money. Rowan Procter said that it was not always about money and that staff wanted to work as part of a team; she explained that WSFT had lower vacancies than other organisations.

The Chair reported that workforce was a key issue for discussion at the dinner she had attended on Tuesday evening.

Dawn Godbold explained that in the future this report would include community staff. The challenges in the community were just as major and there had been a very good integrated workshop on this.

Jan Bloomfield explained that a nursing workforce lead had been appointed who would be working equally with the community and in the hospital so that nursing staffing across the whole organisation was understood.

18/067 EDUCATION REPORT

Jan Bloomfield explained that this report was for information, but it would be looked at in greater detail as there were a number of issues that needed further focus, ie

removal of nursing bursary.

Angus Eaton asked for assurance that adequate time was made for staff to ensure that education and training requirements were being properly addressed. Jan Bloomfield confirmed that this was the case; however pressure was being seen in completion of appraisals.
Nick Jenkins explained that the Trust recognised that the training of junior doctors was constituent as part of their role and the same would be applied for medical students. A small number of doctors would have time in their job planning to organise the teaching. The number of medical students would be doubling from September 2018 and the impact and management of this was currently being looked at by the Trust.

He explained that the money for education was not ring fenced but the medical school wanted to see value for money. This money would justify the employment of a further consultant to help provide training for medical students.

Angus Eaton asked for assurance that this would be monitored and also how this would be measured. Jan Bloomfield confirmed that this was well monitored and WSFT received a number of accreditation visits. The board would be updated if there were any concerns about the provision of education.

It was proposed that future education reports should measure the impact of the increase in medical students. **J Bloomfield**

18/068 GENDER PAY GAP REPORT

Jan Bloomfield explained that recommendations were in place as to how this would be addressed. She confirmed that this would be communicated through the green sheet, together with the actions being taken. The HR team would also be taking equality and diversity to another level to ensure that it was in the sight of everyone working in for the Trust. Unconscious bias training would be a very important part of this.

18/069 CAR PARKING STRATEGY

The Chair said that it was recognised that this was a sensitive issue and although the Trust would prefer not have to charge for parking there was a considerable cost for managing and providing this.

Craig Black explained that this had been discussed by the scrutiny committee and there were three elements, the first was the annual uplift which would be introduced this weekend for parking for patient and visitors. The other two elements were more contentious issues; the proposal to introduce a charge for carers in harmony with the charge for patients who regularly attended the MacMillan unit; and the increase of the cost of a weekly ticket which was currently not viable, ie £12 a day or £15 for a week. As a result that a third of the cars in the car park were on a weekly ticket; therefore it was proposed that the cost of a weekly ticket should be increased to represent the cost of parking for 2½ days, ie £30.

Richard Davies reported that there had been a great deal of concern from governors and asked how this would be communicated to ensure that it was understood. He asked about the concession for carers and if there was any way of addressing this. Craig Black explained that this was the subject of an engagement and consultation process which was currently ongoing and was due to finish mid-April. He agreed that it was not appropriate to ask nurses to police car parking charges for carers and it was proposed to remove this responsibility from their role.

Tara Rose explained that the Trust was looking at two different streams of engagement; a survey of the weekly ticket, including FT members with email addresses, and asking people using the car park to complete a survey. Focussed work was also being undertaken with carers, including Suffolk Family Carers.

Rowan Procter explained that the lead dementia nurse would also be contacting their counterparts in other organisations to ask what they did about parking for carers.

It was noted that there was some confusion about the definition of a carer. Nick Jenkins explained that the definition of carers when the pilot was introduced was people who helped staff by assisting patients, ie supporting patients at meal times, helping look after relatives with dementia etc which allowed staff to focus on other patients. Carers who did not undertake these roles but visited on a regular basis would be able to purchase a weekly ticket. He stressed that if the Trust did not receive income from car parking it would have to come out of patient care.

Jan Bloomfield explained that schemes were also available for people on low income or income support; these people were often carers.

The Chair proposed that the board should not make a decision on concessionary parking until the feedback from the engagement/consultation was available. It was explained that the report from this would be going back to the next scrutiny committee meeting.

The board approved the following recommendations:-

1. Extend car parking management contract with OCS/Legion from 1st July 2018 to 30th June2020.

2. Authorise OCS/Legion to sub-contract with Newpark for improved car parking management system, with an indicative increase to the monthly management fee. The anticipated implementation date to be 1st July 2018.

3. Increase patient/visitor car parking charges by 3% with effect from 1st April 2018, including charges for blue badge holders. Tariffs would be rounded up to the nearest 5p or 10p.

The following recommendation would go back to the scrutiny committee when the engagement work could be looked at in more detail and points raised at today's meeting could also be considered:-

4. Review concessionary charges with effect from 1st April 2018:
   - Increase weekly ticket to £30 (seven days parking)
   - Concession for Macmillan patients to remain at maximum of £5
   - Family carers to pay daily – up to a maximum of £5

The board agreed to delegate authority to the scrutiny committee so that changes could be made within the time required.

The Chief Executive stressed that this was not a straight forward decision. There were a variety of views around the table today and feedback from the engagement process would need to be taken into account.

18/070 CQUIN FOOD AND DRINKS REPORT

Jan Bloomfield thanked the Friends, Time Out and Courtyard Café for co-operating with this requirement, although she acknowledged that the Friends had lost out in the

short term as a result of this.

Gary Norgate said that he was pleased to see an improvement in the provision of hot food at night.

18/071 PUTTING YOU FIRST AWARD

Jan Bloomfield reported that the award for this month had been received Ward F7 care coordinators (Karen, Debs and Sue) and the pharmacy team for this ward, led by Jack Skinner.

The care coordinators team were nominated for their huge contribution to patient flow. The pharmacy team were nominated for their efforts and work to ensure all TTO's were done on time for patients to be discharged.

These two teams always went the extra mile to ensure all patients had everything ready for them to go home safely. They worked with all members of the multidisciplinary team and were ready to help on the ward and even in different departments.

The board congratulated both teams on their commitment to patients and the organisation.

BUILD A JOINED UP FUTURE

18/072 e-CARE REPORT

Craig Back reported that since the last board meeting the vital signs monitors had been introduced and the feedback had been excellent. These had been demonstrated at a recent e-Care board meeting. The Mmodal voice recognition system which had been discussed at the closed session of the last board meeting had now been approved.

A significant improvement in reporting had also been seen over the months, including RTT reporting.

Gary Norgate reported on the e-Care development session applauded staff for their vision. He considered the vision that had been displayed and the actions that had been taken had been exemplary. However, although the engagement with staff had been excellent this could still be improved and needed to be ongoing in order to keep staff engaged as e-Care developed.

The Chair proposed that there should be a wider discussion around development and engagement of e-Care. **R Jones**

The Chief Executive thanked Nick Jenkins and Sarah Jane Relf on the engagement they had undertaken around Mmodal which had gained the support of all staff who this had been shown to.

18/073 ALLIANCE AND COMMUNITY SERVICES UPDATE

Dawn Godbold explained the three main elements that were being progressed. The joint workforce challenges event had provided a sense of shared learning and it had been agreed that recruitment of community staff would no longer be a separate process and would be undertaken by the Trust's HR team.

The 'Warm Handover' project illustrated the work being undertaken in the wider system, including the voluntary sector.

An update on Buurtzorg was provided in this report. The team were currently looking after ten patients and supporting the district nursing team and admission prevention services in the area. Early learning from this would come back to the board in a couple of months.

The development of the West Suffolk Alliance was also described in this report; it enabled system wide discussions and decision making, rather than single organisations having discussions about the same thing. This demonstrated that the system was changing.

The Chair stressed the importance of the sharing of information and was particularly pleased to see the rotation of posts.

Alan Rose asked if the strategy and implementation plan that was in the process of being produced would come back to WSFT's board, as well as the STP board. Dawn Godbold confirmed that she would ensure this happened. **D Godbold**

The Chair thanked Dawn Godbold for a positive report.

GOVERNANCE

18/074 TRUST EXECUTIVE GROUP REPORT

The board received and noted the content of this report.

18/075 AUDIT COMMITTEE REPORT

The board received and noted the content of this report.

18/076 COUNCIL OF GOVERNORS REPORT

The Chair thanked governors and board members who had attended the workshop this week and reported that she had received positive feedback.

18/077 NED RESPONSIBILITIES

It was noted that * after NED link to Medical Director should be removed (Richard Davies).

The Chair explained that this would have to be amended in the future as Steve Turpie would be resigning from his role as NED at some point during the summer, due to his work commitments. He would be greatly missed as a board member but remained committed until his departure.

The FT nominations committee would be looking to appoint a replacement and in the interim the Chair would ensure that his responsibilities as a NED were covered.

18/078 AGENDA ITEMS FOR NEXT MEETING

The scheduled agenda items for the next meeting were noted.

ITEMS FOR INFORMATION

18/079 ANY OTHER BUSINESS

The Chair commended the Chief Executive for his position in the top 10 of the HSJ's 50 chief executives which was a great accolade and very well deserved.

18/080 DATE OF NEXT MEETING

The next meeting would take place on Friday 27 April 2018 at 9.15am in the Northgate Room.

RESOLUTION TO MOVE TO CLOSED SESSION

18/081 RESOLUTION

The Trust board agreed to adopt the following resolution:-

"That members of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" Section 1(2) Public Bodies (Admission to Meetings) Act 1960.

6. Matters arising action sheet

To ACCEPT updates on actions not covered elsewhere on the agenda

Presented by Sheila Childerhouse

Board of Directors – 27 April 2018

Agenda item:	Item 6			
Presented by:	Sheila Childerhouse, Chair			
Prepared by:	Richard Jones, Trust Secretary & Head of Governance			
Date prepared:	20 April 2018			
Subject:	Matters arising action sheet			
Purpose:		For information	X	For approval

The attached details action agreed at previous Board meetings and includes ongoing and completed action points with a narrative description of the action taken and/or future plans as appropriate.

- Verbal updates will be provided for ongoing action as required.
- Where an action is reported as complete the action is assessed by the lead as finished and will be removed from future reports.

Actions are RAG rating as follows:

Red	Due date passed and action not complete
Amber	Off trajectory - The action is behind schedule and may not be delivered
Green	On trajectory - The action is expected to be completed by the due date
Complete	Action completed

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X	X	X

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	X	X	X	X	X	X	X

Previously considered by:	The Board received a monthly report of new, ongoing and closed actions.
Risk and assurance:	Failure effectively implement action agreed by the Board
Legislation, regulatory, equality, diversity and dignity implications	None

Recommendation:
The Board approves the action identified as complete to be removed from the report and notes plans for ongoing action.

Ongoing actions

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1475	Open	29/9/17	Item 13	Develop a set of metrics which will provide an indication of the success of the leadership programme	Denise Pora, Deputy Director of Workforce (Organisation Development) Progress made on developing our approach to evaluating the impact of our investment in leadership development: • developing an approach based on measuring impact through process and outcome indicators. - process indicators i.e. agreed programmes in place - outcome indicators e.g. internal: impact of leadership development programmes on participants' performance, internal v external appointment to leadership positions, external: staff survey (baselines to be established from 2017 report published this week), CQC well-led inspection • Next step is to bring proposal to the board. This will include agreeing target range for some indicators e.g. desired % internal v external appointments to leadership positions and agreeing investment to be measured*.	JB	25/05/2018 (revised)	Green

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1529	Open	26/1/18	Item 7	2018-19 winter planning update to be received by the Board (including learning from 2017-18)	Being developed as part of system based learning exercise. Agreed to consider 'big data' and e-Care population health as part of this work indicating a roadmap and timescales. **Scheduled for May to include system learning from 2017-18. Learning from 2017-18 on agenda.**	HB	25/5/18 (revised)	Green
1537	Open	26/1/18	Item 18	e-Care - schedule report on the findings of the patient portal pilot		CB	25/05/2018	Green
1555	Open	29/3/18	Item 2	The issue of an independent STP chair to be raised at the chairs meeting and Programme Board by Sheila and Steve respectively	To be addressed through the STP Board and chairs meetings.	SC / SD	25/05/2018	Green
1556	Open	29/3/18	Item 7	Agreed to develop a recover 'glide path' for ED performance in the context of the work of the re-established Task & Finish Group.		RP / HB	25/05/2018	Green
1557	Open	29/3/18	Item 7	Receive an update on the analysis for TEG regarding ethnicity breakdown for bullying and harassment data.		JB	25/05/2018	Green
1559	Open	29/3/18	Item 7	Schedule a recruitment update for May meeting	Include with winter plans for 2018-19	JB	25/05/2018	Green
1560	Open	29/3/18	Item 7	Develop a sensitivity analysis for activity planning to support elective programme and winter - to include assessment of staffing, capacity and financial impact	***[Links with actions 1529, 1561 and operational plan]***	HB / CB	25/05/2018	Green

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1561	Open	29/3/18	Item 10	Operational plans for RTT recover to be developed which consider resource requirements, including financial impact	**Part of Operational Plan**	HB / CB	25/05/2018	Green
1563	Open	29/3/18	Item 11	Communicate to the Board the outcome of the 'bonus STF' decision on 21 April. In this context communicate to staff their Board's thanks for delivery of more than 5% CIP for 2017-18	Verbal update	CB	27/04/2018	Green
1566	Open	29/3/18	Item 18	Schedule a wider Board discussion on the e-Care (GDE) programme and future options/plans		RJ	29/06/2018	Green
1567	Open	29/3/18	Item 19	Include update on the West Suffolk Alliance strategy and delivery plan on the agenda of the next Board meeting	**Update provided in the Board report**	DG	25/05/2018	Green

Closed actions

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1536	Open	26/1/18	Item 15	Agreed that future mandatory training report to include exception reporting for key areas with performance concerns e.g. safeguarding with an explanation of underlying performance concerns	To be included in next scheduled quarterly report. **AGENDA ITEM**	JB	27/04/2018	Complete
1544	Open	2/3/18	Item 8	Agreed to amend the pressure ulcer RAG rating so that five avoidable PUs is the target	Updated IQPR. Also need to ensure that explanation/action considers any trends for avoidable PUs **Updated IQPR**	RP	29/03/2018	Complete

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1545	Open	2/3/18	Item 8	Agreed that based on the reported position at the meeting on 29/3 a recover trajectory for discharge summaries will be reported to the Board in April.	Report on discharge summaries received on 29/3/18. **Part of IQPR**	NJ	27/04/2018	Complete
1547	Open	2/3/18	Item 10	Agreed that Gary Norgate and Craig Black consider how to provide greater visibility of staffing and productivity within the finance report	Finance report	CB	27/04/2018	Complete
1548	Open	2/3/18	Item 11	Agreed to provide the Board with a report detailing the outpatient service transformation project	**AGENDA ITEM - Part of transformation report**	HB	27/04/2018	Complete
1558	Open	29/3/18	Item 7	Ensure RAG rating for PUs performance is updated	**IQPR updated**	RP	27/04/2018	Complete
1562	Open	29/3/18	Item 10	Feedback the Board's thanks to staff for their outstanding response to the RTT challenge	The Board's recognition was shared at TEG and with the Assistant Director of Operations to cascade with team.	HB	27/04/2018	Complete
1564	Open	29/3/18	Item 13	Future education updates to linked to strategy and measure impact of the stepped increase in Cambridge graduate trainees from September.	Included on forward plan for next scheduled report to Board - September '18	JB	27/04/2018	Complete
1565	Open	29/3/18	Item 15	Delegated authority to Scrutiny Committee to approve parking tariff for daily carer and weekly ticket	Outcome of engagement exercise and agreed changes detailed in the **CEO's report**.	CB	27/04/2018	Complete

7. Chief Executive’s report

To ACCEPT a report on current issues from the Chief Executive

Presented by Stephen Dunn

Board of Directors – 27 April 2018

Agenda item:	Item 7			
Presented by:	Steve Dunn, Chief Executive Officer			
Prepared by:	Steve Dunn, Chief Executive Officer			
Date prepared:	20 April 2018			
Subject:	Chief Executive's Report			
Purpose:	X	For information		For approval

Executive summary:

This report provides an overview of some of the key national and local developments, achievements and challenges that the West Suffolk NHS Foundation Trust (WSFT) is addressing. More detail is also available in the other board reports.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X	X	X

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	X	X	X	X	X	X	X

Previously considered by:	Monthly report to Board summarising local and national performance and developments
Risk and assurance:	Failure to effectively promote the Trust's position or reflect the national context.
Legislation, regulatory, equality, diversity and dignity implications	None

Recommendation:

To receive the report for information

Chief Executive's Report

I was truly delighted to welcome **Her Royal Highness The Princess Royal**, as Patron of Royal College of Occupational Therapists, to West Suffolk Hospital last month, where she met staff and heard first-hand about the work of occupational therapists across the west of the county. Her Royal Highness' patronage at the Royal College of Occupational Therapists has helped raise the profile of the role of occupational therapists across the country, and we were incredibly grateful for the words of support and encouragement she shared with our staff.

On a tour of the occupational therapy department, Her Royal Highness received presentations from staff about the Trust's support to go home service, which provides close collaboration between health acute and social services to support the timely discharge of patients back home; the medically optimised team, which supports moving patients from the hospital to more appropriate beds in the community; and the early intervention team, which supports admission prevention to the hospital from the emergency department, and from the community for patients whose medical needs can be managed at home by putting in the necessary therapy and care required. I was so proud to be able to support our occupational therapy teams in showcasing what they do at the highest level. A prestigious guest and a wonderful occasion.

On 1 April the ambition to develop a **fully integrated acute hospital and community Trust** in west Suffolk took a step further. The integrated therapies service, managed by Gylda Nunn, moved from the clinical support services division to the operational management structure that includes most of the community services that joined the Trust in October. This will enhance work going on across the health and social care system to integrate services, particularly those that prevent hospital admission and enable people to stay well in their own homes. This is a significant step that brings even closer together services that work across acute and community settings, especially those services targeted at helping patients regain independence, improving flow and keeping people out of hospital. At the same time, on 1 April, community clinical staff working with the wheelchair service run by Bartrams, an independent company, will be returning to the NHS and joining WSFT. Alex Winterbone and her team will join the integrated therapies service in the community structure.

A further significant integration development is the **Buurtzorg Test and Learn** which went live at the beginning of March. The Test and Learn will run for 12 months, during which time work will be undertaken to understand how the model could be replicated at scale. The team currently has six members with a further three recruited. The ideal number for a team is between 8-12. Working at a neighbourhood level is a key element of the Buurtzorg practice, enabling the team to work closely with GPs and other professionals and draw on local support from friends, families and volunteers. The team is working in Barrow, Suffolk, as the locality for the Test and Learn and an area where one of the team has strong connections. This will not only enable a robust test of the model in a rural setting but will also support strong connection between the team and the community, one of the key features of the model.

We have taken a huge and impressive step in our global digital exemplar (GDE) journey this month, via a technical breakthrough which **links our electronic patient record (EPR) system with Cambridge University Hospitals (CUH)**. As a UK first of its kind, at the push of a button clinicians are now able to easily and securely access clinical information on a patient that is held within the CUH EPR system and vice versa to enhance patient care. This is the first link in the UK between hospital electronic health records from two different suppliers (Cerner here at WSFT and Epic at CUH).

Currently available in the two trusts' emergency departments, clinicians can access information in a real-time digital way if a patient has been treated at the opposite hospital within a 12-month period, a common occurrence given the hospitals' proximity. From within each hospitals' EPR systems clinicians can see a patient's past and present clinical information - from conditions and

treatments to latest test results held at the opposite hospital - saving time and reducing delays to care and duplication. This proves that with hard work, like-minded thinking and perseverance, we can make digital advances that truly benefit patient care.

As I write this report we have just experienced the hottest April day in almost 70 years, and we are continuing to enjoy some welcome sunshine. It is only weeks since we continued to experience harsh weather and the most challenging period of **activity and performance** we have ever known. We have always put patient safety first in the decisions we have made to response to these challenges which has meant that, at times, our emergency department 4 hour wait performance has been below the standard we would expect. I would like to apologise to those who have had a poor experience during this difficult period. Despite these concerns I am pleased to say that we were the third best performing trust in the region for ED performance for the year, quarter and month. We can take little comfort from this as I feel it is a reflection of the level of challenge experience this winter across the region and the NHS as a whole. We need are already putting in place plans to make sure we do all we can to maintain service standards next winter.

March's performance shows we reported two C. difficile cases in the month. We continue to focus on reducing patient falls and pressure ulcers, with 64 falls and 9 pressure ulcers reported. The year to date performance for all cancer targets is ahead of the national threshold; however, the Trust failed to deliver the target for two week wait from referral to date first seen for symptomatic breast patients in March. ED 4 hour wait performance was 85.39% for March, with some exceptionally challenging days. We experienced a 5% increase in attendances at ED in March 2018 compared to March 2017 (285 additional patients) and a 7% increase in ambulance attendances for the same period.

The **month 12 financial position** reports a surplus of £6.8 million for March which is better than plan by £7.5 million. The reported cumulative position is therefore £5.6 million better than plan. However, this takes into account additional £5.3 million STF funding as a result of meeting our control deficit which was a deficit of £11.1 million. Without this adjustment the Trust has performed favourably by £1.1 million measured against our control total. The 2017-18 budgets include a cost improvement plan (CIP) of £14.4m of which £13.8m has been achieved by the end of March (95.8%).

The financial position for 2018-19 remains extremely challenging and we are still unable to submit an operational plan which delivers the control total set for us by NHSI.

Following agreement at the last Board meeting regarding general **car parking tariff** changes, we completed an engagement exercise regarding the tariff for weekly tickets and the carer daily charge. We spoke to more than 500 people about the proposals, and are very grateful to everyone who took the time to share their views. The feedback and proposals were considered by the Scrutiny Committee of the Board and the following were agreed:

- Weekly ticket - £25.00 (original proposal £30.00)
- Carer daily charge - £3.00 with amended process for approval (original proposal £5.00)

Concessions will remain available for carers, and those people attending the Macmillan or renal units for treatment. Patients on income support or family credit are also able to claim some reimbursement for car parking charges, and specific arrangements can be made in specialist circumstances for some patients attending for repeat treatments or short stay care.

We do not take the decision to charge for car parking lightly, but it is well-known that the NHS is facing some significant financial challenges. Across the last eight years, the funding we've received hasn't kept pace with the increase in demand we've seen, so we are being asked to do more with less. This unfortunately means that we have to sometimes make difficult decisions to ensure we can keep providing high-quality care as an Outstanding rated Trust, and to ensure we manage our finances as best we can. This year we are set to break even, but we know we will have to continue to make some tough decisions going forward and look at where we can continue to both save money and increase our revenue.

Chief Executive blog
Community generosity: http://www.wsh.nhs.uk/News-room/news-posts/Community-generosity.aspx

Deliver for today

Falls and fragility fracture service recognised
The work of a west Suffolk community service that brings together clinicians from across the system has been recognised at a national event. The WS Integrated Fracture Liaison Service is provided by two community-based specialist nurses, who work alongside the West Suffolk Hospital and the DXA (dual energy X-ray absorptiometry) service. The aim is to ensure patients who have sustained a fragility fracture follow the clinical pathway and receive appropriate care.

Since April 2016 the team has been inputting data into the national fracture liaison service database (FLSDB) managed by the Royal College of Physicians, demonstrating how patients benefit from the clinical pathway provided by integrating these services. In recognition of their achievements, specialist community nurse Ann Hunt was invited to speak to delegates at the recent national FLSDB workshop in York to share good practice and experiences. The nurses, who are employed by the Suffolk GP Federation as part of the county's health and social care alliance, in-reach to the hospital, working closely with consultants Dr Suresh, orthogeriatrician, and Dr O'Reilly, rheumatologist as well as with fracture clinic and trauma nurses. They also liaise with the DXA service based at the local BMI hospital but available to NHS patients, and make recommendations to GPs as required.

Pain charity donation
Our pain clinic has been awarded a donation of £1,700 from charity 'a way with pain' to enhance the care that patients with chronic pain receive while in hospital. The charity 'a way with pain' is an organisation dedicated to raising awareness of chronic pain and offering support to those affected. The donated funds will help to train three nurses at our Trust in hypnotherapy techniques and relaxation, and enable the purchase of a recliner chair for patients to use while having treatment. David Kelly, co-founder of 'a way with pain', presents Dawn Pretty, lead clinical nurse specialist in the department of pain medicine at WSFT, with the donation. Our hospital's department of pain medicine supports patients admitted to hospital with acute, short-term pain and chronic, long-term pain, as well as running the outpatient pain clinic. Our Trust is one of the few hospitals in the UK to offer a Trust-wide inpatient pain service. Specialist pain nurses visit the wards to offer help and guidance to patients by minimising their pain, supporting their pain management and facilitating their recovery.

Invest in quality, staff and clinical leadership

Quality improvement conference
On 30 April we will be hosting the Trust's first ever quality improvement conference. As well as a key note speech from the United States Airforce, and panel discussions with quality improvement experts, staff will have the chance to take part in a variety of training sessions and workshops around quality improvement.

Zero tolerance for bullying harassment
Our staff survey has some fantastic results that confirm West Suffolk truly is a great place to work and receive care. However, there are some areas in the survey where we know we can improve. Some staff report that they experience bullying and harassment from patients and service users, relatives or members of the public, or from their colleagues.

The Trust has a zero tolerance approach to bullying and harassment from any source, and in the coming weeks we will be talking more about how to tackle unacceptable behaviour. Becoming a trusted partner is one way staff can help. Trusted partners are Trust staff who volunteer to provide

independent information, advice and support to other employees. They support the Trust's commitments to Freedom to Speak Up and to a culture of inclusion.

Recognition of our amazing estates and facility team
Our estates and facilities team has been shortlisted for three awards at the Health Estates and Facilities Management Association's (HEFMA) awards 2018. The HEFMA awards recognise and celebrate the outstanding efforts and achievements demonstrated by NHS estates and facilities teams throughout the past year. Of the six award categories available members of our estates and facilities team have been shortlisted for project of the year, the efficiency and improvement award, and individual development award. Being shortlisted as finalists is a huge achievement, and it's so positive to see some of our lesser known roles being recognised, as well as the outstanding people that work in them. We know that without our estates and facilities colleagues the hospital simply couldn't run effectively. Well done and good luck!

Soft food on the menu at Newmarket
Staff and relatives joined patients for a special lunch at Newmarket Community Hospital to highlight the difficulties many people experience while swallowing. The "soft lunch" was organised as part of the recent Nutrition and Hydration Week by the facilities team. This year's awareness week focused on how dysphagia – difficulty eating, drinking and swallowing – can affect people's lives.

Build a joined-up future

Tackling waste
The world faces an ever-increasing waste problem. In the UK alone we generate enough rubbish to fill Lake Windermere every nine hours! At WSFT we are working hard to reduce and segregate waste appropriately, and our aim is to increase opportunities for reuse and recycling. In 2016/17, we recycled 21% of our waste, some of which generated a small income for the Trust. We try not to use polystyrene cups, which are the most difficult to recycle, but use plastic and cardboard instead. And on many of our wards, re-useable plastic cups are used that are sterilised and safe to use again.

The recent introduction of reusable water bottles for every member of staff not only encourages you to keep hydrated, but also reduces the need for using disposable cups. We're exploring whether we can also offer reusable tea and coffee cups, so that we can reduce the number of cardboard cups we use too. A three-month plastic bottle recycling trial in Time Out and the Courtyard Café recently came to a close and really showed the positive changes we can make. Thanks to the support of staff and visitors, we successfully recycled more than five tonnes of plastic bottles. We are now reviewing our domestic waste contract and plan to implement longer-term recycling opportunities in the future.

National news

Deliver for today

New 'one stop shops' for cancer to speed up diagnosis and save lives
New 'one stop shops' designed to speed-up cancer diagnosis and help save lives are being rolled out across the country. Rapid diagnostic and assessment centres are being piloted at 10 trusts as part of NHS England's drive to catch cancer early and speed up diagnosis for people with cancer. People with vague, non-specific symptoms, such as unexplained weight loss, appetite loss or abdominal pain are often referred multiple times for different tests for different cancers, but these new centres will help end this cycle. If a GP or other healthcare professional suspect cancer, they will now be able to refer to a one stop shop where all the necessary investigations can be done under one roof. Some patients will receive a definitive diagnosis or all clear on the same day, while others will need to undergo further assessment, but can generally expect a diagnosis within two weeks of their first appointment.

Enriched food and snacks can increase nutritional intake in older people in hospital
Enriching hospital food with energy or protein may improve nutrition in older people in hospital. Studies assessed in a systematic review showed consistent effects of enriched or fortified foods compared with usual nutrition. The extent of increased consumption varied depending on the amount and type of foods added. Malnutrition is common in older people in hospital, but patients may not enjoy consuming oral nutritional supplement drinks. This finding supports the Government's strategy for improving food and drink standards in NHS hospitals. Preparing foods containing added energy or protein is a simple way to increase nutrient intake that is likely to be cheaper than alternatives. Flexibility in meal preparation and providing snacks when patients want them rather than at defined intervals may also be beneficial.

Invest in quality, staff and clinical leadership

Heart patients among those to benefit as NHS England backs innovation
Innovative image analysis software that creates a 3D model of the heart and could prevent up to 35,000 patients a year undergoing invasive tests will be fast-tracked into use by the NHS. A surgical suture that reduces the risk of infections like MRSA will also join the NHS scheme to help patients benefit from world leading innovations. This is the second year of the drive to identify and fast track specific innovations into the NHS, which has already benefitted 75,000 patients. The NHS' own innovation agencies – the 15 Academic Health Science Networks across England – will take direct responsibility for accelerating uptake locally.

Rise in attacks on NHS workers
Hospital trusts in England reported 56,500 assaults in 2016-2017, up 10% on the year before, with acute hospital trusts seeing the biggest increase in attacks, new data shows. There were 18,720 assaults on acute staff during 2016-17, 21% more than the 15,469 the previous year. The figures appear to show that trusts with the worst performance in terms of key NHS-wide treatment targets are more likely to see their personnel being attacked. Likewise, hospitals with large deficits have also seen notable increases. At those which were more than £20m in the red, assaults rose from 4,152 in 2015-16 to 5,113 in 2016-17 – a 23.1% increase. In contrast, trusts which were in the black had a 1.5% rise.

A third of health practitioners do not get vaccinated against flu
Flu vaccination uptake amongst healthcare workers in England is below the NHS target of 75%. Reasons may include mixed views on the vaccine's effectiveness, side effects and belief they are unlikely to catch or transmit flu. Surprisingly, practical barriers such as time and access to vaccination were not mentioned in this systematic review of qualitative studies for the Department of Health. Though it included mainly North American studies, the findings are consistent with issues raised in the UK about organisational barriers and individual beliefs. Vaccination campaigns may usefully incorporate peer-to-peer influence, for example through local champions, as well as

commitments by leaders and managers. Top-down policies by managers to increase vaccine uptake among staff could be perceived as necessary but potentially disempowering.

Build a joined-up future

Planning, assuring and delivering service change for patients

This guidance is designed to be used by those considering, and involved in, substantial service change to navigate a clear path from inception to implementation. It will support commissioners and providers to consider how to take forward their proposals, including effective public involvement, enabling them to reach robust decisions on change in the best interests of their patients.

Multi-morbidity predicted to increase in the UK over the next 20 years

Two-thirds of adults aged over 65 are expected to be living with multiple health conditions (multi-morbidity) by 2035. Seventeen percent would be living with four or more diseases, double the number in 2015. Two-thirds of these people would have a mental illness like dementia or depression. Increased life expectancy by around three years for both men and women means people will spend longer living with multi-morbidity. This study, partly supported by NIHR, ran a computer model using data on over 300,000 people from three UK population surveys to predict changes in multi-morbidity between 2015 and 2035. The estimates have limitations, including self-reporting of conditions and assumptions made around changes in health status. But analyses taking account of such factors gave consistent findings. The increase will place greater demand on all areas of health and social care and highlights the need for commissioners to ensure adequate provision of services. It also supports the on-going public health focus on health awareness and disease prevention.

Hospital admission rates and costs increase in line with BMI

Each 2kg/m2 rise in body mass index (BMI) above the normal-weight threshold in women aged 55-79 leads to a 5% rise in annual hospital admissions and 7% rise in healthcare costs. In England, £662 million of the annual hospital admission costs in 2013 could be attributed to overweight or obesity in women of this age group. This large study, partly funded by the NIHR, looked at over one million women participating in the NHS breast cancer screening programme. Five-year data on hospital admissions, diagnoses and costs were extrapolated to all women in this age group in England. Among findings, it shows that knee joint replacement surgery and diabetes rank high among obesity-related costs. Considering this alongside costs of primary care, social services and lost productivity, the economic burden of excess weight becomes even more substantial. This emphasises the urgent need for public health approaches to promote healthy lifestyle behaviour and prevent obesity.

9:35 DELIVER FOR TODAY

8. Integrated quality and performance report

To ACCEPT the report

Presented by Rowan Procter and Alex Baldwin

Board of Directors – April (27th April) 2018

AGENDA ITEM:	8
PRESENTED BY:	Rowan Procter, Executive Chief Nurse Helen Beck, Interim Chief Operating Officer
PREPARED BY:	Rowan Procter, Executive Chief Nurse Helen Beck, Interim Chief Operating Officer Joanna Rayner, Head of Performance
DATE PREPARED:	April 2018
SUBJECT:	Trust Integrated Quality & Performance Report
PURPOSE:	To update the Board on current quality issues and current performance against targets

1

EXECUTIVE SUMMARY:

This new style report provides an overview of quality and performance across the Trust. Key elements are:

- Aligned to the CQC ratings
- An Executive summary, following by detailed CQC section.
- Standardised exception reports in the detailed sections.
- Provision of benchmark information where available

Linked Strategic objective (link to website)	
Issue previously considered by: (e.g. committees or forums)	
Risk description: (including reference Risk Register and BAF if applicable)	
Description of assurances: Summarise any evidence (positive/negative) regarding the reliability of the report	
Legislation / Regulatory requirements:	
Other key issues: (e.g. finance, workforce, policy implications, sustainability & communication)	
Recommendation: The Board is asked to note the new IQPR Report and agree the implementation of actions as outlined.	

NHS
West Suffolk
NHS Foundation Trust

Integrated quality and performance report



Month Twelve: March 2018

CONTENTS

EXECUTIVE SUMMARY

DETAILED SECTIONS

ARE WE SAFE?

HCAIs – There were no MRSA bacteraemia cases in March 2018. There were two cases of hospital-attributable Clostridium difficile case for March 2018; The Trust compliance with decolonization improved in March 2018 to 95%.

NHS Patient Safety Alerts (PSAs) – A total of 7 PSAs have been received in 2017/8, with none in March. All the alerts have been implemented within timescale to date.

Patient Falls (Inpatients) - 64 patient falls occurred in March, bringing the YTD total to 693; of these falls, 19(212 YTD), resulted in harm. (Recovery Action Plan (RAP) included in main report).

Pressure Ulcers- The number of ward-acquired pressure ulcers continues to be above the local Trust plan of 5 per month. In March, 9 cases occurred, with YTD total of 174. *(RAP included in main report).*

ARE WE EFFECTIVE?

Cancelled Operations for non-clinical reasons - The rate of cancelled operations for non-clinical reasons was recorded at 0.9% in March. The YTD performance to March 2018 is above target at 1.1%. (RAP included in the main report).

Discharge Summaries- Performance to date is below the 95% target to issue discharge summaries (inpatients and ED). A&E has achieved a rate of 82.3% in March whereas Inpatient services have achieved a rate of 71.6%. (RAP included in the main report).

ARE WE CARING?

Complaints - The number of complaints has fallen compared to last year, with a total of 146 for the YTD to March. The Trust is in the best 10% of acute trusts for the written complaints received.

Mixed Sex Accommodation breaches (MSA) – One MSA breach occurred in March, against a national average of over 4 per month, with the YTD of only 2.

Friends and Family (FFT) Results – The Trust continues to receive positive rating for all services, both in the overall experience and in the "Extremely likely or Likely to recommend" question. WSH is in the top 10% of all Trusts and receives higher average rating than its peer group, particularly for A&E services.

ARE WE RESPONSIVE?

A&E 4 hour wait - The quarterly A&E performance was 95%, 91%, & 87% from Qtr .1 to Qtr. 3 respectively. Recently WSH experienced some exceptionally challenging days and the performance was impacted with 85% reported for March. *(RAP included in main report).*

Diagnostics with 6 weeks - The Trust continues to achieve the target of providing diagnostic tests with 6 weeks for 99% of activity, with targets achieved for each month since April and performs ahead of the peer group average.

Cancer – Cancer performance (provisional figures) remains the same in March, with one target that was missed. The Trust failed to deliver two week wait from referral to date first seen for symptomatic breast patients in March. The YTD performance for all cancer targets is ahead of the national threshold. *(RAP included in the main report).*

ARE WE WELL LED?

Staff FFT – The survey for the period to February 2018 was positive with 83% of staff recommending the Trust as a place to work and 95% of staff recommending the Trust for a place to receive treatment or care. This compared with the national averages of 64% and 81% respectively and placed WSH top in the region.

Staff Turnover – Turnover rates continue to improve with a rate of 8.78% for March, below the Trust's aim to maintain turnover rates below 10%.

Sickness Absence – Sickness absence rates are equivalent to the local 3.5% ceiling at 3.72% for March. The Trust average is lower than the peer group average of 3.74% and the national average of 3.86%. *(RAP included in the main report).*

ARE WE PRODUCTIVE?

Financial data is not available at the time of preparation of the IQPR due to the financial year end.

COMMUNITY

2. INTEGRATED QUALITY & PERFORMANCE REPORT DASHBOARD

The new dashboard highlights key targets that form the key lines of enquiry and KPIs of NHS Improvement and the CQC. These are reviewed in detail in the individual CQC aligned sections of the report. Exception reports are included in the detailed section of this report.

WEST SUFFOLK HOSPITAL INTEGRATED QUALITY & PERFORMANCE REPORT					TRUST TOTAL														
Are we..	Ref.	KPI	ED	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Av/YTD	Traffic	Sparkline
1. Safe	1.01	NHS E / I Improvement Patient Safety Alerts Total	RP	0	1	0	0	1	2	1	0	1	0	1	0	0	7		
	1.02	NHS E / I Improvement Patient Safety Alerts OS	RP	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	1.03	Emergency C-Section Rate	RP	12%	10%	12%	12%	9%	13%	12%	11%	10%	11%	14%	10%	19%	12%		
	1.04	All relevant inpatients undergoing VTE Risk assessment	RP	86%	87%	89%	89%	86%	90%	88%	95%	97%	95%	97%	98%	97%	92%		
	1.05	Clostridium difficile infections (CDI)	RP	1	3	0	0	1	0	2	6	4	0	1	0	2	19		
	1.06	MRSA	RP	0	0	0	0	0	0	2	0	0	0	0	1	0	3		
	1.07	Patient Safety Incidents Reported	RP	463	392	508	418	506	466	467	520	588	479	627	553	526	504		
	1.08	Never Events	NJ	0	0	0	0	0	0	0	0	1	0	0	0	0	1		
2.	2.04	Canc. Ops - Cancellations for non-clinical reasons	NJ	1%	1%	1%	1%	1%	1%	1%	1%	2%	1%	1%	1%	1%	1%		
3. Caring	3.01	Compliments (Logged by Patient Experience)	JB	28	41	52	26	56	28	17	33	87	151	64	20	45	620		
	3.02	Complaints (Inpatient)	JB	11	10	10	10	6	16	16	17	13	8	12	19	9	146		
	3.03	Mixed Sex Accommodation Breaches	RP	0	0	0	0	0	0	0	0	0	1	0	0	1	2		
	3.04	IP - Extremely likely or Likely to recommend	RP	99%	98%	97%	99%	98%	98%	98%	99%	96%	98%	97%	98%	98%	98%		
	3.05	OP - Extremely likely or Likely to recommend	RP	96%	95%	96%	97%	95%	95%	96%	96%	96%	99%	95%	96%	95%	96%		
	3.06	A&E - Extremely likely or Likely to recommend	RP	96%	97%	96%	95%	95%	95%	92%	95%	94%	94%	96%	95%	94%	95%		
	3.07	Maternity - How likely are you to recommend	RP	100%	100%	100%	100%	100%	ND	ND	99%	100%	97%	100%	93%	100%	99%		
4. Responsive	4.01	A&E - Under 4 hr. wait	HB	93%	95%	95%	96%	92%	90%	89%	87%	90%	83%	84%	85%	85%	89%		
	4.02	RTT: % incomplete pathways within 18 weeks	HB	90%	82%	80%	83%	84%	86%	86%	87%	89%	89%	90%	90%	ND	86%		
	4.03	52-week waiters	HB	8	15	14	15	35	26	29	26	21	15	14	13	ND	223		
	4.04	Diagnostics within 6 weeks	HB	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%		
	4.05	Cancer: 2w wait for urgent GP Referrals	HB	98%	94%	92%	97%	95%	96%	91%	83%	98%	97%	98%	98%	95%	94%		
	4.06	Cancer 2w wait breast	HB	94%	94%	99%	89%	98%	100%	98%	100%	100%	99%	97%	93%	87%	96%		
	4.07	Cancer 31 d First Treatment	HB	99%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%		
	4.08	Cancer 31 d Drug Treatment	HB	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	4.09	Cancer 31 d Surgery	HB	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	4.10	Cancer 62 d GP referral	HB	83%	89%	83%	86%	85%	86%	87%	94%	90%	87%	87%	80%	88%	87%		
	4.11	Cancer 62 d Screening	HB	97%	100%	100%	90%	100%	100%	91%	100%	83%	100%	93%	86%	95%	95%		

WEST SUFFOLK HOSPITAL INTEGRATED QUALITY & PERFORMANCE REPORT					TRUST TOTAL													
Are we..	Ref.	KPI	ED	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Av/YTD	Traffic	Sparkline
5. Well Led	5.01	NHS Staff Survey (Staff Engagement score -Annual)	JB	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4%	NA	4%		
	5.02	Staff F&F Test % Recommended - care (Qrtly)	JB	93%	NA	NA	95%	NA	NA	95%	NA	NA	ND	NA	NA	NA	95%		
	5.03	Staff F&F Test % Rec'mend - place to work (Qrtly)	JB	79%	NA	NA	83%	NA	NA	82%	NA	NA	ND	NA	NA	NA	83%		
	5.04	Turnover (Rolling 12 mths)	JB	10%	10%	10%	10%	10%	10%	10%	9%	9%	9%	9%	9%	9%	10%		
	5.05	Sickness Absence	JB	3.22%	3.71%	3.62%	3.61%	3.58%	3.58%	3.58%	3.55%	3.51%	3.52%	3.57%	3.70%	3.72%	3.60%		
	5.06	Executive Team Turnover (Trust Management)	JB	0%	0%	20%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%		
	5.07	Agency Spend	CB	258	307	316	289	336	244	220	187	475	183	ND	237	ND	279		
	5.08	Monitor Use of Resources Rating	JB	3	3	3	3	3	3	3	3	3	3	3	3	ND	3		
6. Productive	6.01	I&E Margin	CB	-1.50%	ND	-4.90%	-4.30%	-3.90%	0.13%	-3.04%	-2.55%	-2.47%	-2.60%	-2.34%	-2.56%	ND	-2.85%		
	6.02	Distance from Financial Plan	CB	ND	ND	0.00%	0.40%	0.10%	0.00%	0.00%	0.03%	0.03%	ND	ND	ND	ND	0.03%		
	6.03	Capital service capacity	CB	1.41	ND	- 3.19	- 2.50	- 2.18	- 1.04	- 0.88	- 0.32	0.01	0.00	0.00	- 0.00	ND	- 0.00		
	6.04	Liquidity (days)	CB	- 7.28	ND	- 12.15	- 15.72	- 10.94	- 11.03	- 12.70	- 15.14	- 0.10	- 0.13	- 0.11	- 0.07	ND	- 0.07		
	6.05	Long-Term Borrowing	CB	44.3	44.3	45.7	45.7	45.7	45.7	47.6	47.6	56.7	58.7	64.4	64.1	ND	56.7		
	6.06	Variance to CIP plan	CB	0	40	0	-40	10	0	-54	-10	-35	-129	-201	-380	ND	-72.64		
7.Maternity	7.01	Total number of deliveries (births)		238	215	192	213	215	233	236	205	194	180	199	211	206	2499		
	7.02	% of all caesarean sections		19%	15%	21%	16%	16%	22%	18%	17%	17%	18%	22%	17%	30%	19%		
	7.03	Midwife to birth ratio		1.33	1.30	1.27	1.29	1.30	1.33	1.33	1.29	1.28	1.26	1.28	1.29	1.29	1.29		
	7.04	Unit Closures		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	7.05	Completion of WHO checklist		89%	84%	93%	84%	94%	82%	98%	98%	98%	93%	93%	94%	97%	92%		
	7.06	Maternity SIs		1	1	0	0	0	0	1	1	0	1	2	0	1	7		
	7.07	Maternity Never Events		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	7.08	Breastfeeding Initiation Rates		76%	80%	81%	88%	77%	85%	79%	81%	80%	80%	82%	76%	79%	81%		
8. Community	8.06	Never Events		ND	0	0	0	0	0	0	0	0	0	0	0	0	0		
	8.07	SIs		ND	8	8	9	12	7	6	2	6	5	4	2	4	73		
	8.10	Pressure Ulcers Grade 4		ND	0	0	0	0	0	0	0	0	0	0	0	0	0		
	8.18	Community scores from FFT - % Positive		ND	97%	ND	100%	ND	ND	ND	97%	100%	96%	95%	97%	96%	97%		
	8.20	Complaints		ND	1	2	3	2	0	3	1	1	0	0	1	1	15		
	8.21	18 weeks RTT for Non-Consultant led services		ND	97%	96%	99%	99%	95%	99%	94%	94%	98%	99%	100%	99%	97%		
	8.23	Community Nursing Red referrals seen within 2hrs		ND	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	NA	NA	100%		
	8.24	Community Nursing Red referrals seen within 4hrs		ND	100%	100%	100%	100%	NA	100%	NA	NA	100%	100%	100%	100%	100%		
	8.38	Safeguarding Children Mandatory Compliance		ND	96%	96%	97%	97%	97%	97%	95%	96%	96%	96%	96%	97%	96%		
	8.39	Safeguarding Adults Mandatory Training Compliance		ND	96%	96%	97%	97%	96%	96%	94%	95%	94%	94%	93%	96%	95%		

3. IN THIS MONTH – MARCH 2018, MONTH 12

This table highlights incoming activity to the Trust, compared to the number of treatments and discharges from the Trust to provide a summary overview of overall capacity and demand. It provides a comparison to last year for the monthly and year-to-date activity.

From Month Year	Mar-2018	To Month Year	Mar-2017

WEST SUFFOLK HOSPITAL INTEGRATED QUALITY & PERFORMANCE REPORT - Summary of New Referrals & Completed treatment

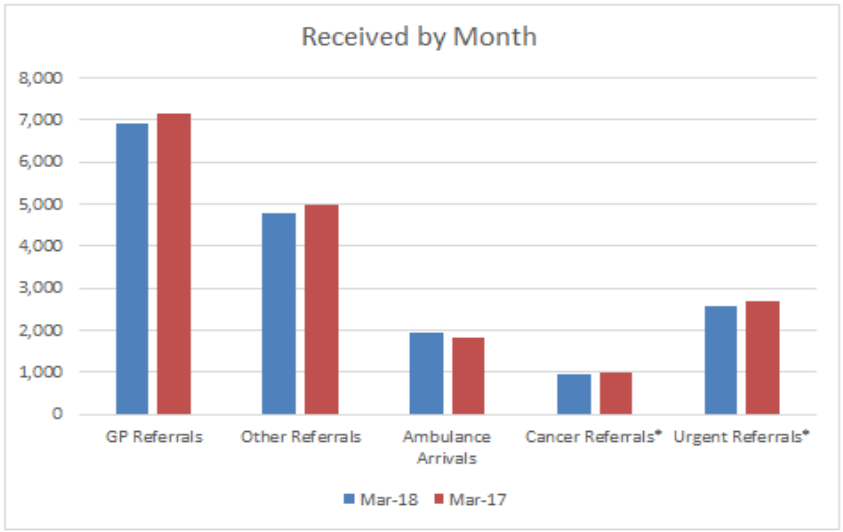
In this month.... March 2018

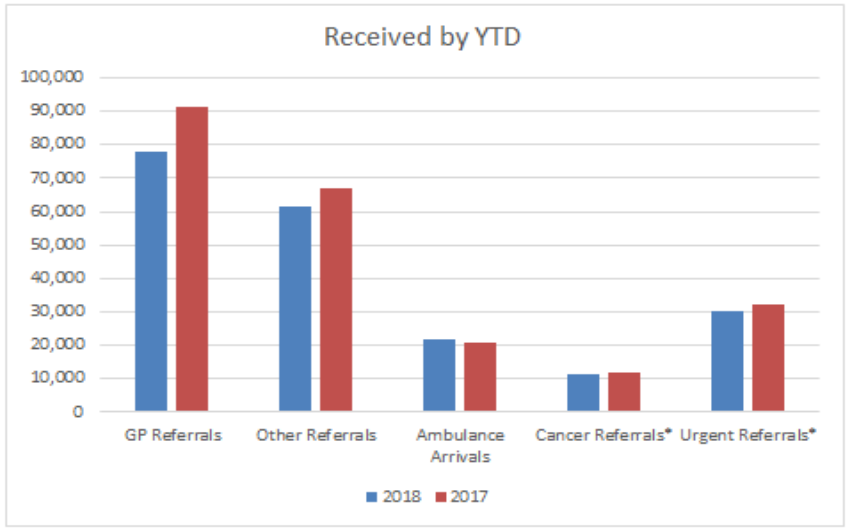
Mth We Received.....	Mar-18	Mar-17	Variance	Var. %	Traffic
GP Referrals	6,924	7,139	-215	-3%	↓
Other Referrals	4,774	4,968	-194	-4%	↓
Ambulance Arrivals	1,930	1,806	124	7%	↑
Cancer Referrals*	938	992	-54	-5%	↓
Urgent Referrals*	2,578	2,703	-125	-5%	↓

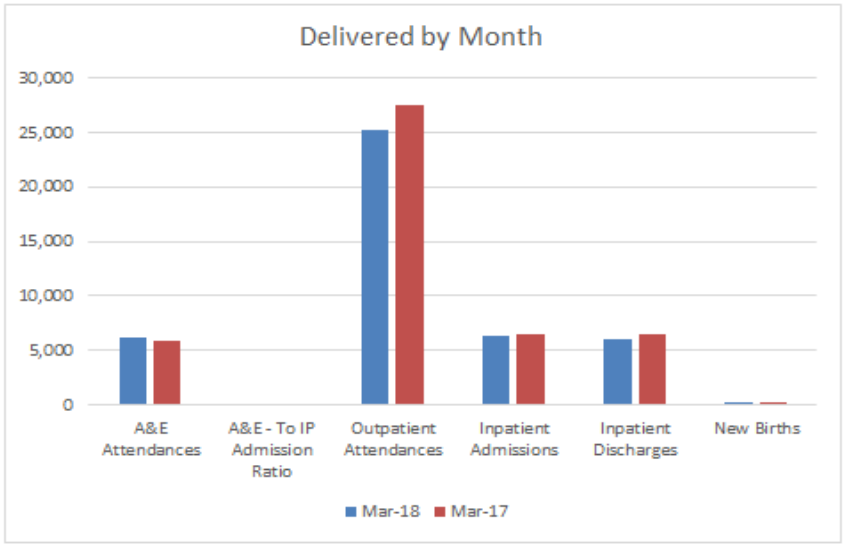
YTD We Received.....	2018	2017	Variance	Var. %	Traffic
GP Referrals	77,684	91,221	-13,537	-15%	↓
Other Referrals	61,484	67,169	-5,685	-8%	↓
Ambulance Arrivals	21,860	20,717	1,143	6%	↑
Cancer Referrals*	11,288	11,826	-538	-5%	↓
Urgent Referrals*	30,217	32,422	-2,205	-7%	↓

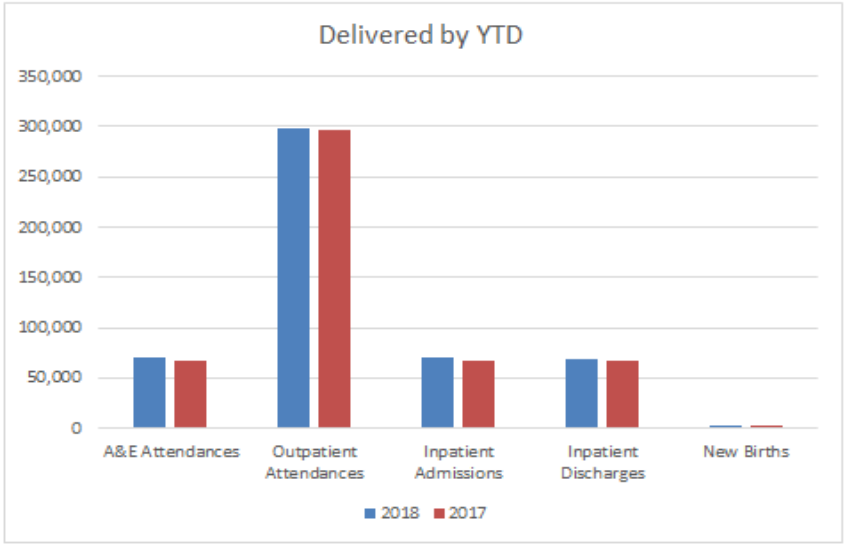
Mth We Delivered.....	Mar-18	Mar-17	Variance	Var. %	Traffic
A&E Attendances	6,172	5,887	285	5%	↑
A&E - To IP Admission Ratio	29.6%	32.0%	-2.4%	-2.4%	↓
Outpatient Attendances	25,217	27,516	-2,299	-8%	↓
Inpatient Admissions	6,334	6,482	-148	-2%	↓
Inpatient Discharges	6,062	6,530	-468	-7%	↓
New Births	206	238	-32	-13%	↓

YTD We Delivered.....	2018	2017	Variance	Var. %	Traffic
A&E Attendances	71,022	67,223	3,799	6%	↑
Outpatient Attendances	297,466	297,158	308	0%	↑
Inpatient Admissions	69,796	67,928	1,868	3%	↑
Inpatient Discharges	69,209	67,737	1,472	2%	↑
New Births	2,499	2,579	-80	-3%	↓


Received by Month
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
GP Referrals
Other Referrals
Ambulance Arrivals
Cancer Referrals*
Urgent Referrals*
Mar-18
Mar-17


Received by YTD
100,000
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
GP Referrals
Other Referrals
Ambulance Arrivals
Cancer Referrals*
Urgent Referrals*
2018
2017


Delivered by Month
30,000
25,000
20,000
15,000
10,000
5,000
0
A&E Attendances
A&E - To IP Admission Ratio
Outpatient Attendances
Inpatient Admissions
Inpatient Discharges
New Births
Mar-18
Mar-17

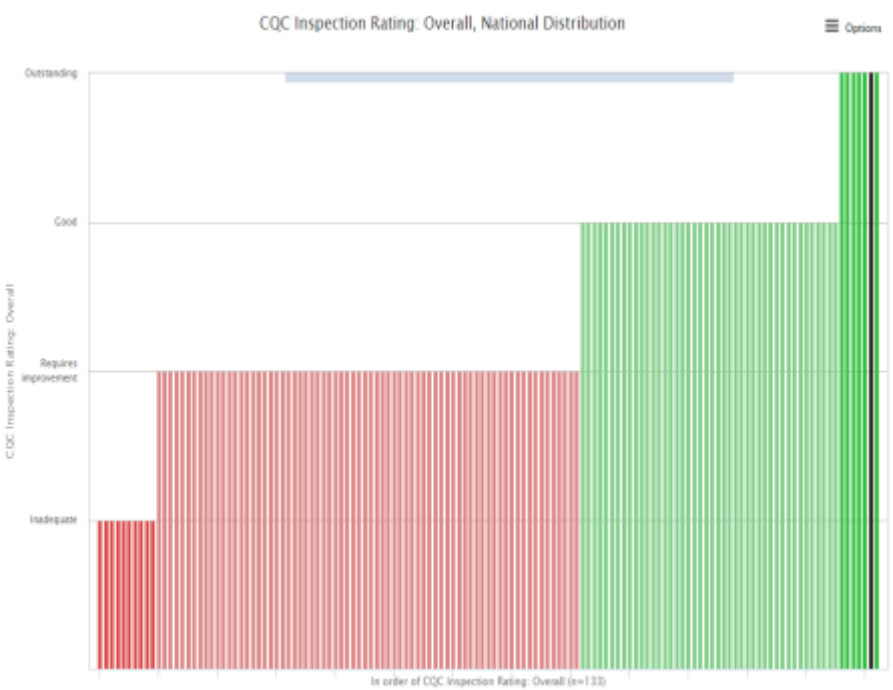

Delivered by YTD
350,000
300,000
250,000
200,000
150,000
100,000
50,000
0
A&E Attendances
Outpatient Attendances
Inpatient Admissions
Inpatient Discharges
New Births
2018
2017

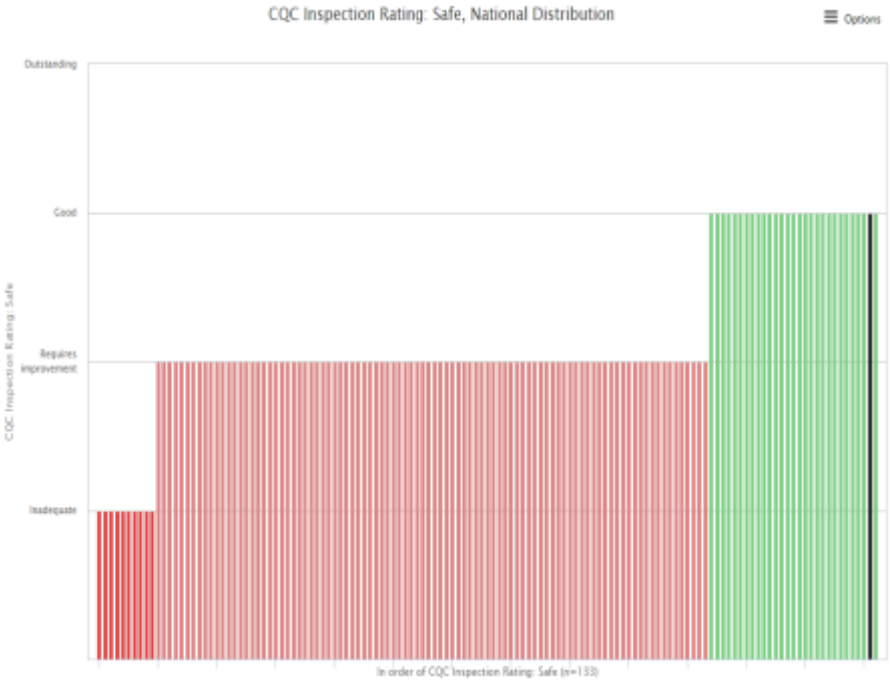
4. FINANCE SUMMARY

Financial data is not available at the time of preparation of the IQPR due to the financial year end.

