NHS
West Suffolk
NHS Foundation Trust

Board of Directors (In Public)

Schedule	Friday, 25 Jan 2019 9:15 AM — 11:30 AM GMT
Venue	Northgate Room, Quince House, WSFT
Description	A meeting of the Board of Directors will take place on Friday, 25 January 2019 at 9.15 in the Northgate Room, 2nd Floor Quince House, West Suffolk Hospital, Bury St Edmunds
Organiser	Gemma Wixley

Agenda

AGENDA
Presented by Sheila Childerhouse

Agenda Open Board 25 Jan 20191.docx

9:15 GENERAL BUSINESS
Presented by Sheila Childerhouse

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

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

NHS
West Suffolk
NHS Foundation Trust

5. Minutes of the previous meeting
   To APPROVE the minutes of the meeting held on 30 November 2018
   For Approval - Presented by Sheila Childerhouse

   Item 5 - Open Board Minutes 2018 11 30 Nov Draftv2.docx

---

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

   Item 6 - Action sheet report.doc

---

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

   Item 7 - Chief Exec Report Jan '19.doc

9:45 DELIVER FOR TODAY

---

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

   Item 8 - Integrated Quality & Performance Report_January_2019_Draft_v1.docx

---

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

   Item 9 - Board report Cover sheet - M9.docx

   Item 9 - Finance Report December 2018 FINAL.docx

---

10. Transformation Q3 report
    To ACCEPT the report
    For Report - Presented by Helen Beck

    Item 10 - Transformation Board Report January 2019.doc

10:30 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

---

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

    Item 11 - Staffing Dashboard - December 2018 data.doc

    Item 11a - WSFT Dashboard - Dec 2018.xls

---

12. Safe staffing guardian report – Q3
    To ACCEPT a report
    For Report - Presented by Nick Jenkins

    Item 12 - Guardian of safe working report Cover Sheet Jan 2019.doc

    Item - 12 Guardian Quarterly Reports Oct - Dec 18.docx

---

13. Learning from death report – Q2
    To ACCEPT a report, including progress with quality priorities for 2018-19
    For Report - Presented by Nick Jenkins

    Item 13 - LFD - January 2019.doc

---

14. Consultant appointment report
    To RECEIVE the report
    For Report - Presented by Jan Bloomfield

    Item 14 - Trust Board report - January 2019.doc

---

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

11:00 BUILD A JOINED-UP FUTURE

---

16. West Suffolk Alliance report
To ACCEPT the report
For Report - Presented by Kate Vaughton

Item 16 WSFT Board cover sheet community and alliance January 2019 V2.doc

Item 16 WSFT Board paper community and alliance update January 2019 V4.doc

Item 16 Appendix 1 RIV Case Studies.pptx

Item 16 Appendix 2 - WSFT Community and Alliance Board Report - 20181123_WS Alliance profile _Scope.docx

Item 16 Appendix 3 WSFT Community and Alliance Board Report - Jan 19 - Connect Profile Sudbury.pdf

Item 16 Appendix 4 WSFT Commuity and Alliance Board Report Jan 19 - Connect Profile Haverhill (1).pdf

---

11:15 GOVERNANCE

---

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

Item 17 - TEG report.doc

---

18. Quality & Risk Committee report

18.1. To ACCEPT the report of the meeting held on 14 December 2018
For Report - Presented by Sheila Childerhouse

Item 18 - Quality and Risk Committee cover sheet.docx

18.2. To APPROVE the annual governance review and action plan
For Approval - Presented by Richard Jones

Item 18.2 Governance review 2018 report.docx

---

19. Remuneration Committee report
To APPROVE the report recommendation
For Approval - Presented by Angus Eaton

Item 19 - Rem Com report Nov 18.doc

---

20. Non-executive director responsibilities review
To APPROVE the report
For Approval - Presented by Sheila Childerhouse

Item 20 NED responsibilities.doc

---

21. Register of interests
To ACCEPT the report
For Report - Presented by Richard Jones

Item 21 Register of interests.doc

---

22. Use of Trust seal
To ACCEPT the report
For Report - Presented by Richard Jones

Item 22 - Use of Trust Seal Report and Coversheet 25 Jan 2019.doc

---

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

Item 23 - Items for next meeting.doc

11:30 ITEMS FOR INFORMATION

---

24. 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

---

25. Date of next meeting
To NOTE that the next meeting will be held on Friday, 1 March 2019 at 9:15 am in Quince House, West Suffolk Hospital.
For Reference - Presented by Sheila Childerhouse

RESOLUTION TO MOVE TO CLOSED SESSION

---

26. 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

AGENDA

Presented by Sheila Childerhouse

Board of Directors

A meeting of the Board of Directors will take place on **Friday, 25 January 2019 at 9.15** in the Northgate Room, 2nd Floor Quince House, West Suffolk Hospital, Bury St Edmunds

Sheila Childerhouse
Chair

Agenda (in Public)

9:15 GENERAL BUSINESS		
1.	**Introductions and apologies for absence** To note any apologies for the meeting and request that mobile phones are set to silent	Sheila Childerhouse
2.	**Questions from the public relating to matters on the agenda** (verbal) To receive questions from members of the public of information or clarification relating only to matters on the agenda	Sheila Childerhouse
3.	**Review of agenda** To agree any alterations to the timing of the agenda	Sheila Childerhouse
4.	**Declaration of interests for items on the agenda** To note any declarations of interest for items on the agenda	Sheila Childerhouse
5.	**Minutes of the previous meeting (attached)** To approve the minutes of the meeting held on 30 November 2018	Sheila Childerhouse
6.	**Matters arising action sheet (attached)** To accept updates on actions not covered elsewhere on the agenda	Sheila Childerhouse
7.	**Chief Executive's report (attached)** To accept a report on current issues from the Chief Executive	Steve Dunn
9:45 DELIVER FOR TODAY		
8.	**Integrated quality and performance report (attached)** To accept the report	Helen Beck/ Rowan Procter
9.	**Finance and workforce report (attached)** To accept the report	Craig Black
10.	**Transformation Q3 report (attached)** To accept the report	Helen Beck
10:30 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP		
11.	**Nurse staffing report (to follow)** To accept a report on monthly nurse staffing levels	Rowan Procter
12.	**Safe staffing guardian report – Q3 (attached)** To accept a report	Nick Jenkins
13.	**Learning from death report – Q2 (attached)** To accept a report, including progress with quality priorities for 2018-19	Nick Jenkins

14.	**Consultant appointment report (attached)** To accept a report	Jan Bloomfield
15.	**Putting you first award (verbal)** To note a verbal report of this month's winner	Jan Bloomfield
11:00 BUILD A JOINED-UP FUTURE		
16.	**Community Services and West Alliance update (attached)** To accept the report	Kate Vaughton
11:15 GOVERNANCE		
17.	**Trust Executive Group report (attached)** To accept the report	Steve Dunn
18.	**Quality & Risk Committee report (attached)** 18.1 To accept the report of the meeting held on 14 December 2018 18.2 To approve the annual governance review and action plan	Sheila Childerhouse Richard Jones
19.	**Remuneration Committee report (attached)** To approve the report recommendation	Angus Eaton
20.	**Non-executive director responsibilities review (attached)** To approve the report	Sheila Childerhouse
21.	**Register of interests (attached)** To accept the report	Richard Jones
22.	**Use of Trust seal (attached)** To accept the report	Richard Jones
23.	**Agenda items for next meeting (attached)** To approve the scheduled items for the next meeting	Richard Jones
11:30 ITEMS FOR INFORMATION		
24.	**Any other business** To consider any matters which, in the opinion of the Chair, should be considered as a matter of urgency	Sheila Childerhouse
25.	**Date of next meeting** To note that the next meeting will be held on Friday, 1 March 2019 at 9:15 am in Quince House, West Suffolk Hospital.	Sheila Childerhouse
RESOLUTION TO MOVE TO CLOSED SESSION		
26.	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	Sheila Childerhouse

9:15 GENERAL BUSINESS

Presented by Sheila Childerhouse

1. Introductions and apologies for absence

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

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

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 30 November 2018

For Approval

Presented by Sheila Childerhouse

NHS West Suffolk NHS Foundation Trust

MINUTES OF BOARD OF DIRECTORS MEETING

HELD ON 30 NOVEMBER 2018

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

Action

GENERAL BUSINESS

18/239 INTRODUCTIONS AND APOLOGIES FOR ABSENCE

There were no apologies for absence.

The Chair welcomed everyone to the meeting. She thanked June Carpenter for the excellent job she had done as lead governor and the contribution she had made, which had been appreciated by both the Council of Governors and the board.

She also congratulated Liz Steele and Florence Bevan on their appointment as lead and deputy lead governor respectively and was looking forward to working with them both.

18/240 QUESTIONS FROM THE PUBLIC RELATING TO MATTERS ON THE AGENDA

- Joe Pajak thanked the board and Helen Beck for her hard work on the item he raised at the last meeting, ie minute 18/216, closed action 1613 and the EU exit report. He suggested that the minutes should refer to non UK EU citizens, rather than non-European staff. He also requested that the Trust should look at communications and promoting diversity which was a key issue across the NHS. He said that there was an opportunity to turn Brexit into a positive and welcome any nationality; he proposed using the Trust's website to promote this.

  The Chair thanked him for his suggestions and proposed that the communications team should consider this.

  Jan Bloomfield agreed and said that they would look at the work being undertaken by Barts. She explained the positive work that WSFT had been doing to promote diversity and that it had written to all European staff re Brexit. **J Bloomfield**

- Liz Steele referred to training and the new restrictive physical intervention (RPI) team. She said that it should not just be up to them to manage a conflict situation, and noted that there had been a decrease in the number of staff undertaking conflict resolution training which she considered to be very important. She also noted a similar situation with blood products and transfusion process training, which again was very important, particularly with the situation around NEESPS.

  It was agreed that Rowan Procter and Jan Bloomfield would respond to these queries under agenda item 9.

18/241 REVIEW OF AGENDA

The agenda was reviewed and there were no issues.

18/242 DECLARATION OF INTERESTS

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

18/243 MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2018

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

18/244 MATTERS ARISING ACTION SHEET

The ongoing actions and were reviewed and the following noted:-

Item 1604; report annual governance review findings at the end of September. It was explained that this would be coming back to the board at the end of January following review by the quality and risk committee.

The completed actions were reviewed and no issues were raised.

18/245 CHIEF EXECUTIVE'S REPORT

The Chief Executive reported that it had been a very busy time with the opening of new capacity and facilities at the Trust, including the cardiac unit early in November and the acute assessment unit (AAU) today. He congratulated both the estates and clinical teams on the excellent job they had done to achieve this. The new residences would also be opening in February. These should help staff morale and assist with recruitment and retention; however, with winter approaching the challenge would be to staff the new capacity and escalation areas.

The CQC's inadequate rating, for the third time, of Norfolk & Suffolk NHS FT was very disappointing, especially for staff. As an alliance member their challenges would have a profound effect on the community and system and WSFT was looking to help them as much as possible.

Over the next week the NHS plan for its long term vision would be published which should set out renewed ambitions and what the additional funding would be used for. These plans would be reviewed by the board.

The Chief Executive had taken part in a well led CQC inspection and other members of the executive team had or would also be undertaking these. These were very helpful in learning from other trusts and WSFT's focus was to ensure that it did not become complacent.

He introduced Adrian Nunn who worked in the day surgery unit and had been involved in a recycling initiative. Adrian Nunn explained that they had started by getting staff involved in recycling one type of plastic and re-educating people on filling bins correctly and efficiently. This then progressed to recycling all plastics and a 1100L bin was now being filled in two weeks with recycled plastics. As a result the amount of medical waste and other rubbish had reduced significantly. The next part of the plan now was to promote this in main theatres and introduce it slowly by department.

The Chief Executive congratulated Adrian Nunn on his enthusiasm and everything that he was doing to promote and increase recycling. The Chair agreed and said that this was a real challenge and it was good that staff were engaging in this. She proposed sharing this across the STP footprint.

Gary Norgate said that he was very pleased to see additional engagement from ESNEFT in NEESPS and asked when their Chief Executive would be visiting facilities at WSFT. It was confirmed that no date had yet been arranged. The Chief Executive explained that he, Nick Hulme and Nick Jenkins would be meeting with the regulators in the next two weeks. A very robust meeting had also taken place with the leadership of ESNEFT and it was agreed that this was a real test case for the STP and collaborative working. There had been commitment from all parties to try and improve and resolve the issues. Gary Norgate said that it would be a good visible step, particularly for staff, if the two Chief Executives visited the facilities.

The Chair explained that she was also trying to arrange a meeting between the Chairs and Non-Executive Directors from both Trusts.

DELIVER FOR TODAY

18/246 ALLIANCE AND COMMUNITY SERVICES REPORT

Dawn Godbold explained that the existing management structure had been kept in place for the first year of the alliance in order to ensure continuity for staff. However, the operational management of services was now moving from herself to Helen Beck, as Chief Operating Officer, which would help further enhance the integration that had taken place during the last year. Everyone was very supportive of this and it was seen as a positive move.

Therapies were now working across both acute and community and this had become the norm for therapy staff. She highlighted appendix one which was a reflection from a physiotherapist who had been on rotation in the community. Alan Rose asked if there was more scope for job rotation in the organisation across acute and community. Dawn Godbold explained that this was being looked at for nurses and was currently being piloted in Haverhill, but staffing was an issue.

Jan Bloomfield gave an example of where staff had been moved around the organisation in order to support a community nurse who was struggling in an isolated role. She had been moved into the acute setting with more support which meant that the Trust had been able to retain her, rather than lose her. Similarly, community staff had been placed at Glastonbury Court or similar areas whilst on phased return to work.

The development of the neighbourhood teams within the localities was continuing. Speech and language therapists and members of the dietetics teams were also working with care homes which should help to reduce the number of admissions from care homes.

The second IT update/newsletter for community staff had been circulated giving details of the investments and improvements that were being made.

As the system continued to integrate and mature, and following a recent visit to Wolverhampton, discussions were being had with GPs about working more closely together with WSFT. Feedback from the visit to Wolverhampton was that the CCG, GPs, and WSFT were all very committed to moving to this way of working and system roles. Locality team meetings were now being attended by GPs and members of the CCG.

Kate Vaughton would be heading up the new system integration and partnership team, with Dawn Godbold working alongside her. There would also be an additional deputy medical director role at WSFT. This would be a GP and would help with integration across the system.

As part of the winter plan, a Rapid Intervention Vehicle (RIV), funded by the CCG, had been introduced from the beginning of October for a five month period, including weekends. The benefit of this in reducing admissions was already being seen.

The Kings Funds and Healthwatch evaluation reports on Buurtzorg would not be available until February. Healthwatch had been invited to present at a national conference in March on the learning from Buurtzorg and Dawn Godbold would also be attending. The Nuffield Trust would also be undertaking a quantitative evaluation of Buurtzorg.

The pain management service was in the process of becoming an integrated community and acute service, with WSFT as the lead contractor and the GP Federation as the management lead. This would enable a single service to be offered from the start to end of a pathway for inpatients, outpatients and in the community.

The Chair asked about Buurtzorg and the challenges of recruiting and retaining staff and if exit interviews were being undertaken for staff who left. Dawn Godbold confirmed that this was the case and that some staff were leaving for good reasons, ie further development. Others had struggled with the need to be self-directing; therefore a lead nurse was being appointed and support was being put in place to help people with self-management/self-direction. Discussions were being had with Bury Town health team about scaling the model up and some of their nurses working within the Buurtzorg model. Establishing a bank for Buurtzorg was also being looked at.

The Chief Executive said that this showed the importance of piloting this initiative as it had highlighted issues such as staff needing more support in managing themselves and the way they worked. However, feedback from staff and patients had been that the experience had been very good.

Alan Rose said that he was very encouraged by the volume of work being undertaken in the community. He asked about the involvement of medical staff and if they were also engaging with the community. Nick Jenkins explained that there were very few doctors in community services and they were currently represented through a clinical lead, Dr Ankit Matthur, who attended the monthly clinical directors meetings. The new deputy medical director post would be about linking what went on outside the hospital with what went on inside and providing support from doctors in the hospital to staff in the community. Two days a week would be dedicated to this role.

Gary Norgate asked about the link between effort put in and the correlation with A&E figures and what impact was being seen.

Dawn Godbold explained that it was difficult to understand the impact on A&E. However the community frailty pathway, including falls response and managing people differently, and the rapid intervention vehicle should have an effect but it was too soon to know. She said that the main factor was that an impact was being seen on the better management of people in the community.

Helen Beck agreed but said that it was also about flow and treating people in the right place. Improving community integration was helping to reduce the number of long stay patients which was very good at the moment. Delayed transfers of care and excess bed days were also very good which suggested that the work in the community was having a positive effect.

Nick Jenkins explained that the work going on in the community wasn't only about A&E anymore. People coming into the hospital from the community should go directly to the acute assessment unit (AAU) and this was where the impact would be seen. Therefore the metric and reporting needed to evolve, as the change may not be seen in A&E but in AAU.

18/247 INTEGRATED QUALITY & PERFORMANCE REPORT

Helen Beck explained that although A&E performance had not met the 95% target, the significant amount of work and achievements of the team should not be under estimated. There had been two very difficult periods at the beginning of October which had been very challenging. Due to the capacity of the department it only took one bad day to have an impact on performance. 97-99% had been achieved on some days in October which was a real credit to the team.

Until Tuesday this week the Trust was on target to achieve 95% for November, but Wednesday had been a very difficult day and this was now nearer 94%. Nick Jenkins reported that on Thursday morning two of the consultants in A&E had said that they were very concerned that the department would not achieve 95% in November. This was a real change in attitude and thinking of consultants compared to a year ago.

A slow but steady improvement in referral to treatment times (RTT) was being seen. Craig Black reported that positive discussions had been had with the CCG about cataract surgery and they had agreed additional funding to enable the treatment of a significant number of patients.

Angus Eaton asked about RTT and the significant increase in the number of patients, ie 2000. Helen Beck explained that an issue had been identified that when converting to the electronic referral system patients had not been added to the referral numbers on the PTL report. The CCG and WSFT had had discussions with the regulator about rebasing this. She explained that this was not a major issue and all the patients had been given appointments in time order. This was a validation and data quality issue and work was being undertaken to address this.

Angus Eaton said that he was very concerned and asked about the number of clock stops and the effect on the experience of the patient. It was explained that a clock stop meant that the patient had had their procedure, therefore this would not have an effect on the experience of the patient and every treatment was validated.

Helen Beck explained her main concern was the 62 day cancer wait. Some of this related to the change in the way in which shared breaches were apportioned between other centres, ie Addenbrooke's. A complete review would be undertaken of the governance around cancer performance and all the pathways would be looked at. **H Beck**

There had been a significant increase in colorectal referrals, ie 100% over the last four years. Performance in November was showing a slight improvement but the target would not be achieved; the Trust was currently on track to recover the position early in the new year.

Rowan Procter referred to the question about blood products and transfusion process training. She explained that there appeared to be something wrong with the software and training completion information was not being transferred to human resources. This was being investigated along with whether there was a similar issue with conflict resolution or any other training. She confirmed that the importance of training in blood products and transfusion process had been reiterated to staff, and the serious the consequences of getting this wrong.

R Procter / J Bloomfield

Jan Bloomfield confirmed that there would be no changes to conflict resolution training despite the introduction of the RPI team. However, she stressed that dementia training was also extremely important as the majority of conflict incidents were linked to a clinical cause.

Rowan Procter referred to the maternal death in October. Healthcare Safety Investigation Branch (HSIB) was leading an investigation into this. WSFT had also undertaken its own investigation to ensure nothing was due to a lapse of care or intervention.

A reduction in incident reporting in maternity during October was being looked into.

Gary Norgate noted that the target for VTE risk assessments were not being achieved and asked what the plan was to meet this standard. He also asked about the reason for the reduction in pain management performance to 40%, and noted the number of operations cancelled for non-clinical reasons had been amber for the last three months; he asked if this was due to staffing and what actions were being taken.

Nick Jenkins explained that VTE assessment performance was improving and staff had been reminded of the need to do this. Cancelled operations were partly due to sickness in anaesthetics staff and recruitment issues. Sickness was improving which should benefit cancellations; however recruitment would take up to six months if successful. Helen Beck explained that one of the surgical consultants had also been off due to unexpected sickness but had now returned.

Gary Norgate asked if there was anything the Trust could do to mitigate the risk as a result of the lack of anaesthetists over the next six months. Nick Jenkins explained that the anaesthetics team moved rotas around in order to ensure performance did not dip wherever possible. However, with specific surgeons this issue could not be so resolved easily as no one else could do the job. Helen Beck said that compared to other organisations WSFT cancelled very few operations on the day due to bed capacity and a lot of work went on to ensure that this did not happen.

Nick Jenkins referred to Gary Norgate's question about reduction in pain management performance. He explained that the figures of 86.1, 88.3 and 40 referred to three different divisions in the same month and that this indicator had not been scored before. Rowan Procter confirmed that this was not a concern; she explained that 40 referred to children where this was different. The Chair proposed that further explanation of these figures should be provided at the next meeting.

R Procter

Gary Norgate asked about the percentage of children in care and ensuring that health assessments were completed within 28 days, (currently 33%).

Dawn Godbold explained that this was being looked into and a new GP model was being piloted in the east with assessments being available at weekends. It appeared that not attending appointments was one of the major reasons for assessments not being completed within 28 days, as well as people (foster carers) not accepting the first appointment offered. Social care was working with foster carers on this. The capacity for assessments had been increased and work was being undertaken with the county council who undertook reviews and follow ups and looking at a single resource that would ensure assessments and follow ups.

18/248 FINANCE AND WORKFORCE REPORT

Craig Black reported that the financial position was similar to previous months with a continued small overspend. This was primarily related to issues that had been discussed in terms of activity which resulted in pressures in pay and non-pay. The overspend in pay was due to additional sessions in order to meet RTT performance and increased activity in the emergency department. Discussions had been had with the CCG about additional funding in recognition of the additional pressures and they had agreed to fund additional cataract procedures and also an additional £1.5m in recognition of the pressure that the additional demand was causing, which would allow the Trust to achieve the forecast control total.

However, the situation remained challenging and discussions continued to be had with the divisions around achievement of CIPs and the need to be mindful of a balance between recurring and non-recurring CIPs. Currently the Trust was underperforming on recurring CIPs, but this was balanced out by the performance of non-recurring CIPs, which could be a problem moving into next and year and the divisions were working on this at the moment.

Information on staffing, in particular over the winter period, was provided on page 9 of the report. There was a shortfall of registered nurses but a significant over use of unregistered nursing staff, therefore there was a shift in skill mix on wards but numbers were broadly commensurate with the plan. The additional capacity that was likely to be required during December to February would result in an additional need for staff. A small number of overseas nurses were planning to join the organisation during this period and discussions were also being had with the agency for additional staffing if required.

Details of reference costs were given on page 140; the relative position had deteriorated but the Trust still remained in the top quartile. He explained that there had been two changes in the way in which reference costs were calculated due to the increase in delivering community services and difficulties in comparing data across Trusts. This was being looked at but he did not believe it was an issue.

Previously, where organisations received additional sustainability and transformation funding this effectively reduced costs, therefore those who received funding looked ‘cheaper’ than those who did not receive funding.

The cash position was very tight and this would continue to be the case throughout the year. The Trust has still not formally heard from the Department of Health as to whether its application for a loan had been successful. This year was contingent on a loan of £8.1m; however the Department of Health had said it would give the Trust £4m in December to bridge the current position until a decision was made on the loan application.

Gary Norgate referred to CIPs and noted that some were failing and some were over

achieving, but the Trust was still forecasting to achieve the control total. He asked if there was any risk where CIPs were over achieving that people would stop focussing on cost saving.

Craig Black explained that when putting together the plan all schemes were risk assessed and targets were set on the basis of a figure that was considered to be stretching but achievable. As there was a portfolio of schemes he was confident about achieving the bottom line. It was expected that some would over perform and some would under perform, however next year they would look at current schemes and whether delivery could be increased or schemes not yet started could be progressed. Divisions were also being pushed to identify additional CIPs in order to address overspends, even if they were achieving their current CIPs.

Gary Norgate said that the Trust needed to be planning now to mitigate any reduction in sustainability and transformation funding. Craig Black explained that last year where organisations over performed on their control total it was worth a significant amount of cash. Therefore over performing on the control total could be worth a significant amount to the Trust and provide the ability to further invest, which was a great incentive.

Angus Eaton asked if additional support or intervention was required from the board regarding the cash issue and mitigating the risk. Craig Black said that he was more concerned about plans for next year, ie capital programme. Everything possible that could be done was being done this year but the consequences of not getting the loan would result in a real problem with the capital programme. This would be discussed further in the closed meeting.

The Chief Executive reported that NHS Providers had been published the quarter two figures and 89% of acute providers were now in deficit, which highlighted that this was a funding issue. 87% of providers were reporting an adverse variance against plan. He proposed that this report should be circulated to the board. **R Jones**

18/249 EU EXIT REPORT

Helen Beck explained that this report had been to the scrutiny committee where it had been agreed that a monthly update would be provided as the situation developed. **R Jones**
The main concerns for WSFT were procurement and European staff. A workshop had taken place to look at suppliers “in scope” that WSFT could deal with. The majority of products were “out of scope” and there was clear guidance that Trusts should not stockpile these drugs, however it was possible that the government was working to stockpile a number of items.

WSFT had reviewed the top 500 and written to all suppliers in scope to ask what contingency plans they had put in place. Responses were starting to come back and a number of suppliers were making contingency arrangements and stockpiling supplies.

At the workshop risk assessments were undertaken for each supplier, as to whether they were low, medium or high risk and a number of them were low. Most of those that were high risk related to equipment and when spare parts might be needed. Details of high risk products had to be submitted to the Department of Health and Social Care (DHSC) today.

Formal risk assessments of high risk suppliers were currently being undertaken; mitigating actions would then be reviewed and included in business continuity plans.

Craig Black noted that stockpiling products would have a consequence on cash;

therefore the ability of individual organisations to stockpile was currently very limited.

Jan Bloomfield explained that communication was going out to overseas European staff but there did not appear to be a large number of concerns or queries. A day of workshops for staff would be taking place in January to provide support in completing forms etc.

Angus Eaton asked about business continuity planning and proposed a table top 'war game' exercise once further details were known.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

18/250 NURSE STAFFING REPORT

Rowan Procter explained that the figures in this report were different to those in the finance paper as these figures were taken from Healthroster which had not yet been updated for bay based nursing. The roster was being adjusted from registered to non-registered nurses for some areas, which was having an impact on the number of registered nurses available to move around the organisation. She explained that when overseas nurses arrived at WSFT there was a minimum process of four months for them to be fully trained, if they passed everything first time, ie OSCE and other training. Qualified student nurses were in the same position as they had to undertake iv training which had been reinstated for January.

Alan Rose asked about the over establishment of 13 wte nursing assistants and if this was deliberate in order to change the mix between registered and unregistered nurses. It was confirmed that this was the case and the Chief Executive explained that this was under constant review. Alan Rose asked if there were CQC guidelines on the ratio of registered to unregistered nurses. Rowan Procter explained that there were no CQC guidelines but there were national guidelines of ideally 1:8, but this was not a set figure.

Richard Davies asked Rowan Procter how confident she was that it would be possible to staff wards appropriately during the winter period. She explained that she had been to every ward yesterday to discuss staffing levels and they were now running rosters as if bay based nursing applied. An additional 17 agency nurses would be required. If there were no further vacancies and all agency and overtime was available it should be possible to staff wards appropriately.

Gary Norgate asked about the high number of pressure ulcers in the Bury town and Bury rural community localities. Dawn Godbold explained that this was due to late collation of figures, therefore the previous month's report showed that there were none. However, Bury town was one of the most challenging teams. Rowan Procter explained that the grading of pressure ulcers would be changing nationally in January which meant that reporting would change and would show an increase compared to previous figures. Further detail of the changes in reporting and grading would be provided to the board. **R Procter**

Gary Norgate asked for assurance that annual leave was being managed in advance of the Christmas break. Rowan Procter confirmed that was being looked at and the level of annual leave staff were allowed over the Christmas week. However, the Christmas week was not looking good as there were less people wanting to work overtime and less bank staff available over this period. Work was being undertaken to address this.

Angus Eaton asked about F8 and noted that the finance report showed vacancies as being very high, whereas this was not so bad in the nurse staffing report. Rowan Procter explained that F8 had changed and moved to a 24 hour unit but the roster report had not yet been changed. This would show a balance next month.

18/251 FREEDOM TO SPEAK UP GUARDIAN – Q2

Gary Norgate congratulated Nick Finch on the work he did in this role; all feedback had been very positive and he was very approachable. He asked about the fact that the numbers were so low and if enough was being done to make this role effective and if it was being promoted sufficiently. Jan Bloomfield agreed that possibly more could be done to explain the many channels providing support to staff with concerns, however WSFT had the highest usage of 'Care First' in the acute sector in the UK.

Nick Finch did not have any concerns that people were not coming to him and he had referred issues to Gary Norgate as Senior Independent Director, which was very reassuring.

Angus Eaton proposed that there should be an update on staff support and how concerns were being responded to, including Care First and other initiatives. **J Bloomfield**

18/252 QUALITY AND LEARNING REPORT FPR Q2

Rowan Procter highlighted the change in the symbol for high risk fallers from a falling leaf, which no one understood, to a picture of someone falling. It was hoped that this would be a national change.

Gary Norgate considered this to be a very useful and transparent report. He referred to incident WSH-IR-38808 and asked if e-Care was creating an issue that people needed to be aware of, as this incident was not recorded on e-Care. Rowan Procter did not consider this to be a concern and Nick Jenkins explained how this could have happened and that it would have been the same if it had been recorded on paper.

18/253 CONSULTANT APPOINTMENT REPORT

The board noted the appointment of the following:-

Dr Rachel Furley – Acute Consultant paediatrics
Dr Manoj John – Hybrid Consultant paediatrics

Jan Bloomfield explained that these were two fast track appointments and it was particularly good that the Trust was still able to recruit to paediatrics which was a hard area to recruit to.

18/254 PUTTING YOU FIRST AWARD

Jan Bloomfield explained that she was now receiving a large number of nominations for this award. This month there had been four nominations and the award had been received by Amanda Keighley, Senior matron, community and integrated services (also a staff governor); Karen Pinches, Jenny Moore and Sincy Poulose, Ward F4; Alastair Smith, e-Care clinical documentation team and Rebecca Chapman, Respiratory and pulmonary rehab team.

