NHS
West Suffolk
NHS Foundation Trust

Board of Directors (In Public)

Schedule	Friday, 1 Mar 2019 9:15 AM — 11:30 AM GMT
Venue	Northgate Room, Quince House, WSFT
Description	A meeting of the Board of Directors will take place on Friday, 1 March 2019 at 9.15 in the Northgate Room, 2nd Floor Quince House, West Suffolk Hospital, Bury St Edmunds
Organiser	Karen McHugh

Agenda

AGENDA
Presented by Sheila Childerhouse

Agenda Open Board 1 Mar 2019.docx

9:15 GENERAL BUSINESS
Presented by Sheila Childerhouse

1. Introductions and apologies for absence
   To NOTE any apologies for the meeting and request that mobile phones are set to silent

   Apologies: Angus Eaton
   For Reference - 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
   For Reference - Presented by Sheila Childerhouse

NHS
West Suffolk
NHS Foundation Trust

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

5. Minutes of the previous meeting
   To APPROVE the minutes of the meeting held on 25 January 2019
   For Approval - Presented by Sheila Childerhouse

   Item 5 - Open Board Minutes 2019 01 25 Jan.docx

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

   Item 6 - Action sheet report.doc

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

   Item 7 - Chief Exec Report Feb '19.doc

9:45 DELIVER FOR TODAY

8. Integrated quality and performance report
   To ACCEPT the report
   For Report - Presented by Rowan Procter and Helen Beck

   Item 8 - Integrated Quality Performance Report_February 2019.docx

9. Review of cancer pathways and accountability
   To ACCEPT the report
   For Report - Presented by Helen Beck

   Item 9 - Cancer Performance Update Trust Board 250219.doc

10. Finance and workforce report
To ACCEPT the report
For Report - Presented by Craig Black

Item 10 - Finance and workforec Report Cover sheet - M10.docx

Item 10 - Finance Report January 2019 Final.docx

10.1. Mandatory training report
For Report - Presented by Jan Bloomfield

Item 10.1 - Mandatory Training Trust Board Jan 19.docx

10:30 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

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11. Nurse staffing report
To ACCEPT a report on monthly nurse staffing levels
For Report - Presented by Rowan Procter

Item 11 - Nurse Staffing report - January 2019 data.doc

Item 11 - WSFT Dashboard - Jan 2019.xls

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12. Quality and learning report – Q3
To ACCEPT a report, including the learning from deaths report
For Report - Presented by Nick Jenkins and Rowan Procter

Item 12 - 19-03-01 Quality and Learning report - Feb 2019.docx

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13. Gender Pay Gap Report
To RECEIVE the report
For Report - Presented by Jan Bloomfield

Item 13 - Gender Pay Gap Trust Board Report February 2019.doc

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14. Staff Supporters
To RECEIVE the report, including example of learning
For Report - Presented by Jan Bloomfield

Item 14 - Trust Board Staff Supporters Feb 2019.doc

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15. Consultant appointment report
To ACCEPT a report
For Report - Presented by Jan Bloomfield

Item 15 - Consultant Appointments Trust Board report - February 2019.doc

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

17. Avoiding term admissions to the Neonatal Unit
To APPROVE the action plan
For Approval - Presented by Craig Black

Item 17 - Atain Trust Board cover sheet Feb 2019.doc

Item 17 - ATAIN Programme.docx

11:00 BUILD A JOINED-UP FUTURE

18. Community Services and West Suffolk Alliance report
To ACCEPT the report
For Report - Presented by Kate Vaughton

Item 18 - WSFT Board cover sheet community and alliance February 2019.doc

Item 18 - Community and Alliance February update for WSFT Board V3.doc

Item 18 - 2019-02-14 PDG outputs.pptx

11:15 GOVERNANCE

19. Trust Executive Group report
To ACCEPT a report
For Report - Presented by Stephen Dunn

Item 19 - TEG report.doc

20. Audit Committee report
To ACCEPT a report
For Report - Presented by Gary Norgate

Item 20 - Audit Committee Report Coversheet January 2019.doc

20.1. Standing orders, standing financial instructions and accounting policies
For Report - Presented by Gary Norgate

Item 20.1 - PP(19)xxx Scheme of reservation and delegation 2019 draft.pdf

Item 20.1 - PP(19)xxx SFI Feb 2019 Draft.pdf

Item 20.1 - PP(19)347 WSFT Standing Orders for Board January 2019 DRAFT.pdf

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20.2. Charitable Funds annual report and accounts
For Reference - Presented by Gary Norgate

Item 20.2 - Charitable Funds Annual Accounts and Report 2017_18.pdf

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21. Agenda items for next meeting
To APPROVE the scheduled items for the next meeting
For Approval - Presented by Richard Jones

Item 21 - Items for next meeting.doc

11:30 ITEMS FOR INFORMATION

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

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23. Date of next meeting
To NOTE that the next meeting will be held on Friday, 29 March 2019 at 9:15 am in Quince House, West Suffolk Hospital.
For Reference - Presented by Sheila Childerhouse

RESOLUTION TO MOVE TO CLOSED SESSION

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24. 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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For Approval

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MINUTES OF BOARD OF DIRECTORS MEETING

HELD ON 25 JANUARY 2019

COMMITTEE MEMBERS			
		Attendance	**Apologies**
Sheila Childerhouse	Chair	•	
Helen Beck	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	•	
Louisa Pepper	Non Executive Director		•
Rowan Procter	Executive Chief Nurse	•	
Alan Rose	Non Executive Director	•	
In attendance			
Georgina Holmes	FT Office Manager *(minutes)*		
Richard Jones	Trust Secretary		
Tara Rose	Head of Communications		
Kate Vaughton	Director of Integration and Partnerships		

Action

GENERAL BUSINESS

19/01 INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies for absence were noted as above.

The Chair welcomed everyone to the meeting, including members of the public and governors.

She introduced and welcomed Kate Vaughton, Director of Integration and Partnerships to her first board meeting as part of the West Suffolk system.

19/02 QUESTIONS FROM THE PUBLIC RELATING TO MATTERS ON THE AGENDA

- Florence Bevan noted that the two week cancer wait performance had deteriorated considerably over recent months, partly due to increased demand. She asked if the NEDs were assured that learning methods were in place in order to restore confidence in the service. Helen Beck explained that due to the volumes a small number of breaches of the standard could have a significant impact on performance. However it was recognised that every breach was unacceptable and significant work was being undertaken to address this. It was anticipated that performance would show significant improvement in February with full recovery in March.

- Joe Pajak referred to his previous questions around Brexit and thanked the board for following this up. He noted that the action was recorded as complete, however he did not consider this to be the case as the issues around Brexit had not been resolved and were unknown, therefore he suggested that this action should remain ongoing.

The Chair agreed that this was a relevant point and that it was important that Brexit should remain at the forefront of the board's attention. It was recognised that this was an ongoing issue and the board would be kept updated through a standing item on the scrutiny committee agenda. **R Jones**

Jan Bloomfield explained that although the action was recorded as complete in terms of a response it did not mean that the board was not continuing to focus on this. She confirmed that the organisation continued to focus on subjects where actions were recorded as complete.

- Barry Moult noted the high number of red indicators for neutropenic sepsis door to needle times and asked how this compared when benchmarked against other trusts. The Chair explained that the NEDs regularly referred to this and asked Nick Jenkins to address this under agenda item 8, integrated quality and performance report.

- June Carpenter referred to winter pressures and was disappointed to have heard two stories locally relating to people being discharged in the middle of the night. She asked if this was happening from wards. Rowan Procter said that she was not aware of this and asked for further details if this was a specific issue. The Chair asked people who heard similar stories to report them with details of the occurrence. **N Jenkins**

  Nick Jenkins agreed that this type of incident needed to be reported and followed up. He said he would investigate but needed to know who the patient was and when it had occurred.

  Helen Beck explained that she received a report of any patient who moved wards after midnight so that she was aware of any issues.

- Rowan Procter referred to a question submitted by Liz Steele, who had been unable to attend the meeting today. She asked for assurance that the nutrition assessment and monitoring figures would improve this month and why they had dipped so much. This would be followed up under agenda item 8.

19/03 REVIEW OF AGENDA

The agenda was reviewed and there were no issues.

19/04 DECLARATION OF INTERESTS

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

19/05 MINUTES OF THE MEETING HELD ON 30 NOVEMBER 2018

The minutes of the above meeting were agreed as a true and accurate record subject to the following amendment; page 9, item 18/250, 2nd para, last sentence to be amended to read, "Rowan Procter explained that there were no CQC guidelines but there were national guidelines".

19/06 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and there were no issues.

The completed actions were reviewed and the following issue raised:

Item 1660; report will be circulated to governors following the Scrutiny Committee to

provide a monthly update on pathology services. Alan Rose referred to the proposal that the briefing should be sent to governors of both organisations.

The Chair confirmed that she would be speaking to the Chair of ESNEFT to agree this. Nick Jenkins explained that this had been discussed and agreed when Neil Malloney attended the Scrutiny Committee meeting, but there had not been a briefing since then. The Chair said that she would also suggest that the briefings that had already been issued should be shared.

S Childerhouse / R Jones

19/07 CHIEF EXECUTIVE'S REPORT

The Chief Executive reported that the Trust had been extremely busy since the board meeting at the end of November. Since January last year the organisation had been planning for this winter and additional capacity had recently been opened, e.g. AAU and the cardiology unit, with additional staffing. There was also a greater focus on community discharge, beds in the community and working with the local health system. Most of these plans had been delivered, however attendance had increased with a number of very sick patients during this period which had resulted in the hospital being under a considerable amount of pressure. Due to the plans that had been put in place this had felt more manageable and safer compared to last winter.

The Chief Executive paid tribute to the team for this planning and thanked all staff who had gone the extra mile over the holiday period and beyond during challenging days.

In December the Trust had been delighted to receive £13.4m for the emergency department; work had started but it would take quite a time for this to be completed. The Trust was now seeing twice the number of people in this department than it was originally designed for.

The recent never event was very disappointing but there had been no harm to the patient. This had been investigated and the Trust was committed to learning from this type of event.

Concerns around pathology had been escalated and this was taking a great deal of time and focus of the board, executive team and scrutiny committee.

The NHS long term plan had been launched in early January and Matt Hancock MP had used WSFT as the platform to announce this. At the same time he was shown around the new facilities. Elements of this plan which included the national and local agenda were summarised in this report. It talked about triple integration and as well as triple quality, which was very much part of the strategy of WSFT. It also introduced the rebalancing and reinvestment of finance. A briefing from NHS Providers was attached to this report.

WSFT would continue to drive forward digital transformation, particularly in outpatients which would avoid a third of outpatients coming into hospital. Also same day emergency care (AAU) and public health prevention and intervention for alcohol, drugs and obesity.

The Chair congratulated the Chief Executive on being awarded a CBE which was a great accolade to him and also to the team. The Chief Executive thanked the Chair and said that this was a reflection of the team effort and the achievements of WSFT in its care and quality which had been acknowledged by the CQC. He also referred to all the work that Roger Quince had put into the Trust which had greatly contributed to this recognition. Angus Eaton agreed but said that it should also be recognised as a great individual accolade for the Chief Executive himself.

The Chair explained that there would be a joint board and governor workshop on the long term plan and operational plan. Details would be circulated as soon as a date had been confirmed. **R Jones**

Gary Norgate commented on the performance of flu jabs which was still ongoing and commended people for their diligence over this. It was confirmed that the flu jab was effective this year.

He also referred to Medic Bleep which was an indication of the organisation moving forward as a digital exemplar.

DELIVER FOR TODAY

19/08 INTERGRATED QUALITY AND PERFORMANCE REPORT

Rowan Procter reported that outstanding duty of candour had reduced to one and this would be cleared on Tuesday.

Nick Jenkins referred to the never event which was in a category which used to be excluded from never event classification but was now included, i.e. wrong site anaesthetic block. He explained the circumstances and the learning from this which should avoid the chance of the same thing happening again.

The Chair asked if there was anything else that needed to be done to ensure that processes had not changed in any other area. Nick Jenkins said that he did not think this was the case but he would check. **N Jenkins**

Rowan Procter reported that there had been an increase in the number of falls in December which was partly due to the opening of escalation beds and the additional pressure this had put onto the nursing teams. There had been a number of falls resulting in harm to patients and these were going through the investigation process. Further information would be discussed in the closed board meeting.

She referred to Liz Steele's question about nutrition assessments and explained that the national definition for measurement of this had changed. This would be rebased over the next couple of months which would enable the Trust to understand what had changed and whether there was a cause for concern.

Richard Davies referred to neutropenic sepsis performance in the emergency department and the one hour door to needle time and noted that there should be an action plan. Rowan Procter apologised that the action plan was not included in the report and said that it would be included for the next meeting. **R Procter**

Nick Jenkins explained that this was more about potential neutropenic sepsis. The one hour timescale had been missed on G1 which almost never happened and was a reflection of the pressure that the organisation was under. It was also very difficult to complete everything within an hour in the emergency department and a series of initiatives were being trialled by the team, e.g. coloured folder, and before this month there appeared to have been an improvement. The emergency department were very disappointed to see the figures this month and were trying to address this. He said that the aim was to act in the same way for all patients who were likely to develop sepsis whether neutropenic or not and try to give antibiotics within an hour. This was sometimes identified and pre-alerted by the ambulance service. He explained that the target was rightly difficult to achieve and that relatively only a small number of patients resulted in missing the target.

Rowan Procter explained that training performance was due to the pressure on the

organisation which meant that it could not afford to release staff for mandatory training. She assured the board that there was a plan to address this.

She referred to maternity and caesarean section rates; the Trust was red for the fourth month in a row for the local target but had achieved the national target. It was proposed to discuss reviewing this with the CCG. Breast feeding had reduced this month and the reasons for this were being looked into.

It was explained that there was one lady who did not have one to one care during the whole period of her labour as a community midwife had to be sent for to address this as quickly as possible. Therefore this had resulted and been reported as 99% compliance.

Gary Norgate noted that the friends and family score had dipped to 87%; he acknowledged that this was probably due to the pressure the organisation was under but asked when this would improve and if there was anything that could be done to support the organisation in this. Rowan Procter said that the pressures would continue for another couple of months at least. The escalation plan was until the end of March, therefore she did not consider there would be a positive improvement until the end of April.

Helen Beck explained that the Trust's performance in the emergency department was considerably better than this time last year. There were some days in December when WSFT was the best in the country; there were still some very difficult days but the front door had been managed much more effectively by spreading pressure around the organisation. However, although safety had been managed, this had been at the cost of not maintaining the high standard of quality that the Trust aimed for.

The Chief Executive explained that learning from this winter had already started and was being reviewed. The main issue was around emergency department performance and safety at the front door which had increased significantly. The Trust now needed to understand the potential for improvement through better working within the wider system and continuing to work with community services and share care. A report would come back to the board. **H Beck**

Gary Norgate commended the Trust on performance in the emergency department. However, he noted the percentage of children in care having health assessments within 28 days continued to be very low and asked when this would improve; he assumed that this was not related to the pressure the system was under. Rowan Procter explained that this was due to a delay in referral or foster parents etc. not being aware of the requirement for this and turning down appointment times or not turning up for them. This was being reviewed with the local authority.

Gary Norgate noted that appraisals were still not improving. He said that during periods when the organisation was under pressure it became even more important to understand how individuals were managing. He requested that this remained a continued focus. Jan Bloomfield assured the board that the pressure continued on appraisals and this was regularly discussed at performance meetings. However, she thought that there was still a reporting issue and they were looking at using ESR to make it simpler and quicker for managers to record completion of appraisals. She reported that initial results of the staff survey were very reassuring about appraisals and friends and family.

She also reassured the board that recruitment was ongoing and there was a regular intake of eight to ten high quality nurses from the Philippines and OSCE performance was excellent. In addition there were a number of nursing assistants waiting to start.

Helen Beck explained that it had not been possible to provide referral to treatment figures at the time of writing this report; this had been discussed at the digital board meeting. Since then an estimated position of 88.3% had been submitted which she believed to be very much the worst case scenario.

Alan Rose noted the A&E four to twelve hour wait from decision to admit had deteriorated and asked what this meant for patients and if they remained on a trolley in the emergency department. Helen Beck explained that this was a reflection of the pressure the organisation was under. She assured the board that patients were not left on trolleys in corridors and wherever possible they were transferred to a bed in the emergency department but this was not an ideal patient experience. If patients were mobile they could sit in a chair while they waited to be admitted.

Cancer performance in December was not where she would like it to be. The two week wait performance had been struggling for some time due to demand and capacity issues in dermatology and breast services. Unplanned sickness had also had resulted in teams being unable to do all the additional sessions they would normally do. However, this was now back on track and she expected that January performance would meet this target.

62 day performance for December was just over 77% and was expected to be 83% in January. Some of the issues were in breast services due to a delay in starting a pathway and also in urology where a locum consultant had left. However, a substantive consultant would be starting next week; therefore performance should improve in this specialty.

No patients were waiting 104 days or longer which was a measure that improvements in pathways were starting to be seen. The head of elective performance had assisted in managing pathways and would continue to work on this.

Richard Davies commended the team on reducing the two week wait for dermatology. He referred to the focus on earlier diagnosis of cancer and that this would therefore result in an increase in demand on cancer services and asked if the Trust had considered how it would manage this. Helen Beck said they would be looking at tighter target from April 2020 and noted that we would be and would be shadow monitoring against this from April 2019 The divisions were also working up business plans to identify where additional capacity was required. The problem was at the front end, i.e. diagnostics. An additional radiologist and histopathologist had been recruited to try to improve performance in this area along with additional urology capacity. However, this would be a real challenge.

Angus Eaton noted the year to date increase in outpatients of 17.6% and asked if this was being kept an eye on as there were big capacity constraints elsewhere in the organisation. Helen Beck confirmed that the Trust was managing and working on this with system colleagues and looking at different ways of delivering this type of activity. This was a cause for concern and would be managed through outpatient transformation and monitored through future transformation reports. The aim was also to manage some of this digitally.

19/09 FINANCE AND WORKFORCE REPORT

Craig Black referred to the pressures within the organisation and said that the finance department had also been extremely busy. Following discussions with the CCG additional funding had been agreed to reflect the extra activity that the Trust had been delivering above the plan. £1.5m had been received towards the cost of this which would assist in the chance of achieving the control total this year.

Loan funding had been agreed with the Department of Health for this year's capital programme, which meant that the cash position was more secure this year.

The finance position for December was slightly ahead of plan with a £27k favourable variance and the Trust was continuing to forecast that it would hit its targets.

A lot of work was being undertaken on the cost improvement programme (CIP). The main focus was on the next financial year and also monitoring performance of this financial year. Every year the aim was to deliver as many recurring CIPs as possible and this year there were aggressive plans for recurring CIPs. However, it was likely that the Trust would fall short on these this year but would make up the balance with non-recurring CIPs. This meant that further recurring CIPs would have to be identified for next year.

Overall the financial position in December was good, although pressures on the organisation had resulted in an increase in temporary staff. The impact of additional recruitment this year was shown in the table on page 8, i.e. increase in nurse staffing, particularly in nursing assistants where there were 75 more starters than leavers. This had enabled staffing of current wards and escalation capacity; however the Trust had also had to open 'surge' capacity which had resulted in additional costs for temporary staff.

The cash position in December was reasonably good with £1.3m more cash than in the plan, but this would reduce as we move towards the end of the financial year. Discussions were currently taking place with the Department of Health about loan financing for capital programmes for next year.

The announcement of an increase of 3.4% in funding was much better than the last few years. However, as the health service was in deficit this would only lead to a break even position next year and would not increase the Trust's ability to spend more money. This needed to be communicated and understood internally.

A discussion about the control total offer for next year would be had in the closed board meeting. A plan to deliver the control total, including CIPs, would come back to the next board meeting. **C Black**

The Chair agreed that it was very important to balance the message about the increase in funding and the fact that it would not make any difference internally.

Gary Norgate referred to recurring versus non-recurring CIPs which was critical for next year and asked if there was a plan to do something different as the Trust could not continue to rely on non-recurring CIPs. Craig Black explained that the forecast would deliver approximately £7m of recurring CIPs, i.e. 2.7%. He acknowledged that delivering non-recurring CIPs only created a problem for the following year. Divisions were continually challenged about identifying recurring CIPs but the organisation could not be unreasonable about what it expected to achieve, i.e. no more than 3%.

Gary Norgate acknowledged that this was challenging and asked about looking at doing this differently across the system. Kate Vaughton agreed that there was a need to look at system working e.g. pharmacy and learning that could be shared. Work being undertaken in the localities should enable a different approach. Helen Beck explained that there would be very visible reports at divisional level on what was recurring and non-recurring.

Alan Rose asked if the new financial settlement would bring the whole health system into balance rather than just providers. Craig Black said that this should bring approximately 90% of the acute sector into balance. The whole of the west Suffolk

system should be in balance but he was not sure about the east and whether this would balance out ESNEFT's deficit.

The Chief Executive agreed that focus needed to be on recurrent CIPs.

19/10 TRANSFORMATION Q3 REPORT

Helen Beck explained that many of the schemes were about delivering marginal improvements in performance

The rapid intervention vehicle (RIV) was a collaboration between the East of England Ambulance Trust and WSFT and had been very successful in keeping patients in their own homes. This service was funded by the system transformation bid and they would be looking at how to maintain this going forward.

There had been good success with pathway 1 (discharge to optimise and assess) which were patients who were going home but with care provided. This project assessed a patient's care needs once they had been discharged to their own home rather than in the hospital setting before discharge, which was much better but required a therapy assessment within a couple of hours of a patient going home. Work was now being undertaken with Gylda Nunn and the community teams to consider how to roll this out across more wards. This initiative was saving an average three days length of stay for some patients, which was very positive and much better for patients.

The planned care programme would look at demand in outpatients as well as inpatients.

WSFT was fully engaged in the STP's plans for stroke as well as plans with Addenbrooke's in terms of thrombectomy services and how this would work. The lead clinician and service manager were fully engaged in this process.

The Chief Executive reported that he had received a letter about the professional outcome with the GP Federation and integrated pain management service. Kate Vaughton confirmed that this has been signed off by the CCG's board; she explained the significant amount of work that had gone into this and that there had been very good initial feedback from patients.

Richard Davies asked if the board would see an evaluation of some of these schemes; he also asked about areas where evaluation was not referred to and if this would happen, e.g. Teledermatology. Helen Beck explained that the evaluation already went to other system forums but could come to the board. She explained that the decision had been taken by the CCG not to make Teledermatology a mandatory referral pathway for GPs. Every GP practice now had the training and equipment and they were being encouraged to use this.

Angus Eaton said that he was pleased to see that the organisation was getting much better at learning from what other organisations were doing and replicating this, and encouraged it to continue to do so.

Gary Norgate asked if category towers was performing in line with expectations. Craig Black confirmed that this was the case and financially it had made a difference this year. It had not yet been agreed with the Department of Health how it would recognise the savings that had been achieved, but it had already met the savings target for this year and had the potential to deliver well above the plan that had been set.

The Chair asked for an update on Buurtzorg, particularly in terms of staff recruitment and retention. Kate Vaughton explained that the plan was to look at evolving this and how to develop it in the localities; a report would come to a future board meeting. **K Vaughton**

The Chief Executive said there was some very good work in this report. The consequence of much of this, including the bed model and predictor, had enabled the Trust to maintain its current position during the increase in demand and pressures it was under. Kate Vaughton agreed and said that a lot of these initiatives, eg RIV, were proving the concept of transformation and integrated working and the challenge was to develop this further.

Alan Rose referred to the CIP programme (4.1) and noted that £4m had been identified; he asked about the figure of £7m that had been referred to previously. Craig Black explained that £7m was the year to date position in 18/19, £4m was the current figure relating to 19/20.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

19/11 NURSE STAFFING REPORT

Craig Black referred to the table on page 1; ward based unregistered nursing assistants, which showed that the Trust was employing 11 wte more than plan. As previously mentioned, the organisation had gone into surge capacity resulting in an increased staffing requirement which meant that there was still a shortage of nurses.

The position around registered nurses was more acute with a shortage of 19, ie only 433 against a plan of 452. Escalation capacity had been opened on G3 and G9; if open 24/7 this would require an additional 35 wte registered nurses, which meant there would be a total shortfall of 54 wte.

WSFT used temporary staff to address shortages, particularly bank nursing assistants. In terms of registered nurses it had to go to an agency and in December approximately 40 wte agency nurses had been employed. Although it had managed to partially close the shortfall in nurse staffing this was a real challenge for the organisation.

Rowan Procter explained that the Trust was now working on a system of bay based nursing as it was not able to employ sufficient registered nurses and bay based nursing enabled more nursing assistants on a ward which assisted in nutritional assessments etc. The more escalation and surge capacity that was opened the more the number of registered nurses on each ward depleted.

The increase in medication errors was due to the shortage of registered nurses. Agency nurses were spread across wards but it took them longer to do e-care and they did not do drug rounds etc. Although employing agency staff mitigated safety issues it resulted in a reduced quality of care. Rowan Procter considered it was positive that staff were still reporting medication errors even though they were under pressure. She explained the checking and reporting system for medication errors.

The Chair agreed that the culture of always reporting was absolutely fundamental to maintaining safety.

The Chief Executive asked about medication errors and if there was any way of identifying those that went undetected. It was explained that it was not possible to identify these. Nick Jenkins reported that a digital medication system had been discussed at the digital board yesterday and should be introduced within the next twelve weeks.

Gary Norgate asked about non-productive time. Rowan Procter stressed that these figures needed to be data cleansed.

Angus Eaton said that he was very reassured about the reporting of medication errors and asked if there were tolerances in place and at what point this became a real concern. Rowan Procter explained that every nurse who committed a medication error would have a one to one meeting with the ward manager, if they were responsible for more than one error they had a meeting with the senior matron and if more than this further action would be taken.

She explained that there was not much more that could be done unless the Trust stopped admitting patients. Craig Black agreed and said that there would also be other indicators that were affected by the pressures, e.g. increase in falls etc. The staffing mix would also be looked at in any area where performance had dipped significantly.

19/12 SAFE STAFFING GUARDIAN REPORT – Q3

Nick Jenkins explained that a new Guardian of Safe Working, Francesca Crawley, had been appointed and would be presenting this report in the future. He thought that it was likely that the number of exception reports had reduced as new doctors became embedded in the organisation.

19/13 LEARNING FROM DEATH REPORT- Q2

Nick Jenkins reported that the team was currently on track for completing reviews. There was no obligation to review every single death but it was the Trust's aspiration to do this for learning purposes. The priority was to review patients whose wishes were to be cremated so that this was not delayed. There were two new reviewers who were focussing on patients who wished to be buried.

The most common theme that had been identified in learning from deaths reviews was the need to get better at recognising that the process of dying was beginning, which would enable the enhancement of care for these patients. A small but significant number of cases had been collected that would aim to try to change practices within the organisation, ie patients who had received poor care or poor care initially due to lack of recognition that they were dying and intervention should have stopped.

Richard Davies said this was not a precise science and was an overall problem in medicine as it was very difficult to move from active care to palliative care. The challenge was to ensure learning was embodied throughout the whole organisation.

Nick Jenkins confirmed that this was not a specific problem with one ward or consultant.

The board approved the change in way of reporting to the board which mirrored the requirement in the annual quality accounts.

19/14 CONSULTANT APPOINTMENT REPORT

The board noted the appointment of the following:-

Dr Konrad Wronka, Consultant in Trauma & Orthopaedics
Mr Majeed Shakokani, Consultant in Trauma & Orthopaedics
Dr Helena Jopling, Consultant in Healthcare Public Health

Nick Jenkins highlighted the 30 applicants for the Trauma & Orthopaedics positions which was a real accolade to the Trust and orthopaedic department. He explained that it was very difficult to decide which applicants to appoint.

He also referred to the appointment of Helena Jopling who is a great asset to the Trust.

19/15 PUTTING YOU FIRST AWARD

The Chief Executive reported that awards this month had been received by Matt Youngman, pharmacist; Teresa Smith, Sudbury Community Health Centre and Sarah Shaw, nursing workforce lead.

Matt Youngman was the antimicrobial pharmacist for the Trust, in addition to covering his own wards as a pharmacist. He had also been going above and beyond his already busy role to support the OPAT team which was responsible for getting patients out of hospital to have their intravenous antibiotics at home. He was a dedicated and hardworking individual for whom nothing was too much trouble.

Teresa Smith did not routinely work at weekends, but due to staffing shortages she worked clinically on both a Saturday and Sunday from 8.00am to 1.00pm to ensure COPD patients were supported to stay at home and avoid admission, and also to support discharges. This was a great example of leadership: Teresa was a 'can-do' person who always put the patient before herself.

Sarah Shaw had developed strong working relationships with other teams that supported the recruitment and retention of nursing staff, and had significantly streamlined the process. She had been involved in the recruitment of the Trust's new Filipino nurses, revamped the nursing assistant group interviews and had successfully recruited good quality nursing assistants. Without her sterling efforts the Trust would be in a much worse position with a higher number of nurse vacancies.

The board congratulated Matt, Teresa and Sarah for their dedication and for going the extra mile to support both patients and staff.

BUILD A JOINED UP FUTURE

19/16 COMMUNITY SERVICES AND WEST ALLIANCE UPDATE

Helen Beck explained that following Dawn Godbold's retirement she would be managing the operational side of community services and Kate Vaughton would be managing transformation. Michelle Glass had been appointed as assistant director of operations for community services.

It was explained that this report would be reformatted to combine operational and transformation information. However, it was noted that the messages for both were very important

K Vaughton /H Beck

Kate Vaughton referred to the RIV and cases studies which highlighted the types of intervention and successes. She also explained the developments within paediatric physiotherapy with joint working and rotation of paediatric physiotherapists. Very good feedback had been received from patients about continuity of care.

Alliance development continued to progress with the approach to winter being planned for as a system and a joint decision as to how the funding from the local authority should be allocated. A group of leaders from across the system decided what needed to be achieved and where the money should be spent to improve system flow across

the whole of the Suffolk, with the aim of providing additional capacity. They had also identified facilities that could be used differently to the benefit of the whole system.

Discussions continued on how to involve voluntary sector colleagues with more targeted work to understand how the voluntary sector could feed into all the different levels of the alliance. The system executive group (SEG) would be attending a workshop in February facilitated by Community Action Suffolk which would provide different and additional challenges.

Work was being undertaken in the localities to further develop transformation and identify leadership around this, together with administrative support for each locality. Over the next couple of months they would be working with public health to produce a population profile for each locality, which would help to identify priorities and bids for transformation funding.

As part of the integrated care system board a transformation funding package of £3.34m had been made available to the STP, which equated to £481k for west Suffolk. A condition of this funding was that Suffolk Community Foundation (SCF) would work with the alliance to prioritise and manage the allocation of funds to the voluntary and community sector in each locality. A paper would go to the Alliance Steering Group and then to SEG for ratification. A report would then come back to the board..

Alan Rose referred to the higher ambitions for the Integrated Care System (ICS) and said that it was interesting that these did not focus on the acute sector but were about what happened outside the hospital.

Gary Norgate asked about the correlation between all the initiatives and the impact on admissions and flow throughout the hospital and system. Craig Black explained that this was part of the population health work and would identify if funding in localities had been beneficial.

Richard Davies referred to the case studies and said that from his experience this type of patient could stay at home; this showed the excellent work that was being undertaken.

Angus Eaton said that it was important to see the outcomes and benefits to the whole system. Kate Vaughton agreed and said they needed to look at individual processes in relation to admissions etc. and then start to put together a locality dashboard. This would begin to help identify the impact of the work that was being undertaken.

Craig Black said that a key element of the allocation of funds would be the agreement of a matrix and how this would be measured, prior to the money being awarded.

GOVERNANCE

19/17 TRUST EXECUTIVE GROUP REPORT

The Chief Executive highlighted the discussion about the CQC and Mental Health Trust and the significant quality and safety issues which had been identified. It was considered that there was an opportunity to move very quickly through the Alliance and Mental Health and the CCG was looking at the future strategy for this. He stressed the importance of early treatment for mental health patients in order to prevent admission and ongoing treatment.

19/18 QUALITY AND RISK COMMITTEE REPORT

The board noted the content of this report and approved the annual governance

review and action plan.

19/19 REMUNERATION COMMITTEE REPORT

The board noted the content of this report and approved delegated authority to the committee for any decision on remuneration for very senior staff that withdraw from the pension scheme.

19/20 NON-EXECUTIVE DIRECTOR RESPONSIBILITIES REVIEW

The board noted the content of this report.

19/21 REGISTER OF INTERESTS

The board reviewed and noted the summary register of interests,

19/22 USE OF TRUST SEAL

The board noted the use of the Trust seal.

19/23 AGENDA ITEMS FOR NEXT MEETING

The scheduled agenda items for the next meeting was approved.

ITEMS FOR INFORMATION

19/24 ANY OTHER BUSINESS

There was no further business.

19/25 DATE OF NEXT MEETING

The next meeting would take place on Friday 1 March at 9.15am in the Northgate Room, Quince House, West Suffolk NHS Foundation Trust.

RESOLUTION TO MOVE TO CLOSED SESSION

19/26 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

For Report

Presented by Sheila Childerhouse

Board of Directors – 1 March 2019

Agenda item:	6			
Presented by:	Sheila Childerhouse, Chair			
Prepared by:	Richard Jones, Trust Secretary & Head of Governance			
Date prepared:	21 February 2019			
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
1667	Open	25/1/19	Item 6	Agreed to work with ESNEFT to develop a shared briefing for governors at both ESNEFT and WSFT	Raised with director of governor and chair at ESNEFT with proposal to use approach in March	SC / RJ	01/03/19	Green
1671	Open	25/1/19	Item 8	Schedule a report which sets out learning from winter, including input across the system and Alliance partners		HB	26/04/19	Green
1673	Open	25/1/19	Item 10	Schedule an update on the Buurtzorg test and learn, including staffing position		KV	26/04/19	Green
1674	Open	25/1/19	Item 16	Agreed to provide update on the Alliance ambitions transformation plans and integrate this within the quarterly transformation report		KV / HB	26/04/19	Green

Closed actions

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1636	Open	2/11/18	Item 2	Consider impact of other factors on falls occurrences and trends	Being picked up as part of a project on F3. **AGENDA ITEM - Q3 learning report**	RP	01/03/2019 (revised)	Complete

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1652	Open	30/11/18	Item 9	In the context of 62 day performance undertake a full review of cancer pathways and accountability	Update to date: • completed governance review of cancer PTL meeting and updated TOR, attendance and action log. • Currently reviewing Trust cancer strategy to bring into line with EoE strategy • Specialty level plans in place for colorectal, urology, ENT, endoscopy and histopathology • Bi – weekly meetings with Head of elective performance to review progress against the above plans. **AGENDA ITEM**	HB	01/03/19	Complete
1657	Open	30/11/18	Item 12	Update healthroster to reflect the bay based nursing staffing profiles and other ward changes	This has been completed	JB	01/03/19	Complete
1659	Open	30/11/18	Item 13	Provide a report of the range of approaches to gathering and responding to issues and concerns from staff. The report to describe activities undertaken and key learning.	**AGENDA ITEM**	JB	01/03/19	Complete
1666	Open	25/1/19	Item 2	Agreed to review the details of the concerns raised regarding moves at night (this would require patient level information to be provided)	Unable to proceed as didn't receive patient level information. On this basis suggest close action.	NJ	01/03/19	Complete
1668	Open	25/1/19	Item 7	Joint workshop with Board and Governors to discuss strategy and operational plan for 2019-20	Date confirmed for 13 March 2019	RJ	01/03/19	Complete

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1669	Open	25/1/19	Item 7	Review changes to never event definition to clarify whether any changes to our clinical/operational procedures are required	Paul Morris confirms that when the list was updated last year we went through the areas of change and spoke with the individual areas re the changes.	NJ	26/04/19	Complete
1670	Open	25/1/19	Item 8	The action plan to improve neutropenic sepsis performance in ED to be included in the next IQPR	Action plan is in the IQPR	RP	01/03/19	Complete

7. Chief Executive’s report

To ACCEPT a report on current issues from the Chief Executive

For Report

Presented by Stephen Dunn

Board of Directors – 1 March 2019

Agenda item:	7			
Presented by:	Steve Dunn, Chief Executive Officer			
Prepared by:	Steve Dunn, Chief Executive Officer			
Date prepared:	21 February 2019			
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

Performance was a real challenge in January. Nationally NHS performance against **the four-hour accident and emergency target** hit a record low, with overall performance at 84.4% and only two trusts in the country managing to reach the 95% standard. The deterioration came as demand rose to record levels. There were 564,000 emergency admissions in the month – 7.2% higher than the same month last year and the highest number on record. We have experience similar increases locally, with attendances continuing at an increased level year-on-year level at 10.1% (adjusted). The pressure this level of activity has put on the hospital and community services cannot be underestimated and our staff make me proud every day.

These challenges make the **thirty-one Filipino nurses** that have joined the Trust since July this year so important for the Trust and our patients. They have all been warmly welcomed, especially by the Filipino community, both at West Suffolk Hospital and in the Bury St Edmunds area. The nurses have been given food parcels, invited for dinner, taken out and made to feel very much part of the community, whose generosity has been overwhelming. I'm delighted that the nurses who have arrived so far are happy and settled and I want to thank everyone for their generosity and support, on behalf of everyone here at the Trust.

We continue to support our staff to have flu jabs to protect themselves, their patients and their colleagues. I'm delighted that, at the time of writing, more than 2,770 of our staff have opted to have the **flu vaccination**. That will likely have gone up even further at the time of reading!

At the start of the month we once again opened our doors to the **national Sky News health team**, giving them exclusive behind the scenes filming access to West Suffolk Hospital and our community sites. The film crew found out about how, during the busy winter months, our staff have supported and cared for patients in hospital, and crucially, helped to get them home. You can watch the Sky health feature on YouTube (https://youtu.be/kdppOQXaCs0), and you can read Sky News health correspondent Paul Kelso's analysis feature on us on the Sky News website.

Locally we've also shone a light on our **partnership working with the RAF Lakenheath's 48th Medical Group**, and some of you may have caught the local TV coverage on that. The scheme, which has been running here at West Suffolk Hospital since 2010, sees military medics support our NHS staff in operating rooms, the emergency department, and critical care units. This helps them sustain and improve their high-level clinical skills, and allows the Trust to benefit from the help of additional medical personnel. Over time, the relationship between the 48th Medical Group and the West Suffolk Hospital has grown and expanded from the original specialty of general surgery to now include ear, nose and throat, urology, emergency and critical care nursing, and medical technician theatre care and skills. Since January 2016, nearly 700 surgical procedures have been performed by USAF surgeons at West Suffolk Hospital. Long may this fruitful and supportive relationship continue.

After several years as a local area manager for community services in Suffolk, I am delighted that Michelle Glass has been appointed to a 12-month secondment as associate **director of operations for community and integrated services**. Michelle describes herself as a "two-way street" between acute and community services.

A great example of our community services is the **community pulmonary rehabilitation service.** Every week, people living with lung conditions come together for a patient-led initiative to maintain their fitness and support each other to improve their physical and mental health. All have a long-term respiratory illness, and have been referred to the service. The team of specialist physiotherapists and instructors supports them through an initial six-week exercise and education programme that aims to help them better understand and manage their conditions. The courses bring such benefits that some patients involved want to carry on. So community physiotherapist

Becky Chapman, who patients describe as “a wonder” co-ordinates and delivers a follow-on group once a week in Bury St Edmunds, in her own time, motivated by the courage and determination of her patients, many of whom have life-limiting illnesses. Yet another example of our staff going the extra mile for our patients.