5. CQC OVERVIEW

The CQC have launched the Model Hospital website in *alpha* form which highlights comparative indicators in a number of key areas. Quality of Care compartment: includes the CQC ratings as the principal assessment indicators, with additional indicators, including the Friends and Family Test, Ambulance outcomes, and Mental Health Services. The graphs below provide an oversight of the Trust's latest comparative performance against these key areas. *(Source – Model Hospital)*





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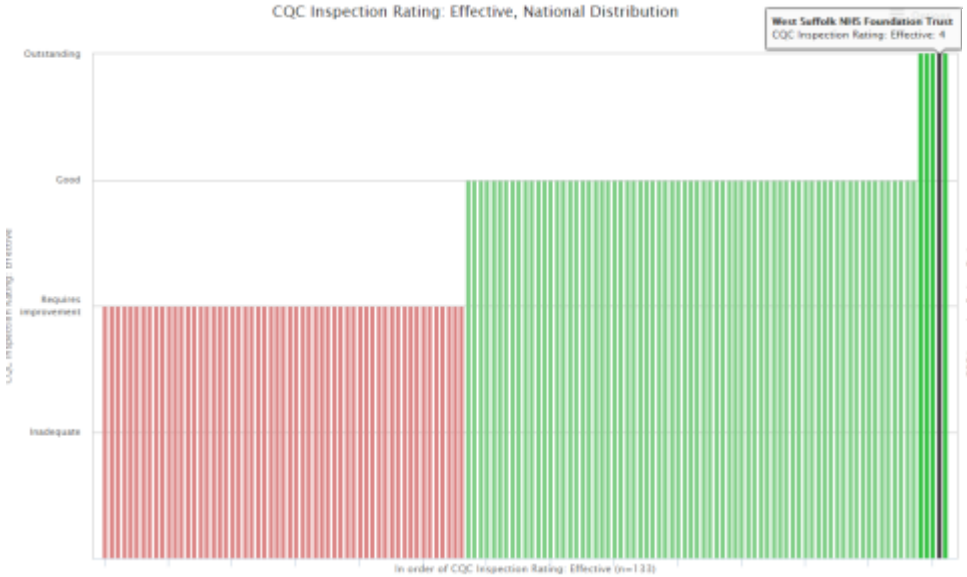
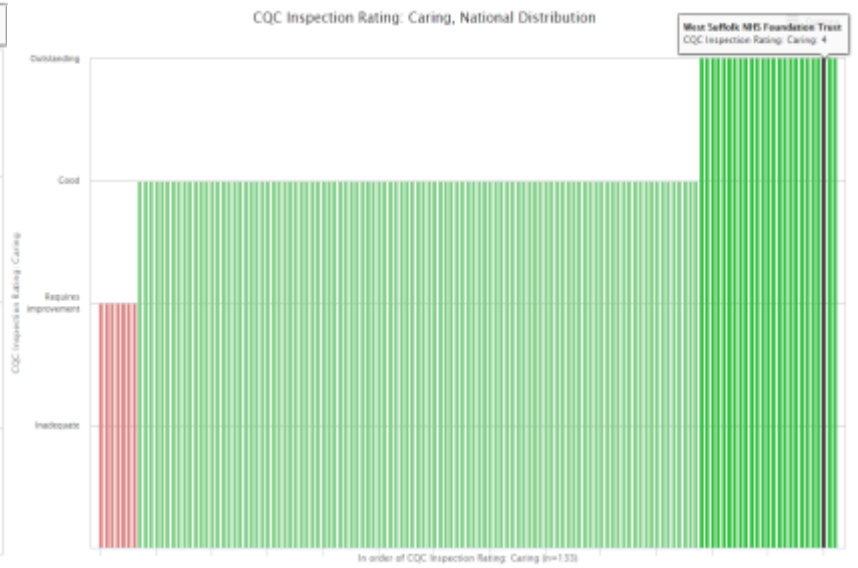
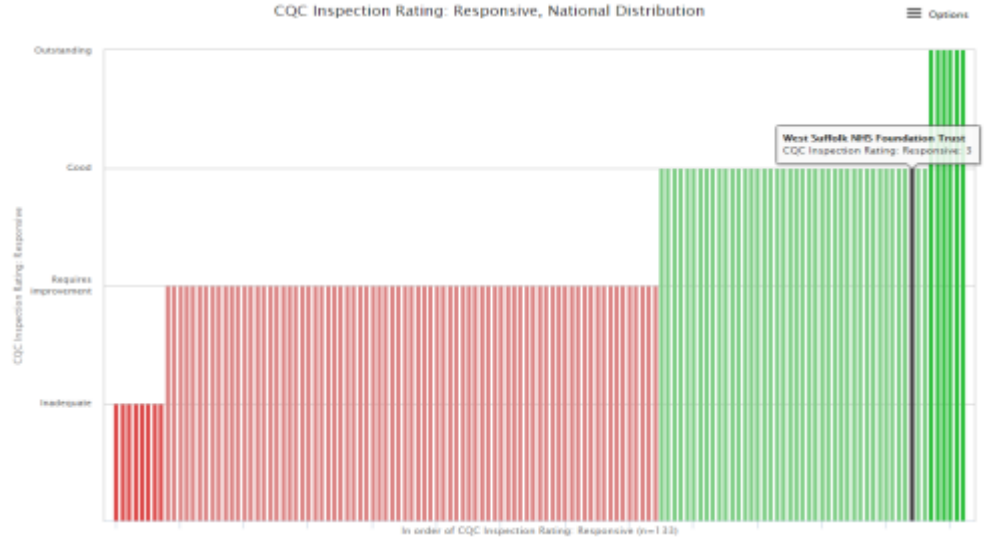
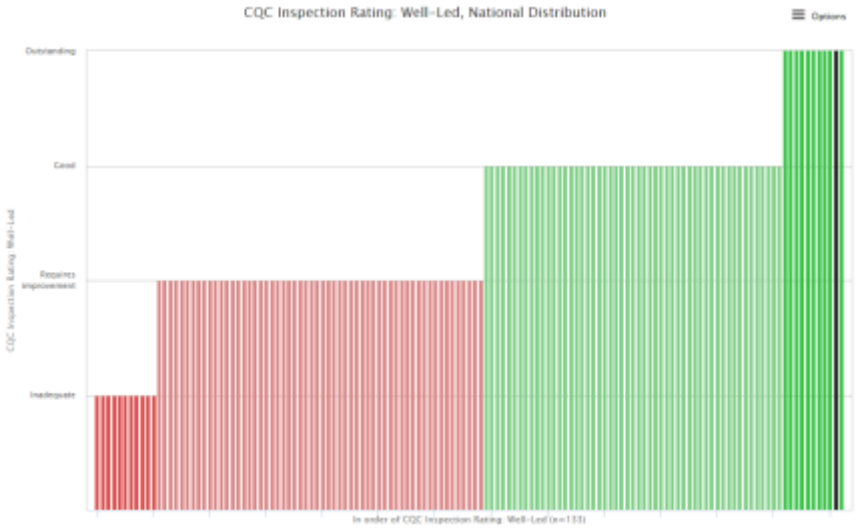

CQC Inspection Rating: Effective, National Distribution
West Suffolk NHS Foundation Trust
CQC Inspection Rating: Effective: 4
Outstanding
Good
Requires improvement
Inadequate


CQC Inspection Rating: Caring, National Distribution
West Suffolk NHS Foundation Trust
CQC Inspection Rating: Caring: 4
Outstanding
Good
Requires improvement
Inadequate


CQC Inspection Rating: Responsive, National Distribution
Options
West Suffolk NHS Foundation Trust
CQC Inspection Rating: Responsive: 3
Outstanding
Good
Requires improvement
Inadequate


CQC Inspection Rating: Well-Led, National Distribution
Options
Outstanding
Good
Requires improvement
Inadequate

CQC - QUALITY OF CARE BENCHMARK DASHBOARD

The Quality of Care dashboard highlights latest comparisons with national & peer group averages. The peer group comprises 24 similar hospitals to WSHFT, national categorised as small acute hospitals. Appendix 1 *(Source – Model Hospital)*

Quality of Care, Single Oversight Framework

CQC Inspection Ratings (latest as at reporting date)	Period	Trust Actual	Info	Variation	Trend
CQC Inspection Rating: Overall	Latest	Outstanding			No trendline available
CQC Inspection Rating: Caring	Latest	Outstanding			No trendline available
CQC Inspection Rating: Effective	Latest	Outstanding			No trendline available
CQC Inspection Rating: Responsive	Latest	Good			No trendline available
CQC Inspection Rating: Safe	Latest	Good			No trendline available
CQC Inspection Rating: Well-Led	Latest	Outstanding			No trendline available

Friends and Family Test scores	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Staff Friends and Family Test % Recommended - Care	Q2 2017/18	94.1%	-	-		No variation available	
A&E Scores from Friends and Family Test - % positive	Feb 2018	94.9%	86.9%	86.9%			
Inpatient Scores from Friends and Family Test - % positive	Feb 2018	98.8%	97.0%	96.3%			
Community Scores from Friends and Family Test - % positive	Jan 2018	95.1%	95.1%	97.1%			
Maternity Scores from Friends and Family Test -question 2 Birth % positive	Feb 2018	92.0%	96.9%	97.7%			

Organisational health	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
CQC Inpatient Survey	Sep 2015/16	9	-	-		No variation available	No trendline available

Caring	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Written Complaints Rate	31/12/2017	11.95	21.05	22.74			

Safe	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Never events	28/02/2018	1	1	2			
Emergency c-section rate	Jan 2018	12.30%	18.16%	15.68%			
VTE Risk Assessment	Q3 2017/18	95.51%	95.75%	95.78%			
Clostridium Difficile - infection rate	To Feb 2018	13.24	9.41	12.91			
MRSA bacteraemias	To Feb 2018	0.74	0.00	0.67			
Potential under-reporting of patient safety incidents	31/12/2017	36.63	42.54	42.36			
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI)	Feb 2018	121	124	127			
Meticillin-sensitive staphylococcus aureus (MSSA) rates to quality indicators	Feb 2018	7	7	8			

Safe	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Clostridium Difficile - variance from plan	Feb 2018	-1.0	0.0	0.0			

Effective	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Summary Hospital Mortality Indicator (SHMI)	31/07/2017	0.88	-	0.00			

6. DETAILED SECTIONS - SAFE

Are we safe? | Are we effective? | Are we caring? | Are we responsive? | Are we well-led? | Are we productive?

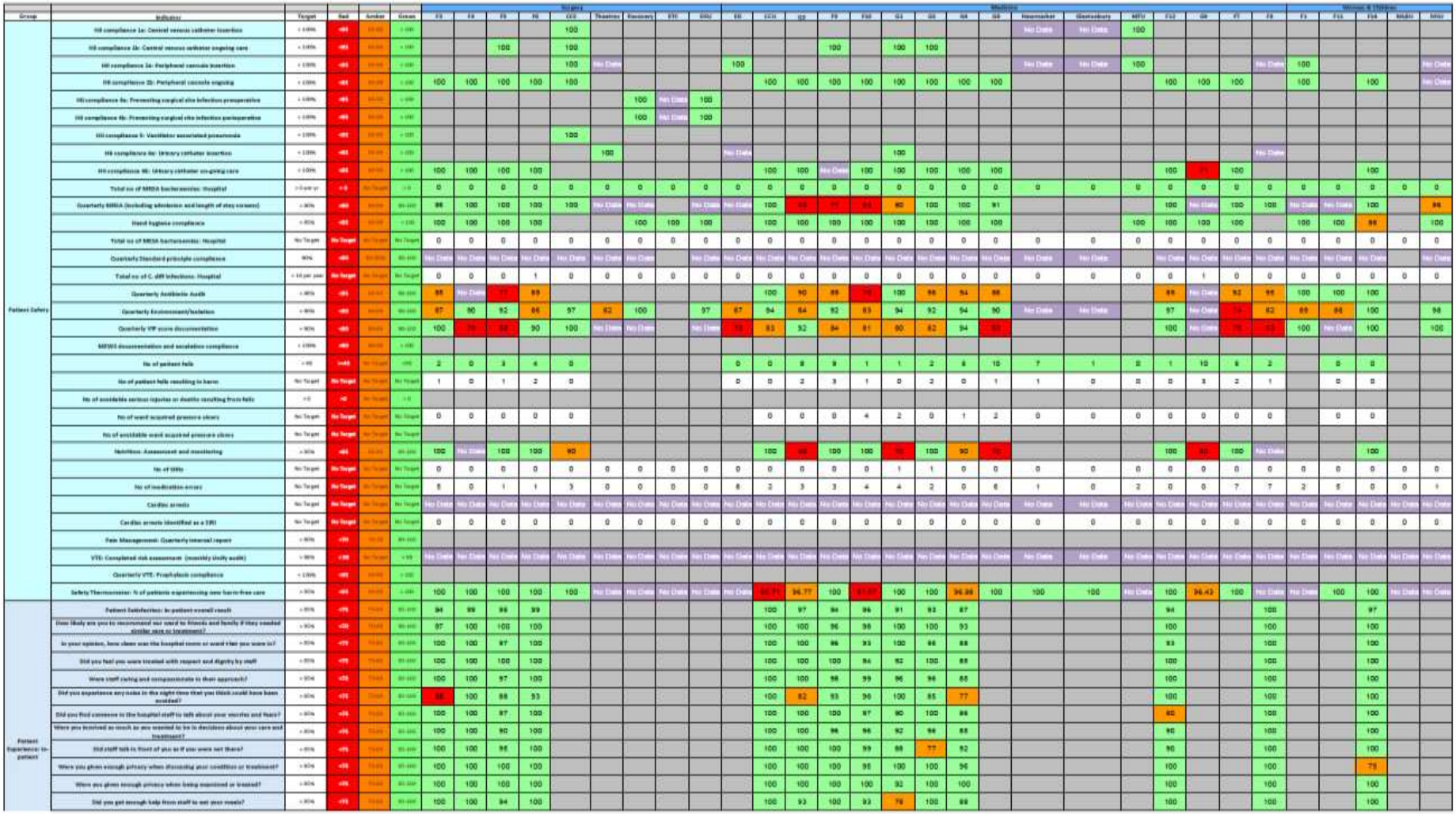
Are we..		Ref.	KPI	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD(Apr17-Mar18)	WTG	Traffic
Safe	Dashboard	1.01	NHS E / I Patient Safety Alerts - Total	NT	1	0	0	1	2	1	0	1	0	1	0	0	7		
		1.02	NHS E / I Patient Safety Alerts outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	
		1.03	Emergency C-Section Rate	14%	10.3%	11.6%	11.5%	8.5%	12.9%	11.9%	11.2%	9.8%	10.6%	14.1%	10.1%	19.4%	12%	6	
		1.04	All relevant inpatients undergoing a VTE Risk assessment	95%	86.5%	88.6%	88.8%	85.8%	89.7%	88.0%	94.8%	96.9%	94.7%	96.9%	97.6%	97.3%	92%	4	
		1.05	Clostridium difficile infections (CDI)	16	3	0	0	1	0	2	6	4	0	1	0	2	19	6	
		1.06	MRSA (Hospital)	0	0	0	0	0	0	2	0	0	0	0	1	0	3	6	
		1.07	Patient Safety Incidents Reported	NT	392	508	418	506	466	467	520	588	479	627	553	526	504		
		1.08	Never Events	0	0	0	0	0	0	0	0	1	0	0	0	0	1		
	HII Compliance	1.09	HII Compliance 1a: Central venous catheter insertion	100%	100%	100%	100%	100%	100%	94%	100%	100%	100%	100%	100%	100%	100%	2	
		1.10	HII Compliance 1b: Central venous catheter on-going care	100%	96%	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	99%	2	
		1.11	HII Compliance 2a: Peripheral cannula insertion	100%	100%	100%	100%	100%	97%	100%	98%	97%	100%	100%	100%	100%	99%	2	
		1.12	HII Compliance 2b: Peripheral cannula on-going	100%	100%	97%	98%	93%	97%	99%	99%	97%	96%	99%	100%	100%	98%	2	
		1.13	HII Compliance 4a: Preventing surgical site infection preope	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	3	
		1.14	HII Compliance 4b: Preventing surgical site infection periope	100%	100%	85%	100%	95%	100%	100%	100%	100%	100%	100%	95%	100%	98%	2	
		1.15	HII Compliance 5: Ventilator associated pneumonia	100%	100%	100%	100%	100%	100%	100%	100%	78%	100%	100%	100%	100%	98%	2	
		1.16	HII Compliance 6a: Urinary catheter insertion	100%	100%	100%	100%	100%	100%	100%	78%	100%	100%	100%	100%	100%	98%	2	
		1.17	HII Compliance 6b: Urinary catheter on-going care	100%	81%	92%	94%	88%	99%	97%	91%	92%	95%	100%	99%	97%	94%	2	
	Incidents	1.19	Safety Thermometer - Harm-Free Care (New Harms)	95%	98.82%	98.26%	98.91%	98.64%	98.18%	97.18%	97.63%	98.38%	98.54%	97.90%	97.71%	98.47%	98%	3	
		1.20	No of SIRIs	NT	9	5	7	7	6	5	11	14	10	20	11	6	111		
		1.21	RIDDOR Reportable Incidents	NT	3	4	5	0	3	0	2	0	3	0	2	1	23		
		1.22	Catheters and New UTIs	NT	0.29	0.29	0.27	0.0	0.0	0.0	0.15	0.16	0.44	0.14	0.15	0.15	0.17		
		1.23	Total No of E. Coli (Trust level only)	NT	2	0	2	2	1	2	1	2	2	2	1	3	20		
		1.25	Inpatient Falls (WSH)	<48	53	52	50	66	64	39	47	56	60	68	74	64	693	1	
		1.26	Inpatient Falls resulting in harm (WSH)	<10	9	17	20	14	18	10	19	15	19	27	25	19	212	1	
		1.27	Falls - Per 1000 bed days	5.60	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	0		
		1.28	Number of avoidable serious injuries/deaths resulting from	NT	0	0	0	0	1	0	0	0	0	0	ND	0	1		
		1.29	Number of medication errors	NT	64	80	69	78	70	69	70	78	63	72	49	76	838		
		1.30	Actual patient harm resulting from medication incidents	0.01	1	0	0	0	ND	ND	ND	ND	ND	ND	ND	ND	1		
		1.31	Pressure Ulcers - Inpatients	NT	10	9	18	9	13	14	18	17	12	30	15	9	174		
		1.32	Pressure Ulcers - Avoidable ward-acquired PUs (YTD)	<+30%	40%	37%	30%	30%	34%	33%	32%	28%	28%	29%	ND	ND	28%	1	

6 DETAILED SECTIONS - SAFE

Are we safe? | Are we effective? | Are we caring? | Are we responsive? | Are we well-led? | Are we productive?

Reporting	1.33	MRSA Quarterly Std (including admission and LOS screens)	90%	NA	NA	92%	NA	NA	93%	NA	NA	90%	NA	NA	92%	92%	3	
	1.34	MRSA - Decolonisation	95%	92%	93%	95%	95%	90%	91%	98%	85%	91%	94%	86%	95%	92%	2	
	1.35	MRSA - RCA Reports	NA	0	0	0	0	0	0	0	0	0	0	0	0	0		
	1.36	MSSA (Hospital)	NT	ND	1	0	0	1	1	0	1	1	1	0	0	6		
	1.37	SIRI final reports due in month submitted beyond 60 workin	0	0	1	0	0	0	4	5	4	0	0	1	3	18	2	
	1.38	SIRIs reported >2 working days from identification as red	0	0	0	0	0	1	2	3	6	5	7	3	ND	27	1	
	1.39	RAG active/accepted risk assessments not in date	0	ND	ND	ND	9	0	1	5	0	2	1	4	0	22	3	
	1.40	Datix Risk Register Red / Amber actions overdue	0	ND	ND	ND	22	0	0	0	0	0	0	1	3	26		
	1.41	Outstanding actions complete in date for Red/Amber entries on Datix	95%	100%	100%	100%	ND	ND	ND	ND	ND	ND	ND	ND	ND	100%	3	
	1.42	Quarterly standard principle compliance	90%	NA	NA	95%	NA	NA	95%	NA	NA	97%	NA	NA		96%	3	
	1.43	Rapid access chest pain clinic access within 2 wks.	100%	100%	98%	100%	95%	97%	97%	96%	100%	100%	100%	100%	99%	99%	2	
	1.44	Verbal Duty of Candour outstanding at month-end	0%	3	0	0	0	2	0	1	2	0	2	2	1	13	2	
	1.45	Hand Hygiene Audits	95%	98%	99%	99%	100%	99%	98%	99%	99%	99%	99%	100%	100%	99%		
	1.46	Quarterly antibiotic audit	98%	NA	NA	91%	NA	NA	94%	NA	NA	93%	NA	NA	89%	92%	3	
	1.47	RCAs beyond deadline for completion	=<4	3	1	3	4	1	7	2	9	14	9	8	4	65	2	
	1.48	% of Green Patient Safety incidents investigated	NT	60%	66%	54%	53%	68%	58%	67%	56%	55%	59%	74%	68%	62%		
	1.49	PEWS documentation and escalation compliance	NT	80%	100%	90%	100%	100%	90%	ND	ND	ND	ND	ND	ND	93%	2	
	1.50	Quarterly Environment/Isolation	90%	NA	NA	91%	NA	NA	92%	NA	NA	92%	NA	NA	91%	92%	3	
	1.51	Quarterly VIP score documentation	90%	NA	NA	84%	NA	NA	80%	NA	NA	87%	NA	NA	80%	83%	2	
	1.52	Isolation data (Trust Level only)	95%	90%	95%	90%	90%	88%	88%	90%	88%	88%	90%	90%	89%	90%	2	
	1.53	Pain Mgt. Quarterly internal report	80%	75%	NA	NA	61%	NA	NA	61%	NA	NA	59%	NA	NA	64%	1	
	1.54	Nutrition Risk Assessment 48hrs	95%	91%	87%	89%	82%	85%	90%	89%	87%	93%	92%	89%	90%	89%	2	
	1.55	Median of NRLS upload (No. of days)	41	81	87	65	65	58	55	48	61	66	75	65	63	66	1	

SAFE – WARD ANALYSIS



6. EXCEPTION REPORTS – SAFE

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Pressure Ulcers (Tissue Viability)
Standard	Hospital-Acquired Pressure Ulcers -
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Safe
National Rank	

Summary of Current performance & Reasons for under performance

March has seen a further decrease in hospital acquired pressure ulcers with only nine in total. There was only one grade 3 HAPU reported and 8 grade 2. The majority of the reported cases were isolated to only a few areas, with many wards managing to achieve a month free of any harm. This is despite the ongoing staffing deficits and high acuity.

The Surgical Division has managed a second month with no reported HAPUs and Ward G5 has also achieved a month with no pressure damage, which is commendable.

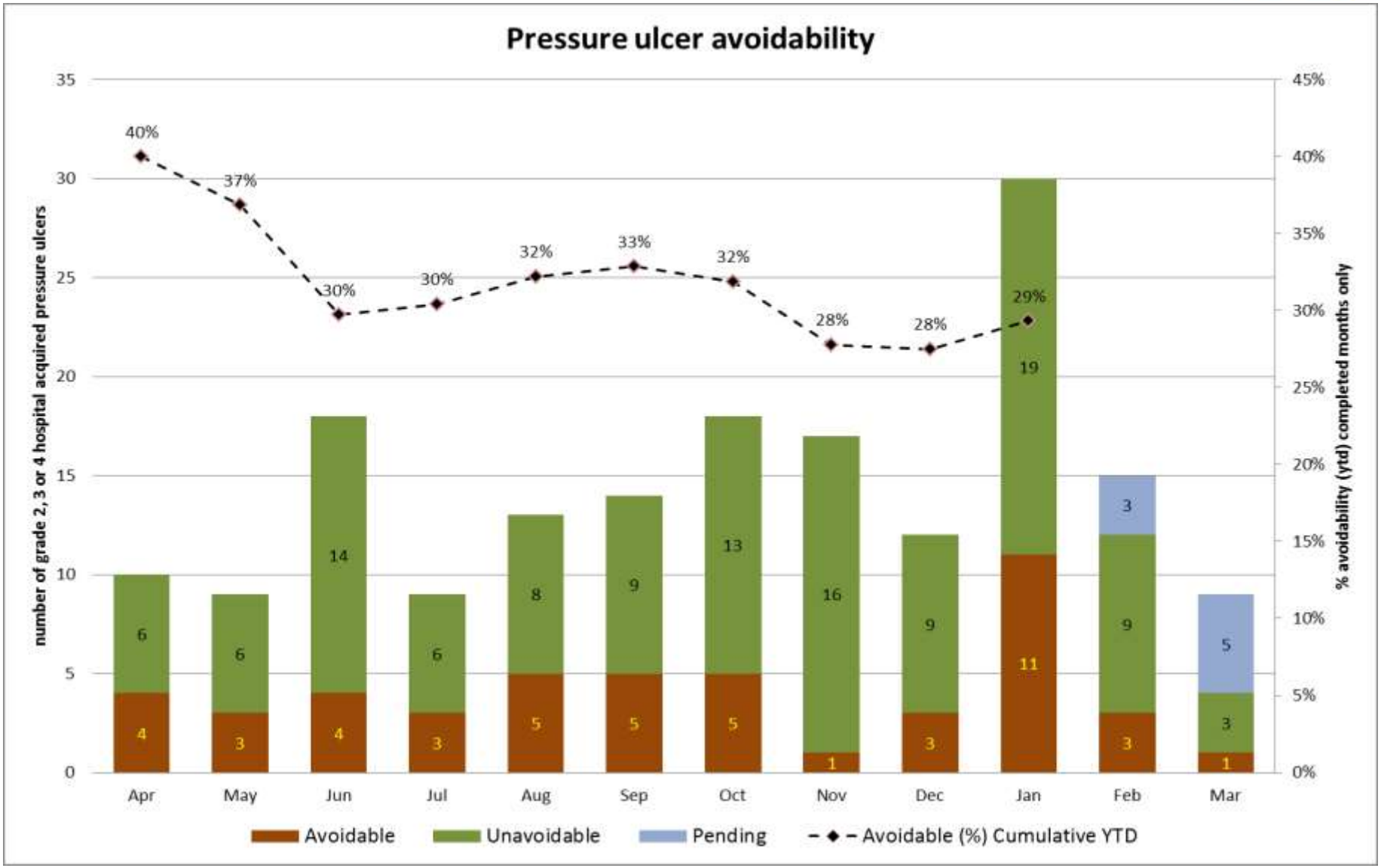
There continues to be an increased focus on early detection of risk, assessment of preventative measures and reporting of damage on admission. There is also a drive to promote timely completion of investigations to ascertain avoidability and promotion of learning from incidents.

Trend / Recovery Trajectory

Indicator	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Target	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	<30%	
Total Pressure Ulcers	10	4	10	9	19	10	13	15	19	17	12	30	15	9	
% of patients with avoidable ward acquired pressure ulcers YTD	31%	30%	40%	37%	30%	30%	34%	33%	32%	28%	28%	29%	ND	ND	

Actions in place to recover the performance / Expected timeframes for improvements

Description	Owner	Start	End
The Tissue Viability team continue to maintain visibility and support ward teams	TVN team	2018	complete
The Tissue viability team are promoting pressure ulcer prevention via bite size teaching sessions and one to one education, promoting awareness to improve staff knowledge and practice in promoting skin health and integrity.	TVN team	2018	complete
Active promotion by TVNs and Senior Matrons of elements of the SKIN bundle, specifically focussing on promoting regular position changes and appropriate use of reassure reliving equipment.	TVN / Matrons	2018	complete
Ongoing focus on the 'heel heroes' campaign, promoting heel protection and ensuring teams are aware of those patients who have increased risk of developing damage.	TVN / Matrons	2018	complete
Staff engagement via the Pressure ulcer prevention focus group, aiming to put pressure ulcer prevention at the forefront of care	PUP focus group	2018	complete
Senior Matrons continue to monitor the implementation of pressure ulcer prevention and have commenced using the 'Perfect Ward' to ensure appropriate risk assessments and care plans are in place	Matrons	2018	complete
Ongoing promotion to use the correct continence products and educating staff not to use procedure sheets inappropriately to minimise moisture damage	TVN / Matrons	2018	complete
Reduction of stock of procedure sheets across all wards	TVN team	2018	complete
Active encouragement to achieve timely investigations and learning from incidents by Head of Nursing	Head of Nursing	2018	complete
Tissue Viability team are exploring the concept of Kennedy grading for end of life patients. May 2018	TVN team	Mar-18	May-18


Pressure ulcer avoidability
number of grade 2, 3 or 4 hospital acquired pressure ulcers
% avoidability (ytd) completed months only
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
40%
37%
30%
30%
32%
33%
32%
28%
28%
29%
Avoidable
Unavoidable
Pending
Avoidable (%) Cumulative YTD

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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Infection Control: MRSA and Clostridium Difficile
Standard	MRSA 0, C.difficile ceiling 16
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

There were 2 cases of Hospital attributable CDT in March 2018. Overall summary as of 31st March 2018, there have been 19 reported cases of C difficile, 10 of which are Non Trajectory, 7 are Trajectory and 2 are awaited. Whilst the Trust was under trajectory in the first two quarters, Q3 was over trajectory with 10 cases at 31/12/17 (5 trajectory 5 non trajectory). Q4 has finished as 1 under trajectory. The Global shortage of Tazocin which has required the use of antibiotics associated with a higher risk of Clostridium difficile infection is recorded on the Trust Risk register.

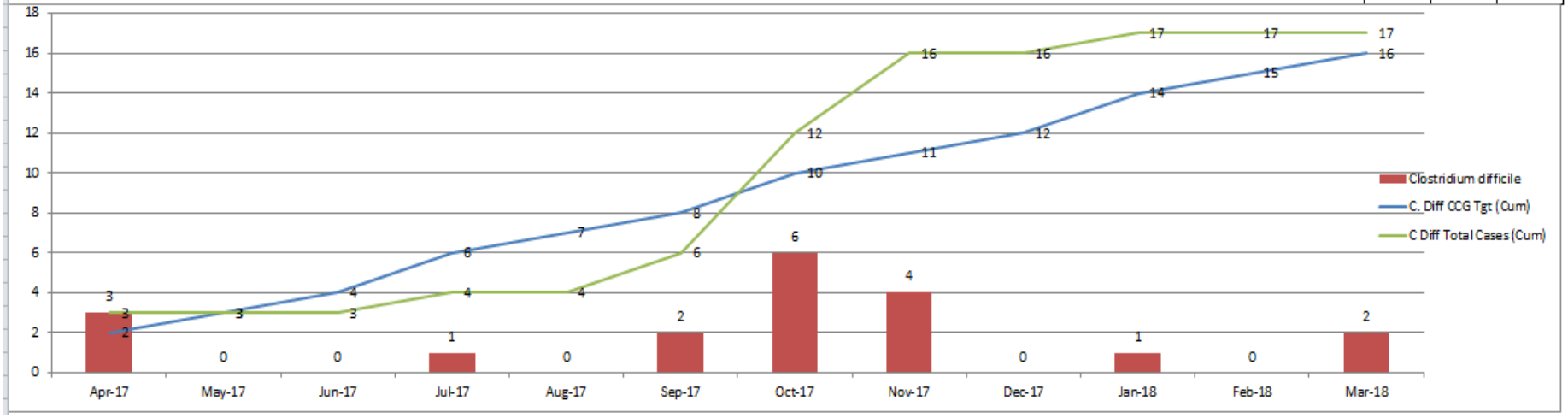
The Trust recorded an MRSA bacteraemia in February 2018, this has been investigated and agreed with the CCG for submission as Third Party in line with the previous two episodes for this patient.

Indicator	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
C. Diff CCG Tgt (Cum)	2	3	4	6	7	8	10	11	12	14	15	16
Clostridium difficile	3	0	0	1	0	2	6	4	0	1	0	2
C Diff Total Cases (Cum)	3	3	3	4	4	6	12	16	16	17	17	17
MRSA	0	0	0	0	0	2	0	0	0	0	1	0

Actions in place to recover the performance

Description	Owner	Start	End
MRSA - NHS England have 28 working days to arbitrate and we await their decision.	RP	Feb-18	Mar-18

Expected timeframes for improvements



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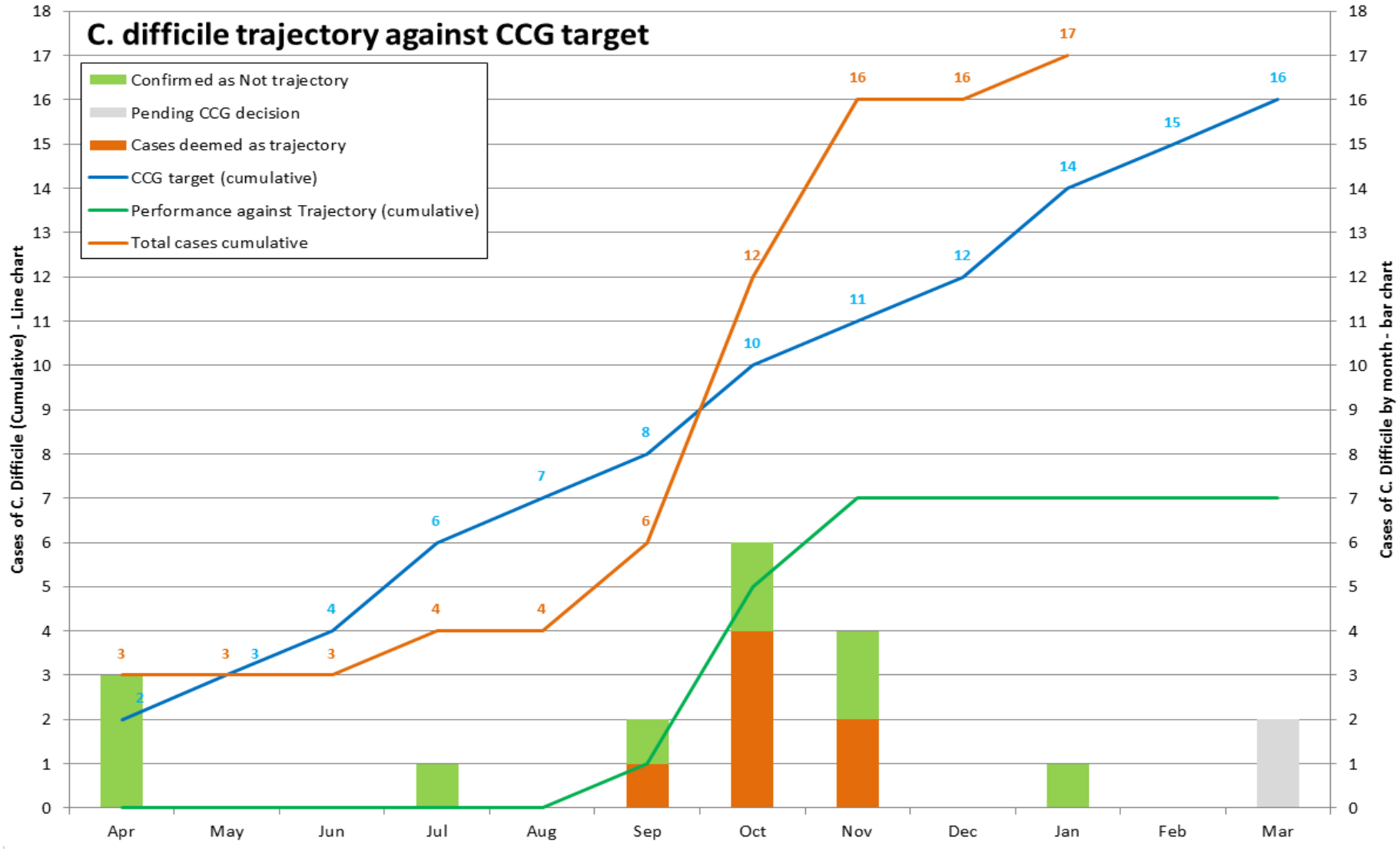

C. difficile trajectory against CCG target
Confirmed as Not trajectory
Pending CCG decision
Cases deemed as trajectory
CCG target (cumulative)
Performance against Trajectory (cumulative)
Total cases cumulative
Cases of C. Difficile (Cumulative) - Line chart
Cases of C. Difficile by month - bar chart
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar

23

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	MRSA Decolonisation
Standard	90%
ED Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

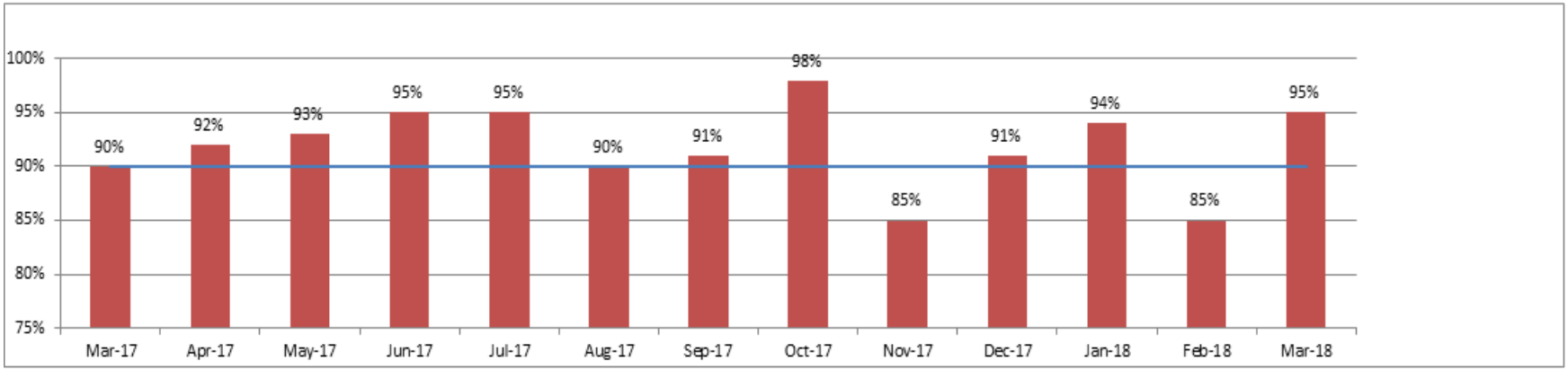
The Trust compliance with decolonization improved to 95% in March 2018.

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
MRSA Decolonisation	90%	92%	93%	95%	95%	90%	91%	98%	85%	91%	94%	85%	95%

Actions in place to recover the performance

Expected timeframes for improvements

Description	Owner	Start	End
Pharmacy have devised a solution to incorporate the decolonization prescription (currently a paper document) within the EPR (eCare) which will be tested shortly.	HB	Sep-17	Feb-18



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Median NRLS upload 6 month rolling average
Standard	Trust internal target of 46 days
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Safe
National Rank	Trust is in lowest quartile

Summary of Current performance & Reasons for under performance

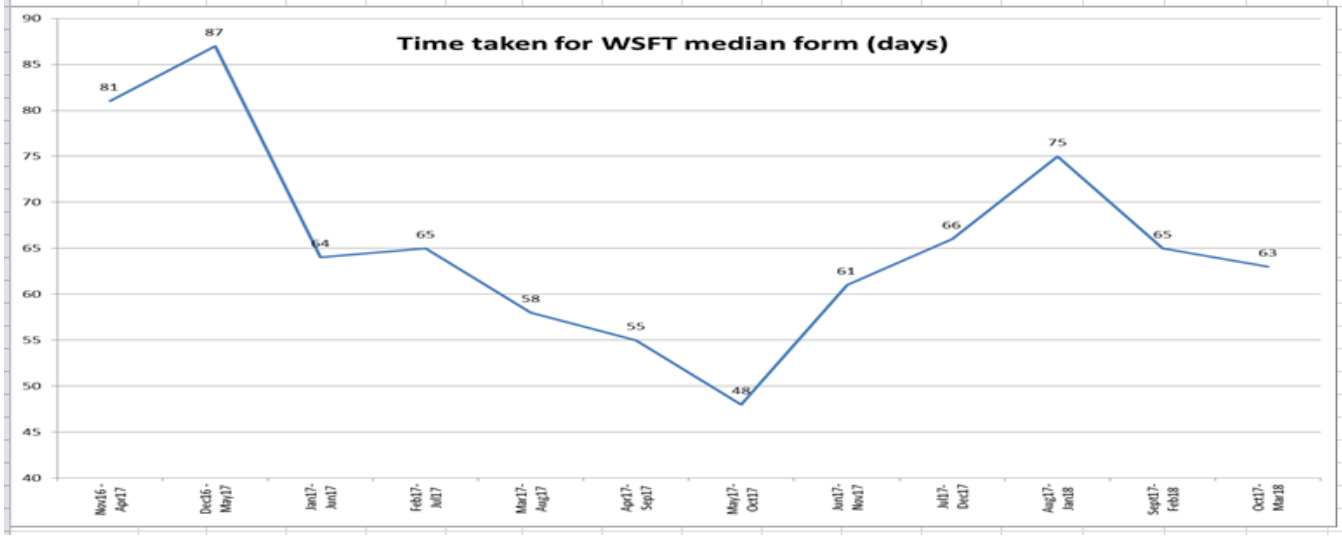
Performance has slightly improved again in March and it is anticipated that this will continue to improve in April as a consequence of the work to achieve the regular scheduled six-monthly NRLS 'close-down' (reporting of all Oct-Mar incidents to NHS England by the end of May). The challenge is to maintain this improving trajectory after the external deadline has passed. Actions taken in 2017/18 included: providing additional adminstrative resource to the Datix adminstration function, simplifying the green investigation process to allow 'single-sign off', creating a grade 2 pressure ulcer concise template to reduce the need to complete standalone reports and removing fields collating potential risk coding which are already captured in the risk register. Future plans for 2018/19 include a simplification of the falls investigation form.
A more meaningful RAG rating based on performance within the interquartile range for our peer group is planned for 2018/19 with a target set to be better than the median trust in the group. The report providing the peer group data for this indicator is expected to be published in April.

Trend | Recovery Trajectory

Indicator	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Median NRLS	81	87	65	65	58	55	48	61	66	75	65	63

Actions in place to recover the performance — **Expected timeframes for improvements**

Description	Owner	Start	End
Consider options for review of Datix	Governance	Jan-18	Jun-18
Targeted follow up with leads (Matrons, CDs)	Governance	Feb-18	May-18
Monitor against a peer based comparison (peer group is all non-specialist acute trusts)	Governance	Apr-18	Jun-18



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Patient Safety Incidents Reported
Standard	NA
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Safe
National Rank	NA

Background

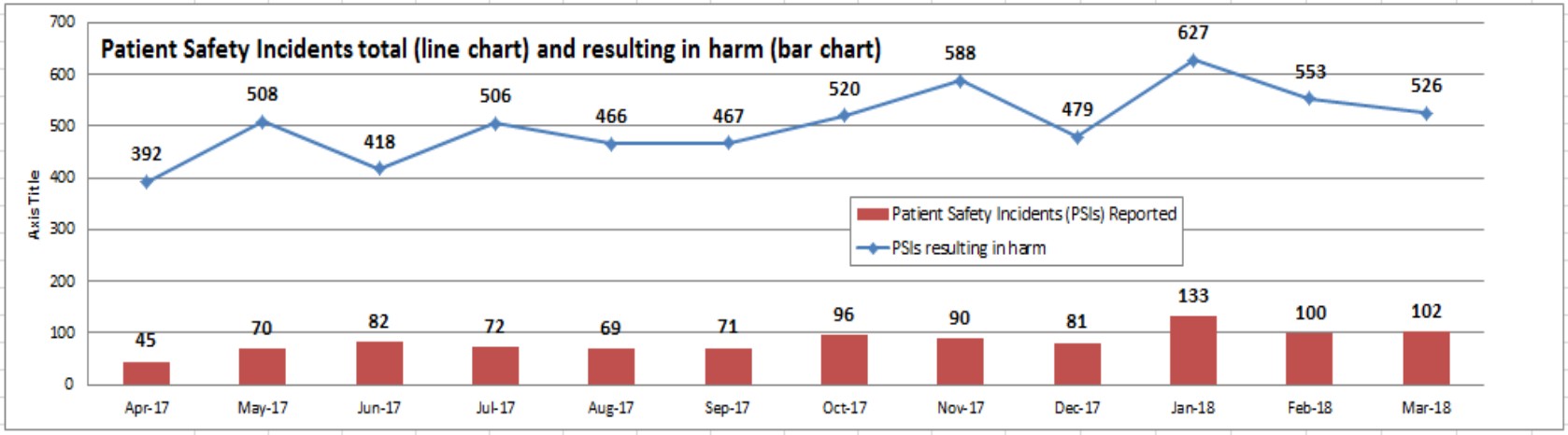
There were 544 incidents reported in January. This was lower than January but similar to recent months. The number of 'harm' incidents remains low although it has risen in 2018 compared to 2017 both in actual numbers and as a percentage of total reported incidents. A review of the reasons for this increase found the following:
Incidents resulting in Moderate harm (Amber) have increased as a consequence of reporting *Community 'In our care'* Grade 3 pressure ulcers since October 2017 (21/133 in Q3+4). Incidents resulting in Minor harm (Green) were higher in Q4 as a consequence of reporting Co*mmunity 'In our care'* Grade 2 pressure ulcers and an increase in reporting 'suspec*ted Deep tissue injuries'* (a precursor to pressure ulcer development) in both Hospital and Community settings. [See pressure ulcer section of IQPR].

Trend — Recovery Trajectory

Indicator	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Patient Safety Incidents (PSIs) Reported	392	508	418	506	466	467	520	588	479	627	553	526
PSIs resulting in harm	45	70	82	72	69	71	96	90	81	133	100	102

Key Recovery Actions

Description	Owner	Start	End
The number of 'harm' incidents remains low although it has risen as a consequence of Community reporting, mainly relating to pressure ulcers. To monitor	RP	Now complete	
A review of harm incidents in 2018 is underway to provide an explanation as to why this is higher than 2017 and especially why it is higher than Oct-Dec 2017 as that period already included the new Community Services	RP	Now complete	



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	HII Compliance 6b: Urinary catheter on-going care
Standard	100%
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Safe
National Rank	NA

Summary of Current performance & Reasons for under performance

In March all areas achieved 100% compliance except Ward G9. There were failures with documentation detected on G9. This is due to staffing deficits and a lack of continuity with care and record keeping due to a lack of an established team.

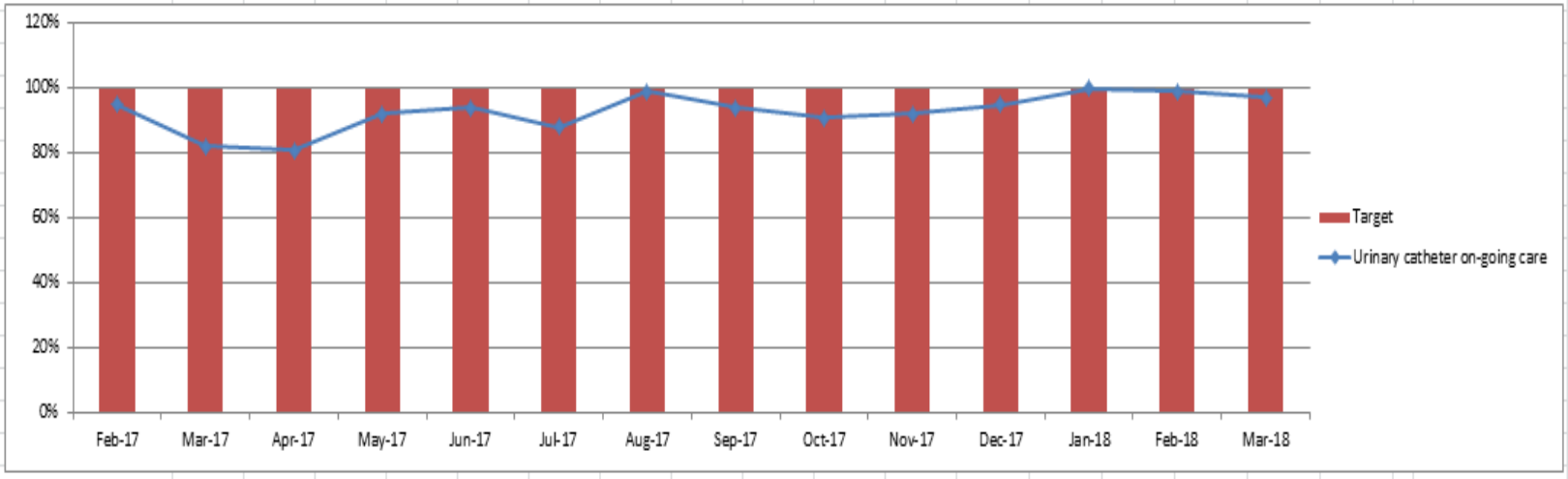
Trend | Recovery Trajectory

Indicator	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Urinary catheter on-going care	95%	82%	81%	92%	94%	88%	99%	94%	91%	92%	95%	100%	99%	97%	
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Actions in place to recover the performance

Expected timeframes for improvements

Description	Owner	Start	End
Continue to monitor	Head of Nursing/Matron	Mar-18	May-18



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Falls
Standard	No of patient falls No of patient falls resulting in harm No of avoidable serious injuries or deaths resulting from falls
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Safe
National Rank	

Summary of Current performance & Reasons for under performance

There were 72 falls in March, an improvement from 74 in February of these falls none resulted in major harm though three resulted in moderate harm. At Newmarket Hospital there were 7 falls recorded in March (four in February) and at Glastonbury Court there was 1 fall recorded for March (four in February), these falls are reportedly separately.
In the month of March four patients were assisted to the floor (six in February) preventing them from falling.
A total of six patients fell more than twice (one of which fell six times) during their inpatient stay in February (ten in February).
The factors of cognitive and perceptual impairment continue to be reflected in the high numbers of patients falling. This has been exacerbated by the inability to meet core staffing levels, and to provide staff to 'special' patients in relation to the number of beds currently occupied in existing, escalation and surge capacity areas.
1 x Amber Fall – G5 - Elderly patient (ES) with significant medical history and cognitive impairment. Fall resulting in head injury (subdural bleed - no surgical intervention required), currently still an in-patient on ward G5 undergoing CHC assessment and discharge planning.

Trend — Recovery Trajectory

Indicator	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Total InPatient Falls [WSH]	53	52	50	66	64	39	47	56	60	68	74	64	
InPatient Falls resulting in harm [WSH]	9	17	20	14	18	10	19	15	19	27	25	19	
Percentage of falls resulting in harm [WSH]	17%	33%	40%	21%	28%	26%	40%	27%	32%	40%	34%	30%	

Actions in place to recover the performance	Expected timeframes for improvements		
The Falls Focus Group meets on a bi-monthly basis, information from this group is then fed back in to the Trust higher level Falls Group led by Dr Suresh.	Falls Group	2018	Ongoing
The trust has now provided Falls Pocket Cards (currently being distributed by the Falls Focus Group / Senior Matron Team members).	Falls Group	now complete	
RCP information booklets for patients / relatives on preventing falls are currently being re-produced for the clinical areas to provide to these groups.	Falls Group	Apr-18	May-18
There are now 3 options in footwear available for in-patients at the WSFT to aid in safe mobility and reduce the number of slips, trips and falls.	Falls Group	2018	Ongoing
L&S BP task now set for all ii-patient areas at the WSH as per NICE guidance, this allows for the identification of individuals at risk of falling and the implementation of the appropriate care plans / order sets. There will be new observation machines rolled out to all WSH in-patient areas which will support this process and ensure the timely and accurate inputting of data.	Falls Group	2018	Ongoing
All 'Amber' classification falls will now be subject to the Level 1 Concise RCA for Falls to ensure appropriate lessons are learnt and information is available to support the duty of candour process.	Falls Group	Apr-18	May-18
The current falls care plan within eCare is being reviewed and possible amendments will be made to appropriately reflect interventions for consideration and to highlight actions taken.	Falls Group	Apr-18	May-18
The Falls Group and the sub Focus Group are currently exploring the option of the 'Catch a Falling Star' falls study day, focusing on the prevention of falls and appropriate treatment post fall. This has successfully ben implemented in a London Trust with good results and could be tailored for the specific purposes of the WSFT. The option of a Falls Prevention video for patients to watch (as used in Michigan – Bronson Healthcare Group) is being explored to try and assist in the reduction of falls.	Falls Group	May-18	Jun-18

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Nutrition - Asssessment & Monitoring
Standard	95%
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Safe
National Rank	NA

Summary of Current performance & Reasons for under performance

Despite the ongoing capacity pressures and staffing deficits, March has seen an increase in compliance with completing risk assessments and weighing patients from 89% to 90%.

There continue to be pockets of poor compliance in some wards, but the number of wards is decreasing. The wards with the poorest compliance are those with the highest vacancy and who are experiencing major staffing deficits and pressures. Ward G9 has recorded the lowest percentage of compliance in March and is cognisant of the inconsistent staffing the Ward has been managing with.

There has been an improvement in compliance on Ward F3 and G4 where there has been some focused quality improvement work with the NHSi Nutrition Collaborative

Trend | Recovery Trajectory

Indicator	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Nutrition Risk Assessment 48hrs	83%	90%	91%	87%	89%	82%	89%	93%	89%	87%	93%	92%	89%	90%	
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	

Actions in place to recover the performance

Expected timeframes for improvements

Description	Owner	Start	End
1 The Senior Matron team continue to support and promote compliance in risk assessments and weighing patients at ward level	RP	2017	Mar18 complete
2 Monitoring of compliance and performance via 'Perfect Ward'	RP	2017	Mar18 complete
3 Individual action plans continue to be put in place and supported by Senior Matrons and Head of Nursing for areas with persistent poor performance.	RP	2017	Mar18 complete
4 Promotion of staff engagement via the Nutrition focus group to support joint working with the Dieticians, specialist nutrition nurse, ward nurses and nursing assistants and the	RP	2017	Mar18 complete
5 Sharing of the Focus group action plan with all ward areas to promote compliance with weighing patients and improving on recording of risk assessments.	RP	2017	Mar18 complete
6 Monthly feedback on performance is shared via the patient safety dashboard.	RP	2017	Mar18 complete
7 Project to relaunch protected mealtimes at ward level with the support of the communication team, Catering manager, Dietetic team and Senior Matrons.	RP	2017	Mar18 complete
8 Baseline audit has been completed to monitor compliance with protected mealtimes.	RP	2017	Feb18 complete
9 Focused work on two wards to improve compliance with nutrition assessments, promote quality of these assessments and monitor that interventions are appropriate. This is part of the NHSi Nutrition Collaborative initiative the Trust has been selected to be part of. nov17 - May18	RP	2017	May-18

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Timeliness of SI notification and final report submission
Standard	
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Safe
National Rank	NA

Summary of Current performance & Reasons for under performance

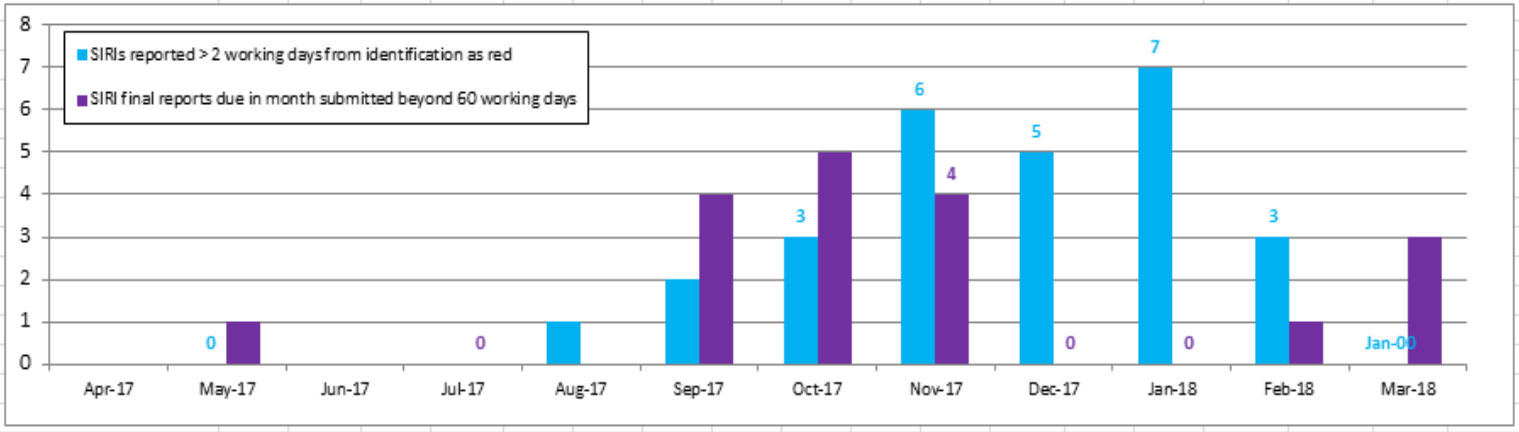
In March the STEIS system was upgraded and moved to an NHS Improvement platform. This resulted in access issues nationally with password access suspended for a large number of trusts. This has now been rectified but the impact was that SI reporting was unavailable for a period of time leading to delays in reporting outside the control of this (and other) Trusts. For this reason there is no performance data provided for this indicator for March. The issue has now been resolved, all SIs have been reported and data will be available for April.
There were three final reports submitted late in March all Community 'In our care' pressure ulcers.

Trend | Recovery Trajectory

Indicator	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
SIRIs reported > 2 working days from identification as red	0	0	0	0	1	2	3	6	5	7	3	ND
SIRI final reports due in month submitted beyond 60 working days	0	1	0	0	0	4	5	4	0	0	1	3

Actions in place to recover the performance — Expected timeframes for improven

Description	Owner	Start	End
Continue to aim for 100% compliance	Governance	2018	Ongoing



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Isolation Data
Standard	95%
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Safe

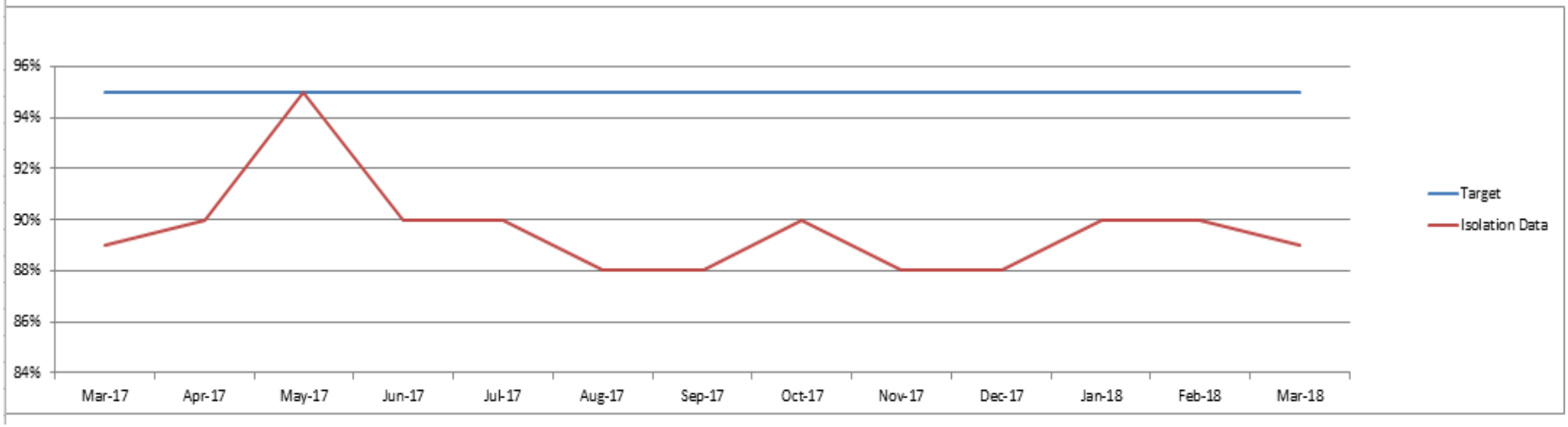
Summary of Current performance & Reasons for under performance

Compliance with Isolation is at 89%. F12 Adult Isolation ward was also at capacity throughout March 2018.

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Isolation Data	89%	90%	95%	90%	90%	88%	88%	90%	88%	88%	90%	90%	89%

Actions in place to recover the performance

Description	Expected timeframes for improvements: Owner	Start	End
Wards were advised on the measures required to mitigate onward transmission.	HB	Sep-17	Mar-18



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Timeliness of RCA action completion
Standard	RCA Actions beyond deadline for completion
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Safe
National Rank	NA

Summary of Current performance & Reasons for under performance

Trend

Recovery Trajectory

Indicator	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Timeliness of RCA action completion	3	1	3	4	1	7	2	9	14	9	8	4

Actions in place to recover the performance — **Expected timeframes for improvements**

Description	Owner	Start	End
Clinical Directors meeting have agreed to take greater oversight of RCA action completion	Clinical Directors	2018	Ongoing
Discussion with Senior matrons and Ward Managers at Nursing & Midwifery and Clinical Council (NMCC)	NMCC	2018	Ongoing

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Safety Thermometer - Harm-Free Care (New Harms)
Standard	95%
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Safe
National Rank	

Background

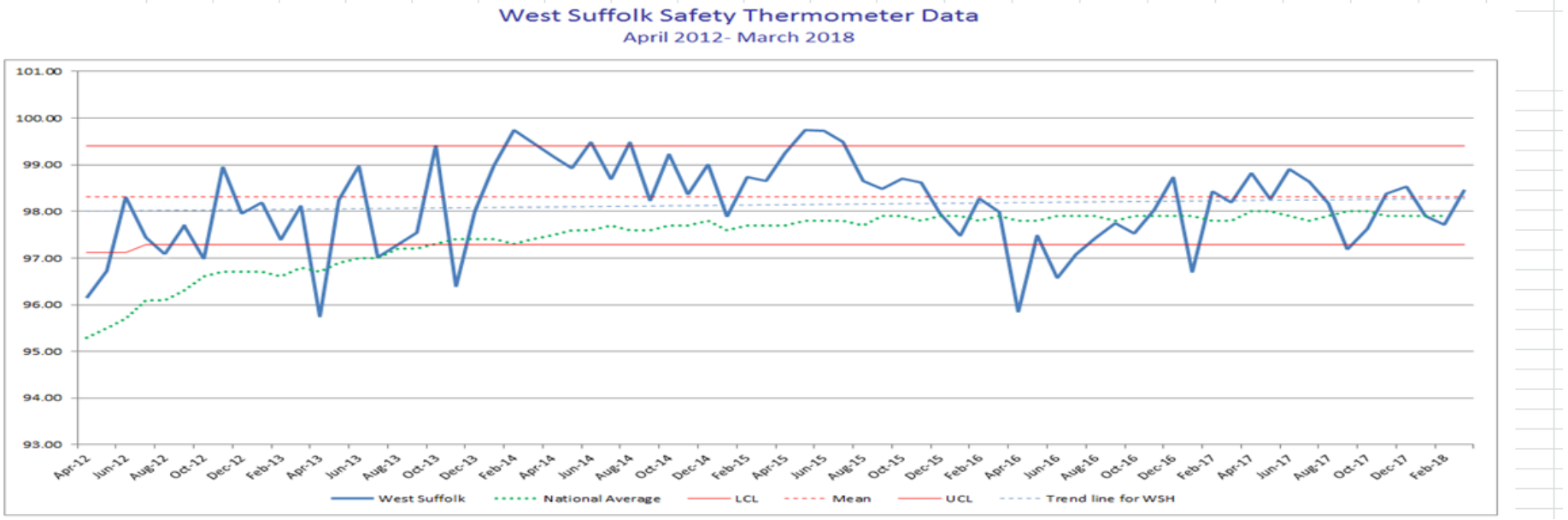
The National 'harm free' care composite measure is defined as the proportion of patients without a pressure ulcer (ANY origin, category II-IV), harm from a fall in the last 72 hours, a urinary tract infection (in patients with a urethral urinary catheter) or new VTE treatment.
The Trust score for March 2018 for new harm free care was 98.47%. It should be noted that the Safety Thermometer is a spot audit and data is collected on a specific day each month. The SPC chart below shows the Trust Harm free care compared to the national benchmark for the period April 2012 to February 2018 and the Trust results for March2018.
RAG rating is defined by the Trust's score compared to the National average. March's National average has not been published yet but if it remains at 97.9 as it has done for the last four months the Trust's score will be above the National average and therefore green.

Trend — Recovery Trajectory

Indicator	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Safety Thermometer - Harm-Free Care	98.43%	98.19%	98.53%	98.26%	98.91%	98.64%	98.18%	97.18%	97.63%	98.38%	98.54%	97.90%	97.71%	98.47%	

Key Recovery Actions

Description	Owner	Start	End
To continue to monitor actual harm against national benchmarks.	HB	Sep-17	2018



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Duty of Candour (DoC)
Standard	Verbal DoC competed within 10 working days
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Safe
National Rank	NA

Summary of Current performance & Reasons for under performance

The Trust's policy PP197 Being Open - The Duty of Candour sets out a process to undertake verbal DoC within 10 working days with an accompanying notification letter to follow. The completion of DoC is captured on the Datix incident system and administered by the Nursing & Governance Directorate. The pathway for capturing DoC undertaken by the Community Health teams is being put into place and is therefore not currently included in the data.

There is one case requiring verbal DoC before the end of March that is still pending. One case (an Amber incident) is still pending completion by a Consultant Surgeon. The Executive Medical Director and Clinical Director for Surgery have been made aware.

Trend

Recovery Trajectory

Indicator	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Verbal DoC competed within 10 working days	3	0	0	0	2	0	1	2	0	2	2	1

Actions in place to recover the performance

Expected timeframes for improvements

Description	Owner	Start	End
Ongoing follow up of leads for overdue DoC	Governance	2018	2018

7. DETAILED REPORTS - EFFECTIVE

Are we safe? | Are we effective? | Are we caring? | Are we responsive? | Are we well-led? | Are we productive?

Are we..		Ref.	KPI	Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD(Apr17-Mar18)	Traffic	Trend
	Dashboard	2.01	Overall HSMR - DFI	<90	ND	88%	88%	88%	88%	85%	87%	ND	ND	ND	ND	ND	ND	87%		
		2.04	Canc. Ops - Cancellations for non-clinical reasons	1%	0.93%	0.6%	0.6%	1.1%	1.0%	1.2%	1.0%	1.4%	1.9%	1.3%	0.8%	1.2%	0.9%	1.1%		
		2.11	Cardiac arrests	NT	13	4	6	4	2	3	6	4	ND	ND	7	ND	ND	36		
2. Effective	Incidents/Reports	2.13	CAS (central alerts system) alerts overdue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		2.15	WHO Checklist (Qrtly)	100%	ND	NA	NA	99%	NA	NA	99%	NA	NA	99%	NA	NA	98%	99%		
		2.16	TA business case beyond deadline	0%	ND	0	0	0	0	0	0	0	0	0	0	0	0	0		
		2.19	Av. Elective LOS (excl. 0 days)		2.92	2.75	3.26	2.7	2.54	2.79	2.73	2.93	2.85	2.98	3.06	2.27	3.32	2.85		
		2.20	Av NEL LOS (excl 0 days)		7.73	7.59	7.85	7.66	7.47	7.93	7.54	8.23	7.66	7.56	8.40	7.63	7.67	7.77		
		2.21	% of NEL 0 day LOS		20%	19.4%	18.6%	20.3%	18.6%	17.4%	17.5%	18.8%	16.6%	14.7%	13.2%	13.4%	13.89%	17%		
		2.22	NHS number coding	99%	100%	99.7%	99.7%	99.7%	99.4%	99.5%	99.6%	99.6%	99.7%	99.6%	99.7%	99.7%	99.69%	100%		
		2.23	Fractured Neck of Femur : Surgery in 36 hours	85%	88%	97%	96%	96%	85%	97%	97%	96%	84%	100%	100%	96%	93%	95%		
		2.25	Discharge Summaries (OP 85% 3d,)	85%	62%	65%	62%	57%	57%	57%	55%	58%	58%	58%	60%	58%	56%	58.4%		
		2.26	Discharge Summaries (A&E 95% 1d)	95%	97%	87.9%	88.8%	87.5%	86.7%	85.7%	85.9%	83.6%	84.2%	82.6%	84%	83.4%	82.3%	85%		
		2.27	Discharge Summaries (IP 95% 1d)	95%	92%	92.0%	93.3%	93.4%	ND	ND	ND	ND	ND	70.9%	71.1%	70.3%	71.6%	80.4%		
		2.29	All Cancer 2ww services available on C&B	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
		2.30	Canc. Ops - Patients offered date within 28 days	100%	97%	93.33%	93.75%	93.18%	88.46%	75.00%	92.00%	84.62%	98.11%	76.67%	94.74%	96.55%	91.67%	89.8%		
		2.31	Canc. Ops. - No. Cancelled for a 2nd time	NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

7. EXCEPTION REPORTS – EFFECTIVE

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Discharge Summaries (Inpatients)
Standard	95%
Name	Helen Beck
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Effective

Summary of Current performance & Reasons for under performance

March figure of 71.6%. The trust takes the issue of prompt delivery and quality for discharge summaries very seriously. Over the past few weeks we have undertaken significant analysis to understand the performance position in much greater detail.

