NHS
West Suffolk
NHS Foundation Trust

Board of Directors (In Public)

Schedule	Friday, 26 Apr 2019 9:15 AM — 11:30 AM BST
Venue	Northgate Room, Quince House, WSFT
Description	A meeting of the Board of Directors will take place on Friday, 26 April 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 26 April 2019.docx

9:15 GENERAL BUSINESS
Presented by Sheila Childerhouse

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

   Apologies: Kate Vaughton (Dawn Godbold in attendance), Jan Bloomfield (Liz Houghton & Kate Read attending)
   For Reference - Presented by Sheila Childerhouse

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

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

NHS
West Suffolk
NHS Foundation Trust

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

---

5. Minutes of the previous meeting
   To APPROVE the minutes of the meeting held on 1 March 2019
   For Approval - Presented by Sheila Childerhouse

   Item 5 - Open Board Minutes 2019 03 29 March Draft.docx

---

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

   Item 6 - Action sheet report.doc

---

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 Apr '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_March 19_Draft_v1.docx

---

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

   Item 9 - Board report Cover sheet - M12.docx

   Item 9 - Finance Report March 2019 Draft.docx

---

10. Mandatory Training report
    To ACCEPT the report

    Denise Needle
    For Reference

    Item 10 - Mandatory Training Trust Board Apr 19.docx

---

11. Transformation report
    To APPROVE report which includes Category Towers & Alliance
    For Approval - Presented by Helen Beck and Dawn Godbold

    Item 11 - Transformation Board Report April 2019.doc

---

12. Community services and West Alliance update
    To ACCEPT the report
    For Report - Presented by Dawn Godbold

    Item 12 - WSFT board cover sheet April 19 V4.doc
    Item 12 - WSFT Alliance board paper V5.doc
    Item 12 Appendix 1 Case study 1 integrated working community patient.docx
    Item 12 Appendix 2 Case study 2 community patient.10.4.19.docx
    Item 12 Appendix 3 Localities Map v2.pptx

10:20 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

---

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

    Item 13 - WSFT Dashboard - Mar 2019.xls
    Item 13 - Board Report - Staffing Dashboard - March 2019 data FINALdocx.docx

---

14. Safe staffing guardian report
To ACCEPT the report

Nick Jenkins & Francesca Crawley
For Approval

- Item 14 - Front cover WSFT doc.doc
- Item 14 - GOSW ANNUAL REPORT April - March 2019 (002).docx
- Item 14 - 10.4.19 - GOSW Letter to All Consultants.pdf
- Item 14 - 10.4.19 - GOSW Letter to All Junior Doctors.pdf

---

15. Freedom to Speak up guardian
To ACCEPT the report

Nick Finch
For Report

- Item 15 - Freedom to Speak rpt.doc.pdf

---

16. Consultant appointment report - None to report
For Report

---

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

Liz Houghton
For Report

11:00 BUILD A JOINED-UP FUTURE

---

18. Operational plan 2019-20
To receive the plan that has been submitted to NHSI
For Report - Presented by Craig Black and Richard Jones

- Item 18 - Operational plan 2019-20.doc
- Item 18 WESTSUFFOLK Operational Plan 2019-20 FINAL.pdf

11:20 GOVERNANCE

---

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

Item 19 - TEG report.doc

---

20. Quality & Risk Committee report
To ACCEPT the report
For Report - Presented by Gary Norgate

Item 20 - Quality and Risk Committee cover sheet.docx

---

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

Item 21 - Items for next meeting.doc

11:30 ITEMS FOR INFORMATION

---

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

---

23. Date of next meeting
To NOTE that the next meeting will be held on Friday, 24 May 2019 at 9:15 am in Quince House, West Suffolk Hospital.
For Reference - Presented by Sheila Childerhouse

RESOLUTION TO MOVE TO CLOSED SESSION

---

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

---

25. Matters arising from previous meeting

AGENDA

Presented by Sheila Childerhouse

Board of Directors

A meeting of the Board of Directors will take place on **Friday, 26 April 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 Kate Vaughton (Dawn Godbold attending), Jan Bloomfield (Liz Houghton & Kate Read attending).	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 29 March 2019	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.	**Mandatory training report (attached)** To accept the report	Denise Needle
11.	**Transformation report (attached)** To approve report which includes Category Towers and Alliance	Helen Beck / Dawn Godbold
12.	**Community Services and West Alliance update (attached)** To accept the report	Dawn Godbold