The Medicine & Healthcare products Regulatory Agency (**MHRA**) undertook an inspection of the laboratories on 20 and 21 February. While no critical deficiencies were identified a number of major concerns were highlighted and we are working to respond to these issues with the senior leadership from East Suffolk and North Essex Foundation Trust (ESNEFT). At a more strategic level, we are also engaging with NHS Improvement to review the options for the networked provision of pathology services.

It is hugely disappointing that we have reported a **never event** in February due to a wrong site punch biopsy. A full investigation has commenced to ensure learning is identified and action implemented.

Overall for **January’s performance** there were 81 falls and 36 Trust acquired pressure ulcers with no C. difficile cases. The Trust failed to deliver on the target for cancer two week wait breast symptoms with reported performance at 72.1% and cancer 62 day GP referral with reported performance at 84.5%. The 4 hour wait performance for the emergency department for January was 86.8% with attendances continuing at an increased level year-on-year level. Referral to treatment performance for January was 84.7% with seven patients waiting longer than 52 weeks for treatment.

The **month ten financial position** reports a deficit of £7.6m which is £0.6m worse than planned. The Trust has agreed a control total to make a deficit of £13.8m which will provide PSF of £3.7m should ED and financial targets be met. Therefore, the Trust is now planning on a net deficit of £10.1m for 2018-19. In order to achieve the control total the 2018-19 budgets now include a stretch cost improvement programme (CIP) of £2.8m bringing the total CIP plan to £12.2m (5%).

We’re getting ever closer to **removing physical bleeps** from our West Suffolk Hospital site as we continue to roll out Medic Bleep across the Trust. You may have seen the recent national announcement from the Secretary of State for Health and Social Care, Matt Hancock, where he shared that he wants all physical bleeps to be removed from the NHS by 2021; WSFT was held up a national example in the announcement for being ahead of the game for our work with Medic Bleep, and shared as a ‘best practice’ example to follow. As a global digital exemplar trust, we’ve always been keen to explore new digital opportunities that could improve experience for staff and patients. Medic Bleep can be used across mobile phones, desktops, tablets and WSFT ward equipment, so staff can contact one another on the move rather than waiting for a bleep return call. In the pilot, it saved nurses an average of 21 minutes per shift, and junior doctors a staggering 48 minutes per shift. All that time we save can be spent caring for patients, so we benefit, but more importantly, our patients benefit too.

We are working to finalise the operational plan for 2019-20 which will set out key objectives for the year in terms of quality, operational and financial performance. I would like to take this opportunity to thank our **public and staff Governors** and recognise the support that we, as a senior leadership team, receive from our governors who bring their many skills and extensive experience to the table to help us better the organisation.

Our **new accommodation blocks** are looking fantastic, and we’re now advertising for people to take advantage of these new, modern flats. With a five minute walk to work, a woodland location, and a contemporary and affordable living space, it almost sounds too good to be true! The 160 en-suite rooms are a much needed improvement on our current living spaces for colleagues, and we’re hoping to do an official opening event in the coming months. I’m delighted we’ve been able to deliver this project for our staff – thank you to everyone who has played a part in that.

We continue to plan and prepare for **EU Exit**, while this can focus on supply chains we recognise the importance of our EU staff in the delivery of services both in the hospital and community. We are very pleased to offer two important information briefing sessions for all of our EU employees. The purpose of these sessions is to provide vital information and support to all of our EU employees to apply for Settled Status, which will protect the right to live here, work here and access public services such as healthcare and benefits.

Chief Executive blog
NHS Long term plan: https://www.wsh.nhs.uk/News-room/news-posts/NHS-Long-Term-Plan.aspx

Deliver for today

East of England Diabetes Specialist Practice Forum
On 25 and 26 January the Trust diabetes team organised and hosted the sixth East of England Diabetes Specialist Practice Forum, attended by 46 multidisciplinary delegates from across the East of England. Held at Bedford Lodge Hotel, Newmarket, the event gave the team a chance to show their skills on a regional platform and offer a wide variety of presentations about the multi-faceted diabetes care the team offers.

Invest in quality, staff and clinical leadership

Support and guidance for community nurses
Nurses working across the Trust's adult community services now have the support of two senior colleagues, representing a significant investment in patient care, staff development and professional leadership. Amanda Keighley was recently appointed to the post of senior matron for community and integrated services, working with Sharon Basson, head of nursing for the division, as part of the Trust's nursing directorate. With a focus on improving and maintaining nursing quality and ensuring governance at a strategic level, Sharon and Amanda also aim to bridge the gap between our acute and community services. With the Trust committed to integration and joined-up working, they are also central to the West Suffolk Alliance, which brings together services throughout the system for the benefit of patients, families and colleagues.

Build a joined-up future

Giving local people a VOICE
The Trust is continuing to recruit members to its patient, public and family carer representative group, VOICE. The group supports the development of health services by engaging with the community and obtaining feedback about people's experiences of care in order to help the Trust improve care quality and patient experience. We've had interest from 16 new people in the last few weeks alone thanks to a media and social media push from our communications team, which is fantastic news. We are so lucky to have a really engaged community in Suffolk who care about their local NHS.

National news

Deliver for today

Hospital admissions for youths assaulted with sharp objects up almost 60%
Teenagers accounted for more than 1,000 admissions to hospital as a result of assaults with a knife or sharp object last year, NHS figures show. Admissions for all injuries caused by an assault with knife or other sharp objects have gone up by almost a third since 2012-13, from 3,849 to 4,986 last year. However, admissions involving youngsters aged between 10 and 19 increased nearly twice as fast, with 656 hospital admissions in 2012-13 up to 1,012 last year – a rise of around 55%. Doctors warned that high street sales of knives is helping to fuel the rise in stabbings, and called on retailers to do more to stem the tide of available weapons.

NHS to rollout lung cancer scanning trucks across the country
Lung cancer scanning trucks that operate from supermarket car parks are being rolled out across the country in a drive to save lives by catching the condition early, NHS England has announced. Around £70 million will fund 10 projects that check those most at risk, inviting them for an MOT for their lungs and an on the spot chest scan that include mobile clinics. A recent study showed CT

screening reduced lung cancer mortality by 26% in men and between 39% and 61% in women. The roll out has the potential to reach around 600,000 people over four years, detecting approximately 3,400 cancers and saving hundreds of lives across the country.

State of child health: England – two years on
This Report from the Royal College of Paediatrics and Child Health and Us Network charts progress in bringing issues that affect children and young people to the fore, and stagnation in the Government's policy to tackle child poverty and inequality.

Impact of social media and screen use on young people's health
This report highlights the benefits of social media, while also revealing the potential risks faced by young users. It further suggests what can be done to protect young users when they are online, including the recommendation that social media companies must be subject to a legal duty of care to help protect young people's health and wellbeing when accessing their sites.

Contained and controlled: the UK's 20 year vision for antimicrobial resistance
This Report by HM Government sets out the Government's vision for antimicrobial resistance in 2040. The impacts of unchecked antimicrobial resistance are wide-ranging and extremely costly, not only in financial terms, but also in terms of global health, food security, environmental wellbeing, and socio-economic development. Already, antimicrobial resistance is estimated to cause at least 700,000 deaths around the world each year. That figure is predicted to rise to 10 million, alongside a cumulative cost of $100 trillion, by 2050 if no action is taken.

Invest in quality, staff and clinical leadership

Many women are positive about their maternity care but improvements still needed
Findings from the Care Quality Commission's (CQC) national survey of more than 17,600 women who gave birth in February last year show that many had a good experience, particularly in relation to interactions with staff, access to midwives and emotional support during pregnancy. However, for some women the care they received fell short of expectations with issues highlighted around continuity of care, choice in antenatal and postnatal services and access to help, information and support after giving birth.

Physician Associates an asset to hospital medical and surgical teams.
This study by the NIHR is the first to consider the impact on the NHS of a new type of health worker in hospitals, Physician Associates. It has found that they benefit medical and surgical teams and their patients over a wide range of specialities. PAs were mainly deployed in hospitals to undertake inpatient ward work during core weekday hours. They were reported to positively contribute to: continuity of staffing and knowledge within their medical or surgical team; patient experience and flow; inducting new junior doctors; and supporting their teams' workload, all of which released doctors to attend to more complex patients and training.

A review of the fit and proper person test
This independent review, led by Tom Kark QC, investigates how effectively the test prevents unsuitable staff from being redeployed or re-employed in health and social care settings. It sets out seven recommendations including: developing competencies for directors; making a central database of directors' qualifications, training and appraisals; and expanding the definition of serious misconduct.

Update on developing and strengthening AHP roles
The growing influence and increasingly enhanced role of Allied Health Professionals (AHPs) in delivering safe and effective health care as part of an integrated service is highlighted in this

review published by Health Education England – *Allied Health Professionals – at the forefront of improving care: a year in review 2018-19*

Trainee Nursing Associate numbers continue to grow as thousands more train to become Nursing Associates
Over 5,000 people were recruited as trainee nursing associates in 2018, building on the 2,000 recruited in 2017 (HEE announcement).

Build a joined-up future

Launch of NHSX
A new unit to oversee digital transformation of the health and care system, called NHSX, has been announced. The organisation is to bring together the Department of Health and Social Care, NHS England and NHS Improvement. Health Secretary Matthew Hancock said the digital unit will have an "open door policy" with industry, and be tasked with working more closely with tech companies to improve NHS IT. Mr Hancock has confirmed that NHSX will take over many of the digital responsibilities that currently sit with NHS England, including leadership of NHS digital strategy. He said the move was needed because the NHS has been too slow on improving its IT systems, partly because responsibility was split across too many organisations.

Delivering effective governance and accountability for integrated health and care
NHS organisations and local authorities are already working closely together to join up approaches to delivery and this will become even more important as the journey towards more integrated approaches to planning for health and care continues via ICSs, as set out in the NHS Long Term Plan earlier this year. But there are several important differences in governance and accountability between the NHS and local authorities, which creates challenges when seeking to integrate systems and structures. This briefing for the NHS and local authorities outlines possible solutions for the governance and accountability challenges brought by the move to integrated health and care.

Streets of shame: homelessness and the NHS – a tome of tragedies
This report from the BMA delivers some stark data on the cost of homelessness to the NHS and how austerity policies are fuelling the rise in homelessness in England.
The data collected reveals that the number of recorded visits to A&E from people classed as having no fixed abode has trebled since 2010/11.

Juggling work and unpaid care: a growing issue
This research reveals that 2.6 million people have quit their job to care for a loved one who is older, disabled or seriously ill, with nearly half a million (468,000) leaving their job in the past two years alone - more than 600 people a day. This is a 12 per cent increase since Carers UK and YouGov polled the public in 2013.

Age UK's Personalised Integrated Care Programme: impact on hospital activity
Age UK's Personalised Integrated Care Programme (PICP) aims to improve the lives of older people through practical support, underpinned by a change in the way that the health and care system works together for these people locally. This report analyses the hospital use of older people who had received a service from PICP in eight areas of England. The research concludes that *it has almost certainly not been able to reduce costs or emergency admissions.* However, the results suggest that the scheme may be identifying unmet need in the population, which manifests in greater use of hospital care.

9:45 DELIVER FOR TODAY

8. Integrated quality and performance report

To ACCEPT the report

For Report

Presented by Rowan Procter and Helen Beck

Trust Board – February 2019

Agenda item:	Integrated Quality & Performance Report			
Presented by:	Rowan Procter, Executive Chief Nurse Helen Beck, Interim Chief Operating Officer			
Prepared by:	Rowan Procter, Executive Chief Nurse Helen Beck, Chief Operating Officer Joanna Rayner, Head of Performance and Efficiency			
Date prepared:	February 2019			
Subject:	Trust Integrated Quality & Performance Report			
Purpose:	x	For information		For approval
Executive summary:	The attached report provides an overview of the key performance measures for the Trust. A detailed section is included from page 17 onwards.			

Trust priorities	Deliver for today	Invest in quality, staff and clinical leadership	Build a joined-up future
	x		

Trust ambitions	*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:	Monthly at Trust Board
Risk and assurance:	To provide oversight and assurance to the Board of the Trusts performance.
Legislation, regulatory, equality, diversity and dignity implications:	Performance against national standards is reported.

Recommendation:

The Trust Board notes the monthly performance report.

NHS
West Suffolk
NHS Foundation Trust

Integrated quality and performance report



Month Ten: January 2019

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Putting you first

CONTENTS

EXECUTIVE SUMMARY

DETAILED SECTIONS

1 EXECUTIVE SUMMARY

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

ARE WE SAFE?

Healthcare associated infections (HCAIs) – There were no MRSA bacteraemia cases in or hospital attributable to clostridium difficile In January 2019. The trust compliance with decolonization stayed the same in January 2019 at 94.0%.(*Exception report pg. 25)*

CAS (Central Alerting System) Open (PSAs) – A total of 46 PSAs have been received to date in 2018/9, with 8 in January 2019. All the alerts have been implemented within timescale to date.

Patient Falls (All patients) - 81 patient falls occurred in January 2019 which was an increase from 61 the previous month. (*Exception report pg. 24)*

Pressure Ulcers- In January 2019, 36 cases occurred with a year to date total of 267. (*Exception report pg. 23)*

ARE WE EFFECTIVE?

Cancelled Operations for non-clinical reasons – The rate of cancelled operations for non-clinical reasons was recorded at 1.0% in January 2019

Cancelled Operations Patients offered date within 28 Days – The rate of cancelled operations where patients were offered a date within 28 days was recorded at 82.8% in January 2019 compared to 91.7% in December 2018. (*Exception report pg. 32)*

Discharge Summaries- Performance to date, whilst below the 95% target to issue discharge summaries, is showing an improvement (Non Elective Inpatients). A&E has achieved a rate of 83.7% in January 2019, whereas inpatient services have achieved a rate of 76.6% (Non-elective) and 84.7% (Elective) (*Exception report pg. 30)*

ARE WE CARING?

Mixed Sex Accommodation breaches (MSA) – 28 Mixed Sex Accommodation breaches occurred in January 2019. (*Exception report pg. 35)*

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.

Complaints responded to in time – January 2019 reported performance at 75.0% compared to 83.0% in December 2018 (Exception report pg.36)

ARE WE RESPONSIVE?

A&E 4 hour waits – January reports performance at 86.8% with a 7.2% year on year (adjusted) increase in attendances. (*Exception report pg. 40)*

Cancer – Cancer has experienced significant increases in demand in the last few months. The challenge of demand and capacity continues with two areas failing the target for January. These areas were Cancer 2 week wait breast symptoms with reported performance at 72.1% and Cancer 62 d GP referral with reported performance at 84.5%. (*Exception report pg. 41, 42)*

Referral to Treatment (RTT) – The percentage of patients on an incomplete pathway within 18 weeks for January was 84.7%. The total waiting list is at 2999 in January 2019, in January 2019 7 patients breached the 52 week standard. (*Exception report pg. 44, 45)*

ARE WE WELL LED?

Appraisal - The appraisal rate for January 2019 is 77.0%. (*Exception report pg. 52)*

Sickness Absence – The Sickness Absence rate for January 2019 is 3.9%. (*Exception report pg. 51)*

2. INTEGRATED QUALITY & PERFORMANCE REPORT DASHBOARD

This dashboard provides an overview of performance against key targets that form the key lines of enquiry and KPIs of NHS Improvement and the CQC. These are reviewed in further detail in the individual sections of the report, which are aligned to the CQC. Exception reports are included in the detailed section of this report.

INTEGRATED QUALITY & PERFORMANCE REPORT			TRUST TOTAL														
Are we..	Ref.	KPI	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Av/YTD
1. Safe	1.01	CAS (Central Alerting System) Open	NT	1	0	0	0	2	5	3	4	5	4	7	8	8	46
	1.02	CAS (Central Alerting System) Overdue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.04	All relevant inpatients undergoing a VTE Risk assessment	95%	96.9%	97.6%	97.3%	98.2%	94.1%	95.1%	93.0%	93.7%	94.0%	96.0%	96.1%	94.4%	94.6%	94.9%
	1.05	Clostridium Difficile infection - Hospital Attributable	15	1	0	2	1	0	0	1	1	1	1	2	0	0	7
	1.06	MRSA Bacteraemias - Hospital Attributable	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1
	1.07	Patient Safety Incidents Reported	NT	627	553	535	486	579	465	469	521	488	511	478	546	766	5309
	1.08	Never Events	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
2.Effective	2.02	Canc. Ops - Cancellations for non-clinical reasons	1%	0.8%	1.2%	0.9%	0.6%	0.8%	1.5%	1.8%	1.5%	1.2%	1.5%	1.3%	0.5%	1.0%	1.2%
3. Caring	3.01	Compliments (Logged by Patient Experience)	NT	64	20	45	21	93	44	49	33	35	73	31	38	40	457
	3.02	Formal Complaints	20	12	19	9	13	13	11	20	9	10	8	10	6	27	127
	3.03	Mixed Sex Accommodation Breaches	0	0	0	1	0	0	1	0	0	0	0	0	0	28	29
	3.04	IP - Extremely likely or Likely to recommend (FFT)	90%	97.1%	98.1%	98.0%	99.0%	99.0%	98.0%	99.0%	99.0%	99.0%	96.0%	98.0%	98.0%	98.0%	98.3%
	3.05	OP - Extremely likely or Likely to recommend (FFT)	90%	95.1%	96.2%	95.0%	97.0%	97.0%	97.0%	97.0%	98.0%	96.0%	96.0%	96.0%	97.0%	97.0%	96.8%
	3.06	A&E - Extremely likely or Likely to recommend (FFT)	85%	96.4%	94.9%	94.0%	94.0%	93.0%	94.0%	96.0%	95.0%	97.0%	96.0%	96.0%	97.0%	96.0%	95.4%
	3.07	Maternity - Extremely likely or likely to recommend (FFT)	90%	100%	93.0%	100%	98.0%	99.4%	96.7%	100%	95.0%	92.0%	100%	93.0%	100%	100%	97.4%
	3.08	Community - Extremely likely or likely to recommend	80%	95.2%	97.4%	96.0%	94.0%	98.0%	97.0%	90.0%	98.0%	95.0%	100%	100%	97.0%	98.0%	96.7%
4. Responsive	4.01	A&E under 4 hr. wait	95%	83.8%	85.2%	85.4%	84.9%	93.7%	93.9%	89.0%	87.6%	95.9%	93.3%	94.6%	91.4%	86.8%	91.1%
	4.02	RTT: % incomplete pathways within 18 weeks	92%	90.2%	89.6%	89.5%	90.4%	92.2%	91.4%	91.4%	89.3%	89.9%	90.2%	89.7%	88.3%	84.7%	89.7%
	4.03	52 week waiters	0	14	13	24	19	14	10	9	10	2	7	6	10	7	94
	4.04	Diagnostics within 6 weeks	99%	100%	99.8%	99.3%	99.7%	99.6%	99.8%	99.9%	97.6%	99.5%	99.0%	99.6%	97.1%	ND	99.1%
	4.05	Cancer: 2w wait for urgent GP Referrals	93%	98.0%	97.5%	94.7%	95.9%	94.9%	91.6%	97.6%	89.5%	80.9%	76.1%	89.8%	92.2%	93.3%	90.2%
	4.06	Cancer 2w wait breast symptoms	93%	97.1%	92.9%	86.7%	96.7%	82.6%	84.9%	92.8%	95.9%	93.9%	96.4%	76.7%	48.8%	72.1%	84.1%
	4.07	Cancer 31 d First Treatment	96%	100%	100%	100%	99.1%	100%	100%	100%	100%	100%	99.3%	100%	100%	100%	99.8%
	4.08	Cancer 31 d Drug Treatment	98%	100%	100%	100%	100%	100%	100%	100%	98.7%	98.5%	100%	100%	100%	100%	100%
	4.09	Cancer 31 d Surgery	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94.4%	99%
	4.10	Cancer 62 d GP referral	85%	86.6%	79.8%	87.8%	93.3%	85.1%	86.5%	84.8%	89.9%	78.0%	80.6%	79.5%	78.3%	84.5%	84.0%
	4.11	Cancer 62 d Screening	90%	93.3%	85.7%	95.5%	72.7%	100%	100%	88.2%	100%	90.5%	80.0%	93.8%	87.9%	100%	91.3%
	4.12	Incomplete 104 day waits	0	ND	ND	ND	3.0	1.5	0	1.0	3.0	2.0	0	3.0	0	0	13.5

INTEGRATED QUALITY & PERFORMANCE REPORT			TRUST TOTAL													
Are we..	Ref.	KPI	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Av/YTD
5. Well Led	5.01	NHS Staff Survey (Staff Engagement score -Annual)	NA	4.0%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	5.02	Staff F&F Test % Recommended - care (Qrtly)	NA	NA	ND	NA	NA	95.0%	NA	95.0%	NA	93.0%	NA	NA	NA	94.3%
	5.03	Staff F&F Test % Recommended - place to work (Qrtly)	NA	NA	ND	NA	NA	83.0%	NA	82.0%	NA	82.0%	NA	NA	NA	94.3%
	5.04	Turnover (Rolling 12 mths)	9.3%	8.7%	8.8%	8.4%	8.4%	8.5%	8.6%	8.6%	8.7%	8.0%	8.0%	8.0%	8.0%	8.3%
	5.05	Sickness Absence	3.6%	3.7%	3.7%	3.8%	3.8%	3.7%	3.8%	3.8%	3.9%	3.8%	3.9%	3.8%	3.9%	3.8%
	5.06	Executive Team Turnover (Trust Management)	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%
	5.07	Agency Spend	353	306	373	331	196	330	433	507	393	381	620	500	637	4328
	5.08	Monitor Use of Resources Rating	3	3	3	3	3	3	3	3	3	3	3	3	3	3
6. Productive	6.01	I&E Margin	-2.3%	-2.6%	20.0%	-10.3%	-7.5%	-6.3%	-7.30%	-6.80%	-7.20%	-6.40%	-6.00%	ND	-6.10%	-7.1%
	6.03	Capital service cover	0.38	0.07	0.68	0.48	1.64	-0.80	-0.93	0.87	-0.92	-0.63	-0.50	ND	- 0.42	-1.21
	6.04	Liquidity (days)	6.06	6.84	7.86	12.34	16.83	15.36	16.67	14.36	19.19	17.56	21.57	ND	15.86	16.64
	6.05	Long Term Borrowing (£m)	64.4	64.1	65.4	67.6	69.8	69.0	70.7	74.2	75.3	75.5	76.5	ND	85.5	73.8
	6.06	CIP (Variance YTD £'000s)	-419	-469	-539	-54	-47	-75	-100	-120	-38	-28	-46	-53	-45	-60.6
7.Maternity	7.01	Total number of deliveries (births)	199	211	206	198	203	201	172	208	208	224	202	209	179	2004
	7.02	% of all caesarean sections	22.1%	17.1%	30.1%	28.2%	22.4%	18.2%	17.1%	17.0%	22.8%	22.7%	25.9%	25.4%	22.9%	22.3%
	7.03	Midwife to birth ratio	1.28	1.29	1.29	1.30	1.30	1.30	1.30	1.30	1.30	1.31	1.29	1.30	1.28	1.30
	7.04	Unit Closures	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	7.05	Completion of WHO checklist	93.0%	94.0%	97.0%	86.0%	85.0%	88.0%	94.0%	95.0%	93.0%	93.0%	94.4%	95.0%	96.0%	90.2%
	7.06	Maternity SIs	2	0	1	2	2	0	1	0	0	1	0	0	0	6
	7.07	Maternity Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	7.08	Breastfeeding Initiation Rates	82.2%	76.2%	79.0%	76.1%	76.3%	80.7%	85.1%	76.2%	80.2%	83.0%	82.6%	78.5%	78.5%	79.7%
8. Community	1.32	No of avoidable serious injuries or deaths from falls - Community	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	4.27	RTT 18 weeks Non-Consultant led services - Community	98.7%	100%	99.4%	99.2%	97.6%	100%	98.7%	99.0%	99.0%	99.0%	99.0%	100%	99.7%	99.1%
	4.39	Urgent Referrals for Early Intervention Team (EIT) - Community	NA	NA	NA	100%	100%	100%	100%	100%	ND	100%	100%	100%	ND	100.0%
	4.40	Nursing & therapy Red referrals seen within 4hrs - Community	100%	96.4%	100%	96.4%	100%	100%	98.2%	100%	100%	100%	99.9%	100%	96.6%	99.1%
	4.41	Nursing & therapy Amber referrals seen within 72hrs - Community	99.3%	98.0%	97.6%	98.8%	99.4%	99.5%	97.4%	99.4%	99.5%	99.0%	99.2%	98.4%	99.0%	99.0%
	5.55	Safeguarding Children Mandatory Compliance (Community)	95.9%	95.7%	97.0%	98.2%	95.8%	95.3%	94.7%	95.1%	96.2%	95.9%	96.1%	94.9%	ND	95.8%
	5.56	Safeguarding Adults Mandatory Training Compliance (Community)	94.1%	93.2%	95.6%	96.0%	95.0%	94.9%	94.3%	94.9%	97.0%	97.1%	96.3%	94.5%	ND	95.5%

3. IN THIS MONTH – JANUARY 2019, MONTH 10

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	Jan-2019

To Month Year	Jan-2018

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

In this month.... January 2019

Mth We Received.....	Jan-19	Jan-18	Variance	Var. %	Traffic
GP Referrals	6,010	6,170	-160	-2.6%	⇩
Other Referrals	4,745	5,902	-1,157	-19.6%	⇩
Ambulance Arrivals	2,053	1,956	97	5.0%	⇧
Cancer Referrals*	1,044	1,015	29	2.9%	⇧
Urgent Referrals*	2,592	2,547	45	1.8%	⇧

YTD We Received.....	2019	2018	Variance	Var. %	Traffic
GP Referrals	64,785	60,004	4,781	8.0%	⇧
Other Referrals	52,263	52,172	91	0.2%	⇧
Ambulance Arrivals	18,192	18,088	104	0.6%	⇧
Cancer Referrals*	10,223	9,378	845	9.0%	⇧
Urgent Referrals*	26,827	24,684	2,143	8.7%	⇧

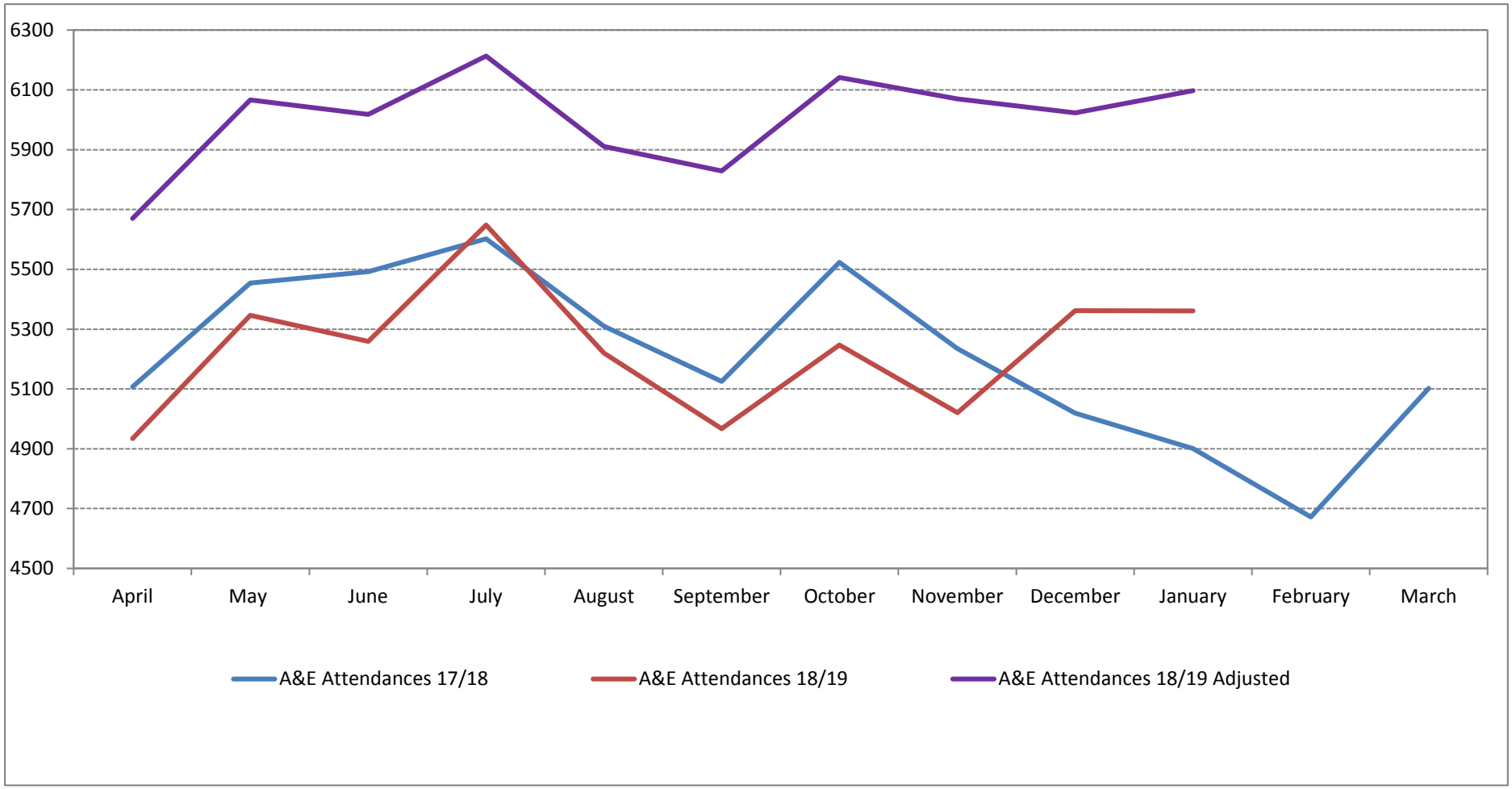
Mth We Delivered.....	Jan-19	Jan-18	Variance	Var. %	Traffic
ED Attendances (excluding GP Expected/Streamed)	5,361	4,901	460	9.4%	⇧
**ED Attendances(Adjusted)	6,814	6,106	708	11.6%	⇧
GP Expected via ED	601	565	36	6.4%	⇧
GP Streamed	409	564	-155	-27.5%	⇩
GP Expected direct to AAU/AEC	443	76	367	482.9%	⇧
A&E - To IP Admission Ratio	31.3%	31.9%	-0.5%	-0.5%	⇩
Outpatient Attendances	27,472	27,520	-48	-0.2%	⇩
Inpatient Admissions	6,597	5,930	667	11.2%	⇧
Elective Admissions	3,076	2,737	339	12.4%	⇧
Non Elective Admission	3,521	3,193	328	10.3%	⇧
Inpatient Discharges	6,571	5,920	651	11.0%	⇧
Elective Discharges	3,055	2,730	325	11.9%	⇧
Non Elective Discharges	3,516	3,190	326	10.2%	⇧
New Births	178	199	-21	-11%	⇩

YTD We Delivered.....	2019	2018	Variance	Var. %	Traffic
ED Attendances (excluding GP Expected/Streamed)	52,365	52,768	-403	-0.8%	⇩
**ED Attendances(Adjusted)	65,946	59,904	6,042	10.1%	⇧
GP Expected via ED	5,519	5,106	413	8.1%	⇧
GP Streamed	4,318	1,284	3,034	236.3%	⇧
GP Expected direct to AAU/AEC	3,744	746	2,998	401.9%	⇧
A&E - To IP Admission Ratio	27.8%	29.9%	-2.1%	-7.0%	⇩
Outpatient Attendances	234,344	248,257	-13,913	-5.6%	⇩
Inpatient Admissions	60,148	57,605	2,543	4.4%	⇧
Elective Admissions	27,661	27,377	284	1.0%	⇧
Non Elective Admission	32,487	30,228	2,259	7.5%	⇧
Inpatient Discharges	60,084	57,567	2,517	4.4%	⇧
Elective Discharges	27,645	27,395	250	0.9%	⇧
Non Elective Discharges	32,439	30,172	2,267	7.5%	⇧
New Births	2,003	2,082	-79	-4%	⇩

* - Included in Referrals Above

** - The ED adjusted figure adds ED attendances, GP Streamed and all GP expected (Including direct to AAU/AEC) together to reflect the position in 2017 when these were reported together.

A&E Attendances Year chart (Adjusted)

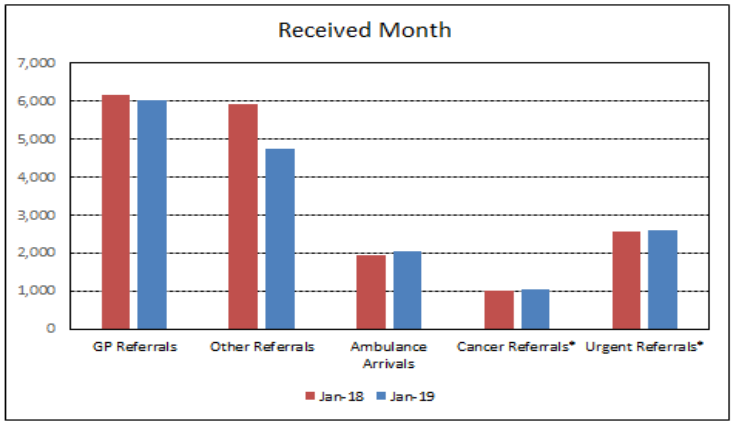


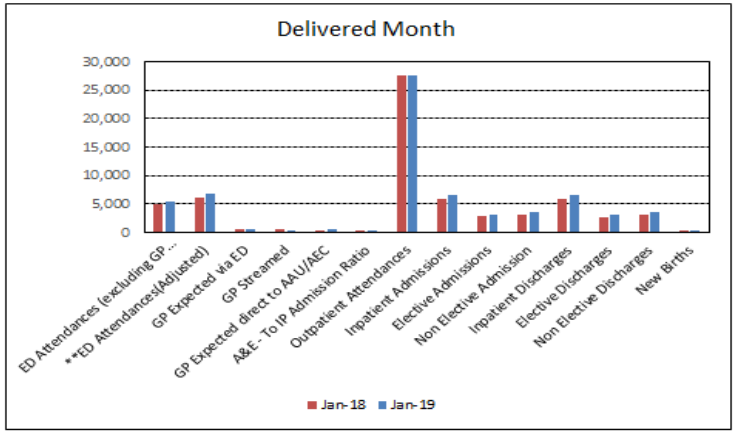
11

Putting you first

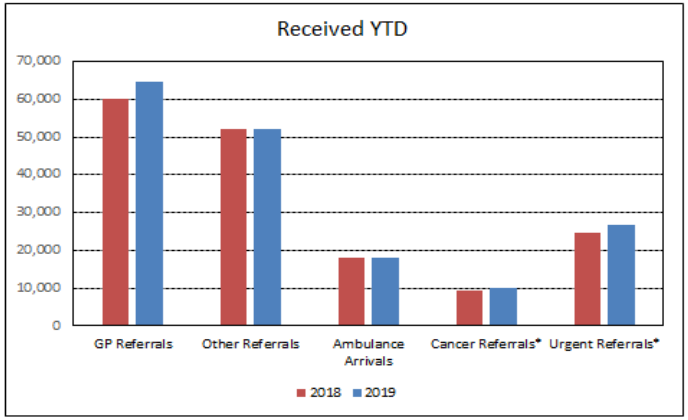
GP and other referrals demonstrate a reduction year on year however cancer referrals are showing signs of increasing. A&E attendances continue to show an increase and incomplete RTT pathways are higher than last year.