Indicator	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
IP Discharge Summaries	74.0%	75.7%	75.5%	72.5%	72.7%	71.6%	73.3%	68.7%	70.9%	71.1%	70.3%	71.6%

Actions in place to recover the performance

Expected timeframes for improvements

Description	Owner	Start	End
We are now clear on which areas are underperforming and are working with these as priority areas. In particular we are initially focusing on high volume, high pace areas such as day surgery unit and eye treatment centre who have historically struggled to achieve the target. We also now have a real time report that ensures wards are clear on which summaries are oustanding and we are actively performance managing each area in support of achieving this target. We are also creating a weekly summary report for Clinical Directors to hold their teams to account for achievement. The Board should be aware that this is a signficant behaviour change across the organisation. We are clear that quality is as important as speed and therefore we are addressing this at the same time and therefore the required change will take some bed to embed.	NJ	Dec-17	Ongoing

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Discharge Summaries
Standard	95%
Name	Helen Beck
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Effective

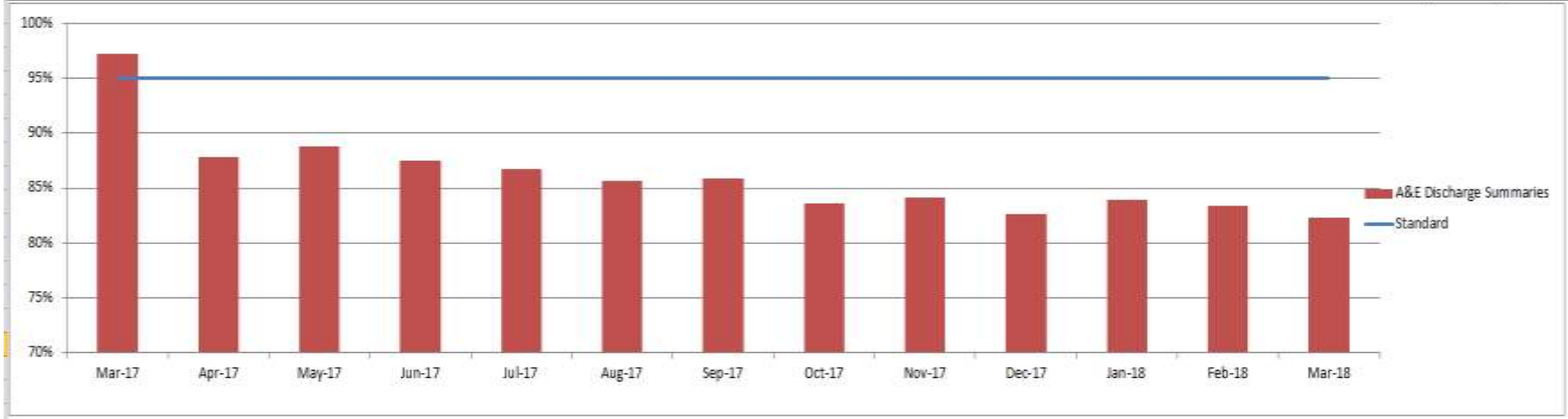
Summary of Current performance & Reasons for under performance

This continues to be an on-going problem despite a significant amount of focus on this from the ED. The recent implementation of ECDS dataset in April has also caused additional technical issues which will impact on performance next month.

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
A&E Discharge Summaries	97%	88%	89%	88%	87%	86%	86%	84%	84%	83%	84%	83%	82%

Actions in place to recover the performance — **Expected timeframes for improvements**

Description	Owner	Start	End
Around 40% of ED discharge summaries relate to patients that have been referred to other specialities and so should be completed by them (i.e. Surgery, Medical teams, O&G, etc). Information on outstanding discharge summaries is being sent to each speciality on a regular basis to ensure that these are completed. ED Medical staff are regularly reminded about completing discharge summaries on the day of discharge. There are also plans to improve automatic completion of discharge summaries as part of the ED optimisation project - the Clinical Workflow element of this is being implemented on 26th March. Meeting called by Nick Jenkins for 25th April to review situation, current actions and plans going forward.	NJ	Jun-17	TBC



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

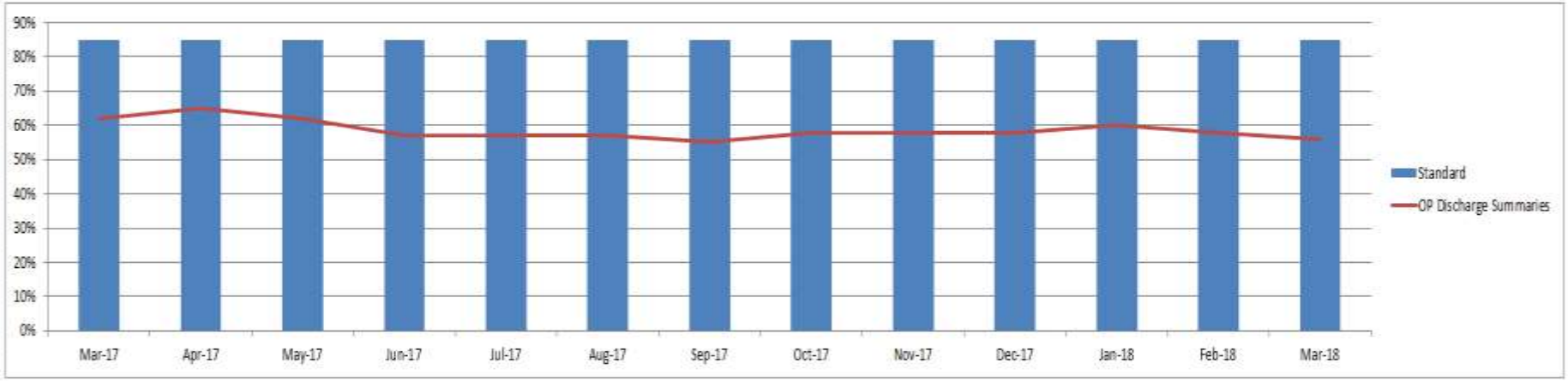
Indicator	Discharge Summaries (Outpatients)
Standard	85%
Name	Helen Beck
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Effective

Summary of Current performance & Reasons for under performance

March figure is 56%. The secretarial flow within e-Care has been a known issue to the Board since implementation in May 2016.

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
OP Discharge Summaries	62%	65%	62%	57%	57%	57%	55%	58%	58%	58%	60%	58%	56%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
We have been working with Cerner to make improvements however these have been minimal and as such the workflow remains slow. On this basis we have recently procured a new solution called MMODAL which introduces voice recognition for the clinician which will result in significant producivity gains for secretaries. This should improve the position signficantly for letter creation. We will be phasing implementation of the first few services with a view to being operational by October 2018.	NJ	Dec-17	Ongoing



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Cancelled Operations for non-clinical reasons
Standard	Less than 1%
ED Name	Helen Beck
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Effective

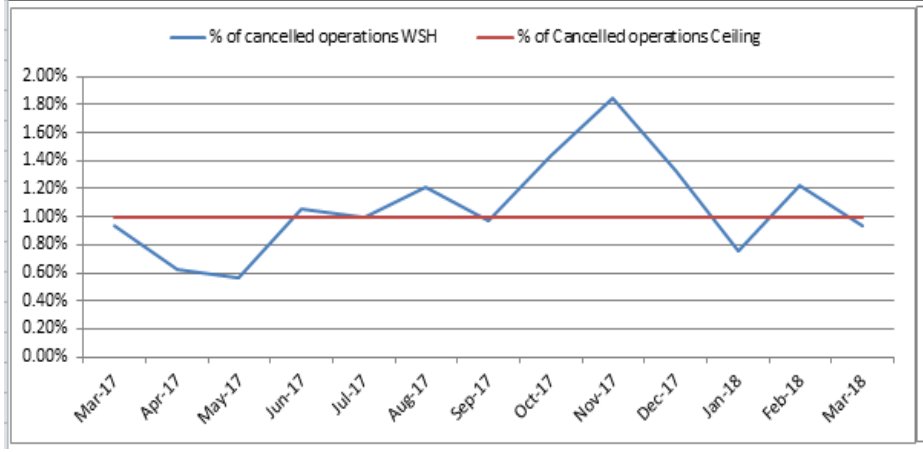
Summary of Current performance & Reasons for under performance

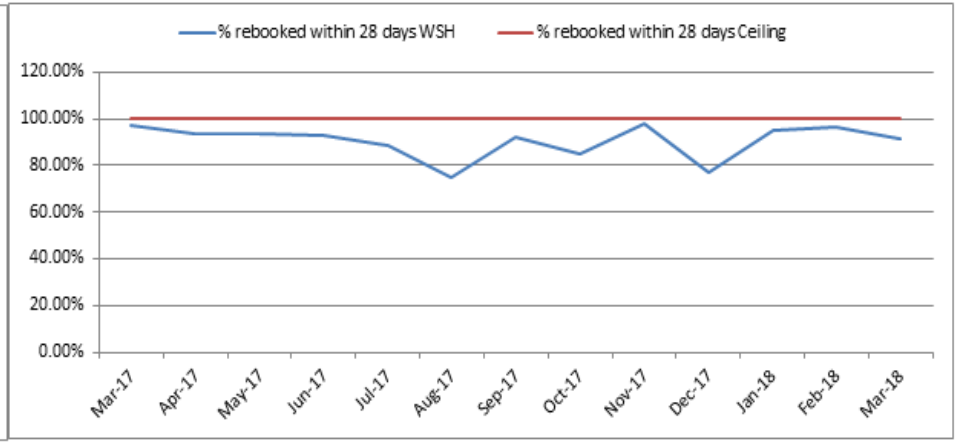
Provider cancellation of Elective Care operation for non-clinical reasons either before or after Patient admission. Current Position - 0.93% against a threshold of 1%.

Patients offered date within 28 days of cancelled operation - Two ophthalmic patients were cancelled on their day of surgery due to problems with graft material but were not able to be re-booked within 28 days due to the availability of corneal grafts. Both patients have now been listed for surgery on the 8th of May.

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
% of cancelled operations WSH	0.93%	0.62%	0.56%	1.05%	1.00%	1.21%	0.97%	1.44%	1.85%	1.33%	0.75%	1.22%	0.93%
% of Cancelled operations Ceiling	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
% of cancelled Ops National Av.	1.1%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
% rebooked within 28 days WSH	97.00%	93.33%	93.80%	93.20%	88.50%	75.00%	92.00%	84.60%	98.10%	76.70%	94.70%	96.55%	91.67%
% rebooked within 28 days Ceiling	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

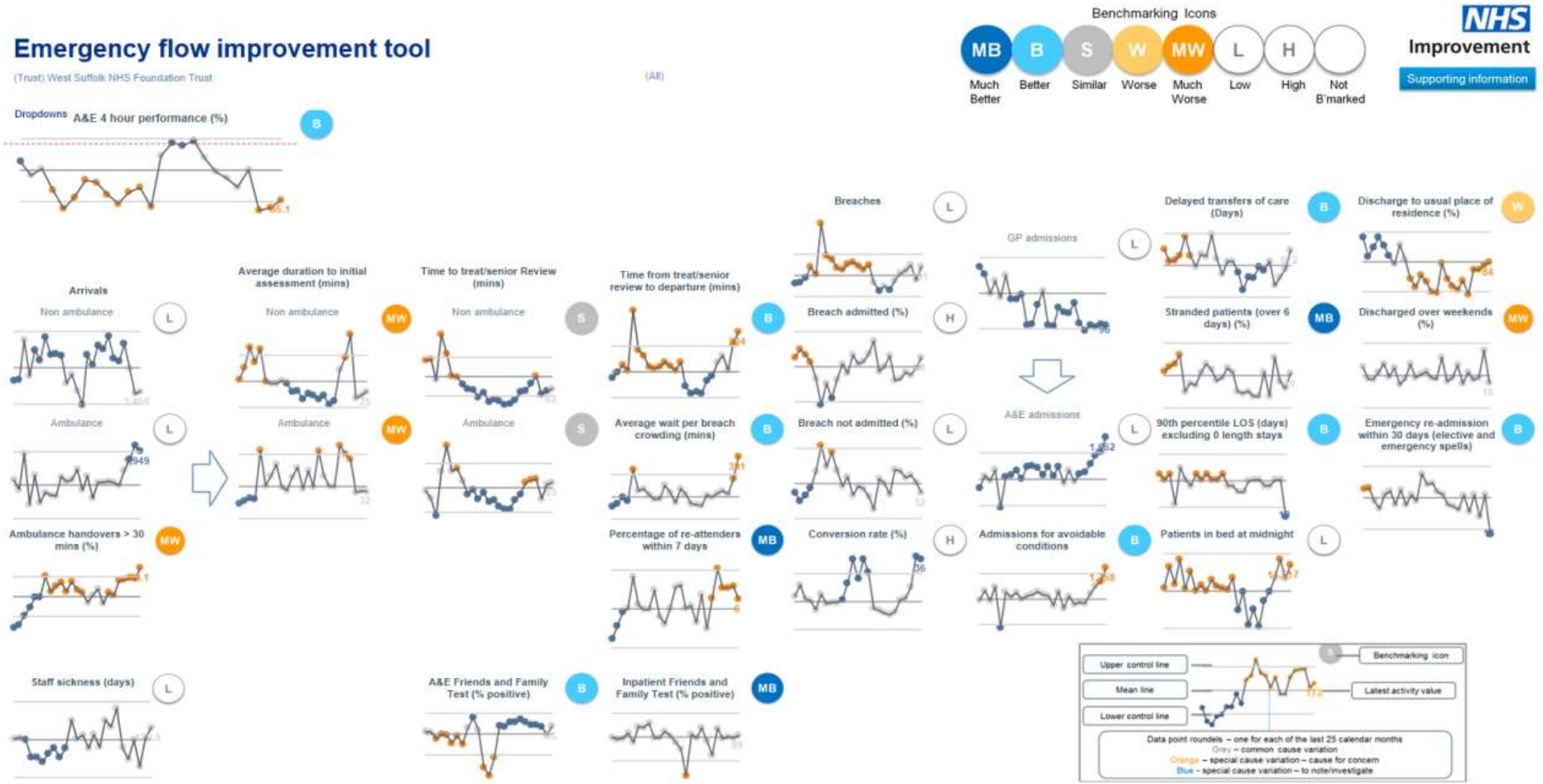
Actions in place to recover the performance	Expected timeframes for improvements		
Cancelled Ops (Non-Clinical) This indicator is being closely monitored via the access meeting. Patients Offered within 28 Days – This indicator is not formally agenda'd on each Access meeting for discussion. The intention is to always re-date a patient cancelled for a non-clinical reason within 28 days but this can be restricted by patient choice and capacity constraints in some specialities. Each breach will be recorded on Datix.	HB	Jul-17	





Emergency Flow

The new indicators in the Effective dashboard will be populated using the new Cerner System. NHS Improvement has produced a high-level flow benchmark analysis which is set out below (Trust data up to February 2018 for some Indicators- *Source: Model Hospital*).



DETAILED REPORTS - CARING

Are we safe? | Are we effective? | **Are we caring?** | Are we responsive? | Are we well-led? | Are we productive?

Ref.	KPI	Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD(Apr17-Mar18)	Traffic	Trend
3.01	Compliments (Logged by Patient Experience)		28	41	52	26	56	28	17	33	87	151	64	20	45	620		
3.02	Complaints (Inpatient)	20	11	10	10	10	6	16	16	17	13	8	12	19	9	146		
3.03	Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2		
3.04	IP - Extremely likely or Likely to recommend (FFT)	90%	99%	98%	97%	99%	98%	98%	98%	99%	96%	98%	97%	98%	98%	98%		
3.05	OP - Extremely likely or Likely to recommend (FFT)	90%	96%	95%	96%	97%	95%	95%	96%	96%	96%	99%	95%	96%	95%	96%		
3.06	A&E - Extremely likely or Likely to recommend (FFT)	85%	96%	97%	96%	95%	95%	95%	92%	95%	94%	94%	96%	95%	94%	95%		
3.07	Maternity - How likely are you to recommend our ward to friends and family?	85%	100%	100%	100%	100%	100%	ND	ND	99%	100%	97%	100%	93%	100%	99%		
3.09	IP overall experience result	85%	94%	93%	92%	94%	94%	93%	93%	96%	96%	95%	94%	95%	96%	94%		
3.10	OP overall experience result	85%	91%	92%	85%	88%	89%	91%	89%	95%	94%	95%	96%	97%	96%	92%		
3.11	A&E overall experience result	85%	94%	94%	96%	94%	94%	95%	94%	93%	94%	94%	94%	94%	94%	94%		
3.12	A&E children overall experience result	85%	100%	ND	100%	94%	ND	ND	ND	ND	ND	ND	ND	ND	ND	97%		
3.14	Short-stay overall result	85%	98%	99%	99%	100%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%		
3.15	Short-stay Extremely likely or Likely to recommend	90%	99.6%	98.7%	98.6%	99.7%	99.5%	99%	99%	99%	97%	100%	99.4%	99.7%	99%	99%		
3.16	Maternity - overall	85%	100%	98%	100%	100%	100%	100%	100%	100%	98%	95%	100%	93%	100%	99%		
3.17	Maternity - postnatal ward recommendation to F&F	90%	100%	100%	100%	100%	ND	ND	100%	100%	ND	ND	ND	ND	ND	100%		
3.18	Maternity - birthing unit recommendation to F&F	90%	ND	100%	100%	100%	ND	ND	100%	100%	100%	ND	100%	100%	ND	100%		
3.19	Maternity -antenatal community care rec. to F&F	90%	95%	97%	98%	100%	ND	ND	100%	96%	ND	ND	ND	ND	ND	98%		
3.20	Maternity -post-natal community care rec. to F&F	90%	100%	100%	98%	ND	ND	ND	100%	98%	ND	ND	ND	ND	ND	99%		
3.22	F1 Parent overall result	85%	97%	97%	99%	99%	95%	100%	100%	99%	95%	98%	98%	98%	98%	98%		
3.23	F1 Parent - Extremely likely or Likely to recommend (FFT)	90%	100%	100%	100%	100%	92%	100%	100%	100%	94%	97%	100%	100%	100%	99%		
3.24	Stroke Care - Overall Result	85%	95%	94%	ND	98%	99%	ND	99%	100%	85%	ND	98%	95%	100%	96%		
3.25	Stroke Care - How likely is it that you would recommend the service to friends and family?	90%	100%	93%	ND	95%	100%	100%	95%	100%	100%	ND	100%	100%	100%	98%		
3.27	Complaints acknowledged within 3 working days	90%	ND	ND	90%	100%	100%	93%	94%	100%	100%	87%	92%	100%	100%	96%		
3.28	Complaints responded to within 25 working days	90%	100%	100%	90%	75%	100%	85%	67%	81%	82%	50%	60%	17%	54%	72%		
3.29	Number of second letters received	1	1	3	0	2	1	1	1	2	0	1	0	0	1	12		
3.30	Health Service Referrals accepted by Ombudsman		0	0	2	0	1	0	0	0	0	1	1	1	0	6		
3.31	No. of complaints to Ombudsman upheld	0	ND	ND	ND	ND	ND	ND	ND	ND	0	0	0	0	0	0		
3.33	No. of PALS contacts	NA	230	172	188	169	176	137	167	190	167	124	161	178	205	2034		
3.34	No. of PALS contacts becoming formal complaints	<=5	1	0	0	0	1	4	2	3	4	1	3	6	1	25		
3.37	Environment & cleanliness - Patient Satisfaction	75%	89%	93%	92%	92%	92%	94%	93%	94%	95%	94%	93%	94%	96%	94%		
3.38	Catering - Patient Satisfaction with food - overall	75%	82%	83%	81%	85%	78%	85%	81%	87%	77%	85%	78%	88%	77%	82%		

8. EXCEPTION REPORTS - CARING

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Complaints - Response Timeframe
Standard	90%
Name	Rowan Procter
Month	March
Data Frequency	Monthly
CQC Area	Caring
National Rank	

Summary of Current performance & Reasons for under performance

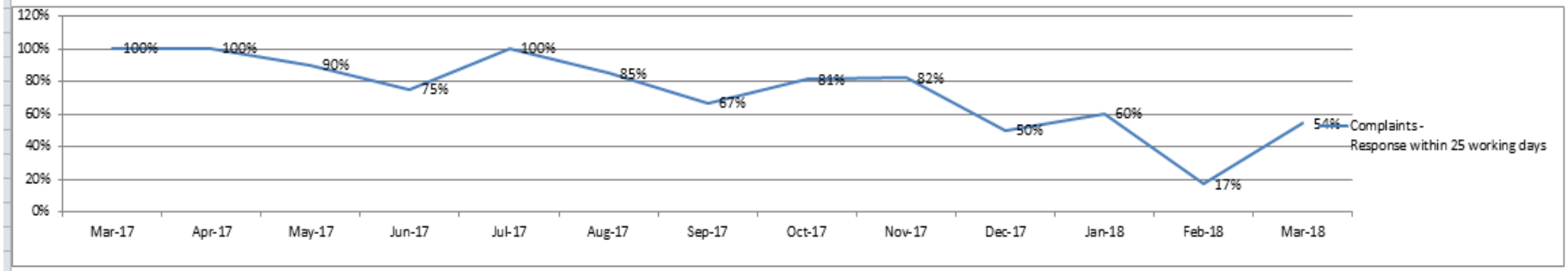
6 out of 13 responses due were not responded to within their timeframes. This is in part due to delays in receiving information from staff and also a reflection of the capacity in the Patient Experience Team.

Trend | Recovery Trajectory

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Response within 25 working days	100%	100%	90%	75%	100%	85%	67%	81%	82%	50%	60%	17%	54%

Actions in place to recover the performance | **Expected timeframes for improvement**

Description	Owner	Start	End
To continue to monitor	HB		



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Mixed Sex Accommodation Breaches
Standard	0%
Name	Helen Beck
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Caring

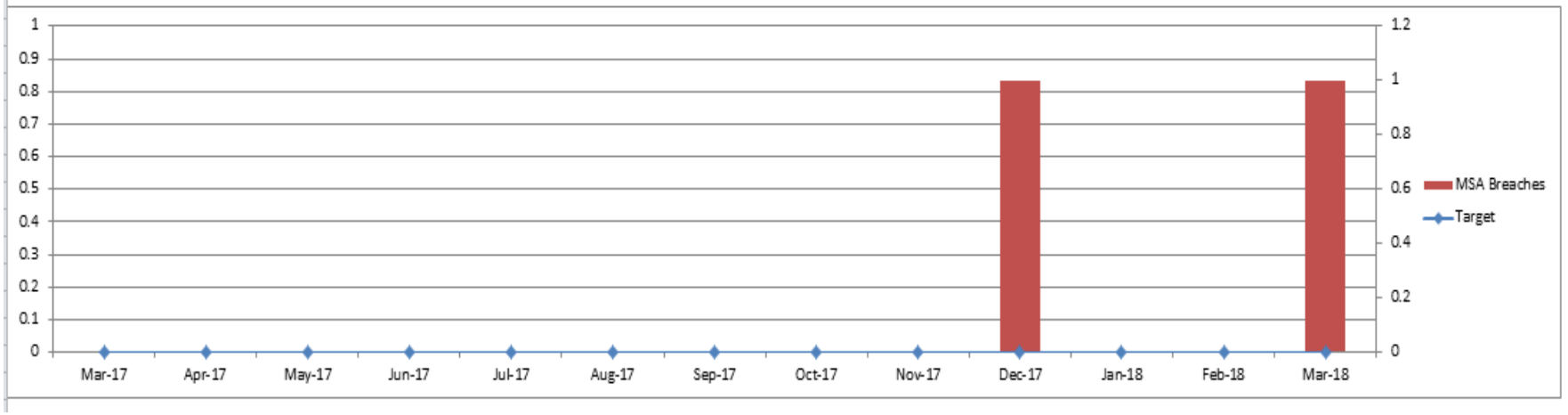
Summary of Current performance & Reasons for under performance

Same sex accommodation breaches are rare and reported in ITU. On this occasion it lasted for a few hours while a ward bed for one of the patients was available.

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Target	0	0	0	0	0	0	0	0	0	0	0	0	0
MSA Breaches	0	0	0	0	0	0	0	0	0	1	0	0	1

Actions in place to recover the performance — **Expected timeframes for improvements**

Description	Owner	Start	End
Bed managers are informed when a patient is made wardable. The risks of same sex accommodation breaches are considered before moving patients into HDU/ in or out of side rooms. Patients are discharged as soon as a ward bed is available. Expected timeframes for improvements - Dependent upon Trust pressures and bed availability however it was agreed at the recent TEG to make ITU discharges a priority.			



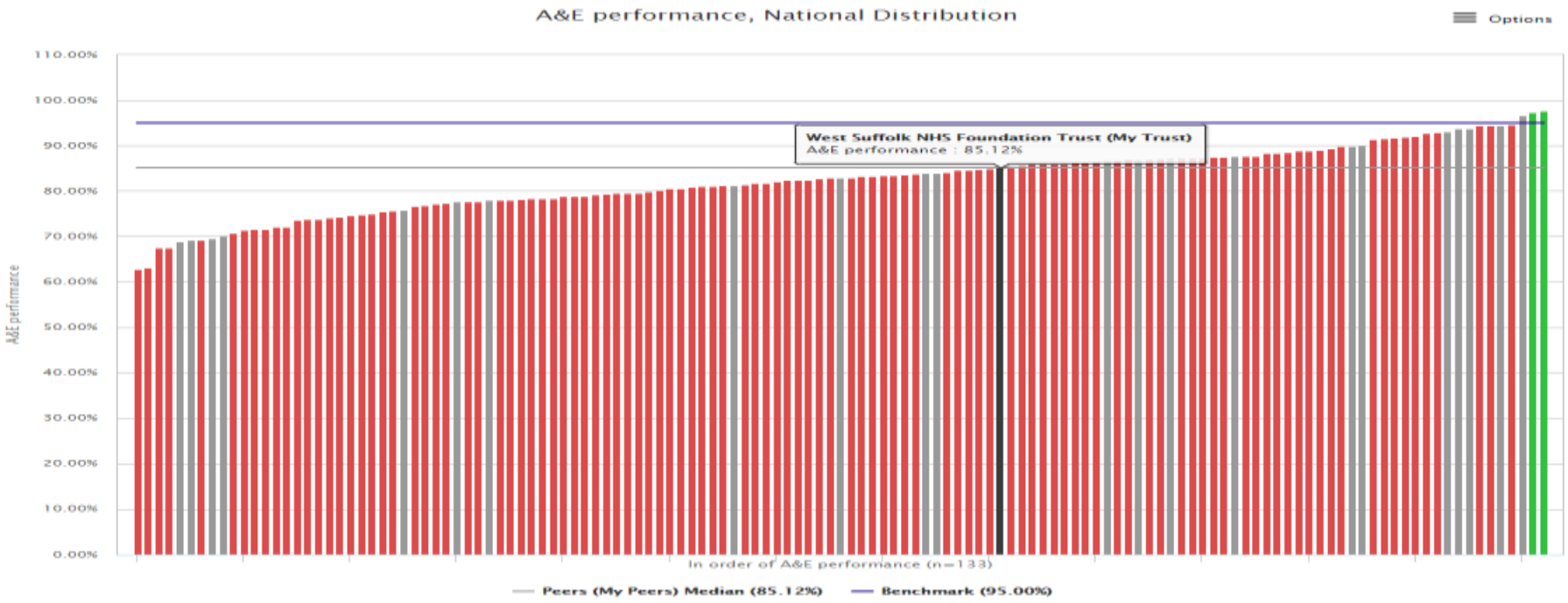
DETAILED REPORTS - RESPONSIVE

Are we safe? | Are we effective? | Are we caring? | Are we responsive? | Are we well-led? | Are we productive?

KPI	Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD(Apr17-Mar18)	WTG	Traffic	Trend
A&E under 4 hr. wait	95%	93%	95%	95%	96%	92%	90%	89%	87%	90%	83%	84%	85%	85%	89%	2		
RTT: % Incomplete pathways within 18 weeks	92%	90%	82%	80%	83%	84%	86%	86%	87%	89%	89%	90%	90%	ND	86%	2		
52 week waiters	0	8	15	14	15	35	26	29	26	21	15	14	13	ND	223	2		
Diagnostics within 6 weeks	99%	99.91%	99.9%	99.9%	100%	99.5%	100%	100%	100%	100%	100%	100%	99.8%	99.3%	100%	6		
Cancer: 2w wait for urgent GP Referrals	93%	97.7%	93.9%	92.3%	96.6%	94.5%	96.0%	91.4%	88.4%	97.9%	97.2%	98.0%	97.5%	94.7%	94%	6		
Cancer 2w wait breast	93%	94%	94.0%	99.3%	88.8%	98.1%	100.0%	98.3%	100.0%	100.0%	99.1%	97.1%	92.9%	86.7%	96%	6		
Cancer 31 d First Treatment	96%	99%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	6		
Cancer 31 d Drug Treatment	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	6		
Cancer 31 d Surgery	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	6		
Cancer 62 d GP referral	85%	83%	89%	83%	86%	85%	86%	87%	94%	90%	87%	87%	80%	88%	87%	6		
Cancer 62 d Screening	90%	97%	100%	100%	90%	100%	100%	91%	100%	83%	100%	93%	86%	95%	95%	6		
Number of Delayed Transfer of Care - (DTOCs)	NT	294	417	411	511	481	565	337	250	279	314	326	393	321	384			
A&E time to treatment in department (median) for patients arriving by ambulance - CDM	NT	53	35	43	52	52	50	62	59	41	62	57	75	64	54	3		
A&E - Single longest Wait (Admitted & Non-Admitted)	6 hrs.	22:32	09:57	13:57	10:10	13:53	11:46	12:01	15:44	22:04	16:48	18:11	17:18	19:50	15:08			
A&E -Waits over 12 hours from DTA to Admission	12 Hrs.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3		
A&E - Admission waiting 4-12 hours from dec. to admit		5	14	3	6	5	5	14	10	17	50	122	30	46	26.8	1		
A&E - To inpatient Admission Ratio	27%	32.0%	29.1%	29.0%	28.3%	27.9%	29.2%	30.5%	30.4%	30.0%	32.8%	31.9%	32.1%	29.6%	30.1%	3		
A&E Service User Impact (re-attendance in 7 days <5% & time to treat)	1 met	1	1	1	1	1	1	1	1	1	1	1	1	1	12	3		
A&E/AMU - Amb. Submit button complete	80%	88%	93.0%	91.1%	91.7%	91.0%	89.9%	90.3%	87.7%	88.2%	89.4%	85.7%	89.6%	93.5%	90%	3		
A&E - Amb. Handover above 30m	30m	48	21	38	31	39	19	15	0	84	110	72	87	ND	47	3		
A&E - Amb. Handover above 60m	60m	18	3	16	9	7	16	30	0	46	54	38	30	ND	249	3		
RTT - 18w Admitted (Completed)	90%	69%	69.2%	67.8%	70.3%	72.9%	69.7%	73.8%	72.0%	70.9%	69.9%	72.6%	73.5%	ND	71%	1		
RTT - 18w Non-admitted (Completed)	95%	85%	86.2%	87.0%	87.3%	87.6%	85.8%	87.3%	84.9%	85.8%	90.6%	88.7%	93.9%	ND	88%	1		
RTT waiting List		18127	22110	22144	19931	18676	17346	17236	16694	16641	16195	15363	15804	ND	18013			
RTT waiting list over 18 weeks		1834	3929	4492	3316	2629	2441	2467	2171	1843	1775	1504	1650	ND	2565			
Stroke - % Patients scanned within 1 hr.	77%	88%	87%	80%	72%	82%	79%	78%	76%	74%	76%	86.7%	76.7%	70%	78%	3		
Stroke - % patients scanned within 12 hrs.	96%	100%	98%	98%	95%	95%	96%	90%	97%	92%	96%	98.3%	100.0%	97.5%	96%	3		
Stroke - % Patients admitted directly to stroke unit within 4h	75%	75%	89%	71%	76%	78%	79%	83%	72%	73%	60%	75.4%	79.3%	72.5%	76%	3		
Stroke - % greater than 80% of treatment on a stroke unit	90%	88%	98%	88%	88%	94%	98%	93%	89%	93%	91%	93.0%	96.6%	87.5%	92%	3		
Stroke - % of patients treated by the SESDC	48%	34%	50%	48%	75%	46%	33%	51%	50%	31%	32%	61.5%	50.0%	51.4%	48%	3		
Stroke -% of patients assessed by a stroke specialist physician within 24 hrs. of clock start	80%	94%	93%	86%	95%	92%	88%	85%	83%	82%	89%	93.3%	83.3%	95%	89%	3		
Stroke -% of patients assessed by nurse & therapist within 24h. All rel. therapists within 72h	75%	72%	87%	80%	90%	88%	90%	92%	77%	76%	78%	93.0%	86.2%	86.8%	85%	3		
Stroke -% of eligible patients given thrombolysis	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100.0%	100%	3		
Stroke -Provider rating to remain within A-C	C	ND	ND	C	ND	ND	ND	ND	ND	ND	ND	C	ND	C	C			
Sepsis - 1 hr neutropaenic sepsis	100%	80%	63.6%	47.1%	63.2%	68.8%	82.6%	62.5%	79.0%	73.9%	53.9%	80%	75%	58.3%	67.3%	1		

EXCEPTION REPORTS – RESPONSIVE

A&E performance has fallen from 95.1% in Qtr. 1 to 87% in Qtr. 3 at West Suffolk. The first table (latest available data – February 2018) shows the relative performance of West Suffolk compared with peers and the national average. The second chart show performance of West Suffolk against the peers and national median (*Source: Model Hospital)*.



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	A&E 4 hour wait
Standard	95%
Name	Helen Beck
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

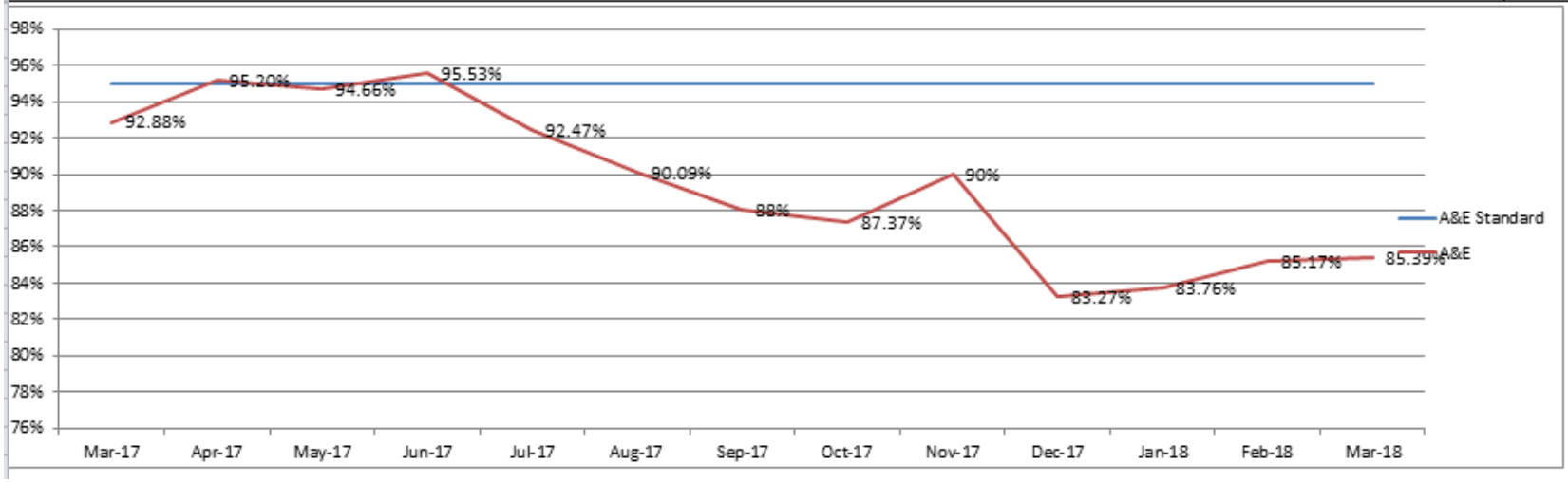
Demand has remained higher than this time last year. Main reasons for non-compliance with the 4 hour target continues to be delay to be seen by a clinical decision maker (CDM), with a majority of the delays being out of hours. This is due to gaps in the medical workforce which continue at middle grade level. There continues to be capacity issues related to flow of patients from ED to the Assessment areas.

The ED Task & Finish group are reviewing the Demand and Capacity data from 2017/18 and looking at options to improve medical staffing. Work continues on planning for the new AAU unit to open in November 2018.

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
A&E Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
A&E	92.88%	95.20%	94.66%	95.53%	92.47%	90.09%	88%	87.37%	90%	83.27%	83.76%	85.17%	85.39%

Actions in place to recover the performance — **Expected timeframes for improvements**

Description	Owner	Start	End
The middle grade rota has been changed to a 6 person rota (from a 10 person) rota to allow 24-hour coverage. Additional middle grade level support will be starting in April and June. An ED task and Finish Group, Executive led, has been re established with numerous work streams to address challenges in the	HB	Jul-17	TBC



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	A&E To Inpatient Admission Ratio
Standard	27%
Name	Helen Beck
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Responsive

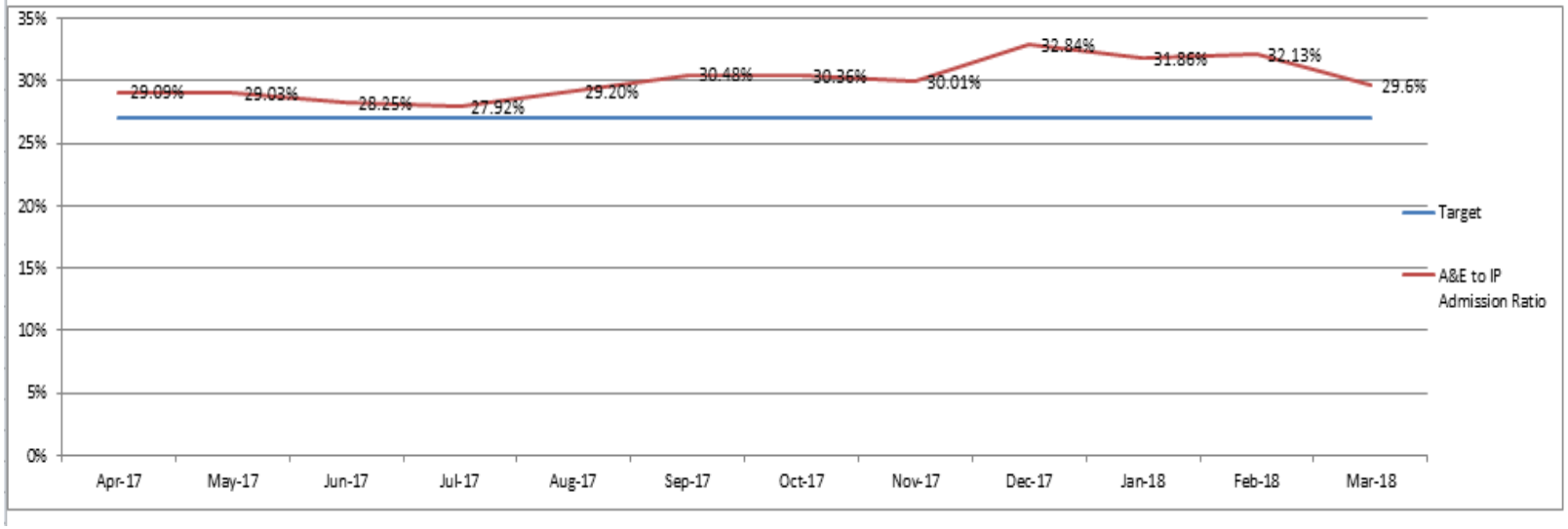
Summary of Current performance & Reasons for under performance

ED participated in an audit with the support of ECIST to review reasons for admission. The audit concluded that of the patients reviewed they were appropriate for admission. ECIST will be providing more detail when they send us a report.

Indicator	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Target	27%	27%	27%	27%	27%	27%	27%	27%	27%	27%	27%	27%
A&E to IP Admission Ratio	29.09%	29.03%	28.25%	27.92%	29.20%	30.48%	30.36%	30.01%	32.84%	31.86%	32.13%	29.6%

Actions in place to recover the performance — **Expected timeframes for improvements**

Description	Owner	Start	End
Further analysis has been commissioned in cluding working with ECIST, to understand the reasons for the higher conversion rate, after which specific actions can be agreed.	HB		



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	A&E 4-12 Hr DTA
Standard	4.16
Name	Helen Beck
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Responsive

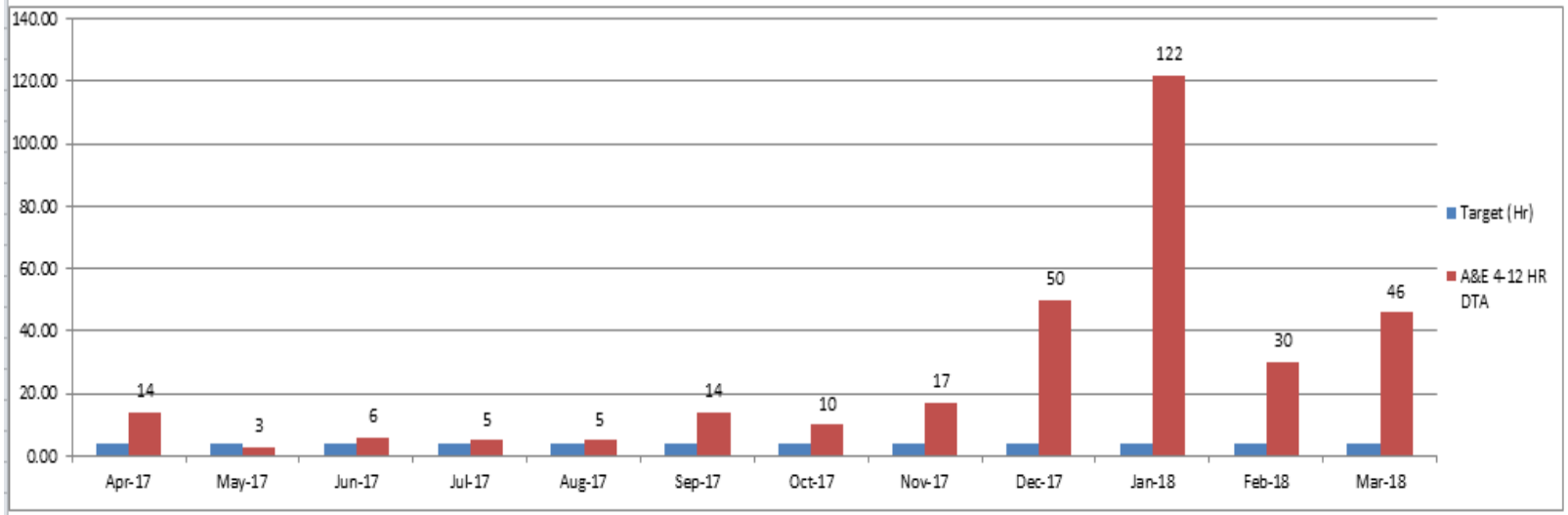
Summary of Current performance & Reasons for under performance

Delays in DTA are related to the following:
a) Reduced level of middle grade doctors in ED especially at night
b) Increased demand
c) Capacity issues caused by flow constraints across the Trust
d) Delays to be seen by speciality team (not meeting Internal Professional Standards)

Indicator	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Target (Hr)	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16
A&E 4-12 HR DTA	14	3	6	5	5	14	10	17	50	122	30	46

Actions in place to recover the performance — **Expected timeframes for improvements**

Description	Owner	Start	End
	HB		



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Stroke
Standard	
Name	Helen Beck
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

4 hours to stroke unit - Target 75% scored 72.5%: The vast majority of breaches were due to no stroke beds being available, this was either because there were no beds in the trust for medical patients to move out to or all beds were filled with stroke patients, one breach occurred because patient had infectious issues and needed a side room which had to be created and a couple of patients were admitted elsewhere as not initially thought to be a stroke.

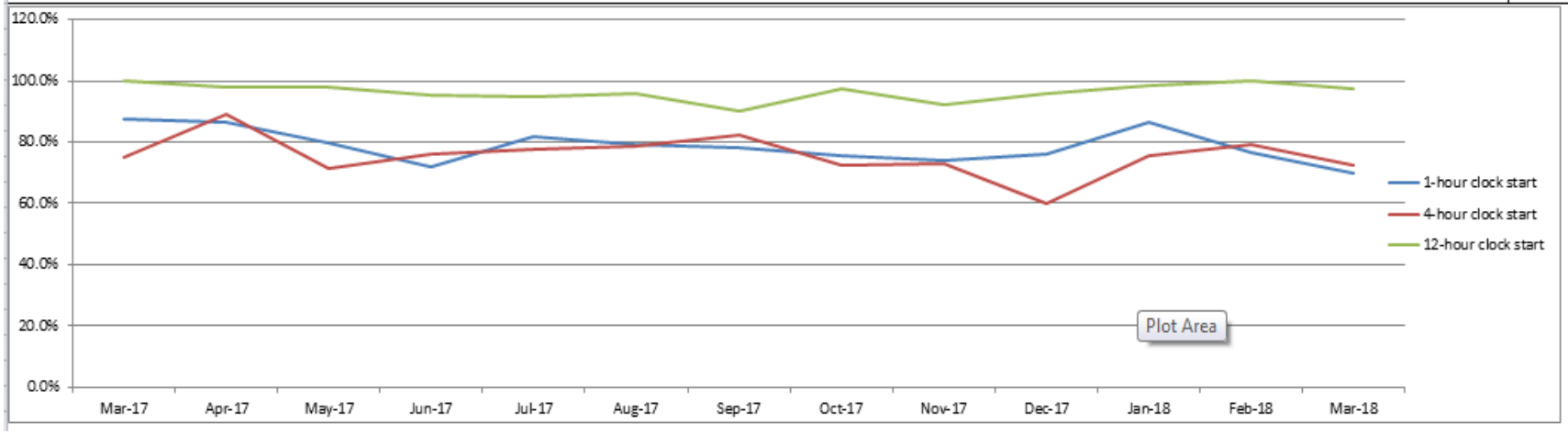
90% Stay on the stroke unit - Target 90% - Achieved 87.5%: 5 breaches, one a short LOS, one and inpatient stroke and the remaining due to no bed so part of care was elsewhere.

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
1-hour clock start	87.5%	86.7%	79.6%	72.1%	81.6%	79.2%	78.1%	75.7%	74%	76%	86.7%	76.7%	70%
4-hour clock start	75.0%	88.9%	71.4%	76.2%	77.8%	78.7%	82.5%	72.2%	73%	60%	75.4%	79.3%	72.5%
12-hour clock start	100.0%	97.8%	98.0%	95.4%	94.7%	95.8%	90.2%	97.3%	92.3%	96%	98.3%	100%	97.5%

Actions in place to recover the performance

Expected timeframes for improvements

Description	Owner	Start	End
Work going on throughout the Trust to improve patient flow.	RP	Sep-17	



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Cancer: 2-week wait Breast Referrals
Standard	93%
Name	Helen Beck
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Current Performance: 86.67% Due to patient related factors, patient choice/cancellation 1st offered appoints including bad weather and one patient changing their on time appointment in the C&B to breach, the Trust was not able to see 12 patients within 14 days in March.

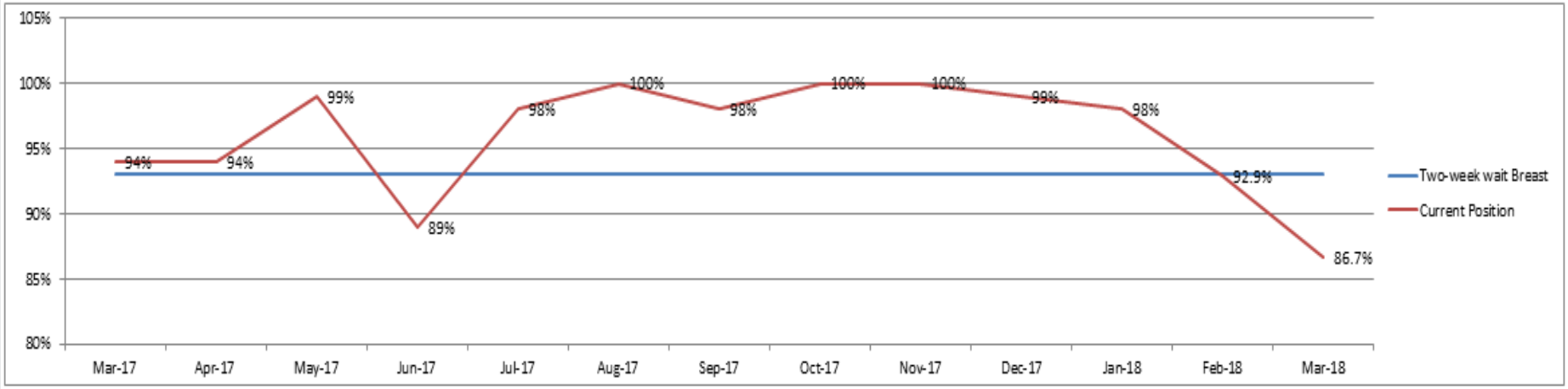
Owing to this, the Trust is predicting to report 92.4%, little under the national standard, for the quarter ending March.

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Two-week wait Breast	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
Current Position	94%	94%	99%	89%	98%	100%	98%	100%	100%	99%	98%	92.9%	86.7%

Actions in place to recover the performance

Expected timeframes for improvements

Description	Owner	Start	End
Trust has agreed with the CCG for them to provide a patient reminder card highlighting the importance of accepting first offered appointments. CCG are in process to make these cards available across their practices and which is aimed to improve patient attendance.	HB		



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Cancer: 62-day GP Referral
Standard	85%
Name	Helen Beck
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

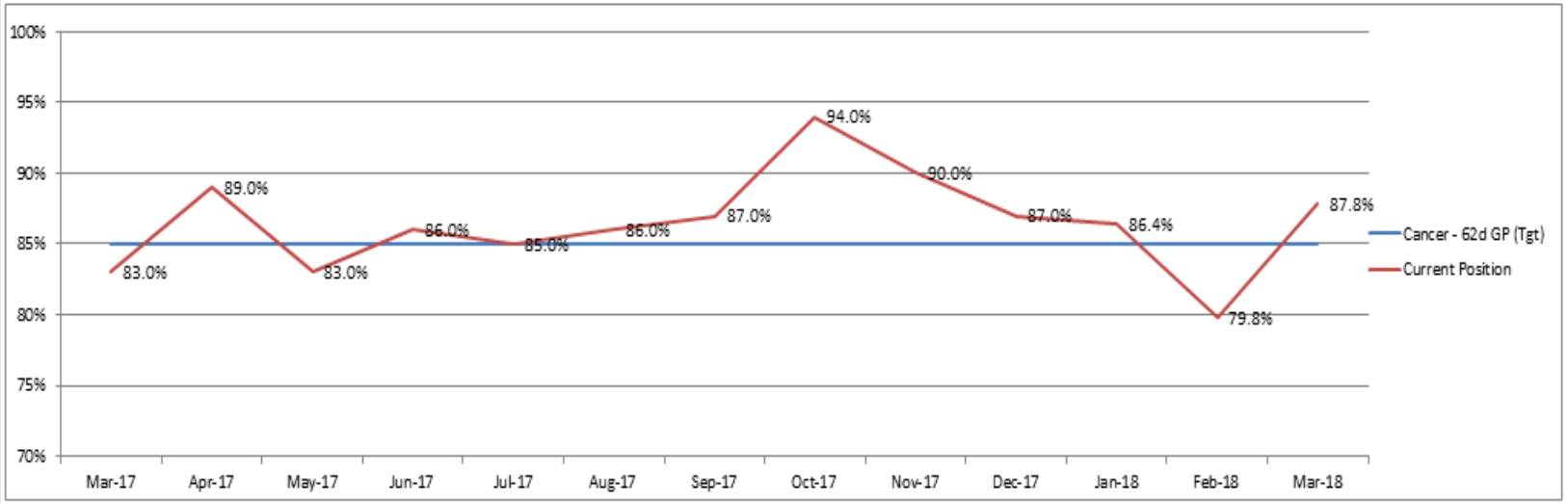
Current Performance: 87.83% This is provisional for March. There were 3 breaches in Colorectal, one in breast and 2 in Urology-prostate pathways with combination inadequate capacity to perform endoscopy, trans perineal biopsy for tissue diagnosis and complexities of requiring more than normal investigations to staging the disease to offer best treatment options.

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Cancer - 62d GP (Tgt)	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Current Position	83.0%	89.0%	83.0%	86.0%	85.0%	86.0%	87.0%	94.0%	90.0%	87.0%	86.4%	79.8%	87.8%

Actions in place to recover the performance

Expected timeframes for improvements

Description	Owner	Start	End
The recovery in this standard is reliant on, trust capacity for endoscopy and trans perineal biopsies, which are very limited and the trained bodies to do TPB is also limited. To sustain this recovery requires increase in capacity in both areas. Currently Division is considering options to enhance TPB capacity by providing more lists to Urologist.	HB		



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Cancer: 62-day Screening
Standard	90%
Name	Helen Beck
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

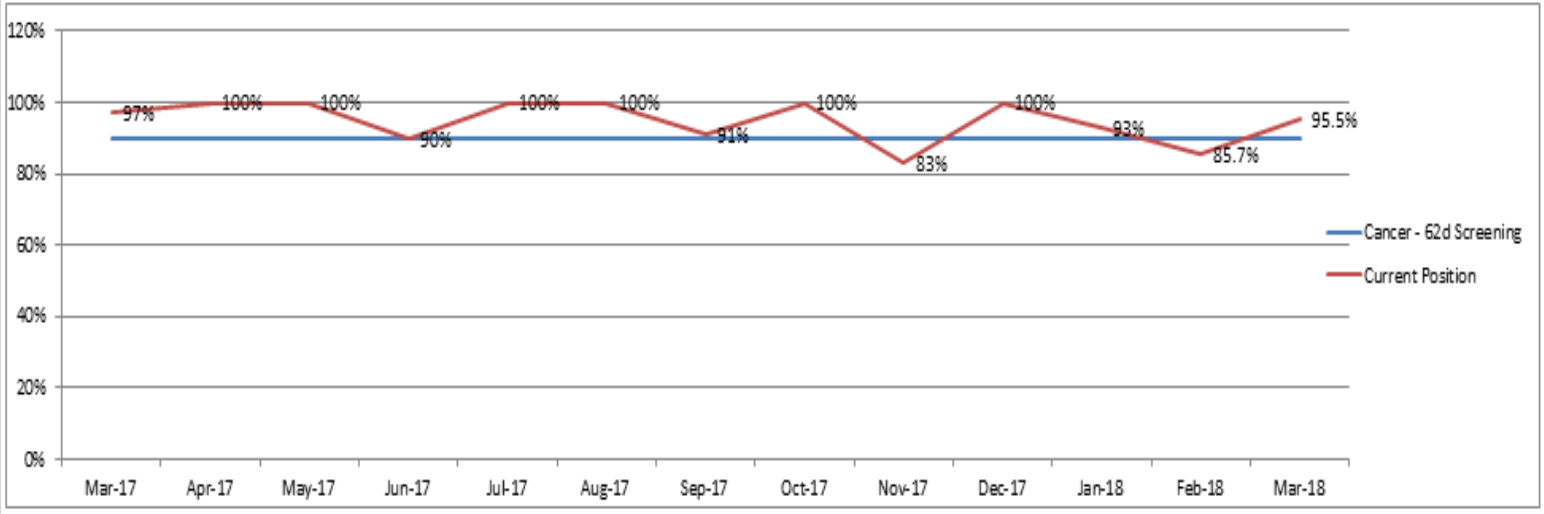
Current Position - 95.45% against a threshold of 90%. The provisional figure for March shows good recovery, particularly due to high number treated to absorb the breach in Bowel cancer screening.

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Cancer - 62d Screening	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	97%	100%	100%	90%	100%	100%	91%	100%	83%	100%	93%	85.7%	95.5%

Actions in place to recover the performance

Expected timeframes for improvements

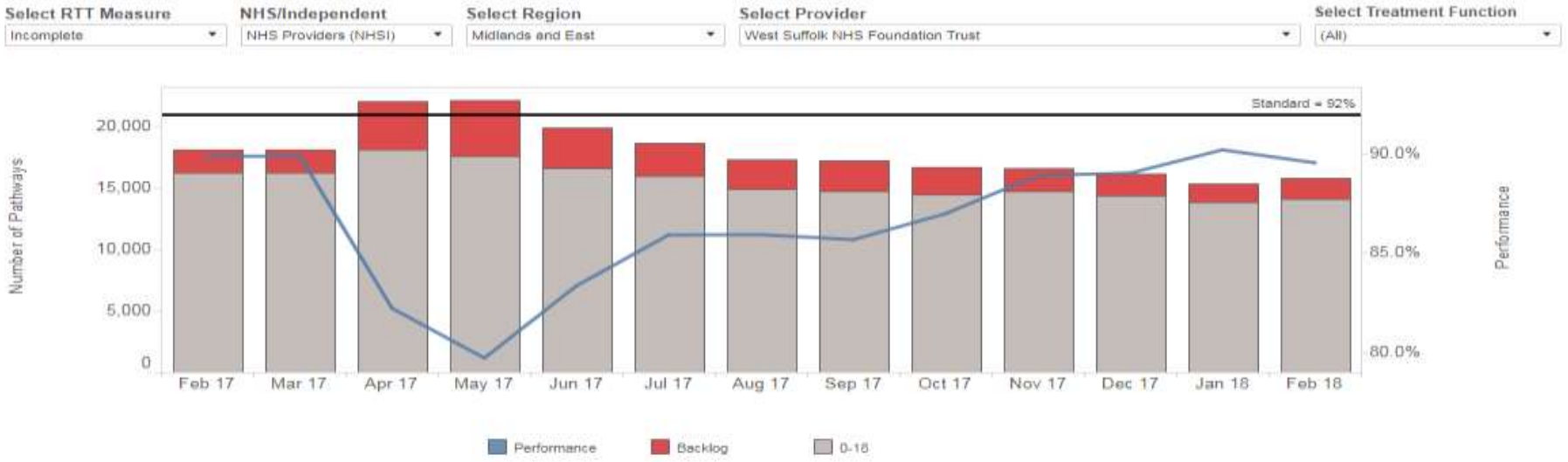
Description	Owner	Start	End
The recovery will be sustained as long as the screening hub refer patients early enough in the pathway and the number of in month treatment is good.	HB		



Referral to Treatment

Progress is being made to reduce the number of people on the RTT waiting list and to treat 92% of patients from point of referral to treatment in aggregate – patients on an incomplete pathway. However, the Trust remains a national outlier in term of overall performance as demonstrated in the slides below *(Source: Model Hospital-Data from January 2018).* No exception reports related to RTT available at the time of preparation of IQPR due to issues pertaining to e-Care reports.

Rolling 13 Month Performance against National Standard (Source – NHS-I)



	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18
Incomplete	89.9%	89.9%	82.2%	79.7%	83.4%	85.9%	85.9%	85.7%	87.0%	88.9%	89.0%	90.2%	89.6%
Admitted	68.8%	68.9%	69.2%	67.8%	70.3%	72.9%	69.7%	73.8%	72.0%	70.9%	69.9%	72.6%	73.5%
Non Admitted	84.7%	84.8%	86.1%	87.0%	87.3%	87.6%	85.9%	87.3%	84.9%	85.8%	90.6%	88.7%	93.9%

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Sepsis - 1-hr neutropaenic sepsis
Standard	100%
ED Name	Helen Beck
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

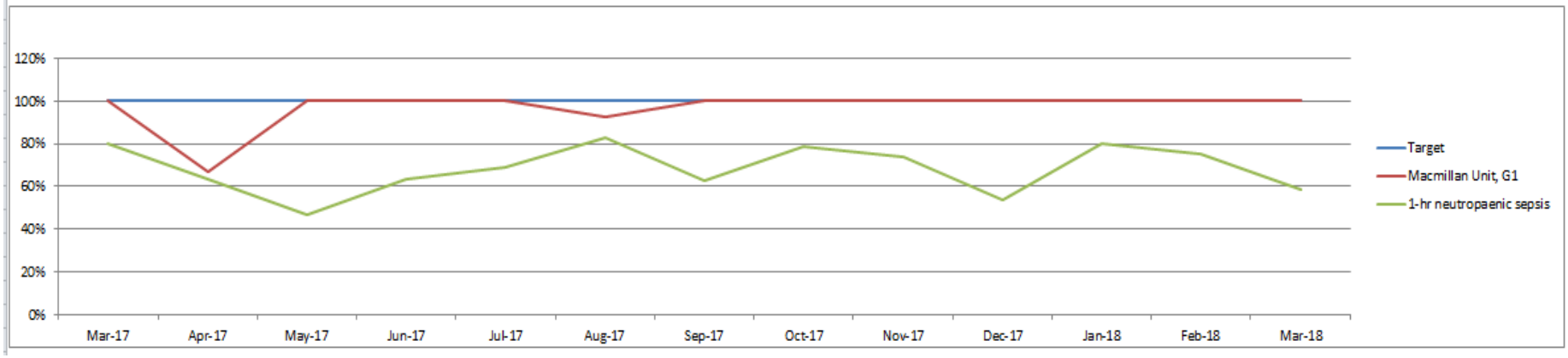
Macmillan – 100%. ED – 28.6%. Overall Trust figure (including AMU) of 58.3% against a threshold of 100%.

The performance figure for 1 hour door to needle from diagnosis of neutropenic sepsis. March Data showed a significant drop of 16.7% on last month's 75% and January's 80% performance . The Emergency Department had 5 neutropenic sepsis patient breaches. The breach cases will be undergoing detailed review. These issues will be escalated to the Emergency Department Clinical and Nursing management to address within the departments.

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Macmillan Unit, G1	100%	66.7%	100%	100%	100%	92.3%	100%	100%	100%	100%	100%	100%	100%
Emergency Dept, ED	66.7%	71.4%	40.0%	41.6%	58.3%	70.0%	40.0%	66.7%	62.5%	14.2%	50.0%	44..4%	28.6%
Acute Medical Unit, AMU	NA	100%	NA	NA	NA	0%	NA	NA	NA	NA	NA	NA	NA
1-hr neutropaenic sepsis	80%	63.6%	47.1%	63.2%	68.8%	82.6%	62.5%	79%	73.9%	53.8%	80%	75%	58.3%

Actions in place to recover the performance / Expected timeframes for improvements

Description	Owner	Start	End
1.To achieve the backlog of Neutropaenic Sepsis Concise RCA's from June 2017 and complete ongoing. 2.Undertake a review of the changes made to the Neutropaenic Patient Pathway. If the patient has received a documented review by the onclogy specialist nurses prior to arrival, they can receive antibiotics immediately in ED.	DG	Mar-18	Ongoing



DETAILED REPORTS – WELL-LED

Are we safe? | Are we effective? | Are we caring? | Are we responsive? | Are we well-led? | Are we productive?