Amanda would be leaving her current post as team lead to commence her new role as Senior Matron for Community and Integrated Services on 18 December.

In her current role, and as the only registered nurse team lead she had been

exemplary in supporting the nursing service in her area to ensure patients were visited and received a quality service during times of vacancy and capacity demand, which had relieved pressure on the Bury team.

As part of winter planning Karen, Jenny and Sincy had been training all the nursing assistants from Glastonbury Court and Newmarket on the use of obs machines and e-Care. They had been fantastic and the nursing assistants were really pleased and now felt confident in their roles should they be moved to the hospital site due to staffing pressures.

Prior to joining the e-Care team Alastair was part of the project team for the Evolve Electronic Document Management system. As part of the FY18/19 digital programme he was chosen to lead a major upgrade and from day one he managed the supplier, planned every element of the upgrade (largely on his own), ensured that everyone affected by the upgrade were fully apprised of plans and progress, resolved all the issues and saw the upgrade through to a successful outcome. In his own time, he came into the hospital at night and weekends and met with clinical staff across the hospital to ensure that transition to the new release was also an operational success.

Rebecca is a member of the respiratory physiotherapy team, and pulmonary rehab team. Once patients complete a pulmonary rehab course, they are encouraged to continue exercising to help them self-manage their conditions. Many do not wish to attend a gym, so she set up a follow-on class in Bury and has increased attendance to between 30-40 clients exercising a week. She does this in her own time, and has added a very worthwhile service to our patient population in Bury St Edmunds.

The board congratulated all the award winners, particularly for their commitment to patients and fellow team members and for going the extra mile.

BUILD A JOINED UP FUTURE

18/255 WSFT DIGITAL BOARD REPORT

Craig Black explained that this was a very busy and ambitious programme. This was reflected in the delay to MMODAL as further work was required to prepare for this and it would now be rolled out more slowly than originally planned.

There was a lot of work going on to improve the Wi-Fi service and service to patient and visitors, with a new Wi-Fi provider.

Alan Rose asked about electronic systems in Norfolk & Suffolk NHS Foundation Trust. Craig Black explained that they used Lorenzo; the same system that Ipswich and Papworth hospitals used, which was not a good system. However, they did have PAS and as part of the population health work were committed to sharing data across the alliance. As with every organisation their systems would require improvement.

GOVERNANCE

18/256 TRUST EXECUTIVE GROUP REPORT

The Chief Executive reported that the CQC had received an anonymous whistle-blowing concern which had raised a range of issues and had been taken very seriously. Part of this was about visibility of the executive team and the facilities at Quince House and how this was perceived by the organisation. However, the opening of AAU and CCU showed the Trust's commitment to opening new capacity within the main hospital.

The executive team had had taken the concerns very seriously and asked divisions to take the issues and concerns back and have discussions and feedback on these.

The Chair said that of all the Trusts she had been in, WSFT was the one where senior staff were very visible.

18/257 AUDIT COMMITTEE REPORT

Angus Eaton reported that the committee had received a training session from BDO on risk appetite and they considered important that the board should have a session on this.

The board approved the following:-

- the revised Audit Committee Terms of Reference
- to delegate authority to approve the 2017/18 MyWish Annual Report and Accounts to the Audit Committee
- the appointment of RSM to provide Internal Audit and Counter Fraud Services for 3 years with the potential to extend for a further year

18/258 CHARITABLE FUNDS REPORT

Gary Norgate highlighted the very positive response to the Every Heart Matters appeal, one of the key elements of which was securing a material legacy. WSFT was now looking at the next fund raising project following on from this appeal.

Legacies were very important and the Trust was considering appointing someone to focus on this aspect of fund raising.

18/259 COUNCIL OF GOVERNORS REPORT

Alan Rose reported that governors particularly appreciated the responses to the issues they raised. He explained that he had agreed that as governors only met formally every quarter they should receive more regular written/email updates on pathology.

The Chair suggested that governors from both WSFT and ESNEFT should receive the same briefing. The board agreed that this would be a very good idea and it was proposed that Richard Jones should follow this up. **R Jones**

18/260 AGENDA ITEMS FOR NEXT MEETING

The scheduled agenda items for the next meeting were noted.

ITEMS FOR INFORMATION

18/261 ANY OTHER BUSINESS

The Chief Executive explained that this would be Dawn Godbold's last formal board meeting before she retired. He paid tribute to her long stewardship of community services. She and her colleagues had always been very positive and encouraging despite all the turbulence and change in contracts, particularly during the period of SERCO. She always put staff at the top of her agenda and this had been recognised by SERCO.

The west Suffolk system was delighted when she chose to be part of WSFT's

leadership team. Her continued management and listening to staff had helped with the transition and the manner in which they worked. He was pleased that she would continue to be part of the west Suffolk system.

The Chair agreed and said that she had been a pleasure to work with and she was very pleased that community services and WSFT would not be losing her.

The Chair thanked everyone for their support during her first year at the Trust. She said it had been a pleasure to work with such an amazing team who provided an exceptional level of care and challenge but were also a team that a kept a sense of humour during challenging times.

She wished everyone a very happy Christmas and wished them the best for 2019.

18/262 DATE OF NEXT MEETING

The next meeting would take place on Friday 25 January at 9.15am in the Northgate Room, Quince House, West Suffolk NHS Foundation Trust.

RESOLUTION TO MOVE TO CLOSED SESSION

18/263 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.

DRAFT

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 – 25 January 2019

Agenda item:	6			
Presented by:	Sheila Childerhouse, Chair			
Prepared by:	Richard Jones, Trust Secretary & Head of Governance			
Date prepared:	18 January 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
1636	Open	2/11/18	Item 2	Consider impact of other factors on fall occurrences and trends	Being picked up as part of a project on F3. Falls to be included as key focus in the Q3 learning report (February Board).	RP	01/03/2019 (revised)	Green
1652	Open	30/11/18	Item 9	In the context of 62 day performance undertake a full review of cancer pathways and accountability	Update to date: • completed governance review of cancer PTL meeting and updated TOR, attendance and action log. • Currently reviewing Trust cancer strategy to bring into line with EoE strategy • Specialty level plans in place for colorectal, urology, ENT, endoscopy and histopathology • Bi – weekly meetings with Head of elective performance to review progress against the above plans.	HB	01/03/19	Green
1657	Open	30/11/18	Item 12	Update healthroster to reflect the bay based nursing staffing profiles and other ward changes	This has not been yet been completed as the staffing templates have not been finally agreed. Once agreed Healthroster will be adjusted	JB	01/03/19	Green
1659	Open	30/11/18	Item 13	Provide a report of the range of approaches to capturing and responding to issues and concerns from staff. The report to describe activities undertaken and key learning.	This is being prepared for the meeting on 1 March	JB	01/03/19	Green

Closed actions

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1604	Open	29/6/18	Item 24	Report annual governance review findings at the end of September.	Questionnaires issued. Report will be drafted for meeting in November when all responses received. **Reviewed at Quality & Risk Committee and on agenda**	RJ	25/01/19	Complete
1651	Open	30/11/18	Item 2	In the context of Brexit agreed to review WSFT's website and outward press releases to encourage positive messages regarding diversity. To include review of Barts Health NHS Trust's website	The Trust has a vibrant EDI steering group who are developing a communication and branding strategy (a review of Bart's website will be part of this) whilst this is progressing - specific work has been completed regarding LGB&T+ inclusion with a self-managed network in place. In addition a presentation on settled status for EU staff is planned for early March 2019.	JB	25/01/19	Complete
1653	Open	30/11/18	Item 9	Validate the blood transfusion mandatory training data transfer to ESR (and consider any impact on other training activities)	This matter is covered in the Mandatory Training Board paper **AGENDA ITEM**	JB	25/01/19	Complete
1654	Open	30/11/18	Item 9	Provide more detailed assessment of the causes and remedial action regarding the deterioration in pain management performance in the women and children division	**Included in IQPR**	RP	25/01/19	Complete

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1655	Open	30/11/18	Item 9	Circulate the Q2 NHS providers finance and performance briefing	Circulated by email	RJ	07/12/18	Complete
1656	Open	30/11/18	Item 11	Amend the Scrutiny Committee programme so that EU Exit is a monthly standing item	Reporting programme updated	RJ	12/12/18	Complete
1658	Open	30/11/18	Item 12	Outline the new NHSI pressure ulcer reporting and grading guidelines	In recent years, there has been considerable effort to reduce the number of pressure ulcers and related harm, but this effort has been offset by disparities between trusts in the way they define, measure and report pressure ulcers. As part of the Stop the Pressure programme, new guidance on pressure ulcer definition and measurement in England was issued in June 2018 by NHS Improvement after a consensus-seeking exercise involving a large range of stakeholders. “We anticipate that full implementation of the recommendations from April 2019 will improve understanding of the level of pressure damage harm in England. This will in turn support an organisation’s ability to learn from reported incidents, and inform the quality improvement programmes that are required to help reduce reported pressure damage and improve the quality of care” [NHSI June 2018].The guidance will be rolled out nationally from April 2019 and encompasses 30 recommendations (See Annex 2) including an agreed definition of pressure ulcers National roll-out is	RP	25/01/19	Complete

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
					preceded by the following steps:• Quarter 1: finalisation of governance and approval of recommendations in practice across all national stakeholders [National]• Quarter 2: communication to all key stakeholders about revised approach [National]• Quarter 3: trusts complete preparations for implementing revised framework in relation to their local measurement approaches [Local]• Quarter 4: shadow reporting using revised framework by all trusts [Local]A plan to achieve the deadline of April 2019 has been formulated (see Annex 2). A communication plan for staff is also being developed to be led by the Tissue Viability team, Heads of Nursing and Matrons for Hospital and Community.			
1660	Open	30/11/18	Item 21	Noted that a report will be circulated to Governors following the Scrutiny Committee to provide a monthly update on pathology services	December update circulated to Board and Governors	RJ	11/01/2019	Complete

7. Chief Executive’s report

To ACCEPT a report on current issues from the Chief Executive

For Report

Presented by Stephen Dunn

Board of Directors – 25 January 2019

Agenda item:	7			
Presented by:	Steve Dunn, Chief Executive Officer			
Prepared by:	Steve Dunn, Chief Executive Officer			
Date prepared:	18 January 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

So, **how busy has it been**? Well, although attendances over Christmas Eve, Christmas Day and Boxing Day were altogether lower than in 2017, across December as a whole we saw a 3.1% increase compared to last year and that trend has continued well into January.

As a result, staffing wards has been very challenging and we've had to make some quite difficult decisions along the way. Many staff have been moved around the hospital to where the cover has been most needed, and I know that has been unsettling. But I never fail to be impressed at how everyone here at the Trust, whether in the hospital or in the community, pulls together in these times to get the job done. That really isn't easy when you're tired and in the thick of it. Our staff make me proud every day. I was pleased that we were able to highlight some of their hard work through some TV filming we did with Sky at the end of the year. We welcomed a crew into the hospital to give them a behind the scenes look at winter in the NHS, and it was great to see us on such a high-profile national platform. We hope to be able to invite them back in the next few weeks to see how things have moved on.

I was so pleased to be a part of the formal opening of our brand new, state-of-the-art cardiac centre and we must not forget that this, as well as other work, contributed to the additional bed capacity that we created in the hospital and community, for winter. This additional capacity has been critical to allowing us to cope as well as we have. Opening our new acute assessment unit (AAU) has supported patient flow – for both patients referred by ED as well as GPs. The difficult decision we made in early 2018 to move staff from the new AAU area, including the executive team, into Quince House feels so worthwhile.

In response to the challenging demand we experienced across the Trust on 11 January, we took the decision to communicate directly with our substantive nurses, who are not registered on the bank, by text message. This was in order to secure additional staffing for the weekend and ensure patient safety. I'd like to pass my thanks to those who responded as we were able to improve staffing across several areas on both Saturday and Sunday. Recognising the level of activity we are experiencing may continue, we may need to communicate in this way again if operational demand requires.

We continue to support our staff to have flu jabs to protect themselves, their patients and their colleagues. I'm delighted that, at the time of writing, more than 2,661 of our staff have opted to have the **flu vaccination**. That will likely have gone up even further at the time of reading! This is such great news and proves that our staff are dedicated to protecting themselves and those around them. Thank you to each and every one of you! The feedback I have had is that this year's inoculation, as is the case most years, is effective and it is not too late to protect yourself, patients, your friends and family from infection.

We received a very welcome early Christmas present in December as we were allocated £13.4m to **improve our emergency department**. We have known for a long time that this is much needed – our emergency department is no longer fit for purpose, and the funding will mean we can enhance and modernise it. The work should help to improve patient flow, and also separate ambulance arrivals from other patients needing major and minor services to reduce turnaround time for ambulances. This is the next step in our emergency care plans, building on our acute assessment unit (AAU) that opened last month which is already helping to improve how we care for our emergency patients.

It is with regret that I confirmed that during December we reported a **never event** due to a wrong site anaesthetic block prior to surgery. While hugely disappointing I can confirm that no harm came to the patient, but this has highlighted some mitigating actions and a full investigation has commenced. This is the first never event we have reported since October 2017.

Overall for **December's performance** there were 61 falls and 27 Trust acquired pressure ulcers with no C. difficile cases. The Trust failed to deliver on the target for 2 week wait for urgent GP referrals, with reported performance at 92.2%, 2 week wait breast symptoms with reported performance at 48.8%, 62 day screening with reported performance at 85.7% and Cancer 62 day GP referral with reported performance 77.0% due to increased demand and lack of radiology capacity. The 4 hour wait performance for the emergency department for December was 91.4% with attendances continuing at an increased level year-on-year level at 11.2% (adjusted).

The **month nine financial position** reports a deficit of £6.5m. This is £0.8m worse than planned, partly due to provider sustainability funding (PSF) funding being behind plan as a result of ED performance in Q1 (£0.2m). The Trust has agreed a control total to make a deficit of £13.8m which will provide PSF of £3.7m should ED and financial targets be met. Therefore the Trust is now planning on a net deficit of £10.1m for 2018-19. In order to achieve the control total the 2018-19 budgets now include a stretch cost improvement programme (CIP) of £2.8m bringing the total CIP plan to £12.2m (5%).

During December I am pleased to confirm that senior leadership from East Suffolk and North Essex Foundation Trust (ESNEFT) visited the labs to meet staff and review the provision of **pathology services**. While operational challenges clearly remain, we have seen commitment from ESNEFT, who host North East Essex and Suffolk Pathology Services (NEESPS), to deliver the required improvements in pathology services. During December, we also met with NHS Improvement to provide focus and support in this area; the meeting was held in London and included the responsible executive from ESNEFT. We are also continuing to assess the options for the networked provision of pathology services.

I'm absolutely delighted to have been **awarded a CBE** for services to health and patient safety in the Queen's New Year Honours list. I accept this on behalf of all of the staff working with compassion and commitment across the Trust. It is their effort and hard work that should really be honoured and I salute them for the outstanding care they provide to the west Suffolk community each and every day.

And of course January has seen the launch of the **NHS Long Term Plan**, which explains how the NHS will spend an extra £20.5 billion of funding to make it fit for the future. Once again we were closer to the action than most as the Secretary of State for Health and Social Care, Matthew Hancock MP, chose to visit West Suffolk Hospital to give his first media interview on the plan and talk to staff on the frontline. The Health Secretary told Sky News that health services need a "big shift" to "focus on prevention as much as we do on cure", and asked people "to take responsibility to keep the pressure off the NHS and make sure that it's there for people who really need it." He also revealed the Government's plans for an overhaul of social care will be published "in the coming weeks" to coincide with the new NHS plan.

The plan's vision marries with our own priorities and seven ambitions here at WSFT. It wants to make sure the NHS provides better care and outcomes through every stage of life by: giving everyone the best start; delivering world-class care to help people live well; and helping people age well. The Plan sets out ambitions for ensuring the NHS is fit for the future and covers a ten year window. A consultation and engagement period will now begin on the Plan, running until the summer. The Plan is structured to overcome the challenges that the NHS faces:

1. **Doing things differently:** giving people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities
2. **Preventing illness and tackling health inequalities:** increase the NHS's contribution to tackling some of the most significant causes of ill health, including new action to help people

stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems

3. **Further progress on care quality and outcomes**: for all major conditions, the quality of care and the outcomes for patients are now measurably better than a decade ago. However, the Plan looks at both physical and mental health and outlines a range of condition specific proposals, including making sure everyone gets the best start in life and delivering world-class care for major health problems (cancer, cardiovascular disease, stroke diabetes and respiratory)
4. **Backing our workforce:** continuing to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. Making the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients
5. **Making better use of data and digital technology:** providing more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data
6. **Getting the most out of taxpayers' investment in the NHS:** continuing to work with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS's combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

Now that the NHS Long Term Plan has been published, local NHS organisations like ours – working together with each other, local councils and other partners – will be expected to develop our own strategies for the next five years to make the Plan a reality for local communities.
The good news is, that through our Alliance and Sustainability and Transformation Partnership (STP) work, we're already making great strides – initiatives like our support to go home service are helping to break down barriers between acute and social care; we're doing more to try and prevent people becoming ill through our early intervention team and looking at population health; and we're improving the care people get with us through things like our acute assessment unit and new cardiac suite. Plus, as a global digital exemplar (GDE), we're already at the forefront of using technology in healthcare.

Appended to this report is a more detail briefing from NHS Providers. We have already started to reflect on the ambitions set out in the plan and will continue to do so and ensure our own strategies and plans align with the ambitious improvements set out in the Plan.

Chief Executive blog
Get ready like us...winter is coming: https://www.wsh.nhs.uk/News-room/news-posts/Get-ready-like-us-winter-is-coming.aspx

Deliver for today

Complex care team (CCT) recognised
A big thank you went to the dedicated team in our community services caring for children in Suffolk with lifelong, life-limiting conditions, ensuring they are able to stay at home with their families. The complex care team (CCT), is part of the integrated community paediatric service (ICPS) which provides a broad variety of care to children in their own homes, schools, health centres and clinics across Suffolk. The CCT was formed seven years ago to respond to the health needs of one child in Suffolk, with respiratory difficulties who required non-invasive ventilation for survival and continues to be provided with care today.

Discharge waiting area settles into its new home
The hospital's discharge waiting area (DWA) was set up in November 2017 as a six-month trial to gauge the impact of the unit on patient flow over the winter period. Over 1,000 patients came through the unit in the first two months alone and it was decided the Trust should make the DWA permanent. To date, the team has welcomed over 5,000 patients. The newly refurbished department on the former cardiac care unit (F2) has comfortable chairs, six beds for less able patients and a 'calming' area with five recliners especially for frail patients and those with dementia.

The west Suffolk lymphoedema service
Following a partnership with the Suffolk GP Federation, the West Suffolk Lymphoedema Service is now solely provided by our Trust. Lymphoedema is a long-term chronic condition that causes swelling in the body's tissues. It can affect any part of the body but usually develops in the arms or legs. The service also manages patients with lipoedema. This is a long-term chronic condition most common in women, where excessive and abnormal fat is deposited on the hips, buttocks, thighs and legs, and sometimes in the arms.

International Volunteer Day
5 December was International Volunteer Day, and we took the opportunity to thank all our wonderful, generous volunteers who give their time to enhance patient care at our Trust. Also, a big shout out to the hardworking voluntary services team for everything they do to make this possible!

Invest in quality, staff and clinical leadership

West Suffolk's 'inspirational' women celebrated
In December, our Chair Sheila Childerhouse and Jo Churchill, Member of Parliament for Bury St Edmunds, co-hosted an event to celebrate 100 Years of Suffrage and the NHS's 70 birthday. Inspirational women from across West Suffolk were invited to enjoy afternoon tea in The Athenaeum, in Bury, to celebrate their achievements. The event brought together inspirational community leaders, volunteers, fundraisers and hardworking and dedicated staff from West Suffolk Hospital. The event was both successful and hugely inspirational – and it was fantastic to see so many incredible female leaders being celebrated for the important work they do.

EU Settlement Scheme information
The Trust is very pleased to offer two important information briefing sessions for all of our EU employees. The purpose of these sessions is to provide vital information and support to all of our EU employees to apply for Settled Status, which will protect the right to live here, work here and access public services such as healthcare and benefits.

Pharmacy introduces seven-day service
From Monday, 7 January, the West Suffolk Hospital pharmacy dispensary service hours will be extended to: Monday to Friday, 8.30am – 6.30pm and Saturday and Sunday, 9.00am – 4.30pm. Staff will also be working beyond these times, making ward visits and preparing for the following day's service.

Build a joined-up future

Medic Bleep has arrived at West Suffolk Hospital!
Medic Bleep is a communication app that allows you to message and call colleagues whilst at work, and meets NHS information governance standards. After piloting Medic Bleep in pharmacy, all staff can now sign up to start using it. Staff will be able to log onto Medic Bleep via a mobile phone as an app, on their desktop, or on a workstation on wheels (WOW).

National news

The Trust's library service supports the production of my report by providing summaries of national and local evidence which is used to support clinical and management practice. So I am delighted that the library has achieved 100% full compliance in the annual **Library Quality Assurance Framework (LQAF)** assessed by Health Education England for 2018. The LQAF measures the breadth and depth of service improvements and developments, including the positive impact of library services, the capture, organisation and sharing of knowledge, the diversification and expansion of services outside of the physical library, information provision for patients and the public, and the impact on clinical and management decision-making.

Deliver for today

Skill and dedication of NHS staff praised as health service productivity outstrips the rest of the economy
Hardworking NHS staff boosted productivity by 3% in a single year, dramatically outstripping productivity growth in the rest of the economy, new figures have revealed. Data released by the Office for National Statistics shows that NHS productivity for the financial year ending 2017 grew by 3% in England, more than treble the 0.8% achieved across wider the UK economy in 2016/17. Health service productivity in England also outpaced that achieved in health services elsewhere in the UK, with a combined UK health service figure of 2.5% in 2016.

Winter 2018/19 in the NHS: the solutions
This report by the Society for Acute Medicine outlines the use of Emergency Ambulatory Care to alleviate 'winter pressures'.

Invest in quality, staff and clinical leadership

NHS commits to long term support for race equality
A team of experts and £1 million annual investment are part of a package of measures in the NHS Long Term Plan, to improve race equality in the health service, as a new report has highlighted the experience of black and minority ethnic (BME) people working in the NHS. The independent assessment published this month shows that while there has been a year on year improvement in BME representation in the most senior NHS roles – including at board level – and an increase in recruitment from these backgrounds, the health service needs progress in a number of areas.

To ensure the proposals make a practical difference for staff, NHS England has appointed a team of 42 experts from within the existing workforce, who will work with senior staff to close the gaps between BME and white staff.

Mental health care in the emergency department
This is an independent report by the Healthcare Safety Investigation Branch following the death by suicide of a patient who had attended her local ED on four separate occasions before her death.

Children's and young people's experiences of loneliness: 2018
Analysis of children's and young people's views, experiences and suggestions to overcome loneliness, using in-depth interviews, the Community Life Survey 2016 to 2017 and Good Childhood Index Survey, 2018.

Nursing apprenticeships inquiry report published
The House of Commons Education Committee has published its recommendations to government on nursing degree apprenticeships.

The role of volunteers in the NHS: views from the front line
Commissioned by Royal Voluntary Service and Helpforce, this report looks at frontline staff's perceptions of the roles and value of volunteers in hospitals.

Build a joined-up future

New service will put crucial patient information in the hands of paramedics and mental health nurses
NHS Digital has taken a crucial step towards a more joined-up health and care system with the launch of the new National Record Locator Service. The National Record Locator Service will enable triage personnel such as mental health nurses and paramedics, who are called to a patient in distress, to find out whether a patient they are treating has a mental health crisis plan. This will enable them to transport that patient to a more appropriate care setting than A&E or offer alternative, community-based care as indicated in the crisis plan.

Integrated interventions to reduce pressure on acute hospitals
This review, published by the Health Research Board, identified 13 integrated interventions that were tested to see if they reduce pressure on acute hospitals among adults. The findings indicate that there are a number of promising interventions that reduce pressure on acute hospitals for people with chronic diseases. There are a few promising interventions that reduce pressure on acute hospitals for people with medical and surgical conditions. There are no promising interventions that reduce pressure on acute hospitals for older people, but there is some research in progress.

9:45 DELIVER FOR TODAY

8. Integrated quality and performance report

To ACCEPT the report

For Report

Presented by Rowan Procter and Helen Beck

Trust Board – January 2019

Agenda item:	8 - 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:	January 2019			
Subject:	Trust Integrated Quality & Performance Report			
Purpose:	x	For information		For approval
Executive summary:	The attached report provides an overview of the key performance measures for the Trust. A detailed section is included from page 17 onwards.			

Trust priorities	**Deliver for today**			**Invest in quality, staff and clinical leadership**		**Build a joined-up future**	
	x						
Trust ambitions	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
		x					
Previously considered by:	Monthly at Trust Board						

Risk and assurance:	To provide oversight and assurance to the Board of the Trusts performance.
Legislation, regulatory, equality, diversity and dignity implications:	Performance against national standards is reported.
Recommendation: The Trust Board notes the monthly performance report.	

NHS
West Suffolk
NHS Foundation Trust

Integrated quality and performance report



Month Nine: December 2018

Putting you first

CONTENTS

EXECUTIVE SUMMARY

DETAILED SECTIONS

1 EXECUTIVE SUMMARY

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

ARE WE SAFE?

Healthcare associated infections (HCAIs) – There were no MRSA bacteraemia cases in or hospital attributable to clostridium difficile In December 2018. The trust compliance with decolonization decreased in December 2018 to 94.0%.

CAS (Central Alerting System) Open (PSAs) – A total of 38 PSAs have been received to date in 2018/9, with 8 in December 2018. All the alerts have been implemented within timescale to date.

Patient Falls (All patients) - 61 patient falls occurred in December 2018 which was an increase from 48 the previous month.

Pressure Ulcers- In December 2018, 27 cases occurred with a year to date total of 232.

Exception Report Clostridium difficile figures

The Regulations regarding to C Diff are changing. Currently a case is attributed as community onset (assigned to the CCG) if the specimen is sent within 72 hours, this will reduce down to 48h from 1/4/19.

Additionally even if a specimen has been sent within 48h but the patient has been an in-patient at our Trust within 28 days the case will be assigned to West Suffolk NHS Foundation Trust.

The Impact of this change has been assessed the Infection protection team and under the current regulations as of December 31st the Trust has 7 cases (1 Trajectory case, 3 Non Trajectory (Green), 2 Non Trajectory (Amber with learning) and 1 awaited).

Applying the 2019-2020 regulations, there would have been an additional 12 cases (11 admissions within 4 weeks and 1 specimen sent outside 48h).

ARE WE EFFECTIVE?

Cancelled Operations for non-clinical reasons – The rate of cancelled operations for non-clinical reasons was recorded at 0.5% in December 2018

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 91.7% in December 2018 compared to 100% in November 2018. (*Exception report pg. 33)*

Discharge Summaries- Performance to date, whilst below the 95% target to issue discharge summaries, is showing an improvement (Inpatients). A&E has achieved a rate of 80.5% in December 2018, whereas inpatient services have achieved a rate of 72.9% (Non-elective) and 84.8% (Elective.) (*Exception report pg. 32)*

ARE WE CARING?

Mixed Sex Accommodation breaches (MSA) – No Mixed Sex Accommodation breaches occurred in December 2018.

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 – December 2018 reported performance at 83.0% compared to 88.0% in November 2018 (Exception report pg.36)

ARE WE RESPONSIVE?

A&E 4 hour waits – December 2018 reports performance at 91.4% with an 11.2% year on year (adjusted) increase in attendances.

Cancer – Cancer has experienced significant increases in demand in the last few months. The challenge of demand and capacity continues with four areas failing the target for December. These areas were 2 week wait for urgent GP referrals, with reported performance at 92.2%, Cancer 2 week wait breast symptoms with reported performance at 48.8%, Cancer 62 d Screening with reported performance at 85.7% and Cancer 62 d GP referral with reported performance at 77.0%. (*All figures are provisional and exception reports pgs.41, 42, 43 and 44)*

Referral to Treatment (RTT) – Due to issues experience during an upgrade to our data warehouse, RTT performance is unable to be reported at the time.

ARE WE WELL LED?