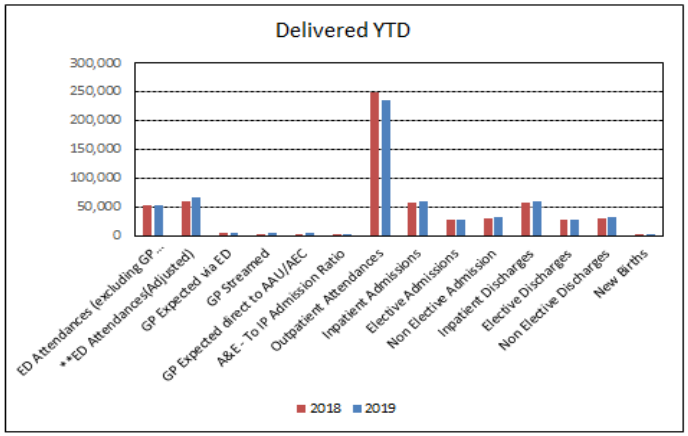
MONTHLY





YEAR TO DATE





NHS
West Suffolk
NHS Foundation Trust

DETAILED REPORTS

Putting you first

4. 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	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	YTD(Apr18-Jan19)
1.Safe	HII Compliance	1.09	HII Compliance 1a: Central venous catheter insertion	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		1.10	HII Compliance 1b: Central venous catheter on-going care	100%	100%	100%	100%	100%	95.0%	100%	91.0%	97.0%	95.0%	100%	96.0%	100%	96.2%	97.0%
		1.11	HII Compliance 2a: Peripheral cannula insertion	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96.0%	96.0%	100%	97.9%	99.0%
		1.12	HII Compliance 2b: Peripheral cannula on-going	100%	99.0%	100%	100%	100%	98.0%	97.0%	98.0%	96.0%	88.0%	100%	100%	100%	97.0%	97.4%
		1.13	HII Compliance 4a: Preventing surgical site infection preoperative	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95.0%	100%	100%	99.5%
		1.14	HII Compliance 4b: Preventing surgical site infection perioperative	100%	100%	95.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		1.15	HII Compliance 5: Ventilator associated pneumonia	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		1.16	HII Compliance 6a: Urinary catheter insertion	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90.9%	99%
		1.17	HII Compliance 6b: Urinary catheter on-going care	100%	100%	99.0%	97.0%	100%	95.0%	92.0%	97.0%	97.7%	89.0%	94.0%	97.0%	98.0%	92.2%	95.2%
	Incidents	1.18	Safety Thermometer: % of patients experiencing new harm-free care-Trust	100%	97.9%	97.7%	98.5%	99.2%	97.8%	98.7%	99.2%	88.0%	97.8%	98.7%	98.7%	96.2%	98.3%	97.3%
		1.19	Safety Thermometer: % of patients experiencing new harm-free care - Community	100%	NA	NA	NA	99.4%	98.1%	99.0%	99.3%	99.1%	97.7%	98.9%	99.0%	96.4%	98.4%	98.5%
		1.20	No of SIRIs	NT	20	11	6	8	11	0	5	6	2	4	3	5	6	50
		1.21	RIDDOR Reportable Incidents	NT	0	2	1	2	4	1	1	1	0	3	2	3	1	18
		1.22	Total No of E. Coli (Trust level only)	NT	2	1	3	1	2	0	1	0	0	0	0	1	2	7
		1.23	No of Inpatient falls - Trust	NT	76	82	72	68	72	62	42	75	64	61	48	61	81	634
		1.24	No of Inpatient falls - WSH	<48	68	74	64	55	61	50	31	63	55	47	35	53	61	511
		1.25	No of Inpatient falls - Community Hospitals	NT	8	8	8	13	11	12	11	12	9	14	13	8	20	123
		1.26	Falls per 1,000 bed days	NT	5.56	6.52	5.17	6.13	6.76	4.84	2.83	5.73	5.27	4.29	3.35	4.82	5.21	4.92
		1.27	No of Inpatient falls resulting in harm - Trust	NT	28	26	20	24	24	22	13	24	12	12	17	15	25	188
		1.28	No of Inpatient falls resulting in harm - WSH	NT	27	25	19	18	19	22	11	20	12	11	13	12	22	160
		1.29	No of Inpatient falls resulting in harm - Community Hospitals	NT	1	1	1	6	5	0	2	4	0	1	4	3	3	28
		1.30	No of avoidable serious injuries or deaths resulting from falls - Trust	0	0	1	0	ND	0	0	0	0	0	0	0	2	1	3
		1.31	No of avoidable serious injuries or deaths resulting from falls - WSH	0	0	1	0	ND	0	0	0	0	0	0	0	2	1	3
		1.32	No of avoidable serious injuries or deaths from falls - Community	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		1.69	PU present on admission to service - Trust	NT	95	81	64	62	64	67	74	68	73	77	71	78	99	733
		1.70	PU present on admission to service – Inpatients	NT	62	52	42	49	50	57	61	53	58	60	57	61	77	583
		1.71	PU present on admission to service – Community teams	NT	29	22	13	14	10	13	15	15	17	17	14	17	22	154
		1.33	Number of medication errors	NT	72	49	76	60	85	43	56	61	63	71	54	61	79	633
		1.72	New PU - Trust	0	53	28	22	15	28	25	19	30	24	35	28	27	36	267
		1.67	New PU – Inpatients	0	29	14	8	3	9	9	6	10	14	13	19	17	11	111
		1.68	New PU – Community teams	0	24	14	14	12	19	16	13	20	10	22	9	10	25	156
		1.73	Moisture associated skin damage	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	17	17
		1.74	Device related (% of total)	NT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.0%	2.0%
		1.60	% of patients at risk of falls (with a Falls assessment)	NT	73.8%	71.1%	71.7%	71.1%	71.6%	72.2%	74.6%	72.8%	72.0%	73.3%	72.7%	71.6%	73.0%	72.5%

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Are we..		Ref.	KPI	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	YTD(Apr18-Jan19)
1. Safe	Reporting	1.38	MRSA Quarterly Std (including admission and LOS screens)	90%	NA	NA	92.0%	NA	NA	88.0%	NA	NA	87.0%	NA	NA	89.0%	NA	88.0%
		1.39	MRSA Bacteraemias - Community Attributable	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		1.40	Clostridium Difficile infection - Community Attributable	NT	0	0	2	4	1	1	4	5	4	3	2	2	4	30
		1.41	MRSA - Decolonisation	95%	94.0%	86.0%	95.0%	85.0%	91.0%	90.0%	81.0%	97.0%	86.0%	95.0%	97.0%	94.0%	94.0%	91.0%
		1.42	MRSA - RCA Reports	NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		1.43	MSSA (Hospital)	NT	1	0	0	0	2	2	0	0	0	1	1	0	0	6
		1.44	SIRI final reports due in month submitted beyond 60 working days	0	0	1	3	3	3	0	1	0	0	0	1	0	0	8
		1.45	SIRIs reported >2 working days from identification as red	0	7	3	ND	0	1	0	0	0	0	0	0	0	0	1
		1.46	Green, Amber & Red Active / Accepted risk assessments not in date	0	1	4	0	1	3	2	0	3	0	4	2	3	79	97
		1.47	Datix Risk Register Red / Amber actions overdue	0	0	1	3	1	4	3	0	0	0	1	4	1	65	79
		1.48	Rapid access chest pain clinic access within 2 wks.	100%	100%	100%	99.1%	57.5%	97.3%	97.3%	96.2%	96.7%	98.6%	99.2%	99.2%	100%	100%	94.2%
		1.49	Verbal Duty of Candour outstanding at month-end	0	2	2	1	1	1	2	2	0	0	0	0	6	0	12
		1.50	Hand Hygiene Audits	95%	99.0%	100%	100%	100%	99.0%	99.0%	99.0%	100%	100%	100%	99.6%	98.8%	100%	99.5%
		1.51	Quarterly antibiotic audit	98%	NA	NA	89.0%	NA	NA	92.2%	NA	NA	89.0%	NA	NA	90.0%	NA	90.4%
		1.52	Serious Incident RCA actions beyond deadline for completion	0	9	8	4	9	4	4	7	4	2	5	11	5	14	65
		1.53	% of Green Patient Safety incidents investigated	NT	59.0%	74.0%	68.0%	68.0%	64.0%	61.0%	68.0%	59.0%	63.0%	64.0%	60.0%	59.0%	71.0%	65.3%
		1.54	Quarterly Environment/Isolation	90%	NA	NA	91.0%	NA	NA	92.0%	NA	NA	93.0%	NA	NA	93.0%	NA	92.7%
		1.55	Quarterly VIP score documentation	90%	NA	NA	80.0%	NA	NA	86.0%	NA	NA	83.0%	NA	NA	84.0%	NA	84.3%
		1.56	Isolation data (Trust Level only)	95%	90.0%	90.0%	89.0%	86.0%	88.0%	87.0%	88.0%	91.0%	91.0%	91.0%	91.0%	90.0%	80.0%	88.3%
		1.57	Pain Mgt. Quarterly internal report	80%	58.8%	NA	NA	NA	NA	NA	86.0%	NA	NA	85.5%	NA	NA	84.5%	85.3%
		1.58	Nutrition % of patients with a MUST/PYMS assessment completed for within 24hrs	95%	92.0%	89.0%	90.0%	90.0%	93.0%	88.0%	91.0%	88.0%	96.0%	95.0%	95.0%	83.0%	83.0%	90.2%
		1.59	Median NRLS (national reporting & Learning system) upload 6 month rolling average (No. of days)	41	75	65	63	26	31	60	59	51	40	60	ND	ND	ND	47
		1.61	E coli - Hospital Attributable	NT	2	1	3	1	2	2	1	1	1	2	0	1	2	13
		1.62	E coli - Community Attributable	NT	7	10	7	14	19	14	13	15	13	14	13	11	8	134
		1.63	Klebsiella spp. - Hospital Attributable	NT	0	0	0	1	0	0	2	0	0	0	0	1	0	4
		1.64	Klebsiella spp. - Community Attributable	NT	2	0	3	4	1	0	3	2	3	1	3	2	1	20
		1.65	Pseudomonas - Hospital Attributable	NT	0	1	0	0	0	0	0	1	0	0	0	0	0	1
		1.66	Pseudomonas - Community Attributable	NT	5	0	1	1	1	0	0	0	1	1	0	1	1	6

SAFE – DIVISIONAL LEVEL ANALYSIS

	November			December			January		
Indicator	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children
HII compliance 1a: Central venous catheter insertion	100	100		100	100		100	100	
HII compliance 1b: Central venous catheter ongoing care	100	93		100	100		100	92	
HII compliance 2a: Peripheral cannula insertion	100	100	100	100	100	100	100	96.29	100
HII compliance 2b: Peripheral cannula ongoing	100	100	100	100	100	100	100	98.8	88.88
HII compliance 4a: Preventing surgical site infection preoperative	95			100			100		
HII compliance 4b: Preventing surgical site infection perioperative	100			100			100		
HII compliance 5: Ventilator associated pneumonia	100			100			100		
HII compliance 6a: Urinary catheter insertion	100	100		100	100		100	0	
HII compliance 6b: Urinary catheter on-going care	100	95		100	97.5		100	88.63	
HII compliance 7: Clostridium Difficile- prevention of spread									
Total no of MRSA bacteraemias: Hospital	0	0	0	0	0	0	0	0	0
Quarterly MRSA (including admission and length of stay screens)				98	81	86			
Hand hygiene compliance	100	97.9	100	100	96.33	100	100	100	100
Total no of MSSA bacteraemias: Hospital	0	1	0	0	0	0	0	0	0
Total no of C. diff infections: Hospital	0	2	0	0	0	0	0	0	0
Quarterly Antibiotic Audit				91.2	89.4	100			
Quarterly Environment/Isolation				92	91	95			
Quarterly VIP score documentation				82	85	81			

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Indicator	November			December			January		
	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children
No of Inpatient falls	4	32	0	9	44	0	10	49	2
No of Inpatient falls resulting in harm	1	11	0	3	9	0	2	14	2
No of avoidable serious injuries or deaths resulting from falls	0	0	0	0	2	0	0	1	0
No of ward acquired pressure ulcers	2	14	0	5	12	0	2	6	0
Nutrition: Assessment and monitoring	96.1	94.9	95.2	81.9	58.7	61.3	77.0	82.5	14.0
No of SIRIs	1	2	0	0	0	0	1	5	0
No of medication errors	12	28	3	17	28	6	13	41	3
Cardiac arrests	No Data	No Data	No Data	0	3	0	2	3	0
Cardiac arrests identified as a SIRI	0	0	0	0	0	0	0	0	0
Pain Management: Quarterly internal report							86.5	88	34.6
VTE: Completed risk assessment (monthly Unify audit)	96.5	95.2	97.9	95.12	93.61	98.28	94.5	94.9	92.2
Quarterly VTE: Prophylaxis compliance									
Safety Thermometer: % of patients experiencing new harm-free care	99.3	98.5	100.0	98.8	94.2	95.5	98.7	96.6	100.0

Indicator	November			December			January		
	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children
Patient Satisfaction: In-patient overall result	95.0	94.0	100.0	97.0	94.0	95.0	97.0	93.0	
How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	99.0	97.0	100.0	98.0	96.0	100.0	98.0	97.0	
In your opinion, how clean was the hospital room or ward that you were in?	98.0	95.0	100.0	99.0	94.0	95.0	98.0	96.0	
Did you feel you were treated with respect and dignity by staff	99.0	98.0	100.0	99.0	97.0	100.0	99.0	99.0	
Were staff caring and compassionate in their approach?	99.0	99.0	100.0	98.0	98.0	100.0	99.0	99.0	
Did you experience any noise in the night time that you think could have been avoided?	76.0	78.0	100.0	89.0	87.0	86.0	86.0	82.0	
Did you find someone in the hospital staff to talk about your worries and fears?	99.0	96.0	100.0	98.0	91.0	91.0	100.0	94.0	
Were you involved as much as you wanted to be in decisions about your care and treatment?	97.0	93.0	100.0	98.0	95.0	100.0	97.0	92.0	
Did staff talk in front of you as if you were not there?	100.0	96.0	100.0	100.0	96.0	100.0	100.0	97.0	
Were you given enough privacy when discussing your condition or treatment?	97.0	99.0	100.0	100.0	99.0	100.0	100.0	98.0	
Were you given enough privacy when being examined or treated?	100.0	100.0	100.0	100.0	99.0	100.0	100.0	100.0	
Did you get enough help from staff to eat your meals?	97.0	97.0	100.0	99.0	98.0	100.0	98.0	89.0	
How many minutes after you used the call button did it usually take before you got the help you needed?	85.0	77.0	100.0	88.0	70.0	100.0	84.0	70.0	
Number of Inpatient surveys completed	249	183	12	255	116	7	196	134	
Same sex accommodation: total patients	0	0	0	0	0	0	0	28	0
Complaints	2	3	2	2	1	2	8	10	3
Environment and Cleanliness	94.0	92.1	94.2	92.9	91.2	94.8	93.0	92.2	94.8

5. Exception reports – Safe

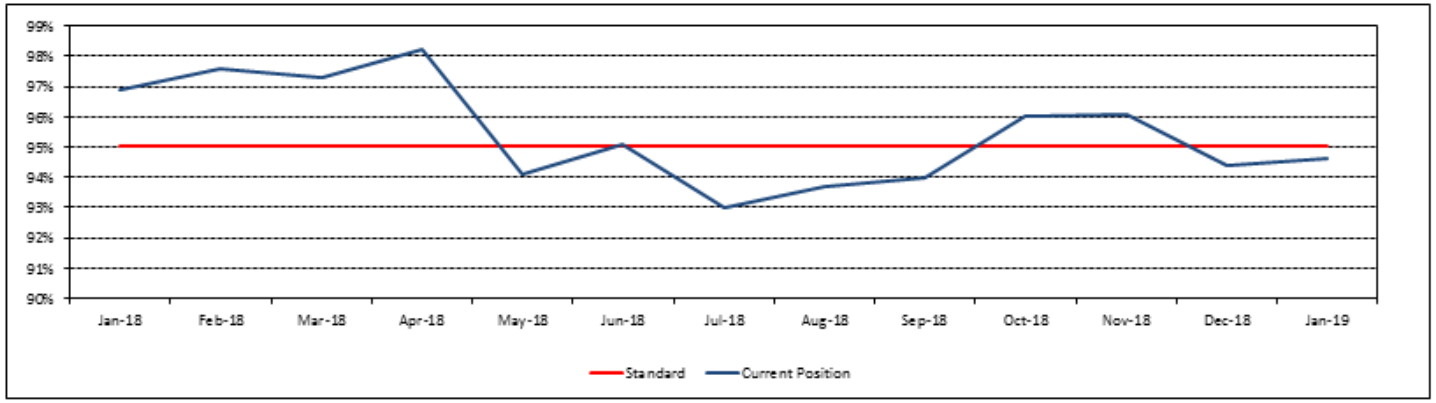
WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT	
Indicator	All relevant inpatients undergoing a VTE Risk assessment
Standard	95%
Executive Lead	Nick Jenkins
Month	Jan-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

The perfomance has slightly improved over the last few months since the reporting has been refined.Most areas in the trustare meeting the standard but there are a few high volume area of poor performance

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	96.9%	97.6%	97.3%	98.2%	94.1%	95.1%	93.0%	93.7%	94.0%	96.0%	96.1%	94.4%	94.6%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Thrombosis committee agreed that one perisitently poor performing surgical area and one medical would be targeted for improvement. These clinical areas have been indentified and the CDs and ADOs informed.	Thrombosis committee, CdsAdOS	Feb-19	May-19



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

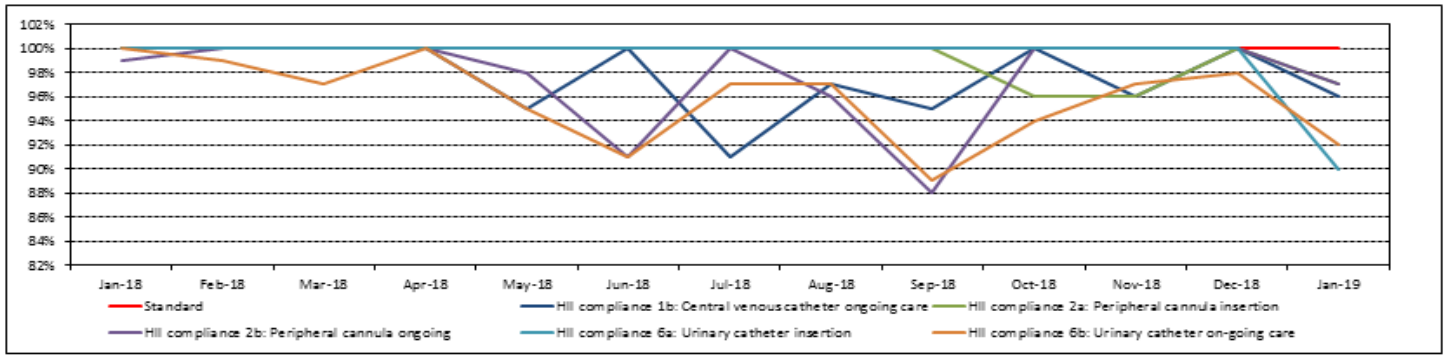
Indicator	HII Compliance 6b: Urinary catheter on-going care
Standard	100%
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

There were a number of failures in the HII audits in January on ward G1 (1b, 2a, 2b, and 6a). The Matron will be working closely with the team to ensure performance improves for February. In addition failures on F10 Gynae (2b) and G4 (6b) brought performance down. All other areas achieved 100% in all their audits

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
HII compliance 1b: Central venous catheter ongoing care	100%	100%	100%	100%	95.0%	100%	91.0%	97.0%	95.0%	100%	96.0%	100%	96.0%
HII compliance 2a: Peripheral cannula insertion	100%	100%	100%	100%	100%	100%	100%	100%	100%	96.0%	96.0%	100%	97.0%
HII compliance 2b: Peripheral cannula ongoing	99.0%	100%	100%	100%	98.0%	91.0%	100%	96.0%	88.0%	100%	100%	100%	97.0%
HII compliance 6a: Urinary catheter insertion	100%	100%	100.0%	100.0%	100%	100%	100.0%	100.0%	100%	100%	100%	100%	90.0%
HII compliance 6b: Urinary catheter on-going care	100%	99.0%	97.0%	100%	95.0%	91.0%	97.0%	97.0%	89.0%	94.0%	97.0%	98.0%	92.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Falls
Standard	See chart below
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

The number of Inpatient falls rose considerably in January to 81. This included two falls on the birthing unit. There were 69 fallers and 10 of these fell more than once with one patient falling five times in the month (on ward G8) and one falling four times (on G4). A piece of work to look at plotting fallers vs falls is underway with options for investigation pathways for frequent fallers being considered.
One patient on G3 fell and sustained a #NoF. There was no immediate actions required following the Day 2 meeting however the investigation is ongoing. There were no falls resulting in moderate harm in the month. 20 of the 81 falls occurred in Newmarket and Glastonbury (10 in each area) this related to 17 patients.
During January we did not achieved our QI target of a 5% reduction in falls, however we did meet the CCG target of being below 5.6 as shown within the SPC chart of falls per 1000 days at 5.21 below.
An Internal audit of Falls undertaken in December has been published in draft and an agreed action plan is being worked upon. The updated falls policy has been published and is now undergoing community harmonisation.

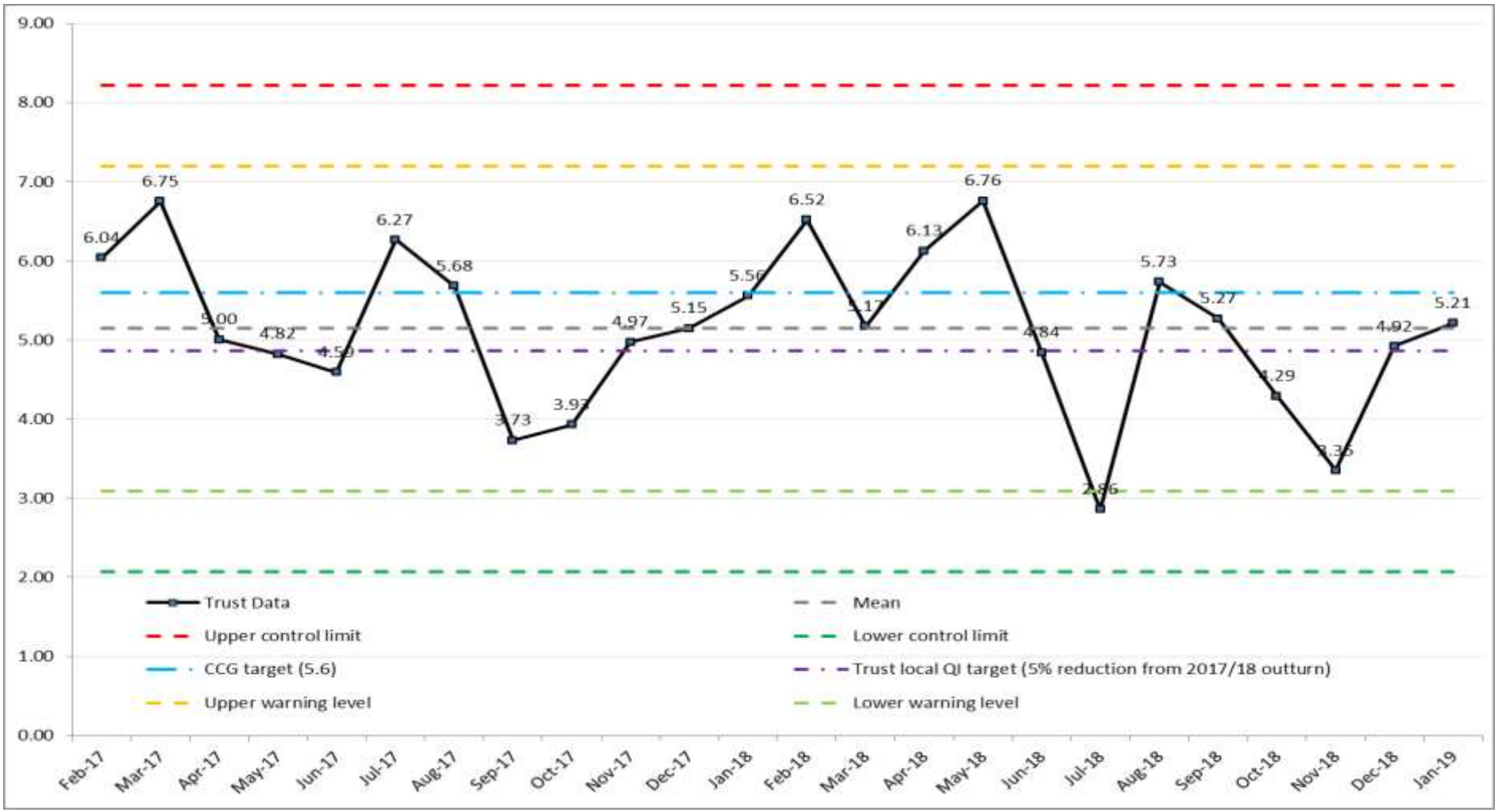
Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	5.56	6.52	5.17	6.13	6.76	4.84	2.86	5.73	5.27	4.29	3.35	4.82	5.21
Current Position	73.8%	71.1%	71.7%	71.1%	71.6%	72.2%	74.6%	72.8%	72.0%	73.3%	72.7%	71.6%	73.0%

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

Description	Owner	Start	End
NHS Improvement falls collaborative work re implementation of an improvement project within the trust. Update: Final NHSI collaborative meeting attended in London in February with presentation of a poster	HoN (Med)	Jun-18	complete
Work commencing on improving the training package to staff around falls. This will be led by the HoN for Medicine incorporating the new Matron lead and the Patient Safety Nurse	HoN (Med)	Jul-18	Mar-19
Trust is piloting the use of new symbols for the frequent fallers. UPDATE Plan to roll out new falls symbols on two further wards (F3 & G5) in January with a review in February in ongoing.	HoN (Med)	Sep-18	Dec-18
Request for support of a Clinical Nurse Specialist, to support ensuring that all falls prevention measures are in place. UPDATE; Funding was declined as the Trust recognised that current focus in falls has already been successful and future plans for 2019 will ensure ongoing improvements. The option to incorporate a falls lead within the Matron remit is being explored	HoN (Comm)	Sep-18	complete
Newmarket are looking into having different brightly coloured blankets covering the patients beds for those patients that are deemed high risk of falls to allow the patient to recognise their bed spaces. This has been undertaken at Brighton & Sussex University Hospital which has seen an reduction in falls since implementation. If this is a success at Newmarket we would look	HoN (Comm)	Sep-18	complete
Project work with Registered Nurse from Community who is looking at introducing 'red slipper socks' for high risk fallers. To develop an QI project for this	HoN (Comm)	Dec-18	Mar-19
First Falls Champion study day in February 2019 was well attended	HoN (Med)	Feb-19	complete
Recent learning from RCA on falls with harm was presented to NMCC in January 2019	HoN (Med)	Jan-19	complete
Falls role within Matron remit to be explored	Deputy Chief nurse	Feb-19	Apr-19

SPC chart below has RAG rating based on: Red (Above upper SPC warning line), Amber (above CCG target of 5.6 and below upper SPC warning line), Green (below CCG target). Year end QI target (5% reduction on 2017/18 outturn at year end) shown as purple line on graph below.

Falls SPC Chart



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Pressure Ulcers (Tissue Viability)
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

Focus during the last month has been around the new classification system of pressure ulcers following the changes requested by NHS Improvement, which became mandatory on 1st January 2019. This has involved supporting teams across the Trust to understand the implications for classification and investigation of same, as well as reviewing internal and external reporting processes. Reporting will be less onerous for teams but still meaningful, with the ability to now extract themes for lapses in care and learning more easily. Work is almost complete and the Tissue Viability Team are working closely with the Nursing Directorate to ensure that all colleagues are up to date with this new process; additional visual resources are also being produced.

It is important to note that although work has begun to integrate the Tissue Viability Service across the Trust, at present senior nursing staff are covering a number of vacancies which impacts upon some of our pressure ulcer work; our new Senior Matron (Community and Integrated Services) continues to provide oversight around pressure ulcer reporting and investigating to community teams in the absence of a Community Tissue Viability Service, with IHT only able to provide very limited, long arm support.

During January 2019, 11 new pressure ulcers were reported by the acute Trust, including Community Inpatient Beds (9 in Medicine and 2 in Surgery), with an additional 25 in the community, making a total of 36 overall. These included 21 Category 2 pressure ulcers, 6 Category 3 and 5 Unstageable. No Category 4 pressure ulcers were reported during the month.

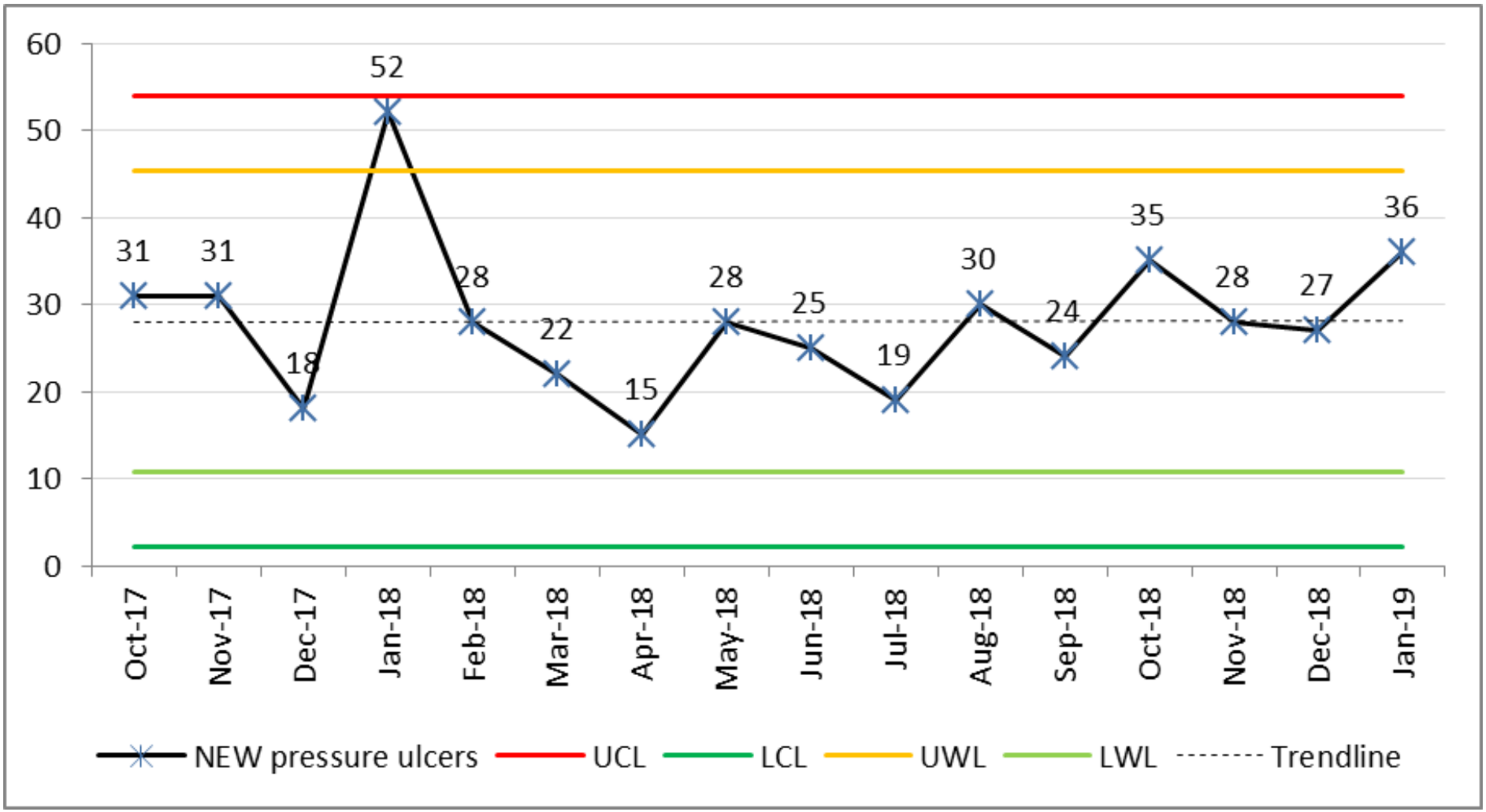
All winter escalation and surge beds remain open through the hospital at the time of writing, with demand for acute care at record levels. The acuity and complexity of patients is reflected in the regrettable increase in pressure ulcer incidence this month, though staff continue to work to capacity to ensure that safe care is delivered.

The pressure ulcer MAPPING device is in use through the Trust with Tissue Viability Service colleagues providing bite-size sessions, as able. Community colleagues will be launching this at one of our locality bases in Bury St Edmunds, during March.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
New PUs (Trust)	53	28	22	15	28	25	19	30	24	35	29	29	36
PU present on admission to service - Trust	95	81	64	62	64	67	74	68	73	77	71	71	99
Moisture associated skin damage	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	17
Device related (% of total)	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	2.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
To develop standards for record keeping for nursing staff. This has commenced and is anticipated to take apporximately 6 months	HoN	Oct-18	Mar-19
Review and implementation of the NHSi guidance on classification of pressure damage	HoN	Jul-18	Mar-19
Review and implementation of the NHSi guidance on Pressure Ulcer Curriculum.	HoN	Sep-18	Mar-19
Roll out of Repositioning Roadshows.	HoN	Sep-18	Mar-19
Develop an integrated acute and community Tissue Viability Service	HoN	Jan-19	Mar-19
To produce an integrated WSFT Pressure Ulcer Prevention Plan	HoN	Feb-19	Apr-19
SPC chart below (UCL = Upper control limit, LCL = Lower control limit, UWL = Upper warning limit, LWL = Lower warning limit).			

Pressure Ulcer SPC Chart



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

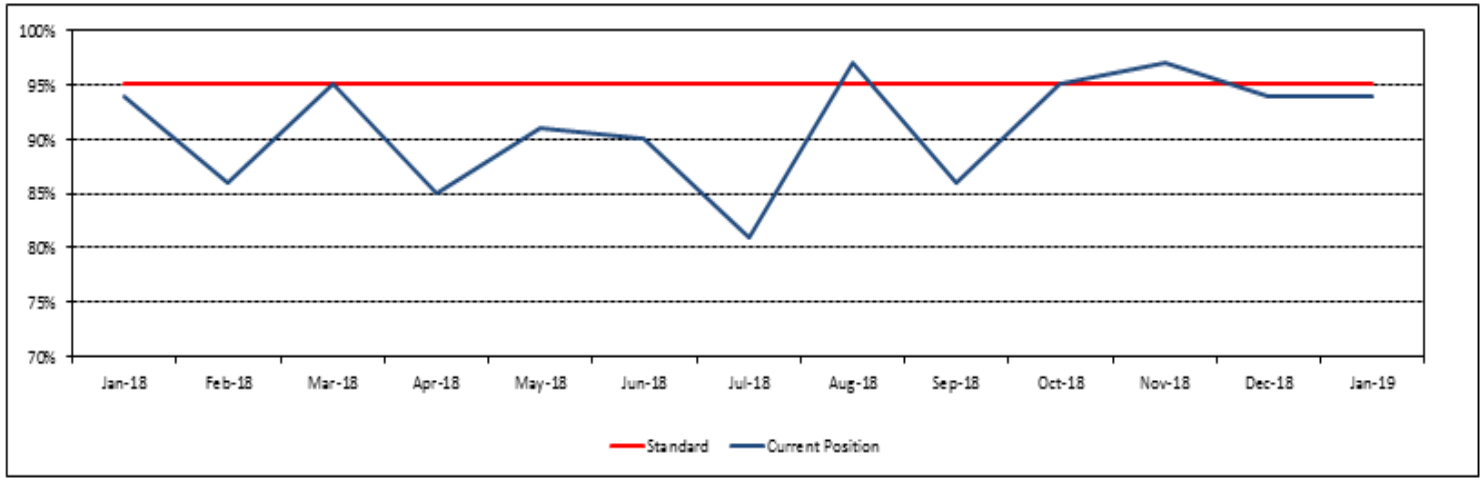
Indicator	MRSA - Decolonisation
Standard	95%
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

There was 1 patient who did not commence in the timeframe and that was addressed with the ward.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	94.0%	86.0%	95.0%	85.0%	91.0%	90.0%	81.0%	97.0%	86.0%	95.0%	97.0%	94.0%	94.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

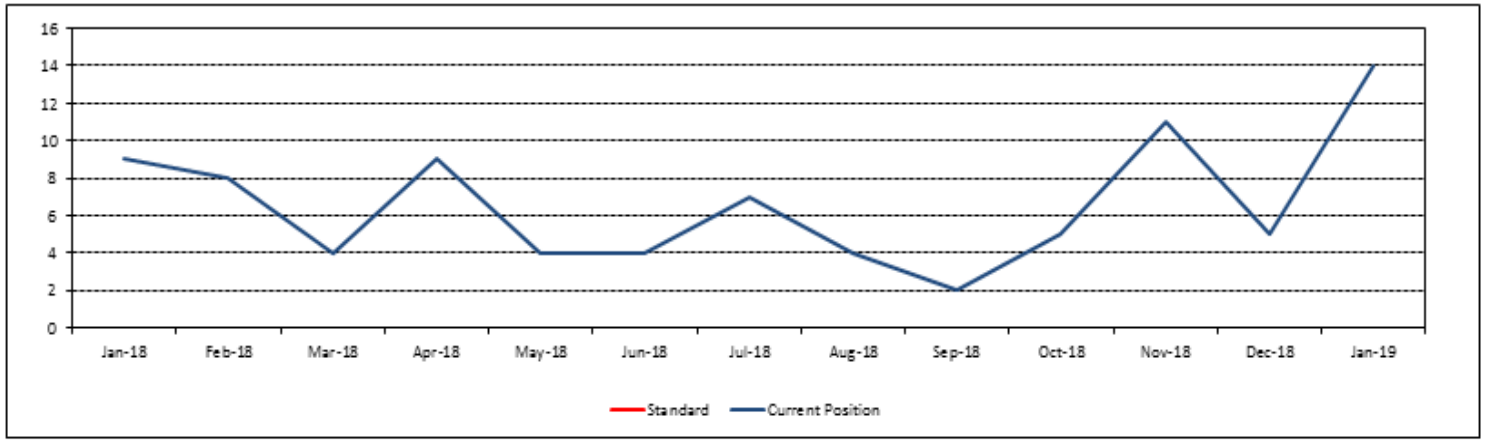
Indicator	Timeliness of RCA action completion
Standard	0
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

14 actions remain overdue:
- Five have been reported as overdue for a period of months. Four of these relate to actions from Maternity SIs. The progress of these are being monitored within the division. One relates to the ordering of repeat or 'add on' tests on e-Care that requires discussion to achieve resolution.
- An additional eight became due at the end of January and are actively being followed up by the patient safety team.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	9	8	4	9	4	4	7	4	2	5	11	5	14

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 Director	2018	Ongoing
Discussion with Senior matrons and Ward Managers at Nursing & Midwifery and Clinical Council (NMCC)	NMCC	2018	Ongoing



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

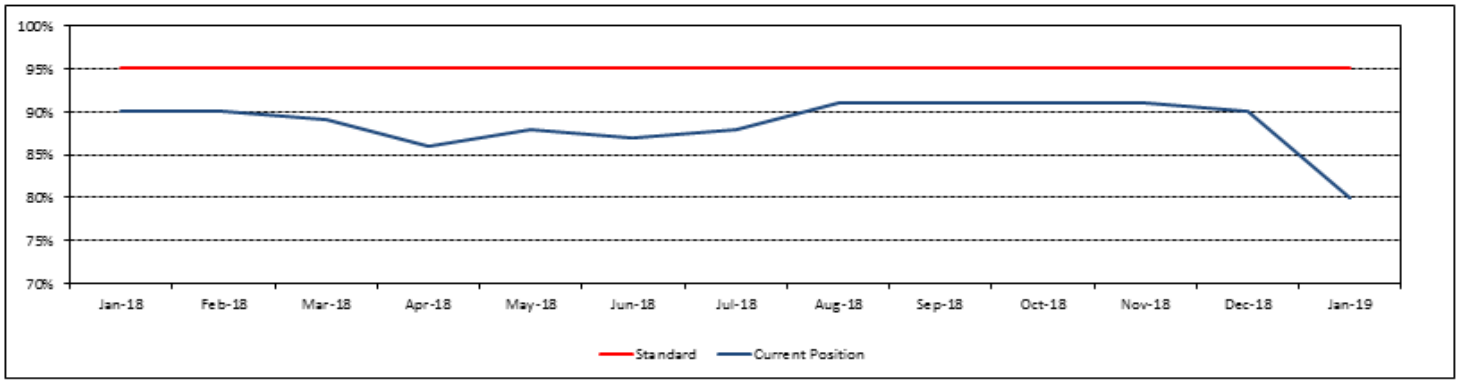
Indicator	Isolation data (Trust Level only)
Standard	95%
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

Compliance with Isolation is at 80%.
The decrease in compliance relates to an increase of patients with seasonal influenza. Towards the end of January, the Trust recorded 5 patients with Influenza A who had been screened but not isolated until the result was confirmed. There were no available side rooms on those wards due to occupancy either with an acknowledged high risk infection or due to gender. Escalated internally and additional measures initiated on affected wards with regard to practice, additional cleaning of frequently touched points and respiratory etiquette. Additionally flu vaccination offered to any staff who had not yet taken up seasonal HCW flu vaccination and prophylaxis of contacts who met the Public Health England guideline criteria.
There were 16 cases of Influenza that were correctly isolated on suspicion.
It should also be noted that in January there were 7 Influenza A cases in Maternity services.
The side room capacity is monitored daily (Mon to Fri) by the Infection Prevention Nurses(IPN) and occupancy is risk assessed throughout the day, including a daily review of patients on the IPN ward visits and this information is provided to the site capacity/bed flow meetings. Wards were advised on the measures required to mitigate onward transmission. F12 Adult isolation ward has been utilized for optimum use to ensure that patients with the highest infection risk are managed there if at all possible.
The process of capturing the information with regard to patients requiring isolation is being trialled in order to increase the accuracy of the reporting,(triggered by an update of the single room occupancy list).

