NHS
West Suffolk
NHS Foundation Trust

Board of Directors (In Public)

Schedule	Friday, 24 May 2019 9:15 AM — 11:30 AM BST
Venue	Northgate Room, Quince House, WSFT
Description	A meeting of the Board of Directors will take place on Friday, 24 May 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 24 May 2019.docx

9:15 GENERAL BUSINESS
Presented by Sheila Childerhouse

1. Introductions and apologies for absence - Richard Davies, Jan Bloomfield (Kate Read attending).
   To NOTE any apologies for the meeting and request that mobile phones are set to silent
   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

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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 26 April 2019
   For Approval - Presented by Sheila Childerhouse

   Item 5 - Open Board Minutes 2019 04 26 April Draft.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

   Item 6 - Appendix 1 Appraisal and Mandatory Training Compliance - May 2019.doc

   Item 6 - Appendix 2 Nutrition QI Action Plan Apr 2019.docx

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 May '19.doc

9:50 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_April 19_Draft_v2.docx

   Item 8 - Master IQPR SPC April19.docx

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

   Item 9 - Board report Cover sheet - M01.docx

   Item 9 - Finance Report April 2019 FINAL.docx

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10:30 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

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

Item 10 - Board Report - Staffing Dashboard - April 2019 data.docx

Item 10 - WSFT Dashboard - Apr 2019.xls

11. Annual review of nursing strategy
To APPROVE the report
For Approval - Presented by Rowan Procter

Item 11 - Nursing & Midwifery Strategy 2016-2021 Update 2019 FINAL.doc

12. Quality and learning report
To ACCEPT the report
For Report - Presented by Rowan Procter and Nick Jenkins

Item 12 - 19-05-24 Quality and Learning report - May 2019.docx

13. Consultant appointment report
To ACCEPT the report
For Report - Presented by Kate Read

Item 13 - Consultant appointment report - May 2019.doc

14. Putting you first award
To NOTE a verbal report of this month's winner
For Report - Presented by Kate Read

11:10 BUILD A JOINED-UP FUTURE

15. West Alliance update
To ACCEPT the report
For Report - Presented by Kate Vaughton

Item 15 - WSFT Alliance Update Board Paper cover sheet.doc

Item 15 - WSFT Board Meeting_May Alliance Update 17 05 19.doc

16. Annual review of IM&T strategy
    To ACCEPT the report
    For Report - Presented by Craig Black

    Item 16 - WSFT IMT Strategy 2019 Review Dv3.docx

11:20 GOVERNANCE

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17. Trust Executive Group report
    To ACCEPT the report
    For Report - Presented by Stephen Dunn

    Item 17 - TEG report.doc

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18. Remuneration Committee report
    To accept the report
    For Report - Presented by Angus Eaton

    Item 18 - Remuneration Committee report.doc

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19. Council of governors report
    To APPROVE the report, including FT membership strategy
    For Approval - Presented by Sheila Childerhouse

    Item 19 - CoG Report to Board May 2019.doc

    Item 19 - Appendix A Engagement Strategy April 2019-21 DRAFT.doc

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

    Item 20 - Items for next meeting.doc

11:30 ITEMS FOR INFORMATION

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21. 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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22. Date of next meeting
To NOTE that the next meeting will be held on Friday, 28 June 2019 at 9:15 am in Quince House, West Suffolk Hospital
For Reference - Presented by Sheila Childerhouse

RESOLUTION TO MOVE TO CLOSED SESSION

23. 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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DRAFT

MINUTES OF BOARD OF DIRECTORS MEETING

HELD ON 26 APRIL 2019

COMMITTEE MEMBERS			
		Attendance	**Apologies**
Sheila Childerhouse	Chair	•	
Helen Beck	Chief Operating Officer	•	
Craig Black	Executive Director of Resources	•	
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			
Dawn Godbold	Associate Director of Integration		
Georgina Holmes	FT Office Manager *(minutes)*		
Liz Houghton	Deputy Director Personnel, Human Resources & Communications		
Richard Jones	Trust Secretary		
Kate Read	Interim Deputy Director of Workforce		
Tara Rose	Head of Communications		
Governors in attendance (observation only)			
Peter Alder, June Carpenter, Barry Moult, Jo Pajak, Jane Skinner; Liz Steele			

Action

GENERAL BUSINESS

19/74 INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies for absence were received from Kate Vaughton.

The Chair welcomed everyone to the meeting. She explained that Dawn Godbold was deputising for Kate Vaughton. Kate Read, who had recently joined the Trust, and Liz Houghton were attending in the absence of a director of workforce and communications.

19/75 QUESTIONS FROM THE PUBLIC RELATING TO MATTERS ON THE AGENDA

- Liz Steele referred to previous board papers and the pressure on the hospital and numbers of attendances and admissions. She asked if there would be a national review as to why there had been an increase in the pressures on hospitals and if the Chief Executive was able to take this forward.

  The Chief Executive explained that he was a member of the NHS Assembly which would oversee the implementation of the long term plan and the agenda was to look at how to manage the challenges of non-elective demand. This was already being addressed in the west Suffolk system through a programme of demand management initiatives overseen by the A&E delivery board. Suffolk was seeing higher than the national numbers of attendances and admissions and there was therefore a local focus on how to address this through the winter planning review and other initiatives.

This was also related to some of the workforce challenges and the additional capacity that had been open and had been a focus of the board. The hospital continued to be extremely busy for this time of year which meant that staff continued to be under extreme pressure. Rowan Procter had spoken to the regional lead for the Royal College of Nursing and it seemed that WSFT's staffing levels were better than many other organisations across the region.

The Chief Executive would be conveying the pressures that organisations were under and the need to focus on workforce and workforce planning through his work with the NHS Assembly, as well as pushing forward on digital transformation to help alleviate pressures.

- Barry Moult noted that appraisal performance had not progressed between November 2018 and March 2019. He asked if there were certain managers who were not undertaking appraisals and what the longest time a member of staff had been without having an appraisal. He also referred to mandatory training particularly information governance which had not met the target and for which there was no recovery plan. It was agreed that this would be addressed under the performance and workforce agenda item.

19/76 REVIEW OF AGENDA

The agenda was reviewed and there were no issues.

19/77 DECLARATION OF INTERESTS

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

19/78 MINUTES OF THE MEETING HELD ON 29 MARCH 2019

The minutes of the above meeting were agreed as a true and accurate record subject to the following amendment:-

Item 19/52, page 1, first sentence to read, "Joe Pajak referred to the clinical review of the emergency access standards …."

19/79 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following issue raised:

Item 1667; agreed to work with ESNEFT to develop a shared briefing for governors. Gary Norgate thanked Nick Jenkins for the briefing that had been circulated this week; however he requested that this action should remain amber until joint briefings with ESNEFT were being produced. Richard Jones confirmed that discussions were taking place with ESNEFT and a rolling programme of briefings needed to be set up. The board agreed that this should remain as amber until regular joint briefings were being issued.

Item 1682; provide a recovery trajectory and plan for children in care services. Gary Norgate said that he was keen that the board should not lose sight of the need to improve in this area and they needed to see the impact of the actions being taken. It was agreed that this should remain as an ongoing action.

Item 1688; report on the outcome of discussion with the CCG regarding delivery of the community IT contract. Richard Davies asked for a brief update on this as it was such an important issue. The Chief Executive explained that a meeting would be taking place between the Chief Executives to discuss the issue and this would then be followed up. WSFT was extremely concerned about this and Gary Norgate assured the board this was at the top of the agenda for the e-Care programme board.

The Chair stressed the importance of resolving this as soon as possible.

The completed actions were reviewed and there were no issues.

19/80 CHIEF EXECUTIVE'S REPORT

The Chair congratulated the Chief Executive on his appointment to the National Assembly.

The Chief Executive reported that the Trust had continued to be extremely busy during April and had been seen over 250 people on several very busy days. Routinely there were over 200 patients in the emergency department a day, which was a significant increase compared to previous years. Staff remained under a huge amount of pressure and had been flexibly deployed to try to ensure that the hospital remained safe. He thanked staff for this.

This was also the time of year when the finance team went the extra mile to finalise the year end accounts. WSFT had delivered its year end forecast and achieved additional bonus payments as a result. He congratulated Craig Black and his team on this achievement and thanked them for all their hard work.

He explained that over 500 people had applied to be a member of the National Assembly and only a small number of Trust Chief Executives had been selected. The first meeting had taken place yesterday in London and the two areas of focus had been the implementation of the long term plan and a discussion about legislation. An implementation framework would be sent out next month and systems would be required to respond to this.

There was a public document on proposals for possible changes to the legislation with three key issues that were being worked through nationally. The guidance also proposed changes for FTs, eg tariffs and price setting; capital limits; the opportunity to direct FTs and NHS Trusts to merge and powers around setting up new NHS system Trusts. These local changes would come into force in 2022. The Chief Executive considered that digital transformation and supporting the workforce should be the key focus.

Alan Rose asked about the implementation of the long term plan and if there was anything that could affect WSFT's long term plan for 2020. The Chief Executive said that WSFT was planning to implement a considerable part of this and was relatively well advanced; therefore he did not anticipate any major changes to the 2020 operational plan. Wherever possible the Trust should be looking at staying ahead of changes, such as pharmacists assisting with smoking cessation activities within the hospital, particularly on the wards and also linking with population health. A role for volunteers to assist with this was also being considered.

Gary Norgate referred to the national NHS app which he considered to be very exciting and stressed the importance of WSFT linking with this app. The Chief Executive explained that this had been deployed and was starting to be used and that it could also assist with demand management.

The Chair thanked the Chief Executive for this report which gave a good insight both internally and externally. She referred to the fact that the HSJ had spoken about WSFT being the best small hospital in the country and the Chief Executive had been placed third NHS Chief Executive in the country.

DELIVER FOR TODAY

19/81 INTEGRATED QUALITY AND PERFORMANCE REPORT

Rowan Procter referred to the nutrition score which was deteriorating month on month. She explained that significant work was being undertaken to address this, including recording assessments on e-Care which should make this easier and less time consuming for staff.

There was one outstanding duty of candour which was not related to previous months. The response time for three complaints had been breached but this was due to ensuring that the responses were complete and comprehensive. There was also one breach on the submission of an SI report due to the need to ensure that this was factually accurate which had taken longer than the time allocated.

The Chair asked if there was anything else that the board could to do in terms of nutrition assessment. Rowan Procter explained that further work was being undertaken with the e-Care team and senior nurses; however this has been delayed due to staffing levels and senior nurses being deployed to other areas.

Alan Rose asked if there was ever any resistance from doctors or nurses about undertaking duty of candour. Rowan Procter explained that there were two parts to duty of candour, ie verbal and a follow up letter. Until both had been undertaken this was not recorded as complete. She confirmed that there was never any resistance to undertaking verbal duty of candour and that all verbal duty of candours had been undertaken but not all letters had been completed.

Gary Norgate asked Rowan Procter if she was confident about verbal duty of candours actually being undertaken and how she could be sure of this. Rowan Procter explained that verbal duty of candours were recorded on e-Care and Nick Jenkins explained that this was on the check list for action within 48 hours.

Louisa Pepper asked if paediatric nutrition assessments would be included in this report. Rowan Procter confirmed that reporting for this was being developed and would be included.

Gary Norgate considered this report to be becoming more transparent and reassuring. He asked if the 'when' narrative could concentrate on when the board could expect to see an improvement, ie target data. **R Procter**

He noted that root cause analyses (RCAs) were taking longer and asked if this was due to pressure in the system. He also asked about the following: what the average number of sick days per person was and the percentage compared to similar organisations/services; ambulance handover performance which was deteriorating; the number of risk assessments that were out of date.

Richard Jones explained that risk assessments had been reviewed by the Health & Safety committee. A very clear plan was being undertaken with an external agency supporting this work. In terms of the level of risk that the Trust was exposed to; all the high risk areas had now had risk assessments and he was confident that there was a robust plan in place to address this with completion in early August.

Helen Beck referred to ambulance handovers and explained that it was not possible to see ambulance arrivals in isolation when the organisation was under considerable pressure as there was not always the capacity to offload. A handover delay action plan had been developed with the emergency department and ambulance service which was reported to the A&E delivery board.

The Trust had a Hospital Ambulance Liaison Office (HALO) in post who was a great asset to both organisations. Last Saturday there had been 81 ambulance arrivals, which was the most in the month and the HALO had helped to assist with the handover as much as they could, but there needed to be somewhere for the flow to go.

Craig Black explained that the average number of sickness absence days was eight days per person. This was significantly lower than other organisations but higher than WSFT's internal target.

Rowan Procter explained that delays in RCA completion were mainly due to uploading details onto datix.

Angus Eaton asked how performance within the community was reflected in this report. The Chair agreed that there was a need to make sure that this report reflected a balance of issues within the community. **H Beck**

Helen Beck reported that in March there were significantly more attendances in the emergency department than in any other months, but the performance had improved compared to the previous two months. Attendances in April would be higher than March.

A deep dive on referral to treatment times (RTT) would be going to the scrutiny committee on 8 May. The validation had not delivered the improvement she had hoped and a breakdown by speciality was now being undertaken in all areas with a focus on areas where numbers had deteriorated most.

There had been an improvement in the 52 week position. However there was a risk in vascular surgery which was reliant on external consultant manpower, and the Trust continued to try to secure additional resources.

The cancer two week wait and breast surgery two week wait position had deteriorated due to a surge in breast referrals, this had affected the overall two week wait performance for the Trust. Helen Beck explained that breast patients received a full testing regime and diagnosis during one visit making the arrangement of additional capacity more challenging. She confirmed that patients had been seen within 18-19 days; rather than having to attend a number of separate appointments during this period. The new guidance for cancer standards going forwards was a diagnosis within 28 days which she was confident WSFT would achieve for breast patients.

The Trust was currently achieving the 62 day target; however one or two patients breaching could significantly affect this performance.

She referred to appraisals and explained that this was another example of the pressures that staff were under which meant they had not been able to complete these as they were required to care for patients. However an improvement in appraisal performance was starting to be seen. She confirmed that it was known which members of staff had waited longest for appraisals and this was discussed at meetings with the assistant directors of operations (ADOs). There continued to be data quality issues with recording these on the system, therefore it was planned to roll out manager self-serve.

Richard Davies said that he was reassured by the explanation around two week breast referral waits. He asked if there was a need to increase capacity and if there was an ongoing plan for this. Helen Beck agreed that there was a requirement for additional capacity but this was needed more in radiology than in surgery and there was an action plan for this.

The Chair stressed that it was important to do the right thing for patients and carry out a full examination and tests on the same day, even if it meant going a few days over the target.

Gary Norgate referred to appraisals and said that he would like to see if this was significantly different from what the Trust would expect to see. He also noted that the board continued to discuss this issue and asked if there was a plan which showed what good looked like per month rather than set an unachievable target and accept that this could not be achieved during busy periods. Helen Beck said that the organisation needed to get ahead with appraisals before the winter and was trying to get to this point. However for all staff on agenda for change incremental pay rises would be linked to their annual appraisal, therefore this had to be addressed. She assured the board that the staff members who were the longest waiting for appraisals were known about and discussed.

Gary Norgate noted that this was the third month where there were relatively low volumes in maternity and asked if there was a trigger point when the Trust would start to get concerned about this. The Chief Executive explained that the Trust had started to run outreach clinics in Newmarket as women from this area had been going to Addenbrooke's. Once the new labour suite had been fully refurbished there would be a communication plan which should assist in targeting more activity.

Alan Rose referred to RTT and asked if the targets that had been set for 2019/20 were any different to previously, ie 92%. Helen Beck explained that the national target had not changed and remained at 92%. He asked if it was possible to improve on performance during the high pressure periods that the hospital was experiencing. Helen Beck explained that this was not connected to winter pressures and WSFT had not been forced to cancel its elective programme over the winter months.

19/82 FINANCE AND WORKFORCE REPORT

Craig Black explained that this was the year-end report which was subject to audit; the accounts had been submitted to the auditors last Thursday. The finance department had been extremely busy and he would pass on the thanks of the board to his team.

Year-end performance had over achieved by £0.3m against the control total. This was partly due to the Trust having better substantive staff levels than other organisations, therefore it did not have such high temporary staff costs.

As a result of over achieving against the control total WSFT had received an additional £3.7m provider sustainability funding (PSF) as a bonus, which meant that it had ended the year with a deficit of £6.2m rather than the £10.2m control total.

The cash position was also better than planned due to a lower debtor level. This had an effect on the Trust's ability to fund the capital programme and would continue to be monitored.

Alan Rose congratulated staff on the CIP achievement, particularly the level of recurring CIPs, which was an exceptional performance. However he noted that the lower CIP target would still be a challenge next year. The board agreed that this was very good achievement.

Craig Black explained that as the organisation moved into 2020 the CIPs would all be recurring. Alan Rose referred to the fact that Craig Black had not been saying to the board that the achievement of CIPs was not possible and causing quality issues.

Craig Black explained that this was due to the control processes in place, the establishment of the project management office (PMO) and management of CIPs and the quality assurance process that was signed off by Helen Beck and Nick Jenkins.

Helen Beck said that a lot of the rigour had come from the Financial Improvement Programme-Wave 2 (FIP2) and this had been maintained. The Chief Executive explained that as part of the CIP the Trust had moved to new models of nursing, eg bay based nursing, which had changed the establishment and skill mix on certain wards; however this had amplified the stress on staff.

Gary Norgate agreed that this was a good financial performance. He said that temporary staff costs needed to continue to be monitored and reduced and asked if as more nurses were recruited this would reduce. Craig Black agreed that this should remain an area of focus and explained that this produced volatility in the management costs of all NHS organisations. Temporary staffing when managed well was a function of the capacity that was open. Therefore even though the Trust was recruiting additional staff it would continue to require temporary staff to address this but it would also ensure that the controls in place were effective.

Angus Eaton referred to the forecast and asked what this should look like in three to six months' time. Craig Black explained that this would be reflected in the finances.

19/83 MANDATORY TRAINING REPORT

Kate Read explained that this showed approximately 2% reduction in all subjects. The main reason for this was that in January the Trust authorised an amnesty on training due to winter pressures. There were also ongoing issues with the server and IT would be addressing this with a solution in the next couple of months. The other issue was around the integration of community data; there were some areas where some subjects were previously not mandatory for some community staff. There was also a requirement on the team to audit the data coming through and this was being transferred to ESR but needed to be checked. Ongoing work was being undertaken on this.

Full induction days for community staff were now taking place which had been appreciated. Diane Last, clinical education lead, was looking at how to improve induction on an ongoing basis. There were ten non-attendees for Trust induction in the last quarter and these were being followed up by their managers.

Richard Davies asked if Kate Read was confident about the relevance of some mandatory training for community staff and if some training was irrelevant. Rowan Procter explained that community staff had been taken out of the figures for non-relevant training. Mandatory training in the community had been completely re-vamped and was bespoke for community staff.

Alan Rose asked if this community data would come to the board on an ongoing basis. It was confirmed that this was the case.

Angus Eaton referred to appraisals and noted that community data was amber/red; he asked what this would look like in three to six months' time. Kate Read explained that mandatory training and appraisals would be part of agenda for change pay progression which would help ensure that staff had appraisals on an annual basis. She also agreed that an information governance action plan was required.

It was explained that April 2020 was when the new agenda for change requirement for appraisals started.

Richard Jones explained that a national return was made to the Department of Health on information governance and a huge amount of focussed work had been undertaken on a named basis and followed up with individual members of staff. This had helped to improve the Trust's position and needed to be translated in the ESR records.

Angus Eaton asked how the Trust would ensure that appraisal performance improved over the next twelve months and that it was not waiting until April 2020. Kate Read explained that the Trust was moving to the new recording system sooner rather than later and therefore progress should begin to be seen. It was proposed that further details on actions and timescales for improvement should come back to the board. **K Read**

19/84 TRANSFORMATION REPORT

Helen Beck referred to section 2, integrated care programme, which was a focus for the Trust in trying to reduce emergency demand coming through the front door. The Integrated Urgent Care (IUC) contract went live in November 2018; the timing for this was not ideal but there was a need to work on delivering some of the transformation under this contract.

The cancer programme reports would become more detailed as this progressed. The programme charter was across the STP and designed to deliver some of the national requirements in the long term plan in terms of cancer. Internal project groups had been developed and there was an over-arching governance structure. Additional funding would be available for some of this work.

The integrated pain management service was now operational and was an illustration of system partners working together to deliver better pathways for patients.

Gary Norgate considered this to be a very good paper and noted the data analysis which he was keen should be developed further. He was pleased to see the success of the Category Towers work which had yielded £700k of benefit and resulted in less financial pressure on the Trust.

Alan Rose referred to CQUIN targets and noted that these were very rarely discussed by the board. Craig Black explained that these were part of the guaranteed income under the block contract and were therefore immaterial in terms of the overall contract performance. He explained that WSFT's approach had always been that the organisation should set its own quality priorities and focus on doing the right thing. These should correlate with CQUIN targets but focus on the Trust's own priorities.

Alan Rose asked if the 2019-20 CQUIN targets were likely to be a problem. Nick Jenkins explained that the Trust's approach would be to try to do the best thing for the west Suffolk population, eg advice on smoking and offer of nicotine replacement therapy (NRT).

19/85 COMMUNITY SERVICES AND WEST ALLIANCE UPDATE

Dawn Godbold referred to the appendices which illustrated the benefits being seen by patients and staff as a result of the integration of services and the benefits of the sharing of knowledge across different teams resulting in improved treatment regimes.

She highlighted the work being undertaken on responsive care which should help improvements in emergency demand. Locality development also continued to progress with the allocation of resources to localities.

Realising ambitions funding was a good indication of how money was being spent in the system differently as well as the approach being taken as a system in how to bid for money, how it would be allocated and the monitoring of this.

The community pharmacies initiative was a new programme of work for WSFT which would start to be rolled out across community pharmacies. This would enable them to expand the amount of activity they were able to offer which would hopefully have an impact on managing prevention and demand.

The Chair asked about localities and primary care networking, which did not necessarily coincide, and if there was a way of managing this. Dawn Godbold explained that some localities were likely to be standalone primary care networks or localities would combine to be a primary care network, e.g. Ixworth which covered both east and west. Nick Jenkins explained that practices did not have to join a primary care network but they were being encouraged to do so. The Chair said that best solution for patients was needed, as well as for practice staff.

The Chief Executive considered the map detailing the localities and GP practices to be very helpful. This would enable further development of teams and the services they offered and was a good way of bringing the alliance together.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

19/86 NURSE STAFFING REPORT

Rowan Procter said that staff were doing extremely well under considerable pressure. She explained that staffing levels did not include staff requirements for additional capacity and surge facilities. Staff were being moved around to help on different wards and G9 was being predominately staffed by senior nurses and nurse specialists which took them away their ability to undertake clinical assurance reviews.

Sickness absence, annual leave and maternity leave were now being shown separately. The process for annual leave was being changed with more specific and stringent KPIs. She had discussed this with the Royal College of Nursing representative yesterday who was happy with this approach.

It was known that lower levels of staff had an impact on length of stay, therefore work was being undertaken to address this, particularly with the approaching bank holidays. Bay based nursing had depleted the number of nurses across the organisation.

Alan Rose referred to the community and considered 9% sickness absence to be quite high; he asked if this was the usual level in the community, compared to 5% for hospital based nurses and 3% for the organisation. Rowan Procter explained that there was a policy for managing sickness and return to work interviews. Managers were adhering to this and there did not appear to be a trend. Alan Rose asked if this was always 9% in the community or if this was a current figure. Rowan Procter said she would look into this. **R Procter**

The Chair asked about long term sickness in community teams. Richard Jones explained that this had been looked at by the Health and Safety Committee and sickness levels were higher as nurses were working with patients in their own homes and this was often a result of manual handling incidents.

The Chief Executive suggested that further understanding of this was required as if it was high in small teams it put additional pressure on other staff. **R Procter**

19/87 SAFE STAFFING GUARDIAN REPORT

Nick Jenkins introduced Francesca Crawley. He explained that she had been Foundation Programme Director for the last eight years which meant that she had a very good insight into this. He referred to the letters at the end of this report which were a testament to partnership working and explained how important reporting was.

The planned establishment in surgery and the emergency department had already been changed from September due to exception reporting in these areas.

Francesca Crawley explained that she had received a lot of support from HR in this guardian role.

Alan Rose referred to the challenge of staffing A&E and said that he was not aware of particular vacancies in anaesthetics. Francesca Crawley said that she did not know the reasons for these vacancies. Nick Jenkins explained that this was not about WSFT's ability to attract trainees and that they were sent to WSFT. It was likely to be that there were not enough trainees to go round, therefore they would be shared across hospitals in the region. He had suggested that the good training hospitals should be given a full complement of trainees as they would receive better training; however this would leave gaps in other organisations.

It was confirmed that a lack of trainee anaesthetists was not crucial and did not hold back the Trust's performance. However it did increase temporary staffing costs for doctors.

Angus Eaton considered that providing support to trainee doctors was extremely important. He asked how well the Trust was doing on providing mental health support for trainee doctors and if this was part of this. Francesca Crawley assured the board that this was taken very seriously and she had an open door policy, as did Peter Harris, Director of Post Graduate Medical Education. Paul Molyneux has also set up a better working lives initiative and was about to launch a survey on burnout of trainees and junior doctors within the deanery and across the region. The post graduate dean had agreed to fund half the cost of this survey. Nick Jenkins explained that WSFT treated all locally employed doctors in the same way as trainees which was something that not all organisations did.

The Chair thanked Francesca Crawley for everything she was doing in this role.

19/88 FREEDOM TO SPEAK UP GUARDIAN

The Chair welcomed Nick Finch who explained what he had been doing over the last few months to help increase his profile in this role. He was also working with Gary Norgate (lead NED for whistleblowing), the National Guardians Office and the local freedom to speak up network.

There had been eight reportable cases over the last few months and he had also received a number of other cases that were either anonymous or not related to freedom to speak up; in some cases individuals had not spoken to their manager first.

He explained future plans and that the Eastern Counties Freedom to Speak Up Network was holding a meeting at WSFT on 26 June.

Craig Black asked about behaviours and attitudes and for confirmation that there were four issues relating to this. Nick Finch confirmed that this was the case and all four were outstanding.

The Chief Executive asked from what Nick Finch had heard from staff if there was anything that the board should be aware of in terms of what the focus should be, ie common issues. Nick Finch said that there were a number of common issues which he had raised with the executive team and HR who had provided support. He explained that there was no particular trend and he was well supported by the Trust in what he did.

Nick Jenkins asked him if he considered that WSFT needed more than one Freedom to Speak Up Guardian. Nick Finch said that his workload tended to fluctuate but having the support in this role made it a lot easier. He worked closely with the trusted partners and did not consider more than one Freedom to Speak Up Guardian was required.

The Chair thanked Nick Finch for this report and everything he was doing.

19/89 CONSULTANT APPOINTMENT REPORT

Gary Norgate reported that a very good appointment had been made yesterday of a gastroenterologist from New Zealand who had been enthusiastic to return to WSFT. He said that it was very encouraging that WSFT could attract such a talented individual.

19/90 PUTTING YOU FIRST AWARD

Liz Houghton reported that the following individuals had been nominated for Putting You First awards this month:-

Sandra Goodfellow and Nicola Faulkner, district nursing sisters, Bury Town community nursing team:
End of life care and support is something that the team provide every day. However, a particular case was especially difficult due to the age of the patient and the challenges they faced in the last weeks of their life. Sandra and Nicola showed an incredibly high level of dedication to nursing and care and worked hard with their team to ensure that the patient received the care they needed, in their own home, enabling them to remain in their preferred place of care with their young family.

They worked closely with colleagues from the hospice to manage the complex symptom control issues and Sandra was at the end of the phone day and night for the patient and their family. Both she and Nicola gave up their weekend off to ensure the patient received continuity of care.

Despite the emotional challenges for them, Sandra and Nicola ensured that their team was always supported at every stage.

The nomination said; “It’s sometimes hard to put into words how to thank a team enough for what they do when they feel they are ‘just doing their job’, however I am incredibly proud of this team and of Sandra and Nicola for the level of care they provided in this case and I would like to have them recognised for this.”

Karen Gunn, medical recruitment assistant:
Karen has been with the Trust for less than a year but has made a huge difference to the recruitment of medical staff. All applicants have commented on her warm, friendly welcome when attending interviews. She is the first person many medical staffing applicants have contact with and she embodies the warmth and friendliness of the WSH. During these times when doctors have their pick of Trusts to go to, the first impression she makes has without doubt swayed applicants, particularly at a more junior grade, to choose the West Suffolk as their place to work.

The board congratulated Sarah, Nicola and Karen on their dedication and commitment.

BUILD A JOINED UP FUTURE

19/91 OPERATIONAL PLAN 2019-20

Richard Jones explained that this had been through the approval process and was submitted to NHSI earlier this week. He thanked all the staff and governors who had contributed to this document.

GOVERNANCE

19/92 TRUST EXECUTIVE GROUP REPORT

The board received and noted the content of this report.

19/93 QUALITY & RISK COMMITTEE REPORT

The board received and noted the content of this report.

19/94 AGENDA ITEMS FOR NEXT MEETING

The scheduled agenda items for the next meeting were noted and approved.

ITEMS FOR INFORMATION

19/95 ANY OTHER BUSINESS

There was no further business.

19/96 DATE OF NEXT MEETING

The next meeting would take place on Friday 24 May at 9.15am in the Northgate Room, Quince House, West Suffolk NHS Foundation Trust.

RESOLUTION TO MOVE TO CLOSED SESSION

19/97 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 – 24 May 2019

Agenda item:	6			
Presented by:	Sheila Childerhouse, Chair			
Prepared by:	Richard Jones, Trust Secretary & Head of Governance			
Date prepared:	20 May 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	Andy Higby at ESNEFT has been identified as the responsible manager for preparing joint governors briefings. These will be signed off by the executive leads and be scheduled for issue between WSFT Council of Governor meetings.	SC / RJ	29/03/19	Red
1671	Open	25/1/19	Item 8	Schedule a report which sets out learning from winter, including input across the system and Alliance partners	Preliminary assessment of Trust learning as part of the closed. This will be expanded to provide a system-view and planning for 2019-20 which will conclude after the end of May. The outcome of this joint working will be reported to the Board by July and verbal updates provided.	HB	26/7/19 (revised)	Green
1682	Open	1/3/19	Item 8	Provide a recover trajectory and plan for children in care services	Additional funding has been allocated to services - awaiting confirmation of start dates for staff to meet the level of service demand. **Agreed at meeting on 26/4/19 to keep this action open until the actions have impacted on performance. Verbal update to be received at May meeting on ICPS review which includes children in care**	HB	26/7/19 (revised)	Green

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1704	Open	26/4/19	Item 8	Provide a trajectory for improvement of nutrition compliance as a result of the work with e-Care	Action plan provided as appendix to board actions - Agenda item 6 - Appendix 2	RP	28/06/19	Green
1705	Open	26/4/19	Item 10	Provide an update on the trajectory to improve mandatory training and appraisal compliance. And specifically the low reported compliance with IG mandatory training.	Update provided as appendix to board actions - Agenda item 6 - Appendix 1	KR	28/06/19	Green
1707	Open	26/4/19	Item 12	Drill down into community sickness absence performance to consider themes and improvement strategies		RP	28/06/19	Green

Closed actions

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1696	Open	29/3/19	Item 8	Provide a more detailed report on RTT performance at the Scrutiny Committee	Included in the work programme for Scrutiny Committee - report scheduled for 8 May. **Detailed report received at Scrutiny Committee on 8 May and agreed to be maintain monthly reporting by the Committee**	HB	24/05/19	Complete

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1688	Open	1/3/19	Item 18	Report on the outcome of discussion with the CCG regarding delivery of the community IT contract	Escalation report submitted to CEO of the CCG. A CEO-to-CEO meeting will agree remedial action to address concerns. **Mike Bone, CIO for WSFT, had met with the CIO for ESNEFT and had agreed to recommend looking at what it would mean to move away from the existing contract. They were working towards a date of approximately September 2019 to give notice. Six months after this with the CCG's support we could move to a wholly owned service that we would be jointly responsible for with ESNEFT. Quarterly updates on progress will be provided to the Board.**	CB	24/05/2019 (revised)	Complete
1698	Open	29/3/19	Item 16	Update on progress and proposals for the Alliance governance review	Including Alliance patient engagement as part of the ongoing Alliance governance review **AGENDA ITEM - update within the Alliance report**	KV/RJ	24/05/19	Complete
1706	Open	26/4/19	Item 12	Provide greater visibility of community performance within the IQPR	**Included in IQPR**	HB	24/05/19	Complete

Board of Directors – 24 May 2019

Agenda item:	6 – Appendix 1			
Presented by:	Kate Read, Interim Deputy Director of Workforce			
Prepared by:	Kate Read, Interim Deputy Director of Workforce			
Date prepared:	15 May 2019			
Subject:	Progress Update - Appraisal and Mandatory Training (Delivery date 28 June)			
Purpose:	✓	For information		For approval

Executive summary: Interim report to set out progress towards

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:	Board Discussion 26 April 2019
Risk and assurance:	N/A
Legislation, regulatory, equality, diversity and dignity implications	N/A

Recommendation:
Update only

Background

A discussion was held at the Board held on 26 April 2019 regarding compliance rates in respect of appraisal and mandatory training. Key issues identified are summarised as follows;

1. Reported issues pertaining to data accuracy, reporting rules and constraints
2. Request for provision of a plan to increase compliance to ensure 90% target attained
3. Recognition of changes and opportunities with introduction of both ESR Manager Self –Service and Agenda for Change Pay progression. Both to be scheduled for delivery no later than 31 March 2020
4. Specific issue with regard to low compliance rates within Information Governance training

Update on Progress

Meeting scheduled with SBS on 21 May, to review implementation plan for ESR Manager Self-Service.

Meeting scheduled for w/c 3 June to establish plans for;

1. Delivery of ESR Manager Self Service
2. Development of a programme of work to support staff to improve compliance on both mandatory training and appraisal. (This will include communications, HR training plan, subject matter experts, development of an appraisal support schedule)

Discussions taken place with Jo Rayner to explore challenges with data and improve understanding of constraints within reporting processes. Follow up discussion planned with wider review of data and efforts to reduce anomalies.

Meeting scheduled between Rebecca Rutterford and Sara Taylor to review data discrepancies in relation to information governance training compliance

Meeting scheduled with Mike Bone and Robert Smith on 17 June to explore technical issues with the on-line learning modules

Pay progression policy will proceed to staff council for approval

Next Steps

Board to receive a clear plan which outlines changes to deliver a trajectory of improvement across both mandatory training and appraisal compliance.

West Suffolk NHS
NHS Foundation Trust

Nutrition Rolling Action Plan

	Nutrition improvements		**Lead: Helen Beard**		
Objective	Action	Lead	Completion date	Progress rating	Description of progress
To review the use of snacks	Discuss with F9 to do a trial	Sara Ennew	July 2019		Sara to feedback April 2019 We are currently using more supplements Audit – supplements/ how much drinking Anne How agreed to: Trial – more than 1 month Claire Scott – Housekeeping staff to provide nutritious drinks FP10 going out to contract
To relaunch the expectations of the 'Meal Monitor'	To gain existing information and review	Helen Beard	April 2019	Completed	Examples gained Speak to Helen
	Relaunch to all Ward areas to use	Helen Beard	June 2019		Trial on F9 – Helen Beard to confirm
To review the quarterly audit	Review the audit	Sara Ennew/ Sinead Collins/ Tracy McCullagh	April 2019		Dietetics rolling programme Audit 10 pt twice a year To start at the end of April
	Plan roll out and implementation for Quarter 1 with dietician team	Sara Ennew	April 2019		
	To discuss with information team to include in quality report	Sinead Collins	May 2019		Nutrition assessment now more accurate CHT could 'MUST' be audited? Action Sara Ennew to discuss with community dieticians. PIMS to be included in audit
Review of training days for Nutrition	Review of contents of days	Helen Beard / Kathryn Edge	April 2019	Completed	Response have been poor Helen Beard and Kathryn Edge have met

West Suffolk NHS
NHS Foundation Trust

	Nutrition improvements		**Lead: Helen Beard**		
Objective	Action	Lead	Completion date	Progress rating	Description of progress
Champions	Promote each area to identify a Nutrition Champion / advocate	Helen Beard / Kathryn Edge	May 2019		
Ensure access to Patient Safety report	Discuss with information team	Sinead Collins	April 2019	Completed	
Improve compliance with completing nutrition risk assessments on Surgical wards and Paediatrics	Raise awareness to the teams and individuals	Matrons	April 2019		
	Promote adhoc training of MUST	Matrons / Dieticians	Ongoing		End of May for 2 weeks
	Provide monthly feedback	Helen Beard	Ongoing		
	Discuss an action plan for Paediatrics	Helen Beard	May 2019	Completed	Email sent to S Farthing e-Care training completed
Consider Community engagement					
To improve compliance with completing nutrition risk assessments	Promote importance of assessments	HoNs, Matrons, WM, Dieticians	June 2018	Completed	Assessments should be completed within 24 hours of admission and then weekly unless patient condition changes Reminder added at 12 hours December 2017 Perfect Ward monitoring commenced Weekly audits are demonstrating some improvement trends, but still some inconsistencies.
	Promote importance of accurate weights			Completed	
	Review process of recording assessments			Completed	
	Review patient safety dashboard report monthly to monitor compliance	Matrons, WMs		Completed	
	Monitor using 'Perfect Ward'	HoNs, Matrons		Completed	
	Quarterly audit by nursing and dietetic team	Matrons, Dieticians	Dec 2018	Completed	

West Suffolk NHS
NHS Foundation Trust

	Nutrition improvements			**Lead: Helen Beard**	
Objective	Action	Lead	Completion date	Progress rating	Description of progress
	Provide regular feedback to the team	All		Completed	
To improve quality and accuracy of completed nutrition risk assessments	To monitor accuracy of completed risk assessments via Perfect Ward review	HoNs, Matrons, WM, Dieticians	June 2018	Completed	
	To assess accuracy of recorded weights quarterly audit	HoNs, Matrons, WM, Dieticians	Dec 2018	Completed	
	Complete quarterly audit to monitor	HoNs, Matrons, WM, Dieticians	Dec 2018	Completed	
	Provide feedback to the team	All		Completed	
To improve the initiation of nutrition care plans	Promote importance of plans via training sessions, communications	HoNs, Matrons, WM, Dieticians	Dec 2018	Completed	Discussions commenced to review whether Dieticians can initiate plans.
	Review patient safety dashboard monthly	Matrons, WMs		Completed	
	Monitor using 'Perfect Ward'	HoNs, Matrons		Completed	
	Quarterly audit to review	HoNs, Matrons, WM, Dieticians	Dec 2018	Completed	
To gain assurance that care plans are being implemented	Promote importance of ensuring plans are implemented	HoNs, Matrons, WM, Dieticians	June 2018	Completed	Audit to commence WB 22.01.18 Decision made to provide enriched diets for all the patients on F3 and G4 Discussed with Catering Manager
	Review via Perfect Ward	Matrons, WMs		Completed	
	Quarterly audit to review	HoNs, Matrons, WM, Dieticians	Dec 2018	Completed	
To re-launch protected mealtimes trust wide	Meet with communications	HoNs, Matrons, WM, Dieticians	June 2018	**Completed**	Baseline audit – 07.02.18 Posters being designed Re-launch planned WB 12th March
	Redesign the Ward posters			**Completed**	

West Suffolk NHS
NHS Foundation Trust

	Nutrition improvements			**Lead: Helen Beard**	
Objective	Action	Lead	Completion date	Progress rating	Description of progress
	Work with Dieticians and catering			**Completed**	Query 1 Surgical ward – F5 Query 1 Medical ward - TBC
	Complete baseline audit			**Completed**	
	Launch communications to promote			**Completed**	
	Present at Core brief, NMCC			**Completed**	
	Re-launch week – 12th March			**Completed**	
	Involve Senior Nurse team, Ward Managers				
	Re-audit end of April			Completed	
	Design a re-audit programme for 2019	HoN	Dec 2018		

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 – 24 May 2019

Agenda item:	7			
Presented by:	Steve Dunn, Chief Executive Officer			
Prepared by:	Steve Dunn, Chief Executive Officer			
Date prepared:	17 May 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

The Trust is continuing to experience **high levels of emergency attendances** and admit high numbers of very unwell patients, putting significant pressure on the hospital and staff. During April there was a 16.8% year-on-year increase in attendances when compared with April 2018. We have put actions in place and available escalation beds have remained open.

Performance against the four hour target remains extremely challenging – with patient flow through the hospital affecting our ability to deliver, with planned escalation capacity unable to meet the level of demand seen. In preparation for winter a number of demand management initiatives were put in place to mitigate the growing numbers of emergency department (ED) attendances and these remain in place. These included implementation of discharge to assess pathway one and trial of a rapid intervention vehicle (RIV) staffed by paramedics and our early intervention team (EIT). In addition to the increases in demand we have been unable to maintain the reduction in stranded and super stranded patient numbers despite continued daily focus from the executive chief nurse and senior teams.

We have started reflecting on winter and further review will be undertaken with our system colleagues. Planning and learning is already being put in place for next winter with patient flow identified as one of our three quality improvement priorities for the year.

Overall in terms of **April's quality and performance** there were 74 falls and 42 Trust acquired pressure ulcers with one case of C. difficile. We failed to deliver on the cancer targets for three areas: 2 week wait breast symptoms (87.8%), Cancer 62 day GP referral (79.0%) and incomplete 104 days wait with 2 breach reported in April 2019. The 4 hour wait performance for the emergency department for April was 86.9%. Referral to treatment performance for April was 84.8%, with one patient waiting longer than 52 weeks for treatment. The **month one financial position** reports a deficit of £0.9m which is £49k worse than plan. We agreed a control total to breakeven which means we need to deliver a cost improvement programme of £8.9m.

I was delighted to announce the appointment of **Jeremy Over** to the role of executive director of workforce and communications earlier this month. Jeremy, who has worked in the NHS for 19 years, is an experienced HR and workforce director and a Fellow of the Chartered Institute of Personnel and Development. Having worked in NHS trusts in both London and East Anglia, most recently at the Norfolk and Norwich University Hospitals NHS Foundation Trust which he joined in 2014, Jeremy brings a wealth of expertise and local knowledge to the position. I know that he will be exceptionally well-placed to help carry the Trust forward and continue to make our organisation a great place to work. Jeremy will join the Trust in November, replacing much-respected director Jan Bloomfield who is kindly staying with the organisation for two days a week until Jeremy takes up the position.

As part of an imaginative initiative our **therapists have been sharing best practice** with care home chefs. Chefs from care homes across west Suffolk have been supported to improve care for people with dysphagia at a study day hosted by WSFT community speech and language therapists. The Chefs' Day, which was held in March, offered two half-day sessions focused on managing patients in the community who have difficulties swallowing, with talks and demonstrations, practical advice and information. The event was organised to complement training delivered to care homes locally on the recent introduction of the International Dysphagia Diet Standardisation Initiative (IDDSI) and Nutilis Clear products, which are now standard in Suffolk. The day was also open to nurses and managers, and aimed to share the skills and knowledge to ensure they offer meals that are IDDSI compliant and suitable for residents' needs. It also focused on making mealtime a more enjoyable experience for care home residents, where often up to 75% of people have dysphagia.

I am so proud that two of our clinicians who offer a **west Suffolk integrated community service** to patients who have had a fragility fracture are among the speakers at a national conference in London. Ann Hunt and Nicola Burrows, fracture and falls prevention specialist nurses, have been invited to talk about their work in the West Suffolk Fracture Liaison Service at next month's event, Setting up and developing effective fracture liaison services – improving secondary fracture prevention. They will be focusing on how they deliver falls and bone health assessment in patients' own homes; developing effective links with primary care, secondary and social care and the voluntary sector, and evaluating the impact of service change.

We know that sometimes the **smallest things can make the biggest difference** to our patients and visitors. Our catering staff at the West Suffolk Hospital have gone the extra mile for patients, visitors and staff by starting to offer a traditional afternoon tea for just £6.50 per person that can be ordered by anyone, for any occasion, for up to six people. It might sound like an odd thing to provide in a hospital, but sometimes families want to celebrate a new birth, or perhaps the end of some difficult treatment, or even an all clear. Patients may be unable to go home to celebrate straight away, but they are able to visit our staff restaurant with their family in a more relaxed setting and have a special treat. Patients have already started using it, with one of our neonatal babies making her very first outing for an afternoon tea with mum, dad and family earlier in the month. These small things are really what makes WSFT a special trust. And we're also trying to improve patient experience by making life easier for our community; passengers with concessionary bus passes are now able to travel free on the pre-bookable bus service connecting Haverhill and its surrounding villages to West Suffolk Hospital. Until recently, senior citizens, students and the disabled with concessionary passes were not able to use them on the service, which is operated by The Voluntary Network. But now they are able to travel for free, thanks to their fares being funded by the West Suffolk Alliance. This is great news, and show that by working together, we can really make a difference!

After a very successful nomination process (more than 180 submissions were received), I am delighted that all of this year's **Shining Lights awards winners** have been invited to attend the awards presentation on Wednesday, 22 May, where they will receive their awards and also discover who has won the Chair's Award of Excellence in each category. In addition, the Bury Free Press will be presenting their annual Patient Choice award to three members of staff who have been selected by their patients to be recognised. I am so proud that even when our staff are under the pressure they are, we continue to see outstanding innovation that exemplifies our values by putting patients first. These awards, and the free hot drinks we have offered to all our staff in recent weeks, go some way to expressing our thanks for all they do.

Chief Executive blog
Help us help you: https://www.wsh.nhs.uk/News-room/news-posts/Help-us-help-you.aspx

Deliver for today

Emergency access standards
We are one of the trusts across England to take part in the testing of the proposed new urgent and emergency care standards, which will help the NHS to understand the impact they have on clinical care, patient experience and the management of services, compared to the current single four-hour access standard in A&E. That work has largely been completed and we are ready to start testing of some of these standards, for an initial period of six to eight weeks. We expect that a second period of testing covering all the standards will follow shortly after. Once testing is completed, the NHS nationally will analyse the data to track results, with the learning from here and the other participating trusts informing any final recommendations from the review later in the year.

Invest in quality, staff and clinical leadership

Experience of Care Week (22 – 26 April 2019)
This is an international initiative which happens on an annual basis across health and social care, celebrating work that takes place to improve the experience of patients, families, carers and staff. Our patient experience team were excited to share details of events taking place to celebrate Experience of Care Week and let staff know how they could get involved, whether in the hospital or out in the community.

Stroke research: second highest recruiter in the region
Over the last year the Trust's stroke research team has successfully recruited 58 patients to their stroke studies, which has placed us as the second highest recruiter in the eastern region for stroke specialty studies, just behind Addenbrooke's. This is an amazing achievement for a team which is made up of only three members of staff: lead stroke consultant Dr Abul Azim; stroke specialist research nurse Lisa Wood and superintendent radiographer Claire Moore, who manages the imaging elements associated with research.

Build a joined-up future

Team's work highlighted in prestigious journal
Members of the WSFT's community child and family clinical psychology team have had an article about their work published in the March Clinical Psychology Forum from the British Psychological Society. My child won't sleep: A psychotherapeutic approach to sleep problems in children with complex neurodevelopmental needs was written by clinical psychologists Dr Sally Moore and Dr Mariana Giurgiu, Emma Gammons, child and family practitioner and Harriet Wickson, assistant psychologist.

National news

Deliver for today

Adult health screening
This report argues that national health bodies are not doing enough to make sure that everyone who is eligible to take part in screening is doing so, and do not know if everyone who should be invited for screening has been. Looking at four out of eleven national health screening programmes, this report finds that none met their targets for ensuring that the eligible population was screened in 2017-18.

Raising the equality flag: health inequalities among older LGBT people in the UK
This report highlights new findings from a recent project conducted by researchers at University College London, Cardiff University, and the International Longevity Centre UK, funded by the Wellcome Trust, to explore the discrepancies in health outcomes experienced by older LGBT people. The research reveals that a lifetime of prejudice and stigma is leading to worse physical and mental health, poorer access to health and social care, as well as greater levels of social isolation and loneliness among older LGBT people.

Invest in quality, staff and clinical leadership

National health servers: delivering digital health for all
This research considers how technology could be adopted more quickly and more widely by the NHS to improve the care that patients receive and to drive better health outcomes. The report tracks the patient journey, from prevention and diagnosis in the community, into primary and secondary care, through into the management of long-term conditions. It sets out proposals for the future development of technology in the NHS, which impact across the patient journey.

How can we create effective digital leaders within the NHS?
Ian Pettigrew, Programme Adviser, reflects on what it takes to create successful leaders in digital transformation in the NHS, based on his experiences advising DigitalHealth.London's NHS Digital Pioneer Fellowship. Addressing a real need within the system, finding the right participants, appropriate design, and a clear evaluation framework are key ingredients, he says.

What does the NHS England review of waiting times mean for accident and emergency departments?
The accident and emergency (A&E) 'four-hour' waiting time standard was first announced nearly twenty years ago in the NHS Plan (Department of Health 2000). Over the past two decades it has arguably been the highest profile NHS target and a barometer for the performance of the health service as a whole. This review, led by the NHS England National Medical Director Professor Steve Powis, published an interim report in March 2019. The report proposes substantial changes to how waiting times for A&E, routine hospital, cancer and mental health services will operate in future.

Supporting the mental health of doctors and medical students
Although in recent years mental health awareness among the general population has improved, it remains a taboo subject among the medical profession. Previous research has found that doctors and medical students are hesitant to disclose a mental health condition and are reluctant to seek help. To increase understanding of mental health issues among the medical profession, attitudes towards seeking support, and whether the support services currently available meet doctors' needs, the BMA launched a major project in 2018. The overall aim of the project is to inform policy solutions that will improve the mental health of the workforce and ultimately lead to better patient care. This report provides a summary of findings from a large-scale survey into doctors' and medical students' mental health. The survey, which was open to BMA members and non-members across the UK received over 4,300 responses.

Build a joined-up future

Primary care explained
A key part of the NHS long-term plan, primary care networks will bring general practices together to work at scale. But how will they be formed, funded and held accountable? And what difference will they make?

2019/20 Better Care Fund
This document sets out the agreed ways in which the Better Care Fund will be implemented in financial year 2019/20. It includes: the level of funding for 2019/20 conditions of access to the fund; national performance metrics; and the assurance and approval process.

Community services: our time
This report explores the opportunities and risks for the sector as a result of the NHS long-term plan. It pulls together a range of voices including from NHS trust leaders and representatives from the hospital, community, ambulance and mental health sectors, as well as representatives from social care, primary care, and integrated care systems. It found that there is optimism among leaders within the community services sector about delivering the ambitions of the NHS long-term plan, but there are also key questions to be addressed about the relationship between community services and primary care networks.

Mental health and substance misuse: joined-up services
This case study published by Public Health England looks at how joining up mental health, alcohol and drug misuse services in a Derby hospital has provided better support for people with addiction and mental health problems.

Digital tool to help reduce avoidable lengthy stays in hospital
A new digital portal is being introduced by the NHS and councils which allows health and social care staff to see how many vacancies there are in local care homes, saving hours of time phoning around to check availability and helping people to get the right care or return home as quickly as possible. People who need a care home placement will be supported to get out of hospital sooner, thanks to new technology being rolled out to care homes, councils and hospitals across the country by NHS England as part of its Long Term Plan for the health service.

Funding of local authorities' children's services
This report finds that constricted funding and ever-increasing demand have left children's services in England at breaking point. It calls for a funding settlement that reflects the challenges local authorities face in delivering children's social care, and recommends a minimum increase to core grant funding of £3.1 billion up until 2025.

Active ageing
This report, written in conjunction with care home provider Anchor Hanover, highlights the costs of physical inactivity in older people to the NHS and estimates that by 2030, this could be as much as £1.3 billion. It also outlines the human cost of inactivity in later life, illustrating how inactivity not only contributes to poorer physical health, but also to cognitive decline, reduced emotional wellbeing and loneliness.

Older men at the margins: guidance for practitioners and services providing groups for older men
Older Men at the Margins was a two-year study to understand how men aged 65 and over from different social backgrounds and circumstances experienced loneliness and social isolation. It also explored the formal and informal ways they sought to stay connected with others and feel less lonely. This guidance sets out the learning from our research and highlights factors to be considered to meet the diverse needs of older men through group programmes and interventions.

9:50 DELIVER FOR TODAY

8. Integrated quality and performance report

To ACCEPT the report

For Report

Presented by Rowan Procter and Helen Beck

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+

Trust Board – May 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:	May 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.							

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Integrated quality and performance report



Month One: April 2019

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Putting you first

CONTENTS

EXECUTIVE SUMMARY

DETAILED SECTIONS

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 April 2019 and there was 1 hospital attributable clostridium difficile case within the month. The trust compliance with decolonisation increased in April to 100%.

CAS (Central Alerting System) Open (PSAs) – A total of 10 PSAs have been received in April 2019. All of the alerts have been implemented within timescale to date.

Patient Falls (All patients) - 74 patient falls occurred in April 2019 which is an increase from 56 the previous month. (Exception report at page 20)

Pressure Ulcers - 42 cases occurred in April 2019. (Exception report at page 21)

ARE WE EFFECTIVE?

Cancelled Operations for non-clinical reasons – The rate of cancelled operations for non-clinical reasons was recorded at 1.9% in April 2019 (Exception report at page 28)

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 79.2% in April 2019 compared to 73.3% in March 2019. (Exception report at page 32)

Discharge Summaries - A&E has achieved a rate of 83.2% in April 2019, whereas inpatient services have achieved a rate of 81.8% (Non-elective) and 80.8% (Elective). (Exception report at page 31)

ARE WE CARING?

Mixed Sex Accommodation breaches (MSA) – No Mixed Sex Accommodation breaches occurred in April 2019.

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 – April 2019 reported performance at 86.0% compared to 94.0% in March 2019. (Exception report at page 35)

ARE WE RESPONSIVE?

A&E 4 hour waits – April reports performance at 86.9% with a 16.8% year to date increase in attendances between April 2018 and 2019. (Exception report at page 39)

Cancer – Cancer has experienced significant increases in demand in the last few months. The challenge of demand and capacity continues with three areas failing the target for April 2019. These areas were cancer 2 week wait breast symptoms with performance at 87.8%, Cancer 62 d GP referral with performance at 79.0% and Incomplete 104 days wait with 2 breach reported in April 2019. (Exception reports at pages 43-45)

Referral to Treatment (RTT) – The percentage of patients on an incomplete pathway within 18 weeks for April was 84.8%. The total waiting list is at 20427 in April 2019, with 1 patient who breached the 52-week standard. (Exception reports at pages 40,41,48)

ARE WE WELL LED?