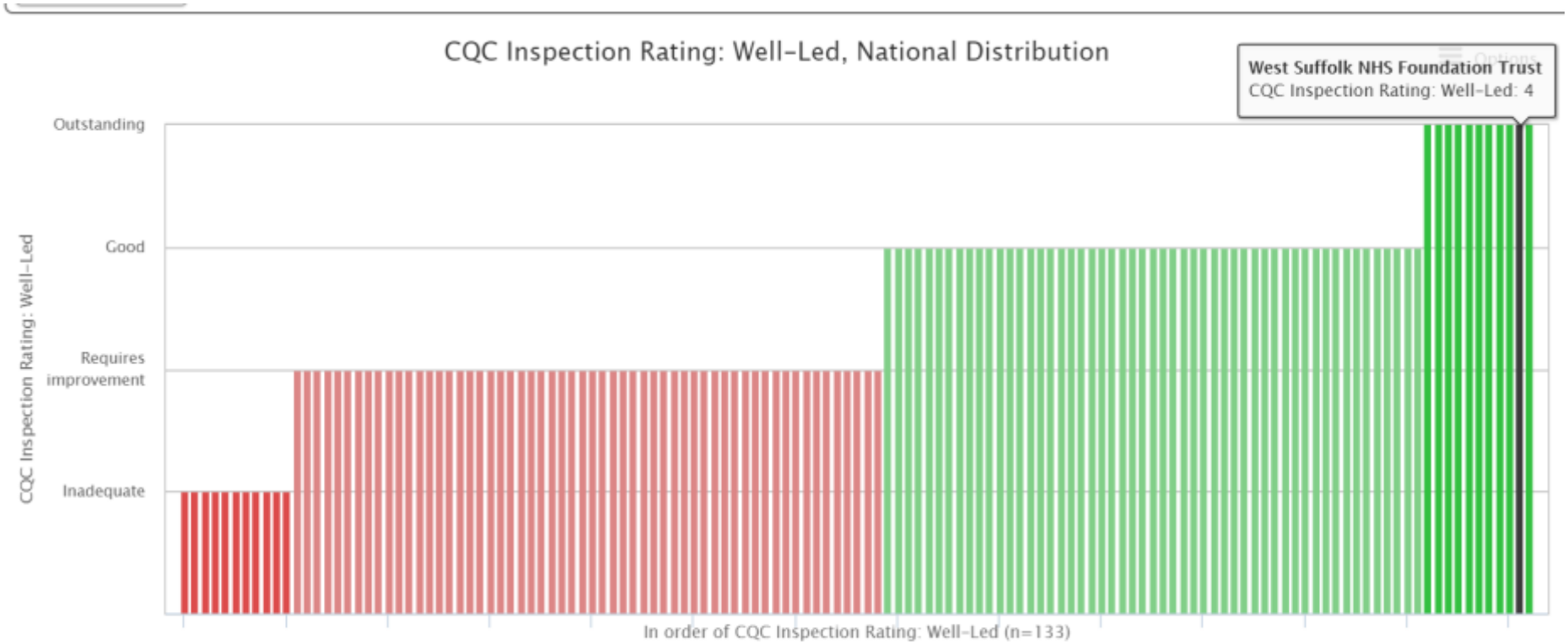
	Ref.	KPI	ED	Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD(Apr17-Mar18)	WTG	Traffic	Trend
Dashboard	5.01	NHS Staff Survey (Staff Engagement score -Annual)	JB	NT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	3.96%	NA	NA			
	5.02	Staff F&F Test % Recommended - care (Qrtly)	JB	75%	93%	NA	NA	95%	NA	NA	95%	NA	NA	ND	NA	NA	NA	95%	6		
	5.03	Staff F&F Test % Recommended - place to work (Qrtly)	JB	75%	79%	NA	NA	83%	NA	NA	82%	NA	NA	ND	NA	NA	NA	83%	6		
	5.04	Turnover (Rolling 12 mths)	JB	<10%	10%	10.30%	10.32%	10.30%	9.86%	10.03%	9.80%	9.00%	9.07%	9.28%	9.28%	8.65%	8.78%	10%	6		
	5.05	Sickness Absence	JB	<3.5%	3.2%	3.7%	3.6%	3.6%	3.6%	3.6%	3.6%	3.6%	3.5%	3.5%	3.6%	3.7%	3.7%	3.6%	4		
	5.06	Executive Team Turnover (Trust Management)	JB	<10%	0%	0%	20%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	6		
	5.07	Agency Spend	CB		258	307	316	289	336	244	220	187	475	183	ND	237	ND	279	6		
	5.08	Monitor Use of Resources Rating	CB		3	3	3	3	3	3	3	3	3	3	3	3	ND	3			
Agency, WTE & vacancies	5.09	Agency Spend Cap	CB		258	378	378	378	378	378	378	378	378	378	378	378	378	378			
	5.10	Bank Spend	CB		334	380	287	282	372	315	422	327	331	398	312	399	ND	348			
	5.11	Bank/agency Spend percentage	CB		4.15%	4.6%	3.9%	3.7%	4.9%	3.6%	4.7%	3.8%	4%	5%	5.7%	ND	ND	4.2%	2		
	5.12	Proportion of Temporary Staff	CB		9%	11%	11%	10%	12%	11%	11%	10%	11%	8%	11%	11%	ND	11%	3		
	5.13	Locum and Medical agency spend	NJ		234	309	368	361	381	347	270	357	381	508	495	487	ND	388			
	5.14	Total Vacancies	JB		6%	7%	8%	6%	8%	7%	8%	8%	8%	8%	7.1%	7.9%	ND	8%	3		
	5.15	Corporate & Admin Costs as %	JB	<7%	9.56%	8.48%	8.57%	9.46%	9.47%	9.49%	9.50%	8.60%	8.60%	11.11%	13.31%	10.65%	ND	9.75%			
	5.16	% Staff on Maternity/Paternity Leave	JB		2%	2.15%	2.15%	1.98%	1.85%	1.94%	2.00%	2.00%	2.00%	2.00%	1.87%	1.98%	1.93%	1.99%			
	5.17	% Fill rate of Reg. Nurse shifts	RP	90%	80.47%	83.20%	81.32%	83.60%	80.89%	79.60%	80.84%	ND	ND	ND	ND	ND	ND	81.58%			
Corporate	5.25	Grievance reviews	JB		4	ND	ND	ND	ND	ND	6	6	6	5	5	5	4	37			
	5.27	Recruitment Timescales - Av no. of weeks to recruit	JB	7	ND	ND	6	5	5.40	6.40	7	6.90	6.90	6.40	5.40	5.40	5.40	6	3		
	5.28	DBS checks	JB	95%	92.8%	92.8%	92.6%	92.6%	98.0%	98.4%	98.5%	97.5%	97.5%	98.5%	98.5%	98.0%	97%	97%	3		
	5.29	Staff appraisal Rates	JB	90%	92.0%	ND	92%	92%	ND	ND	53.1%	50.8%	55.8%	62.0%	65.0%	62.3%	63%	66%	1		
	5.38	Trust Participation in on-going National Audits (Qtrly)	NJ	90%	ND	NA	NA	94%	NA	NA	96%	NA	NA	96%	NA	NA	96%	96%	3		

Training	5.39	Infection Control Training (classroom)	JB	85%	95%	95%	96%	95%	95%	96%	94%	95%	95%	95%	94%	94%	95%	95%	3		
	5.40	Infection Control Training (eLearning)	JB	185%	88%	88%	88%	90%	90%	88%	83%	85%	88%	88%	90%	90%	90%	88%	3		
	5.41	Manual Handling Training (Patient)	JB	80%	79%	81%	83%	84%	83%	83%	80%	80%	84%	84%	79%	79%	79%	82%	3		
	5.42	Manual Handling Training (Non Patient)	JB	80%	83%	81%	81%	83%	83%	82%	86%	84%	88%	88%	89%	89%	88%	85%	3		
	5.43	Staff Adult Safeguarding Training	JB	80%	88%	88%	89%	90%	90%	89%	89%	90%	92%	92%	92%	92%	92%	90%	3		
	5.44	Safeguarding Children Level 1	JB	90%	86%	86%	86%	87%	88%	87%	86%	88%	89%	90%	91%	91%	90%	88%	2		
	5.45	Safeguarding Children Level 2	JB	90%	87%	87%	88%	90%	90%	87%	88%	89%	90%	92%	92%	92%	91%	90%	2		
	5.46	Safeguarding Children Level 3	JB	90%	78%	85%	83%	81%	81%	76%	73%	79%	83%	86%	86%	88%	83%	82%	2		
	5.47	Health & Safety Training	JB	80%	88%	88%	89%	89%	89%	89%	89%	90%	91%	91%	92%	92%	91%	90%	3		
	5.48	Security Awareness Training	JB	80%	88%	88%	89%	90%	90%	89%	89%	90%	90%	91%	91%	91%	90%	90%	3		
	5.49	Conflict Resolution Training (eLearning)	JB	80%	83%	81%	83%	85%	86%	80%	80%	81%	82%	95%	76%	85%	84%	83%	3		
	5.50	Conflict Resolution Training	JB	180%	75%	75%	75%	77%	77%	76%	75%	76%	76%	75%	88%	76%	76%	77%	2		
	5.51	Fire Training (eLearning)	JB	280%	85%	85%	86%	87%	87%	85%	85%	85%	85%	84%	84%	84%	82%	85%	3		
	5.52	Fire Training (classroom)	JB	80%	89%	90%	90%	90%	90%	90%	89%	90%	91%	91%	90%	90%	90%	90%	3		
	5.53	IG Training	JB	80%	82%	80%	81%	85%	84%	85%	84%	87%	86%	87%	84%	84%	82%	84%	3		
	5.54	Equality and Diversity	JB	80%	93%	93%	94%	95%	95%	93%	92%	93%	94%	94%	88%	88%	83%	92%	3		
	5.55	Majax Training	JB	80%	86%	86%	86%	88%	88%	87%	86%	88%	88%	89%	90%	90%	88%	88%	3		
	5.56	Medicines Management Training	JB	80%	87%	87%	87%	88%	88%	87%	87%	86%	87%	88%	89%	89%	88%	88%	3		
	5.57	Slips, trips and falls Training	JB	80%	85%	84%	85%	87%	87%	85%	85%	86%	88%	88%	87%	87%	87%	86%	3		
	5.58	Blood-borne Viruses/Inoculation Incidents	JB	80%	85%	84%	84%	86%	86%	84%	84%	85%	86%	87%	86%	86%	86%	85%	3		
	5.59	Basic life support training (adult)	JB	80%	81%	83%	85%	85%	85%	84%	82%	81%	81%	82%	80%	80%	78%	82%	3		
	5.60	Blood Products & Transfusion Processes (Refresher)	JB	80%	80%	80%	82%	83%	82%	79%	79%	80%	78%	80%	75%	75%	72%	79%	2		

A separate report is being presented on Appraisal to the board in addition to the information above.

EXCEPTION REPORTS – WELL LED

The Trust has set a target of no more than 3.5% of sickness across all staff groups. Performance is consistently just above this threshold, but the Trust performs well against national and peer group levels *(Source –Model Hospital-Jan 2018 data).*



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Sickness Absence Rate
Standard	<3.5%
Name	Jan Bloomfield
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

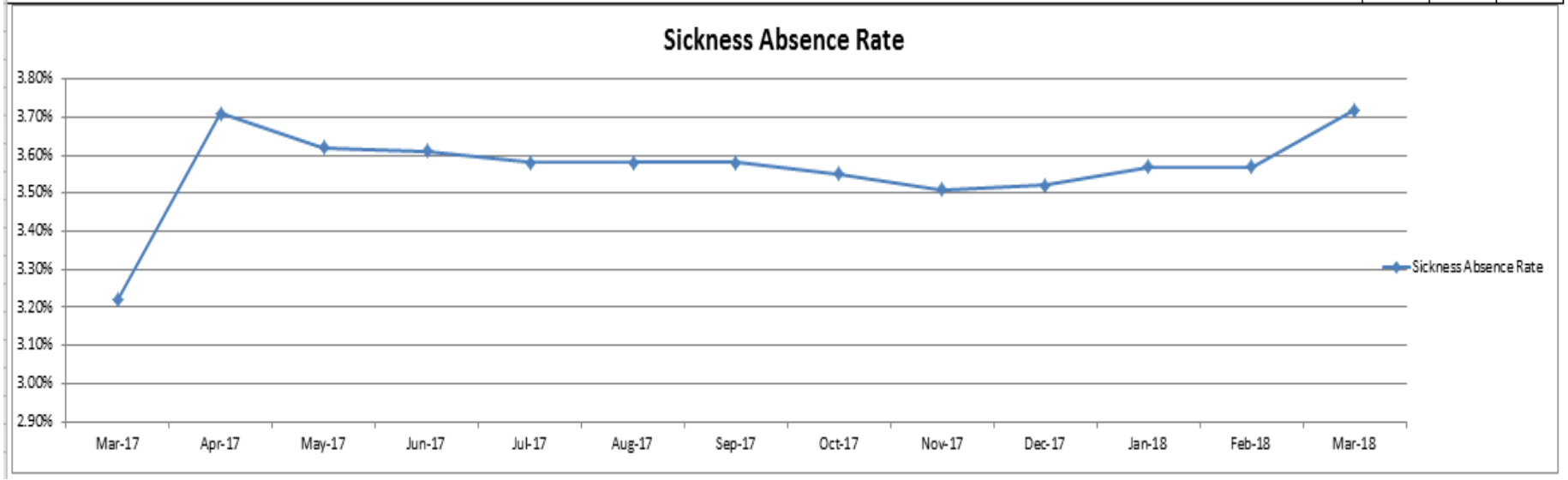
The sickness absence rate risen this month to 3.72%, and significantly better than last year (3.95%).

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Sickness Absence Rate	3.22%	3.71%	3.62%	3.61%	3.58%	3.58%	3.58%	3.55%	3.51%	3.52%	3.57%	3.57%	3.72%

Actions in place to recover the performance

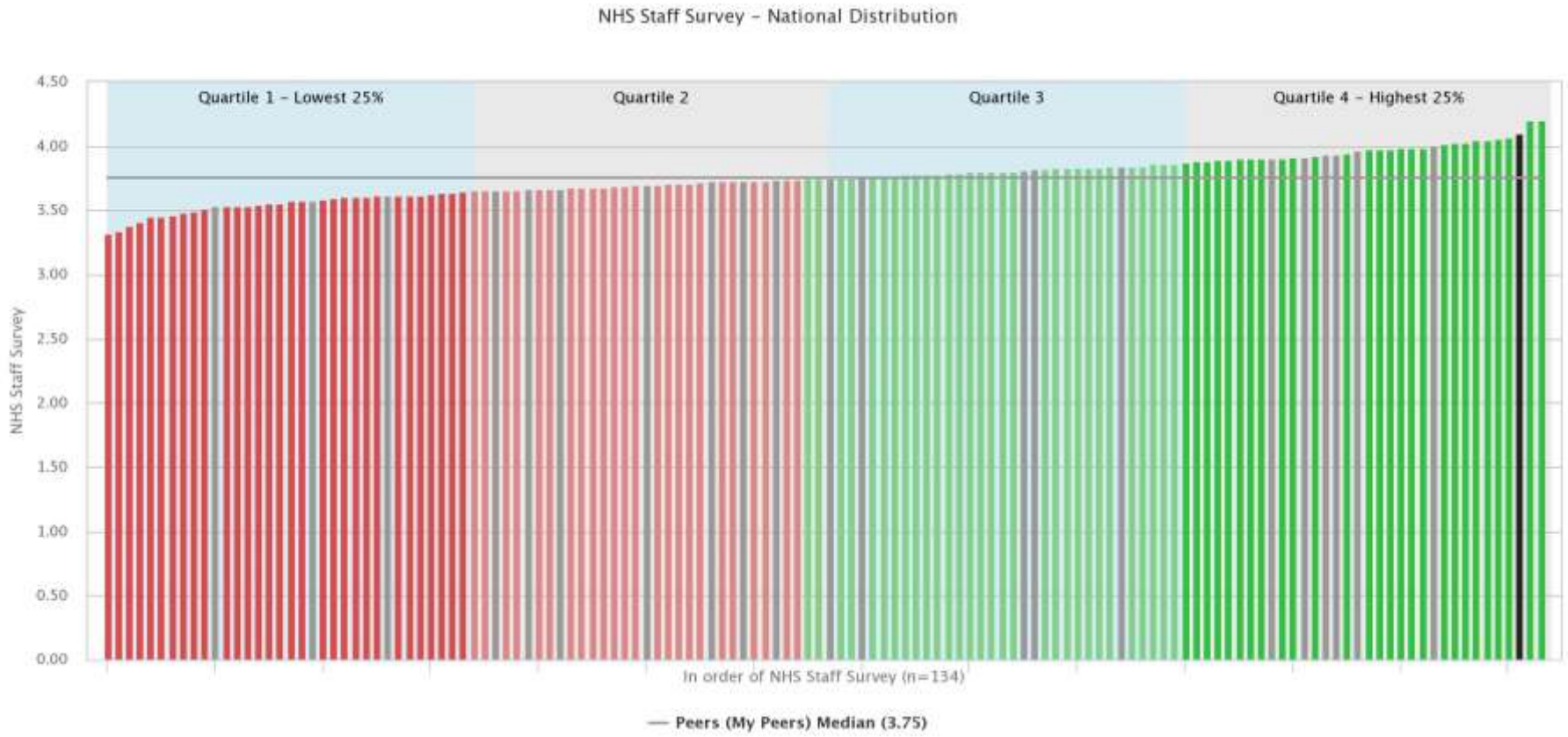
Expected timeframes for improvements

Description	Owner	Start	End
Actions are in place to support managers to manage both short term and long term absence. We would expect the sickness absence figure to remain at this level for the next month or so, and then show a small reduction as we move into late spring and summer months.	JB	Apr-17	TBC



Staff F&FT

The Trust performance for staff recommending West Suffolk as a place to work and be cared for remains very high, with performance in the top 3 Trusts in England *(Source –Model Hospital-Jan 2018 data).*



DETAILED REPORTS – PRODUCTIVE

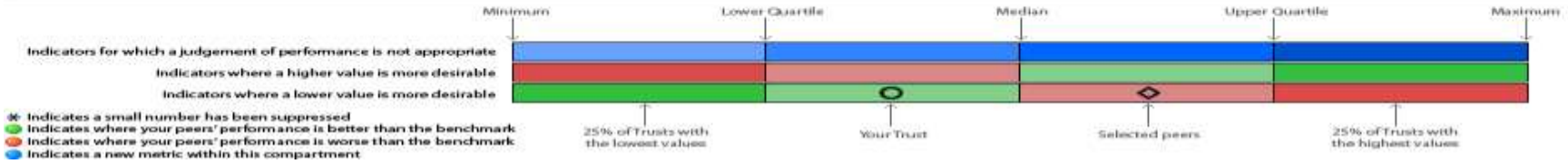
Are we safe? | Are we effective? | Are we caring? | Are we responsive? | Are we well-led? | Are we productive?

Are we..		Ref.	KPI	ED	Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD(Apr17-Mar18)	WTG	Traffic	Trend
6. Productive	Dashboard	6.01	I&E Margin	CB	Var	-1.50%	ND	-4.9%	-4.3%	-3.9%	0.1%	-3%	-2.6%	-2.5%	-2.6%	-2.3%	-2.6%	ND	-3%			
		6.02	Distance from Financial Plan	CB	Var	ND	ND	0.0%	0.4%	0.1%	0.0%	0.0%	0.0%	0.0%	ND	ND	ND	ND	0.0%	6		
		6.03	Capital service capacity	CB	Var	1.41	ND	- 3.19	- 2.50	- 2.18	- 1.04	- 0.88	- 0.32	0.01	0.00	0.00	- 0.00	ND	- 0.00			
		6.04	Liquidity (days)	CB		- 7.28	ND	- 12.15	-15.72	-10.94	-11.03	-12.70	-15.14	- 0.10	- 0.13	- 0.11	- 0.07	ND	- 0.07			
		6.05	Long Term Borrowing (£m)	CB	3.5%	44.3	44.3	45.7	45.7	45.7	45.7	47.6	47.6	56.7	58.7	64.4	64.1	ND	56.7	2		
		6.06	CIP Plan Variance (£000s)		1.9	0	40	0	-40	10	0	-54	-10	-35	-129	-201	-380	ND	-73			
	Activity	6.07	A&E Activity	HB		5887	5578	5971	5922	6124	5831	5743	6065	5985	5959	6033	5639	6172	71022			
		6.08	NEL Activity	HB		2750	2409	2440	2429	2375	2385	2466	2586	2491	2528	2539	2406	2557	29611			
		6.09	OP - New Appointments	HB		6849	5125	6244	6148	5706	5635	5633	6182	7230	5482	6769	5849	6324	72327			
		6.10	OP- Follow-Up Appointments	HB		12790	9541	11667	11542	11147	11333	11116	11815	12668	9769	12673	11103	11609	135983			
		6.11	Electives (Incl Daycase)	HB		3303	2593	3004	2898	2796	2829	2786	2868	3157	2545	2841	2632	2871	33820			
	Finance	6.13	Agency Rating (spend £000)			258	307	316	289	336	244	220	187	475	183	ND	237	ND	2794			
		6.14	Financial Position (YTD)		Var	3327	-937	-2906	-2758	-3290	-3300	-3953	-3956	-4114	-5170	-6600	-6525	ND	-6525			
		6.15	Financial Stability Risk Rating		Var	3	3	3	3	3	3	3	3	3	3	3	3	ND	3			
		6.16	Cash Position (YTD £000s)		Var	1352	7,955	5093	2689	7460	3300	4846	2654	4458	3518	4924	6870	ND	6870			
	Ratios	6.17	% Consultant to Consultant Referrals			ND	10%	9.6%	9.7%	12.3%	12.9%	10.2%	10.6%	10%	10.9%	12.7%	13.7%	13.0%	11.3%			
		6.18	New to FU Ratios		1.9	2.07	1.86	1.87	1.88	1.96	2.01	1.97	1.91	1.78	1.79	1.87	1.90	1.84	1.89			
		6.20	Non-Clinical Floor Space		<35%	29%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	ND	ND	31%	3		
		6.21	Unoccupied Floor Space		<2.5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	ND	ND	0%			
	CIPs	6.22	Plan (£000s) YTD		Var	12,500	840	1000	820	810	1420	1094	1123	1504	1312	1356	4025	ND	8611			
		6.23	Actual (£000s) YTD			12,500	880	1000	780	820	1420	1040	1113	1469	1183	1155	3645	ND	8522			

OPERATIONAL PRODUCTIVITY – TRUST OVERVIEW

The Operational Productivity dashboard highlights comparisons with national and peer group averages. The Operational Productivity compartment focuses on high level data for each trust to give an overview of potential efficiency, productivity and quality. The weighted activity unit (WAU) and potential productivity opportunity metrics are derived from NHS reference costs (*Source – Model Hospital – Latest available data*)

Data from Accounts	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Operating Expenditure	2016/17	£262.13m	£207.08m	£356.24m			No trendline available
Income	2016/17	£254.48m	£198.87m	£350.09m			No trendline available
Surplus (or) Deficit	2016/17	£-7.65m	£-6.37m	£-3.55m			No trendline available
Surplus (or) Deficit as % of Expenditure	2016/17	-2.9%	-3.5%	-1.1%			No trendline available
Data from Reference Costs	**Period**	**Trust Actual**	**Peer Median**	**National Median**	**Info**	**Variation**	**Trend**
Expenditure reported in Reference Costs	2016/17	£188.22m	£176.49m	£311.10m			No trendline available
Reference Cost expenditure as % of Operating Expenditure	2016/17	72%	87%	86%			No trendline available
Cost Weighted Output expressed as Weighted Activity Units (WAUs)	2016/17	64,804	53,236	90,210			No trendline available
Cost per WAU (MFF adjusted)	2016/17	£3,023	£3,557	£3,484			No trendline available
Cost per WAU (no MFF adjustment)	2016/17	£2,904	£3,438	£3,436			No trendline available
Market Forces Factor (MFF)	2016/17	0.96	0.96	0.97			No trendline available
Potential Productivity Opportunity (PPO) £	2016/17	£18.89m	£19.31m	£30.34m			No trendline available
Potential Productivity Opportunity (PPO) %	2016/17	10.0%	10.6%	10.0%			No trendline available



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EXCEPTION REPORTS – PRODUCTIVE

There are no exceptions to report to the Board. The finance report contains full details.

MATERNITY

		Ref	KPI	Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD(Apr17-Mar18)	WTG	Traffic	Trend
Maternity	Dashboard	7.01	Total number of deliveries (births)	210	238	215	186	213	215	233	236	205	184	181	193	211	206	2499	6		
		7.02	% of all caesarean sections	<22.7%	18%	15%	21%	16%	16%	22.32%	18.22%	17.10%	17.05%	18.23%	22.1%	17.1%	30.1%	19%	6		
		7.03	Midwife to birth ratio	1:30	1:30	1:30	1:27	1:29	1:30	1:31	1:33	1:29	1:28	1:26	1:28	1:29	1:29	1:29	6		
		7.04	Unit Closures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
		7.05	Completion of WHO checklist	100%	89%	89%	93%	94%	94%	93%	98%	98%	98%	93%	93%	94%	97%	92%	4		
		7.06	Maternity SIs	NT	1	1	0	0	0	0	1	1	0	1	2	0	1	7			
		7.07	Maternity Never Events	NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
		7.08	Breastfeeding Initiation Rates	80%	76%	79.8%	80.5%	87.5%	77.3%	84.8%	78.7%	81.2%	80.3%	79.8%	82.2%	76.2%	79%	81%	6		
	Safe	7.09	Elective Caesarean Sections	10%	7%	5%	10%	4.3%	7.0%	9.4%	6.4%	5.9%	7.2%	7.8%	8%	7%	11%	7%	3		
		7.10	Emergency Caesarean Sections	<13%	12%	10%	12%	12%	9%	13%	12%	11%	10%	11%	14%	10%	19%	12%	3		
		7.11	Grade 1 Caesarean Section (Decision to delivery time met)	100%	100%	100%	100%	100%	100%	100%	100%	0%	100%	100%	100%	100%	100%	93%	1		
		7.12	Grade 2 Caesarean Section (Decision to delivery time met)	80%	89%	92%	93%	93%	83%	77%	82%	88%	90%	80%	83%	83%	81%	80%	3		
		7.14	Homebirths	2%	2.1%	1.4%	3.7%	2.4%	3.3%	2.6%	2.1%	3.9%	2.6%	3.3%	3.0%	2.4%	3.9%	3%	3		
		7.15	Midwifery led birthing unit (MLBU) births	>13%	16%	18%	17%	17.3%	18.8%	15.5%	15.3%	17.1%	16%	15%	19.1%	18%	14%	17%	3		
		7.16	Labour Suite births	75%	82%	81%	79%	80.3%	77.9%	82.0%	82.6%	79.0%	81.4%	81.7%	1	79.6%	85.4%	81%	3		
		7.17	Induction of Labour	NT	37%	43%	41%	40.8%	36.6%	38.2%	34.3%	35.1%	43.8%	43.9%	0	41.2%	37.4%	39.4%			
		7.18	Instrument Assisted Deliveries (Forceps & VentoUse)	NT	6.20%	4.45%	6.80%	4.9%	4.2%	3.0%	4.7%	4.2%	7.2%	5.9%	0	7.6%	6.8%	6%			
		7.19	Critical Care Obstetric Admissions	0	1	1	1	0	1	0	1	0	0	0	2	0	1	7	2		
		7.20	Eclampsia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3		
	Effective	7.21	Shoulder Dystocia	2	0	2	4	3	5	3	7	6	4	5	4	5	8	56			
		7.22	Post-partum Hysterectomies	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	3		
		7.23	Women requiring a blood transfusion of 4 units or more	0	ND	1	0	0	0	0	0	0	0	ND	ND	ND	ND	1	2		
		7.24	3rd and 4th degree tears (all deliveries)	12	7	8	9	6	10	4	4	6	3	8	9	7	2	76	3		
	Caring	7.25	Maternal death	NT	1	1	0	0	0	0	0	0	0	0	0	0	0	1			
		7.26	Stillbirths	NT	0	1	0	0	0	0	1	2	1	0	2	0	0	7			
		7.27	Complaints		0	0	0	1	2	1	0	0	0	1	0	0	1	6			
		7.28	No. of babies admitted to Neonatal Unit (>36+6)	NT	0	15	9	17	18	13	15	15	11	9	8	16	12	158			
	Responsive	7.29	No. of babies transferred for therapeutic cooling	0	1	0	0	0	0	0	0	1	0	1	0	0	0	2	3		
		7.30	% of babies admitted to NNU with normal temperature	80%	100%	87%	66%	88%	100%	100%	86%	81%	92%	ND	ND	ND	ND	88%	3		
		7.31	One to one care in established labour	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	3		
		7.32	Reported Clinical Incidents	60	64	51	62	46	64	43	52	61	57	49	63	46	48	642	2		
		7.33	Hours of dedicated consultant cover per week	60	60	93	110	99	99	96	99	99	108	90	102	93	93	1161	3		
		7.34	Consultant Anaesthetists sessions on Labour Suite	10	10	10	10	10	10	10	10	10	10	10	10	10	10	120	3		
		7.35	OPD cover for Theatre 2	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	3		
		7.36	No. of women identified as smoking at booking	NA	ND	27	35	37	32	30	37	27	28	17	26	21	30	347			
		7.37	No. of women identified as smoking at delivery	NT	ND	20	30	26	32	27	25	25	24	26	21	22	24	302			
		7.38	UNICEF Baby friendly audits	NT	10	10	10	10+	10+	10+	10+	10+	10+	10+	10+	ND	10+	20			
		7.39	No. of parents receiving Safer Sleeping Suffolk Thermometer	NT	165	143	170	174	205	155	192	151	156	186	186	166	172	2056			
	Other	7.40	No. of bookings (First visit)	NA	275	208	262	244	272	245	265	259	245	193	279	253	274	2999			
		7.41	Access - Assessment of need by 12 weeks (women booked)	95%	96%	95%	95%	98%	96%	100%	93%	99%	97%	97%	96%	96%	ND	96%	3		
		7.43	Female Genital Mutilation (FGM)	NT	0	0	0	0	0	0	0	0	0	0	0	1	0	1			

EXCEPTION REPORTS - MATERNITY

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Emergency Caesarean Sections
Standard	
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The emergency caesarean section rate in March 2018 was higher than has previously been experienced this year at 19% (2017 - 2018 excluding March 2018 has shown a monthly rate of between 9% and 13%) The service recognises this much higher rate than expected in emergency caesarean sections and has a practice of reviewing all emergency caesarean sections weekly. All emergency caesarean sections were reviewed up to the 26th March and overall appeared to have been done appropriately and for good clinical reasons. If there is learning from individual cases which might influence decisions in future cases this is shared with the consultant team. Generally the maternity service has an extremely low rate of caesarean section. As the Total Caesarean rate is higher than expected at 30.1% we will conduct a more formal review after discussion at Womens Health Governance.

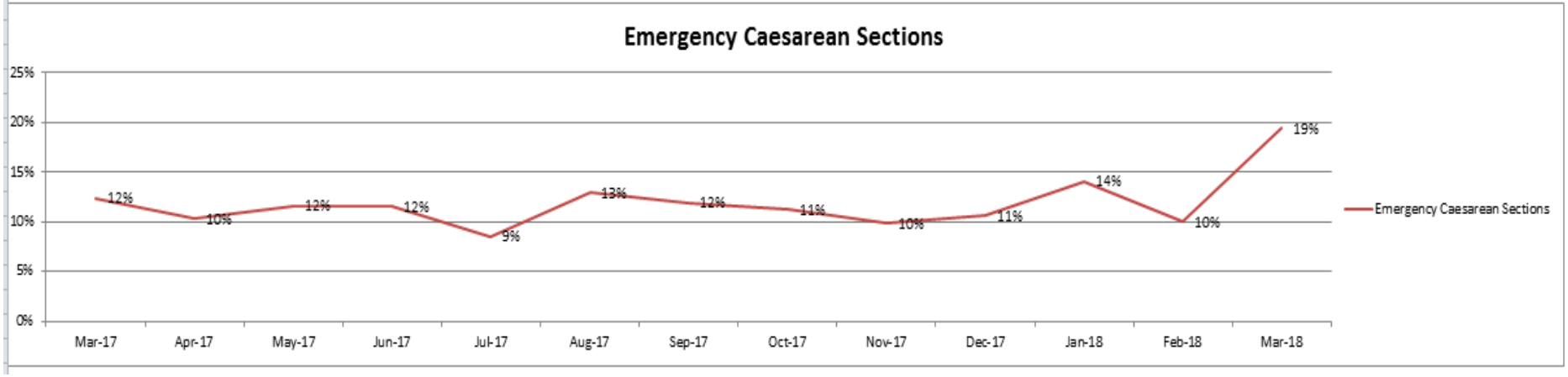
Trend | Recovery Trajectory

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Emergency Caesarean Sections	12%	10%	12%	12%	9%	13%	12%	11%	10%	11%	14%	10%	19%

Actions in place to recover the performance

Expected timeframes for improvements

Description	Owner	Start	End
Caesarean sections are reviewed weekly at the case management meeting and any learning is shared.			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Total Caesarean Sections
Standard	22%
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The emergency caesarean section rate in March 2018 was higher than has previously been experienced this year at 19% (2017 - 2018 excluding March has shown a rate of between 9% and 13%), The elective caesarean section rate also showed an increase in March 2018 at 10.7% (2017 -2018 excluding March shown a rate of between 4.3% and 9.4%) This has increased our total caesarean section rate to 30% this month significantly above the commissioned figure of <22.6%. As the Total Caesarean rate is higher than expected at 30.1% we will conduct a more formal review after discussion at Womens Health Governance.

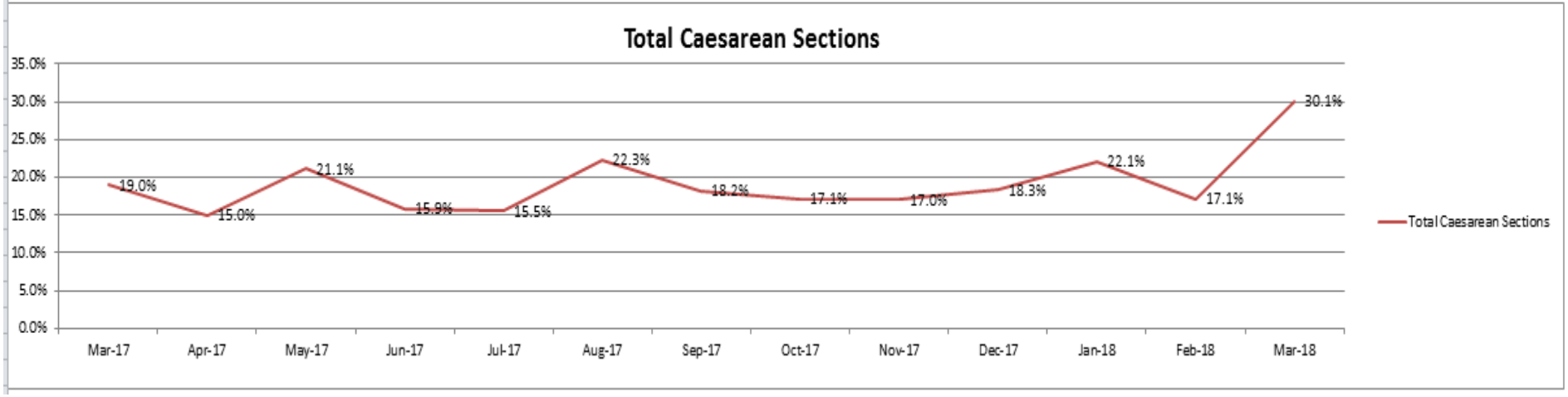
Trend — Recovery Trajectory

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Total Caesarean Sections	19.0%	15.0%	21.1%	15.9%	15.5%	22.3%	18.2%	17.1%	17.0%	18.3%	22.1%	17.1%	30.1%

Actions in place to recover the performance

Expected timeframes for improvements

Description	Owner	Start	End



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Total women delivered who breastfed babies within first 48 hours
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

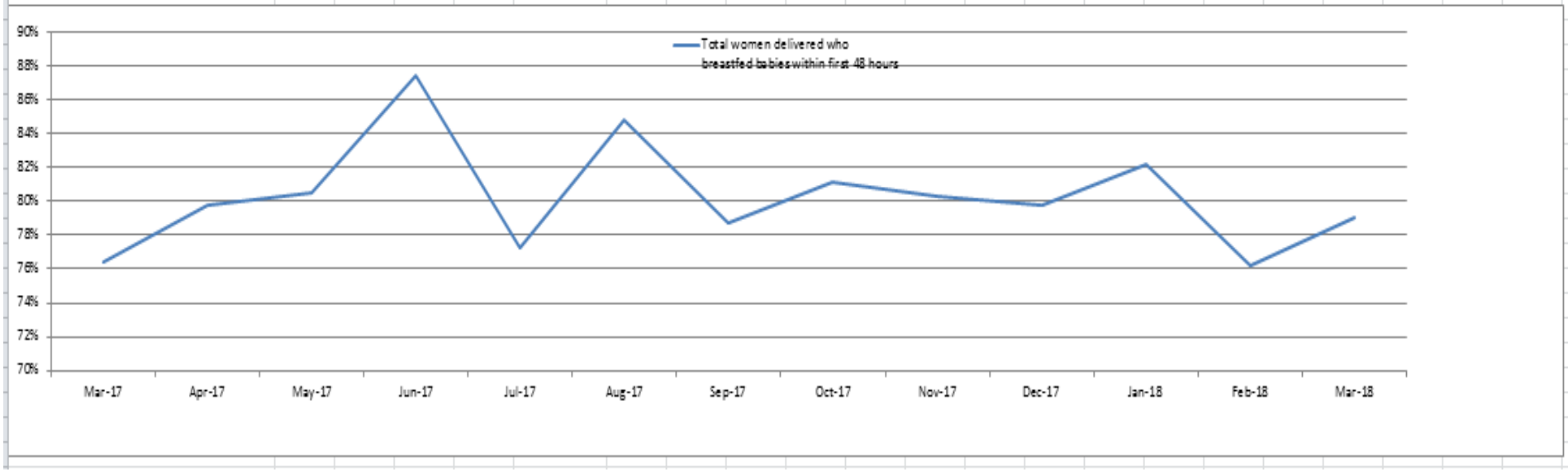
Compliance with the 80% target of babies receiving breastmilk within 48 hours of life was narrowly missed at 79% in March 2018. However this was an increase from February 2018 where the initiation rate was 76.2% . The maternity service is constantly looking at ways to improve the breastfeeding initiation rate and is currently working with the Maternity Voice Partnership on the possible introduction of a peer support service (voluntary) .

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Total women delivered who breastfed babies within first 48 hours	76%	79.8%	80.5%	87.5%	77.3%	84.8%	78.7%	81.2%	80.3%	79.8%	82.2%	76.2%	79%

Actions in place to recover the performance

Expected timeframes for improvements

Description	Owner	Start	End
There are a number of ongoing initiatives in place to support initiation of breastfeeding and these will continue.	RP		



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Maternity - Shoulders Dystocia
Standard	100%
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

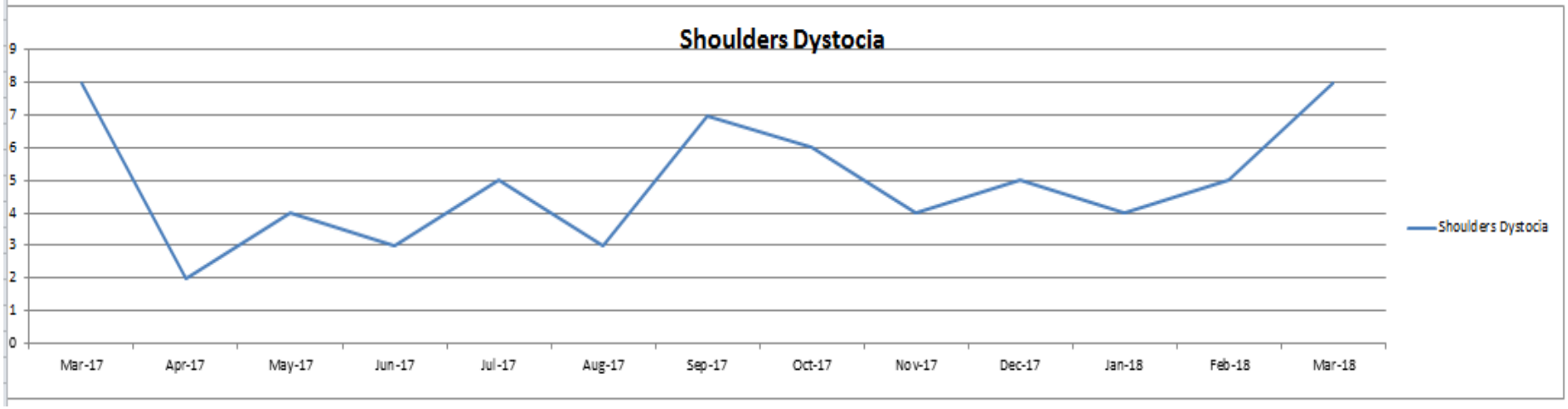
March 2018 showed an increase in the rate of shoulder dytocia at 8. Previous months have been around 4 to 6. The RCOG state that risk assessments for the prediction of shoulder dystocia are insufficiently predictive to allow prevention in the large majority of cases. There appears no apparent reason for the increase, however the maternity servicerecognises the increase and will be discussed at the Womens Health Governance on the 23rd April 2018. Induction of labour at term can reduce the incidence of shoulder dystocia in women with gestational diabetes and the maternity service offers this to this group of women. The management of shoulder dystocia is a key factor in improvement in perinatal outcomes. The service maternity service provides live drills to all staff anually in the management of shoulder dystocia, this practical training has been shown to improve knowledge and confidence. The service continues to monitor all incidents of shoulder dystocia with a critical analysis of the manouvres used in the management. Of significance there has been no reported incidents this month of neonatal injury following shoulder dystocia.

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Shoulders Dystocia	8	2	4	3	5	3	7	6	4	5	4	5	8

Actions in place to recover the performance

Expected timeframes for improvements

Description	Owner	Start	End
Continue to monitor	RS	Jul-17	Ongoing



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Maternity WHO Checklist
Standard	100%
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Maternity WHO Checklist

Summary of Current performance & Reasons for under performance

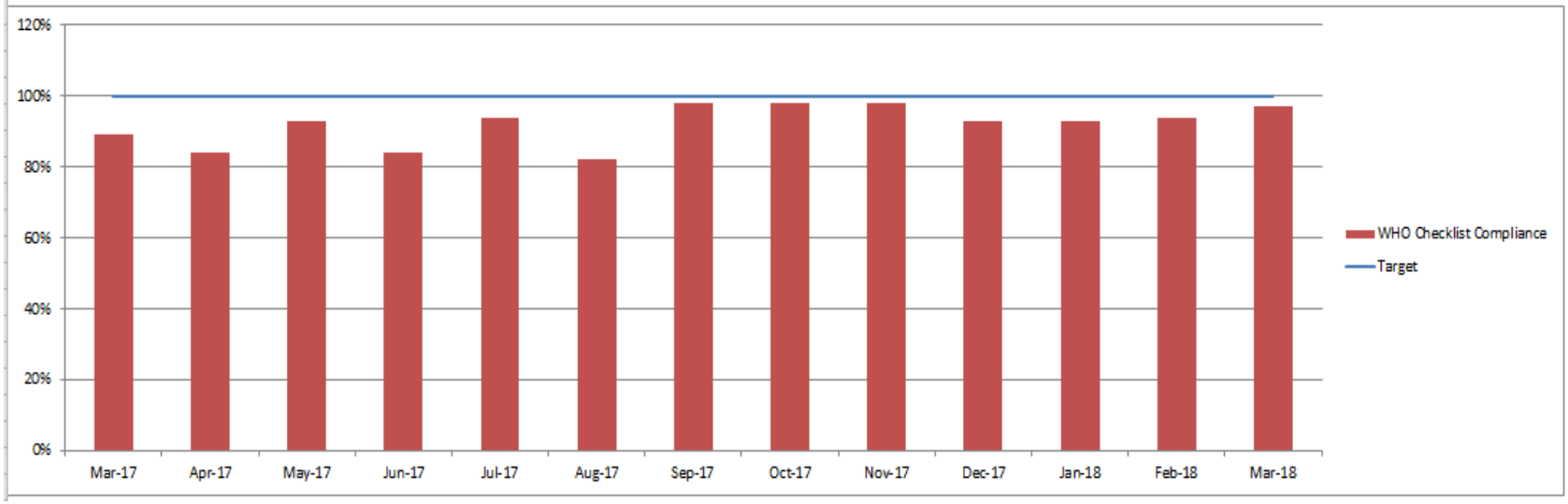
The focus remains on full completion of the WHO safety checklist with an improvement in March at 97% (64 checklists) of these 62 checklists were fully completed, of the 2 incomplete both relate to the section before anaesthetic' section which was not fully completed. The service continues torequest a reflection from staff who do not fully complete the checklist. Work to improve the designof the form has been completed and in use from April 2018 It is hoped a revised format which is more familiar to doctors who have worked in other units and includes a second signature from the theatre teams will achieve full compliance.

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
WHO Checklist Compliance	89%	84%	93%	84%	94%	82%	98%	98%	98%	93%	93%	94%	97%

Actions in place to recover the performance

Expected timeframes for improvement

Description	Owner	Start	End
There were two forms which failed the audit and this has been followed up with individual members of staff. The maternity service has redesigned the WHO checklist which is felt will improve compliance and this is in the process of being approved by Trust committees.	RP	Feb-18	



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Third and fourth Degree Tears
Standard	100%
Name	Rowan Procter
Month	01-Mar-18
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

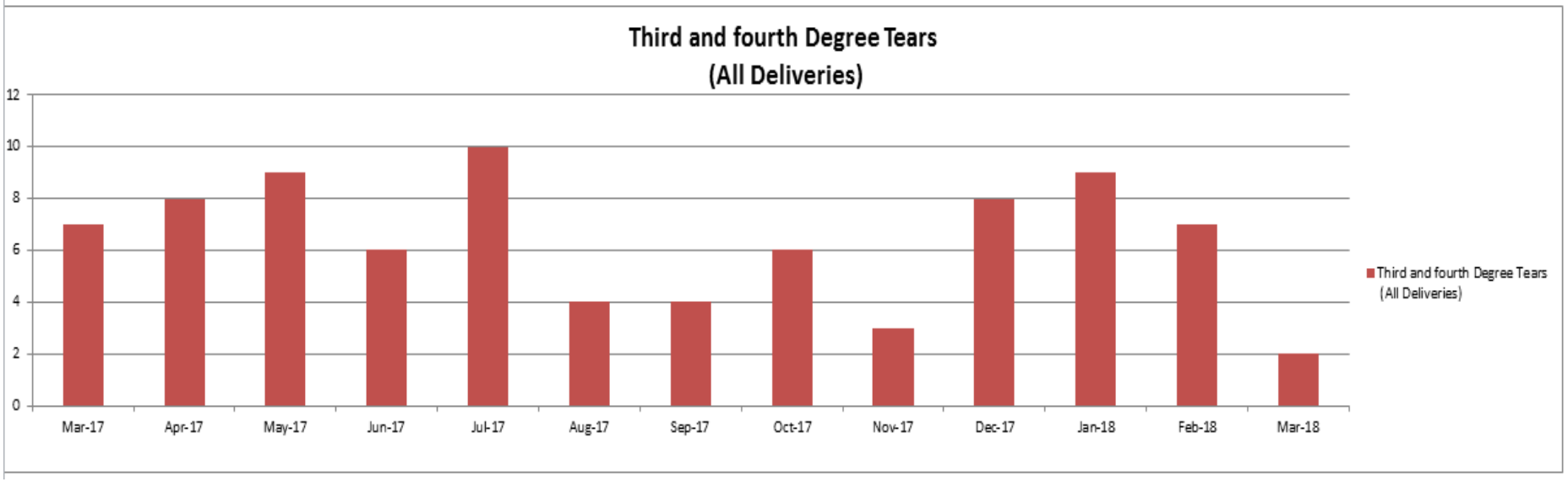
There has been a significant focus by the maternity service in reducing the incidence of third and fourth degree tears. March 2018 has seen a significant decrease in the rate at just 2 compared to the previous three months. The service has introduced the use of Episscissors which is part of a national initiative to reduce rates. In addition to this, the service has highlighted reducing third and fouth degree tears by having this as a 'Theme of the Month' The national increase in 3rd and 4th degree tear rates is identified in the National Maternity and Perinatal Audit 2017 and is described as most likely due to increased awareness and detection following a concerted effort to educate clinicians. The maternity service continues to maintain the focus on keeping this rate low.

Indicator	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Third and fourth Degree Tears (All Deliveries)	7	8	9	6	10	4	4	6	3	8	9	7	2

Actions in place to recover the performance

Expected timeframes for improvements

Description	Owner	Start	End
Discussed at the Women's Health Governance meeting on 15th January 2018, to be monitored. A number of workstreams continue to look at perineal trauma, including the use of Episcissors.	RP	Mar-18	



COMMUNITY

Are we..		Ref.	KPI	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD(Apr17-Mar18)		
Community	Safe	8.01	Patient Safety Thermometer		ND	ND	ND	ND	ND	ND	98%	99%	99%	99%	99%	98%	99%	3	
		8.03	Hand Hygiene Audits	100%	99%	99%	99%	99%	98%	99%	97%	97%	98%	98%	99%	100%	99%	2	
		8.04	MRSA	0	0	0	0	0	1	ND	0	0	0	0	0	1	2	2	
		8.05	Clostridium difficile (No of cases)		0	0	0	0	1	1	1	0	0	0	0	2	5		
		8.06	Never Events		0	0	0	0	0	0	0	0	0	0	0	0	0	3	
		8.07	SIs	NT	8	8	9	12	7	6	2	6	5	4	2	4	73		
		8.08	Pressure Ulcers Grade 2	<=13	0	3	3	4	3	4	3	3	0	3	0	10	36	3	
		8.09	Pressure Ulcers Grade 3	<=2	1	0	0	0	1	1	1	0	1	1	0	4	10	3	
		8.10	Pressure Ulcers Grade 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	
		8.11	Falls - Total number	NT	30	47	40	56	39	29	10	17	9	9	9	8	303		
		8.12	Falls per 1000 bed days (Moderate or significant harm)	1.25	2.30	3.20	4.70	6.50	3.20	3.50	3.10	0.85	3.27	0.79	0.83	1.00	2.77	1	
		8.13	Number of medication incidents resulting in harm	NT	15	12	13	13	9	6	0	0	0	1	0	0	69	3	
	Effective	8.14	Hospital av LOS	NT	17.81	20.83	25.05	19.74	20.12	18.07	19.34	16.52	17.57	17.06	19.61	17.53	19.10		
		8.15	DTOCs	NT	26	32	32	24	19	26	22	24	20	12	20	23	23		
		8.17	% of relevant patients with a Personal Health Plan (PHP)	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	3	
	Caring	8.18	Community scores from FFT - % Positive	95%	97%	ND	100%	ND	ND	ND	97.25%	100%	95.70%	95.15%	97.39%	96%	97%	3	
		8.19	Compliments		46	44	36	56	47	28	2	ND	7	6	5	3	280		
		8.20	Complaints		1	2	3	2	0	3	1	1	0	0	1	1	15	3	
	Responsive	8.21	18 weeks RTT for Non-Consultant led services	90%	97%	96%	99%	98.8%	94.7%	99.4%	93.7%	94.4%	98.4%	98.7%	100%	99.37%	97%	3	
		8.22	Paediatric Audiology Diagnostics - waiting less than 6 wks	95%	99%	100%	100%	99%	100%	98%	97%	100%	100%	100%	100%	100%	99%	3	
		8.23	Community Nursing Red referrals seen within 2hrs	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	NA	NA	100%	3	
		8.24	Community Nursing Red referrals seen within 4hrs		100%	100%	100%	100%	NA	100%	NA	NA	100%	100%	100%	100%	100%	3	
		8.25	Community Nursing Amber referrals seen within 72hrs		98.1%	99%	99.4%	98.6%	95.6%	98.6%	90.9%	96.9%	100%	100%	96.4%	97.63%	98%	3	
		8.26	Community Nursing Green referrals seen within 18 wks		98.4%	98.3%	98.3%	98.6%	98.2%	98.6%	99.3%	97.8%	98.0%	99.3%	98%	99.93%	99%	3	
		8.27	PR completed prescribed course within 18 weeks		99.8%	99.7%	99.8%	99.6%	99.2%	98.9%	99.9%	100%	100%	99.8%	99.9%	100%	100%	3	
		8.28	Adult SLT Priority 1 seen within 10 Operating Days		95.5%	96.3%	91.9%	100%	85.7%	86.4%	100%	64.2%	83.3%	100%	93.6%	100%	91%	1	
		8.29	Adult SLT Priority 2 seen within 20 Operating Days		100%	100%	100%	100%	75%	100%	80%	100%	66.7%	100%	100%	100%	93%	1	
		8.30	Paediatric S&LT Waiting List Community Clinics		218	219	252	249	202	180	179	184	171	165	150	173	195		
		8.31	Paediatric S&LT waiting over 6 mths		7	9	22	16	30	25	24	25	30	29	22	22	22		
		8.32	Paediatric S&LT WL Schools		131	135	140	176	184	114	106	112	85	108	107	107	125		
		8.33	Paediatric S&LT WL over 6 mths.		15	22	23	21	24	18	18	18	8	10	18	13	17		
	Well Led	8.38	Safeguarding Children Mandatory Compliance	98%	96.1%	96.4%	96.9%	96.9%	97.1%	96.8%	95.3%	96.1%	96.0%	95.9%	95.7%	96.98%	96%	3	
		8.39	Safeguarding Adults Mandatory Training Compliance	98%	96.0%	96.2%	96.8%	96.6%	96.2%	96.1%	94.3%	95.3%	94%	94.1%	93.2%	95.56%	95%	3	
		8.40	Dementia awareness training	95%	94.8%	95.3%	96.1%	96.4%	96.7%	96.1%	94.3%	95.9%	95.2%	93.3%	92%	92.94%	95%	2	
		8.41	Infection Control Training	100%	86.5%	91.8%	91.8%	89.1%	87.9%	87.8%	90.1%	90.7%	91%	89.4%	88.9%	88.10%	89%	2	

APPENDIX 1: PEER HOSPITAL LIST USED BY CQC

Airedale NHS Foundation Trust
Barnsley Hospital NHS Foundation Trust
Bedford Hospital NHS Trust
Burton Hospitals NHS Foundation Trust
Dartford and Gravesham NHS Trust
Dorset County Hospital NHS Foundation Trust
East Cheshire NHS Trust
George Eliot Hospital NHS Trust
Harrogate and District NHS Foundation Trust
Hinchinbrook Health Care NHS Trust
Homerton University Hospital NHS Foundation Trust
Isle of Wight NHS Trust
Kettering General Hospital NHS Foundation Trust
Mid Cheshire Hospitals NHS Foundation Trust
Milton Keynes University Hospital NHS Foundation Trust
Northern Devon Healthcare NHS Trust
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
Salisbury NHS Foundation Trust
South Tyneside NHS Foundation Trust
Tameside and Glossop Integrated Care NHS Foundation Trust
Weston Area Health NHS Trust
Wye Valley NHS Trust
Yeovil District Hospital NHS Foundation Trust
West Suffolk NHS Foundation Trust

						Surgery									Medicine															Women & Children				
Group	Indicator	Target	Red	Amber	Green	F3	F4	F5	F6	CCS	Theatres	Recovery	ETC	DSU	ED	CCU	G5	F9	F10	G1	G3	G4	G8	Newmarket	Glastonbury	MTU	F12	G9	F7	F8	F1	F11	F14	MLBU	NNU
Patient Safety	HII compliance 1a: Central venous catheter insertion	= 100%	<85	85-99	= 100					100														No Data	No Data	100									
	HII compliance 1b: Central venous catheter ongoing care	= 100%	<85	85-99	= 100			100		100								100		100	100														
	HII compliance 2a: Peripheral cannula insertion	= 100%	<85	85-99	= 100					100	No Data				100									No Data	No Data	100				No Data	100				No Data
	HII compliance 2b: Peripheral cannula ongoing	= 100%	<85	85-99	= 100	100	100	100	100	100						100	100	100	100	100	100	100	100				100	100	100		100		100		No Data
	HII compliance 4a: Preventing surgical site infection preoperative	= 100%	<85	85-99	= 100							100	No Data	100																					
	HII compliance 4b: Preventing surgical site infection perioperative	= 100%	<85	85-99	= 100							100	No Data	100																					
	HII compliance 5: Ventilator associated pneumonia	= 100%	<85	85-99	= 100					100																									
	HII compliance 6a: Urinary catheter insertion	= 100%	<85	85-99	= 100						100				No Data					100										No Data					
	HII compliance 6b: Urinary catheter on-going care	= 100%	<85	85-99	= 100	100	100	100	100							100	100	No Data	100	100	100	100	100				100	71	100				100		
	Total no of MRSA bacteraemias: Hospital	= 0 per yr	> 0	No Target	= 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Quarterly MRSA (including admission and length of stay screens)	= 90%	<80	80-89	90-100	95	100	100	100	100	No Data	No Data		No Data	No Data	100	62	77	63	80	100	100	91				100	No Data	100	100	No Data	No Data	100		86
	Hand hygiene compliance	= 95%	<85	85-99	= 100	100	100	100	100			100	100	100		100	100	100	100	100	100	100	100			100	100	100	100		100	100	86		100
	Total no of MSSA bacteraemias: Hospital	No Target	No Target	No Target	No Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Quarterly Standard principle compliance	90%	<80	80-90%	90-100	No Data	No Data	No Data	No Data	No Data	No Data	No Data		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data		No Data	No Data	No Data	No Data	No Data	No Data	No Data		No Data
	Total no of C. diff infections: Hospital	= 16 per year	No Target	No Target	No Target	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
	Quarterly Antibiotic Audit	= 98%	<85	85-97	98-100	85	No Data	77	89							100	90	89	78	100	96	94	86				89	No Data	92	95	100	100	100		
	Quarterly Environment/Isolation	= 90%	<80	80-89	90-100	87	90	92	86	97	82	100		97	87	94	84	92	83	94	92	94	90	No Data	No Data		97	No Data	74	82	89	88	100		98
	Quarterly VIP score documentation	= 90%	<80	80-89	90-100	100	78	58	90	100	No Data	No Data		No Data	33	83	92	84	81	80	82	94	53				100	No Data	70	63	100	No Data	100		100
	MEWS documentation and escalation compliance	= 100%	<80	80-99	= 100																														
	No of patient falls	= 48	>=48	No Target	<48	2	0	3	4	0					0	0	8	9	1	1	2	5	10	7	1	0	1	10	5	2		0	0		
	No of patient falls resulting in harm	No Target	No Target	No Target	No Target	1	0	1	2	0					0	0	2	3	1	0	2	0	1	1	0	0	0	3	2	1		0	0		
	No of avoidable serious injuries or deaths resulting from falls	= 0	>0	No Target	= 0																														
	No of ward acquired pressure ulcers	No Target	No Target	No Target	No Target	0	0	0	0	0						0	0	0	4	2	0	1	2	0	0	0	0	0	0	0		0	0		
	No of avoidable ward acquired pressure ulcers	No Target	No Target	No Target	No Target																														
	Nutrition: Assessment and monitoring	= 95%	<85	85-94	95-100	100	No Data	100	100	90						100	60	100	100	70	100	90	70				100	50	100	No Data			100		
	No of SIRIs	No Target	No Target	No Target	No Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	No of medication errors	No Target	No Target	No Target	No Target	5	0	1	1	3	0	0	0	0	6	2	3	3	4	4	2	0	6	1	0	2	0	0	7	7	2	5	0	0	1
	Cardiac arrests	No Target	No Target	No Target	No Target	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
	Cardiac arrests identified as a SIRI	No Target	No Target	No Target	No Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pain Management: Quarterly internal report	= 80%	<70	70-79	80-100																														
	VTE: Completed risk assessment (monthly Unify audit)	> 98%	< 98	No Target	> 98	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
	Quarterly VTE: Prophylaxis compliance	= 100%	<95	95-99	= 100																														
	Safety Thermometer: % of patients experiencing new harm-free care	= 95%	<95	95-99	= 100	100	100	100	100	100	No Data	No Data	No Data	No Data	No Data	85.71	96.77	100	91.67	100	100	96.88	100	100	100	No Data	100	96.43	100	No Data	No Data	100	100	No Data	No Data
Patient Experience: In-patient	Patient Satisfaction: In-patient overall result	= 85%	<75	75-84	85-100	94	99	95	99							100	97	94	96	91	93	87					94			100			97		
	How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	= 95%	<70	70-89	90-100	97	100	100	100							100	100	96	98	100	100	93					100			100			100		
	In your opinion, how clean was the hospital room or ward that you were in?	= 85%	<75	75-84	85-100	100	100	97	100							100	100	96	93	100	95	88					93			100			100		
	Did you feel you were treated with respect and dignity by staff	= 85%	<75	75-84	85-100	100	100	100	100							100	100	100	94	92	100	85					100			100			100		
	Were staff caring and compassionate in their approach?	= 85%	<75	75-84	85-100	100	100	97	100							100	100	98	99	96	96	85					100			100			100		
	Did you experience any noise in the night time that you think could have been avoided?	= 85%	<75	75-84	85-100	55	100	88	93							100	82	93	98	100	85	77					100			100			100		
	Did you find someone in the hospital staff to talk about your worries and fears?	= 85%	<75	75-84	85-100	100	100	97	100							100	100	100	97	90	100	86					80			100			100		
	Were you involved as much as you wanted to be in decisions about your care and treatment?	= 85%	<75	75-84	85-100	100	100	90	100							100	100	96	96	92	96	85					90			100			100		
	Did staff talk in front of you as if you were not there?	= 85%	<75	75-84	85-100	100	100	95	100							100	100	100	99	88	77	92					90			100			100		
	Were you given enough privacy when discussing your condition or treatment?	= 85%	<75	75-84	85-100	100	100	100	100							100	100	100	95	100	100	96					100			100			75		
	Were you given enough privacy when being examined or treated?	= 85%	<75	75-84	85-100	100	100	100	100							100	100	100	100	92	100	100					100			100			100		
	Did you get enough help from staff to eat your meals?	= 85%	<75	75-84	85-100	100	100	94	100							100	93	100	93	78	100	88					100			100			100		

9. Winter 2017-18 reflections

To RECEIVE report

Presented by Alex Baldwin

Trust Open Board Meeting – 27th April 2018

Agenda item:	9			
Presented by:	Alex Baldwin, Deputy Chief Operating Officer			
Prepared by:	Helen Beck, Chief Operating Officer			
Date prepared:	April 2018			
Subject:	Winter 2017-18 reflections			
Purpose:	x	For information		For approval

Executive summary:
This paper aims to review the planning assumptions and preparations for winter 17/18, the actual demand experienced and its impact across the organisation, reflect on lessons learnt and outline next steps to inform planning and preparations for winter 2018/19. A further paper will be presented to board in May detailing the outcome of the next steps sections and the plans for winter 2018/19.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	x	x	x

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	x	x	x		x	x	x

Previously considered by:	None
Risk and assurance:	Assurance around winter planning
Legislation, regulatory, equality, diversity and dignity implications	None

Recommendation:
For the Board to note content of paper and support approach outlined for next steps

1.0 Introduction

This paper aims to review the planning assumptions and preparations for winter 17/18, the actual demand experienced and its impact across the organisation, reflect on lessons learnt and outline next steps to inform planning and preparations for winter 2018/19. A further paper will be presented to board in May detailing the outcome of the next steps sections and the plans for winter 2018/19.
It is widely recognised that winter 2017/18 has been one of the most challenging for the NHS as a whole, and within West Suffolk as a Trust and as a system, this has certainly been the case. Despite a robust planning and preparation over the summer of 2017 we have seen a significant deterioration in our performance against the 95% ED standard, a sustained need for additional surge capacity over and above our planned escalation capacity and the suspension of all our cold elective activity through January and February 2018.
It should be noted that data sources may vary and as a result some of the information relates to West Suffolk CCG activity only whilst other information relates to all commissioners.

2.0 Planning and Preparations

Planning and preparations for winter 17/18 took place throughout the year and were robust and effective in terms of delivering real reductions in LOS and therefore creating capacity for the winter period. Working with system partners several initiatives were implemented aimed at improving flow through the hospital and reducing delayed discharges. These included:

- Trust wide implementation of SAFER, Red to Green and board rounds
- Setting up the new Support to Go Home Service
- The red bag initiative for care home residents
- Working with system partners to reduce DToCs in both the acute and community settings
- Ongoing development of the EIT service
- Ongoing developments of Ambulatory Care Pathways
- Targeted initiatives to reduce Length of Stay supported by KPMG
- Opening a Discharge waiting area with capacity to take both seated patients and those requiring beds.
- Review of management of patient flow across the hospital and implementation of revised model to provide greater focus and consistency.
- Specific initiatives on Fridays (Friday focus) to maximise weekend discharges.