10:45 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP		
13.	**Nurse staffing report (attached)** To accept a report on monthly nurse staffing levels	Rowan Procter
14.	**Safe staffing guardian report (attached)** To accept the report with Francesca Crawley attending	Nick Jenkins Francesca Crawley
15.	**Freedom to speak up guardian (attached)** To accept the report with Nick Finch attending	Nick Finch
16.	**Consultant appointment report – None to report**	
17.	**Putting you first award (verbal)** To note a verbal report of this month's winner	Liz Houghton
11:20 BUILD A JOINED-UP FUTURE		
18.	**Operational plan 2019-20 (attached)** To receive the plan which has been submitted to NHSI	Craig Black / Richard Jones
11:25 GOVERNANCE		
19.	**Trust Executive Group report (attached)** To accept the report	Steve Dunn
20.	**Quality & Risk Committee report (attached)** To accept the report	Sheila Childerhouse
21.	**Agenda items for next meeting (attached)** To approve the scheduled items for the next meeting	Richard Jones
11:40 ITEMS FOR INFORMATION		
22.	**Any other business** To consider any matters which, in the opinion of the Chair, should be considered as a matter of urgency	Sheila Childerhouse
23.	**Date of next meeting** To note that the next meeting will be held on Friday, 24 May 2019 at 9:15 am in Quince House, West Suffolk Hospital.	Sheila Childerhouse
RESOLUTION TO MOVE TO CLOSED SESSION		
24.	The Trust Board is invited to adopt the following resolution: "That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" Section 1 (2), Public Bodies (Admission to Meetings) Act 1960	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

Apologies: Kate Vaughton (Dawn Godbold in attendance), Jan Bloomfield (Liz Houghton & Kate Read attending)

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 1 March 2019

For Approval

Presented by Sheila Childerhouse

MINUTES OF BOARD OF DIRECTORS MEETING

HELD ON 29 MARCH 2019

COMMITTEE MEMBERS			
		Attendance	**Apologies**
Sheila Childerhouse	Chair	•	
Helen Beck	Chief Operating Officer	•	
Craig Black	Executive Director of Resources	•	
Jan Bloomfield	Executive Director Workforce & Communications	•	
Richard Davies	Non Executive Director	•	
Steve Dunn	Chief Executive	•	
Angus Eaton	Non Executive Director		•
Nick Jenkins	Executive Medical Director	•	
Gary Norgate	Non Executive Director	•	
Louisa Pepper	Non Executive Director	•	
Rowan Procter	Executive Chief Nurse	•	
Alan Rose	Non Executive Director	•	
In attendance			
Georgina Holmes	FT Office Manager *(minutes)*		
Richard Jones	Trust Secretary		
Tara Rose	Head of Communications		
Kate Vaughton	Director of Integration and Partnerships		
Governors in attendance (observation only)			
Peter Alder, June Carpenter, Justine Corney, Judy Cory, Jo Pajak, Florence Bevan, Amanda Keighley, Garry Sharp, Liz Steele			

Action

GENERAL BUSINESS

19/51 INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies for absence were noted as above.

The Chair welcomed everyone to the meeting and congratulated the Chief Executive on moving up to third place in the Health Service Journal's annual assessment of the top 50 NHS Trust chief executives in the country.

She also warmly thanked Jan Bloomfield, who was leaving the Trust today. She had been fundamental to what WSFT had achieved in developing its strongly and compassionately caring culture. She was always passionate in her support for staff, the Shining Light awards were a tangible example and it was fitting that an award would be named after her. She was an example of all that was best about public service, WSFT was very lucky to have employed her. Over the years, with her colleagues, she had nurtured and grown the culture and the challenge for the board and the wider trust was to ensure that that legacy continues to be nurtured and grown.

19/52 QUESTIONS FROM THE PUBLIC RELATING TO MATTERS ON THE AGENDA

- Joe Pajak referred to the clinical review of the four A&E target and a quote from the president of the Royal College of Emergency Medicine. He asked about WSFT's view of the potential impact of changing this target. It was proposed that this should be addressed later in the meeting.

- Liz Steele referred to the statement in the Chief Executive's report that "sicker patients account for the weekend mortality effect among adult emergency admissions to a large hospital trust". She was concerned about the cover of staff at weekends and asked for more information. Nick Jenkins explained the seven day service standard that had been set by NHS England some years ago, with a number of measures across seven days to be achieved by 2020, however this was not happening at the required pace. There were core standards which Trusts had to measure themselves against every six months, measured across seven days. WSFT was achieving the diagnostic measures nearly 100% of the time. However, it was better at achieving the other measures during the week than at weekends, although it was doing better than some organisations.

  He explained that there were not enough consultants nationally to deliver the same service across seven days as across five days. Even if consultants were available WSFT was unlikely to be able to afford to employ them. Therefore there was a process in place to ensure that the sickest patients and new admissions were reviewed by a consultant soon after they arrived and there was a consultant led plan in place.

  Alan Rose asked about nursing cover at weekends and if this was the same as during the week. Rowan Procter confirmed that there was the same establishment as during the week.

- Liz Steele referred to nutrition and asked about evidence that giving an elderly patient in hospital an extra meal a day could halve their likelihood of dying in hospital and reduce their length of stay. Rowan Procter said that she would follow this up. Gary Norgate said that he had concerns around nutrition which he would pick up later in the meeting. **R Procter**

19/53 REVIEW OF AGENDA

The agenda was reviewed and there were no issues.

19/54 DECLARATION OF INTERESTS

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

19/55 MINUTES OF THE MEETING HELD ON 1 MARCH 2019

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

19/56 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following issue raised:

Item 1667; agreed to work with ESNEFT to develop a shared briefing for governors. Gary Norgate asked Richard Jones for an update on this and when the first briefing would be issued. Richard Jones explained that he had hoped to send a briefing to governors at the end of this month. However, he had been working with ESNEFT and it was agreed to produce a joint briefing for governors. This would be followed up so that there was regular communication between formal governor meetings.