Appraisal - The appraisal rate for April 2019 is 77.0%. (Exception report at page 54)

Sickness Absence – The Sickness Absence rate for April 2019 is 3.7%. (Exception report at page 53)

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																
Are we..	Ref.	KPI	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Av/YTD
1. Safe	1.01	CAS (Central Alerting System) Open	NT	0	2	5	3	4	5	4	7	8	8	13	11	10	10
	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%	98.2%	94.1%	95.1%	93.0%	93.7%	94.0%	96.0%	96.1%	94.4%	94.6%	95.2%	95.4%	95.0%	95.0%
	1.05	Clostridium Difficile infection - Hospital Attributable	15	1	0	0	1	1	1	1	2	0	0	4	1	1	1
	1.06	MRSA Bacteraemias - Hospital Attributable	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	1.07	Patient Safety Incidents Reported	NT	486	579	465	469	521	488	511	478	546	766	627	642	654	654
	1.08	Never Events	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0
2.Effective	2.02	Canc. Ops - Cancellations for non-clinical reasons	1%	0.6%	0.8%	1.5%	1.8%	1.5%	1.2%	1.5%	1.3%	0.5%	1.0%	1.0%	0.6%	1.9%	1.9%
3. Caring	3.01	Compliments (Logged by Patient Experience)	NT	21	93	44	49	33	35	73	31	38	40	48	16	37	37
	3.02	Formal Complaints	20	13	13	11	20	9	10	8	10	6	27	18	13	17	17
	3.03	Mixed Sex Accommodation Breaches	0	0	0	1	0	0	0	0	0	0	28	0	0	0	0
	3.04	IP - Extremely likely or Likely to recommend (FFT)	90%	99.0%	99.0%	98.0%	99.0%	99.0%	99.0%	96.0%	98.0%	98.0%	98.0%	97.0%	97.0%	95.0%	95.0%
	3.05	OP - Extremely likely or Likely to recommend (FFT)	90%	97.0%	97.0%	97.0%	97.0%	98.0%	96.0%	96.0%	96.0%	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%
	3.06	A&E - Extremely likely or Likely to recommend (FFT)	85%	94.0%	93.0%	94.0%	96.0%	95.0%	97.0%	96.0%	96.0%	97.0%	96.0%	97.0%	99.0%	94.0%	94.0%
	3.07	Maternity - Extremely likely or likely to recommend (FFT)	90%	98.0%	99.4%	96.7%	100%	95.0%	92.0%	100%	93.0%	100%	100%	100%	ND	ND	ND
	3.08	Community - Extremely likely or likely to recommend	80%	94.0%	98.0%	97.0%	90.0%	98.0%	95.0%	100%	100%	97.0%	98.0%	95.0%	100%	95.0%	95.0%
4. Responsive	4.01	A&E under 4 hr. wait	95%	84.9%	93.7%	93.9%	89.0%	87.6%	95.9%	93.3%	94.6%	91.4%	86.8%	87.9%	89.4%	86.9%	86.9%
	4.02	RTT: % incomplete pathways within 18 weeks	92%	90.4%	92.2%	91.4%	91.4%	89.3%	89.9%	90.2%	89.7%	88.3%	84.7%	83.6%	84.8%	84.8%	84.8%
	4.03	52 week waiters	0	19	14	10	9	10	2	7	6	10	7	7	2	1	1
	4.04	Diagnostics within 6 weeks	99%	99.7%	99.6%	99.8%	99.9%	97.6%	99.5%	99.0%	99.6%	97.1%	91.7%	92.2%	90.0%	87.5%	87.5%
	4.05	Cancer: 2w wait for urgent GP Referrals	93%	95.9%	94.9%	91.6%	97.6%	89.5%	80.9%	76.1%	89.8%	92.2%	93.4%	95.8%	90.5%	94.3%	94.3%
	4.06	Cancer 2w wait breast symptoms	93%	96.7%	82.6%	84.9%	92.8%	95.9%	93.9%	96.4%	76.7%	48.8%	72.1%	82.0%	63.5%	87.8%	87.8%
	4.07	Cancer 31 d First Treatment	96%	99.1%	100%	100%	100%	100%	100%	99.3%	100%	100%	99.2%	100%	100%	97.8%	97.8%
	4.08	Cancer 31 d Drug Treatment	98%	100%	100%	100%	100%	98.7%	98.5%	100%	100%	100%	100%	100%	100%	100%	100%
	4.09	Cancer 31 d Surgery	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94.4%	100%	100%	100%	100%
	4.10	Cancer 62 d GP referral	85%	93.3%	85.1%	86.5%	84.8%	89.9%	78.0%	80.6%	79.5%	78.3%	85.5%	84.8%	90.0%	79.0%	79.0%
	4.11	Cancer 62 d Screening	90%	72.7%	100%	100%	88.2%	100%	90.5%	80.0%	93.8%	87.9%	100%	100%	95.2%	92.3%	92.3%
	4.12	Incomplete 104 day waits	0	3.0	1.5	0	1.0	3.0	2.0	0	3.0	0	0	1.0	1.0	2.0	2.0

INTEGRATED QUALITY & PERFORMANCE REPORT																
Are we..	Ref.	KPI	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Av/YTD
5. Well Led	5.01	NHS Staff Survey (Staff Engagement score -Annual)	NT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	7.4%	NA	NA	NA
	5.02	Staff F&F Test % Recommended - care (Qrtly)	75%	NA	NA	95.0%	NA	95.0%	NA	93.0%	NA	NA	NA	91.0%	NA	NA	NA
	5.03	Staff F&F Test % Recommended - place to work (Qrtly)	75%	NA	NA	83.0%	NA	82.0%	NA	82.0%	NA	NA	NA	78.0%	NA	NA	NA
	5.04	Turnover (Rolling 12 mths)	<10%	8.4%	8.4%	8.5%	8.6%	8.6%	8.7%	8.0%	8.0%	8.0%	8.0%	7.0%	8.0%	8.0%	8.0%
	5.05	Sickness Absence	<3.5%	3.8%	3.8%	3.7%	3.8%	3.8%	3.9%	3.8%	3.9%	3.8%	3.9%	3.8%	3.7%	3.7%	3.7%
	5.06	Executive Team Turnover (Trust Management)	<10%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	17.0%	17.0%
	5.07	Agency Spend	550	331	196	330	433	507	393	381	620	500	637	330	524	426	426
	5.08	Monitor Use of Resources Rating	NT	3	3	3	3	3	3	3	3	3	3	3	3	3	3
6. Productive	6.01	I&E Margin	Var	-10.3%	-7.5%	-6.3%	-7.30%	-6.80%	-7.20%	-6.40%	-6.00%	ND	-6.10%	-5.80%	-5.50%	-4.20%	-4.2%
	6.03	Capital service cover	Var	0.48	1.64	-0.80	-0.93	0.87	-0.92	-0.63	-0.50	ND	-0.42	-0.25	-0.27	ND	ND
	6.04	Liquidity (days)	NT	12.34	16.83	15.36	16.67	14.36	19.19	17.56	21.57	ND	15.86	15.18	26.80	ND	ND
	6.05	Long Term Borrowing (£m)	4	67.6	69.8	69.0	70.7	74.2	75.3	75.5	76.5	ND	85.5	64.1	65.4	95.7	95.70
	6.06	CIP (Variance YTD £'000s)	1.9	-54	-47	-75	-100	-120	-38	-28	-46	-53	-45	-48	-539	-32	-32
7.Maternity	7.01	Total number of deliveries (births)	210	198	203	201	172	208	208	224	202	209	179	172	179	183	183
	7.02	% of all caesarean sections	<22.6%	28.2%	22.4%	18.2%	17.1%	17.0%	22.8%	22.7%	25.9%	25.4%	22.9%	20.3%	26.8%	20.8%	20.8%
	7.03	Midwife to birth ratio	1.3	1.30	1.30	1.30	1.30	1.30	1.30	1.31	1.29	1.30	1.28	1.26	1.27	1.27	1.27
	7.04	Unit Closures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	7.05	Completion of WHO checklist	100%	86.0%	85.0%	88.0%	94.0%	95.0%	93.0%	93.0%	94.4%	95.0%	96.0%	95.0%	93.0%	94.0%	94.0%
	7.06	Maternity SIs	NT	2	2	0	1	0	0	1	0	0	0	1	0	1	1
	7.07	Maternity Never Events	NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	7.08	Breastfeeding Initiation Rates	80%	76.1%	76.3%	80.7%	85.1%	76.2%	80.2%	83.0%	82.6%	78.5%	78.5%	82.4%	78.1%	76.0%	76.0%
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	0
	4.27	RTT 18 weeks Non-Consultant led services - Community	90%	99.2%	97.6%	100%	98.7%	99.0%	99.0%	99.0%	99.0%	100%	99.7%	99.6%	100%	99.0%	99.0%
	4.39	Urgent Referrals for Early Intervention Team (EIT) - Community	95%	100%	100%	100%	100%	100%	ND	100%	100%	100%	NA	100%	100%	100%	100%
	4.40	Nursing & therapy Red referrals seen within 4hrs - Community	95%	96.4%	100%	100%	98.2%	100%	100%	100%	99.9%	100%	96.6%	100%	100%	100%	100%
	4.41	Nursing & therapy Amber referrals seen within 72hrs - Community	95%	98.8%	99.4%	99.5%	97.4%	99.4%	99.5%	99.0%	99.2%	98.4%	99.0%	98.8%	99.3%	100%	100%

3. IN THIS MONTH –APRIL 2019, MONTH 1

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	Apr-2019	To Month Year	Apr-2018

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

In this month.... April 2019

Mth We Received.....	Apr-19	Apr-18	Variance	Var. %	Traffic
GP Referrals	5,582	6,490	-908	-14.0%	↓
Other Referrals	4,491	5,196	-705	-13.6%	↓
Ambulance Arrivals	1,900	1,887	13	0.7%	↑
Cancer Referrals*	1,050	1,034	16	1.5%	↑
Urgent Referrals*	2,430	2,612	-182	-7.0%	↓

YTD We Received.....	2019	2018	Variance	Var. %	Traffic
GP Referrals	5,582	6,490	-908	-14.0%	↓
Other Referrals	4,491	5,196	-705	-13.6%	↓
Ambulance Arrivals	1,900	1,887	13	0.7%	↑
Cancer Referrals*	1,050	1,034	16	1.5%	↑
Urgent Referrals*	2,430	2,612	-182	-7.0%	↓

Mth We Delivered.....	Apr-19	Apr-18	Variance	Var. %	Traffic
ED Attendances (excluding GP Expected/Streamed)	5,704	4,934	770	15.6%	↑
**ED Attendances(Adjusted)	7,105	6,082	1,023	16.8%	↑
GP Expected via ED	589	661	-72	-10.9%	↓
GP Streamed	434	371	63	17.0%	↑
GP Expected direct to AAU/AEC	378	116	262	225.9%	↑

YTD We Delivered.....	2019	2018	Variance	Var. %	Traffic
ED Attendances (excluding GP Expected/Streamed)	5,704	4,934	770	15.6%	↑
**ED Attendances(Adjusted)	7,105	6,082	1,023	16.8%	↑
GP Expected via ED	589	661	-72	-10.9%	↓
GP Streamed	434	371	63	17.0%	↑
GP Expected direct to AAU/AEC	378	116	262	225.9%	↑

A&E - To IP Admission Ratio	29.0%	27.9%	1.0%	1.0%	↑
Outpatient Attendances	25,243	24,321	922	3.8%	↑
Inpatient Admissions	5,990	5,566	424	7.6%	↑
Elective Admissions	434	371	63	17.0%	↑
Non Elective Admission	2,765	2,569	196	7.6%	↑
Inpatient Discharges	5,929	5,567	362	6.5%	↑
Elective Discharges	3,225	2,997	228	7.6%	↑
Non Elective Discharges	3,173	2,568	605	23.6%	↑
New Births	183	198	-15	-8%	↓

A&E - To IP Admission Ratio	29.0%	27.9%	1.0%	3.7%	↑
Outpatient Attendances	25,243	24,321	922	3.8%	↑
Inpatient Admissions	5,990	5,566	424	7.6%	↑
Elective Admissions	2,765	2,569	196	7.6%	↑
Non Elective Admission	3,225	2,997	228	7.6%	↑
Inpatient Discharges	5,929	5,567	362	6.5%	↑
Elective Discharges	3,173	2,568	605	23.6%	↑
Non Elective Discharges	2,756	2,999	-243	-8.1%	↓
New Births	183	198	-15	-8%	↓

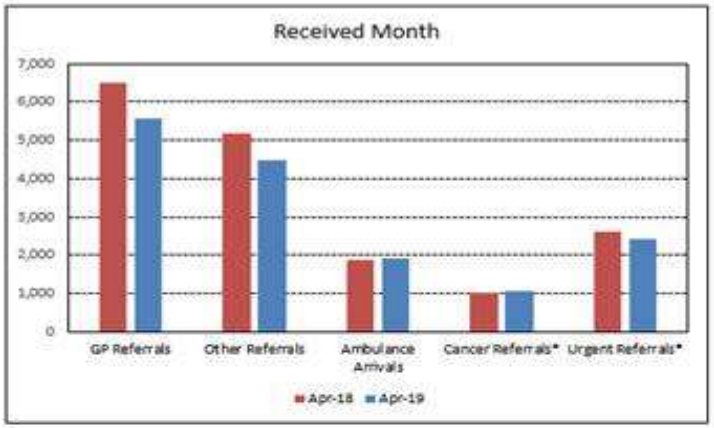
* - Included in Referrals Above

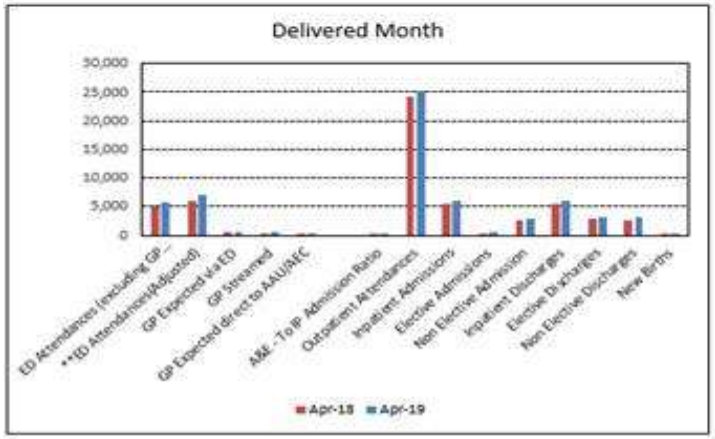
** - The ED adjusted figure adds ED attendances, GP Streamed and all GP expected (Including direct to AAU/AEC) together to reflect the position in 2017 when these were reported together.

A&E Attendances Year chart (Adjusted)

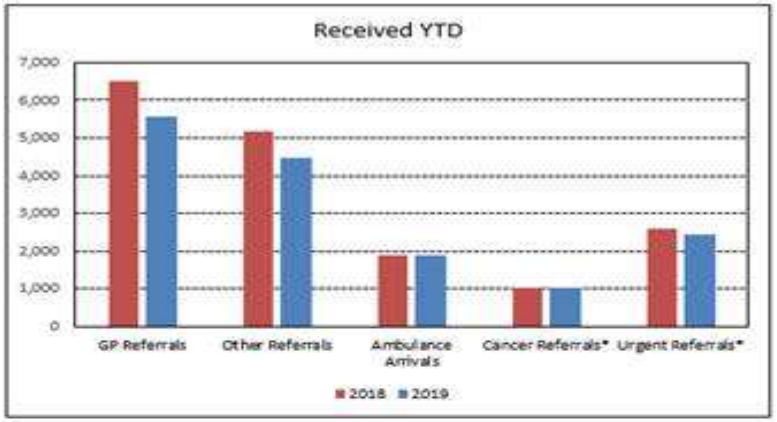
GP and other referrals demonstrate a reduction year on year however cancer referrals are showing signs of increasing. A&E attendances continue to show an increase and incomplete RTT pathways are higher than last year.

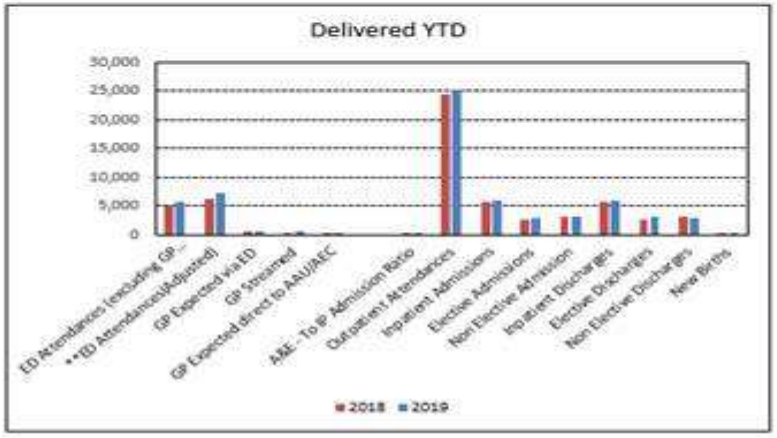
MONTHLY





YEAR TO DATE





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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	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	YTD(Apr19-Apr19)
1.Safe	HII Compliance	1.09	HII Compliance 1a: Central venous catheter insertion	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94.4%	100%	100%	100%
		1.10	HII Compliance 1b: Central venous catheter on-going care	100%	100%	95.0%	100%	91.0%	97.0%	95.0%	100%	96.0%	100%	96.2%	96.4%	87.1%	89.0%	89.0%
		1.11	HII Compliance 2a: Peripheral cannula insertion	100%	100%	100%	100%	100%	100%	100%	96.0%	96.0%	100%	97.9%	100%	96.4%	100%	100%
		1.12	HII Compliance 2b: Peripheral cannula on-going	100%	100%	98.0%	97.0%	98.0%	96.0%	88.0%	100%	100%	100%	97.0%	99.3%	99.2%	100%	100%
		1.13	HII Compliance 4a: Preventing surgical site infection preoperative	100%	100%	100%	100%	100%	100%	100%	100%	95.0%	100%	100%	100%	100%	100%	100%
		1.14	HII Compliance 4b: Preventing surgical site infection perioperative	100%	100%	100%	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%	90.0%	ND	ND
		1.16	HII Compliance 6a: Urinary catheter insertion	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90.9%	100%	100%	ND	ND
		1.17	HII Compliance 6b: Urinary catheter on-going care	100%	100%	95.0%	92.0%	97.0%	97.7%	89.0%	94.0%	97.0%	98.0%	92.2%	88.8%	95.2%	96.0%	96.0%
	Incidents	1.18	Safety Thermometer: % of patients experiencing new harm-free care-Trust	100%	99.2%	97.8%	98.7%	99.2%	88.0%	97.8%	98.7%	98.7%	96.2%	98.3%	97.0%	97.9%	96.6%	96.6%
		1.19	Safety Thermometer: % of patients experiencing new harm-free care - Community	100%	99.4%	98.1%	99.0%	99.3%	99.1%	97.7%	98.9%	99.0%	96.4%	98.4%	97.0%	99.0%	96.1%	96.1%
		1.20	No of SIRIs	NT	8	11	0	5	6	2	4	3	5	6	2	2	5	5
		1.21	RIDDOR Reportable Incidents	NT	2	4	1	1	1	0	3	2	3	1	3	3	2	2
		1.22	Total No of E. Coli (Trust level only)	NT	1	2	0	1	0	0	0	0	1	2	0	1	1	1
		1.23	No of Inpatient falls - Trust	NT	68	72	62	42	75	64	61	48	61	81	54	56	74	74
		1.24	No of Inpatient falls - WSH	<48	55	61	50	31	63	55	47	35	53	61	42	47	60	60
		1.25	No of Inpatient falls - Community Hospitals	NT	13	11	12	11	12	9	14	13	8	20	12	9	14	14
		1.26	Falls per 1,000 bed days	NT	6.13	6.76	4.84	2.83	5.73	5.27	4.29	3.35	4.82	5.21	3.95	4.17	5.21	5.21
		1.27	No of Inpatient falls resulting in harm - Trust	NT	24	24	22	13	24	12	12	17	15	25	14	15	21	21
		1.28	No of Inpatient falls resulting in harm - WSH	NT	18	19	22	11	20	12	11	13	12	22	10	13	16	16
		1.29	No of Inpatient falls resulting in harm - Community Hospitals	NT	6	5	0	2	4	0	1	4	3	3	4	2	5	5
		1.30	No of avoidable serious injuries or deaths resulting from falls - Trust	0	ND	0	0	0	0	0	0	0	2	1	0	0	4	4
		1.31	No of avoidable serious injuries or deaths resulting from falls - WSH	0	ND	0	0	0	0	0	0	0	2	1	0	0	4	4
		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	62	64	67	74	68	73	77	71	78	99	69	87	89	89
		1.70	PU present on admission to service – Inpatients	NT	49	50	57	61	53	58	60	57	61	77	49	58	60	60
		1.71	PU present on admission to service – Community teams	NT	14	10	13	15	15	17	17	14	17	22	20	29	29	29
		1.33	Number of medication errors	NT	60	85	43	56	61	63	71	54	61	79	78	72	89	89
		1.72	New PU - Trust	0	15	28	25	19	30	24	35	28	27	30	34	40	42	42
		1.67	New PU – Inpatients	0	3	9	9	6	10	14	13	19	17	11	16	21	20	20
		1.68	New PU – Community teams	0	12	19	16	13	20	10	22	9	10	19	18	19	22	22
		1.73	Moisture associated skin damage	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	17	18	22	18	18
		1.74	Device related (% of total)	NT	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.0%	6.0%	5.0%	4.0%	4.0%
		1.60	% of patients at risk of falls (with a Falls assessment)	NT	71.1%	71.6%	72.2%	74.6%	72.8%	72.0%	73.3%	72.7%	71.6%	73.0%	71.9%	73.9%	73.2%	73.2%

Putting you first

Are we..		Ref.	KPI	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	YTD(Apr19-Apr19)
1. Safe	Reporting	1.38	MRSA Quarterly Std (including admission and LOS screens)	90%	NA	NA	88.0%	NA	NA	87.0%	NA	NA	89.0%	NA	NA	88.0%	NA	NA
		1.39	MRSA Bacteraemias - Community Attributable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		1.40	Clostridium Difficile infection - Community Attributable	NT	4	1	1	4	5	4	3	2	2	4	1	6	2	2
		1.41	MRSA - Decolonisation	95%	85.0%	91.0%	90.0%	81.0%	97.0%	86.0%	95.0%	97.0%	94.0%	94.0%	100%	92.0%	100%	100%
		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	0	2	2	0	0	0	1	1	0	0	0	2	0	0
		1.44	SIRI final reports due in month submitted beyond 60 working days	0	3	3	0	1	0	0	0	1	0	0	0	0	0	0
		1.45	SIRIs reported >2 working days from identification as red	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0
		1.46	Green, Amber & Red Active / Accepted risk assessments not in date	0	1	3	2	0	3	0	4	2	3	79	55	55	55	55
		1.47	Datix Risk Register Red / Amber actions overdue	0	1	4	3	0	0	0	1	4	1	65	65	65	65	65
		1.48	Rapid access chest pain clinic access within 2 wks.	100%	57.5%	97.3%	97.3%	96.2%	96.7%	98.6%	99.2%	99.2%	100%	100%	100%	100%	100%	100%
		1.75	Verbal DoC undertaken within 10 working days of incident report	NT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	47.0%	47.0%
		1.76	Total written (initial notification letter) Duty of Candour still outstanding at month-end NB: Only includes cases where verbal has already been	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4	4
		1.49	Verbal Duty of Candour outstanding at month-end	0	1	1	2	2	0	0	0	0	6	0	4	5	4	4
		1.50	Hand Hygiene Audits	95%	100%	99.0%	99.0%	99.0%	100%	100%	100%	99.6%	98.8%	100%	100%	99.7%	100%	100%
		1.51	Quarterly antibiotic audit	98%	NA	NA	92.2%	NA	NA	89.0%	NA	NA	90.0%	NA	NA	87.0%	NA	NA
		1.52	Serious Incident RCA actions beyond deadline for completion	0	9	4	4	7	4	2	5	11	5	14	8	13	25	25
		1.53	% of Green Patient Safety incidents investigated	NT	68.0%	64.0%	61.0%	68.0%	59.0%	63.0%	64.0%	60.0%	59.0%	71.0%	72.0%	71.0%	63.0%	63.0%
		1.54	Quarterly Environment/Isolation	90%	NA	NA	92.0%	NA	NA	93.0%	NA	NA	93.0%	NA	NA	92.0%	NA	NA
		1.55	Quarterly VIP score documentation	90%	NA	NA	86.0%	NA	NA	83.0%	NA	NA	84.0%	NA	NA	85.0%	NA	NA
		1.56	Isolation data (Trust Level only)	95%	86.0%	88.0%	87.0%	88.0%	91.0%	91.0%	91.0%	91.0%	90.0%	80.0%	75.0%	85.0%	85.0%	85.0%
		1.57	Pain Mgt. Quarterly internal report	80%	NA	NA	NA	86.0%	NA	NA	85.5%	NA	NA	84.5%	NA	NA	ND	ND
		1.58	Nutrition % of patients with a MUST/PYMS assessment completed for within 24hrs	95%	90.0%	93.0%	88.0%	91.0%	88.0%	82.0%	83.0%	83.0%	84.0%	83.0%	81.0%	79.0%	80.7%	80.7%
		1.59	Median NRLS (national reporting & Learning system) upload 6 month rolling average (No. of days)	41	26	31	60	59	51	40	75	84	101	ND	ND	ND	ND	ND
		1.61	E coli - Hospital Attributable	NT	1	2	2	1	1	1	2	0	1	2	0	1	1	1
		1.62	E coli - Community Attributable	NT	14	19	14	13	15	13	14	13	11	8	9	16	12	12
		1.63	Klebsiella spp. - Hospital Attributable	NT	1	0	0	2	0	0	0	0	1	0	1	0	1	1
		1.64	Klebsiella spp. - Community Attributable	NT	4	1	0	3	2	3	1	3	2	1	1	1	2	2
		1.65	Pseudomonas - Hospital Attributable	NT	0	0	0	0	1	0	0	0	0	0	1	0	2	2
		1.66	Pseudomonas - Community Attributable	NT	1	1	0	0	0	1	1	0	1	1	2	0	0	0

SAFE – DIVISIONAL LEVEL ANALYSIS

					April		
Indicator	Target	Red	Amber	Green	Surgery	Medicine	Women & Children
HII compliance 1a: Central venous catheter insertion	= 100%	<85	85-99	= 100		100	
HII compliance 1b: Central venous catheter ongoing care	= 100%	<85	85-99	= 100	100	83	
HII compliance 2a: Peripheral cannula insertion	= 100%	<85	85-99	= 100		100	100
HII compliance 2b: Peripheral cannula ongoing	= 100%	<85	85-99	= 100	100	100	100
HII compliance 4a: Preventing surgical site infection preoperative	= 100%	<85	85-99	= 100	100		
HII compliance 4b: Preventing surgical site infection perioperative	= 100%	<85	85-99	= 100	100		
HII compliance 5: Ventilator associated pneumonia	= 100%	<85	85-99	= 100			
HII compliance 6a: Urinary catheter insertion	= 100%	<85	85-99	= 100			
HII compliance 6b: Urinary catheter on-going care	= 100%	<85	85-99	= 100	100	94	
HII compliance: Antibiotic Prescribing - All care setting	= 100%	<85	85-99	= 100		93	
HII compliance: Antibiotic Prescribing - Secondary Care	= 100%	<85	85-99	= 100		76	
HII compliance: Chronic Wounds	= 100%	<85	85-99	= 100			
Total no of MRSA bacteraemias: Hospital	= 0 per yr	> 0	No Target	= 0	0	0	0
Quarterly MRSA (including admission and length of stay screens)	= 90%	<80	80-89	90-100			
Hand hygiene compliance	= 95%	<85	85-99	= 100	100	100	100
Total no of MSSA bacteraemias: Hospital	No Target	No Target	No Target	No Target	0	0	0
Quarterly Standard principle compliance	90%	<80	80-90%	90-100			
Total no of C. diff infections: Hospital	= 16 per yea	No Target	No Target	No Target	0	1	0
Quarterly Antibiotic Audit	= 98%	<85	85-97	98-100			
Quarterly Environment/Isolation	= 90%	<80	80-89	90-100			

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Putting you first

					April		
Indicator	Target	Red	Amber	Green	Surgery	Medicine	Women & Children
No of patient falls	= 48	>=48	No Target	<48	11	49	0
No of patient falls resulting in harm	No Target	No Target	No Target	No Target	3	13	0
No of avoidable serious injuries or deaths resulting from falls	= 0	>0	No Target	= 0	0	0	0
No of ward acquired pressure ulcers	No Target	No Target	No Target	No Target	6	14	0
No of avoidable ward acquired pressure ulcers	No Target	No Target	No Target	No Target			
Nutrition: Assessment and monitoring	= 95%	<85	85-94	95-100	74	89	54
No of SIRIs	No Target	No Target	No Target	No Target	2	0	0
No of medication errors	No Target	No Target	No Target	No Target	18	43	9
Cardiac arrests	No Target	No Target	No Target	No Target	0	4	0
Cardiac arrests identified as a SIRI	= 0	>0	No Target	= 0	0	0	0
Pain Management: Quarterly internal report	= 80%	<70	70-79	80-100	85.8	88.7	57
VTE: Completed risk assessment (monthly Unify audit)	> 98%	< 98	No Target	> 98	95.9	94.3	95.7
Quarterly VTE: Prophylaxis compliance	= 100%	<95	95-99	= 100			
Safety Thermometer: % of patients experiencing new harm-free care	= 95%	<95	95-99	= 100	97.6	96.2	100.0

					April		
Indicator	Target	Red	Amber	Green	Surgery	Medicine	Women & Children
Patient Satisfaction: In-patient overall result	= 85%	<75	75-84	85-100	95.0	93.0	
How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	= 95%	<70	70-89	90-100	96.0	94.0	
In your opinion, how clean was the hospital room or ward you were in?	= 85%	<75	75-84	85-100	98.0	94.0	
Did you feel you were treated with respect and dignity by staff?	= 85%	<75	75-84	85-100	99.0	97.0	
Were staff caring and compassionate in their approach?	= 85%	<75	75-84	85-100	98.0	97.0	
Did you experience any noise in the night time?	= 85%	<75	75-84	85-100	84.0	81.0	
Hospital staff to talk to about your worries and fears?	= 85%	<75	75-84	85-100	99.0	94.0	
Involved in decisions about your care and treatment?	= 85%	<75	75-84	85-100	96.0	93.0	
Did staff talk in front of you as if you were not there?	= 85%	<75	75-84	85-100	98.0	95.0	
Given enough privacy when discussing your condition or treatment?	= 85%	<75	75-84	85-100	100.0	99.0	
Were you given enough privacy when being examined or treated?	= 85%	<75	75-84	85-100	100.0	100.0	
Did you get enough help from staff to eat your meals?	= 85%	<75	75-84	85-100	98.0	92.0	
Minutes after you used the call button did it take to get help?	= 85%	<75	75-84	85-100	77.0	78.0	
Number of Inpatient surveys completed	No Target	No Target	No Target	No Target	181	117	
Same sex accommodation: total patients	= 0	>2	1-2	= 0	0	0	0
Complaints	= 0	>2	1-2	= 0	6	4	1
Environment and Cleanliness	= 90%	<80	80-89	90-100	91.7	86.7	93.8

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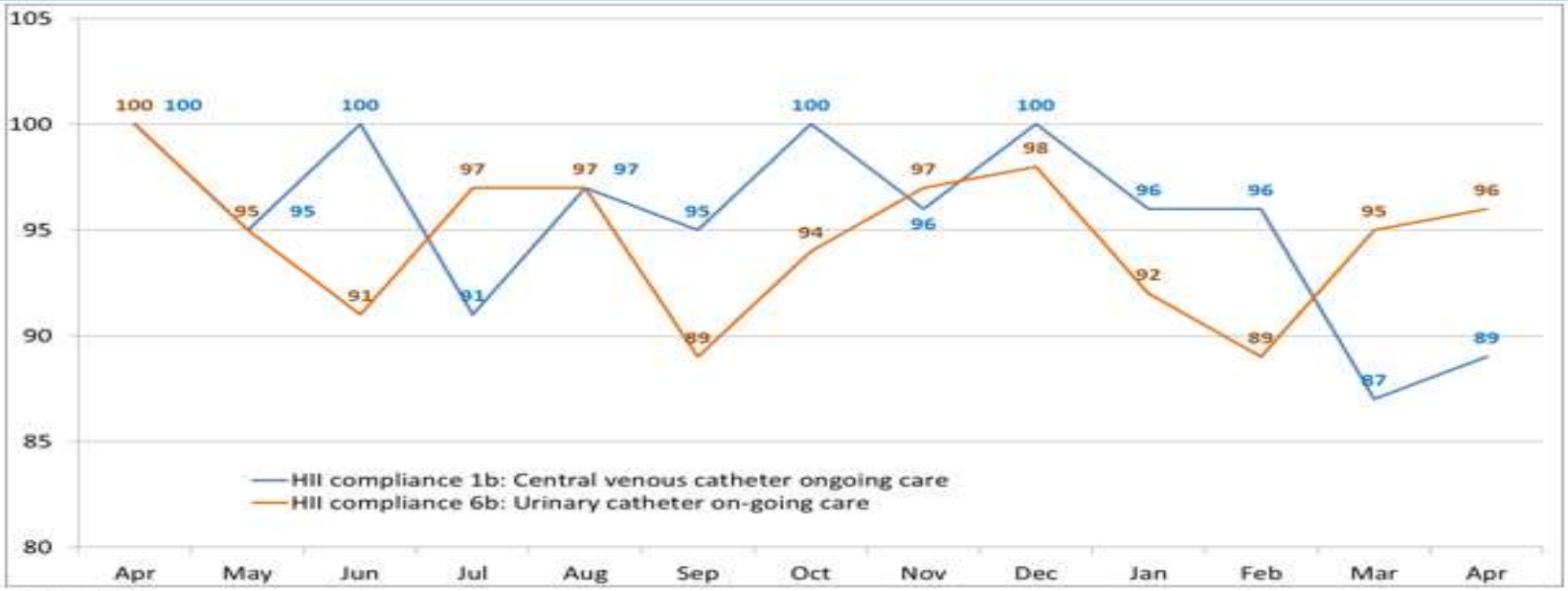
Putting you first

5. Exception reports – Safe

High Impact Interventions (HIIs)

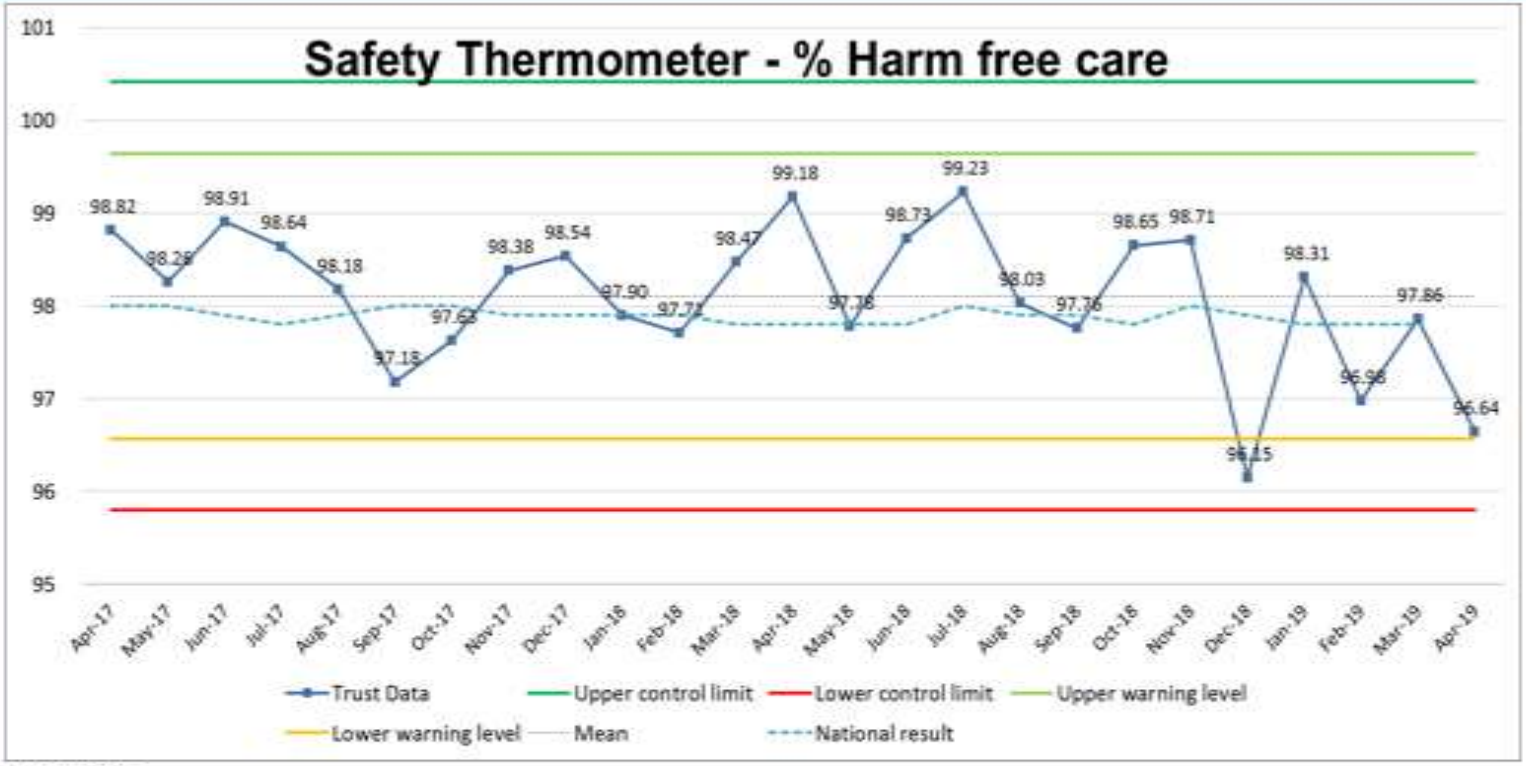


Narrative

What	Performance is measured against a target of 100% for each High impact intervention (HII). In March two of the HIIs did not achieve this target.
Why	Failures in 1b (on ward G4) and 6b (on wards G4 and G8) brought performance down. All other areas achieved 100% in the audits this month.
How	The Matrons will be working closely with the teams to ensure performance improves for May
When	Ongoing monthly

Safe

Safety Thermometer



Narrative

What	The Trust harm free care was reported as 96.64 for April. The National figure for April has not yet been issued for comparison however this (local) figure is an deterioration compared to March (97.86%) albeit still within the SPC normal variation.
Why	The National 'Harm Free' care composite measure is defined as the proportion of patients without a pressure ulcer (ANY origin, category II – IV), hare from a fall in the last 72 hours, a urinary tract infection (in patients with a urethral urinary catheter) or new VTE treatment. It should be noted that the Safety Thermometer is a spot audit and data is collected on a specific day each month.
How	The national benchmark can be used as an additional point of comparison as well as local performance over time. The SPC chart shows the Trust Harm Free care compared to the National benchmark for the period May 2017 to April 2019.
When	Ongoing monthly

Safe

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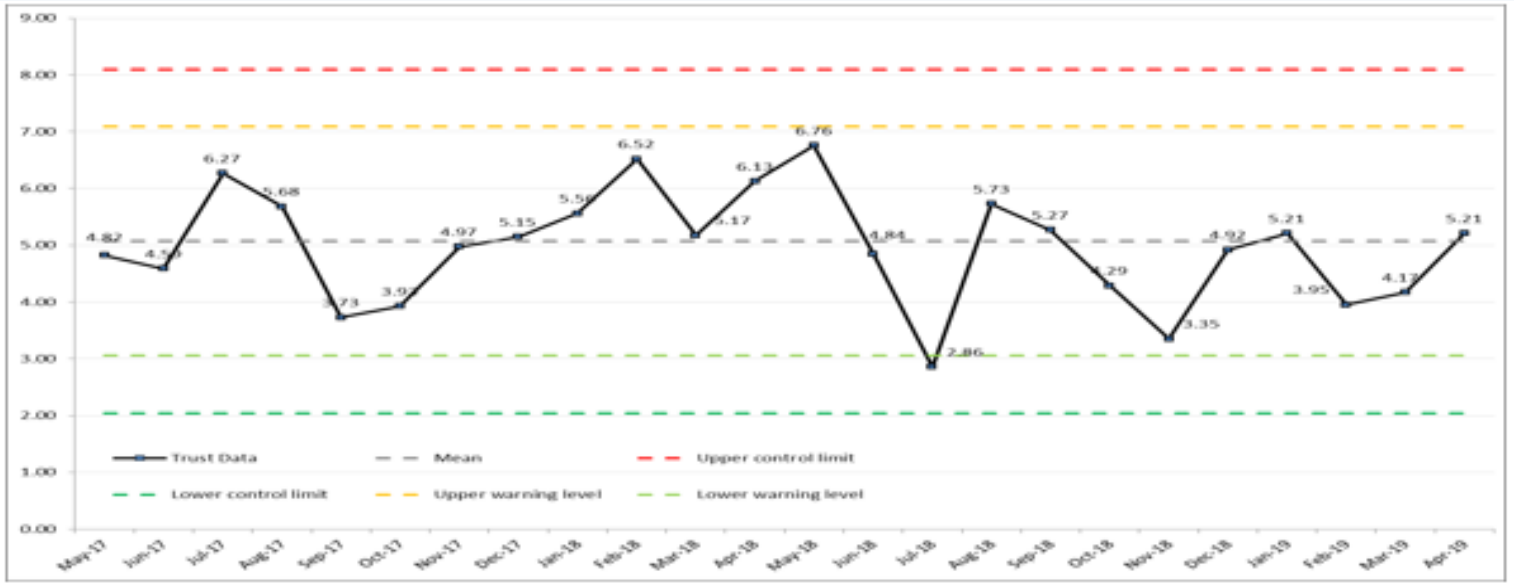
Falls

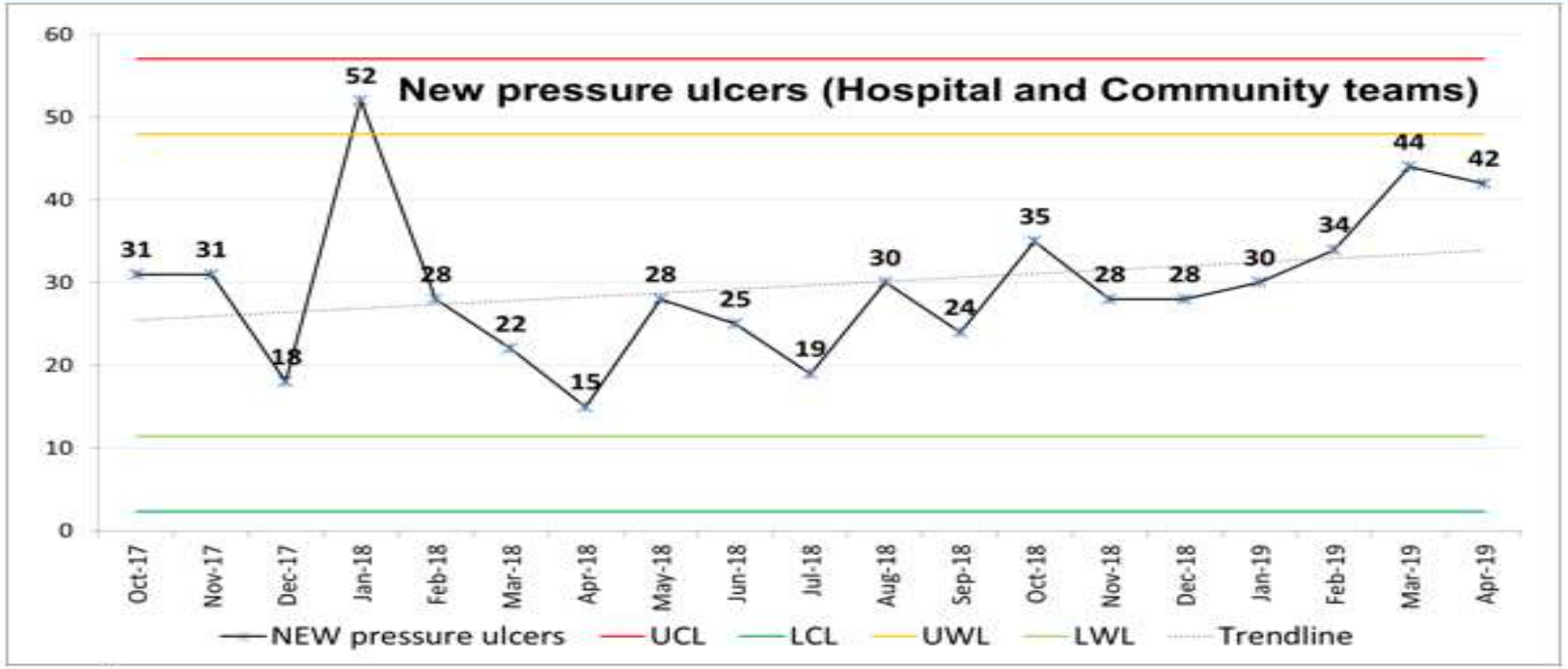


Narrative

What	Although the total number of WSH inpatient falls reported rose considerably in April (60 in WSH), this was offset against increased occupancy and the falls per 1,000 bed days (5.21) was within the expected range. In the Community Hospitals we continue to promote a positive risk taking environment where patients are encourage to maintain and regain independence prior to discharge.
Why	The Trust monitor trends in patient falls on a monthly basis including the impact of higher levels of bed occupancy and/or patient acuity. In April there were nine individuals who fell twice and one who fell four times contributing to the overall number.
How	The Trust participated in the 2018/19 NHSI Falls collaborative, the details of which was included in the Q3 Board learning report. This has now ended and the Trust is now looking to roll out the learning hospital-wide. In 2019/20 the new CQUIN Preventing Hospital Falls - Admitted patients aged over 65 years, with LOS at least 48 hours will drive further improvements
When	This is an ongoing work plan and quality improvement initiatives will continue to be progressed via the Falls Group including ongoing liaison with the contacts gained through the previous work in the regional collaborative.

Safe

Pressure ulcers



Narrative

What	Possibly very slight upward trajectory in reporting period Apr18-Apr19 however if this is viewed using a PUs per 1,000 occupied bed days model (Inpatients only) it becomes less significant.
Why	Aspirational target of zero however recognition that potential for development of pressure ulcers is always present in the high risk patient. Higher bed occupancy/number of patient contacts / greater acuity of patients will have an impact upon numbers.
How	Our Tissue Viability Team has now adopted an integrated approach to supporting patients across the whole organisation, despite the lack of a Community TVCNS and new recruits to the service not being in post as yet.
When	This is an ongoing work plan and quality improvement initiatives will continue to be progressed via the Pressure Ulcer Prevention Group (PUPG) including ongoing liaison with the contacts gained through the previous work in the regional collaborative. The new reporting template has enabled data capture for audit as well as occurrence and the review of this data will further assist in identification of areas for improvement.

Safe

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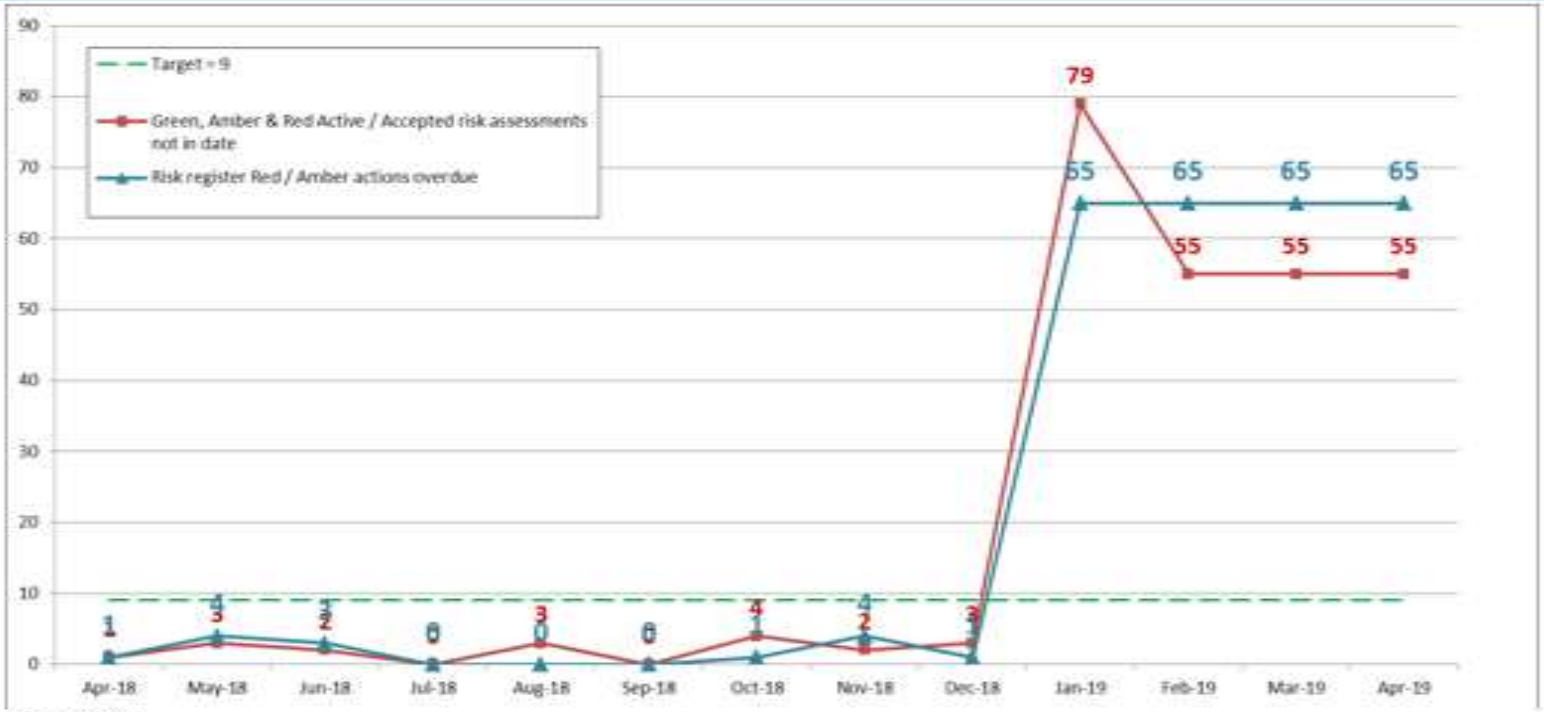
Risk assessments

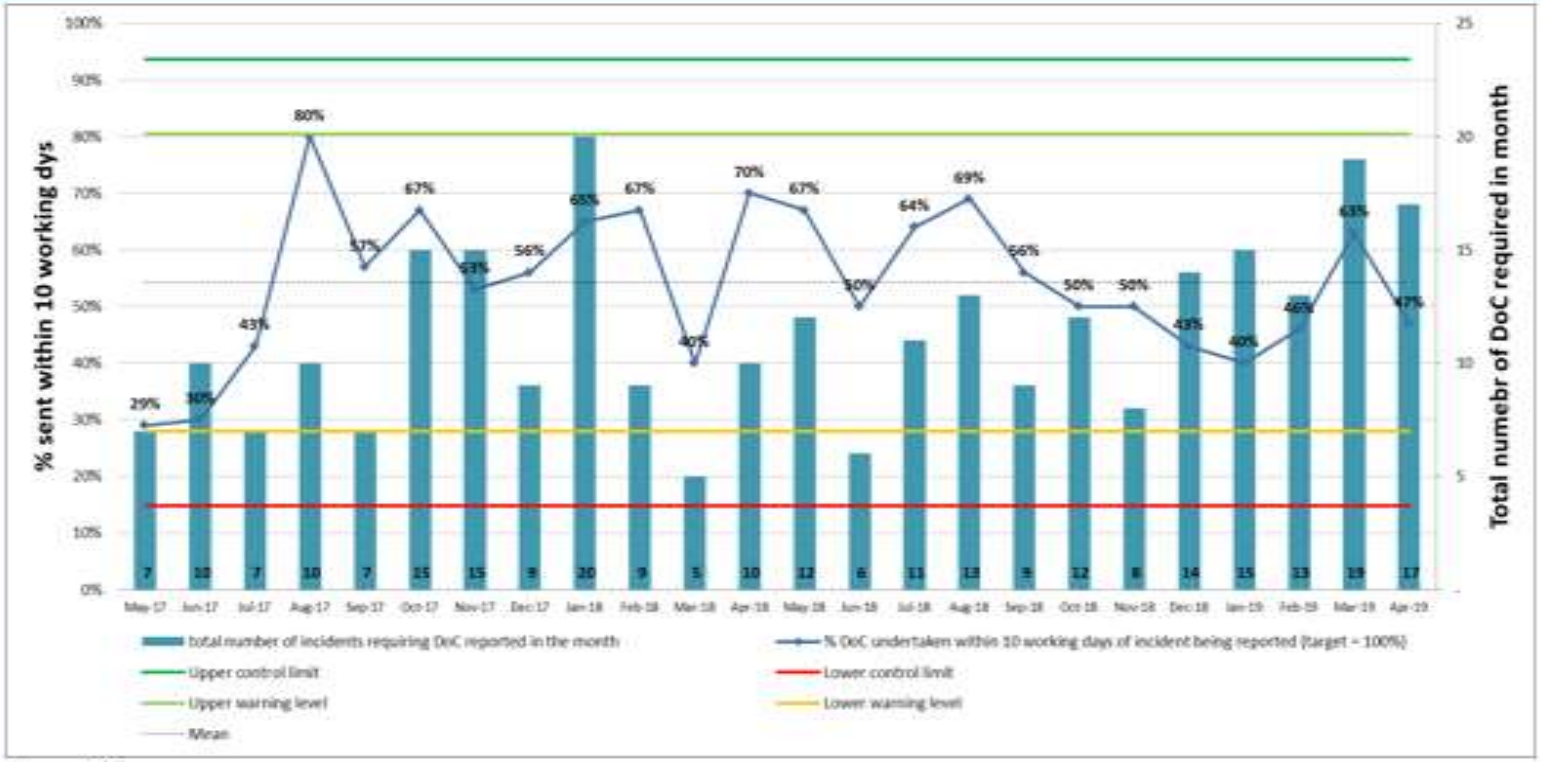


Narrative

What	Three months ongoing failure to hit target (n = 0) which is usually achieved each month
Why	56 out of date risk assessments and 65 actions
How	These out of date risk assessments and actions are associated to the fire risk assessment being managed by Estates. The work to update the risk assessments began at the beginning of May.
When	This position was reviewed at the Corporate Risk Committee (15/2/19) and external resource has been identified to complete this work. Progress to be reviewed at the next Corporate Risk Committee.

Safe

Duty of Candour



Narrative

What	A new SPC chart is provided which measures timely verbal DoC against the national requirement of 10 working days. In addition indicators counting how many cases are still overdue both verbal and written are provided.
Why	Compliance with the 10 day target varies month on month however it not usually adversely affected by total number of cases (shown as bar chart on secondary axis)
How	Targeted follow up of the individuals responsible for undertaking DoC by the Patient Safety team with escalation to the Divisional steering groups and Clinical Directors meeting.
When	Ongoing monthly

Safe

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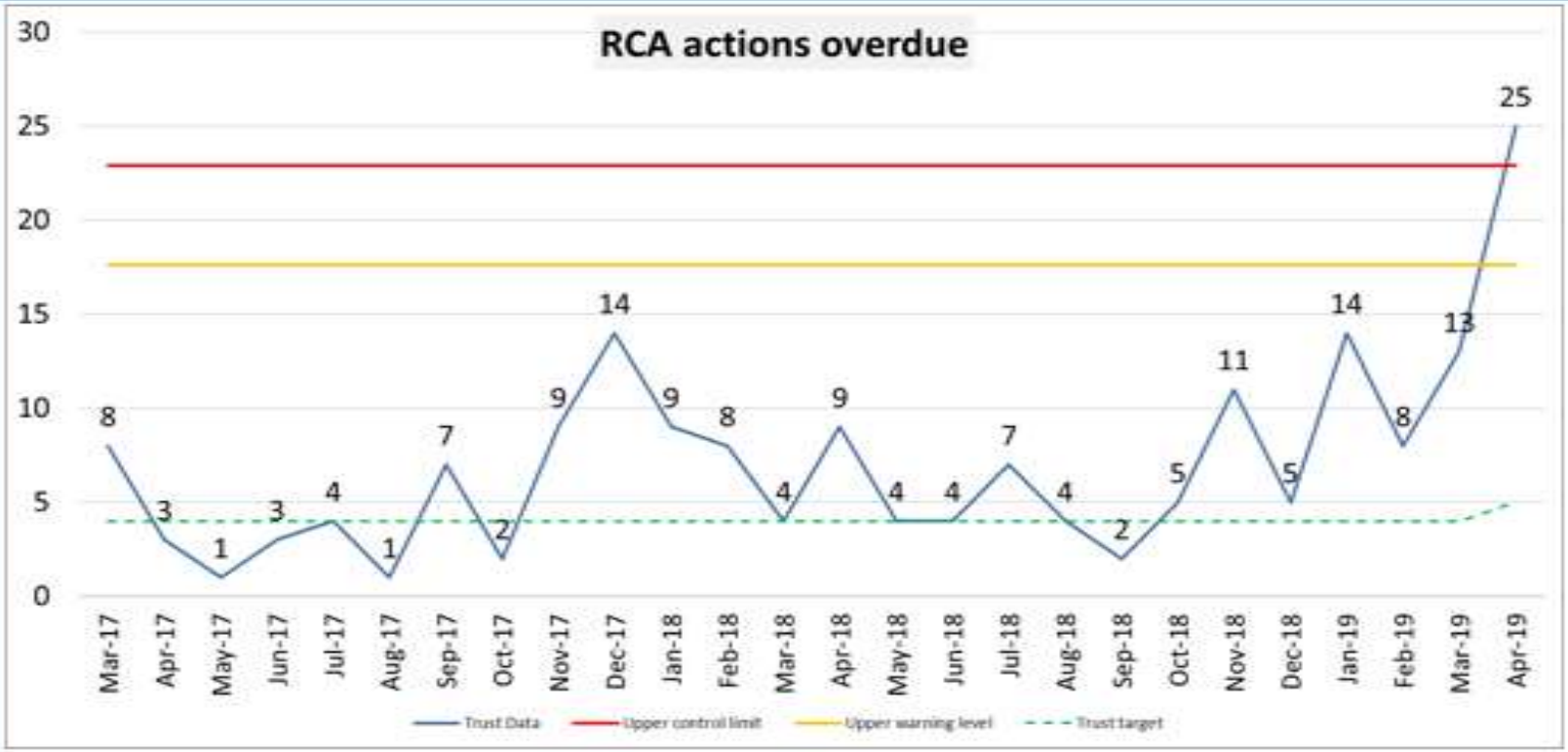
RCA actions



Narrative

What	Negative upward trend which has crossed the UCL in April.
Why	The target of <5 overdue has not been achieved since September 2018 despite targeted follow up of the Action owners by the Patient Safety team with escalation to the Divisional steering groups and Clinical Directors meeting.
How	A more structured approach to action setting supported by a 3-month post-report follow up ('wash-up meeting') is being developed with a view to improving this indicator
When	Ongoing monthly

Safe

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

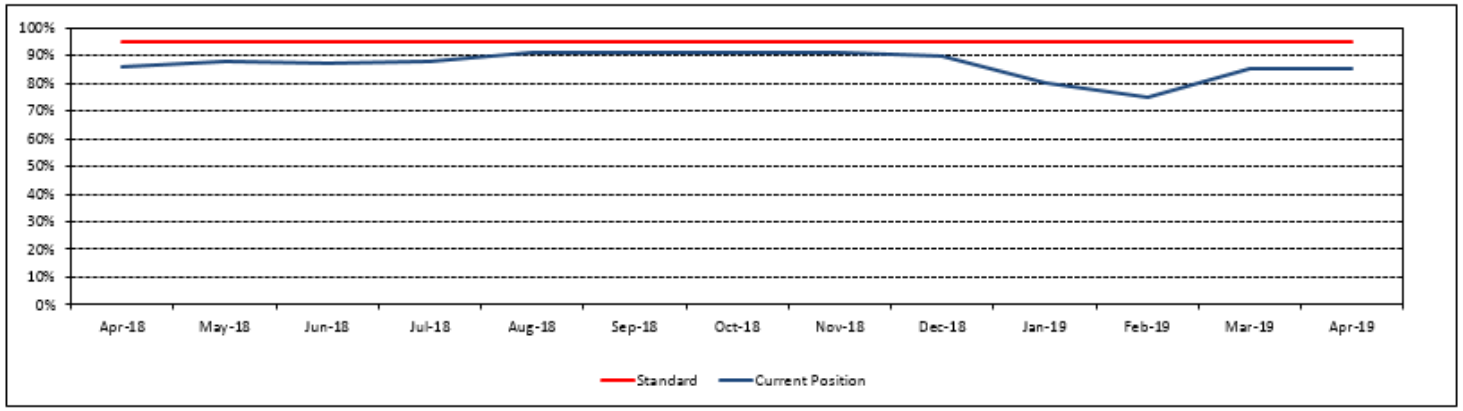
Indicator	Isolation data (Trust Level only)
Standard	95%
Executive Lead	Rowan Procter
Month	Apr-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

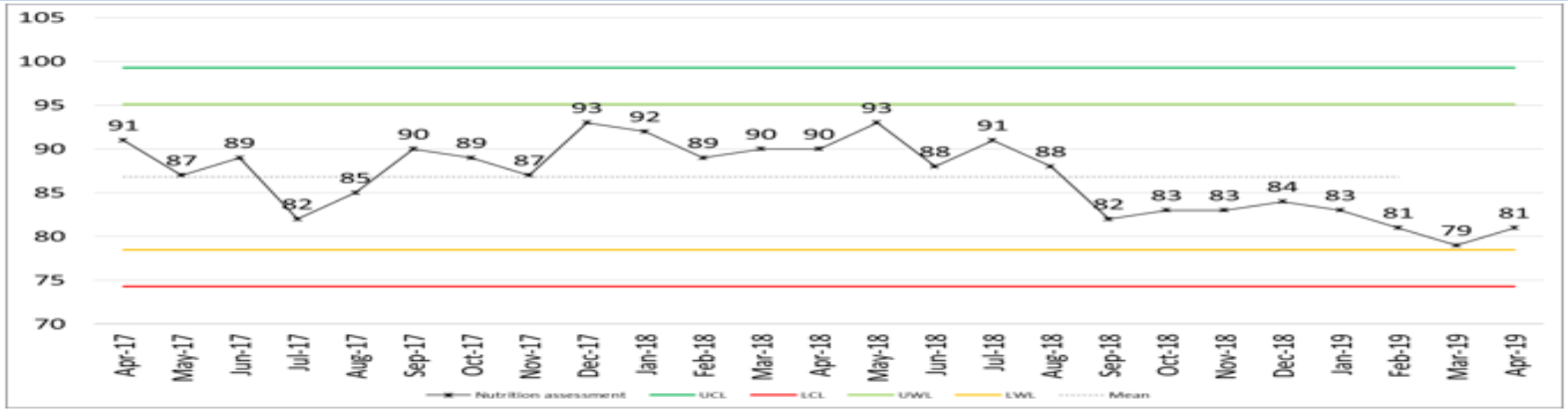
Compliance with Isolation is at 85%. The Trust continued to see patients with seasonal influenza in April 2019 at a similar level to March. A number of local care homes were affected with respiratory illness during this period. There were 7 patients with Influenza who had who had been screened but not isolated until the result was confirmed. There were no available side rooms on those wards when the viral swabs were taken due to occupancy, patients were isolated on confirmation where possible. Additional measures initiated on affected wards with regard to practice, additional cleaning of frequently touched points, respiratory etiquette and prophylaxis of contacts who met the Public Health England guideline criteria.
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.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	86.0%	88.0%	87.0%	88.0%	91.0%	91.0%	91.0%	91.0%	90.0%	80.0%	75.0%	85.0%	85.0%

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



Nutrition



Narrative

What	Negative downward trend although there was a slight improvement in April compared to March. NB: data for previous months (Sept to Nov) has been updated following clarification of parameters. Data prior to Sept18 is not comparable due to a change in reporting method (manual to eCare).
Why	Whilst many Medical wards have shown an improved performance again this month, the performance within the Surgical wards and Paediatrics continues to be poor. This has been raised with these teams and the Ward Managers and Senior Matrons are prioritising engagement with these teams to improve compliance. These areas have been tasked to produce action plans to improve their performance.
How	Following the completion of the NHS Improvement nutrition collaborative the work continues on progressing activity to improve nutritional assessments, referrals and care planning in addition reviewing and enhancing the implementation of protected meal times. Work has also been undertaken on reviewing the multiple data and measurement sets that existed for food, fluid and nutrition and these have been streamlined, these will form part of the patient safety report. We have been working with the communication team to improve this process and are aiming to have a process of 3 measures to feedback to teams: • Information on compliance from Patient safety dashboard monthly. • A quarterly audit to review accuracy and Monthly assurance via 'Perfect Ward'. • In addition there will be a quarterly protected mealtime audit. Individual wards have been engaging with additional training from the Dietetic team including activity to raise awareness during Nutrition and Hydration Week in March. Nutritional care is also monitored via the Perfect Ward App. There is also specific work commencing with focus on the Stroke patients following the publication of the 2018 Sentinel Stroke National Audit Programme
When	This is an ongoing work plan and quality improvement initiatives will continue to be progressed via the Nutrition Group and by the Matrons / Ward Managers through the use of the Nutrition dashboard and Perfect Ward audit data.