As a result of all of these initiatives we successfully reduced our overall length of stay by one day thus releasing capacity to support us through the winter period. Numbers of DToCs reduced to below target as did stranded patient numbers. (Stranded patients are the term for all patients who have been in hospital for over 7 days whether they are medically optimised or not and is a marker of system efficiency and flow).
The Trust had an initial plan to open a winter escalation ward in line with the one opened in 16/17which had been very successful. However, during the summer months there were concerns about the increasing number of qualified nursing and nursing assistant vacancies across the Trust and therefore our ability to safely staff an additional area. In light of the successes we had achieved in terms of delivering additional capacity through length of stay savings it was agreed that we would focus on further improvements in this area and not plan to open a winter contingency ward.

With support from the CCG, we also developed a predictive bed model for the first time which took account of historic demand, growth assumptions and efficiency assumptions to predict bed requirements over the winter period. It was recognised that this model would develop over time and in its first year of use was indicative only. Over the summer months the model indicated that we were delivering our activity though up to 30 beds less than predicted which further supported the assumptions re the need for a winter escalation ward.
Whilst the actuals have been relatively accurate to predict overall trends and support executive decision making, we need to continue to refine the model to enable it to become more reactive to events.

3.0 Understanding the Actual demand

3.1 Overall ED activity and admissions

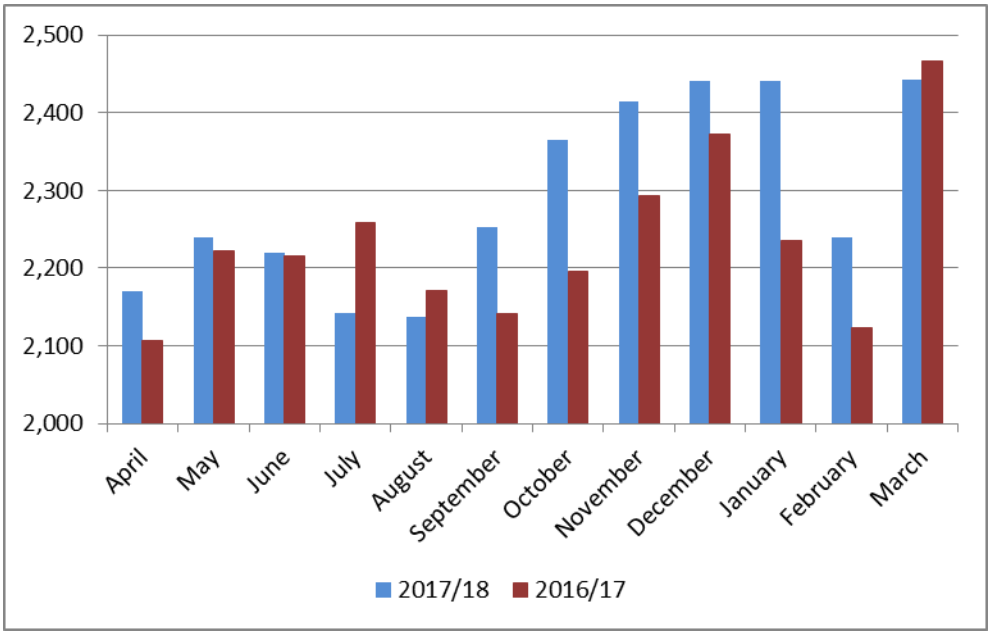
The informatics teams at the Trust and the CCG have worked together to analyse the actual demand seen at the Trust and provide an explanation of any discrepancies between the two sets of data. The following chart shows a comparison of the 2 sets of data relating to ED attendances and emergency admissions.

	Feb 17 v Feb 18				YTD 16/17 v 17/18 (Apr to Feb)			
	WSCCG at WSFT		All WSFT		WSCCG at WSFT		All WSFT	
	Activity change	% change	Activity change	% change	Activity change	% change	Activity change	% change
A&E attendances	436	12.3%	574	11.4%	2780	6.5%	3484	5.7%
Emergency admissions	40	2.6%	120	5.7%	-42	-0.2%	730	3.0%

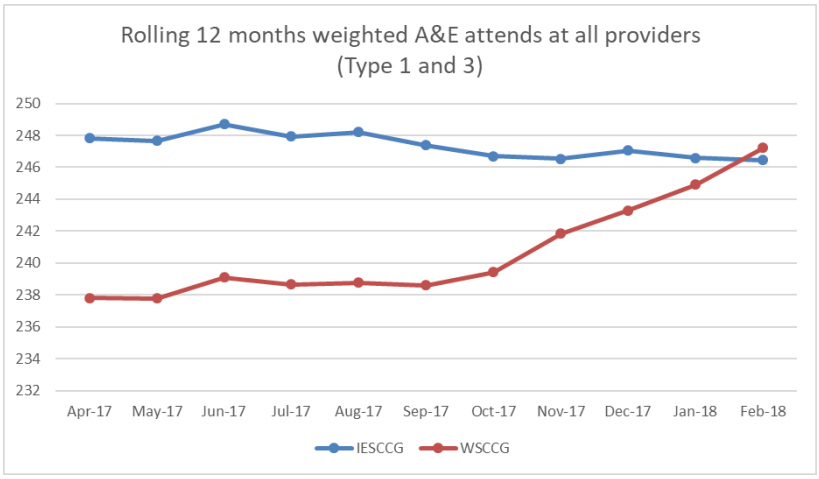
A&E attendances include GP referred activity. Emergency admissions are total admissions from any pathway, so not just admitted via A&E.

- 'WSCCG at WSFT' is the CCG view of activity at the Trust. This is restricted to WSCCG patients only and all agreed coding changes apply in the relevant year. This difference is significant on Emergency Admissions as YTD there are 502 outpatient appointments which would have been coded as emergency admissions in 16/17, prior to the coding change agreements.
- 'All WSFT' is the trust view. This is all trust activity but the agreed inpatient coding changes are put back into 17/18 to make the years more comparable. This is only relevant to Emergency Admissions and relates to EIT admission avoidance coding and Ambulatory Care.

From the chart below it is clear that the earlier part of the year was showing a reduction in activity, however since September 2017 we have seen significant and sustained growth in emergency admissions.

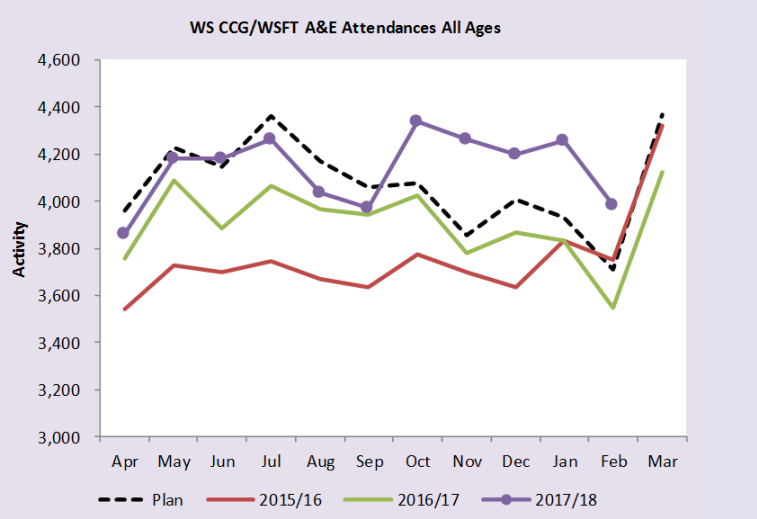


3.2 ED attendances -GP practice trends (WSCCG only)



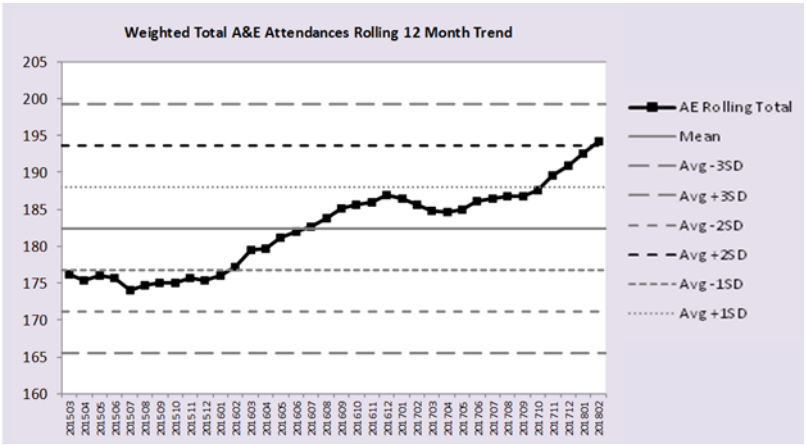
The above chart demonstrates a growing trend of increased demand from West Suffolk GP practices. When reviewing the rolling 12 months rate of attendances by weighted population, WSCCG has historically had a slightly lower rate than IESCCG. This is due to the minor injury unit at Felixstowe which addresses Type one demand. However, the West Suffolk rate has been rising since October 2017 and exceeded East Suffolk for the first time in February.

3.3 ED attendances year on year comparison

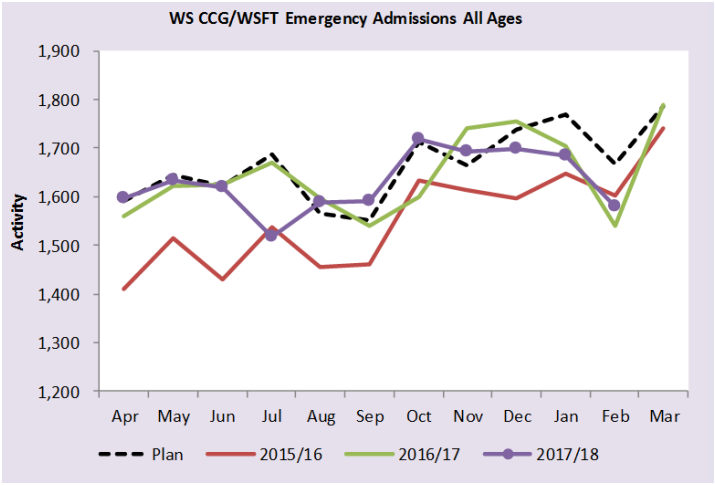


This data is for WSCCG only, however data shows that the increase from this area is higher than marginally than from other CCGs and represents the majority of the Trusts activity.
Key points to note are:

- Attendances YTD are 6.5% higher than last year and are now 2.3% above plan.
- All age bands have increased from last year with the 75 and over age band having the largest increase.
- The HRG grouping has changed again within E-Care so it is not possible to meaningfully compare year on year data at HRG level.
- The rolling 12 month attendances per weighted population are showing a continuing increase. This suggests the attendances are increasing faster than the weighted population is increasing



3.4 Emergency Admissions year on year comparison

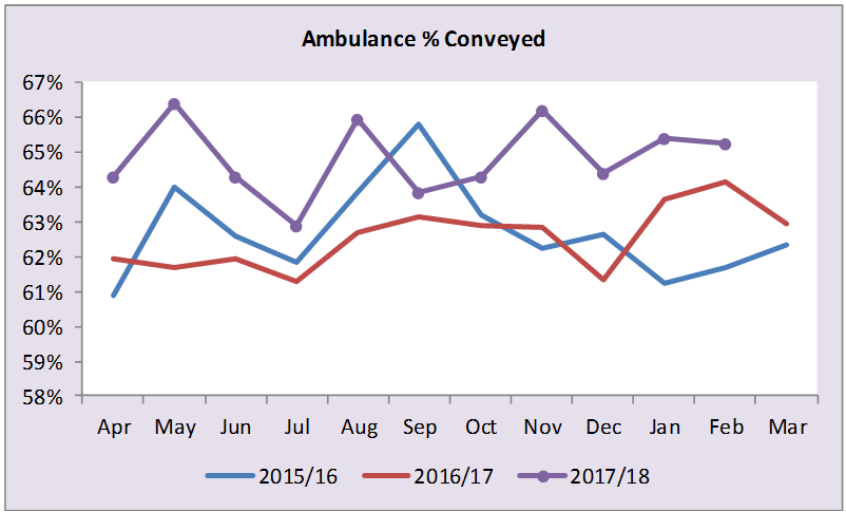


Using CCG data the admissions year to date are slightly lower than last year and are 1.6% below plan. This is being driven by an agreed coding change making year on year comparison unrepresentative.

From November 2017 Ambulatory Care Admissions were coded as an Outpatient Clinic and not an admission. If the 17/18 admissions are adjusted back to include the for AEC and the EIT avoided admissions in CDU (coding change implemented from April 2017) then there is a total increase of 615 admissions YTD, which is a 2.8% rise. In the month of February the activity would be 7.9% higher than last year, if the coding changes are added back in.

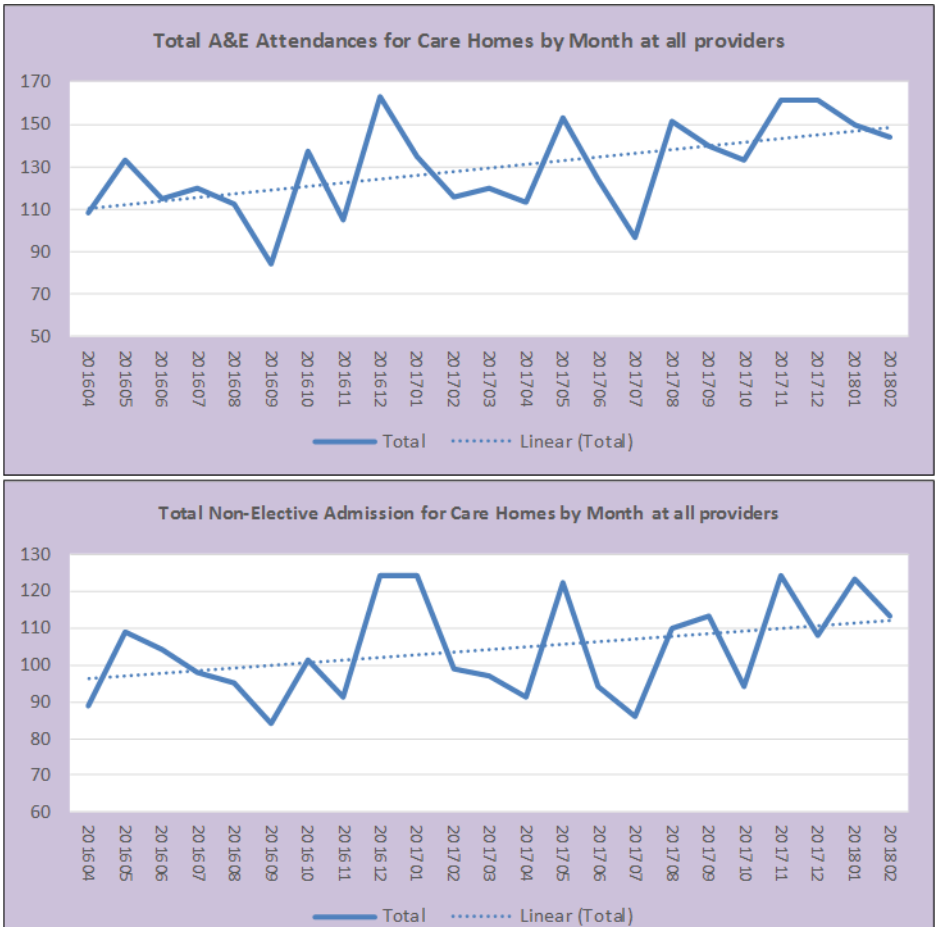
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
EIT OP	15	24	22	27	23	30	18	16	16	12	13	**216**
F8 AEC								121	101	103	74	**399**
Total	**15**	**24**	**22**	**27**	**23**	**30**	**18**	**137**	**117**	**115**	**87**	**615**

3.5 Ambulance Conveyances



Overall there has been a slight reduction (0.9%) in ambulance calls, however we have seen a 2.8% increase in the number of conveyances to hospital via ambulance from WSCCG patients. As EEAST provides services across all of our CCGs, it is reasonable to assume that this increase is consistent across them all.

3.6 Care Home Activity



The above information shows a concerning rise in demand from care homes.

In summary:

- The increase in ED attendances from care homes is greater than that for the total activity increase
- The increase in emergency admissions from care homes is greater than that for the total activity increase
- The increase in ambulance call outs and conveyances is greater than that for the total activity increase

4.0 Reflections

Planning and preparation across the Trust and the system for winter 2017/18 started early, however in the main the focus was on improving flow through the hospital and reducing discharge delays. The initiatives outlined in section 2 above delivered reductions in LOS as expected and can be seen to have been successful with

DTOCs and stranded patient numbers both below target figures at the beginning of the winter period. Numbers for both metrics have fluctuated over the winter months particularly following holiday periods. This can be attributed in some part to internal delays in care pathways over Bank Holiday periods, but a more significant factor is reduced availability of packages of care and delays in social services assessments during these periods. We have worked closely with colleagues from social care who have responded well to the demands in the Trust and provided increased assessment capacity and sourced additional care, however this has been reactive, and we need to work together to plan better for winter 18/19. It should be noted that the care market is made up of many small independent companies which makes management of availability extremely challenging.

Failure to adequately plan for the opening of a winter escalation ward has been a major cause for concern throughout the winter. The Trust was forced to open an additional capacity at short notice to meet the rising demand and has been unable to close these beds once opened stretching nursing and nursing assistant resources very thinly across the Trust. Many wards have operated below core for significant periods and whilst safety has been maintained core quality standards have been impacted. There has also been a negative impact on staff morale across the Trust. As well as staffing shortages, the Trust has been operating throughout the winter at the limits of the physical ward capacity available. As a result, areas such as the Acute Admissions Unit (AAU) and the Discharge Waiting Area (DWA) have had to be used to bed patients for a significant period of the winter. These areas should be used to create flow throughout the hospital and avoid backlogs of patients waiting in the ED for beds to become available. Other areas such as the Clinical Decision Unit (CDU) in ED and the Medical Treatment Unit (MTU) have been used to bed patients during periods of higher demand. During January and February 2018, the Trust was forced to use ward F4 for take emergency patients and thus cancel all cold elective activity. Whilst the use of this area was carefully controlled to take only emergency surgical activity there was non-the less a significant impact to the elective programme with an estimated loss of approximately 350 elective cases.

From the data sources provided in section 3.1 above it can be seen we have experienced significant and unprecedented increases in ED attendances and admissions above those planned for and to a level above that which we have either physical capacity or staffing resources to effectively manage.
The data shown in sections 3.2 to 3.6 demonstrate that the increased demand is coming from a variety of sources, with weighted population demand from West Suffolk GPs increasing, care home demand increasing and ambulance conveyances increasing.

Planning for winter 2018/19 needs to address capacity and workforce shortages within the Trust and also demand management across the system to ensure future sustainability.

5.0 Next Steps

5.1 Physical capacity

The Trust has a number of opportunities to increase the physical bed base for winter 2018/19.
These are:

- Ward G3 due to be vacated as part of the cardiology development in October 2018
- Associated cardiology areas CCU and diagnostic area

- Completion of phase one of the new AAU due on line at the end of December 18

The medicine division are currently developing options for the best use of the available space and are due to bring a paper for consideration by the executive team to inform final decisions about winter capacity.
To support this decision making the capacity model is being re-run to reflect last year's actuals and planning assumptions.

5.2 Workforce

A detailed nurse recruitment plan has been developed and is being implemented. This will be refined in the light of the final decisions regarding the actual capacity required. Workforce plans for medical and other allied health professional staff groups are also being developed in line with planning assumptions.
The A&E delivery board is reviewing workforce requirements in other urgent care providers across the system.
As noted above social care capacity is difficult to manage and very variable. The Trust may need to consider options to provide these services.

5.3 Demand Management

The CCG is mapping practice level data to identify any areas that could be influencing A&E Demand and also reviewing any gaps in service or 'best practice' which could be influencing high or low rates of attendances.
Following this they will develop plans to fill the gaps, or roll out best practice working if appropriate. As well as support more accurate A&E demand forecasting and ensure a robust Demand and Capacity Plan can be developed including alternative service provision if appropriate.

10. Alliance and community services report

To RECEIVE update

Presented by Dawn Godbold

Trust Open Board Meeting - 27 April 2018

Agenda item:	10			
Presented by:	Dawn Godbold, Director of Integration and Community Services			
Prepared by:	Dawn Godbold, Director of Integration and Community Services			
Date prepared:	17/04/2018			
Subject:	Community Services and West Alliance update			
Purpose:	x	For information		For approval

Executive summary:

- The acute and community services that the trust has responsibility for continue to evolve and integrate wherever possible. The Integrated Therapies and the Wheelchair clinical assessment service moved into the community structure on 1st April 2018.
- The West Suffolk Alliance continues to strengthen its partnership working and is implementing changes to the meeting framework for the system that enable shared discussion and decision making wherever possible.
- Work continues on the development of a strategy document and implementation plan to be submitted to the STP board by the end of April.

Main Points:

This paper describes the progress being made on:

- Integration between acute and community services
- Development of the West Suffolk Alliance
- Update on the Buurtzorg Test and Learn project
- Update on the Children in Care Initial Health Assessments Compliance
- Update on Paediatric Speech and Language Therapy provision

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
		x	**x**

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	x	x	x			x	x
Previously considered by:	Monthly update to board						
Risk and assurance:							
Legislation, regulatory, equality, diversity and dignity implications							
Recommendation: The Board is asked to note the progress being made.							

Community Services and Alliance Update

West Suffolk NHS Foundation Trust Board

27th April 2018

1.0 Introduction

1.1 The trust is working as part of an Alliance of providers to deliver community services. Work continues on integration between the acute and community services for which the trust is directly responsible and on the wider health and care system as part of the Alliance.

1.2 This paper describes the progress being made on:

- Integration between acute and community services
- Development of the West Suffolk Alliance
- Update on the Buurtzorg Test and Learn
- Update on the Children in Care Pathway
- Update on the challenges within the Paediatric Speech and Language service

2.0 Acute and Community Integration

2.1 The Integrated Therapies Service has transferred from the clinical support division to the community structure. This brings together more closely, both operationally and managerially, the services that are delivered away from the acute site and those that are focussed on discharge and flow.

2.2 The wheelchair assessment service (clinical element) has also now transferred back to the Trust and will be operationally managed by the head of therapies. This will allow greater integration between therapists working in this service and other areas.

2.3 Following on from the successful pilot of a rotational occupational therapy post between health and social care we have now been asked by the county council to create a further 2 rotational posts. This is a good example of our system wide therapy strategy starting to be implemented and benefits realised.

2.4 The first community staff are accessing and using CareFirst 6 (the social care IT system) to assist joined up working, improving access to patient information, cutting out time waste and more importantly avoiding duplication for the patient.

2.5 An early warning contractures tool has been developed for care home staff to ensure early referral to community therapy, nursing and GPs as appropriate. This is being added to the Purple Book for care homes

2.6 The system wide falls steering and operational groups are now up and running and working on a system wide strategy for the falls pathway.

2.7 The joint work between health and social care to enable shared ordering of equipment on behalf of each other (cutting down clinical time, speeding up the process for patients, sharing knowledge) is progressing well, with the 'train the trainer' sessions being completed to ensure equity of competencies.

3.0 I.T Progress

3.1 The trusted assessment project has linked into the GDE work to help inform the system wide strategy for I.T.

3.2 There is a priorities paper being drafted to review SystmOne and how this is used alongside other I.T systems to enable locality working in the integrated neighbourhood teams.

3.3 The Western Alliance Community I.T Team are currently configuring and testing access to the West Suffolk Hospital Cerner HIE Interface. Having access to the HIE would enable community staff to view important clinical information from patients previous visits to West Suffolk Hospital. In the future any clinical notes from patients encounters at Addenbrookes Hospital will be added to the HIE view.

4.0 Buurtzorg Test and Learn Update

4.1 The Buurtzorg Test and Learn went live at the beginning of March. The Test and Learn will run for 12 months, during which time work will be undertaken to understand how the model could be replicated at scale.

4.2 The full team will eventually be made up of 8-12 nurses and nurse assistants (8wte). The team currently has four members (3wte), following the recall of one of the nurses who joined the team on secondment. A further two team members (1.8wte) have been recruited and will join the team shortly.

4.3 Recruitment to the team has been challenging and highlights the wider challenges being seen across the system which was one of the reasons for testing this approach (with staff satisfaction high under the Dutch model). In order to tackle the challenge, the West Suffolk Team has joined up with two nurses establishing a Buurtzorg Test Team in Cambridgeshire. The Cambridgeshire nurses have joined the team for a period of 4 months (until end of May 2018).

4.4 Further recruitment is taking place in order to grow the team to full capacity and the team is leading the current recruitment process and is advocating on behalf of the model to encourage applications.

4.5 The team have had 15 patients on the caseload to date, with two patients already discharged. The team have identified their initial patients through a case finding approach, but are moving towards direct referrals. One of the biggest cultural changes the team is facing is in moving from delivering and considering "health care" needs to working and thinking in a more holistic way.

4.6 They are working with the social care heat shield to help them make this mental change and to embed this way of thinking into their practice. Whilst it is still early days in terms of implementing this new approach to patient care, the team have already identified benefits to working in this way, for example:

- A patient came to the team for insulin administration (a routine traditional referral for health) as part of their assessment they found that the patients daughter was near to breaking point from trying to support her mother. They have provided support to the daughter by assisting her in claiming attendance allowance. For the patient they have not only monitored her blood sugars but started giving her oral medication, helping her have breakfast and helping with her personal care. **With our traditional model the patient would have had to be 'referred on' to social care, had further assessment, and care being provided from 2 different parts of the system.**

- A patient was referred to the team for leg ulcer care and they did a full leg ulcer assessment including a Doppler assessment. This has enabled the team to start with compression therapy (gold standard treatment). They identified also that his wife was struggling and socially isolated due to caring for him. They have since taken his wife onto the caseload as well. They have helped her claim for attendance allowance; write a 'What If' Plan – a plan of what will happen to him if she is admitted to hospital. They have ordered grab rails for the house for both of them, referred the gentleman to the Dementia Intensive Support Team and they are looking at ways of giving his wife some respite from caring for him. **With our traditional model this situation would have resulted in multiple hand offs between services, duplicate assessments, the wife continuing to struggle unsupported and lack of a plan for the husband had the social situation have broken down, and quite possibly resulted in a 'social admission'.**

5.0 West Suffolk Alliance Development

5.1 The newly established System Executive Group continues to meet monthly. The group brings together system leaders from all Alliance partners, the CCG and the Borough Council. The most recent session was held as a workshop style discussion focussing on the production of the Alliance strategy and implementation plan. The strategy and implementation plan will be submitted (as a working draft) to the STP Board at the end of April and will be shared with the Board at the May meeting.

5.2 The group is evolving to become the main joint decision making forum for the west system. In line with this, the membership is being reviewed to include a wider range of key stakeholders from across the system such as Health Watch.

5.3 The group will continue to evolve its functions and responsibilities as the changes to CCG and STP level functions emerge.

5.4 The group has agreed to 'close down' the existing Integrated Care Network to avoid duplication with the SEG. The A/E delivery board function will continue with a smaller membership to ensure continued system focus on the 4 hour target and associated patient experience/flow.

5.5 The Integrated Care System (ICS) Project Board continues to meet monthly. The ICS Project Board brings together those leading key work streams to develop the various components of an Accountable Care System (ICS) for Suffolk and North East Essex.

6.0 Children in Care Initial Health Assessment Update

6.1 The Initial Health Assessment (IHA) forms part of a pathway for children who are 'looked after'. The IHA is designed to capture any health needs that the child may have, particularly if they have missed routine health appointments during infancy/early childhood. The IHA is an assessment that provides a holistic, comprehensive health assessment and ensures that a health care plan is in place prior to the first LAC review see Appendix 1 for example assessment content. There continues to be pressure on the IHA pathway within Suffolk as has been reflected in the monthly performance reports and summarised within the operational Risk Register.

6.2 Overall compliance with the statutory framework of IHA's being completed within 28 days of the child or young person becoming Looked After by the Local Authority remains at a low level. This continues to be impacted on by variations in the timely receipt of information from Social Care (consent and placement risk assessment forms) although overall sharing of information has generally improved.

6.3 Out of County children placed in Suffolk are often placed / referred to the team significantly after the 28 day period and this contributes to the overall poor compliance figures.

6.4 The CCG recoup monies from other CCG areas for the out of county placements at a rate of £440 per IHA assessment. The tariff charge was previously claimed by the service but this change initiated approximately 3years ago to enable commissioning changes to the pathway across Suffolk (in both ICPS and SCC teams).

6.5 The current contract allows the Trust to recover £150 per assessment undertaken by contracted GPSI's (and Locum Paediatrician). This payment is paid to the GPSI's and does not cover all associated costs to the Trust for this activity.

6.1 Actions since last update

6.1.1 Associate Director for Integrated Community Paediatric Services met with the CCG Nurse Improvement Consultant and the Designated Nurse for Children in Care on 9 March 2018 to clarify current pathway demand challenges and to highlight options to improve performance being considered by the team. These options, along with impact analysis, are detailed in 6.3.

6.1.2 A recent trial of triaging referrals from available SystmOne information and booking appointment prior to receipt of Social Care Placement Risk Assessment (in order to improve timeframes) is highlighting a number of quality issues. These are being monitored and will inform further discussion with the Local Authority regarding timely information exchange. Examples of such issues being:

- Information regarding birth parent and previous home environment not shared – potential to miss requirement for blood borne virus testing.
- Information regarding sexual abuse not shared – would have been inappropriate to be seen by male clinician.
- Consent not shared (section 20 care order) – meaning clinician does not have permission to see the child.

6.1.3 AD for ICPS is attending the Social Care/Independent Reviewing Officer meeting in April to discuss the challenges within the IHA pathway in order to improve information and awareness of issues within the pathway and agency interface.

6.1.4 Agreement of new performance metric, in line with eastern region, of assessment completion and outcome returned to Local Authority within 15 working days of the child entering care.

6.1.5 Due to sustained level of out of county placements and the impact on compliance, further revisions to the format of the CiC Patient Tracking List and subsequent performance report will be made (following meeting scheduled on 22/03/18) so that the Suffolk Children are reported separately. Out of county children will be reported in a manner that will enable the AD for ICPS to escalate to the Director of Children and Young People in Suffolk County Council, which will enable him to escalate to other Authority CYP Directors.

6.1.6 Review of current service demand and availability of current appointments – this is being revisited with the Community Paediatricians to ensure appointments are spread more evenly throughout the month (although this doesn't accommodate for variability in child placements across the county).

6.1.7 The situation was discussed with CCG colleagues at the community contract meeting held on 12th April. It was agreed to convene a small group of key people from both WSFT and CCG to review and agree solutions for the out of county children.

6.1.8 A letter of concern was sent from WSFT CEO to both the CEO of the CCG and Children's Services Director for the county council requesting a meeting. This meeting has been arranged for 11 June 2018.

6.1.9 Both health and the county council have been working hard to improve the processes that support this pathway. Since June 2017 there have been six weekly Health System Operational Group Meetings which have been well attended by representatives from both Health and Social Care. The timeliness of the paperwork being received by Social Workers to the Health Hub has been a continual area of focus of these meetings and some progress has been made in this area. The Health Hub is receiving some referrals / paperwork from Social Workers more promptly and the referrals are being sent to the Initial Health Assessment Service more quickly, with a reported 60% to 70% improvement. There remains work to be done we need to maintain improvements already made.

6.1.10 There continues to be much activity within the management team to drive forward improving performance and for paperwork to be made available to Health within four working days. The Health System Operational Group will continue to review this every six weeks and implement recovery actions promptly through escalation routes.

6.1.11 The current data does not easily support Social Care and Health to drill down on individual cases where there is delay regarding an Initial Health Assessment. This will need to be a focus so that we can look at issues that cause delay and actions that need to be put in place.

6.2 Service Demand

6.2.1 There is an increase in referral activity, this was escalated initially just prior to Christmas however this activity has been sustained as can be seen in the performance report.

6.2.2 A total of 34 children were referred for assessment in March which presents an increase in expected activity and sustained pressure on the pathway. This increase in activity within the vulnerable group of children is being mirrored with a sustained increase in adoption/permanence medical activity – a meeting has been held for the Associate Director to discuss further with the Adoption Lead within the Local Authority.

6.2.3 The recent referrals have included three sibling groups (2 of two siblings and 1 of 4 siblings) which present further challenges in coordinating clinics within allocated slots/clinician availability.

6.2.4 This particular increase in activity has been escalated to the Designated Nurse and Social Care Manager.

6.2.5 There has been an overall increase in the total number of CiC within Suffolk to over 800 children and young people (previous figure in the region of 700). This has been noted at the Health Operational Safeguarding Group.

6.2.6 As mentioned at 6.1.5, there continues to be sustained out of county placements impacting on service capacity and compliance. A review of this activity in January, from a financial perspective would indicate that:

- There was 15 out of county children referred which the CCG would have reclaimed £6,600 (15 x £440).
- If the Trust was able to charge directly for this activity income would total £6,885 (15 x £459 tariff +MFF)
- The Trust would have reclaimed £900 from the CCG in January for GPSI and Locum Paediatrician activity.

6.2.7 A review of the financial model with the CCG for the pathway would be beneficial given that the current funding/contract arrangements have been in place for 3 years and have not been revisited.

6.3 Options to increase service capacity

Option	Benefit	Risk
1. Recruit to new Specialty Doctor or GP with Special Interest (GPSI) post – 0.5wte	• Enables flexible and responsive capacity throughout each week to meet referral demand – it could be considered that the clinician could see circa 6 children per week. • Enables clinician to offer assessments within various locations suitable for the child or young person (can more readily visit children's homes) • Offers opportunity to respond to sibling group assessments in a coordinated manner • Ensures focus on quality and opportunity to follow up on immediate medical actions • Reduces impact on core Community Paediatric capacity • Can fulfil requirement to have a Named Doctor for Children in Care (but this would reduce clinical time if incorporated into job plan) • Ensures service compliance with assessment timescales	• Ability to recruit – this may not be an attractive post to recruit to however Norfolk have recently been successful in appointing a part time GPSI. • Financial impact – discussion needed with CCG to renegotiate position regarding current GPSI income and revisit approach taken currently to out of area tariff charge recovery : o GPSI midpoint cost= £58,392 (5 Sessions) o Specialty Dr midpoint cost = £38,156 (0.5wte) • Concern regarding resilience, impact on pathway during annual leave or sickness • Current clinic room availability in core community estate does not support additional clinical activity
2. Increase availability of sessional GPSI's – particularly in the east of the county (an initial discussion regarding this option has been held with GP Fed Exec, David Pannell, there is willingness to explore further)	• Increases service capacity • Offers some resilience within the system • Reduces impact on current Community Paediatric workforce	• Challenges within primary care workforce capacity would mean that additional sessional activity will be challenging to recruit to. • Current use of GPSI clinics has seen a need to allow more time per child – current funding model agreed with the CCG will require renegotiating. • Full year financial impact to provide one session per week (rather than per child assessment) per GPSI would be: £11,678 – it is difficult to accurately assess the number of additional sessions per week needed however it is reasonable to assume at least three per week would be needed.
3. Increase number of protected	• Maintains local focus and quality of outcomes of	• Would result in longer waits for new referrals to the

appointments for CiC assessments by Community Paediatricians	pathway • Clinic rooms are currently available	community team – impact on clinical prioritisation • Definite increase in 18wk RTT breaches across both localities and would not be within current performance targets. • Potential to adversely impact on clinical management of existing caseload however this would be mitigated against by maintaining priority on review activity. • It would be challenging to fully mitigate against impact on ASD assessment/diagnostic pathway and delays in diagnosis are likely.
4. Reintroduce Specialist Nurse led assessments, supported by GPSI capacity and targeted paediatrician appointments (would target to all over 10yr old children)	• Ensures responsive service that is flexible to referral activity. • Enables assessments across locations and in children's homes • Responsive to requirements of older CIC population who struggle to engage with Dr's in what is seen to be a setting more suited to early years children • Ensures quality outcomes and care plan development.	• Does not comply with requirement to have assessment completed by a medical practitioner (although framework does allow for this if accepted by Local Authority and CCG – supported by risk assessment and robust training) – Suffolk County Council has not been supportive of this model previously and may be challenged by OFSTED/CQC • Challenge to resilience – currently only 0.8wte in post and no cover for annual leave/sickness (AD for ICPS covers triage of referrals in absence of SpN currently)
5. Using GP of where child has been placed/registered	• Minimal perceived benefit to child/assessment pathway • Possible benefits that immediate health issues would be followed up within primary care (if child placement stable).	• Unlikely to be completed within timescale. • Likely to not deliver quality outcome (poor knowledge of assessment requirements/paperwork/care planning requirements)? • GP would not be able to allow time needed for assessment. • Would incur cost (to CCG) as not currently within current GP contract
6. Asking acute Doctors to action if baby is in neonatal unit (activity in this areas is variable so difficult to plan within	• Would enable timely assessment of new born babies	• Acute team not willing to complete thus far • Lack knowledge and awareness of assessment process and documentation within CIC pathway • Assessment completed within neonatal unit would

current job plans and would have equally minimal/variable impact on overall compliance and capacity within Community Team)		not be reflective of babies needs on discharge, warranting further update of Care Plan by community SpN post discharge
7. Discussing mutual agreement with other areas to complete the assessment before the child is placed	• This should happen anyway as no child should be placed in another area without having their needs assessed before placement – rarely happens currently and not achievable in instances of emergency placements. • Would have positive impact on Community Paediatrician and SpN capacity as out of county children are often more complex, have minimal information shared prior to assessment and also present often not able to be seen in community environment (due to violence and aggression) • New reporting framework will enable escalation to SCC CYP Director with the aim of reducing future demand.	• Risk that this could increase demand on local service who aren't receiving referrals for Suffolk Children placed out of county currently.
8. Pre LAC assessment of available information to offer earlier assessment date (negating need to wait for social care information) – being trialled currently.	• Would enable earlier appointment being offered.	• Information not routinely available on SystmOne regarding clinical history and social circumstances which does not allow for appropriate triage/assessment • Impacts on quality of assessment/care plan outcome – will have gaps in care plan • Risk that inappropriate clinician will see the child or young person if information unavailable. • Risk that appointments will need to be rescheduled on receipt of subsequent placement risk assessment form.

6.4 Recommendation

6.4.1 It is recommended that the Board supports the proposal to explore with the CCG and county council recruiting to a new 0.5wte post of GPSI or Specialty Doctor (detailed in option1). Although this role may be challenging to recruit to this would be worth exploring as the benefits to the service pathway, and assessment outcomes, far outweigh the financial risks. It should also be considered that the financial impact can be minimised by renegotiating the current contract variation supporting this pathway with the CCG.

6.4.2 A formal review of the contract funding arrangements for the pathway is also recommended.

6.4.3 If supported, there wouldn't be an immediate service response to the current service capacity challenges whilst recruitment is taken forward, however the AD for ICPS will continue to work with the current pathway capacity to amend appointment schedules and to consider prioritisation of Suffolk children (in line with other counties who focus on "in county" children) alongside the continued dialogue with Social Care and Safeguarding Managers.

6.4.4 Option 6 will be taken forward and identified risks mitigated by using the community paediatric SpR's, working in both Acute Trusts, to undertake physical assessment, review of clinical information and liaison with neonatal/acute paediatric team. They will then work with SpN who will support to complete paperwork. There is acknowledgement that this care plan will need to be amended to reflect care needs on discharge and we are proposing that the SpN will schedule a post discharge review with foster carer (by telephone or home visit) and update of care plan in time for Independent Reviewing Officer review.

7.0 Paediatric Speech and Language Therapy Update

7.1 This sets out the current position on demand, waiting times and options for improvement for the Paediatric Speech and Language Therapy Service (SLT) with particular focus on the Community Clinics and Mainstream Schools pathways. There are 4 main pathways within the service which are:

- Community clinics: children most often seen for assessment first in community clinics and for therapy up until school age (1,182 children).
- Mainstream schools: children seen in school from the age of 5 years with or without and Education, health and social care plan (EHCP (1,222 children)
- Pre-school complex needs: children up to the age of 5 years with additional needs with specialist therapists working alongside other professionals within health (278 children).
- School age complex needs: children attending special schools with additional diagnoses/learning/physical disability as well as a speech, language, communication, eating and drinking needs, therapists in this pathway also support some children with very complex needs in mainstream schools (523 children).

7.2 Extracts from "Giving Voice" publication from the Royal College of Speech & Language Therapists

7.2.1 **Communication in early childhood is key to boosting life chances**

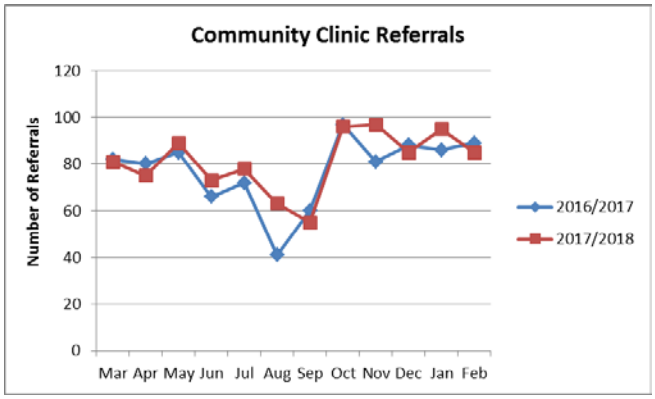
7.2.2 **Employability:** if left unaddressed, speech, language and communication difficulties can adversely affect children in adult life, for example, poor communication skills affect employability. 88 % of long-term unemployed young men have been found to have SLCN.

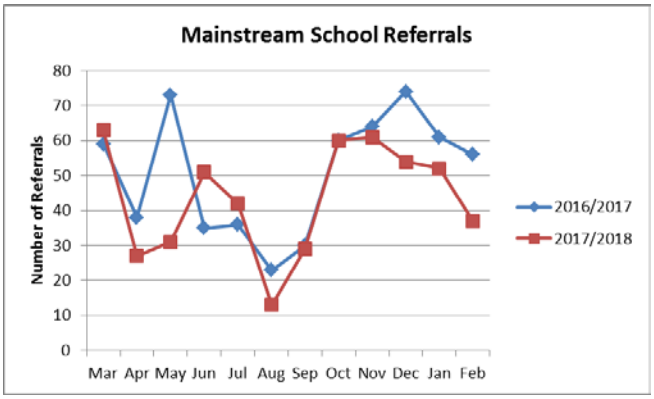
7.2.3 **Social inequality:** gaps in language development between children from affluent and disadvantaged families open up as early as three years of age. Improving language development in the early years is an important tool through which educational and social inequality between social classes can be tackled.

7.2.4 **Cycle of communication deprivation:** failure to address SLCN can encourage an intergenerational cycle of communication deprivation and poor communication skills passed down from parent to child, which can have a detrimental impact upon the child's life outcomes.

7.3 Service Demand

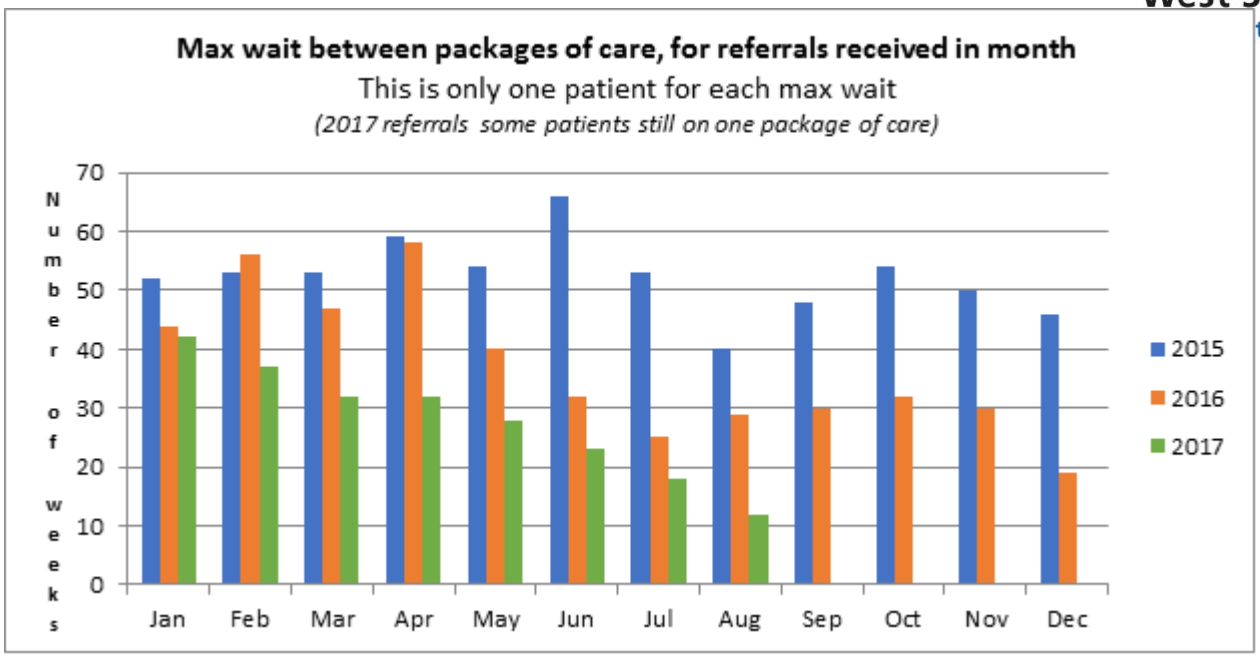
7.3.1 The graphs below show that referral rates are sustained for community clinics. There has been a decrease in mainstream school referrals however the numbers of children requiring on-going therapy in schools is being sustained.





7.3.2 While the number of referrals for children with neurodevelopmental problems, global developmental delay, syndromes, and complex medical problems has remained static the numbers of children referred for social communication concerns / Autistic Spectrum Disorder has risen significantly.

7.3.3 Whilst the service continues to be compliant with an 18 week referral to treatment for initial assessment and start of therapy, there are long waits for subsequent therapy interventions, particularly group sessions or within school. Although through the targeted intervention and short term funding that had been received previously there has been a considerable improvement year on year. These waits are illustrated below:



7.4 Option to address commissioning shortfall

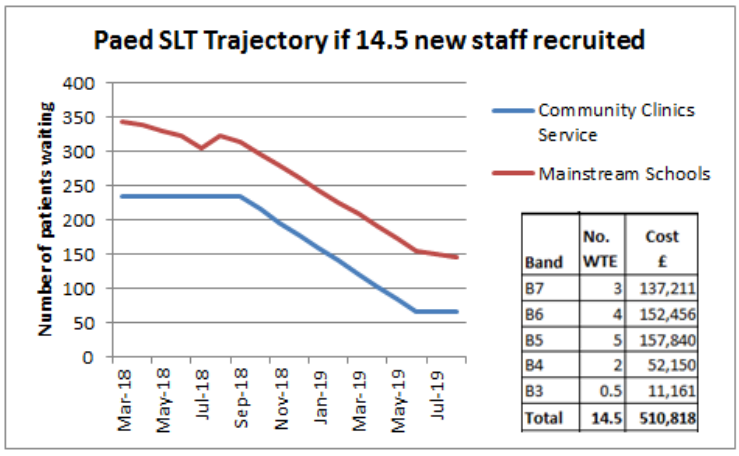
7.4.1 In order to maintain waiting times for both initial and subsequent therapy to a maximum of 3 months there will be a need for further investment (this assumes the service offer remains the same). We would need to add an additional 14.5 wte to the existing staffing of 51.10 the impact of this additional staffing is shown below.

7.5 Timeline

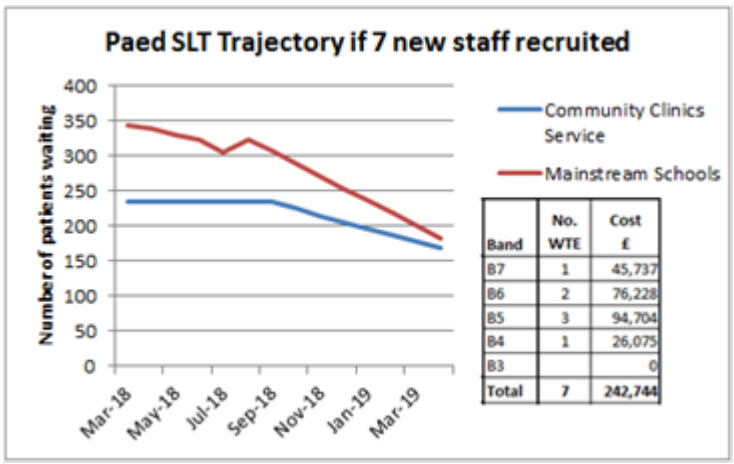
7.5.1 As of March 2018 there are a total of 33 children waiting longer than 12 weeks for their first initial assessment and 132 children waiting longer than 12 weeks between their initial first assessment and their first package of care.

7.5.2 The service is currently subject to a major review and redesign being jointly led by SCC and the CCG therefore it is recommended that any additional staff should be made on an interim basis.

The trajectories below show the impact on recruitment of 14.5 wte versus 7wte.



Band	No. WTE	Cost £
B7	3	137,211
B6	4	152,456
B5	5	157,840
B4	2	52,150
B3	0.5	11,161
Total	14.5	510,818



Band	No. WTE	Cost £
B7	1	45,737
B6	2	76,228
B5	3	94,704
B4	1	26,075
B3		0
Total	7	242,744

Community Clinics Service:

Trajectory - adding 14.5 wte to service as whole(an increase of 28% wte) increases no. of patients taken off waiting list by 28% each month

Community Clinics Service	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
New Staffing start dates	**0**	**0**	**0**	**0**	**0**	**0**	**7.25**	**7.25**	**7.25**	**7.25**	**7.25**	**7.25**	**7.25**	**7.25**	**7.25**	**7.25**	**0**	**0**
Referrals to be added to waiting list*	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67
No removed from waiting list**		**67**	**67**	**67**	**67**	**67**	**67**	86	86	86	86	86	86	86	86	86	86	86
Waiting for package of care at end of Month	**234**	**234**	**234**	**234**	**234**	**234**	**234**	**215**	**196**	**178**	**159**	**140**	**121**	**103**	**84**	**65**	**65**	**65**

** Figure derived from Historical data, no of new referrals each month which are not discharged*

*** Currently waiting list remaining static over time, same number taken off as added on*

Mainstream Schools

Trajectory - adding 14.5 wte to service as a whole(an increase of 28% wte) increases no. of patients taken off waiting list by 28% each month

Mainstream Schools	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
New Staffing start dates	**0**	**0**	**0**	**0**	**0**	**0**	**7.25**	**7.25**	**7.25**	**7.25**	**7.25**	**7.25**	**7.25**	**7.25**	**7.25**	**7.25**	**0**	**0**
Referrals to be added to waiting list*	40	40	40	40	40	20	40	40	40	40	40	40	40	40	40	40	40	40
No removed from waiting list**		**45**	**50**	**45**	**60**	**0**	**58**	58	58	58	58	58	58	58	58	58	45	45
Waiting for package of care at end of Month	**344**	**339**	**329**	**324**	**304**	**324**	**306.4**	**289**	**271**	**254**	**236**	**218**	**201**	**183**	**166**	**148**	**151**	**146**

** Figure derived from Historical data, no of new referrals each month which are not discharged*

*** Currently waiting list decreasing slightly over time, more referrals coming off than going on, August fewer referrals and no patients seen as schools closed*

Community Clinics

Trajectory - adding 7 wte to the service as a whole (an increase of 14% wte) increases no. of patients taken off waiting list by 14% each month

Community Clinics Service	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
New Staffing start dates	0	0	0	0	0	0	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5
Referrals to be added to waiting list*	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67	67
No removed from waiting list		67	67	67	67	67	67	76	76	76	76	76	76	76	76	76	76	76
Waiting for package of care at end of Month	234	234	234	234	234	234	234	225	215	206	196	187	178	168	159	150	140	131

** Figure derived from Historical data, no of new referrals each month which are not discharged*

*** Currently waiting list remaining static over time, same number taken off as added on*

Mainstream Schools

Trajectory - adding 7 wte to the service as a whole (an increase of 14% wte) increases no. of patients taken off waiting list by 10% each month

Mainstream Schools	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
New Staffing start dates	0	0	0	0	0	0	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5
Referrals to be added to waiting list*	40	40	40	40	40	20	40	40	40	40	40	40	40	40	40	40	40	40
No removed from waiting list		45	50	45	60	0	51	51	51	51	51	51	51	51	51	51	51	51
Waiting for package of care at end of Month	344	339	329	324	304	324	313	301	290	279	268	256	245	234	222	211	200	188

** Figure derived from Historical data, no of new referrals each month which are not discharged*

*** Currently waiting list decreasing slightly over time, more referrals coming off than going on, August fewer referrals and no patients seen as schools closed*

7.6 Considerations

7.6.1 There is a service redesign project being led by the CCG, in partnership with the Local Authority. The aim is to make recommendations for future service options from the end of May.

7.6.2 Recruitment timeframes are likely to be at least 5 months (advert / interviews / notice / induction).

7.6.3 It would incur fixed costs of assessment/therapy materials and IT equipment depending on number of staff.

7.6.4 Additional clinic space would need to be sourced. Children's centres may be utilised as they are currently but this is not sustainable and does not offer regular clinic access. Given the current challenges with replacing the Blomfield House clinic in Bury, there would need to be a clear plan for where any additional staff would be working from.

7.7 Recommendation

7.7.1 A meeting has been arranged for the 11 June 2018 to discuss: processes for notification and receipt of paperwork, additional funding to increase capacity and out of county rates with the CCG and SCC. We will also extend the contracts of the two members of staff on temporary contracts that are due to terminate in August 2018 in order to take us beyond the service review reporting timeline.

8.0 Conclusion

8.1 The Board is asked to note the progress and actions being taken with:

- Acute and community services Integration
- Development of the West Suffolk Alliance
- Buurtzorg Test and Learn
- Children in Care pathway
- Paediatric speech and language therapy service

APPENDIX 1 - Coram BAAF Part of Childrens Health Assessment Form

Name | NHS/CHI number | DoB

Part B To be completed by the examining health professional and retained within the young person's health record. A copy of this entire form will be sent to the young person's adoption agency, and in England, to the GP as lead record holder, as required by statutory guidance. The young person should be told about the reasons for the assessment and that information will be shared, and their views obtained.

Consent by the young person with capacity to consent is essential.

Does the young person have capacity to consent? Yes/No If not, then check for signed consent in Part A

Consent by the young person

I understand the reason for this health assessment and I agree for it to take place. I understand that following this assessment, recommendations for my health care plan will be drawn up. A copy of Part C will be given to me and my social worker. I consent to copies going to my carer, birth parent(s), GP and school nurse/doctor (delete or add as necessary).

In adoption, I understand that this entire form will be sent to my adoption agency and that the information in it should be shared with my prospective adopters.

Signature Date

List name and role of all those present at assessment			
Young person seen alone	Yes/No	If no, give reason	
Carer seen alone	Yes/No	If no, give reason	

1 Health discussion Date

What would the young person like to get from this health assessment? Do they have any worries about health? How is the young person feeling today? Does the carer or anyone else involved with the young person have any concerns?

Please use this section to document the health discussion, e. g. wishes and feelings, eating, sleeping, interests, activities, friendships, aspirations. What do they do outside school?

Name | NHS/CHI number | DoB

How long has the young person been in this placement and how is it going? (See also sections 4, 5 and 6)

For refugee and trafficked young people, consider country of origin and reason for leaving, route taken, experiences en route, entry point into the UK.

Does the young person wear glasses? Any concerns about **eyesight**? When was it last tested?

Does the young person have any concerns about **hearing**? Would they like it tested?

Does the young person have any current health problems, known conditions or diagnoses? Are they receiving any special support or allowances?

Is the young person attending any **health, therapy or other appointments**? Are there any outstanding?

	Name	Address	**Give details/date of last visit**
School nurse			
Dentist/orthodontist			
Optometrist/ ophthalmologist			
Paediatrician			
CAMHS/mental health services/voluntary sector			
Therapists, e.g. physio or occupational therapy, speech and language			
Youth offending			
Substance misuse team			
Care leaving team			
Other			

Regular medication (dosage and frequency)/equipment required, e.g. mobility aids

Allergies/adverse reactions to medication, food or animals (treatment if required, e.g. EpiPen)

2 Immunisation status

For refugee and trafficked young people, consider an accelerated immunisation schedule

Is this young person fully immunised for their age?	Yes/No
Immunisations required now	
Next one due	

Dates given	1	2	3	4	5
Diphtheria					
Tetanus					
Polio					
Pertussis					
Hib					
Pneumococcus					
Rotavirus					
Meningitis B					
Meningitis C					
MMR					
Influenza					
HPV					
Men ACWY					
BCG					
Hepatitis B					
Other:					

3 Health history

Personal health history including summary of CoramBAAF Forms M and B where available (request if not provided)

a. **Antenatal/birth/neonatal** including use of tobacco, alcohol, drugs, risk taking behaviour, gestation, time and place of birth, mode of delivery, birth measurements, resuscitation required, Apgar scores, feeding details, parenting issues.

b. **Past health history** including growth, illnesses, hospital admissions and accidents (consider female genital mutilation (FGM)). For refugee and trafficked young people, consider risk of infectious diseases contracted in country of origin or en route, physical, emotional and sexual trauma and mental health.

Family health history including genetic disorders, mental health difficulties, learning difficulties taken from CoramBAAF Form PH or if different, **state source**. Please indicate if no family history is available.

Mother

Father

Siblings (state whether full or half siblings)

Others

Investigations to date	Date	Result
Haemoglobinopathy screen		
Sickle cell		
Hepatitis B		
Hepatitis C		
HIV		
Syphilis		
Chromosomes/array CGH		
Other		
Other		
Other		

4 Social/care history including abuse, neglect, exposure to domestic violence, lifestyle issues, and any risk of blood-borne or other infections

5 Impact of contact with birth family

including positives and negatives and young person's wishes and feelings, e.g. enjoyment, changes to routine, missed activities, anxiety, behaviour, quality of contact arrangements, whether anything could be done to improve contact (please state whose view this is)

6 Emotional and behavioural development

including anxiety, depression, eating disorder, anger, self-harming, suicidal ideation, interpersonal skills, domestic violence, friendships, relationship with current carer, including CoramBAAF Carers' Report, SDQ date and score, or other screening tool if available. For refugee and trafficked young people, consider the impact of displacement, separation and loss and physical, emotional and sexual trauma.

Are there any significant **behaviour problems** or difficulty relating to carers, other significant adults and peers, e.g. bullying? How is the young person coping with bereavement or loss of family, friends, pets, etc? Do they have a trusted adult to talk to?

7 Safety and health promotion

Does the young person smoke?	Yes/No	Use e-cigarettes?	Yes/No
Does the carer or anyone else in household smoke?	Yes/No	Use e-cigarettes?	Yes/No

Are there any current risks to safety, e.g. safe storage of e-cigarettes and medicines, pets, domestic violence, substance misuse, road danger, stranger danger, sexual exploitation, female genital mutilation, cultural or gender risks, radicalisation, forced marriage, e-safety, self-harming behaviour?

Sexual exploitation risk assessment (consider use of CSE toolkit)

Document further discussion as required on keeping healthy, skin and hair care, diet, weight, exercise, relationships, domestic violence, puberty, smoking, alcohol, street drugs, etc? Does the carer need any information or support?

Name | NHS/CHI number | DoB

If using substances, use or exposure to smoking/alcohol/substances/solvents/other
Frequency, where and when used, desire to stop use, aware of accessing help from an appropriate agency, has a drug use/alcohol profile been completed, harm reduction considered?

Sexual health (as appropriate)

Date of menarche		Any worries about managing periods?	

Is the young person sexually active, can they say "no" when they want to, do they need contraception, current contraception, recent STI screening, do they know how to access contraception and sexual health clinics? Advise on personal checks as age appropriate (breasts, testicles)

8 Current functional assessment and education (Record age appropriate activities to document skills)

Date		Age	

Any concerns about development from the young person, carer or school?

Self-care and independence skills Does the young person have relevant skills for their age, e.g. dressing, personal hygiene, telling time, managing money, including credit, travelling alone, preparing simple food, accessing health services/information? This information may be particularly relevant from the age of 14–15 when leaving care/pathways plans are being considered.

Education

Is the young person currently in school?	Yes/No
Type of educational provision, e.g. mainstream, special unit, home tutoring	
Are there concerns about school attendance?	Yes/No
Are there concerns about attention/concentration or communication skills?	Yes/No

Name | NHS/CHI number | DoB

Does the young person receive any extra support with learning?	Yes/No
Has the young person been referred to the education department?	Yes/No
Is a recent school report available?	Yes/No
Are there any difficulties in accessing extracurricular activities or additional needs, e.g. geographic, contact or funding arrangements?	Yes/No
Has further education, training or employment been considered?	Yes/No
Please give details, e.g. attendance, enjoyment, favourite subjects, special educational needs, short- and long-term aspirations and any challenges	

9 Physical examination Date Age

General appearance/presentation,including evidence of non-accidental injury.

Skin, including BCG scar			
Hair colour		Eye colour	

Oral health including evidence of caries, fillings, dental and orthodontic treatment.

Growth

Weight		Height		BMI	
kg	centile	cm	centile	kg/m^2	centile

Any concerns about growth and development e.g. pubertal changes, weight gain or loss?

ENT

Result and date of last hearing test

Name | NHS/CHI number | DoB

Eyes

Result and date of orthoptic assessment/visual acuity test

Respiratory system

Cardiovascular system

Abdomen

Pubertal status (NB assess during examination and examine genitalia **only** if clinically indicated) consider FGM, whether both testes descended/previously documented

Nervous system (as clinically indicated) including fine and gross motor skills and co-ordination

Musculoskeletal system including scoliosis and consider other joints as clinically indicated

10 Comments on any other issues not covered by previous sections

Examining health professional

Name			
Designation		Qualifications	
Registration	GMC: Y/N NMC: Y/N	Number	
Address			
Postcode		Telephone	
Email		Fax	
Signature		Date	

It is good practice for the examining health professional to discuss the issues raised in this report with the young person, and to seek appropriate consent for further dissemination of information. The examining health professional or agency health adviser should discuss the issues and their implications for the young person with any future carers.

Please respect confidentiality and take care whether or not to share personal health information.

Name | NHS/CHI number | DoB

Part C **should be retained in the young person's health record and a copy sent to the social worker. This summary should be an analysis of the young person's personal and family health history and the implications these have for the young person's current and future health and care needs.**

All of Part C will be shared with adoption and fostering agencies to ensure that the social worker has all the data needed to formulate the health care plan. It is good practice, with informed consent, to share this information with the young person's current and future carers. A copy of this entire form should be sent to the young person's adoption agency, and in England to the GP as lead record holder. Throughout the UK, it is good practice to disclose all relevant health information to prospective adopters; in Scotland this is mandatory.

Summary report from examining health professional **(complete every section)**

Date completed

Based on information taken from:

Relevant factors in young person's past and current health history and implications for future

Birth history and past health history

Social and care history, including reason for being looked after

Present physical and dental health including current health issues

Educational progress and extra-curricular activities

Name | NHS/CHI number | DoB

Emotional and behavioural development

Sexual health, lifestyle and independence issues

Young person's wishes and feelings

Issues in current placement

Relevant family health history (state source) **and implications for future**

Mother	
Father	
Siblings	
Other	
Summary and implications for future	

Issues will be reviewed by your social worker at your statutory review with your permission. Personal or sensitive health topics should not be discussed in a group setting. If you need help with these, please ask for help from your carer, social worker, or health professional.

Name | NHS/CHI number | DoB

HEALTH RECOMMENDATIONS FOR YOUNG PERSON'S CARE PLAN

Personal or sensitive health topics should not be put on this plan or discussed in group settings without the express knowledge and consent of the young person.

Include all details needed to create and implement the health care plan and the dates of the last dental check-up and doctors/hospital appointments. The expectation is that those completing the actions from the health care plan should notify the LAC health team.