Gary Norgate referred to visibility of the audit that ESNEFT had done on NEESPS and asked about WSFT seeing any audit data. Nick Jenkins explained that he understood that it had been agreed that ESNEFT would include NEESPS in their 2019/20 audit programme which was unlikely to produce a report until quarter three. Gary Norgate requested that the board had sight of this in due course.

The Chair considered that there had been a positive change in engagement and the relationship with ESNEFT and they now appeared to be fully engaged in the NEESPS issue. She felt that the right people were now engaged to move things forward and she was cautiously assured that real progress was being made. Nick Jenkins agreed but was not sure that this had really translated into anything real, although there was a lot of goodwill and industry aimed in the right direction there was no actual tangible evidence of improvement.

The completed actions were reviewed and the following issue raised:

1682; provide a recovery trajectory and plan for children in care services. Gary Norgate did not consider that his had been completed as the trajectory plan was not yet in the report. Helen Beck explained that this had been an ongoing issue that the board had been discussing for a long time. Additional funding from the CCG was now being put into speech and language therapy for children over the next two years, with the majority in year one, and recruitment was in progress for additional posts. A recovery trajectory would be developed in line with the additional posts when start dates became clearer.

19/57 CHIEF EXECUTIVE'S REPORT

The Chief Executive paid tribute to Jan Bloomfield from the board and personally. He thanked her for all her work at WSFT since 1991 and everything she had assisted the organisation in achieving. He reported that Mathew Porteous who was an orthopaedic consultant had also retired this week and referred to the orthopaedic team delivering the best hip fracture care in the country for the second year running.

Gary Norgate commented on the very good positives in this report and referred to nutrition and hydration week which he considered to be a great initiative. However he noted that this was not working and there was still a problem with nutrition assessments. This should be a fundamental part of care and he requested that details of how this would be addressed should be provided to the board. **R Procter**

The Chief Executive agreed that there were a number of positive achievements including the new accommodation block; however there were also challenges around demand, 52 week waits and ongoing referral to treatment (RTT) issues.

Rowan Procter referred to Gary Norgate's concerns around nutrition assessments and explained that this was about every patient having a nutrition assessment within the first 24 hours of being admitted and it was this timescale that was not being achieved. Fractured neck of femur patients all needed to have a nutrition assessment within 24 hours and this was being achieved; this best practice needed to be passed onto the rest of the organisation.

Gary Norgate asked if it was demand that was creating the pressure or if this was a cultural issue. Rowan Procter thought that it was a bit of both and they were looking at moving this to e-Care which would make the assessments less cumbersome to complete. She confirmed that these were not required in day surgery and this was also not a relevant metric in paediatrics and needed to be removed from the report.

Alan Rose asked about moving into the new financial year and the breakeven control total and what the mood was nationally that would change what would happen over the next year for WSFT. The Chief Executive did not think that there was anything relevant. He explained that he had been selected to sit on the NHS assembly which would guide the NHS plan. More money was going into the NHS over the next five years, though he did not think that this year would feel any different to previous years and would continue to be a challenge financially.

The Chair agreed that there was nothing new and Trusts were required to focus on finance and quality.

Nick Jenkins referred to the proposed change to the A&E four hour wait and said that this standard had been a good thing for patients arriving in hospital since it was introduced. However since then there had been a number of changes and there was a risk in some organisations that once patients had breached the target they mattered less and the focus moved to patients who were still within the four hour target. He thought there would still be a measurement of time in the emergency department, eg average waiting time which would mean that patients would still matter to the target however long they had waited.

The Chief Executive agreed and said that from a leadership perspective moving to a new target in an organisation would require a degree of cultural change, ie moving from the four hour target which was very embedded across the organisation. Therefore any change would have a cultural impact, although he agreed there was a rationale for this.

DELIVER FOR TODAY

19/58 INTEGRATED QUALITY AND PERFORMANCE REPORT

Rowan Procter explained that the four outstanding duty of candour cases were being followed up. She referred to the friends and family test and the disappointing reduction in patient satisfaction in Rosemary ward. This was being addressed but could take some time to improve as they were moving to e-Care which would have an impact for a short while as staff familiarised themselves with the new system.

Gary Norgate noted a number of reductions in performance and that it appeared that the organisation was suffering from the pressure it was under. He said that this was understandable but asked if there were any other reasons for this. He also referred to the increase in admissions to the acute admissions unit (AAU) and asked if this was as expected. Helen Beck explained that phase one of AAU had opened and was taking the maximum number of patients possible. When phase two was open it would also take GP referrals to surgery. Currently it was not possible for AAU to take any more patients as there was no more capacity until phase two opened.

Rowan Procter referred to Gary Norgate's first question and explained that staff were under relentless pressure and the acuity of patients had increased, particularly in the respiratory ward and the number of patients on non-invasive ventilation (NIV). This required additional registered nurses where the recommendation was one registered nurse per two patients. She said that the dips in performance provided assurance that this was still being reported and she had expected to this to happen.