Safe

5. DETAILED REPORTS - EFFECTIVE

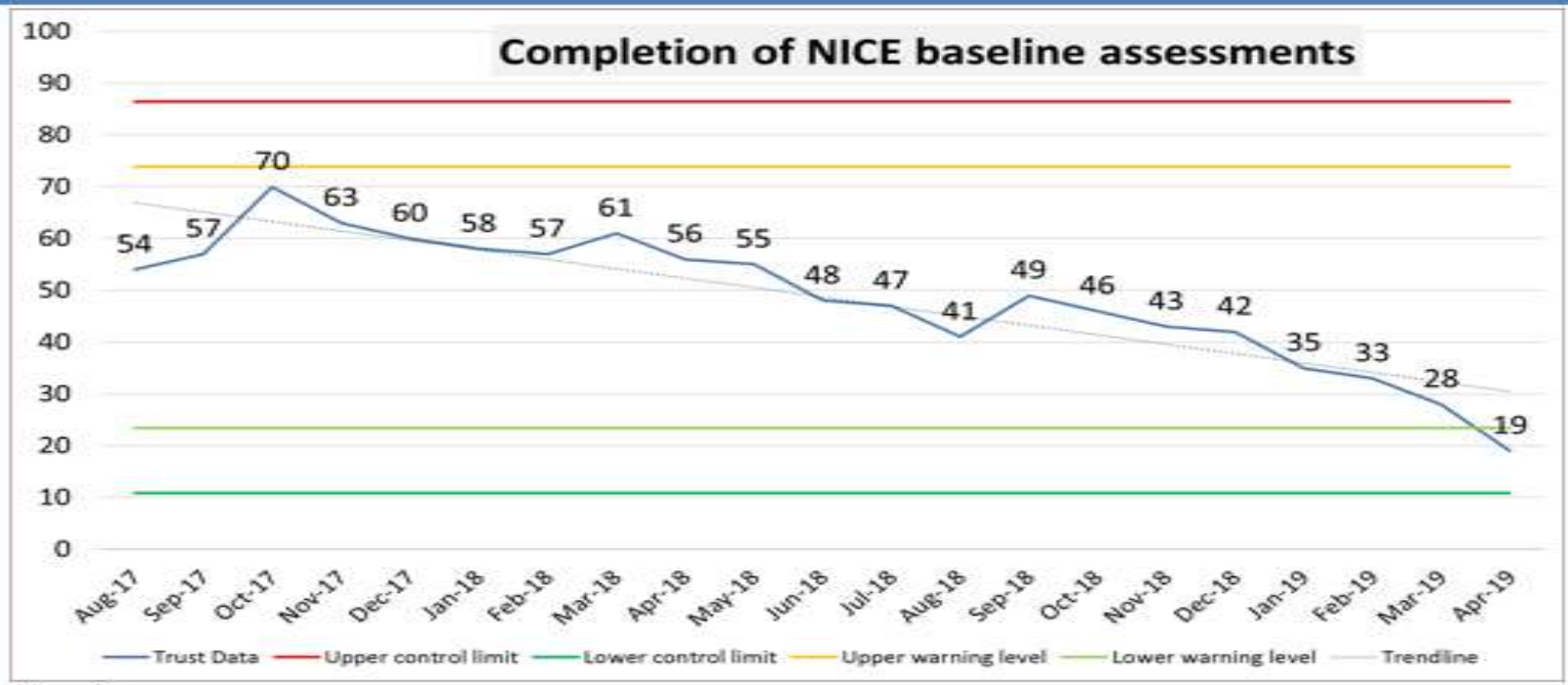
Are we safe? | Are we effective? | Are we caring? | Are we responsive? | Are we well-led? | Are we productive?

we.		Ref.	KPI	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	YTD(Apr19-Apr19)
2.Effective	Incidents/Reports	2.05	Cardiac arrests	NT	3	4	2	7	3	6	9	ND	3	5	5	3	4	4
		2.06	Cardiac arrests identified as a SIRI	NT	1	0	0	0	0	0	0	0	0	0	0	0	0	0
		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	56	55	48	47	41	49	48	43	42	35	33	28	19	19
		2.10	WHO Checklist (Qrtly)	100%	NA	NA	99.0%	NA	NA	98.0%	NA	NA	99.0%	NA	NA	99.0%	NA	NA
		2.11	National clinical audit report baseline & risk assessments not completed within 6 months of publication	5	22	23	17	18	18	18	18	19	21	26	28	29	19	19
		2.12	Av. Elective LOS (excl. 0 days)	NT	3.39	2.80	2.66	2.85	3.29	2.60	3.25	3.50	3.35	2.81	3.92	2.74	3.13	3.13
		2.13	Av NEL LOS (excl 0 days)	NT	8.53	7.93	7.24	7.87	8.09	7.98	7.66	7.61	7.56	7.43	8.69	8.05	7.76	7.76
		2.14	% of NEL 0 day LOS	NT	13.6%	15.0%	15.7%	15.0%	13.3%	14.0%	14.4%	15.9%	15.4%	14.6%	13.8%	14.9%	14.2%	14.2%
		2.15	NHS number coding	99%	99.7%	99.8%	99.8%	99.8%	99.3%	99.7%	99.8%	99.8%	99.8%	99.7%	99.7%	99.8%	99.8%	99.8%
		2.16	Fractured Neck of Femur : Surgery in 36 hours	85%	89.0%	79.0%	100%	94.4%	100%	90.3%	96.9%	100%	100%	97.0%	100%	92.8%	96.2%	96.2%
		2.17	Discharge Summaries (OP 85% 3d)	85%	62.0%	57.0%	63.0%	54.0%	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
		2.18	Discharge Summaries (A&E 95% 1d)	95%	81.5%	82.5%	86.1%	86.4%	88.4%	86.9%	85.8%	82.2%	80.5%	83.7%	84.0%	81.7%	83.2%	83.2%
		2.19	Non-elective Discharge Summaries (IP 95% 1d)	95%	73.5%	75.7%	78.1%	76.6%	76.9%	75.3%	77.9%	72.4%	72.9%	76.6%	78.0%	74.9%	81.8%	81.8%
		2.20	Elective Discharge Summaries (IP 85% 1d)	85%	72.1%	71.2%	72.1%	69.5%	70.8%	79.8%	80.8%	84.5%	84.8%	84.7%	84.6%	87.9%	80.8%	80.8%
		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%	85.7%	86.4%	91.9%	90.0%	83.8%	86.7%	77.5%	100%	91.7%	82.8%	100%	73.3%	79.2%	79.2%
		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

Putting you first

EXCEPTION REPORTS – EFFECTIVE

NICE

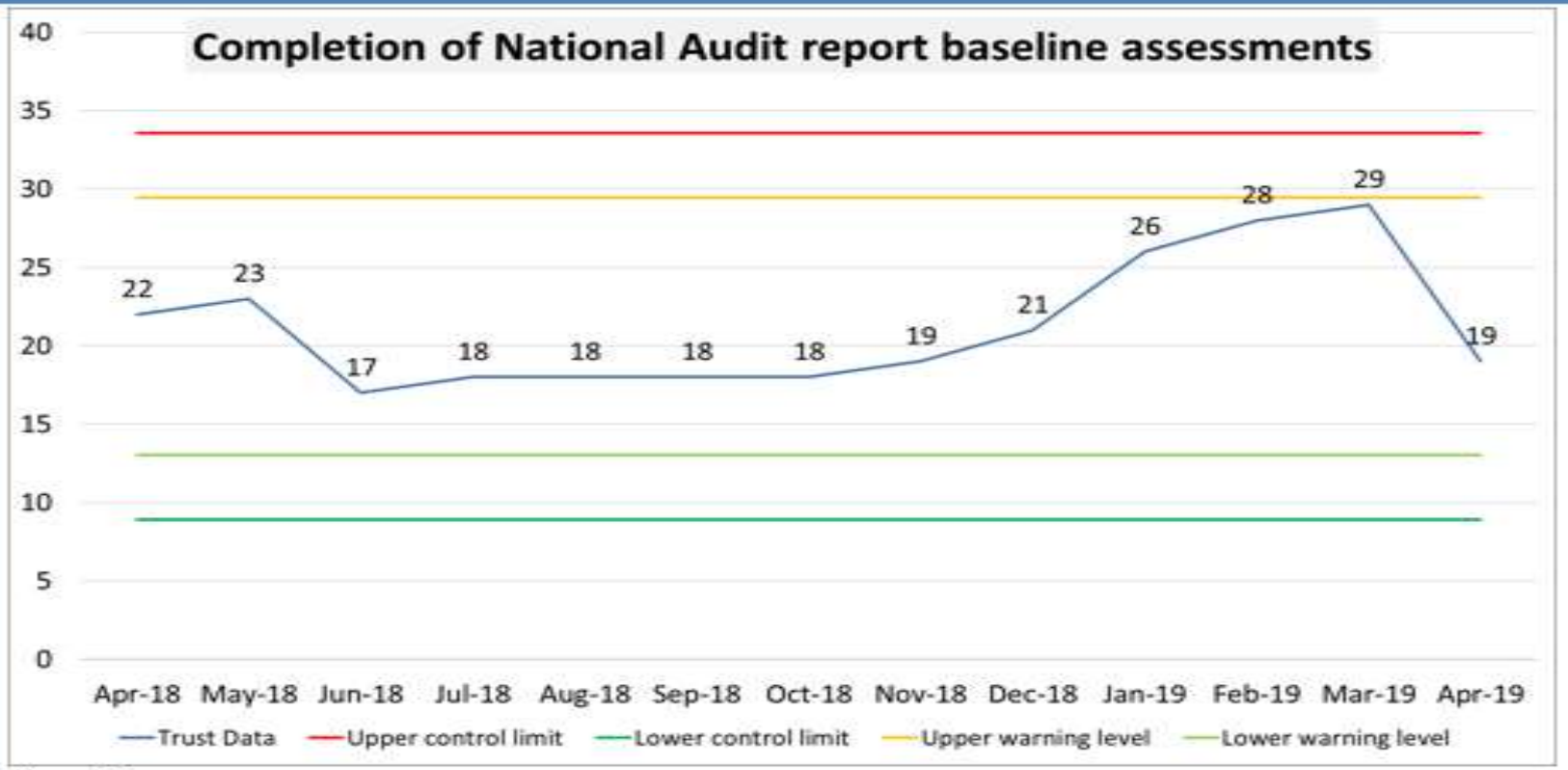


Narrative

What	Positive downward trend which crossed the LWL in April.
Why	The target of <10 overdue remains aspirational however if the downward trend can be maintained this is not unachievable.
How	Targeted follow up of the Clinical leads by the Patient Safety Managers. Escalation to Clinical Directors meeting and reporting to the Quality group provides an oversight.
When	Ongoing monthly

Effective

Audit



Narrative

What	There was a considerable improvement in April following targeted input
Why	The target of <10 overdue remains aspirational however April's improvement shows that this is not unachievable.
How	Targeted follow up of the Clinical leads by the Patient Safety Managers. Escalation to the Clinical Directors meeting.
When	Ongoing monthly

Effective

29

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

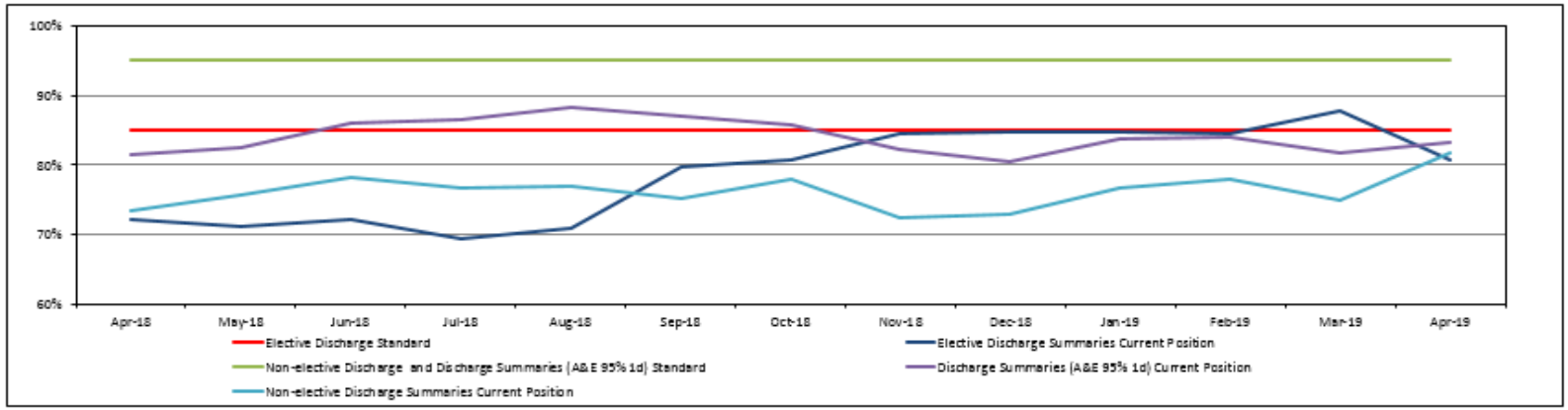
Indicator	Discharge Summaries
Standard	85%, 95%
Executive Lead	Nick Jenkins
Month	Apr-19
Data Frequency	Monthly
CQC Area	Effective

Summary of Current performance & Reasons for under performance

We continue to work closely with the CCG to improve performance against these targets. There has been an issue in receiving service level reporting on discharge summary reporting this month which we anticipate will be fixed in the next few weeks. This will enable us to resume our performance management of those areas that are under performing. In addition to this we are undertaking two teaching sessions with juniors on 6th and 20th June to reinforce the importance of timeliness and quality when producing a discharge summary.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Elective Discharge Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Elective Discharge Summaries Current Position	72.1%	71.2%	72.1%	69.5%	70.8%	79.8%	80.8%	84.5%	84.8%	84.7%	84.6%	87.9%	80.8%
Non-elective Discharge and Discharge Summaries (A&E 95% 1d) Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Discharge Summaries (A&E 95% 1d) Current Position	81.5%	82.5%	86.1%	86.4%	88.4%	86.9%	85.8%	82.2%	80.5%	83.7%	84.0%	81.7%	83.2%
Non-elective Discharge Summaries Current Position	73.5%	75.7%	78.1%	76.6%	76.9%	75.3%	77.9%	72.4%	72.9%	76.6%	78.0%	74.9%	81.8%

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

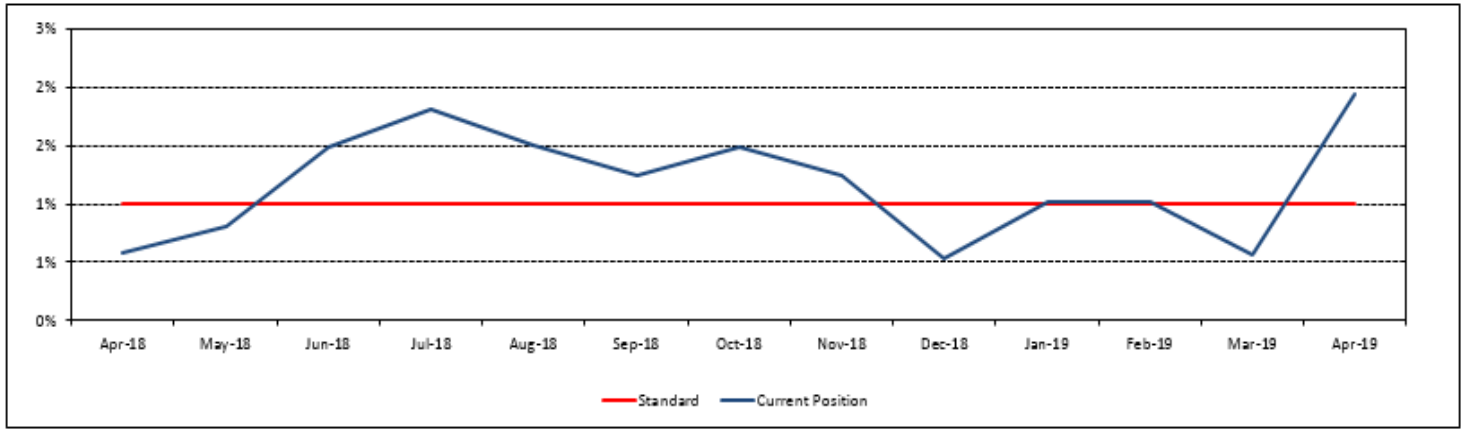
Indicator	Canc. Ops - Cancellations for non-clinical reasons
Standard	1%
Executive Lead	Helen Beck
Month	Apr-19
Data Frequency	Monthly
CQC Area	Effective

Summary of Current performance & Reasons for under performance

There was an increase in the amount of patients cancelled on the day of surgery, this was due to a combination of surgeon/anaesthetic unavailable as well as equipment failures in Ophthalmology.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Current Position	0.6%	0.8%	1.5%	1.8%	1.5%	1.2%	1.5%	1.3%	0.5%	1.0%	1.0%	0.6%	1.9%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to follow escalation & cancellation protocols.	AP	Mar-18	



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

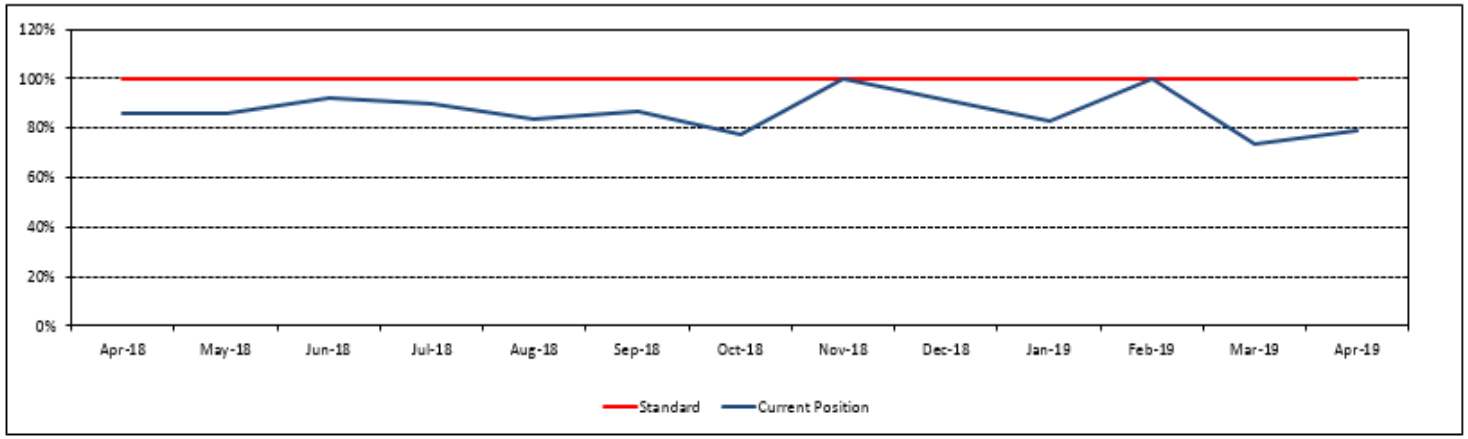
Indicator	Canc. Ops - Patients offered date within 28 days
Standard	100%
Executive Lead	Helen Beck
Month	Apr-19
Data Frequency	Monthly
CQC Area	Effective

Summary of Current performance & Reasons for under performance

Unfortunately there were 10 patients who were not re-booked within 28 days of their cancelled date. The reason for this is due to consultant specific cases, and the inability to move existing patients around to accommodate, as the existing patients are on a cancer pathway.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	85.7%	86.4%	91.9%	90.0%	83.8%	86.7%	77.5%	100%	91.7%	82.8%	100%	73.3%	79.2%

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



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	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	YTD(Apr19-Apr19)
3. Caring	Other Friends and Family Test Scores	3.09	IP overall experience result	85%	97.0%	97.0%	97.0%	97.0%	95.0%	97.0%	95.0%	95.0%	98.0%	95.0%	94.0%	95.0%	94.0%	94.0%
		3.10	OP overall experience result	85%	97.0%	97.0%	97.0%	97.0%	96.0%	96.0%	97.0%	97.0%	97.0%	97.0%	98.0%	98.0%	98.0%	98.0%
		3.11	A&E overall experience result	85%	94.0%	93.0%	94.0%	95.0%	97.0%	94.0%	95.0%	95.0%	95.0%	95.0%	95.0%	96.0%	93.0%	93.0%
		3.12	Short-stay overall experience result	85%	100%	99.0%	99.0%	98.0%	99.0%	100%	99.0%	96.0%	98.0%	98.0%	99.0%	98.0%	98.0%	98.0%
		3.13	Short-stay Extremely likely or Likely to recommend (FFT)	90%	100%	99.0%	98.0%	98.0%	99.0%	99.0%	100%	99.0%	99.0%	97.0%	97.0%	97.0%	99.0%	99.0%
		3.14	Maternity - overall experience result	85%	99.0%	95.0%	96.0%	100%	97.0%	94.0%	97.0%	91.0%	99.0%	100%	96.0%	ND	ND	ND
		3.15	Maternity postnatal community - extremely likely or likely to recommend (FFT)	90%	100%	97.0%	96.0%	100%	100%	98.0%	98.0%	100%	100%	100%	100%	100%	100%	100%
		3.16	Maternity birthing unit - extremely likely or likely to recommend (FFT)	90%	100%	ND	ND	100%	100%	100%	100%	ND	ND	ND	ND	ND	ND	ND
		3.17	Maternity antenatal community - extremely likely or likely to recommend (FFT)	90%	100%	100%	94.0%	97.0%	100%	100%	100%	100%	100%	ND	ND	ND	ND	ND
		3.18	Children's services overall result	85%	97.0%	99.0%	96.0%	95.0%	98.0%	95.0%	85.0%	95.0%	93.0%	100%	100%	98.0%	98.0%	98.0%
		3.19	F1 Parent - overall experience result	85%	96.0%	99.0%	96.0%	95.0%	98.0%	95.0%	95.0%	98.0%	94.0%	97.0%	97.0%	95.0%	99.0%	99.0%
		3.20	F1 - Extremely likely or likely to recommend (FFT)	90%	92.0%	100%	96.0%	95.0%	94.0%	91.0%	100%	96.0%	87.0%	100%	100%	100%	96.0%	96.0%
		3.21	F1 Children - Overall experience result	85%	85.0%	97.0%	96.0%	99.0%	91.0%	95.0%	93.0%	95.0%	93.0%	100%	100%	98.0%	86.0%	86.0%
		3.22	Rosemary ward - extremely likely or likely to recommend (FFT)	90%	79.0%	100%	88.0%	76.0%	100%	90.0%	100%	100%	100%	100%	80.0%	100%	80.0%	80.0%
		3.23	King suite - extremely likely or likely to recommend	90%	ND	100%	100%	75.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		3.24	Community paediatrics - extremely likely or likely to recommend (FFT)	90%	94.0%	95.0%	100%	100%	100%	94.0%	100%	100%	100%	100%	96.0%	100%	100%	100%
		3.25	Community health teams - extremely likely or likely to recommend (FFT)	90%	100%	100%	100%	66.0%	89.0%	100%	100%	100%	100%	93.0%	93.0%	100%	100%	100%
		3.27	Stroke Care - Overall Experience Result	85%	95.0%	92.0%	100%	100%	100%	90.0%	100%	93.0%	ND	ND	89.0%	97.0%	96.0%	96.0%
		3.28	Stroke Care - extremely likely or likely to recommend	90%	100%	100%	100%	95.0%	97.0%	97.0%	100%	100%	100%	ND	93.0%	89.0%	100%	100%
	Complaint Handling	3.29	Complaints acknowledged within 3 working days	90%	92.0%	100%	100%	100%	88.0%	66.0%	100%	100%	100%	100%	88.0%	84.0%	94.0%	94.0%
		3.30	Complaints responded to within agreed timeframe	90%	31.0%	70.0%	50.0%	40.0%	83.0%	100%	83.0%	88.0%	83.0%	75.0%	100%	94.0%	86.0%	86.0%
		3.31	Number of second letters received	1	2	2	6	2	1	0	2	1	1	3	2	0	2	2
		3.32	Ombudsman referrals accepted for investigation	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0
		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	183	231	214	275	233	198	224	219	143	231	211	228	184	184
		3.35	No. of PALS contacts becoming formal complaints	<=5	4	4	4	4	2	2	1	3	0	2	5	4	2	2

Putting you first

EXCEPTION REPORTS –CARING

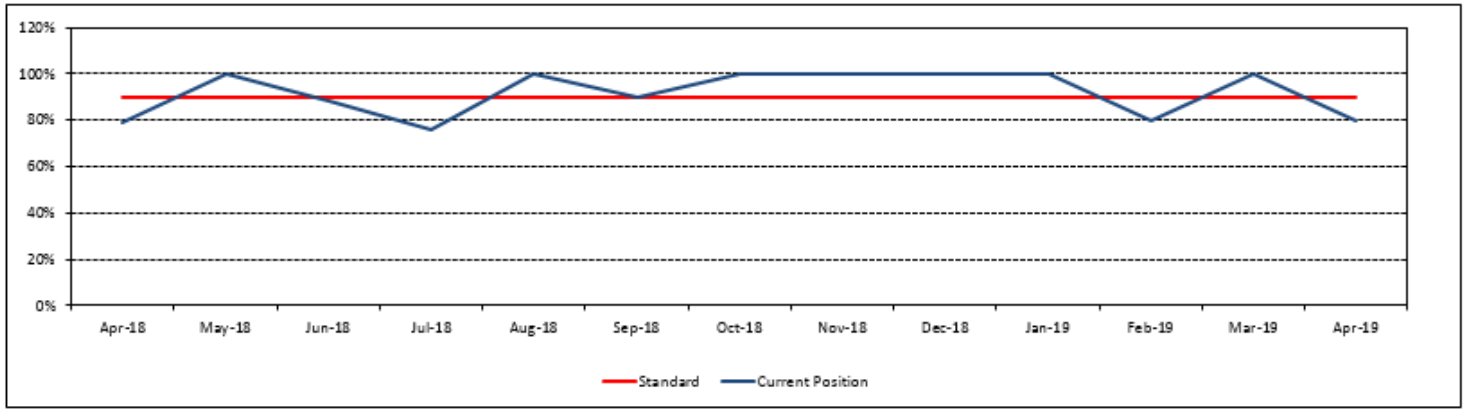
WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT	
Indicator	Rosemary ward - extremely likely or likely to recommend (FFT)
Standard	90%
Executive Lead	Rowan Procter
Month	Apr-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

A total of 5 surveys were received, one score was unlikely reducing the overall score by 20%. Reason provided for the unlikely score was "staff shortages". 12hr shifts result in worn out staff, particularly at night". We will encourage staff to survey more patients and will continue to monitor scores and comments.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	79.0%	100%	88.0%	76.0%	100%	90.0%	100%	100%	100%	100%	80.0%	100%	80.0%

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



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

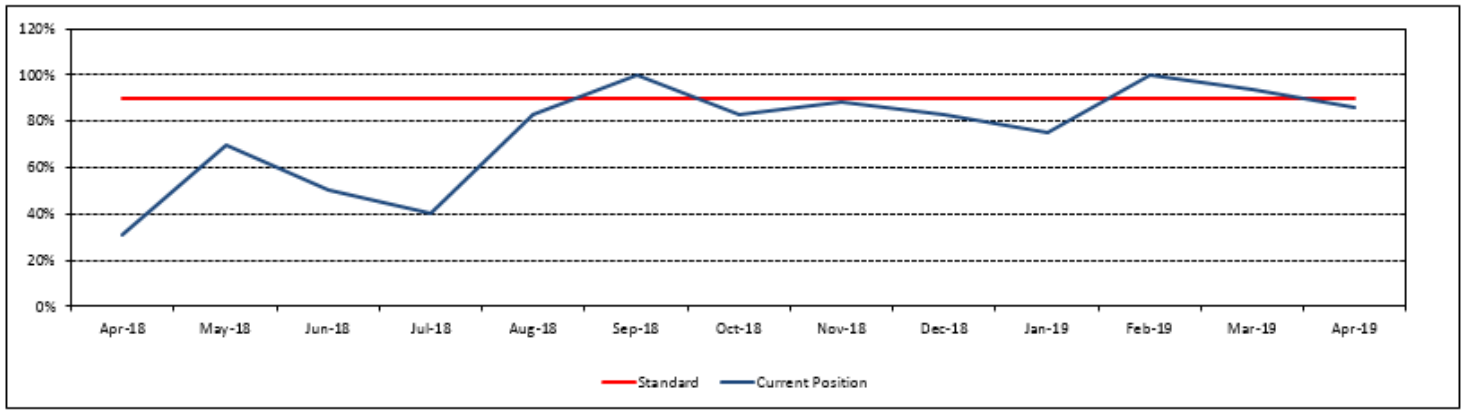
Indicator	Complaints responded to within agreed timeframe
Standard	90%
Executive Lead	Rowan Procter
Month	Apr-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

13 of 15 complaints were responded to within timeframe. This was due to delays in finalising the responses. We will continue to monitor and prioritise this task.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	31.0%	70.0%	50.0%	40.0%	83.0%	100%	83.0%	88.0%	83.0%	75.0%	100%	94.0%	86.0%

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

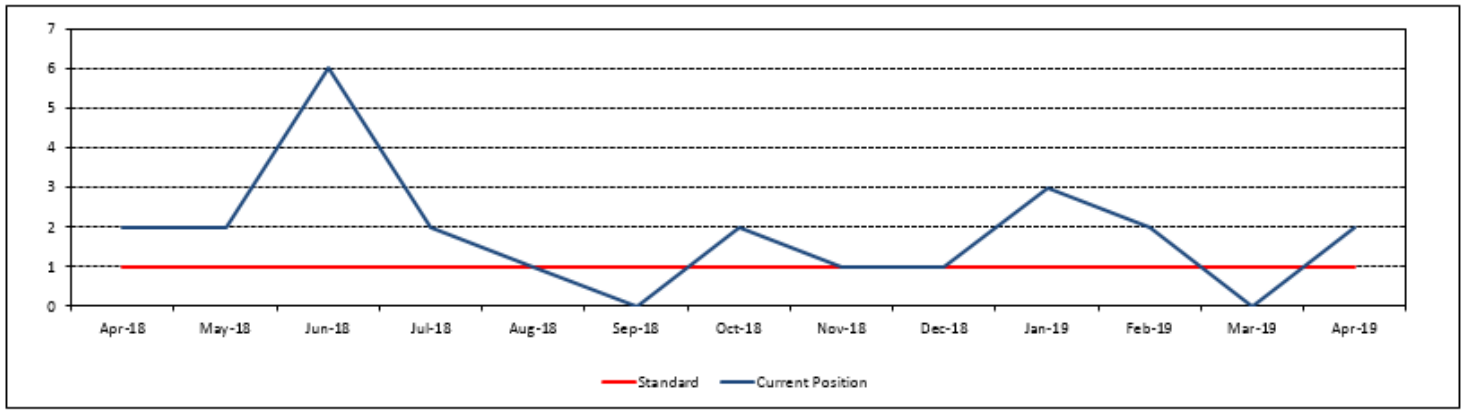
Indicator	Number of second letters received
Standard	1
Executive Lead	Rowan Procter
Month	Apr-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

Two second letters were received. One relates to the death of a partner the other concerns delays in surgery and queries decisions made by staff. There are no common themes between the two letters.

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

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	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	YTD(Apr19-Apr19)
4. Responsive	A&E	4.13	Number of Delayed Transfer of Care - (DTOCs)	NT	342	288	203	165	302	224	270	268	320	287	389	460	447	447
		4.14	A&E time to treatment in department (median) for patients arriving by ambulance - CDM	120	62	48	49	49	46	39	46	45	46	47	43	43	46	46
		4.15	A&E - Single longest Wait (Admitted & Non-Admitted)	6 hrs.	18.14	10.30	12.22	14.49	15.54	12.23	16.17	13.05	15.35	20.32	14.35	13.55	14.35	14.35
		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	17	4	8	15	31	10	31	24	54	125	113	65	155	155
		4.18	A&E - To inpatient Admission Ratio	27%	27.9%	25.8%	25.0%	23.9%	25.7%	28.3%	28.6%	30.3%	31.2%	31.3%	31.6%	29.7%	29.0%	29.0%
		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%	92.7%	94.4%	92.8%	91.3%	90.1%	91.0%	93.1%	94.7%	95.0%	94.9%	96.5%	95.3%	ND	ND
		4.21	A&E - Amb. Handover above 30m	0	88	84	13	21	24	6	21	15	40	61	33	41	ND	ND
		4.22	A&E - Amb. Handover above 60m	0	29	3	5	31	16	2	30	8	14	59	10	15	ND	ND
	RTT	4.25	RTT waiting List	<15396	16223	16481	16739	16715	16601	18105	18071	17915	18426	19601	18341	19730	20427	20427
		4.26	RTT waiting list over 18 weeks	NT	1560	1294	1443	1433	1775	1830	1766	1855	2149	2999	3005	3006	3163	3163
		4.27	RTT 18 weeks Non-Consultant led services - Community	90%	99.2%	97.6%	100%	98.7%	99.0%	99.0%	99.0%	99.0%	100%	99.7%	99.6%	100%	99.0%	99.0%
		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%
	Stroke	4.29	Stroke - % Patients scanned within 1 hr.	77%	73.7%	63.6%	77.7%	76.3%	84.4%	93.3%	64.0%	84.0%	80.0%	83.0%	75.5%	84.4%	75.8%	75.8%
		4.30	Stroke - % patients scanned within 12 hrs.	96%	94.7%	97.7%	100%	89.5%	100%	100%	100%	100%	97.5%	94.3%	98.1%	95.6%	97.0%	97.0%
		4.31	Stroke - % Patients admitted directly to stroke unit within 4h	75%	57.9%	73.2%	84.1%	75.0%	79.6%	82.8%	73.3%	83.7%	78.4%	78.4%	61.5%	78.6%	75.0%	75.0%
		4.32	Stroke - % greater than 80% of treatment on stroke unit	90%	81.6%	82.9%	100%	88.9%	88.6%	96.6%	88.9%	93.9%	91.9%	94.1%	84.3%	81.0%	96.9%	96.9%
		4.33	Stroke - % of patients treated by the SESDC	48%	54.8%	48.7%	58.5%	50.0%	53.9%	69.2%	52.4%	63.6%	48.0%	63.2%	49.1%	66.7%	54.2%	54.2%
		4.34	Stroke -% of patients assessed by a stroke specialist physician within 24 hrs. of clock start	80%	79.0%	81.8%	97.8%	92.1%	97.8%	96.7%	94.0%	88.0%	90.0%	96.2%	86.8%	91.1%	90.6%	90.6%
		4.35	Stroke -% of patients assessed by nurse & therapist within 24h. All rel. therapists within 72h	75%	94.6%	92.5%	88.6%	89.2%	79.6%	86.2%	73.5%	89.6%	78.4%	87.5%	89.6%	80.0%	76.2%	76.2%
		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%	ND	57.0%	ND	ND	ND	ND	ND	ND	61.0%	ND	ND	ND	ND	ND
		4.38	Stroke -Provider rating to remain within A-C	C	NA	NA	C	NA	NA	C	NA	NA	C	NA	NA	ND	NA	NA

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Are we..		Ref.	KPI	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	YTD(Apr19-Apr19)
4. Responsive	Other	4.39	Urgent Referrals for Early Intervention Team (EIT) - Community	95%	100%	100%	100%	100%	100%	ND	100%	100%	100%	ND	100%	100%	100%	100%
		4.40	Nursing & therapy Red referrals seen within 4hrs - Community	95%	96.4%	100%	100%	98.2%	100%	100%	100%	100%	100%	96.6%	100%	100%	100%	100%
		4.41	Nursing & therapy Amber referrals seen within 72hrs - Community	95%	98.8%	99.4%	99.5%	97.4%	99.4%	99.5%	99.0%	99.9%	100%	99.0%	98.8%	99.3%	99.2%	99.2%
		4.42	Nursing & therapy Green referrals seen within 18 wks -Community	95%	99.3%	99.9%	100%	100%	100%	99.6%	99.7%	99.2%	98.0%	99.5%	99.5%	99.5%	99.4%	99.4%
		4.43	Wheelchair waiting times – Child (Community)	92%	90.9%	100%	95.2%	90.9%	100%	100%	100%	83.3%	83.3%	81.8%	94.1%	100%	100%	100%
		4.44	Wheelchair waiting times - Adult (Community)	NT	75.6%	78.3%	80.0%	54.9%	100%	73.1%	ND	ND	ND	ND	ND	ND	ND	ND
		4.45	Sepsis - 1 hr neutropenic sepsis	100%	63.6%	80.0%	57.9%	80.0%	72.2%	90.9%	90.0%	75.0%	77.8%	81.0%	75.0%	87.5%	100%	100%
		4.46	Percentage of Children in Care initial health assessments completed within 28 calendar days of becoming a child in care	100%	0.0%	4.8%	8.0%	23.1%	31.6%	11.8%	33.3%	21.4%	15.4%	0.0%	20.0%	14.3%	33.3%	33.3%
		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	86.7%	86.2%	90.0%	97.0%	100%	100%	ND	99.0%	99.0%

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EXCEPTION REPORTS – RESPONSIVE

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

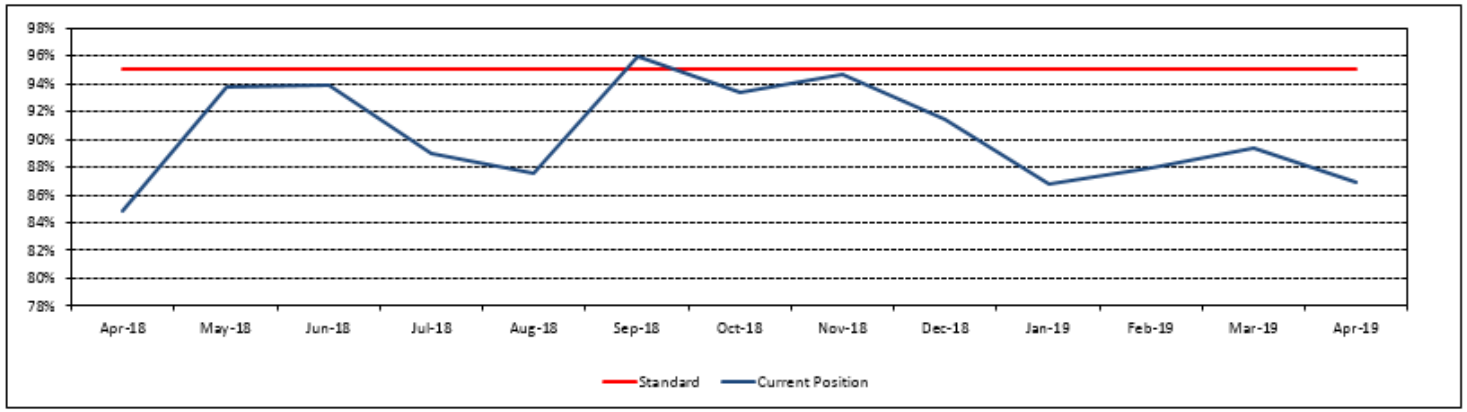
Indicator	A&E under 4 hr. wait
Standard	95%
Executive Lead	Rowan Procter
Month	Apr-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

4 hour performance: 86.88% in April
6729 attendances in March compared with 6695 in March
35.1% of breaches caused by lack of beds (increased from 24.58% in March)
15.3% of breaches caused by delay to CDM (decreased from 31.18% in March)

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	84.9%	93.7%	93.9%	89.0%	87.6%	95.9%	93.3%	94.6%	91.4%	86.8%	87.9%	89.4%	86.9%

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. Involvement in nation field testing for proposed new clinical standards - encourage focus on time to initial assessment and meantime for all patients journeys will drive improvements and cultural change.	ED Team	Nov-18	Ongoing



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

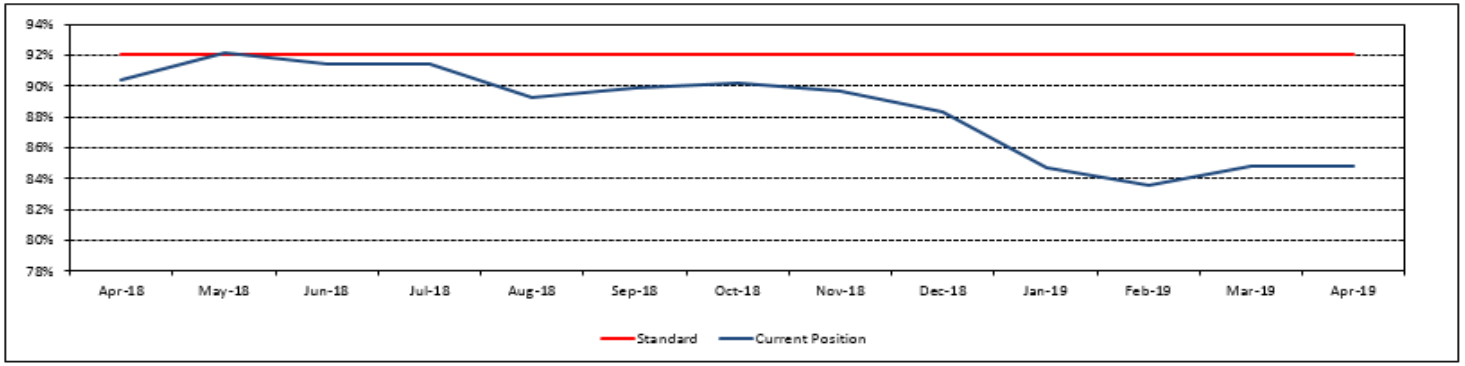
Indicator	RTT: % incomplete pathways within 18 weeks
Standard	92%
Executive Lead	Helen Beck
Month	Apr-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Sustained performance in April. Services that are substantially underperforming are; General Surgery (predominantly vascular causing this issue), Urology, Trauma and Orthopaedics, Ophthalmology, and Gynaecology.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Current Position	90.4%	92.2%	91.4%	91.4%	89.3%	89.9%	90.2%	89.7%	88.3%	84.7%	83.6%	84.8%	84.8%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Review of Long waiting patients at weekly access meeting.	HK	Aug-18	
Vascular surgery currently out to tender for outsourcing	JB	Apr-19	
Ophthalmology outsourcing cataracts to re-commence	ST	TBC	
Options for outsourcing work to BMI being explored, this could potentially include Gynae, Vascular and major joints	Jro	TBC	
Overarching action plan being developed on plans to get back to 90%	AB	May-19	Mar-20



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

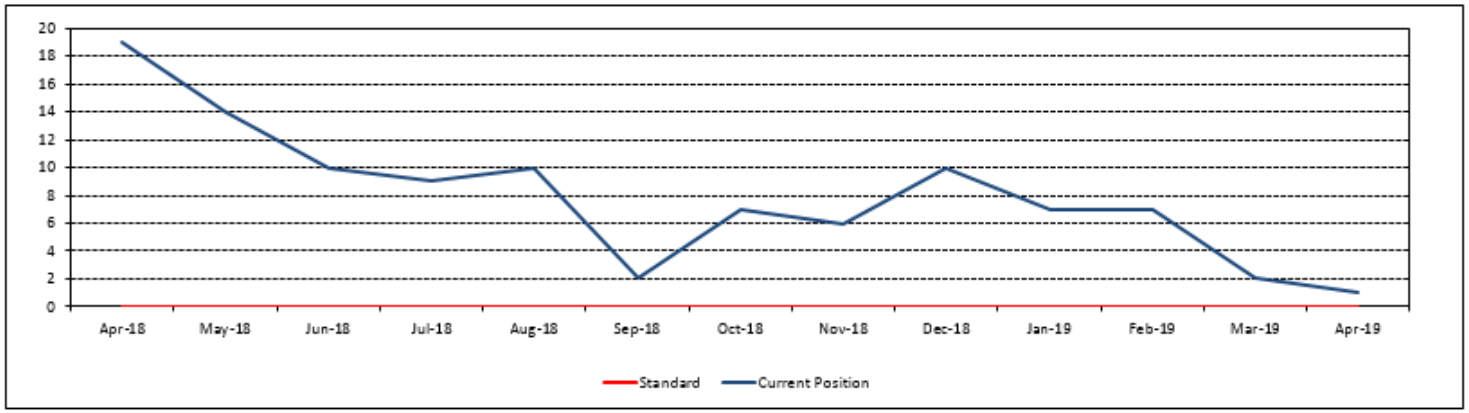
Indicator	52 week waiters
Standard	0
Executive Lead	Helen Beck
Month	Apr-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

1 patient who was a 52 week breach at the end of April. This was a very complex case which needed careful work up and time to arrange care packages. The patient came in and had surgery on the 10th May.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	19	14	10	9	10	2	7	6	10	7	7	2	1

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to monitor patients who are high risk at weekly access meeting	HK	Aug-18	



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

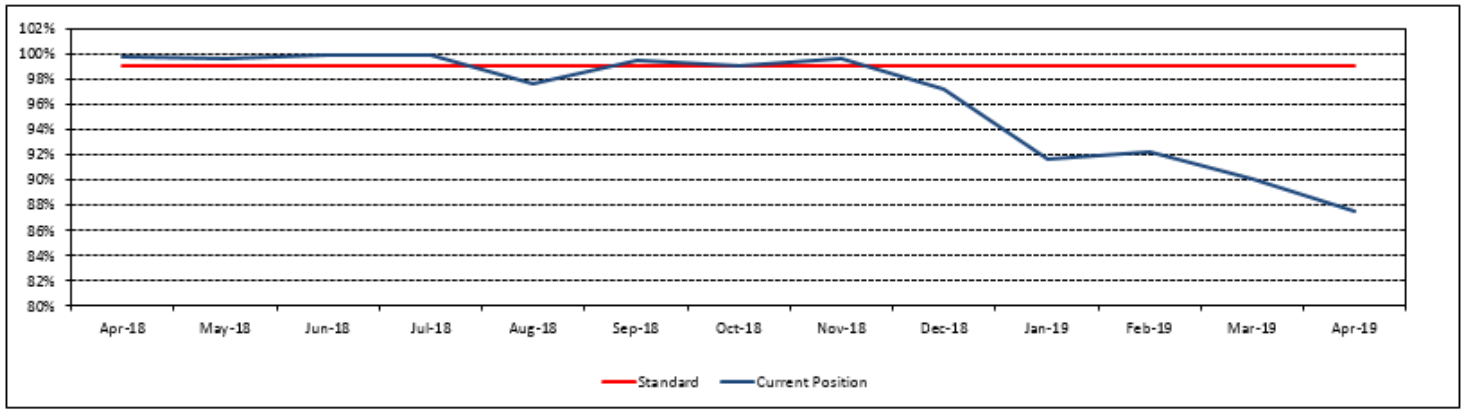
Indicator	Diagnostics within 6 weeks
Standard	99%
Executive Lead	Helen Beck
Month	Apr-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Cardiology - Although the echo position has slightly worsened, the plan to achieve compliance remains on track. The service is confident that benefits from the additional resource (both substantive and locum) that have been secured will be seen to have an impact in the next report. **Audiology** - this service has shown a much improved position this month and work continues to sustain this position. **Urology** - capacity in this service is impeding progress with planned improvements. However, anticipated timetable changes and additional clinics will support an improved position.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Current Position	99.7%	99.6%	99.8%	99.9%	97.6%	99.5%	99.0%	99.6%	97.1%	91.7%	92.2%	90.0%	87.5%

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

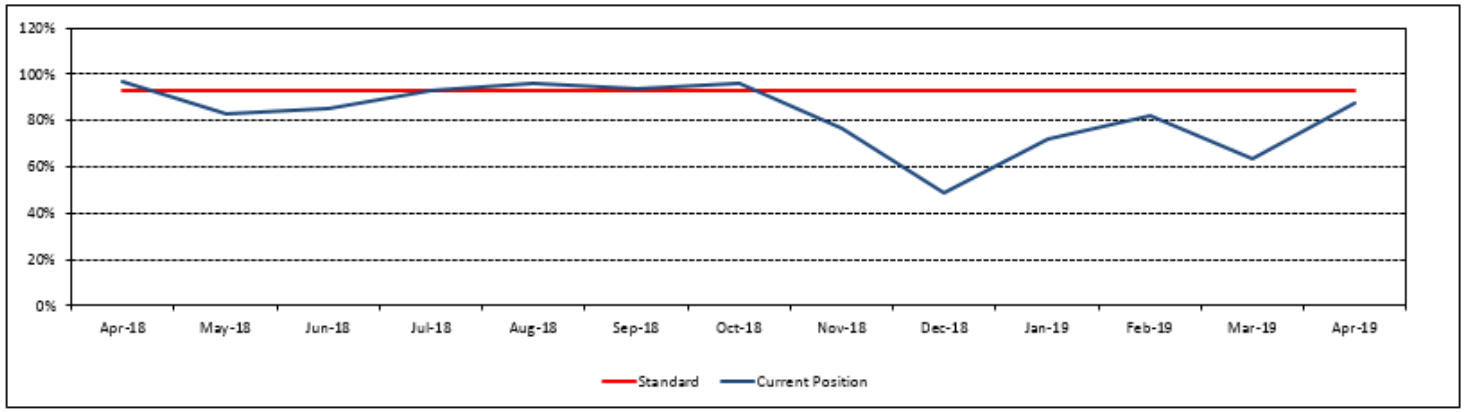
Indicator	Cancer 2w wait breast symptoms
Standard	93%
Executive Lead	Helen Beck
Month	Apr-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Current Performance- 87.8% this is improving position and all 18 breaches/ 148 total patients first seen in April had one or other patient controlled factors.
In addition to converting one of the screening clinics to enhance the capacity to book 1st appointments for 2 WW patients, the breast unit also runs additional clinics during when relevant clinicians are available during the evenings and weekends, including extra clinics to replace the 2 lost clinics due to Easter holidays.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
Current Position	96.7%	82.6%	84.9%	92.8%	95.9%	93.9%	96.4%	76.7%	48.8%	72.1%	82.0%	63.5%	87.8%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Additional clinics added when possible to accommodate rising referral demand	AP	Mar-18	
Discussions are in place with the CCG around quality of referrals and patient availability	HK	Mar-19	



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

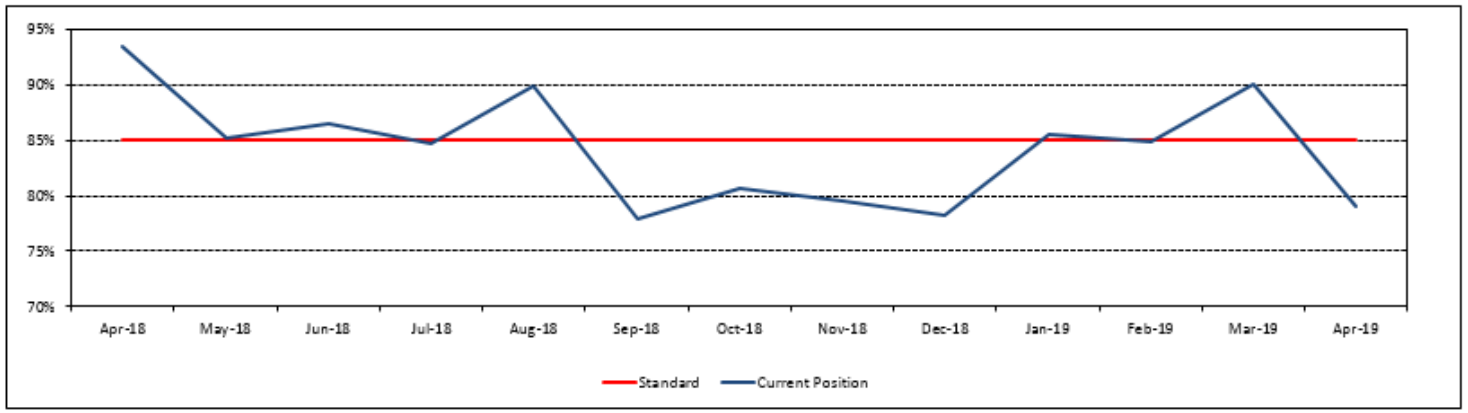
Indicator	Cancer 62 d GP referral
Standard	85%
Executive Lead	Helen Beck
Month	Apr-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

After very good performance in March and the quarter, performance has dropped to 79% in April. Owing to high number of breaches in Urology - 5, Colorectal - 4, Haematology - 1, Upper GI -1 and 2 unexpected breaches in Lung locally in the Trust and seven shared pathway breaches: Gynae -1, Haem -1, Lung-3 including 2 breaches in Skin which is very exceptional. Diagnostic delays are the primary factors. However, need for patient optimisation before surgery – 1 colorectal patient and patient infection (1 lung patient) causing delays to commence in time treatment were additional factors involved in these breaches. Colorectal, Prostate and Lung teams are currently involved in implementation of the best practice pathways with a view to improve on early diagnostics and timely treatment.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Current Position	93.3%	85.1%	86.5%	84.8%	89.9%	78.0%	80.6%	79.5%	78.3%	85.5%	84.8%	90.0%	79.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Escalation of potential breaches via the Cancer PTL meeting, which is held weekly with service leads.	HK	Dec-18	
Colorectal, Prostate and Lung teams are currently involved in implementation of the best practice pathways with a view to improve on early diagnostics and timely treatment	HK	Jan-19	Mar-20



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

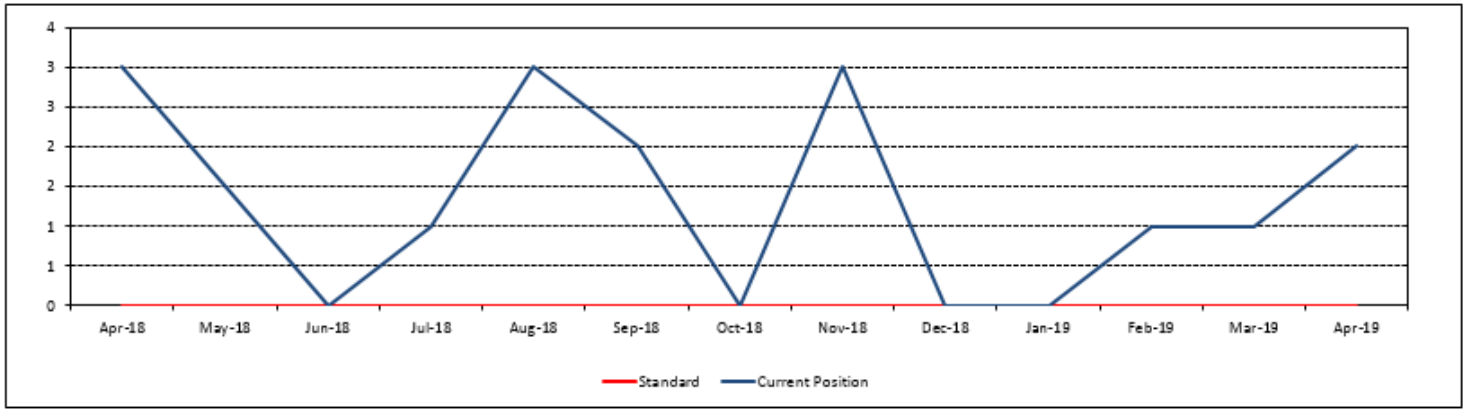
Indicator	Incomplete 104 day waits
Standard	0
Executive Lead	Helen Beck
Month	Apr-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

2 breaches on this in Colorectal pathway for delay in diagnosis/ staging and need for patient optimisation resulting to delay in surgery.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	3.0	1.5	0	1.0	3.0	2.0	0	3.0	0	0	1.0	1.0	2.0

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
All patients over 62 days discussed in detail at weekly cancer PTL meeting for escalation	HK	Mar-19	
104 day breaches to be submitted via DATIX and full investigation to be carried out with clinical engagement and opportunities for learning	SD	Dec-18	



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

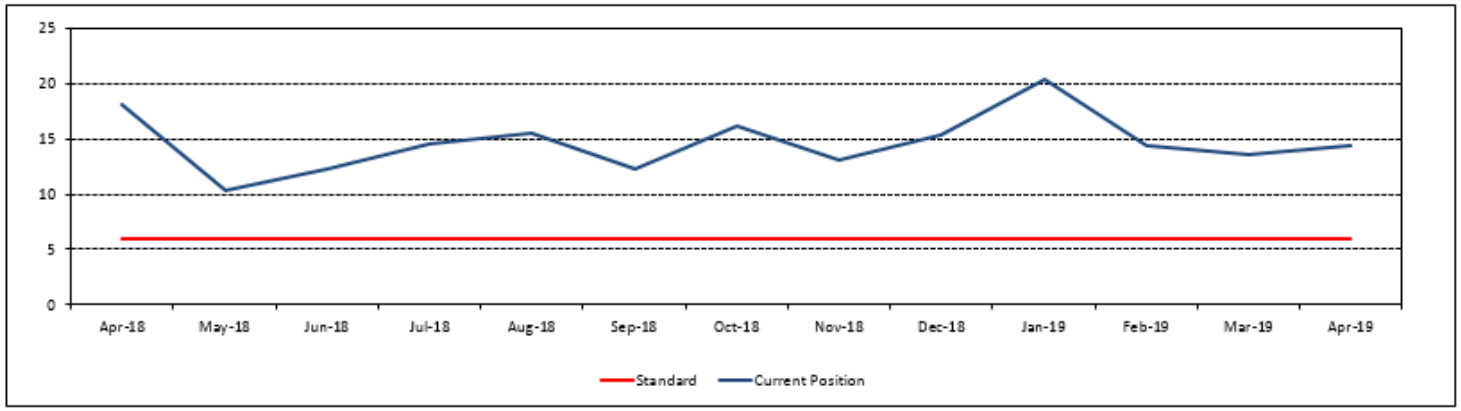
Indicator	A&E - Single longest wait (Admitted & Non-Admitted)
Standard	6hrs
Executive Lead	Rowan Procter
Month	Apr-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

The longest wait in ED in April 2019 was 14 hours and 35 Minutes. This patient attended at a very busy time where there were over 50 patients in department and a 2.5 hour wait to be seen by a doctor and 7 patients awaiting for a bed. Patient arrived 20.31, Triaged at 21.49 (1 hour 18 mins), seen by ED Doctor 23.25 (2 hours 55 mins), referred to medics, bed requested 03.43 (7 hours 3 minutes) and patient admitted to AAU at 11.06.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	6	6	6	6	6	6	6	6	6	6	6	6	6
Current Position	18.14	10.3	12.22	14.49	15.54	12.23	16.17	13.05	15.35	20.32	14.35	13.55	14.35

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 to improve flow and reduce bed waits for patient requiring admission.	ED Team	Nov-18	Ongoing



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

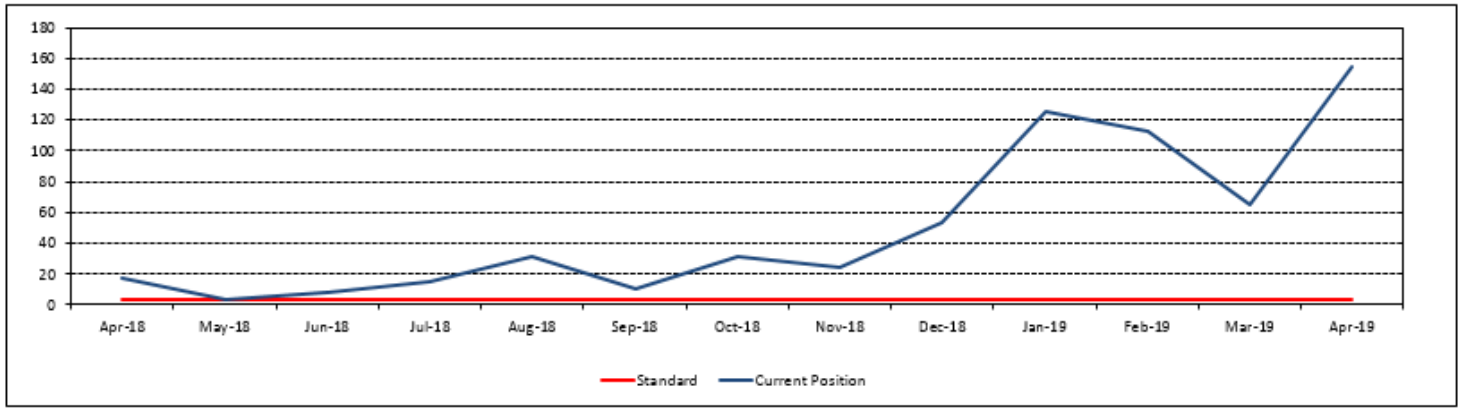
Indicator	A&E - Admission waiting 4-12 hours from dec. to admit
Standard	4
Executive Lead	Rowan Procter
Month	Apr-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

155 patients of 2090 admitted patients (7.4%) waited between 4-12 for a bed following a decision to admit. This has increased significantly since March. It remains higher than we would hope due to the impact of high demand on the hospital services resulting in bed pressures within the hospital. This was reflected in the breach analysis for April which demonstrated that 35.1% of breaches occurred due to bed capacity..
The 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	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	4	4	4	4	4	4	4	4	4	4	4	4	4
Current Position	17	4	8	15	31	10	31	24	54	125	113	65	155

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 aiming to improve patient flow.	ED Team	Nov-18	Ongoing



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

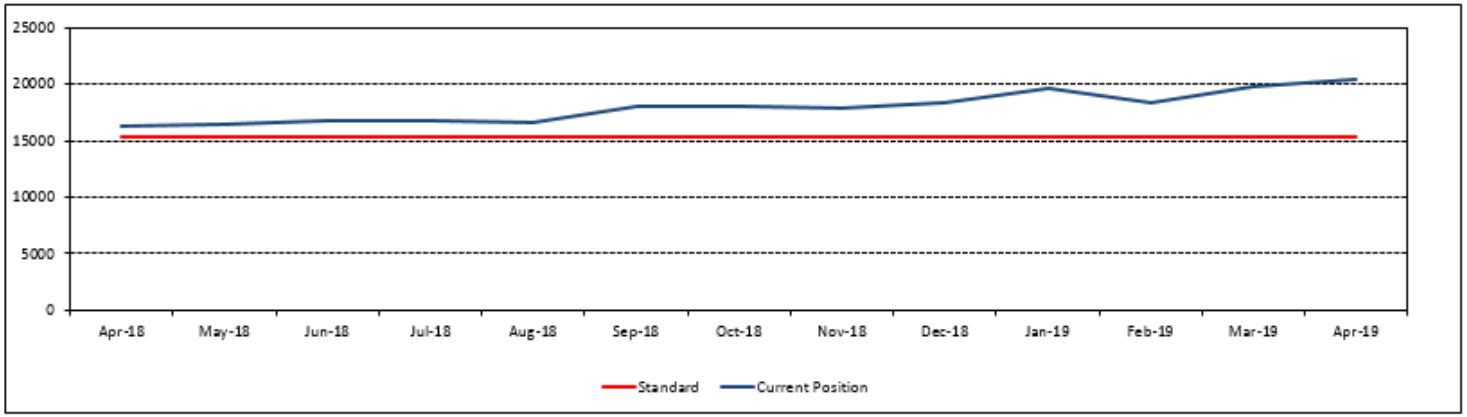
Indicator	RTT Waiting List
Standard	<15396
Executive Lead	Hannah Knights
Month	Apr-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Waiting list continues to increase. Prodominantly due to waiting list growth in Cardiology, Gynaecology, Gastroenterology, General Surgery, Trauma and Orthopeadics. Cardiology have particular issues with ECHO's.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	15396	15396	15396	15396	15396	15396	15396	15396	15396	15396	15396	15396	15396
Current Position	16223	16481	16739	16715	16601	18105	18071	17915	18426	19601	18341	19730	20427

Actions in place to recover the performance		Expected timeframes for improvements	
Description	Owner	Start	End
Review of Long waiting patients at weekly access meeting.	HK	Aug-18	
Vascular surgery currently out to tender for outsourcing	JB	Apr-19	
Ophthalmology outsourcing cataracts to re-commence	ST	TBC	
Options for outsourcing work to BMI being explored, this could potentially include Gynae, Vascular and major joints	Jro	TBC	
Overarching action plan being developed on plans to get back to 90%	AB	May-19	Mar-20
Speciality level action plans in place	ADO's	Mar-19	