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	90.0%	90.0%	89.0%	86.0%	88.0%	87.0%	88.0%	91.0%	91.0%	91.0%	91.0%	90.0%	80.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

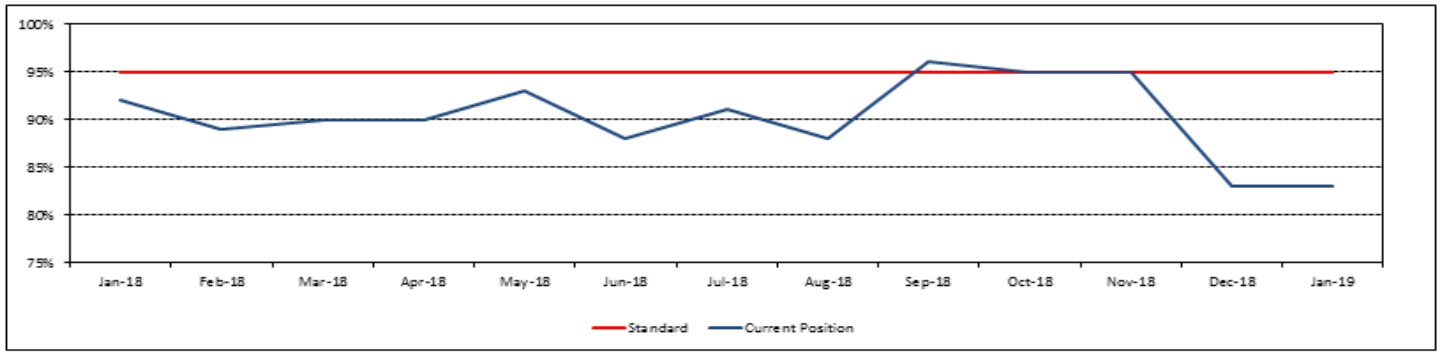
Indicator	Nutrition - Assessment & Monitoring
Standard	95%
Executive Lead	Rowan Proctor
Month	Jan-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

The Patient Safety report produced by the Information team has been updated and data validated following a period of incorrect reporting and escalation of this concern. The Nutrition indicator has been amended and is therefore not comparable to previous months. The Deputy Chief Nurse is leading a review of the whole patient safety dashboard (which encompasses Falls, Pressure ulcer and Nutrition) with a view to simplifying the data and ensuring meaningful actions can arise from review of areas with prolonged deviation from target. The data being reported is an indication of the percentage of patients who have a malnutrition risk assessment performed within 24hrs of admission. Previous data reviewed only a selection of patients per ward. The current data indicates that the majority of wards are achieving between 80–90% compliance, however, there are some areas which are significantly falling short of the expected target. These wards and departments will be targeted by the Senior Matron responsible to ensure compliance improves. The Nutrition group are keen to work with the Information team to improve how the data is shared and feedback is provided to teams to raise awareness of the issue of non-compliance.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	92.0%	89.0%	90.0%	90.0%	93.0%	88.0%	91.0%	88.0%	96.0%	95.0%	95.0%	83.0%	83.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
To adjust the Perfect Ward documentation audit to gain assurance that risk assessments are accurate, care is implemented and weights are recorded	HoN	complete	
To redesign a robust quarterly audit which will be conducted by the Senior nursing team in collaboration with Dietetics. This will be presented to the Nutrition Steering group.	HoN	complete	
Embed and review the new reporting and assurance measures	HoN	complete	
Reform the Nutrition Collaborative team to review the action plan and review key priorities for Acute services and the Community	HoN	complete	
Work with the Nursing Assistant Education leads to promote the importance of weighing patients.	HoN	complete	
To collate data from the Perfect Ward inspections and share with Ward teams	HoN	complete	
To communicate changes and expectations to Ward Teams	HoN	complete	
To promote the recording of actual weights via the induction of Nursing Assistants	HoN	complete	
To work with the Patient information team to find a method of meaningful feedback of results to teams	HoN	Mar-19	



5. DETAILED REPORTS - EFFECTIVE

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

we.		Ref.	KPI	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	YTD(Apr18-Jan19)
2.Effective	Incidents/Reports	2.05	Cardiac arrests	NT	7	ND	ND	3	4	2	7	3	6	9	3	5	6	48
		2.06	Cardiac arrests identified as a SIRI	NT	0	0	0	1	0	0	0	0	0	0	0	0	0	1
		2.07	CAS (central alerts system) alerts overdue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		2.09	NICE guidance baseline and risk assessments not completed within 6 months of publication	10	ND	ND	ND	56	55	48	47	41	49	48	43	42	35	464
		2.10	WHO Checklist (Qrtly)	100%	NA	NA	98.0%	NA	NA	99.0%	NA	NA	98.0%	NA	NA	99.0%	NA	98.7%
		2.11	National clinical audit report baseline & risk assessments not completed within 6 months of publication	5	ND	ND	ND	22	23	17	18	18	18	18	19	21	26	200
		2.12	Av. Elective LOS (excl. 0 days)	NT	3.06	2.27	3.29	3.39	2.80	2.66	2.85	3.29	2.60	3.25	3.50	3.35	2.81	3.05
		2.13	Av NEL LOS (excl 0 days)	NT	8.40	8.13	8.1	8.53	7.93	7.24	7.87	8.09	7.98	7.66	7.61	7.56	7.43	7.79
		2.14	% of NEL 0 day LOS	NT	13.3%	13.3%	13.7%	13.6%	15.0%	15.7%	15.0%	13.3%	14.0%	14.4%	15.9%	15.4%	14.6%	14.7%
		2.15	NHS number coding	99%	99.7%	99.7%	99.7%	99.7%	99.8%	99.8%	99.8%	99.3%	99.7%	99.8%	99.8%	99.8%	99.7%	99.7%
		2.16	Fractured Neck of Femur : Surgery in 36 hours	85%	100%	96.0%	93.0%	89.0%	79.0%	100%	94.4%	100%	90.3%	96.9%	100%	100%	ND	94.4%
		2.17	Discharge Summaries (OP 85% 3d)	85%	60.0%	58.0%	56.0%	62.0%	57.0%	63.0%	54.0%	ND	ND	ND	ND	ND	ND	59.0%
		2.18	Discharge Summaries (A&E 95% 1d)	95%	84.0%	83.4%	82.3%	81.5%	82.5%	86.1%	86.4%	88.4%	86.9%	85.8%	82.2%	80.5%	83.7%	84.4%
		2.19	Non-elective Discharge Summaries (IP 95% 1d)	95%	70.2%	69.8%	70.8%	73.5%	75.7%	78.1%	76.6%	76.9%	75.3%	77.9%	72.4%	72.9%	76.6%	75.6%
		2.20	Elective Discharge Summaries (IP 85% 1d)	85%	72.8%	71.2%	72.9%	72.1%	71.2%	72.1%	69.5%	70.8%	79.8%	80.8%	84.5%	84.8%	84.7%	77.0%
		2.21	All Cancer 2ww services available on C&B	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		2.22	Canc. Ops - Patients offered date within 28 days	100%	94.7%	96.6%	91.7%	85.7%	86.4%	91.9%	90.0%	83.8%	86.7%	77.5%	100%	91.7%	82.8%	87.6%
		2.23	Canc. Ops. - No. Cancelled for a 2nd time	NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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EXCEPTION REPORTS – EFFECTIVE

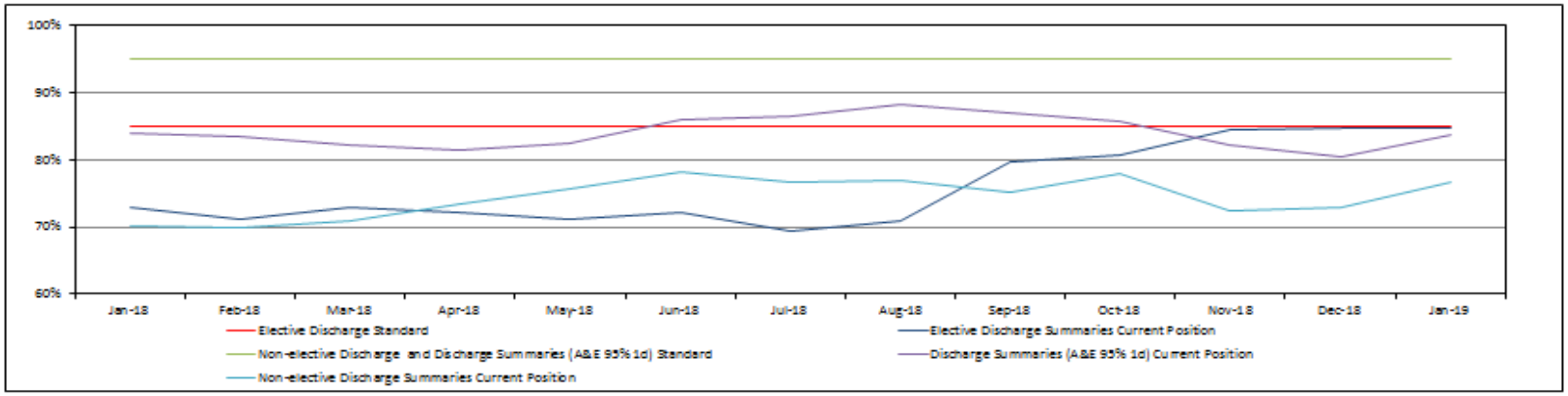
WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT	
Indicator	Discharge Summaries
Standard	85%, 95%
Executive Lead	Nick Jenkins
Month	Jan-19
Data Frequency	Monthly
CQC Area	Effective

Summary of Current performance & Reasons for under performance

Progress remains steady with discharge summaries being sent within required contractual deadlines. We are working much more closely with relevant service managers to try and address these issues with weekly reports now being provided weekly to managers. This seems to have made a difference which is reflected in the figures shown here. In addition we are working with Dr Christopher Browning (Chair of CCG and a local GP) who has now been trained in e-Care. He will be delivering classroom and at the elbow support for juniors, stressing the importance of a quality and timely discharge summary.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Elective Discharge Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Elective Discharge Summaries Current Position	72.8%	71.2%	72.9%	72.1%	71.2%	72.1%	69.5%	70.8%	79.8%	80.8%	84.5%	84.8%	84.7%
Non-elective Discharge and Discharge Summaries (A&E 95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Discharge Summaries (A&E 95% 1d) Current Position	84.0%	83.4%	82.3%	81.5%	82.5%	86.1%	86.4%	88.4%	86.9%	85.8%	82.2%	80.5%	83.7%
Non-elective Discharge Summaries Current Position	70.2%	69.8%	70.8%	73.5%	75.7%	78.1%	76.6%	76.9%	75.3%	77.9%	72.4%	72.9%	76.6%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	NICE and AUDIT
Standard	0
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Effective

Summary of Current performance & Reasons for under performance

NICE baseline assessments

10 baseline assessments were completed in January 2018 and three guidelines were published (six months ago) in August 2018 that require a completed baseline assessment, resulting in a reduction from 42 to 35 baseline assessments not completed within 6 months of publication. This indicator remains AMBER but demonstrates a considerable improvement in the month.

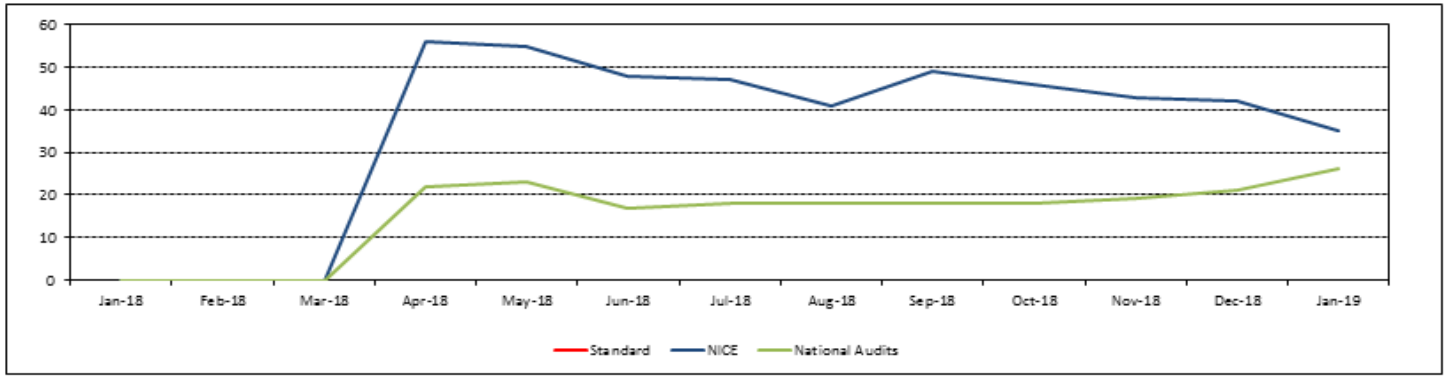
National clinical audit baseline assessments

No baseline assessments were completed in January 2018 and three reports were published (six months ago) in August 2018 that require a completed baseline assessment, resulting in an increase to 26 baseline assessments not completed within 6 months of publication. This indicator remains RED

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
NICE	ND	ND	ND	56	55	48	47	41	49	46	43	42	35
National Audits	ND	ND	ND	22	23	17	18	18	18	18	19	21	26

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

Description	Owner	Start	End
Review at the monthly Clinical Directors meeting to highlight areas of non-compliance requiring targeted CD follow up.	CDs	Apr-18	2018
Targeted one to one sessions with Clinical leads organised by the Trust's Clinical Audit Co-ordinator to assist in completion of baseline assessments#	Governance	2018	2018
Pre-populated baseline assessment templates provided where an issued document is particularly large / complex	Governance	2018	2018
Provide detail of activity in month (to CDs meeting and in IQPR) to provide more accurate picture	Governance	2018	2018
Review at specialist committees	Chairs	2018	2018



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

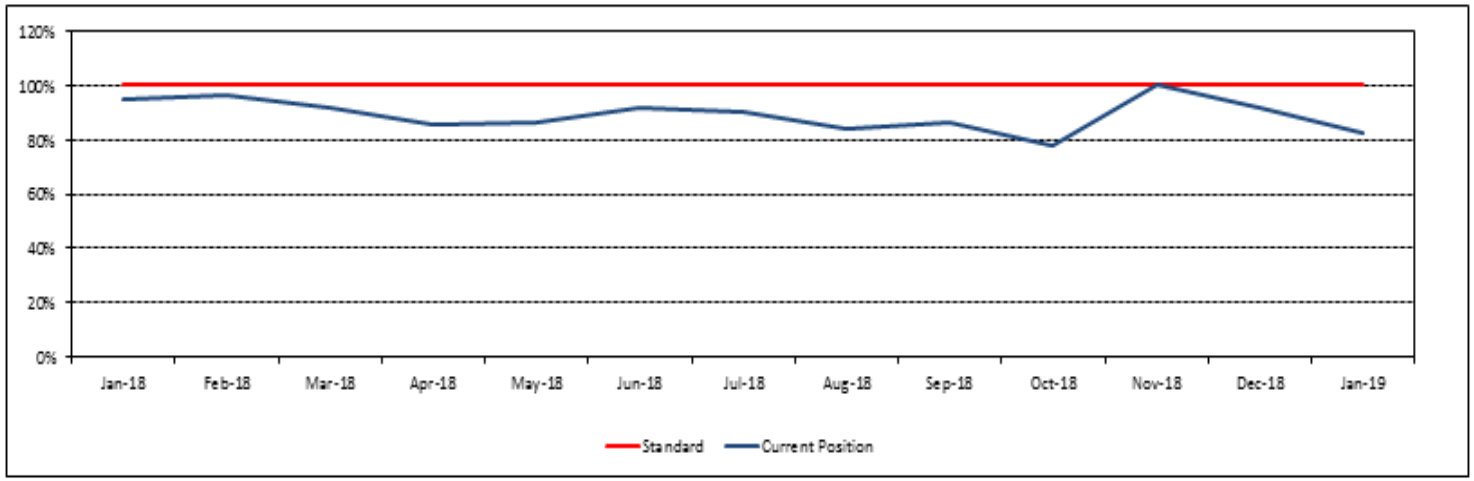
Indicator	Canc. Ops - Patients offered date within 28 days
Standard	100%
Executive Lead	Helen Beck
Month	Jan-19
Data Frequency	Monthly
CQC Area	Effective

Summary of Current performance & Reasons for under performance

Unfortunately there were 5 patients who were unable to be brought in within 28 days of having their operation cancelled. 4 of these were all on the same cancelled list on the 2nd January and the very next list that was suitable was the 1st February, meaning they waiting 30 days. The other patient needed further assessment prior to their surgery and it was then not possible to bring him in within 28 days.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	94.7%	96.6%	91.7%	85.7%	86.4%	91.9%	90.0%	83.8%	86.7%	77.5%	100%	91.7%	82.8%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Focus remains in place for patients who have been cancelled, this is reviewed at the weekly Trust Access Meeting.	HB	Jul-17	TBC



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6. DETAILED REPORTS - CARING

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

Are we..		Ref.	KPI	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	YTD(Apr18-Jan19)
3. Caring	Other Friends and Family Test Scores	3.09	IP overall experience result	85%	94.0%	95.0%	96.0%	97.0%	97.0%	97.0%	97.0%	95.0%	97.0%	95.0%	95.0%	98.0%	95.0%	96.3%
		3.10	OP overall experience result	85%	96.0%	97.0%	96.0%	97.0%	97.0%	97.0%	97.0%	96.0%	96.0%	97.0%	97.0%	97.0%	97.0%	96.8%
		3.11	A&E overall experience result	85%	94.0%	94.0%	94.0%	94.0%	93.0%	94.0%	95.0%	97.0%	94.0%	95.0%	95.0%	95.0%	95.0%	94.7%
		3.12	Short-stay overall experience result	85%	99.0%	99.0%	99.0%	100%	99.0%	99.0%	98.0%	99.0%	100%	99.0%	96.0%	98.0%	98.0%	98.6%
		3.13	Short-stay Extremely likely or Likely to recommend (FFT)	90%	99.4%	99.7%	99.0%	100%	99.0%	98.0%	98.0%	99.0%	99.0%	100%	99.0%	99.0%	97.0%	98.8%
		3.14	Maternity - overall experience result	85%	100%	93.0%	100%	99.0%	95.0%	96.0%	100%	97.0%	94.0%	97.0%	91.0%	99.0%	100%	96.8%
		3.15	Maternity postnatal community - extremely likely or likely to recommend (FFT)	90%	ND	ND	ND	100%	97.0%	96.0%	100%	100%	98.0%	98.0%	100%	100%	100%	98.9%
		3.16	Maternity birthing unit - extremely likely or likely to recommend (FFT)	90%	100%	100%	ND	100%	ND	ND	100%	100%	100%	100%	ND	ND	ND	100%
		3.17	Maternity antenatal community - extremely likely or likely to recommend (FFT)	90%	ND	ND	ND	100%	100%	94.0%	97.0%	100%	100%	100%	100%	100%	ND	99.0%
		3.18	Children's services overall result	85%	ND	ND	ND	97.0%	99.0%	96.0%	95.0%	98.0%	95.0%	85.0%	95.0%	93.0%	100%	95.3%
		3.19	F1 Parent - overall experience result	85%	98.0%	98.0%	98.0%	96.0%	99.0%	96.0%	95.0%	98.0%	95.0%	95.0%	98.0%	94.0%	97.0%	96.3%
		3.20	F1 - Extremely likely or likely to recommend (FFT)	90%	100%	100%	100%	92.0%	100%	96.0%	95.0%	94.0%	91.0%	100%	96.0%	87.0%	100%	95.1%
		3.21	F1 Children - Overall experience result	85%	ND	ND	ND	85.0%	97.0%	96.0%	99.0%	91.0%	95.0%	93.0%	95.0%	93.0%	100%	94.4%
		3.22	Rosemary ward - extremely likely or likely to recommend (FFT)	90%	78.0%	85.0%	100%	79.0%	100%	88.0%	76.0%	100%	90.0%	100%	100%	100%	100%	93.3%
		3.23	King suite - extremely likely or likely to recommend	90%	93.0%	100%	100%	ND	100%	100%	75.0%	100%	100%	100%	100%	100%	100%	97.2%
		3.24	Community paediatrics - extremely likely or likely to recommend (FFT)	90%	100%	97.0%	95.0%	94.0%	95.0%	100%	100%	100%	94.0%	100%	100%	100%	100%	98.3%
		3.25	Community health teams - extremely likely or likely to recommend (FFT)	90%	90.0%	100%	90.0%	100%	100%	100%	66.0%	89.0%	100%	100%	100%	100%	93.0%	94.8%
		3.27	Stroke Care - Overall Experience Result	85%	98.0%	95.0%	100%	95.0%	92.0%	100%	100%	100%	90.0%	100%	93.0%	ND	ND	96.3%
		3.28	Stroke Care - extremely likely or likely to recommend	90%	100%	100%	100%	100%	100%	100%	95.0%	97.0%	97.0%	100%	100%	100%	ND	98.8%
	Complaint Handling	3.29	Complaints acknowledged within 3 working days	90%	92.0%	100%	100%	92.0%	100%	100%	100%	88.0%	66.0%	100%	100%	100%	100%	94.6%
		3.30	Complaints responded to within agreed timeframe	90%	60.0%	17.0%	54.0%	31.0%	70.0%	50.0%	40.0%	83.0%	100%	83.0%	88.0%	83.0%	75.0%	70.3%
		3.31	Number of second letters received	1	0	0	1	2	2	6	2	1	0	2	1	1	3	20
		3.32	Ombudsman referrals accepted for investigation	1	1	1	0	0	0	0	0	0	1	0	0	0	0	1
		3.33	No. of complaints to Ombudsman upheld	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		3.34	No. of PALS contacts	NT	161	178	205	183	231	214	275	233	198	224	219	143	231	2151
		3.35	No. of PALS contacts becoming formal complaints	<=5	3	6	1	4	4	4	4	2	2	1	3	0	2	26

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6. EXCEPTION REPORTS –CARING

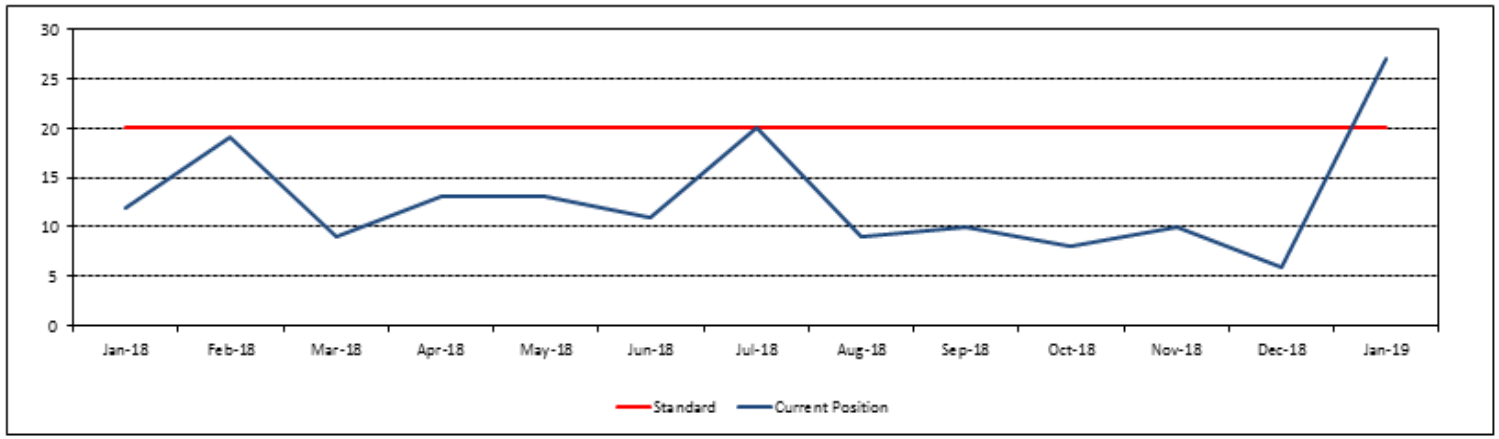
WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT	
Indicator	Formal Complaints
Standard	20
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

In previous years it has been usual for formal complaints to increase in January following the Christmas period. On analysing the complaints received in January, only seven relate to care received in this month and nine to care in December, which was a quieter month for formal complaints. Themes can be seen in a lack of communication and updates to patients and families which is not unexpected at this very busy time across the Trust. There are also issues raised about delays and poor communication in ED.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	20	20	20	20	20	20	20	20	20	20	20	20	20
Current Position	12	19	9	13	13	11	20	9	10	8	10	6	27

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	Mixed Sex Accommodation Breaches
Standard	0
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Caring

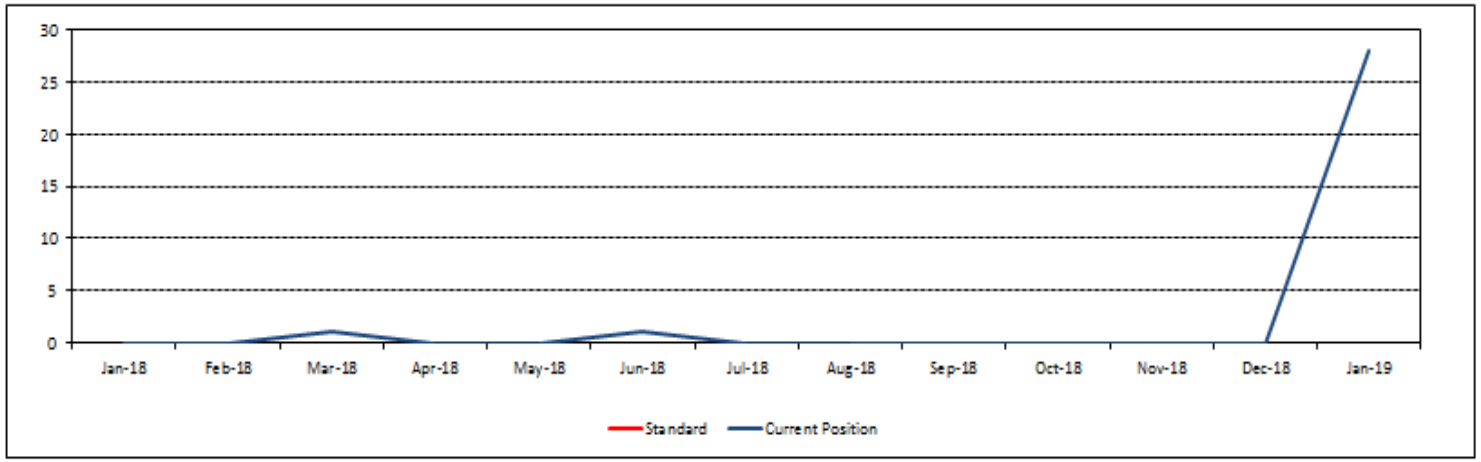
Summary of Current performance & Reasons for under performance

There were three mixed sex breach events, that affected 28 patients overall. Two events were due to trust capacity issues and the patient flow team made the decision to place a patient into a side room with no toilet that was attached to a female bay in Ward G9. However to use the toilet the patient in pyjamas walked through the bay, a commode was offered if they felt uncomfortable with this. The third event was a near miss event but guidelines state it needs to be counted. Two patients affected in Ward G9 Bay B Bed 7 and 8 - they were placed nearest the toilet of opposite sex and would have needed to walk past each other to get to respective toilets

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	0	0	1	0	0	1	0	0	0	0	0	0	28

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	Complaints responded to within agreed timeframe
Standard	90%
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Caring

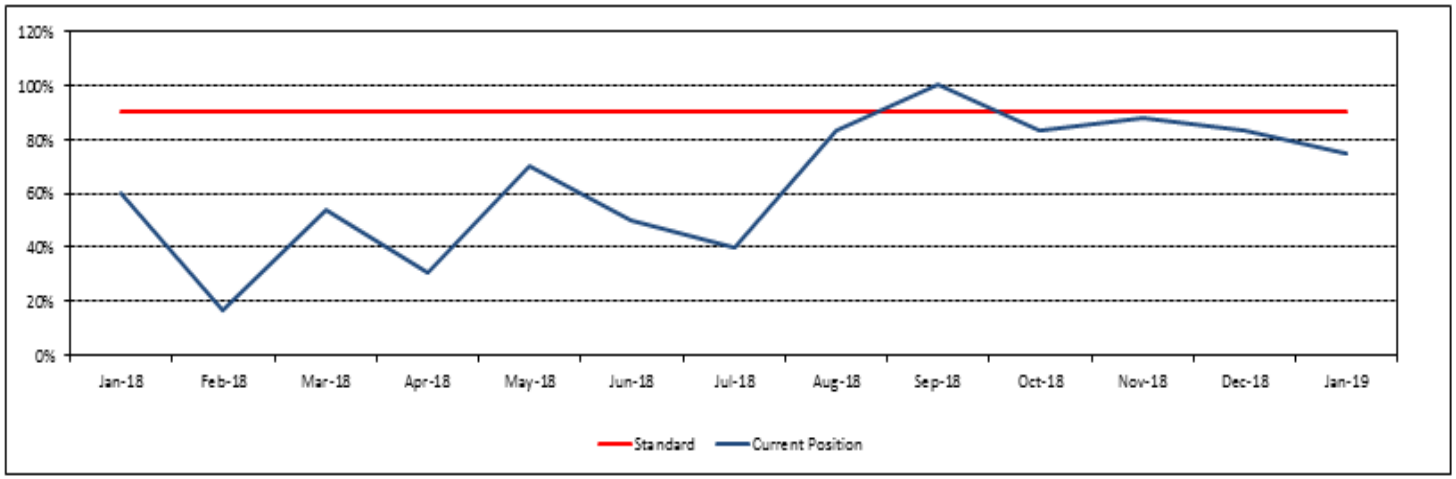
Summary of Current performance & Reasons for under performance

6 of 8 due responses were sent on time in January. This deterioration is due to demand outweighing capacity throughout January and is expected to improve.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	60.0%	17.0%	54.0%	31.0%	70.0%	50.0%	40.0%	83.0%	100%	83.0%	88.0%	83.0%	75.0%

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

Description	Owner	Start	End



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

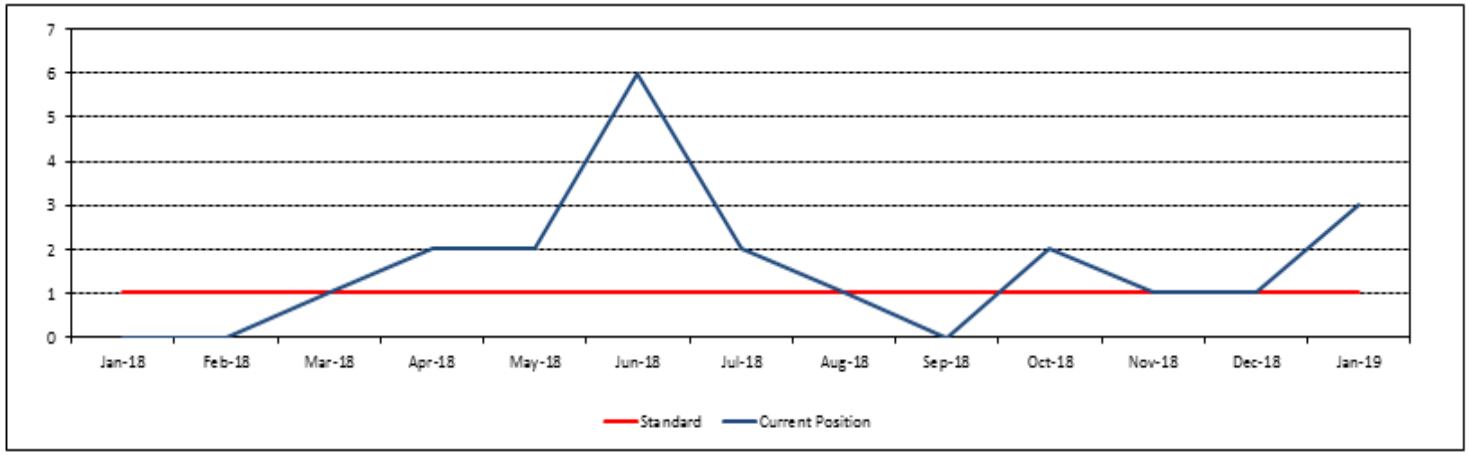
Indicator	Number of second letters received
Standard	1
Executive Lead	Rowan Proctor
Month	Jan-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

This is in line with an increase in overall complaints received in January. Three issues are dissimilar in nature; one would like a meeting which is being organised; one feels an issue was not addressed and the other is an information governance issue.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	1	1	1	1	1	1	1	1	1	1	1	1	1
Current Position	0	0	1	2	2	6	2	1	0	2	1	1	3

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End



7. DETAILED REPORTS - RESPONSIVE

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

Are we..		Ref.	KPI	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	YTD(Apr18-Jan19)
4. Responsive	A&E	4.13	Number of Delayed Transfer of Care - (DTOCs)	NT	326	393	321	208	206	203	130	242	176	191	219	256	202	203
		4.14	A&E time to treatment in department (median) for patients arriving by ambulance - CDM	120	57	75	64	62	48	49	49	46	39	46	45	46	47	48
		4.15	A&E - Single longest Wait (Admitted & Non-Admitted)	6 hrs.	18.11	17.18	19.50	18.14	10.30	12.22	14.49	15.54	12.23	16.17	13.05	15.35	20.32	14.78
		4.16	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
		4.17	A&E - Admission waiting 4-12 hours from dec. to admit	4	122	30	46	17	4	8	15	31	10	31	24	54	125	319
		4.18	A&E - To inpatient Admission Ratio	27%	31.9%	32.1%	29.6%	27.9%	25.8%	25.0%	23.9%	25.7%	28.3%	28.6%	30.3%	31.2%	31.3%	27.8%
		4.19	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	1
		4.20	A&E/AMU - Amb. Submit button complete	80%	85.7%	89.6%	93.5%	92.7%	94.4%	92.8%	91.3%	90.1%	91.0%	93.1%	94.7%	95.0%	ND	92.8%
		4.21	A&E - Amb. Handover above 30m	0	72	87	74	88	84	13	21	24	6	21	15	40	ND	312
		4.22	A&E - Amb. Handover above 60m	0	38	30	17	29	3	5	31	16	2	30	8	14	ND	138
	RTT	4.23	RTT - 18w Admitted (Completed)	90%	72.6%	73.5%	74.1%	73.4%	71.1%	76.9%	74.7%	74.0%	75.5%	74.6%	75.9%	77.7%	71.0%	74.5%
		4.24	RTT - 18w Non-admitted (Completed)	95%	88.7%	93.9%	93.4%	92.8%	94.5%	93.3%	93.9%	91.0%	88.5%	89.8%	89.5%	90.7%	86.7%	91.1%
		4.25	RTT waiting List	<15396	15363	15804	15396	16223	16481	16739	16715	16601	18105	18071	17915	18426	19601	17488
		4.26	RTT waiting list over 18 weeks	NT	1504	1650	1614	1560	1294	1443	1433	1775	1830	1766	1855	2149	2999	1810
		4.27	RTT 18 weeks Non-Consultant led services - Community	90%	98.7%	100%	99.4%	99.2%	97.6%	100%	98.7%	99.0%	99.0%	99.0%	99.0%	100%	99.7%	99.1%
		4.28	RTT 52 weeks Non-Consultant led services - Community	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%
	Stroke	4.29	Stroke - % Patients scanned within 1 hr.	77%	86.7%	76.7%	70.0%	73.7%	63.6%	77.7%	76.3%	84.4%	93.3%	64.0%	84.0%	80.0%	83.0%	78.0%
		4.30	Stroke - % patients scanned within 12 hrs.	96%	98.3%	100%	97.5%	94.7%	97.7%	100%	89.5%	100%	100%	100%	100%	97.5%	94.3%	97.4%
		4.31	Stroke - % Patients admitted directly to stroke unit within 4h	75%	75.4%	79.3%	72.5%	57.9%	73.2%	84.1%	75.0%	79.6%	82.8%	73.3%	83.7%	78.4%	78.4%	76.6%
		4.32	Stroke - % greater than 80% of treatment on stroke unit	90%	93.0%	96.6%	87.5%	81.6%	82.9%	100%	88.9%	88.6%	96.6%	88.9%	93.9%	91.9%	94.1%	90.7%
		4.33	Stroke - % of patients treated by the SESDC	48%	61.5%	50.0%	51.4%	54.8%	48.7%	58.5%	50.0%	53.9%	69.2%	52.4%	63.6%	48.0%	63.2%	56.2%
		4.34	Stroke -% of patients assessed by a stroke specialist physician within 24 hrs. of clock start	80%	93.3%	83.3%	95.0%	79.0%	81.8%	97.8%	92.1%	97.8%	96.7%	94.0%	88.0%	90.0%	96.2%	91.3%
		4.35	Stroke -% of patients assessed by nurse & therapist within 24h. All rel. therapists within 72h	75%	93.0%	86.2%	86.8%	94.6%	92.5%	88.6%	89.2%	79.6%	86.2%	73.5%	89.6%	78.4%	87.5%	86.0%
		4.36	Stroke -% of eligible patients given thrombolysis	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		4.37	Stroke -% of stroke survivors who have 6mth f/up	50%	61.0%	ND	ND	ND	57.0%	ND	ND	ND	ND	ND	ND	61.0%	ND	59.0%
		4.38	Stroke -Provider rating to remain within A-C	C	C	ND	C	C	ND	ND	ND	ND	ND	ND	ND	ND	ND	C

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Are we..		Ref.	KPI	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	YTD(Apr18-Jan19)
4. Responsive	Other	4.39	Urgent Referrals for Early Intervention Team (EIT) - Community	95%	ND	ND	ND	100%	100%	100%	100%	100%	ND	100%	100%	100%	ND	100%
		4.40	Nursing & therapy Red referrals seen within 4hrs - Community	95%	100%	96.4%	100%	96.4%	100%	100%	98.2%	100%	100%	100%	100%	100%	96.6%	99.1%
		4.41	Nursing & therapy Amber referrals seen within 72hrs - Community	95%	99.3%	98.0%	97.6%	98.8%	99.4%	99.5%	97.4%	99.4%	99.5%	99.0%	99.9%	100%	99.0%	99.2%
		4.42	Nursing & therapy Green referrals seen within 18 wks -Community	95%	99.8%	99.9%	99.9%	99.3%	99.9%	100%	100%	100%	99.6%	99.7%	99.2%	98.0%	99.5%	99.5%
		4.43	Wheelchair waiting times – Child (Community)	100%	55.6%	61.9%	42.2%	90.9%	100%	95.2%	90.9%	100%	100%	100%	83.3%	83.3%	81.8%	92.6%
		4.44	Wheelchair waiting times - Adult (Community)	NT	71.4%	73.6%	72.5%	75.6%	78.3%	80.0%	54.9%	100%	73.1%	ND	ND	ND	ND	77.0%
		4.45	Sepsis - 1 hr neutropenic sepsis	100%	80.0%	75.0%	58.3%	63.6%	80.0%	57.9%	80.0%	72.2%	90.9%	90.0%	75.0%	77.8%	81.0%	76.8%
		4.46	Percentage of Children in Care initial health assessments completed within 28 calendar days of becoming a child in care	100%	ND	ND	ND	0.0%	4.8%	8.0%	23.1%	31.6%	11.8%	33.3%	21.4%	15.4%	0.0%	14.9%
		4.47	Percentage of Service Users (children) assessed to be eligible for NHS Continuing Healthcare whose review health assessment is completed annually	80%	ND	ND	ND	ND	ND	ND	ND	ND	86.7%	86.2%	90.0%	97.0%	100%	92.0%

EXCEPTION REPORTS – RESPONSIVE

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

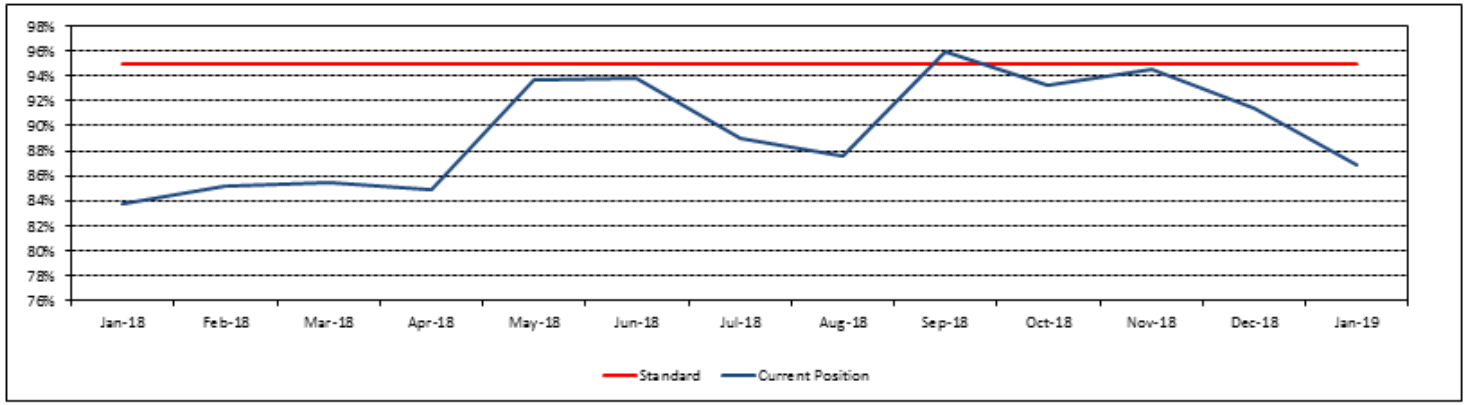
Indicator	A&E under 4 hr. wait
Standard	95%
Executive Lead	Helen Beck
Month	Jan-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