Date of health assessment (date/s young person seen)	
Date of next health assessment	

Health issues	Action required	By when	Person responsible

List current medications

Name | NHS/CHI number | DoB

Allergies?	Yes/No
Immunisations up to date?	Yes/No
Permanently registered with GP?	Yes/No
Name of GP	
Registered with dentist?	Yes/No
Name of dentist	
Date last seen	

All issues to be reviewed by social worker and IRO/reviewing officer at looked after young person reviews

Name of person completing Part C		Date	
Designation		Qualifications	
Registration	GMC: Y/N NMC: Y/N	Number	
Address			
Postcode		Telephone	
Email		Fax	
Signature		Panel	

Overview/comments by looked after health professional in responsible/placing authority (if required)

Name		Date	
Designation		Qualifications	
Registration	GMC: Y/N NMC: Y/N	Number	
Address			
Postcode		Telephone	
Email		Fax	
Signature		Panel	

Name | NHS/CHI number | DoB

Copy of Part C sent to (include all those with responsibility for recommendations for the young person's care plan):

Name | NHS/CHI number | DoB

Part D **is an optional section which may be used for local data collection and audit. The LAC health team may wish to customise this space for their data collection. In England the National Tariff checklist for children placed out of area may be inserted here.**

11. Finance and workforce reports

To ACCEPT the following reports:

11.1. Finance and workforce report

Presented by Craig Black

Board of Directors – 27 April 2018

Agenda item:	11.1			
Presented by:	Craig Black, Executive Director of Resources			
Prepared by:	Louise Wishart, Assistant Director of Finance			
Date prepared:	23rd April 2018			
Subject:	Finance and Workforce Board Report – March 2018			
Purpose:	x	For information		For approval

Executive summary:

The reported I&E for March 2018 YTD is a deficit of £0.3m, against a planned deficit of £5.9m. This results in a favourable variance of £5.6m YTD. This includes £9.6m STF. Against our pre-STF control total the Trust is £1.2m ahead of plan YTD.

The STF awarded reflects the Trust failing to meet ED performance targets in Q3 and Q4 but an additional £5.3m incentive and bonus STF has been awarded following the submission of the draft financial position.

The monthly favourable variance is £7.5m. This predominantly relates to STF but also an increase in the estimated deposits outstanding for community equipment.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X		

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
		X					

Previously considered by:	*This report is produced for the monthly trust board meeting only*
Risk and assurance:	*These are highlighted within the report*
Legislation, regulatory, equality, diversity and dignity implications	*None*
Recommendation: *The Board is asked to review this report*	

West Suffolk NHS
NHS Foundation Trust

FINANCE AND WORKFORCE REPORT

March 2018 (Month 12)

Executive Sponsor : Craig Black, Director of Resources
Author : Craig Black, Director of Resources

Financial Summary

I&E Position YTD	£0.3m	loss
Variance against plan YTD	£5.6m	favourable
Movement in month against plan	£7.6m	
Total STF Received	£9.6m	
Cash at bank	£3,600k	

Executive Summary

- The draft end of year position is a deficit of £0.3m.
- We are forecasting to beat our control total by £5.6m principally as a result of the additional STF received.
- The report represents a concise version of the position to reflect the work on end of year accounts and late notification of the STF allocation.

Key Risks

- The year-end figures are subject to audit and include significant estimates and judgements. The incentive and bonus STF may not be received if there is a material change to the outturn post audit.

SUMMARY INCOME AND EXPENDITURE ACCOUNT - March 2018	Mar-18 Budget £m	Mar-18 Actual £m	Mar-18 Variance £m	Year to date Budget £m	Year to date Actual £m	Year to date Variance £m
NHS Contract Income	15.8	16.1	0.2	206.8	207.4	0.6
Other Income	2.4	3.7	1.4	35.0	36.4	1.4
Total Income	**18.2**	**19.8**	**1.6**	**241.8**	**243.8**	**2.0**
Pay Costs	12.4	12.4	(0.1)	146.7	147.3	(0.6)
Non-pay Costs	6.6	5.6	1.0	99.1	99.2	(0.2)
Operating Expenditure	**18.9**	**18.1**	**0.9**	**245.7**	**246.6**	**(0.8)**
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0
EBITDA excl STF	**(0.8)**	**1.7**	**2.5**	**(3.9)**	**(2.7)**	**1.1**
Depreciation	0.6	0.2	0.4	5.6	5.0	0.6
Finance costs	0.1	0.3	(0.2)	1.6	2.1	(0.5)
SURPLUS/(DEFICIT) pre S&TF	**(1.4)**	**1.1**	**2.6**	**(11.1)**	**(9.9)**	**1.2**
Sustainability and Transformation Funding						
S&T funding - Financial Performance	0.4	0.4	0.0	3.6	3.7	0.1
S&T funding - A&E Performance	0.3	0.0	(0.3)	1.6	0.6	(1.0)
S&T funding - Incentive		2.2	2.2		2.2	2.2
S&T funding - Bonus		3.1	3.1		3.1	3.1
SURPLUS/(DEFICIT) incl S&TF	**(0.7)**	**6.8**	**7.5**	**(5.9)**	**(0.3)**	**5.6**

FINANCE AND WORKFORCE REPORT – March 2018

Contents:

FINANCE AND WORKFORCE REPORT – March 2018

Income and Expenditure summary as at March 2018

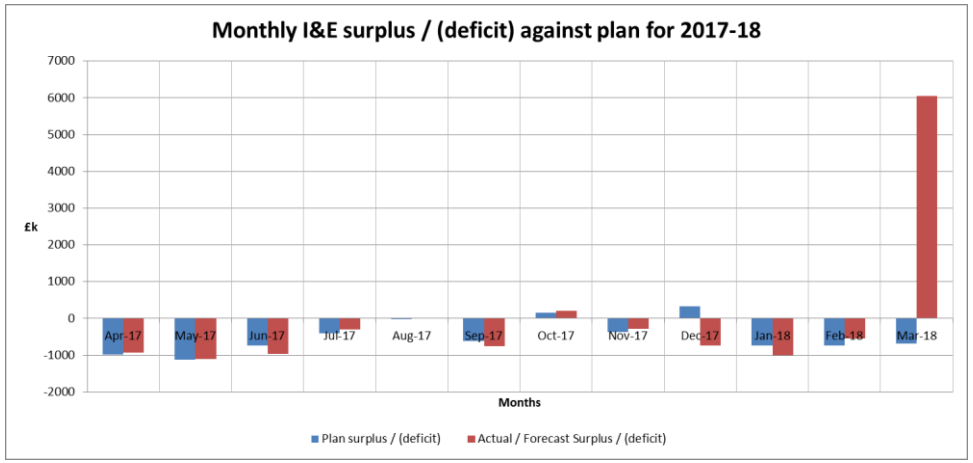
The reported I&E for March 2018 YTD is a deficit of £288k, against a planned deficit of £5,926k.

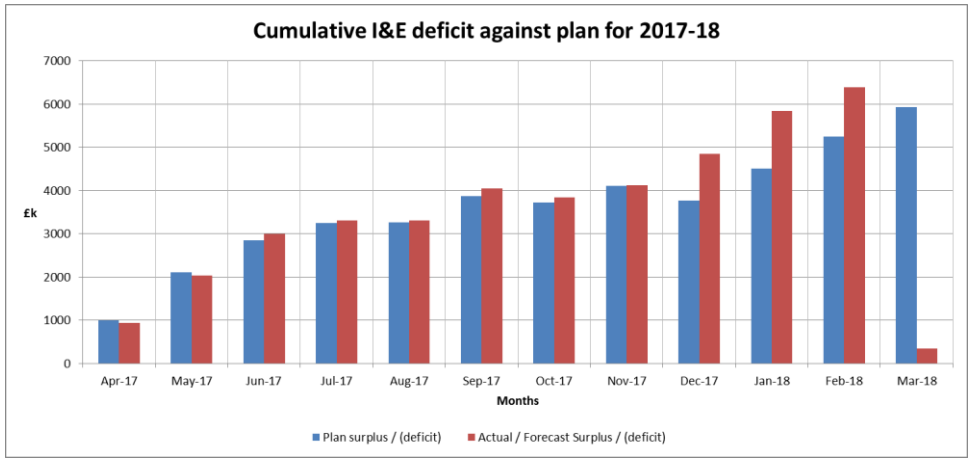
The monthly favourable variance is £7,572k. This predominantly relates to the receipt of STF.

We are monitored by NHSI against our pre STF position which is a favourable variance of £1,272k.

Summary of I&E indicators

Income and Expenditure	Plan / target £'000	Actual / forecast £'000	Variance to plan (adv) / fav £'000
In month surplus / (deficit)	(687)	6,885	7,572
YTD surplus / (deficit)	(5,926)	(288)	5,639
Forecast surplus / (deficit)	(5,926)	(288)	5,639
EBITDA (excl STF) YTD	(3,897)	(2,696)	1,201
EBITDA (%)	(1.6%)	(1.1%)	0.5%
Clinical Income YTD	(206,818)	(207,422)	604
Non-Clinical Income YTD	(40,216)	(46,018)	5,803
Pay YTD	146,693	147,320	(627)
Non-Pay YTD	106,267	106,409	(141)
CIP target YTD	(14,375)	(13,836)	(539)





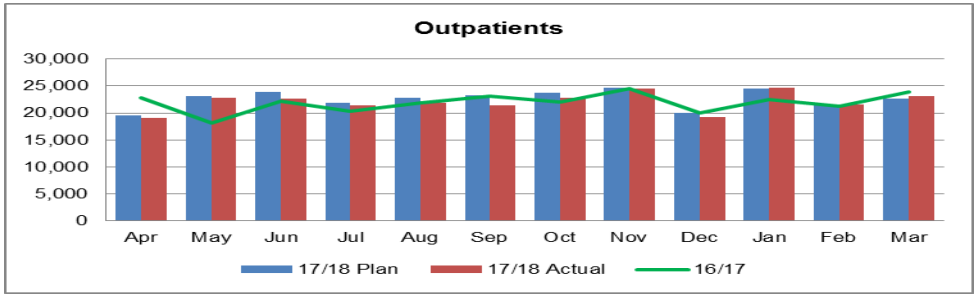
Cost Improvement Programme (CIP) 2017-18
The CIP delivered in 2017-18 is £13,836k.

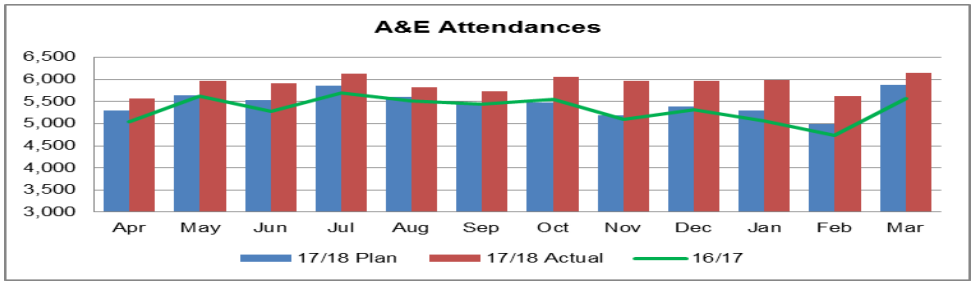
Recurring/Non Recurring	Summary	2017-18 Plan	Plan YTD	Actual YTD
		£'000	£'000	£'000
Recurring	Activity growth	297	297	115
	Car Park Income	400	400	218
	Other Income	167	167	107
	Consultant Staffing	326	326	326
	Additional sessions	192	192	81
	Staffing Review	2,722	2,722	3,385
	Agency	482	482	250
	Procurement	1,801	1,801	1,463
	Community Equipment Service	465	465	275
	Contract review	8	8	15
	Drugs	326	326	258
	Capitalisation	466	466	357
	Other	2,048	2,048	2,036
	Theatre Efficiency	275	275	275
	Patient Flow	300	300	300
	Pay controls	337	337	337
	Outpatients	190	190	190
Recurring Total		**10,801**	**10,801**	**9,989**
Non-Recurring	Activity growth	300	300	300
	Other Income	19	19	26
	Additional sessions	10	10	38
	Staffing Review	20	20	-
	Contract review	41	41	50
	Estates and Facilities	389	389	389
	Non-Recurring	396	396	396
	Capitalisation	350	350	451
	Other	398	398	546
	GDE revenue	1,650	1,650	1,650
Non-Recurring Total		**3,573**	**3,573**	**3,847**
Grand Total		**14,375**	**14,375**	**13,836**

Income Analysis

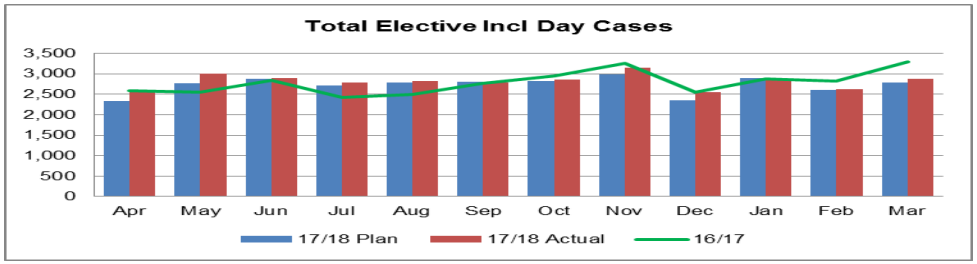
The income position was ahead of plan for March, with over performance being seen within both the Elective and Non Elective areas.

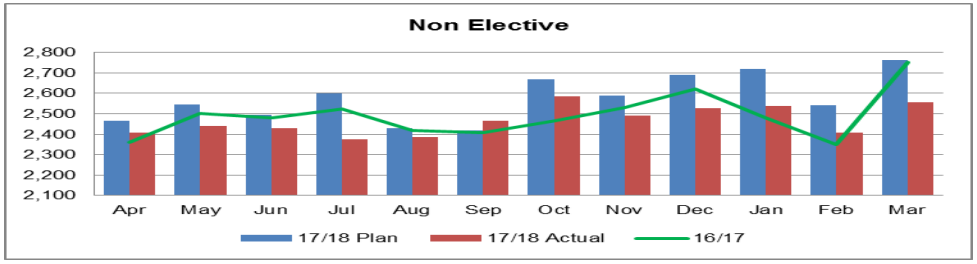
	Current Month			Year to Date		
Income (£000s)	Plan	Actual	Variance	Plan	Actual	Variance
Accident and Emergency	728	709	(20)	8,134	8,546	412
Other Services	2,120	1,883	(237)	29,670	26,712	(2,958)
CQUIN	314	326	12	3,618	3,677	58
Elective	2,669	2,912	242	31,374	32,298	924
Non Elective	5,521	5,770	249	61,654	64,476	2,822
Emergency Threshold Adjustment	(293)	(414)	(121)	(3,454)	(4,073)	(619)
Outpatients	2,722	2,831	109	32,613	32,034	(580)
Community	2,046	2,046	0	43,208	43,752	544
Total	**15,828**	**16,063**	**235**	**206,818**	**207,422**	**604**



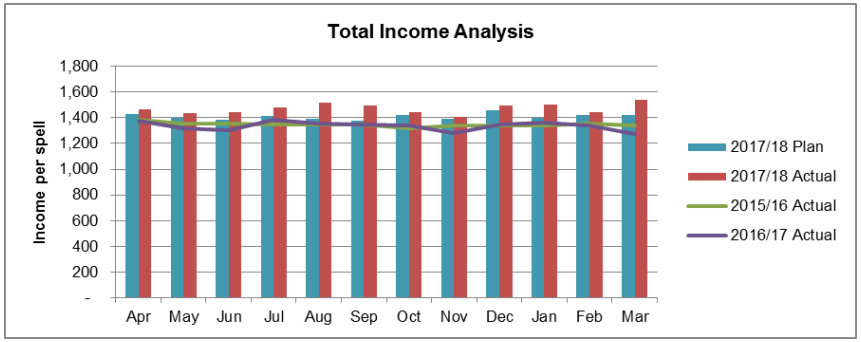


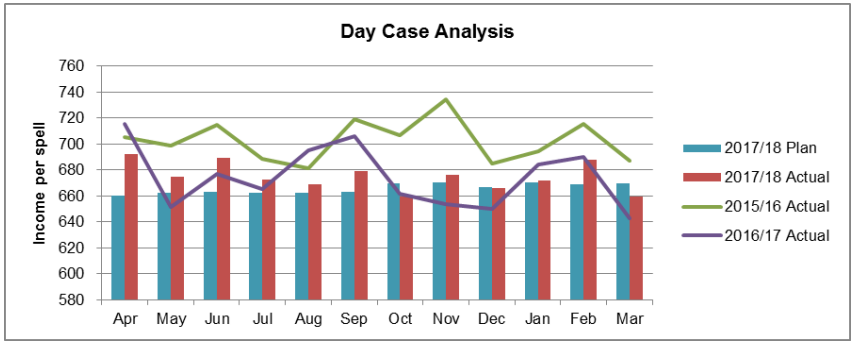
Activity, by point of delivery

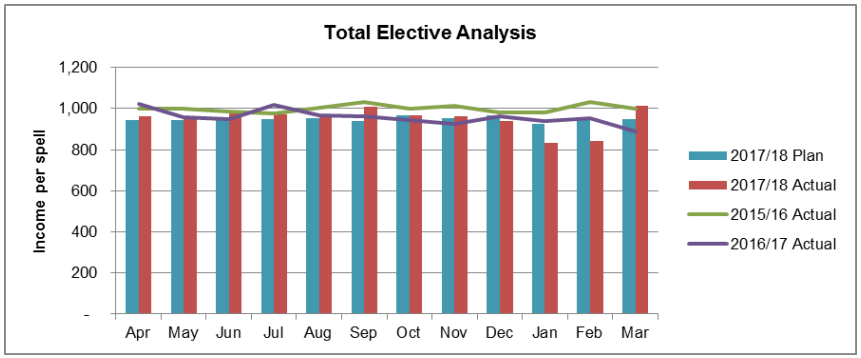


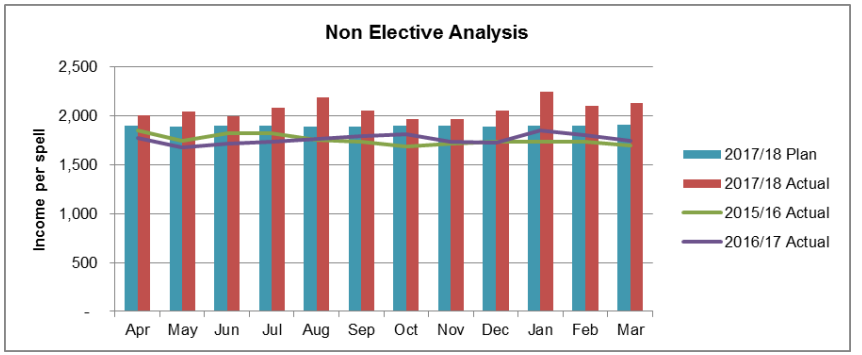


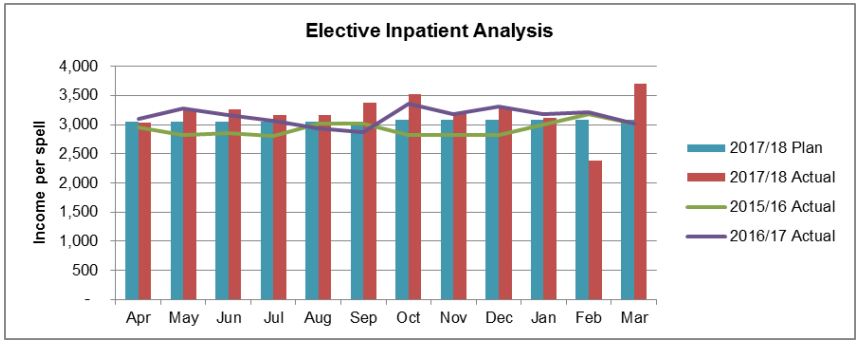
Trends and Analysis

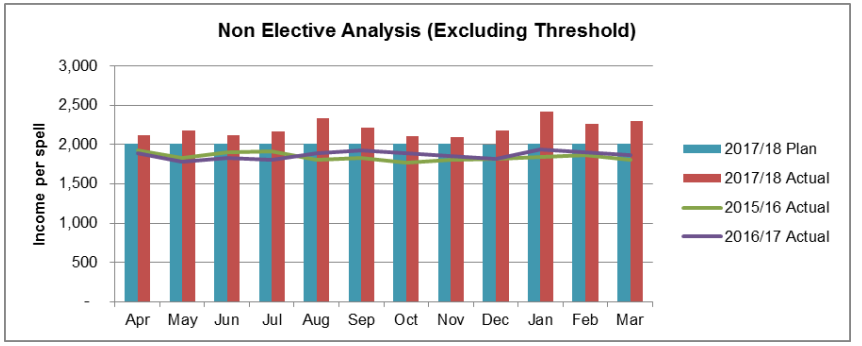












FINANCE AND WORKFORCE REPORT – March 2018

Summary by Directorate

DIRECTORATES INCOME AND EXPENDITURE ACCOUNTS	Mar-18 Budget £k	Mar-18 Actual £k	Mar-18 Variance F/(A) £k	Year to date Budget £k	Year to date Actual £k	Year to date Variance F/(A) £k
MEDICINE						
Total Income	(5,678)	(6,020)	341	(65,933)	(67,870)	1,938
Pay Costs	3,488	3,543	(55)	41,071	41,290	(218)
Non-pay Costs	1,330	1,380	(49)	16,008	16,464	(456)
Operating Expenditure	4,819	4,923	(104)	57,080	57,753	(674)
SURPLUS / (DEFICIT)	860	1,097	237	8,853	10,117	1,264
SURGERY						
Total Income	(4,790)	(5,173)	383	(56,958)	(57,981)	1,024
Pay Costs	2,879	2,794	85	35,029	35,735	(706)
Non-pay Costs	1,073	1,337	(263)	12,692	13,746	(1,054)
Operating Expenditure	3,952	4,130	(178)	47,720	49,481	(1,760)
SURPLUS / (DEFICIT)	838	1,043	205	9,237	8,501	(736)
WOMENS and CHILDRENS						
Total Income	(2,028)	(1,987)	(41)	(24,041)	(23,859)	(181)
Pay Costs	1,103	1,111	(8)	13,298	13,415	(117)
Non-pay Costs	143	126	17	1,666	1,823	(157)
Operating Expenditure	1,246	1,237	9	14,964	15,238	(274)
SURPLUS / (DEFICIT)	782	750	(32)	9,077	8,621	(455)
CLINICAL SUPPORT						
Total Income	(987)	(1,012)	25	(11,680)	(11,312)	(368)
Pay Costs	1,718	1,763	(44)	20,450	20,818	(369)
Non-pay Costs	987	1,025	(38)	12,148	12,316	(168)
Operating Expenditure	2,705	2,788	(83)	32,598	33,134	(536)
SURPLUS / (DEFICIT)	(1,718)	(1,775)	(58)	(20,918)	(21,823)	(904)
COMMUNITY SERVICES						
Total Income	(2,973)	(2,932)	(41)	(51,332)	(53,241)	1,909
Pay Costs	1,532	1,494	38	15,529	15,447	82
Non-pay Costs	2,074	2,018	55	35,595	38,121	(2,526)
Operating Expenditure	3,605	3,513	93	51,123	53,567	(2,444)
SURPLUS / (DEFICIT)	(633)	(581)	52	209	(326)	(536)
ESTATES and FACILITIES						
Total Income	(371)	(397)	26	(4,489)	(4,392)	(97)
Pay Costs	745	716	29	8,960	8,797	163
Non-pay Costs	740	585	156	7,336	7,596	(261)
Operating Expenditure	1,485	1,301	184	16,296	16,393	(98)
SURPLUS / (DEFICIT)	(1,114)	(903)	211	(11,806)	(12,001)	(195)
CORPORATE (excl penalties, contingency and reserves)						
Total Income (net of penalties)	(1,072)	(7,979)	6,907	(31,962)	(35,013)	3,052
Pay Costs	926	1,026	(101)	12,257	11,819	438
Non-pay Costs (net of contingency and reserves)	(837)	(848)	10	13,053	9,412	3,641
Finance & Capital	686	545	140	7,229	7,159	70
Operating Expenditure	774	724	50	32,540	28,390	4,150
SURPLUS / (DEFICIT)	298	7,255	6,957	(578)	6,623	7,201
TOTAL (including penalties, contingency and reserves)						
Total Income	(17,900)	(25,500)	7,600	(246,394)	(253,669)	7,275
Contract Penalties	0	0	0	0	0	0
Pay Costs	12,391	12,447	(56)	146,593	147,320	(727)
Non-pay Costs	5,509	5,622	(113)	98,499	99,478	(979)
Finance & Capital	686	545	140	7,229	7,159	70
Operating Expenditure (incl penalties)	18,586	18,615	(28)	252,321	253,957	(1,636)
SURPLUS / (DEFICIT)	(687)	6,885	7,572	(5,926)	(288)	5,639

Medicine (Annie Campbell)

Winter pressures show no sign of abating, the £350k over performance on contract in the month with ED just under plan, but non-elective work making a substantial contribution. ED streaming is still making a lower than envisaged contribution to patient Flow, averaging just 12 patients per day against a potential capacity of 40 per day. Despite this ED performance improved marginally in the month, against a nationally deteriorating situation.

Non-elective pressures mean that the division is still having to rely upon surge beds almost every day. It is likely at present that escalation will be in place until at least the end of April. The evidence suggests that patients are in the hospital for longer than expected, hence the impact upon patient flow.

Despite winter pressures the Division managed to outperform on outpatients (£78k), and therefore help to contribute to the improving RTT position of the Trust.

Pay was overspent by £55k – most of this spent on medical staff covering extra capacity, and most notably vacancies in ED, where the department had a deficit of 5 Specialist Registrars.

Nursing staff, were less of an issue. The trust initiatives on overtime and bank appear to be paying dividends – nurse agency costs were below budget, whilst bank and overtime covered most of the gaps. The level of vacancies on the ward are a source of concern, both for staff wellbeing and patient care. The Trust is looking at innovative ways to improve shift fill rates to alleviate these pressures.

There was a shortfall of £208k on "badged" CIP schemes, but this was more than compensated by the performance against the growth CIP, with the Division posting a net £1.26m above plan for the year.

Surgery (Simon Taylor)

The Division has over performed by £205k in March.

Income overachieved against plan by £362k, both outpatients and admitted care over achieved. Most of the over delivery relates to elective care. Orthopaedics

overachieved by £118k in month. This is due to working to catch up from the loss of activity over the winter. General surgery and plastic surgery are also significantly over the plan.

Non-pay is overspent by £263k. The over spend is predominantly related to prosthesis and disposable MSE due to overachievement of the elective plan. Further to this, drugs were over spent by £37k. This is a significant increase from previous months and is being looking into.

Women and Children's (Rose Smith)
In March, the Division reported a deficit of £32k and a deficit of £455k YTD.

Income reported £41k behind plan in-month and is £181k behind plan YTD. In month, inpatient and outpatient activity was lower than expected. This has been a persistent trend thorough the year which has pushed the YTD clinical income position behind plan.

Pay reported an £8k overspend in-month and is £117k overspent YTD. In-month, the Paediatrics budget came under pressure as a locum consultant was employed. Year to date, there have been problems covering the specialist registrar rotas in both Paediatrics and Obstetrics & Gynaecology which has resulted in unbudgeted spend on locum registrars.

Clinical Support (Rose Smith)
In March, the Division reported a deficit of £58k and a deficit of £904k YTD.

Income for Clinical Support was £25k ahead of plan in-month and is £368k behind plan YTD. Year to date, there has been lower than planned activity for radiology direct access, breast screening and physiotherapy outpatients.

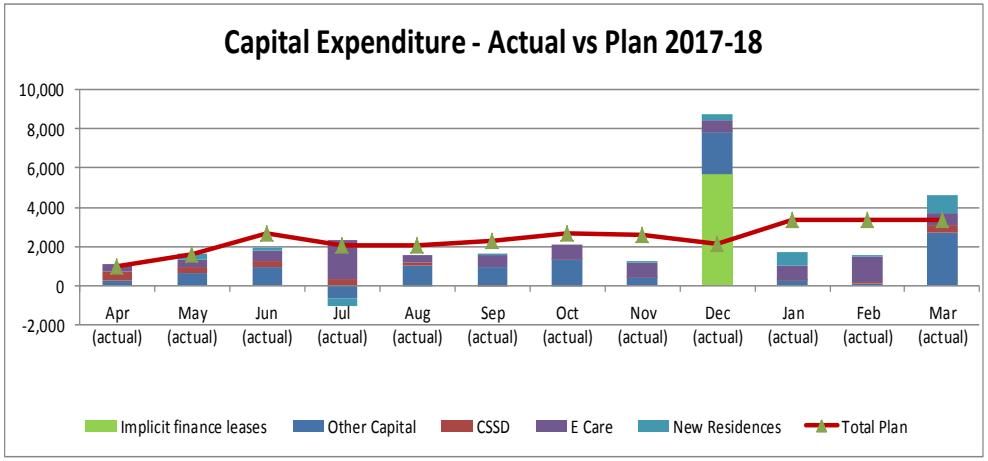
Pay is £44k overspent in-month and is £369k overspent YTD. The pathology and radiology services have had difficulties in filling the gaps in the senior medical rotas and are currently employing unbudgeted locums. The vacant posts have gone out to advert and, so far, a microbiologist has been recruited.

Non pay reported a £38k overspend in-month and is £168k overspent YTD. Year-to-date, the radiology service has experienced significant non pay pressures due to increased consumable spend and the pathology service has had additional cost pressures by having to commission Addenbrooke's for tests where national standards dictate that these can no longer be performed in house.

Community Services (Dawn Godbold)

Pay reported a £38k underspend in-month and £82k underspend YTD. In-month underspends are due to vacancies within Local Area Teams, £55k and Paediatrics £12k, and other small underspends £2k. Offset against overspends on Rosemary Ward £11k and increase in hours owed year end accrual £20k.

Capital Progress Report



The capital programme for the year is shown in the graph above.

The capital budget for the year was approved by the Trust Board in March 2017 at £28,082k. Following the bid for ED Primary Care Streaming this has been increased by £1m (the value of the bid). The balance of this scheme is being funded from the capital contingency fund. The £1m PDC funding for the ED Primary Care was received during July. Further PDC of £571k has been received in respect of ECare projects.

The CSSD build is now complete within the forecast build cost of £1.6m for the year. The delay in the implementation has meant that the value of interest capitalised has increased. The final outstanding expenditure on this project relates to the payment of retentions and some monies withheld pending satisfactory completion of minor works.

Expenditure on e-Care for the year to date is £9,246k. The E-Care programme budget reflects the increased scope associated with the Global Digital Excellence (GDE) funding. The first tranche of this funding £3.3m was received in July. The second tranche of GDE PDC funding was received in February with the balance in March.

Year to date the overall expenditure of £29,066k is below the plan of £29,653k. .

Statement of Financial Position at 31st March 2018

STATEMENT OF FINANCIAL POSITION

	As at 1 April 2017 * £000	Plan 31 March 2018 £000	Plan YTD 31 March 2018 £000	As at 31 March 2018 £000	Variance YTD 31 March 2018 £000
Intangible assets	15,611	19,711	19,711	21,534	1,823
Property, plant and equipment	74,053	94,189	94,189	95,329	1,140
Trade and other receivables	0	0	0	2,472	2,472
Other financial assets	0	0	0	0	0
Total non-current assets	**89,664**	**113,900**	**113,900**	**119,334**	**5,434**
Inventories	2,693	2,600	2,600	2,712	112
Trade and other receivables	18,345	11,700	11,700	21,590	9,890
Non-current assets for sale	0	0	0	0	0
Cash and cash equivalents	1,352	1,000	1,000	3,600	2,600
Total current assets	**22,390**	**15,300**	**15,300**	**27,902**	**12,602**
Trade and other payables	(23,434)	(28,195)	(28,195)	(24,964)	3,231
Borrowing repayable within 1 year	(534)	(1,796)	(1,796)	(3,273)	(1,477)
Current ProvisionsProvisions	(61)	(61)	(61)	(94)	(33)
Other liabilities	(1,325)	(295)	(295)	(973)	(678)
Total current liabilities	**(25,354)**	**(30,347)**	**(30,347)**	**(29,305)**	**1,042**
Total assets less current liabilities	**86,700**	**98,853**	**98,853**	**117,932**	**19,079**
Borrowings	(44,375)	(55,951)	(55,951)	(63,957)	(8,006)
Provisions	(181)	(158)	(158)	(124)	34
Total non-current liabilities	**(44,556)**	**(56,109)**	**(56,109)**	**(64,081)**	**(7,972)**
Total assets employed	**42,144**	**42,744**	**42,744**	**53,851**	**11,107**
Financed by					
Public dividend capital	59,232	65,732	65,732	65,803	71
Revaluation reserve	3,621	3,621	3,621	8,021	4,400
Income and expenditure reserve	(20,709)	(26,609)	(26,609)	(19,973)	6,636
Total taxpayers' and others' equity	**42,144**	**42,744**	**42,744**	**53,851**	**11,107**

*The 1st April 2017 figures stated agree to the 2016/17 audited accounts and have not yet been adjusted for the implicit lease PPA.

All these figures are draft subject to audit.

Non-Current Assets

The Trust's delegated capital limit for 2017/18 was £29.7m. The final gross expenditure against this limit was £29.1m.

Trade and Other Receivables

These have increased by £5.7m in March and are £9.9m above plan, the balance includes:

- £0.5m contribution from NHSI towards consultancy costs which is taking longer than expected to resolve and is still outstanding despite frequent chasing at a senior level.
- Recoverable deposits from Community Equipment have increased by £1.6m in March and are now £5.9m in total.
- £5.3m STF awarded following submission of the draft 2017/18 financial position.

Cash

The cash balance at the end of March is £3.3m less than at the end of February but £2.6m higher than plan. The Trust received £571k Public Dividend Capital for IT investment in March at short notice which was spent but the invoices were paid in April.

Trade and Other Payables

The balance on trade and other payables has decreased since February by £2.4m and was than lower than plan at year end.

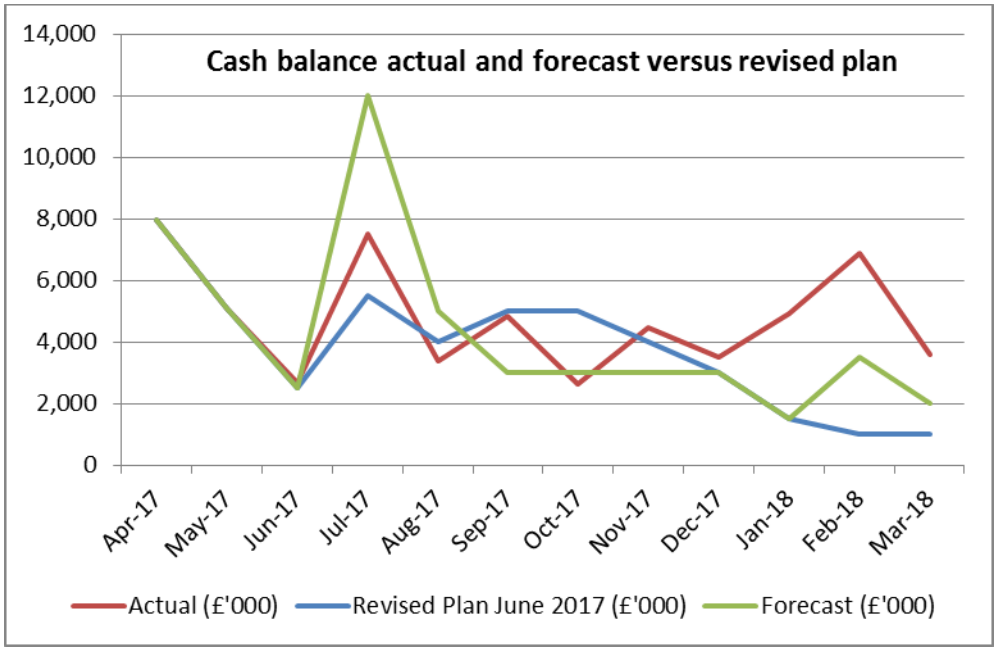
Other liabilities

Other liabilities have reduced significantly again this month and the remaining balance relates to maternity income received at the beginning of the care pathway but not recognised due to the care not being delivered yet.

Borrowing

The small net movement on borrowing of £70k in month reflects an increase in borrowing of £1.2m for the balance of this year's control total deficit borrowing, offset by a transfer to earned income for STF drawn down in advance previously.

Cash Balance Forecast for the year



The graph illustrates the cash trajectory for 2017/18, plan and revised forecast.

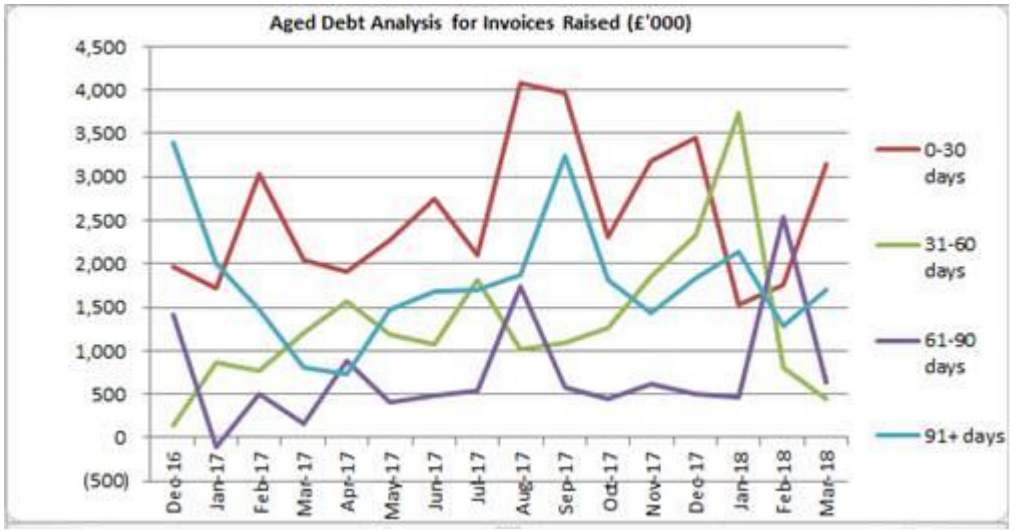
The Trust is required to keep a minimum balance of £1 million.

The Trust had planned to finish the financial year with £1 million cash but has actually finished with £3.6 million.

Debt Management

It is important that the Trust raises invoices promptly for money owed and that the cash is collected as quickly as possible to minimise the amount of money the Trust needs to borrow.

The graph below shows the level of invoiced debt based on age of debt.



The overall level of invoices raised but not paid has increased by £1.4m in March.

The main cause of the increase in debts 0-30 days was invoices raised to West Suffolk CCG following the settlement of ongoing discussions at year end.

The invoice for the revenue element of GDE funding £1.6m was paid in March which is the main cause of the decrease in debts 61-90 days. The £0.5m being chased from NHSI towards consultancy costs is still included in this category of debt.

Of the total £5.9m invoices raised but not paid, £4.8m relates to other NHS bodies or local authorities.

Of the £1.7m debt over 91 days, £1.3m relates to NHS or local government organisations.

11.2. Mandatory training report

Presented by Jan Bloomfield

Board of Directors – 27th April 2018

Agenda item:	11.2			
Presented by:	Jan Bloomfield, Executive Director Workforce & Communications			
Prepared by:	Rebecca Rutterford, Training & OLM Manager			
Date prepared:	16th April 2018			
Subject:	Mandatory Training report			
Purpose:		For information	☑	For approval

Executive summary:
Appendix A is the April 2018 Mandatory Training Report, this represents data taken from the system on 10th April 2018.
Appendix B The Recovery Plan outlines the actions currently in place to improve take up of mandatory training across the Trust in those areas below the relevant target.
Appendix C provides performance impact assessments for those areas below target, compiled by the subject matter experts for each area.
Appendix D The National CQUIN 2015-6 target for Dementia staff training states that the Trust should include quarterly reports to Provider Boards of:
• Numbers of staff who have completed the training;
• Overall percentage of staff training within each provider'.
Appendix E shows mandatory training figures for SCH Community staff. SCH Community currently records training in a system called Staff Pathways.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
		☑	

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
		☑					☑

Previously considered by:	Mandatory Training Steering Group
Risk and assurance:	Risk to patient safety due to untrained staff. Mandatory Training recovery plan and impact assessments included.
Legislation, regulatory, equality, diversity and dignity implications	Legislation, regulatory, equality, diversity all included.

Recommendation:
Acceptance of the recovery plan to improve compliance

Equality & Diversity

As part of the Equality & Diversity Action Plan agreed at Trust Board in September 2017, Equality & Diversity's compliance target has been increased from 80% to 90%. This is reflected in the subject analysis in appendix a.

Safeguarding Children Level 3

Clarification has been given by the CCG that Safeguarding Children level 3 is only required to be reported at a frequency of 3 yearly. We have previously been reporting compliance as annually. This change is reflected in the subject analysis in appendix a. Relevant staff will still be required to complete yearly updates to ensure we are meeting the required amount of hours spent in training over a three yearly period.

New mandatory training requirement

To ensure we meet national obligations in relation to safeguarding a new mandatory training package called Prevent has been added to the mandatory training requirements. Prevent is part of the Government's counter-terrorism strategy CONTEST and aims to stop people becoming terrorists or supporting terrorism.

Prevent training has two levels:

- Basic awareness is required for ALL staff, regardless of role and has been embedded within our Safeguarding Adults training packages. It is required to be completed every 3 years. This requirement appears on the report as **NHS|CSTF|Preventing Radicalisation - Levels 1 & 2 (Basic Prevent Awareness) - 3 Years**.

- Prevent WRAP is for all staff who could potentially contribute to assessing, planning, intervening and evaluating the needs of a patient. This requirement appears on the report as **NHS|CSTF|Preventing Radicalisation - Levels 3, 4 & 5 (Prevent Awareness) - No Specified Renewal|**.

Compliance is now included on the subject analysis report (appendix a) and an action plan to improve compliance is included in appendix b.

Proposals for agreement

Two proposals came through the Mandatory Training Steering Group:

- Any staff member who is out of date with their mandatory training would be unable to apply for study leave until they become compliant. This is in line with the current process for medical staff who are unable to claim expenses for study leave until they are fully compliant with their Mandatory Training.

- We currently have 4 different compliance targets for mandatory training:

    - 95% Information Governance
    - 90% Safeguarding Children and Equality & Diversity
    - 85% Prevent WRAP
    - 80% All remaining subjects

It is proposed that this is simplified to a standard of 90% for all subjects, apart from Information Governance which has a national target of 95%. Although this may initially see an increase in subjects not meeting target, it should ensure we are consistent in our approach across subjects and support the importance of all staff completing the relevant mandatory training for patient and staffs safety.

Winter's Impact on compliance

- Three Mandatory Training Days were cancelled due to clinical need on the wards resulting in around 90 staff not trained.
- Around 8 Mandatory Training Days ran only 2 groups, instead of 3 due to low numbers booked on and last minute cancellations due to clinical need. This would have affected around 80 staff who could have been trained.
- Issues with the national OLM system causing difficulties for staff accessing their eLearning training.

IT has found a possible workaround to allow OLM to function on IE8 but it does require other software to be updated on the relevant computers first. Flash and shockwave have already been deployed. Work is now continuing with java and SCCM. Room 1B in the Education Centre had been ring fenced solely for e-learning until the end of July 2018.

Appendix A

NHS West Suffolk NHS Foundation Trust

Subject Matter - High Level Mandatory Training Analysis April 2018

Competence Name	Trust Target	Does not meet	Meets Requirement	Total	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
NHS|MAND|Safeguarding Children Level 3 - 1 Year|	90%	61	229	290	83%	81%	81%	76%	73%	79%	83%	86%	86%	88%	83%	95%
179|LOCAL|Infection Control - Classroom|	80%	76	1289	1365	96%	95%	95%	96%	94%	95%	95%	95%	94%	94%	95%	94%
179|LOCAL|Safeguarding Adults|	80%	259	2747	3006	89%	90%	90%	89%	89%	90%	91%	92%	92%	92%	92%	91%
179|LOCAL|Safeguarding Children Level 2|	90%	132	1304	1436	88%	90%	90%	87%	88%	89%	90%	92%	92%	92%	91%	91%
179|LOCAL|Health & Safety / Risk Management|	80%	287	2719	3006	89%	89%	89%	89%	89%	90%	91%	91%	92%	92%	91%	90%
179|LOCAL|Security Awareness|	80%	292	2714	3006	89%	90%	90%	89%	89%	90%	90%	91%	91%	91%	90%	90%
179|LOCAL|Infection Control - eLearning|	80%	166	1471	1637	88%	90%	90%	88%	83%	85%	87%	88%	90%	90%	90%	90%
NHS|MAND|Safeguarding Children Level 1 - 3 Years|	90%	311	2695	3006	86%	87%	88%	87%	86%	88%	89%	90%	90%	91%	90%	90%
179|LOCAL|Fire Safety Training - Classroom|	80%	312	2694	3006	90%	90%	90%	90%	89%	90%	91%	91%	91%	90%	90%	90%
179|LOCAL|MAJAX|	80%	356	2650	3006	86%	88%	88%	87%	86%	88%	88%	89%	89%	90%	88%	88%
179|LOCAL|Moving and Handling Non Clinical Load Handler|	80%	44	318	362	81%	83%	83%	82%	86%	84%	84%	88%	88%	89%	88%	88%
179|LOCAL|Medicine Management (Refresher)|	80%	186	1283	1469	87%	88%	88%	87%	87%	86%	87%	88%	89%	89%	88%	87%
NHS|CSTF|Preventing Radicalisation - Levels 1 & 2 (Basic Prevent Awareness) - 3 Years|	80%	386	2620	3006	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	84%	86%	87%
179|LOCAL|Conflict Resolution - elearning|	80%	106	637	743	83%	85%	86%	80%	80%	81%	82%	85%	87%	85%	84%	86%
179|LOCAL|Information Governance|	95%	429	2577	3006	81%	85%	84%	85%	84%	87%	86%	87%	85%	84%	82%	86%
179|LOCAL|Slips Trips Falls|	80%	275	1606	1881	85%	87%	87%	85%	85%	86%	88%	88%	88%	87%	87%	85%
179|LOCAL|Blood Bourn Viruses/Inoculation Incidents|	80%	271	1563	1834	84%	86%	86%	84%	84%	85%	86%	87%	87%	86%	86%	85%
179|LOCAL|Equality and Diversity|	90%	583	2423	3006	94%	95%	95%	93%	92%	93%	94%	94%	94%	88%	83%	81%
179|LOCAL|Fire Safety Training - eLearning|	80%	588	2418	3006	86%	87%	87%	85%	85%	85%	85%	84%	85%	84%	82%	80%
179|LOCAL|Basic Life Support - Adult|	80%	464	1415	1879	85%	85%	85%	84%	82%	81%	81%	82%	82%	80%	78%	75%
179|LOCAL|Moving & Handling - elearning|	80%	245	718	963	81%	81%	81%	75%	75%	75%	76%	75%	77%	77%	78%	75%
179|LOCAL|Moving and Handling - Clinical|	80%	387	1111	1498	83%	84%	83%	83%	80%	80%	80%	84%	82%	79%	79%	74%
179|LOCAL|Blood Products & Transfusion Processes (Refresher)|	80%	370	1019	1389	82%	83%	82%	79%	79%	80%	78%	80%	77%	75%	72%	73%
179|LOCAL|Conflict Resolution|	80%	354	779	1133	75%	77%	77%	76%	75%	76%	76%	75%	77%	76%	76%	69%
NHS|CSTF|Preventing Radicalisation - Levels 3, 4 & 5 (Prevent Awareness) - No Specified Renewal|	85%	1617	324	1941	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4%	9%	17%

It has been identified that Safeguarding Children Level 3 has a 3 yearly requirement, rather than an annual one which we previously reported on. This is now reflected in the compliance figures above.

January 2018 Starters	Attended	Not Attended	Grand Total	% Compliance
179|LOCAL|Trust Induction|	27	1	28	96%

Mandatory Training Recovery Plan Apr 2018

Appendix B

Subject	Apr 2018 %	Method	Actions	Completion date	Responsibility	Progress
Information Governance	86%	E-learning	IG team to target non-compliant staff directly with the training slides and compliance test.	July 2018	Sara Ames	• The IG team continue to offer one off training sessions to departments that require it. Compliance increase is likely to be slower than others as it's a yearly requirement for all staff. The target for Information Governance has the highest target of all subjects at 95%
Equality & Diversity	81%	E-learning	Equality & Diversity was introduced as a mandatory training subject in May 2015, with a three yearly renewal. As the three yearly renewal is now upon us, a large number of staff are all becoming non-compliant. This has resulted in a substantial dip in compliance, compounded by the technical difficulties we are experiencing with OLM since the upgrade at the beginning of the year. Investigation and targeted email to be sent to managers.	July 2018	Denise Pora	• The Equality & Diversity package is now working as expected and staff are able to complete their training. • OLM Manager is investigating which areas have been affected the most and providing this information to the Equality & Diversity Lead • Equality & Diversity Lead to contact key areas to encourage completion • Communications around Trust problems with bullying and harassment will include need to complete mandatory training as an absolute minimum.
Basic Life Support	75%	Face to face	Identify trends or key areas where compliance has dropped.	July 2018	Julie Head	• Sufficient courses have been provided to cover staff requirements but the impact of cancelling some mandatory training sessions and courses not being fully attended have had an impact on compliance. • List of non-compliant staff have been provided for the BLS trainers to target.

Subject	Apr 2018 %	Method	Actions	Completion date	Responsibility	Progress
Moving & Handling–e-learning	75%	E-learning	Manual Handling Advisor to email mangers encouraging staff to be compliant and complete the eLearning package.	July 2018	Neil Herbert	• Manual Handling Advisor has targeted all non-compliant staff, difficulties with access to the eLearning system has affected compliance.
Moving & Handling - Clinical	74%	Face to face	All mandatory training dates are decided at the beginning of year. The Moving and Handling Team ensure that all sessions are covered by either the service lead or Advisor/Trainer. Some departments use their key workers to update supporting the Moving and Handling Team	July 2018	Neil Herbert	• Sufficient courses have been provided to cover staff requirements but the impact of cancelling some mandatory training sessions and courses not being fully attended have had an impact on compliance.
Blood Products and Transfusion Processes	73%		The Blood Transfusion Nurse Specialists have sought to understand the deteriorating compliance since figures started to drop in Autumn 2017. Targeted emails were sent to all line managers in February 2018 highlighting the individual staff' that were non-compliant with the training requirement. During 2017/18 20 additional face: face transfusion updates were provided to Theatre registered practitioners & midwives. The BTNS will monitor that the registers of face: face sessions are being accurately recorded on OLM. The e-learning modules are updated annually & targeted to individual professional groups to ensure relevance. A review of the training matrix has been requested to ensure only those staff that participate in transfusion have the requirement attached to their record.	July 2018	Gilda Bass/Joanne Hoyle	• Sufficient access to e-learning or face: face training is provided but the impact of low staffing levels on wards preventing staff completing e-Learning on shift or cancelling some mandatory training sessions is thought to impact on compliance. • Additional face: face training sessions for Paediatric doctors, A&E doctors, general & theatre Porters were introduced in January 2018. • Only 2 responses were received from the targeted email to line managers and minimal improvement noted in the March report. • The review of the training matrix is awaited.
Conflict Resolution	69%	Face to Face	A proposal was agreed at TEG to amend our current Conflict Resolution training to Managing Challenging Behaviour (MCB) which	Oct 2018	Darren Cooksey	• The project plans to transition Conflict Resolution to Managing Challenging Behaviour has begun, including: finalising the

Subject	Apr 2018 %	Method	Actions	Completion date	Responsibility	Progress
			incorporates the main learning outcomes of Conflict Resolution, ensuring we remain compliant with the Core Skills Training Framework learning outcomes, but also techniques and skills of breakaway.			program, bringing the training in house and ensuring we have sufficient cover to provide the training required, reviewing the training requirements and booking the courses.
Prevent WRAP (Workshop to raise awareness of Prevent)	17%	Face to Face	A national target of 85% to be reached by March 2018 has been set for all staff who are involved in assessing patients. Restrictions with trainer requirements and a vacancy for the subject lead post has resulted in a delay in rolling out a training package.	July 2018	Sara Ames	• Train the trainer programmes are now underway, training courses have been organised and advertised in the Green Sheet and extra courses provided where there was demand. • WRAP has been added to Registered and Non-Registered inductions. • An eLearning package has been made available to support staff to fit the training into their role. • Prevent trainers are targeting existing meetings to offer training to the attendees. • Lead is working with Peter Harris to put on doctor training.

Performance impact assessments

Appendix C

Subject	Issues	Performance Concerns	Lead
179|LOCAL|Moving and Handling –e-learning	• Poor uptake	• Potential staff injury • Financial implication such as sick pay, staff cover, court costs, compensation.	Moving and Handling Advisor
179|LOCAL|Moving and Handling - Clinical|	• Mandatory Training being cancelled due to demands on wards • Release of staff on clinical areas	• Potential staff injury resulting in RIDDOR absenteeism. • Financial implication such as sick pay, staff cover, court costs, compensation. • Inability to discuss both new techniques and remind staff of current best practise	Moving and Handling Advisor
179|LOCAL|Basic Life Support - Adult|	• Mandatory Training being cancelled due to demands on wards • Release of staff on clinical areas	• Staff not updated in essential skills & changes in resuscitation guidelines • The potential that patients may not receive correct treatment during emergency • Trust reputation / poor press if patients do not receive BLS / treatment appropriate for them	Resuscitation Lead
179|LOCAL| Conflict Resolution|	• Staffing levels and the Ward/ Departments ability to backfill will affect the numbers attending • Release of staff on clinical areas.	• Failure to recognise body language indications of possible aggression. • Failure to recognise warning signs when an aggressor is agitated or distressed. • Failure to recognise danger signs which may indicate imminent attack. • Failure to employ applicable communication skills • Litigation consequences • Potential staff injuries resulting in RIDDOR absenteeism. • Poor staff morale	Portering and Security manager
179|LOCAL|Information Governance|	• Annual training replaced 3 yearly training in 2014 • 95% compliance target explicit in 2015/16 IG toolkit	• Increased risk of IG breaches and vulnerability to ICO fine if staff awareness of IG is poor. • IG toolkit compliance will be unsatisfactory (level 1 only) if we cannot demonstrate achievement of 95% target.	IG Manager

Subject	Issues	Performance Concerns	Lead
179|LOCAL|Equality and Diversity|	• Large number of staff have reached their three yearly renewal at the same point. • Technical OLM system issues prevented staff from completed the eLearning course for a month. • Increase of target from 80% to 90%	• Failure to meet public sector equality duty and requirements of 2010 Equality Act. Risk of unlawful practices by staff resulting in litigation • Discrimination by/against staff and service users resulting in reduced quality of care, poor impact on staff motivation, failure to retain staff, reputational damage resulting in failure to recruit staff and impact on community confidence in Trust.	Deputy Director or Workforce (Organisation Development)
NHS|CSTF|Preventing Radicalisation - Levels 3, 4 & 5 (Prevent Awareness) - No Specified Renewal|	• Only reported as a mandatory requirement 3 months ago. • Been a lack of trainers still recently	• Not being aware of all the ways in which your organisation may be vulnerable to its learners becoming radicalised • Not identifying the levels of risk proportionate to your organisation • Not ensuring that all relevant policies and procedures are in place to mitigate that risk Not regularly reviewing these risks and checking to ensure relevant procedures are being carried out.	Prevent Lead
179|LOCAL| Blood Products & Transfusion Processes (Refresher)|	• Failure of staff to use on line training package provided • Not clear of process within Trust to ensure mandatory training is complied with and consequences	• Staff unaware of updated national/local guidelines to minimise the risks of transfusion. • Potential "never event" of ABO incompatible transfusion resulting in patient harm • Potential Litigation • Non-compliance with DoH circular 'Better Blood Transfusion'.	Blood Transfusion Committee

Appendix D – Dementia Training Figures

2017/18

Month	Number require training	Total number trained	% Compliance
April	917	870	94.87%
May	919	874	95.10%
June	918	878	95.64%
Q1.	**2754**	**2622**	**95.21%**
July	905	866	95.69%
Aug	822	793	96.47%
Sep	811	783	96.55%
Q2.	**2538**	**2442**	**96.22%**
Oct	797	766	96.11%
Nov	792	763	96.34%
Dec	781	750	96.03%
Q3.	**2370**	**2279**	**96.16%**
Jan	777	739	95.11%
Feb	768	725	94.40%
March	769	720	93.63%
Q4.	**2314**	**2184**	**94.38%**

Appendix E – SCH Community
Mandatory Training – as at March 2017

West Suffolk	March-2018							
Topic	All			Enabling**	Operations*	Facilities	Paediatrics	Wheelchairs
	Compliant	NonCompliant	% Compliancy					
Conflict Resolution	454	42	91.53%	100.00%	90.04%	78.26%	94.50%	N/A
Dementia Compliance	461	35	92.94%	100.00%	90.44%	65.22%	98.62%	N/A
Equality and Diversity	446	50	89.92%	100.00%	86.85%	69.57%	95.41%	N/A
Fire	433	63	87.30%	100.00%	83.67%	78.26%	92.20%	N/A
Health & Safety	470	26	94.76%	100.00%	92.43%	100.00%	96.79%	N/A
Infection Control	437	59	88.10%	100.00%	85.26%	65.22%	93.58%	N/A
Information Governance	431	65	86.90%	100.00%	83.27%	86.96%	90.83%	N/A
Learning Disabilities	461	35	92.94%	100.00%	91.24%	73.91%	96.79%	N/A
Life Support	363	45	88.97%	N/A	83.83%	N/A	95.95%	N/A
Mental Capacity	121	46	72.46%	100.00%	72.29%	N/A	N/A	N/A
Moving and Handling	438	58	88.31%	100.00%	83.67%	82.61%	94.04%	N/A
Safeguarding Adults	474	22	95.56%	100.00%	96.02%	82.61%	96.33%	N/A
Safeguarding Children	481	15	96.98%	100.00%	96.41%	86.96%	98.62%	N/A
Overall % for all topics	**5470**	**561**	**90.70%**	**100.00%**	**87.76%**	**79.05%**	**95.29%**	N/A
*** Enabling = Informatics, Business support, Quality,*								
** Operations = Newmarket Hospital, Specialist nurses & CHT Teams*								

11.3. Appraisal report

Presented by Jan Bloomfield

Board of Directors (Public) – 27th April 2018

Agenda item:	11.3			
Presented by:	Jan Bloomfield, Executive Director Workforce & Communications			
Prepared by:	Denise Needle, Deputy Director of Workforce (Development)			
Date prepared:	19th April 2018			
Subject:	Appraisal compliance levels report			
Purpose:	✓	For information	✓	For approval

Executive summary:

The 2017 staff survey has identified that the Trust is still below average for staff being appraised in the last 12 months, with 75% against the national average of 86%, and represented one of the bottom 5 scores.
This report seeks to outline the progress made since the last report in November 2017.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	✓	✓	

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
		✓					✓

Previously considered by:	Considered at November 2017 Trust Board and at individual directorate performance review meetings
Risk and assurance:	Potential Patient safety issues as well as recruitment and retention of staff. The actions identified in the report seek to minimise this occurring, therefore the following level of assurance can be given: satisfactory.
Legislation, regulatory, equality, diversity and dignity implications	Appraisal is seen as best practice for all staff groups, and is seen as a mandatory requirement for medical staff, as it is part of revalidation.

Recommendation:

Acceptance of the report, and for the Trust Board to champion appraisal compliance in all areas.

Background

The 2017 staff survey identified that the Trust was still below average for staff being appraised in the last 12 months, with 75% against the national average of 86%, and represented one of the bottom 5 scores.

An action plan was developed to identify the issues surrounding this feedback (see appendix A).

This report seeks to outline the progress made to date, and outline areas still to be tackled.

Key aspects of the appraisal process

- An annual appraisal meeting takes place for all staff (*apart from doctors in training who have a more regular system of appraisal as part of their learning*)
- Doctors have their own process aligned to revalidation. WSFT use an electronic system called SARD to record and monitor.
- All other staff use a new improved paper based document, which is found on the intranet.
- The line manager appraises staff at a face to face annual meeting, records discussions on trust paperwork. Staff have a copy and manager keeps a copy. (*HR no longer require a paper copy)*
- Workforce team informed of appraisal date by the manager. This is then recorded on the electronic staff record (ESR) system.
- Ad hoc audits undertaken of appraisal records to ensure compliance with process and quality check. Agreed with internal audit.
- Managers are informed of their department compliance on a monthly basis, using ESR system. The report shows who is in date and who has expired, and offers a column to update the information and return it.
- The Trust Board and Directorates are sent overall compliance figures monthly, as part of performance reporting (*directorate performance scorecard*). Appraisal compliance is also part of the Divisional Performance meetings with Executive Directors

Recent changes affecting compliance levels

1. The new reporting method utilises Business Intelligence (BI), the national standard reporting suite for ESR; and only reports on data held in ESR. The data from BI provides a more reliable figure

2. Data is measured now over a 12 month period as per the trust policy and comes from one extract. The report is part of a national dashboard and brings West Suffolk Hospital reporting processes in line with other trusts in England.

3. A process is now in place to manage the gaps in the appraisal process which includes an escalation process.

4. Long term plans also include access to an electronic appraisal process within ESR and access for both managers and staff to appraisal records in the form of Employee Self Service.

5. An Auditing process has been put in place, to remove the need for appraisal documents to be sent to HR. (please see appendix A)

6. A targeted email from the HR/ workforce team is sent to all those managers with areas below 50%, asking for their plan to improve compliance.

This has led to a much truer picture of what is recorded in ESR. In March 2018 this was 63.23%. This figure will also have been impacted by the low staffing levels and hospital capacity issues over the last few months.

Future actions, yet to be completed, to improve compliance levels

- Trigger an email to the manager from HR/ workforce team, copied into the service and general manager when appraisals are one month overdue (RED)
- Trigger an email to the manager from the appropriate director, again copied to the service manager and general manager when appraisals are two months overdue (BLACK)
- Publish a reminder to staff and managers of the need to report their appraisal meetings, and the cut-off date for the month. We intend to use the green sheet, core brief and emails.
- Develop the ESR system in the medium term to allow for an electronic appraisal process as part of manager self-service.
- Developing a refresher leaflet for all existing managers who may not have had recent training in appraisal.
- We will also audit the appraisal experience by randomly (and anonymously) sending out surveys (using survey monkey) to staff when they have recently had an appraisal.

Recommendation

The Trust Board members are asked to;

1. Accept this report as an update on the planned changes.
2. Agree to the future actions proposed,
3. Continue to champion appraisal completion where ever possible

Denise Needle

Deputy Director of Workforce (Development)

Appraisal Audit Report

As part of the appraisal monitoring process, appraisal dates are sent to the Workforce Information Team and entered onto the Electronic Staff Record (ESR).

Every 3 months the Workforce Information Team performs an audit requesting copies of appraisals for which a date has been submitted. This is to provide assurance that the appraisal has taken place.

The audit consists of:

- Review of a previous 3 month period
- Approximately 10% of the appraisals are requested from each division
- Various departments are reviewed within each division

The audit process is currently under review as we consider the introduction of an escalation process to ensure a reasonable response rate by each division.

The last audit was performed in February 2018 reviewing the months of October to December 2017. The table below shows the audit response rates.