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

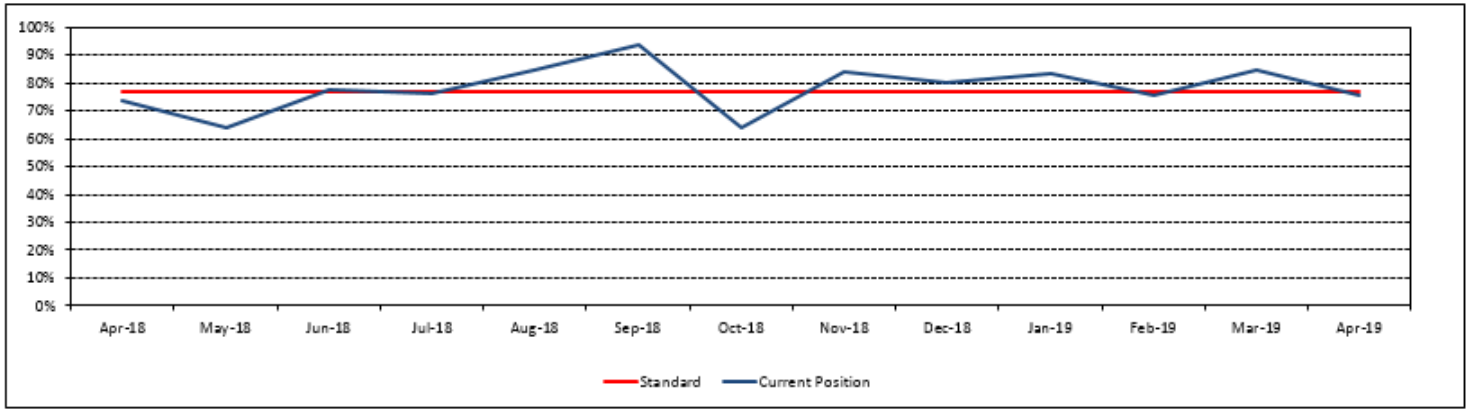
Indicator	Stroke - % Patients scanned within 1hr.
Standard	77%
Executive Lead	Helen Beck
Month	Apr-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

The numbers of stroke patients discharged this month were lower than usual, and we narrowly missed the target of the 8 breaches, 4 were atypical presentations whereby the patients were initially diagnosed as something other than a stroke. 3 were a delay in stroke alert by ED. One was a delay in medical clerking.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%
Current Position	73.7%	63.6%	77.7%	76.3%	84.4%	93.3%	64.0%	84.0%	80.0%	83.0%	75.5%	84.4%	75.8%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Delay in stroke alerts in ED. Ongoing monthly review of breaches with Matron from ED. Training of triage nurses by ESOT. New Trust stroke study day programme has commenced to also raise awareness.	JA		Ongoing



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

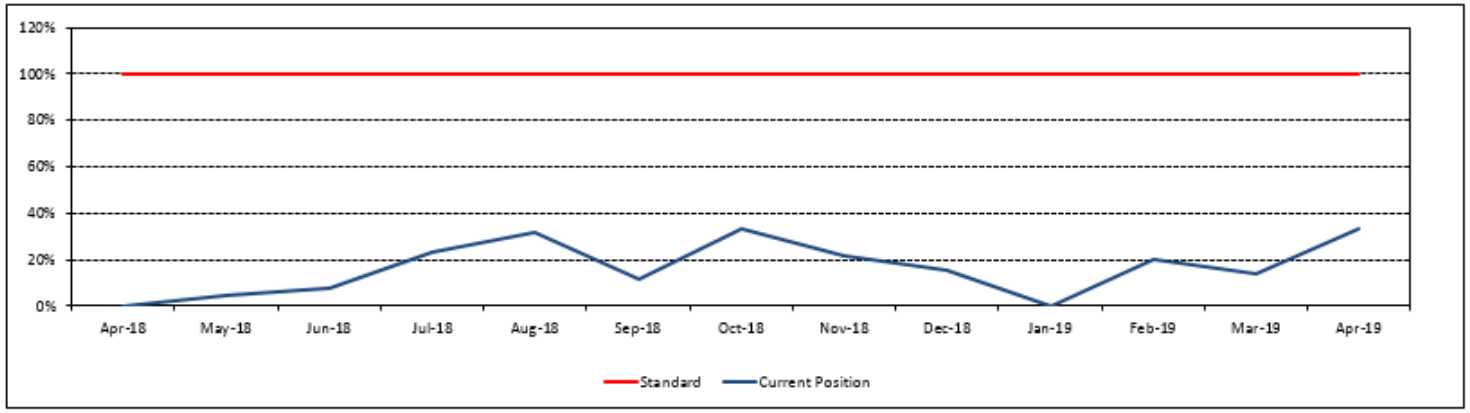
Indicator	Percentage of Children in Care initial health assessments completed
Standard	100%
Executive Lead	Helen Beck
Month	Apr-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

5 out of 15 children seen within 28 days of becoming a Child in Care
10 breaches (ranging from 31 days to 50 days), these included 9 referrals that had a delay of 13 days or more of the child becoming Child in Care and the service being notified

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	0.0%	4.8%	8.0%	23.1%	31.6%	11.8%	33.3%	21.4%	15.4%	0.0%	20.0%	14.3%	33.3%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Service capacity and partnership liaison is under continual review within the 4-6weekly performance interagency performance to monitor issues with transfer of information. A pilot is being undertaken by the CCG in the east of the county with GP's to increase core capacity, however only one GP has been appointed and this has had minimal impact on activity as very few children have been seen. Recent performance in the ICPS team has been impacted on by young people declining appointment and therefore agreement has been given to complete paper based assessments of care needs outside of the usual assessment timescale.	Nic Smith - Howell	Ongoing	



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	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	YTD(Apr19 Mar20)
5. Well Led	Agency, WTE & vacancies	5.09	Agency Spend Cap	486	331	196	330	433	507	393	381	620	500	486	486	486	486	486
		5.10	Bank Spend		1282	1350	1015	1045	1294	1212	1222	1140	1167	1114	971	1277	1359	1359
		5.12	Proportion of Temporary Staff	12%	12.5%	11.9%	9.7%	11.3%	12.7%	12.0%	11.8%	12.8%	12.1%	12.7%	9.4%	13.1%	12.3%	12.3%
		5.13	Locum and Medical agency spend	NT	398	319	468	624	524	434	524	570	555	522	389	448	487	487
		5.57	Additional sessions	NT	253	238	207	161	270	250	338	288	266	216	274	283	310	310
		5.16	% Staff on Maternity/Paternity Leave	NT	2.00%	2.30%	2.38%	2.43%	2.60%	2.64%	2.65%	2.73%	2.83%	2.80%	2.64%	2.58%	2.82%	2.82%
	Other	5.58	New grievance or employment tribunals in the month	NT	0	4	0	0	0	0	1	4	0	2	0	1	1	1
		5.18	Recruitment Timescales - Av no. of weeks to recruit	7	5.4	5.6	5.4	5.4	5.0	6.1	6.4	6.4	6.4	5.3	4.8	5.2	6.0	6.0
		5.19	DBS checks	95%	98.0%	97.5%	98.0%	98.0%	98.0%	98.0%	98.5%	97.5%	97.5%	98.0%	98.0%	98.0%	98.0%	98.0%
		5.20	Staff appraisal Rates	90%	67.0%	67.3%	69.3%	75.8%	75.2%	76.9%	76.0%	79.0%	76.4%	77.0%	76.0%	79.0%	77.0%	77.0%

Are we.		Ref.	KPI	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	YTD(Apr19 Mar20)
5. Well Led	Training	5.22	Infection Control Training (classroom)	90%	94.0%	95.0%	94.0%	95.0%	95.0%	95.0%	94.0%	95.0%	94.0%	96.0%	96.0%	93.0%	94.0%	94.0%
		5.23	Infection Control Training (eLearning)	90%	90.0%	90.0%	91.0%	90.0%	87.0%	90.0%	89.0%	90.0%	91.0%	91.0%	91.0%	81.0%	82.0%	82.0%
		5.24	Manual Handling Training (Patient)	90%	74.0%	76.0%	77.0%	75.0%	79.0%	76.0%	77.0%	76.0%	76.0%	80.0%	77.0%	78.0%	69.0%	69.0%
		5.25	Manual Handling Training (Non Patient)	90%	88.0%	88.0%	83.0%	83.0%	81.0%	85.0%	82.0%	86.0%	84.0%	87.0%	88.0%	67.0%	56.0%	56.0%
		5.26	Staff Adult Safeguarding Training	90%	91.0%	91.0%	92.0%	90.0%	89.0%	91.0%	91.0%	90.0%	90.0%	91.0%	91.0%	85.0%	85.0%	85.0%
		5.27	Safeguarding Children Level 1	90%	90.0%	90.0%	89.0%	89.0%	88.0%	89.0%	89.0%	90.0%	91.0%	91.0%	90.0%	91.0%	91.0%	91.0%
		5.28	Safeguarding Children Level 2	90%	91.0%	90.0%	91.0%	91.0%	89.0%	90.0%	90.0%	90.0%	91.0%	91.0%	91.0%	86.0%	86.0%	86.0%
		5.29	Safeguarding Children Level 3	90%	95.0%	94.0%	94.0%	94.0%	89.0%	91.0%	91.0%	90.0%	90.0%	91.0%	91.0%	57.0%	51.0%	51.0%
		5.30	Health & Safety Training	90%	90.0%	90.0%	91.0%	91.0%	89.0%	90.0%	89.0%	89.0%	90.0%	89.0%	89.0%	87.0%	87.0%	87.0%
		5.31	Security Awareness Training	90%	90.0%	90.0%	91.0%	90.0%	89.0%	89.0%	88.0%	89.0%	89.0%	89.0%	88.0%	81.0%	83.0%	83.0%
		5.32	Conflict Resolution Training (eLearning)	90%	86.0%	87.0%	87.0%	88.0%	82.0%	83.0%	83.0%	85.0%	86.0%	86.0%	86.0%	68.0%	70.0%	70.0%
		5.33	Conflict Resolution Training	90%	69.0%	70.0%	70.0%	71.0%	73.0%	71.0%	69.0%	74.0%	75.0%	72.0%	72.0%	77.0%	74.0%	74.0%
		5.34	Fire Training (eLearning)	90%	80.0%	82.0%	81.0%	81.0%	84.0%	91.0%	83.0%	85.0%	88.0%	85.0%	83.0%	83.0%	78.0%	78.0%
		5.35	Fire Training (classroom)	90%	90.0%	90.0%	90.0%	89.0%	90.0%	84.0%	89.0%	88.0%	86.0%	89.0%	87.0%	89.0%	88.0%	88.0%
		5.36	IG Training	95%	86.0%	86.0%	83.0%	84.0%	82.0%	82.0%	80.0%	83.0%	82.0%	81.0%	83.0%	78.0%	79.0%	79.0%
		5.37	Equality and Diversity	90%	81.0%	80.0%	79.0%	79.0%	79.0%	80.0%	81.0%	82.0%	84.0%	85.0%	85.0%	87.0%	86.0%	86.0%
		5.38	Majax Training	90%	88.0%	88.0%	89.0%	88.0%	88.0%	88.0%	89.0%	89.0%	90.0%	90.0%	89.0%	78.0%	80.0%	80.0%
		5.39	Medicines Management Training	90%	87.0%	87.0%	88.0%	89.0%	87.0%	86.0%	87.0%	87.0%	87.0%	87.0%	86.0%	80.0%	81.0%	81.0%
		5.40	Slips, trips and falls Training	90%	85.0%	85.0%	86.0%	86.0%	86.0%	85.0%	86.0%	85.0%	87.0%	86.0%	86.0%	74.0%	76.0%	76.0%
		5.41	Blood-borne Viruses/Inoculation Incidents	90%	85.0%	86.0%	87.0%	88.0%	85.0%	86.0%	87.0%	88.0%	89.0%	89.0%	87.0%	78.0%	80.0%	80.0%
		5.42	Basic life support training (adult)	90%	75.0%	76.0%	76.0%	75.0%	79.0%	79.0%	79.0%	80.0%	80.0%	81.0%	80.0%	79.0%	73.0%	73.0%
		5.43	Blood Products & Transfusion Processes (Refresher)	90%	73.0%	72.0%	73.0%	74.0%	74.0%	73.0%	74.0%	75.0%	76.0%	77.0%	76.0%	65.0%	62.0%	62.0%
		5.44	Mandatory Training Compliance	90%	83.3%	84.0%	85.0%	84.0%	84.0%	85.0%	85.0%	86.0%	86.0%	85.0%	86.0%	82.0%	82.0%	82.0%

EXCEPTION REPORTS – WELL LED

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

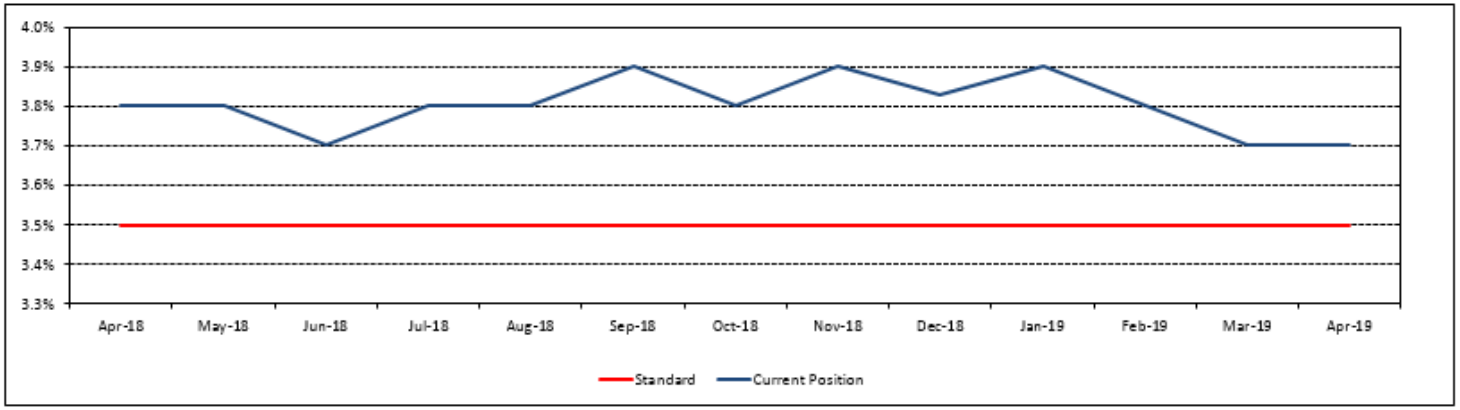
Indicator	Sickness Absence
Standard	3.5%
Executive Lead	Jan Bloomfield
Month	Apr-19
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

The current trend in performance is very slowly improving since September 2019, Human Resources and Managers are continuing to undertake return to work and sickness absence reviews, as per trust policy.

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Human Resources to continue to work with managers on both long term and short term sickness.			



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

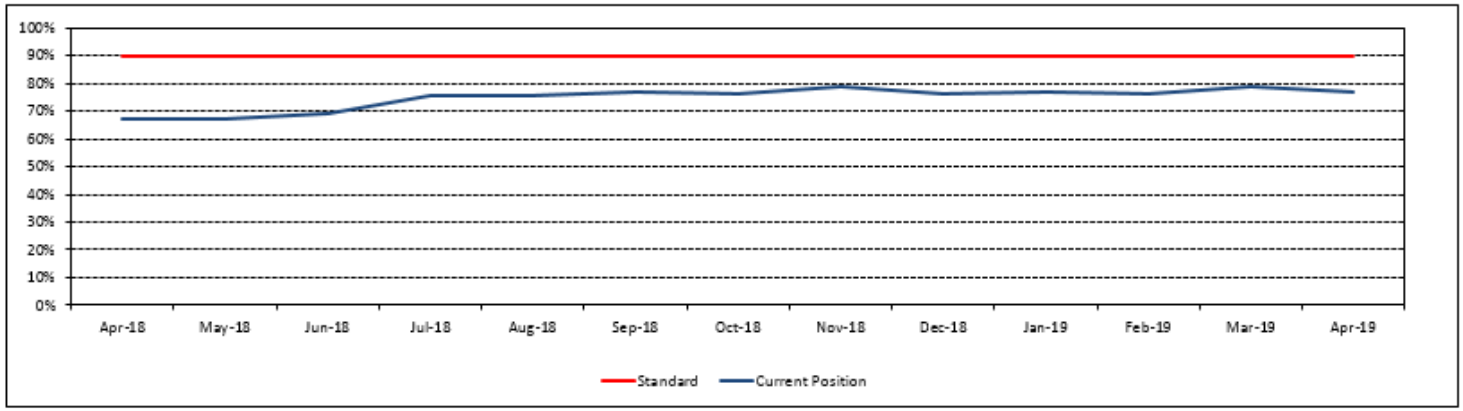
Indicator	Staff appraisal Rates
Standard	90%
Executive Lead	Jan Bloomfield
Month	Apr-19
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

Current performance is down by two percent on last month. Demand on patient services and subsequent cancellation on non clinical meetings may have impacted upon compliance.

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
The trust board have commissioned a review of current compliance rates and actions to improve compliance, for both mandatory training and appraisal. This is currently being developed and will be presented in the near future.			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

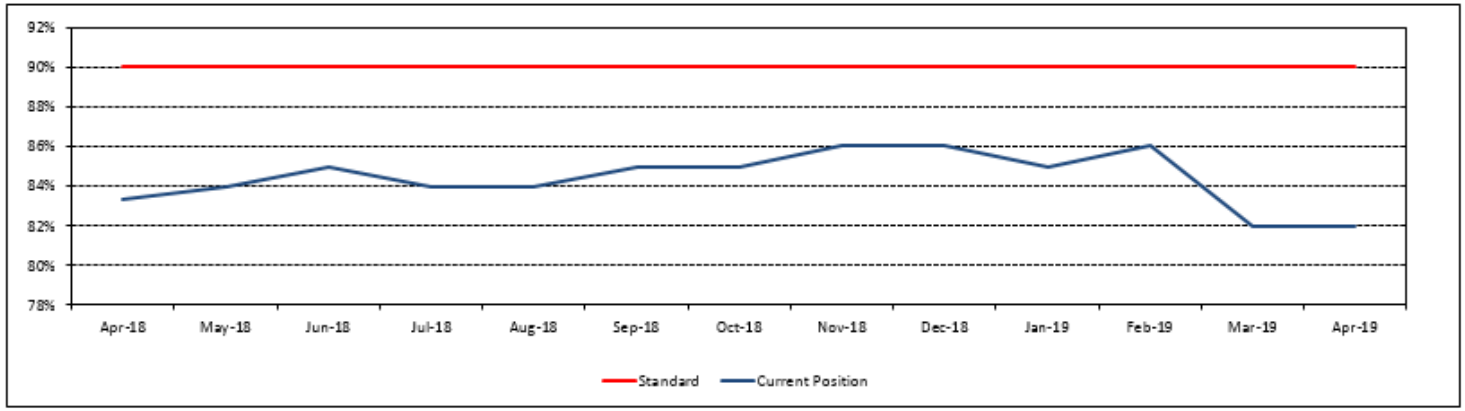
Indicator	Mandatory Training Compliance
Standard	90%
Executive Lead	Jan Bloomfield
Month	Apr-19
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

The trust board were provided with an update on progress with the issues around compliance and actions being taken last month. These included, Winter pressures on staffing, the amnesty on mandatory training, and IT issues with the e-learning system.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	83.3%	84.0%	85.0%	84.0%	84.0%	85.0%	85.0%	86.0%	86.0%	85.0%	86.0%	82.0%	82.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
A planned programme to resolve the issues and increase compliance is currently being developed and will be presented to the board at a future meeting			



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	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	YTD(Apr19-Mar20)
6. Productive	Activity	6.07	A&E Activity	NT	5967	6498	6161	6564	6072	6042	6256	6114	6155	6371	5741	6695	6729	6729
		6.08	NEL Activity	NT	2295	2491	2491	2465	2394	2356	2638	2770	2520	2750	2467	2604	2492	2492
		6.09	OP - New Appointments	NT	6033	6930	6379	6598	6007	6113	7381	7255	5995	7059	6419	7086	8354	8354
		6.10	OP- Follow-Up Appointments	NT	11142	12248	11520	11750	10929	10879	12773	12289	9834	12610	11107	11536	19528	19528
		6.11	Electives (Incl Daycase)	NT	2667	3020	2799	2870	2786	2379	3033	3047	2519	3202	2957	2971	2825	2825
	Finance	6.12	Financial Position (YTD)	Var	-1760	-2793	-3159	-4420	-5641	-7119	-7122	-7494	-6534	-8691	-7955	-287	-883	-883
		6.13	Financial Stability Risk Rating	Var	3	3	3	3	3	3	3	3	3	3	3	3	3	3
		6.14	Cash Position (YTD £000s)	Var	5322	4550	2239	6852	7231	3934	1338	1159	4306	2562	2130	4507	11139	11139
	Ratios	6.15	% Consultant to Consultant Referrals	NT	14%	12.2%	13.3%	12.8%	11.7%	10.5%	11.2%	13.0%	13.9%	12.5%	12.6%	10.8%	14.7%	14.7%
		6.16	New to FU Ratios	1.9	1.85	1.77	1.81	1.78	1.82	1.78	1.73	1.69	1.64	1.79	1.73	1.63	2.34	2.34

Putting you first

EXCEPTION REPORTS – PRODUCTIVE

The finance report contains full details.

10. DETAILED REPORTS- MATERNITY

Are we..		Ref.	KPI	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	YTD(Apr19-Apr19)
7.Maternity	Safe	7.09	Elective Caesarean Sections	10%	11.8%	10.9%	7.6%	4.7%	7.8%	9.6%	8.6%	10.4%	9.1%	6.7%	9.3%	11.2%	9.3%	9.3%
		7.10	Emergency Caesarean Sections	12%	16.4%	11.4%	10.6%	12.4%	9.2%	13.0%	14.1%	15.4%	16.3%	16.2%	11.0%	15.6%	11.5%	11.5%
		7.11	Grade 1 Caesarean Section (Decision to delivery time met)	100%	100%	100%	100%	100%	100%	100%	40.0%	100%	100%	100%	100%	100%	100%	100%
		7.12	Grade 2 Caesarean Section (Decision to delivery time met)	80%	82.0%	93.0%	90.0%	58.0%	64.0%	82.0%	71.0%	57.0%	79.0%	76.1%	92.3%	87.0%	100%	100%
		7.13	Homebirths	2%	2.6%	5.0%	1.5%	2.4%	1.5%	3.8%	1.8%	2.0%	1.0%	2.2%	2.9%	2.8%	3.8%	3.8%
		7.14	Midwifery led birthing unit (MLBU) births	>13%	16.4%	11.4%	11.4%	18.8%	17.0%	11.5%	14.4%	NA	NA	NA	NA	NA	24.0%	24.0%
		7.15	Labour Suite births	77.5%	81.0%	83.0%	86.9%	78.2%	80.6%	83.7%	82.7%	82.6%	83.0%	78.8%	77.9%	82.1%	71.0%	71.0%
		7.16	Induction of Labour	29.3%	41.0%	37.8%	40.9%	37.6%	36.4%	34.1%	35.5%	38.3%	42.1%	40.8%	39.0%	42.2%	35.0%	35.0%
		7.17	Instrument Assisted Deliveries (Forceps & VentoUse)	>14%	13.0%	9.5%	10.1%	10.0%	12.6%	11.5%	11.8%	13.9%	8.1%	8.9%	12.2%	11.7%	8.2%	8.2%
		7.18	Critical Care Obstetric Admissions	0	1	2	1	0	1	1	0	0	3	1	0	0	0	0
		7.19	Eclampsia	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0
	Effective	7.20	Shoulder Dystocia	2	5	6	8	5	6	9	9	4	4	6	4	4	9	9
		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	0	0	1	2	0	0	1	0	1	1	0	1	1	1
		7.23	3rd and 4th degree tears (all deliveries)	12	9	4	6	4	7	7	3	8	2	6	2	0	7	7
	Caring	7.24	Maternal death	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
		7.25	Stillbirths	NT	1	1	0	1	0	0	0	0	0	0	0	0	1	1
		7.26	Complaints	NT	0	ND	0	3	1	0	1	1	0	3	3	1	0	0
		7.27	No. of babies admitted to Neonatal Unit (>36+6)	NT	18	10	9	7	13	8	9	10	15	7	7	9	8	8
	Responsive	7.28	No. of babies transferred for therapeutic cooling	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0
		7.29	One to one care in established labour	100%	91.0%	93.0%	92.3%	97.0%	97.0%	100%	100%	100%	99.0%	100%	100%	100%	100%	100%
		7.30	Reported Clinical Incidents	50	46	56	48	27	39	44	34	42	38	50	40	59	56	56
		7.31	Hours of dedicated consultant cover per week	60	94	90	93	93	90	87	87	99	93	105	87	98	96	96
		7.32	Consultant Anaesthetists sessions on Labour Suite	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
		7.34	No. of women identified as smoking at booking	NT	26	31	22	19	21	23	22	20	34	20	18	28	23	23
		7.35	No. of women identified as smoking at delivery	NT	23	26	14	15	27	21	22	18	31	18	16	27	20	20
		7.36	UNICEF Baby friendly audits	10	ND	ND	10	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
		7.37	Proportion of parents receiving Safer Sleeping Suffolk advice	80%	62.9%	77.8%	81.8%	88.0%	80.0%	96.0%	97.0%	95.0%	97.5%	96.1%	97.0%	94.5%	95.0%	95.0%
	Other	7.38	No. of bookings (First visit)	NT	240	251	237	252	236	231	234	222	206	278	226	242	231	231
		7.39	Women booked before 12+6 weeks	95%	95.4%	96.0%	96.6%	94.4%	96.0%	92.0%	92.0%	98.0%	95.1%	96.0%	96.4%	92.0%	95.0%	95.0%
		7.40	Female Genital Mutilation (FGM)	NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0

EXCEPTION REPORTS – MATERNITY

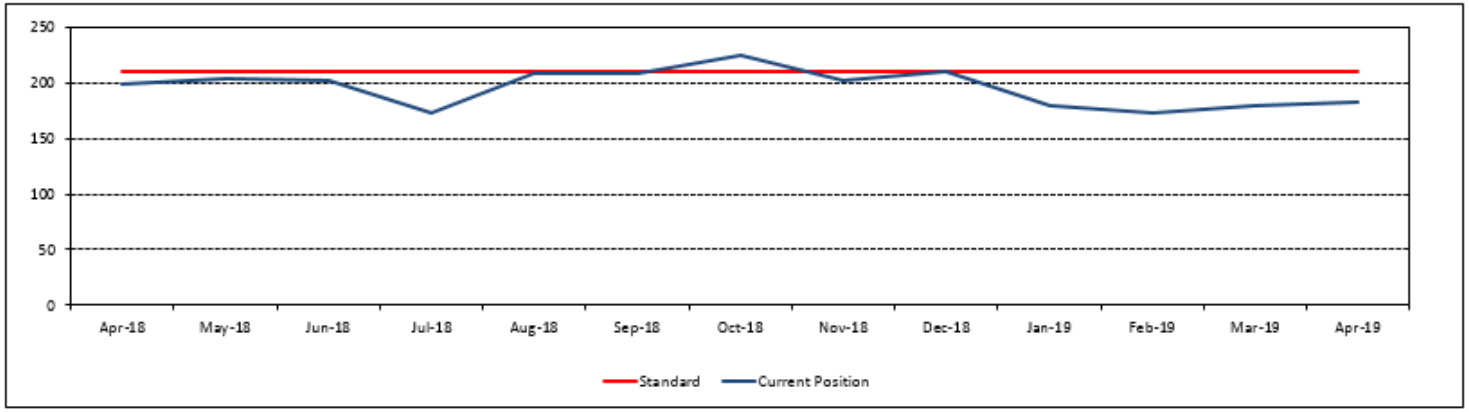
WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT	
Indicator	Total number of deliveries (births)
Standard	210
Executive Lead	Rowan Procter
Month	Apr-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The birth rate although down nationally, has seen a reduction at the WSH since December 2018. This coincides with the beginning of the Labour Suite refurbishment. This may be due to women's concerns about giving birth during this time, particular those women who live on a geographical border which easy access to other units. Following the refurbishment the Maternity Service will be undertaking a major campaign to promote our 21st century new maternity unit .

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	210	210	210	210	210	210	210	210	210	210	210	210	210
Current Position	198	203	201	172	208	208	224	202	209	179	172	179	183

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Following refurbishment major campaign to promote the maternity service.			



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

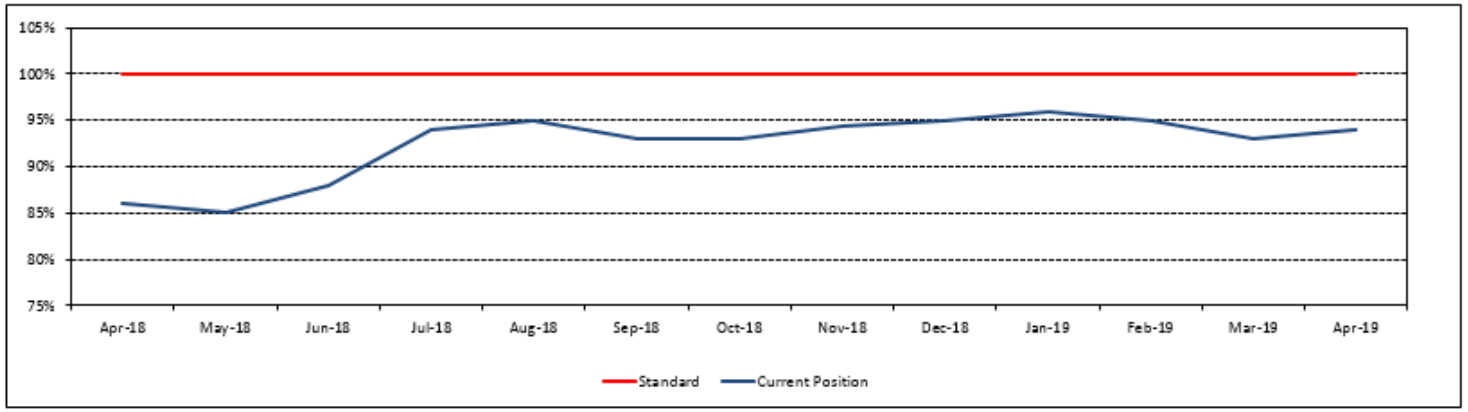
Indicator	Completion of WHO checklist
Standard	100%
Executive Lead	Rowan Procter
Month	Apr-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

Since April last year the maternity service saw a gradual improvement. This was mainly due to the change in how we reported compliance which now reflects the rest of the Trust. The service will not see improvement in the standard of 95% until the theatre staff (Operating department practitioner & Scrub staff)engage more fully with the maternity WHO forms. Each month the theatre manager receives the audit tool highlighting non compliance. Non compliance with maternity/ obstetric staff receive individual emails.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	86.0%	85.0%	88.0%	94.0%	95.0%	93.0%	93.0%	94.4%	95.0%	96.0%	95.0%	93.0%	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

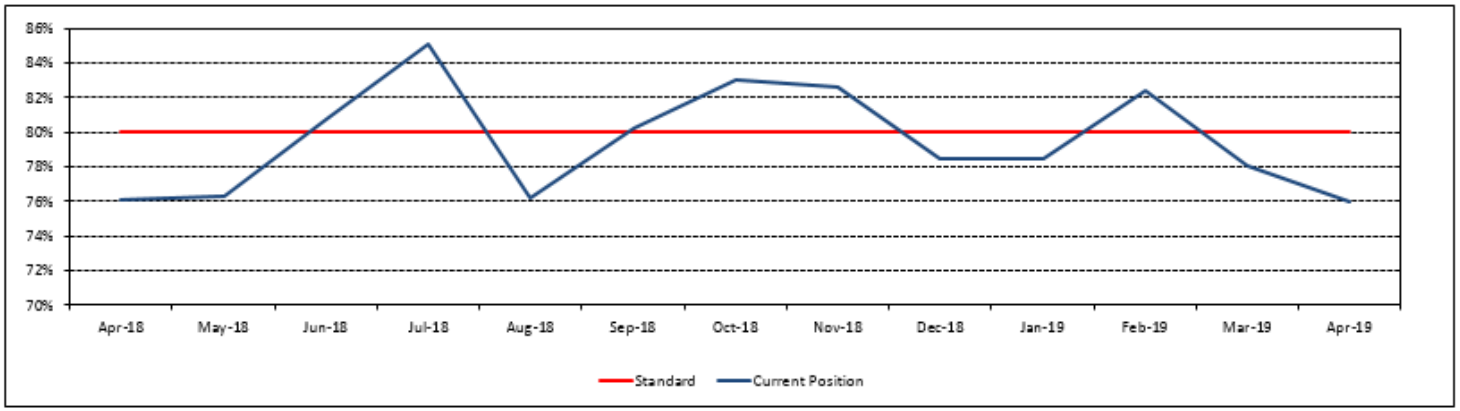
Indicator	Breastfeeding Initiation Rates
Standard	80%
Executive Lead	Rowan Procter
Month	Apr-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

This month's chart overall shows common cause variation although a slight downward trend over the last two months. On average the service is above the national initiation rate of 73.6% National Maternity and Perinatal Audit and women who have made the decision to breast feed prior to birth rarely change their mind when they come into hospital. To Increase the rate of breasting feeding we must target those geographical areas and champion the benefits associated with breast feeding. As a UNICEF-UK Baby friendly initiative level 3 hospital we continue with a range of interventions to support and encourage women to breast feed.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Current Position	76.1%	76.3%	80.7%	85.1%	76.2%	80.2%	83.0%	82.6%	78.5%	78.5%	82.4%	78.1%	76.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to champion breast feeding particulary in areas of low up take.			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

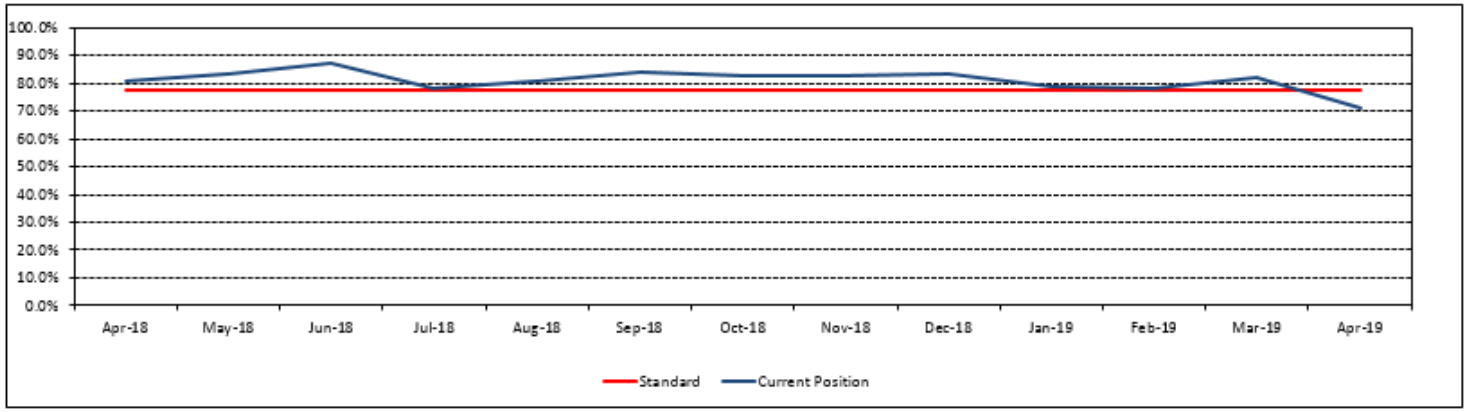
Indicator	Labour Suite births
Standard	77.5%
Executive Lead	Rowan Procter
Month	Apr-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The reduced rate of labour Suite births reflects the phase 2 of the refurbishment which now has both low and high risk women giving birth on the Midwife Led Birthing Unit. Therefore an anomaly. Performance for each birth area cannot be measured until after the refurbishment.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Standard	77.5%	77.5%	77.5%	77.5%	77.5%	77.5%	77.5%	77.5%	77.5%	77.5%	77.5%	77.5%	77.5%
Current Position	81.0%	83.0%	86.9%	78.2%	80.6%	83.7%	82.7%	82.6%	83.0%	78.8%	77.9%	82.1%	71.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
performance cannot be measured accurately until after the refurbishment.			



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

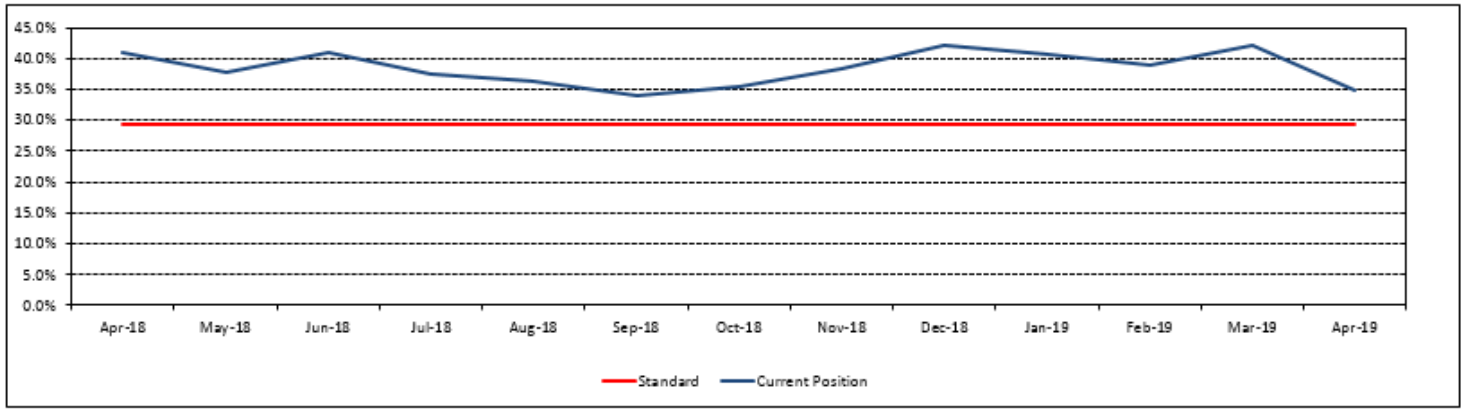
Indicator	Induction of Labour
Standard	29.3%
Executive Lead	Rowan Procter
Month	Apr-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

Over the past year the Maternity service has not managed to reduce the rate of induction to the standard of 30%. (National maternity & Perinatal Audit 2016) This is mainly due over the last few years to the implementation of Grow and early delivery of those suspected of being small for gestational age babies who have a high risk of stillbirth. Together with the increase in gestational diabetes and recommendations for delivery at 38 weeks. The service is currently waiting for the National maternity & Perinatal Audit to be published to gain an idea of the current rate of Induction of Labour.

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
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	41.0%	37.8%	40.9%	37.6%	36.4%	34.1%	35.5%	38.3%	42.1%	40.8%	39.0%	42.2%	35.0%

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



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

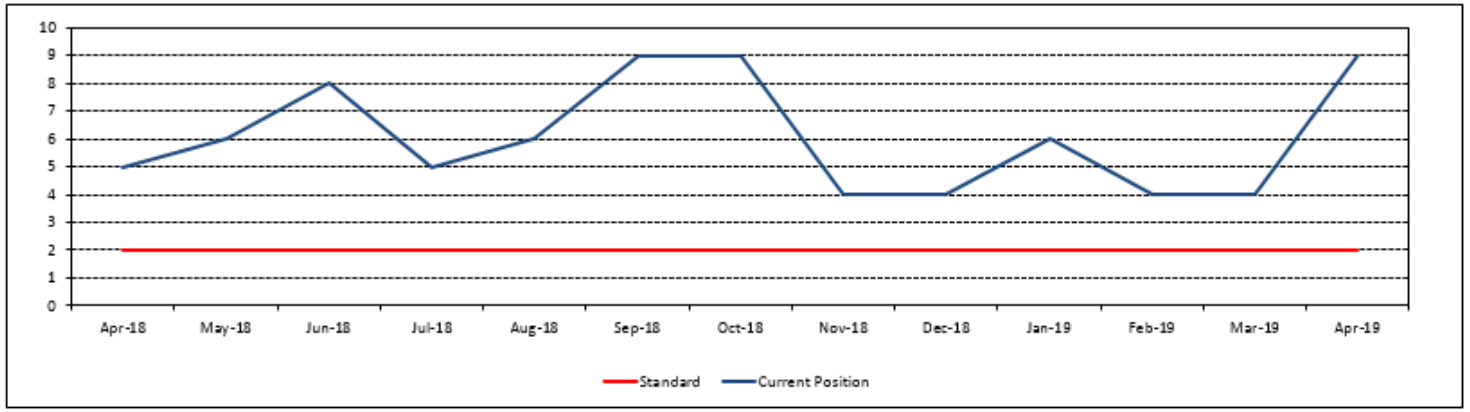
Indicator	Shoulder Dystocia
Standard	2
Executive Lead	Rowan Procter
Month	Apr-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

This month has seen a significant rise in the shoulder dystocia numbers. Of these there has been no reported injuries to either mother or baby. Shoulder dystocia is mostly unpredictable although as recommended we induce women who have an increased risk e.g. diabetes. The consultant leading on PROMPT training has included better recognition of shoulder dystocia in this training as it is thought anecdotally that in some cases midwives may be over reported and that changing a woman's position is all that has been needed but still recorded as shoulder dystocia. One of the consultant obstetricians is undertaking an audit and will include this anecdotal element.

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Audit of recent cases			



Trust Board – 24 May 2019

Agenda item:	8			
Presented by:	Craig Black			
Prepared by:	Joanna Rayner, Head of Performance and Efficiency			
Date prepared:	17th May 2019			
Subject:	SPC Integrated Quality & Performance Report			
Purpose:	x	For information		For approval
Executive summary:	The attached report contains a new style of performance reporting using statistical process control charts.			

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: That the report is noted.							

NHS
West Suffolk
NHS Foundation Trust

Understanding how performance data are presented in our Board papers

The charts in our Board report can tell you a lot about how our Trust is performing over time, but if you're not used to seeing data in this way it can take a little time to get used to. This short guide will help you to understand the charts and interpret the data we're showing you.

What is it?

The main type of chart is known as a statistical process control (SPC) chart. This plots data like a run chart, and allows you to see:

- if something is improving, deteriorating or staying the same over time
- if changes are expected, or very unusual
- whether it's likely the Trust will be able to meet the standard that's been set.

The SPC chart is an analytical technique – underpinned by science and statistics – that plots data over time. It helps us understand variation; this then guides us on what the most statistically significant changes are, and therefore what we need to focus our attention on. It's widely used across the NHS and is considered best practice for presenting data.

What will it show me?

The beauty of SPC charts is that they allow you to identify the most significant performance changes. That means each month you might see a slightly different suite of indicators shown in this report - depending on which have flagged as having seen significant changes or trends that need discussion by the Board.

That can look like there are more negative than positive trends, but rest assured that doesn't mean everything is bad! If indicators are ticking along or doing well they may not be presented in the report every month, as the Board needs to focus on those areas where we can do better. This helps to make sure we're focusing on, and fixing, the most important things first.

What does it look like?

When we use SPC charts, we largely use the same terminology and colours as the rest of the NHS.

Generally speaking:

- Things written in grey show no significant change or trend
- Things written in blue show a positive change or trend
- Things written in orange show a negative change or trend

Putting you first

You might see these terms and colours used, particularly in the summary table that gives an overview of what indicators are included in that month's report.

Assurance (how we're doing)

No target:

This means that for this particular indicator, there's no national or local standard/target to benchmark ourselves against. It's usually written in grey.

Hit and miss against target:

This means that the standard likely won't be either achieved or missed consistently – that it will vary, but not significantly so. It's usually written in grey.

Consistently below target:

This means that we're not meeting the standard, and are unlikely to under the current conditions. It's usually written in orange.

Consistently above target:

This means that we're meeting the standard, and are likely to continue doing so under the current conditions. It's usually written in blue.

Variations (the trends)

Common cause variation:

Common cause variation means there has been no statistically significant change to the trend. It's usually written in grey.

Special cause variation (blue or orange):

This will either be written in blue, to show a statistically significant positive change or trend, or in orange to show a statistically significant negative change or trend. It usually happens because we've started to do something differently.

These are points to look out for, because if there's special cause variation it means something has changed over a period of time (six data points). It's useful because it makes sure we don't react to 'one-off' changes or blips, but focus on trends that show a long term, consistent shift (either positively or negatively).

We might already know what caused the change, but if we don't it allows us to investigate and find out. Eventually if the change is sustained (positive or negative), it will become common cause variation as it'll be classed as our new norm.

Charts

For each of the indicators we show in the report, you'll be able to find a corresponding statistical process control (SPC) chart.

The chart is a graph used to study how something changes over time, and data is plotted in time order.

A control chart always has:

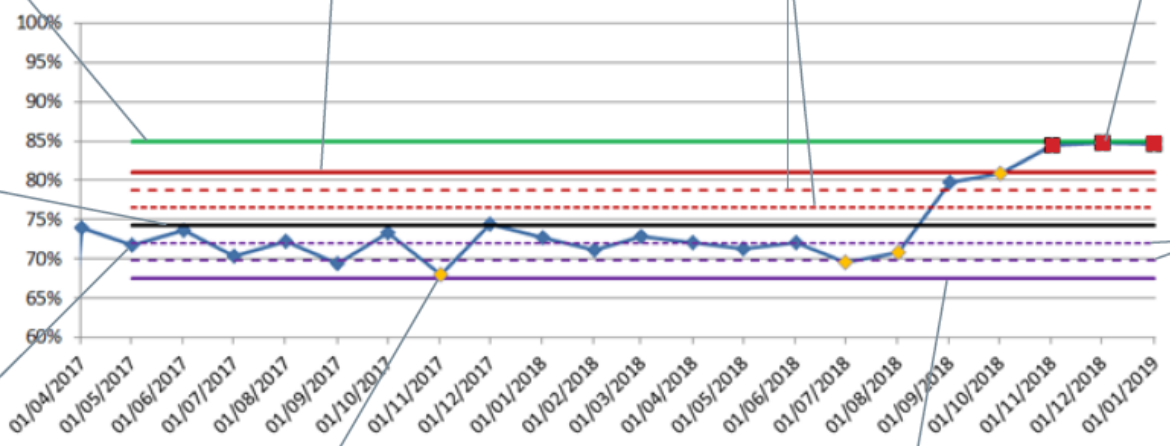
- a central line for the average or mean (shown in black on our graphs)
- an upper line for the upper process limit (shown in red on our graphs)
- a lower line for the lower process limit (shown in purple on our graphs).

These lines are determined from historical data.

On the next page you can see an example graph to help you.

Putting you first

SPC chart: example graph



Green line: shows the Trust or national standard (if there is one)

Solid red line: shows the upper process limit, i.e. the upper limit of what the Trust should statistically be capable to produce. It's plotted at a distance of +3 standard deviations from the average

Dotted red lines: Show +1 and +2 standard deviations from the average, to show movement towards the upper process limit

Red data points: these plot the performance against the date on the bottom axis, and show special cause variation (statistically significant either positively or negatively) outside the expected limits

Black line: shows the average, or mean, performance

Dotted purple lines: Show -1 and -2 standard deviations from the average, to show movement towards the lower process limit

Blue data points: these plot the performance against the date on the bottom axis, and show common cause variation (no statistical significance)

Yellow data points: these plot the performance against the date on the bottom axis, and show special cause variation (statistically significant either positively or negatively) within the expected trend

Solid purple line: shows the lower process limit, i.e. the lower limit of what Trust should statistically be capable to produce. It's plotted at a distance of -3 standard deviations from the average

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Summary Table

The tables below provide a summary of the indicators that are contained within the report. It is intended to provide an 'at a glance' view of the metrics to act as a guide on which KPIs to focus attention on.

Safe domain	Standard	Actual	Trend	Assurance	Notes
New Pressure Ulcers - Trust	0	42	Common Cause Variation	Consistently above target	
Falls per 1,000 bed days	No target	5.21	Common Cause Variation	No target	

Effective domain	Standard	Actual	Trend	Assurance	Notes
Discharge Summaries: A&E	95%	83%	Special Cause Variation - Low	Consistently below target	
Discharge Summaries: Non Elective Admissions	95%	82%	Special Cause Note/Investigation - High	Consistently below target	
Discharge Summaries: Elective Admissions	85%	81%	Special Cause Note/Investigation - High	Consistently below target	

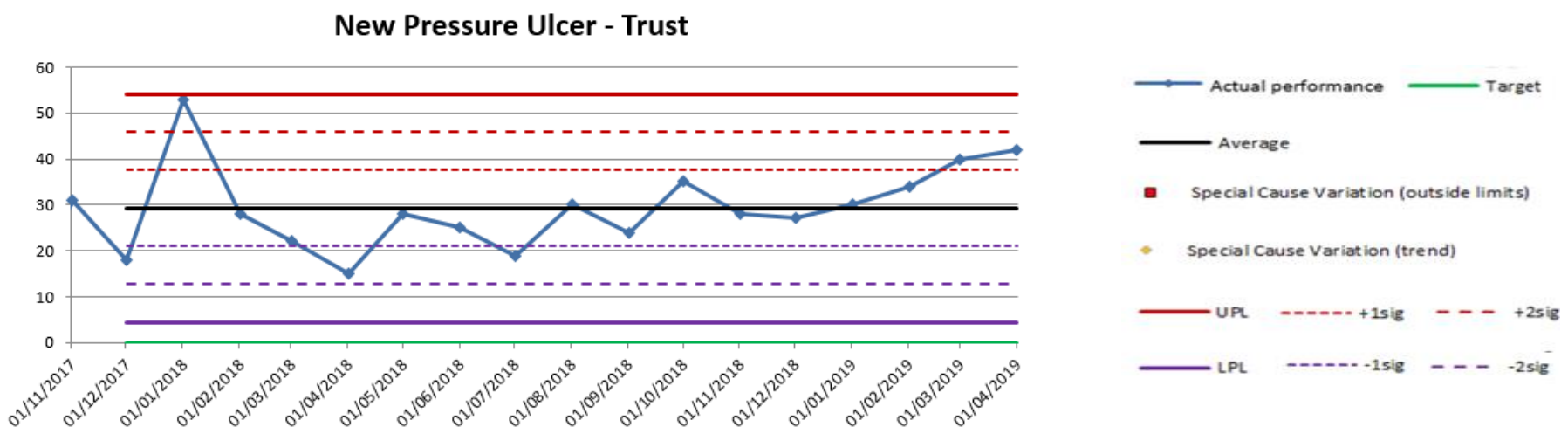
Caring domain	Standard	Actual	Trend	Assurance	Notes
Compliments	No target	37	Common Cause Variation	No target	
Complaints	20	17	Common Cause Variation	Hit and miss against target	

Responsive domain	Standard	Actual	Trend	Assurance	Notes
Accident and Emergency 4 hour standard	95%	87%	Common Cause Variation	Hit and miss against target	
Referral to Treatment 18 week standard	92%	85%	Special Cause Variation - Low	Hit and miss against target	
Diagnostics 6 week standard	99%	87%	Special Cause Variation - Low	Hit and miss against target	
Sepsis	100%	100%	Special Cause Note/Investigation - High	Hit and miss against target	
Cancer 2 week GP referral to assessment standard	93%	94%	Common Cause Variation	Hit and miss against target	
Cancer 2 week breast referral to assessment standard	93%	88%	Special Cause Variation - Low	Hit and miss against target	
Cancer 62 day referral to treatment standard	85%	79%	Common Cause Variation	Hit and miss against target	
Community referral to treatment within 18 weeks	90%	99%	Special Cause Note/Investigation - High	Hit and miss against target	

Well-led domain	Standard	Actual	Trend	Assurance	Notes
Sickness Absence	3.5%	4%	Common Cause Variation	Hit and miss against target	

Maternity	Standard	Actual	Trend	Assurance	Notes
Number of deliveries (births)	210	183	Special Cause Note/Investigation - Low	Hit and miss against target	
Caesarean Section rate	22.6%	21%	Special Cause Variation - High	Hit and miss against target	
Breast Feeding Initiation	80%	76%	Common Cause Variation	Hit and miss against target	

Pressure Ulcers - Trust

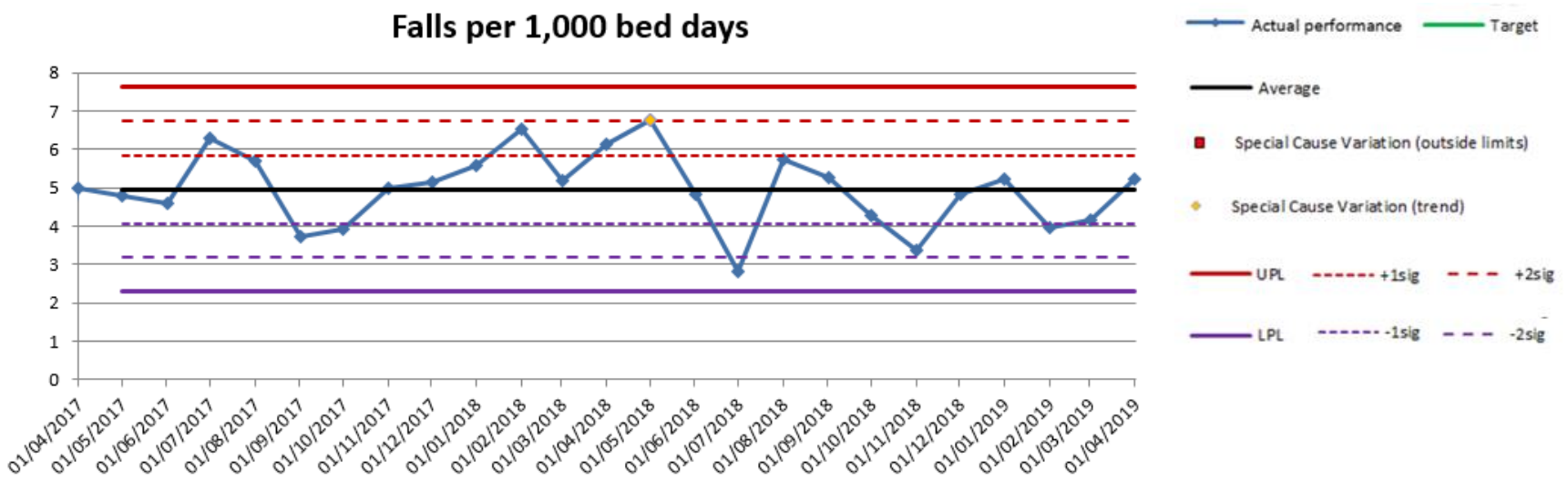


Narrative

What	This chart shows common cause variation, with 2 more data points above the mean required before statistical significance is achieved.
Why	Aspirational target of zero however recognition that potential for development of pressure ulcers is always present in the high-risk patient. Higher bed occupancy/number of patient contacts / greater acuity of patients will have an impact upon numbers.
How	Our Tissue Viability Team has now adopted an integrated approach to supporting patients across the whole organisation, despite the lack of a Community TVCNS and new recruits to the service not being in post as yet.
When	This is an ongoing work plan and quality improvement initiatives will continue to be progressed via the Pressure Ulcer Prevention Group (PUPG) including ongoing liaison with the contacts gained through the previous work in the regional collaborative. The new reporting template has enabled data capture for audit as well as occurrence and the review of this data will further assist in identification of areas for improvement.