Jan Bloomfield explained that it was also expected that there would be a big dip in appraisals and mandatory training but it was hoped that this would improve over the next few months. However, appraisal reporting had still not been resolved which reflected the position of the Trust and the number of staff who had received appraisals. Therefore the plan was to move to recording by managers through the electronic staff record (ESR). The focus could then move to the quality of appraisals.

Gary Norgate reported that staff governors had referred to the quality of mandatory training and queried whether the required standard of training was being delivered to ensure that staff were equipped to do their jobs. Jan Bloomfield explained that the mandatory training steering group reviewed the quality and content of training and the Trust would be moving to a new system, Articulate, which would improve the quality of training and the way this was delivered.

Rowan Procter said that staff were asked for feedback on all mandatory training and if any issues were fed back these were followed up.

Rowan Procter reported that falls had reduced and staff were doing really well with this. Audits had been increased and patients were well cared for and seemed happy.

Richard Davies referred to sepsis and the improvement in information provided in this report. He asked about the three patients who had breached the national standard and if there was a trend as to why this had happened. Nick Jenkins explained that this was due to the busy workload, therefore with these three patients it took a long time to move them through the pathway. The Trust was now looking at how to manage this in a better way, particularly during busy times, including patients with sepsis, myocardial infarction or stroke.

Alan Rose referred to incident reporting and the results of the staff survey where some staff were saying that they were not clear about the way of reporting or where they have seen a risk how they should record it. Rowan Procter explained the narrative on page 34 of this report which referred to uploading in a timely manner. WSFT did not upload reports until they were closed, whereas not all Trusts worked in this way. WSFT was part of a pilot that would make this obsolete as it was not considered to be meaningful. The uploading system would be changed so that all reports would be automatically uploaded to a national register.

Jan Bloomfield said that the executive team were still trying to understand staff comments on reporting as the feedback from the survey did not align with what they were hearing across the organisation. The Chief Executive said that they had discussed the feedback from the staff survey and agreed that there were some contradictory elements in this, although feedback was very important. Freedom to Speak Up would be relaunched and “You said we did” was also reported in the green sheet to assure staff that they were being listened to and actions taken.

Alan Rose asked Nick Jenkins if he was aware of any factors that constrained doctors from reporting, eg any professional issues or they were afraid to speak up. Nick Jenkins did not consider that this was the case. All departments met and had honest and open discussions and he had never heard of any concerns about reporting anything. The Chief Executive explained that everyone was encouraged to report through datix and this was a good way of raising concerns.

Jan Bloomfield reported that in the staff survey over 90% agreed with the statement, “my organisation encourages us to report errors, near misses or incidents”.

Louisa Pepper referred to looked after children and noted that although performance had improved this was still not making great progress. She asked for assurance that this was being addressed. Helen Beck explained that his was being followed up by a multi-agency Children and Young Peoples Board. A pilot was taking place in Ipswich to look at providing capacity in a different way; however the main concern was about carers/foster parents refusing or not attending appointments or delays to receipt of notification paperwork into our services. She assured the board that this would remain a focus.

Richard Davies noted the significant improvement in discharge summaries for elective patients but that there had been no change for non-elective patients and A&E. He asked if there was any learning from the improvement in elective discharge summaries that could be taken to other areas. Helen Beck explained that one of the problems that had been identified was that elective discharge summaries were easier to complete as processes were better in these areas. In other areas there were often multiple clinical teams that were not so embedded as part of the team.

She received a weekly percentage and actual figure of discharge summaries that had not been sent for each area. Any clinical area where ten or more had not been sent she personally requested an action plan. Paediatrics and cardiology had now improved but this was more challenging in areas with multiple clinical teams as there was not the same ownership.

Gary Norgate said that there must be one person who was accountable for the discharge of a patient and asked if it would be possible for this person to update the record in MModal. It was explained that it was not usually a consultant who completed the discharge summary and it was not planned to use MModal on wards. Nick Jenkins said that the launch of a portal on e-Care would provide the opportunity for GPs to log in and look at details electronically. The chairman of the CCG had agreed to provide a training session for junior doctors on discharge summaries. He explained that although there was a national standard for discharge summaries some variations to this had already been agreed across the West Suffolk system; these had been developed with GPs and were considered to be better. Kate Vaughton explained that a deputy medical director had recently been appointed who was a GP and would be contributing to this work.

Helen Beck proposed taking a regular RTT update to the scrutiny committee in future, as had been done in the past. The board agreed with this proposal. **H Beck**

She referred to the emergency department and the bed model that had been used to plan for winter capacity. Until recently although demand had been higher than predicted it had been in line with the trend predicted by the model., However over the last two weeks actual activity had not been in line with the model which had predicted a reduction in demand; in reality attendances in the emergency department continued to be very high often at 250 a day. There had also been an increase in admissions above the predictor by five to ten per day which had resulted in the escalation ward being reopened with 30 additional beds. This was a regional picture and a cause for concern.