Appraisal - The appraisal rate for December 2018 is 76.4% (Exception report pg.54)

Sickness Absence – The Sickness Absence rate has decreased this month to 3.8% (Exception report pg.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			TRUST TOTAL														
Are we..	Ref.	KPI	Target	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Av/YTD
1. Safe	1.01	CAS (Central Alerting System) Open	NT	0	1	0	0	0	2	5	3	4	5	4	7	8	38
	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%	94.7%	96.9%	97.6%	97.3%	98.2%	94.1%	95.1%	93.0%	93.7%	94.0%	96.0%	ND	ND	94.9%
	1.05	Clostridium Difficile infection - Hospital Attributable	15	0	1	0	2	1	0	0	1	1	1	1	2	0	7
	1.06	MRSA Bacteraemias - Hospital Attributable	0	0	0	1	0	0	0	0	0	1	0	0	0	0	1
	1.07	Patient Safety Incidents Reported	NT	479	627	553	535	486	579	465	469	521	488	511	478	546	4543
	1.08	Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
2.Effective	2.02	Canc. Ops - Cancellations for non-clinical reasons	1%	1.3%	0.8%	1.2%	0.9%	0.6%	0.8%	1.5%	1.8%	1.5%	1.2%	1.5%	1.3%	0.5%	1.2%
3. Caring	3.01	Compliments (Logged by Patient Experience)	NT	151	64	20	45	21	93	44	49	33	35	73	31	38	417
	3.02	Formal Complaints	20	8	12	19	9	13	13	11	20	9	10	8	10	6	100
	3.03	Mixed Sex Accommodation Breaches	0	1	0	0	1	0	0	1	0	0	0	0	0	0	1
	3.04	IP - Extremely likely or Likely to recommend (FFT)	90%	97.7%	97.1%	98.1%	98.0%	99.0%	99.0%	98.0%	99.0%	99.0%	99.0%	96.0%	98.0%	98.0%	98.3%
	3.05	OP - Extremely likely or Likely to recommend (FFT)	90%	98.6%	95.1%	96.2%	95.0%	97.0%	97.0%	97.0%	97.0%	98.0%	96.0%	96.0%	96.0%	97.0%	96.8%
	3.06	A&E - Extremely likely or Likely to recommend (FFT)	85%	94.0%	96.4%	94.8%	94.0%	94.0%	93.0%	94.0%	96.0%	95.0%	97.0%	96.0%	96.0%	97.0%	95.3%
	3.07	Maternity - Extremely likely or likely to recommend (FFT)	90%	97.3%	100%	93.0%	100%	98.0%	99.4%	96.7%	100%	95.0%	92.0%	100%	93.0%	100%	97.1%
	3.08	Community - Extremely likely or likely to recommend	80%	95.7%	95.2%	97.4%	96.0%	94.0%	98.0%	97.0%	90.0%	98.0%	95.0%	100%	100%	97.0%	96.6%
4. Responsive	4.01	A&E under 4 hr. wait	95%	83.3%	83.8%	85.2%	85.4%	84.9%	93.7%	93.9%	89.0%	87.6%	95.9%	93.3%	94.6%	91.4%	91.6%
	4.02	RTT: % incomplete pathways within 18 weeks	92%	89.0%	90.2%	89.6%	89.5%	90.4%	92.2%	91.4%	91.4%	89.3%	89.9%	90.2%	89.7%	ND	90.5%
	4.03	52 week waiters	0	15	14	13	24	19	14	10	9	10	2	7	6	ND	77
	4.04	Diagnostics within 6 weeks	99%	100%	100%	99.8%	99.3%	99.7%	99.6%	99.8%	99.9%	97.6%	99.5%	99.0%	99.6%	97.1%	99.1%
	4.05	Cancer: 2w wait for urgent GP Referrals	93%	97.2%	98.0%	97.5%	94.7%	95.9%	94.9%	91.6%	97.6%	89.5%	80.9%	76.1%	89.8%	92.2%	89.8%
	4.06	Cancer 2w wait breast symptoms	93%	99.1%	97.1%	92.9%	86.7%	96.7%	82.6%	84.9%	92.8%	95.9%	93.9%	96.4%	76.7%	48.8%	85.4%
	4.07	Cancer 31 d First Treatment	96%	100%	100%	100%	100%	99.1%	100%	100%	100%	100%	100%	99.3%	100%	99.1%	99.7%
	4.08	Cancer 31 d Drug Treatment	98%	100%	100%	100%	100%	100%	100%	100%	100%	98.7%	98.5%	100%	100%	100%	100%
	4.09	Cancer 31 d Surgery	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	4.10	Cancer 62 d GP referral	85%	87.1%	86.6%	79.8%	87.8%	93.3%	85.1%	86.5%	84.8%	89.9%	78.0%	80.6%	79.5%	77.0%	83.8%
	4.11	Cancer 62 d Screening	90%	100%	93.3%	85.7%	95.5%	72.7%	100%	100%	88.2%	100%	90.5%	80.0%	93.8%	85.7%	90.1%
	4.12	Incomplete 104 day waits	0	ND	ND	ND	ND	3.0	1.5	0	1.0	3.0	2.0	0	3.0	0	13.5

INTEGRATED QUALITY & PERFORMANCE REPORT			TRUST TOTAL														
Are we..	Ref.	KPI	Target	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Av/YTD
5. Well Led	5.01	NHS Staff Survey (Staff Engagement score -Annual)	NT	NA	NA	4.0%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	5.02	Staff F&F Test % Recommended - care (Qrtly)	75%	ND	NA	NA	ND	NA	NA	95.0%	NA	95.0%	NA	93.0%	NA	NA	94.3%
	5.03	Staff F&F Test % Recommended - place to work (Qrtly)	75%	ND	NA	NA	ND	NA	NA	83.0%	NA	82.0%	NA	82.0%	NA	NA	94.3%
	5.04	Turnover (Rolling 12 mths)	<10%	9.3%	9.3%	8.7%	8.8%	8.4%	8.4%	8.5%	8.6%	8.6%	8.7%	8.0%	8.0%	8.0%	8.4%
	5.05	Sickness Absence	<3.5%	3.5%	3.6%	3.7%	3.7%	3.8%	3.8%	3.7%	3.8%	3.8%	3.9%	3.8%	3.9%	3.8%	3.8%
	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%	0.0%	0.0%
	5.07	Agency Spend	550	245	353	306	373	331	196	330	433	507	393	381	620	500	3691
	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	-2.6%	-2.3%	-2.6%	20.0%	-10.3%	-7.5%	-6.3%	-7.30%	-6.80%	-7.20%	-6.40%	-6.00%	ND	-7.2%
	6.03	Capital service cover	Var	0.24	0.38	0.07	0.68	0.48	1.64	-0.80	-0.93	0.87	-0.92	-0.63	-0.50	ND	-0.79
	6.04	Liquidity (days)	NT	11.39	6.06	6.84	7.86	12.34	16.83	15.36	16.67	14.36	19.19	17.56	21.57	ND	16.74
	6.05	Long Term Borrowing (£m)	4	58.7	64.4	64.1	65.4	67.6	69.8	69.0	70.7	74.2	75.3	75.5	76.5	ND	72.3
	6.06	CIP (Variance YTD £'000s)	1.9	-22	-419	-469	-539	-54	-47	-75	-100	-120	-38	-28	-46	-53	-62.3
7. Maternity	7.01	Total number of deliveries (births)	210	180	199	211	206	198	203	201	172	208	208	224	202	209	1825
	7.02	% of all caesarean sections	<22.6%	18.3%	22.1%	17.1%	30.1%	28.2%	22.4%	18.2%	17.1%	17.0%	22.8%	22.7%	25.9%	25.4%	22.2%
	7.03	Midwife to birth ratio	1.3	1.26	1.28	1.29	1.29	1.30	1.30	1.30	1.30	1.30	1.30	1.31	1.29	1.30	1.30
	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%	93.0%	93.0%	94.0%	97.0%	86.0%	85.0%	88.0%	94.0%	95.0%	93.0%	93.0%	94.4%	95.0%	90.2%
	7.06	Maternity SIs	NT	1	2	0	1	2	2	0	1	0	0	1	0	0	6
	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%	79.8%	82.2%	76.2%	79.0%	76.1%	76.3%	80.7%	85.1%	76.2%	80.2%	83.0%	82.6%	78.5%	79.9%
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%	98.4%	98.7%	100%	99.4%	99.2%	97.6%	100%	98.7%	99.0%	99.0%	99.0%	99.0%	100%	99.1%
	4.39	Urgent Referrals for Early Intervention Team (EIT) - Community	95%	NA	NA	NA	NA	100%	100%	100%	100%	100%	ND	100%	100%	100%	100.0%
	4.40	Nursing & therapy Red referrals seen within 4hrs - Community	95%	100%	100%	96.4%	100%	96.4%	100%	100%	98.2%	100%	100%	100%	99.9%	100%	99.4%
	4.41	Nursing & therapy Amber referrals seen within 72hrs - Community	95%	100%	99.3%	98.0%	97.6%	98.8%	99.4%	99.5%	97.4%	99.4%	99.5%	99.0%	99.2%	98.4%	98.9%
	5.55	Safeguarding Children Mandatory Compliance (Community)	90%	96.0%	95.9%	95.7%	97.0%	98.2%	95.8%	95.3%	94.7%	95.1%	96.2%	95.9%	96.1%	94.9%	95.8%
	5.56	Safeguarding Adults Mandatory Training Compliance (Community)	90%	94.0%	94.1%	93.2%	95.6%	96.0%	95.0%	94.9%	94.3%	94.9%	97.0%	97.1%	96.3%	94.5%	95.5%

3. IN THIS MONTH – DECEMBER 2018, MONTH 9

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	Dec-2018

To Month Year	Dec-2017

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

In this month.... December 2018

Mth We Received.....	Dec-18	Dec-17	Variance	Var. %	Traffic
GP Referrals	4,694	5,021	-327	-6.5%	↓
Other Referrals	4,021	4,648	-627	-13.5%	↓
Ambulance Arrivals	1,944	1,998	-54	-2.7%	↓
Cancer Referrals*	771	694	77	11.1%	↑
Urgent Referrals*	2,178	2,106	72	3.4%	↑

YTD We Received.....	2018	2017	Variance	Var. %	Traffic
GP Referrals	58,604	53,834	4,770	8.9%	↑
Other Referrals	46,937	46,270	667	1.4%	↑
Ambulance Arrivals	16,139	16,132	7	0.0%	↑
Cancer Referrals*	9,176	8,363	813	9.7%	↑
Urgent Referrals*	24,103	22,137	1,966	8.9%	↑

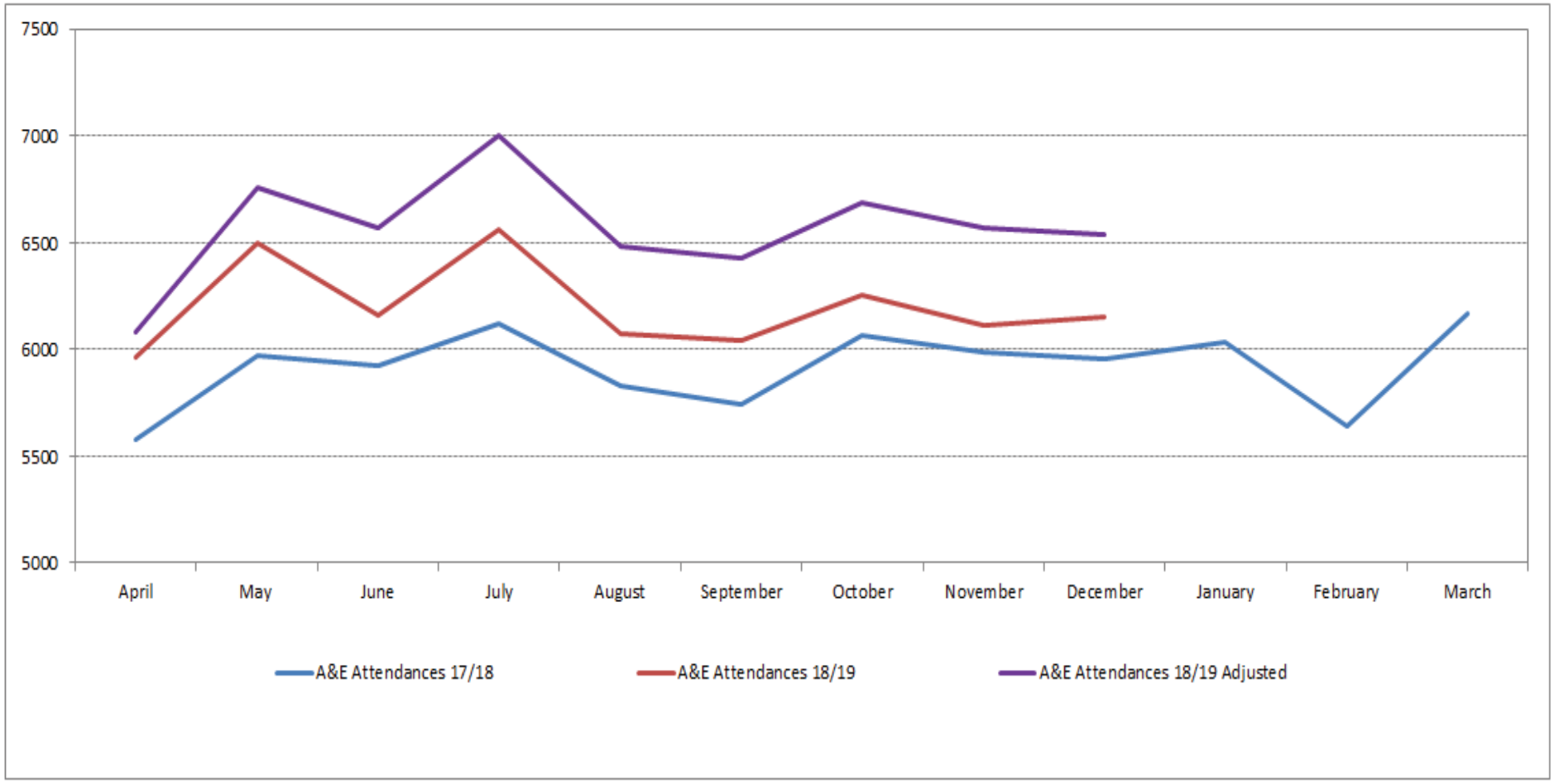
Mth We Delivered.....	Dec-18	Dec-17	Variance	Var. %	Traffic
A&E Attendances	6,155	5,959	196	3.3%	↑
GP Expected	387	0	387		
**ED Attendances(Adjusted)	6,542	5,959	583	9.8%	↑
A&E - To IP Admission Ratio	31.2%	32.8%	-1.7%	-1.7%	↓
Outpatient Attendances	21,792	21,571	221	1.0%	↑
Inpatient Admissions	5,752	5,577	175	3.1%	↑
Inpatient Discharges	5,723	5,556	167	3.0%	↑
New Births	209	180	29	16.1%	↑
RTT Total Incompletes	0	16,195	-16,195	-100%	↓

YTD We Delivered.....	2018	2017	Variance	Var. %	Traffic
A&E Attendances	55,829	53,178	2,651	5.0%	↑
A&E Adjusted Attendances	59,115	53,178	5,937	11.2%	↑
Outpatient Attendances	259,635	220,737	38,898	17.6%	↓
Inpatient Admissions	56,249	51,675	4,574	8.9%	↑
Inpatient Discharges	53,515	51,647	1,868	3.6%	↑
New Births	1,825	1,883	-58	-3.1%	↓

* - Included in Referrals Above

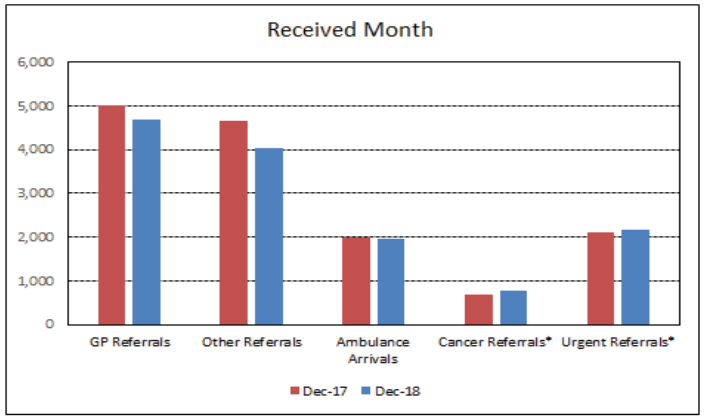
**-The adjusted figure adds ED attendances and GP expected together to reflect the position in 2017 when these were reported together.

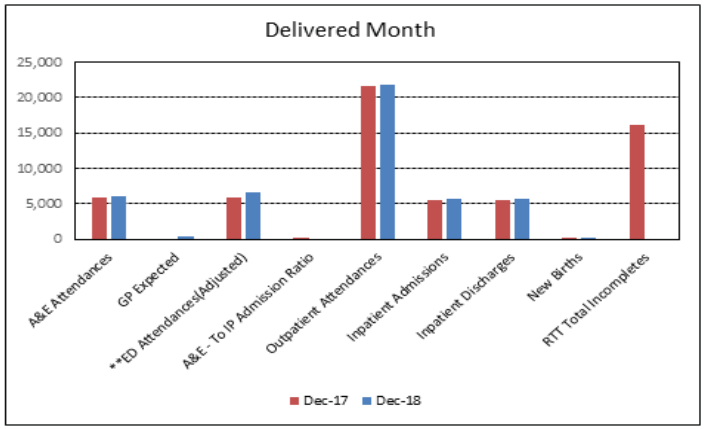
A&E Attendances Year chart (Adjusted)



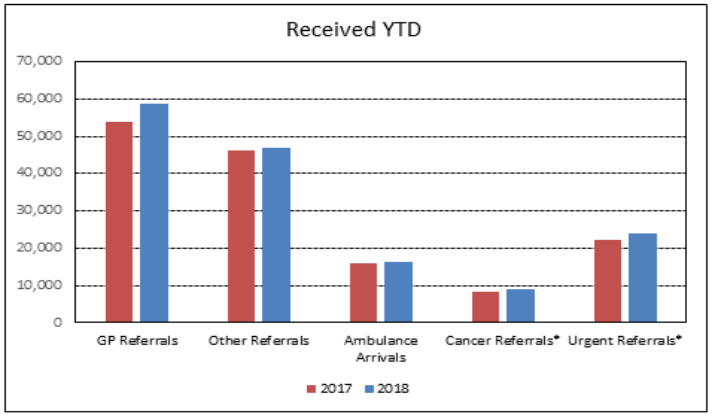
GP and other referrals demonstrate a reduction year on year however cancer referrals are showing signs of increasing. A&E attendances continue to show an increase and incomplete RTT pathways are higher than last year.

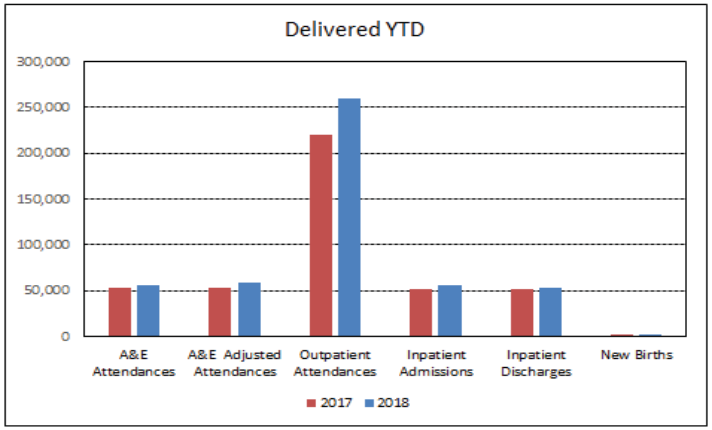
MONTHLY





YEAR TO DATE





DETAILED REPORTS

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	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD(Apr18-Dec18)
1.Safe	HII Compliance	1.09	HII Compliance 1a: Central venous catheter insertion	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		1.10	HII Compliance 1b: Central venous catheter on-going care	100%	100%	100%	100%	100%	100%	95.0%	100%	91.0%	97.0%	95.0%	100%	96.0%	100%	97.1%
		1.11	HII Compliance 2a: Peripheral cannula insertion	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96.0%	96.0%	100%	99.1%
		1.12	HII Compliance 2b: Peripheral cannula on-going	100%	96.0%	99.0%	100%	100%	100%	98.0%	97.0%	98.0%	96.0%	88.0%	100%	100%	100%	97.4%
		1.13	HII Compliance 4a: Preventing surgical site infection preoperative	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95.0%	100%	99.4%
		1.14	HII Compliance 4b: Preventing surgical site infection perioperative	100%	100%	100%	95.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		1.15	HII Compliance 5: Ventilator associated pneumonia	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		1.16	HII Compliance 6a: Urinary catheter insertion	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		1.17	HII Compliance 6b: Urinary catheter on-going care	100%	95.0%	100%	99.0%	97.0%	100%	95.0%	92.0%	97.0%	97.7%	89.0%	94.0%	97.0%	98.0%	95.5%
	Incidents	1.18	Safety Thermometer: % of patients experiencing new harm-free care-Trust	100%	98.5%	97.9%	97.7%	98.5%	99.2%	97.8%	98.7%	99.2%	88.0%	97.8%	98.7%	98.7%	96.2%	97.1%
		1.19	Safety Thermometer: % of patients experiencing new harm-free care - Community	100%	NA	NA	NA	NA	99.4%	98.1%	99.0%	99.3%	99.1%	97.7%	98.9%	99.0%	96.4%	98.5%
		1.20	No of SIRIs	NT	10	20	11	6	8	11	0	5	6	2	4	3	5	44
		1.21	RIDDOR Reportable Incidents	NT	3	0	2	1	2	4	1	1	1	0	3	2	3	17
		1.22	Total No of E. Coli (Trust level only)	NT	2	2	1	3	1	2	0	1	0	0	0	0	1	5
		1.23	No of Inpatient falls - Trust	NT	69	76	82	72	68	72	62	42	75	64	61	48	61	553
		1.24	No of Inpatient falls - WSH	<48	60	68	74	64	55	61	50	31	63	55	47	35	53	450
		1.25	No of Inpatient falls - Community Hospitals	NT	9	8	8	8	13	11	12	11	12	9	14	13	8	103
		1.26	Falls per 1,000 bed days	NT	5.15	5.56	6.52	5.17	6.13	6.76	4.84	2.82	5.70	5.27	4.29	3.35	4.82	4.89
		1.27	No of Inpatient falls resulting in harm - Trust	NT	23	28	26	20	24	24	22	13	24	12	12	17	15	163
		1.28	No of Inpatient falls resulting in harm - WSH	NT	19	27	25	19	18	19	22	11	20	12	11	13	12	138
		1.29	No of Inpatient falls resulting in harm - Community Hospitals	NT	4	1	1	1	6	5	0	2	4	0	1	4	3	25
		1.30	No of avoidable serious injuries or deaths resulting from falls - Trust	0	0	0	1	0	ND	0	0	0	0	0	0	0	2	2
		1.31	No of avoidable serious injuries or deaths resulting from falls - WSH	0	0	0	1	0	ND	0	0	0	0	0	0	0	2	2
		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	64	95	81	64	62	64	67	74	68	73	77	71	78	634
		1.70	PU present on admission to service – Inpatients	NT	50	62	52	42	49	50	57	61	53	58	60	57	61	506
		1.71	PU present on admission to service – Community teams	NT	33	29	22	13	14	10	13	15	15	17	17	14	17	132
		1.33	Number of medication errors	NT	63	72	49	76	60	85	43	56	61	63	71	54	61	554
		1.72	New PU - Trust	0	18	53	44	22	15	28	25	19	30	24	35	29	27	232
		1.67	New PU – Inpatients	0	12	29	22	8	3	9	9	6	10	14	13	10	17	91
		1.68	New PU – Community teams	0	6	24	22	14	12	19	16	13	20	10	22	19	10	141
		1.60	% of patients at risk of falls (with a Falls assessment)	NT	74.3%	73.8%	71.1%	71.7%	71.1%	71.6%	72.2%	74.6%	72.8%	72.0%	73.3%	72.7%	71.6%	72.4%

Are we..		Ref.	KPI	Target	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD(Apr18-Dec18)
1. Safe	Reporting	1.38	MRSA Quarterly Std (including admission and LOS screens)	90%	90.0%	NA	NA	92.0%	NA	NA	88.0%	NA	NA	87.0%	NA	NA	89.0%	88.0%
		1.39	MRSA Bacteraemias - Community Attributable	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
		1.40	Clostridium Difficile infection - Community Attributable	NT	0	0	0	2	4	1	1	4	5	4	3	2	2	26
		1.41	MRSA - Decolonisation	95%	91.0%	94.0%	86.0%	95.0%	85.0%	91.0%	90.0%	81.0%	97.0%	86.0%	95.0%	97.0%	94.0%	90.7%
		1.42	MRSA - RCA Reports	NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		1.43	MSSA (Hospital)	NT	1	1	0	0	0	2	2	0	0	0	1	1	0	6
		1.44	SIRI final reports due in month submitted beyond 60 working days	0	0	0	1	3	3	3	0	1	0	0	0	1	0	8
		1.45	SIRIs reported >2 working days from identification as red	0	5	7	3	ND	0	1	0	0	0	0	0	0	0	1
		1.46	Green, Amber & Red Active / Accepted risk assessments not in date	0	2	1	4	0	1	3	2	0	3	0	4	2	3	18
		1.47	Datix Risk Register Red / Amber actions overdue	0	0	0	1	3	1	4	3	0	0	0	1	4	1	14
		1.48	Rapid access chest pain clinic access within 2 wks.	100%	100%	100%	100%	99.1%	57.5%	97.3%	97.3%	96.2%	96.7%	98.6%	99.2%	99.2%	100%	93.6%
		1.49	Verbal Duty of Candour outstanding at month-end	0	0	2	2	1	1	1	2	2	0	0	0	0	6	12
		1.50	Hand Hygiene Audits	95%	99.0%	99.0%	100%	100%	100%	99.0%	99.0%	99.0%	100%	100%	100%	99.6%	98.8%	99.5%
		1.51	Quarterly antibiotic audit	98%	93.0%	NA	NA	89.0%	NA	NA	92.2%	NA	NA	89.0%	NA	NA	90.0%	90.4%
		1.52	Serious Incident RCA actions beyond deadline for completion	0	14	9	8	4	9	4	4	7	4	2	5	11	5	51
		1.53	% of Green Patient Safety incidents investigated	NT	55.0%	59.0%	74.0%	68.0%	68.0%	64.0%	61.0%	68.0%	59.0%	63.0%	64.0%	60.0%	59.0%	65.3%
		1.54	Quarterly Environment/Isolation	90%	92.0%	NA	NA	91.0%	NA	NA	92.0%	NA	NA	93.0%	NA	NA	93.0%	92.7%
		1.55	Quarterly VIP score documentation	90%	87.0%	NA	NA	80.0%	NA	NA	86.0%	NA	NA	83.0%	NA	NA	84.0%	84.3%
		1.56	Isolation data (Trust Level only)	95%	88.0%	90.0%	90.0%	89.0%	86.0%	88.0%	87.0%	88.0%	91.0%	91.0%	91.0%	91.0%	90.0%	89.2%
		1.57	Pain Mgt. Quarterly internal report	80%	NA	58.8%	NA	NA	NA	NA	NA	86.0%	NA	NA	85.5%	NA	NA	85.8%
		1.58	Nutrition % of patients with a MUST/PYMS assessment completed for within 24hrs	95%	93.0%	92.0%	89.0%	90.0%	90.0%	93.0%	88.0%	91.0%	88.0%	96.0%	95.0%	95.4%	83.6%	91.1%
		1.59	Median NRLS (national reporting & Learning system) upload 6 month rolling average (No. of days)	41	66	75	65	63	26	31	60	59	51	40	60	ND	ND	47
		1.61	E coli - Hospital Attributable	NT	2	2	1	3	1	2	2	1	1	1	2	0	1	11
		1.62	E coli - Community Attributable	NT	14	7	10	7	14	19	14	13	15	13	14	13	11	126
		1.63	Klebsiella spp. - Hospital Attributable	NT	0	0	0	0	1	0	0	2	0	0	0	0	1	4
		1.64	Klebsiella spp. - Community Attributable	NT	2	2	0	3	4	1	0	3	2	3	1	3	2	19
		1.65	Pseudomonas - Hospital Attributable	NT	0	0	1	0	0	0	0	0	1	0	0	0	0	1
		1.66	Pseudomonas - Community Attributable	NT	0	5	0	1	1	1	0	0	0	1	1	0	1	5

SAFE – DIVISIONAL LEVEL ANALYSIS

Indicator	October			November			December		
	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children
HII compliance 1a: Central venous catheter insertion	100	100		100	100		100	100	
HII compliance 1b: Central venous catheter ongoing care	100	100		100	93		100	100	
HII compliance 2a: Peripheral cannula insertion	100	96	90	100	100	100	100	100	100
HII compliance 2b: Peripheral cannula ongoing	100	100	100	100	100	100	100	100	100
HII compliance 4a: Preventing surgical site infection preoperative	100			95			100		
HII compliance 4b: Preventing surgical site infection perioperative	100			100			100		
HII compliance 5: Ventilator associated pneumonia	100			100			100		
HII compliance 6a: Urinary catheter insertion	100	100		100	100		100	100	
HII compliance 6b: Urinary catheter on-going care	100	91		100	95		100	97.5	
HII compliance 7: Clostridium Difficile- prevention of spread									
Total no of MRSA bacteraemias: Hospital	0	0	0	0	0	0			
Quarterly MRSA (including admission and length of stay screens)							98	81	86
Hand hygiene compliance	100	100	100	100	97.9	100	100	96.33	100
Total no of MSSA bacteraemias: Hospital	1	0	0	0	1	0			
Total no of C. diff infections: Hospital	0	1	0	0	2	0			
Quarterly Antibiotic Audit							91.2	89.4	100
Quarterly Environment/Isolation							92	91	95
Quarterly VIP score documentation							82	85	81
No of Inpatient falls	6	41	0	4	32	0	9	44	0

Indicator	October			November			December		
	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children
No of Inpatient falls	6	41	0	4	32	0	9	44	0
No of Inpatient falls resulting in harm	1	11	0	1	11	0	3	9	0
No of avoidable serious injuries or deaths resulting from falls	0	0	0	0	0	0	0	2	0
No of ward acquired pressure ulcers	1	12	0	2	14	0	5	12	0
Nutrition: Assessment and monitoring	95.6	94.7	85.3	96.1	94.9	95.2	81.9	58.7	61.3
No of SIRIs	1	1	1	1	2	0	0	0	0
No of medication errors	14	30	4	12	28	3	17	28	6
Cardiac arrests	0	3	0	No Data	No Data	No Data	0	3	0
Cardiac arrests identified as a SIRI	0	0	0	0	0	0	0	0	0
Pain Management: Quarterly internal report	86.1	88.3	40						
VTE: Completed risk assessment (monthly Unify audit)	95.7	96.0	97.5				No Data	No Data	No Data
Quarterly VTE: Prophylaxis compliance									
Safety Thermometer: % of patients experiencing new harm-free care	100.0	97.9	100.0	99.3	98.5	100.0	98.8	94.2	95.5

Indicator	October			November			December		
	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children
Patient Satisfaction: In-patient overall result	95.0	94.0	92.0	95.0	94.0	100.0	97.0	94.0	95.0
How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	96.0	97.0	93.0	99.0	97.0	100.0	98.0	96.0	100.0
In your opinion, how clean was the hospital room or ward that you were in?	97.0	94.0	98.0	98.0	95.0	100.0	99.0	94.0	95.0
Did you feel you were treated with respect and dignity by staff	99.0	98.0	96.0	99.0	98.0	100.0	99.0	97.0	100.0
Were staff caring and compassionate in their approach?	99.0	97.0	93.0	99.0	99.0	100.0	98.0	98.0	100.0
Did you experience any noise in the night time that you think could have been avoided?	80.0	88.0	100.0	76.0	78.0	100.0	89.0	87.0	86.0
Did you find someone in the hospital staff to talk about your worries and fears?	97.0	95.0	90.0	99.0	96.0	100.0	98.0	91.0	91.0
Were you involved as much as you wanted to be in decisions about your care and treatment?	96.0	92.0	82.0	97.0	93.0	100.0	98.0	95.0	100.0
Did staff talk in front of you as if you were not there?	99.0	96.0	96.0	100.0	96.0	100.0	100.0	96.0	100.0
Were you given enough privacy when discussing your condition or treatment?	100.0	98.0	93.0	97.0	99.0	100.0	100.0	99.0	100.0
Were you given enough privacy when being examined or treated?	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.0	100.0
Did you get enough help from staff to eat your meals?	97.0	94.0	80.0	97.0	97.0	100.0	99.0	98.0	100.0
How many minutes after you used the call button did it usually take before you got the help you needed?	86.0	81.0	76.0	85.0	77.0	100.0	88.0	70.0	100.0
Number of Inpatient surveys completed	236	175	14	249	183	12	255	116	7
Same sex accommodation: total patients	0	0	0	0	0	0	0	0	0
Complaints	2	3	2	2	3	2	2	1	2
Environment and Cleanliness	94.0	92.9	93.4	94.0	92.1	94.2	92.9	91.2	94.8