Safe

Inpatient Falls - Trust

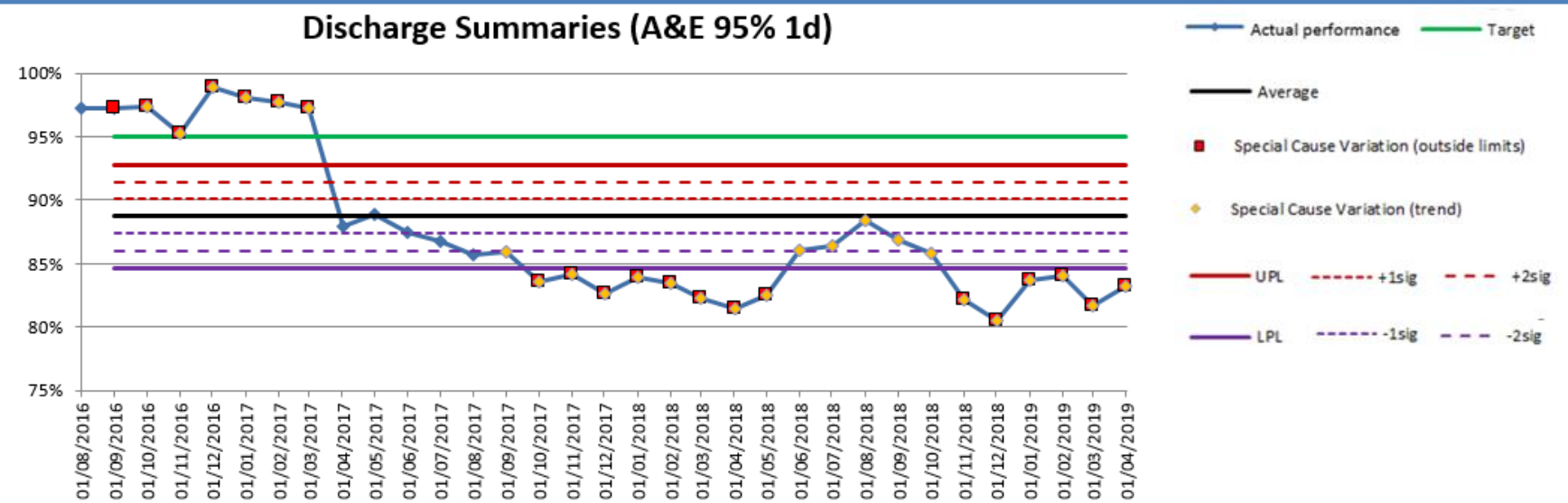


Narrative

What	Common Cause Variation with data points remaining inside the upper and lower process limits.
Why	n/a
How	n/a
When	n/a

Safe

Discharge Summaries ED

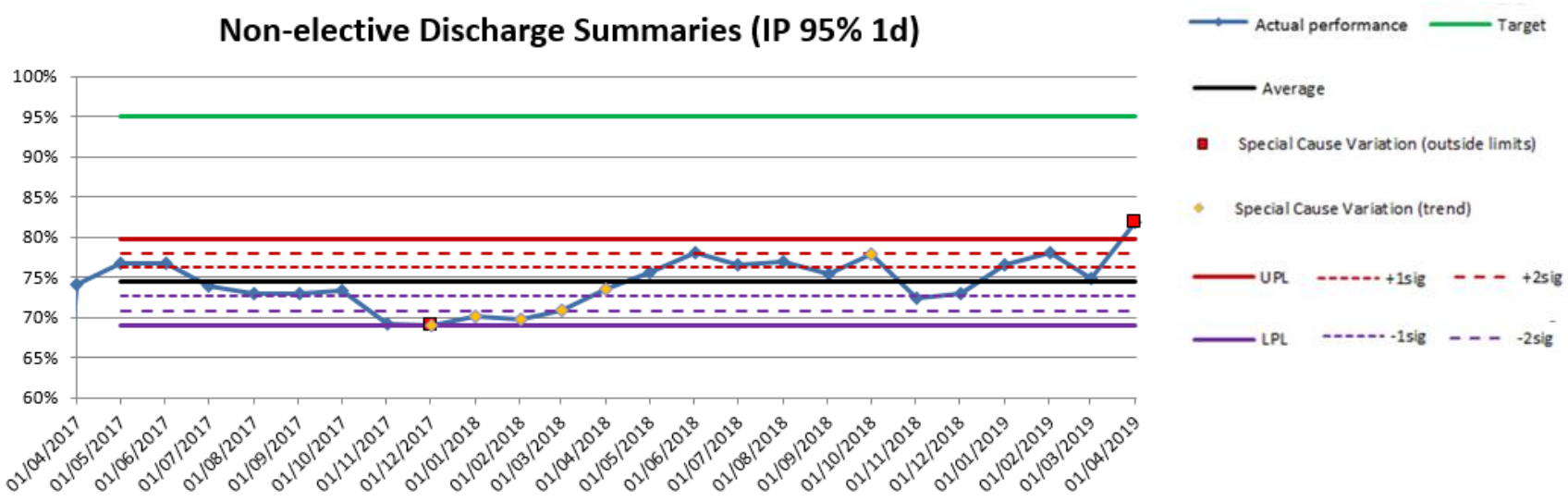


Narrative

What	The chart shows a deteriorating trend with performance outside of the control limits. The target is unlikely to be achieved under the current trajectory.
Why	The Chief Operating Officer is now taking personal responsibility for overseeing performance for each area. Weekly reports are distributed to each area and most areas have less than ten outstanding discharge summaries each week. Any areas with greater numbers than this are required to take immediate action.
How	We continue to work with the ED team and the visiting clinicians to try and address this.
When	Not known

Effective

Discharge Summaries Non elective admissions

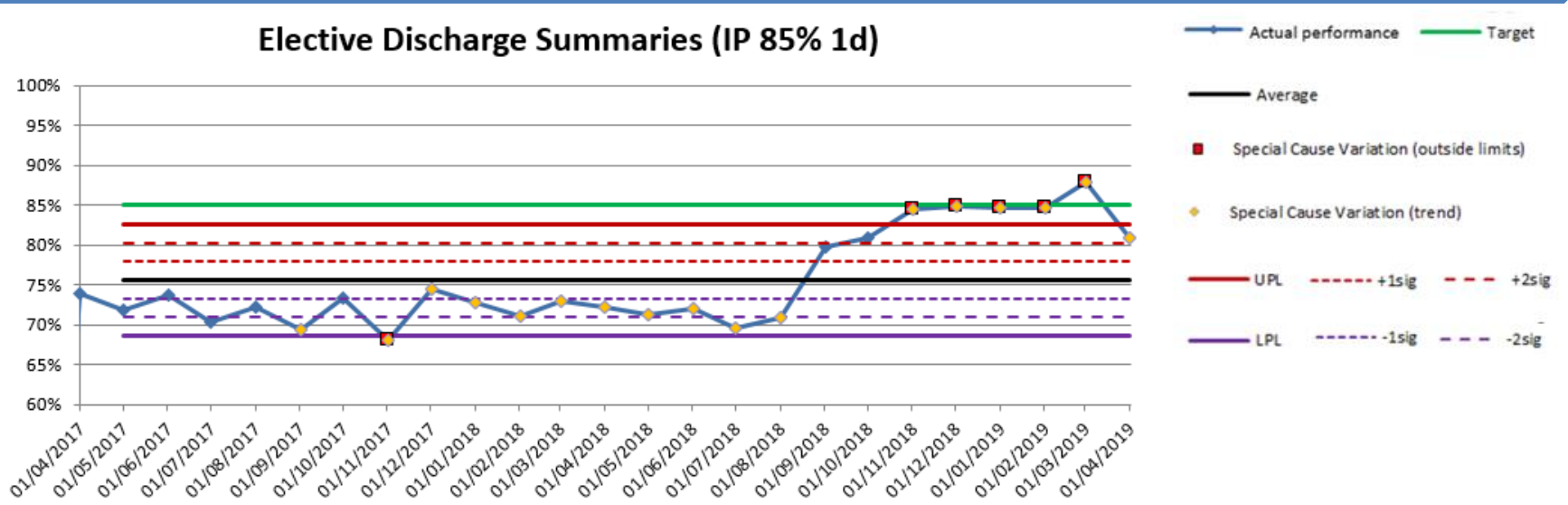


Narrative

What	The chart shows no trend but there is a Special Cause Variation- High with the April data point performing above the upper control limit.
Why	The Chief Operating Officer is now taking personal responsibility for overseeing performance for each area. Weekly reports are distributed to each area and most areas have less than ten outstanding discharge summaries each week. Any areas with greater numbers than this are required to take immediate action.
How	We continue to work with the team and the visiting clinicians.
When	Not known

Effective

Discharge Summaries Elective admissions

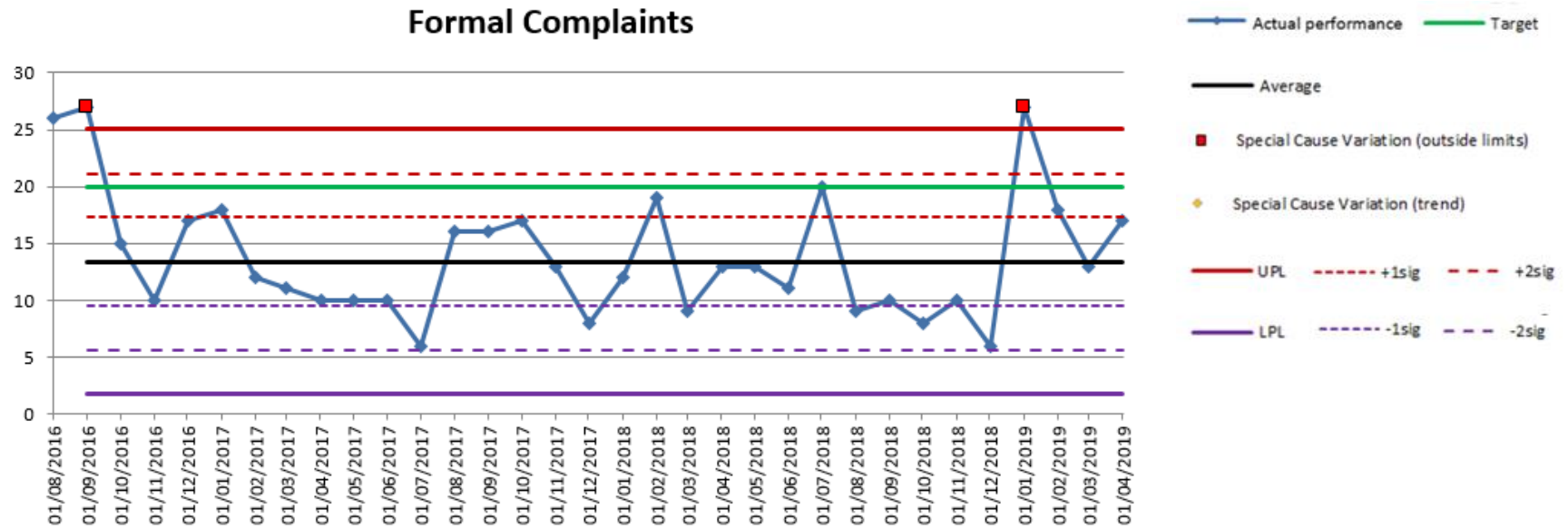


Narrative

What	The chart showed an improving trend which has deteriorated this month.
Why	The Chief Operating Officer is now taking personal responsibility for overseeing performance for each area. Weekly reports are distributed to each area and most areas have less than ten outstanding discharge summaries each week. Any areas with greater numbers than this are required to take immediate action.
How	We continue to work with the team and the visiting clinicians.
When	Not known

Effective

Complaints

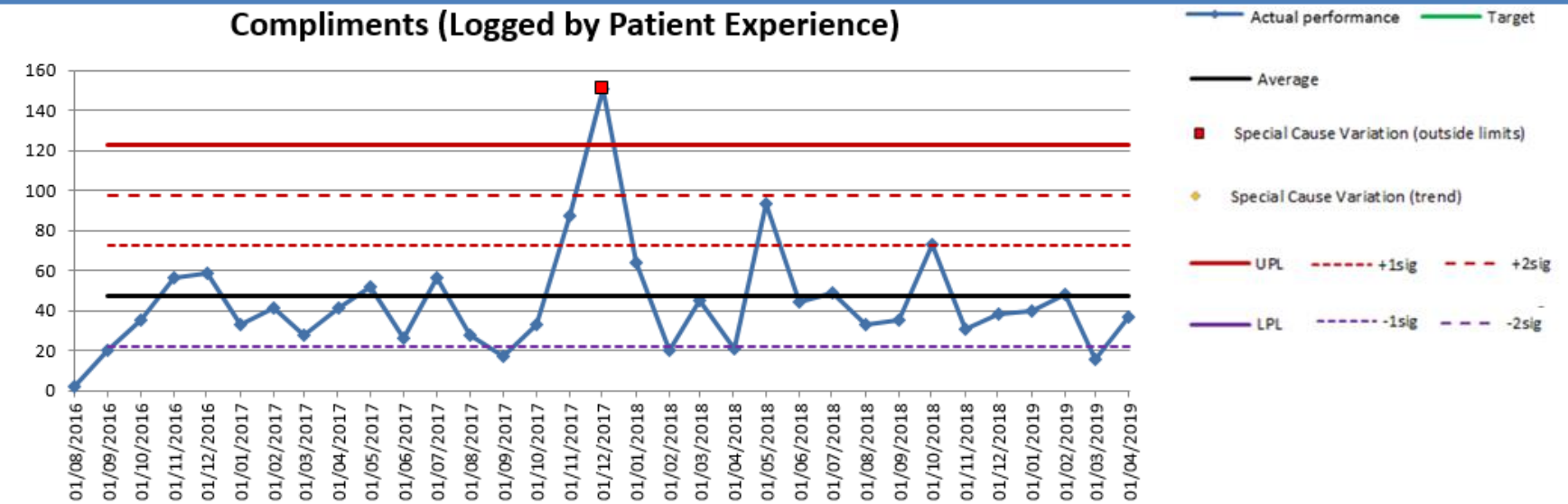


Narrative

What	The chart demonstrates common cause variation with this metric with no performance trend. 17 formal complaints were recorded in April 2019. An increase of 5 when compared with the number received in March 2019. However, an overall reduction has been seen since January 2019.
Why	On analysis four complaints related to paediatric community services and concerns about diagnosis and access to services being the main themes identified. Eleven complaints were categorised as concerns with clinical treatment, five of which were sub categorised as relating to perceived delays in treatment or diagnosis.
How	The PALS team continue to deal with as many issues as possible to try and seek quick resolution before patients or relatives wish to escalate their concerns to a formal complaint. The performance will continue to be monitored as the quarter progresses.
When	-

Caring

Compliments

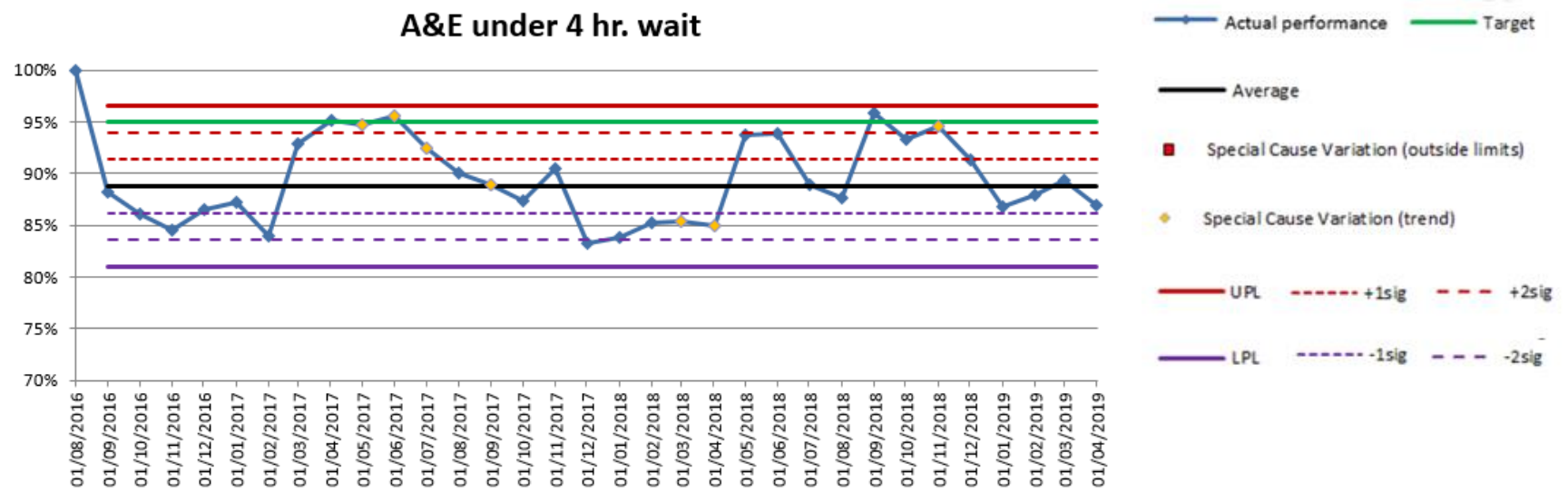


Narrative

What	The chart demonstrates common cause variation with this metric with no performance trend. Compliments shared with the patient experience team are below average and a further reduction was seen in April 2019 however, this has increased since March 2019 when a significant reduction was noted.
Why	We continue to remind staff to share copies of their thank you letters however; this is often not achieved causing an inaccurate account of the total number of compliments received Trust-Wide.
How	Reminders continue to be given to wards and departments.
When	-

Caring

ED 4 Hour Standard

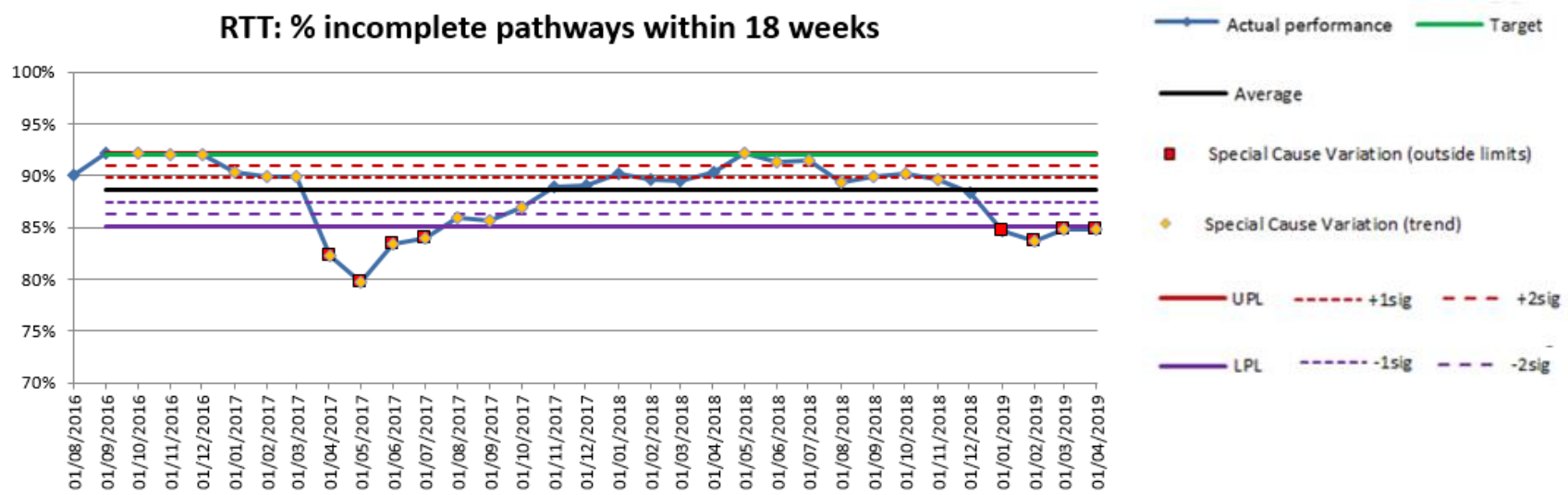


Narrative

What	The chart shows common cause variation with no trend and no assurance the target will be consistently achieved.
Why	Significant increases in demand into the emergency department.
How	Improvement work aligned with CQC Key Lines of Enquiry Departmental learning information board in place to share good practice, performance information and key topics Band 5 recruitment on going. Continued positive feedback regarding ED educator and impact on recruitment and retention of staff Consultant-led Super RAT trial 25th February to 17th March- evaluation being completed
When	Unknown at this time

Responsive

RTT

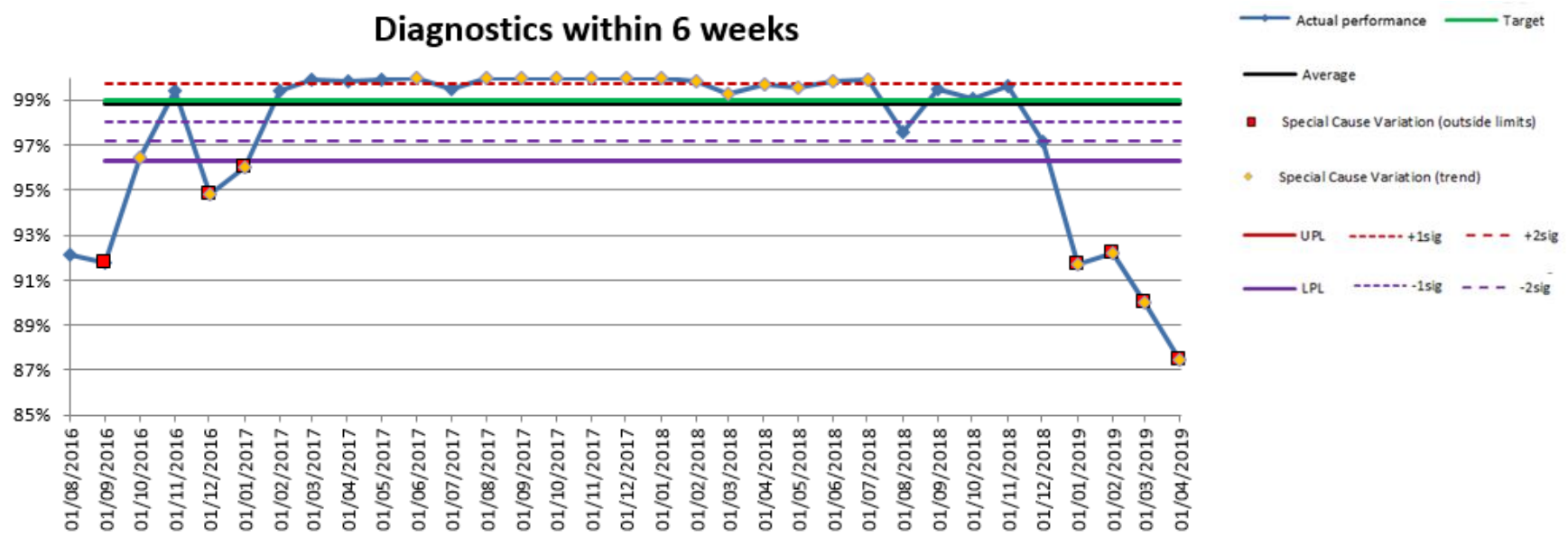


Narrative

What	Special Cause Variation – Low, last 4months sitting on or below the Lower Process Limits
Why	Sustained performance in April. Services that are substantially underperforming are; General Surgery (predominantly vascular causing this issue), Urology, Trauma and Orthopaedics, Ophthalmology, and Gynaecology.
How	-
When	-

Responsive

Diagnostics within 6 weeks

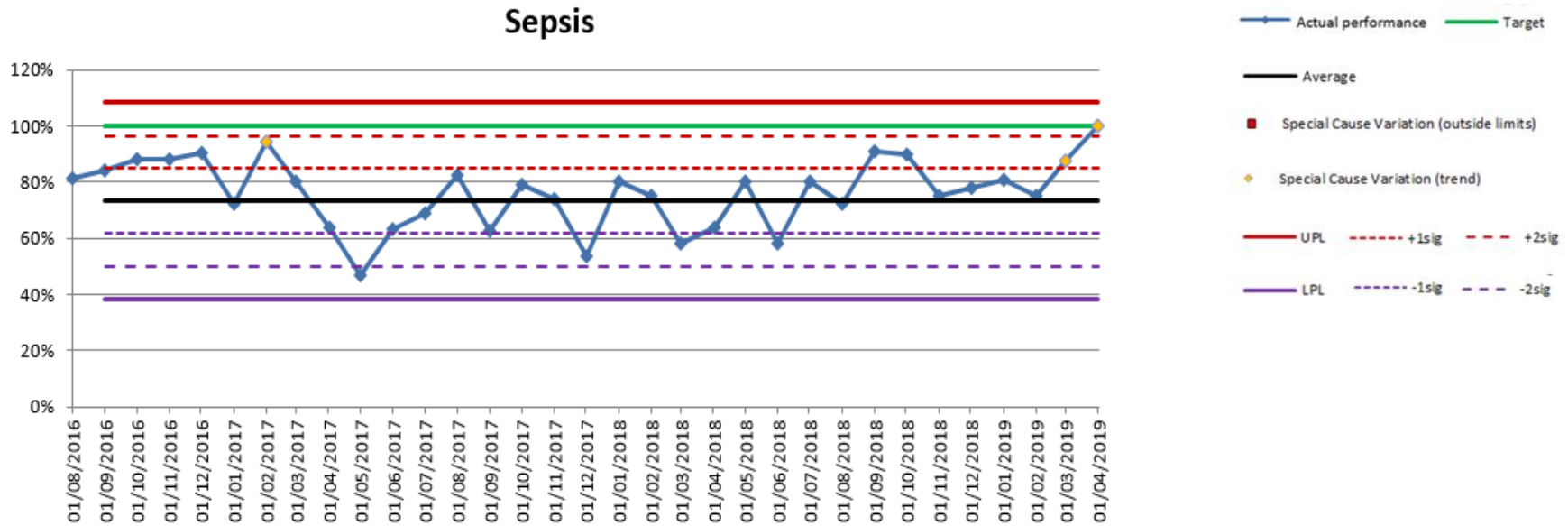


Narrative

What	Special Cause Variation – Low, this has seen a sharp deterioration and now sits below the control limits
Why	Cardiology, Audiology & Urology fell under their target
How	Cardiology have added extra staff to help with performance, Urology are planning to review capacity to help get back on target & Audiology has seen a better month and is working to keep this sustained performance.
When	-

Responsive

Sepsis

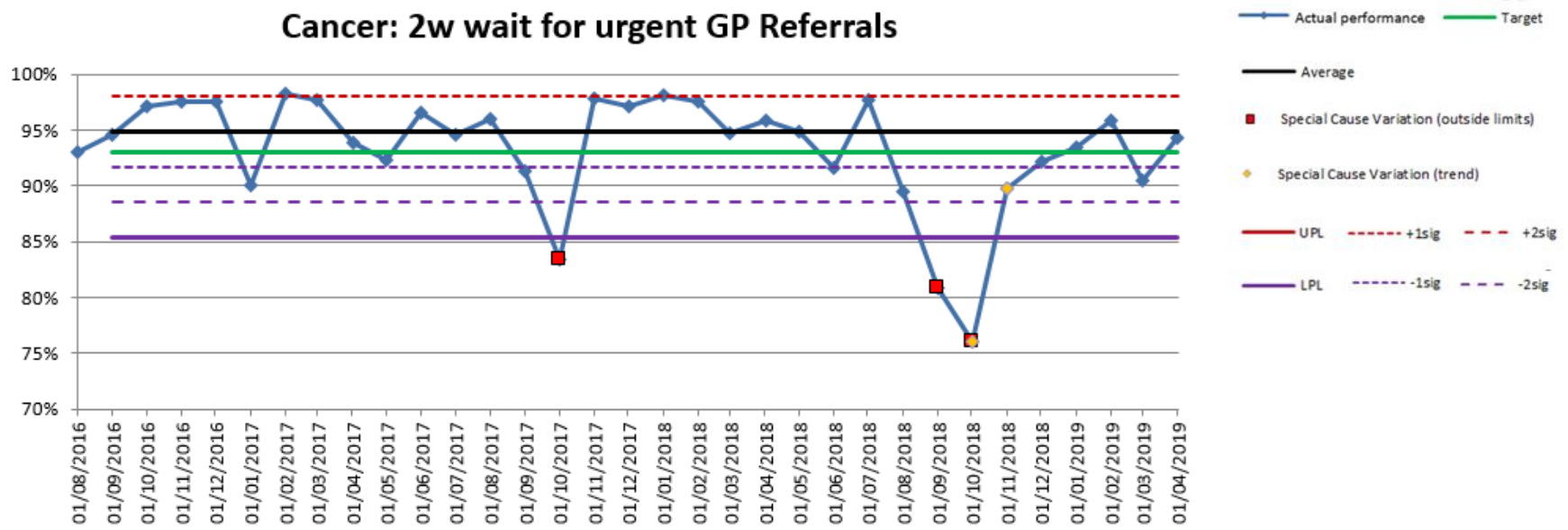


Narrative

What	Special Cause variation – High, we have been seeing a steady positive increase with April achieving 100% however a performance trend has not yet been demonstrated.
Why	-
How	-
When	-

Responsive

Cancer 2 week referral

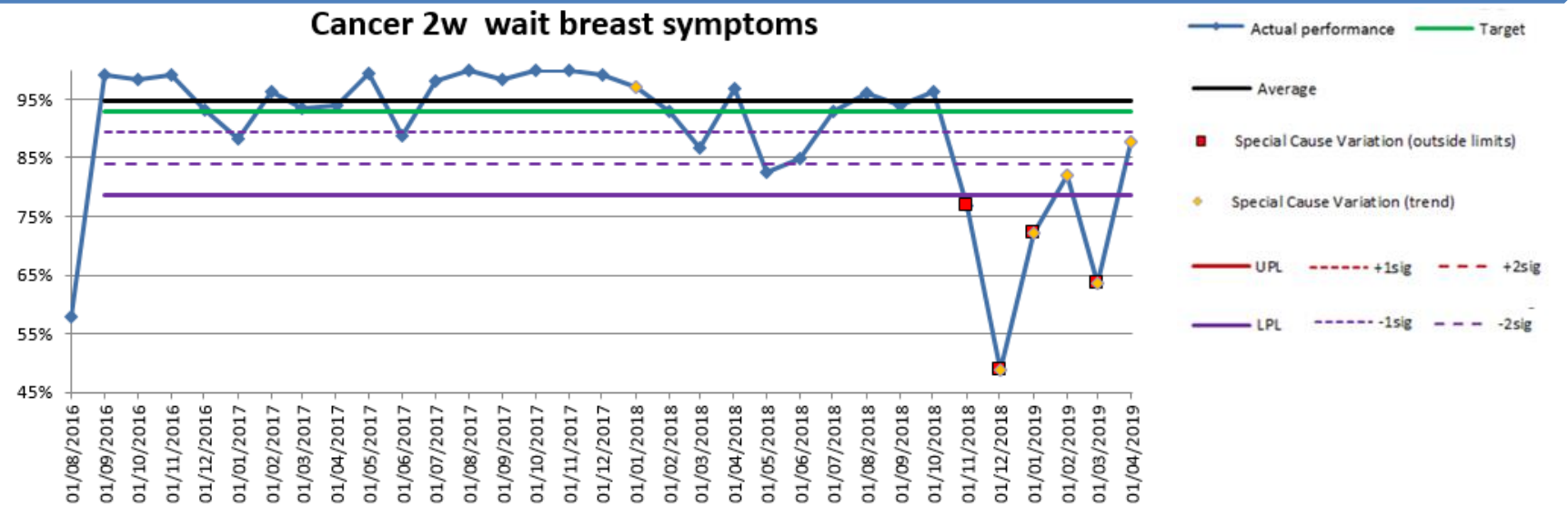


Narrative

What	Common cause variation in the performance with the assurance this measure will hit and miss the target.
Why	Generally increased referrals and capacity constraints for diagnostics.
How	Focus on capacity within diagnostics.
When	-

Responsive

Cancer 2 week referral Breast

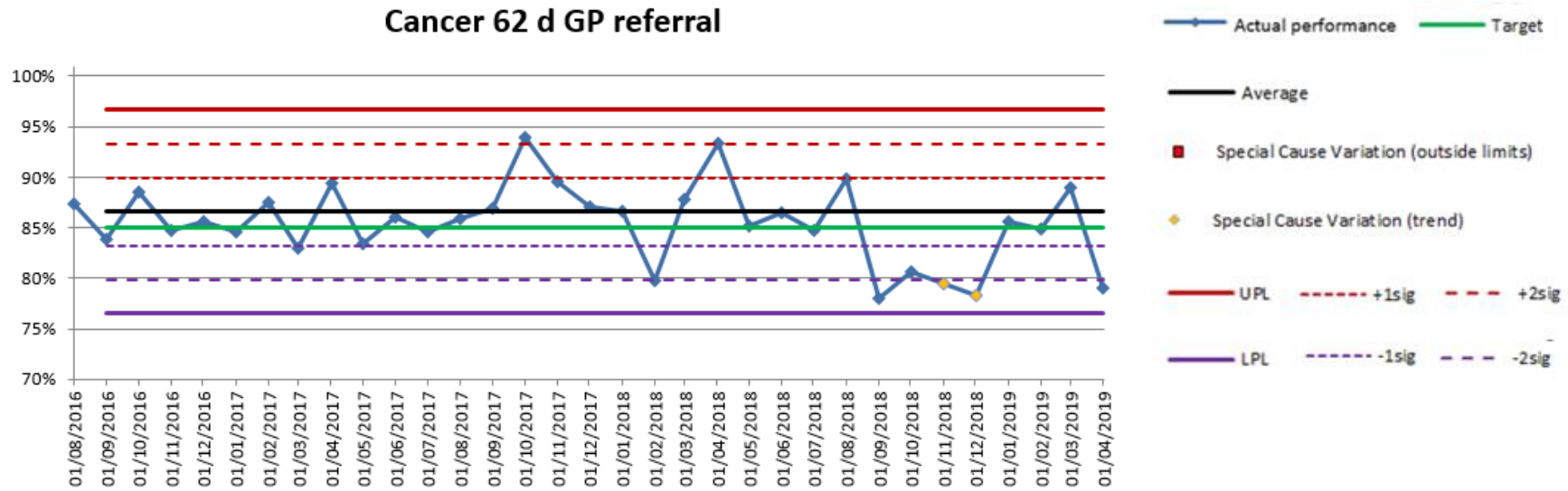


Narrative

What	Special Cause Variation – Low, we have seen an improvement this month but still below target with 6 data points below the mean.
Why	Significant increase in referrals which capacity cannot meet this demand, mainly due to diagnostic capacity.
How	Increased capacity is in place wherever possible and a deep dive into the incoming referrals is underway. The cancer steering group has been established and is investigating this area.
When	-

Responsive

Cancer 62 Day

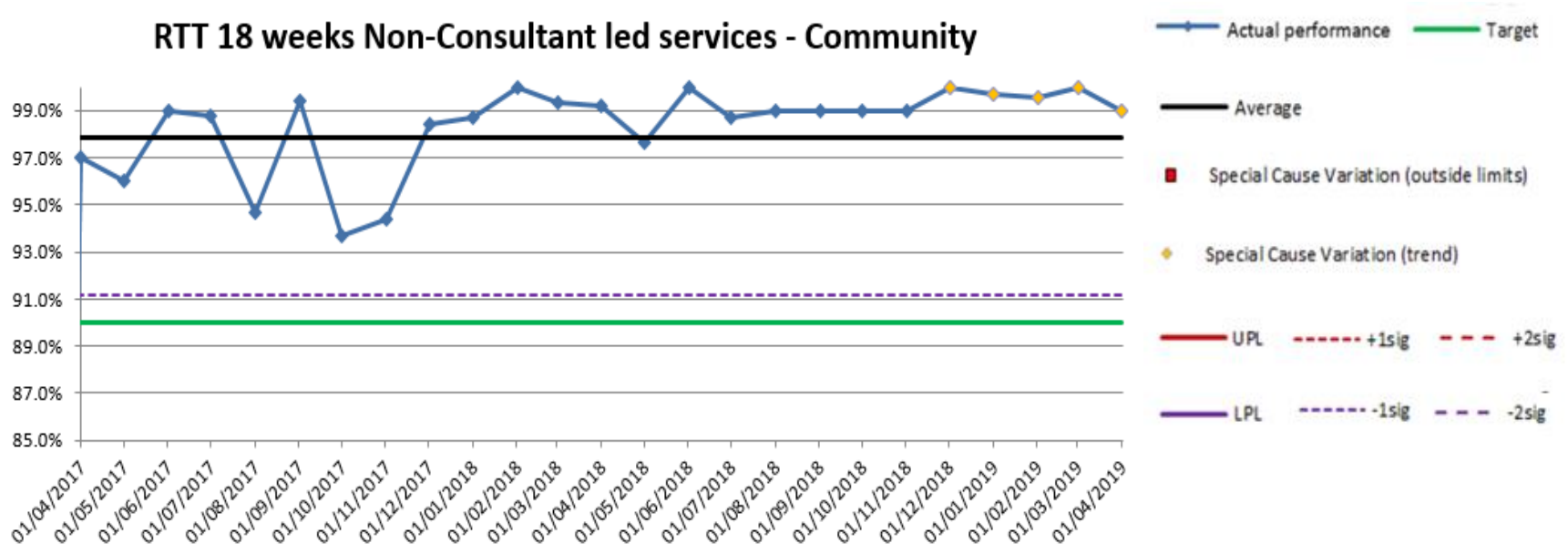


Narrative

What	Common cause variation in the performance with the assurance this measure will hit and miss the target.
Why	Generally increased referrals and capacity constraints for diagnostics.
How	Focus on capacity within diagnostics.
When	-

Responsive

RTT non consultant led

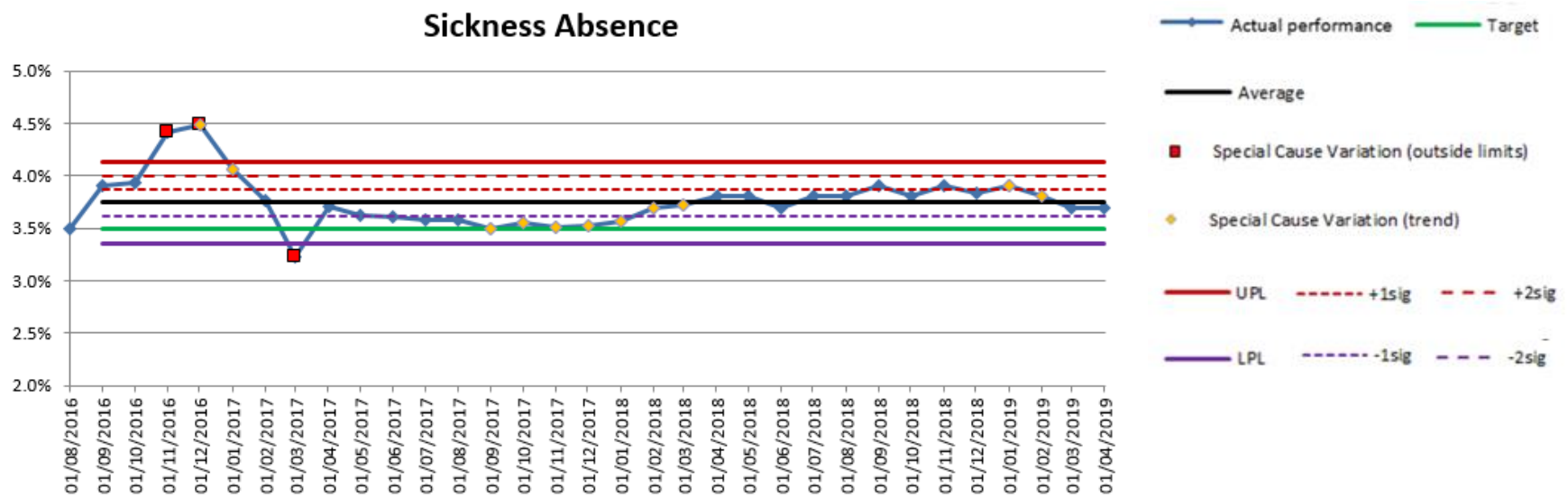


Narrative

What	The performance is consistently above the target and has high assurance of continuing to achieve the target.
Why	Process in place to ensure the target is achieved.
How	Current process to be continued
When	Continue to deliver

Community

Sickness absence

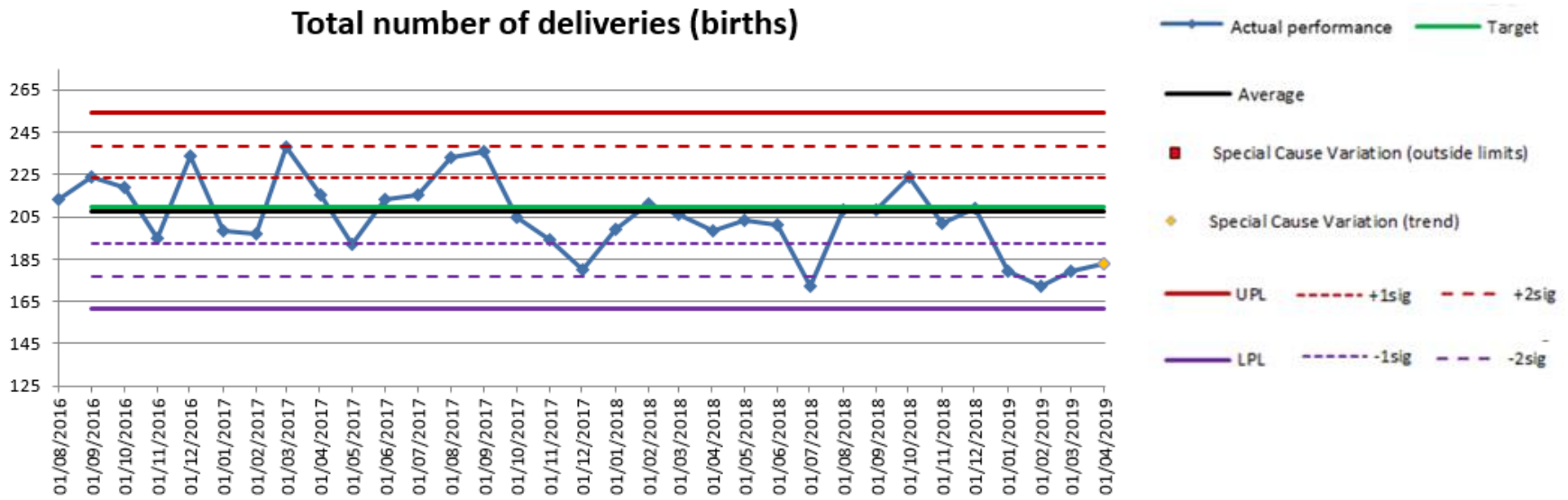


Narrative

What	The chart is showing a common cause variation with no significant trend.
Why	Stable performance is maintained.
How	-
When	-

Well Led

Number of deliveries (births)

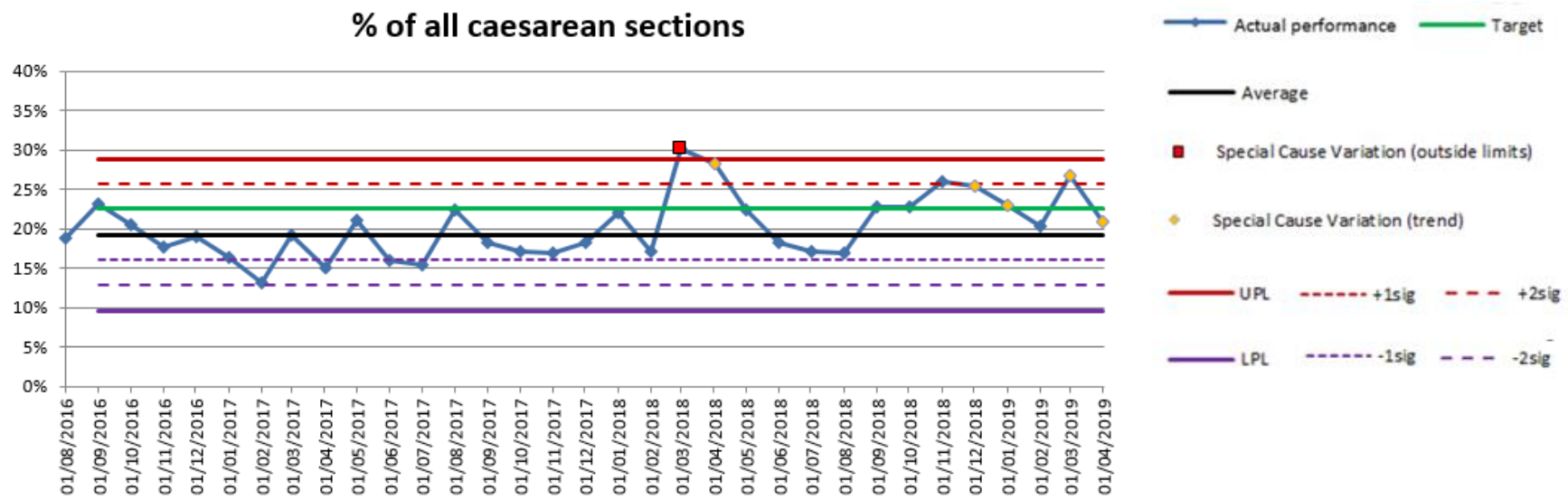


Narrative

What	Common cause variation with April having a Special Cause Variation – Low
Why	-
How	-
When	-

Maternity

Caesarean section rate

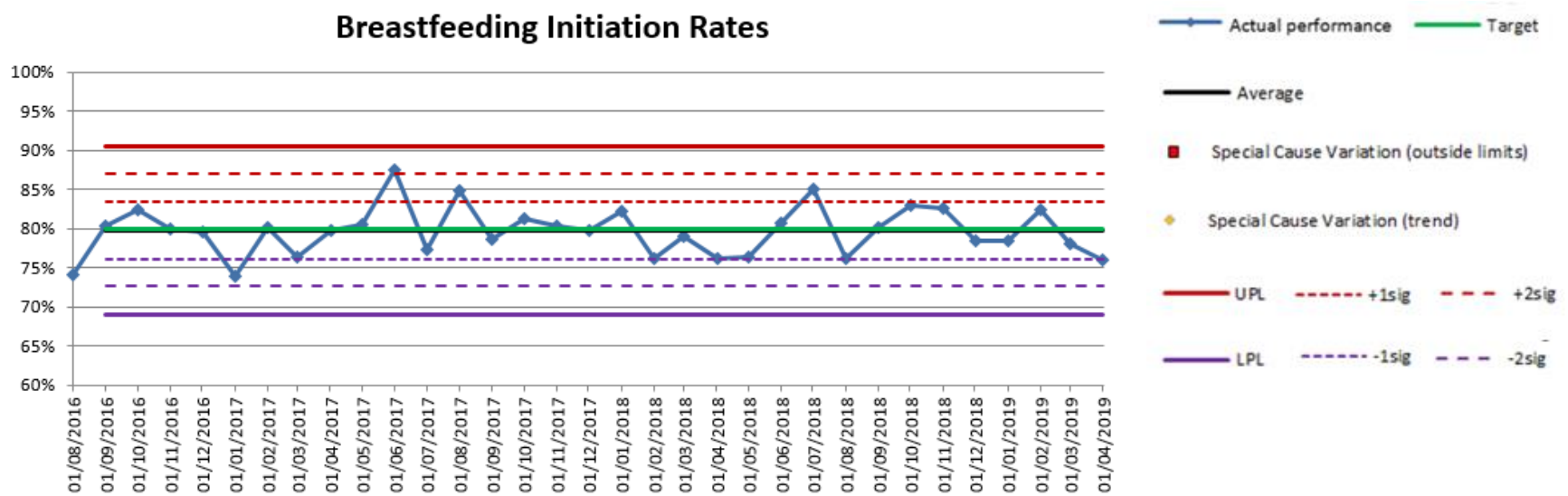


Narrative

What	The chart suggests that this is an area that should be reviewed. Previous performance outside of control limits however no trend identified.
Why	Clinical lead is conducting a review to identify any cause for this deterioration in performance.
How	To be identified if applicable.
When	Tbc

Maternity

Breast feeding initiation



Narrative

What	Common cause variation, No trend
Why	-
How	-
When	-

Maternity

9. Finance and workforce report

To ACCEPT the report

For Report

Presented by Craig Black

Board of Directors – 24 May 2019

Agenda item:	9			
Presented by:	Craig Black, Executive Director of Resources			
Prepared by:	Nick Macdonald, Deputy Director of Finance			
Date prepared:	20th May 2019			
Subject:	Finance and Workforce Board Report – April 2019			
Purpose:	x	For information		For approval

Executive summary:

The Trust agreed a control total to break even in 2019-20 which enabled Provider Sustainability Funding (PSF) of £4.2m should this be met. In order to achieve this total the Trust will need to deliver a Cost Improvement Programme of £8.9m.

The reported I&E for April 2019 is a deficit of £872k, against a planned deficit of £823k. This results in an adverse variance of £49k in April.

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
April 2019 (Month 1)

Executive Sponsor : Craig Black, Director of Resources
Authors : Nick Macdonald, Deputy Director of Finance

Financial Summary

I&E Position YTD	£0.9m	loss
Variance against plan YTD	£0.0m	on plan
Movement in month against plan	£0.0m	on plan
EBITDA position YTD	£0.1m	favourable
EBITDA margin YTD	46.2%	favourable
Total PSF Received	£0.643m	accrued
Cash at bank	£14.7m	

Executive Summary

- The planned deficit for the year to date was £0.8m but the actual deficit was £0.9m, an adverse variance of £0.1m.
- We are planning to break even in 2019-20

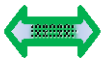
SUMMARY INCOME AND EXPENDITURE ACCOUNT - April 2019	Apr-19 Budget £m	Apr-19 Actual £m	Apr-19 Variance F/(A) £m
NHS Contract Income	17.5	17.5	0.0
Other Income	3.4	3.3	(0.1)
Total Income	**20.9**	**20.8**	**(0.1)**
Pay Costs	14.4	14.5	(0.1)
Non-pay Costs	6.3	6.2	0.1
Operating Expenditure	**20.7**	**20.7**	**(0.0)**
Contingency and Reserves	0.0	0.0	0.0
EBITDA excl STF	**0.2**	**0.1**	**(0.1)**
Depreciation	0.7	0.7	0.0
Finance costs	0.3	0.4	(0.0)
SURPLUS/(DEFICIT)	**(0.8)**	**(0.9)**	**(0.1)**

FINANCE AND WORKFORCE REPORT - APRIL 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 - APRIL 2019

Income and Expenditure Summary as at April 2019

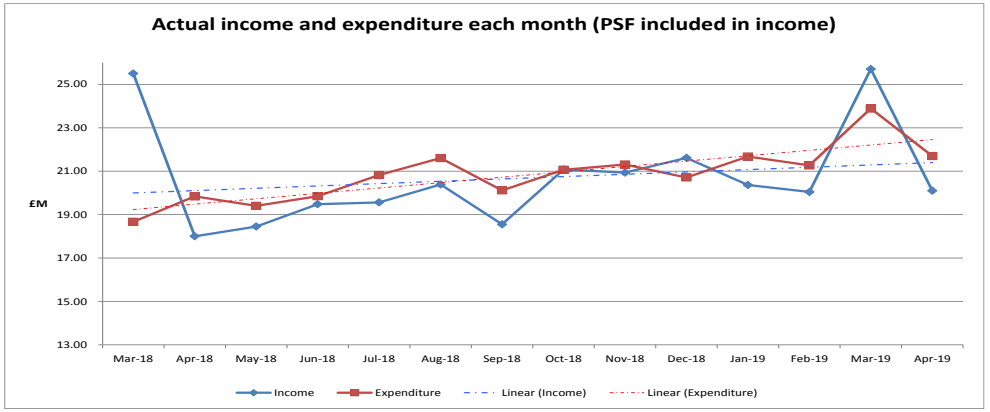
The Trust agreed a control total to break even in 2019-20 which enabled Provider Sustainability Funding (PSF) of £4.2m should this be met. In order to achieve this total the Trust will need to deliver a Cost Improvement Programme of £8.9m.

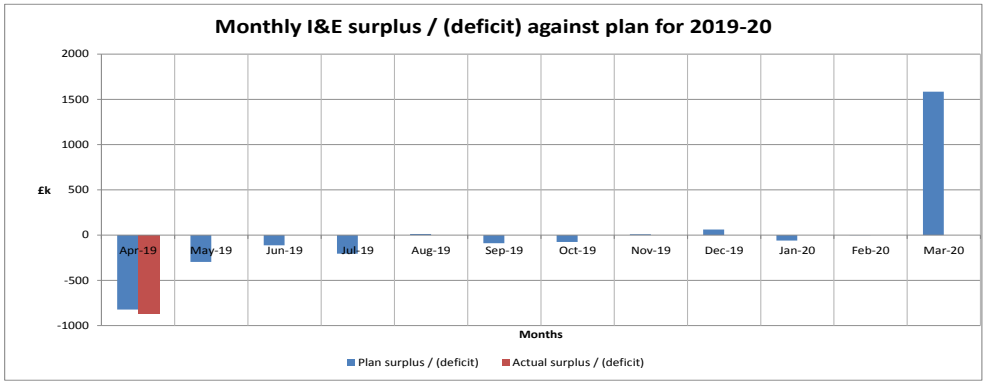
The reported I&E for April 2019 is a deficit of £872k, against a planned deficit of £823k. This results in an adverse variance of £49k in April.

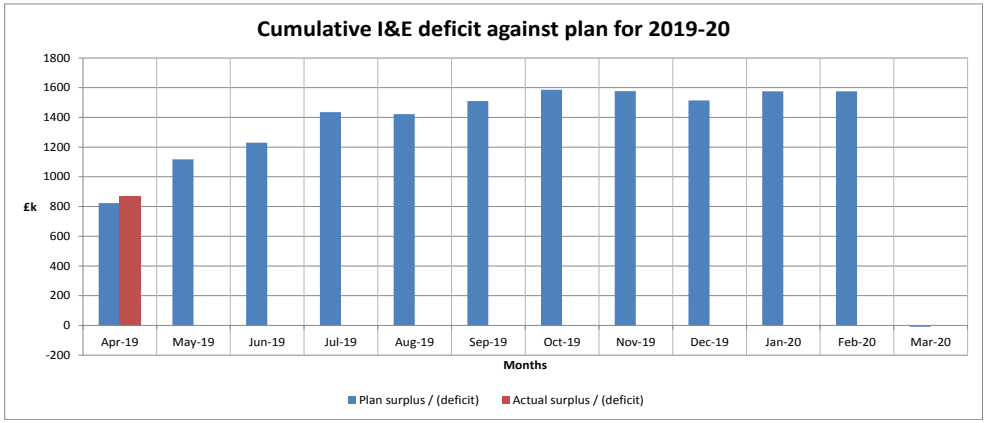
The Trust plans to generate only 7.9% of the annual clinical income in April owing to the short number of working days (20/252 = 7.9%). This is similar to April 18 and April 17. Since costs are more evenly spread (8.5% budgeted in April) the result is a planned loss of £0.8m in April.

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)	(834)	(883)	(49)	↑	Amber
YTD surplus / (deficit)	(834)	(883)	(49)	↑	Amber
Forecast surplus / (deficit)	9	9	0	↔	Green
EBITDA (excl STF) YTD	(496)	(514)	(18)	↑	Amber
EBITDA (%)	(2.4%)	(2.5%)	(0.1%)	↔	Amber
Clinical Income YTD	(17,509)	(17,520)	11	↑	Green
Non-Clinical Income YTD	(3,387)	(3,308)	(79)	↓	Amber
Pay YTD	14,409	14,520	(110)	↓	Red
Non-Pay YTD	7,320	7,191	129	↑	Green
CIP target YTD	796	764	(32)	↓	Amber



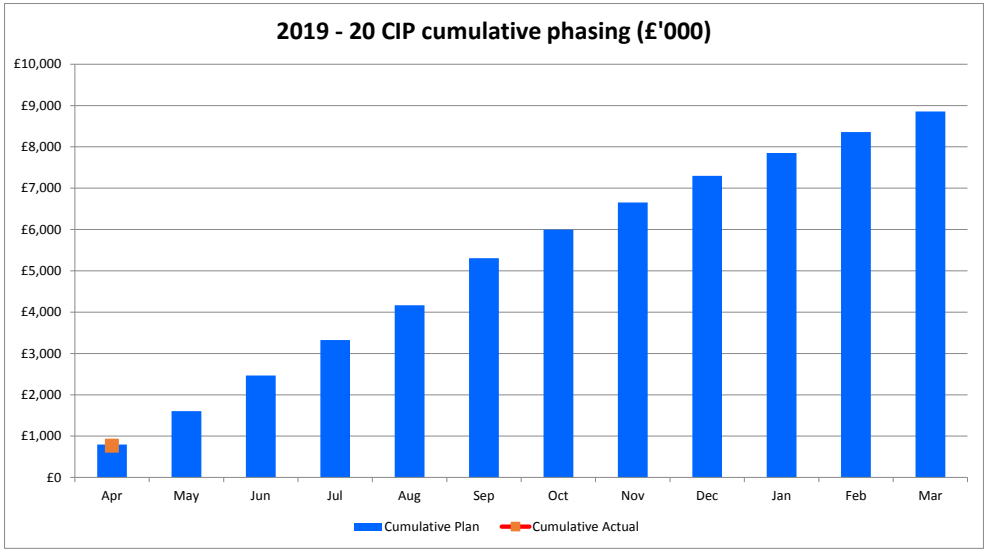


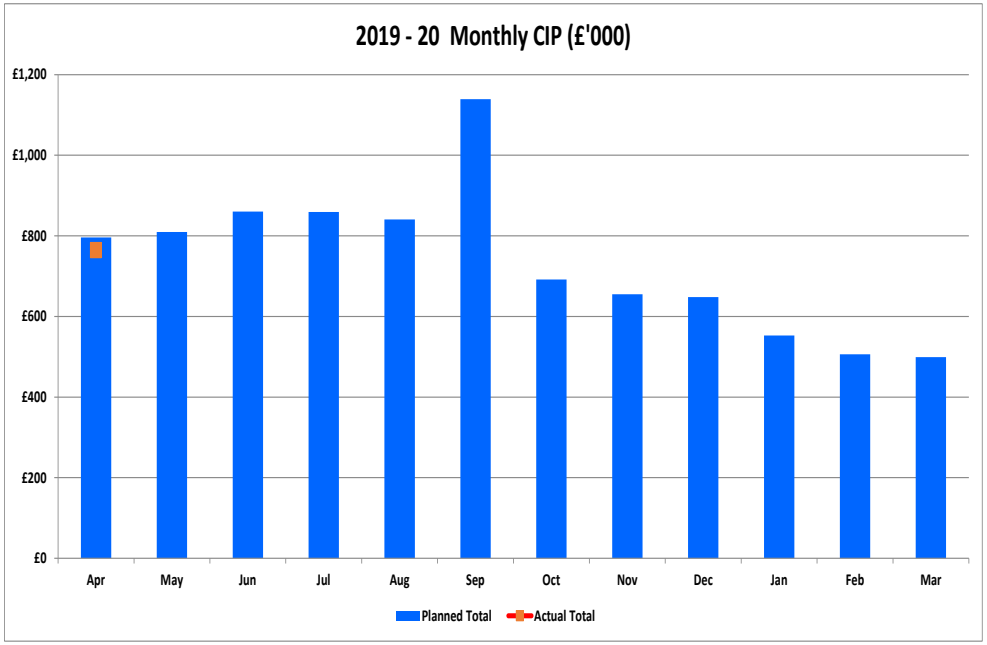


Cost Improvement Programme (CIP) 2019-20

In order to deliver the Trust's control target in 2019-20 we needed to deliver a CIP of £8.9m (4%). In April we planned to achieve £796k (9% of the annual plan) but achieved £764k (£32k behind plan).

Recurring/Non Recurring	2019-20 Annual Plan	Plan YTD	Actual YTD
	£'000	£'000	£'000
Recurring			
Other Income	1,753	207	151
Staffing Review	1,076	96	28
Pay controls	361	31	24
Service Review	20	-	-
Theatre Efficiency	178	-	5
Additional sessions	15	1	-
Outpatients	100	8	9
Drugs	1,687	175	144
Procurement	677	56	53
Community Equipment Service	575	84	73
Estates and Facilities	73	6	5
Other	1,309	36	37
Recurring Total	**7,824**	**701**	**529**
Non-Recurring			
Pay controls	376	40	83
Estates and Facilities	128	11	-
Other	529	44	152
Non-Recurring Total	**1,033**	**95**	**235**
Grand Total	**8,857**	**796**	**764**

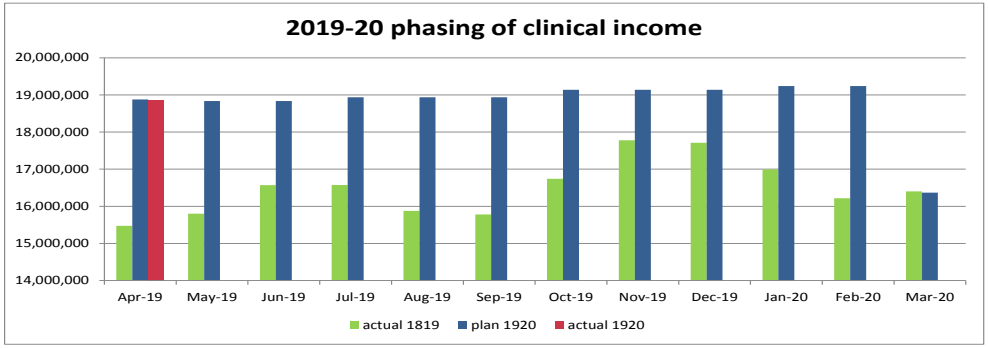




FINANCE AND WORKFORCE REPORT - APRIL 2019

Income Analysis

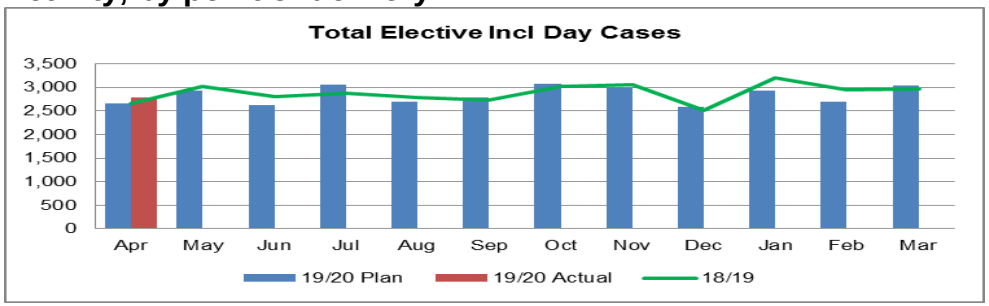
The chart below demonstrates the phasing of all clinical income plan for 2018-19, including Community Services. This phasing is in line with phasing of activity.

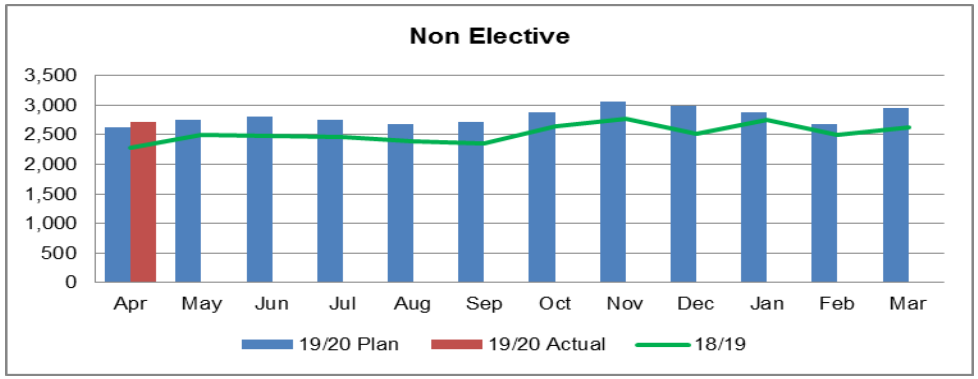


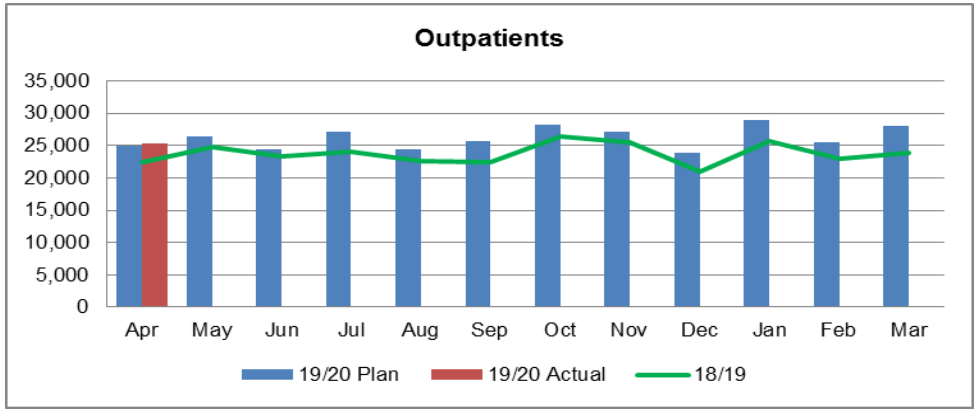
The income position was slightly ahead of plan for April. The main areas of underperformance were seen in the Elective services, with Non Elective demand higher than planned.