January 2019 performance against 4 hour standard was 86.8%
39.8% of breaches caused by lack of beds (increased from 31% in December)
24.8% of breaches caused by delay to CDM (reduced from 29.2% in December)
Winter bed pressures and medical staffing gaps nights and weekend have been the main driver for under performance. Recruitment is ongoing for middle grades and agency locums are in use to support additional senior cover out of hours. Delay for Clinical Decision Maker breaches have redcued from previous month but are still occruing when there are middle grade gaps out of hours.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	83.8%	85.2%	85.4%	84.9%	93.7%	93.9%	89.0%	87.6%	95.9%	93.3%	94.6%	91.4%	86.8%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Delivery of the ED, Hosptial and System wide improvement plan. Continue weekly medical staffing meetings and drive recruitment to medical and nursing vacancies. Continued focus on triage and ambulance handover including pilot for consultant lead Rapid Assessment and Treament in Mid February.	ED Team	Nov-18	Mar-19



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

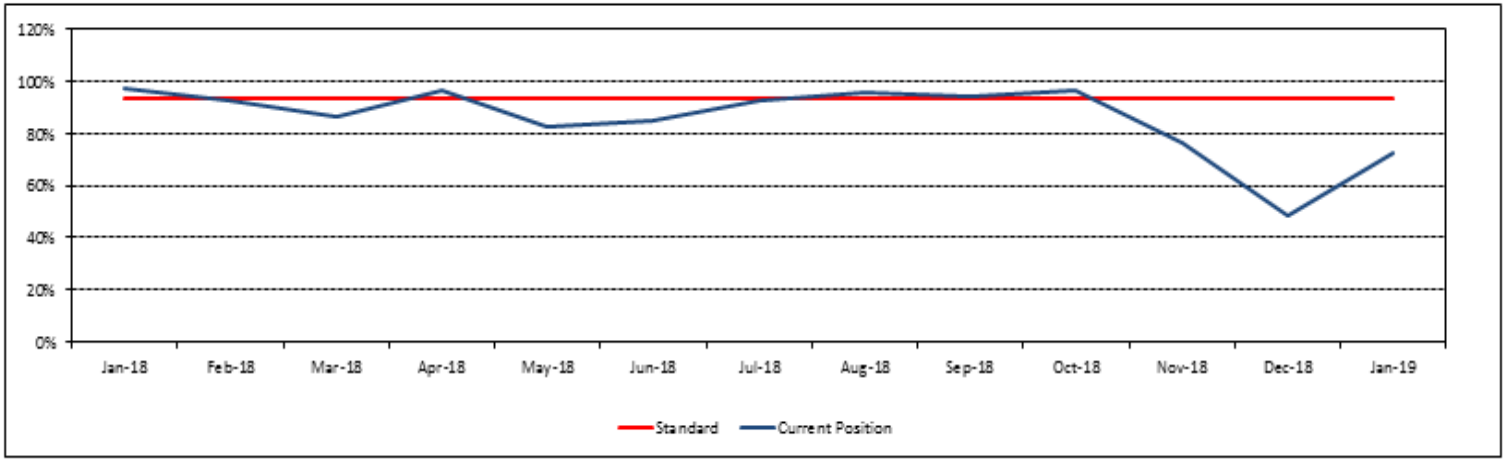
Indicator	Cancer 2 week waited breast symptoms
Standard	93%
Executive Lead	Helen Beck
Month	Jan-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Current Performance- 72.1% this is due to combination of factors- ongoing increase in the numbers of referrals and unexpected loss of radiology capacity to run additional clinics and one or other patient controlled factors.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
Current Position	97.1%	92.9%	86.7%	96.7%	82.6%	84.9%	92.8%	95.9%	93.9%	96.4%	76.7%	48.8%	72.1%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Inappropriate referral audit jointly undertaken by the Trust and the WS CCG will inform desired improvements in the quality and the numbers of incoming referral going forward.	JW	Feb-19	Apr-19



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

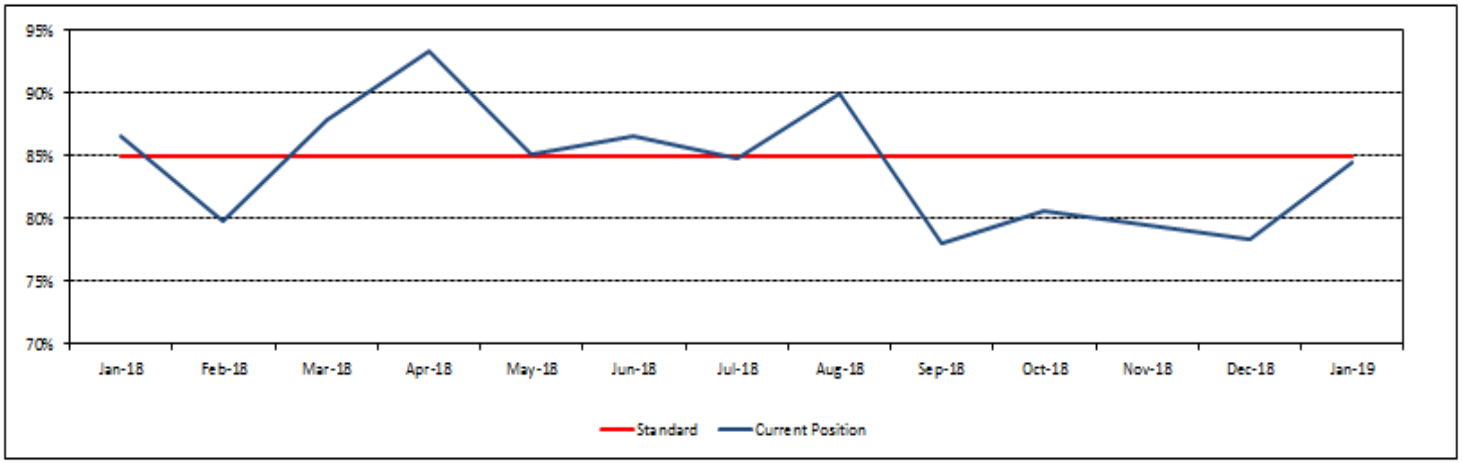
Indicator	Cancer 62 d GP referral
Standard	85%
Executive Lead	Helen Beck
Month	Jan-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Current Performance: 84.5% - In spite of ongoing challenges, this is an improving performance towards recovery. The Trust is reporting 10 breaches – Breast x 3, Colorectal x 4, Urology x2 and Haem x1 in local pathway and Gynae x 2, Breast x 1 and Skin x 1 in shared pathway, owing to combination of complex presentation, capacity issues to meet increased 2 WW demand resulting to diagnostic delays and impact of Christmas New Year holidays.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Current Position	86.6%	79.8%	87.8%	93.3%	85.1%	86.5%	84.8%	89.9%	78.0%	80.6%	79.5%	78.3%	84.5%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Completed governance review of cancer PTL meeting and updated TOR, attendance and action log	HK	Dec-18	Dec-18
Speciality level plans in place for Colorectal, Urology, ENT, Endoscopy and histopathology	HK	Dec-18	TBC



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

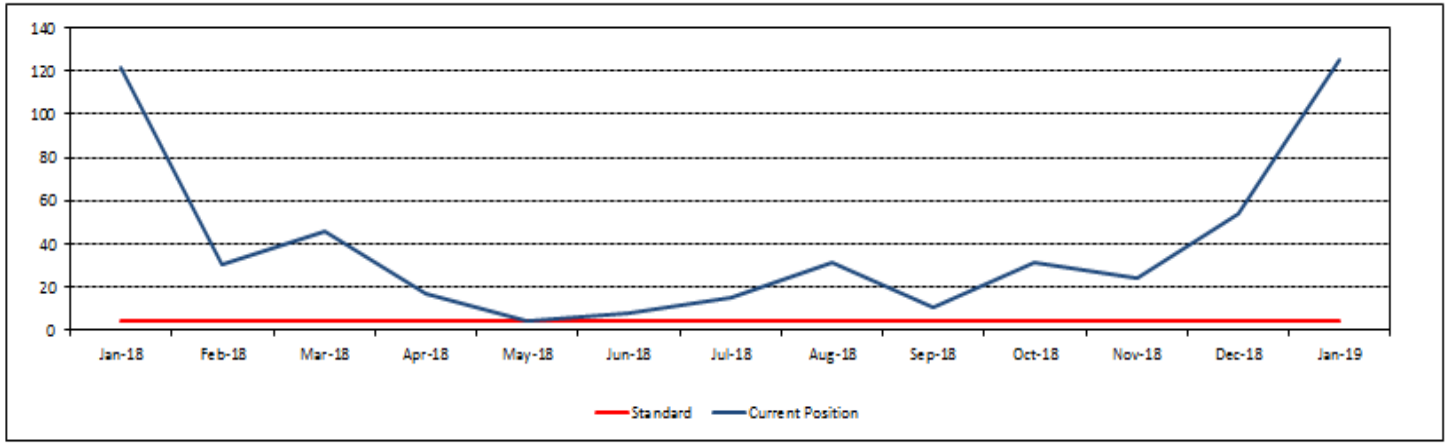
Indicator	A&E - Admission waiting 4-12 hours from dec. to admit
Standard	4
Executive Lead	Helen Beck
Month	Jan-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

125 patients of 2152 admitted patients (5.8%) waited between 4-12 for a bed following a decision to admit. This has increased significantly since December due to the impact of high demand on the hospital services resulting in bed pressures within the hospital. This was reflected in an increase in breaches due to bed requests which increased to 39.8% of all breaches from 31% in November. There is a comprehensive improvement plan of ED, hospital and system wide actions to address the delays in getting patients to the appropriate ward once the decision to admit has been made.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	4	4	4	4	4	4	4	4	4	4	4	4	4
Current Position	122	30	46	17	4	8	15	31	10	31	24	54	125

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Delivery of the ED, Hospital and System wide improvement plan. Continue weekly medical staffing meetings and drive recruitment to medical and nursing vacancies. Continued focus on triage and ambulance handover including pilot for consultant lead Rapid Assessment and Treatment scheduled for 25th December	ED Team	Nov-18	Mar-19



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	RTT: % incomplete pathways within 18 weeks
Standard	92%
Executive Lead	Helen Beck
Month	Jan-19
Data Frequency	Monthly
CQC Area	Responsive

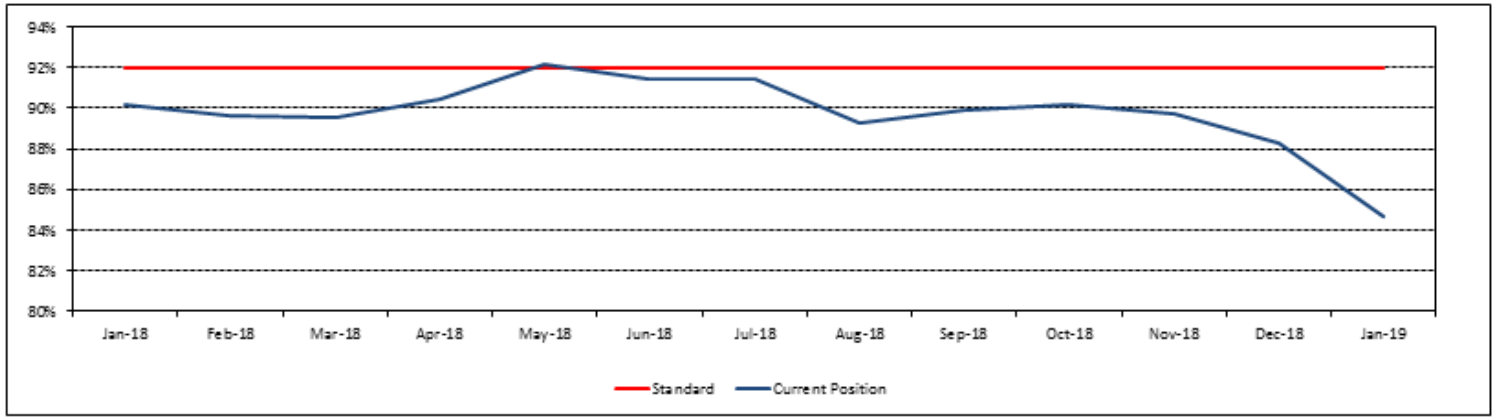
Summary of Current performance & Reasons for under performance

Due to reporting issues in December and January, we were without a PTL document for 7 weeks. This has had a large impact on our ability to validate patients who were not on the PTL previously. Capacity concerns remain around Vascular Surgery, Ophthalmology, Gynaecology and Trauma and Orthopaedics.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Current Position	90.2%	89.6%	89.5%	90.4%	92.2%	91.4%	91.4%	89.3%	89.9%	90.2%	89.7%	88.3%	84.7%

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

Description	Owner	Start	End
Action plan for recovery in place for all specialities not meeting performance	HK	Dec-18	
Continue to monitor long waits at weekly access meeting	HK	Aug-18	
Out/in source of cataract patients	HK	Dec-18	Apr-19
Options for outsourcing vascular cases being explored	HK	Jan-19	TBC
Additional capacity for Orthopaedic Consultants which longest wait times	FK	Mar-19	TBC



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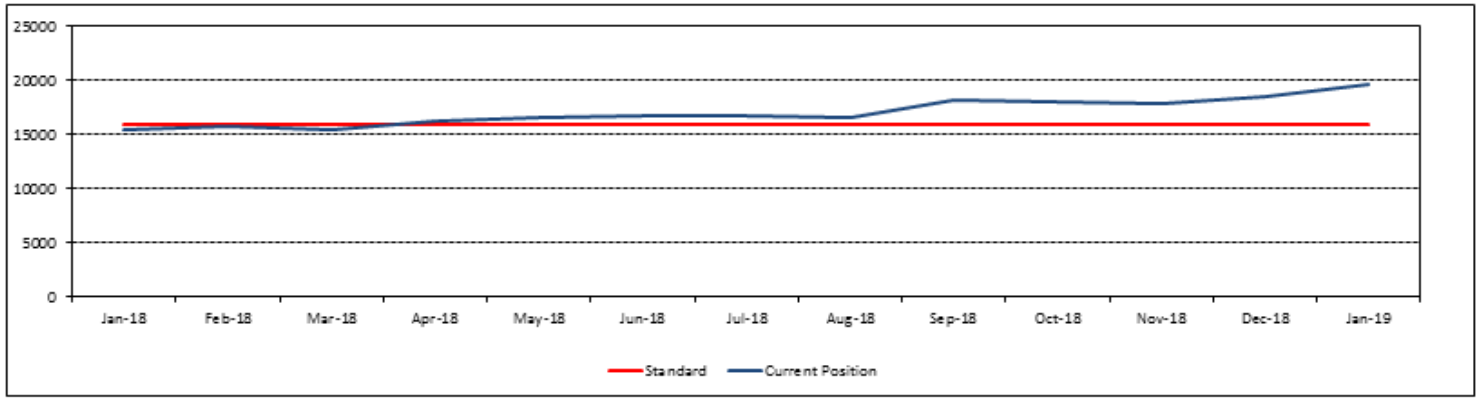
Indicator	RTT waiting List
Standard	<15396
Executive Lead	Helen Beck
Month	Jan-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Due to reporting issues in December and January, we were without a PTL document for 7 weeks. This has had a large impact on our ability to validate patients who were not on the PTL previously meaning that there are potentially more data quality issues on the PTL. Overall numbers of patients has increased particularly in General Surgery (includes Vascular), Gynaecology, Opthalmology and Gastroenterology.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	15936	15936	15936	15936	15936	15936	15936	15936	15936	15936	15936	15936	15936
Current Position	15363	15804	15396	16223	16481	16739	16715	16601	18105	18071	17915	18426	19601

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Prioritisation of validating long wait patients, bit by the validation team and the specialities to ensure accuracy in reporting.	NY/HK	Feb-19	
Action plan for recovery in place for all specialities not meeting performance	HK	Dec-18	
Continue to monitor long waits at weekly access meeting	HK	Aug-18	
Out/in souce of cataract patients	HK	Dec-18	Apr-19
Options for outsourcing vascular cases being explored	HK	Jan-19	TBC
Additional capacity for Orthopeadic Consultants which longest wait times	FK	Mar-19	TBC



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

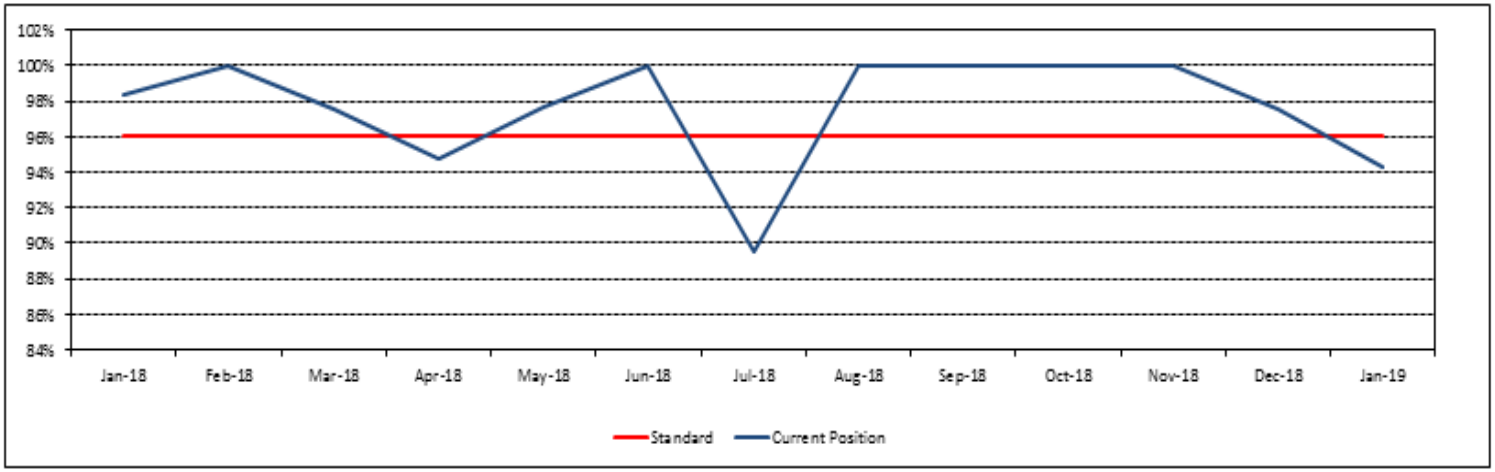
Indicator	Stroke - % patients scanned within 12 hrs.
Standard	96%
Executive Lead	Helen Beck
Month	Jan-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Very narrowly missed the target. 3 patients breached out of 53. 2 of these patients were atypical presentations, during validation it was agreed that both patients were not thought to be a stroke, and stroke was not diagnosed until an MRI scan. Therefore in these two cases nothing more could have been done. For the third patient - they suffered an inpatient stroke and there was a delay in ESOT being informed. Work continues on providing education to wards regarding stroke care.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
Current Position	98.3%	100%	97.5%	94.7%	97.7%	100%	89.5%	100%	100%	100%	100%	97.5%	94.3%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Sepsis - 1 hr neutropenic sepsis
Standard	100%
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Responsive

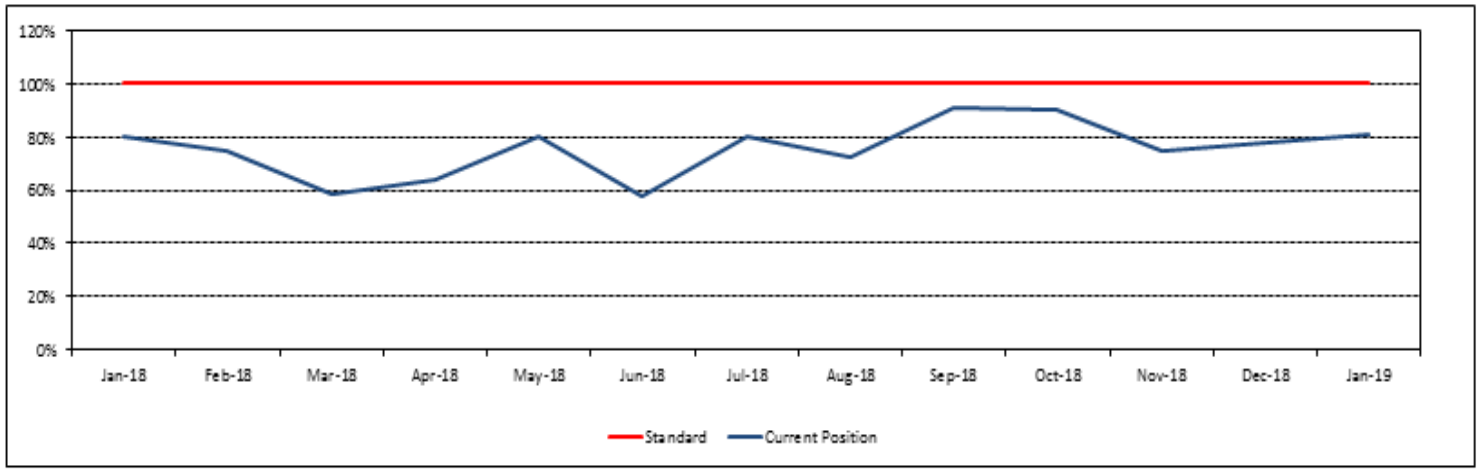
Summary of Current performance & Reasons for under performance

Performance against national standards for Door to Needle time for Neutropenic was 81% for the month of January. 100% of patients admitted to G1 received required treatment with the 1 hour time scale. Of the 9 patients who were admitted through ED, 7 (77.77%) were treated within the hour - 2 breached the national standard. Of the 2 patients who were admitted through AAU, 0% were treated within the hour, both breached the national standard.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	80.0%	75.0%	58.3%	63.6%	80.0%	57.9%	80.0%	72.2%	90.9%	90.0%	75.0%	77.8%	81.0%

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

Description	Owner	Start	End



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

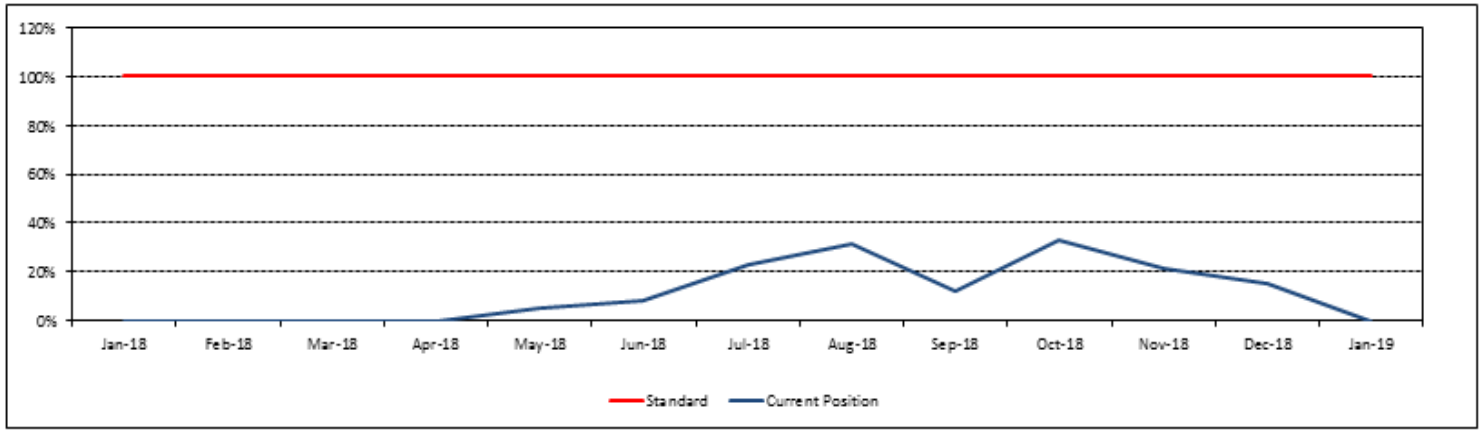
Indicator	Percentage of Children in Care initial health assessments completed within 28 calendar days of becoming a child in care
Standard	100%
Executive Lead	Helen Beck
Month	Jan-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

0 out of 20 Children seen within 28 days of becoming a Child in Care.
20 breaches
1 patient seen at earliest appointment @ 42 days
2 patients refused 1 or more earlier appointments,
17 patients there was late notificiation of being taken into care and / or late receipt of paperwork.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	ND	ND	ND	0.0%	4.8%	8.0%	23.1%	31.6%	11.8%	33.3%	21.4%	15.4%	0.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Service capacity and operation is under review with the CCG. 4-6weekly performance interagency performance meetings are in place to monitor issues with transfer of information. Escalation process established for those children who are refusing appointments or with carers who are hard to engage. A pilot is being undertaken in the east of the county with GP's to increase core capacity.	Nic Smith - Howell	Ongoing	



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8. DETAILED REPORTS – WELL-LED

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

Are we.		Ref.	KPI	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	YTD(Apr18 Jan19)
5. Well Led	Agency, WTE & vacancies	5.09	Agency Spend Cap	486	378	378	378	331	196	330	433	507	393	381	620	500	486	418
		5.10	Bank Spend		1078	1093	996	1282	1350	1015	1045	1294	1212	1222	1140	1167	1114	11841
		5.12	Proportion of Temporary Staff	12%	11.1%	11.3%	11.0%	12.5%	11.9%	9.7%	11.3%	12.7%	12.0%	11.8%	12.8%	12.1%	12.7%	12.0%
		5.13	Locum and Medical agency spend	NT	495	487	468	398	319	468	624	524	434	524	570	555	522	494
		5.57	Additional sessions	NT	136	186	167	253	238	207	161	270	250	338	288	266	216	249
		5.16	% Staff on Maternity/Paternity Leave	NT	1.87%	1.98%	1.93%	2.00%	2.30%	2.38%	2.43%	2.60%	2.64%	2.65%	2.73%	2.83%	2.80%	2.54%
	Other	5.17	Grievance reviews	NT	5	5	4	5	4	4	3	3	4	4	5	5	6	43
		5.18	Recruitment Timescales - Av no. of weeks to recruit	7	5.4	5.4	5.4	5.4	5.6	5.4	5.4	5.0	6.1	6.4	6.4	6.4	5.3	5.7
		5.19	DBS checks	95%	98.5%	98.0%	97.0%	98.0%	97.5%	98.0%	98.0%	98.0%	98.0%	98.5%	97.5%	97.5%	98.0%	97.9%
		5.20	Staff appraisal Rates	90%	65.0%	62.3%	63.0%	67.0%	67.3%	69.3%	75.8%	75.2%	76.9%	76.0%	79.0%	76.4%	77.0%	74.0%
		5.21	Trust Participation in on-going National Audits (Qtrly)	90%	NA	NA	96.0%	NA	NA	ND	NA	NA	ND	NA	NA	ND	NA	NA

Putting you first

Are we.		Ref.	KPI	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	YTD(Apr18 Jan19)
5. Well Led	Training	5.22	Infection Control Training (classroom)	90%	94.0%	94.0%	95.0%	94.0%	95.0%	94.0%	95.0%	95.0%	95.0%	94.0%	95.0%	94.0%	96.0%	94.7%
		5.23	Infection Control Training (eLearning)	90%	90.0%	90.0%	90.0%	90.0%	90.0%	91.0%	90.0%	87.0%	90.0%	89.0%	90.0%	91.0%	91.0%	89.9%
		5.24	Manual Handling Training (Patient)	90%	79.0%	79.0%	79.0%	74.0%	76.0%	77.0%	75.0%	79.0%	76.0%	77.0%	76.0%	76.0%	80.0%	76.6%
		5.25	Manual Handling Training (Non Patient)	90%	89.0%	89.0%	88.0%	88.0%	88.0%	83.0%	83.0%	81.0%	85.0%	82.0%	86.0%	84.0%	87.0%	84.7%
		5.26	Staff Adult Safeguarding Training	90%	92.0%	92.0%	92.0%	91.0%	91.0%	92.0%	90.0%	89.0%	91.0%	91.0%	90.0%	90.0%	91.0%	90.6%
		5.27	Safeguarding Children Level 1	90%	91.0%	91.0%	90.0%	90.0%	90.0%	89.0%	89.0%	88.0%	89.0%	89.0%	90.0%	91.0%	91.0%	89.6%
		5.28	Safeguarding Children Level 2	90%	92.0%	92.0%	91.0%	91.0%	90.0%	91.0%	91.0%	89.0%	90.0%	90.0%	90.0%	91.0%	91.0%	90.4%
		5.29	Safeguarding Children Level 3	90%	86.0%	88.0%	83.0%	95.0%	94.0%	94.0%	94.0%	89.0%	91.0%	91.0%	90.0%	90.0%	91.0%	91.9%
		5.30	Health & Safety Training	90%	92.0%	92.0%	91.0%	90.0%	90.0%	91.0%	91.0%	89.0%	90.0%	89.0%	89.0%	90.0%	89.0%	89.8%
		5.31	Security Awareness Training	90%	91.0%	91.0%	90.0%	90.0%	90.0%	91.0%	90.0%	89.0%	89.0%	88.0%	89.0%	89.0%	89.0%	89.4%
		5.32	Conflict Resolution Training (eLearning)	90%	76.0%	85.0%	84.0%	86.0%	87.0%	87.0%	88.0%	82.0%	83.0%	83.0%	85.0%	86.0%	86.0%	85.3%
		5.33	Conflict Resolution Training	90%	88.0%	76.0%	76.0%	69.0%	70.0%	70.0%	71.0%	73.0%	71.0%	69.0%	74.0%	75.0%	72.0%	71.4%
		5.34	Fire Training (eLearning)	90%	84.0%	84.0%	82.0%	80.0%	82.0%	81.0%	81.0%	84.0%	91.0%	83.0%	85.0%	88.0%	85.0%	84.0%
		5.35	Fire Training (classroom)	90%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	89.0%	90.0%	84.0%	89.0%	88.0%	86.0%	89.0%	88.5%
		5.36	IG Training	95%	84.0%	84.0%	82.0%	86.0%	86.0%	83.0%	84.0%	82.0%	82.0%	80.0%	83.0%	82.0%	81.0%	82.9%
		5.37	Equality and Diversity	90%	88.0%	88.0%	83.0%	81.0%	80.0%	79.0%	79.0%	79.0%	80.0%	81.0%	82.0%	84.0%	85.0%	81.0%
		5.38	Majax Training	90%	90.0%	90.0%	88.0%	88.0%	88.0%	89.0%	88.0%	88.0%	88.0%	89.0%	89.0%	90.0%	90.0%	88.7%
		5.39	Medicines Management Training	90%	89.0%	89.0%	88.0%	87.0%	87.0%	88.0%	89.0%	87.0%	86.0%	87.0%	87.0%	87.0%	87.0%	87.2%
		5.40	Slips, trips and falls Training	90%	87.0%	87.0%	87.0%	85.0%	85.0%	86.0%	86.0%	86.0%	85.0%	86.0%	85.0%	87.0%	86.0%	85.7%
		5.41	Blood-borne Viruses/Inoculation Incidents	90%	86.0%	86.0%	86.0%	85.0%	86.0%	87.0%	88.0%	85.0%	86.0%	87.0%	88.0%	89.0%	89.0%	87.0%
		5.42	Basic life support training (adult)	90%	80.0%	80.0%	78.0%	75.0%	76.0%	76.0%	75.0%	79.0%	79.0%	79.0%	80.0%	80.0%	81.0%	78.0%
		5.43	Blood Products & Transfusion Processes (Refresher)	90%	75.0%	75.0%	72.0%	73.0%	72.0%	73.0%	74.0%	74.0%	73.0%	74.0%	75.0%	76.0%	77.0%	74.1%
		5.44	Mandatory Training Compliance	90%	84.6%	83.2%	82.8%	83.3%	84.0%	85.0%	84.0%	84.0%	85.0%	85.0%	86.0%	86.0%	85.0%	84.7%
		5.55	Safeguarding Children Mandatory Compliance (Community)	95%	95.9%	95.7%	97.0%	98.2%	95.8%	95.3%	94.7%	95.1%	96.2%	95.9%	96.1%	94.9%	ND	95.8%
		5.56	Safeguarding Adults Mandatory Training Compliance (Community)	95%	94.1%	93.2%	95.6%	96.0%	95.0%	94.9%	94.3%	94.9%	97.0%	97.1%	96.3%	94.5%	ND	95.5%

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EXCEPTION REPORTS – WELL LED

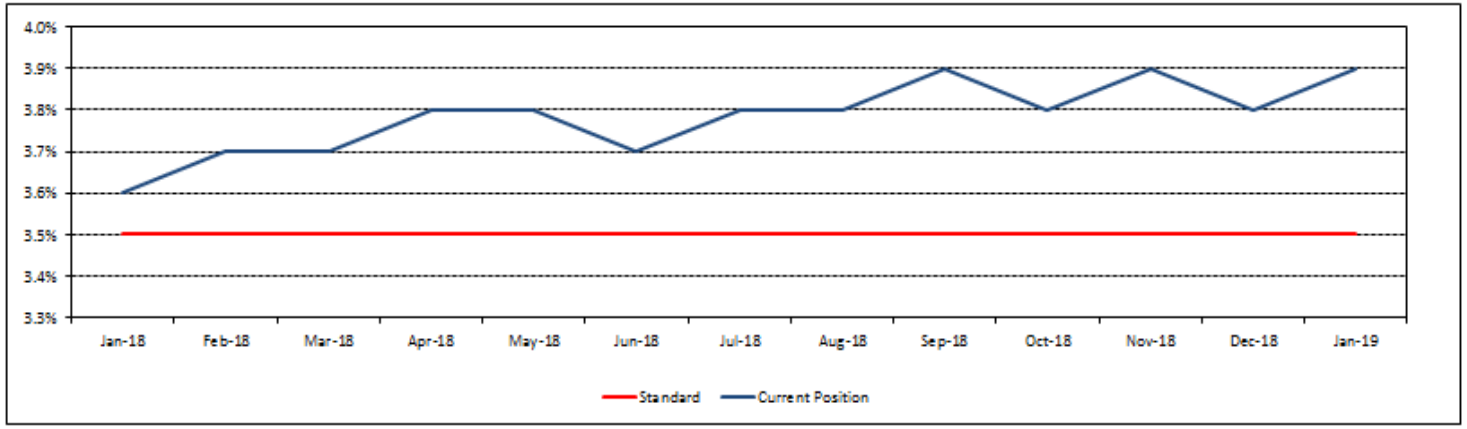
WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT	
Indicator	Sickness Absence
Standard	3.5%
Executive Lead	Jan Bloomfield
Month	Jan-19
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

although the percentage sickness absence has risen this month, this follows the usual trend for January. The percentage increase of 1 % does not cause particular concren. Many departments are experiencing the usual winter viruses and other complaints.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
Current Position	3.6%	3.7%	3.7%	3.8%	3.8%	3.7%	3.8%	3.8%	3.9%	3.8%	3.9%	3.8%	3.9%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Managers will continue to be supported in dealing with issues around sickness absence, and encouraged to undertake return to work meetings.			



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

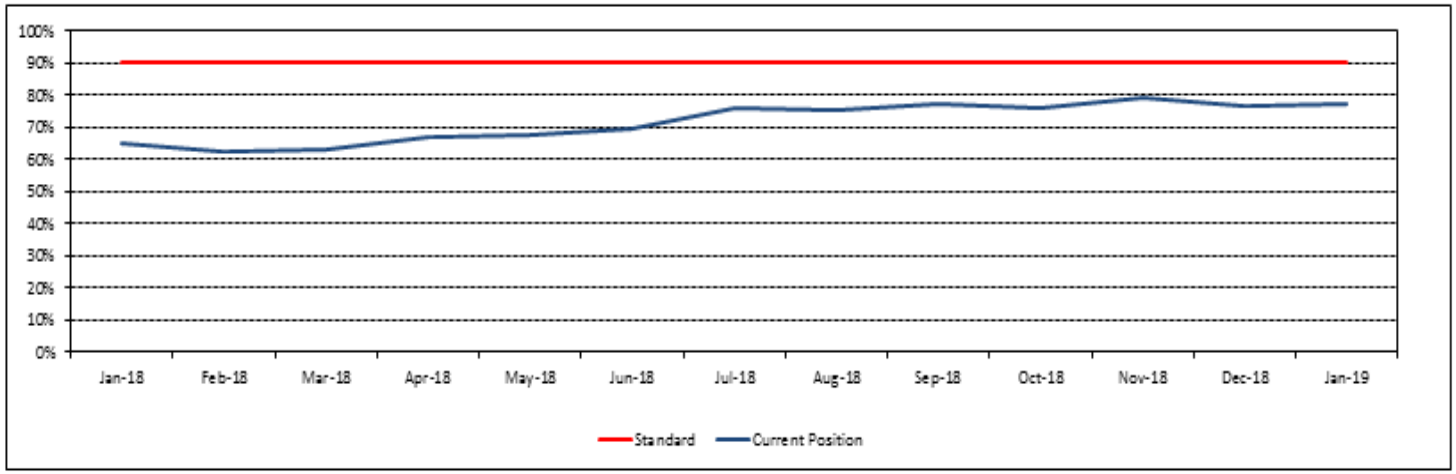
Indicator	Staff appraisal Rates
Standard	90%
Executive Lead	Jan Bloomfield
Month	Jan-19
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

Appraisal compliance has risen slightly in January to 77%, and this continues a slow upward trend. Corporate services directorate dropped significantly last month(Dec), and although showing a slight improvement, we will continue to target line managers.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	65.0%	62.3%	63.0%	67.0%	67.3%	69.3%	75.8%	75.2%	76.9%	76.0%	79.0%	76.4%	77.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
actions in place to recover the performance include; monthly reporting to line managers, support to Deputy COO to manage non compliance, and training more appraisers.			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

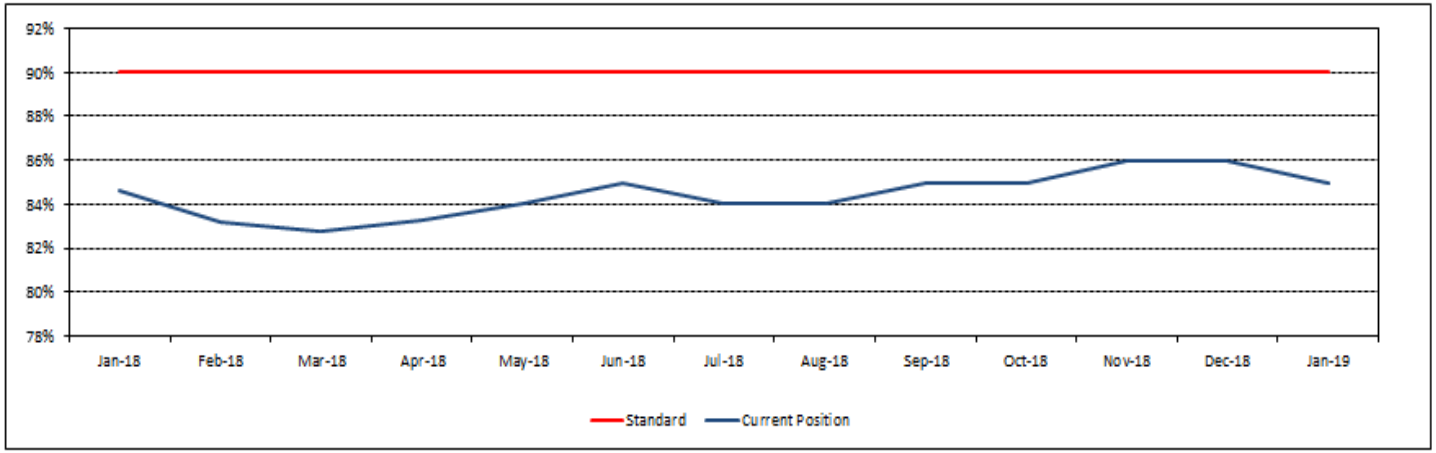
Indicator	Mandatory Training Compliance
Standard	90%
Executive Lead	Jan Bloomfield
Month	Jan-19
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

The Trust agreed to an amnesty of all mandatory training for the month of January 2019, in order to support the needs of patient care during the winter period, and to support expected staffing reductions due to sickness absence. The 1% reduction in compliance levels are likely a reflection of this. The reduction is also likely to have an ongoing impact in over the next couple of months.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	84.6%	83.2%	82.8%	83.3%	84.0%	85.0%	84.0%	84.0%	85.0%	85.0%	86.0%	86.0%	85.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
the Trust Board receive a regular report on compliance levels , activity and actions to improve compliance. The latest report was prepared in January 2019, and is presented quarterly.	Rebecca Rutterford		



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9. 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	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	YTD(Apr18 Jan19)
6. Productive	Activity	6.07	A&E Activity	NT	6033	5639	6172	5967	6498	6161	6564	6072	6042	6256	6114	6155	6371	62200
		6.08	NEL Activity	NT	2539	2406	2557	2295	2491	2491	2465	2394	2356	2638	2770	2520	2721	25141
		6.09	OP - New Appointments	NT	6769	5849	6324	6033	6930	6379	6598	6007	6113	7381	7255	5995	7059	65750
		6.10	OP- Follow-Up Appointments	NT	12673	11103	11609	11142	12248	11520	11750	10929	10879	12773	12289	9834	12610	115974
		6.11	Electives (Incl Daycase)	NT	2841	2632	2871	2667	3020	2799	2870	2786	2379	3033	3047	2519	3202	28322
	Finance	6.12	Financial Position (YTD)	Var	-6525	-6525	-287	-1760	-2793	-3159	-4420	-5641	-7119	-7122	-7494	-6534	-8691	-54733
		6.13	Financial Stability Risk Rating	Var	3	3	3	3	3	3	3	3	3	3	3	3	3	30
		6.14	Cash Position (YTD £000s)	Var	6870	3600	3600	5322	4550	2239	6852	7231	3934	1338	1159	4306	2562	39493
	Ratios	6.15	% Consultant to Consultant Referrals	NT	12.7%	13.7%	13.0%	14%	12.2%	13.3%	12.8%	11.7%	10.5%	11.2%	13.0%	13.9%	12.5%	12.4%
		6.16	New to FU Ratios	1.9	1.87	1.90	1.84	1.85	1.77	1.81	1.78	1.82	1.78	1.73	1.69	1.64	1.79	1.77

EXCEPTION REPORTS – PRODUCTIVE

The finance report contains full details.