5. Exception reports – Safe

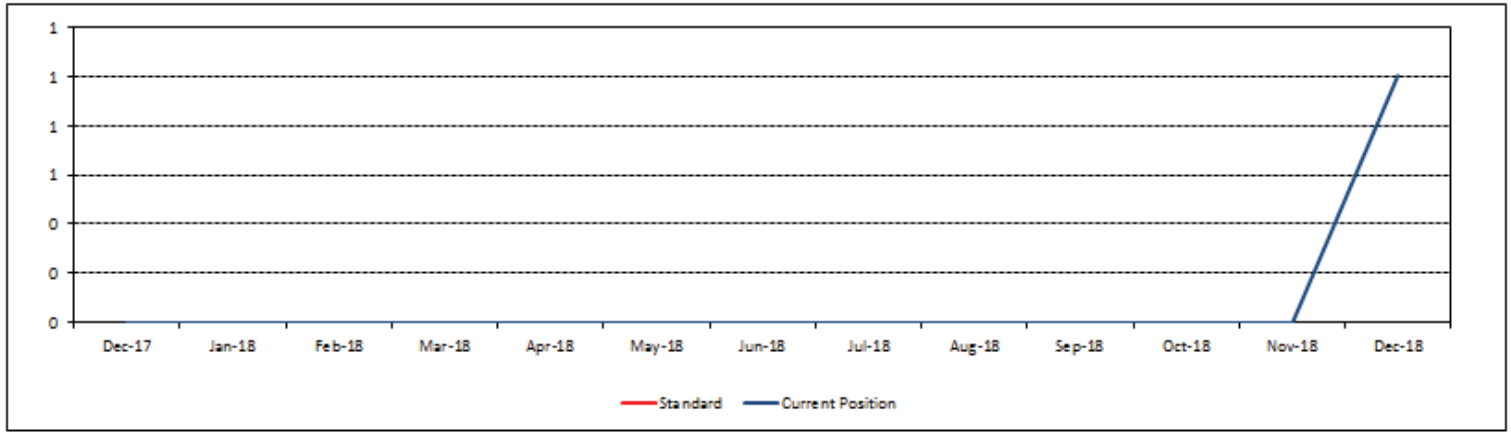
WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT	
Indicator	Never Events
Standard	0
Name	Rowan Procter
Month	Dec-18
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

Patient on Trauma list had fascia-iliac block on the wrong side. The side of the anaesthetic block had not been marked prior to the procedure. Following identification of error, operation continued as planned. Patient did not come to any additional harm as a consequence of the incident apart from a requirement of extra opioids for pain relief.
Immediate mitigating action taken: 1) Replace any missing 'stop before you block' signs in key clinical areas, 2) Reintroduce the green indelible markers for block marking and 3) WHO 'sign in' update required to split out the surgical and anaesthetic marking present and checked point.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	0	0	0	0	0	0	0	0	0	0	0	0	1

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

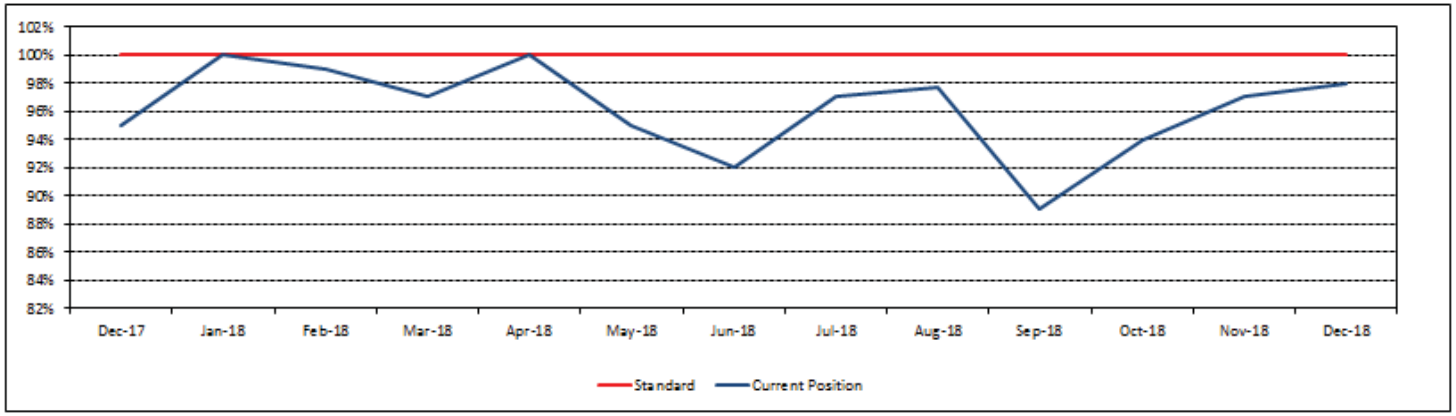
Indicator	HII Compliance 6b: Urinary catheter on-going care
Standard	100%
Name	Rowan Procter
Month	Dec-18
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

6b: Overall, there has been an improvement in the ongoing care of urinary catheter. This is following focused education and support from the Infection Prevention Team and Senior Matron. There was a drop in compliance on Ward G4 (who did achieve 100% last month) due to documentation resulting in the overall Trust position of 98%. All other areas continue to achieve 100% compliance.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	95.0%	100%	99.0%	97.0%	100%	95.0%	92.0%	97.0%	97.7%	89.0%	94.0%	97.0%	98.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Pilot on ward to improve the care and documentation of urinary catheters. UPDATE This has been delayed and is due to start in Feb 19.	Infection Prevention Team	Aug-18	Nov-18



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Falls
Standard	See chart below
Name	Rowan Procter
Month	Dec-18
Data Frequency	Monthly
CQC Area	Safe

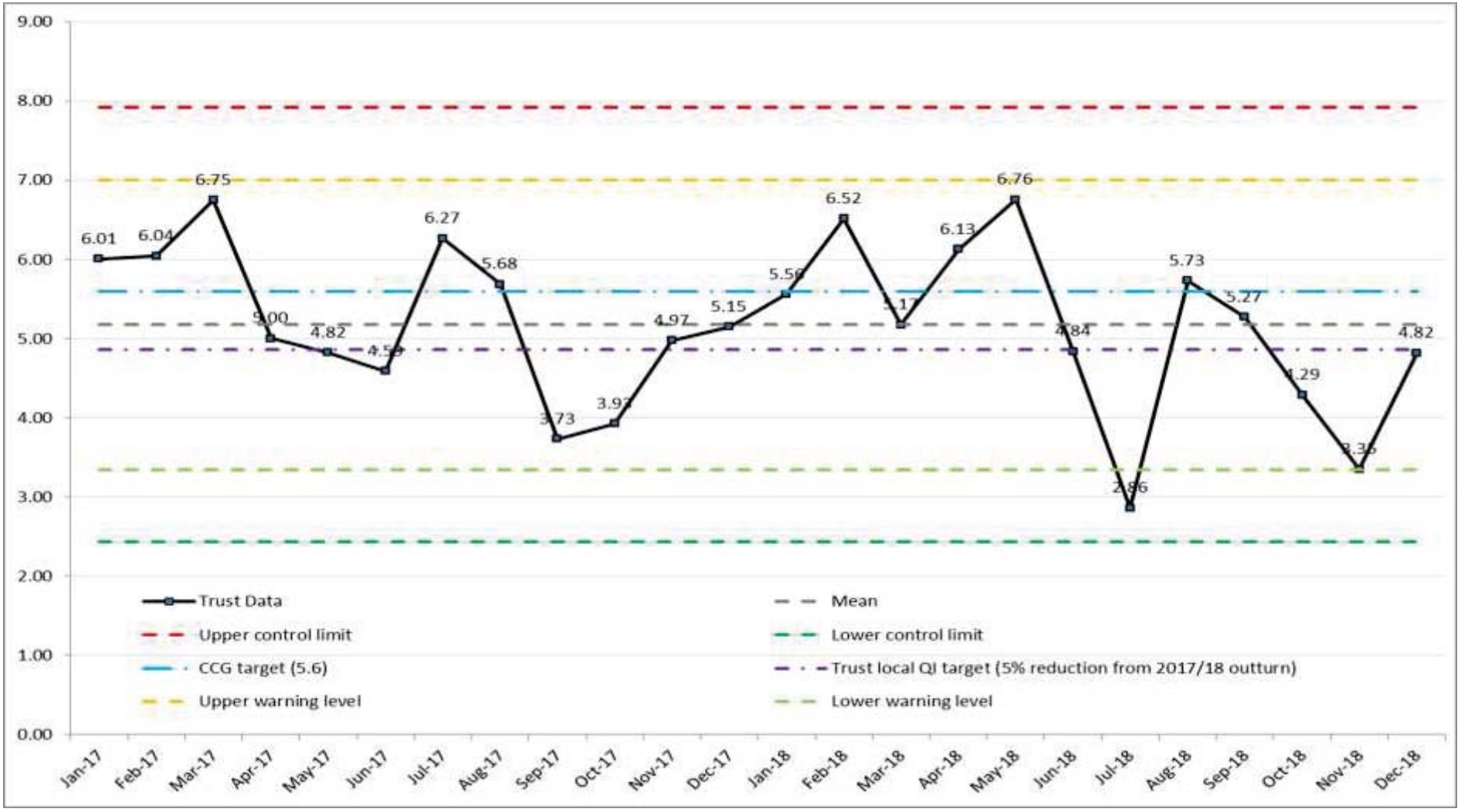
Summary of Current performance & Reasons for under performance

Total number of falls for December is 61. These were all inpatient falls. Further breakdown of the 61 inpatient falls reveal that 8 were accounted to the community beds and 53 occurred within the acute trust. This includes one patient who fell six times in the period (on G3 Winter escalation), two patients who fell three times and five patients who fell twice.
During December we achieved our QI target of a 5% reduction in falls, as well as the CCG target as shown within the SPC chart of falls per 1000 days at 4.82.
We had two falls resulting in serious injury/death, one fall with a neck of femur on G3, patient recovered well from surgery, and one fall resulting in a subdural haematoma on G5. The patient was palliative but died as a result of the bleed. Both incidents reported as serious incidents and currently under investigation. No immediate learning identified from the Day 2 meetings.
An internal audit of Falls was undertaken in December and we are currently awaiting the feedback.
The updated falls policy has been presented at the trusts falls group and will be published in January.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Falls per 1000 bed days (WSH only)	5.15	5.56	6.52	5.17	6.13	6.76	4.84	2.86	5.73	5.27	4.29	3.35	4.82
Current Position	74.3%	73.8%	71.1%	71.7%	71.1%	71.6%	72.2%	74.6%	72.8%	72.0%	73.3%	72.7%	71.6%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
NHS Improvement falls collaborative work re implementation of an improvement project within the trust. Update: Final NHSI collaborative meeting planned in London in February. Team to present poster of roll out of project across more clinical areas	HoN (Med)	Jun-18	Dec-18
Work commencing on improving the training package to staff around falls. This will be led by the Falls prevention specialist role	HoN (Med)	Jul-18	Mar-19
Trust is piloting the use of new symbols for the frequent fallers. UPDATE Plan to roll out new falls symbols on two further wards (F3 & G5) in January with a review in February.	HoN (Med)	Sep-18	Dec-18
Request for support of a Clinical Nurse Specialist, to support ensuring that all falls prevention measures are in place. UPDATE; Job description completed for role, awaiting clarity on funding	HoN (Comm)	Sep-18	Dec-18
Newmarket are looking into having different brightly coloured blankets covering the patients beds for those patients that are deemed high risk of falls to allow the patient to recognise their bed spaces. This has been undertaken at Brighton & Sussex University Hospital which has seen an reduction in falls since implementation. If this is a success at Newmarket we would look towards piloting this within	HoN (Comm)	Sep-18	Dec-18
Project work with Registered Nurse from Community who is looking at introducing 'red slipper socks' for high risk fallers. To develop an QI project for this	HoN (Comm)	Dec-18	Mar-19
Planning for first Falls Champion study day in February 2019	HoN (Med)	Feb-19	Feb-19
Present recent learning from RCA on falls with harm to NMCC in January 2019	HoN (Med)	Jan-19	Jan-19
SPC chart below has RAG rating based on: Red (Above upper SPC warning line), Amber (above CCG target of 5.6 and below upper SPC warning line), Green (below CCG target). Year end QI target (5% reduction on 2017/18 outturn at year end) shown as purple line on graph below.			

Falls Chart January 17 – December 18



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

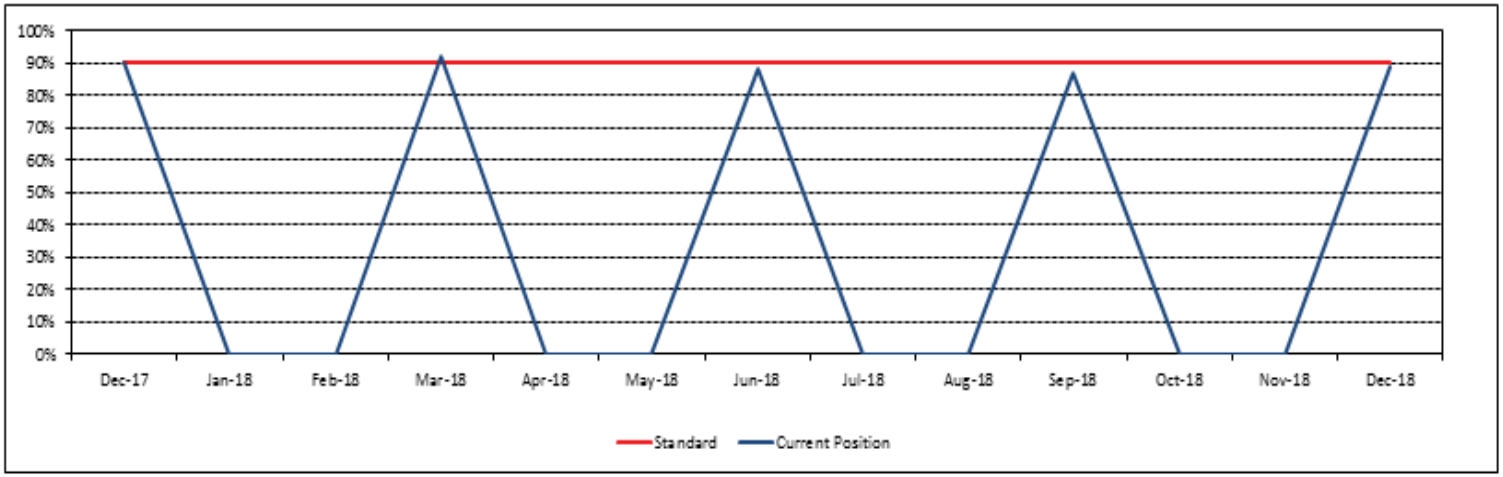
Indicator	MRSA Quarterly Std (including admission and LOS screens)
Standard	90%
Name	Anne Howe
Month	Dec-18
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

MRSA screening compliance has increased from 87% to 89% during Quarter 3.
The main areas of non-compliance this quarter continue to relate to the post 21 day screens and weekly thereafter. Ad-hoc training continues in relation to the function of requesting MRSA screening for a future date/regular day and the option of adding to 'favourites' on e-Care. Discussions take place with Ward Managers/Senior Nurses at the time of audit if there is a high rate of non-compliance, including patterns high-lighted and realistic planning of how their ward manage MRSA screening moving forward.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	90.0%	NA	NA	92.0%	NA	NA	88.0%	NA	NA	87.0%	NA	NA	89.0%

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

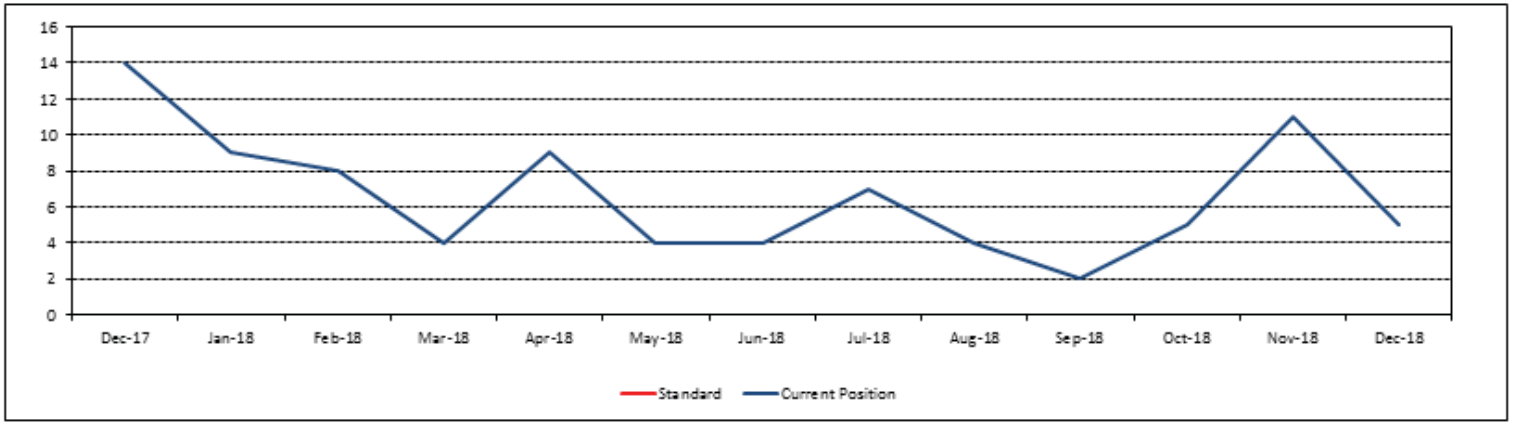
Indicator	Timeliness of RCA action completion
Standard	0
Name	Rowan Procter
Month	Dec-18
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

Five actions remain overdue:
- Three relate to review of guidelines within Maternity. There has been good progress in this work and it is envisaged that these will be completed in the near future once the relevant review, consultation and approval pathways are completed. One of these (Diabetes in pregnancy) is just awaiting review by the Endocrinologist before publication.
- One action re ultrasound scanning for the detection of small for gestational age babies is being overseen by a task & finish group which is looking at expanding capacity for scanning out to Newmarket. One midwife sonographer has nearly completed training.
- One relates to the ordering of repeat or 'add on' tests on e-Care is still in discussion to achieve resolution.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	14	9	8	4	9	4	4	7	4	2	5	11	5

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Clinical Directors meeting have agreed to take greater oversight of RCA action completion	Clinical Directors	Jul-05	Ongoing
Discussion with Senior matrons and Ward Managers at Nursing & Midwifery and Clinical Council (NMCC)	NMCC	Jul-05	Ongoing



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

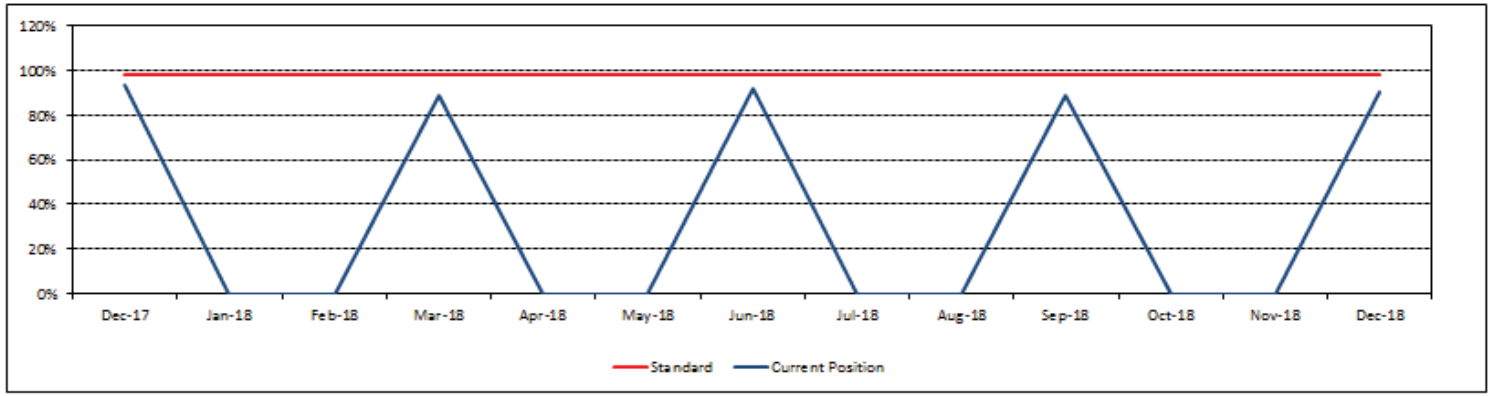
Indicator	Quarterly antibiotic audit
Standard	98%
Name	Anne Howe
Month	Dec-18
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

• In Quarter Three, the Trust overall achieved 90% compliance against a target of 98%, up from 89% achieved in Quarter Two. 36% of patients audited were receiving antibiotic therapy at the time of audit, an increase from 32% of patients last quarter.
• The main issues for concern this quarter continue to be with the documentation of a review of antibiotic treatment within 72 hours both in the notes and on the e-Care drug chart. In the absence of the review alert on e-Care only 47 out of 96 patients had the review date updated on the e-Care drug chart, alongside a documented review in the e-Care notes which is in line with best practice guidance. This is a slight increase from last quarter but remains below the compliance standard. We continue to encourage the use of the antibiotic review auto-text that was developed by a previous FY1 doctor within the Trust to support medical staff undertaking antibiotic reviews.
• The audits continue to identify that restricted antibiotics, for example Meropenem and Tigecycline, are not always discussed with a Consultant Microbiologist when the course exceeded 72 hours, as per Trust guidance. This requirement applies even if the restricted antibiotic is 1st line treatment as stated in the Trust Antibiotic Guideline. A change has recently been made to e-Care so that this requirement is clearly stated on the prescription of restricted antibiotics. This information is also easily accessible in both the Trust antibiotic guideline on the Pink Book and on the Micro guide App.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Current Position	93.0%	NA	NA	89.0%	NA	NA	92.2%	NA	NA	89.0%	NA	NA	90.0%

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

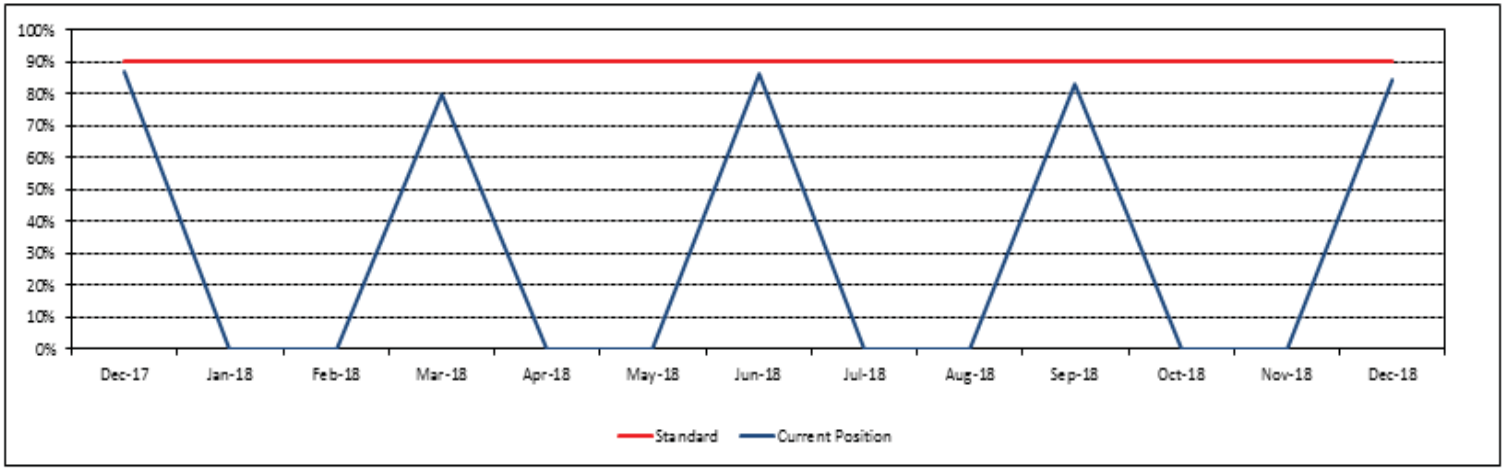
Indicator	Quarterly VIP score documentation
Standard	90%
Name	Anne Howe
Month	Dec-18
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

- VIP score compliance rates have increased from 83% to 84% this quarter. The timely removal of the intravenous peripheral cannula continues to be audited this quarter; the aim is to reduce the amount of invasive devices in situ which in turn reduces the risk of patients acquiring Healthcare Associated Infections.
- There is currently a Quality Improvement Project in progress involving care of and documentation of the intravenous peripheral cannula, this is being led by a Junior Doctor within the Trust. As part of this process, the required documentation to complete for 'care if the IV peripheral cannula' is also being reviewed.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	87.0%	NA	NA	80.0%	NA	NA	86.0%	NA	NA	83.0%	NA	NA	84.0%

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

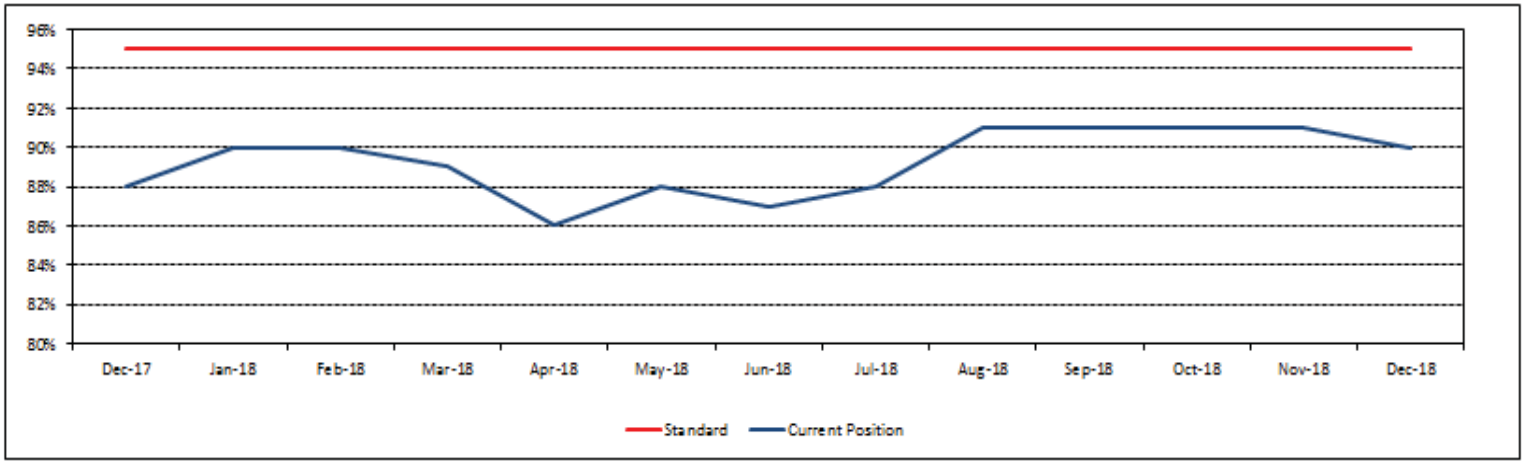
Indicator	Isolation data (Trust Level only)
Standard	95%
Name	Anne Howe
Month	Dec-18
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

Compliance with Isolation is at 90%. 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 throughout November to ensure that patients with the highest infection risk are managed there if at all possible.
The new Cardiac Unit opened in November 2018 and whilst this has not increased the single room capacity for the Trust, all bays can be isolated with doors and have clinical hand wash bays and 3 bays are functionally ensuite allowing for isolation of a bay.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	88.0%	90.0%	90.0%	89.0%	86.0%	88.0%	87.0%	88.0%	91.0%	91.0%	91.0%	91.0%	90.0%

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

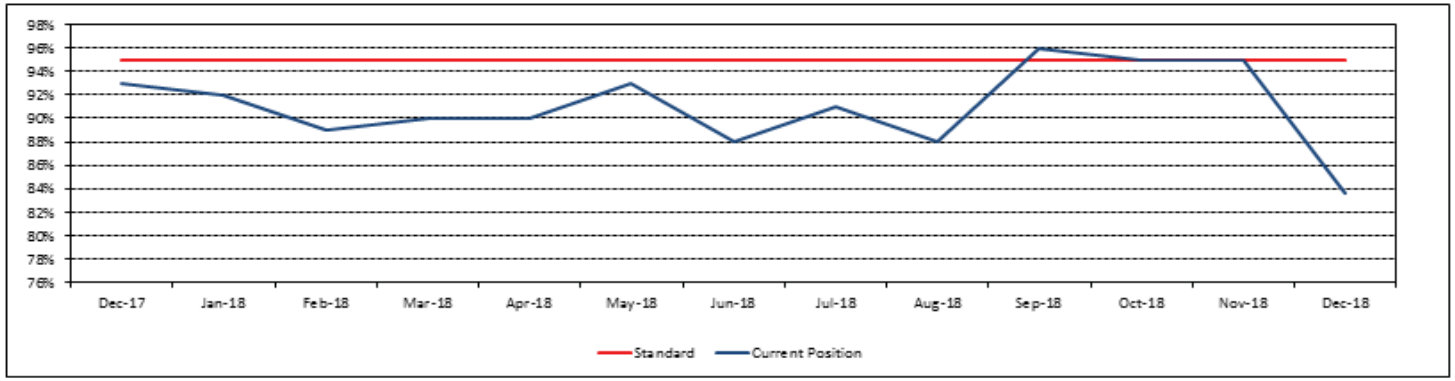
Indicator	Nutrition % of patients with a MUST/PYMS assessment completed for within 24hrs
Standard	95%
Name	Rowan Procter
Month	Dec-18
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