Len Rowland

Workforce Information Manager

Appraisal Audit Responses by Division

				Once requested from Reviewer/Manager		Once requested from SM/GM		Once requested from Exec					
Directorate	No. of PDPs recorded in period	No. of PDPs selected for audit	As a %	No. received back in 1st 2 weeks	As a %	No. received back in 2nd 2 weeks	As a %	No. received back in 3rd 2 weeks	As a %	Not received after 6 weeks	As a %	Total received back	As a %
179 Clinical Support Directorate	179	18	10.1%	13	72.2%			2	11.1%	3	16.7%	15	83.3%
179 Community Contract	108	10	9.3%	7	70.0%	2	20.0%			1	10.0%	9	90.0%
179 Corporate Services (balance)	25	3	12.0%	3	100.0%							3	100.0%
179 Corporate Services Directorate	94	9	9.6%	6	66.7%	2	22.2%			1	11.1%	8	88.9%
179 Estates & Facilities Directorate	102	11	10.8%	6	54.5%	2	18.2%	3	27.3%			11	100.0%
179 Medical Directorate	96	10	10.4%	5	50.0%	2	20.0%			3	30.0%	7	70.0%
179 Surgical Directorate	172	17	9.9%	13	76.5%	2	11.8%			2	11.8%	15	88.2%
179 Women and Child Directorate	91	9	9.9%	5	55.6%					4	44.4%	5	55.6%
TOTAL	867	87	10.0%	58	66.7%	10	11.5%	5	5.7%	14	16.1%	73	83.9%

12. Transformation report

To ACCEPT the quarterly report

Presented by Alex Baldwin

Trust Board - 27 April 2018

Agenda item:	12			
Presented by:	Helen Beck - Interim Chief Operating Officer			
Prepared by:	Lesley Standring - Senior Transformation Lead Urgent Care Jane Rooney - Head of Planned Care John Connelly - Head of PMO Sheila Broadfoot - CQUIN Lead			
Date prepared:	18 April 2018			
Subject:	Transformation Board Report			
Purpose:	√	For information		For approval

Executive summary:

This report provides an update from the last reporting period and relates to the programs of work being undertaken by the joint transformation teams, the Trust PMO and progress against CQUIN.

This month's report from the joint transformation teams provide the board with a more in depth review of a number of initiatives aimed at reducing demand. The board is asked to note the recognition received from NHSI, NHSE and NHS Digital for the unique operational model between the Trust and the CCG.

The integrated transformation team report focuses on the Discharge to Optimise and assess (D2OA) programme aimed at embedding and enhancing work to reduce delays to discharge and optimise patient's rehabilitation potential.

The Planned Care Programme report provides a more detailed summary of the range of programmes currently being undertaken to reduce elective demand across the system including:

- The 100 day challenge which has now passed the mid-point review
- The Right Care Programme
- Diabetes Management
- Pain management
- Ophthalmology
- Stroke

A report is also included outlining progress and future objectives for the Outpatient transformation programme.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	√	√	√

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	 *Deliver personal care*	 *Deliver safe care*	 *Deliver joined-up care*	 *Support a healthy start*	 *Support a healthy life*	 *Support ageing well*	 *Support all our staff*
	√	√	√		√	√	
Previously considered by:	-						
Risk and assurance:	-						
Legislation, regulatory, equality, diversity and dignity implications	-						
Recommendation: The board is asked to note the content of the report and progress in a number in a number of key system wide transformation initiatives							

1.0 Update of the WSFT and WSCCG Joint Transformation Team

The Integrated care joint team is fully established although two members of the team will be going on Maternity leave in the summer
Since the last Board meeting the joint team has received recognition by NHSI, NHSE and NHS Digital for the unique operational model between the Trust and the CCG. Joint working of this team supports the Guaranteed Income contract and Alliance working and is promoting increased transparency across the two organisations.

2.0 Integrated Care Programme Project highlights

2.1 Red to Green/SAFER

The last report described the process for the evaluation of Red 2 green and SAFER. This takes the form of a self-evaluation for each ward (Ward Sister, lead consultant, service manager and senior matron). Each ward will then have an individual action plan. An overarching action plan will be held by the transformation team who will report on progress.

2.2 EndPJParalysis

Due to challenges with staffing levels on the wards we have been delayed in joining the new national campaign promoting getting patients up dressed and mobilised but have plans to address this over the next few weeks. The campaign involves use of an App where wards upload their data daily and this feeds into a national report charting improvements.

2.3 Discharge to Optimise and Assess (D2OA)

2.3.1 Background

Discharge to Optimise and Assess (D2OA) is a NHS England mandated requirement to implement from October 2017. The west Suffolk model was approved by the ICN Board in June 2017.

The aim of D2OA is to either prevent a hospital admission or to expedite discharge (from acute, community or from the 'front door') at the earliest opportunity when a person is medically optimised. D2OA aims to minimise hospital stay and maximise independence through a 'home first' ethos. The model recognises that recovery, reablement and assessment of ongoing health and care needs are best undertaken in the 'home' environment where optimal outcomes for the individual are more likely to be achieved.

2.3.2 Managing delays

Discharge to Optimise and Assess changes the way in which discharge from hospital is delivered moving the focus of assessment of long term need and delivery of reablement from hospital to the individuals home, or as near to home as can be made possible. Part of the national 8 High Impact Change model, Discharge to Optimise and Assess requires whole system transformation committing to different ways of working across traditional organisational and professional boundaries with recognition that delays in discharge are not good outcomes for patients, their families or for the system.

Delayed Transfers of Care have not typically been a major problem to the west Suffolk system in the past year with performance against the WSFT DToCs sitting on or just below the national target of 3.5% or 9.6 patients on a bed base of 434. Further improvement is in place to reduce the numbers further to the aspirational target of 2.5%.

The number of medically optimised patients within the acute trust is also an important indicator of hospital delays and understanding the reasons is vital in order to unblock some of the system solutions to making D2OA a success.

2.3.3 Key drivers to success

To succeed D2OA requires three core system features to be in place:

System-wide transformation: Moving from a complex system that works in silos to an adaptive and joined up delivery model with simple rules to function rather than rigid and inflexible ones. No one organisation is responsible; it is the work of the collective whole that will make the difference.

Shift in culture: Recognition that change needs to be supported by a different set of behaviours that promote collaboration and trust but at the same time maintaining constructive challenge is key. West Suffolk Alliance partners are developing 'maturing relationships' providing a united leadership vision, supporting front line staff and transformation to do the right thing irrespective of organisational priorities. Change of this scale is not easy or quick and therefore the Alliance partnership must maintain commitment to the operational oversight and dedicated delivery resource to ensure progress is maintained.

Operational oversight: Each pathway has a senior responsible officer and operational lead. System change is overseen by the monthly West Suffolk Transformation Delivery Group reporting into the West Suffolk Alliance Steering Group which involves GPs, senior practitioners and managers of the partner organisations' as well as voluntary sector representatives.
Monitoring of medically optimised and DToC numbers is now business as usual as part of the daily reporting dashboard supported by clear escalation processes

2.3.4 Progress to Date

Implementation of D2OA to date has focussed mainly on Pathways 0 and 2. 2018/19 will focus on embedding the pathways across the system and ensuring Pathway 1 is implemented before winter.

Pathway 0 focuses on discharge of patients whose needs can be safely met at home and no new intervention is required.. The majority of discharges from WSFT should follow this pathway. Many of the key elements of Pathway 0 have only started to become fully operational and will take more time and committed oversight to embed into business as usual. Key to this will be supporting the front line staff in changing the way in which they work shifting the cultural behaviours of years of practice. An example of this has been seen through the national 100 day challenge of endpjparapysis where WSFT was a key participant and completed in December 2017. This continues to require leadership support to ensure it remains business as usual.

SRO: Helen Beck
Project lead: Lesley Standring

Progress made	Issues	Key actions 2018/19	Completion
Endpjparalysis: national audit evaluating impact now complete.	Delayed start to engagement in national initiative	Implementation programme commences Spring	June 2018 across all hospital sites
Leaving Hospital leaflet developed and evaluated	Minor changes following evaluation needed to mirror national 'Your Ticket Home' approach	Launch 'A Date for Your Diary' May 2018 and implement across all hospital sites	July 2018
SAFER elements of clinical criteria for discharge and Predicted Date of Discharge -	Needs to be BAU	Evaluation of the implementation during April 2018. Likely to lead to 100 day	Evaluation April

implementation at Glastonbury Court and Newmarket Hospital		challenge approach on pre noon discharges to deliver 33% metric	
Pull based discharge – dedicated phone available for community staff to talk through cases	Communication between hospital and community staff needs to be earlier in acute pathway	Dedicated post to access Ecare and SystmOne and interface across hospital and community teams in development	Appointment process commences April 2018

Pathway 1 supports patients whose needs can safely be met at home with reablement support and this is partly implemented. This is the second biggest pathway.

SRO: Bernadette Lawrence
Project lead: Jenny McCaughan

Progress made	Issues	Key actions 2018/19	Completion
The Early Intervention Team and Support to Go Home service work closely and flexibly to support pull based discharge using a trusted assessment approach.	Progress has been limited to these services only and now needs to extend to all emerging INTs and specialist services. Success will require a commitment from health and care to integrate the therapy workforce.	0.5wte clinical project lead to drive integration of therapy to build out of hospital capacity supporting pull based discharge and reablement at home approach	1 November 2018
Elective Care pathway		Explore scope to extend approach to elective care pathways	June 2018

Pathway 2 supports patients who cannot be discharged home from the acute trust but have reablement potential which can be met in a community assessment bed.

SRO: Dawn Godbold
Project lead: Jenny McCaughan

Progress made	Issues	Key actions 2018/19	Completion
Operational at Glastonbury Court and Newmarket Hospital.	Glastonbury Court contract expires October 2019	Explore options for alternative provision to include: • Commissioning additional beds • Explore potential for utilisation of Newmarket Hospital Site • Explore the potential for Virtual Ward	May 2018
Evaluation of impact of Pathway 2	Data collection in progress	Social care and WSFT working together to understand data. Evaluation report due	June 2018

		in June	
Step up reablement support	System do not utilise step up pathways	All sites to have policies and pathways in place to support step up bed based care	September 2018
Pull based discharge from community beds	Not in place	INT/Homefirst to support a pull based transfer home for patients known or referred onto caseload	October 2018

Pathway 3 supports patients who are unable to safely return home and have a combination of sub-acute and complex care needs.

SRO: Richard Watson
Project lead: Sally Lawrence

Progress made	Issues	Key actions 2018/19	Completion
CHC 5Qs pathway fully operational			Mid point evaluation due end March 2018
Delirium pathway. Potential to support patients at Glastonbury Court and Newmarket Hospital is currently being explored	A small number of patients are not suitable for these sites This pathway requires specialist oversight	Protracted Delirium pathway to be implemented	November 2018
Interface with care homes using a Trusted Assessor arrangement in place across 3 homes	Needs to expand to a larger number of homes	Extend to another 3 care homes ahead of winter 2018	October 2018

2.3.5 Key challenges and next steps for D2OA

Discharge to Optimise and Assess can appear to be complicated and therefore requires clear and consistent communications across the system to ensure staff are fully engaged

The implementation of pathway 1 is likely to have the most significant impact on the system and requires a transformed therapy workforce to ensure an integrated approach to transfers of care. The transformation team is seeking to dedicate a project manager resource to lead this transition for one year to ensure the pathway is operational by winter 2018

The evaluation of Support to Go Home (STGH) in April will inform a need for a dedicated inreach/outreach pull based discharge team whilst the Integrated Neighbourhood Teams are being established. The additional capacity STGH brings to reablement will need to be clearly understood and realigned as the INTs are implemented.

The complexity of the evaluation may make the interpretation of the data challenging. This requires leadership support from all partners to ensure the evaluation is fully representative.

3.0 Planned Care Programme Project Highlights

3.1 100 Day challenge

Using the 100 day methodology and working with NHSI and NHSE, the joint teams have continued to work to rethink referrals, enhance shared decision making and transform outpatients. This is taking place in three focussed areas; ENT, Urology and Cardiology. This is a national programme supported by NHSE.

There has been good engagement from across the healthcare system resulting in a truly multidisciplinary approach to the project. GP practices have been selected to pilot the initiatives agreed with the Trust lead clinicians and key performance metrics have been developed for each specialty. A 50 day mid-point review was successfully held which looked at progress to date locally as well as giving visibility to the work being done in the other health systems involved in wave three.

The final 100 day close and sustainability meetings will be held in late May and will provide the opportunity to look at which innovations should be progressed and rolled out further, which should be abandoned and which additional activity needs to be undertaken.

Other specialties within the Trust have expressed an interest in working with the 100 day methodology and this will be considered through the Planned Care Board.

3.2 Right Care Programme – Cardio Vascular Disease (CVD), Respiratory and Neurology

'RightCare' is about the whole health system taking an evidence based approach to focus on key areas that will improve health outcomes for the population, reduce unwarranted variation in care and save money. The benchmark data packs have been received and reviewed by the three specialty areas, Respiratory, Neurology and Cardiovascular Diseases (CVD) to identify opportunities for improvement which are-

- A review of CVD pathways across the STP with a focus on atrial fibrillation linked to the Elective Care Challenge and with a hypertension focus in 2019/20.
- Varicose veins procedures – Following a review and subsequent meeting, a range of actions have been identified. These include internal processes related to follow up appointments and peer agreement on managing patients who do not meet criteria and working on a more robust Varicose Veins Low Priority Procedure Policy.
- Reviewing variation in community heart failure services & linking CVD to the diabetes transformation programme
- The health population programme is aiming to have a longitudinal patient record, the proposed pilot specialties are diabetes and CVD.
- Neurology and Pain pathways are being reviewed across the STP with an emphasis on mapping Neuro Rehab provision. A Headache pathway is being drafted by Primary Care and WSFT.
- My COPD pathway - The STP is working to roll out a digital innovation called 'My COPD'. This web-based self-management platform, (or app), will support patients to manage their long-term conditions through education, rehabilitation and symptom reporting. Rollout has commenced in the Ipswich & East Suffolk and North East Essex areas, and is about to commence in the West, following continued work on formation of the new West Suffolk Integrated Respiratory Team.
- Medicines Management within these specialties.
- Reducing avoidable emergency attendances within these specialties.

3.3 Diabetes Prevention Programme

The STP and Suffolk and Essex PH are working jointly on a plan to support GP practices in undertaking audits of practice registers to identify the at risk population with existing non-diabetic hyperglycemia and referring them to a designated behaviour change management programme.

Selection of this provider following a mini procurement is nearing completion. Upon award, there will be an implementation period, with the service launching in June 2018

3.3.1 Treatment and Care Funding – Diabetes Management

Following confirmation of funding for Year 2 of this programme, work continues across the STP with primary and secondary care to improve achievement of the 8 care processes and increase uptake of structured education.

Structured Education

- Referrals to DESMOND (Type 2) have increased in Bury St Edmunds but are yet to show any improvement in surrounding areas. Work is still on-going to raise awareness of additional courses and availability to newly as well as prevalent Suffolk residents.

Marketing Campaign

- Following the successful marketing campaign last November, the STP diabetes project managers decided to engage the services of Genesis PR, who already provide marketing services to NEE CCG, to take over the campaign planned for this spring to continue raising awareness of diabetes and the importance of attending structured education courses. This sizeable workload includes:
    - A dedicated website holding information about diabetes and the importance and benefits of receiving education on the condition, plus availability of DESMOND/DAFNE information sessions across the STP and how to book onto them.
- Digital Advertising
    - Using Facebook and AdWords (search and display adverts) enabling appropriate targeting of audiences across the CCG areas.
- Patient leaflets
- Posters for GP Surgeries
- GP practice and other NHS locations advertising – TV screens
- Presentations for GP Education events / workshops
- Articles for newsletters across the health system and to local media
- Pull-up banners for marketing in Health Centres / Bury Apex and other public places / HCP Education events etc.

3.4 Integrated Pain Management Service (IPMS)

In January 2018, West Suffolk CCG issued a Prior Information Notice (PIN) advertising their intention to deliver an Integrated Pain Management Service through an alliance with West Suffolk Foundation Trust and Suffolk GP Federation. There was some interest to the PIN from an external provider, but they were unsuitable as they were unable to deliver an integrated pain service as per the specification. Over the coming weeks, West Suffolk CCG will begin a process to ascertain whether the existing two providers are uniquely placed and most capable of delivering the vision of an 'Integrated Pain Management Service'. It is envisaged that this process will be completed by the end of October.

The Single Point of Access for Pain referrals is firmly embedded and referral trends indicate that the shared care arrangements appear to be working effectively.

YTD reduction of 18.3% (53) First OPD appointments compared to 2016/17.
YTD reduction of 10.9% (87) Follow Up appointments compared to 2016/17.

3.5 Ophthalmology

There is an identified need to procure a delivery system for eye care services and enable a sustainable and affordable clinical model for the growing elderly population of Suffolk. The planned model aims to integrate eye services for the patient through a strategic partnership model of care where the consultants can direct work more appropriately to be undertaken and ensure there is the clinical skill level required in the community. This required the CCG to:

- support a strategic partnership of providers,
- procure the IT platform and the community management of optometrist with enhanced skills (ESPs),

- develop triage with WSFT ophthalmology consultants

WSFT ophthalmology consultants working with the chair of the Local Optometrist Committee have developed the draft clinical governance. The procurement took place during March 2018 and the outcome of the procurement will be presented to the Planned Care Board in April 2018. The expected date for the service to mobilise is 1 September 2018.

3.6 Stroke

The review of stroke services is being undertaken on an STP-wide level. Clinicians, Allied Health Professionals, managers and transformation staff were invited to the first STP Stroke meeting on 22 January 2018 to agree the work plan for the STP. Dr Nicolson and Dr Azim attended from WSFT. After discussion, the following areas were agreed as the focus:

- Provision of speech and language therapy across the STP
- Post stroke rehabilitation – Early Supported Discharge
- Acute care pathway and high acute stroke unit (HASU) review
- Training and education
- Workforce
- Ambulance/ED pathway
- Primary and secondary prevention agenda

The next STP Stroke meeting is on 30 April 2018 where the work plan will be agreed. A Suffolk Stroke operational Meeting is also arranged for 30 April to focus on Suffolk only areas such as the re-provision of Early Support Discharge Services

The next regional Stroke meeting is 24th May 2018 and the STP is asked to submit information on the

- Current multidisciplinary workforce numbers, vacancies and plans to fill the vacancies
- Number of strokes per annum
- Number of beds available in your acute and hyper-acute stroke units
- Proposed reconfiguration of stroke services, if applicable
- Patient transport plans to underpin the stroke pathways (acute/hyper-acute/ thrombectomy)

3.7 Demand Management

This work programme continues to develop with the main focus being the alignment of the QIPP (Quality, Innovation, Production & Prevention) with RTT recovery and the Trust's CIP. QIPP is targeting to reduce follow ups and first appointments in secondary care. The final numbers have been agreed and the next step is alignment with the Trust to ensure the joint teams are working together with clear and agreed goals across the specialties with the opportunities for improvement. The work has commenced in the Surgery division and once the template is developed will move across to the other two divisions to apply the same alignment methodology.

The RTT model remains the main tool to highlight areas of focus and can enable us to identify quickly where there are RTT issues of concern. Aggregate recovery by October 2018 is the agreed target. Identification of areas of RTT concern will allow for the planning programme for demand management to be better prioritised.

A system-wide dermatology service review is underway to increase the utilisation of teledermatology in the community and thus ensure that only appropriate patients are referred to secondary care. The output of this piece of work will be that patients are seen in the right place, by the right person at the right time.

Low Priority procedure's (LPP) will be reviewed as part of this programme, this will include a review of referral guidelines across all (LPP's) and revisiting the gateway process for these procedures. Currently

some specialties are screened by the CCG but expanding this could have big benefits for the Trust and the patients.

4.0 Outpatient Transformation Project

4.1 Project Brief

The scope of the project is defined as ensuring the outpatient department is able to deliver quality services whilst supporting the Trusts cost improvement programme. The initial project objective was to reduce the number of extra clinics run by the Trust by increasing efficiency. This was subsequently expanded to include the following priority areas:

1. Bookings (ensuring clinics are filled to template).
2. Clinic time (ensuring clinic time is used efficiently and actuals are reflected in job plans.
3. E-care (assurance that efficiency benefits can be tracked via e-care effectively)
4. Access policy (ensuring the policy governing access provides a framework to ensure patient:doctor interaction is maximised)
5. E-referral (introduction of a seamless e-referral process)
6. Dashboard (development and introduction of a weekly OPD performance template)
7. Booking centre (ensuring the booking centre is effective in managing elective throughput)

The key benefits are defined as follows:

1. Increasing patient face to face time through improved access.
2. Reduction in reliance on extra clinical sessions.
3. To have a functional outpatient dashboard.
4. To ensure clinic templates and job plans are aligned.
5. To increase booking slot utilisation to 95%

4.2 Key deliverables

To date the following deliverables have been achieved:

1. A revised and updated access policy which reflects national best practice.
2. Successful delivery of e-referral service.
3. Implementation of a new integrated OPD dashboard
4. An increase in clinic slot utilisation to 90% (from 84% in November 2017).
5. CIP efficiencies of £77k associated with the increased slot utilisation.

The project group is focused on increasing slot utilisation to the 95% target and is working with the clinical lead, Margaret Moody to identify further opportunities for improvement. Where there are short waiting times this may include revision of job plans accordingly.

DNA rates are particularly good in outpatients (c.3%) but there is further work to be done on reducing hospital initiated cancellations. There is also some work to be done to reduce elective and diagnostic DNA's and cancellations.

The steering group is focused on increasing clinical engagement in the drive for efficient delivery of outpatient services. It will focus on delivering efficiency in the next six months through ensuring an effective offer of choice, aligning stock and flow (demand management) and ensuring efficient use of physical capacity.

5.0 PMO Update

5.1 PMO Recruitment

The PMO Manager for Community, Women and Children and Clinical Support Services takes up their role on 1st May 2018. The recruited PMO Managers for Central, Medicine and Surgery are in place.

5.2 CIP Programme Performance

The 2017/18 programme is expected to deliver 97% of the target. The year-end position will be presented in summary at the May TSG.

The last two months has seen a reduction in the overall value of the Trusts 2018/19 CIP Programme. An executive review of divisional programmes is planned for Monday 14th May 2018 to review the current CIP's in the tracker and to assess the feasibility of pipeline initiatives to close this gap. An audit report has also been prepared by the PMO which tracks the significant changes in the reported figures at divisional level and this report will be presented quarterly at TSG going forward.

The Trust is currently involved in negotiations with NHSI to finalise the Trust CIP target for 2018/19.

5.3 Medical e-Rostering

The contract price for the Medical e-Rostering system has been agreed with the supplier and the contract is expected to be signed by the end of April 2018. The implementation plan has been presented to the Trust Executive Group and Clinical Directors, the resource plan has been agreed with the Medical Director and the clinical and administration leadership arrangements have been agreed with the divisions. The communications team are on board with messaging to support programme launch.

5.4 Procurement: Category Towers

The contracts for all eleven category towers and been successfully re-tendered and awarded. The Trust currently uses the NHS Supply Chain under a single contract with DHL until 1st October 2018, and this will move over to the new suppliers in due course.
Category one has been implemented and the next five Medical Category Towers (2 to 6) will launch in June 2018. Medical Towers Categories 1 – 6 and future suppliers are listed below as follows:

1. Ward Based Consumables (DHL)
2. Sterile Interventions Equipment and Associated Consumables (CPP)
3. Infection Control and Ward Care (DHL)
4. Orthopaedics, Trauma and Spine, Ophthalmology (CPP)
5. Rehabilitation Disable Services, Women's Health and Associated Consumables (CPP)
6. Cardio-Vascular, Radiology, Audiology and Pain Management (HST)

6.0 CQUIN Projects 2017-8-9

Staff CQUINs title:	Progress	RAG
1a) Staff Health & Wellbeing: Improve two results by 5% from 2015 on the national Staff Questionnaire re: H&W provision plus MSK & Stress not being 'due to work'. 2018-9: 5% on 2016.	Staff H&W initiatives in place including for MSK. 'Provide H&W initiatives' – 6% improved from 2015: Met. Latter 2: Rely on staff own perception & Part Met: 'Work main cause of' Stress: though top performing Trust, improved by 1%. MSK: improved by 2%. Put forward as 'met' in Q4 report.	TBC
1b) Food & Drinks sold at WSFT: Continue changes made 2016-7 re: items high in fat, sugar or salt. Introduce 3 new changes 2017-8.	Q4: All in place including liaison with W H Smith. Reduced % of sugary drinks, high calorie sweets and sandwiches amended shelf displays completed. 1b) Board Report presented at March meeting as required.	
1c) Flu vaccination of staff: 70% uptake by end of February.	28/2/18: WSFT 74% (total incl Community 70.99%) = met. Note: 2018-9 target increases to 75%. Campaign planning starts	
Patient CQUINs title:	**Progress**	**RAG**
2a) Sepsis screening of all ED and inpatients. Target 90%	Q3: met as 100%. eCare adds symptoms together & prompts 'Suspected Sepsis' when relevant. Q4: January met. Feb TBC.	
2b) Severe/ High Risk Sepsis treatment ED & Inpatients: IV anti-biotic within 1 hour of diagnosis. Target 90%	Timely treatment improvements required. Q3: 73% so part met as predicted. Q4: January 77%. Feb TBC. Sepsis auditor reviewed results: issues = improve data capture for time of diagnosis (clock starts) & diagnosis to prescribe time. Sepsis Group to discuss & escalate. eCare alerts in place.	
2c) Severe/ High Risk Sepsis - ED & Inpatients: antibiotic prescription review within 72 hours. Target 90%	Q4: on target.	
2d) 2% reduction in all & 2 specific Antibiotics vs 2016. 2018-9 TBC.	Q4: as predicted, not met x 2 and met: Tazocin (due to shortage). Note: 2018-9 draft: Tazocin replaced with new target.	
4) Mental Health need in ED – Selected cohort reduced ED attendance/ care plans in place/ improved use of diagnosis in ED re: MH. 2018-9: new cohort and increased use of MH on ECDS.	Q3: met with the required Data Quality Improvement Plan. Q4: target met to reduce the cohort of 13 patients' ED re-attendance, result: 60% reduction vs 2016-7 (target was 20%). In progress NSFT & ED: select from the 13 patients for care plans. 2018-9: New cohort of frequent attenders to be identified for care plans & to measure. Use of 'MH diagnosis' to increase.	
6) Advice & Guidance to GP pre referral via eRS. Specialties offering A&G covered at least 35% of referrals received 2016-7 (aim A&G reduces referrals). 2018-9: cover 75%.	Q3 & Q4: met for 'live' specialties offering A&G via eRS. Daily checks on eRS queries in place & reminders sent. Challenge for Cardiology due to highest volume and resource. Other 8 specialties so far: good compliance of 2 day turnaround. Clinician ideally responds direct on eRS: work arounds in place. If GPs do not receive a timely response: they may resort to refer.	
7) e-Referrals for GPs: all services & consultant led 1st outpatient appointments published on eRS. Reduce ASI (no slots avail)	Q3: Met: Over 90% published on eRS. ASI improved from 16% Q2 to 10% Q3 due to review of services and polling ranges. Q4: ASI target 4%. Jan & Feb so far 3.9% - on track. March tbc.	
8i) Proactive & Safe Discharge (age 65 & over): increase by 2.5% in Q3&4 'patients being discharged within 3-7 days to their usual place of residence'	Q3 & Q4 combined target met: achieved 45.05%; target was to increase to at least 43.76% compared to Q3 & Q4 2016-7. Result due to all the Trust initiatives & collaborative plans in place as reported in Q2: e.g. Discharge to Optimise & Assess, Red to Green, SAFER. 2018-9: NHSE has cancelled Year 2.	
8ii) Emergency Care Data Set: system updates for improved reporting.	Q3: data was due 2017 but due to circumstances beyond WSFT control, supplier (Cerner) delay go-live to 9 April. Agreed as 'met'. IT plan is in place incl education.	
10) STP (Suffolk Transf) Support	Local CQUIN. Q3 & Q4: met re: evidence of meetings.	
2018-9: **9a-e)** Inpatient Smoking & Alcohol screen, advice, refer	eCare plus info team report built for Q1 start. Form location on eCare issue – can only make it 'ad hoc' so all roles can complete (rather than a role related task) so tbc lower compliance. Education & communication being planned for April-June.	

10:15 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

13. Nurse staffing report

To ACCEPT a report on monthly nurse staffing levels

Presented by Rowan Procter

Trust Board – 27th April 2018

Agenda item:	13			
Presented by:	Rowan Procter, Executive Chief Nurse			
Prepared by:	Sinead Collins, Clinical Business Manager			
Date prepared:	18 April 2018			
Subject:	Nursing Quality and Workforce Dashboard report			
Purpose:	X	For information		For approval

Executive summary:

The aim of the Quality and Workforce Dashboard is to enhance the understanding ward and theatre staff have of the service they deliver, identify variation in practice, investigate and correct unwarranted variation and lead change to demonstrate value. This dashboard has been created to give the Trust Board a quick overview staff levels and quality indicators of areas within the trust. It also complies with national expectation to show staffing levels within Open Trust Board Papers

For in depth review of areas, please inquire for the Matrons' governance reports that are completed monthly for their divisions. Included are any updates in regards to the nursing review

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X	**X**	

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
		X					X

Previously considered by:	-
Risk and assurance:	-
Legislation, regulatory, equality, diversity and dignity implications	-

Recommendation:

Observations in March's and progress of nurse staffing review made below.

Observations

Location	Nurse Sensitive Indicators (higher than normal)	Other observations
A&E	6 medication errors	High agency and bank use. High RN & NA vacancy. High amount of overtime.
F7	7 medication errors	High agency and bank use. High RN & NA vacancy. High amount of overtime. High sickness
F8	7 medication errors	High agency and bank use. High amount of overtime. High sickness
Theatres	-	High RN vacancy. High sickness. High amount of overtime
DSU	-	High sickness and bank use.
CCU	-	High bank use. High amount of overtime
G1	4 medication errors	High bank use. High sickness.
G3	-	High bank use. High NA vacancy. High amount of overtime
G4	-	High bank use. High amount of overtime. High sickness. High RN vacancy
G5	-	High agency and bank use. High sickness. High RN vacancy. High amount of overtime
G8	6 medication errors	High bank and agency use. High sickness. High RN & NA vacancy.
F1	-	High bank use. High RN vacancy.
F3	5 medication errors	High RN vacancy. High amount of overtime. High bank & agency use
F4	-	High agency and bank use. High RN vacancy. High sickness
F5	-	High bank use.
F6	-	High agency use. High RN vacancy. High amount of overtime. High sickness
F9	3 falls with harm	High bank use & vacancy in RNs. High sickness. High amount of overtime
F10	4 medication errors & 4 pressure ulcers	High bank use & vacancy in RNs. High sickness. High amount of overtime
Maternity	5 medication errors	High bank use & sickness. High midwife vacancy.
F12	-	High bank use & vacancy in RNs. High sickness.

F14	-	High amount of overtime
Kings Suite	-	High bank use. High amount of overtime. High sickness.
Rosemary Ward	-	High bank use.

Vacancies – In West Suffolk Hospital, there are significant vacancies in registered staff, and is 95.82 WTE and there is an unregistered vacancy of 37.90WTE. This is slightly lower than last month. HR and operations are working on different method to recruit and retain nursing staff. A discharge ward is currently in Committee Room, with plans to move back to G9 but date has not been confirmed. The escalation ward is still open on G9, and with no planned closing date due to bed pressures (original date was end of March)
The Admission Prevention Service has from end of April will have considerable vacancies and has resulted in the service hours being reduced.

Roster effectiveness – Out of 26 areas, 23 are over the Trust standard of 20% (Day surgery unit & ward are counted as one area). This is 2 areas higher than February. This is more due to annual leave being taken.
We are unable to collect this information in the community

Sickness – Out of 27 areas, 18 are over the Trust Standard of 3.5% (one less than last month) (Day surgery unit & ward are counted as one area).
In the community, 5 out of the 9 areas are over the Trust Standard.

Updates in March

Community areas have been included in this report and dashboard, however some information sources are still to be determined. Also sections 'Unplanned requests' and 'Patient facing contact' standards/expectations have not been set as they are being reported for the first time. This will be determined over the next 6 months. Observations will also be made about the community after all data points have been determined.

QUALITY AND WORKFORCE DASHBOARD

Month Reporting	Mar-18			Establishment for the Financial Year 2017/18						Data for Mar 2018														
										Workforce												Nursing Sensitive Indicators		
Trust	Ward Name	Speciality	Current Funded Beds/Chairs Trolleys	Current Funded Establishment (WTE)	Current Funded Total Establishment Registered to Unregistered (%)		SCNT Establishment (WTE) (Feb 2017)	Number of patients per RN/Midwife (not including unit manager)		Fill rate Registered %		Fill rate Unregistered %		Bank staff use %	Agency staff use %	Overtime (Hrs)	Vacancies (WTE)		Sickness (%)	Overall Care Hours Per Patient Day (June 2017)	Roster Effectiveness - Total Non Productive Time (% excl maternity)	Pressure Ulcer Incidences (Hospital Acquired)	Nursing/Midwifery Administrative Medication Errors	Falls (with Harm)
					Registered	Unregistered		Day	Night	Day	Night	Day	Night				Registered	Unregistered						
WSFT	ED	Emergency Department	21 trollies and 30 chairs	81.79	70.47%	29.53%	N/A	1 - 4	1 - 5	115.7%	88.8%	131.2%	121.5%	7.16%	7.14%	688	-7.21	-6.40	4.20%	N/A	20.30%	N/A	6	0
WSFT	F7	Short Stay Ward	34	55.20	52.00%	48.00%	42.65	6	9	68.4%	82.9%	105.4%	92.1%	10.15%	12.16%	240	-8.90	-3.51	9.50%	6.25	26.60%	0	7	2
WSFT	F8	Acute Medical Unit	12 beds, 10 trollies and 4 chairs	27.79	56.00%	44.00%	I/D	6	N/A	96.2%	122.9%	85.5%	138.6%	21.92%	6.08%	219	2.20	0.20	6.20%	N/A	28.20%	0	7	1
WSFT	CCS	Critical Care Services	9	51.53	96.14%	3.86%	N/A	1 -2	1 -2	99.8%	98.3%	N/A	N/A	1.58%	0.00%	93	-1.53	0.00	1.80%	22.54	20.60%	0	3	0
WSFT	Theatres	Theatres	8 theatres	88.38	74.00%	26.00%	N/A	1/3	(1/3)	95.8%	98.0%	N/A	N/A	1.78%	0.00%	326	-8.50	-0.40	5.40%	N/A	22.50%	0	0	N/A
WSFT	Recovery	Theatres	11 spaces	22.31	96.00%	4.00%	N/A	1 -2	1 -2	145.1%	85.6%	61.9%	N/A	1.05%	0.00%	9	0.00	-0.10	1.20%	N/A	20.70%	0	0	N/A
WSFT	Day Surgery Unit	Theatres	5 theatres, 1 treatment room, 25 trolley / bed spaces, 2 chairs, 5 consulting rooms and ETC	52.06	78.00%	22.00%	N/A	1 - 1.5	N/A	55.0%	N/A	91.5%	N/A	0.00%	0.00%	30	-0.70	-1.00	6.00%	N/A	24.40%	0	0	0
	Day Surgery Wards													10.36%	0.00%	5	0.00	0.10	1.40%		21.70%			
WSFT	CCU	Coronary Care Unit	7	21.47	83.47%	16.53%	13.32	2 - 3	2 - 3	88.2%	70.2%	75.3%	N/A	6.75%	0.00%	28	-1.60	-0.70	1.90%	10.84	18.20%	0	2	0
WSFT	G1	Palliative Care	11	33.08	74.37%	25.63%	18.32	4	6	84.6%	98.0%	104.0%	N/A	5.89%	0.27%	219	-2.25	0.60	3.40%	8.25	21.30%	2	4	0
WSFT	G3	Cardiology	31	41.59	55.76%	44.24%	45.57	6	10	88.3%	74.7%	79.0%	100.9%	12.84%	0.25%	147	-2.90	-6.06	4.20%	4.66	21.30%	0	2	2
WSFT	G4	Elderly Medicine	32	44.80	48.00%	52.00%	44.78	6	10	77.1%	75.7%	106.1%	95.6%	16.06%	0.42%	334	-3.15	-2.73	3.00%	5.65	26.20%	1	0	0
WSFT	G5	Elderly Medicine	33	42.22	51.00%	49.00%	50.52	6	11	80.3%	81.5%	91.4%	103.3%	8.89%	3.09%	185	-3.46	-0.74	9.80%	4.45	27.30%	0	3	2
WSFT	G8	Stroke	32	49.35	54.31%	45.69%	42.26	5	8	69.2%	84.2%	91.1%	101.0%	18.48%	7.58%	43	-8.35	-6.69	9.30%	5.29	22.40%	2	6	1
WSFT	F1	Paediatrics	15 - 20	26.31	68.64%	31.36%	N/A	6	9	74.4%	128.5%	125.8%	N/A	15.22%	0.00%	90	-3.85	2.50	3.80%	N/A	24.70%	N/A	2	N/A
WSFT	F3	Trauma and Orthopaedics	34	40.47	59.07%	40.93%	48.48	7	11	83.8%	96.6%	139.3%	107.6%	5.61%	2.05%	446	-3.20	-1.10	3.40%	5.19	21.40%	0	5	1
WSFT	F4	Trauma and Orthopaedics	32	24.37	56.54%	43.46%	21.71	8	16	104.5%	108.2%	79.6%	191.8%	17.99%	23.61%	19	-5.65	-2.20	7.00%	6.05	30.30%	0	0	0
WSFT	F5	General Surgery & ENT	33	35.49	63.71%	36.29%	40.19	7	11	93.6%	95.7%	98.5%	122.7%	8.98%	0.00%	54	-2.61	-0.37	1.30%	5.27	19.30%	0	1	1
WSFT	F6	General Surgery	33	35.70	58.77%	41.23%	47.91	7	11	82.1%	87.9%	98.1%	104.3%	3.27%	5.02%	479	-4.77	-1.60	8.40%	4.41	23.40%	0	1	2
WSFT	F9	Gastroenterology	33	42.63	52.34%	47.66%	48.16	7	11	73.3%	77.3%	83.7%	109.0%	12.38%	1.00%	342	-8.50	-1.80	7.90%	4.52	22.70%	0	3	3
WSFT	F10	Respiratory	25	40.75	56.58%	43.42%	40.62	6	6	96.2%	71.1%	78.0%	95.7%	14.68%	1.05%	220	-5.33	-2.20	11.40%	5.64	28.40%	4	4	1
WSFT	F11	Maternity	29	61.55	72.14%	27.86%	N/A	7.25	14.5	112.7%	93.6%	68.1%	54.2%	14.80%	0.00%	73	-3.90	-0.60	8.10%	N/A	24.30%	0	5	0
WSFT	MLBU	Midwifery Led Birthing Unit	5 rooms					1	1													0	0	0
WSFT	Labour Suite	Maternity	9 theatres, High dep. room, pool room, theatre					1 - 2	1 - 2													0	0	0
WSFT	F12	Infection Control	8	16.42	68.59%	31.41%	9.61	4	4	78.5%	81.2%	30.8%	82.2%	17.90%	0.67%	34	-3.86	0.10	5.40%	6.65	21.00%	0	0	0
WSFT	F14	Gynaecology	8	12.58	96.55%	3.45%	I/D	4	4	98.4%	98.9%	N/A	N/A	0.88%	0.00%	107	-0.70	-0.40	5.30%	N/A	20.20%	0	0	0
WSFT	MTU	Medical Treatment Unit	9 trollies and 8 chairs	9.00	80.00%	20.00%	N/A	5 - 8	N/A	90.1%	N/A	40.9%	N/A	0.00%	0.00%	9	-0.20	-0.80	3.50%	N/A	20.90%	0	2	0
WSFT	NNU	Neonatal	12 cots	24.24	85.14%	14.86%	N/A	2 - 4	2 - 4	106.9%	92.5%	29.4%	32.3%	1.65%	0.00%	51	-1.30	-1.40	4.50%	19.19	23.10%	N/A	1	N/A
Newmarket	Rosemary Ward	Step - down	16	25.98	47.81%	52.19%	N/A	8	8	98.8%	98.4%	93.6%	103.2%	5.79%	0.00%	228	0.00	0.00	6.57%	6.70	N/A	0	1	1
Glastonbury Court	Kings Suite	Medically Fit	20	27.66	51.00%	49.00%	N/A	6.6	10	99.3%	92.1%	86.1%	95.1%	8.31%	0.0%	96	-1.20	-0.60	2.30%	4.70	16.10%	0	0	0
										90.97% AVG	91.31% AVG	86.43% AVG	102.83% AVG	8.94% AVG	2.51% AVG	4814 TOTAL	-95.82 TOTAL	-37.90 TOTAL	5.22% AVG		22.87% AVG			

Trust	Team Name	Speciality	Current Funded Beds/Chairs Trolleys	Current Funded Establishment (WTE)	Current Funded Total Establishment Registered to Unregistered (%)		SCNT Establishment (WTE) (Feb 2017)	Number of patients per RN/Midwife (not including unit manager)		Patient facing contact (hrs)	Another method workload measurement to be determined	Bank staff use %	Agency staff use %	Overtime (Hrs)	Vacancies (WTE)		Sickness (%)	Overall Care Hours Per Patient Day (June 2017)	Unplanned requests	Pressure Ulcer Incidences (In our care)	Nursing/Midwifery Administrative Medication Errors	Missed visits
					Registered	Unregistered		Day	Night						Registered	Unregistered						
Community	Bury Town	Community Heath Team	No community equivalent	21.59	25.94%	74.06%	No equivalent tool for community nurses	No specific number		1492.18		We are unable to collect this information this month		To be confirmed if can measure	-2.60	-0.50	6.32%	No equivalent tool for community nurses	37	14	0	4
Community	Bury Rural	Community Heath Team		11.20	10.71%	89.29%				655.27					-0.24	0.00	4.40%		22	0	1	0
Community	Mildenhall & Brandon	Community Heath Team		14.50	10.71%	89.29%				883.22					-0.50	0.18	4.16%		21	0	0	2
Community	Newmarket	Community Heath Team		11.25	28.00%	72.00%				569.33					-0.04	-0.60	0.61%		8	2	0	0
Community	Sudbury	Community Heath Team		26.52	30.77%	69.23%				1244.60					-3.80	-1.00	2.60%		34	1	0	5
Community	Haverhill	Community Heath Team		13.20	32.05%	67.95%				799.55					-2.50	0.00	14.19%		17	2	0	4
Community	Admission Prevention Service	Specialist Services		13.73	25.13%	74.87%				179.62					-2.95	-0.60	3.05%		0	0	0	0
Community	Community Matrons	Complex needs		2.60	100.00%	0.00%				139.83					0.00	0.00	0.00%		0	0	0	0
Community	Children	Community Paediatrics		33.83	50.22%	49.78%				1289.00					-0.80	-2.44	9.20%		0	N/A	0	0

Target - 3.5%

Trust standard is 20%

Explanations

WSFT have some significant environmental layout challenges and additional activity that are not reflected in the SNCT(F14/G1/G8/F12/CCU/NCH)
Some units do not use electronic rostering therefore there is no data for those units
In vacancy column: - means vacancy and + means overestablished. This month refer to report however
Roster effectiveness is a sum of Sickness, Annual leave and Study Leave
DSU has been split into ward and unit only by HR, that is why only a section has been split in this dashboard

G9 - fill rate is not accurate and thus will not be submitting.

Key	
N/A	Not applicable
ETC	Eye Treatment Centre
I/D	Inappropriate data

ETC had no recorded nurse sensitive indicators. G9 had three falls with harm in Mar

14. Guardian of Safe Working report

To ACCEPT the quarterly report

Presented by Nick Jenkins

Trust Open Board Report – 27 April 2018

Agenda item:	14			
Presented by:	Nick Jenkins, Executive Medical Director			
Prepared by:	Sarah Gull, Guardian of Safe Working Hours (resigned from role on 31st March 2018)			
Date prepared:	March 2018			
Subject:	Guardian of safe working report			
Purpose:	X	For information		For approval

Executive summary:

This is the fifth report produced since the introduction of the 2016 Terms and Conditions of Service (TCS) for Doctor and Dentists in Training by NHS Employers. Full details of this contract are to be found here: http://www.nhsemployers.org/your-workforce/need-to-know/junior-doctors-2016-contract

The report is compiled by the Guardian of Safe Working Hours (GOSW), a role appointed as part of the new contract. The purpose of the report is to provide evidence of safe rostering and compliance with the TCS, to highlight any difficulties which have arisen, and to explain how they are being addressed. A system of Exception Reporting is in place, which replaces monitoring of working hours. This is done using Allocate software, a system already in place at West Suffolk, but extended for this purpose. This report covers the three month period (1st January 2018 to 31st March 2018 inclusive) to fall into line with the calendar year.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
		X	

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	X	X			X		X

Previously considered by:	-
Risk and assurance:	-
Legislation, regulatory, equality, diversity and dignity implications	-
Recommendation: *To accept report*	

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

1st January 2018 – 31st March 2018

Executive summary

Introduction

This is the first report of the year, and fifth report produced since the introduction of the 2016 Terms and Conditions of Service (TCS) for Doctor and Dentists in Training by NHS Employers. Full details of this contract are to be found here: http://www.nhsemployers.org/your-workforce/need-to-know/junior-doctors-2016-contract

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The report is also informed by the monthly Junior Doctors' Forum. This meeting is held in two parts: The first is an open (un-minuted) forum for all junior doctors; the second is chaired by the GOSW and includes Junior Doctor representatives, including the mess president, chief resident and BMA representatives, and also the Director of Education, The Director of the Foundation Programme, members of HR, rota co-ordinators, and BMA advisors. This meeting is minuted.

All trainees taking up appointments are on the New Contract. It should be noted that a further 49 doctors working in Trust grade positions are on contracts that mirror the new Contract. There are currently just 3 trainees left on the old contract whom are on maternity leave.

Summary data

Number of doctors / dentists in training (total):	136
Number of doctors / dentists in training on 2016 TCS (total):	136 (includes p/t trainees)
Amount of time available in job plan for guardian to do the role:	1 PAs / 4 hours per week
Admin support provided to the guardian (if any):	0.5WTE
Amount of job-planned time for educational supervisors:	0.125 PAs per trainee[1]
Amount of job-planned time for Clinical Supervisors:	0, included in 1.5 SPA time[1]

a) Exception reports (with regard to working hours)

The purpose of exception reporting is to ensure prompt resolution and/or remedial action to ensure that safe working hours are maintained. If there are consistent problems a work schedule review should be carried out. A process is in place on Allocate for the Junior Doctors to fill in the report, which at present requires permission from a consultant and a narrative of the situation which led to exceeding the contractual obligation. Details are sent to the Guardian and Clinical /Educational Supervisor.

Patterns are now developing which have prompted reflection on working practice within some departments and highlight difficulties which are discussed below.

Exception Reports by DEPARTMENT

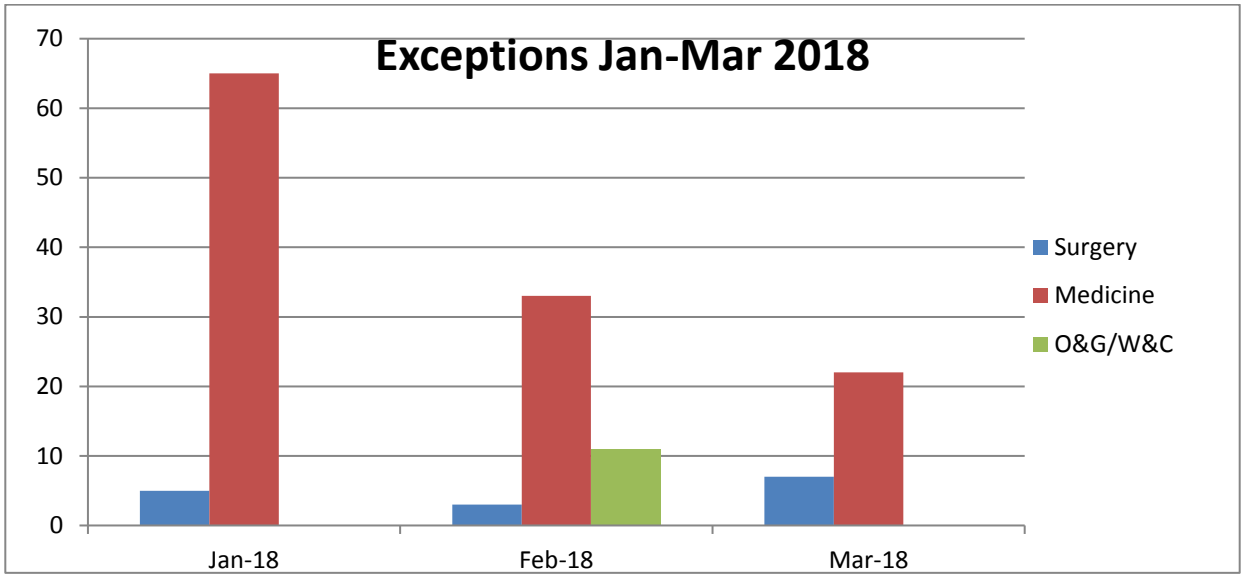
Specialty	No. exceptions carried over from before 31 Dec 17	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Surgery	0	15	13	2
Medicine	10	120	116	4
Woman & Child/Paeds	0	11	9	2
Clinical Support	0	0	0	0
Total	10	146	138	8

Exception reports by ROTA & GRADE

Specialty		Exceptions carried over from before 31 Dec 17	Exceptions raised	Exceptions closed	Exceptions outstanding
General Surgery	F1	0	2	2	0
	F2/CT/ST3	0	13	11	2
General Medicine	F1	7	85	84	1
	F2	1	11	9	2
	CMT/ACCS	2	24	23	1
Woman & Child	F1	0	0	0	0
	F2	0	0	0	0
	ST3	0	11	9	2
Total		10	146	138	8

Exception reports – RESPONSE TIME

	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days
Surgery	4	3	8
Medicine	25	75	20
Woman & Child	1	8	2
Total	30	86	30



b) Work schedule reviews check last review

Work schedule reviews for individuals may be requested by either the doctor, or the education/clinical supervisor, service manager or guardian in writing. None have been carried out in this period.
Any future reviews will be presented thus:

Work schedule reviews by department	
Surgical	0
Medical	0
Woman & Child	0
Clinical Support	0

Work schedule reviews by grade	
F1	0
F2	0
T3+	0

Locum Bookings : 1st January - 31st March 2018

TABLE 1 : Shifts requested between 1st January - 31st March 2018 by 'reason requested'

Department	Extra/Rota Compliance/ Induction Cover	Leave (ie Annual/Study/ Interview)	Maternity Leave	Sickness/ Reduced Duties	Vacancy	Grand Total
A&E	23	72		14	188	297
Anaesthetics				1	16	17
Dermatology					10	10
General Surgery	8	1		1	33	43
ITU					6	6
Medicine	138	25	18	40	46	267
O&G				2	58	60
Ophthalmology					18	18
Paediatrics				3		3
T&O	6	1		5	12	24
Grand Total	**175**	**99**	**18**	**66**	**387**	**745**

TABLE 2 : Shifts requested between 1st January – 31st March 2018 by 'Agency / In house fill'

Department	IDM	Inter act	Locum People	National Locums	NC Health care	NHS	Per temps	Pro Med	RM Medics	Unfilled Shift	Grand Total
A&E	12	1	20		1	150	3	12		98	297
Anaesthetics						17					17
Dermatology						10					10
General Surgery				5		25				13	43
ITU						6					6
Medicine					9	153			8	97	267
O&G						59				1	60
Ophthalmology						18					18
Paediatrics						2				1	3
T&O						21				3	24
Grand Total	**12**	**1**	**20**	**5**	**10**	**461**	**3**	**12**	**8**	**213**	**745**

TABLE 3 : Shifts requested between 1st January – 31st March 2018 filled 'In house only by grade'

Department	F1	F2/ST	SAS	ST3/4+	Grand Total
A&E		74		223	297
Anaesthetics		2		15	17
Dermatology			10		10
General Surgery	1	32		10	43
ITU				6	6
Medicine	7	235		25	267
O&G				60	60
Ophthalmology				18	18
Paediatrics		2		1	3
T&O		21		3	24
Grand Total	**8**	**366**	**10**	**361**	**745**

Vacancies - HR have provided details of current vacancies:

Department	Grade	Jan 18	Feb 18	Mar 18
A&E	CF (ST3+)	2	3	4
	GP	2	1	0
	ACCS	1	0	0
Anaesthetics	ST3+	1.5	1.5	1.5
	ACCS/CT	0.5	1.5	1.5
Surgery*	TD (F2)	1	0	0
Medicine	CT	1	0	0
	ST3+	1	1	1
	CF (ST1)	1	0	0
Obs & Gynae	ST3+	2	2	2
Ophthalmology	ST3+	1	1	1
Total		**14**	**11**	**11**

*2 new posts were created in General Surgery for Trust Doctor (F2 Level) to help support the rota.

**Rota adjusted ahead of vacancy to reflect training numbers

c) **Fines**

There is a system of financial penalty now in place where exception reporting demonstrates the following:

-a breach of the 48-hour average working week across the reference period agreed for that placement in the work schedule

-a breach in the maximum 72-hour limit in any seven days

- the mimimum 11 hours rest requirement between shifts has been reduced to fewer than 8 hours.

This quarter there were four instances where a fine has been made, all in the department of medicine. This information has been fed back to the Medical Directorate.

Doctors	Ward	Date Range (Occurrence)	Breach details	Notes	Total hourly figure (x4) (cost to the Trust)	Hourly Penalty rate paid to doctor	Amount already paid	Amount remaining to Dr	Amount to Guardian fund
Doctor A	F9	2/1/18 - 8/2/18	48 hrs	average 48.08 over this period (25.5 hrs inc 2 @ night rate)	1339.56	613.23	334.82	278.41	726.33
Doctor B	G5	8/12/17 - 20/2/18	48 hrs	average 48.50 over this period (30.75 hrs)	1569.78	718.63	392.37	326.26	851.15
Doctor C	F10	8/12/17 - 01/02/18	48 hrs	average 48.12 over this period (25.45 hrs)	1299.22	594.77	327.74	267.03	704.45
Doctor D	F10	11/12/17 - 23/2/18	48 hrs	average 48.67 over this period (33.25 hrs)	1697.41	777.05	424.27	352.78	920.36

Matters arising

Exception Reporting

There has been a substantial increase in Exception Reporting over the past three months, particularly in January, which was an exceptionally busy time for the Trust. However there remains a view that the figures under-represent the true picture. Possible causes of this include:

- a perception that the process of ER is cumbersome to complete

-reluctance on the part of the JD to bother the consultant on-call/ward consultant for permission

- discouragement from some consultants

The Guardian has tried to address these issues by writing to all the consultants to encourage reporting where it is actually necessary, but more importantly to ensure safe working practice within departments to ensure that JDs are not required to work beyond contracted hours. She has also written to all Junior staff to encourage them to overcome their hesitancy, for whilst we would wish to have a low level of Exception Reporting this should be for the right reasons, i.e because it is not necessary. She has spoken to individual consultants within Surgery and Acute Medicine to encourage support.

Concern remains from Junior Doctor reps that the need to gain permission from a consultant is acting as a deterrent. However, this should provide an opportunity for the consultant involved to resolve the issue. It has been suggested that Exception Reporting should be a routine topic for discussion with Educational Supervisors

Patterns of Reporting. During this three month period once again the majority of ERs have come from Medicine. It is clear that the JDs involved have a heavy workload and are doing their best to manage the patients safely. Narrative reports, which accompany the ER highlight a number of issues, which may involve other staff groups, including the nursing staff being understaffed, or consultants being away. There are references to ward rounds extending late in the afternoons, which then generates more ward work, and a need for family discussions, particularly around care of the dying.

Almost exclusively, ERs have been the F1/F2 doctors, rather than specialty trainees.

It may be significant that there are fewer ERs from surgical specialties since the introduction of ward-based working for F1 doctors. However, concern has been expressed this leads to a loss of training opportunities beyond the ward (in theatres or clinics), which should be addressed in Work Schedules.

Fines. There has been a noticeable increase in fines which reflect the increased number of Exceptions Reports. All these have come from Medicine. This has been reflected back to their Clinical Director

Other ways of working. Use of non-medical staff, such as Clinical Skill Practitioners and Physician Assistants is generally welcomed. Two surgical CSP posts have been agreed. There may also be ways of streamlining work processes, which could reduce the workload on Junior Doctors safely: a member of the e-care team has been attending the early part of the JD Forum.

Locums. The two biggest areas where locum support has been required are A&E, and Medicine. In both specialties this is due to a combination of vacancies, rota gaps, and leave arrangements. 717/765 shifts were filled with NHS staff “in-house”. Could this be addressed through other ways of working? I wonder, for example, if there might be ways of reducing duplication of effort for admissions via A&E to Acute Medicine. The Guardian will explore this further with the consultants involved.

Rest rooms for Doctors at night. Availability of a quiet area for doctors to rest and eat during the night have been recommended. This has been arranged in the F5/6 corridor for surgery but remains unresolved for medicine and T&A

Unreasonable Workload and Unsafe Working. There have been occasions reported where Junior Doctors have been asked to carry more than one bleep. The Guardian has written to all departments and junior doctors advising against this. A Datix system has been set up whereby a Doctor can report unsafe staffing to the Guardian in addition to Exception Reporting. To date this has not been used.

Appendices

HEEoE require that 0.25 PA is paid per trainee in a numbered post for Educational Supervision and also to Named Clinical Supervisors. This is a requirement on all trusts in the region with trainees and was set as a requirement in the Trust’s Action Plan following our Quality and Performance Review visit last June.

15. Voluntary services report

To RECEIVE the report

Presented by Jan Bloomfield

Trust Open Board – 27th April 2018

Agenda item:	15			
Presented by:	Jan Bloomfield, Executive Director of Workforce & Communications			
Prepared by:	Ian McKee, Volunteer Services Manager; and Sinead Collins, Clinical Business Manager			
Date prepared:	13th April 2018			
Subject:	Volunteer Services Update report			
Purpose:	x	For information		For approval

Executive summary:

This paper aims to give you an understanding of Voluntary Services in three main areas:

- Who the staff are and what their current roles
- Current areas of work
- Future planning

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X	**X**	**X**

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	X	X	X	X	X	X	X

Previously considered by:	-
Risk and assurance:	-
Legislation, regulatory, equality, diversity and dignity implications	-

Recommendation:
This paper is to provide board of an overview of the current situation in Volunteer Services

Who the staff are and what are their current roles

The voluntary services team has recently been included in an article in the Green sheet. Outlined below is a shortened version of the information included in that article.

Voluntary Services Manager
Ian McKee, who has previously worked in multiple charities across the UK including Parkinson's UK, joined the Trust as voluntary services manager in November 2017. His role involves coordinating the voluntary services team, promoting voluntary services both inside and outside the hospital, and ensuring the management of volunteers within their roles to help them add value to patients' experience.

Volunteer Coordinator (hospital)
Val Dutton has worked for the NHS for 41 years overall, and began working at the West Suffolk NHS Foundation Trust for the first time in 2000. She joined the voluntary services team in 2012, is responsible for the coordination of the student programme, alongside the recruitment and training of all volunteers.

Volunteer Coordinator (community)
Michelle Boor joined the Trust in December 2017 having worked for many years with vulnerable people in the community. With the Trust being one of the 12 acute NHS hospital trusts working with the national HelpForce scheme, Michelle is coordinating the development of hospital volunteer roles to meet the needs of the community that the Trust serves.

Administrator
Ros Burrows started working for the Trust in the finance department in 2000, and joined voluntary services in 2005. A few of her main duties include processing the paperwork that is required to enrol volunteers, supporting volunteers on the information desk and organising the rota for relevant volunteer roles.

Current areas of work

General Volunteering
This year in terms of the number of volunteers and the number of added value hours they delivered will be at the same level as last year, which was 420+ volunteers and 47,000 hours. The service is aiming to increase the number of volunteers and hours delivered but not at the expense of the quality service that West Suffolk currently deliver. The level has stayed the same due to the steady recruitment and volunteers moving on, whether it be due to moving from the area or being too much

Voluntary Services have been developing new opportunities over the last year these include the continued development of the Ward Companion role (End of Life) with the Palliative Care team. New opportunities have been developed where volunteers with additional needs from West Suffolk College have been working with the estates team on gardening in the car park areas, and due to the success this will continue. The Maternity Service have engaged to have volunteers help in ward area but also with peer support for the breast feeding program, which has been successful in other hospitals.

Volunteer Roles
The current list of roles West Suffolk have for volunteers is available on the hospital website but are always welcome to new ideas. The roles and descriptions are:

Bleep Volunteers
Bleep volunteers carry a bleep which staff can call to make a request for an ad hoc errand. This role enhances our patients stay in hospital and helps staff with incidental errands.

Chaplaincy and Pastoral Care
Volunteers assist our Chaplains to provide an ecumenical Chaplaincy Service undertaking a variety of roles in the department.
Volunteers also kindly assist with flower arranging for Sunday services and special occasions.

Children – Rainbow Unit
Volunteers help nursing staff, the hospital play specialist and clinic staff at varying times.

Community Volunteer Roles
Supporting patients around discharge back into the community there will be new opportunities developing within this project.

Day Treatment Units
Volunteers provide non-nursing assistance to patients attending for a medical or surgical procedure in our day treatment units.

Emergency Department
Volunteers help and support staff in our busy Emergency department, helping to make patients and their relatives visit as comfortable and stress free as possible.

Endoscopy Unit
Volunteers provide support to patients and staff in the Endoscopy unit.

Eye Treatment Centre – Various opportunities including:
Various opportunities for volunteers who provide support to patients undergoing cataract eye surgery as a befriender/handholder and welcome patients into the centre. In addition volunteers support patients and staff in the Eye clinics.

Friends of the West Suffolk Hospital Shop and Trolley Service
The Friends of West Suffolk Hospital support the hospital through fundraising from subscriptions, donations and legacies including funds raised by Volunteers in the Friends Shop and Trolley Service. The Friends Shop provides shopping facilities in the main entrance and a trolley service to wards - proceeds from which are ‘gifted’ back to our hospital.

Gardening
Volunteers help to maintain our beautiful hospital courtyard gardens which enhance the hospital environment and are enjoyed by patients, staff and visitors. (This role is also available at Newmarket Community Hospital.)

Macmillan Unit and Macmillan Information Centre
Volunteers support patients and assist staff with non-nursing duties on our Oncology Ward.
Volunteers also welcome people into the Information Centre and ensure that those affected by cancer can access to the information they require.

Newmarket Community Hospital
Volunteers support patients and assist staff with non-nursing duties in Outpatient areas, on Rosemary Ward, in Courtyard Gardens and with Patient Activities at Newmarket Community Hospital.

Outpatients Areas - (eg Breast Care, Fracture & Orthopaedic Clinic, Pathology, Preadmission Unit, Radiology)
Volunteers offer a welcoming aspect to patients awaiting clinic appointments and support staff by running errands and escorting patients to other departments as required.

Paintings in Hospital (East)
Volunteers help to curate the artwork display and assist the PiH Regional Coordinator with artwork handling of the collection.

Patient Activities
Volunteers take identified patients from the ward in a wheelchair for a short walk along our Memory Walk corridors and other social activities with patients to stimulate interest, interaction and reminiscence in order to relieve anxiety and boredom and enhance their experience in hospital. (This role is also available at Newmarket Community Hospital and WSH at Glastonbury Court).

Patient Experience Surveys
The Trust values the feedback it receives from our patients on how they feel about the quality of the care they receive. Volunteers assist patients on wards and in clinical areas to complete these very important patient surveys.

Wards
This is an important role for Volunteers who spend time with patients, talking, listening, tidying, shopping and also providing non-nursing help and support to staff and helping with mealtimes. (This role is also available at Newmarket Community Hospital and WSH at Glastonbury Court).

Wards – Feeding Patients at mealtimes
Volunteers can also undertake specific training in feeding patients to further support ward staff and patients who require this extra help.

Welcoming and Information Service
Coming into hospital can be daunting and this key volunteer role on the Information Desk provides a friendly welcome, information and an escort service to patients and visitors arriving at the hospital who require assistance.

West Suffolk Hospital at Glastonbury Court
Volunteers are welcome to support WSH staff and our patients at Glastonbury Court, both at mealtimes and with patient activities in the lounge.

There is also an End of Life role, where volunteers offer company, compassionate listening and comfort to patients who are near the end of their lives. This role is not openly advertised on the website but raised in the interview process if the prospective volunteer is deemed suitable.