10. DETAILED REPORTS- MATERNITY

Are we..		Ref.	KPI	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	YTD(Apr18 Jan19)
7.Maternity	Safe	7.09	Elective Caesarean Sections	10%	8.0%	7.1%	10.7%	11.8%	10.9%	7.6%	4.7%	7.8%	9.6%	8.6%	10.4%	9.1%	6.7%	8.7%
		7.10	Emergency Caesarean Sections	12%	14.1%	10.1%	19.4%	16.4%	11.4%	10.6%	12.4%	9.2%	13.0%	14.1%	15.4%	16.3%	16.2%	13.5%
		7.11	Grade 1 Caesarean Section (Decision to delivery time met)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	40.0%	100%	100%	100%	94.0%
		7.12	Grade 2 Caesarean Section (Decision to delivery time met)	80%	83.0%	83.0%	81.0%	82.0%	93.0%	90.0%	58.0%	64.0%	82.0%	71.0%	57.0%	79.0%	76.1%	75.2%
		7.13	Homebirths	2%	3.0%	2.4%	0.5%	2.6%	5.0%	1.5%	2.4%	1.5%	3.8%	1.8%	2.0%	1.0%	2.2%	2.4%
		7.14	Midwifery led birthing unit (MLBU) births	>13%	19.1%	18.0%	14.1%	16.4%	11.4%	11.4%	18.8%	17.0%	11.5%	14.4%	NA	NA	NA	14.4%
		7.15	Labour Suite births	77.5%	77.9%	79.6%	85.4%	81.0%	83.0%	86.9%	78.2%	80.6%	83.7%	82.7%	82.6%	83.0%	78.8%	82.1%
		7.16	Induction of Labour	29.3%	37.2%	41.2%	37.4%	41.0%	37.8%	40.9%	37.6%	36.4%	34.1%	35.5%	38.3%	42.1%	40.8%	38.5%
		7.17	Instrument Assisted Deliveries (Forceps & VentoUse)	>14%	7.0%	7.6%	6.8%	13.0%	9.5%	10.1%	10.0%	12.6%	11.5%	11.8%	13.9%	8.1%	8.9%	10.9%
		7.18	Critical Care Obstetric Admissions	0	2	0	1	1	2	1	0	1	1	0	0	3	1	10
		7.19	Eclampsia	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2
	Effective	7.20	Shoulder Dystocia	2	4	5	8	5	6	8	5	6	9	9	4	4	6	62
		7.21	Post-partum Hysterectomies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		7.22	Women requiring a blood transfusion of 4 units or more	0	ND	ND	ND	0	0	1	2	0	0	1	0	1	1	6
		7.23	3rd and 4th degree tears (all deliveries)	12	9	7	2	9	4	6	4	7	7	3	8	2	6	56
	Caring	7.24	Maternal death	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
		7.25	Stillbirths	NT	2	0	0	1	1	0	1	0	0	0	0	0	0	3
		7.26	Complaints	NT	0	0	1	0	ND	0	3	1	0	1	1	0	3	9
		7.27	No. of babies admitted to Neonatal Unit (>36+6)	NT	8	16	12	18	10	9	7	13	8	9	10	15	7	106
	Responsive	7.28	No. of babies transferred for therapeutic cooling	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
		7.29	One to one care in established labour	100%	100%	100%	100%	91.0%	93.0%	92.3%	97.0%	97.0%	100%	100%	100%	99.0%	100%	96.9%
		7.30	Reported Clinical Incidents	50	63	46	48	46	56	48	27	39	44	34	42	38	50	424
		7.31	Hours of dedicated consultant cover per week	60	102	93	93	94	90	93	93	90	87	87	99	93	105	931
		7.32	Consultant Anaesthetists sessions on Labour Suite	10	10	10	10	10	10	10	10	10	10	10	10	10	10	100
		7.34	No. of women identified as smoking at booking	NT	26	21	30	26	31	22	19	21	23	22	20	34	20	238
		7.35	No. of women identified as smoking at delivery	NT	21	22	24	23	26	14	15	27	21	22	18	31	18	215
		7.36	UNICEF Baby friendly audits	10	10	ND	10	ND	ND	10	ND	ND	ND	ND	ND	ND	ND	10
		7.37	Proportion of parents receiving Safer Sleeping Suffolk advice	80%	ND	ND	ND	62.9%	77.8%	81.8%	88.0%	80.0%	96.0%	97.0%	95.0%	97.5%	96.1%	87.2%
	Other	7.38	No. of bookings (First visit)	NT	279	253	274	240	251	237	252	236	231	234	222	206	278	2387
		7.39	Women booked before 12+6 weeks	95%	96.0%	96.0%	ND	95.4%	96.0%	96.6%	94.4%	96.0%	92.0%	92.0%	98.0%	95.1%	96.0%	95.2%
		7.40	Female Genital Mutilation (FGM)	NT	0	1	0	0	0	0	0	0	0	0	0	0	0	0

EXCEPTION REPORTS – MATERNITY

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

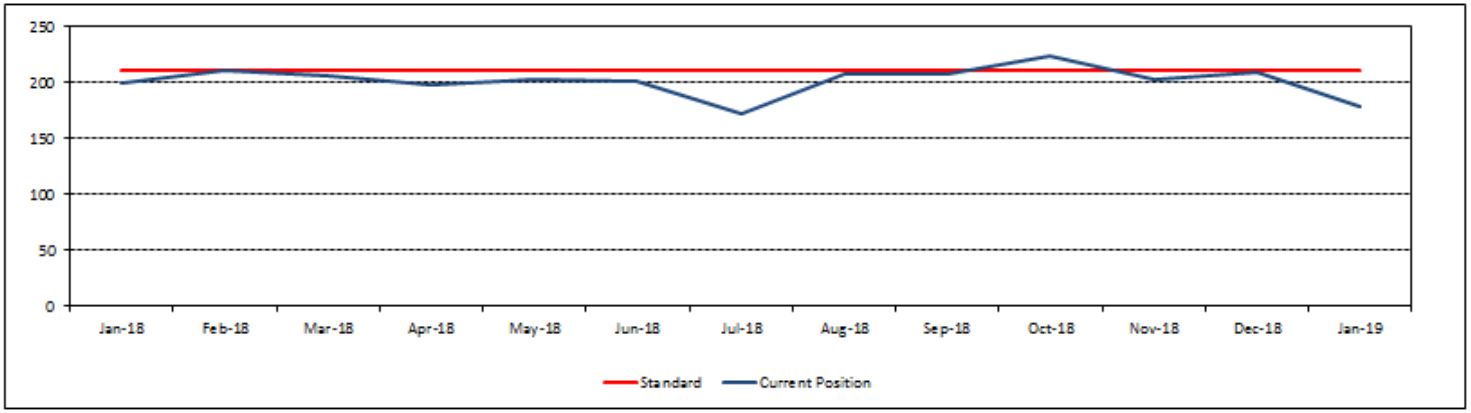
Indicator	Total number of deliveries (births)
Standard	210
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The delivery rate was down this month 179 below the average expected of 210. It is difficult to put this into context on a monthly basis as this is not related to expected deliveries. Whilst we constantly promote delivery at the WSFT it is women's choice to deliver their babies in a hospital of their choosing. There are initiatives to make the WSFT attractive to women such as the refurbishment of the labour Suite, Home birth and Elective Caesarean Section dedicated teams, The proposed increase in Ultra Sound scans at Newmarket may well attract clients.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	210	210	210	210	210	210	210	210	210	210	210	210	210
Current Position	199	211	206	198	203	201	172	208	208	224	202	209	179

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Elective CS teams, homebirth teams Increased USS at Newmarket ,labour Suite refurbishment.			



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

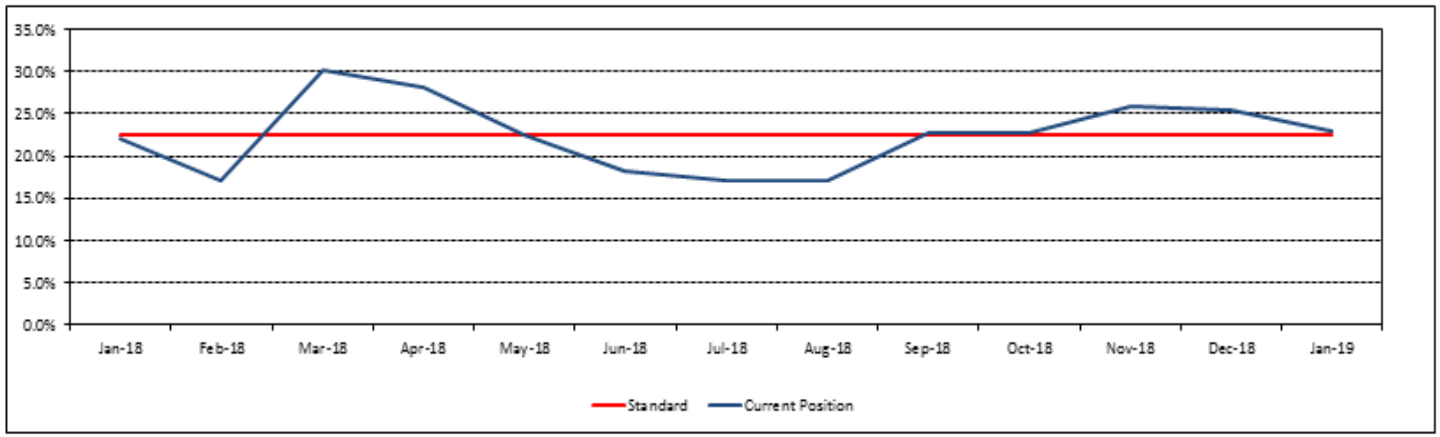
Indicator	% of all caesarean sections
Standard	22.6%
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The elective caesarean sections rate has remained steady over the year and below the national average for England (10.5% NMPA 2016) in January was 9.1%. The increase in the overall caesarean sections rate can be attributed to the rise in emergency caesarean sections in January this was 22.9%. Although it is not clear why, the increase does appear to coincided with the appointment of 2 new obstetric consultants and new cohort of registrars although this may be an incidental finding. Overall 12 months from February 18 - January 19 the rate remains on average 22.4% (below the commissioned rate) This was discussed at the WHG 18/02/19 the CD agreed to audit the period November and December 2018 (highest months)

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%
Current Position	22.1%	17.1%	30.1%	28.2%	22.4%	18.2%	17.1%	17.0%	22.8%	22.7%	25.9%	25.4%	22.9%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to monitor closely. CD to audit November and December to identify any themes for this increase.			



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

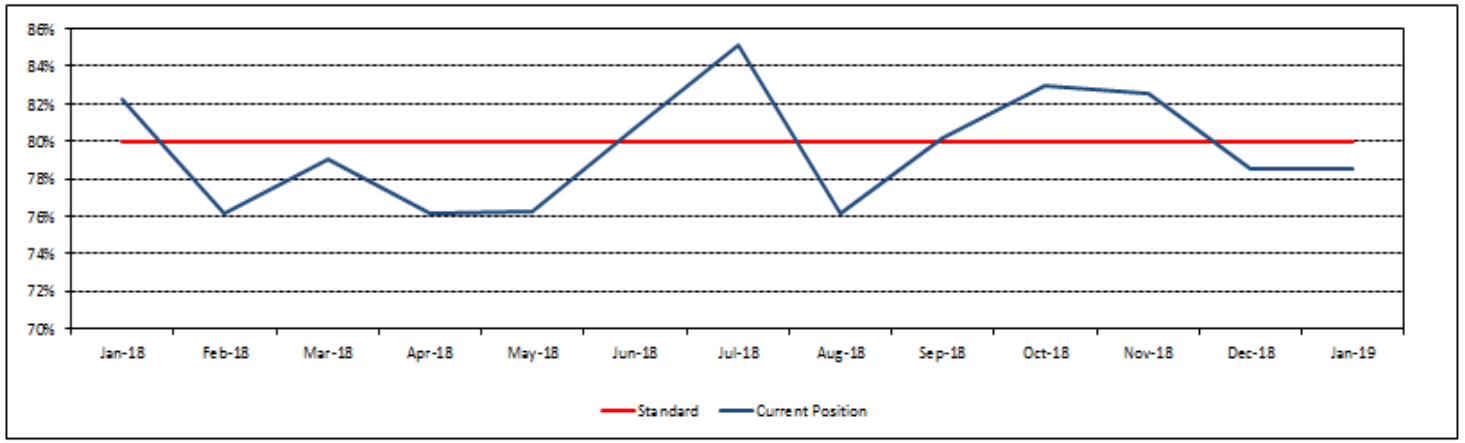
Indicator	Breastfeeding Initiation Rates
Standard	80%
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The percentage for breast feeding initiation rates has been below the 80% standard over the last two months at 78.5%. Since the reduction in December there has been audit of 10 women undertaken looking at compliance with the standards of baby friendly initiative to identify any areas for improvement. Overall the standard was above the required standard of 80% in all areas which was pleasing. Breast feeding is a choice for women and not all women chose this method of feeding. Maternity and paediatric medical staff are expected to be trained within 7/7 of arrival to the trust and 80% is achieved(BFI standard) a recent expectation to ensure neonatal staff are included in the data for breast feeding as they form a part of the overall statistics.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Current Position	82.2%	76.2%	79.0%	76.1%	76.3%	80.7%	85.1%	76.2%	80.2%	83.0%	82.6%	78.5%	78.5%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to promote initiation of breastfeeding on a monthly basis at Take 5. Ensure stats are fed back to the NNU staff.			



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

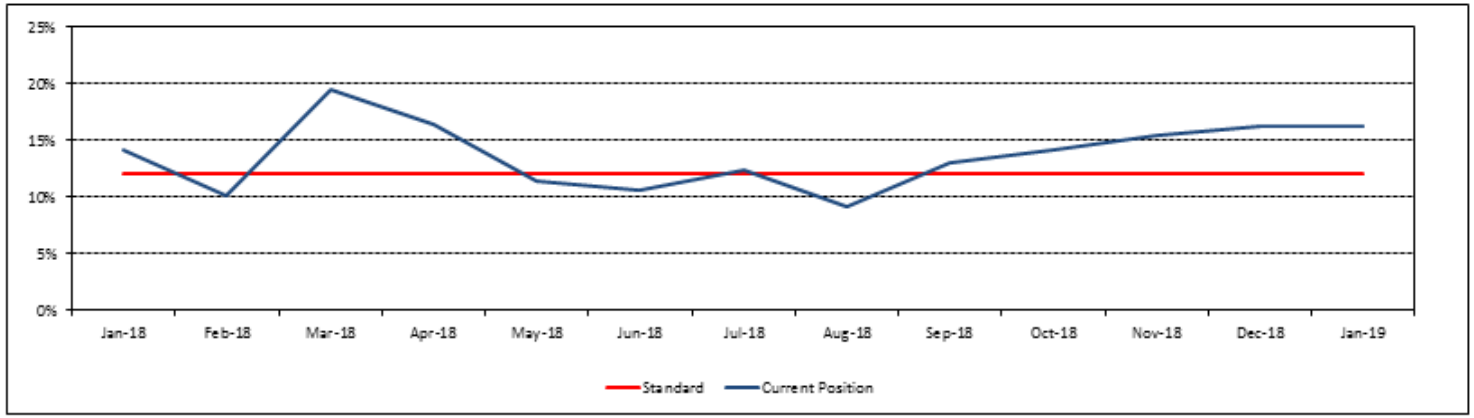
Indicator	Emergency Caesarean Sections
Standard	12%
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The increased numbers of Emergency Caesarean Sections in January continues to follow an increasing particularly increasing in the last 3 months. Although for the year to date the rate is 12% and within the standard. The only change is the appointment of 2 new consultant obstetricians in August although there is no evidence that this is the reason. A national trend in Emergency Caesarean Sections is on the increase due to multiple factors, national data for 2016 puts the rate for Emergency Caesarean Sections at 14% in England, 2% percent above our current standard. new national data will be published shortly. Whilst Emergency Caesarean Sections are monitored weekly a more thorough scrutiny was proposed by the CD at the WHG. It should be noted that this month 4 Emergency Caesarean Sections were undertaken in the second stage of labour a much more complex procedure, however three of these had attempted an instrumental delivery prior to Emergency Caesarean Sections.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%
Current Position	14.1%	10.1%	19.4%	16.4%	11.4%	10.6%	12.4%	9.2%	13.0%	14.1%	15.4%	16.3%	16.2%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Audit of Emergency CS planned. Continue to monitor weekly at the case management meeting.			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

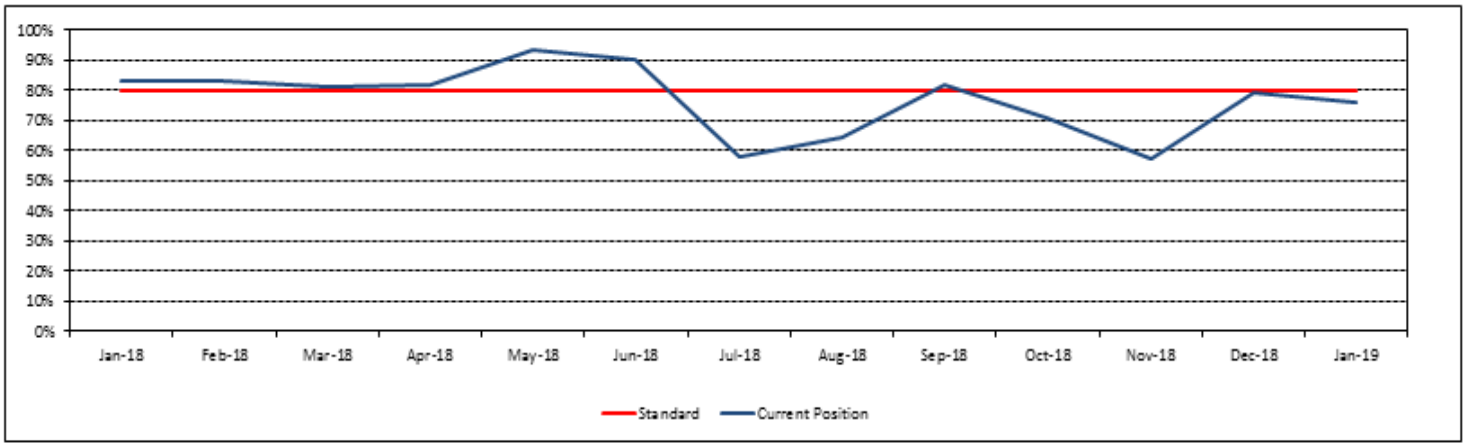
Indicator	Grade 2 Caesarean Section (Decision to delivery time met)
Standard	80%
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

January 2019 unfortunately did not achieve 80% decision to delivery rate. 5 of the 24 grade 2 Caesarean Section were out of time. All were reviewed at the Case management multi professional meeting. All cases were considered an appropriate delay 2 due to theatre in use, one of the registrar undertaking a forceps delivery out of hours. A delay due to a difficult spinal anaesthesia and a decision to wait for bloods from Cambridge where a woman had antibodies. (O negative blood available should the Caesarean Section need escalating) An audit of three months of Decision to delivery was presented at the Clinical Governance Steering Group 15th January 2019 one case only was thought to have been within the time frame.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Current Position	83.0%	83.0%	81.0%	82.0%	93.0%	90.0%	58.0%	64.0%	82.0%	71.0%	57.0%	79.0%	76.1%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to monitor all cases weekly . Audit included in the audit programme for presentation Quarterly .			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

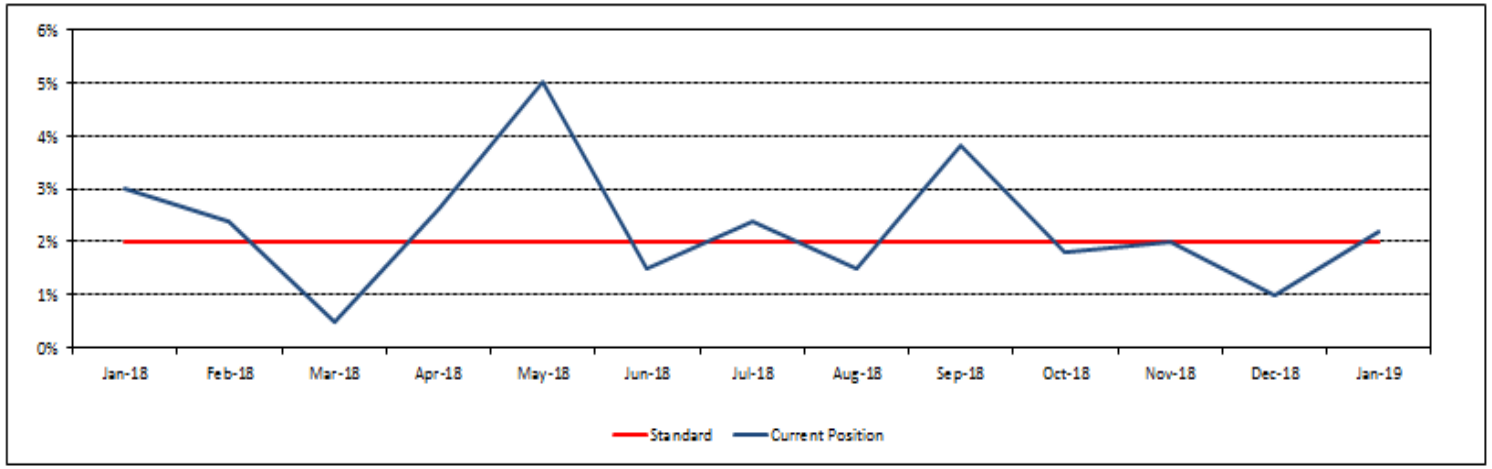
Indicator	Homebirths
Standard	2%
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

There was a slight increase in the home birth rate this month from 1% in December to 2.2% in January. All low risk women are given the choice of where they would like to give birth and statistics show that in England 1.3% of women give birth at home (NMPA 2016) The WSHFT has for the passed year exceeded this. The service is currently developing a home birth group which is hoped with continuity of carer throughout pregnancy and birth will encourage more women to give birth at home.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Current Position	3.0%	2.4%	0.5%	2.6%	5.0%	1.5%	2.4%	1.5%	3.8%	1.8%	2.0%	1.0%	2.2%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Development of a Home birth group providing continuity of carer throughout pregnancy and at home.			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

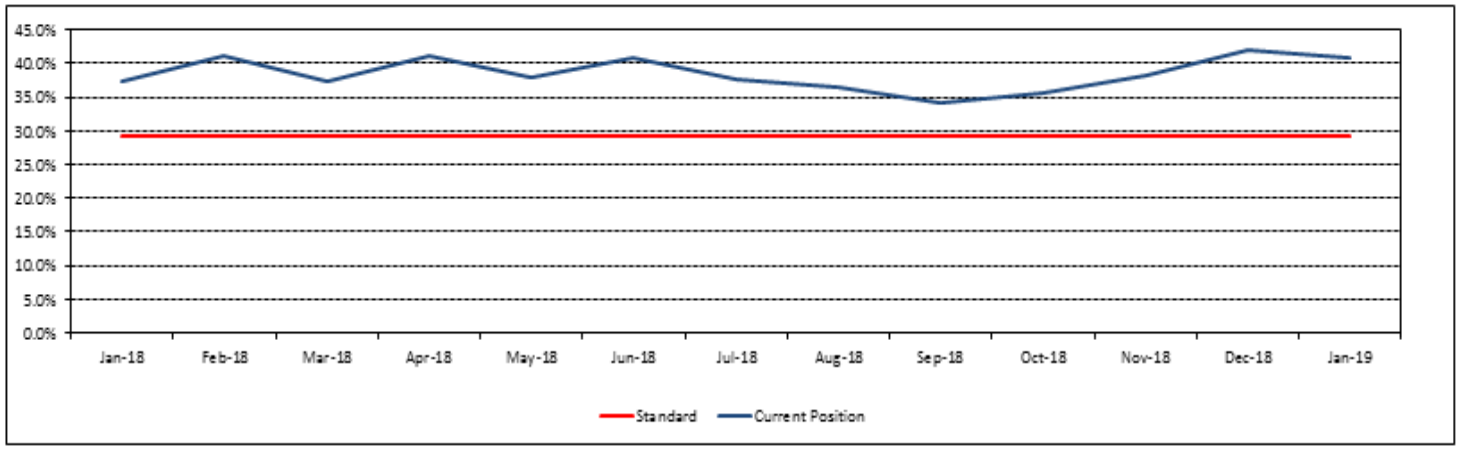
Indicator	Induction of Labour
Standard	29.3%
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The service has not achieved the expected standard of 29.3% for Induction of Labour. This is thought mainly due to the introduction of routine glucose tolerance testing for high risk women. Because of the increase in co-morbidities such as obesity this has led to increase in the diagnosis of gestational diabetes requiring Induction of Labour at 38 weeks. In addition, identification of small for gestational age babies has increased due to better surveillance of scanning and GROW chart introduction as well as offering Induction of Labour to women undergoing VBAC. This has all have a significant impact on the increase. The service is awaiting the 2nd publication of the NMPA due this year to see the national picture for Induction of Labour at similar size units.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%
Current Position	37.2%	41.2%	37.4%	41.0%	37.8%	40.9%	37.6%	36.4%	34.1%	35.5%	38.3%	42.1%	40.8%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Audit of outpatient inductions is due for presentation at CGSG March 2019.			



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

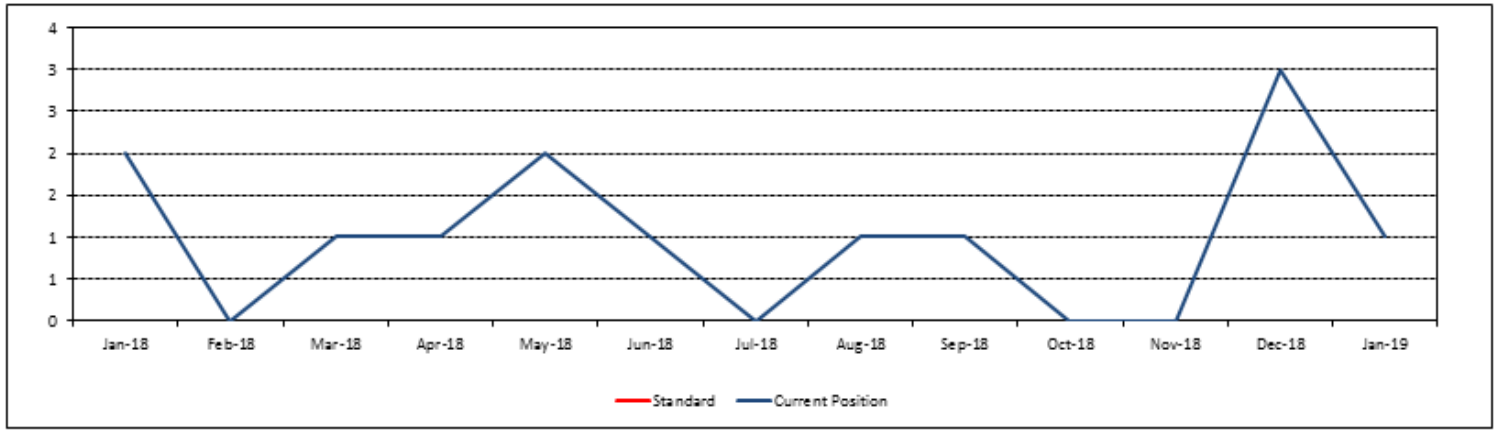
Indicator	Critical Care Obstetric Admissions
Standard	0
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The service admitted one pregnant woman to critical care in January due to Influenza. She has since recovered and discharged home. Pregnant women are at a much higher risk of complications from flu because of their weaker immune systems. The service advises all women to take part in flu vaccination and this is discussed throughout pregnancy. January saw an increase in admissions to the maternity service of pregnant women with flu, all were treated and discharged home. Pathways produced with the help of Microbiology and infection control to ensure all staff were clear on giving advice and the pathway when women are admitted with suspected /confirmed flu.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	2	0	1	1	2	1	0	1	1	0	0	3	1

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Take 5 reminder to all staff working in the maternity service to ensure they have had vaccination. Clear guidance for staff on giving advice and the pathway when women are admitted with suspected /confirmed flu.			



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

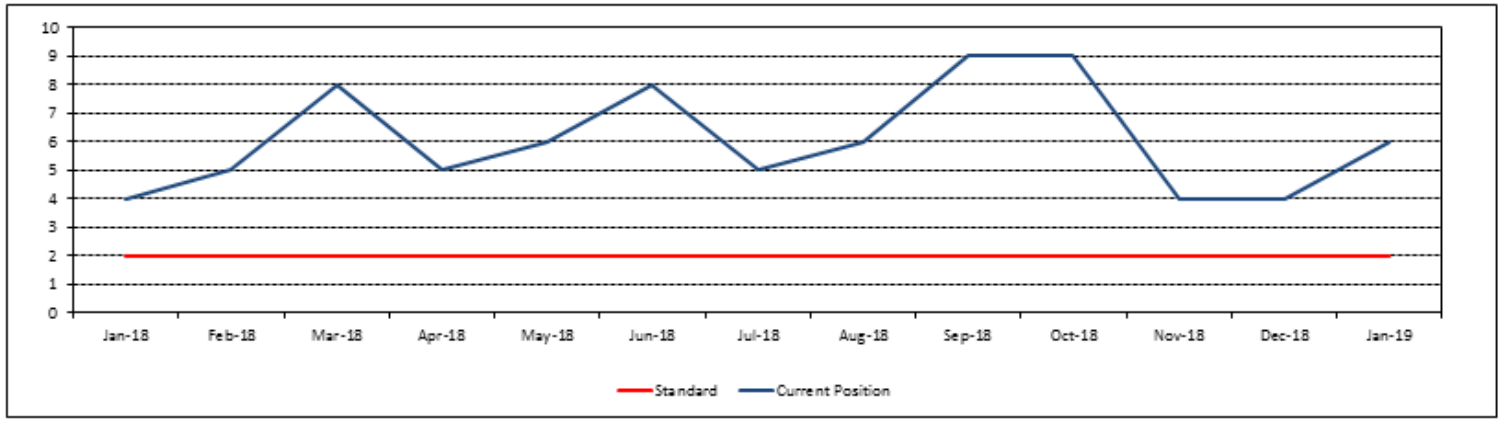
Indicator	Shoulder Dystocia
Standard	2
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

There were 6 cases of Shoulder dystocia reported in January. No babies were reported to have sustained any injury during manouvres. True shoulder dystocia results in the anterior shoulder of the baby becoming impacted behind the symphysis pubis and can cause permanent nerve injury to babies. This can be difficult to differentiate from difficult delivery of the shoulder which may require positional change. As part of the emergency shoulder dystocia drill, position change is the first manoeuvre attempted and all are recorded as shoulder dystocia The majority of shoulder dystocia reported are found to require positional change only. Generally there is an increase in shoulder dystocia this is due to risk factors such as advanced maternal age and gestational diabetes. The important aspect of shoulder dystocia is that it is mostly unpredictable, and staff trained in its management.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	2	2	2	2	2	2	2	2	2	2	2	2	2
Current Position	4	5	8	5	6	8	5	6	9	9	4	4	6

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Annual live drills for the management of this emergency for all staff. Appropriate identification of shoulder dystocia.			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

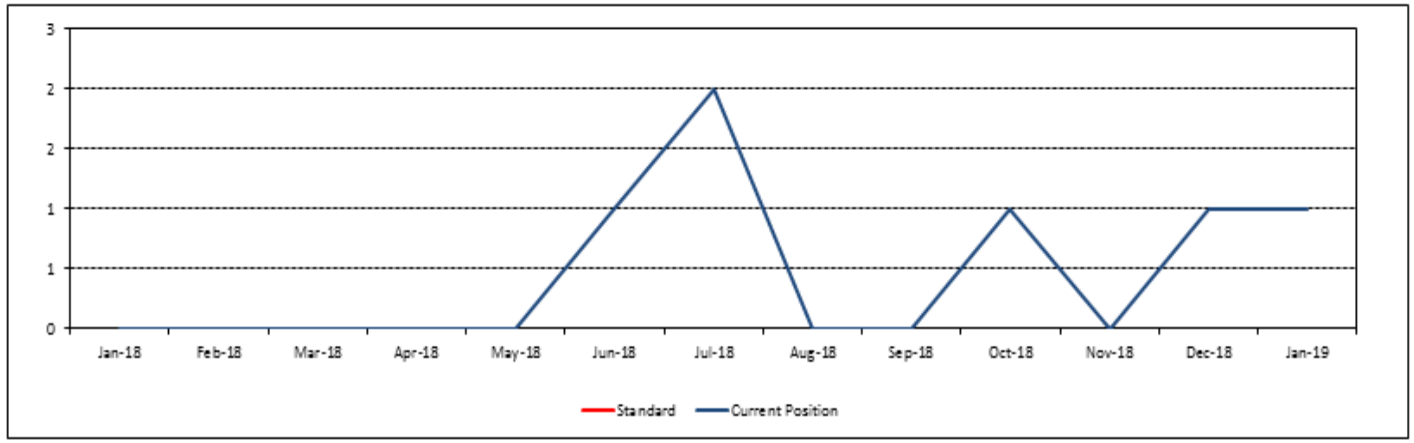
Indicator	Women requiring a blood transfusion of 4 units or more
Standard	0
Executive Lead	Rowan Procter
Month	Jan-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

One woman required a blood transfusion of 4 units due to a massive haemorrhage of 3000ml. This was due to retained placental products following delivery. Obstetric haemorrhage is a major source of morbidity and one of the most common direct causes of maternal mortality. The threshold for massive obstetric haemorrhage MOH is 1500ml. Staff attend multi professional live drills in the management of MOH. Blood transfusion were asked to present MOH protocol at the Clinical Governance Steering Group because of new obstetric and maternity staff to ensure full awareness of the WSFT massive haemorrhage protocol.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	ND	ND	ND	0	0	1	2	0	0	1	0	1	1

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Ongoing annual staff training in this obstetric emergency.			



9. Review of cancer pathways and accountability

To ACCEPT the report

For Report

Presented by Helen Beck

Trust Board – 1 March 2019

Agenda item:	9			
Presented by:	Helen Beck			
Prepared by:	Hannah Knights, head of elective access Alex Baldwin, deputy chief operating officer			
Date prepared:	20/02/2019			
Subject:	Review of cancer pathways and accountability			
Purpose:	X	For information	X	For approval

Executive summary:
To provide the board an update on Cancer performance and review of pathways to date.

This paper provides an update on current performance on all Cancer Standards, progress to date to aid recovery and next steps to improve patient pathways in preparation for the 28 day faster diagnosis standard.

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:	
Risk and assurance:	
Legislation, regulatory, equality, diversity and dignity implications	

Recommendation:
*To **NOTE** progress outlined in the paper;*
*To **AGREE** direction of travel*
*To **AGREE** the further development and delivery of key solutions and methods*

1. Introduction

The delivery of a compliant and sustainable Cancer Services programme has presented a number of challenges for the organisation in recent months. In response the Trust has implemented a number of proven supporting actions which improve governance, increase visibility of performance and ensure consistency of compliance with the national standards.

The Trust has been unable to deliver the required 62 day standard for the past 5 months, last achieving it in August 18. Similarly the 2ww standard was last consistently delivered in July 18 although performance returned to compliance in January 19. Subsequently a recovery trajectory and detailed action plan has been developed, with reviews of current clinical pathways to provide assurance that recovery is possible.

A formal Cancer Steering Group has been initiated which bring together system partners to address issues which impact on performance. This replicates the governance arrangements in place for the management of RTT pathways and will hold the service to account for the delivery of the cancer delivery plan, which includes the East of England Cancer Alliance transformation plan.

In addition we have reviewed and refreshed the weekly cancer PTL meeting which has revised terms of reference and membership and is now formally chaired by the head of elective access.

Progress has been made into the reduction of patients waiting over 62 days and performance in both the 62 day and 2 week wait standard.