The Patient Safety report produced by the Information team has been updated and data validated. The Nutrition indicator has been amended and is therefore not comparable to previous months. The Deputy Chief Nurse is leading a review of the whole patient safety dashboard (which encompasses Falls, Pressure ulcer and Nutrition) with a view to simplifying the data and ensuring meaningful actions can arise from review of areas with prolonged deviation from target.
The Nutrition group are continuing to seek assurance of indicators via Perfect Ward and a robust quarterly manual audit. There are areas of concern with compliance, of which the Senior Matron Team are working with the teams to improve.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	93.0%	92.0%	89.0%	90.0%	90.0%	93.0%	88.0%	91.0%	88.0%	96.0%	95.0%	95.0%	83.6%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
To adjust the Perfect Ward documentation audit to gain assurance that risk assessments are accurate, care is implemented and weights are recorded.	HoN	Complete	
To redesign a robust quarterly audit which will be conducted by the Senior nursing team in collaboration with Dietetics. This will be presented to the Nutrition Steering group.	HoN	Aug-18	Oct-18
Embed and review the new reporting and assurance measures	HoN	Aug-18	Oct-18
Reform the Nutrition Collaborative team to review the action plan and review key priorities for Acute services and the Community	HoN	Aug-18	Oct-18
Work with the Nursing Assistant Education leads to promote the importance of weighing patients.	HoN	Aug-18	Oct-18
To collate data from the Perfect Ward inspections and share with Ward teams	HoN	Oct-18	
To communicate changes and expectations to Ward Teams	HoN	Oct-18	
To promote the recording of actual weights via the induction of Nursing Assistants	HoN	Oct-18	



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	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD(Apr18-Dec18)
2.Effective	Incidents/Reports	2.05	Cardiac arrests	NT	ND	7	ND	ND	3	4	2	7	3	6	9	3	5	42
		2.06	Cardiac arrests identified as a SIRI	NT	0	0	0	0	1	0	0	0	0	0	0	0	0	1
		2.07	CAS (central alerts system) alerts overdue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		2.09	NICE guidance baseline and risk assessments not completed within 6 months of publication	10	ND	ND	ND	ND	56	55	48	47	41	49	48	43	42	429
		2.10	WHO Checklist (Qrtly)	100%	99.0%	NA	NA	98.0%	NA	NA	99.0%	NA	NA	98.0%	NA	NA	99.0%	98.7%
		2.11	National clinical audit report baseline & risk assessments not completed within 6 months of publication	5	ND	ND	ND	ND	22	23	17	18	18	18	18	19	21	174
		2.12	Av. Elective LOS (excl. 0 days)	NT	2.98	3.06	2.27	3.29	3.39	2.80	2.66	2.85	3.29	2.60	3.25	3.50	3.35	3.08
		2.13	Av NEL LOS (excl 0 days)	NT	7.57	8.40	8.13	8.1	8.53	7.93	7.24	7.87	8.09	7.98	7.66	7.51	7.07	7.76
		2.14	% of NEL 0 day LOS	NT	14.7%	13.3%	13.3%	13.7%	13.6%	15.0%	15.7%	15.0%	13.3%	14.7%	14.7%	16.2%	15.5%	14.9%
		2.15	NHS number coding	99%	99.6%	99.7%	99.7%	99.7%	99.7%	99.8%	99.8%	99.8%	99.3%	99.7%	99.8%	99.7%	99.6%	99.7%
		2.16	Fractured Neck of Femur : Surgery in 36 hours	85%	100%	100%	96.0%	93.0%	89.0%	79.0%	100%	94.4%	100%	90.3%	96.9%	100%	100%	94.4%
		2.17	Discharge Summaries (OP 85% 3d)	85%	58.0%	60.0%	58.0%	56.0%	62.0%	57.0%	63.0%	54.0%	ND	ND	ND	ND	ND	59.0%
		2.18	Discharge Summaries (A&E 95% 1d)	95%	82.6%	84.0%	83.4%	82.3%	81.5%	82.5%	86.1%	86.4%	88.4%	86.9%	85.8%	82.2%	80.5%	84.5%
		2.19	Non-elective Discharge Summaries (IP 95% 1d)	95%	68.9%	70.2%	69.8%	70.8%	73.5%	75.7%	78.1%	76.6%	76.9%	75.3%	77.9%	72.4%	72.9%	75.5%
		2.20	Elective Discharge Summaries (IP 85% 1d)	85%	74.5%	72.8%	71.2%	72.9%	72.1%	71.2%	72.1%	69.5%	70.8%	79.8%	80.8%	84.5%	84.8%	76.2%
		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%	76.7%	94.7%	96.6%	91.7%	85.7%	90.9%	100%	90.0%	91.9%	90.0%	80.0%	100%	91.7%	91.1%
		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

EXCEPTION REPORTS – EFFECTIVE

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

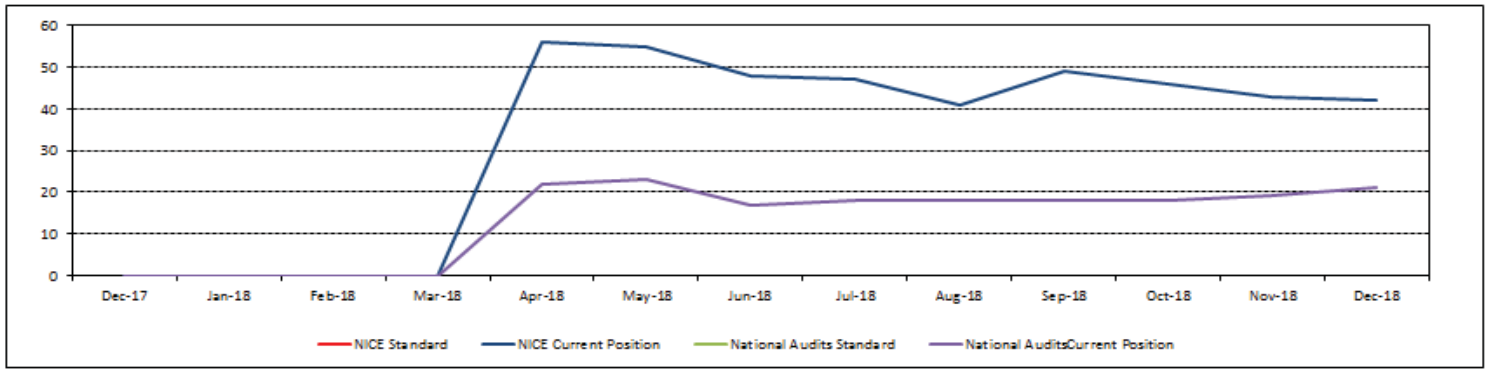
Indicator	NICE and AUDIT
Standard	0
Name	Nick Jenkins
Month	Dec-18
Data Frequency	Monthly
CQC Area	Effective

Summary of Current performance & Reasons for under performance

NICE baseline assessments
Four baseline assessments were completed in December 2018 and three guidelines were published (six months ago) in June 2018 that require a completed baseline assessment, resulting in a reduction from 43 to 42 baseline assessments not completed within 6 months of publication. This indicator remains AMBER
National clinical audit baseline assessments
No baseline assessments were completed in December 2018 and two reports were published (six months ago) in June 2018 that require a completed baseline assessment, resulting in an increase to 21 baseline assessments not completed within 6 months of publication. This indicator remains RED

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

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

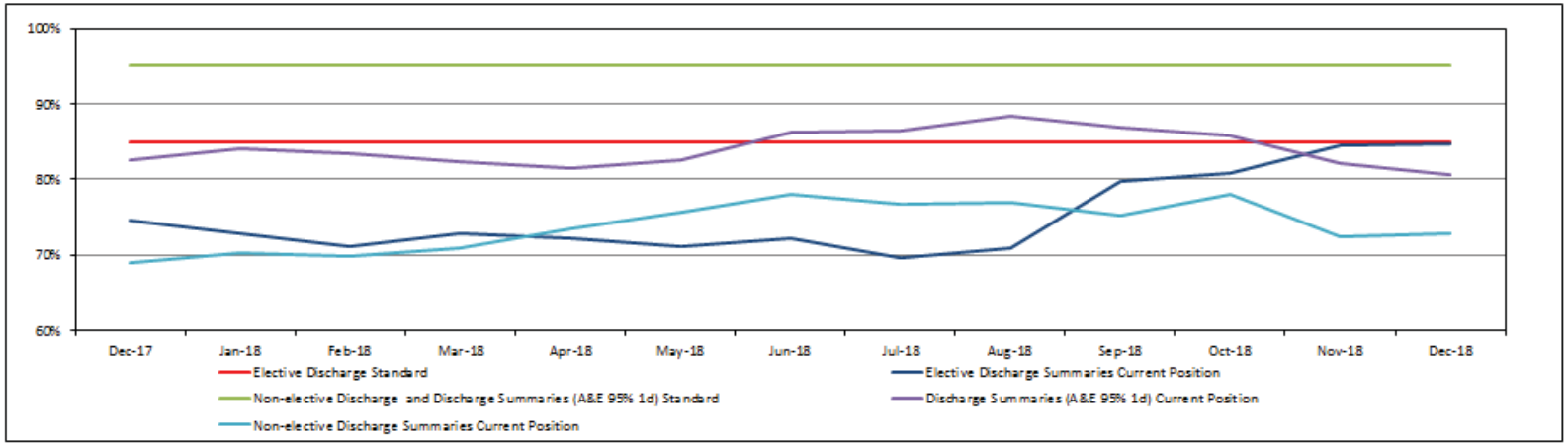
Indicator	Discharge Summaries
Standard	85%, 95%
Name	Georgia Horobin
Month	Dec-18
Data Frequency	Monthly
CQC Area	Effective

Summary of Current performance & Reasons for under performance

December has seen the Elective discharge Summary performance continue to improve. The Trust has seen a busy month with the continued relocation of clinical areas into new wards. A new weekly report has been created detailing any outstanding discharge summaries, this is sent to the Associate Directors of Operations, to offer visibility of any area requiring support to maintain or reach the required timeliness target. The ED Standard Operating Procedure has been reviewed with the new Service Manager for this area and a new option has been introduced on to the ED Firstnet Screen. The option 'My Discharged Patients' should allow easy real-time access for Emergency Department clinicians to view all the patients they have treated and discharged within the week, and allow them to see any summaries that require completion.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Elective Discharge Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Elective Discharge Summaries Current Position	74.5%	72.8%	71.2%	72.9%	72.1%	71.2%	72.1%	69.5%	70.8%	79.8%	80.8%	84.5%	84.8%
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	82.6%	84.0%	83.4%	82.3%	81.5%	82.5%	86.1%	86.4%	88.4%	86.9%	85.8%	82.2%	80.5%
Non-elective Discharge Summaries Current Position	68.9%	70.2%	69.8%	70.8%	73.5%	75.7%	78.1%	76.6%	76.9%	75.3%	77.9%	72.4%	72.9%

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

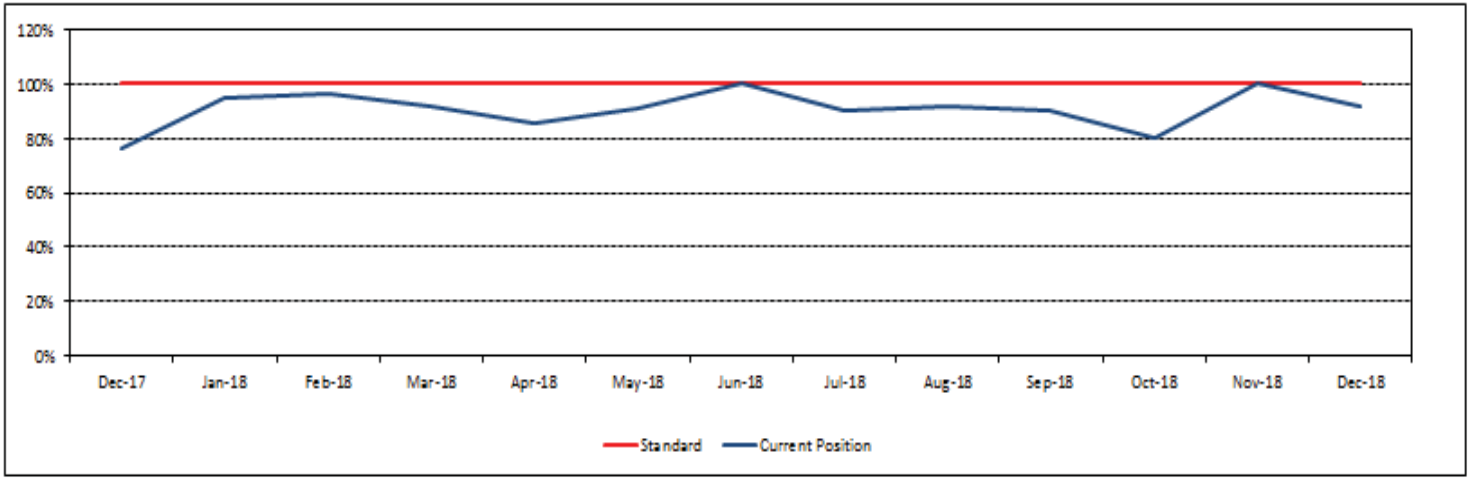
Indicator	Canc. Ops - Patients offered date within 28 days
Standard	100%
Name	Hannah Knights
Month	Dec-18
Data Frequency	Monthly
CQC Area	Effective

Summary of Current performance & Reasons for under performance

1 x Colorectal patient who was cancelled was unable to be booked in within 28 days, whilst they were offered a date before this, this was insufficient notice. They were then booked to the next available list.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	76.7%	94.7%	96.6%	91.7%	85.7%	90.9%	100%	90.0%	91.9%	90.0%	80.0%	100%	91.7%

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	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD(Apr18-Dec18)
3. Caring	Other Friends and Family Test Scores	3.09	IP overall experience result	85%	95.0%	94.0%	95.0%	96.0%	97.0%	97.0%	97.0%	97.0%	95.0%	97.0%	95.0%	95.0%	98.0%	96.4%
		3.10	OP overall experience result	85%	95.0%	96.0%	97.0%	96.0%	97.0%	97.0%	97.0%	97.0%	96.0%	96.0%	97.0%	97.0%	97.0%	96.8%
		3.11	A&E overall experience result	85%	94.0%	94.0%	94.0%	94.0%	94.0%	93.0%	94.0%	95.0%	97.0%	94.0%	95.0%	95.0%	95.0%	94.7%
		3.12	Short-stay overall experience result	85%	99.0%	99.0%	99.0%	99.0%	100%	99.0%	99.0%	98.0%	99.0%	100%	99.0%	96.0%	98.0%	98.7%
		3.13	Short-stay Extremely likely or Likely to recommend (FFT)	90%	100.0%	99.4%	99.7%	99.0%	100%	99.0%	98.0%	98.0%	99.0%	99.0%	100%	99.0%	99.0%	99.0%
		3.14	Maternity - overall experience result	85%	95.0%	100%	93.0%	100%	99.0%	95.0%	96.0%	100%	97.0%	94.0%	97.0%	91.0%	99.0%	96.4%
		3.15	Maternity postnatal community - extremely likely or likely to recommend (FFT)	90%	ND	ND	ND	ND	100%	97.0%	96.0%	100%	100%	98.0%	98.0%	100%	100%	98.8%
		3.16	Maternity birthing unit - extremely likely or likely to recommend (FFT)	90%	ND	100%	100%	ND	100%	ND	ND	100%	100%	100%	100%	ND	ND	100%
		3.17	Maternity antenatal community - extremely likely or likely to recommend (FFT)	90%	ND	ND	ND	ND	100%	100%	94.0%	97.0%	100%	100%	100%	100%	100%	99.0%
		3.18	Children's services overall result	85%	ND	ND	ND	ND	97.0%	99.0%	96.0%	95.0%	98.0%	95.0%	85.0%	95.0%	93.0%	94.8%
		3.19	F1 Parent - overall experience result	85%	98.0%	98.0%	98.0%	98.0%	96.0%	99.0%	96.0%	95.0%	98.0%	95.0%	95.0%	98.0%	94.0%	96.2%
		3.20	F1 - Extremely likely or likely to recommend (FFT)	90%	97.0%	100%	100%	100%	92.0%	100%	96.0%	95.0%	94.0%	91.0%	100%	96.0%	87.0%	94.6%
		3.21	F1 Children - Overall experience result	85%	ND	ND	ND	ND	85.0%	97.0%	96.0%	99.0%	91.0%	95.0%	93.0%	95.0%	93.0%	93.8%
		3.22	Rosemary ward - extremely likely or likely to recommend (FFT)	90%	100%	78.0%	85.0%	100%	79.0%	100%	88.0%	76.0%	100%	90.0%	100%	100%	100%	92.6%
		3.23	King suite - extremely likely or likely to recommend	90%	94.0%	93.0%	100%	100%	ND	100%	100%	75.0%	100%	100%	100%	100%	100%	96.9%
		3.24	Community paediatrics - extremely likely or likely to recommend (FFT)	90%	97.0%	100%	97.0%	95.0%	94.0%	95.0%	100%	100%	100%	94.0%	100%	100%	100%	98.1%
		3.25	Community health teams - extremely likely or likely to recommend (FFT)	90%	100%	90.0%	100%	90.0%	100%	100%	100%	66.0%	89.0%	100%	100%	100%	100%	95.0%
		3.26	Community specialist nursing teams - extremely likely or likely to recommend (FFT)	90%	95.0%	100%	93.0%	100%	92.0%	98.0%	100%	77.0%	90.0%	94.0%	100%	96.0%	96.0%	93.7%
		3.27	Stroke Care - Overall Experience Result	85%	ND	98.0%	95.0%	100%	95.0%	92.0%	100%	100%	100%	90.0%	100%	93.0%	ND	96.3%
		3.28	Stroke Care - extremely likely or likely to recommend	90%	ND	100%	100%	100%	100%	100%	100%	95.0%	97.0%	97.0%	100%	100%	100%	98.8%
	Complaint Handling	3.29	Complaints acknowledged within 3 working days	90%	87.0%	92.0%	100%	100%	92.0%	100%	100%	100%	88.0%	66.0%	100%	100%	100%	94.0%
		3.30	Complaints responded to within agreed timeframe	90%	50.0%	60.0%	17.0%	54.0%	31.0%	70.0%	50.0%	40.0%	83.0%	100%	83.0%	88.0%	83.0%	69.8%
		3.31	Number of second letters received	1	1	0	0	1	2	2	6	2	1	0	2	1	1	17
		3.32	Ombudsman referrals accepted for investigation	1	1	1	1	0	0	0	0	0	0	1	0	0	0	1
		3.33	No. of complaints to Ombudsman upheld	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		3.34	No. of PALS contacts	NT	124	161	178	205	183	231	214	275	233	198	224	219	143	1920
		3.35	No. of PALS contacts becoming formal complaints	<=5	1	3	6	1	4	4	4	4	2	2	1	3	0	24

EXCEPTION REPORTS –CARING

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

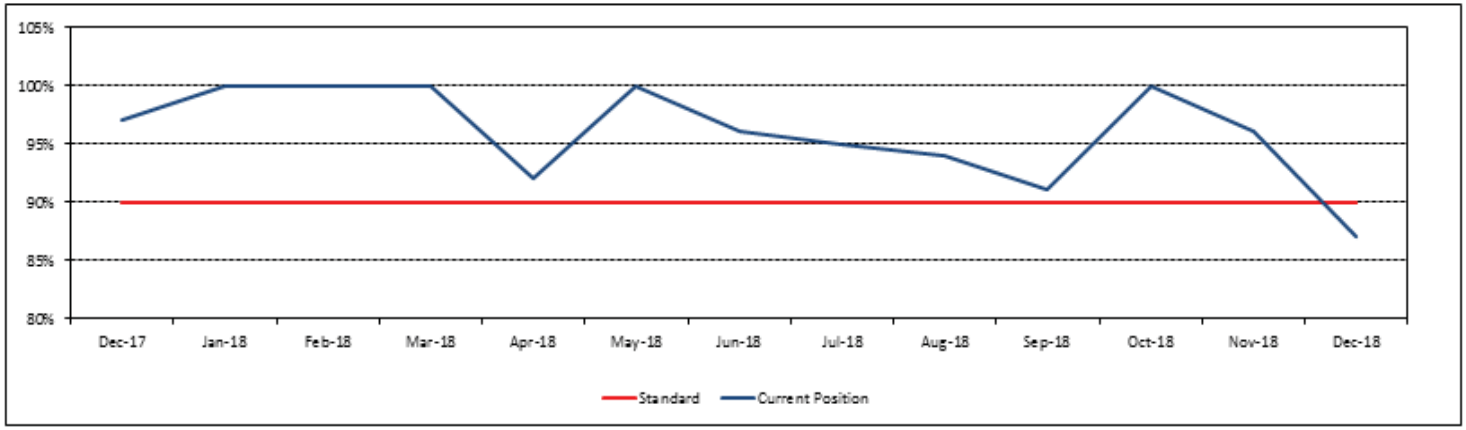
Indicator	F1 - Extremely likely or likely to recommend (FFT)
Standard	90%
Name	Cassia Nice
Month	Dec-18
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

Comments in December surveys explained that poorer scores were due to doctors being very busy resulting in waits in being seen. There are also comments about waits to receive jugs of water. This has been discussed at the paediatric governance meeting for monitoring in coming months.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	97.0%	100%	100%	100%	92.0%	100%	96.0%	95.0%	94.0%	91.0%	100%	96.0%	87.0%

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

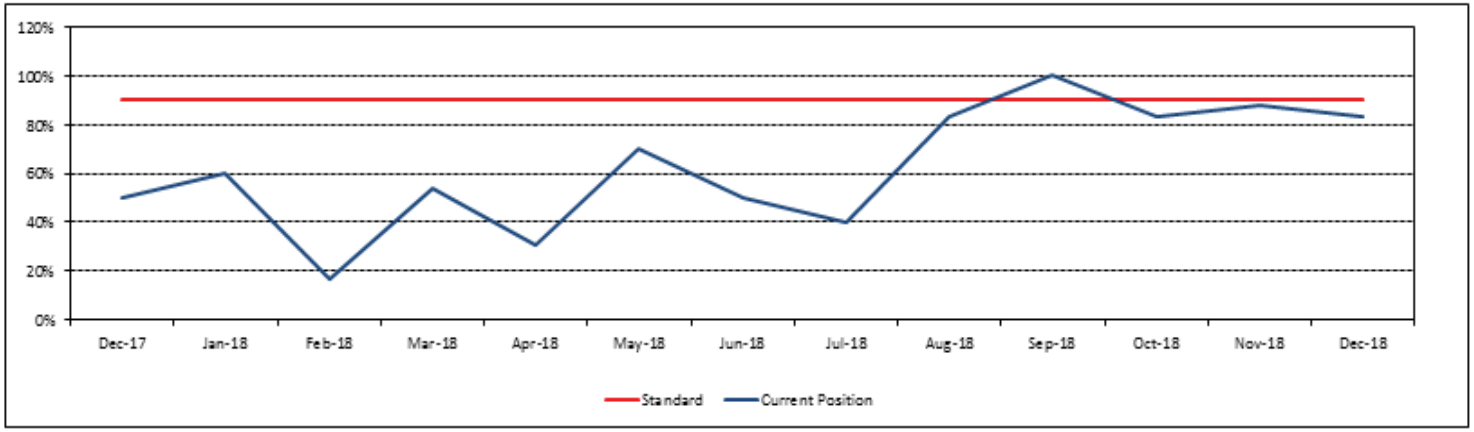
Indicator	Complaints responded to within agreed timeframe
Standard	90%
Name	Cassia Nice
Month	Dec-18
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

Of nine complaint responses due, one was late. This was due to a hold up in the Trust Office and is anticipated to have an impact in January data again. This has been resolved between teams to ensure the risk of deterioration is minimised from February onwards.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	50.0%	60.0%	17.0%	54.0%	31.0%	70.0%	50.0%	40.0%	83.0%	100%	83.0%	88.0%	83.0%

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	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD(Apr18-Dec18)
4. Responsive	A&E	4.13	Number of Delayed Transfer of Care - (DTOCs)	NT	314	326	393	321	208	206	203	130	242	176	191	219	256	203
		4.14	A&E time to treatment in department (median) for patients arriving by ambulance - CDM	120	62	57	75	64	62	48	49	49	46	39	46	45	46	48
		4.15	A&E - Single longest Wait (Admitted & Non-Admitted)	6 hrs.	16.48	18.11	17.18	19.50	18.14	10.30	12.22	14.49	15.54	12.23	16.17	13.05	15.35	14.17
		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	50	122	30	46	17	4	8	15	31	10	31	24	54	194
		4.18	A&E - To inpatient Admission Ratio	27%	32.8%	31.9%	32.1%	29.6%	27.9%	25.8%	25.0%	23.9%	25.7%	28.3%	28.6%	30.3%	31.2%	27.4%
		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%	89.4%	85.7%	89.6%	93.5%	92.7%	94.4%	92.8%	91.3%	90.1%	91.0%	93.1%	94.7%	ND	92.5%
		4.21	A&E - Amb. Handover above 30m	0	110	72	87	74	88	84	13	21	24	6	21	15	ND	272
		4.22	A&E - Amb. Handover above 60m	0	54	38	30	17	29	3	5	31	16	2	30	8	ND	124
	RTT	4.23	RTT - 18w Admitted (Completed)	90%	69.9%	72.6%	73.5%	74.1%	73.4%	71.1%	76.9%	74.7%	74.0%	75.5%	74.6%	75.9%	ND	74.5%
		4.24	RTT - 18w Non-admitted (Completed)	95%	90.6%	88.7%	93.9%	93.4%	92.8%	94.5%	93.3%	93.9%	91.0%	88.5%	89.8%	89.5%	ND	91.7%
		4.25	RTT waiting List	<15396	16195	15363	15804	15396	16223	16481	16739	16715	16601	18105	18071	17915	ND	17106
		4.26	RTT waiting list over 18 weeks	NT	1775	1504	1650	1614	1560	1294	1443	1433	1775	1830	1766	1855	ND	1620
		4.27	RTT 18 weeks Non-Consultant led services - Community	90%	98.4%	98.7%	100%	99.4%	99.2%	97.6%	100%	98.7%	99.0%	99.0%	99.0%	99.0%	100%	99.1%
		4.28	RTT 52 weeks Non-Consultant led services - Community	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%
	Stroke	4.29	Stroke - % Patients scanned within 1 hr.	77%	75.6%	86.7%	76.7%	70.0%	73.7%	63.6%	77.7%	76.3%	84.4%	93.3%	64.0%	84.0%	80.0%	77.4%
		4.30	Stroke - % patients scanned within 12 hrs.	96%	95.6%	98.3%	100%	97.5%	94.7%	97.7%	100%	89.5%	100%	100%	100%	100%	97.5%	97.7%
		4.31	Stroke - % Patients admitted directly to stroke unit within 4h	75%	60.0%	75.4%	79.3%	72.5%	57.9%	73.2%	84.1%	75.0%	79.6%	82.8%	73.3%	83.7%	78.4%	76.4%
		4.32	Stroke - % greater than 80% of treatment on stroke unit	90%	91.1%	93.0%	96.6%	87.5%	81.6%	82.9%	100%	88.9%	88.6%	96.6%	88.9%	93.9%	91.9%	90.4%
		4.33	Stroke - % of patients treated by the SESDC	48%	32.4%	61.5%	50.0%	51.4%	54.8%	48.7%	58.5%	50.0%	53.9%	69.2%	52.4%	63.6%	48.0%	55.5%
		4.34	Stroke -% of patients assessed by a stroke specialist physician within 24 hrs. of clock start	80%	88.9%	93.3%	83.3%	95.0%	79.0%	81.8%	97.8%	92.1%	97.8%	96.7%	94.0%	88.0%	90.0%	90.8%
		4.35	Stroke -% of patients assessed by nurse & therapist within 24h. All rel. therapists within 72h	75%	77.5%	93.0%	86.2%	86.8%	94.6%	92.5%	88.6%	89.2%	79.6%	86.2%	73.5%	89.6%	78.4%	85.8%
		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	61.0%	ND	ND	ND	57.0%	ND	ND	ND	ND	ND	ND	61.0%	59.0%
		4.38	Stroke -Provider rating to remain within A-C	C	ND	C	ND	C	C	ND	ND	ND	ND	ND	ND	ND	ND	C

Are we..		Ref.	KPI	Target	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD(Apr18-Dec18)
4. Responsive	Other	4.39	Urgent Referrals for Early Intervention Team (EIT) - Community	95%	ND	ND	ND	ND	100%	100%	100%	100%	100%	ND	100%	100%	100%	100%
		4.40	Nursing & therapy Red referrals seen within 4hrs - Community	95%	100%	100%	96.4%	100%	96.4%	100%	100%	98.2%	100%	100%	100%	100%	100%	99.4%
		4.41	Nursing & therapy Amber referrals seen within 72hrs - Community	95%	100%	99.3%	98.0%	97.6%	98.8%	99.4%	99.5%	97.4%	99.4%	99.5%	99.0%	99.9%	100%	99.2%
		4.42	Nursing & therapy Green referrals seen within 18 wks -Community	95%	98.0%	99.8%	99.9%	99.9%	99.3%	99.9%	100%	100%	100%	99.6%	99.7%	99.2%	98.0%	99.5%
		4.43	Wheelchair waiting times – Child (Community)	100%	72.7%	55.6%	61.9%	42.2%	90.9%	100%	95.2%	90.9%	100%	100%	100%	83.3%	83.3%	93.7%
		4.44	Wheelchair waiting times - Adult (Community)	NT	70.5%	71.4%	73.6%	72.5%	75.6%	78%	80.0%	54.9%	100%	73.1%	ND	ND	ND	77.0%
		4.45	Sepsis - 1 hr neutropenic sepsis	100%	53.9%	80.0%	75.0%	58.3%	63.6%	80.0%	57.9%	80.0%	72.2%	90.9%	90.0%	75.0%	77.8%	76.4%
		4.46	Percentage of Children in Care initial health assessments completed within 28 calendar days of becoming a child in care	100%	ND	ND	ND	ND	0.0%	4.8%	8.0%	23.1%	31.6%	11.8%	33.3%	21.4%	15.4%	16.6%
		4.47	Percentage of Service Users (children) assessed to be eligible for NHS Continuing Healthcare whose review health assessment is completed annually	80%	ND	ND	ND	ND	ND	ND	ND	ND	ND	86.7%	86.2%	90.0%	97.0%	90.0%