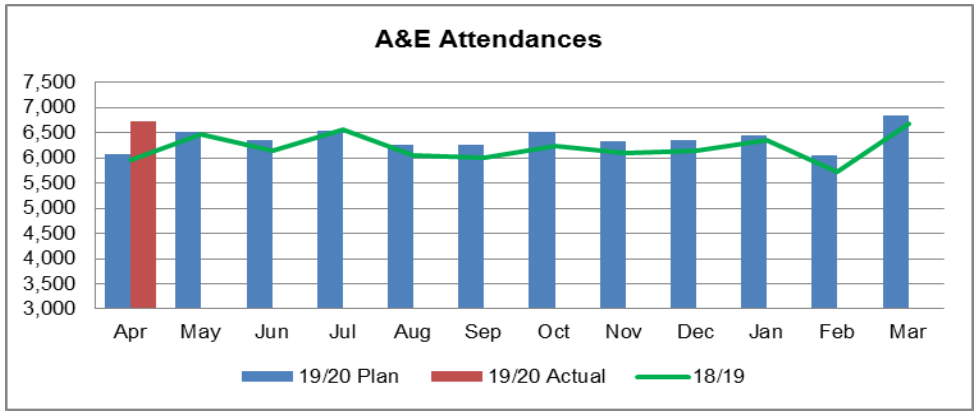
	Current Month			Year to Date		
Income (£000s)	Plan	Actual	Variance	Plan	Actual	Variance
Accident and Emergency	863	953	90	863	953	90
Other Services	1,444	1,551	107	1,444	1,551	107
CQUIN	164	162	(3)	164	162	(3)
Elective	2,647	2,539	(108)	2,647	2,539	(108)
Non Elective	5,901	5,968	67	5,901	5,968	67
Emergency Threshold Adjustment	(326)	(326)	0	(326)	(326)	0
Outpatients	3,001	2,871	(130)	3,001	2,871	(130)
Community	3,221	3,215	(6)	3,221	3,215	(6)
Total	**16,915**	**16,932**	**17**	**16,915**	**16,932**	**17**

Activity, by point of delivery



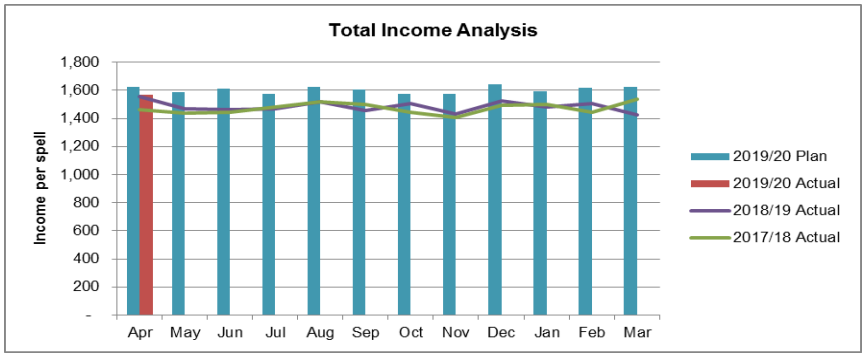


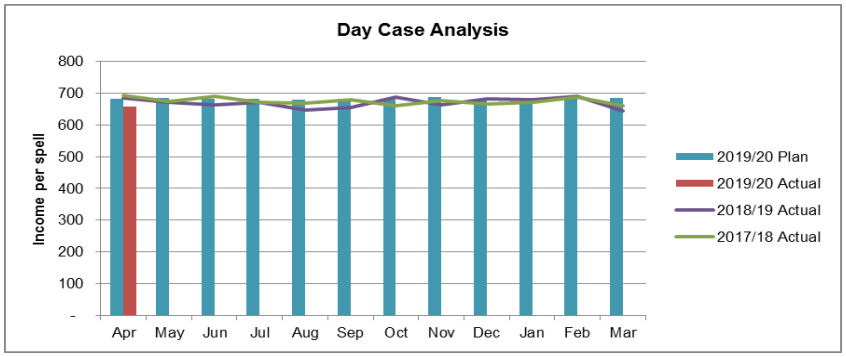


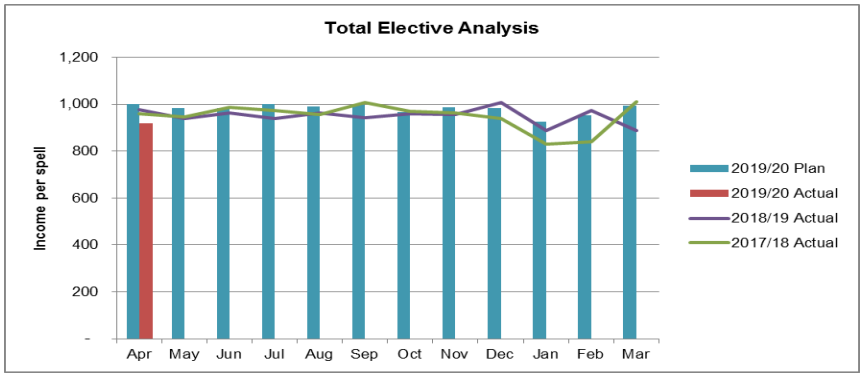


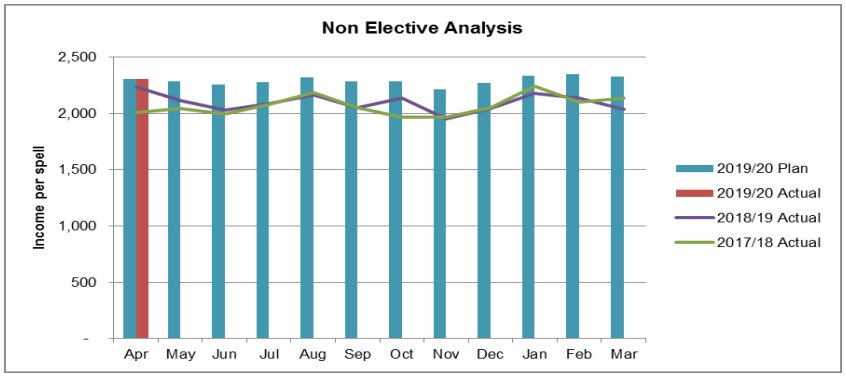
FINANCE AND WORKFORCE REPORT - APRIL 2019

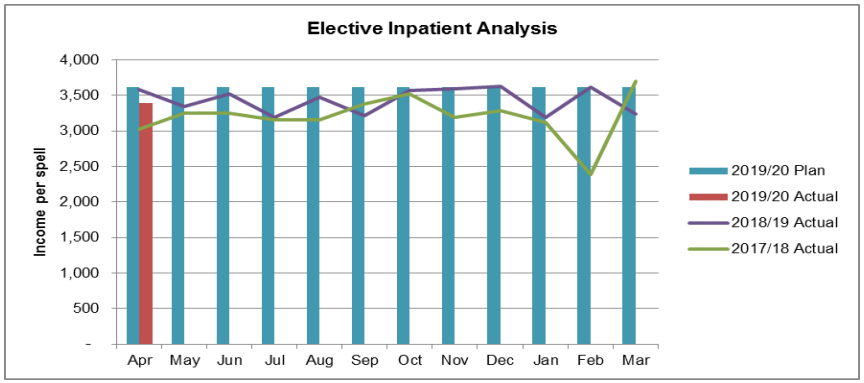
Trends and Analysis

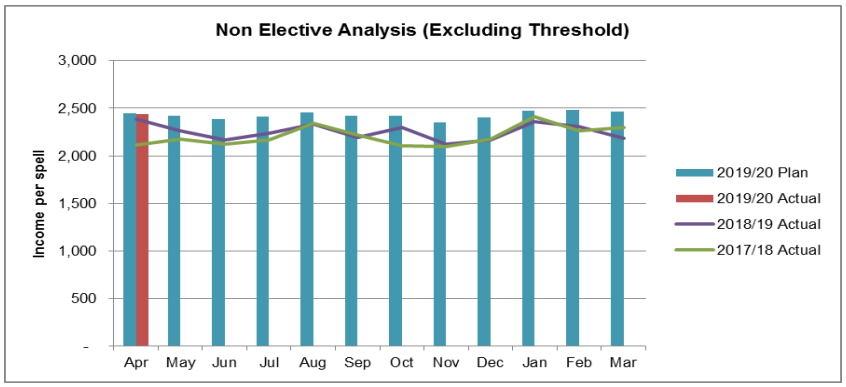












FINANCE AND WORKFORCE REPORT - APRIL 2019

Workforce

Monthly Expenditure (£) Acute services only				
As at April 2019	Apr-19	Mar-19	Apr-18	YTD 2019/20
	£'000	£'000	£'000	£'000
Budgeted costs in month	**12,667**	**11,885**	**11,167**	**12,667**
Substantive Staff	11,199	11,247	9,908	11,199
Medical Agency Staff (includes 'contracted in' staff)	182	220	132	182
Medical Locum Staff	286	213	256	286
Additional Medical sessions	308	240	298	308
Nursing Agency Staff	154	243	127	154
Nursing Bank Staff	263	238	347	263
Other Agency Staff	37	31	41	37
Other Bank Staff	151	131	145	151
Overtime	221	167	139	221
On Call	67	104	64	67
Total temporary expenditure	1,669	1,587	1,549	1,669
Total expenditure on pay	**12,868**	**12,834**	**11,457**	**12,868**
Variance (F/(A))	(201)	(949)	(290)	(201)
Temp Staff costs % of Total Pay	13.0%	12.4%	13.5%	13.0%
Memo : Total agency spend in month	373	494	300	373

Monthly Expenditure (£) Community Service Only				
As at April 2019	Apr-19	Mar-19	Apr-18	YTD 2019-20
	£'000	£'000	£'000	£'000
Budgeted costs in month	**1,718**	**1,561**	**1,517**	**1,718**
Substantive Staff	1,559	1,449	1,461	1,559
Medical Agency Staff (includes 'contracted in' staff)	12	12	6	12
Medical Locum Staff	8	3	3	8
Additional Medical sessions	1	1	0	1
Nursing Agency Staff	12	23	11	12
Nursing Bank Staff	36	23	14	36
Other Agency Staff	7	(24)	14	7
Other Bank Staff	7	8	7	7
Overtime	7	7	9	7
On Call	4	3	3	4
Total temporary expenditure	93	54	67	93
Total expenditure on pay	**1,651**	**1,503**	**1,528**	**1,651**
Variance (F/(A))	67	58	(11)	67
Temp Staff costs % of Total Pay	5.6%	3.6%	4.4%	5.6%
Memo : Total agency spend in month	30	10	31	30

Monthly Whole Time Equivalents (WTE) Acute Services only			
As at April 2019	Apr-19	Mar-19	Apr-18
	WTE	WTE	WTE
Budgeted WTE in month	**3,381.5**	**3,237.9**	**3,121.7**
Employed substantive WTE in month	2991.82	2971.5	2771.75
Medical Agency Staff (includes 'contracted in' staff)	12.87	26.38	12.67
Medical Locum	38.24	14.49	18.46
Additional Sessions	23.29	20.73	20.82
Nursing Agency	24.47	34.91	25.06
Nursing Bank	81.74	72.2	110.45
Other Agency	8.1	7.68	7.76
Other Bank	63.31	57.21	68.3
Overtime	61.25	52.18	41.67
On call Worked	6.92	6.01	8
Total equivalent temporary WTE	**320.2**	**291.8**	**313.2**
Total equivalent employed WTE	**3,312.0**	**3,263.3**	**3,084.9**
Variance (F/(A))	69.5	(25.4)	36.7
Temp Staff WTE % of Total Pay	9.7%	8.9%	10.2%
Memo : Total agency WTE in month	45.4	69.0	45.5
Sickness Rates (Mar / Feb)	3.12%	4.16%	3.81%
Mat Leave	3.01%	2.94%	2.23%

Monthly Whole Time Equivalents (WTE) Community Services Only			
As at April 2019	Apr-19	Mar-19	Apr-18
	WTE	WTE	WTE
Budgeted WTE in month	**531.66**	**486.25**	**482.69**
Employed substantive WTE in month	474.34	476.31	458.75
Medical Agency Staff (includes 'contracted in' staff)	0.74	0.74	0.42
Medical Locum	0.35	0.35	0.35
Additional Sessions	0.00	0.00	0.00
Nursing Agency	1.64	3.16	2.05
Nursing Bank	11.13	6.55	4.86
Other Agency	2.19	0.80	3.62
Other Bank	2.43	2.29	2.30
Overtime	2.14	2.13	2.61
On call Worked	0.00	0.00	0.00
Total equivalent temporary WTE	**20.6**	**16.0**	**16.2**
Total equivalent employed WTE	**495.0**	**492.3**	**474.96**
Variance (F/(A))	36.70	(6.08)	7.73
Temp Staff WTE % of Total Pay	4.2%	3.3%	3.4%
Memo : Total agency WTE in month	4.6	4.7	6.1
Sickness Rates (Mar / Feb)	4.62%	4.62%	3.61%
Mat Leave	2.81%	3.08%	2.45%

FINANCE AND WORKFORCE REPORT - APRIL 2019

Pay Trends and Analysis

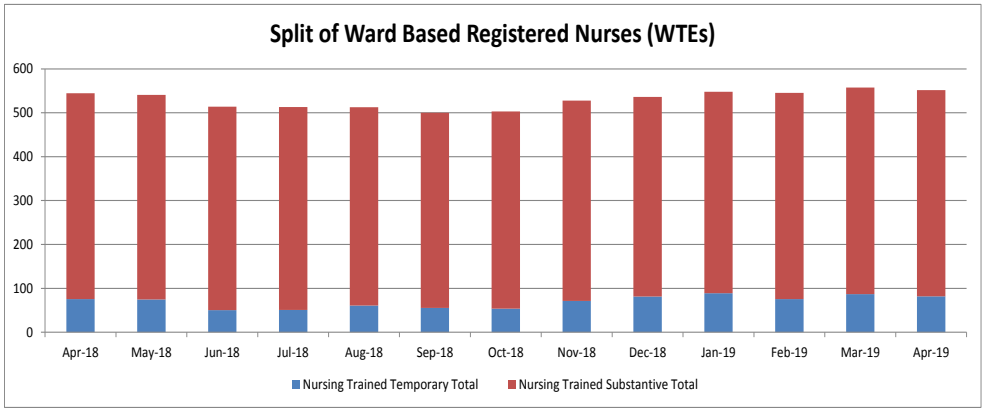
The Trust spent £110k more than budget on pay in April.

Nursing

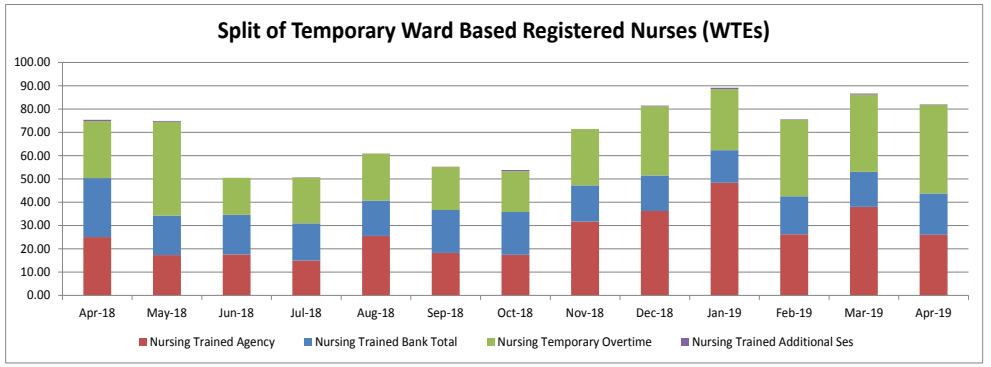
The tables below compare actual WTEs within ward based and non-ward based registered and unregistered nursing between April 2018 and April 2019. We will provide further analysis of the increases in non-ward based nursing in next months Board report.

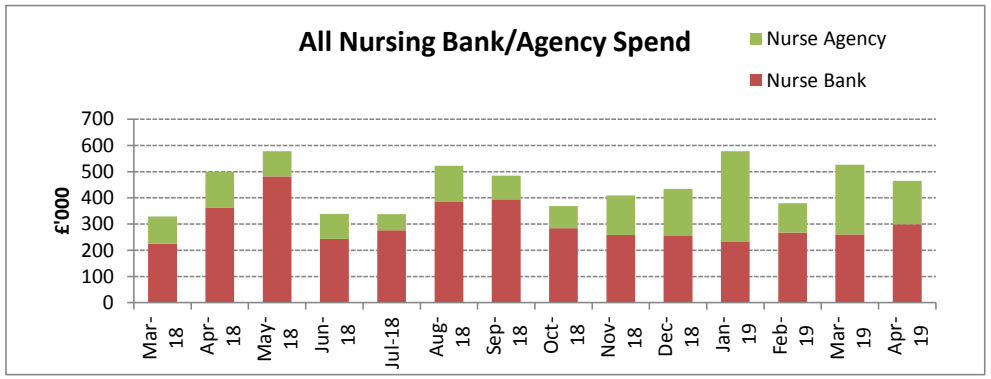
Nursing WTE Actual Increase / (Decrease) April 18 to April 19			
	Ward Based	Non Ward Based	Total
Registered	7.22	31.1	**38.32**
Unregistered	43.22	6.26	**49.48**
Total	**50.44**	**37.36**	**87.80**

Nursing WTE % Increase / (Decrease) April 18 to April 19			
	Ward Based	Non Ward Based	Total
Registered	1.3%	6.0%	**3.6%**
Unregistered	12.5%	4.3%	**10.1%**
Total	**5.7%**	**5.6%**	**5.7%**

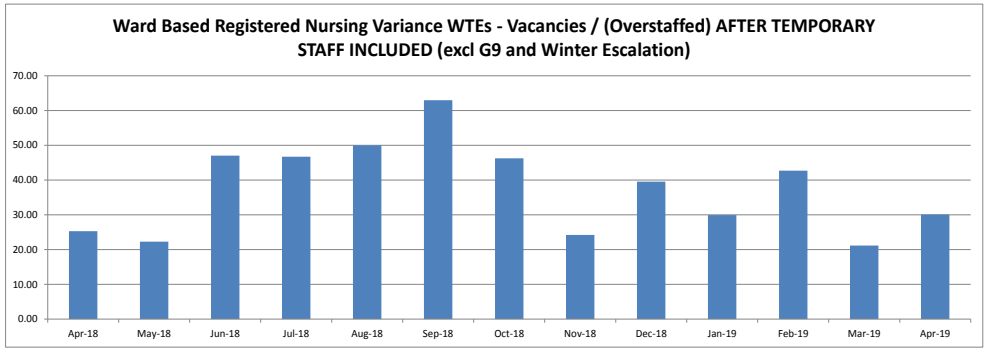


We used 81.98 temporary WTEs to fill the majority of vacant posts during April 2019





However, there remained 30 WTE uncovered Ward Based Registered Nursing Vacancies (excluding escalation areas) after filling with temporary staff.



FINANCE AND WORKFORCE REPORT - APRIL 2019

After using temporary nursing staff there remained 30 WTE registered nursing uncovered vacancies on wards during April 2019 (excluding escalation areas)

Division	Ward Area	Plan April 19	Actual April 19	NET Vacancies (over / (under)) April 19
Medical Services	A&E Medical Staff	6.12	4.11	(2.01)
	Accident & Emergency	64.46	63.38	(1.08)
	C.C.U.	0	0	0.00
	Ward F9	20.85	18.37	(2.48)
	Ward F12	11.27	11.16	(0.11)
	Ward G1 Hardwick Unit	23.74	22.28	(1.46)
	Cardiac Ward	14.28	12.27	(2.01)
	Ward G4	19.78	19.22	(0.56)
	Ward G5	18.93	20.77	1.84
	Ward G8	24.62	19.84	(4.78)
	Medical Treatment Unit	7.04	5.98	(1.06)
	Respiratory Ward	19.9	21.48	1.58
	Cardiac Centre	40.14	33.41	(6.73)
	AAU	27.3	20.85	(6.45)
	Ward F7 Short Stay	22.66	20.94	(1.72)
Medical Services Total		321.09	294.06	(27.03)
Surgical Services	Operating Theatres	60.93	60.86	(0.07)
	Critical Care Services	42.38	43.77	1.39
	Ward F3	19.69	17.92	(1.77)
	Ward F4	13.78	12.72	(1.06)
	Ward F5	19.59	19.46	(0.13)
	Ward F6	19.57	18.72	(0.85)
Surgical Services Total		175.94	173.45	(2.49)
Woman & Children Se	Ward F1 Paediatrics	18.13	20.47	2.34
	Gynae Ward (On F14)	11.18	11.73	0.55
	Neonatal Unit	20.85	19.56	(1.29)
Woman & Children Services Total		50.16	51.76	1.60
Community	Newmarket Hosp-Rosemary ward	12.43	10.89	(1.54)
	Community - Glastonbury Court	11.69	11	(0.69)
Community Total		24.12	21.89	(2.23)
Corporate Directorates	Discharge Waiting Area	1.2	1.25	0.05
Corporate Directorates Total		1.2	1.25	0.05
Grand Total		**572.51**	**542.41**	**(30.10)**

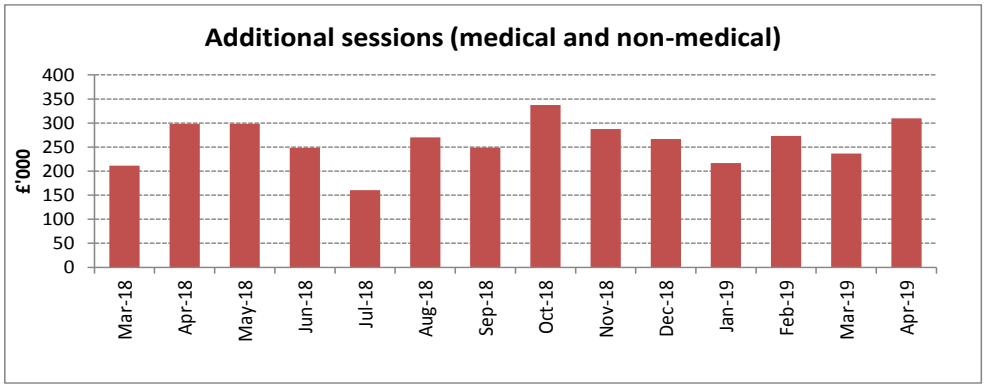
Ward Based Unregistered Nurses were almost fully established during April, after utilising temporary unregistered nurses (3.74 vacancies). This excludes escalation areas.

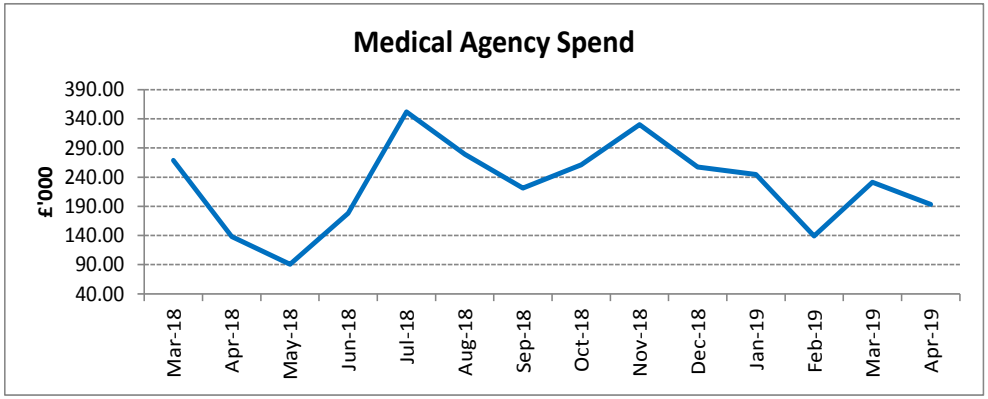
Division	Ward Area	Plan April 19	Actual April 19	NET Vacancies (over / (under)) April 19
Medical Services	Accident & Emergency	26.51	21.83	(4.68)
	C.C.U.	0	0	0.00
	Ward F9	23.18	23.72	0.54
	Ward F12	5.15	5.29	0.14
	Ward G1 Hardwick Unit	9.01	9.17	0.16
	Cardiac Ward	18.03	9.64	(8.39)
	Ward G4	25.03	26.84	1.81
	Ward G5	23.18	25.82	2.64
	Ward G8	25.13	26.49	1.36
	Respiratory Ward	21.13	19.01	(2.12)
	Cardiac Centre	15.2	20.34	5.14
	AAU	29.8	28.92	(0.88)
	Ward F7 Short Stay	31.94	26.9	(5.04)
Medical Services Total		253.29	243.97	(9.32)
Surgical Services	Operating Theatres	22.28	21.1	(1.18)
	Critical Care Services	1.88	3.01	1.13
	Ward F3	22.26	22.97	0.71
	Ward F4	9.61	8.38	(1.23)
	Ward F5	14.51	14.65	0.14
	Ward F6	14.51	17.61	3.10
Surgical Services Total		85.05	87.72	2.67
Woman & Children Services	Ward F1 Paediatrics	7.16	7.54	0.38
	Gynae Ward (On F14)	1	4.81	3.81
	Neonatal Unit	2.64	2.78	0.14
Woman & Children Services Total		10.8	15.13	4.33
Community	Newmarket Hosp-Rosemary ward	13.47	12.26	(1.21)
	Community - Glastonbury Court	12.64	12.43	(0.21)
Community Total		26.11	24.69	(1.42)
Grand Total		**375.25**	**371.51**	**(3.74)**

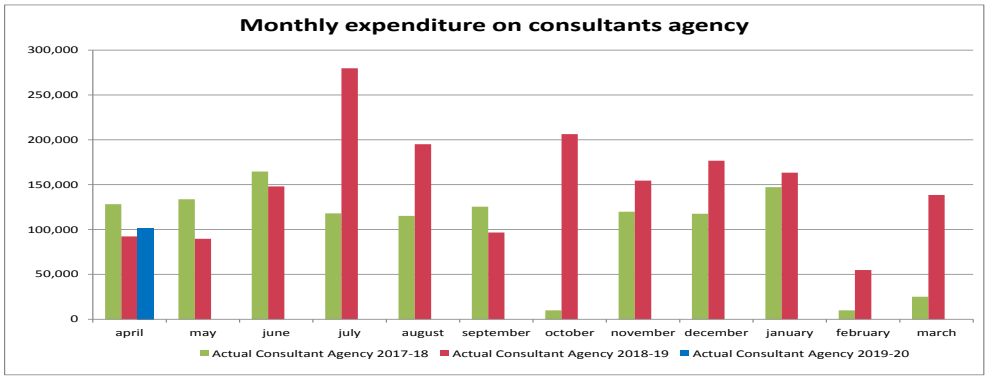
	Registered Nurses				Nursing Assistants			
	Leavers 2018	Starters 2018	% Turnover Predicted (Based on previous year)	% Turnover Actual 2018	Leavers 2018	Starters 2018	% Turnover Predicted (Based on previous year)	% Turnover Actual 2018
January 2018	1	4	0.84%	0.26%	2	8	1.51%	0.53%
February 2018	2	2	2.15%	0.52%	4	5	1.00%	1.07%
March 2018	4	6	0.88%	1.03%	5	6	1.04%	1.35%
April 2018	1	6	0.44%	0.26%	2	8	1.54%	0.54%
May 2018	2	0	0.67%	0.52%	1	0	0.78%	0.27%
June 2018	2	2	1.59%	0.53%	3	12	0.26%	0.80%
July 2018	6	0	1.15%	1.63%	9	8	0.76%	2.39%
August 2018	3	1	1.16%	0.85%	1	11	1.02%	0.27%
September 2018	3	15	1.14%	1.21%	3	15	1.01%	1.19%
October 2018	5	13	0.23%	1.75%	1	19	1.76%	0.34%
November 2018	0	5	0.47%	0.00%	3	10	1.02%	1.27%
December 2018	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%
February 2019	1	1	0.52%	0.44%	1	8	1.07%	0.36%
March 2019	3	7	0.88%	1.29%	5	9	1.04%	1.87%
April 2019	1	6	0.26%	0.42%	3	9	0.54%	1.12%
Totals	37	86			44	144		

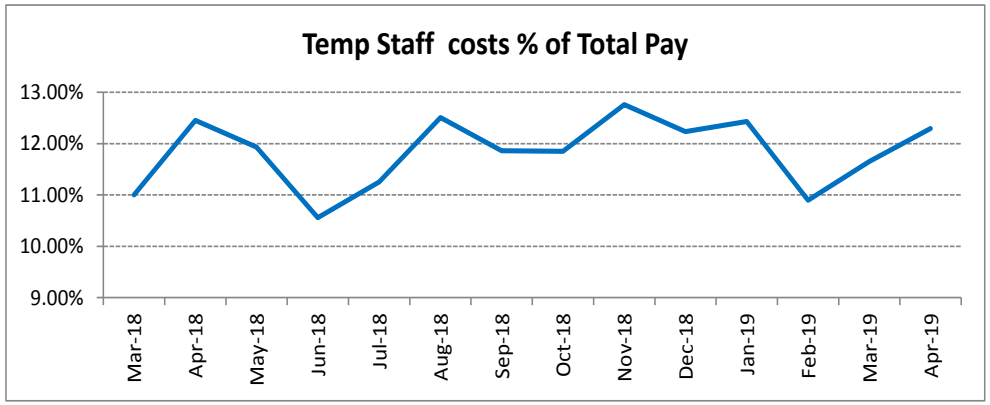
*These figures are related to Ward Based areas only including Glastonbury and Newmarket Rosemary Ward

FINANCE AND WORKFORCE REPORT - APRIL 2019









Friends and Family Test

The NHS Friends and Family Test are sent to all staff within the organisation. These latest results are based on the responses of 1107 staff which equates to a 20% response rate.

How likely are you to recommend this organisation to friends and family if they needed care or treatment?	91%
How likely are you to recommend this organisation to friends and family as a place to work?	78%

FINANCE AND WORKFORCE REPORT - APRIL 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	(6,682)	(6,640)	(42)	(6,682)	(6,640)	(42)
Pay Costs	4,012	4,055	(43)	4,012	4,055	(43)
Non-pay Costs	1,455	1,460	(6)	1,455	1,460	(6)
Operating Expenditure	**5,467**	**5,515**	**(48)**	**5,467**	**5,515**	**(48)**
SURPLUS / (DEFICIT)	**1,215**	**1,124**	**(90)**	**1,215**	**1,124**	**(90)**
SURGERY						
Total Income	(5,161)	(5,129)	(32)	(5,161)	(5,129)	(32)
Pay Costs	3,092	3,111	(19)	3,092	3,111	(19)
Non-pay Costs	1,152	1,060	92	1,152	1,060	92
Operating Expenditure	**4,244**	**4,172**	**72**	**4,244**	**4,172**	**72**
SURPLUS / (DEFICIT)	**917**	**957**	**40**	**917**	**957**	**40**
WOMENS and CHILDRENS						
Total Income	(1,854)	(1,850)	(4)	(1,854)	(1,850)	(4)
Pay Costs	1,187	1,246	(59)	1,187	1,246	(59)
Non-pay Costs	154	126	28	154	126	28
Operating Expenditure	**1,341**	**1,372**	**(31)**	**1,341**	**1,372**	**(31)**
SURPLUS / (DEFICIT)	**513**	**479**	**(35)**	**513**	**479**	**(35)**
CLINICAL SUPPORT						
Total Income	(786)	(822)	36	(786)	(822)	36
Pay Costs	1,444	1,495	(51)	1,444	1,495	(51)
Non-pay Costs	1,009	983	26	1,009	983	26
Operating Expenditure	**2,453**	**2,478**	**(25)**	**2,453**	**2,478**	**(25)**
SURPLUS / (DEFICIT)	**(1,667)**	**(1,656)**	**11**	**(1,667)**	**(1,656)**	**11**
COMMUNITY SERVICES						
Total Income	(3,654)	(3,585)	(68)	(3,654)	(3,585)	(68)
Pay Costs	2,297	2,218	80	2,297	2,218	80
Non-pay Costs	975	952	23	975	952	23
Operating Expenditure	**3,272**	**3,170**	**102**	**3,272**	**3,170**	**102**
SURPLUS / (DEFICIT)	**381**	**416**	**34**	**381**	**416**	**34**
ESTATES and FACILITIES						
Total Income	(434)	(392)	(42)	(434)	(392)	(42)
Pay Costs	874	858	16	874	858	16
Non-pay Costs	458	406	53	458	406	53
Operating Expenditure	**1,332**	**1,264**	**68**	**1,332**	**1,264**	**68**
SURPLUS / (DEFICIT)	**(898)**	**(872)**	**26**	**(898)**	**(872)**	**26**
CORPORATE (excl Reserves)						
Total Income	(2,325)	(2,409)	84	(2,325)	(2,409)	84
Pay Costs	1,502	1,536	(34)	1,502	1,536	(34)
Non-pay Costs (net of Contingency and Reserves)	1,138	1,193	(55)	1,138	1,193	(55)
Finance & Capital	980	1,012	(31)	980	1,012	(31)
Operating Expenditure	**3,620**	**3,740**	**(120)**	**3,620**	**3,740**	**(120)**
SURPLUS / (DEFICIT)	**(1,295)**	**(1,331)**	**(36)**	**(1,295)**	**(1,331)**	**(36)**
TOTAL						
Total Income	(20,896)	(20,828)	(68)	(20,896)	(20,828)	(68)
Pay Costs	14,409	14,520	(110)	14,409	14,520	(110)
Non-pay Costs	6,340	6,179	161	6,340	6,179	161
Finance & Capital	980	1,012	(31)	980	1,012	(31)
Operating Expenditure	**21,730**	**21,710**	**19**	**21,730**	**21,710**	**19**
SURPLUS / (DEFICIT)	**(834)**	**(883)**	**(49)**	**(834)**	**(883)**	**(49)**

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).

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Medicine (Nicola Cottington)

The division reported an adverse variance of £90k in April.

Clinical Income was not available at the time of reporting, it has been assumed that surgery achieved their plan in April and any corrections will be adjusted in the May position.

Pay is reported at £42k behind plan in month, the net of £138k overspend in Medical staffing and £89k underspend on Nursing. The underspend in Nursing was spread across the division and is reflective of the current level of vacancies.

Increased attendances and an increased acuity of patients continued to impact on ED, AMU & AAU. To cope with added demand and slowing of patient flow, escalation beds remained open across the Trust throughout April. The increase in activity inevitably put pressure on costs with Medical staffing within ED, AMU/AAU £150k over budget through increased locums and agency usage.

The Division has identified £2.4m of CIPS to be delivered in 19/20, achieving the central target. The majority of this being delivered by CIP schemes already in place with achievement of savings progressing. The divisional focus is on mobilising the new schemes in 19/20.

Surgery (Simon Taylor)

The division reported a favourable variance of £40k in April.

Clinical Income was not available at the time of reporting, it has been assumed that surgery achieved their plan in April and any corrections will be adjusted in the May position. The under delivery in non-clinical income relates to private patient income.

Pay reported a £19k underspend in the month within non clinical areas.

Non pay reported a £92k underspend in month. A significant proportion of this relates to a reduction in expenditure on prosthesis. Work will be done mid-month to understand how activity has affected this figure. This figure could also of been affected as at year end theatres was holding a high stock level, which they could have been reducing in month 1.

Women and Children's (Rose Smith)
The division reported an adverse variance of £35k in April.

Income is in line with activity with some benefit from additional Non Clinical Income.

An overspend on Pay is driven by Medical staffing issues in Obstetrics & Gynaecology and Paediatrics which are being addressed by recruitment and rota improvements.

Non Pay is in line with activity with some benefit from lower maternity part-pathway charges.

Clinical Support (Rose Smith)
The division reported a favourable variance of £11k in April.

Income is in line with plan with some underperformance in Diagnostics and Pathology offset by Pharmacy and Outpatients.

An overspend on Pay is due to additional costs in Diagnostics and Pathology.

Non Pay is in line with activity where some underperformance in Diagnostics and Pathology has again been offset by Pharmacy and Outpatients.

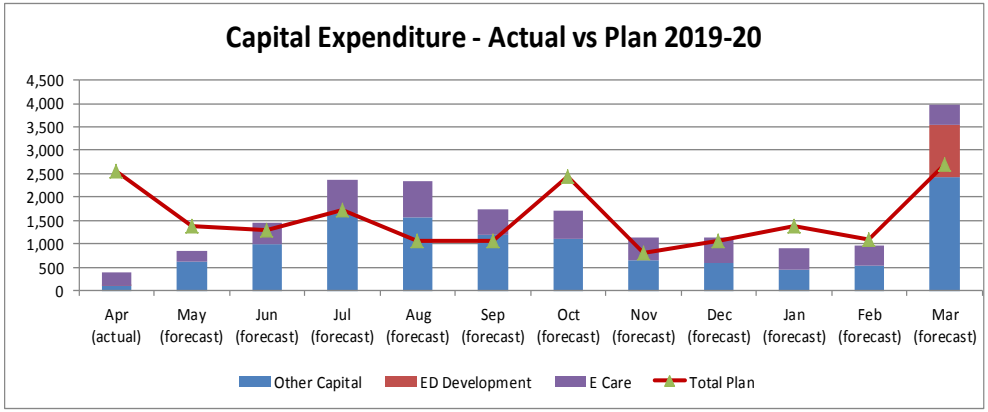
Community Services and Integrated Therapies (Michelle Glass)
The division reported a favourable variance of £34k in April.

Income reported a £68k under recovery in month and YTD. This is currently under review.

Pay reported an underspend of £80k in the month.

Non pay reported an under spend of £23k in the month.

Capital Progress Report



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	2018-19
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
E Care	273	225	449	729	769	549	599	489	529	449	449	449	5,955
ED Development	0	0	0	0	0	0	0	0	0	0	0	1,100	1,100
Other Schemes	106	620	998	1,644	1,575	1,199	1,108	658	601	446	519	2,431	11,906
Total / Forecast	379	845	1,447	2,373	2,344	1,748	1,707	1,147	1,130	895	968	3,979	18,960
Total Plan	2,560	1,385	1,305	1,710	1,050	1,075	2,434	815	1,075	1,380	1,101	2,702	18,592

The capital budget for the year was approved at the Trust Board Meeting on 26 April as part of the operational plan approval

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. This scheme is shown separately in the table above.

The Trust is awaiting final confirmation of a capital loan to support the capital programme. For this reason many of the estates projects are held awaiting this approval. The forecast assumes that this is received and the schemes will commence in June.

At this stage in the financial year the schemes are forecast to remain in line with the initial budget approved. There are no major variances to report at this stage. The difference in the total plan to the forecast relates to donated assets which are funded through MyWish.

FINANCE AND WORKFORCE REPORT - APRIL 2019

Statement of Financial Position at 30th April 2019

STATEMENT OF FINANCIAL POSITION

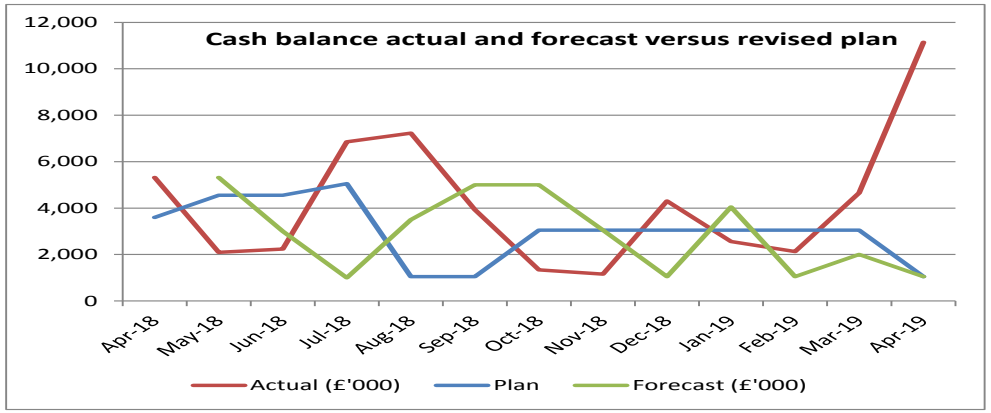
	As at 1 April 2019 * £000	Plan 31 March 2020 £000	Plan YTD 30 April 2019 £000	Actual at 30 April 2019 £000	Variance YTD 30 April 2019 £000
Intangible assets	29,635	35,940	35,940	33,440	(2,500)
Property, plant and equipment	110,306	115,395	115,395	103,836	(11,559)
Trade and other receivables	3,925	4,425	4,425	12,155	7,730
Other financial assets	0	0	0	0	0
Total non-current assets	**143,865**	**155,760**	**155,760**	**149,431**	**(6,329)**
Inventories	2,698	2,700	2,700	2,824	124
Trade and other receivables	18,936	20,000	20,000	12,755	(7,245)
Non-current assets for sale	0	0	0	0	0
Cash and cash equivalents	4,507	1,050	1,050	11,139	10,089
Total current assets	**26,140**	**23,750**	**23,750**	**26,719**	**2,969**
Trade and other payables	(28,363)	(32,043)	(32,042)	(25,889)	6,153
Borrowing repayable within 1 year	(1,610)	(3,134)	(3,134)	0	3,134
Current Provisions	(32)	(20)	(20)	0	20
Other liabilities	(1,207)	(992)	(992)	(10,164)	(9,172)
Total current liabilities	**(31,212)**	**(36,189)**	**(36,188)**	**(36,053)**	**135**
Total assets less current liabilities	**138,794**	**143,321**	**143,322**	**140,097**	**(3,225)**
Borrowings	(91,385)	(99,186)	(99,186)	(96,067)	3,119
Provisions	(126)	(150)	(150)	(158)	(8)
Total non-current liabilities	**(91,511)**	**(99,336)**	**(99,336)**	**(96,225)**	**3,111**
Total assets employed	**47,282**	**43,985**	**43,986**	**43,872**	**(114)**
Financed by					
Public dividend capital	69,112	70,430	70,430	69,112	(1,318)
Revaluation reserve	8,021	9,832	9,832	6,930	(2,902)
Income and expenditure reserve	(29,851)	(36,276)	(36,276)	(32,171)	4,105
Total taxpayers' and others' equity	**47,282**	**43,986**	**43,986**	**43,872**	**(114)**

Cash

Cash is £10.0m more than plan due to pre payments received.

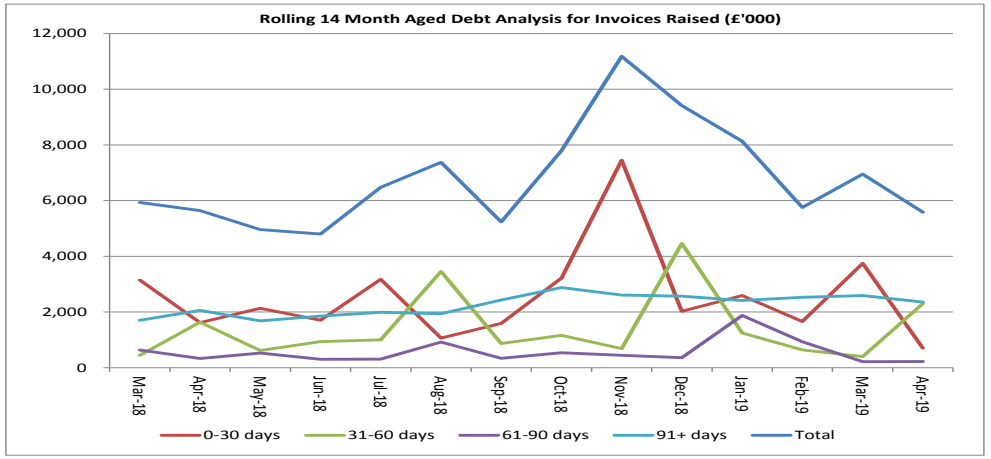
Cash Balance Forecast for the year

The graph illustrates the cash trajectory since March 2018. The Trust is required to keep a minimum balance of £1 million.



Debt Management

It is important that the Trust raises invoices promptly for money owed and that the cash is collected as quickly as possible to minimise the amount of money the Trust needs to borrow. The graph below shows the level of invoiced debt based on age of debt.



10:30 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

10. Nurse staffing report

To ACCEPT a report on monthly nurse staffing levels

For Report

Presented by Rowan Procter

Trust Board – 24th May 2019

Agenda item:	10			
Presented by:	Rowan Procter, Executive Chief Nurse			
Prepared by:	Rowan Procter, Executive Chief Nurse, and Sinead Collins, Clinical Business Manager			
Date prepared:	16th May 2019			
Subject:	Quality and Workforce Report & Dashboard – Nursing			
Purpose:	X	For information		For approval

Executive summary:
The aim of the Quality and Workforce Report and Dashboard is to enhance the understanding ward and theatre staff have on the service they deliver, identify variation in practice, investigate and correct unwarranted variation and lead change to demonstrate value. This dashboard has been altered as of March 2019 report to give the Trust Board a quick overview staff levels and patient safety. It also complies with national expectation to show staffing levels within Open Trust Board Papers but further changes are required to fit in NQB requirements.

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

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

Previously considered by:	-
Risk and assurance:	-
Legislation, regulatory, equality, diversity and dignity implications	-

Recommendation:
This paper is to provide overview of April position about nursing staff and actions taken to mitigate, future plans and update on national requirements.
The dashboard provides summary of nursing staffing levels and effect on nurse sensitive indicators

NHSI Safer Staffing - National Quality Board Recommendations

'Developing workforce safeguards – October 2018' document released by NHSI, recommendation's highlight last month to be implemented over this financial year 2019/20. Multi-disciplinary meeting to start benchmarking agreed for mid-June.

Overview of March nurse staffing position

Are we safe?
Across the month of March staff fill rate has been inconsistent and the average fill rate is lower this month than February. Some areas like F7 and AAU still require update templates on Healthroster, as some areas rosters are being listed as over-filled or severely unfilled but on-the-ground message is different. However Rosemary ward fill rate has been reviewed and corrected.

During April, again staffing G9 adequately from existing nursing establishments has been extremely challenging and risk was mitigated with the support of senior and specialist nurses, who worked clinically to support patients in this area. Sudbury Community Health team and Rosemary Ward a continued concern but increase use of unregistered has been put in as an interim measure.

The continued escalation areas being open, has entailed an average of 15 shifts being unfilled each night, even with agency and bank support.

Assurance for community staffing has interim measures of daily calls with area leads and the local area managers and nursing leads, however for a more visual and accurate measure they will have to wait till later in year before HealthRoster can start to be implemented.

Are we efficient?
There sickness has stayed the same this month in comparison to March, however there is an increase in falls with harm and medication incidents at West Suffolk NHS Foundation Trust

The Heads of Nursing for Medicine, Surgery and Community meet with senior operational managers, West Suffolk Professionals Manager and the HealthRoster Lead on a weekly basis, to review forthcoming rosters with the aim to identify staffing deficits in a timely way. This ensures early identification of vacant shifts to WSP staff and provides an opportunity for proactive planning and mitigation of risk.

CHPPD figures similar to comparable wards in other hospitals.

In line with NQB standards – some areas/wards record on the Risk Register on Datix that there are staffing concerns and mitigated actions taken.

Nursing vacancy accuracy position – Budget figures to be updated in HealthRoster, in line with new financial year 2019/20 by 20th May 2019. Template cross-check report to be completed on 20th and respective performance and service managers to be contacted if required. Following meeting on 16th May, chaired by Chief Executive Nurse, two other actions were agreed:

- The bank budget will be transferred to the substantive budget
- Maternity leave recruitment will be substantive advertising NOT fixed term

Future planning – Nursing staff

Overseas Nurses/Nursing Assistants

Month	Number of arrivals
Jul-18	3
Aug-18	4
Sep-18	6
Oct-18	9
Nov-18	5
Dec-18	0
Jan-19	4
Feb-19	7
Mar-19	5
Apr-19	0
May-19	10
Total	53

Additional Information:

35 overseas nurses have passed their OSCE and are now working as Band 5 Nurses

2 resits on 15 May 2019

5 OSCE exams booked for 3rd June 2019

1 awaiting decision letter

10 Undertaking OSCE preparation - OSCE to be booked for June/July 2019

10 Nurses due to arrive on 30 May 2019

1 WSH Nursing Assistant taking their OSCE on 3rd June 2019 with the hope of becoming a Band 5 nurse on F7 if successful.

Welcome Payments:

38 Welcome Payments have been made to Band 5 nurses joining the Trust.

QUALITY AND WORKFORCE DASHBOARD

Month Reporting	Mar-19		Establishment for the Financial Year 2018/19		Data for March 2019																	
					Workforce													Nursing Sensitive Indicators					
Trust	Ward Name	Speciality	Current Funded Total Establishment Registered to Unregistered (WTE)		Fill rate Registered %		Fill rate Unregistered %		Bank Use %	Agency use %	Overall Care Hours Per Patient Day	Vacancies (WTE)		Sickness (%)	Annual Leave (%)	Maternity/Paternity Leave (%)	Pressure Ulcer Incidences (Hospital Acquired)	Nursing/Midwifery Administrative Medication Errors	Falls (with Harm)	Red Incidents	Complaints	Compliments
			Registered	Unregistered	Day	Night	Day	Night				Registered	Unregistered									
WSFT	ED	Emergency Department	54.91	23.43	92.6%	102.9%	99.1%	149.8%	6.1%	12.7%	N/A	-8.00	-2.20	4.20%	12.20%	3.80%	N/A	5	0	0	0	0
WSFT	AAU	Acute Admission Unit	27.30	29.59	72.9%	59.6%	85.0%	112.9%	4.4%	1.2%	10.3	-10.00	0.00	2.60%	10.20%	4.10%	0	9	1	0	0	0
WSFT	F7	Short Stay Ward	22.84	30.94	64.9%	69.3%	90.3%	108.5%	10.6%	4.9%	6.0	-5.90	-3.40	3.80%	15.00%	4.30%	0	3	4	2	0	0
WSFT	CCS	Critical Care Services	41.07	1.88	104.3%	89.6%	N/A	N/A	4.2%	0.0%	26.5	0.30	1.00	3.70%	17.20%	2.30%	1	4	1	0	0	2
WSFT	Theatres	Theatres	61.68	22.27	102.2%	100.3%	N/A	N/A	0.4%	0.0%	N/A	-2.30	-0.20	7.70%	14.70%	2.10%	0	0	0	0	0	0
WSFT	Recovery	Theatres	21.23	0.96	152.0%	110.1%	73.2%	N/A	3.0%	0.0%	N/A	-0.50	-0.10	2.40%	9.70%	4.40%	0	1	N/A	0	0	0
WSFT	Day Surgery Unit	Theatres	28.43	8.59	54.8%	N/A	116.5%	N/A	0.0%	0.0%	N/A	-3.90	0.00	8.30%	15.90%	0.00%	0	0	0	0	0	4
	Day Surgery Wards		11.76	1.79					18.6%	0.0%		-0.60	-0.10	7.80%	16.90%	0.00%						
WSFT	Cardiac Centre	Cardiology	38.14	15.20	70.6%	96.7%	99.1%	101.7%	1.9%	0.2%	4.5	-4.80	2.30	4.30%	16.90%	2.90%	1	2	0	0	0	0
WSFT	G1	Palliative Care	23.96	8.31	79.1%	105.0%	100.3%	N/A	16.4%	0.8%	7.3	-2.20	-1.00	4.60%	14.30%	7.90%	0	2	2	0	1	0
WSFT	G3 WEW	Winter Escalation	Not budgeted		106.3%	131.1%	132.5%	124.8%	11.9%	10.5%	5.4	Not available		5.10%	13.60%	0.00%	1	5	1	0	0	0
WSFT	G4	Elderly Medicine	19.16	24.36	81.8%	83.5%	102.6%	108.9%	14.7%	3.7%	5.8	-3.50	-0.90	8.50%	16.90%	4.20%	5	6	0	0	0	1
WSFT	G5	Elderly Medicine	18.41	22.66	90.5%	92.6%	80.6%	110.3%	7.9%	4.7%	5.0	-1.40	-2.10	8.10%	15.80%	4.50%	5	2	0	1	0	0
WSFT	G8	Stroke	23.15	28.87	80.1%	85.9%	90.9%	102.5%	13.0%	5.5%	6.1	-6.10	2.20	4.60%	14.50%	13.80%	1	1	3	1	0	0
WSFT	F1	Paediatrics	18.13	7.16	109.1%	173.0%	80.0%	N/A	16.7%	0.0%	10.0	0.40	0.80	3.50%	16.90%	0.00%	N/A	1	N/A	0	0	0
WSFT	F3	Trauma and Orthopaedics	19.58	22.27	82.2%	85.7%	110.4%	114.9%	8.4%	11.7%	5.2	-2.60	-3.20	3.80%	12.20%	5.60%	2	5	1	1	0	0
WSFT	F4	Trauma and Orthopaedics	12.78	10.59	88.1%	95.0%	81.7%	158.1%	5.1%	1.6%	8.6	-1.10	-1.80	6.40%	14.60%	4.20%	1	1	0	0	0	0
WSFT	F5	General Surgery & ENT	19.58	14.51	94.1%	95.6%	86.5%	124.8%	4.0%	1.3%	5.2	1.00	0.30	3.20%	11.90%	8.30%	0	4	0	2	0	1
WSFT	F6	General Surgery	19.57	14.51	91.2%	89.7%	102.2%	120.6%	5.5%	5.6%	5.0	-4.40	4.60	2.60%	11.20%	5.30%	2	3	1	1	1	0
WSFT	F8	Respiratory	19.90	20.13	98.2%	73.7%	92.4%	103.3%	1.8%	3.3%	6.1	-3.30	-3.40	4.10%	17.00%	0.00%	0	2	0	0	0	0
WSFT	F9	Gastroenterology	20.32	22.56	99.7%	93.5%	85.9%	123.1%	14.4%	1.6%	5.5	-3.90	-6.30	5.20%	12.60%	3.30%	0	0	1	0	1	0
WSFT	F11	Maternity	49.58	13.89	131.3%	96.0%	86.8%	78.6%	10.2%	0.0%	N/A	6.80	0.80	9.60%	14.00%	5.00%	0	5	0	0	0	0
WSFT	MLBU	Midwifery Led Birthing Unit															0	0	0	0	0	0
WSFT	Labour Suite	Maternity															0	1	0	1	0	0
WSFT	F12	Infection Control	11.02	5.00	83.4%	96.9%	36.4%	108.3%	9.4%	1.5%	9.1	-1.60	0.10	0.50%	13.20%	4.00%	0	0	1	0	0	0
WSFT	F10	Gynaecology	11.18	1.00	107.9%	114.2%	N/A	N/A	29.6%	3.5%	5.2	-1.50	0.00	2.40%	15.90%	0.00%	0	2	0	0	0	0
WSFT	MTU	Medical Treatment Unit	7.04	1.80	59.2%	N/A	58.6%	N/A	0.0%	0.0%	N/A	-1.10	0.00	8.00%	11.20%	0.00%	0	1	0	0	0	0
WSFT	NNU	Neonatal	20.85	3.64	99.5%	89.1%	43.3%	50.0%	0.8%	0.0%	36.0	-0.70	0.00	1.20%	15.10%	4.20%	N/A	0	N/A	0	0	0
Newmarket	Rosemary Ward	Step - down	12.34	13.47	120.8%	98.0%	107.8%	100.4%	9.1%	11.3%	5.4	-4.50	-1.80	15.70%	13.30%	0.00%	0	5	4	0	0	1
Glastonbury Court	Kings Suite	Medically Fit	11.50	12.64	112.3%	96.9%	95.7%	110.2%	10.1%	0.7%	4.6	-1.00	-1.90	9.30%	15.20%	0.00%	0	0	1	0	0	0
					93.67% AVG	96.96% AVG	91.75% AVG	113.57% AVG				-66.40 TOTAL	-16.30 TOTAL	5.40% AVG	14.22% AVG	3.36% AVG	19 TOTAL	70 TOTAL	21 TOTAL	9 TOTAL	3 TOTAL	9 TOTAL

Trust	Team Name	Speciality	Current Funded Total Establishment Registered to Unregistered (WTE)		Patient facing contact (hrs)	Unplanned requests	Vacancies (WTE)		Sickness (%)	Annual Leave (%)	Maternity/Paternity Leave (%)	Pressure Ulcer Incidences (New)	Nursing/Midwifery Administrative Medication Errors	Red Incidents	Missed Visits	Complaints	Compliments
			Registered	Unregistered			Registered	Unregistered									
Community	Bury Town	Community Heath Team	17.59	5.60	1373.78	61	-1.60	0.00	2.86%	Not available comprehensively till Healthroster implemented	Not available this month	7	0	0	3	0	0
Community	Bury Rural	Community Heath Team	10.00	1.20	689.68	31	-0.30	-1.00	12.98%			3	1	0	3	0	0
Community	Mildenhall & Brandon	Community Heath Team	12.59	3.91	869.08	22	-0.60	-0.11	2.35%			4	1	0	1	0	0
Community	Newmarket	Community Heath Team	8.10	2.75	569.83	24	0.00	0.00	2.04%			3	0	0	0	0	0
Community	Sudbury	Community Heath Team	18.03	8.36	1253.63	50	-3.80	0.00	7.58%			3	0	0	1	1	0
Community	Haverhill	Community Heath Team	8.97	4.23	942.00	50	-2.64	0.00	5.52%			1	0	0	0	0	0
Community	Admission Prevention Service	Specialist Services	11.28	3.45	143.60	0	I/D	I/D	21.46%			0	1	0	0	0	0
Community	Children	Community Paediatrics	16.37	15.01	1398.88	1	-2.00	0.00	2.88%			N/A	0	0	0	0	0
					7240.48 TOTAL	239.00 TOTAL	-10.94 TOTAL	-1.11 TOTAL	7.21% AVG	#DIV/0! AVG	#DIV/0! AVG	21 TOTAL	3 TOTAL	0 TOTAL	8 TOTAL	1 TOTAL	0 TOTAL

Explanations	
	Fill Rate: an indication of patient safety - national target 80% (less than = red), Trust internal target 85% (equal and greater than = green)
	In vacancy column: - means vacancy and + means over established.
	Sickness Trust target: <3.5%
	Annual Leave target: (12% - 16%)
	Maternity Leave: no target
	Medication errors are not always down to nursing and can be pharmacist or medical staff as well
	DSU has been split into ward and unit only by HR, that is why only a section has been split in this dashboard
	F10 (F14) gynae inpatients ward no of beds 16 and 2 SR - and have a ward attender section

Key	
N/A	Not applicable
ETC	Eye Treatment Centre
I/D	Inappropriate data
TBC	To be confirmed

11. Annual review of nursing strategy

To APPROVE the report

For Approval

Presented by Rowan Procter

West Suffolk NHS
NHS Foundation Trust

Trust Board – 24th May 2019

Agenda item:	11			
Presented by:	Rowan Procter, Executive Chief Nurse			
Prepared by:	Sinead Collins, Clinical Business Manager			
Date prepared:	17th May 2019			
Subject:	Nursing & Midwifery Strategy 2016-2021 : Update			
Purpose:		For information		For approval

Executive summary:

Led by the Executive Chief Nurse, the nursing and midwifery strategy was developed by April 2016 in collaboration with the relevant team members setting out the ambitions and priorities over the coming years, which is now just finished its first year.

It reflects and supports the national framework 'Leading Change, Adding Value: A framework for nursing, midwifery and care staff' was released in May 2016 and it closely aligns with the 'Five Year Forward View' as set out by Simon Stevens, Chief Executive, NHS England. Developing Workforce Safeguarding guidance has been released at the end of the 2018, and the aim of the document is to make sure we are adhering to this as well as working more closely with other departments and their reviewing.

The strategy aligned with the national nursing/midwifery and wider healthcare strategies to ensure nursing and midwifery continues to forge ahead, delivering the best care to patients, advancing and learning in tandem with national agendas whilst being sufficiently cognisant of local population needs.

This paper outlines the progress to date from April 2018 – March 2019 against the local nursing strategy and provides further detail in relation to the national direction.

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

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

Previously considered by:	*N/A*
Risk and assurance:	-

Legislation, regulatory, equality, diversity and dignity implications	-

Recommendation:
Description of update in detail given below.

The nursing strategy continues to drive improvements in care delivery and workforce redesign. The nursing & midwifery team continued to work alongside strategy in 2018/19 which ensured steps towards continually improving care, putting patients at the heart of what we do whilst ensuring our workforce are developed and valued for their contribution.

1. Purpose

The Nursing and Midwifery Strategy (2016-2021) was developed by April 2016 in collaboration with the relevant team members setting out the ambitions and priorities over the coming years, which is now just finished its first year. This strategy is under-pinned by our 'Putting you first' values and the ambitions set out in the Trust's vision, 'Our patients, Our hospital, Our future, together'

It reflects and supports the national framework for nursing midwifery and care staff 'Leading Change, Adding Value', which pledges to close the gaps between health and social care by targeting health and wellbeing, care and quality and funding and efficiency. We are committed to delivering the ten commitments of this national framework.

2. Progress

2.1. West and East Community split and move

WSFT are continuing to develop and integrate their services, with a HoN and Senior Matron being added to the Nursing structure to cover Adult Integrated Services

2.2. SAFER Patient Flow Bundle - Red2Green

The Red2Green Board Round has become part of normal practice, but a relaunch is required to notice the benefits of the process

2.3. Education

West Suffolk College have a continued close working relationship with WSFT education team, with the nursing apprenticeships going well. Return-to-work courses and international conversion of nursing to UK standards courses are also being actively advertised

2.4. Staff levels and skills mix

The method of bay bed nursing has been implemented but also adapted depending on the ward. A review nursing is required by WSFT on an annual basis at least, along with doctors, AHPs – this is in line with Developing Workforce Safeguard objectives.

2.5. Nursing Current Awareness

Nursing Current Awareness is a list of useful sources of information still updated and reviwed. This has been organised to reflect the Trust's ambitions and also echoes issues, such as frailty, which feature in the monthly Nursing and Midwifery Council meetings

2.6. Patient experience update

The team have recently done a review using CQC assessment tool, where WSFT scored fairly highly but have room for improvement in regards to reasonable adjustments

2.7. Nursing – related complaint reduction

There increase in PALs enquires and reduction in complaints due to the issues being dealt with earlier, has continued in 2018

2.8. Reduction in HCAI

Reducing hospital-associated infections continues to be one of the main priorities for our patients and the public. In addition, it remains a key priority for the NHS as a whole and for our commissioners. Within the Trust we continue to strive for further improvement, with a focus on the timely identification and management of patients with infections and at risk of infection.

2.9. New ward/areas

In 2018, moves and development occurred to expand and improve our services. The three cardiac units/wards within the hospital where moved in to a newly developed area. A specific discharge waiting area was developed to help improve patient flow. AAU and ED are in the process of developing but have had Phase 1 completed. Two winter escalation wards were opened at the start of winter 2018, with one being agreed to become a permanent ward but the second awaiting closure. This has caused some strain on nurse cover but the lead nurses work closely with HR and operations to make sure patients are safe.

2.10. Access to a leadership development and competency assessment AND Develop talent management programme to support the future workforce

The leadership development and talent management action plan continues for all levels of the Trust and contribute to the development of systems leadership in West Suffolk. This is owned by one of deputy's leads for workforce

This includes: the Key Leaders programme for 20 senior leaders across the organisation; the 2030 Leadership Programme for aspiring future senior leaders; co-ordinated participation in regional and national leadership development programmes; support for the further development of effective developmental coaching and mentoring at all levels of the Trust; and a series of leadership seminars.

2.11. Peer support system of nurses who require extra support

This continues being offered to new ward managers due to recent changes and is where experienced ward mangers support and meet with new ward managers. The same method has been implemented when new matrons start

2.12. Professional accountability flow diagram has changed

Please refer to Appendix A for altered flow diagram

2.13. Expert Navy Courses

The Expert Navy four day programme is for ward managers and aspiring B6s. They are looking for one band 6 from each area that feels has the potential and aspiration for a band 7 role in the future. Feedback has continues to be very positive.

2.14. Perfect Ward app changes

The Perfect Ward app is gradually being rolled out to integrated services but some divisions are not regularly using the app. This has become more apparent with the release of the version two of the app that has an increased reporting system. Accreditation and Action planning will be introduced to the app in the future.