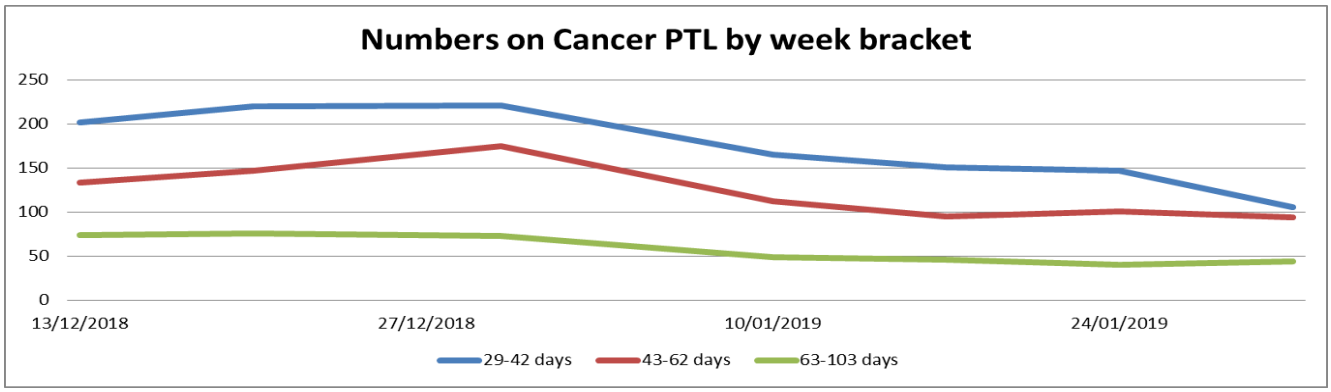


Figure 1 as at 31.01.19

As figure one shows the numbers of patients waiting over 29 days has started to improve. With particular focus on those patients that are already over 62 days target.

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Current Position	86.6%	79.8%	87.8%	93.3%	85.1%	86.5%	84.8%	89.9%	78.0%	80.6%	79.5%	78.3%	84.5%

Figure 2

As figure two shows, there has been significant improvement in performance against the 62 day cancer standard in January (please note this figure is still provisional for January).

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Standard	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
Current Position	97.2%	98.0%	97.5%	94.7%	95.9%	94.9%	91.6%	97.6%	89.5%	80.9%	76.1%	89.8%	92.2%	93.2%

Figure 3

As figure three shows, there has been improvement against the 2 week wait standard, which was recovered in January 2019.

The areas of greatest focus to date have been the skin, breast and colorectal tumour groups. Skin has improved significantly over the last four months as capacity has been matched to increasing demand which was experienced over the summer months and sustained performance in expected from January onwards.
Breast performance against 62 day and 2ww standards has historically been very good but an increase in rapid access referrals and limited access to radiographers for additional sessions has impacted on performance since December. The team are developing a recovery plan in conjunction with the radiology service.
Lastly colorectal has also seen an increase in referrals however there have also been diagnostic delays in endoscopy which has contributed to extended pathways. Positively however, the service is close to agreeing a pathway for direct access endoscopy which should reduce the delays significantly.

2. Progress to date

Performance has improved notwithstanding some challenges on demand and processes. Several processes have been put into play to positively impact on the performance. These include;

1. Implementation of a Cancer Steering Group
2. Revision of the weekly cancer PTL meeting and inclusion of divisional representation to ensure that actions are taken directly from the meeting. These are also captured on an action log deadlines for completion.
3. Speciality level action plans have been developed in the areas that are unable to meet the 62 day standard. This includes Colorectal, Urology and Head and Neck as well as supporting services such as Endoscopy and Histopathology.
4. A West Suffolk Cancer transformation working group has been developed with the Clinical Commissioning Group, where performance, work to date on action plans and projects, and the next steps are discussed.
5. Discussions with Clinical leads and Operational teams to implement working groups which will improve patient pathways.

6. Next steps

The vision statement for the Suffolk and North East Essex STP Cancer Strategy 2018 - 2022 sets out that ‘By 2022 more people in Suffolk and North East Essex will be enjoying healthy lifestyles, a high proportion of those who develop cancer will be found at an early stage of disease, will receive prompt and accurate diagnosis, will have a good experience of health and social services, will receive world class treatment through efficient pathways co-designed with service users, will have access to research and be helped to live with and beyond their cancer diagnosis’. Seven key themes have been identified:

1. Fewer people getting cancer;
2. More people surviving cancer through earlier diagnosis;
3. More people being diagnosed swiftly with a more individualised treatment plan;
4. More people having a good quality of survival;
5. More people being supported to live as well as possible both during and after treatment has finished;
6. Those with suspected recurrent disease are able to re-access specialist care without delay;
7. Patients afforded the same quality of care irrespective of factors such as age

The East of England Cancer Alliance on behalf of the 6 East of England STPs successfully bid for transformation funding to drive earlier diagnosis, and implement the Recovery Package and stratified follow-up pathways across the East of England. The bid contained a set of projects which make up the cancer transformation programme.

These projects are as follows:

1. National optimal lung pathway; including Significant Event Audits of lung emergency presentations
2. National best practice prostate pathway, recovery package and risk stratified follow up
3. National best practice colorectal pathway recovery package and risk stratified follow up. Faecal Immunochemical Test in Primary Care
4. Vague symptoms clinic
5. Recovery package for breast patients
6. Stratified follow up breast patients
7. Transforming cancer care in the community

Initial meetings are booked for the Lung and Colorectal projects as well as the recovery and stratified follow up projects. Early discussion is taking place for the Prostate pathway. Each of these projects will have a project plan document aligned to them.

10. Finance and workforce report

To ACCEPT the report

For Report

Presented by Craig Black

Board of Directors – 1 March 2019

Agenda item:	10			
Presented by:	Craig Black, Executive Director of Resources			
Prepared by:	Nick Macdonald, Deputy Director of Finance			
Date prepared:	22nd February 2019			
Subject:	Finance and Workforce Board Report – January 2018			
Purpose:	x	For information		For approval

Executive summary:
The Trust has agreed a control total to make a deficit of £13.8m in 2018-19 which will enable Provider Sustainability Funding (PSF) of £3.7m should A&E and Financial targets be met. The Trust plans to make a net deficit (after PSF) of £10.1m for 2018-19.

The reported I&E for January 2019 is a deficit of £1,046k, against a planned deficit of £1,329k. This results in a favourable variance of £283k in month (£556k adverse variance YTD). We continue to forecast to meet our control total for 19-20.

NHSI have proposed a control total for 2019-20 for the WSFT to break even. The PMO is leading workshops with each Division to formulate CIPs which are shared through the Transformation Steering Group (TSG). Currently £4.9m has been identified.

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

FINANCE AND WORKFORCE REPORT
January 2018 (Month 10)

Executive Sponsor : Craig Black, Director of Resources
Authors : Nick Macdonald, Deputy Director of Finance and Louise Wishart, Assistant Director of Finance

Financial Summary

I&E Position YTD	£7.6m	loss
Variance against plan YTD	-£0.6m	adverse
Movement in month against plan	£0.3m	adverse
EBITDA position YTD	-£2.8m	
EBITDA margin YTD	-40.5%	adverse
Total PSF Received	£2.804m	accrued
Cash at bank	£2.6m	

Executive Summary

- The planned deficit for the year to date was £7.1m but the actual deficit was £7.6m, an adverse variance of £0.6m.
- Additional funding has been approved by WS CCG to recognise increased activity in relation to RTT and repatriated patients

Key Risks

- Delivering the £12.2m cost improvement programme.
- Since some CIP relates to non- cash (e.g. depreciation) there is additional pressure on the cash position although this has been mitigated by an additional borrowing facility from DHSC.
- Containing the increase in demand to that included in the plan (3.2%).
- Recruitment of Registered Nurses to ensure the Trust is fully staffed for the additional capacity required for winter

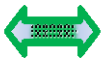
SUMMARY INCOME AND EXPENDITURE ACCOUNT - January 2019	Jan-19 Budget £m	Jan-19 Actual £m	Jan-19 Variance F/(A) £m	Year to date Budget £m	Year to date Actual £m	Year to date Variance F/(A) £m	Year end forecast Budget £m	Year end forecast Actual £m	Year end forecast Variance F/(A) £m
NHS Contract Income	15.9	16.4	0.5	161.5	162.6	1.1	192.8	194.7	1.9
Other Income	4.0	3.8	(0.2)	33.0	33.5	0.5	38.9	39.9	1.0
Total Income	**19.9**	**20.2**	**0.3**	**194.5**	**196.1**	**1.6**	**231.7**	**234.6**	**2.9**
Pay Costs	13.5	13.9	(0.4)	132.8	134.7	(1.9)	159.6	162.1	(2.5)
Non-pay Costs	7.3	6.9	0.4	63.7	64.2	(0.5)	76.4	77.3	(0.9)
Operating Expenditure	**20.8**	**20.8**	**0.0**	**196.5**	**198.9**	**(2.4)**	**236.0**	**239.4**	**(3.4)**
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
EBITDA excl STF	**(0.9)**	**(0.6)**	**0.3**	**(1.9)**	**(2.8)**	**(0.8)**	**(4.3)**	**(4.9)**	**(0.5)**
Depreciation	0.7	0.7	(0.0)	5.8	5.4	0.4	7.0	6.5	0.5
Finance costs	0.2	0.2	0.0	2.1	2.1	0.0	2.6	2.5	0.0
SURPLUS/(DEFICIT) pre PSF	**(1.8)**	**(1.5)**	**0.3**	**(9.9)**	**(10.3)**	**(0.4)**	**(13.9)**	**(13.8)**	**0.0**
Provider Sustainability Funding (PSF)									
PSF - Financial Performance	0.3	0.3	0.0	2.0	2.0	0.0	2.6	2.6	0.0
PSF - A&E Performance	0.1	0.1	0.0	0.8	0.7	(0.2)	1.1	1.1	0.0
SURPLUS/(DEFICIT) incl PSF	**(1.3)**	**(1.0)**	**0.3**	**(7.1)**	**(7.6)**	**(0.6)**	**(10.2)**	**(10.1)**	**0.0**

FINANCE AND WORKFORCE REPORT – January 2019

Contents:

Key:

Performance better than plan and improved in month	
Performance better than plan but worsened in month	
Performance worse than plan but improved in month	
Performance worse than plan and worsened in month	

Performance better than plan and maintained in month	
Performance worse than plan and maintained in month	
Performance meeting target	
Performance failing to meet target	

FINANCE AND WORKFORCE REPORT – January 2019

Income and Expenditure Summary as at January 2019

The Trust has agreed a control total to make a deficit of £13.8m in 2018-19 which will enable Provider Sustainability Funding (PSF) of £3.7m should A&E and Financial targets be met. The Trust plans to make a net deficit (after PSF) of £10.1m for 2018-19.

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2019-20 Planning

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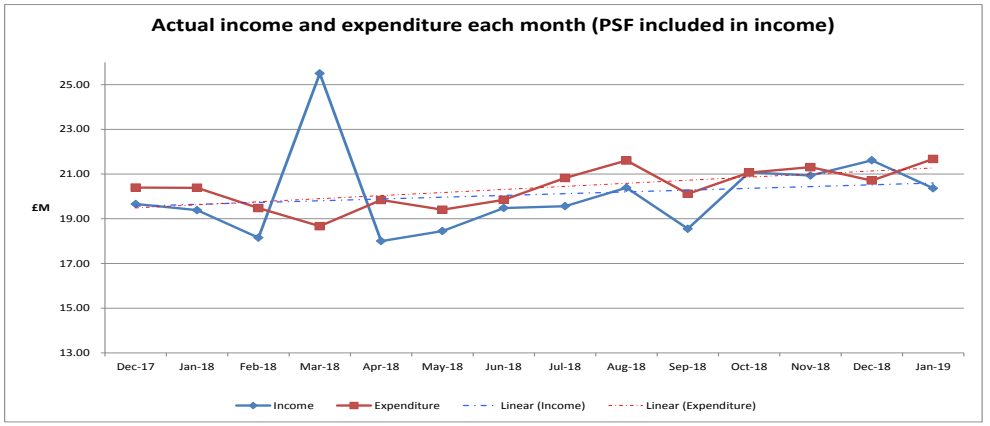
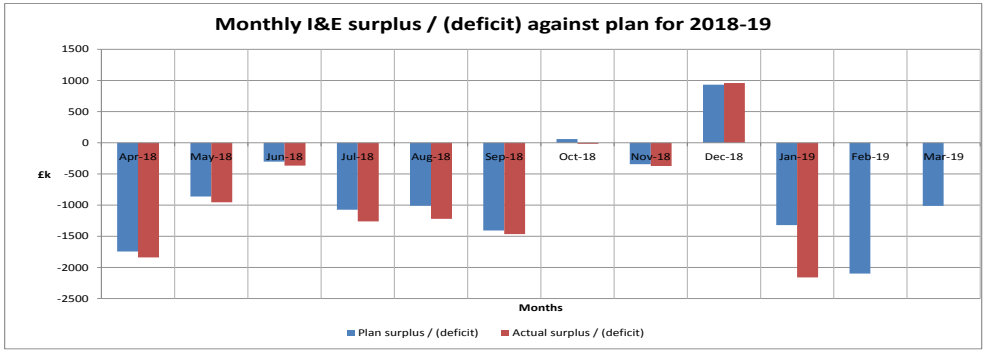
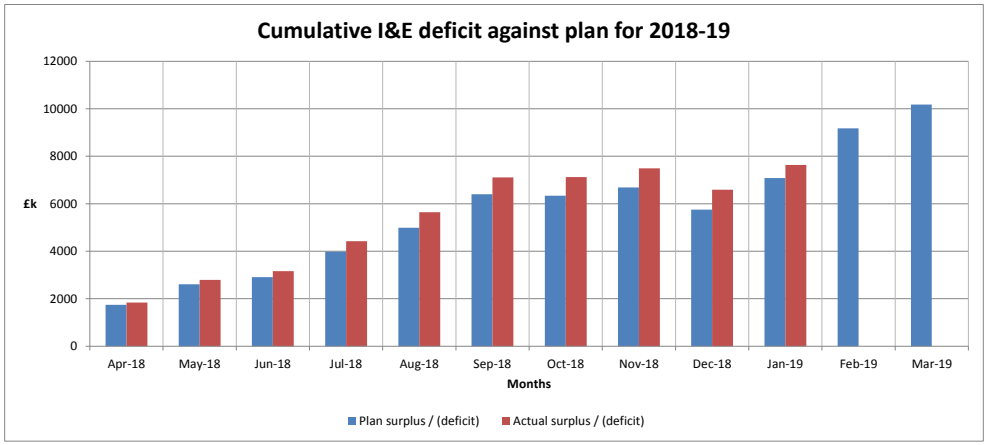
The PMO is leading workshops with each Division to formulate CIPs which are shared through the Transformation Steering Group (TSG). Currently £4.9m has been identified.

Summary of I&E indicators

Income and Expenditure	Plan / target £'000	Actual / forecast £'000	Variance to plan (adv) / fav £'000	Direction of travel (variance)	RAG (report on Red)
In month surplus / (deficit)	(1,329)	(1,046)	283	↑	Amber
YTD surplus / (deficit)	(7,080)	(7,636)	(556)	↓	Amber
Forecast surplus / (deficit)	(10,180)	(10,180)	0	↔	Green
EBITDA (excl STF) YTD	(1,940)	(2,940)	(1,000)	↓	Red
EBITDA (%)	(1.0%)	(1.5%)	(0.5%)	↓	Red
Clinical Income YTD	(161,545)	(162,600)	1,054	↑	Green
Non-Clinical Income YTD	(35,795)	(36,165)	370	↑	Red
Pay YTD	132,779	134,705	(1,926)	↓	Red
Non-Pay YTD	71,641	71,696	(55)	↓	Green
CIP target YTD	9,907	9,862	(45)	↓	Amber





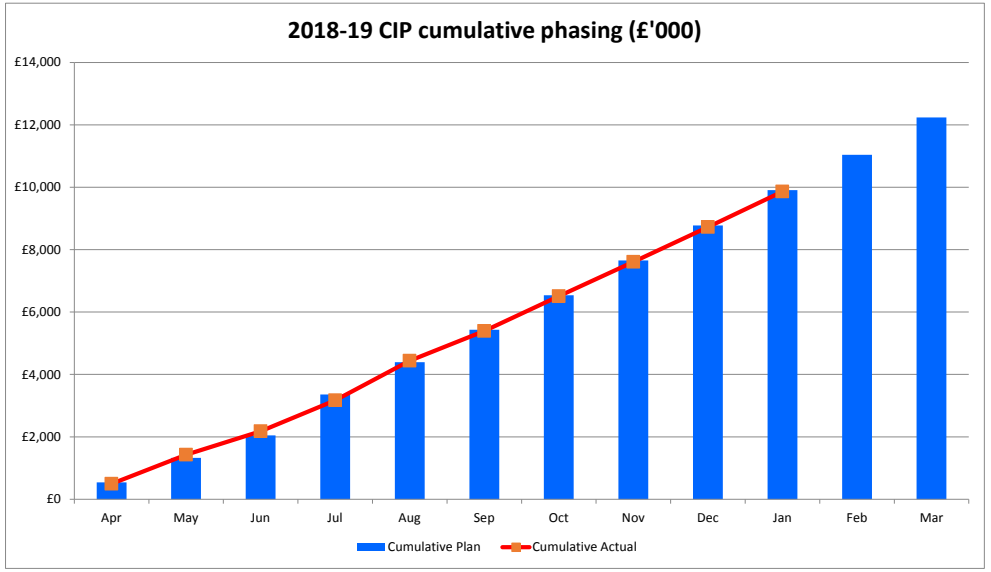


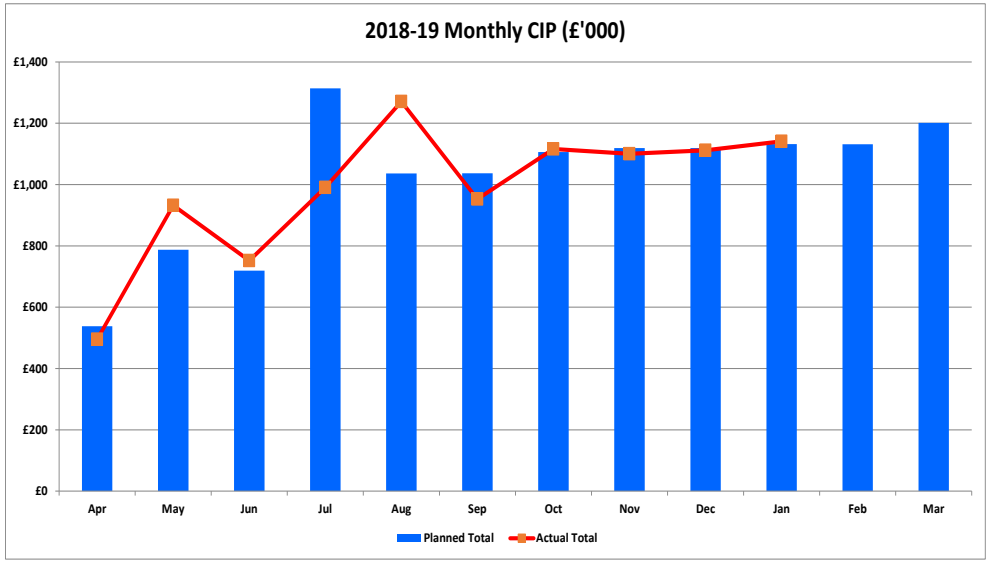
Cost Improvement Programme (CIP) 2018-19

In order to deliver the Trust's control target deficit of planned deficit of £13.8m deficit in 2018-19 we need to deliver a CIP of £12.2m (5%).

The January position includes a target of £9.91m YTD which represents 80.9% of the 2018-19 plan. There is a shortfall of £45k YTD against this plan.

Recurring/Non Recurring	Summary	2018-19 Annual Plan	Plan YTD	Actual YTD
		£'000	£'000	£'000
Recurring	Clinical Income	529	437	295
	Activity growth	186	154	-
	Private Patients	78	65	29
	Other Income	865	588	709
	Consultant Staffing	1,038	49	29
	Nursing productivity	61	54	77
	Staffing Review	80	853	1,189
	Additional sessions	10	10	10
	Temporary Pay	712	599	732
	Agency	98	84	116
	Pay Controls	-	-	-
	CNST discount	265	221	36
	Community Equipment Service	643	536	527
	Drugs	167	139	216
	Contract renegotiation	69	58	52
	Procurement	828	657	473
	Other	140	110	281
	Service Review	394	297	153
	Patient Flow	629	629	630
	Cancelled CIPs	324	256	-
	Divisional Cross Cutting allocation	1,880	1,490	406
Recurring Total		**8,994**	**7,285**	**5,959**
Non-Recurring	Capitalisation	1,550	1,250	1,250
	Other Income	-	-	-
	Additional sessions	268	185	105
	Contract review	100	80	162
	Non-Specific Divisional savings	-	-	662
	Other	1,327	1,106	1,724
Non-Recurring Total		**3,245**	**2,621**	**3,903**
Grand Total		**12,239**	**9,907**	**9,862**

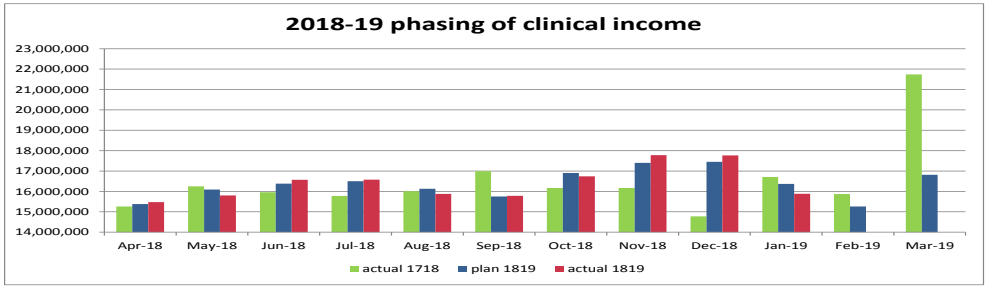




FINANCE AND WORKFORCE REPORT – January 2019

Income Analysis

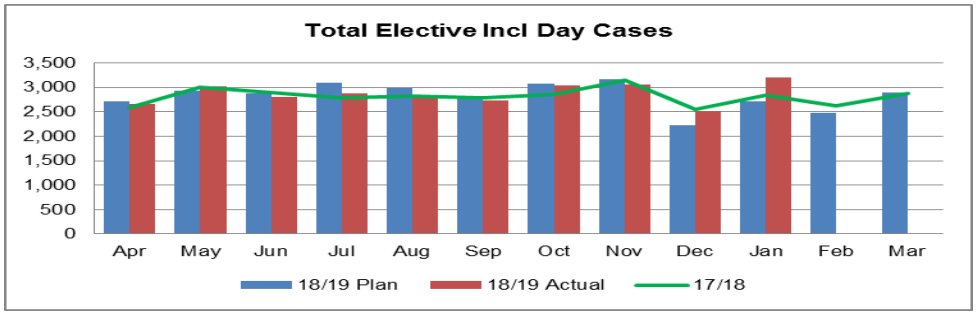
The chart below summarises the phasing of the clinical income plan for 2018-19, including Community Services. This phasing is in line with activity phasing which is how the income is recognised.

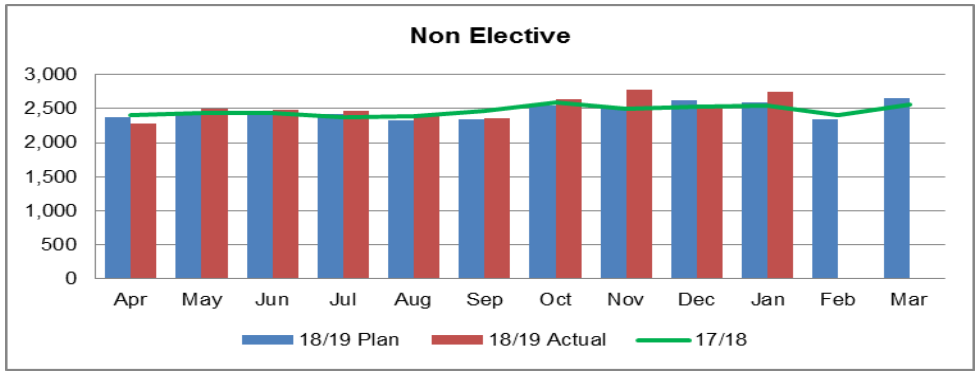


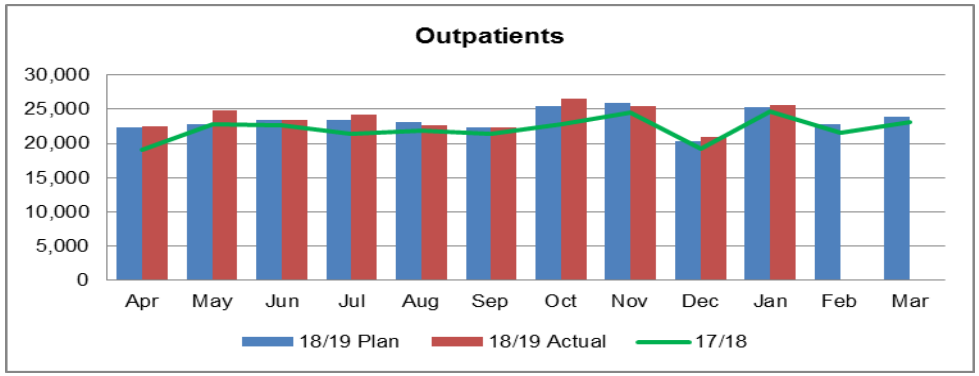
The income position was behind plan for January. The main area of underperformance was due to the lost income within other services.

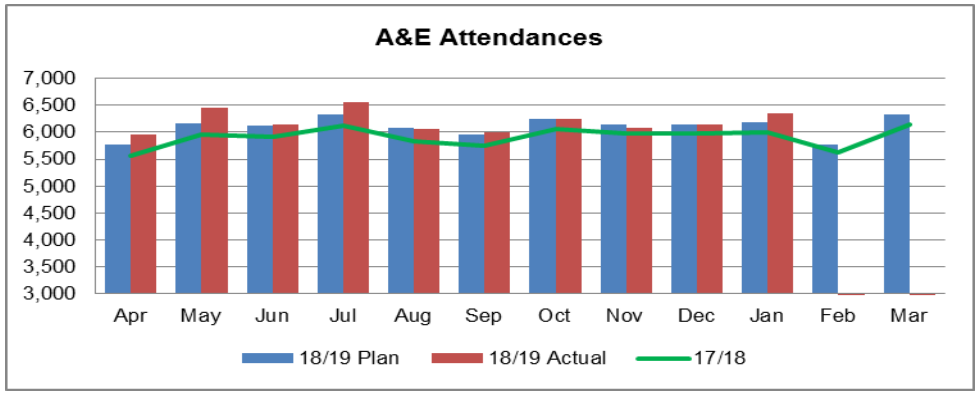
	Current Month			Year to Date		
Income (£000s)	Plan	Actual	Variance	Plan	Actual	Variance
Accident and Emergency	709	790	81	7,042	7,566	524
Other Services	1,875	481	(1,394)	21,316	19,480	(1,836)
CQUIN	318	352	34	3,168	3,216	49
Elective	2,384	2,556	172	28,426	27,386	(1,040)
Non Elective	5,787	6,101	314	54,974	55,783	809
Emergency Threshold Adjustment	(382)	(515)	(133)	(3,617)	(3,905)	(288)
Outpatients	3,060	3,302	242	28,394	30,051	1,657
Community	2,188	2,238	50	21,851	21,965	114
Total	**15,939**	**15,305**	**(634)**	**161,553**	**161,542**	**(11)**

Activity, by point of delivery

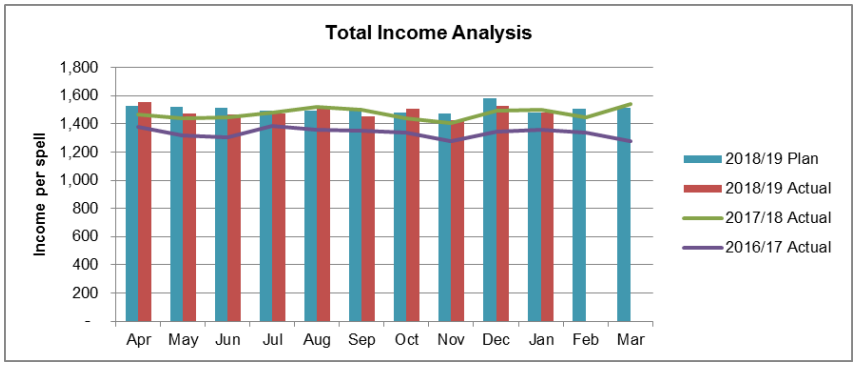


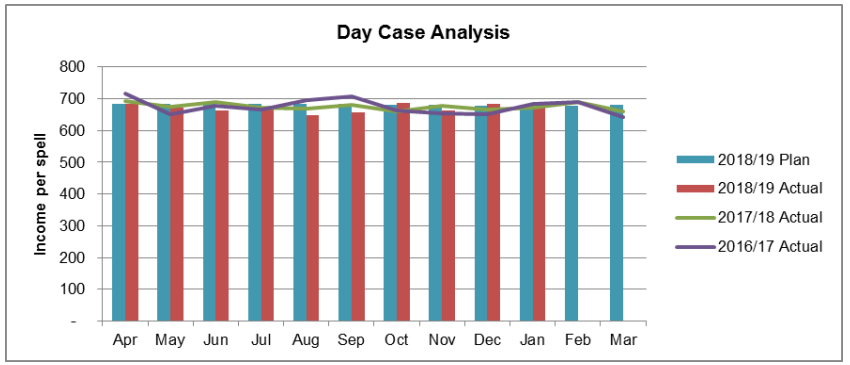


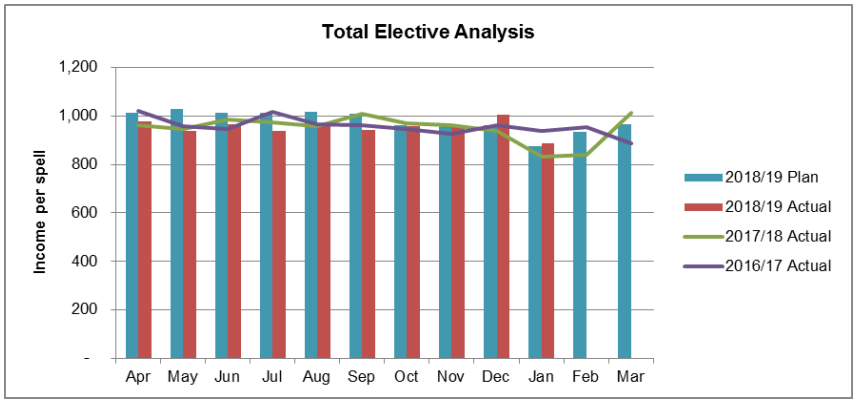


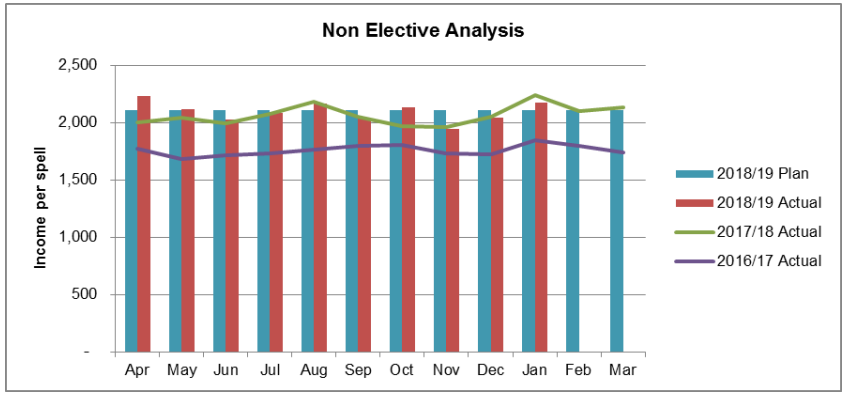


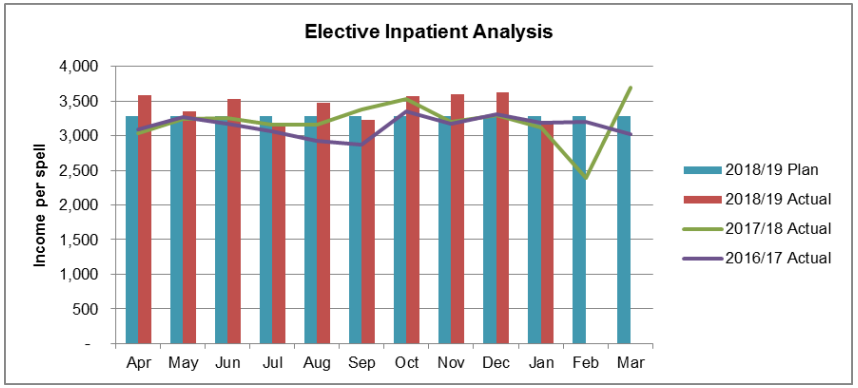
Trends and Analysis

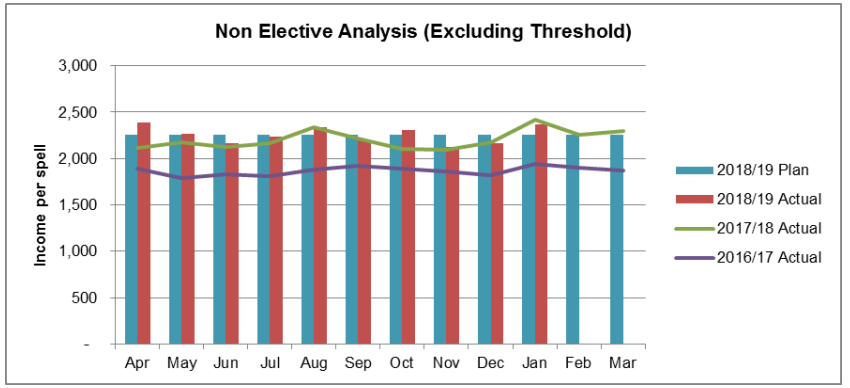












FINANCE AND WORKFORCE REPORT – January 2019

Workforce

Monthly Expenditure (£) Acute services only				
As at January 2019	Jan-19	Dec-18	Jan-18	YTD 2018-19
	£'000	£'000	£'000	£'000
Budgeted costs in month	**11,934**	**11,827**	**11,011**	**117,183**
Substantive Staff	10,724	10,623	9,893	103,832
Medical Agency Staff (includes 'contracted in' staff)	236	246	169	2,237
Medical Locum Staff	277	294	314	2,492
Additional Medical sessions	217	266	186	2,630
Nursing Agency Staff	322	164	171	1,289
Nursing Bank Staff	216	233	170	2,989
Other Agency Staff	33	39	67	378
Other Bank Staff	114	122	120	1,363
Overtime	164	157	103	1,335
On Call	70	53	67	605
Total temporary expenditure	1,646	1,574	1,366	15,317
Total expenditure on pay	**12,370**	**12,197**	**11,260**	**119,150**
Variance (F/(A))	(436)	(370)	(249)	(1,967)
Temp Staff costs % of Total Pay	13.3%	12.9%	12.1%	12.9%
Memo : Total agency spend in month	590	449	407	3,903

Monthly Whole Time Equivalents (WTE) Acute Services only			
As at January 2019	Jan-19	Dec-18	Jan-18
	WTE	WTE	WTE
Budgeted WTE in month	**3,229.7**	**3,229.7**	**2,935.8**
Employed substantive WTE in month	2921.78	2925.43	2749.64
Medical Agency Staff (includes 'contracted in' staff)	15.13	13.82	10.54
Medical Locum	22.7	22.8	22.1
Additional Sessions	20.86	33.53	18.16
Nursing Agency	44.96	73.22	33.91
Nursing Bank	67.44	6.3	55.23
Other Agency	4.09	54.02	13.13
Other Bank	50.66	20.27	56.25
Overtime	47.99	44.58	31.66
On call Worked	8.04	6.96	7.72
Total equivalent temporary WTE	**281.9**	**275.5**	**248.7**
Total equivalent employed WTE	**3,203.7**	**3,200.9**	**2,998.3**
Variance (F/(A))	26.0	28.7	(62.6)
Temp Staff WTE % of Total Pay	8.8%	8.6%	8.3%
Memo : Total agency WTE in month	64.2	141.1	57.6
Sickness Rates (Dec/ Nov)	3.95%	3.88%	3.56%
Mat Leave	2.82%	2.90%	2.2%

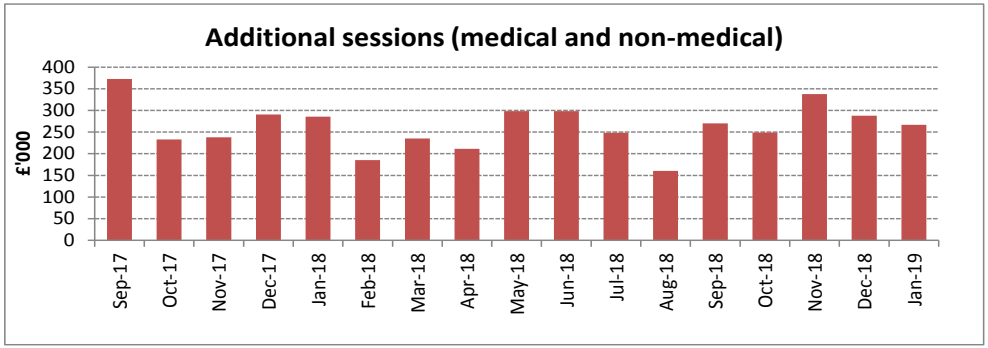
Monthly Expenditure (£) Community Service Only				
As at January 2019	Jan-19	Dec-18	Jan-18	YTD 2018-19
	£'000	£'000	£'000	£'000
Budgeted costs in month	**1,561**	**1,565**	**1,530**	**15,596**
Substantive Staff	1,480	1,478	1,461	14,887
Medical Agency Staff (includes 'contracted in' staff)	9	12	9	116
Medical Locum Staff	3	3	4	30
Additional Medical sessions	0	0	0	4
Nursing Agency Staff	25	16	5	92
Nursing Bank Staff	16	21	13	182
Other Agency Staff	(21)	14	1	46
Other Bank Staff	6	16	9	90
Overtime	6	7	5	75
On Call	4	4	3	32
Total temporary expenditure	48	93	48	668
Total expenditure on pay	**1,528**	**1,571**	**1,509**	**15,555**
Variance (F/(A))	32	(6)	21	41
Temp Staff costs % of Total Pay	3.1%	5.9%	3.2%	4.3%
Memo : Total agency spend in month	13	41	14	254

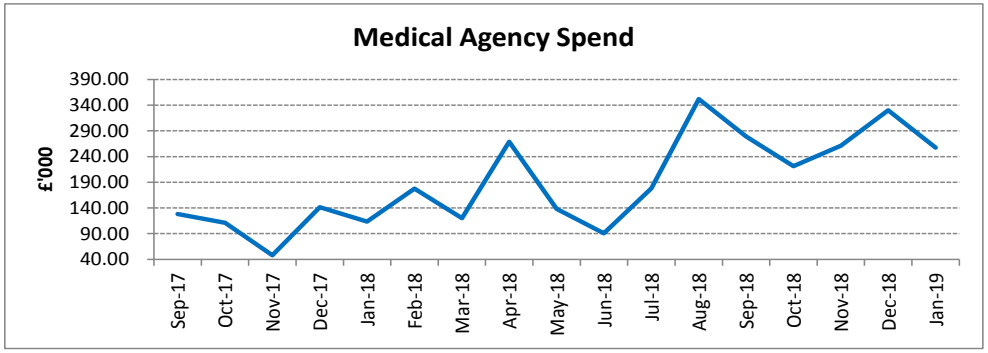
Monthly Whole Time Equivalents (WTE) Community Services Only			
As at January 2019	Jan-19	Dec-18	Jan-18
	WTE	WTE	WTE
Budgeted WTE in month	**486.25**	**486.25**	**496.6**
Employed substantive WTE in month	466.99	468.13	436.48
Medical Agency Staff (includes 'contracted in' staff)	0.58	0.74	0.6
Medical Locum	0.35	0.35	0.4
Additional Sessions	0.00	0.00	0.0
Nursing Agency	3.48	2.70	0.7
Nursing Bank	4.75	7.20	4.1
Other Agency	1.15	5.09	0.8
Other Bank	1.44	3.62	0.7
Overtime	1.99	2.27	1.5
On call Worked	0.01	0.00	0.0
Total equivalent temporary WTE	**13.8**	**21.97**	**8.7**
Total equivalent employed WTE	**480.7**	**490.1**	**445.2**
Variance (F/(A))	5.51	(3.85)	51.44
Temp Staff WTE % of Total Pay	2.9%	4.5%	1.9%
Memo : Total agency WTE in month	5.2	8.5	2.1
Sickness Rates (Dec/ Nov)	4.43%	4.99%	3.63%
Mat Leave	3.72%	3.57%	1.7%

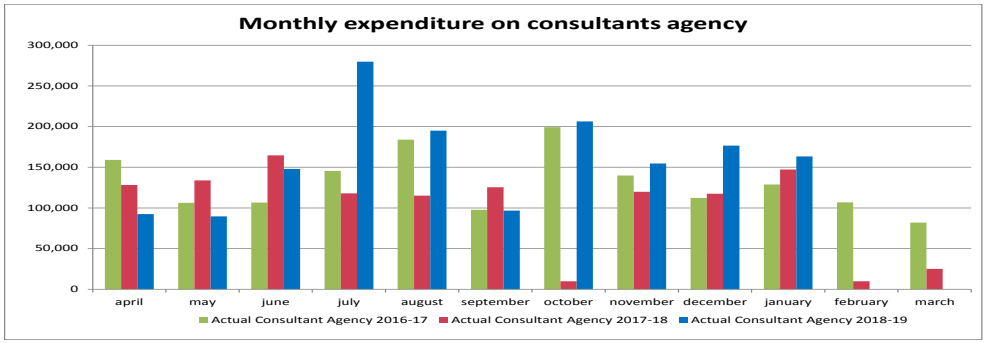
FINANCE AND WORKFORCE REPORT – January 2019

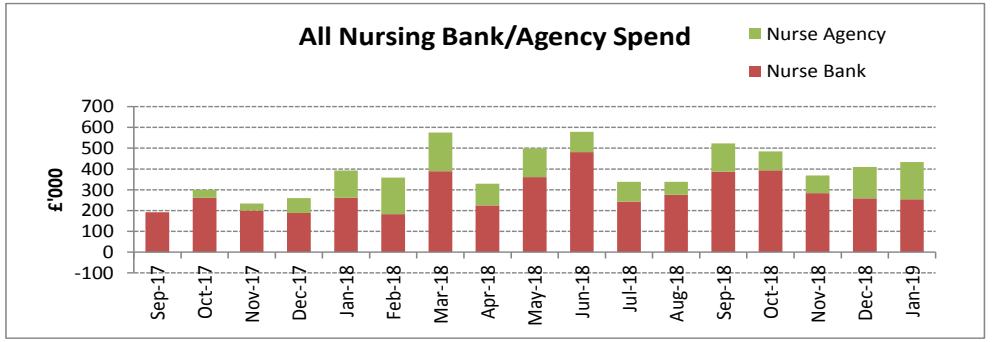
Pay Trends and Analysis

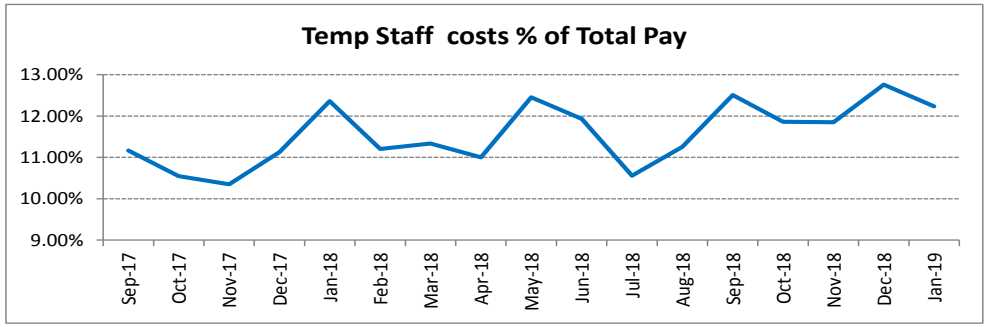
The Trust spent £403k more than budget on pay in January (£1,926k overspent YTD). This partly reflects the unfunded pay award which is estimated to be a cost pressure of £400k in 2018-19.