EXCEPTION REPORTS – RESPONSIVE

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

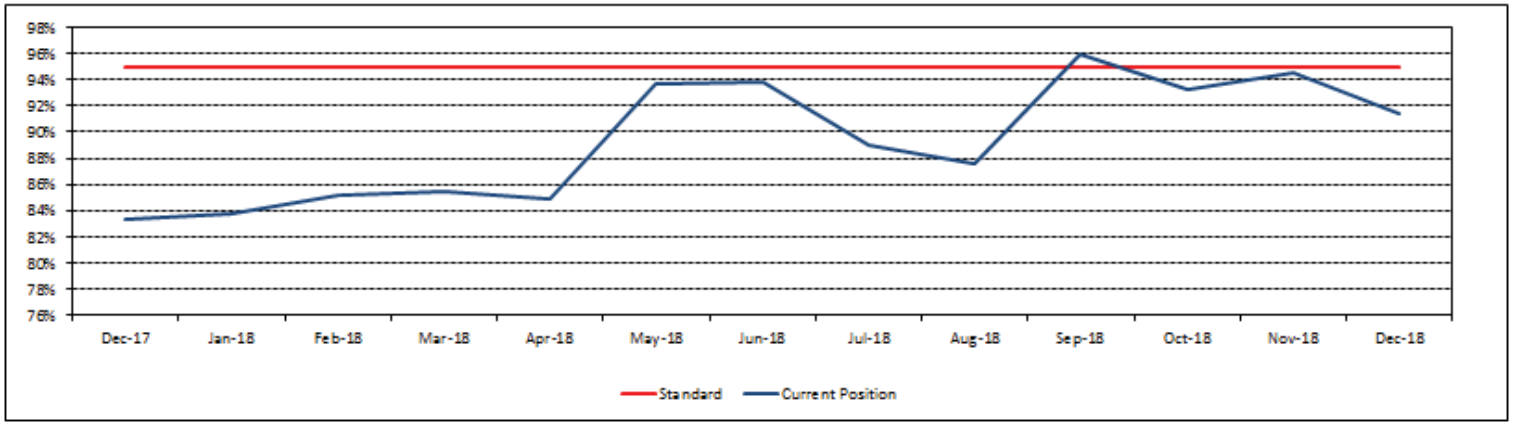
Indicator	A&E under 4 hr. wait
Standard	95%
Name	Ian Pridding
Month	Dec-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

December 2018 performance was 91.37%
29.2% of breaches caused by delay to CDM (reduced from 41.5% in November)
31% of breaches caused by lack of beds (increased from 25.6% in November)
Winter bed pressures and medical staffing gaps nights and weekend have been the main driver for under performance. Recruitment is ongoing for middle grades and agency locums are in use to support additional senior cover out of hours. Delay for Clinical Decision Maker breaches have reduced from previous month but are still occurring when there are middle grade gaps out of hours.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	83.3%	83.8%	85.2%	85.4%	84.9%	93.7%	93.9%	89.0%	87.6%	95.9%	93.3%	94.6%	91.4%

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Diagnostics within 6 weeks
Standard	99%
Name	Nicola Cottington
Month	Dec-18
Data Frequency	Monthly
CQC Area	Responsive

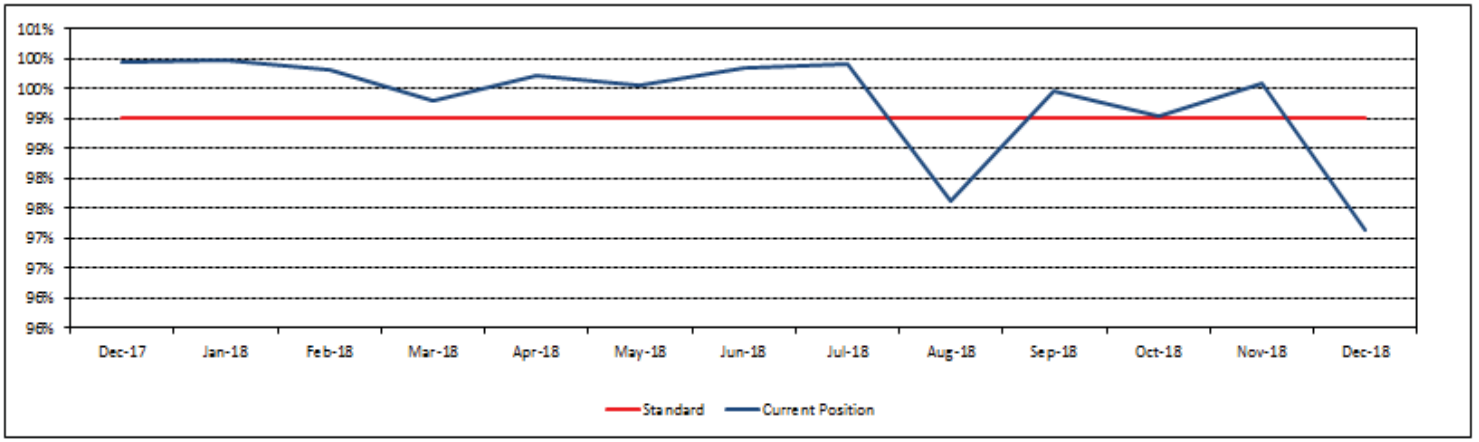
Summary of Current performance & Reasons for under performance

Audiology – pathway under review to try and de-conflict ENT audiology pathway with the audiology only pathway.

Cystoscopy performance for December has been impacted by the loss of a locum consultant and consultant sick leave in the urology service during the month. Performance is expected to improve with the permanent consultant appointment due to start at the end of January. In addition the audiology pathway is currently under review.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Current Position	100%	100%	99.8%	99.3%	99.7%	99.6%	99.8%	99.9%	97.6%	99.5%	99.0%	99.6%	97.1%

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

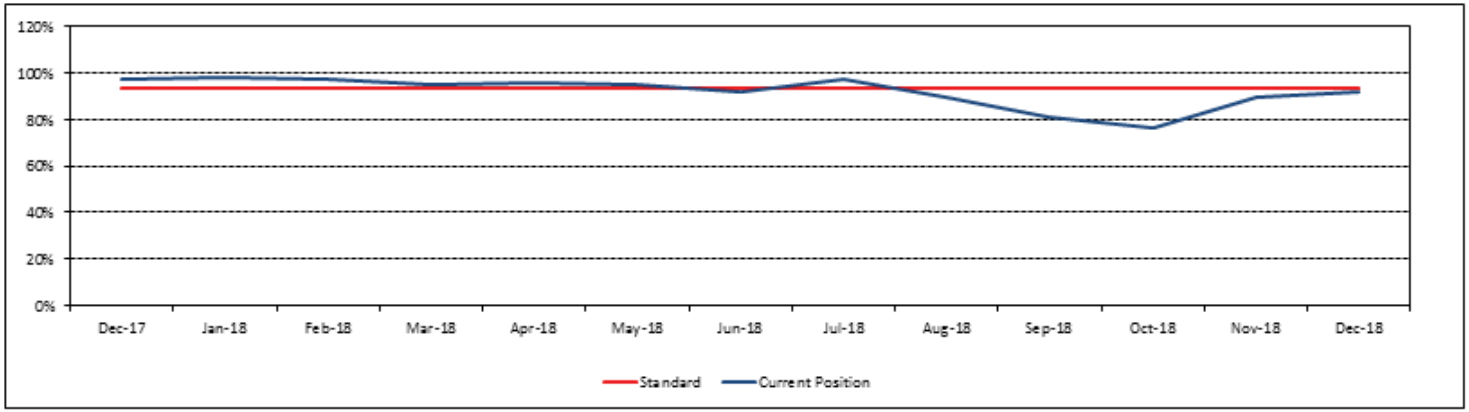
Indicator	Cancer: 2w wait for urgent GP Referrals
Standard	93%
Name	Sam Dhungana
Month	Dec-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Significantly improved performance for December, full recovery has now been achieved in Skin. The majority of the patients waiting over 2 weeks for their appointment was in Breast.

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to monitor waiting times for 1st appointment via the Cancer PTL meeting.	SD	Dec-18	
Audit of Breast referrals has commenced in partnership with the CCG, to address referral quality and appropriateness.	JW/AP	Dec-18	



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

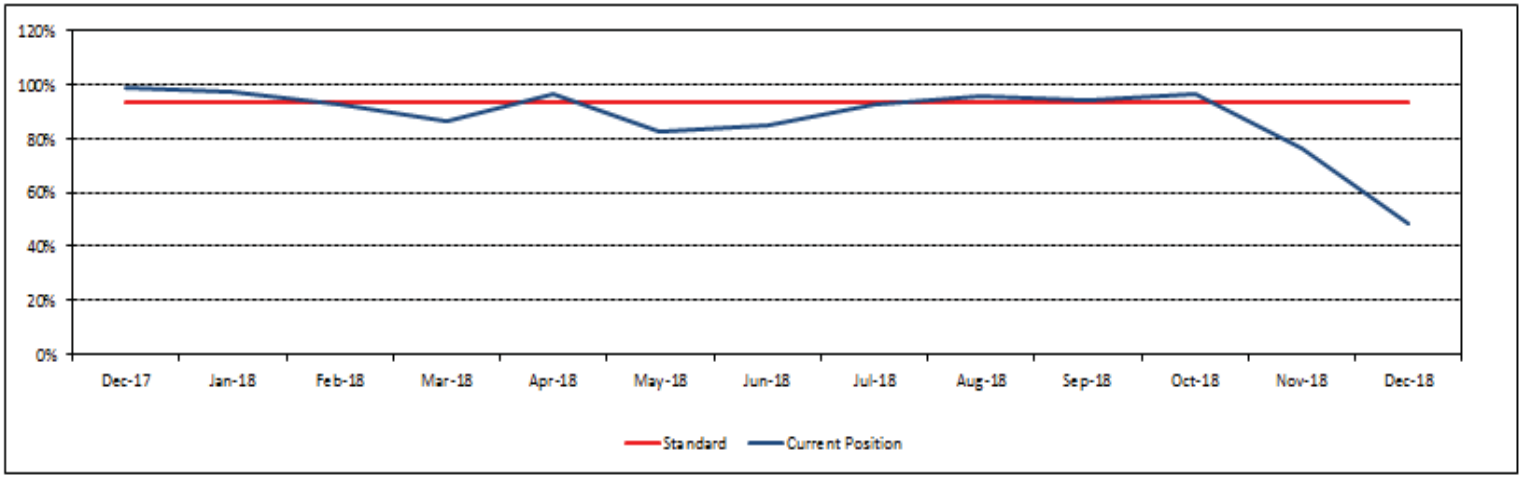
Indicator	Cancer 2w wait breast symptoms
Standard	93%
Name	Sam Dhungana
Month	Dec-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Current Performance- 48.8% this is due to combination of factors, including a 50% increase in referrals compared to December 2017 as well as the inability to run additional clinics due to Radiology capacity. The Radiology capacity is now improving and it is anticipated that this standard will be recovered from February 2019.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
Current Position	99.1%	97.1%	92.9%	86.7%	96.7%	82.6%	84.9%	92.8%	95.9%	93.9%	96.4%	76.7%	48.8%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to monitor waiting times for 1st appointment via the Cancer PTL meeting.	SD	Dec-18	
Audit of Breast referrals has commenced in partnership with the CCG, to address referral quality and appropriateness.	JW/AP	Dec-18	



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Cancer 62 d GP referral
Standard	85%
Name	Sam Dhungana
Month	Dec-18
Data Frequency	Monthly
CQC Area	Responsive

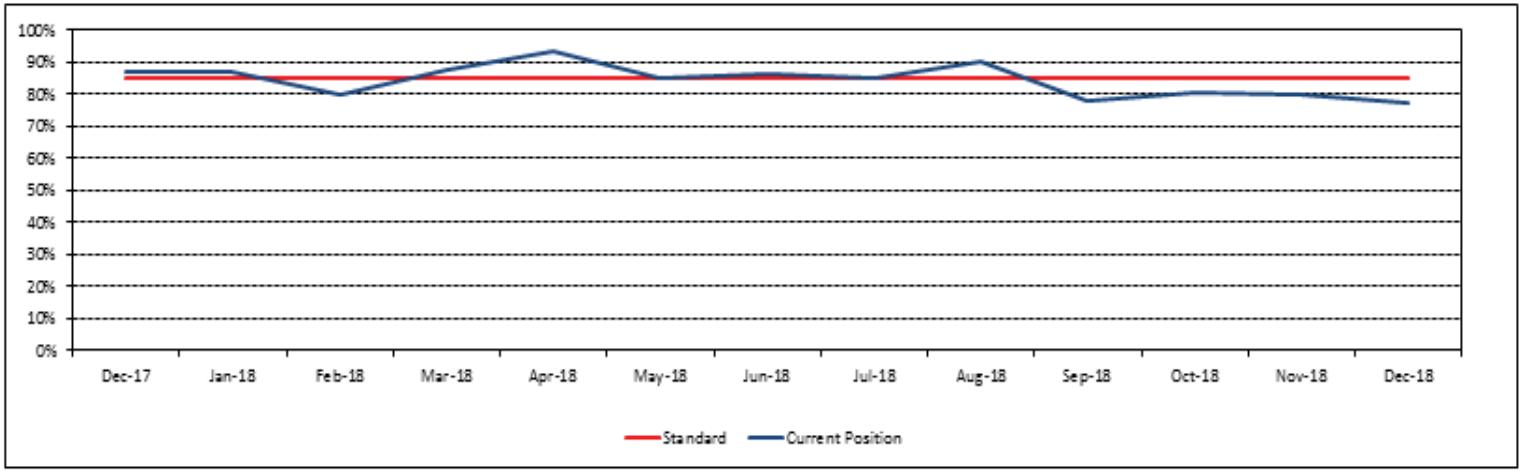
Summary of Current performance & Reasons for under performance

Current Performance: 76.9% -there are ongoing challenges, owing to combination of increased referrals, complex presentation and capacity related factors. The Trust is reporting 17 local and 4 shared pathway breaches this month, in the following specialities; Breast Surgery x 5, Colorectal x 4.5, Haematology x 1, Lung x 2, Skin x 4 and Urology x 2.5. The Skin breaches are owing to the long waits for first appointment in previous months.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Current Position	87.1%	86.6%	79.8%	87.8%	93.3%	85.1%	86.5%	84.8%	89.9%	78.0%	80.6%	79.5%	77.0%

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 half weekly with service leads.	HK	Dec-18	
Full recovery action plan in place with the service leads, bi-weekly meetings are held to ensure this is on track	HK	Dec-18	



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

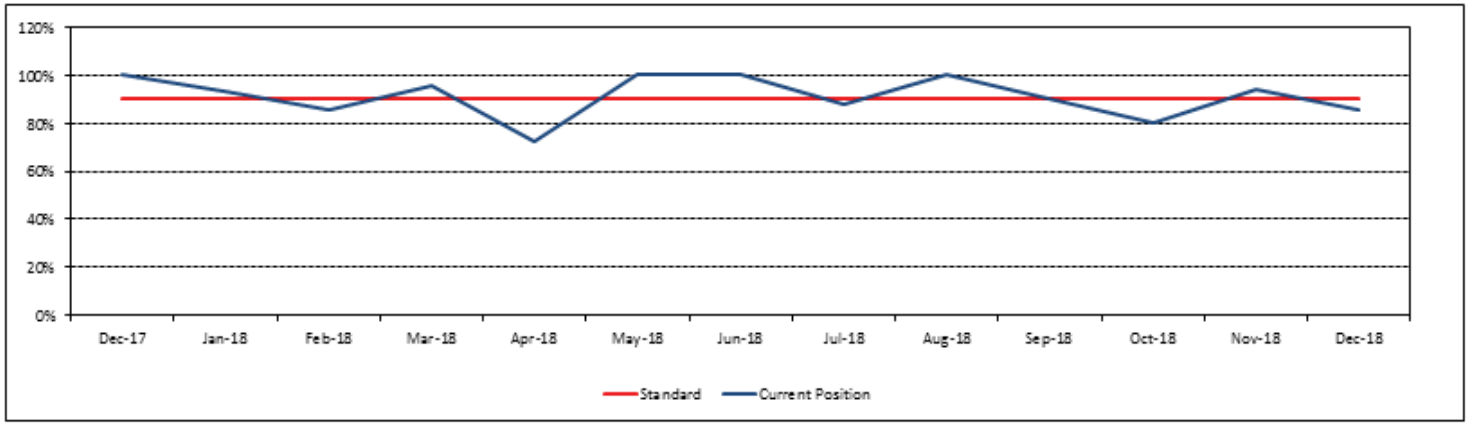
Indicator	Cancer 62 d Screening
Standard	90%
Name	Sam Dhungana
Month	Dec-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Current Performance: 85.7% this was primarily due to very low level of activities (only 3.5) to report with 0.5 breach owing to late incoming referral from the hub combined with local surgical capacity to offer an earlier TCI date.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	100%	93.3%	85.7%	95.5%	72.7%	100%	100%	88.2%	100%	90.5%	80.0%	93.8%	85.7%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
As soon as Cancer services are informed of a patient on screening referral pathway the Pathway Co-ordinators keep the relevant teams well informed of the treatment target date and escalate all potential delays with diagnostic/staging tests and or start of treatment to the relevant services. However, owing to small number of patients to report on this standard, any factors contributing to the delay in a one patient risks underperformance on this standard. There is now an increasing awareness of the need to share the surgical list in colorectal team and it's expected to make a positive impact on some aspects of the capacity issues.			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

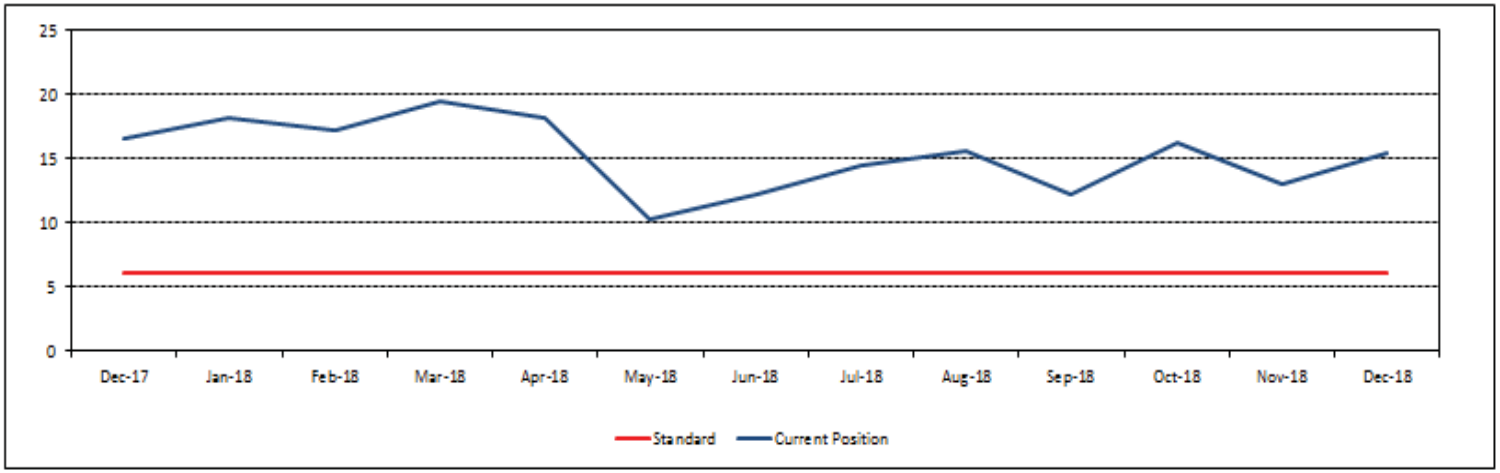
Indicator	A&E - Single longest Wait (Admitted & Non-Admitted)
Standard	6 Hrs
Name	Nicola Cottington
Month	Dec-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

The Single Longest wait in December was 15 hours 35 Minutes. This was for a complex mental health patient who had delay to be assessed, required admission and had to wait some time for a bed to be identified.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	6	6	6	6	6	6	6	6	6	6	6	6	6
Current Position	16.48	18.11	17.18	19.50	18.14	10.30	12.22	14.49	15.54	12.23	16.17	13.05	15.35

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. Continue weekly medical staffing meetings and drive recruitment to medical and nursing vacancies. Work with mental health teams to identify any thing we could do differently to support mental health patients in ED.	ED Team	Nov-18	Mar-19



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	A&E - Admission waiting 4-12 hours from dec. to admit
Standard	4%
Name	Nicola Cottington
Month	Dec-18
Data Frequency	Monthly
CQC Area	Responsive

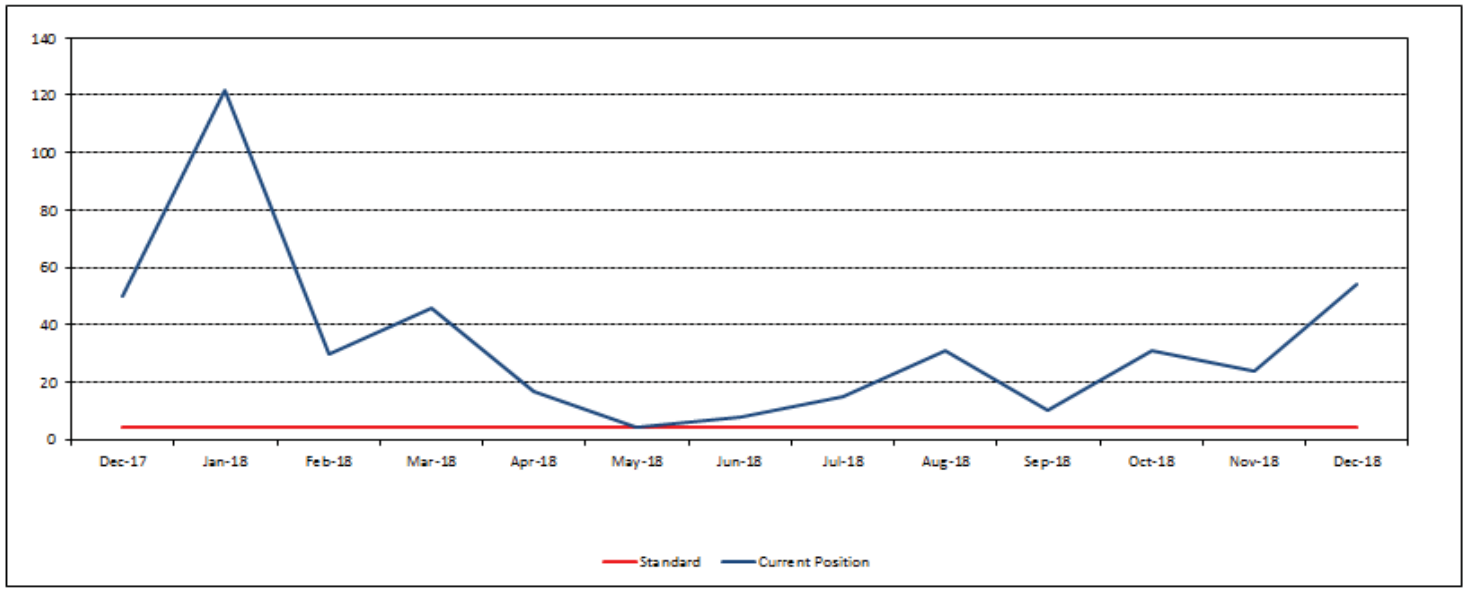
Summary of Current performance & Reasons for under performance

54 patients of 2073 admitted patients (2.6%) waited between 4-12 for a bed following a decision to admit. This has increased significantly since November due to the impact of high demand on the hospital services resulting in bed pressures within the hospital. This was reflected in an increase in breaches due to bed requests which increased from 31% of all breaches from 25.6% in November.

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	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	4	4	4	4	4	4	4	4	4	4	4	4	4
Current Position	50	122	30	46	17	4	8	15	31	10	31	24	54

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

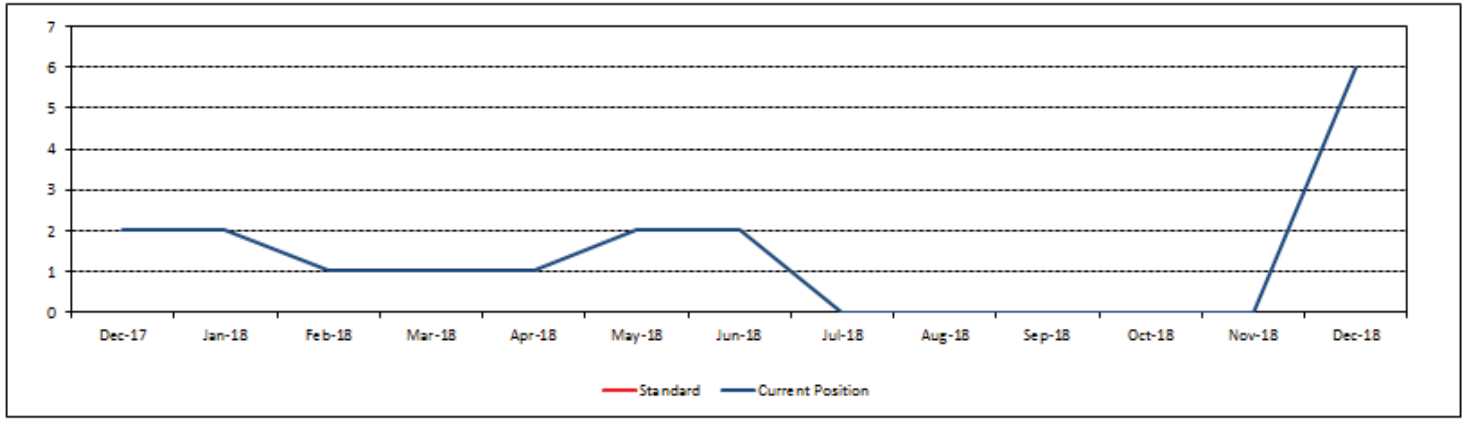
Indicator	Verbal Duty of Candour competed within 10 working days
Standard	0
Name	Rowan Procter
Month	Dec-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Six verbal Duty of Candou remain overdue: Three relate to care in the Community and three within (WSH) hospital.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	2	2	1	1	1	2	2	0	0	0	0	0	6

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

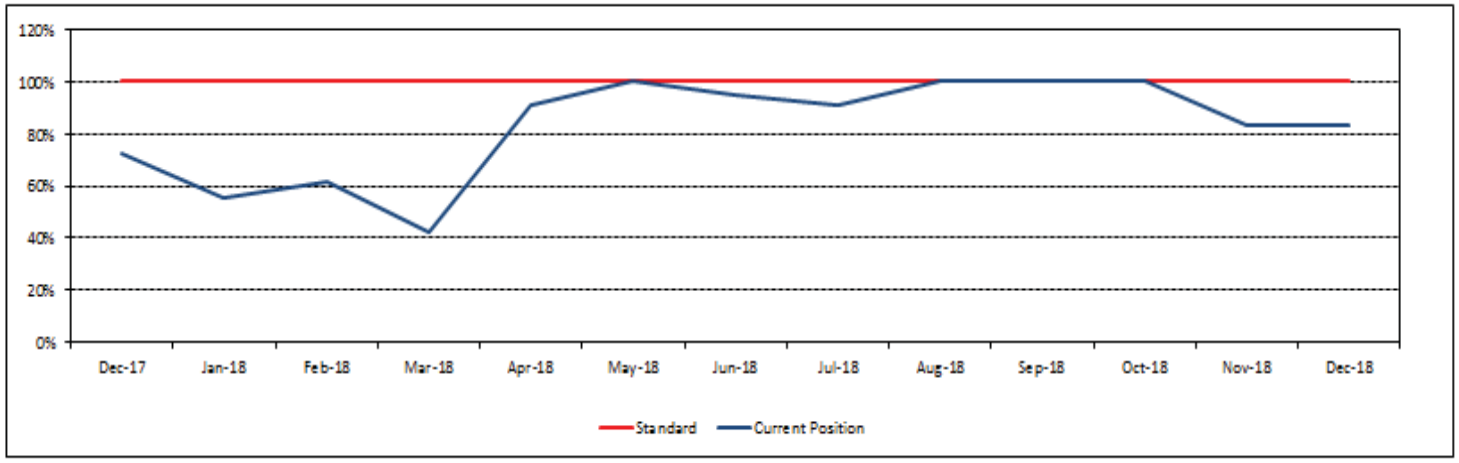
Indicator	Wheelchair waiting times – Child (Community)
Standard	100%
Name	Audrey White
Month	Dec-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

2 out of 12 Children's wheelchairs not delivered within 18 weeks.
Delays due to critical part was sent in the wrong size by the manufacturer and delay in getting an interpreter

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	72.7%	55.6%	61.9%	42.2%	90.9%	100%	95.2%	90.9%	100%	100%	100%	83.3%	83.3%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Working with the service to take action from lessons learnt from breaches. Having a weekly review to monitor Children waiting for wheelchairs.	Laura Rawlings	Ongoing	



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

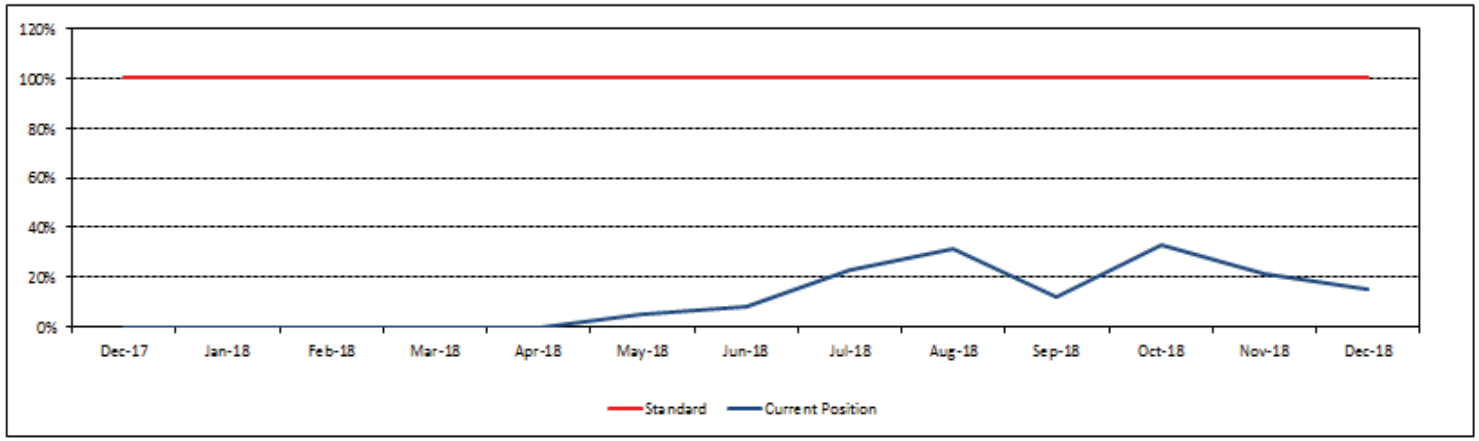
Indicator	Percentage of Children in Care initial health assessments completed within 28 calendar days of becoming a child in care
Standard	100%
Name	Audrey White
Month	Dec-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