The Chair asked if an analysis would be undertaken of the reasons for this demand. Helen Beck confirmed that this was being done and that there was also an increase in length of stay and the acuity of patients. The Chief Executive said that a review of the winter plan was being undertaken and lessons learned that would assist in planning for next winter.

Richard Davies referred to the updated risk register and asked for assurance that there was no fire risk concerns and if this was being addressed. Nick Jenkins explained that this had been discussed by the clinical risk committee and that there were mitigations in place and the estates team had been challenged to close this. Richard Jones explained that additional specialist resources had been secured to undertake this work.

Nick Jenkins reported that two weekends ago there was a fire in the roof in a plant room and this was detected and managed before the fire service arrived, which had provided assurance that the system worked.

19/59 FINANCE AND WORKFORCE REPORT

Craig Black explained that today was the last working day of the financial year and this would be his focus, although the finance report detailed the position until the end of February.

February performance had been better than plan by £200k in the month due to a reduction in expenditure on temporary staff compared to previous months. Therefore year to date performance was £300k behind plan and the forecast was to achieve the year end control total.

CIPs delivery this year would have a bearing on financial performance next year. The shortfall on recurring CIPs and the gap that had been bridged through non-recurring CIPs would not help when moving into next year.

Alan Rose referred to the divisional cross-cutting CIP allocation which was £1.5m behind plan and asked what had not been achieved. Craig Black explained that these were mainly small schemes that all of the divisions put forward when they set their budgets. However during the course of the year these had not materialised therefore divisions found compensating savings from other areas of their budget. Almost all of the schemes had been based around individual posts.

Gary Norgate asked about A&E attendances and noted that last year April, May and July the forecast for this was wrong. Craig Black explained that the maximum variation from the forecast in any month was approximately 5%. As had been reported during the year the level of demand in the emergency department was unprecedented and had not been seen in any other year. Gary Norgate asked if WSFT was prepared for similar numbers this summer. Helen Beck explained that the Trust continued to try to recruit as many staff as possible within its financial constraints and phase two of the AAU would be open in August. It also needed to do everything possible to focus on demand management; however capacity would continue to be an issue. Craig Black said that the plan was originally for 200 attendances a day, however currently 220 was considered to be low compared to what had recently been seen.

The Chief Executive said that despite the unprecedented demand the organisation had managed much better this year due to the planning that had been done in advance. This was the challenge of an ageing and growing population and work continued with colleagues and other organisations to manage this.

Helen Beck reported that WSFT had consistently been in the top quartile of national performance and was often second or third in the region. The Chair said that the pressure was likely to continue to increase and this would be an ongoing challenge; however WSFT was managing this as well as other organisations, if not better.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

19/60 NURSE STAFFING REPORT

Rowan Procter thanked Gary Norgate for his input into this report and explained that the format had changed but the data had not yet been repopulated. She explained that she had attended a conference in January and there would be a significant change in what was reported on staffing, not just nurse staffing. It was suggested that a review should be undertaken every six months rather than every year and that job planning should be done electronically.

The number of registered nurses had increased by 40 this year which was very positive and the recruitment of overseas nurses had greatly helped towards this increase. Apart from one they had all passed the required exams and this individual had only failed by a very small margin and would be retaking. Jan Bloomfield explained that they had all passed the international language test in the Philippines before they came to the UK.

Gary Norgate considered this to be an excellent report; however he noted the level of absence in some wards and asked if there was an upper limit that would start to cause concern. He referred to the performance indicators in maternity and that the fill rates were lower and asked if there was correlation. Rowan Procter said that nothing had been identified in the divisional performance meeting earlier this week.

He asked if 25% absence at any given time was a cause for concern. Rowan Procter explained that controls were in place for annual leave and these had been tightened up; the impact was due to sickness. One of the biggest things she would look at was nursing indicators which could then give her a cause for concern.

Jan Bloomfield explained that at 8.30am every Thursday morning members of the Healthroster team, nursing and other teams met to discuss staffing for the following month as well as the three daily meetings that took place to look at staffing levels.

19/61 EDUCATION REPORT

Jan Bloomfield explained that this report was to update the board on education within the Trust.

The Chair referred to page 1, nursing, midwifery and allied health professionals. She was keen that this should work and asked if there was a route to resolution. Helen Beck confirmed that there was a solution to this.

Alan Rose was very pleased to see that the Trust was looking at the possibility of gifting some of its apprenticeship levy to west alliance partners and asked Kate Vaughton if there were any opportunities that could be picked up as a result of this. She confirmed that this was being looked at.

Richard Davies asked about the medical careers advice fair and if GPs were represented at this. Jan Bloomfield said that she would find out. **J Bloomfield**

Nick Jenkins highlighted changes being made in medical education. John Clark and Francesca Crawley would be standing down and there would also be changes in tutors. He said that it was a testament to the depth of education that successors had been or would be appointed to these posts. He was confident that this would be seamless and said that this was something that the board should be proud of.

Kate Vaughton reported that funding had been secured for the clinical leadership programme which would cover all discplines.