3. Next Steps

A fair amount of progress has been made in this year, but there are still improvements to be made. As well as continuing to develop areas where required, the Nursing Directorate will look to progress:

- Work with operations, finance, HR to improve reporting vacancies
- Leads to continue to use CREWS (Caring, Responsive, Effective, Well-Led, Safe) method to share information
- Nursing Directorate to work with all departments to ensure we develop towards meeting NHS Developing workforce safeguards objectives
- Retention methods and developing good wellbeing services for our nursing and midwifery staff

4. Embedding the strategy

As previously mentioned, the Nursing & Midwifery Strategy was developed by Nurses and Midwives working at all levels within the Trust. Therefore, all leaders of nursing or midwifery teams are continually finding areas to focus on and issues and/or areas of development and working with the appropriate staff to continue their hard work.

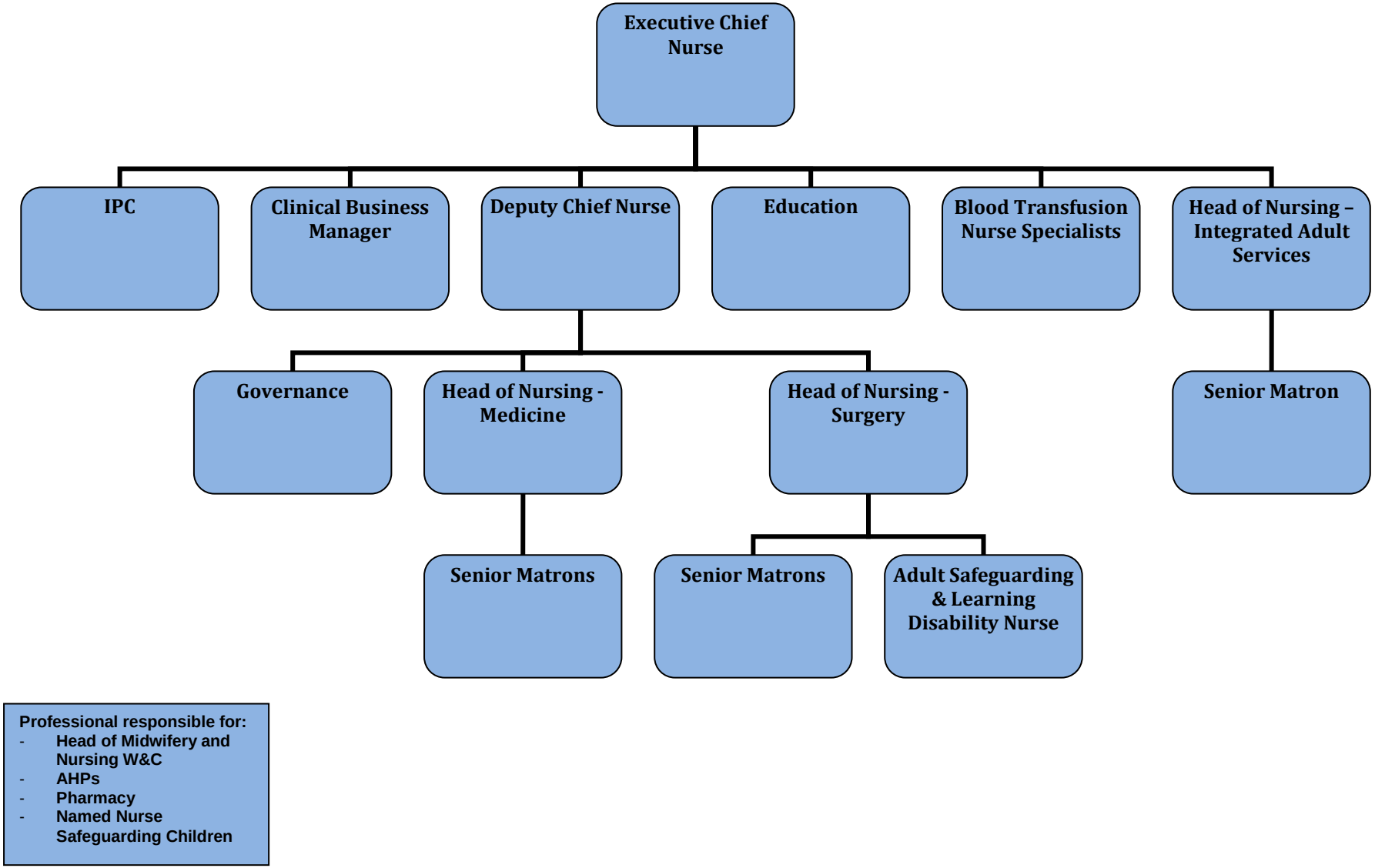
5. Conclusion

The nursing strategy continues to drive improvements in care delivery and workforce redesign. The nursing & midwifery teams will continue to work alongside strategy in 2019 as well as continuingly adapting practice to NHS Standards which will ensure steps towards constantly improving care, putting patients at the heart of what we do whilst ensuring our workforce are developed and valued for their contribution.

The Board are asked to note:

- The clear commitment amongst Trust staff to progress the principles within the Strategy especially through this continued difficult period that has extended passed winter. The central focus for this workforce is recruiting, developing and maintaining them so that patients truly central to all care delivery.
- Many of the principles can only be achieved through collaborative working with colleagues working in Higher Education and CCGs, evidenced within the progress made to date.
- It is essential that internal department cohesively work together to achieve NHS Developing workforce Safeguard objectives
- The challenge now is to maintain the focus and quality while preparing for the next winter period.
- The Strategy should provide staff with a point of focus and help with decision making for the key priorities that need to be progressed

Appendix A – Professional Accountability at WSFT



12. Quality and learning report

To ACCEPT the report

For Report

Presented by Rowan Procter and Nick Jenkins

Trust Open Board – 24th May 2019

Agenda item:	12			
Presented by:	Rowan Procter – Executive Chief Nurse			
Prepared by:	Governance Department			
Date prepared:	May 2019			
Subject:	Quality and Learning report			
Purpose:	X	For information		For approval

Executive summary:

This report provides a summary of key learning points, trend analysis and opportunities for improvement that have arisen from in the quarter ending 31/03/19.

Information has been obtained from the following data sources:

- Investigation of serious incidents and resultant action plans
- Thematic analysis of incidents at all grades for the quarter
- 'Learning from deaths'
- Review of complaints received and responded to within the quarter
- Review of claims received and settled within the quarter
- Themes arising from the PALS service
- Risk assessments created or updated within the quarter
- Other soft intelligence gathered within the quarter

Key highlights in this report are as follows:

- Learning from Deaths Q4 report
- Theme reports on Information Governance and Learning Disabilities
- Learning events and bulletin

Please note:

- Key performance indicators (KPIs) relating to the subjects listed above are reported separately in the Open Board Integrated Quality & Performance report (IQPR).
- Assurance reporting including Executive-led walkabouts and table top exercises and 'Deep dive' audits are provided to the Board sub-committees CSEC, PEC and CRC.
- Escalation (including serious new incidents, Red complaints, claims and dated inquests of concern) are reported separately to the Closed Board.

Trust priorities	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X	X	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	X				X
Previously considered by:							
Risk and assurance:							
Legislation, regulatory, equality, diversity and dignity implications							
Recommendation: The Board to note this report							

Activity within the quarter

This will include some or all of the following sources: completed SI investigations, aggregated incident investigations, complaints responses, themes from PALS enquiries, settled claims, learning from deaths, Executive walkabouts and table-top exercises and concluded inquests.

1. Learning themes from investigations in the quarter

SI RCA reports submitted in Q4

Incident details	Learning
WSH-IR-44373 Patient fall resulting in head injury	Root cause agreed that the patient was in a complex clinical state due to acute on chronic medical issues and mobilised independently and fell resulting in a subdural bleed. No care or service delivery problems were identified as contributory to the fall although it was noted that lying and standing blood pressure measurements (LSBP) were not taken as part of falls assessment. There is an ongoing trust falls action plan which incorporates the monitoring of compliance with LS BP as part of Perfect ward audit. Thematic review of LSBP trust wide is used to highlight well performing and low performing areas for review and action.
WSH-IR-44445 Patient fall resulting in Neck of femur fracture	Root cause agreed that the patient was confused due to their clinical condition and attempted to mobilise unaided. Opportunities to provide falls prevention strategies had been utilised although it was acknowledged that reduced staffing numbers overnight may have compromised the care and the ability to perform 1:1 nursing overnight and/or a lack of provision to 'special' patients when they require it. Again it was noted that LSBP were not taken as part of falls assessment. In addition whilst it was documented that the patient was agitated, confused and aggressive throughout their admission a formal mental capacity form and DoLS were not completed. Actions agreed included • Monitoring compliance with LSBP • Identify falls link champion for ward • Feedback at monthly ward meeting for shared learning • Regular audits to check MCA AND DoLS are completed in a timely manner • Evaluate the review of provision of staffing at daily Matron daily safety huddle
WSH-IR-43887	See Section 4 *Other learning themes* for more information on recent SIs relating to Information Governance incidents / breaches.
WSH-IR-44299	

Incident details	Learning
WSH-IR-44052 Wrong site anaesthetic block	This was reported as a Never Event. Finding were as follows: **Care and service delivery problems / Contributory factors:** • The patient was not marked for their nerve block in the left leg prior to going to theatre. • Anaesthetic assessment block site marking not documented on the anaesthetic chart as either completed or not completed. • The process of 'Stop before you Block' was not observed before carrying out the block on the patient. • Joint checking of the marked block site not in place as accepted practice. • The patient received the nerve block prior to their hip procedure in the wrong leg. **Root causes and Lessons learned** The National Safety Standards For Invasive Procedures (NatSSIPs) guidance states '*Immediately before the insertion of a regional anaesthetic, the anaesthetist and anaesthetic assistant must simultaneously check the surgical site marking and the site and side of the block'*. In addition the local WSHFT Safer Surgical Pathway Guidance guide states '*Where an anaesthetist is planning to perform a regional anaesthetic block whether as part of the anaesthetic technique or as a sole means of anaesthesia, it will be the responsibility of the anaesthetist to mark the site of the proposed block (correct side and site) and document it on the anaesthetic chart. To be done prior to sign in*' therefore neither guidance was followed on this occasion in that the site of the anaesthetic block was not marked. This was a significant departure from the accepted procedure and directly contributed to the incident. This incident has highlighted the need to ensure that there are two people to check the anaesthetic block site, the anaesthetist and the anaesthetic assistant. It has been agreed Block sites will be marked after the patient has entered the anaesthetic room whilst the WHO 1 is being read out and then checked again by two members of staff as part of the 'Stop before you Block' process. It was identified during the investigation that marking was not used in the emergency department prior to the block they carried out for analgesia; this was agreed as needing addressing. **Actions agreed:** • 'Stop Before You Block' posters have been reintroduced to all anaesthetic rooms. • Green permanent marker pens have been sourced for anaesthetic use in the anaesthetic room. • This is to remove the need to mark the block site before the patient comes to theatre when it is possible (as here) the junior anesthetist will assess the patient pre-operatively but not consider the use of a block at that time. • Block sites will be marked after the patient has entered the anesthetic room whilst the WHO 1 is being read out and then checked again by two members of staff as part of the 'Stop before you Block' process. • This will be highlighted in the induction of new junior doctors and consultants that re-iterates the importance of the 'Stop Before You Block' process.
WSH-IR-41679 Delay in identification of a fractured calcaneum	The following care and service delivery problems were identified: • Human Error was identified as the reason for not identifying the calcaneal fracture on the x-ray. The fracture was missed initially by the Emergency Department and following senior radiology review. • No specific enquiry was documented in regard to back pain when the patient was assessed by the ED. • There was no escalation of the patient after attending with the same problem who had fallen onto their feet from a height with known arthritis, Vitamin D deficiency and a smoking history. Actions were agreed to ensure adequate x-ray interpretation training is in place for ED Clinical Practitioners with teaching to be provided to all junior medical team members and ENPs to ensure increased knowledge of x-ray viewing. This incident is also the subject of a complaint.

There were no reports submitted on behalf of other organisations in Q4. No cases were reported to the HSIB (Healthcare Safety Investigation branch) for external investigation.

2. Learning from Deaths

‘Learning into action’ in Q4

The Learning from deaths group, meets monthly to oversee the process associated with all learning aligned to Learning from Deaths. The learning from deaths (LfD) reviews in Q4 identified the following themes in addition to those reported as an SI (of which there was one in Q4).

Themes from poor care:

No new themes were identified in Q4. There were further examples highlighting the previously noted themes of:

- Failed / delayed recognition of end of life
- Continued active treatment after palliation started.
- Inappropriate resuscitation

One case was highlighted for review as a serious incident relating to a delayed response to deteriorating NEWS. The outcome of that SI will be reported in the next Quarterly learning report.

The Learning from Deaths group in February considered a proposal for a set of actions to address these areas of concern. In brief these include:

- Quality improvement (QI) projects on timely completion of EPARS status and implementation of the AMBER care bundle.
- A coordinated education programme, making use of publically available resources and system expertise, for doctors, nurses, allied health professionals and other ward staff

Since February a scoping exercise has been discussed at the LfD committee and initial ward areas to pilot have been suggested however this has not progressed beyond this stage yet. It is anticipated that new appointments within the LfD and QI teams (addressing existing gaps) should enable this to progress further in Q2/Q3.

Examples of excellence:

Within the SJR review process care is often recognised as Excellent / Outstanding. This can be at the levels of: Whole care episode, Team / Ward or Named individual.

Example narrative from reviews in Q4

..... Dr D became involved in the care reasonably late in the admission, however her input was sensible, made a complex admission concise, joined up loose-ends, asked pertinent questions, and made a huge contribution to moving the care forward. In my view she provided outstanding input, and it would have been easy to mistake this for consultant-level care. She is worthy of significant praise.

The first evidence of medicines discussion took place during an outstanding assessment by nurse J, and this highlighted the potential for prior confusion over fludrocortisone dose….. The excellent input from J triggered a need for specialist consideration …….

Further plans to ensuring learning from excellent care is identified and shared include:

- Formalising the feedback (via written / email thankyous) and reporting upon this activity.
- Outstanding cases to be invited as case presentation at a shared learning event or a case study in the shared learning bulletin.
- Exploring options for family members to provide video feedback on their experiences.
- Consideration how the LfD committee family representative (who joined the group following a personal experience of less than satisfactory care of his mother) could act as an ambassador to invite and support families to share their experiences - both positive and negative.

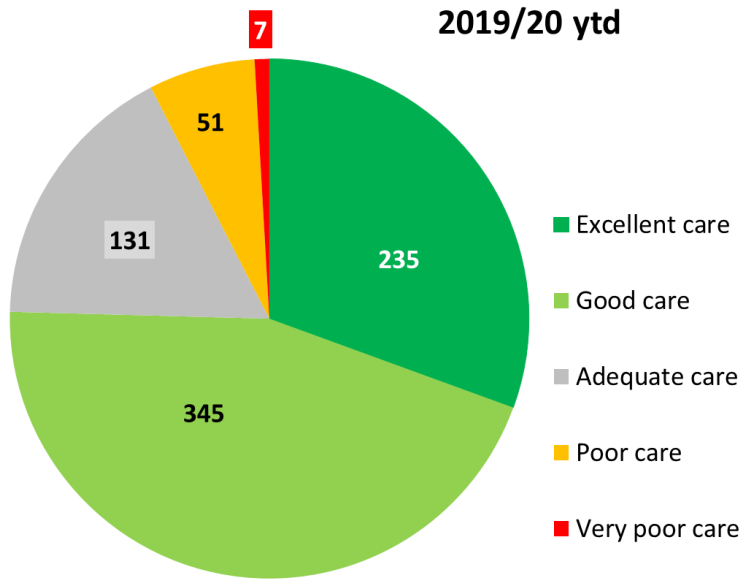
LfD data by Qtr. (data prepared as at May 2019)

NB this excludes IUDs and Neonatal deaths which are reported separately. Some cases are reported which are subsequently classified as not Inpatient deaths however they are included below if a review has been undertaken.

Reviews completed

Qtr.	Deaths		SJR* identified		Final SI report found death was	
	Total	With SJR* completed	Poor / very poor care	Excellent care	Unlikely to have been due to problems in the care provided to the patient'	More likely than not to have been due to problems in the care provided to the patient
Q1 18/19	227	225	9	81	1	0
Q2 18/19	218	217	19	71	0	1
Q3 18/19	227	217	11	52	pending	pending
Q4 18/19	273	110	15	31	pending	pending

* SJR = Structured judgement review



Outcome of SJR rating

Of the 769 cases reviewed in 2019/20 to date only 58 (8%) were classified as Poor or Very poor. 580 (75%) were classified as Good or Excellent.

Of the 58 cases or Poor / Very poor care; 41 have had an executive review to highlight further investigation or action requirements resulting in two cases being classified as a Serious incident (SI) with the remainder requiring either a local M&M review or falling into the previously highlighted theme of delayed recognition of End of Life.

Qtr 18/19	Total	Poor care / Very poor care case outcome following Exec review				
		Awaiting classification	Straightforward case (includes theme only)	Complex case	No further action required	Confirmed SI
Q1	9	0	5	0	3	1
Q2	19	6	8	1	4	0
Q3	11	2	6	0	2	1
Q4	15	11	2	1	1	0

3. Quality Walk About from Q4

Q4 has been a challenging time for the Trust with rising numbers of attendances and areas open to escalation for prolonged periods. During this time Executive led quality walkabout has continued however not during January (as previously proposed) with the objective to ensure safety and quality of the services we provide for patients, visitors and staff. The walkabouts are reported using a framework based on the CQC's (Safe, Effective, Caring, Responsive, Well-led) framework enabling areas of excellence as well as areas of concern to be raised using this reporting structure.

During this quarter the visits included ward areas; G9, F8 respiratory, F3, AAU, CCU and F1, Kings Suite (Glastonbury Court) and the mortuary. The proposed schedule for 2019 includes visiting the community on a monthly basis as an additional walkabout. Quality assurance visits (QAV) continue in the community on a bi-monthly basis with a panel of assessors including the Head of Nursing and Patient Safety & Quality Manager.

During our visits there was scrutiny of patient safety and quality issues including introduction boards, daily checking of oxygen and suction, and estate issues such as expanding the provision of the viewing room in the mortuary and developing a bereavement garden. These actions are fed back to the management teams with an appropriate time frame for completion. Examples of good examples of service development and practice have been captured and an example is the combined end of life and mortuary training for nursing assistants in the mortuary to demystify the end of life processes which take place after a patient has died.

We are now utilising Datix to capture actions from quality walkabouts and quality assurance table-tops within the standards module of Datix and the patient safety and quality team are in the process of ensuring the reports are uploaded in a timely manner. This will enable actions to be reviewed and escalated if necessary on a monthly basis to the Trust quality group. The patient safety and quality team work alongside the teams to help ensure these are completed or progressed as necessary.

4. Learning Events / Learning bulletin

Following successful learning events in 2018/19 presenting cases such as the SI of a case of difficult intubation (which led to the introduction of the emergency front of neck access kit) and the multidisciplinary team presentation of the care of a dying patient on G3, a schedule of learning events on a bimonthly basis have been set up for 2019/20. The first of these took place on Friday 17th May with presentations on: Sepsis and Testicular tortion.

Also in 2018/19 a new 'shared learning bulletin' was issued for the first time, available on Intranet http://staff.wsha.local/Intranet/Documents/E-M/LeadershipandQualityImprovementFaculty/Sharedlearningbulletin.aspx. This is planned to continue in 2019/20, supported by the Library. This will start on a bimonthly basis (the opposite month to the learning events) to enable sharing of the same subject covered in the learning events (so those unable to attend can share the learning) as well as other sharing the output of subjects such as QI projects, learning from death vignettes, human factor case studies etc.

Initially available in paper format and on the staff intranet, future opportunities for a truly 'digital' approach including availability on staff mobile devices are being explored with the Communication team.

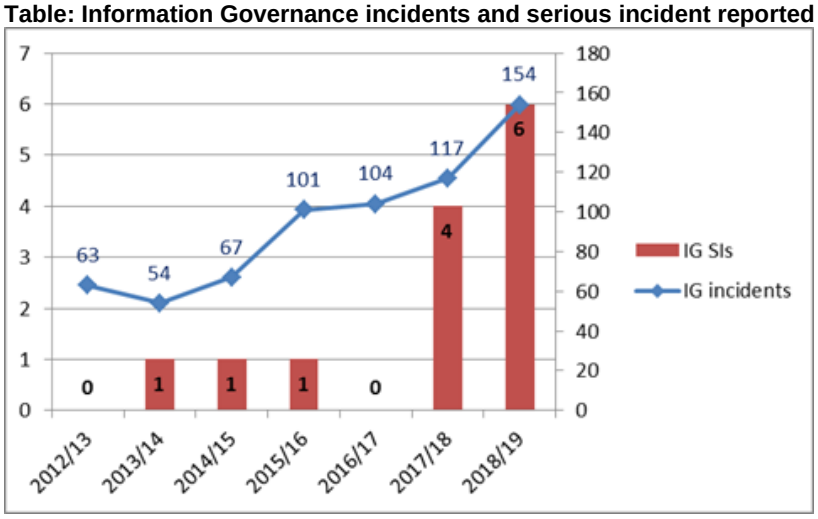
5. Other learning themes / Updates from themes reported in previous quarters

Subject / Theme	Information Governance (IG) / Confidentiality
Source	Serious incidents / Reports to the Information commissioner
Risk register entry	IG Toolkit
Trust owner	Caldicott Guardian (Medical Director) / Head of IG

Summary of learning and areas for improvement in this topic

There have been a number of recent SIs relating to staff / students inappropriately accessing records of family / colleagues / neighbours. Incident records also show an ongoing increase in all IG incidents over the last seven years although it should be acknowledged that a) these are not all about records access and b) the advent of eCare has made it easier to view records but also easier to identify when people are accessing records.

Table: Information Governance incidents and serious incident reported since 2012/13



Whilst these incidents do not usually result in any patient harm they are nonetheless totally unacceptable and have the potential to lead to staff dismissal and, in the most serious of cases could result in prosecution by the police and/or fines up to £5,000. Cases are also reportable to the Information Commissioner and an organisation can face fines up to a maximum of €20 million.

A number of actions are currently being undertaken by the Trust to draw wider attention to the issue and ensure all staff know what is and what isn't acceptable with regard to accessing records.

- Green-sheet staff feedback page (also to be used as poster in staff rooms) being developed by the IG Manager in concert with the Communication team
- Updates to Mandatory training
- Monthly audits of record access using 'same surname' checks
- Data protection Key Topic Challenge developed as part of the suite of staff easy-access leaflets / internet page (see screenshot below)

Key Topic Challenge

Data Protection Questions

This challenge is to help to determine if there are gaps in your knowledge as staff and act as a prompt to seek out this information.

If you are not sure of the answers, please contact your managers, as instructed by the quiz or find the answers at the bottom of this document.

Please answer the questions honestly. Please answer the questions honestly

Data Protection Answers

Who is responsible for data protection within the Trust?
Answer — All staff

Who is the organisation's SIRO?
Answer — Craig Black, Director of Resources

Who is the organisation's Caldicott Guardian?
Answer — Dr Nick Jenkins, Medical Director

Who is the organisation's Data Protection Officer?
Answer — Sara Taylor, Head of Information Governance

How should an information governance breach be reported?
Answer — Datix

How long does the organisation have to report an IG breach?
Answer — 72 hours

Can I look at the paper or electronic medical records of someone I am not caring for?
Answer — No

How much could a fine for breach of the data protection act be?
Answer — €20 million

Can I be prosecuted by the police for looking at health records of someone I am not caring for?
Answer — yes and fined up to £5000

Who can send us a freedom of information request?
Answer — anyone from anywhere in the world

Who do I report a suspicious email to?
Answer — virus.alerts@wsh.nhs.uk

Subject / Theme	Learning disabilities (LD)
Source	LeDER / NICE / NHSI (NHS Benchmarking)
Risk register entry	N/A
Trust owner	Head of Nursing (Surgery) and Learning Disability / Adult Safeguarding Nurse

Summary of learning and areas for improvement in this topic

Meeting the service changes and possible different attributes between patients with a Learning Disability (high and Low intellectual ability) and general population group may widen the health inequality gap at WSFT. Recognising (Guidance: Learning Disabilities: applying all our health 13th June 2018. Public Health England) the counter service pressures is needed to narrow the gap.

"Individuals regardless of their age, gender or age or label should receive care that based on their unique needs that is appropriate in its design and effective in its delivery"

An initial review of e-Care data for 2018/19 found that there were 368 admissions of people with an LD which related to 201 individuals. Admissions were spread across Elective (75), non-Elective (288) and other admissions including Maternity (5). The age range of admissions and their respective length of stay were as follows:

Age range	Individuals	Episodes	Average LoS
under 18	5	17 (5%)	2 days
18-30	27	40 (11%)	4 days
31-65	131	252 (68%)	6 days
over 65	38	59 (16%)	6 days

The top 10 reasons for admission were as follows:

ICD-10 code / description	Episodes
Sepsis, unspecified	18
Urinary tract infection, site not specified	11
Lobar pneumonia, unspecified	10

ICD-10 code / description	Episodes
Epilepsy, unspecified Iron deficiency anaemia, unspecified Generalized idiopathic epilepsy and epileptic syndromes	9 each
Pneumonitis due to food and vomit Asthma, unspecified	8 each
Constipation Unspecified acute lower respiratory infection Hypoglycaemia, unspecified	7 each

Current systems in place and actions planned for 2019/20

- Adult Safeguarding & Learning Disability liaison nurse in post (0.5WTE assigned to learning disability)
- e-Care records and sends a daily update report of all patients with an LD who have been admitted to hospital.
- Responsive to external focus (LeDER, NICE and NHSI – see below for more details)
- Supportive care / Reasonable adjustments. This might include pre-admission planning, LD nurse visit to inpatients to support both the patient and the staff caring for them with any additional needs, LD nurse involved in discussions with patients with an LD to ensure they can, where able, participate in their discharge planning and 'LD-friendly' patient information.
- Datix has been set up to allow capture of incidents relating to people with an LD to allow internal focus (see below).

In the period 2018/19 there were 128 incidents reported which identified the person affected as having an LD. (see table below).

2018/19 Incidents

Incident category / sub-category	Incidents reported
DOLS	27
Medication Incidents	20
Pressure Ulcer*	18
Clinical Care and Treatment	13
Slips, Trips or Falls	12

Incident category / sub-category	Incidents reported
Safeguarding referral made to Customer First	9
Discharge, Transfer and Follow-up Arrangements	9
Other Safeguarding	5
Other categories (<5 per category)	15

** PUs only 3/18 were 'hospital acquired'*

LeDER (the Learning Disabilities Mortality Review programme)

The Learning Disabilities Mortality Review (LeDeR) Programme is a national programme aimed at making improvements to the lives of people with learning disabilities. Its principal stated aim is to "reduce the 20-year gap at the age of death for people with learning disabilities".

The LeDeR programme supports local areas in England to review the deaths of people with learning disabilities (aged four years and over) using a standardised review process. The team (based at the University of Bristol) also provide support to local areas to take forward any lessons learned in the reviews to make improvements to service provision. The LeDeR programme collates and shares anonymised information about the deaths of people with learning disabilities so that common themes, learning points and recommendations can be identified and taken forward into policy and practice improvements.

WSFT participates in this programme via the 'Learning from deaths' team and the LfD committee

receives reports specific to this area provided by the Head of Nursing (Surgery) / Head of Adult Safeguarding.

NICE guidelines

In 2018 two new guidelines were published by NICE. The Trust self-assessed as having partial compliance with both with the expectation that response to the NHSI LD improvement standards review (see below) and implementation of its recommendations would be sufficient to achieve full compliance.

- NG93 - Learning disabilities and behaviour that challenges: service design and delivery
- NG96 - Care and support of people growing older with learning disabilities.

NHSI – Learning Disability Improvement Standards review (2018/19)

The NHSI – Learning Disability Improvement Standards review is a national data collection, commissioned by NHS Improvement (NHSI) and run by the NHS Benchmarking Network (NHSBN). The data collection has been designed to fully understand the extent of Trust compliance with the recently published NHSI Learning Disability Improvement Standards and identify improvement opportunities.

The improvement standards reflect the strategic objectives and priorities described in national policies and programmes, in particular those arising from Transforming Care for People with Learning Disabilities Programme and the LeDeR programme. Compliance with these standards requires Trusts to assure themselves that they have the necessary structures, processes, workforce and skills to deliver the outcomes that people with learning disabilities, their families and carers, expect and deserve. It also demonstrates a commitment to sustainable quality improvement in developing services and pathways for people with learning disabilities. The standards review aims to collect data from a number of perspectives to understand the overall quality of care across learning disability services.

A further update including the outcome of the NHSI review and self-assessment against its recommendations will be provided in six months' time to the November Board meeting.

6. Mitigated red risks

Due to mitigation the below six red risks have been downgraded to amber or closed:

- Patients at risk of slips, trips and falls (74)
- Returning results to referrers without the audit benefits offered by an order communications systems (287)
- The BARS system will be unsupportable after September 2016 (2162)
- Management and usage of all nearside testing equipment (2539)
- Upgrade of Clinichemo from DOS based programme to Windows based programme (3434)
- Current condition of the Containment Level 3 Facility (3474)

7. Learning from RIDDOR incidents

During Q4 the number of incidents reported to the HSE under RIDDOR-decreased from the previous quarter by three, (from nine to six). Learning and mitigation included:

- Targeted staff training in moving and handling techniques
- Remedial work undertaken on walkway to staff carpark

8. Learning from patient and public feedback:

Five complaints received in Q4 were deemed to be upheld at the time of producing this report. Actions from these were as follows:

Ref.	Issues identified	Actions and learning
WSH-COM-1472	Mother struggling with labour experience.	Birth reflection session organised.
WSH-COM-1477	Unresolved diagnoses resulting in continued symptoms for patient.	Patient has now been referred to specialist neurologist for further investigations.
WSH-COM-1445	Attitude of administrative staff and appointment booking error.	Appointment has now been rebooked and issues identified in the booking process ironed out. Staff have been spoken to re. attitude.
WSH-COM-1447	Patient slip in car park.	Additional signage and resurfacing to mitigate likelihood of reoccurrence.
WSH-COM-1432	Patient inappropriately referred to gynaecology for review of vaginal mesh. WSFT is not commissioned to review or refer vaginal mesh cases and therefore referral should not have occurred – wasted clinic and patient time.	Gynaecology are now routinely triaging referrals to reject any that are inappropriate – this was not previously happening.

Three FT governor area observation took place in Q4 in the Diabetes centre, Macmillan Unit (Outpatients) and Gynaecology and antenatal outpatients:

Area	Subject requiring action	Action to be taken
Diabetes centre	Nurses very friendly	Commend nurses
	Very tidy, magazines up to date	None needed
	Poster needs moving to a more prominent position	Poster to be moved
Gynaecology and antenatal outpatients	Area was clean and tidy	None needed
	Pleasant interaction between staff	Staff to be commended
	TV in waiting area	Look at use of TV for providing information
Macmillan Unit (Outpatients)	Site directions colour coding for department differs inside to out	Raise with facilities
	Cannot hear radio clearly, described as “white noise”	Suggested to play just music rather than radio
	Could hear patients giving personal info to the receptionist from the back of the room	Review questions asked to patients to prevent breach
	Coffee machine not always reliable	Ensure that all checks have been done on it, consider part or full replacement (this has also been raised with PALS as well)

Area	Subject requiring action	Action to be taken
	Clinical staff were not adhering to uniform guidelines (forearms covered)	Reiterate to staff importance of this
	Main doors not operating efficiently (staff as well as patients were advising how to work)	Raise with facilities, potentially rearrange lay out of chairs so patients stand back far enough
	Reception and clinical staff very welcoming, greeted patients having appointments directly	Commend staff for good practice
	Patients seen quickly and efficiently	Commend staff for good practice
	Person observing was in area for at least 45mins, however staff did not approach her to see if she was ok	Discuss with team

13. Consultant appointment report

To ACCEPT the report

For Report

Presented by Kate Read

BOARD OF DIRECTORS –24/05/2019

NHS West Suffolk NHS Foundation Trust

Agenda item:	13			
Presented by:	Jan Bloomfield, Executive Director of Workforce and Communications			
Prepared by:	Medical Staffing, HR and Communications Directorate			
Date prepared:	17th May 2019			
Subject:	Consultant Appointments Report			
Purpose:	X	For information		For approval

Executive summary:

Please find attached confirmation of Consultant appointments

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

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

Previously considered by:	Consultant appointments made by Appointment Advisory Committees
Risk and assurance:	N/A
Legislation, regulatory, equality, diversity and dignity implications	N/A

Recommendation:

For information only

POST:	Consultant in Gastroenterology
DATE OF INTERVIEW:	Thursday 25th April 2019
REASON FOR VACANCY:	New Post
CANDIDATE APPOINTED:	[redacted]
START DATE:	TBC
PREVIOUS EMPLOYMENT:	[redacted]

QUALIFICATIONS:	[redacted]
NO OF APPLICANTS: **NO INTERVIEWED:** **NO SHORTLISTED:**	1 1 1

14. Putting you first award

To NOTE a verbal report of this month’s winner

For Report

Presented by Kate Read

11:10 BUILD A JOINED-UP FUTURE

15. West Alliance update

To ACCEPT the report

For Report

Presented by Kate Vaughton

West Suffolk NHS Foundation Trust Board Meeting
24 May 2019

Agenda item:	15			
Presented by:	Kate Vaughton, Director of Integration and Partnerships			
Prepared by:	Jo Cowley, Senior Alliance Development Lead			
Date prepared:	17/05/19			
Subject:	West Suffolk Alliance Update			
Purpose:	x	For information		For approval

Executive summary:

This paper provides an update to the Board on the progress and development of the West Suffolk Alliance and partnership working in our system.

Main Points:

This paper provides an update on:

- Governance Review
- Locality Plan
- WSFT and Glemsford Surgery's joint working
- GP Liaison
- Mental Health Programme
- Mental Health Transformation – Haverhill
- Sexual Health Transformation
- Voluntary and Community Sector Engagement
- Quality Improvement
- 360° Stakeholder Survey
- Responsive Care

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 update to board						
Risk and assurance:							
Legislation, regulatory, equality, diversity and dignity implications							
Recommendation: The Board is asked to note the progress being made.							

West Suffolk Alliance Update

West Suffolk NHS Foundation Trust Board

24th May 2019

1.0 Introduction

1.1 This paper updates the Board on the progress and development of the West Suffolk Alliance and partnership working in our system.

2.0 Governance Review

2.1 At their meeting in May, the West Suffolk System Executive Group (SEG) agreed that the existing governance would be retained with a light touch review of membership and terms of reference. A further report will go to SEG in July with an update on this.

2.2 It was recognised that Alliance working gives up the opportunity to streamline some governance arrangements between Alliance partners and the CCG. The initial changes will be the establishment of a System Finance Committee and an Integrated Quality and Performance Group.

2.3 Practical benefit will include the removal of duplicate meetings and conversations, but more strategically the changes will enable a more system based approach to finance, quality and performance, all required for the delivery of the Alliance Strategy.

2.4 The next stages are for the Committees to be established and Jane Payling and Lisa Nobes from the Ipswich and East Suffolk and West Suffolk CCGs are leading on this work in conjunction with their counterparts in the Alliance partner organisations.

2.5 SEG also agreed to explore the establishment of a West Suffolk Assembly, which would be a periodic meeting bringing together a wide range of system leaders in West Suffolk. The Assembly would be used to find place-based and whole system solutions to shared challenges that need a broad partnership approach, such as housing or environmental issues. Ian Gallin, the Chief Executive of West Suffolk District Council is leading on this piece of work.

3.0 Locality Plan update

3.1 Activity continues in the localities to develop the local partnership and to coordinate care for individuals. Work is underway to complete a stock take of progress in each area and develop a plan for the next level of activity, building on what has already been achieved.

3.2 ***Newmarket (lead Sandie Robinson)***

- Two locality conversations have taken place. Second meeting focussed on mapping existing activity, stakeholders, gaps and priorities
- Three Health and Wellbeing Hub workshops completed producing a system vision and priorities for a Newmarket Hub
- Good level of engagement from GP practices who are keen to be represented at meetings going forward
- Test and learn locality for falls pathway
- Next steps are to bring Newmarket Health and Wellbeing Hub meeting into this conversation and create a single locality forum to progress one overarching plan

3.3 ***Haverhill (lead Lois Wreathall)***

- Two locality pre meets have taken place. Second meeting focussed on stakeholders etc.
- *Haverhill Hub* workshops not scheduled for 2019 – possibly will happen 2020/21
- Good level of engagement from GP practices to work collaboratively
- Whole locality meeting being organised for mid-May
- Haverhill System workshop to be held in partnership with One Haverhill Board on the 5th June
- Social prescribing in place
- Mental Health Community test and learn commenced 1st May

3.4 ***Bury Rural (lead Lucy Pettitt and Jonathan Seed)***

- It has been difficult to identify stakeholders due to rurality and overlapping boundaries
- The group are in process of obtaining local demographic information in order to help develop meaningful conversations
- The group has already identified Bury Town and Bury Rural boundaries will be a key area of discussion

3.5 ***Sudbury (lead Rob Kirkpatrick)***

- First locality meeting in the process of being arranged
- Links established with mid-Suffolk & Babergh District Councils
- Integration opportunities being explored for new GP location
- Proposed test and learn locality for responsive care

3.6 ***Bury Town (lead Jane Rooney)***

- Good level of engagement across the system for all areas
- GP attendance now secured for next meeting
- Priorities identified at the meeting will now be summarised for further discussion at the next meeting
- Wicked problems and small issues also raised
- Buurtzorg inspired approach to be rolled out across the Integrated Neighbourhood Team
- Additional invites to areas where gaps identified: hospice, paediatrics, mental health, housing and Suffolk Family Carers

3.7 ***Mildenhall and Brandon (lead Dawn Godbold)***

- Exploring shared use of Brandon Leisure Centre for health and leisure purposes
- Test and learn locality for community frailty Pathway
- Social prescribing being rolled out
- Mildenhall Hub planning discussion underway

3.8 On the 15th May the final proposals for Primary Care Networks and Clinical Leads were submitted. There are six proposed Primary Care Networks in West Suffolk. The Primary Care Commissioning Committee will ratify the proposals for West Suffolk (minus Ixworth) on the 22nd May and then NHSE will be asked for agreement subsequently. There are nine Clinical Directors in the proposed system, with three areas covered by job shares. The roles and responsibilities are not confirmed currently other than the direction of travel provided by the maturity matrix. It is worth noting that the boundaries of the PCNs are not in all cases coterminous with the Localities but discussions are underway to understand how the teams will work together going forward.

3.9 The Realising Ambitions Funding Programme, which is being managed by the Suffolk Community Foundation is now firmly linked into our locality approach. The aim of this is that information about local priorities and gaps in community provision can be taken into account in the application and decision making processes. The Alliance is working with the Foundation to finalise the programme and it is anticipated that it will be open for bidding by the end of the May.

4.0 Joint work between WSFT and Glemsford Surgery (GS)

4.1 Work is progressing with the plans to integrate GS with the Trust. A project group has been set up and work stream leads within WSFT and GS identified. The first stage is to carry out a due diligence exercise, which the project group aim to complete by 31st July.

4.2 Next steps, progress update meetings have been set up over the coming months and the target is to have a first draft of the Business Transfer Agreement by mid- August.

5.0 West Suffolk system working across primary and secondary care – GP liaison

5.1 At the start of 2019, changes were made to the way in which primary care and secondary care communicate issues, concerns and queries to each other in West Suffolk. Previously general practice raised issues with West Suffolk Foundation Trust via a number of different routes. However, in the interest of working across the local system to get effective responses to issues regarding workflow between practices and WSFT, the WS CCG Primary Care Team took on the management of all issues via a single email address (WSCCG.WSHGPqueries@nhs.net).

5.2 This new streamlined approach is facilitating analysis of emerging trends; tackling recurrent themes and should reduce the time taken to resolve issues. The aim is that this will also encourage relationship building between primary and secondary care clinicians and improve patient experience.

5.3 All members of the WS CCG Primary Care Team have now been authorised to view patient ID and have honorary contracts with WSFT. All issues that come to the inbox are logged and tracked to ensure each one is dealt with in the most appropriate and efficient way and allows analysis of patterns and common problems. Where significant an error is identified, this is logged on WSFT Datix.

5.4 Between 7th Jan and 31st March this year 318 queries were received. The above email address is now seen as the main point of contact. All emails are responded to in a prompt and professional manner. Where an issue takes time to resolve, senders receive an acknowledgement of their correspondence and their case is closely monitored until it can be dealt with satisfactorily. The WS CCG Primary Care Team have developed good working relationships with staff at WSFT and there are processes in place to ensure that all queries are dealt with in accordance with the both the Trust and the CCGs guidelines.

5.5 Some the issues dealt with through the line include:

- Duplication and omission of letters
- Difficulties with access by phone
- Integrated clinical environment system discrepancies

6.0 Mental Health Programme Update

6.1 The governance for the Mental Health Programme Charter remains at Suffolk level with a programme board overseeing the development and delivery of the programme. There are 11 projects linked to national must dos in 2019/20 as well as the overarching programme of work with the commissioning of mental health services. Agreement has been reached locally and nationally to take forward the agreed strategy for mental health and emotional wellbeing in Suffolk working with the alliances.

6.2 In addition there is ongoing support work in place with NSFT, which includes quality reviews on each of the 41 service lines which is due to conclude at the end of this month.

6.3 West and East Suffolk Alliance partners are in the process of recruiting a programme lead to support the transformation process and ensure robust and timely engagement, with a clear understanding of risks and opportunities. Pending recruitment, a temporary appointment has been made into this role to take the work forward.

6.4 Both Suffolk Alliances have agreed to prioritise Mental Health as a key area of investment of transformation monies in 2019/20 to support the transformation process.

7.0 Mental Health Transformation – Haverhill Site update

7.1 On the back of #averydifferentconversation (the East /West mental health and emotional wellbeing strategy) two areas have been identified to test the emergent model in primary care. In the West, Haverhill was chosen as a result of the findings of the local needs assessment around mental health issues.

7.2 Progress to date includes:

- 29th April link workers commenced two week period of demand scoping and information gathering from GP practices (Haverhill Family and Christmas Maltings & Clements)
- Clinical information collated will be analysed and presented as 'patient types'
- Link workers are being supported by Bury South IDT clinicians
- Workshop planned for 5th June to present data and share with clinicians from both NSFT and Primary Care. This will enable us to understand the demand in the Haverhill area and inform thinking for the future model
- Suffolk Mind are exploring whether a bespoke Waves (personality disorder) programme could be delivered within the locality

8.0 Sexual Health Transformation

8.1 The Public Health team gave an update on the progress to develop an approach to sexual health provision that puts people at the centre and uses resources across the system to deliver effective and efficient services. They asked the SEG to endorse the establishment of a sexual and reproductive health work stream to establish a joint commissioning process between public health, CCGs and NHS England to support this, using the primary care network or integrated neighbourhood team approach.

8.2 This work stream would also asked to consider how it could support:

1. The development of an online offer for the provision of contraception
2. Resource for the provision of coils and implants for PMS practices in West Suffolk
3. Increasing capacity within iCaSH (Sexual health clinics) for STI testing and treatment
4. The improvement pathways for women who require coils for non-contraceptive reasons
5. A joint approach to psychosexual counselling
6. Workforce development to ensure primary care and acute care have the appropriate skills to meet their needs.

9.0 Voluntary and Community Sector engagement with the West Suffolk Alliance

9.1 A workshop, led by Community Action Suffolk, was held in February for alliance members and partners from the voluntary sector to discuss how we could work together to deliver the alliance strategy. A follow up discussion from this proposed some specific actions to take forward.

9.2 SEG recognised the importance of working with local and area wide voluntary sector partners in order to have a more holistic set of solutions for people within their community. This will enable us to share skills and outlooks, be critical friends, consider joint funding opportunities and to develop a more preventative and community based approach to health and wellbeing.

9.3 SEG agreed that a representative from CAS should sit on the group, with this person networking out to the wider sector, including on specific issues.

10.0 A system wide opportunity for continuous quality improvement

10.1 West Suffolk Alliance partners have agreed to introduce a system-wide approach to adopting quality improvement science as an enabler of care quality, resource efficiency and transformative change for our population.

10.2 The decision has been made to engage the Institute of Healthcare Improvement (IHI) to help us understand our readiness for quality improvement as a system and devise a 3 year programme of leadership, training, adoption and diffusion. The IHI has a very strong track record of working with health organisations in the UK, North America and the Middle East. We believe this would be the first experience of a system adopting quality improvement collectively, and the activity of doing so would further encourage the system integration that will help us achieve our ambitious objective for population outcomes and system resilience.

10.3 The decision was made at the May SEG meeting to invest in this programme from the 19/20 transformation monies. This investment would fund a system-wide QI team, training for staff and service users in all organisations, leadership development and consultancy from the IHI.

11.0 West Suffolk CCG 360° Stakeholder survey 2018-19

11.1 In January and February this year Ipsos Mori conducted a stakeholder survey of the Suffolk and North East Essex ICS and its three CCGs. A wide range or stakeholder groups were contacted including GP member practices, acute, mental health providers, the Health and Wellbeing Board, Healthwatch, patient groups, VCS representatives and local authorities.

11.2 In all categories the ICS and West Suffolk scored significantly higher than regional or national comparison, reflecting the progress we have made with collaboration and partnership working in delivering transformed care for people in the ICS area.

11.3 West Suffolk scored particularly highly in some areas where the questions were:

- How would you rate the CCG's effectiveness as a local system leader, i.e. as part of an Integrated Care System?
- The CCG considers the benefits to the health and care system when taking a decision
- The CCG works collaboratively with other system partners on the vision to improve the future health of the population across the whole system
- Improving health outcomes for its population
- Improving the quality of the local health services
- Delivering value for money
- The CCG involves the right individuals and organisations when commissioning
- The CCG engages effectively with patients and the public, including those groups within the local population who are at risk of experiencing poorer health outcomes when commissioning/decommissioning services

12.0 Responsive Care

12.1. A number of system workshops have started to shape the design for the west Responsive Care offer with plans being developed to launch the service from mid-September. It is proposed a locality approach aligned to the Integrated Neighbourhood Team will be tested out in the Sudbury Locality first before full roll out.

13.0 Conclusion

The Board is asked to note the progress being made on individual initiatives and collaborative working across the system.

16. Annual review of IM&T strategy

To ACCEPT the report

For Report

Presented by Craig Black

Board of Directors – 24 May 2019

Agenda item:	16			
Presented by:	Craig Black, Director of Resources			
Prepared by:	Mike Bone, Chief Information Officer & Nickie Yates, Head of Information			
Date prepared:	17 May 2019			
Subject:	Information Management & Technology (IM&T) Strategy Review			
Purpose:	X	For information		For approval

Executive summary

The attached document sets out progress against the objectives initially outlined in the three year IM&T strategy and any changes to these objectives in line with the evolving national and local context.

High level summary of progress against the objectives is as follows:

COMPLETE	ONGOING	OVERDUE	REMAINING	WORK IN PROGRESS	STOPPED
43	35	9	24	24	3

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

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

Previously considered by:	
Risk and assurance:	
Legislation, regulatory, equality, diversity and dignity implications	

Recommendation:
The Trust Board is asked to note the progress to date on the IM&T Strategy objectives.

West Suffolk NHS Foundation Trust

Information Management & Technology (IM&T) Strategy
April 2018- March 2021

May 2019 Review

By Michael R Bone, Chief Information Officer
Nickie Yates, Head of Information & Contracting

17/05/2019

Executive Summary

Review

When the IM&T Strategy was originally written it was under the belief that the end of the NHS GDE Programme would be reached in March 2019. Whilst in terms of GDE funding this is the case, in terms of the delivery of the NHS GDE Digital Agenda the timeframe has been extended for a further two years. These are focussed on the Trust achieving certification at HIMSS Stage 6 and 7 over the next two years.

Alongside the significant change for the acute Digital Agenda, a decision to exit the Community IT contract held by North East London Clinical Support Unit (NEL CSU) also materially changes the direction of IM&T for the Trust Community Health Service (CHS). At this time work has commenced to form a Community IT and SystmOne (S1) Digital Strategy Board, jointly with colleagues from the East Suffolk and North East Essex NHS Foundation Trust (ESNEFT). This nascent board is to be underpinned by two sub-groups: the first focussed on how both organisations will exit the NEL CSU contract and the second on how to drive S1 towards a new consolidated best practice configuration.

Despite these strategic changes the first year of the IM&T Strategy has largely been a success as shown in the table below:

COMPLETE	ONGOING	OVERDUE	REMAINING	WORK IN PROGRESS	STOPPED
43	35	9	24	24	3

The 43 strategic objectives are mainly reflective of the NHS GDE goals that have been reached. The 35 on-going objectives are a mix of objectives that are recurring (usually annual) or which span the life of the original strategy. In terms of the 9 overdue objectives 5 have started but time and resource pressures has seen IM&T missing the original deadline agreed for the work. Of the remaining 4 overdue objectives, 3 objectives relate to CHS and have been delayed as NEL CSU has been unable to provide resources when required. At this time it remains unclear whether NEL CSU will ever deliver these objectives. The final overdue objective is genuinely overdue and will be picked up as a result of this review.

The 24 objectives that are marked at remaining are valid objectives where the applied timeframe is either in FY19/20 or FY20/21. The 24 work in progress objectives are various states of development and at this time all are expected to complete on time. Finally 3 objectives have been stopped due to changes in circumstance that mean that they are no longer offering any value and/or benefit.

Conclusion

The continued direction provided by NHS Digital does not materially impact the current IM&T Strategy as many of the objectives set where based on the NHS GDE Programme. The proposed exit of the NEL CSU contract will be very significant but with only modest impact on the strategy as the current contract was treated as a constraint with the existing strategy.

On this basis this review recommends that the Trust continue with the current IM&T Strategy, at least for FY19/20 and then undertakes a further review. This will allow the nascent Community IT and SystmOne (S1) Digital Strategy Board to deliver the exit plan and for the emerging service model to take shape. In the same time frame the Strategic IM&T requirements for the three local Alliances will also take shape alongside the wider S&NEE STP programme.

These will then determine if a future WSFT IM&T Strategy is required or a more encompassing S&NEE IM&T Strategy for the emerging Integrated Care System (ICS).

1. Introduction

The 2017 IM&T strategy set out the Trust vision for the period April 2018 to March 2021. Initially this document was based on the original WSFT e-Care Programme but later was extended when the Trust was advised that it had been awarded NHS Global Digital Exemplar status. The Strategy was further amended when in November 2017 the Trust took over the management of Community Health Services (CHS) and also became a member of a county wide Alliance that includes the GP Federation (GPF) and Suffolk County Council (SCC).

The strategy document commences with an Introduction section that offers a series of strategic headlines for each of the strategy segments, these being Infrastructure, Systems, Mobility, Information, Security and People.

INFRASTRUCTURE

The Infrastructure section is built on a number of headline developments, as laid out in the table below. These headlines were expanded into a series of detailed actions spread across the three years of the strategy:

Review existing Data Centre configuration	Exploitation of Cloud Services
Revisions to data Archive and Backup Services	Update and expand Digital Communications
Continue to invest in advanced Server Technology	Expansion of Core and Edge Networks
Extension of Virtualisation across the Data Centres	- Provide extra capacity
New STP wide HSCN Network (to replace N3)	- Improve network performance
Grow wireless network to cover all sites	Exploit GOVROAM across the STP
Adopt Digital links for external connectivity	Expand use of Digital Telephony (VoIP)
Decommission Analogue Switches and Lines	Migrate analogue services to Digital
Plan migration of Paging to a Digital platform	Launch Windows 10
Consolidate Infrastructure Management Platforms	Expand Tap and Go
Explore use of Smartphone Technology Introduction of Teleconsultation	Optimise secure use of Tablets Upgrade/Exploit AV to improve MDT

Whilst this table of strategic components covers all likely core areas, it is not exclusive as the IM&T Strategy needs to be flexible and responsive to changes within the Trust and across the technology industry.

SYSTEMS

The Systems section was largely focused on e-Care and the plans for its development. The Strategy builds on the significant investment made in the e-Care EPR and the further modules and workflow development planned as part of the NHS GDE Programme, as shown in the table below:

Emergency Department	Patient Administration System	Clinical Documentation
Electronic Prescribing and Medicines Management	Order Communications	Dynamic Documentation
	Health Information Exchange	Patient Portal
Power Chart Touch	Paediatrics	Patient Flow
Infection Control	Maternity	Patient Vital Links
Anaesthetics including Medical Device Integration	1st Phase of Population Health (HealtheRecord & HealtheEDW)	
	Operating Theatre Management	FHIR Ignite Resources

Whilst the order in which the work has been undertaken has varied, all of the projects are either complete or in work in progress.

MOBILITY

Across the Trust one of the largest areas of growth is and will continue to be the demand to be able to work whilst on the move. Today we will in an "always on" society and expect to be able to access information that supports our daily activities at any time regardless of location. Over the past two years the Trust has moved a long way forward including the development of a new Mobile Phone and Device policy covering bring your own device (BYOD). It has also added a new staff wireless network and refreshed both guest and clinical wireless networks as part of a major upgrade.

However, mobility if not limited to the needs of the Trust as a single entity as often physical locations and clinical/service team are multi-organisational and/or multi-disciplinary. As a result mobility solutions must remain cognisant, in particular as the Trust moves towards becoming an integrated clinical system, and ensure that any proposed strategic solution is able to operate across such boundaries.

INFORMATION

The provision of timely and accurate information has been perhaps the greatest challenge facing the Trust over the past two years. Ongoing issues with the data warehouse and difficulty in recruiting qualified and experience staff has limited progress in some areas. However the primary objectives have not changed and remain to

- Support clinical decision making
- Measure quality and performance
- Inform effective service planning

More recently the introduction of a new reporting platform (Power BI) has moved this agenda forward and coupled with external support should enable further changes over the next 12 months.

SECURITY

The past two years have seen Information Security develop in all of varied aspects. The provision of a new security perimeter coupled with a range of software tools has greatly increased the visibility of security issues. Alongside this an upgrade to the security software patching platform and the introduction of a security vulnerabilities scanning suite have continued to move the Trust forward.

As part of the NHS GDE programme the Trust is an active member of the NHS Cyber Security programme and originally certified to the ISO27001 and Cyber Essentials standards. More recently the Trust has become the first NHS Hospital to meet the Cyber Essentials PLUS standard, now mandates for the whole NHS by 2021.

PEOPLE

Over the past two years the Trust has invested heavily in staff and their ongoing training. This includes a wide range of Cerner training for staff involved in the e-Care Programme, a mass of system training outside e-Care including Ophthalmology, Cardiology and Risk Management, training in analytical packages for the Information Services (IS) department, as well as considerable

technical training. An example of this is that all IM&T Project Managers are certified at Practitioner level under the Prince 2 methodology.

As the digital agenda continues towards HIMSS certification at stage 6 and later at stage 7, the Trust will continue to invest in staff training needs specifically designed to deliver and sustain the Trust digital agenda.

2. In Summary

This section breaks down the specific strategy objectives defined in the 3 year strategy and reports them as one of five outcomes. These outcomes are:

COMPLETE	Where the objective has been built and delivered into operational use
ONGOING	Where some components of the objective have been delivered and some remain
OVERDUE	Where work on the objective has passed its strategic delivery date
REMAIN	Where work on the objective has not yet started.
WIP	Where the objective is work in progress so not yet ready for operational use

Each of these objectives is reported across this section under its original Strategy heading.

INFRASTRUCTURE

Data Centre

OVERDUE	The IM&T service will undertake a review of existing data backup and archive services and develop a business case or work plan to optimise the solution including a real-time copy of the data at a suitable offsite location.
WIP	The IT Department in collaboration with the Estates Department will plan the provision of improved resilient power provision (UPS) to each computer room.
REMAIN	The Trust conducts an options appraisal on suitable offsite data centres and develops a business case to relocate one of the existing computer rooms to a suitable offsite location.
NOTES	i. At this time the Trust has two computer rooms, once in main IT and one behind ward G8. All of the Trust data is backed up across the two rooms but the Trust does not have an offsite copy of this data. Whilst this does not include the e-Care data as e-Care is provided Software as a Service, the lack of an offsite copy is a risk given the proximity of the two computer rooms.

Digital Communications

Wide Area Network

OVERDUE	Over the next two years the Trust should complete the HSCN procurement and then review WAN requirements following deployment of the new service. Upon completion the IM&T Strategy should be updated to reflect any major changes. Small changes should be managed via the IT Capital Programme or through individual business cases.
WIP	The Trust should continue to invest in secondary WAN circuits where these either provide resilience or offer clear benefits to the Trust.
NOTES	The HSCN Procurement is compete but migration is delayed awaiting decisions around the NHS N3 MDT Service from CUH

Wired Networks

ONGOING	The Trust should continue to invest in both the Core and Edge layers of the wired network either via the IT Capital Programme or through individual business cases.
ONGOING	All new network switches will include switch fabric technology to assure future performance, flexibility and security of the Trust digital communications platform.
ONGOING	The IT Department will develop a business case for funding to provide aggregation switches for each computer room, along with a reconfiguration of the core network to assure network resilience. The business case will advise on the need for aggregation switches which are mandated when the Trust relocated an existing computer room to an offsite data centre.
ONGOING	The IT department should development a fibre optic cabling replacement programme designed to deliver 100Gb/s links between the Core switches and into the two computer rooms for server connectivity. Over time programme should also provide 100Gb fibre optic cabling between the Core and Edge layers starting with those Edge layer switches nodes where 100Gb bandwidth would provide clear operational benefit. The Core fibre optic replacement must be complete with the lifetime of this strategy.
COMPLETE	The IT department should adopt the category 6A copper cabling for new projects that show clear benefit from the additional performance available from CAT6A. In parallel the IT Department will replace existing CAT5E on an opportunistic basis again where the provision of new cabling will provide clear operational benefit.
NOTES	i. Investment in both core and edge is evident over the past 2 years ii. New network switches are fabric based where appropriate iii. Aggregation switches will be included in the business case for an offsite data centre (FY19/20) iv. Improved fibre optic connectivity has commenced following a recent upgrade to both core switches which also address network resilience issues v. CAT6a cabling is now the default for WSH.

Wireless Networks

OVERDUE	IT Department in collaboration with Extreme Networks will, as part of the planned upgrade reconfigure the wireless network and align it to the nascent Mobile Phone and Device Policy.
OVERDUE	As part of the wireless reconfiguration the IT department will use the new security features to detect other local wireless signals to determine if they are legitimate or require investigation.
COMPLETE	As part of the wireless reconfiguration the IT department will reconfigure the guest wireless network to greatly improve enrolment and ease of use.
COMPLETE	As part of the wireless reconfiguration the IT department will explore the possibility of enabling video streaming over at least one wireless network including if feasible the guest wireless network.
COMPLETE	As part of the wireless reconfiguration the IT department will update the wireless network policy to define what is acceptable as a legitimate secondary wireless service and what is not as some may have been present for some time.
ONGOING	Over the lifetime of the strategy the Trust will continue to invest in the wireless network either via the IT Capital Programme or through individual business cases.
OVERDUE	As part of the FY18/19 wireless upgrade and any future upgrades of the wireless network will be the provision of GOVROAM to allow authorised service groups access to digital services over the Trust wireless network. Examples of this include staff from Primary Care, Community Health Services, Mental Health, Clinical Commissioning Groups, Local Authority and all blue light services.

NOTES	i.	Due to extra demands arising from the Medic Bleep project the wireless network upgrade is running 3 months behind original schedule
	ii.	Security solution is included in the wireless network project (see i. above)
	iii.	The deployment of GOVROAM is dependent on the delivery of the upgraded wireless network (see i. above).

Remote Access

WIP	As part of the wider Mobility programme the Trust should continue to invest to extend the new remote access for wider Trust use via suitable NHS funding streams, the IT Capital Programme or through individual business cases.	
NOTES	i.	Virtual Private Network (VPN) Remote Access for home and offsite working is COMPLETE
	ii.	Always On remote site working (e.g. Clinics) remain WORK IN PROGRESS

Telephony and Paging

Telephony

WIP	Complete the build and deployment of the Unified Communications server and test the conference functions across Trust meeting rooms.	
COMPLETE	Finalise the acquisition, installation and deployment of the second Unify VoIP switch and test its operational functionality.	
WIP	Order and deploy two disparately route SIP trunks and connect one to each Unify VoIP switch.	
REMAIN	Revise the configuration of telephony service so that the Hybrid VoIP switch takes on the role of primary telephony service.	
ONGOING	Link primary and secondary VoIP switches and associated SIP Trunk connection into a configuration that provides a fall over capability (disaster recovery) in the event of a local incident.	
ONGOING	Procure, install and commission new switchboard operator consoles, ensure that they are fully integrated with existing 3rd party services (e.g. Trust paging solution)	
REMAIN	Configure the Unified Communications server to provide access for switchboard operators to Microsoft Exchange and enable staff diary visibility.	
REMAIN	Configure the Unified Communications server to integrate with Microsoft AD and so enable an electronic staff telephone directory to be created. Made said directory available to switchboard staff on operator consoles and to all staff via the Trust intranet.	
REMAIN	Pilot the use of the software telephone application with both operational and clinical staff. Generate a benefits appraisal and based upon the appraisal create policy and standard operating procedures for software phone users.	
REMAIN	Migrate all remaining analogue lines away from the existing iSDX switch and on to the Unify Hybrid VoIP switch. Decommission all analogues lines and services that are no longer required or in use.	
NOTES	i.	SIP Trunks installed but not yet operational
	ii.	Switchboard console software onsite but not yet installed

Paging Services

COMPLETE	Review the use of clinical communications solutions such as 'Medic Bleep' as a long terms replacement for non-critical alerting both at WSH and across the wider WSFT.
WIP	Engage with remaining traditional radio pager service provides for critical alerts and determine if any change is required across the life of this strategy
REMAIN	Review the use of long range pagers, working with clinical service managers and solution providers to determine the levels of risk in migrating to a cellular based service.
NOTES	I. The second and third strategic targets are dependent on the outcome of the Trust Enterprise Communications Project known locally as Medic-Bleep.