2 out of 13 Children seen within 28 days of becoming a Child in Care.
Of the 11 breaches there were delays for 10 children due to late notifications of children being taken into care, patients DNA appointments and refusing earlier appointments.
•1 Child seen at earliest opportunity @ 48 days

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	ND	ND	ND	ND	0.0%	5%	8.0%	23.1%	32%	12%	33.3%	21.4%	15.4%

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

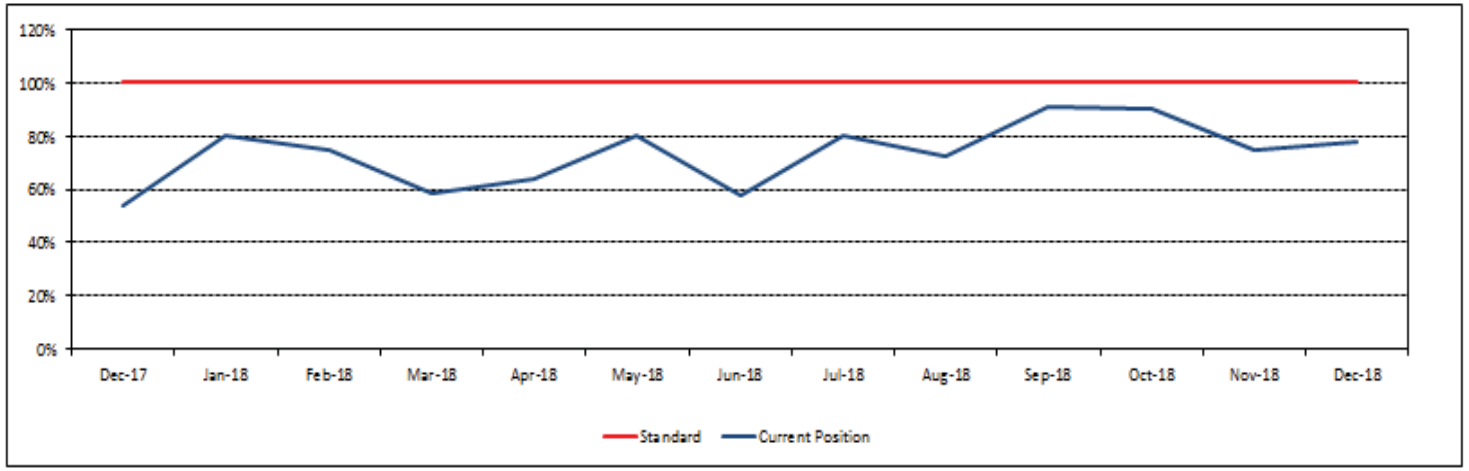
Indicator	Sepsis - 1 hr neutropenic sepsis
Standard	100%
Name	Abigail Ormes
Month	Dec-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Performance against national standards for Door to Needle time for Neutropenic was 77.8% for the month of December. 83.3% of patients admitted to G1 received required treatment with the 1 hour time scale. Of the 12 patients who were admitted through ED, 9 were treated within the hour - 3 breached the national standard. Please see below action plan to address the issues and improve performance against this standard.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	53.9%	80.0%	75.0%	58.3%	63.6%	80.0%	57.9%	80.0%	72.2%	90.9%	90.0%	75.0%	77.8%

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



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	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD(Apr18 Dec18)
5. Well Led	Agency, WTE & vacancies	5.09	Agency Spend Cap	486	378	378	378	378	331	196	330	433	507	393	381	620	500	410
		5.10	Bank Spend		1326	1078	1093	996	1282	1350	1015	1045	1294	1212	1222	1140	1167	10727
		5.12	Proportion of Temporary Staff	12%	8.0%	11.1%	11.3%	11.0%	12.5%	11.9%	9.7%	11.3%	12.7%	12.0%	11.8%	12.8%	12.1%	11.9%
		5.13	Locum and Medical agency spend	NT	508	495	487	468	398	319	468	624	524	434	524	570	555	491
		5.57	Additional sessions	NT	238	136	186	167	253	238	207	161	270	250	338	288	266	252
		5.16	% Staff on Maternity/Paternity Leave	NT	2.0%	1.9%	2.0%	1.9%	2.0%	2.3%	2.38%	2.43%	2.60%	2.64%	2.65%	2.73%	2.83%	2.51%
	Other	5.17	Grievance reviews	NT	5	5	5	4	5	4	4	3	3	4	4	5	ND	32
		5.18	Recruitment Timescales - Av no. of weeks to recruit	7	6.4	5.4	5.4	5.4	5.4	5.6	5.4	5.4	5.0	6.1	6.4	6.4	ND	5.7
		5.19	DBS checks	95%	98.5%	98.5%	98.0%	97.0%	98.0%	97.5%	98.0%	98.0%	98.0%	98.0%	98.5%	97.5%	ND	97.9%
		5.20	Staff appraisal Rates	90%	62.0%	65.0%	62.3%	63.0%	67.0%	67.3%	69.3%	75.8%	75.2%	76.9%	76.0%	79.0%	76.4%	73.7%
		5.21	Trust Participation in on-going National Audits (Qtrly)	90%	96.0%	NA	NA	96.0%	NA	NA	ND	NA	NA	ND	NA	NA	ND	NA

Are we.		Ref.	KPI	Target	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD(Apr18 Dec18)
5. Well Led	Training	5.22	Infection Control Training (classroom)	90%	95.0%	94.0%	94.0%	95.0%	94.0%	95.0%	94.0%	95.0%	95.0%	95.0%	94.0%	95.0%	94.0%	94.6%
		5.23	Infection Control Training (eLearning)	90%	88.0%	90.0%	90.0%	90.0%	90.0%	90.0%	91.0%	90.0%	87.0%	90.0%	89.0%	90.0%	91.0%	89.8%
		5.24	Manual Handling Training (Patient)	90%	84.0%	79.0%	79.0%	79.0%	74.0%	76.0%	77.0%	75.0%	79.0%	76.0%	77.0%	76.0%	76.0%	76.2%
		5.25	Manual Handling Training (Non Patient)	90%	88.0%	89.0%	89.0%	88.0%	88.0%	88.0%	83.0%	83.0%	81.0%	85.0%	82.0%	86.0%	84.0%	84.4%
		5.26	Staff Adult Safeguarding Training	90%	92.0%	92.0%	92.0%	92.0%	91.0%	91.0%	92.0%	90.0%	89.0%	91.0%	91.0%	90.0%	90.0%	90.6%
		5.27	Safeguarding Children Level 1	90%	90.0%	91.0%	91.0%	90.0%	90.0%	90.0%	89.0%	89.0%	88.0%	89.0%	89.0%	90.0%	91.0%	89.4%
		5.28	Safeguarding Children Level 2	90%	92.0%	92.0%	92.0%	91.0%	91.0%	90.0%	91.0%	91.0%	89.0%	90.0%	90.0%	90.0%	91.0%	90.3%
		5.29	Safeguarding Children Level 3	90%	86.0%	86.0%	88.0%	83.0%	95.0%	94.0%	94.0%	94.0%	89.0%	91.0%	91.0%	90.0%	90.0%	92.0%
		5.30	Health & Safety Training	90%	91.0%	92.0%	92.0%	91.0%	90.0%	90.0%	91.0%	91.0%	89.0%	90.0%	89.0%	89.0%	90.0%	89.9%
		5.31	Security Awareness Training	90%	91.0%	91.0%	91.0%	90.0%	90.0%	90.0%	91.0%	90.0%	89.0%	89.0%	88.0%	89.0%	89.0%	89.4%
		5.32	Conflict Resolution Training (eLearning)	90%	95.0%	76.0%	85.0%	84.0%	86.0%	87.0%	87.0%	88.0%	82.0%	83.0%	83.0%	85.0%	86.0%	85.2%
		5.33	Conflict Resolution Training	90%	75.0%	88.0%	76.0%	76.0%	69.0%	70.0%	70.0%	71.0%	73.0%	71.0%	69.0%	74.0%	75.0%	71.3%
		5.34	Fire Training (eLearning)	90%	84.0%	84.0%	84.0%	82.0%	80.0%	82.0%	81.0%	81.0%	84.0%	91.0%	83.0%	85.0%	88.0%	83.9%
		5.35	Fire Training (classroom)	90%	91.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	89.0%	90.0%	84.0%	89.0%	88.0%	86.0%	88.4%
		5.36	IG Training	95%	87.0%	84.0%	84.0%	82.0%	86.0%	86.0%	83.0%	84.0%	82.0%	82.0%	80.0%	83.0%	82.0%	83.1%
		5.37	Equality and Diversity	90%	94.0%	88.0%	88.0%	83.0%	81.0%	80.0%	79.0%	79.0%	79.0%	80.0%	81.0%	82.0%	84.0%	80.6%
		5.38	Majax Training	90%	89.0%	90.0%	90.0%	88.0%	88.0%	88.0%	89.0%	88.0%	88.0%	88.0%	89.0%	89.0%	90.0%	88.6%
		5.39	Medicines Management Training	90%	88.0%	89.0%	89.0%	88.0%	87.0%	87.0%	88.0%	89.0%	87.0%	86.0%	87.0%	87.0%	87.0%	87.2%
		5.40	Slips, trips and falls Training	90%	88.0%	87.0%	87.0%	87.0%	85.0%	85.0%	86.0%	86.0%	86.0%	85.0%	86.0%	85.0%	87.0%	85.7%
		5.41	Blood-borne Viruses/Inoculation Incidents	90%	87.0%	86.0%	86.0%	86.0%	85.0%	86.0%	87.0%	88.0%	85.0%	86.0%	87.0%	88.0%	89.0%	86.8%
		5.42	Basic life support training (adult)	90%	82.0%	80.0%	80.0%	78.0%	75.0%	76.0%	76.0%	75.0%	79.0%	79.0%	79.0%	80.0%	80.0%	77.7%
		5.43	Blood Products & Transfusion Processes (Refresher)	90%	80.0%	75.0%	75.0%	72.0%	73.0%	72.0%	73.0%	74.0%	74.0%	73.0%	74.0%	75.0%	76.0%	73.8%
		5.44	Mandatory Training Compliance	90%	88.7%	84.6%	83.2%	82.8%	83.3%	84.0%	85.0%	84.0%	84.0%	85.0%	85.0%	86.0%	86.0%	84.7%
		5.55	Safeguarding Children Mandatory Compliance (Community)	95%	96.0%	95.9%	95.7%	97.0%	98.2%	95.8%	95.3%	94.7%	95.1%	96.2%	95.9%	96.1%	94.9%	95.8%
		5.56	Safeguarding Adults Mandatory Training Compliance (Community)	95%	94.0%	94.1%	93.2%	95.6%	96.0%	95.0%	94.9%	94.3%	94.9%	97.0%	97.1%	96.3%	94.5%	95.5%

EXCEPTION REPORTS – WELL LED

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

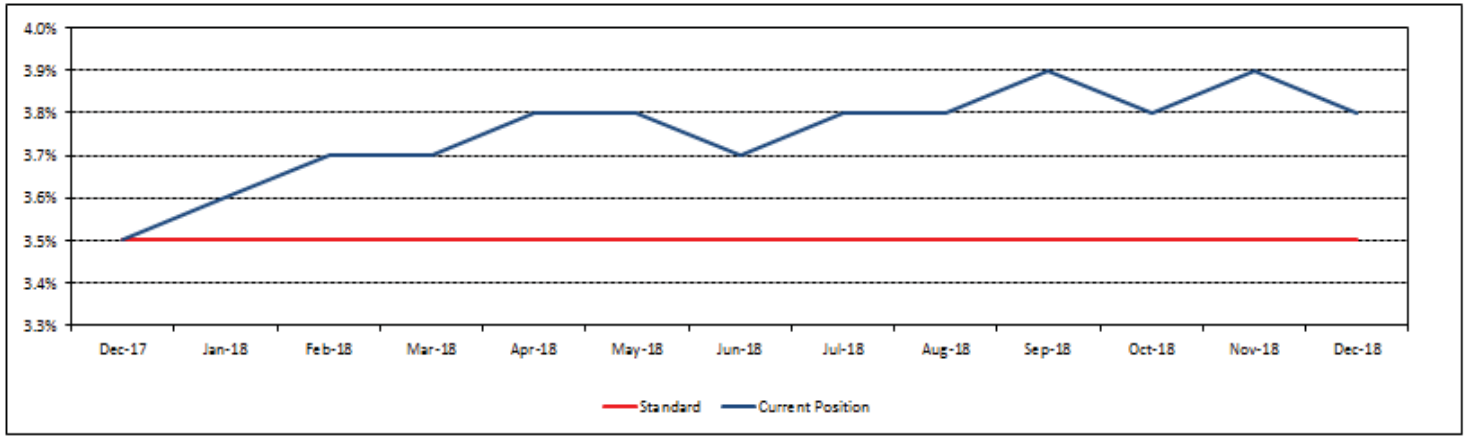
Indicator	Sickness Absence
Standard	3.5%
Name	Denise Needle
Month	Dec-18
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

The sickness absence rate has reduced this month to 3.8 %.
The flu campaign is ongoing and the Trust continues to actively encourage all staff to have the flu jab in order to try and minimise any dramatic increases over the winter period. HR continues to support managers to manage both short term and long term absence.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
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	3.5%	3.6%	3.7%	3.7%	3.8%	3.8%	3.7%	3.8%	3.8%	3.9%	3.8%	3.9%	3.8%

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

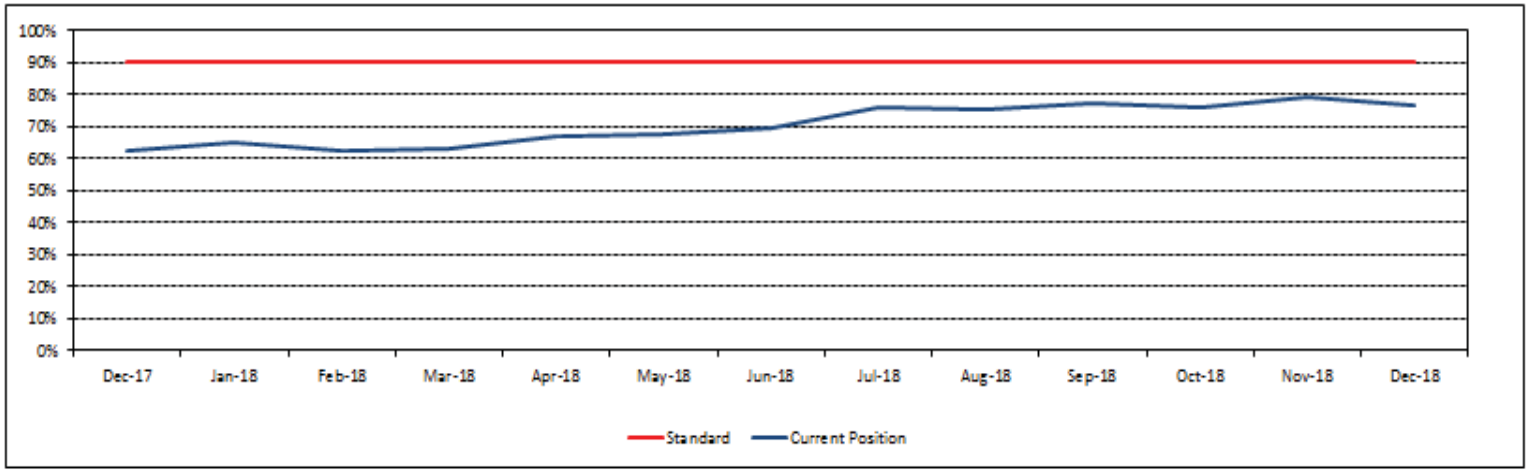
Indicator	Staff appraisal Rates
Standard	90%
Name	Denise Needle
Month	Dec-18
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

Whilst there is a slight decrease in percentages at 76% for December 2018 it is a marked improvement on the same time last year when appraisals were at 62%. HR continues to work with Managers on improving compliance and it is hoped percentages will increase over the forthcoming months.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	62.0%	65.0%	62.3%	63.0%	67.0%	67.3%	69.3%	75.8%	75.2%	76.9%	76.0%	79.0%	76.4%

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	Mandatory Training Compliance
Standard	90%
Name	Denise Needle
Month	Dec-18
Data Frequency	Monthly
CQC Area	Well Led

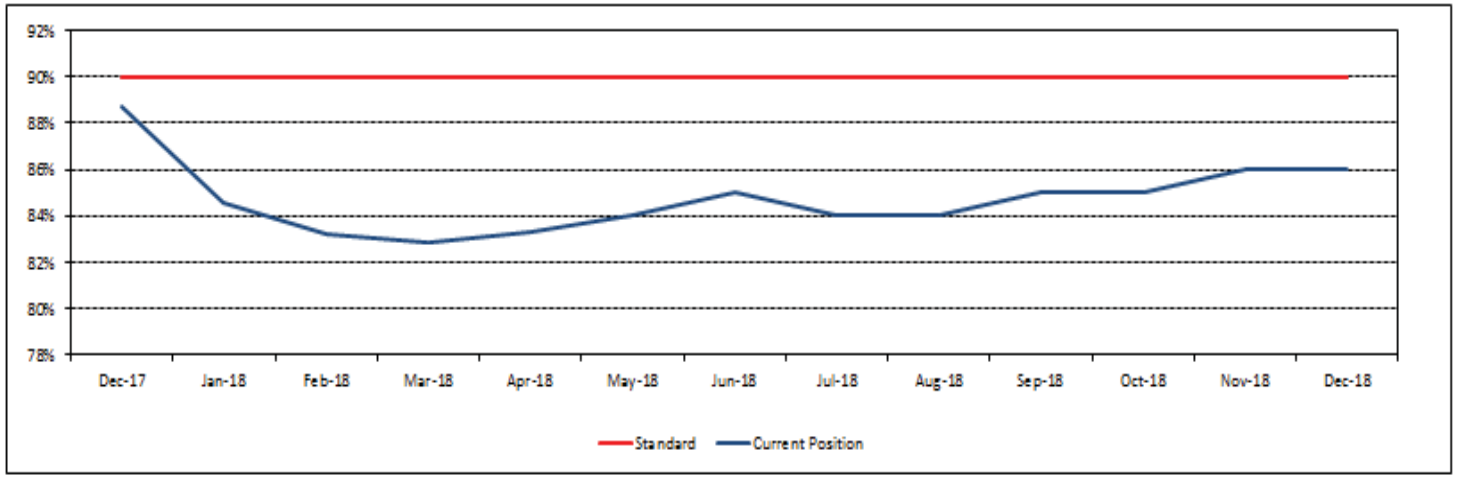
Summary of Current performance & Reasons for under performance

Mandatory training is always affected by winter pressures, as it becomes increasingly difficult to release staff to attend due to staffing constraints.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	88.7%	84.6%	83.2%	82.8%	83.3%	84.0%	85.0%	84.0%	84.0%	85.0%	85.0%	86.0%	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

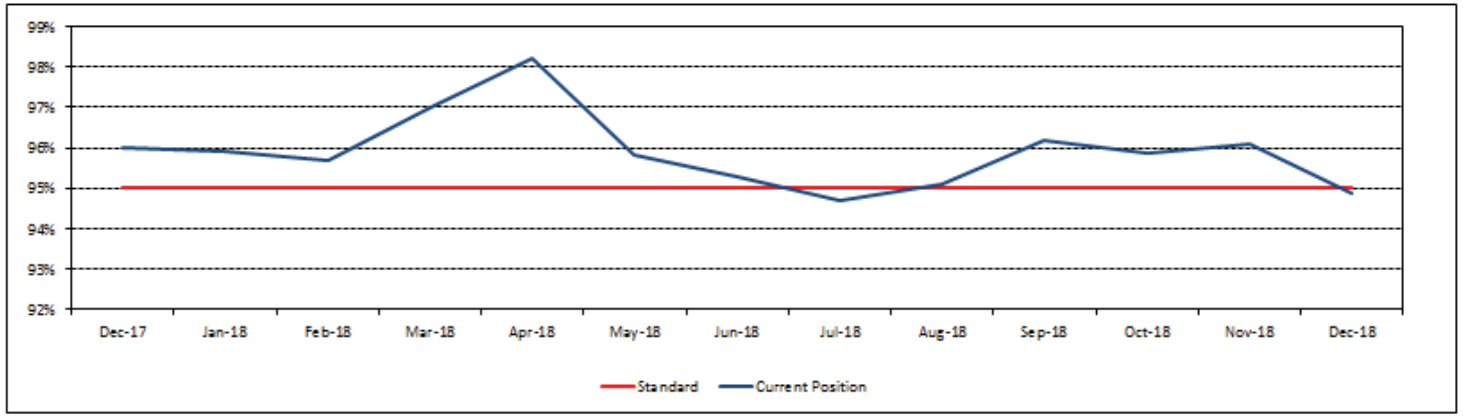
Indicator	Safeguarding Children Mandatory Compliance (Community)
Standard	95%
Name	Audry White
Month	Dec-18
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

26 out of 505 staff non compliant for training
Winter pressures and changing from old Community training system to current Trust ESR system

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	96.0%	95.9%	95.7%	97.0%	98.2%	95.8%	95.3%	94.7%	95.1%	96.2%	95.9%	96.1%	94.9%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
In January move to ESR will be finalised and staff assited to access new method for training via Trust process	Michelle Glass	Jan-19	Apr-19



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

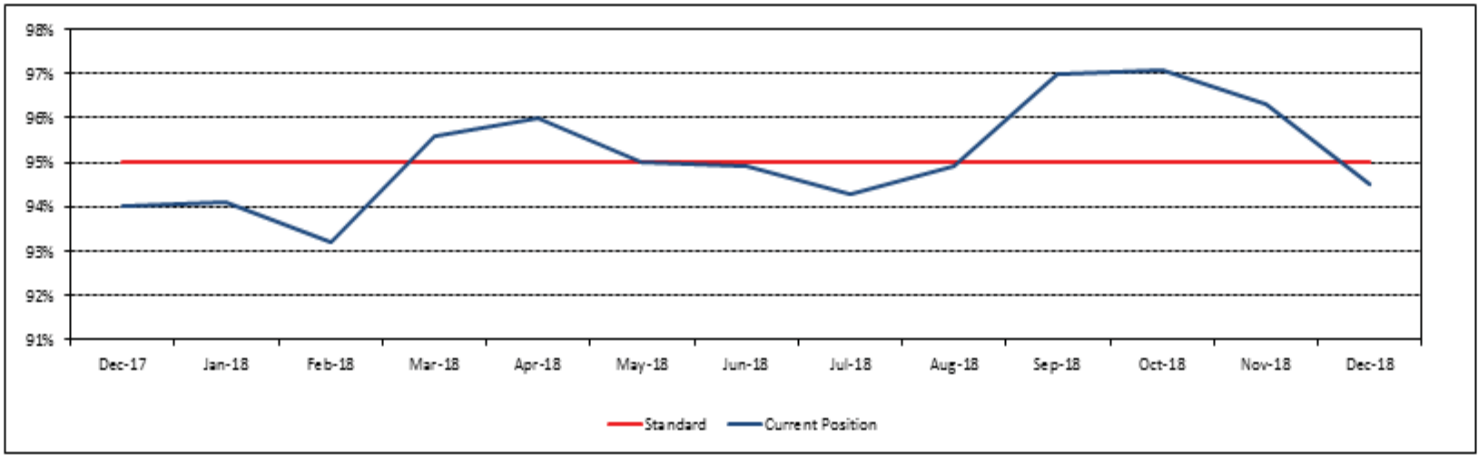
Indicator	Safeguarding Adults Mandatory Training Compliance (Community)
Standard	95%
Name	Audrey White
Month	Dec-18
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

28 out of 505 staff non compliant for training.
Winter pressures and changing from old Community training system to current Trust ESR system

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	94.0%	94.1%	93.2%	95.6%	96.0%	95.0%	94.9%	94.3%	94.9%	97.0%	97.1%	96.3%	94.5%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
In January move to ESR will be finalised and staff assisted to access new method for training via Trust process	Michelle Glass	Jan-19	Apr-19



57

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	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD(Apr18 Dec18)
6. Productive	Activity	6.07	A&E Activity	NT	5959	6033	5639	6172	5967	6498	6161	6564	6072	6042	6256	6114	5549	55223
		6.08	NEL Activity	NT	2528	2539	2406	2557	2273	2474	2471	2475	2394	2356	2654	2766	2505	22368
		6.09	OP - New Appointments	NT	5482	6769	5849	6324	6033	6930	6379	6598	6007	6113	7381	7255	5549	58245
		6.10	OP- Follow-Up Appointments	NT	9769	12673	11103	11609	11142	12248	11520	11750	10929	10879	12773	12289	9803	103333
		6.11	Electives (Incl Daycase)	NT	2545	2841	2632	2871	2665	3019	2799	2871	2786	2379	3033	3047	2521	25120
	Finance	6.12	Financial Position (YTD)	Var	-6600	-6525	-6525	-287	-1760	-2793	-3159	-4420	-5641	-7119	-7122	-7494	-6534	-46042
		6.13	Financial Stability Risk Rating	Var	3	3	3	3	3	3	3	3	3	3	3	3	3	27
		6.14	Cash Position (YTD £000s)	Var	4924	6870	3600	3600	5322	4550	2239	6852	7231	3934	1338	1159	4306	36931
	Ratios	6.15	% Consultant to Consultant Referrals	NT	10.9%	12.7%	13.7%	13.0%	14%	12.2%	13.3%	12.8%	11.7%	10.5%	11.2%	13.0%	13.7%	12.4%
		6.16	New to FU Ratios	1.9	1.79	1.87	1.90	1.84	1.85	1.77	1.81	1.78	1.82	1.78	1.73	1.66	1.77	1.77

EXCEPTION REPORTS – PRODUCTIVE

The finance report contains full details.

10. DETAILED REPORTS- MATERNITY

Are we..		Ref.	KPI	Target	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD(Apr18 Dec18)
7.Maternity	Safe	7.09	Elective Caesarean Sections	10%	7.8%	8.0%	7.1%	10.7%	11.8%	10.9%	7.6%	4.7%	7.8%	9.6%	8.6%	10.4%	9.1%	8.9%
		7.10	Emergency Caesarean Sections	12%	10.6%	14.1%	10.1%	19.4%	16.4%	11.4%	10.6%	12.4%	9.2%	13.0%	14.1%	15.4%	16.3%	13.2%
		7.11	Grade 1 Caesarean Section (Decision to delivery time met)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	40.0%	100%	100%	100%
		7.12	Grade 2 Caesarean Section (Decision to delivery time met)	80%	80.0%	83.0%	83.0%	81.0%	82.0%	93.0%	90.0%	58.0%	64.0%	82.0%	71.0%	57.0%	79.0%	75.1%
		7.13	Homebirths	2%	3.3%	3.0%	2.4%	0.5%	2.6%	5.0%	1.5%	2.4%	1.5%	3.8%	1.8%	2.0%	1.0%	2.4%
		7.14	Midwifery led birthing unit (MLBU) births	>13%	15.0%	19.1%	18.0%	14.1%	16.4%	11.4%	11.4%	18.8%	17.0%	11.5%	14.4%	NA	NA	14.4%
		7.15	Labour Suite births	77.5%	81.7%	77.9%	79.6%	85.4%	81.0%	83.0%	86.9%	78.2%	80.6%	83.7%	82.7%	82.6%	83.0%	82.4%
		7.16	Induction of Labour	29.3%	43.9%	37.2%	41.2%	37.4%	41.0%	37.8%	40.9%	37.6%	36.4%	34.1%	35.5%	38.3%	42.1%	38.2%
		7.17	Instrument Assisted Deliveries (Forceps & VentoUse)	>14%	5.9%	7.0%	7.6%	6.8%	13.0%	9.5%	10.1%	10.0%	12.6%	11.5%	11.8%	13.9%	8.1%	11.2%
		7.18	Critical Care Obstetric Admissions	0	0	2	0	1	1	2	1	0	1	1	0	0	3	9
		7.19	Eclampsia	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
	Effective	7.20	Shoulder Dystocia	2	5	4	5	8	5	6	8	5	6	9	9	4	4	56
		7.21	Post-partum Hysterectomies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		7.22	Women requiring a blood transfusion of 4 units or more	0	ND	ND	ND	ND	0	0	1	2	0	0	1	0	1	5
		7.23	3rd and 4th degree tears (all deliveries)	12	8	9	7	2	9	4	6	4	7	7	3	8	2	50
	Caring	7.24	Maternal death	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		7.25	Stillbirths	NT	0	2	0	0	1	1	0	1	0	0	0	0	0	3
		7.26	Complaints	NT	1	0	0	1	0	ND	0	3	1	0	1	1	0	6
		7.27	No. of babies admitted to Neonatal Unit (>36+6)	NT	9	8	16	12	18	10	9	7	13	8	9	10	15	99
	Responsive	7.28	No. of babies transferred for therapeutic cooling	0	1	0	0	0	1	0	0	0	0	0	0	0	0	1
		7.29	One to one care in established labour	100%	100%	100%	100%	100%	91.0%	93.0%	92.3%	97.0%	97.0%	100%	100%	100%	99.0%	96.6%
		7.30	Reported Clinical Incidents	50	49	63	46	48	46	56	48	27	39	44	34	42	38	374
		7.31	Hours of dedicated consultant cover per week	60	90	102	93	93	94	90	93	93	90	87	87	99	93	826
		7.32	Consultant Anaesthetists sessions on Labour Suite	10	10	10	10	10	10	10	10	10	10	10	10	10	10	90
		7.34	No. of women identified as smoking at booking	NT	17	26	21	30	26	31	22	19	21	23	22	20	34	218
		7.35	No. of women identified as smoking at delivery	NT	26	21	22	24	23	26	14	15	27	21	22	18	31	197
		7.36	UNICEF Baby friendly audits	10	10	10	ND	10	ND	ND	10	ND	ND	ND	ND	ND	ND	10
		7.37	Proportion of parents receiving Safer Sleeping Suffolk advice	80%	ND	ND	ND	ND	62.9%	77.8%	81.8%	88.0%	80.0%	96.0%	97.0%	95.0%	97.5%	86.2%
	Other	7.38	No. of bookings (First visit)	NT	193	279	253	274	240	251	237	252	236	231	234	222	206	2109
		7.39	Women booked before 12+6 weeks	95%	97.0%	96.0%	96.0%	ND	95.4%	96.0%	96.6%	94.4%	96.0%	92.0%	92.0%	98.0%	95.1%	95.1%
		7.40	Female Genital Mutilation (FGM)	NT	0	0	1	0	0	0	0	0	0	0	0	0	0	0