19/62 NATIONAL STAFF SURVEY REPORT

The Chair welcomed this report and the detailed analysis provided and said that she was assured that where there were issues that needed to be addressed these were being actioned. She considered this to be a very positive report and that there was no complacency.

Jan Bloomfield agreed and reassured the board that the executive team were not complacent and were always looking at where the Trust could improve. Results of the actions being taken in response to the survey should be seen over the next year.

The Chief Executive referred to the Health Service Journal's review of the results of this survey and that WSFT was best in the east of England and 4th in the county as a place to work and receive treatment. This showed that staff remained very committed and complimentary about the quality of care provided by the Trust.

Gary Norgate asked about the 44% response rate. Jan Bloomfield explained that this was above average but could still improve.

19/63 HEALTHCARE WORKER FLU VACCINATION REPORT

Jan Bloomfield explained that this was for the board's information. She reported that the CQUIN target had increased to 80% for next year. Feedback on the reasons for people opting out was now being worked on, eg potential side effects, too inconvenient to go to somewhere for vaccine.

19/64 CONSULTANT APPOINTMENT REPORT

The board noted the following which was considered to be a very good appointment:

Dr Katherine Rowe, Consultant Anaesthetist with an interest in critical care

19/65 PUTTING YOU FIRST AWARD

Jan Bloomfield reported that the following had been nominated for Putting You First awards this month:-

Shellie Davey, Senior Sister, Carol Beeton, Staff nurse (outpatients department) and Jimmy Shephard (G4/5)

In January a patient was waiting in the outpatients waiting area for a number of hours. They were already two hours late for their appointment due to the transport situation, but the consultant agreed to see them anyway. However, when the patient came out of their appointment, the transport office said they weren't on their list to take home.

Shellie Davey and Carol Beeton went above and beyond their duty and ensured that that the patient was looked after and given something to eat and drink. They took turns to try to organise transport negotiating with taxi firms. Eventually a taxi took them home, chaperoned by James Shepherd (Jimmy). On arriving home, the patient collapsed and Jimmy waited with the patient until the ambulance arrived several hours later. He was in contact with the hospital and the ambulance crews and really ensured the patient was cared for.

Helen Beck assured the board that the patient collapsing when he arrived home was not due to their having to wait for the transport home. Gary Norgate asked if the issues with transport were continuing. She explained that this had improved, however there had been some changes and this was now under close scrutiny again. Kate Vaughton explained that the CCG lay member was passionate about obtaining feedback on this

Anna Hollis (communications manager)

In December and again in January, Anna arranged and led six days of filming with the national Sky TV health team after being asked to do so (at late notice) by the regional NHS England communications team.

It required many, many hours and late nights of planning beforehand, and exceptionally long working days while they were here. (For filming ventures of this type the usual expectation is around three months of forward planning with the film crew). Anna had two weeks to prepare and did this while also being asked to cover another role and lead the team. It was only through her sheer grit, determination and meticulous planning that the filming was a success. She should be applauded for her

hard work and focus, not just in this case but for what she contributed to the team daily.

The Chair commented on the very positive feedback that had been received from the film crew.

The board commended Shellie, Carol, Jimmy and Anna on their commitment to patients and the organisation.

BUILD A JOINED UP FUTURE

19/66 COMMUNITY SERVICES AND WEST ALLIANCE UPDATE

Kate Vaughton highlighted the issues around demand management and the focus on the responsive care services to assist the Trust in this. She explained the changes that were being made to align these services with the localities.

Children and young people's services were areas that required additional capacity and investment. There was a level of commitment from all partners to ensure that this was as joined up as possible and additional investment was being put into speech and language therapy. There was also significant focus on Child and Adolescent Mental Health Services (CAMHS).

Helen Beck reported that obesity would also be added as a priority.

The Chair asked about the community paediatrics review and if this was being monitored. Kate Vaughton confirmed that there was a further level of detail around this which could be made available to the board. The board would be kept updated on this review through this report. **K Vaughton / H Beck**

Alan Rose referred to the system governance review and asked if the report and recommendations on governance would be seen by the board. Kate Vaughton confirmed that this would be presented either at a board meeting or board development session. **K Vaughton / R Jones**

GOVERNANCE

19/67 TRUST EXECUTIVE GROUP REPORT

The Chief Executive commended the theatres, anaesthetics team and IT teams on the successful go live on e-Care which was a major achievement.

There had been a focus on the areas that required improvement in the staff survey and where the Trust could do better, as well as recognising the positives.

19/68 CHARITABLE FUNDS REPORT

It was explained that a new legacies officer was being appointed.

There was some concern about the large amounts of money being held in some department's funds and they were being encouraged to spend this. The cash balance was also reviewed as there was little to be gained from investment.

Craig Black noted the Chair's action to approve funding of £127k for vital signs monitoring, in consultation with other board members. Details of these individuals would be confirmed. **R Jones**

19/69 COUNCIL OF GOVERNORS REPORT

The Chair reported that this had been an extremely positive meeting which had been very constructive and focussed.

19/70 AGENDA ITEMS FOR NEXT MEETING

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

ITEMS FOR INFORMATION

19/71 ANY OTHER BUSINESS

There was no further business.