Endpoint Technology

COMPLETE	Complete the update of the data protection software (DLP) to the latest version.
STOPPED	Migrate the Operating Theatre back end to a Windows 2008 server platform (ahead of migration to e-Care)
OVERDUE	Migrate all existing instances of Windows XP to Windows 7 or an alternative supported operating software platform.
COMPLETE	Upgrade the Kainos Evolve EMR to the latest release and use Windows 2012 servers as the back end platform.
COMPLETE	Install, configure and test new Blackberry Enterprise Mobility Suite. Recall all mobile devices running GFE and replace with EMS. Integrate EMS into iOS Gold build.
COMPLETE	Work with NEEPS Pathology Service to upgrade ICE OCS to latest version
COMPLETE	Install Internet Explorer 11 for PC test group and test core business and clinical applications
COMPLETE	Build, test and review Windows 10 Enterprise build – agree Gold standard
ONGOING	Deploy Windows 10 to PC test group and test core business and clinical applications
REMAIN	Specify Windows 10 as default operating system for all new Microsoft OS computers
COMPLETE	Work with specialist Apple supplier to build, test and review secure iOS Gold standard build
ONGOING	Agree a suitable approach to funding endpoint technology replacement to sustain the Trust digital agenda.
NOTES	I. The elapse time was such that the migration of Theatres to e-Care was delivered before migration of Opera to Windows 2008 became possible. II. The very last Windows XP computers (in the switchboard) are being migrated in Q1 FY119/20. III. Internet Explorer 11 is now deployed Trust wide IV. Windows 10 testing in now in its final stages

Office Suite

Before reporting on the progress of Office Suite software it is worth noting that Microsoft pricing has driven a small deviation in the original strategy such that only the E3 and K1 versions of Microsoft Office 365 are now being considered. The E3 software will only be deployed to staff who are genuinely mobile and who work from a range of locations. The K1 software will only be deployed on Smartphone or handheld tablets. For everyone else Microsoft Office 2019 on a perpetual license offers the Trust better value for money.

REMAIN	Following the successful build of a Windows 10 Enterprise computer install and test Microsoft Office 365 E1 and E3 variants. When complete generate Gold standard build images, one for each variant.
REMAIN	Install and test Microsoft Office 365 K1 variant on a full-size tablet, iPod and Smartphone. When complete generate Gold standard build images for each device type.
REMAIN	Procure perpetual license for an Enterprise copy of Microsoft Office suite 2019. Generate a deployment plan and manage rollout of new Office suite to all users.
REMAIN	Download, install and test Microsoft Office suite 2019 on PC's running both Windows 10 and Windows 7. When complete update existing Gold standard build images for each OS.
NOTES	i. Windows 10 and Office 365 will launch in FY19/20 once the Windows 10 Golf build is complete but only for a very limited audience.

Printing

The Trust strategic approach to printing has started to take shape across 2018 building on the existing WSH contract with Canon. However in September 2018 the procurement department went to the market driven mainly by printing needs for Community Health Staff whose existing printing equipment had reached end of contract. The new contract was not awarded to Canon and so a planned migration from the old supplier to the new contract is now the strategic approach right across the Trust.

COMPLETE	The IT department in collaboration with Facilities and Finance will review the annual cost of deskside printing and undertake an appraisal of printing costs for a range of use cases. This review to include details of any cost saving arising from changes to the waste disposal process.
ONGOING	Based upon the output of (i) above the Trust should generate a policy that mandates the use of MFD units except for a specific list of exceptions.
COMPLETE	The IT department in collaboration with Finance should migrate the funding for toner cartridges (held by IT) into a revenue funding stream for managed MFD devices.
NOTES	i. Policy is understood and followed in IT but not yet written down

Voice Recognition

In August 2018 the Trust signed an exciting voice recognition contract with M.Modal to replace digital dictation, add voice input to clinical system including use as part of patient consultations.

ONGOING	Over the life time of the strategy the Trust will explore voice recognition and seek to maximise the benefits that it offers.
NOTES	i. Although the VR strategic target is On Going the delivery of M.Modal is seen as Overdue

Management Platforms

COMPLETE	Continue to deliver new operational infrastructure during 2018 as part of the NHS GDE programme.
ONGOING	Update IT department standard operating procedures in respect of the daily review of warnings and alerts such that these are recorded, assigned to an individual or team and monitored in terms of progress to resolution
ONGOING	As new infrastructure transitions into operational use, review the range of warnings and alerts available, creating filters to classify them as routine or urgent. Where a warning or alert is urgent configure the management platform to relay it to the agreed destination in real-time so that IT staff can intervene and resolve the problem.
REMAIN	In FY20/21 review the market for suitable enterprise level management platforms. Generate an options appraisal and business case to procure, installed and commission the platform such that the IT department can take a far more pro-active approach to infrastructure and service management.
NOTES	i. Whilst the delivery of new infrastructure as part of the GDE is complete in reality the installation of new infrastructure is a routine activity for every digitally advanced organisation.

SYSTEMS

Clinical Systems (Acute)

Over the past two years the Trust has successfully delivered the majority of targets set by the NHS GDE programme. However some of the target were simply unobtainable and so have been carried forward into FY19/20 and FY20/21.

COMPLETE	Deliver e-Care Phase 3 during 2018 as part of the NHS GDE programme.
COMPLETE	Establish a suitable workflow review and process optimisation team whose remit is to work closely with system users, subject matter experts and Cerner to address issues with the existing workflow, identify waste and inconsistency in current processes and constraints within e-Care and so create an improved approach as part of an agreed package of change.
COMPLETE	Upon completion of the NHS GDE Programme re-visit the clinical systems roadmap and the availability of Trust funding to determine what can be included for FY19/20 and FY20/21.
ONGOING	Regularly review the capacity and skill mix of the e-Care application support team to ensure that it has sufficient capacity and knowledge to support e-Care going forward.
NOTES	i. The target for FY19/20 has been set by NHS Digital and is to achieve HIMSS Stage 6 certification. The target for FY20/21 has been set by NHS Digital and is to achieve HIMSS Stage 7 certification. ii. The makeup of the Trust application support team is currently under review following a paper to the April 2019 Digital Board (See Appendix A)

Clinical Systems (Community)

Over the past 12 months CHS have struggled to get to grips with SystmOne (S1). However recently a new Community IT and S1 Strategic Group have been formed to drive S1 towards best practise and improve clinical use. This group is underpinned by two further groups: the first focused on the operational use of S1 and the second on the provision of suitable Infrastructure to enable the Operational Group to meet its delivery targets.

COMPLETE	Through the Community Information Management and Technology Group continue to engage with CHS stakeholders to determine clinical requirements as part of a CHS clinical roadmap. Periodically update the IMT Strategy to reflect changes emerging as part of this roadmap.
COMPLETE	Meet with TPP SystmOne to understand existing functionality and development roadmap. Identify how the SystmOne and e-Care can be better integrated to sustain the delivery of clinical services.

OVERDUE	Generate a CHS clinical roadmap and map against the acute clinical roadmap. Identify when and how the two roadmaps can converge and what opportunities for service improvement that will enable.
ONGOING	Agree the appointment of an expert level S1 system manager to exploit the capabilities of S1 and drive integration between acute and CHS services.
OVERDUE	Agree the appointment of an additional full-time post into the Trust IT Training team. Uplift the training skills of multiple members of the training team to be able to deliver S1 user training
OVERDUE	Agree a training programme for selected CHS staff to attain super user status and be able to support existing and new staff in the better use of S1
ONGOING	As part of the Information Agenda include CHS in the development of a Trust Alliance System wide Enterprise Data Warehouse.
NOTES	i. All of the outstanding work detailed above will be included in the new Strategic Plan for Community IT and S1 that is due to be released by September 2019

Image Management

The new Agfa Enterprise Image Archive is now in place and is the Operational replacement for the legacy IMPAX PACS.

ONGOING	The Agfa Enterprise Image Archive is adopted as the primary clinical image store across the Trust.
COMPLETE	The IT development team work closely with both Agfa and Cerner to link the electronic patient record to the associated patient images held in EIA, making access from within e-Care as seamless and context enabled as possible.
ONGOING	As a second phase of this recommendation access to images (both ways) from other local HSCN organisations (e.g. CUH) should also be explored.
ONGOING	IT and Radiology collaborate to combine the new remote access solution, voice recognition and the toolset within EIA to allow Radiologists to remotely access images from any suitable location; particularly from home to facilitate remote radiological image reporting.
REMAIN	The Trust and Agfa collaborate on the use of artificial intelligence to interpret patient images and propose a diagnosis to optimise the work flow initially within radiology and if successful across other image modalities within the Trust.
NOTES	i. The rollout of Diagnostics quality workstations to Radiologists homes is now underway. One Radiologist (based in Greece) has this solution fully working from home! ii. The Trust is due to meet Agfa regarding the use of artificial intelligence to interpret patient images and propose a diagnosis on 13th June 2019.

Business Systems

<u>Procurement</u>

COMPLETE	In FY18/19 the Procurement team will undertake a trail of the Integra procurement solution (which is integrated into the ledger) as a replacement for the existing Powergate solution.
REMAIN	In FY19/20 the Procurement team in collaboration with the Trust Executive Group will draw up a plan for GS1. This will include an initial proof of concept (likely to be Prosthetics), followed by a rollout programme across the Trust.
REMAIN	In FY19/20 the Procurement team in collaboration with the IM&T department and systems suppliers' will draw up plans for system integration and obtain costs for each of the proposed system interfaces.
REMAIN	In FY20/21, subject to funding, the IM&T department in collaboration with the systems suppliers' and the Procurement team will deliver some or all system interfaces described above.
NOTES	

Estates

Estate Management

COMPLETE	In FY18/19 the IT Department in collaboration with Estates Management and Facilities will draw up a specification for an integrated generic helpdesk solution that meets the needs of IT, Facilities Housekeeping, Estates Management FM and the EBME department. Aided by the Trust Procurement team the specification will be market tested to determine whether or not a single helpdesk product could be shared across two or more client groups.
COMPLETE	In FY18/19 the Estates Management team with support from the IT Department will draw up a specification for a new planned maintenance solution to replace IFM. The specification will address the current shortfall issues detailed above. Aided by the Trust Procurement team the specification will be market tested and the results fed into a business case for Executive review.
WIP	In FY19/20 building on the FY18/19 upgrade to the Trust wireless network, the Estates Management team will investigate the use of Radio Frequency Identification (RFID) to track both high value and high volume assets and generate a report for Executive review. If the outcome is favourable the review will feed into a business case for Executive review and funding.
NOTES	i. Whilst the use of RFID is limited to ACTIVE over the current network, the business case will also address the benefits of including PASSIVE RFID across the hospital.

Facilities

WIP	Upon the completion of the GOVROAM wireless service at Newmarket General Hospital (NGH), the facilities team working in collaboration with the e-Care team will review what is required to rollout the Care Aware package for Housekeepers and Porters to Newmarket Hospital over the nascent wireless network.
REMAIN	In FY19/20, following the consolidation of Procurement Systems, the Facilities team working in collaboration with the IT Department will review the options for an interface between Menu Mark and the designated procurement solution (e.g. Integra). An options appraisal paper will be generated for Executive review. If the outcome is favourable the review will feed into a business case for Executive review and funding.
NOTES	i. This is Work in Progress as work on GOVROAM has been delayed due to reporting issues that are holding up the e-Care to NCH project.

Estate Development

WIP	In FY18/19 the Estates Development team with support from the IT Department to test the ability to access detailed scale drawings, complex tender documents and technical specifications over the new wireless network using one or more suitable tablets and/or computers. In FY18/19 this will be within WSH and NGH buildings only but as Trust wireless networks extend this will include outside spaces at WSH and multiple sites across CHS.
REMAIN	In FY19/20 building on iii above Estates Development team will review options to trace individual medical and surgical instruments as they move around the Trust. An options appraisal paper will be generated for Executive review. If the outcome is favourable the review will feed into a business case for Executive review and funding.
NOTES	i. This is Work in Progress as work on GOVROAM has been delayed due to reporting issues that are holding up the e-Care to NCH project.

Finance

COMPLETE	As an immediate action the IT Department will connect with the NHS N3 team and seek to increase the capacity of the primary link, such that access to all NHS hosted solution is not impacted by peek time Internet traffic.
COMPLETE	As noted above in FY18/19 the Finance team in collaboration with the Procurement team will undertake a trail of the Integra procurement solution (which is integrated into the ledger) as a replacement for the existing Powergate solution.
COMPLETE	In FY18/19 the IT Department will open up access to the Powergate procurement system from all CHS locations.
NOTES	

Human Resources

No specific IM&T Strategic Targets were set for Human Resources.

Interoperability

Interoperability is a key component the NHS National Information Board strategy and so very relevant to the Trust IM&T strategy also. As already noted in the sub-sections above WSFT needs to improve interoperability between e-Care, EMIS and SystmOne as clinical services become ever more integrated and between e-Care the Agfa EIA for image management. Specific work is required to drive improvements for the management of frailty, stroke and diabetes services all of which are delivered at both WSH and by CHS.

ONGOING	As noted above the Trust will meet with TPP SystmOne to understand existing functionality and development roadmap. The Trust will then engage with Cerner and TPP SystmOne to agree how levels of interoperability can be improved across both systems.
REMAIN	The Trust will lead discussion with both suppliers on work to drive improvements for the management of frailty, stroke and diabetes services across WSFT.
ONGOING	As part of e-Care Phase 3 the Trust will collaborate with Cerner and JAC to develop and interface between e-Care and the Pharmacy back end system to automate updates to pharmacy stock.
ONGOING	Over the life of this strategy the IT Interface and Development team will seek opportunities to use data management tools, software scripts, ETL software and the integration engine to automate manual processes and release time for more complex tasks that need human input.
COMPLETE	As part of the deployment of the new Agfa EIA the IT Interface and Development team will support Radiology and collaborate with both Agfa and Cerner to complete the successful migrate of clinical images from the PACS to the EIA; such that they continue to be seamlessly available within the e-Care patient record.
REMAIN	The IT department will support Cardiology and Ophthalmology; collaborate with Cerner and the new clinical system suppliers to migrate the associated clinical images from their current store into the EIA; such that they become seamlessly available within the e-Care patient record.
ONGOING	As part of e-Care Phase 3 the IT Interface and Development team will collaborate with NHS Digital, Cerner and EMIS to develop an updated A&E electronic discharge summary and new clinic letter for the EMIS GP system using the new Fast Healthcare Interoperability Resources software tools.
ONGOING	During 2018 the IT department will improve access to clinical data, particularly e-Care data, using data extraction, translate and load (ETL) tools to feed an updated Information Management data warehouse.
ONGOING	Over the life time of the strategy the IM&T service create process to access raw data from e-Care using ETL tools and so start to build a data lake as part of new business intelligence stack so that authorised clinicians have direct access to clinical data
OVERDUE	Over the life time of the strategy the IT department will review data integration services and systems interfaces and generate warnings and alerts such that should a service fall below the benchmark a warning will be issued, and should a service fail then urgent alerts will be generated and relayed both in and out working hours so that immediate action can be taken to restore the effected service(s).
WIP	Over the life time of the strategy the IT Interface and Development team will take a leading role nationally in defining data management and coding standards for the Cerner mPages; such that mPages built to these standards will operate on any UK Cerner installation.
NOTES	

Collaboration

Video Conferencing/Teleconsultation/Multi-Disciplinary Teams

WIP	The Trust should, via a suitable group such as the Programme Group or TEG, look for opportunities to utilise S4B for non-patient facing VC and exploit the reduced need to travel and/or the ability to convene disparate groups of staff quickly.
COMPLETE	The Trust will include health and social care organisations outside WSFT and/or suppliers to derive the same business benefits.
REMAIN	Upon release of the Unified Communications server for operational use, the IT department should hold awareness and training sessions on its availability and use. Once complete the current charge able 3rd party conferencing services (such as Pow-wow-now) should be blocked as such services are expensive to use
COMPLETE	As part of the GDE, the Trust should commence a pilot for teleconsultation using a solution that is technical sound and that can be scaled as demand grows. A discussion with the CCG should also be scheduled to review the tariff payments associated with on-going teleconsultation such that they are commercially attractive to the Trust.
WIP	As part of the deployment of the patient portal the use of an embedded teleconsultation solution should be included as a formal part of the project. Using the two approaches outlined above a clinical service trial for each methodology should form part of the project scope.
WIP	Over the lifetime of this strategy the Trust should review the current approach to MDT and identify how S4B and/or WebEx can be exploited to improve MDT efficiency, save travel time and so improve patient care.
NOTES	i. A new tool set exists (Visionable) but need to exploited to a far greater extent ii. Teleconsultation needs to expand now that the Platform is in place. iii. Need to chase up Cerner re embedding the teleconsultation solution in the portal with a feed to e-Care iv. Note – no longer S4B but Visionable.

Data Sharing

Truly joined up healthcare can only be achieved if authorised clinical staff have access to all of their patient's health data.

OVERDUE	In 2018 the Trust will complete the rollout of two way HIE to all local GP practises and bring the HIE interface to CUH into live two way operational use.
WIP	As part of Phase 3 the Trust, working in collaboration with Cerner UK will create further HIE instances linked to the SystmOne CHS module, to the SCC Liquid Logic Social Care system.
WIP	Over the life of this strategy the Trust, working in collaboration with Cerner UK will seek to create further HIE instances linked to the East of England Ambulance Services and to Norfolk and Suffolk NHS Foundation Trust.
WIP	Over the life of this strategy the Trust, working in collaboration with Cerner UK will seek to create further HIE interfaces to the Lorenzo healthcare platforms at Ipswich and Papworth Hospitals.
WIP	Over the life of this strategy the Trust, working through the Cerner CIO forum and HIE SIG, will participate in the development of HIE solutions for wider use across the health sector.
COMPLETE	In 2018 the Trust will launch a pilot for the Patient Portal focussing on a small number of patients to test the initial build. Initially we are launching with a very conservative offer so that we can then work with users to build and grow the portal functionality over time. It is very important that patients are driving the future direction of the HealtheLife Patient Portal.
COMPLETE	As part of e-Care Phase 3 the Trust will commence building a Population Health platform to synthesise data currently held separately into a single patient record for every member of our population. For phase 3 the scope will be limited to e-Care data only.
ONGOING	Over the life time of the strategy the Trust will progress the development the Population Health platform to include data from other sources including but not limited to: CHS, Primary Care, Social Care, Mental Health and Ambulance Service data. If appropriate this work will extend to other suitable data sources (e.g. Housing, Environmental et al) with the scope of the working being determined each year by the e-Care programme board.

NOTES	i.	Two way will go live in June 2019
	ii.	SystmOne CHS Modules is COMPLETE and Liquid Logic is WIP
	iii.	NSFT links is WIP, EoEAS are not yet ready
	iv.	Links to Lorenzo sites is WIP
	v.	HIE rollout across East Suffolk is now WIP

MOBILITY

There are no specific recommendations on Mobility as these have been incorporated into other sections of the Strategy.

INFORMATION

The Trust currently has two Information Management teams, one based at WSH focussed on hospital data and a second at Sandy Lane focussed on community data. Each team provides a wide range of reporting services to National and Contractual bodies, for clinical and operational service management and as a silo for data stored in Trust IT systems. This strategy addresses the wider information requirements for both Acute and Community Health Services.

National Context

ONGOING	The Information department will continue to work collaboratively with other Trust departments and external bodies to ensure that all national and local reporting requirements are met with accurate and timely information.
WIP	The Information Services (IS) department, through TEG and the e-Care Programme Board will lead on the drive to build an information-led culture where all health and care professionals – and local bodies whose policies influence our health, such as local councils – take responsibility for recording, sharing and using information to improve patient care
WIP	The IS department will work collaboratively with IT to automate routine IM processes using scripts, ETL Tools and AI to strip out manual processes, releasing time for more complex IM activities.

Local Context

ONGOING	The IS department structure was strengthened with the introduction of four Band 5 Information Analysts to support the Divisional Senior Information Analysts (SIAs). Recruitment to 3 of the 4 posts has occurred. Unfortunately due to multiple rounds of unsuccessful recruitment the final post remains empty. As an interim solution lower banded agency support is being sourced until successful recruitment of the remaining Band 5 post.
ONGOING	The Trust will build a new SME team that will seek to drive up data quality through improved validation at input, identify issues with operation reporting and use back end SQL skills to correct and revalidate the source data and create feedback loops so that the sources of poor quality data are identified and the cause rectified. As above recruitment has occurred for 3 out of the 4 posts.
WIP	The IS department will focus on operational and clinical reporting to resolve the reporting issues arising from the implementation of PIEDW as part of e-Care.
COMPLETE	The Trust will create a Divisional Informatics team in each of the three Acute Service Divisions and so drive up reporting that is focussed on the clinical and operational needs of the division. The IS department has a revised structure, with SIAs and associated teams aligned to each of the Divisions plus an additional SIA focussing on Clinical reporting. In addition all of these SIAs are focussing on the Population Health project.

Access to Information

COMPLETE	The IS department will review the functionality of the new Cerner HealtheEDW (HEDW) to determine whether it is fit for purpose. The IS team has participated in a review to support Cerner in their development of HEDW.
REMAIN	HEDW is not yet fit for purpose as a data warehouse. The IS team will continue to work with Cerner on its development and monitor the roadmap for when elements of it can be used and to plan for the full migration over to HEDW or an alternative data warehouse once PIEDW is de-commissioned.
STOPPED	Using existing ETL tools the IM&T service will commence the creation of a data lake. It will initially be populated with data from the e-Care EPR but over the life of strategy will grow to receive data from any appropriate system.
ONGOING	In 2018 the IS department purchased Power BI, the first of the datasets has been deployed for self-service access for theatres. Other datasets are under-development (referrals, outpatients, inpatients, IQPR and clinical events) and are due by end of QTR3 2019/20.
REMAIN	Over the life time of this strategy using the new EDW the Information service will generate a roadmap to take the Trust from retrospective analytics to at least predictive analytics and prospective if possible. The roadmap will examine the technical components, analytical skills, data model and external intelligence required to optimise the analytical outputs

SECURITY

Information Security in a modern healthcare system comprises many layers each of which provides one or more security controls, which when combined present a formidable level of protection. Whilst this layered approach increases the difficulty in breaching the Trust security solution the pace of change in technology already changes very rapidly and is increasing every day. As a result the Trust has to take Information Security very seriously as we progress the digital agenda.

Security Perimeter

COMPLETE	In 2018 the IT department will install and test the firewall client software component and upon completion of successful testing will roll the client software component out to every Endpoint device.
COMPLETE	As part of Phase 3 the IT department in collaboration with Extreme Networks and Checkpoint will review and test one of the Welch Allen Vital Links medical devices to ensure that device is safe to use on the Trust network.
COMPLETE	The IT department will create a separate virtual LAN dedicated to connection of approved IOT medical devices. Working in collaboration with Extreme Networks and Checkpoint the new VLAN will be configured and tested for IOT medical device use.
ONGOING	Over the life of this strategy the Trust, working in collaboration with established Security product suppliers, the IT department will continue to review and test security solutions as part of the wider NHS and Trust Information Security service.
COMPLETE	Upon completion of the new firewall project the IT department will configure the firewall logging Server to capture security data within an agreed set of parameters. The resulting data will be reported back through the Trust Information Governance Steering Group as part of the standing Information Security reporting.
NOTES	i. The Trust was the first NHS Hospital to achieve certification to the Cyber Essentials PLUS standard (now adopted by the NHS as the Gold standard) ii. Although not a strategic objective the Trust will need to undertake further work on the firewall around Intruder Detection and Prevention to meet the HIMSS Stage 6 standard.

Network Access Control

OVERDUE	In 2018, building on the pilot undertaken in 2017, the IT department will install 802.1x network access control software on every wired LAN switch port across WSH.
WIP	As part of 2018 wireless network upgrade installed and test the wireless network access control software. Upon completion rollout the 802.1x software as a function the wireless network upgrade project.
REMAIN	In FY20/21 include network access control testing as part of the external security testing undertaken every year in line with NHS IG Toolkit requirements.
WIP	Upon completion of the new network access control project the IT department will configure the NAC Server to capture security data within an agreed set of parameters. The resulting data will be reported back through the Trust Information Governance Steering Group as part of the standing Information Security reporting.
NOTES	i. It is highly likely that NAC across the wireless network will complete ahead of the wired network although both are currently Work in Progress albeit that the wired network is overdue. ii. The provision of Air Defence as part of the new wireless network provides an additional security layer, increasing visibility of all wireless devices with the WSH air space.

Enterprise Mobility Suite

The Enterprise Mobility Suite referred to in the 2018 IM&T Strategy refers to mobile security platform which has since been renamed to Unified Enterprise Management (UEM) as part of a wider Unified Communications suite.

COMPLETE	In 2018, the IT department will complete the upgrade from GFE to EMS Enterprise (now UEM) for all existing GFE users.
WIP	In 2018, the IT department in collaboration with the Facilities team, recall all the Patient Flow iPod devices and replace GFE with EMS Enterprise. If appropriate and agreed by the Facilities team add the software telephone application and allow the iPod to make/receive calls over the hospital network.
STOPPED	In 2018, the IT department will deploy EMS Enterprise on all PCT tablets and work with the CCIO to exploit the improved functionality to improve the clinician experience.
WIP	In 2018, the IT department will deploy EMS Collaboration on an iPad Pro and explore its use as a replacement for or adjunct to the personal computer.
ONGOING	Over the life of this strategy the IT department, working on collaboration with Apple UK and Appurity Ltd. (Specialist EMS Vendor) explore how EMS functionality can be exploited to securely deliver the Mobility vision outlined above.
NOTES	i. Whilst Patient Flow iPod devices have been updated the telephone software has not yet been implemented and so this objective is WIP. ii. As part of the development of a new Mobile Phone and Device Policy, PCT (Power Chart Touch) was declared a secure application that does not need UEM. iii. The IT Department have learned a great deal about the Blackberry UEM software but the use of the Collaboration version was delayed due to greater priorities elsewhere in the GDE Pillar 4 Workstream.

Patching Cycle

COMPLETE	In 2018, the IT department will complete the migration of all Windows 2003 server based systems (excluding the legacy data warehouse) to Windows 2008 or Windows 2012 servers.
WIP	In 2018, the Information department will complete the migration of the data warehouse into a new EDW solution.
WIP	In 2018, the IT department will install and test the latest version of Microsoft SCCM and update the client software on test Servers and Endpoints. Once complete the client software on all remaining Servers and Endpoints will be updated and the reduction in the patching cycle measured.
NOTES	i. The data migration away from the old data warehouse completed in April 2019 ii. The new version of MS SCCM build was completed in March 2019. However staff training and final system configuration remains WIP.

Awareness

COMPLETE	In 2018, the IT department will complete recruitment of an IT Security Officer.
ONGOING	In the life time of this strategy IT Managers and Security specialists will attend security briefings to ensure that subject knowledge and the latest intelligence are sustained.
ONGOING	Every year IT security team will continue to run awareness events and attend operations meetings to maintain a high level of Information Security awareness.
NOTES	i. The Trust has sustained both its ISO27001 and Cyber Essentials accreditation in both FY17/18 and FY18/19 ii. The Trust has recently achieved accreditation to the high Cyber Essentials PLUS standard (1st NHS Hospital to reach this Gold standard).

People

The Strategy recognises the essential value skills and dedicated staff provide in delivering a complex Digital Agenda.

Education and Training

ONGOING	Clinical Systems training will continue to be developed as the e-Care and GDE programmes deliver further EPR functionality.
ONGOING	Over the life time of the strategy the Trust will seek to exploit innovative ways of delivering IT systems training such that the right level of training is delivered but balanced against the impact on operational services.
ONGOING	In line with Trust policy review individual training requirements as part of appraisal and staff development process.
NOTES	i. The Trust has developed a three year IM&T training strategy that was approved along with the IM&T Strategy. ii. The Trust has continued to adapt training methodologies combining class room training (in 2 new purpose built training rooms) with e-Learning, at the elbow and floorwalker support to ensure clinical staffs have the skills to use complex digital systems.

Development

COMPLETE	All business cases that include IM&T components must be reviewed by the IM&T service to ensure that where specific IM&T training is required that it is included in the business case.
NOTES	i. The Trust has developed a new "Front Door" policy allowing Clinical, Operational and IT staff to work together to generate a meaningful application for resources to deliver Technology Enabled Change. Such applications are reviewed within the nascent IM&T Governance Structure and where approved will proceed to one or more of: Strategic Outline Case, Outline Business Case and/or Full Business Case.

Out of Hours

WIP	In 2018 review current IT department on-call arrangements and prepare a business case for a revised on-call service that reflects the increased need for application support as part of the on-call provision.
NOTES	i. The impact of the NHS GDE Programme is such that the original strategic objective has been notably modified. The new proposed IT On-Call solution is a 3 tiered provision and so subject to detailed review and staff consultation. This requires considerable time and so has continued into FY19/20 and so is WIP.

11:20 GOVERNANCE

17. Trust Executive Group report

To ACCEPT the report

For Report

Presented by Stephen Dunn

Board of Directors – 24 May 2019

Agenda item:	17			
Presented by:	Dr Stephen Dunn, Chief Executive			
Prepared by:	Dr Stephen Dunn, Chief Executive			
Date prepared:	17 May 2019			
Subject:	Trust Executive Group (TEG) report			
Purpose:	X	For information		For approval

Executive summary

29 April 2019

Steve Dunn provided an **introduction** to the meeting reflecting on the sustained operational pressure and emergency demand. TEG recognised the need to focus on the front door demand and have a closer working with care homes, community staff and/or local GPs. This is being made a top priority for discussions with the CCG. It was noted that we have been selected to field test the new national emergency department reporting standards. The staffing position was reviewed in the context of the current pressure and escalation capacity in use. The operational plans for the forthcoming bank holiday periods were reviewed, with a sustained focus on red2green. Concerns with the non-emergency patient transport service were noted and are being escalated with the CCG.

Steve thanked TEG members for their contribution to delivery of the year-end financial position which exceeded the control total and secured bonus provider sustainability funding. Discussion took place on the financial pressure being experienced within the Cambridge and Peterborough health and care system.

Quality, operational and financial performance was reviewed from the recent Board papers. The focus of quality discussions included timely completion of duty of candour, nutritional scores and concerns regarding movement of end of life patients. The inclusion of patient flow as a quality improvement priority for 2019/20 was welcomed. It was agreed that this should include review of the role and functioning of ward rounds.

The ED performance for March was reviewed, noting the 2% improvement from February despite the sustained pressure. It was noted that the operational pressure has continued in April, with three days of more than 250 patient attendances at ED in the last week. Pressure on the breast cancer pathway was reviewed and it was recognised that this is impacting on two week wait performance. Considerable discussion took place on referral to treatment (RTT) performance, including the focus on the patient tracking list and improvements within key specialties including gastroenterology, general surgery and colorectal surgery as well as vascular surgery, ophthalmology and trauma & orthopaedics. Appraisal rates continue to be kept under review and the need for continued focus was recognised.

A report on the activities of the **West Suffolk Alliance** was received. The work on responsive care was discussion, including support to go home, early intervention team (EIT) and Home First. It was recognised that our neighbourhood team mapping does not fully align with the proposed primary care networks.

20 May 2019

A verbal update will be provided to summarise key issues.

The **red risk report** was received. There were no new red risks. One red risk was downgraded as a result of mitigating action: 'condition of the containment level 3 facility'. The key strategic risks identified were:

- **System financial and operational sustainability** will impact of the quality of patient services (linked to operational performance and CIP planning and transformation)
- **Winter planning** to ensure safe staffing and capacity for winter.
- **Pathology services** – delivery of pathology services, including MHRA inspection and NEESPS accountability and control. These all have an impact on service delivery and patients services directly impacting of quality and sustainability of services.

Relevant **policy/documents**:

a) **Draft annual quality report for 2018-19** - received and members of TEG asked to provide feedback
b) **Operational plan for 2019-20** – final document received

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**		**Invest in quality, staff and clinical leadership**		**Build a joined-up future**		
	X		**X**		**X**		
Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	X	X	X	X	X	X	X
Previously considered by:	The Board receives a monthly report from TEG						
Risk and assurance:	Failure to effectively communicate or escalate operational concerns.						
Legislation, regulatory, equality, diversity and dignity implications	None						

Recommendation:

The Board note the report

18. Remuneration Committee report

To accept the report

For Report

Presented by Angus Eaton

Board of Directors – 24 May 2019

Agenda item:	18			
Presented by:	Angus Eaton, NED and Chair of Remuneration Committee			
Prepared by:	Richard Jones, Trust Secretary & Head of Governance			
Date prepared:	10 May 2019			
Subject:	Remuneration Committee report – 26 April 2019			
Purpose:	X	For information		For approval

Executive summary

The Committee undertook the following:

1. Received and noted a report on final salary pension controls and recognised the potential implications for the Trust

2. Approved the key principles of a pension opt out pilot and that a trial be undertaken

3. Reviewed the performance, remuneration and 2019-20 objectives of the Executive Directors. The committee considered the Trust's performance, individual Executive's performance, benchmarking data and the prevailing market position (including recruitment and retention of individuals) and agreed relevant remuneration changes.

   It was recognised that the benchmark of executive salaries in mid-sized trusts provides a useful base for comparison and discussion, however, it was not considered sufficiently detailed or reliable to be used as a direct determinant of salary increase or as an indication of future salary growth. As a result, it is only one of a number of considerations in considering remuneration changes, as opposed to being the determining one

4. Considered and approved the remuneration of the new executive director of human resources

5. Reviewed and approved the schedule for future meetings.

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:	The Committee meets on a six-monthly basis and provides a report to the Board summarising issues discussed and any issues for escalation.
Risk and assurance:	Failure of the Board to maintain oversight of executive director

	responsibilities, objectives and performance.
Legislation, regulatory, equality, diversity and dignity implications	NHSI's code of governance NHSI's guidance for very senior managers
Recommendation: The Board notes the report and decisions made.	

19. Council of governors report

To APPROVE the report, including FT membership strategy

For Approval

Presented by Sheila Childerhouse

Board of Directors – 24 May 2019

Agenda item:	19			
Presented by:	Sheila Childerhouse			
Prepared by:	Georgina Holmes, Foundation Trust Office Manager			
Date prepared:	14 May 2019			
Subject:	Report from Council of Governors, 13 May 2019			
Purpose:		For information	X	For approval

This report provides a summary of the business considered at the Council of Governors meeting held on 13 May 2019. The report is presented to the board of directors for information to provide insight into these activities. Key points from the meeting were:

- A written report was received from the Chair highlighting meetings and visits she had attended during the past three months.
- The Chief Executive's report provided an update on the challenges facing the Trust and recent achievements. He explained that the high level of demand experienced during the winter had continued into spring and thanked staff for their hard work and commitment.
- Responses to governors' issues raised were received.
- The quality and performance and finance reports were reviewed and questions asked on areas of challenge.
- A presentation was received from Jo Rayner on understanding the new statistical process control (SPC), 'plot the dots', charts in the Board integrated quality and performance report.
- An update was received on the Alliance, including mental health, and the STP.
- The commentary from the Council of Governors for inclusion in the Annual Quality Report was approved.
- The minutes of the engagement committee meeting of 30 April 2019 were received. The proposed amendments to the engagement strategy for April 2019 to March 2021 (appendix A) were approved and terms of reference approved.
- Reports were received from the lead governor and staff governors.
- Future dates for Council of Governors meetings and the annual members meeting for 2019 were noted.

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:	Report received by the Board of Directors for information to provide insight into the activities and discussions taking place at the governor meetings.						
Risk and assurance:	Failure of directors and governors to work together effectively. Attendance by non executive directors at Council of Governor meetings and vice versa. Joint workshop and development sessions.						
Legislation, regulatory, equality, diversity and dignity implications	Health & Social Care Act 2012. Monitor's Code of Governance.						

Recommendation:

- The Board is asked to note the summary report from the Council of Governors.
- The Board is asked to approve the engagement strategy for April 2019 to March 2021 (appendix A)

Appendix A

Membership Engagement Strategy

April 2019 to March 2021

Engagement Strategy

Contents Page **Page**

1. Introduction

West Suffolk NHS Foundation Trust is committed to being a successful membership organisation and strengthening its links with the local community.

We recognise that we need to commit significant resources both in time and effort to developing our membership and engaging with the public and this strategy sets out the actions that we will take in support of this.

1.1 Purpose of strategy

This strategy outlines our vision and the methods we intend to use to maintain and build a representative and engaged public and staff membership. It also outlines our future plans in terms of recruitment and engagement and how we will measure the success of our membership and future engagement.

Delivery of the future plans set out in this strategy will be achieved through an agreed development plan with defined responsibilities and timescales for delivery.

This is an evolving strategy and will be subject to change as lessons are learnt.

1.2 Engagement objectives

Our vision for engagement within the Trust must underpin the organisational vision, priorities and ambitions. We should support the organisation in achieving the Trust's strategy with our aspirations for engagement.

Deliver for today
• Increase understanding amongst the public and members of the Trust's strategy and the range of services offered by it, including current changes in health services and the challenges the Trust and local health and care services are facing • Maintain our existing membership base and ensure that it reflects the diversity of our local communities
Invest in quality, staff and clinical leadership
• Actively engage with the public and members to understand their views and aspirations for the Trust, including how it can develop and improve • Through our representative membership learn from, respond to and work more closely with our patients, public, staff and volunteers to develop and improve our services
Build a joined up future
• Deliver a range of engagement events and activities to focus on engagement and communicating the strategic plans for the Trust • Strengthen engagement with users of community services and staff delivering these services • Through the range of events and contacts promote wellbeing

Through these objectives the Trust will develop a thriving and influential Council of Governors which is embedded in the local community, is responsive to the aspirations and concerns of the public and members, and works effectively with the Board of Directors.

2.0 The membership

Our Membership allows us to develop a closer relationship with the community we serve. It provides us with an opportunity to communicate with our members on issues of importance about our services.

We recognise that for the membership to be effective and successful, we must provide benefits and reasons for people to join us.

Our members will:

- be kept up to date with what is happening at the Trust by receiving the members' newsletter;
- be able to stand for election as a governor;
- have the opportunity to vote in the elections to the Council of Governors;
- be able to learn more about our services by attending member events, including Council of Governor meetings;
- have the opportunity to be included in consultation events on hospital and service developments – both internally for staff and externally for our patients and public;
- have the opportunity to pass on their views and suggestions to governors;
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Membership is free and there is no obligation for members to get involved apart from receiving the quarterly newsletter.

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Our potential members can be drawn from the following:

- public, including patients who live within our membership area (**public members**)
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An individual who satisfies the criteria for membership of the staff constituency may not become or continue as a member of the public constituency. Members can join more than one foundation Trust.

All members must be 16 years of age or over.

A person can become a member by:

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- joining ‘online’ via the Trust’s website at www.wsh.nhs.uk;
- e-mailing membership. foundationtrust@wsh.nhs.uk;
- calling the membership office on 0370 707 1692.

2.2 Defining our membership

2.2.1 Public

Patients and members of the public who reside in the following areas are eligible to join our public constituency: Babergh (all wards); Braintree (selected wards); Breckland (selected wards); East Cambridgeshire (selected wards); Forest Heath (all wards); Ipswich (all wards); Kings Lynn and West Norfolk (selected wards); Mid Suffolk (all wards); South Norfolk (selected wards); St Edmundsbury (all wards); Suffolk Coastal (all wards) and Waveney (all wards).

Appendix 1 provides a detailed breakdown of eligible wards for our public constituency. Public members are recruited on an opt-in basis.

As we continue to develop and provide more services in community settings the Trust recognises that this may mean that services grow beyond the current boundaries of the organisation. Therefore the Trust expanded its membership area in 2016/17 and will continue to review this on an annual basis to ensure it is representative of the area served by the Trust.

2.2.2 Staff

To be eligible to be a staff member, people must either:

- be employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or have been continuously employed by the Trust under a contract of employment for at least 12 months; or

- exercise functions for the purposes of the Trust, without a contract of employment, continuously for a period of at least 12 months. For clarity this does not include individuals who exercise functions for the purposes of the Trust on a voluntary basis.

All staff automatically become members unless they choose to opt-out of the scheme.

3.0 Recruitment of members

We wish to encourage and develop a strong sense of community involvement with the membership. Therefore, we will continue to actively recruit new members.

Our aim is to have a membership that is informed and engaged in our activities and members who feel part of our organisation.

3.1 Methods of recruitment

Our initial membership recruitment drive began as an integral part of our consultation process.

While we undertook some direct mail recruitment campaigns in the early days, more recently we have found that the most effective method of recruitment is face to face. This can be done internally within hospital or out in the community.

Methods of recruitment used in the past include:

- attending public meetings and events including festivals, stands in sports & healthy living events and recruitment fairs;
- targeted recruitment of staff members' friends and family;
- using local newspapers;
- on-line recruitment through the Trust's website;
- through a mail-shot to all households in the membership area;
- in-house , eg Courtyard Café, Friends shop and outpatients

3.2 Who is responsible for recruiting members?

The Board of Directors has overall responsibility for the membership strategy.

The Engagement Committee of the Council of Governors advises on where the Trust should focus its effort on recruitment to ensure we have a balanced membership, and it is the responsibility of all governors and the FT Office Manager to actively recruit members.

Staff and volunteers are also encouraged to recruit members; for example family members, friends or patients and members of the public visiting the Trust.

3.3 Recruitment plan

We aim to recruit new members year on year to maintain our public membership at the current numbers of engaged members. As part of the recruitment plan experience has shown that engaging with the public is a very effective way of recruiting new members and gaining their views on West Suffolk Hospital and the service we provide in the community (covering both the west and east of the county).

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Direct recruitment plan

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- voluntary organisations – ensuring inclusion from ethnic and marginalised groups of people
- education facilities e.g. school talks and college events
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- PALS office
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- Encourage former staff members to become public members on leaving the Trust

Indirect recruitment plan

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- consider inclusion with other patient information e.g. bedside lockers for inpatient areas
- posters and leaflets in clinic and outpatient areas
- posters in GP surgeries, dentists, opticians and pharmacists

Media coverage

- membership newsletter
- local newspaper coverage e.g. the Bury Free Press and East Anglian Daily Times (EADT)
- local radio e.g. Radio Suffolk, Radio West Suffolk
- community newsletter coverage, including Parish Council and local Council information/resource guides

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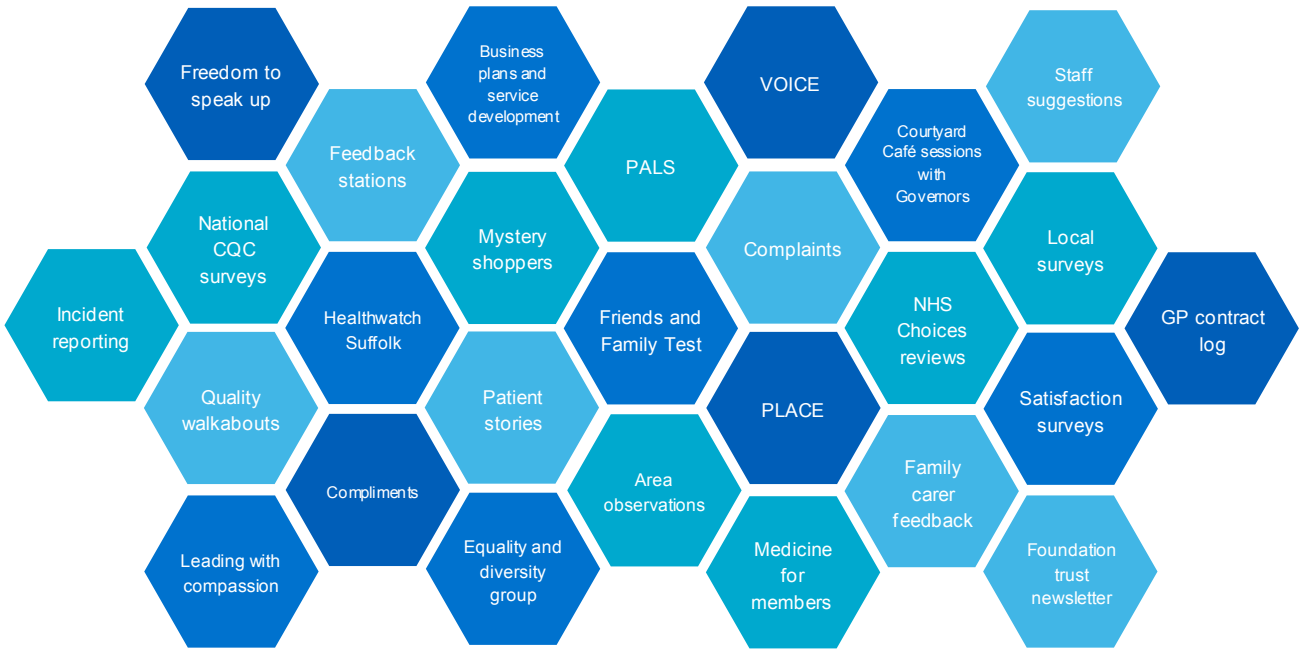
Staff are automatically members unless they choose to opt-out. New members to the Trust will receive information from HR in their induction pack explaining the benefits of membership. An individual who satisfies the criteria for membership of the staff constituency may not become or continue as a member of the public constituency.

We will seek to ensure that no more than 1% of staff opt-out of membership.

4.0 Engaging with public and members

Engagement with our members is as important as recruitment, to ensure that we have an effective and active membership. We will work with the patient experience team to ensure that Governors contribute to and support the range of engagement activities undertaken by the Trust (as set out in the new Experience of Care Strategy).



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The newsletter provides an opportunity to communicate key issues and developments, including news and "dates for the diary".

4.2 Public and Member events

It is proposed to hold regular events for the public and members. Suggestions for topics will be based on the most popular areas of interest of the members and by the views of governors. Subjects may also be chosen from topical issues, such as quality accounts.

These events will be advertised in the members' newsletter and on the website. They will also be advertised in the weekly staff bulletin ("Green Sheet") and by posters displayed within the Trust.

Members who have expressed an interest in a particular service or area of interest will be invited to relevant activities.

4.3 Staff involvement

Staff members will be encouraged to take part in public and member events, as it is an opportunity for departments to raise awareness of the services they provide, to highlight benefits of being treated at the Trust and to answer questions from members. It will also be a chance for us to receive valuable feedback from the public and our members.

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Positive engagement with our members is extremely important. The Engagement Committee of the Council of Governors have considered how we can most effectively engagement with our membership.

As described member recruitment and engagement are often most effective when undertaken together. Therefore the direct recruitment plans set out in section 3.3.1 will also in effect provide effective engagement activities. Future engagement plans with our members will also include:

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- regular member events with suggestions from governors of recommendations from their members for future member events e.g. "medicine for members"
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- staff governors to communicate to staff via the "Green Sheet"
- greater use of electronic communication with members
- the annual members' meeting – this is an opportunity for members to hear more about the Trust's achievements plus the opportunity to ask questions
- working with partner organisations to establish best practice in membership engagement e.g. NHS Providers and other NHS FTs
- through active engagement gathering information on patients and the public's expectations and/or experiences of the service we provide in the hospital and community e.g. Courtyard café, quality walkabouts and area observations. The results of which are fed back to the Patient & Carers Experience Group.

The Trust is responsible for the delivery of community services in the west of Suffolk and the engagement delivery plan continues to be developed to ensure a focus on the care we provide in the community and in partnership with the West Suffolk Alliance.

The Trust also has a role to play in promoting prevention and a healthy lifestyle. This will be done by working with our partners to engage with the public in promoting prevention and a healthy lifestyle.

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We maintain a register of staff and public members and this is available to the public. All members are made aware of the existence of the public register and have the right to refuse to have their details disclosed (General Data Protection Regulation.).

The public register is maintained on our behalf by Capita and contains details of the member's name and the constituency to which they belong. Eligible members of the public constituency who complete a membership application form will be added to the register of members.

The staff register is maintained by the Trust's HR department. Eligible staff will automatically be added to the register, unless they 'opt out'.

The public register is validated prior to any mailing to ensure that it remains accurate. Details of members who have moved away or died are removed from the register.

6.0 Monitoring success

The membership strategy will be monitored on behalf of the Board of Directors by the Engagement Committee of the Council of Governors.

The FT Office Manager and the Engagement Committee will also undertake a key role in leading and managing the implementation of this strategy and its future development.

An annual review of the strategy will take place by the Engagement Committee.

6.1 How will the success be measured?

The success of the strategy will be measured by the following criteria:

Criteria	**As at** 31 March 2019	**Target** (Mar 2019)
1. Achievement of the recruitment target: a. Total number of Public members b. Staff opting out of membership	 **5,974** **<1%**	 6,000 <1%
2. Achieve a representative membership for our membership area, Priorities for action: a. Age – recruitment of under 50s b. Engagement and recruitment events in all market towns of Membership area (Thetford, Newmarket, Stowmarket, Haverhill and Sudbury)	 **1,145** **80%**	 1,250 100%
3. An engaged membership measured by: a. number of member events b. member attendance – total all events c. annual members' meeting attendance (each year)	 **6** **984*** **262 (2017)** **330 (2018)**	 6 800* 200

* Includes people attending Annual Members' Meeting

A review of the membership recruitment targets will be take place each year as part of the annual plan submission to NHS Improvement.

Appendix 1

PUBLIC CONSTITUENCY OF THE TRUST

Patients and members of the public who reside in the following areas are eligible to join our public constituency (these will be subject to change from 1 April 2019 to reflect the updated electoral boundaries):

Babergh:	Alton, Berners, Boxford, Brett Vale, Brook, Bures St Mary, Chadacre, Dodnash, Glemsford and Stanstead, Great Cornard (North Ward), Great Cornard (South Ward), Hadleigh (North Ward), Hadleigh (South Ward), Holbrook, Lavenham, Leavenheath, Long Melford, Lower Brett, Mid Samford, Nayland, North Cosford, Pinewood, South Cosford, Sudbury (East Ward), Sudbury (North Ward), Sudbury (South Ward), Waldingfield.
Braintree:	Bumpstead, Hedingham and Maplestead, Stour Valley North, Stour Valley South, Upper Colne, Yeldham
Breckland:	Conifer, East Guiltcross, Harling and Heathlands, Mid Forest, Thetford-Abbey, Thetford-Castle, Thetford-Guildhall, Thetford-Saxon, Watton, Wayland, Weeting, West Guiltcross
East Cambridgeshire:	Bottisham, Burwell, Cheveley, Dullingham Villages, Fordham Villages, Isleham, Soham North, Soham South, The Swaffhams
Forest Heath:	All Saints, Brandon East, Brandon West, Eriswell & the Rows, Exning, Great Heath, Iceni, Lakenheath, Manor, Market, Red Lodge, St Marys, Severals, South.
Ipswich	Alexandra, Bixley, Bridge, Castle Hill, Gainsborough, Gipping, Holywells, Priory Heath, Rushmere, St John's, St Margaret's, Sprites, Stoke Park, Westgate, Whitehouse, Whitton.
King's Lynn and: West Norfolk	Denton
Mid Suffolk:	Bacton & Old Newton, Badwell Ash, Barking & Somersham, Bramford & Blakenham, Claydon & Barham, Debenham, Elmswell & Norton, Eye, Fressingfield, Gislingham, Haughley & Wetherden, Helmingham & Coddenham, Hoxne, Mendlesham, Needham Market, Onehouse, Palgrave, Rattlesden, Rickinghall & Walsham, Ringshall, Stowmarket Central, Stowmarket North, Stowmarket South, Stowupland, Stradbroke & Laxfield, The Stonhams, Thurston & Hessett, Wetheringsett, Woolpit, Worlingworth.
South Norfolk:	Bressingham and Burston, Diss and Roydon
St Edmundsbury:	Abbeygate, Bardwell, Barningham, Barrow, Cavendish, Chedburgh, Clare, Eastgate, Fornham, Great Barton, Haverhill East, Haverhill North, Haverhill South, Haverhill West,

	Horringer and Whelnetham, Hundon, Ixworth, Kedington, Minden, Moreton Hall, Northgate, Pakenham, Risby, Risbygate, Rougham, Southgate, St Olaves, Stanton, Westgate, Wickhambrook, Withersfield
Suffolk Coastal	Aldeburgh, Deben, Felixstowe East, Felixstowe North, Felixstowe South, Felixstowe West, Framlingham, Fynn Valley, Grundisburgh, Hacheston, Kesgrave East, Kesgrave West, Kirton, Leiston, Martlesham, Melton, Nacton & Purdis Farm, Orford & Eyke, Peasenhall & Yoxford, Rendlesham, Saxmundham, The Trimleys, Tower, Wenhaston & Westleton, Wickham Market, Woodbridge.
Waveney	Beccles North, Beccles South, Blything, Bungay, Carlton, Carlton Colville, Gunton & Corton, Halesworth, Harbour, Kessingland, Kirkley, Lothingland, Normanston, Oulton, Oulton Broad, Pakefield, Southwold & Reydon, St Margaret's, The Saints, Wainford, Whitton, Worlingham, Wrentham.

Appendix A

Membership Engagement Strategy

April 2019 to March 2021

Engagement Strategy

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The public register is maintained on our behalf by Capita and contains details of the member's name and the constituency to which they belong. Eligible members of the public constituency who complete a membership application form will be added to the register of members.

The staff register is maintained by the Trust's HR department. Eligible staff will automatically be added to the register, unless they 'opt out'.

The public register is validated prior to any mailing to ensure that it remains accurate. Details of members who have moved away or died are removed from the register.

6.0 Monitoring success

The membership strategy will be monitored on behalf of the Board of Directors by the Engagement Committee of the Council of Governors.

The FT Office Manager and the Engagement Committee will also undertake a key role in leading and managing the implementation of this strategy and its future development.

An annual review of the strategy will take place by the Engagement Committee.

6.1 How will the success be measured?

The success of the strategy will be measured by the following criteria:

Criteria	**As at** 31 March 2019	**Target** (Mar 2019)
1. Achievement of the recruitment target: a. Total number of Public members b. Staff opting out of membership	 **5,974** **<1%**	 6,000 <1%
2. Achieve a representative membership for our membership area, Priorities for action: a. Age – recruitment of under 50s b. Engagement and recruitment events in all market towns of Membership area (Thetford, Newmarket, Stowmarket, Haverhill and Sudbury)	 **1,145** **80%**	 1,250 100%
3. An engaged membership measured by: a. number of member events b. member attendance – total all events c. annual members' meeting attendance (each year)	 **6** **984*** **262 (2017)** **330 (2018)**	 6 800* 200

* Includes people attending Annual Members' Meeting

A review of the membership recruitment targets will be take place each year as part of the annual plan submission to NHS Improvement.

Appendix 1

PUBLIC CONSTITUENCY OF THE TRUST

Patients and members of the public who reside in the following areas are eligible to join our public constituency (these will be subject to change from 1 April 2019 to reflect the updated electoral boundaries):

Babergh:	Alton, Berners, Boxford, Brett Vale, Brook, Bures St Mary, Chadacre, Dodnash, Glemsford and Stanstead, Great Cornard (North Ward), Great Cornard (South Ward), Hadleigh (North Ward), Hadleigh (South Ward), Holbrook, Lavenham, Leavenheath, Long Melford, Lower Brett, Mid Samford, Nayland, North Cosford, Pinewood, South Cosford, Sudbury (East Ward), Sudbury (North Ward), Sudbury (South Ward), Waldingfield.
Braintree:	Bumpstead, Hedingham and Maplestead, Stour Valley North, Stour Valley South, Upper Colne, Yeldham
Breckland:	Conifer, East Guiltcross, Harling and Heathlands, Mid Forest, Thetford-Abbey, Thetford-Castle, Thetford-Guildhall, Thetford-Saxon, Watton, Wayland, Weeting, West Guiltcross
East Cambridgeshire:	Bottisham, Burwell, Cheveley, Dullingham Villages, Fordham Villages, Isleham, Soham North, Soham South, The Swaffhams
Forest Heath:	All Saints, Brandon East, Brandon West, Eriswell & the Rows, Exning, Great Heath, Iceni, Lakenheath, Manor, Market, Red Lodge, St Marys, Severals, South.
Ipswich	Alexandra, Bixley, Bridge, Castle Hill, Gainsborough, Gipping, Holywells, Priory Heath, Rushmere, St John's, St Margaret's, Sprites, Stoke Park, Westgate, Whitehouse, Whitton.
King's Lynn and: West Norfolk	Denton
Mid Suffolk:	Bacton & Old Newton, Badwell Ash, Barking & Somersham, Bramford & Blakenham, Claydon & Barham, Debenham, Elmswell & Norton, Eye, Fressingfield, Gislingham, Haughley & Wetherden, Helmingham & Coddenham, Hoxne, Mendlesham, Needham Market, Onehouse, Palgrave, Rattlesden, Rickinghall & Walsham, Ringshall, Stowmarket Central, Stowmarket North, Stowmarket South, Stowupland, Stradbroke & Laxfield, The Stonhams, Thurston & Hessett, Wetheringsett, Woolpit, Worlingworth.
South Norfolk:	Bressingham and Burston, Diss and Roydon
St Edmundsbury:	Abbeygate, Bardwell, Barningham, Barrow, Cavendish, Chedburgh, Clare, Eastgate, Fornham, Great Barton,

	Haverhill East, Haverhill North, Haverhill South, Haverhill West, Horringer and Whelnetham, Hundon, Ixworth, Kedington, Minden, Moreton Hall, Northgate, Pakenham, Risby, Risbygate, Rougham, Southgate, St Olaves, Stanton, Westgate, Wickhambrook, Withersfield
Suffolk Coastal	Aldeburgh, Deben, Felixstowe East, Felixstowe North, Felixstowe South, Felixstowe West, Framlingham, Fynn Valley, Grundisburgh, Hacheston, Kesgrave East, Kesgrave West, Kirton, Leiston, Martlesham, Melton, Nacton & Purdis Farm, Orford & Eyke, Peasenhall & Yoxford, Rendlesham, Saxmundham, The Trimleys, Tower, Wenhaston & Westleton, Wickham Market, Woodbridge.
Waveney	Beccles North, Beccles South, Blything, Bungay, Carlton, Carlton Colville, Gunton & Corton, Halesworth, Harbour, Kessingland, Kirkley, Lothingland, Normanston, Oulton, Oulton Broad, Pakefield, Southwold & Reydon, St Margaret's, The Saints, Wainford, Whitton, Worlingham, Wrentham.

20. Agenda items for next meeting

To APPROVE the scheduled items for the next meeting

For Approval

Presented by Richard Jones

Board of Directors – 24 May 2019

Agenda item:	20			
Presented by:	Richard Jones, Trust Secretary & Head of Governance			
Prepared by:	Richard Jones, Trust Secretary & Head of Governance			
Date prepared:	20 May 2019			
Subject:	Items for next meeting			
Purpose:		For information	X	For approval

The attached provides a summary of scheduled items for the next meeting and is drawn from the Board reporting matrix, forward plan and action points.

The final agenda will be drawn-up and approved by the Chair.

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

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

Previously considered by:	The Board receive a monthly report of planned agenda items.
Risk and assurance:	Failure effectively manage the Board agenda or consider matters pertinent to the Board.
Legislation, regulatory, equality, diversity and dignity implications	Consideration of the planned agenda for the next meeting on a monthly basis. Annual review of the Board's reporting schedule.

Recommendation:

To approve the scheduled agenda items for the next meeting

Scheduled draft agenda items for next meeting – 28 June 2019

Description	Open	Closed	Type	Source	Director
Declaration of interests	✓	✓	Verbal	Matrix	All
Deliver for today					
Patient story		✓	Verbal	Matrix	Exec.
Chief Executive's report	✓		Written	Matrix	SD
Integrated quality & performance report	✓		Written	Matrix	HB/RP
Alliance partners learning and winter planning report for 2019-20	✓		Written	Matrix	HB
Finance & workforce performance report, including community sickness absence performance	✓		Written	Matrix	CB
Risk and governance report, including risks escalated from subcommittees		✓	Written	Matrix	RJ
Invest in quality, staff and clinical leadership					
Nurse staffing report	✓		Written	Matrix	RP
"Putting you first award"	✓		Verbal	Matrix	JB
Consultant appointment report	✓		Written	Matrix – by exception	JB
Serious Incident, inquests, complaints and claims report		✓	Written	Matrix	RP
Build a joined-up future					
West Suffolk Alliance and community services report	✓		Written	Matrix	KV/HB
Strategic update, including Alliance, System Executive Group and System Transformation Partnership (STP)		✓	Written	Matrix	SD
Medical Revalidation annual report	✓		Written	Matrix	NJ
Governance					
Trust Executive Group report	✓		Written	Matrix	SD
General condition 6 and Continuity of Services condition 7 certificate	✓		Written	Matrix	RJ
Scrutiny Committee report, including draft networked pathology strategy		✓	Written	Matrix	GN
Risk management strategy and policy	✓		Written	Matrix	RJ
Confidential staffing matters		✓	Written	Matrix – by exception	JB
Use of Trust seal	✓		Written	Matrix – by exception	RJ
Agenda items for next meeting	✓		Written	Matrix	RJ
Reflections on the meetings (open and closed meetings)		✓	Verbal	Matrix	SC

11:30 ITEMS FOR INFORMATION

21. 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

22. Date of next meeting

To NOTE that the next meeting will be held on Friday, 28 June 2019 at 9:15 am in Quince House, West Suffolk Hospital

For Reference

Presented by Sheila Childerhouse

RESOLUTION TO MOVE TO CLOSED SESSION

23. 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