Survey of Volunteer Services
For the first time, Voluntary Services completed two surveys. One survey was directed to volunteer's to attain their opinions on their experience of volunteer and any feedback. The other survey was focussed on staff and enquiring about their experiences with the volunteers in their areas. A respectable number of surveys were completed and the results can be found in Appendix A and B, respectively.

Both surveys had numerous comments, most describing positive experiences but some did highlight areas the Volunteer Services can improve on. Below is couple of quotes from each survey

Volunteer Survey

"Increases my feelings of self-worth enjoy the team member feeling. Patients consultants and nursing staff always give thanks for my contribution"

*"Volunteers on **** ward should be included in all volunteering events. Mandatory training is not relevant to the ****ward*

Staff Survey

"We truly appreciate all the hard work put in by the volunteers and value them as members of staff"

"My experience of volunteers is very positive, they are always helpful, reliable and friendly. When we do not have a volunteer in the department it is very noticeable as we rely on them to achieve patient flow through the department"

The rest of the comments from the staff surveys will be available soon. Overall it has been a worthwhile exercise and will be repeated next year.

The Student Programme
The Student Programme for this year has again proved popular. The students find their experience invaluable to help them determine if they want to have a career in healthcare and in return it help us as a trust invest in the workforce for the future. Due to the demand of the other volunteer roles, this programme will be focus for next financial year and aim to work other local trusts

The stats for this financial year, April 2017 – March 2018.
Student volunteers: Total of 12 student volunteers (8 female and 4 male)
Clinical Shadowing students: Total of 93 students (69 female and 24 male, age range 16-25 yrs.)
Work experience students: Total of 4 students (4 male, age range 15-16 yrs.)

HelpForce
HelpForce aims to build on Nesta's 'Helping in Hospitals' and 'Winter Pressures Fund' programmes to deliver a national programme that will transform volunteering across the NHS and provide a sustainable and proven model which can be adopted across the UK. This update is following on from the Trust Board paper dated 27th October 2017.

The **launch** of HelpForce at WSFT and the joint venture with the community occurred on 22nd February 2018. This had a great turnout and initiated the conversation with local stakeholders including statutory bodies and the voluntary community sector. The event provoked important discussions in regards to sharing information but also developing the community based volunteer role, which have been followed up by the Volunteer Coordinator (community) and the Voluntary Services Manager.

Roles being tested
These roles have altered and devolved since the last report due to future discussion with appropriate teams and determining what is possible. These roles are designed to improve the patient experience of those transitioning from hospital and to having more support in their local community. The volunteers in these roles will be helping provide that integrated approach which is in line with the Trusts vision.

The **discharge befriending volunteer role,** started 23rd February 2018, with it promoted on social media. Volunteer's in the Discharge Waiting Area (DWA) support the nursing team by providing companionship to patients whilst they waiting to leave hospital. The aim of this role is to help reduce the fear and anxiety that patients may experience when leaving hospital. By having a conversation with a patient can enable them to feel more confident and prepared for a smooth discharge out of the hospital to their home environment. It is currently being covered on Mondays and Fridays, due to these being day's high discharge but do plan to increase this to cover the working week. Issues the trust have had with this role is the location of DWA, as by changing the location to the committee room has reduced the amount of patients using it (stricter criteria), and has led to volunteers being asked to leave or not having anything to do.

The **transport volunteer role,** has volunteers offering companionship to patients when discharged from hospital to ensure they have a smooth patient pathway experience on leaving the hospital returning to their current residential location. Volunteers will be working in pairs to support patients in a taxi home and being able to offer support to the patient when they get home, such as carry their hospital bag and ensure they have something to eat and drink before leaving via a 'welcome home pack'. The volunteers will return back to the hospital via a waiting taxi. The role was planned to start in early May and the team had been meeting with the relevant people in the trust to develop a clear role description these meetings however have raised issues that need addressing

before the role could start successfully. Therefore the proposed date of early May will need to be adjusted. The 'welcome home packs' are being developed with EIT and My Wish Charity.

The **community based volunteering role**. This role is being developed following on from our launch event on 22nd February and the service is now meeting with a smaller working group to define the role description. This will include providing personal and community resilience (*'Def:the capacity of an individual or community to withstand and recover from adverse change)* to enable the individual to access the support that is available in their local community. They will be working as 'community connectors' alongside 'CONNECT' teams based in West Suffolk.

Future development of the interventions aims to support patient and help prevent readmission to the hospital.

Further information
Voluntary services are in regular contact with HelpForce (once a week) who support us with any issues and is a time the trust updates them on our current progress. There are also monthly conference calls with all pilot trusts, where an update on current position is given and is steered by Paddy Hanrahan, Managing Director of HelpForce

Insight and Impact analysis is being completed by each pilot trust so hence once the pilot is complete then the good practice can be shared and replicated in other NHS trusts. This is in line with HelpForce's Insight & Impact Framework.

Volunteer Services are also working with HelpForce to develop a training certification for volunteers which can be transferred between trusts and other volunteer services (Volunteer Passport).

The trust attended the first ever HelpForce Learning Network event in March, will allow HelpForce, the NHS trusts, and the voluntary sector partners to work more closely together structured through events and peer-to-peer learning. Exploring how the company enable greater sharing of good practice and innovation between organisations, and solve problems together.

Sir Tom Hughes-Hallet and Neil Churchill, Director for Experience, Participation and Equalities at NHS England, will be visiting the hospital on the 15th May 2018 to look at various aspects of how WSFT engage with volunteers here in the trust.

Future planning

Over the next year, Voluntary Services will continue being a pilot trust for the national initiative, HelpForce. This involves delivering: the discharge befriending role; the community transport role; and the community based volunteer role.

Other opportunities include:

- Continue to develop an impact analysis process for our volunteer services with the help of HelpForce, as this will help make our service as effective and enjoyable as possible. This includes performing surveys.
- Upgrade the existing volunteer database to an improved electronic format, which has been recommended by HelpForce, and generally improve our electronic communications. This includes using Twitter and improving our promotion on local volunteering websites
- To continue the recent work with the communications team to promote the change in the team and help promote positive volunteer stories to the staff / volunteers and outside audiences
- To cover the annual event for volunteers, which will be held on June 13th 2018 at Moreton Hall which recognises our volunteers' contribution to the patient experience but also recognises long service for some of our volunteers.

- Work to improve our student work experience across the county and work with other local trusts
- Continue our recruitment process of visiting local schools, word of mouth or attend stand events

Volunteer Services are aiming to make sure continued support of our existing hospital volunteers to enable them to continue to deliver their roles effectively. To positively integrate any newly recruited volunteers who want to get involved in either the hospital setting or new community volunteer roles, to enable them to add value to the services delivered.

What do you think about your Volunteering?

Friday 06th April 2018

Survey Results

Introduction

- This survey was asking you the volunteers about your experience with us here at the hospital

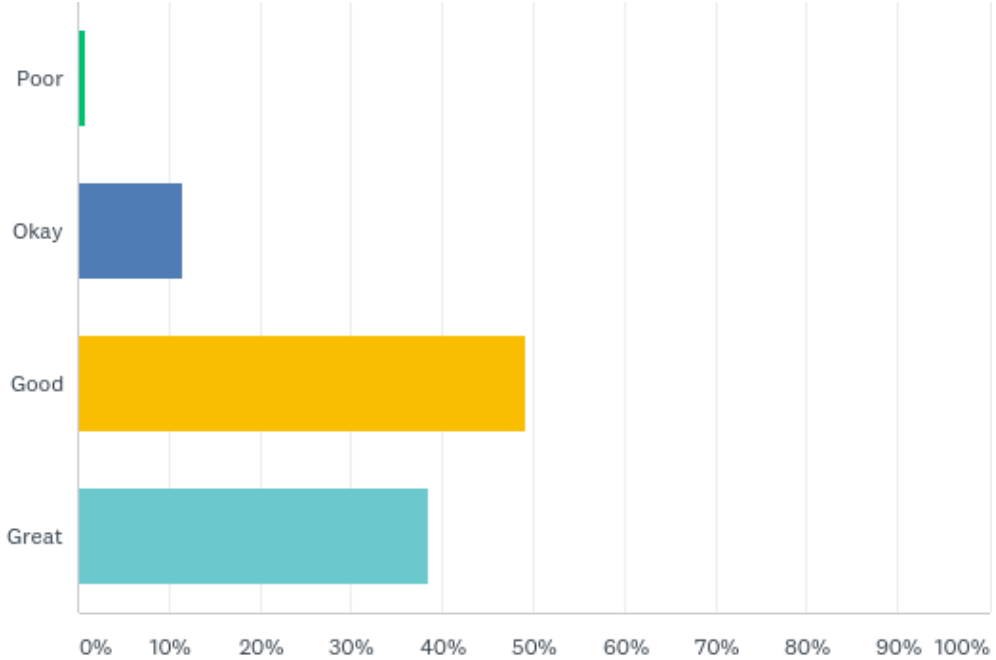
- The survey was taken in March this year 2018 and will be repeated in 2019

Total Responses

114 volunteers responded

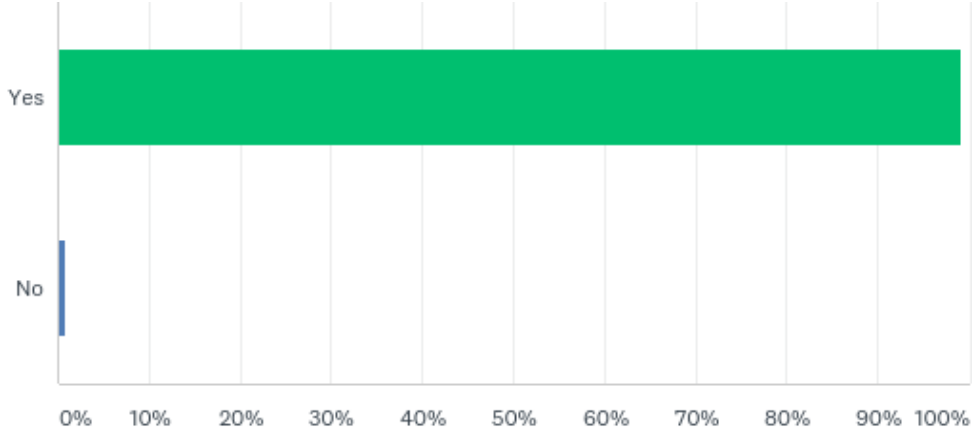
Q3: How did you find the recruitment process to Volunteer?

Answered: 114 Skipped: 0



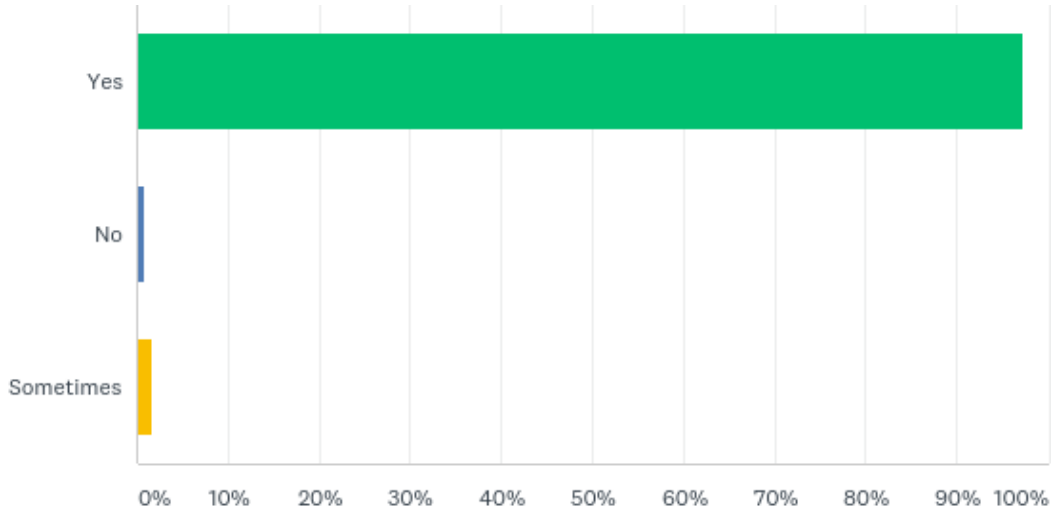
Q4: Are you clear what is expected of you in your Volunteering role?

Answered: 114 Skipped: 0



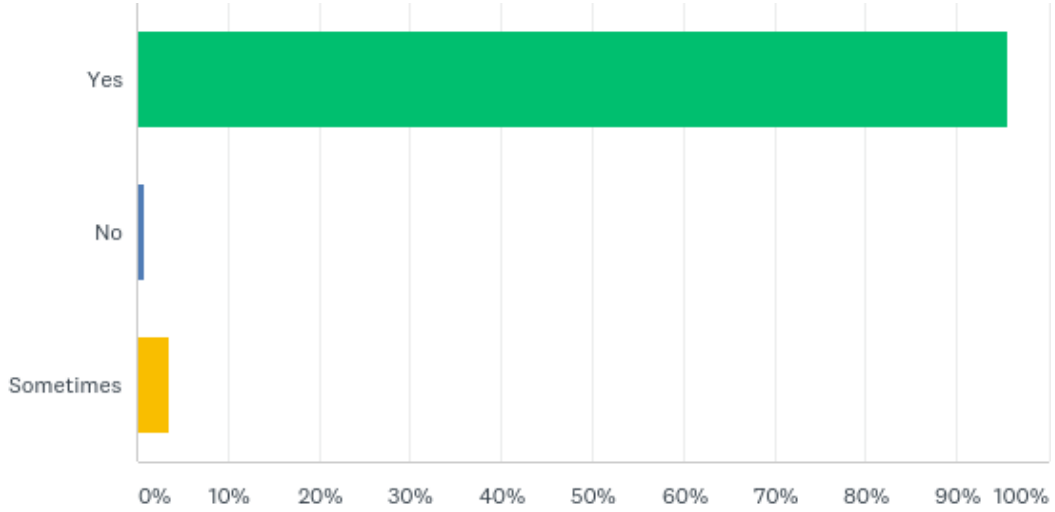
Q5: Do you feel the Voluntary Services team are easy to approach and flexible if you need to speak to them?

Answered: 114 Skipped: 0



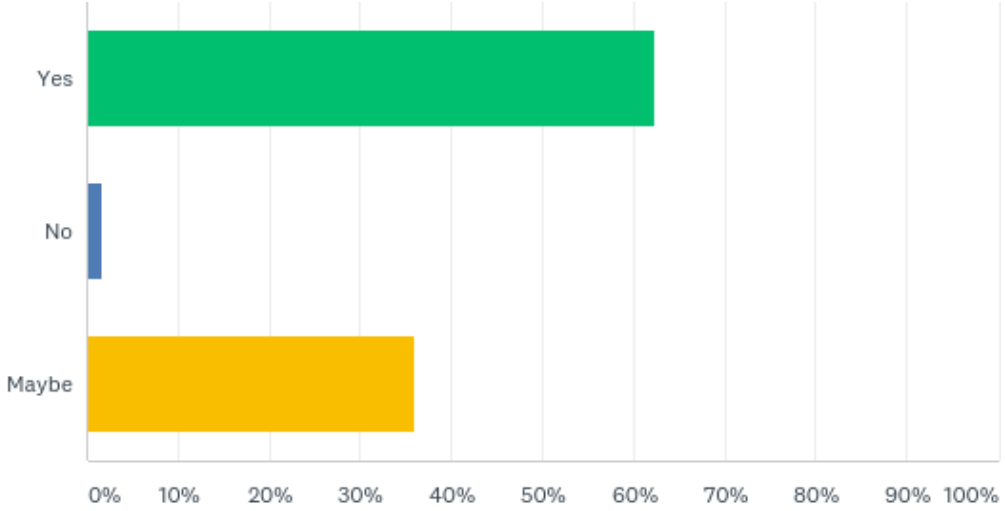
Q6: Do you feel well supported by Staff on the ward/department where you Volunteer?

Answered: 114 Skipped: 0



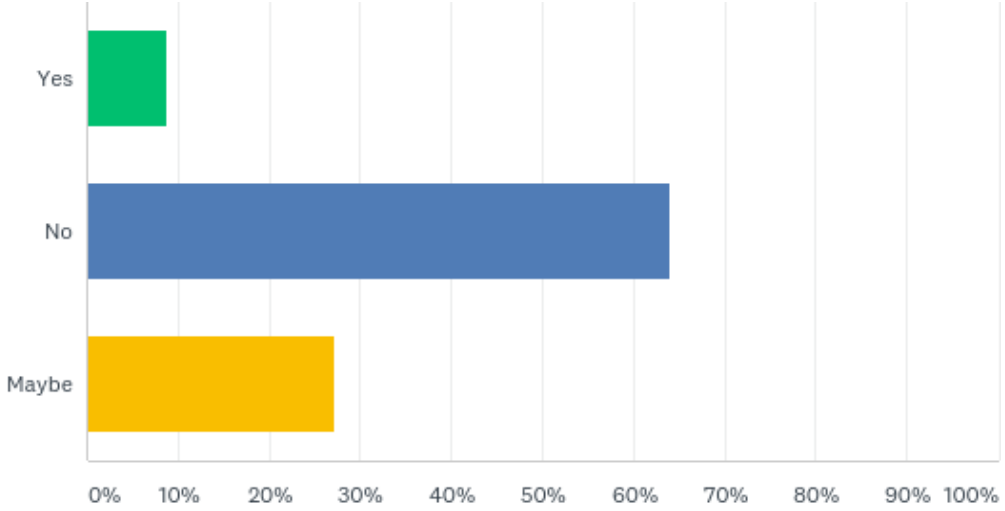
Q7: Do you think that Volunteer roles created to support with Patient discharge would be valuable to settle Patients back into the community?

Answered: 114 Skipped: 0



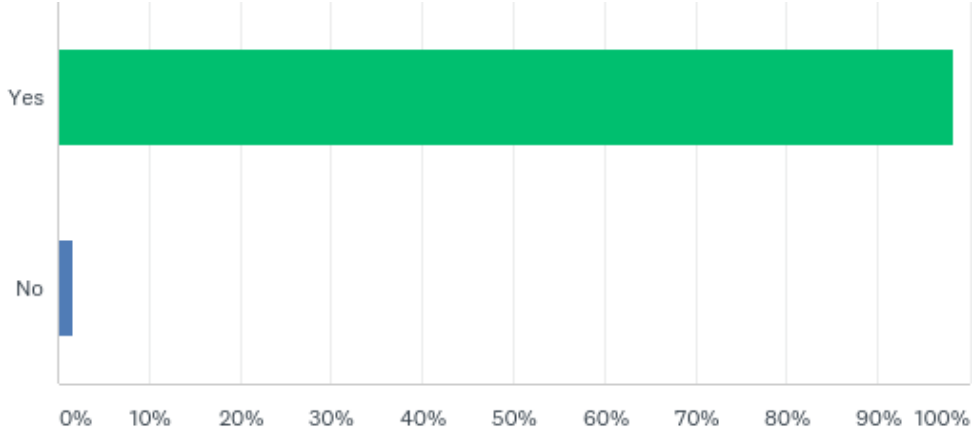
Q8: Would you be intersested in new Volunteer roles in the community?

Answered: 114 Skipped: 0



Q9: Do you feel Volunteering has had a positive effect on your wellbeing?

Answered: 114 Skipped: 0



Quotes from you our volunteers

- Increases my feelings of self worth enjoy the team member feeling. patients consultants and nursing staff always give thanks for my contribution
- Feel privileged to be involved at West Suffolk Hospital
- Proud to be part of a committed energetic team
- It's great to be able to give something back to the hospital for the care we have received

Things you said that may need to change

- Pity it is so long between applying and working
- Wouldn't mind doing more hours
- Monthly or weekly updates as to what's going on in the hospital
- Volunteers on rainbow ward should be included in all volunteering events. Mandatory training is not relevant to the rainbow ward

Conclusion and Thank you

Overall you our volunteers gave us some good feedback on your volunteering roles with us here in the hospital. We will be looking to address the issues you raised with us so we can make your volunteering experience even better!

A big **THANK YOU!** to all of you for all you contribute to making our patients time here at the hospital even better. You are Appreciated

How Do Our Volunteers Do?

Thursday, March 29, 2018

70

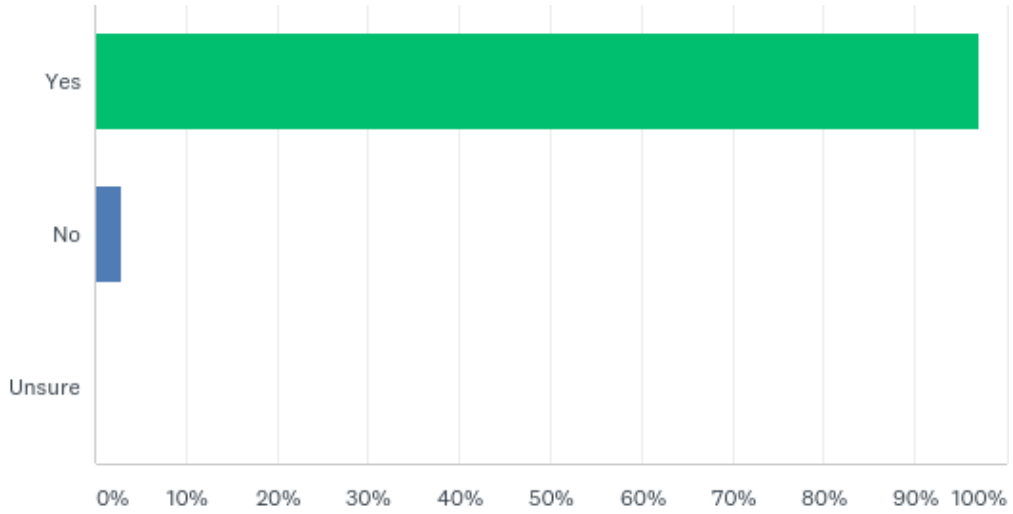
Total Responses

Date Created: Tuesday, January 23, 2018

Complete Responses: 70

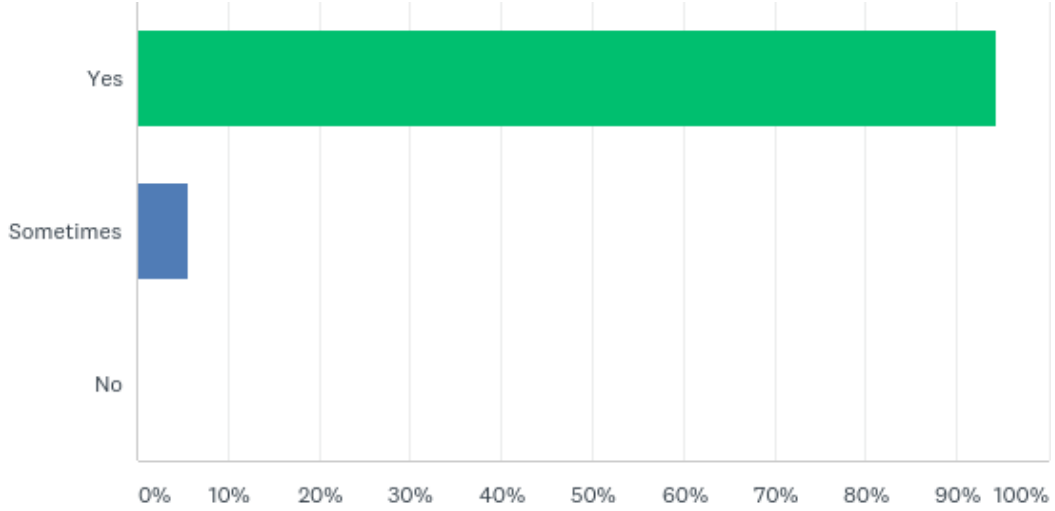
Q1: Do you have a Volunteer in the area you work in the Hospital?

Answered: 69 Skipped: 1



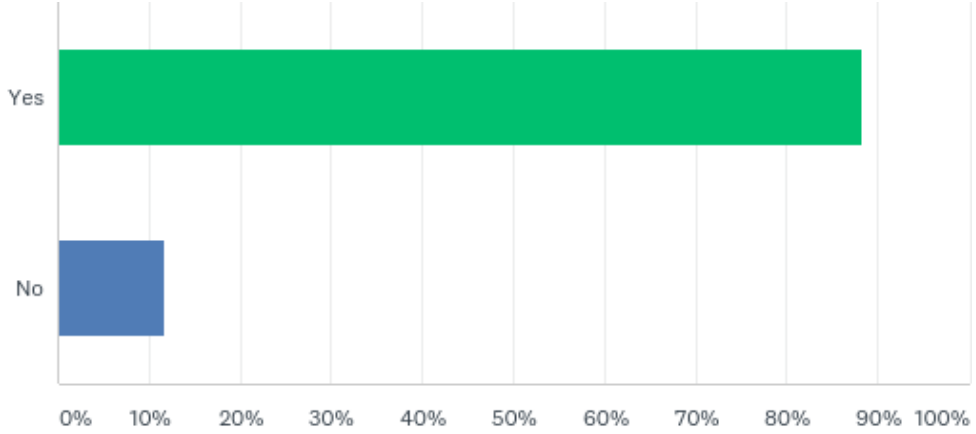
Q2: Do you find it beneficial to have Volunteers working alongside Staff and Patients?

Answered: 70 Skipped: 0



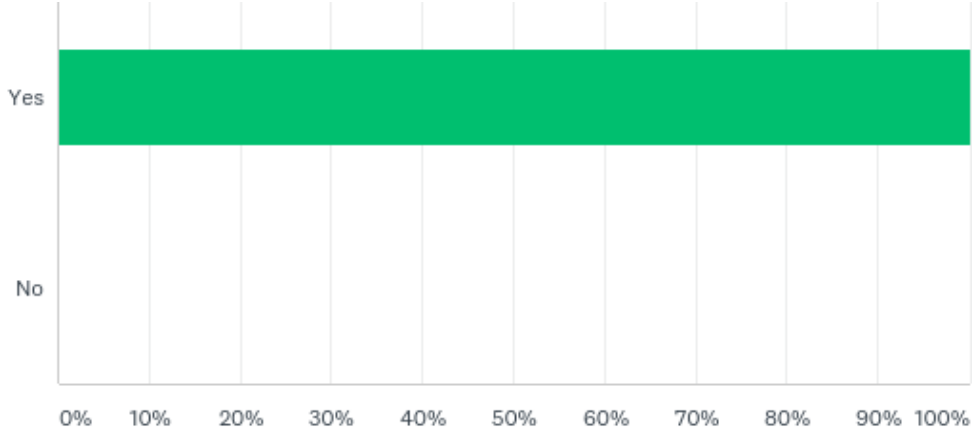
Q3: Are you clear of the Volunteers roles and duties in your area?

Answered: 68 Skipped: 2



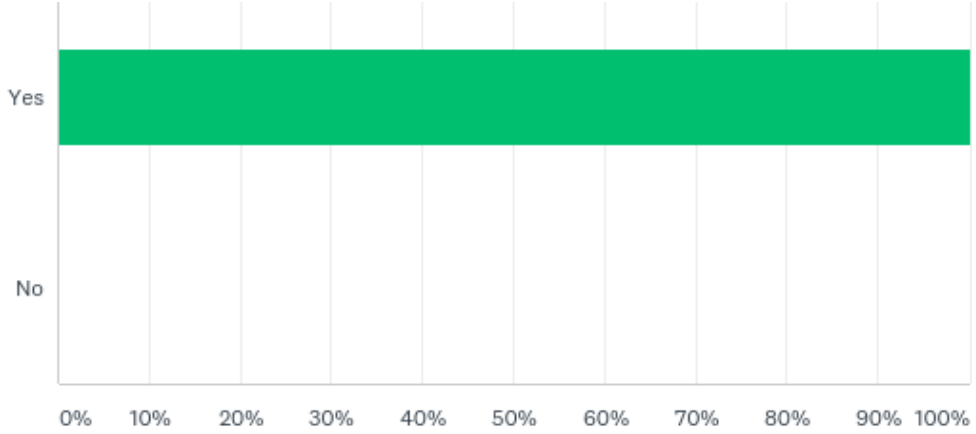
Q4: Do your Volunteers engage positively with the ward/area staff?

Answered: 68 Skipped: 2



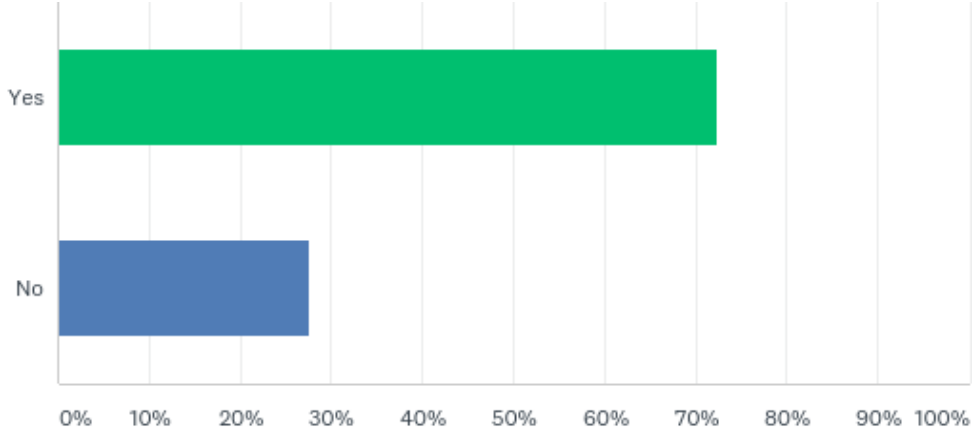
Q5: Do you find Volunteers to be reliable polite and approachable?

Answered: 69 Skipped: 1



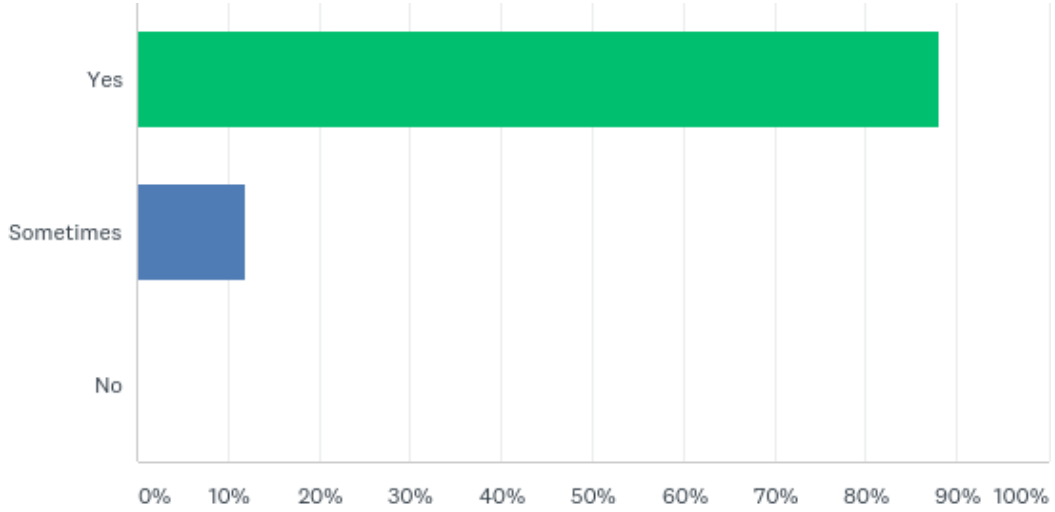
Q6: Do you know who to contact if you have an issue with a Volunteer?

Answered: 69 Skipped: 1



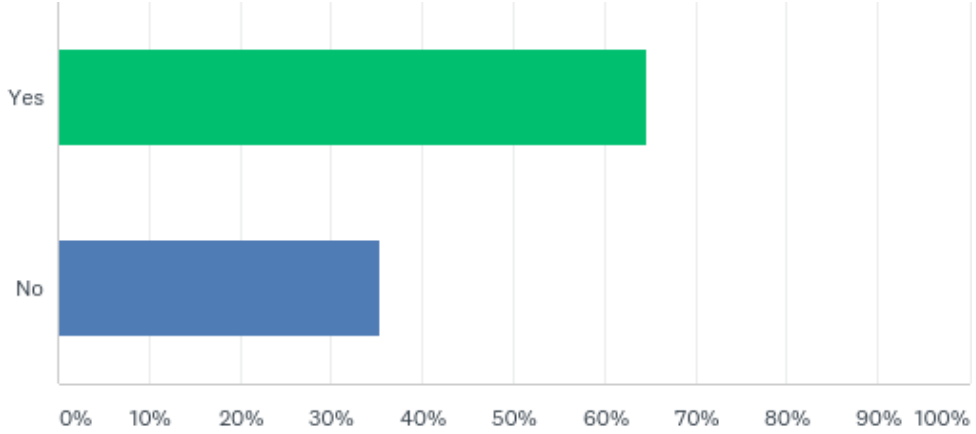
Q7: Do you feel that Volunteers add value to the Patients' experience during their stay in Hospital?

Answered: 67 Skipped: 3



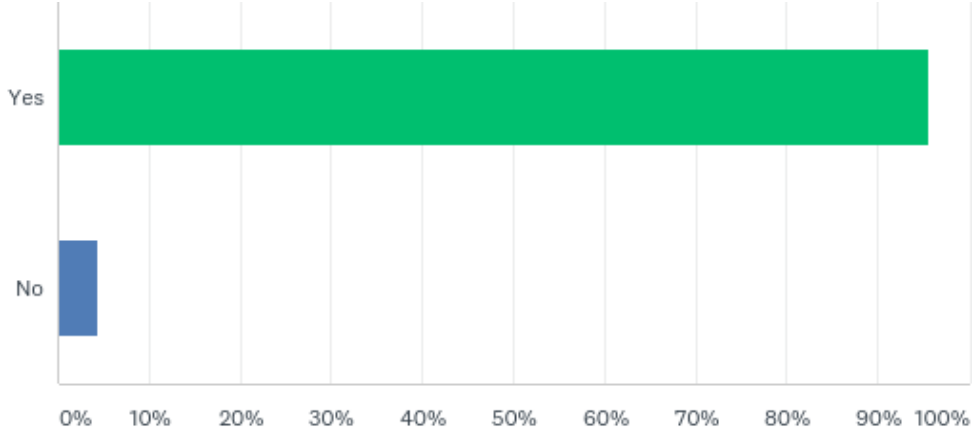
Q8: Are you aware that the recruiting process for Volunteers follow a similar recruitment process to Staff? (Interview, two references, DBS check, induction training)

Answered: 68 Skipped: 2



Q9: Do you think that Volunteer roles created to support with Patient discharge would be valuable to settle Patients back into the community to help the Patient pathway?

Answered: 67 Skipped: 3



16. National staff survey report

To APPROVE the report recommendations

Presented by Jan Bloomfield

Trust Board – 27 April 2018

Agenda item:	16			
Presented by:	Jan Bloomfield – Exec Director Workforce & Communications			
Prepared by:	Len Rowland – Workforce Information Manager			
Date prepared:	13 March 2018			
Subject:	National Staff Survey Trust Results 2017			
Purpose:	✓	For information		For approval

Executive summary

The 2017 National Staff Survey was received into the Trust on 21th February 2018, but was embargoed from external publication until 6th March 2018.

The survey was completed by staff during the period September 2017 to December 2017. A sample of 1250 staff were randomly selected, of which 599 responded. This is a 47.9% response rate, the average for acute trusts was 45.5%.

The National NHS Staff Survey provides a very useful source of data on a number of the issues, especially staff engagement, staff views on quality of care, on willingness to raise concerns and to recommend the services of the organisation (the staff friends and family test).

Together with other data, this will enable us to identify key workforce and service issues and develop a strategy for dealing with areas for improvement.

Highlights

- Best in country for
  - Staff recommendation of the organisation as a place to work or receive treatment
  - Staff agreeing that their role makes a difference to patients / service users
- Above average in 26 Key Findings
- Significant improvement in staff experiencing harassment, bullying or abuse from staff in last 12 months

Areas for improvement

- Staff stating they received an appraisal in the last 12 months
- Reporting errors, near misses or incidents witnessed in last month
- Experiencing physical violence from patients, relatives or the public in last 12 months

Data is sourced from NHS Staff Survey Full Report

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
		✓	

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
		✓			✓		✓
Previously considered by:	**Not applicable**						
Risk and assurance:	-						
Legislation, regulatory, equality, diversity and dignity implications	-						
Recommendation: *For information*							

Annual Staff Survey 2017

Staff Engagement

The figure below shows how West Suffolk NHS Foundation Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.95 was in the highest (best) 20% when compared with trusts of a similar type.

	Trust Score 2016	Trust Score 2017	National Average 2017
Overall Staff Engagement	3.97	3.95	3.79

Overall staff engagement has been calculated using the questions that make up Key Findings 1, 4 and 7.

	2016	Nat average	2017	Nat average	+/- last year	Ranking, compared with all acute trusts
KF1. Staff recommendation of the trust as a place to work or receive treatment	4.10	3.77	4.12	3.75	**+0.02**	Highest (best) 20%
KF4. Staff motivation at work	4.03	3.94	3.96	3.92	**-0.07**	Above (better than) average
KF7. Staff ability to contribute towards improvements at work	73%	70%	71%	70%	**-2%**	Above (better than) average

Summary of Ranking

The 2017 staff survey report has 32 key findings. Overall the Trust has achieved the following as compared to other acute trusts:

Highest (in the best) 20%	11 Key Findings
Lowest (in the best) 20%	5 Key Findings
Above (better than) average	8 Key Findings
Below (better than) average	2 Key Finding
Average	2 Key Findings
Below (worse than) average	1 Key Findings
! Lowest (worst) 20%	2 Key Findings
! Highest (worst) 20%	1 Key Findings

Top and Bottom Five Ranking Scores

This table highlights the five Key Findings for which West Suffolk NHS Foundation Trust compares most favourably with other acute trusts in England.

Top Five Ranking Scores	2016		2017		Target trend	Improvement / Deterioration	Trust KF Results against all acute trusts
	Trust	National Average	Trust	National Average	Up/Down	% / points since 2015	
KF1. Staff recommendation of the organisation as a place to work or receive treatment	4.10	3.77	4.12	3.75	+	**+0.02**	Highest (best) 20%
KF3. % of staff agreeing that their role makes a difference to patients / service users	91%	90%	93%	90%	+	**+2%**	Highest (best) 20%
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.83	3.72	3.86	3.73	+	**+0.04**	Highest (best) 20%
KF15. % of staff satisfied with the opportunities for flexible working patterns.	55%	51%	58%	51%	+	**+3%**	Highest (best) 20%
**KF26. % of staff experiencing harassment, bullying or abuse from staff in last 12 months*	25%	24%	20%	25%	+	**+5%**	Lowest (best) 20%

** lower scores are better,* decimal scores are on a scale of 1-5, 5 being highest

The table highlights the five Key Findings for which West Suffolk NHS Foundation Trust compares least favourably with other acute trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

Bottom Five Ranking Scores	2016		2017		Target trend	Improvement / Deterioration	Trust KF Results against other trusts
	Trust	National Average	Trust	National Average	Up / Down	% / points since 2016	
** KF22. % experiencing physical violence from patients, relatives or the public in last 12 months*	16%	15%	18%	15%	+	**-2%**	! Highest (worst) 20%
** KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months*	27%	27%	28%	28%	+	**-1%**	Average
KF11. % appraised in last 12 months	83%	87%	75%	86%	-	**+8%**	! Lowest (worst) 20%
KF29. % reporting errors, near misses or incidents witnessed in last month	90%	90%	87%	90%	-	**+3%**	! Lowest (worst) 20%
** KF24. % of staff / colleagues reporting most recent experience of violence*	63%	67%	65%	66%	-	**-2%**	! Below (worse) than average

** lower scores are better,* decimal scores are on a scale of 1-5, 5 being highest

Key Findings for all key factors

** lower scores are better,* decimal scores are on a scale of 1-5, 5 being highest

Key Findings for West Suffolk NHS Foundation Trust benchmarked against other acute trusts.

	2016		2017		Ranking compared to other Trusts in 2016	Change
	Trust	National Average	Trust	National Average		% / points since 2015
Appraisals & support for development						
KF11. % appraised in last 12 mths	83%	87%	75%	86%		-8%
KF12. Quality of appraisals	3.15	3.11	3.16	3.11		+0.01
KF13. Quality of non-mandatory training, learning or development	4.08	4.05	4.05	4.05		-0.03
Equality & diversity						
** KF20. % experiencing discrimination at work in last 12 mths*	10%	11%	9%	12%		-1%
KF21. % believing the organisation provides equal opportunities for career progression / promotion	91%	86%	88%	85%		-3%
Errors & incidents						
** KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	28%	31%	28%	31%		No change
KF29. % reporting errors, near misses or incidents witnessed in last mth	90%	90%	87%	90%		-3%
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.83	3.72	3.86	3.73		+0.03
KF31. Staff confidence and security in reporting unsafe clinical practice	3.73	3.66	3.74	3.65		+0.01
Health and wellbeing						
** KF17. % feeling unwell due to work related stress in last 12 mths*	33%	35%	33%	36%		No change
** KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	57%	56%	49%	52%		-8%
KF19. Org and mgmt interest in and action on health and wellbeing	3.78	3.62	3.77	3.62		-0.01
Working patterns						
KF15. % satisfied with the opportunities for flexible working patterns	56%	51%	58%	51%		+2%
** KF16. % working extra hours*	70%	71%	71%	72%		+1%
Job satisfaction						
KF1. Staff recommendation of the organisation as a place to work or receive treatment	4.10	3.77	4.12	3.75		+0.02
KF4. Staff motivation at work	4.03	3.94	3.96	3.92		-0.07
KF7. % able to contribute towards improvements at work	73%	70%	71%	70%		-2%
KF8. Staff satisfaction with level of responsibility and involvement	4.04	3.93	4.02	3.91		-0.02
KF9. Effective team working	3.79	3.75	3.80	3.72		+0.01
KF14. Staff satisfaction with resourcing and support	3.48	3.34	3.48	3.31		No change
Managers						

	2016		2017		Ranking compared to other Trusts in 2016	Change
	Trust	National Average	Trust	National Average		% / points since 2015
KF5. Recognition and value of staff by managers and the organisation	3.64	3.46	3.58	3.45		-0.06
KF6. % reporting good communication between senior management and staff	36%	33%	42%	33%		+6%
KF10. Support from immediate managers	3.79	3.73	3.78	3.74		-0.01
Patient care & experience						
KF2. Staff satisfaction with the quality of work and care they are able to deliver	4.02	3.97	3.98	3.91		-0.04
KF3. % agreeing that their role makes a difference to patients / service users	91%	90%	93%	90%		+2%
KF32. Effective use of patient / service user feedback	3.79	3.71	3.78	3.71		-0.01
Violence, harassment & bullying						
** KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	16%	15%	18%	15%		+2%
** KF23. % experiencing physical violence from staff in last 12 mths*	2%	2%	1%	2%		-1%
KF24. % reporting most recent experience of violence	63%	67%	65%	66%		+2%
** KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	28%	27%	28%	28%		No change
** KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	24%	24%	20%	25%		-4%
KF27. % reporting most recent experience of harassment, bullying or abuse	52%	45%	51%	45%		-1%

Summary of Staff Survey response

The following summaries provide details on response rates to the recent staff survey and how this compares to the previous years' results. West Suffolk NHS Foundation Trust is among the best 20%.

Overall staff survey response	No. eligible staff	Sample size	Returned	Trust response rate % and performance against previous survey	
2013 Sample	2955	797	453	57%	3% (increase)
2014 Sample	2956	798	419	53%	4% (decrease)
2015 Sample	3068	850	462	54%	1% (increase)
2016 Sample	3490	1250	624	50%	4% (decrease) impacted by increase in sample size
2017 Sample	3664	1250	599	47.9%	2.1% (decrease)

Next Steps

Managers and Staff Governors will analyse the results of the staff survey, along with other data to see which of the issues in the full report is of most relevance to the organisation.

We will develop a strategy for dealing with the priorities. This will be presented to the Trust Board of Directors for agreement.

Staff Survey Engagement and Improvement Plan

The Action Plan will be published once available.

The results from the staff survey at trust level as well as the top and bottom 5 results will also be published.

Divisional level results have be sent out to the respective senior managers of each division enabling them to understand and resolve local issues

17. Putting you first award

To NOTE a verbal report of this month’s winner

Presented by Jan Bloomfield

18. Consultant appointment report

To RECEIVE the report

Presented by Jan Bloomfield

BOARD OF DIRECTORS – 27 April 2018

Agenda item:	18			
Presented by:	Jan Bloomfield, Executive Director of Workforce and Communications			
Prepared by:	Medical Staffing, HR and Communications Directorate			
Date prepared:	19 April 2018			
Subject:	Consultant Appointments report			
Purpose:	X	For information		For approval

Executive summary:

Confirmation of Consultant appointments

Trust priorities	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X	**X**	

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	X	X	X	X	X	X	X

Previously considered by:	Consultant appointments made by Appointment Advisory Committees
Risk and assurance:	N/A
Legislation, regulatory, equality, diversity and dignity implications	N/A

Recommendation:

For information only

POST:	Consultant – Resident On Call Obstetrics & Gynaecology (MSC10-18)- Fast Track
DATE OF INTERVIEW:	Thursday 26 March 2018
REASON FOR VACANCY:	Previously a Fixed Term Contract- Changed to a Substantive Contract
CANDIDATE APPOINTED:	[redacted]
START DATE:	Continuous
PREVIOUS EMPLOYMENT:	West Suffolk Hospital – Consultant Obstetrician & Gynaecology
QUALIFICATIONS:	[redacted]
NO OF APPLICANTS: **NO INTERVIEWED** **NO SHORTLISTED**	3 (Advertised Internally Only) 3 3

POST:	Consultant – Resident On Call Obstetrics & Gynaecology (MSC10-18)- Fast Track
DATE OF INTERVIEW:	Thursday 26 March 2018
REASON FOR VACANCY:	Previously a Fixed Term Contract- Changed to a Substantive Contract
CANDIDATE APPOINTED:	[redacted]
START DATE:	Continuous
PREVIOUS EMPLOYMENT:	Resident On Call Consultant Obstetrics & Gynaecology
QUALIFICATIONS:	[redacted]
NO OF APPLICANTS: **NO INTERVIEWED** **NO SHORTLISTED**	3 3 3

POST:	Consultant – Resident On Call Obstetrics & Gynaecology (MSC10-18)- Fast Track
DATE OF INTERVIEW:	Thursday 26th March 2018
REASON FOR VACANCY:	Previously a Fixed Term Contract- Changed to a Substantive Contract
CANDIDATE APPOINTED:	[redacted]
START DATE:	Continuous
PREVIOUS EMPLOYMENT:	Hybrid Consultant in Obstetrics & Gynaecology March 2017 - current West Suffolk Hospital, Bury St Edmunds
QUALIFICATIONS:	[redacted]
NO OF APPLICANTS: **NO INTERVIEWED** **NO SHORTLISTED**	6 4 4

10:50 BUILD A JOINED-UP FUTURE

19. e-Care report

To RECEIVE an update report

Presented by Craig Black

Open Trust Board Meeting – 27 April 2018

Agenda item:	19			
Presented by:	Craig Black, Executive Director of Resources			
Prepared by:	Sarah Jane Relf, e-Care/Global Digital Exemplar Operational Lead			
Date prepared:	20 April 2018			
Subject:	e-Care and Global Digital Exemplar Programme report			
Purpose:	X	For information		For approval

Executive summary:
This paper describes progress against delivery of the Global Digital Exemplar (GDE) programme. In particular the Board should note the recently launched Health Information Exchange with Cambridge University Hospitals NHS Foundation Trust which is the first of its kind in the UK.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X	**X**	**X**

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	X	X	X	X	X	X	X

Previously considered by:	*e-Care/GDE Programme Board*
Risk and assurance:	*All risks are monitored by the e-Care/GDE Programme Board and Programme Group*
Legislation, regulatory, equality, diversity and dignity implications	*Compliance with forthcoming General Data Protection Regulation (GDPR)*

Recommendation:
The Board is asked to note the report

To receive update on e-Care and Global Digital Exemplar Programme

1. Background

1.1 In May 2016, the trust embarked on a major change programme to introduce a new electronic patient record (EPR). The programme was branded e-Care. At that initial phase, the programme introduced the following functionality:

- A new replacement Patient Administration System (PAS)
- FirstNet – a dedicated emergency department system
- EPMA – medicines management (prescribing and administration)
- OrderComms – requesting and reporting for cardiology and radiology
- Clinical documentation

1.2 Further enhancements have been made over the last 18 months including:

- Acute kidney injury (AKI) and sepsis alerts
- Full OrderComms functionality including pathology
- Paediatrics
- Capacity management – new functionality to improve patient flow
- New clinical documentation, care plans and care pathways
- Medication enhancements including duplicate paracetamol alerting
- New diabetic care plan
- Integrated observation devices (vital signs)
- New emergency care data set

1.3 The West Suffolk Hospital NHS Foundation Trust (WSFT) is one of 16 hospitals chosen to become a flagship Global Digital Exemplar (GDE). As part of the GDE programme funding was awarded to those hospitals considered to be the most advanced digitally with the hospital receiving £10million.

1.4 Our GDE programme comprises of four pillars:

Pillar 1	Digital acute trust	Completing the internal e-Care journey of digitisation
Pillar 2	Supporting the integrated care organisation	Creating the digital platform to support the regional ambitions of integrated care and population health.
Pillar 3	Exemplar digital community	Building the organisation into a centre of digital excellence and acting as mentor and guide for other developing organisations.
Pillar 4	Hardware and infrastructure	Ensuring that we have a robust and compliant infrastructure at the foundation of the programme

The remainder of this paper provides an update on implementation of the GDE programme.

2. Pillar one – digital acute trust

2.1 At the last meeting we reported on the successful roll out of VitalLinks monitors to the majority of ward areas. We have also now successfully launched the machines into paediatrics and emergency department (ED). These have been very well received by staff across the board who have noted how much faster it is to complete the

observations with the new technology. We will be launching into outpatients during w/c 23 April.

2.2 The new emergency care data set (ECDS) was successfully launched on April 9th. Use of this new data set is a mandated national requirement that will ensure that all trusts are consistent in how they record data around attendance at emergency departments. This will provide a much greater understanding around how and why people access urgent and emergency care, which in turn can support service redesign and improvements.

2.3 The new ECDS contains 108 data items that cover:

- Patient demographics (gender, ethnicity, age etc.)
- Episode information (including arrival and conclusion dates, sources of referral and attendance category type)
- Clinical information (chief complaint, acuity, diagnosis, investigations and treatments)
- Injury information (date/time of injury, place type, activity and mechanism)
- Referred services and discharge information (such as referrals for safeguarding concerns, onward referral for treatment)

Further emergency department enhancements will be launched on 14 May 2018.

3. Pillar two – supporting the integrated care organisation

3.1 We are delighted to confirm that we have been able to launch the Health Information Exchange connection between Cambridge University Hospitals (CUH) and our own trust. This means that clinicians can now see real time clinical information on a patient that is held within the other trust's electronic patient record (Epic at CUH and Cerner Millennium at West Suffolk Hospital). This is the first link in the UK between hospital electronic health records from two different suppliers.

3.2 We have rolled this functionality out to all doctors, therapists and specialists nurses. CUH are piloting within their emergency department. It is very common for patients to have attended both hospitals and clinicians can now see a patient's past and present clinical information. This includes details on conditions, treatments and test results. We already have examples where tests such as CT scans have been avoided as we could see recent results from CUH.

3.3 It has taken some time to achieve this connection and we would like to thank staff from across both sites and both suppliers for their efforts in making this happen.

3.1 Our patient portal pilot continues and we now have 384 patients actively using the portal (original target for pilot was 300 patients). The portal provides patients with access to key components of their health record. We will be releasing a survey to current users seeking their feedback on the portal and will be establishing a user reference group to guide us on future developments. We have also been supporting other trusts in their own implementations of the patient portal.

4 Pillar three – exemplar digital community

4.1 We continue to support our fast follower MKUFT as they are rapidly approaching their go live. We also continue to support other trusts from around the UK and indeed from overseas. We have already held 16 reference visits or calls this year. We have also continued to deliver educational webinars which have covered operational readiness and patient safety. We will also be delivering a third webinar in June around our learning on implementing capacity management.

5. Pillar four – hardware and infrastructure

5.1 A key component of the GDE programme is to ensure that our supporting infrastructure is

sound and enabling the new initiatives described above. We continue to focus on security, storage and network functionality. To date we are on target to achieve all GDE milestones as required under pillar four.

6. Optimisation

6.1 Following the successful implementation of the VitalsLink devices and emergency department improvements, the optimisation team is now in a position to accelerate their programme. Starting next week, the team will be working alongside clinical staff on targeted areas offering at the elbow support and guidance with an aim to improve productivity and efficiency. Their focus will be to promote the tools that already exist within the system.

6.2 In parallel, work has already started to facilitate the improvement of key workflows that have already been identified namely fluid balance management and the reduction of AKI, improving the quality of discharge summary content and the improved use of decision support alerting to inform clinical practice. Nursing leadership are also identifying and developing standards of documentation that can be used to drive future improvements.

6.3 A practical example of this approach is demonstrated in our proposed plan to manage alert fatigue. At present there are on average 450,000 alerts that are triggered in eCare each month and there is now growing evidence that compliance with the actions required to stop alerting are not being completed. These alerts include critical patient safety measures such as sepsis, pressure damage planning and antimicrobial prescribing reviews. The optimisation team have engaged with the recipients of these alerts to determine what underlying factors are contributing to poor compliance, these include:

- Volume of alerts
- Appropriateness of alerts
- Timing of alert presentation
- Prioritisation of workload

As a result, the eCare optimisation team will be facilitating a fundamental review of all alerts conducted by a multidisciplinary group representing alert recipients and governance custodians. In parallel, the team will also introduce a non-disruptive method of alerting that has been made available to us by Cerner of which we would be the first UK user.

7. Reporting

7.1 We continue to work with Cerner to correct the outstanding reporting issues. There are currently 3 outstanding defects outstanding around referral to treatment reporting. Of these defects, 1 is still awaiting a fix and we are currently assessing the manual intervention required to include these pathways on the required submissions. The other 2 are currently being tested with a view to implementing by the end of the month. We continue to work with Cerner to correct the issues around historical bed occupancy reporting.

11:00 GOVERNANCE

20. Trust Executive Group report

To RECEIVE a report of meetings held during the month

Presented by Stephen Dunn

Board of Directors – 27 April 2018

Agenda item:	20			
Presented by:	Dr Stephen Dunn, Chief Executive			
Prepared by:	Dr Stephen Dunn, Chief Executive			
Date prepared:	22 April 2018			
Subject:	Trust Executive Group (TEG) report – 16 April 2018			
Purpose:	X	For information		For approval

Executive summary

Steve Dunn provided an introduction feeding to the meeting. He reflected on the achievement of establishing the link between the Trust's e-Care system and the equivalent system at Cambridge University Hospitals. In the context of the announcement regarding capital funding for Ipswich and Colchester hospitals he also stressed that we are continuing to bid for funds to support the ED redevelopment to bring our facilities to modern standards. This includes engaging with local MPs to gain support for the planned development.

The **integrated quality and performance report** (IQPR) was reviewed. The continued operational pressure was recognised and despite this it was noted that were the third best performing trust in the region for the ED four hour standard for the year, quarter and month. It was agreed that there is a need to grip process and capacity with ED and the organisation as a whole. Maintaining performance out of hours within ED is a challenge and we are working with the intensive support team (IST) to review activity and demand to ensure our staffing plans best reflect these pressures.

An update was also provided on the plans being put in place to create additional physical space for winter 2018-19. This additional capacity is aligned with staffing plans to maximise elective activity while delivering additional emergency inpatient capacity and resource.

Despite the full elective programme now being in place since February the **referral to treatment (RTT) performance** was noted as showing a week-on-week deterioration, currently 89.3%. This reflects the impact of the reduced elective activity that took place during January and early February. The most significant backlog remains in trauma and orthopaedics. Plans are being finalised to recover the 92% standards by October 2018. A report will come to TEG which brings together the plans for ED, learning from winter as well as staffing and capacity plans.

It was confirmed that we remain on plan to deliver and beat the **control total for 2017-18**. The national position for allocation of 'bonus STF', for those trusts that beat their control total, will be announced on 20 April. It was recognised that in the challenging position for 2018-19 we are still unable to submit an operational plan which delivers the control total set by NHSI.

The **red risk report** was reviewed with discussion and challenge for individual areas. Two new red risks were received - timely psychiatric assessment out of hours and staffing levels within community services. Identified action being taken to mitigate these risks was reviewed.

Overall the **NHS staff survey results** were very good, with WSFT being the top of the national tables for staff recommending us as a place to work or receive care. However, we are not complacent and detailed analysis is being undertaken to better understand any underlying issues within specific areas or for particular staff groups. Divisional responses to issues arising from the reviews, including low

appraisal rates and experience if violence and aggression, will be monitored through the divisional quality and performance meetings.

The revised **never events framework for 2018-19** was reviewed, with two addition never event categories and changes to exclusion criteria for existing never events. Analysis is being undertaken to understand how the additions below would have impacted on reported never events for the Trust in recent years:

- Unintentional connection of a patient requiring oxygen to an air flowmeter (*currently under review*)
- Undetected oesophageal intubation

An update was received on the **medical e-roster implementation plan**. Final contract sign-off will take place at the end of the month and work is ongoing to ensure effective transfer of data from SARD to the new Allocate system. The benefits to be realised were reviewed, including the ability for staff to book onto shifts via mobile phones. The business as usual resource requirements will be reviewed by TEG in September.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**			**Invest in quality, staff and clinical leadership**		**Build a joined-up future**	
	X			**X**		**X**	
Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	X	X	X	X	X	X	X
Previously considered by:	The Board receives a monthly report from TEG						
Risk and assurance:	Failure to effectively communicate or escalate operational concerns.						
Legislation, regulatory, equality, diversity and dignity implications	None						

Recommendation:

The Board note the report and consider whether any further information is required by the Board on the new never event framework

GDPR briefing

The General Data Protection Regulation (GDPR) is a new European directive and will replace the Data Protection Act 1998. It's the most significant change in privacy law in the last 20 years and will unify and strengthen the privacy rights of all EU citizens.

The new law becomes effective on **25 May 2018** and The Information Commissioner's Office will remain the regulatory body.

Notable changes are:

- Mandatory 72 hours to report an information governance breach
- Privacy Impact Assessments for all new projects/systems are mandatory
- All public authorities must appoint an accountable Data Protection Officer
- **All organisation information processes must be mapped** and recorded and legal/consent basis for processing agreed
- Non-compliance with the law or breaches of the law will be subject to a maximum € 20 million fine.

Rights of data subjects will now include:

- Right to be forgotten
- Right to have information changed
- Right to have information erased
- Right to restrict processing.

Key risks

- Information process mapping by the organisation is not completed by 25/5/2018 – supports assessment of consent requirements to process data
- GDPR e-Care module is still in consultation and key compliance areas of data subjects rights are unknown – mitigating action being taken to put in place relevant procedures, for example right for information to be forgotten.

21. Use of Trust seal

To RECEIVE the report

Presented by Richard Jones

Trust Board Meeting – 2nd March 2018

Agenda item:	21			
Presented by:	Richard Jones, Trust Secretary & Head of Governance			
Prepared by:	Karen McHugh, PA			
Date prepared:	April 2018			
Subject:	Use of Trust's seal			
Purpose:	X	For information		For approval

Executive summary:

To note use of the Trust Seal, pursuant to Standing Order section 8. The Trust Seal was used on the following occasions:

Seal No. 125
Co-operation agreement relating to land and buildings in on the south east side of Waldingfield Road, Sudbury – Sealed by Craig Black and Nick Jenkins, witnessed by Jacqui Grimwood (6th April 2018)

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
			X

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	X					X	

Previously considered by:	None
Risk and assurance:	None
Legislation, regulatory, equality, diversity and dignity implications	WSFT's Standing orders

Recommendation:

To note the use of the Trust's seal

22. Agenda items for next meeting

To APPROVE the scheduled items for the next meeting

Presented by Richard Jones

Board of Directors – 27 April 2018

Agenda item:	22			
Presented by:	Richard Jones, Trust Secretary & Head of Governance			
Prepared by:	Richard Jones, Trust Secretary & Head of Governance			
Date prepared:	20 April 2018			
Subject:	Items for next meeting			
Purpose:		For information	X	For approval

The attached provides a summary of scheduled items for the next meeting and is drawn from the Board reporting matrix, forward plan and action points.

The final agenda will be drawn-up and approved by the Chair.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X	X	X

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	X	X	X	X	X	X	X

Previously considered by:	The Board receive a monthly report of planned agenda items.
Risk and assurance:	Failure effectively manage the Board agenda or consider matters pertinent to the Board.
Legislation, regulatory, equality, diversity and dignity implications	Consideration of the planned agenda for the next meeting on a monthly basis. Annual review of the Board's reporting schedule.

Recommendation:

To approve the scheduled agenda items for the next meeting

Scheduled draft agenda items for next meeting – 25 May 2018

Description	Open	Closed	Type	Source	Director
Declaration of interests	✓	✓	Verbal	Matrix	All
Deliver for today					
Patient story		✓	Verbal	Matrix	Exec.
Chief Executive's report	✓		Written	Matrix	SD
Integrated quality & performance report, including staff recommender score (if available) and annual review of dashboard	✓		Written	Matrix	HB/RP
Finance & workforce performance report	✓		Written	Matrix	CB
2018-19 winter planning update, including ED, staffing and capacity	✓		Written	Action point	HB
Alliance and community service report	✓		Written	Matrix	DG
Risk and governance report, including risks escalated from subcommittees		✓	Written	Matrix	RJ
Invest in quality, staff and clinical leadership					
Nursing staffing strategy , annual review	✓		Written	Matrix	RP
Nurse staffing report	✓		Written	Matrix	RP
Experience of care strategy	✓		Written	Action point	RP
Freedom to speak up guardian	✓		Written	Matrix	JB
Learning from deaths report (Q4), including review of policy and information being captured	✓		Written	Matrix	NJ
Quality and learning report (Q4)	✓		Written	Matrix	RP
Annual complaint report	✓		Written	Matrix	RP
Clinical negligence scheme for trusts (CNST)maternity improvement standards	✓		Written	New item	CB
"Putting you first award"	✓		Verbal	Matrix	JB
Consultant appointment report	✓		Written	Matrix – by exception	JB
Serious Incident, inquests, complaints and claims report		✓	Written	Matrix	RP
Build a joined-up future					
e-Care report, including feedback from patient portal pilot	✓		Written	Matrix	CB
IM&T strategy	✓		Written	Matrix	CB
Annual report and account, including quality report		✓	Written	Matrix	CB/RJ
Strategic update, including Alliance, System Executive Group and System Transformation Partnership (STP)		✓	Written	Matrix	SD
Governance					
Trust Executive Group report	✓		Written	Matrix	SD
Remuneration Committee report	✓		Written	Matrix	AE

Charitable Funds Committee report	✓		Written	Matrix	GN
Council of Governors report, including Foundation Trust Membership Strategy	✓		Written	Matrix	SC
Scrutiny Committee report, including private physiotherapy report		✓	Written	Matrix	GN
Board assurance framework – review of new risks from operational plan		✓	Written	Matrix	RJ
Confidential staffing matters		✓	Written	Matrix – by exception	JB
Use of Trust seal	✓		Written	Matrix – by exception	RJ
Agenda items for next meeting	✓		Written	Matrix	RJ
Reflections on the meetings (open and closed meetings)		✓	Verbal	Matrix	RQ

11:15 ITEMS FOR INFORMATION

23. Any other business

To consider any matters which, in the opinion of the Chair, should be considered as a matter of urgency

Presented by Sheila Childerhouse

24. Date of next meeting

To NOTE that the next meeting will be held on Thursday, 25 May 2018 at 9:15 am in the Committee Room.

Presented by Sheila Childerhouse

RESOLUTION TO MOVE TO CLOSED SESSION

25. The Trust Board is invited to adopt the following resolution:

“That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” Section 1 (2), Public Bodies (Admission to Meetings) Act 1960

Presented by Sheila Childerhouse