19/72 DATE OF NEXT MEETING

The next meeting would take place on Friday 26 April at 9.15am in the Northgate Room, Quince House, West Suffolk NHS Foundation Trust.

RESOLUTION TO MOVE TO CLOSED SESSION

19/73 RESOLUTION

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

6. Matters arising action sheet

To ACCEPT updates on actions not covered elsewhere on the agenda

For Report

Presented by Sheila Childerhouse

Board of Directors – 26 April 2019

Agenda item:	6			
Presented by:	Sheila Childerhouse, Chair			
Prepared by:	Richard Jones, Trust Secretary & Head of Governance			
Date prepared:	20 April 2019			
Subject:	Matters arising action sheet			
Purpose:		For information	X	For approval

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

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

Actions are RAG rating as follows:

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

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**			**Invest in quality, staff and clinical leadership**		**Build a joined-up future**		
	X			X		X		
Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*	
	X	X	X	X	X	X	X	

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

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

Ongoing actions

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1667	Open	25/1/19	Item 6	Agreed to work with ESNEFT to develop a shared briefing for governors at both ESNEFT and WSFT	Confirmed with ESNEFT that joint briefings will be prepared from the executive leads	SC / RJ	29/03/19	Green
1671	Open	25/1/19	Item 8	Schedule a report which sets out learning from winter, including input across the system and Alliance partners	Preliminary assessment of Trust learning as part of the closed. This will be expanded to provide a system-view and planning for 2019-20 in the May meeting	HB	24/05/2019 (revised)	Green
1688	Open	1/3/19	Item 18	Report on the outcome of discussion with the CCG regarding delivery of the community IT contract	Escalation report submitted to CEO of the CCG. A CEO-to-CEO meeting will agree remedial action to address concerns.	CB	24/05/2019 (revised)	Green
1696	Open	29/3/19	Item 8	Provide a more detailed report on RTT performance at the Scrutiny Committee	Included in the work programme for Scrutiny Committee - report scheduled for 8 May	HB	24/05/19	Green
1698	Open	29/3/19	Item 16	Update on progress and proposals for the Alliance governance review	Including Alliance patient engagement as part of the ongoing Alliance governance review	KV/RJ	24/05/19	Green

Closed actions

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1674	Open	25/1/19	Item 16	Agreed to provide update on the Alliance ambitions transformation plans and integrate this within the quarterly transformation report	**AGENDA ITEM - Transformation report**	KV / HB	26/04/19	Complete
1682	Open	1/3/19	Item 8	Provide a recover trajectory and plan for children in care services	Additional funding has been allocated to services - awaiting confirmation of start dates for staff to meet the level of service demand **AGENDA ITEM** - IQPR	HB	26/4/19 (revised)	Complete
1686	Open	1/3/19	Item 11	Nurse staffing report to be developed within engagement from Gary Norgate	Review meeting taken place. Format of future report will be compliant with new NHSI guidance (awaiting publication).	RP	26/04/19	Complete
1689	Open	1/3/19	Item 20	Update the Trust's constitution to reflect the updated standing orders and submit to NHS Improvement	Constitution updated and final version will be submitted to NHSI when Board approves changes to the Governors code of conduct on 29 March '19 **Approved constitution submitted to NHSI**	RJ	26/04/19	Complete
1695	Open	29/3/19	Item 8	Detail remedial action and recovery timescale for nutrition performance	**AGENDA ITEM - IQPR**	RP	26/04/19	Complete
1697	Open	29/3/19	Item 11	Confirm primary care representation at medical careers fair planned for 2019	Our local GP training programme director (TPD) Dr Claire Giles and Dr Brendon O'Leary have a stall at our annual careers fair and this has been very well attended. GP trainees will also be asked to attend the session.	JB	26/04/19	Complete

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1699	Open	29/3/19	Item 16	Maintain Board visibility of the system's children's services review through the Alliance update report	**Link with 1674 and included in transformation report**	KV/HB	24/05/19	Complete
1700	Open	29/3/19	Item 18	Confirm the directors consulted for the urgent decision regarding charitable fund expenditure	Noted that the urgent decision included Sheila Childerhouse, Louisa Pepper, Stephen Dunn and Craig Black.	RJ	26/04/19	Complete

7. Chief Executive’s report

To ACCEPT a report on current issues from the Chief Executive

For Report

Presented by Stephen Dunn

Board of Directors – 26 April 2019

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

You may have seen that we are one of 14 trusts chosen by NHS England to test **proposed new standards for urgent and emergency care** here at West Suffolk Hospital. Last summer the Prime Minister asked the NHS to undertake a clinical review of the current targets, including the four-hour emergency access standard. The aim is to update these targets in line with advances in clinical practice, and what patients say matters most to them. The proposed standards cover things like the time it takes for a patient to be initially assessed, critically ill and injured patients being treated within the first hour, and the average overall time spent in the emergency department.