EXCEPTION REPORTS – MATERNITY

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

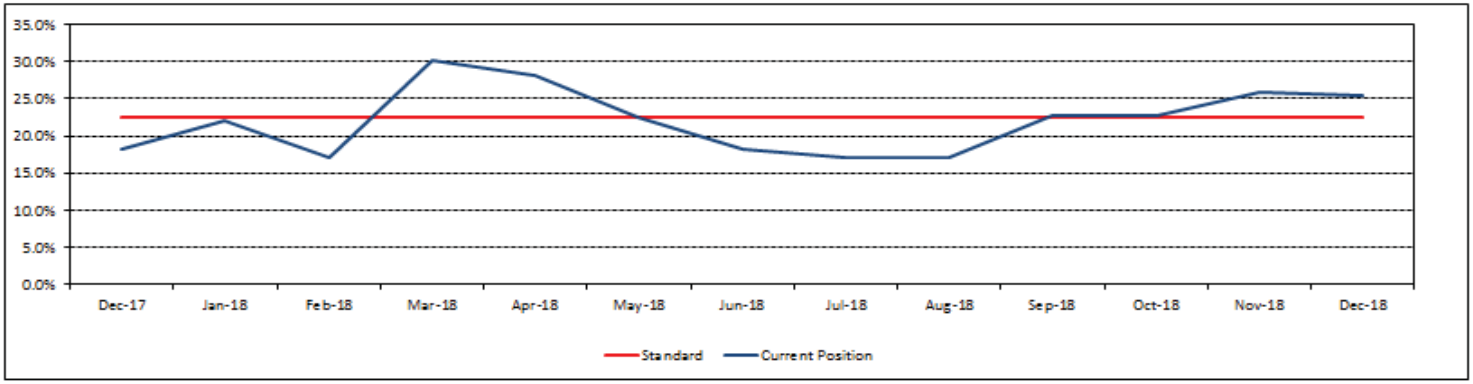
Indicator	% of all caesarean sections
Standard	22.6%
Name	Jane Lovedale
Month	Dec-18
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The overall % rate of all caesarean sections has continued over the last 4 months to be above the standard commisioned (22.6 %). This appears to be due to an increase in the emergency caesarean sections rate also reflected in decrease of spontaneous and instrumental births. Despite this, over the last 12 month period the average remains below 22.4%,our commisioned rate is (22.6%). It is not clear why and there have been no cases indicating an innapropriate decision. The increase coincides with new senior obstetric staff but there is no evidence to suggest this may be the reason. It should be acknowledged that the national average rate for caesarean sections is currently 25.9% in the England (NMPA 2016 data) Consideration should be given to reviewing the current commisioned rate particulary in light of increasing risk factors amongst our service users.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%
Current Position	18.3%	22.1%	17.1%	30.1%	28.2%	22.4%	18.2%	17.1%	17.0%	22.8%	22.7%	25.9%	25.4%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
. The service continue to discuss emergency CS weekly and any learning is included in Risky Business. Discuss at the WHG meeting on the 21st. Discuss review of the commissioned rate for			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

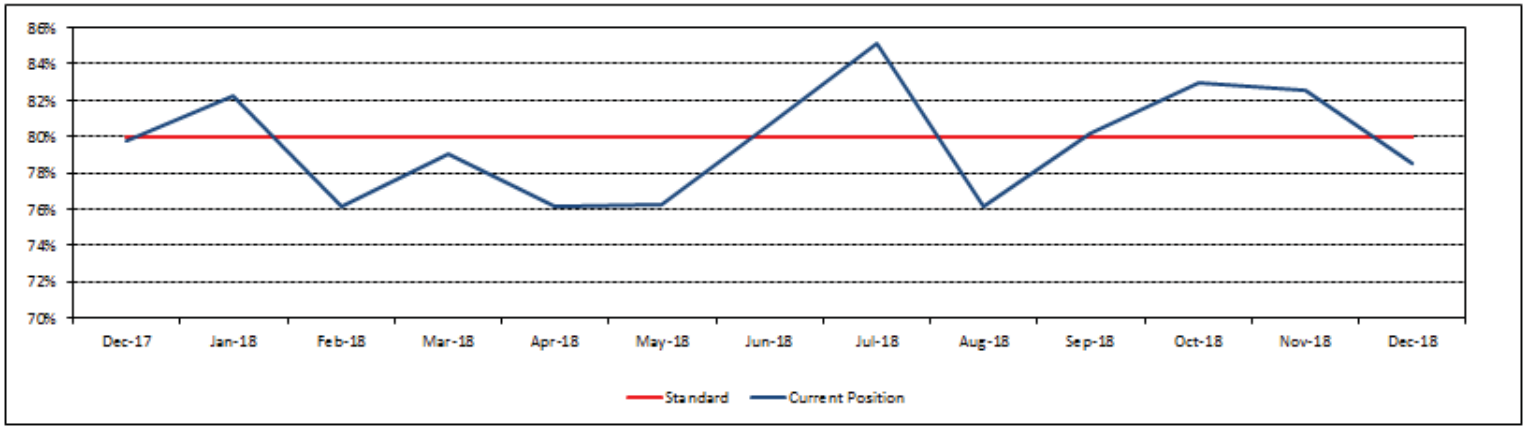
Indicator	Breastfeeding Initiation Rates
Standard	80%
Name	Jane Lovedale
Month	Dec-18
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

Unfortunately December has shown a slight decrease in the breastfeeding initiation rates at 78.5% following 3 months above the standard of 80%. To put this into context the average percentage for last 12 months is 80%. (National rate for England is 74.1% NMPA) The reason for the decrease this month is not clear but December last year showed a similar pattern.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Current Position	79.8%	82.2%	76.2%	79.0%	76.1%	76.3%	80.7%	85.1%	76.2%	80.2%	83.0%	82.6%	78.5%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to champion breast feeding. Continue to highlight breast feeding initiation as a key message at 'Take 5.			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

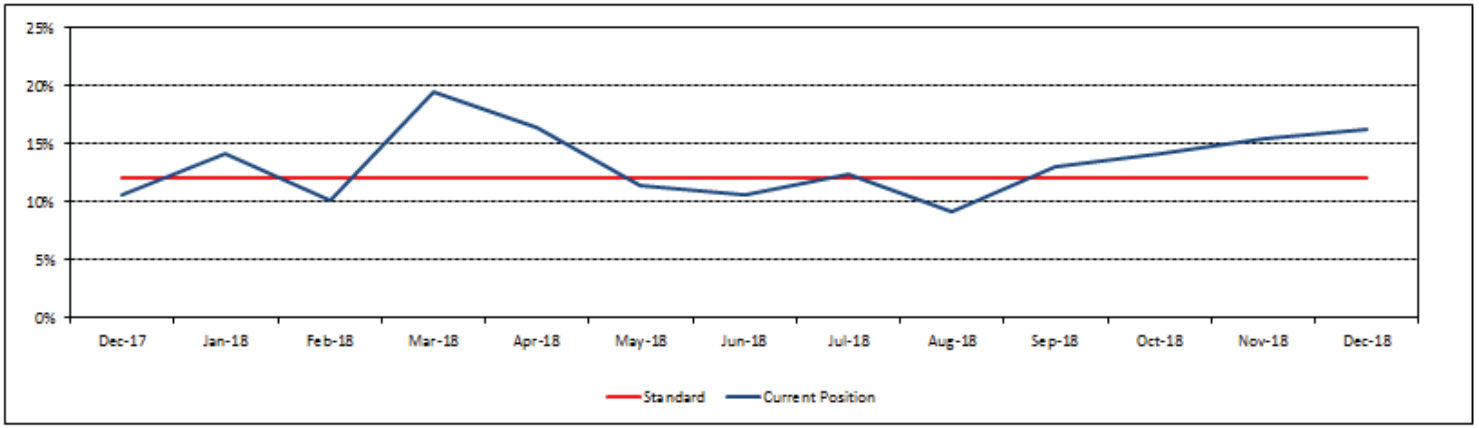
Indicator	Emergency Caesarean Sections
Standard	12%
Name	Jane Lovedale
Month	Dec-18
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The rate for emergency Caesarean Sections showed a significant rise above 12% for the second month this is reflected in a decrease in spontaneous and instrumental births. Emergency Caesarean Sections cases are reviewed by a multi professional team each week no particular themes were identified in December and all demonstrated appropriate care. Decisions for emergency Caesarean Sections is always made with a consultant obstetrician. It should be noted that the standard for emergency Caesarean Sections at the WSH is currently 12%, however the mean % for emergency Caesarean Sections at other units of a similar size is 14%. (NMPA 2016 data) If there is compromise to a mother or a baby in the first stage of labour there is no other option other than Caesarean Sections.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%
Current Position	10.6%	14.1%	10.1%	19.4%	16.4%	11.4%	10.6%	12.4%	9.2%	13.0%	14.1%	15.4%	16.3%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to monitor cases weekly. Discussion at WHG 21/01/19			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

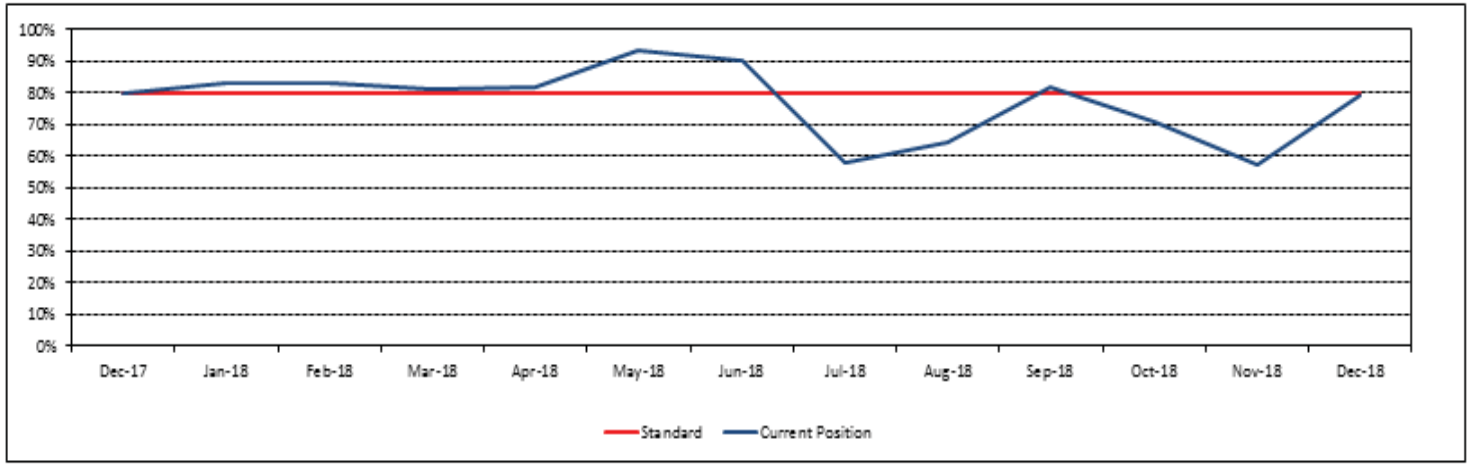
Indicator	Grade 2 Caesarean Section (Decision to delivery time met)
Standard	80%
Name	Jane Lovedale
Month	Dec-18
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

Decision to delivery time has shown some inprovement this month however below the 80% standard. The reason for delay in delivery is reviewed and discussed each week. The main theme in December has been the theatre was in use with another delivery, whilst there are occasions when opening second theatre is clearly indicated. The implications of requiring a second team can be challenging and a small delay may be acceptable in most circumstances. There were no cases when the delay caused harm to a mother or a baby.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Current Position	80.0%	83.0%	83.0%	81.0%	82.0%	93.0%	90.0%	58.0%	64.0%	82.0%	71.0%	57.0%	79.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Decision to delivery data to be presented at CGSG on the 13th February. Continue to monitor and feedback learning from case managment meetings via Risky			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Homebirths
Standard	2%
Name	Jane Lovedale
Month	Dec-18
Data Frequency	Monthly
CQC Area	Maternity

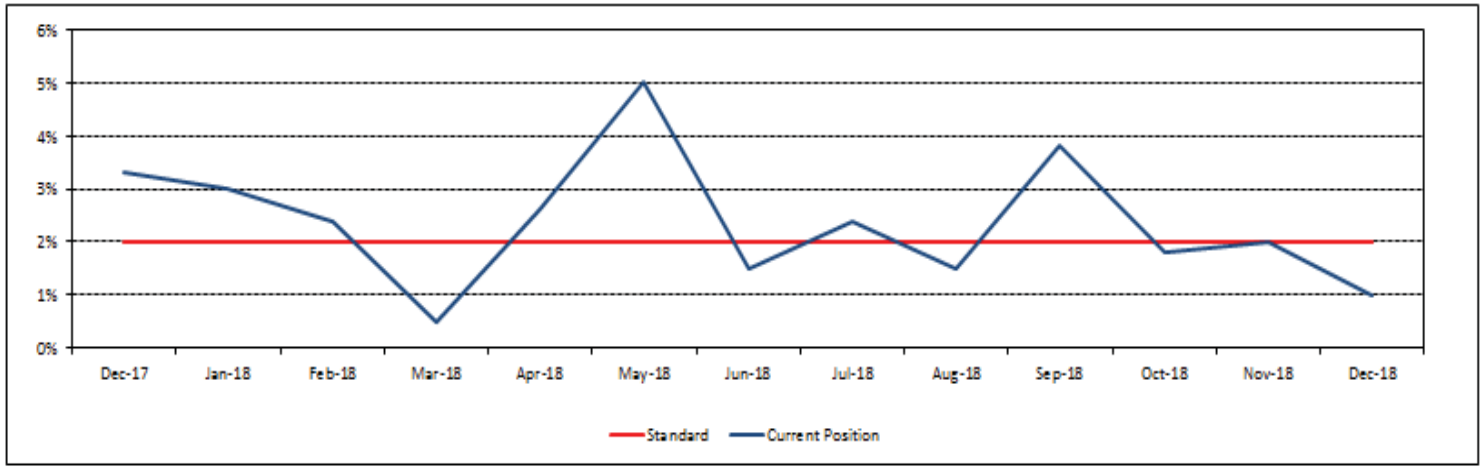
Summary of Current performance & Reasons for under performance

Planned home birth showed a decrease in December to 1% . Home birth is a choice for all low risk pregnancies and is an option for women booking at the WSH. The last six months has shown a slight decrease in numbers, however the newly developed Home Birth team are making good progress and provisionally hope to be running from around March -April 2019.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Current Position	3.3%	3.0%	2.4%	0.5%	2.6%	5.0%	1.5%	2.4%	1.5%	3.8%	1.8%	2.0%	1.0%

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

Description	Owner	Start	End
Continue to promote home birth as an option for low risk women . Continue to develop the Home Birth Team.			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

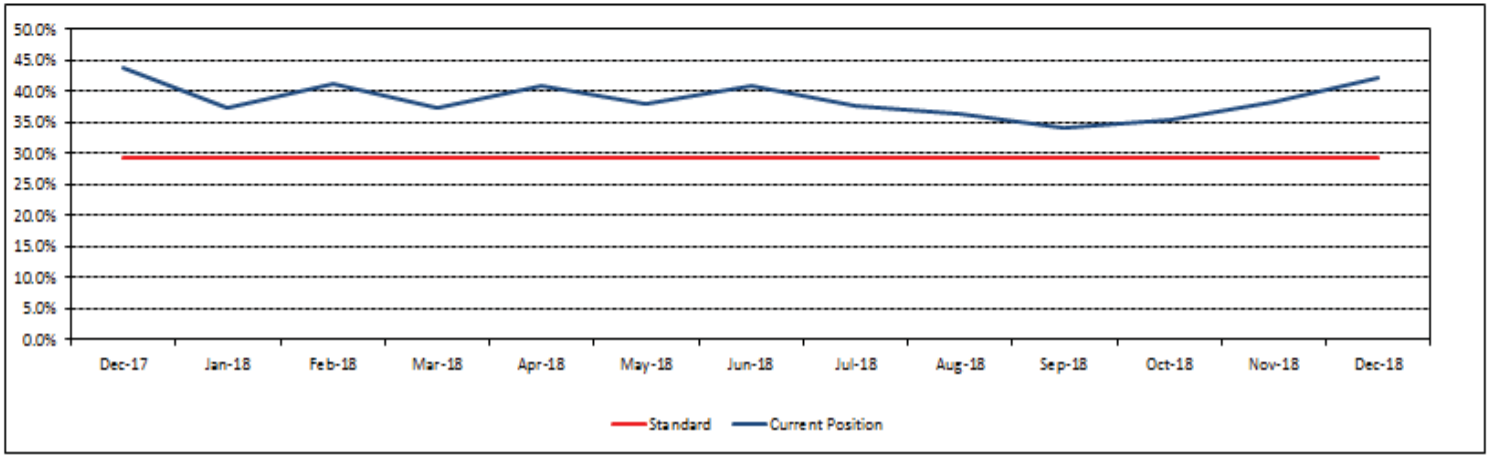
Indicator	Induction of Labour
Standard	29.3%
Name	Jane Lovedale
Month	Dec-18
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

Induction of Labour at the WSH is consistently above the standard of 29.3%. There are multiple reasons for the increase. The incidence and identification of gestational diabetes, small for gestational age babies, reduced fetal movements and those wishing for vaginal delivery after Caesarean section. Induction of Labour is commonly to prevent stillbirth or illness in baby or exacerbated illness of pregnancy e.g. pre eclampsia. In may situations Caesarean section is the only alternative and should be considered in the context of the WSH overall lower than average Caesarean section rate.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
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	43.9%	37.2%	41.2%	37.4%	41.0%	37.8%	40.9%	37.6%	36.4%	34.1%	35.5%	38.3%	42.1%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Current Audit in progress reviewing IOL to present at CGSG march /April 2019			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

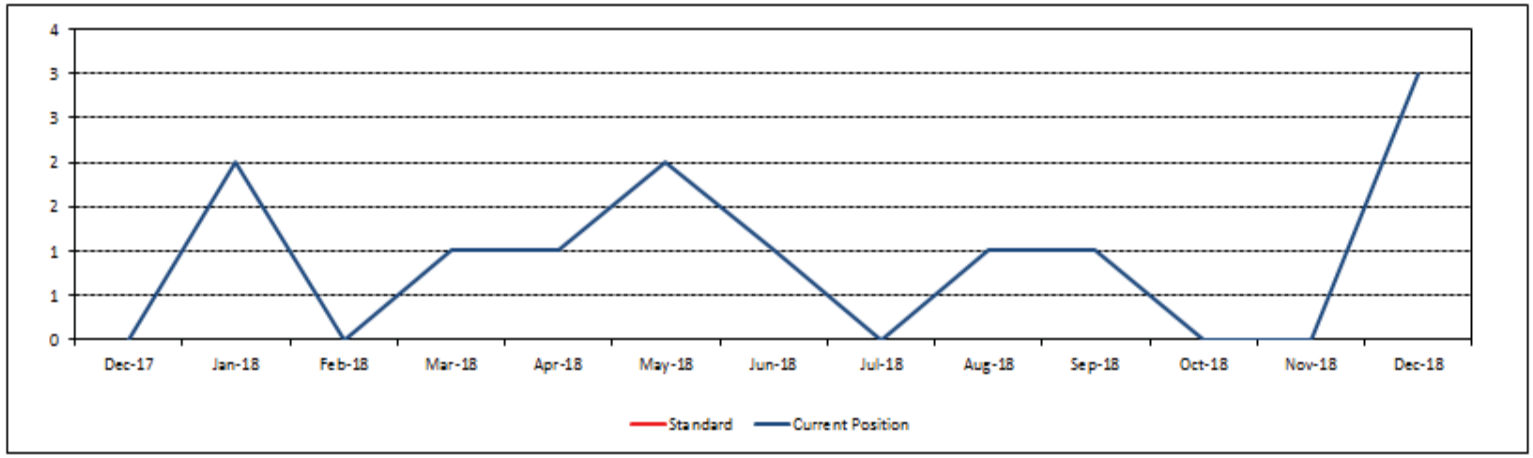
Indicator	Critical Care Obstetric Admissions
Standard	0
Name	Jane Lovedale
Month	Dec-18
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

Unusually there were three admissions for High Dependency care this month. One only related to maternity a massive post partum haemorrhage, 2 medical care pregnant patients following a high spinal and cardiac anomaly required transfer. Admissions on the whole should be seen as a positive in which it had been deemed necessary in the interest of the woman's safety that she recieves a higher level of care in which maternity cannot provide. The Maternity risk & Governance team has a process for a multiprofessional review any cases of transfer to high dependancy care, A summary of the care and any learning is shared via Risky business.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	0	2	0	1	1	2	1	0	1	1	0	0	3

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Multiprofessional review of all cases. Outcome and learning fedback via Risky Business.			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

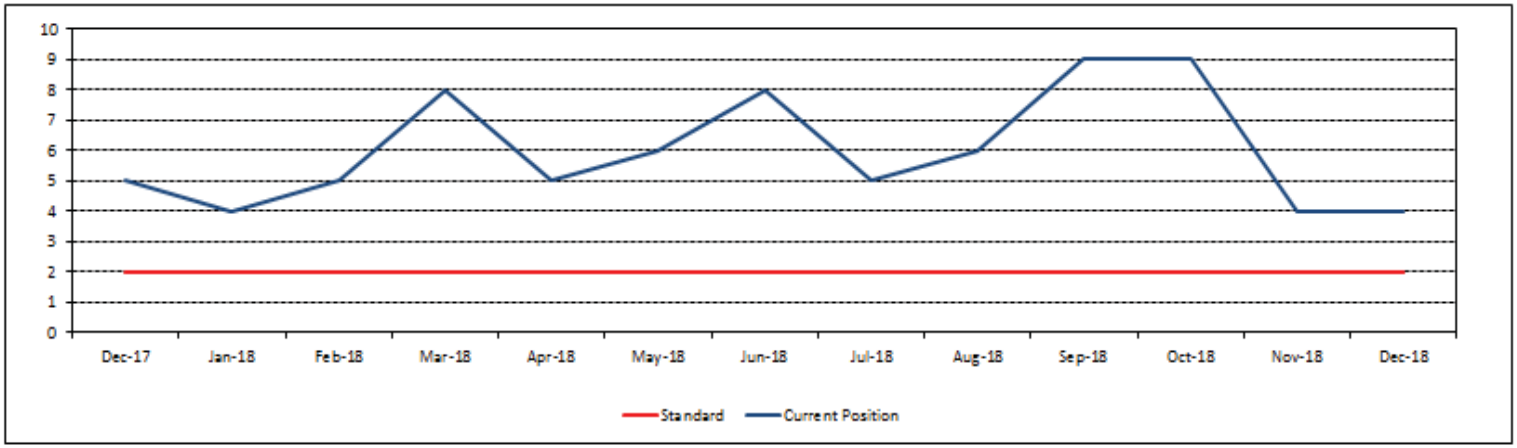
Indicator	Shoulder Dystocia
Standard	2
Name	Jane Lovedale
Month	Dec-18
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

Although Shoulder dystocia remains in the Amber rating there has been a significant reduction in reporting. It had been recognised that it appeared Shoulder Dystocia was being over reported when emergency aid was called but actually Shoulder Dystocia was not apparent and the baby delivered without any suspected problems. There has been a recent change in the training around Shoulder Dystocia by the consultant lead during Live PROMPT training. Whilst not discouraging staff from accessing emergency help if suspecting there may be Shoulder Dystocia it appears to have made staff more aware of not over formally diagnosing Shoulder Dystocia as this may have implications for future births.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	2	2	2	2	2	2	2	2	2	2	2	2	2
Current Position	5	4	5	8	5	6	8	5	6	9	9	4	4

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to highlight the importance of correctly diagnosing when SD is present during birth.			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

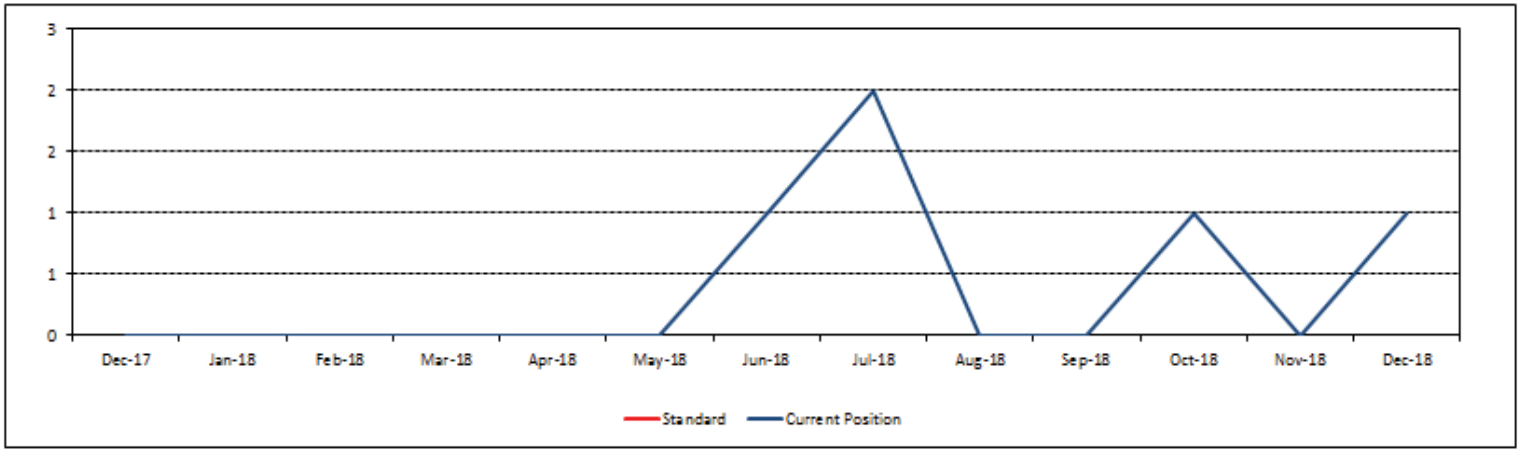
Indicator	Women requiring a blood transfusion of 4 units or more
Standard	0
Name	Jane Lovedale
Month	Dec-18
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

There was one case of a woman requiring 4 units of blood following a Post partum haemorrhage of 5 litres. There is a significantly higher risk of primary postpartum haemorrhage at Caesarean Section than at a vaginal delivery in this case the haemorrhage followed an emergency Grade 1 Caesarean Section. All cases of haemorrhage greater than 2500ml undergo a multiprofessional review to identify good management and learning. Staff undergo live drills in primary postpartum haemorrhage which includes the massive haemorrhage protocol. There is always a risk of haemorrhage which requires transfusion.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	ND	ND	ND	ND	0	0	1	2	0	0	1	0	1

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Summery of the incident and any learning included in Risky Business. Blood transfusion service to give update on the MOH protocol CGSG in February as part of a routine update.			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

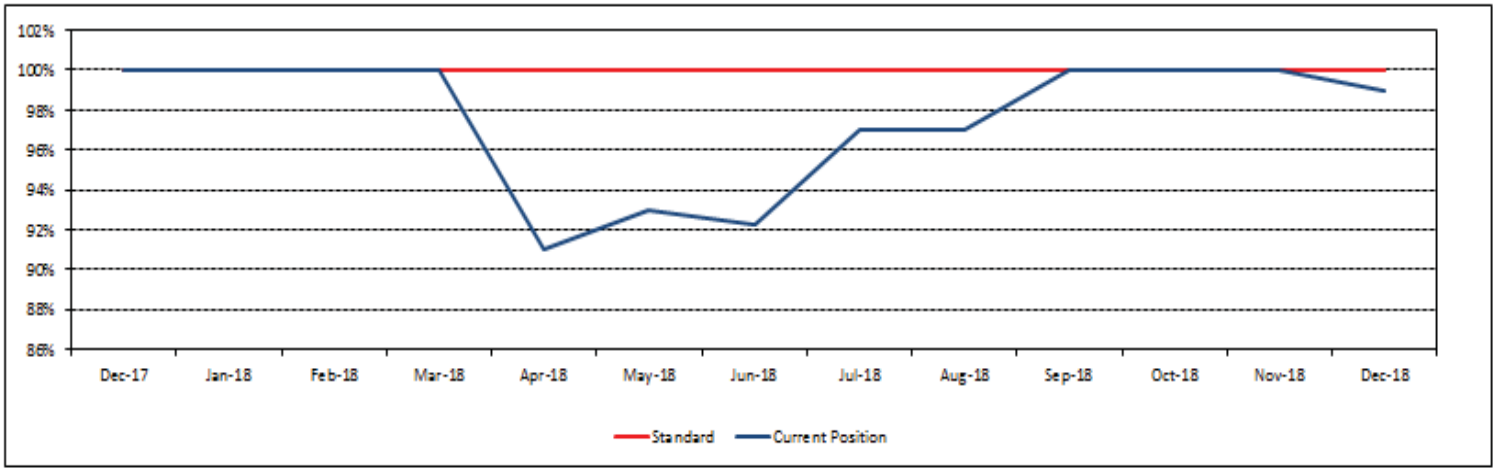
Indicator	One to one care in established labour
Standard	100%
Name	Jane Lovedale
Month	Dec-18
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The maternity service just missed its target for one to one care in labour which has been 100% for the last 3 months. This is achieved during high activity mainly due process for escalation in the use of on call community teams out of hours. There was one case this month when one to one care was not achieved, although this appeared to be fairly transitory in this case.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	100%	100%	100%	100%	91.0%	93.0%	92.3%	97.0%	97.0%	100%	100%	100%	99.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to monitor, Continue good use of the escalation process in doing this monitor the impact on community staff and community care.			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Reported Clinical Incidents
Standard	50
Name	Jane Lovedale
Month	Dec-18
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The maternity service has seen a reduction in Reporting of Clinical incidents over the last few months. It is difficult to know why staff do not always complete them, there has been staff sickness which may have had an impact however this has now improved. Which the service has a trigger list and a laminated copy in each area as a reminder to staff. In December reminder to staff was included in Risky Business publication. A reminder was also been highlighted at WHG in December.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Standard	50	50	50	50	50	50	50	50	50	50	50	50	50
Current Position	49	63	46	48	46	56	48	27	39	44	34	42	38

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continued monitoring , remind staff individually the importance when aware of an incident not datixed. To be highlighted on Take 5 this month.