Registered Nurses					Nursing Assistants			
	Leavers 2018	Starters 2018	% Turnover		Leavers 2018	Starters 2018	% Turnover	
			Predicted (Based on 2017)	Actual 2018			Predicted (Based on 2017)	Actual 2018
January	1	4	0.84%	0.26%	2	8	1.51%	0.53%
February	2	2	2.15%	0.52%	4	5	1.00%	1.07%
March	4	6	0.88%	1.03%	5	6	1.04%	1.35%
April	1	6	0.44%	0.26%	2	8	1.54%	0.54%
May	2	0	0.67%	0.52%	1	0	0.78%	0.27%
June	2	2	1.59%	0.53%	3	12	0.26%	0.80%
July	6	0	1.15%	1.63%	9	8	0.76%	2.39%
August	3	1	1.16%	0.85%	1	11	1.02%	0.27%
September	3	15**	1.14%	1.21%	3	15	1.01%	1.19%
October	5	13**	0.23%	1.75%	1	19	1.76%	0.34%
November	0	5**	0.47%	0.00%	3	10	1.02%	1.27%
December	3	10**	1.43%	1.54%	3	10	2.09%	1.24%
January 2019	0	8**	0.26%	0.00%	3	6	0.53%	1.08%
Totals	32	49			40	118		

FINANCE AND WORKFORCE REPORT – January 2019

Summary by Division

DIVISIONAL INCOME AND EXPENDITURE ACCOUNTS	Current Month Budget £k	Current Month Actual £k	Current Month Variance F/(A) £k	Year to date Budget £k	Year to date Actual £k	Year to date Variance F/(A) £k
MEDICINE						
Total Income	(4,966)	(5,364)	398	(59,089)	(61,226)	2,137
Pay Costs	3,788	4,005	(217)	35,899	37,532	(1,633)
Non-pay Costs	1,234	1,443	(209)	13,470	13,836	(366)
Operating Expenditure	**5,022**	**5,449**	**(426)**	**49,369**	**51,368**	**(1,999)**
SURPLUS / (DEFICIT)	**(56)**	**(85)**	**(29)**	**9,720**	**9,858**	**138**
SURGERY						
Total Income	(5,608)	(5,717)	109	(51,167)	(50,460)	(706)
Pay Costs	3,039	3,096	(57)	30,183	30,476	(293)
Non-pay Costs	1,205	1,236	(31)	11,753	11,973	(219)
Operating Expenditure	**4,244**	**4,331**	**(88)**	**41,937**	**42,449**	**(512)**
SURPLUS / (DEFICIT)	**1,364**	**1,386**	**22**	**9,230**	**8,011**	**(1,219)**
WOMENS and CHILDRENS						
Total Income	(1,979)	(2,064)	85	(20,372)	(19,937)	(435)
Pay Costs	1,142	1,234	(92)	11,394	11,978	(584)
Non-pay Costs	147	156	(10)	1,544	1,625	(81)
Operating Expenditure	**1,289**	**1,390**	**(102)**	**12,938**	**13,603**	**(666)**
SURPLUS / (DEFICIT)	**690**	**673**	**(17)**	**7,435**	**6,334**	**(1,101)**
CLINICAL SUPPORT						
Total Income	(863)	(852)	(12)	(8,385)	(8,342)	(43)
Pay Costs	1,434	1,427	7	14,048	13,953	95
Non-pay Costs	1,024	1,026	(1)	10,368	10,476	(107)
Operating Expenditure	**2,459**	**2,453**	**6**	**24,416**	**24,429**	**(12)**
SURPLUS / (DEFICIT)	**(1,596)**	**(1,601)**	**(6)**	**(16,032)**	**(16,087)**	**(55)**
COMMUNITY SERVICES						
Total Income	(3,232)	(3,217)	(15)	(32,174)	(32,246)	73
Pay Costs	2,064	2,037	27	20,496	20,439	57
Non-pay Costs	912	944	(32)	9,674	9,894	(220)
Operating Expenditure	**2,976**	**2,982**	**(5)**	**30,170**	**30,333**	**(163)**
SURPLUS / (DEFICIT)	**255**	**235**	**(20)**	**2,004**	**1,913**	**(90)**
ESTATES and FACILITIES						
Total Income	(375)	(397)	22	(3,751)	(3,659)	(92)
Pay Costs	806	859	(53)	7,948	7,920	27
Non-pay Costs	629	596	33	5,926	6,076	(151)
Operating Expenditure	**1,435**	**1,455**	**(20)**	**13,873**	**13,997**	**(123)**
SURPLUS / (DEFICIT)	**(1,060)**	**(1,058)**	**2**	**(10,123)**	**(10,338)**	**(215)**
CORPORATE (excl Reserves)						
Total Income	(3,113)	(3,018)	(95)	(22,467)	(22,895)	428
Pay Costs	1,222	1,240	(18)	12,810	12,406	405
Non-pay Costs (net of Contingency and Reserves)	1,932	1,503	428	11,025	10,316	709
Finance & Capital	887	872	16	7,944	7,500	444
Operating Expenditure	**4,041**	**3,615**	**426**	**31,779**	**30,222**	**1,558**
SURPLUS / (DEFICIT)	**(928)**	**(597)**	**331**	**(9,313)**	**(7,327)**	**1,986**
TOTAL						
Total Income	(20,136)	(20,629)	492	(197,404)	(198,765)	1,361
Pay Costs	13,495	13,898	(403)	132,779	134,705	(1,926)
Non-pay Costs	7,083	6,905	178	63,761	64,196	(435)
Finance & Capital	887	872	16	7,944	7,500	444
Operating Expenditure	**21,465**	**21,675**	**(210)**	**204,483**	**206,401**	**(1,917)**
SURPLUS / (DEFICIT)	**(1,329)**	**(1,046)**	**283**	**(7,080)**	**(7,636)**	**(556)**

Note the clinical income figures are as earned within each Division as opposed to the contractual value (the adjustment to the block value is posted to Corporate, alongside other non-division specific income such as CQUIN and Excluded Drugs).

Medicine (Nicola Cottington)

The division was £29k behind plan for the month, (£138k ahead of plan YTD).

The Division over-performed on contract income in the month. The main driver has been Emergency long stay patients, notably patients with Pneumonia with significant complications and co-morbidities – other causes are being investigated.

January was challenging, with pressures on ED and flow carried over from December, resulting in a requirement for additional capacity. ED 4 hour wait performance dropped to 85.93%, in line with the national trend, but still within the top quartile for Type 1 ED units. Attendances were 12% above plan and contributed £81k to the Divisional over performance.

RTT data for the month is pending. In December the Division maintained the position from November at 93.8%, with pressures continuing in Cardiology, Gastroenterology and Respiratory, none significantly adrift from the 92% target.

The Division suffered pressures supporting the bed base to maintain flow, with a number of wards opening beds above their approved complement. Costs incurred, largely related to short term temporary costs – agency or overtime, to provide the appropriate level of patient care, ED in particular spent £82k on nurse agency in the month. In non-pay there was a catch up of costs related to the Angio/Pacing suite Managed Equipment Service contract.

Surgery (Simon Taylor)

The division has underspent by £22k in month (overspent £1,219k YTD).

All specialties have over achieved their elective plan this month, whilst non elective is over achieving by £31k, which is linked to Orthopaedics.

Pay is overspending by £57k. There is a cost pressure relating to temporary medical staffing to support RTT and ward based junior doctors, whilst the under spend relates to Nursing and Admin posts.

Non-pay is overspending by £31k. This mainly relates to an over spend on T&O Prosthesis, and drugs usage on the wards.

Women and Children's (Rose Smith)
In December the division is behind plan by £17k (£1,101k YTD).

Income reported £85k ahead of plan in-month and is £435k behind plan YTD. In month, the activity in the Neonatal Unit was higher than planned. Year to date, elective gynaecology and non-elective paediatric activity has been behind plan.

Pay reported a £92k overspend in-month and is £584k overspent YTD. In-month, a locum consultant was employed to cover long term sickness in Paediatrics and locums were brought in to cover gaps in the middle grade Paediatric rota. Year to date, medical staffing issues in Obstetrics & Gynaecology and Paediatrics have been an issue. In response, an additional Gynaecology consultant is being recruited and the medical staffing options for Paediatrics are being considered.

Non pay reported a £10k overspend in-month and is £81k overspent YTD. The in-month overspend was driven by part-pathway charges and consumable spends for Hospital Midwifery and the Neonatal Unit. The YTD overspend has been driven by lease spends on new equipment in the Neonatal Unit and part-pathway charges for West Suffolk patients who have given birth at other trusts.

Clinical Support (Rose Smith)
In December, the division overspent by £6k (£55k overspent YTD).

Income for Clinical Support reported £12k behind plan in-month and is £43k behind plan YTD. In month, inpatient activity was lower than expected. Year to date, the Radiology Department has seen a higher number of outpatient, direct access and breast screening patients.

Pay is £7k underspent in-month and is £95k underspent YTD. In month, cost pressures from medical staffing were offset by vacancy gaps from across the division. Year to date, the Radiology and Pharmacy departments have not been able to fully backfill their vacancies with bank, agency and overtime.

Non pay reported a £1k overspend in-month and is £107k overspent YTD. Year to date, the underlying pressures from the HODS element of the Pathology contract continue to put pressure on the division's budget.

Community Services (Michelle Glass)
The division reported a £20k overspend in month (£90k overspent YTD).

Use of Resources (UoR) Rating

The Single Oversight Framework (SOF) assesses providers' financial performance via five "Use of Resources (UoR) Metrics.

The key features of the UOR ratings are as follows:

- 1 is the highest score and 4 is the lowest
- The I&E margin ratio is based on a control total basis rather than normalised surplus (deficit).
- The Agency rating measures expenditure on agency staff as a proportion of the ceiling set for agency staff. A positive value indicates an adverse variance above the ceiling.
- The overall metric is calculated by attaching a 20% weighting to each category. The score may then be limited if any of the individual scores are 4, if the control total was not accepted, or is planned / forecast to be overspent or if the trust is in special measures.

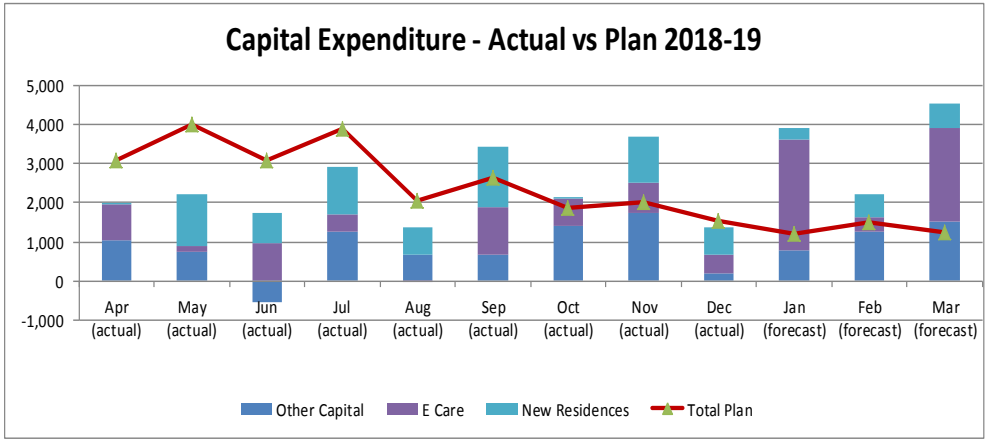
Metric	Value	Score
Capital Service Capacity rating	-0.422	4
Liquidity rating	-15.863	4
I&E Margin rating	-4.60%	4
I&E Margin Variance rating	0.30%	1
Agency	-10.82%	1
Use of Resources Rating after Overrides		**3**

The Trust is scoring an overall UoR of 3 again this month.

The I & E margin rating and the Capital Service Capacity rating are closely linked and reflect the Trust is not generating a surplus in revenue to fund capital expenditure.

Although the Trust is planning for a balanced revenue position in 2019/20, this would need to improve to a significant surplus in order to be able to repay borrowing due and fund the planned capital programme without further borrowing.

Capital Progress Report



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	2018-19
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
E Care	916	131	975	457	-11	1,217	670	766	501	2,849	365	2,397	11,234
New Residences	37	1,329	773	1,210	724	1,557	38	1,203	701	271	600	633	9,076
Other Schemes	1,047	760	-555	1,259	659	658	1,419	1,743	178	788	1,265	1,502	10,724
Total / Forecast	1,999	2,220	1,193	2,926	1,372	3,432	2,128	3,712	1,381	3,907	2,230	4,532	31,033
Total Plan	3,098	4,022	3,098	3,911	2,041	2,638	1,876	2,007	1,551	1,221	1,497	1,226	28,186

The capital programme for the year is shown in the graph above. The ED transformation scheme has now been approved subject to Full Business Case approval for £14.9m less £1.5m anticipated asset sale. The scheme will commence substantively in 2019/20.

The Trust is forecasting capital expenditure which exceeds the plan submitted to NHSI by £3m. This is because of implicit finance leases in IT not included in the plan.

Expenditure on e-Care and associated IT schemes for the year to date is £8.5m with a forecast for the year of £11.2m. As noted in last month's report, an assessment of the full impact of further implicit finance leases in IT has increased both the expenditure and the forecast this month but there are minimal cash implications this financial year as the contract has been structured to pay in later years. A total of £2.4m was capitalised in January with a further £1.5m that may be implemented and therefore capitalised by the end of the year.

The actual for the year to date is behind the plan submitted to NHSI and shows a favourable variance of £1.3m. This is because the timing of the implicit finance lease equipment additions in radiology and endoscopy has changed plus there is slippage on Residences compared to plan. In addition the next phase of the roof replacement programme commenced slightly later than the original plan forecast.

The project managers have reviewed their schemes and the forecasts have been amended to reflect the latest position.

The £8.1million PDC application has been turned down by DH but a repayable loan of £7.31 million has been agreed. The shortfall of £790k results in an equivalent reduction in the level of contingency available.

The forecast has increased this month because approval has been received for some NHS digital STP wide investment which is expected to be received as PDC this financial year.

Statement of Financial Position at 31st January 2019

STATEMENT OF FINANCIAL POSITION

	As at 1 April 2018 * £000	Plan 31 March 2019 £000	Plan YTD 31 Jan 2018 £000	Actual at 31 Jan 2018 £000	Variance YTD 31 Jan 2018 £000
Intangible assets	23,852	27,909	26,919	30,521	3,602
Property, plant and equipment	94,170	111,399	108,780	106,369	(2,411)
Trade and other receivables	3,925	3,925	3,925	3,925	0
Other financial assets	0	0	0	0	0
Total non-current assets	**121,947**	**143,233**	**139,624**	**140,814**	**1,190**
Inventories	2,712	2,700	2,700	2,850	150
Trade and other receivables	21,413	19,500	19,700	20,426	726
Non-current assets for sale	0	0	0	0	0
Cash and cash equivalents	3,601	1,050	3,050	2,562	(488)
Total current assets	**27,726**	**23,250**	**25,450**	**25,838**	**388**
Trade and other payables	(26,135)	(27,499)	(27,129)	(25,100)	2,029
Borrowing repayable within 1 year	(3,114)	(3,357)	(3,367)	(3,083)	284
Current Provisions	(94)	(26)	(26)	(94)	(68)
Other liabilities	(963)	(1,000)	(5,500)	(4,281)	1,219
Total current liabilities	**(30,306)**	**(31,882)**	**(36,022)**	**(32,558)**	**3,464**
Total assets less current liabilities	**119,367**	**134,601**	**129,052**	**134,094**	**5,042**
Borrowings	(65,391)	(90,471)	(84,467)	(86,315)	(1,848)
Provisions	(124)	(158)	(158)	(118)	40
Total non-current liabilities	**(65,515)**	**(90,629)**	**(84,625)**	**(86,433)**	**(1,808)**
Total assets employed	**53,852**	**43,972**	**44,427**	**47,661**	**3,234**
Financed by					
Public dividend capital	65,803	66,103	65,803	68,308	2,505
Revaluation reserve	8,021	8,021	8,021	8,021	0
Income and expenditure reserve	(19,974)	(30,152)	(29,397)	(28,667)	730
Total taxpayers' and others' equity	**53,850**	**43,972**	**44,427**	**47,661**	**3,234**

Non-Current Assets
Net capital investment in intangible assets is higher than plan because of implicit finance leases identified within IT contracts.

Trade and Other Receivables
These have decreased in January by £0.8m but the balance is still £0.7m higher than planned. Since month end an overdue outstanding debt of £1.3m has been paid.

Cash
Cash is £1.7m less than December and £0.5m less than plan.

The Trust's net borrowing position from DHSC has increased by £1.6m in January.

DHSC has agreed an additional £4m working capital loan in March to offset the pressure on cash caused by some of the CIPs to meet the revenue deficit no longer coming from cash related schemes.

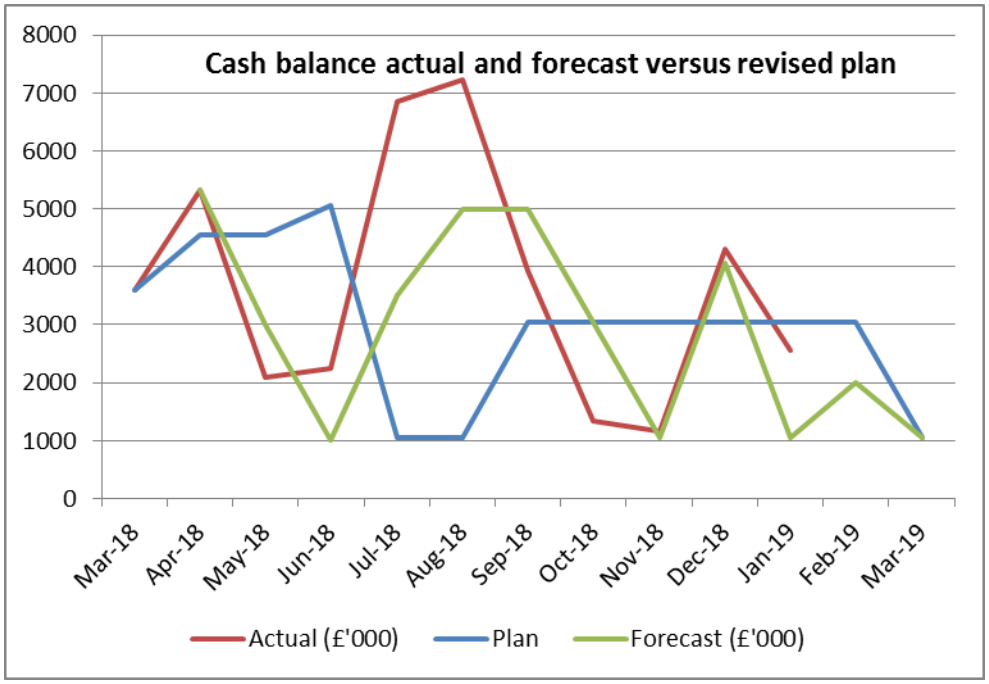
Trade and Other Payables
These have decreased by £0.4m and are now £2m less than planned. This is mainly due to slippage on the capital programme.

Other Liabilities
This reflects the amount of income received in advance not yet recognised. This has decreased by £0.8m since December but is £1.2m ahead of plan.

Borrowing
Borrowing has increased by £4.1 in January. This relates to the planned revenue deficit for the month and the Trust has drawn a further £2m of the £7.3m capital loan agreed in December. In addition finance leases have increased by £2.5m, mainly relating to implicit IT leases which were not included within the plan.

PDC is higher than planned because the Trust has been awarded £2.3 million capital PDC for the first phase of the Acute Assessment Unit which opened at the end of November 2018. PDC does not have to be repaid but does attract a cash charge of 3.5% per annum.

Cash Balance Forecast for the year



The graph illustrates the cash trajectory since March, plan and revised forecast. The Trust is required to keep a minimum balance of £1 million.

The 2017/18 STF (£5.3m) was paid earlier than expected in July with no notice.

The Trust is borrowing cash from DH equivalent to its control total deficit of £10.2m in 2018/19 in addition to £7.3m capital borrowing. The Trust owes £89.3m at the end of January including finance leases and this will continue to increase before the end of the financial year.

The Trust is required to repay £1.2m borrowing to DHSC in February and March as well as £0.6m interest.

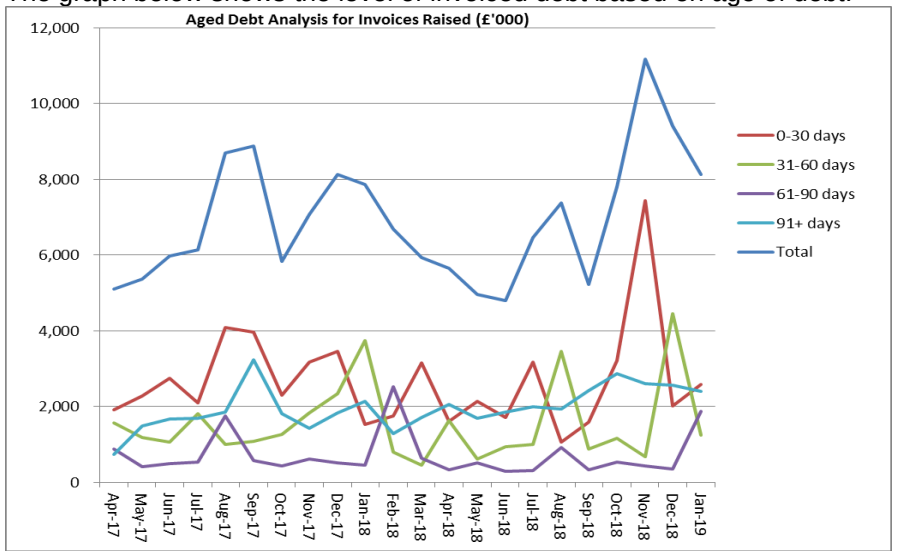
In 2019/20 the Trust is required to repay £2.7m borrowing to DHSC as well as £1.2m interest. This assumes that the £7.5 working capital loan due for repayment in February 2020 is replaced by a new equivalent loan from DHSC but this is not yet agreed.

These repayment and interest figures are in addition to those due for commercial borrowing and finance leases.

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 decreased by £1.3m in January. This is mainly due to West Suffolk CCG settling significant invoices raised at the end of November.

The increase in debts 61-90 days is caused by overdue payments due from a managed service company which has been received in February.

76% of the £2.4m 91+ days debt relates to other NHS organisations. Of the remainder due from non NHS, £0.3m relates to overseas patients and is considered high risk.

10.1. Mandatory training report

For Report

Presented by Jan Bloomfield

Board of Directors – 1st March 2019

Agenda item:	10.1			
Presented by:	Jan Bloomfield, Executive Director Workforce & Communications			
Prepared by:	Rebecca Rutterford, Workforce Development Manager			
Date prepared:	16th January 2019			
Subject:	Mandatory Training			
Purpose:		For information	☑	For approval

Executive summary:
Appendix A is the January 2019 Mandatory Training Report, this represents data taken from the system on 14th January 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 shows mandatory training figures for SCH Community staff. Our WSFT community colleagues training records are currently being transferred into our Oracle Learning Management system.

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

Increase in target

Subjects which meet the previous 80% target have not been included in the recovery plan or impact assessments. This will be reviewed once the community data merges with our acute data at the first quarter of 2019. At which point the size of the compliance gap and how to achieve the revised target will be assessed with the subject leads.

IT

Internet Explorer 11 (IE11) has been released to the majority of computers within the Trust which has resolved some performance issues.

Following a meeting with the OLM account Manager and IT, it has been identified that the remaining issues around eLearning performance are due to the unsuitability of our existing server to host eLearning. Testing is taking place on a new server to see if it is suitable.

System Issues

Two separate incidents of the system not updating training records were identified, these were rectified internally and no further system issues have been identified. Compliance seems to be reflecting completions.

Community

Our community colleagues have now been given access to our Electronic Staff Record (ESR) which will enable them to self-book onto selected classroom courses and complete e-learning. Selected staff are testing access to ESR and feeding back to either NEL or our IT department.

Inductions
Work is ongoing to try and create a joint Induction for both our community and acute colleagues for both clinical and non-clinical Inductions. It is hoped the final programmes will be in place for March 2019. Until this time all staff are attending our current Induction programmes and speakers are adapting their sessions to include all staff needs.

Refresher Training
Community specific mandatory training refresher days have been organised and publicised. We are taking feedback on board to ensure training meets our staff's needs.

Reporting
Training records for community staff have been exported from staff pathways and work is taking place to upload the records into ESR, along with training requirements. This should be complete by March 2019 and joint reporting of both acute and community staff will follow in April 2019.

NHS
West Suffolk
NHS Foundation Trust

Appendix A

Subject Matter - High Level Mandatory Training Analysis January 2019

Competence Name	Trust Target	In Date	Expired	Total	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
179|LOCAL|Infection Control - Classroom|	90%	1370	64	1434	94%	95%	94%	95%	94%	95%	95%	95%	94%	95%	94%	96%
NHS|CSTF|Preventing Radicalisation - Levels 1 & 2 (Basic Prevent Awareness) - 3 Years|	90%	2896	260	3156	84%	86%	87%	88%	90%	90%	90%	91%	91%	90%	91%	92%
179|LOCAL|Safeguarding Adults|	90%	2887	269	3156	92%	92%	91%	91%	92%	91%	90%	91%	91%	90%	90%	91%
NHS|MAND|Safeguarding Children Level 1 - 3 Years|	90%	2870	286	3156	91%	90%	90%	90%	89%	89%	88%	89%	89%	90%	91%	91%
NHS|MAND|Safeguarding Children Level 3 - 1 Year|	90%	278	28	306	88%	83%	95%	94%	94%	94%	89%	91%	91%	90%	90%	91%
179|LOCAL|Safeguarding Children Level 2|	90%	1342	136	1478	92%	91%	91%	90%	91%	91%	89%	90%	90%	90%	91%	91%
179|LOCAL|Infection Control - eLearning|	90%	1540	158	1698	90%	90%	90%	90%	91%	90%	87%	90%	89%	90%	91%	91%
179|LOCAL|MAJAX|	90%	2827	329	3156	90%	88%	88%	88%	89%	88%	88%	88%	89%	89%	90%	90%
179|LOCAL|Health & Safety / Risk Management|	90%	2823	333	3156	92%	91%	90%	90%	91%	91%	89%	90%	89%	89%	90%	89%
179|LOCAL|Security Awareness|	90%	2819	337	3156	91%	90%	90%	90%	91%	90%	89%	89%	88%	89%	89%	89%
179|LOCAL|Fire Safety Training - Classroom|	90%	2797	359	3156	90%	90%	90%	90%	90%	89%	90%	91%	89%	88%	88%	89%
179|LOCAL|Blood Bourn Viruses/Inoculation Incidents|	90%	1634	212	1846	86%	86%	85%	86%	87%	88%	85%	86%	87%	88%	89%	89%
179|LOCAL|Moving and Handling Non Clinical Load Handler|	90%	317	47	364	89%	88%	88%	88%	83%	83%	81%	85%	82%	86%	84%	87%
179|LOCAL|Medicine Management (Refresher)|	90%	1268	193	1461	89%	88%	87%	87%	88%	89%	87%	86%	87%	87%	87%	87%
179|LOCAL|Conflict Resolution - elearning|	90%	628	99	727	85%	84%	86%	87%	87%	88%	82%	83%	83%	85%	86%	86%
179|LOCAL|Slips Trips Falls|	90%	1675	267	1942	87%	87%	85%	85%	86%	86%	86%	85%	86%	85%	87%	86%
179|LOCAL|Fire Safety Training - eLearning|	90%	2695	461	3156	84%	82%	80%	82%	81%	81%	84%	84%	83%	85%	86%	85%
179|LOCAL|Equality and Diversity|	90%	2674	482	3156	88%	83%	81%	80%	79%	79%	79%	80%	81%	82%	84%	85%
179|LOCAL|Basic Life Support - Adult|	90%	1538	364	1902	80%	78%	75%	76%	76%	75%	79%	79%	79%	80%	80%	81%
179|LOCAL|Information Governance|	95%	2550	606	3156	84%	82%	86%	86%	83%	84%	82%	82%	80%	83%	82%	81%
179|LOCAL|Moving and Handling - Clinical|	90%	1236	309	1545	79%	79%	74%	76%	77%	75%	79%	76%	77%	76%	76%	80%
179|LOCAL|Blood Products & Transfusion Processes (Refresher)|	90%	1075	319	1394	75%	72%	73%	72%	73%	74%	74%	73%	74%	75%	76%	77%
179|LOCAL|Moving & Handling - elearning|	90%	760	236	996	77%	78%	75%	76%	79%	80%	76%	77%	76%	76%	78%	76%
179|LOCAL|Conflict Resolution|	90%	840	322	1162	76%	76%	69%	70%	70%	71%	73%	71%	69%	74%	75%	72%
NHS|CSTF|Preventing Radicalisation - Levels 3, 4 & 5 (Prevent Awareness) - No Specified Renewal|	90%	1419	616	2035	4%	9%	17%	26%	36%	44%	51%	55%	60%	66%	68%	70%

Oct 18 new starters	Attended	Not Attended	Grand Total	% Compliance
179|LOCAL|Trust Induction|	63	9	72	88%

Mandatory Training Recovery Plan Jan 2019

Appendix B

Subject	Jan 2019 %	Method	Actions	Completion date	Responsibility	Progress
Information Governance	81%	E-learning	IG team to target non-compliant staff directly with the training slides and compliance test. An additional face to face session per month to be offered.	Apr 2019	Sara Ames	• The IG team continue to offer one off training sessions to departments that require it and offer alternative training media/sessions for those who can't access the online module. • Sickness in the team has resulted in less face to face sessions in the last quarter but the team are now back to capacity. • An additional face to face session is being offered to staff per month.
Equality & Diversity	85%	E-learning	Equality, Diversity and Inclusion (EDI) was introduced as a mandatory training subject in May 2015, with a three yearly renewal. A large number of staff became non-compliant around May 2018 and there was a substantial dip in compliance. Compliance has since risen back to 85%.	Apr 2019	Denise Pora	• EDI mandatory training was reintroduced to the Trust Induction programme in November 2018. • Progress towards the 90% target is being monitored and managers of areas with particularly low compliance are to be alerted.
Basic Life Support	81%	Face to face	Identify trends or key areas where compliance has dropped.	Apr 2019	Julie Head	• List of non-compliant staff have been provided for the BLS trainers to target. • Drop in sessions in timeout have been offered to try and capture additional staff • Appointed more hours at band 6 resuscitation practitioners • Advertised for 2 days per week band 5 resuscitation trainer, who will concentrate on BLS training
Moving & Handling–e-learning	76%	E-learning	Manual Handling Advisor to email managers encouraging staff to be compliant and complete the eLearning package.	Apr 2019	Neil Herbert	• Manual Handling Advisor has targeted all non-compliant staff.

Subject	Jan 2019 %	Method	Actions	Completion date	Responsibility	Progress
Moving & Handling - Clinical	80%	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	Apr 2019	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. • More staff have been trained this year than by the same point last year and more sessions have been provided. • Previous 80% target met. Work continues towards 90% compliance.10
Blood Products and Transfusion Processes	77%		The Blood Transfusion Nurse Specialists have sought to understand the deteriorating compliance since figures started to drop in Autumn 2017: Requested update of the distribution list for Clinical Directors, General Managers and Matrons who receive monthly reports of staff compliance Sent targeted emails were sent to all line managers in February 2018 highlighting the individual staff' that were non-compliant with the training requirement. Only 2 responses were received from the targeted email to line managers and minimal improvement noted in the March report or since. During 2017/18 established regular additional face: face transfusion updates for Theatre registered practitioners, midwives, Paediatric doctors, A&E doctors, general & theatre Porters A review of the training matrix was requested to ensure only those staff that participate in transfusion have the requirement attached to their record. Benchmarked frequency & target for training with other Trusts in the East of England & Salford hospital indicate WSH has a target of 90% for training (range 75%-100%, mean 80%).	Apr 2019	Gilda Bass/Joanne Hoyle	• HTC satisfied sufficient access to e-learning or face: face training is provided

Subject	Jan 2019 %	Method	Actions	Completion date	Responsibility	Progress
			Requested that Drs completion/non completion is link to appraisal/study leave application Sought information from Lisa Sarson to ascertain how she achieves good compliance stats for her subject. It was concluded that we have tried all the actions she completed when faced with a similar problem. Escalated concerns to HTC, Quality Group & CSEC			
Conflict Resolution	72%	Face to Face	A proposal was agreed at TEG to amend our current Conflict Resolution training to Managing Challenging Behaviour (MCB) which 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.	Apr 2019	Darren Cooksey	• The project plans to transition Conflict Resolution to Managing Challenging Behaviour has begun, including: finalising the 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. A business case is being prepared for a full time MCB trainer.
Prevent WRAP (Workshop to raise awareness of Prevent)	70%	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.	Apr 2019	Sara Taylor	• Training courses have been organised and advertised in the Green Sheet for 2019 and extra courses provided where there was demand. Over 22 sessions provided last quarter. • 3 further trainers are now available • Keeping CCG updated with progress • Attendance at EOE NHSE PREVENT FORUM • 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. • WRAP training has been put on doctors mandatory e-learning completion list • 10% compliance increase since last quarter

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| 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
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

Subject	Issues	Performance Concerns	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

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Appendix E – SCH Community
Mandatory Training – as at November 2018

West Suffolk	November-2018							
Topic	All			Enabling**	Operations*	Facilities	Paediatrics	Wheelchairs
	Compliant	NonCompliant	% Compliancy					
Conflict Resolution	471	38	92.53%	83.33%	89.20%	100.00%	96.83%	76.92%
Dementia Compliance	478	31	93.91%	100.00%	90.40%	94.74%	99.55%	61.54%
Equality and Diversity	483	26	94.89%	100.00%	93.60%	100.00%	97.74%	61.54%
Fire	444	65	87.23%	100.00%	83.60%	68.42%	93.67%	69.23%
Health & Safety	474	35	93.12%	100.00%	90.80%	89.47%	97.29%	69.23%
Infection Control	453	56	89.00%	100.00%	85.20%	84.21%	94.57%	69.23%
Information Governance	464	45	91.16%	100.00%	86.80%	89.47%	95.48%	100.00%
Learning Disabilities	461	48	90.57%	83.33%	86.80%	84.21%	96.38%	76.92%
Life Support	357	61	85.41%	N/A	82.76%	N/A	88.14%	100.00%
Mental Capacity	142	30	82.56%	100.00%	81.60%	N/A	N/A	100.00%
Moving and Handling	440	69	86.44%	100.00%	82.40%	84.21%	91.86%	69.23%
Safeguarding Adults	490	19	96.27%	100.00%	96.00%	100.00%	97.74%	69.23%
Safeguarding Children	489	20	96.07%	100.00%	95.60%	94.74%	98.19%	69.23%
Overall % for all topics	**5646**	**543**	**91.23%**	**97.01%**	**88.27%**	**89.95%**	**95.74%**	75.00%
*** Enabling = Informatics, Business support, Quality,*								
** Operations = Newmarket Hospital, Specialist nurses & CHT Teams*								