Trusts have been chosen for size comparisons and to ensure a good geographic spread, and a range of performance levels against the current standard are represented. We're pleased to have the opportunity to help shape the future of the NHS, and we're now working with our staff, NHS England and NHS Improvement to design how the field tests might work here. We're aiming for the new measurements expected to be piloted from May, and to trial them for somewhere between six and eight weeks.

NHS staff provided timely, **high quality care to a record numbers of people in England** this winter, according to official figures published (11 April). The hard work of frontline staff combined with ongoing improvements to how the NHS provides care meant over 380,000 more patients were treated within four hours in accident and emergency (A&E) than over winter last year, overall A&E performance improved, and long waits for routine surgery fell for the eighth month in a row. Over the period, performance against the four-hour standard was 85.4%, an improvement on last year, despite a 5.1% increase in the number of attendances. Twelve-hour waits for a bed on a ward also fell by 37.5%. Ambulance services also responded to the most urgent calls faster, with fewer delays handing over patients to hospital teams. At the same time, more people received the support they needed to avoid a long stay in hospital, bed occupancy rates were lower, and hospitals delivered over three million planned operations and treatments, without the need for national cancellation of routine care.

The Trust has experience sustained **high levels of emergency activity** over the last two weeks and admitted high numbers of very unwell patients, which put significant pressure on the hospital. During these periods additional actions were put in place and we opened all available escalation beds. We used additional bank and agency staff to support this but we also had to move colleagues across wards to ensure we have safe staffing cover. I appreciate the added pressure this caused and as always I am exceptionally grateful for the amazing patience and support that our staff showed. The 4 hour wait performance for the emergency department for March was 89.4% with more than 300 additional emergency department attendances this March compared to 2018.

Overall in terms of **March's quality and performance** there were 56 falls and 40 Trust acquired pressure ulcers with four cases of C. difficile. We failed to deliver on the cancer targets for three areas: 2 week wait breast symptoms with performance at 63.5%, 2 week wait for urgent GP Referrals with performance at 90.4% and Incomplete 104 days wait with 1 breach reported in March 2019. Referral to treatment for March was 84.8% with two patients waiting longer than 52 weeks for treatment.

The **month twelve financial position** reports a deficit of £9.9m which is £0.3m better than plan (after PSF). We agreed a control total to make a deficit of £13.9m, and over performing this has ensured we will receive PSF of £3.7m. Furthermore, we have been notified that a further £3.7m Indicative PSF will be distributed to the Trust (which is not yet included in the financial position). Therefore, the Trust is likely to report a net deficit of £6.2m (subject to audit). We met our 2018-19 Cost Improvement Programme of £12.2m.

The **community IT escalation** meeting is scheduled to take place on 1 May.

We have been saying what feels like many a farewell to a number of **our experienced leaders** recently as they venture off to enjoy their well-earned retirement. But as we welcome the change in seasons and the budding beauty of spring gently lifts our spirits and gives us a sense of renewed energy, the legacies and teams our colleagues leave behind ensure we are equipped to carry on their great work. I truly believe that everyone here at the Trust plays an essential role in driving forward our purpose to deliver the best quality and safest care for our community. To achieve this it is so important that we invest in, develop, nurture and motivate new leaders at every level and across the organisation to contribute and share knowledge and ideas about how we can be the best, make changes and improve.

So we continue to develop our leaders of today, and our leaders of the future. The Five o'clock Club is the Trust's regular leadership forum, which all staff are invited to attend; we welcome many leaders from both inside and outside of the healthcare sector to inspire, share their career progression journey and key things they have learned in the process. Our West Suffolk 2030 leaders programme is open to staff aspiring to leadership roles in the future. It provides dedicated workshops over a 12-month period and brings together a diverse range of colleagues to explore leadership and quality improvement. We also work closely with our partners Health Education England and the NHS Leadership Academy to open up learning opportunities that continue to improve our healthcare system and make things better for our patients. Long may we continue to invest in our colleagues.

We know that in all we do it's important we listen to feedback from our patients and our stakeholders. Healthwatch Suffolk and the West Suffolk Maternity Voices Partnership raised the issue of **tongue-tie (restricted frenulum) service provision** with NHS bodies after people shared their stories about the challenges they had faced in getting a diagnosis, and how this had impacted upon their lives and the enjoyment of becoming new parents. I'm delighted to say that, in collaboration with NHS West Suffolk Clinical Commissioning Group, we've now established a weekly consultant led Restricted Frenulum Clinic. This means that babies born at the West Suffolk Hospital, or those receiving postnatal care from midwives, can be referred for the release of both anterior and posterior tongue restrictions, no longer meaning they have to travel to other hospitals for the service. I'd particularly like to thank Healthwatch Suffolk and the West Suffolk Maternity Voices Partnership for bringing the necessity for this service to our attention, and working with us to build this new service to accommodate our patients' needs. We always strive for ways to improve the care we provide. This goes to show how, by working positively together across organisations, we can make a real difference. All of the above come together to show that we are a Trust that will not settle for 'ok' and will always strive to do more. Indeed, the prestigious Health Service Journal (HSJ) publically named us last month as 'the best small hospital in the country' - we have further to go, but everyone should be exceptionally proud of what we continue to achieve.

The **national NHS app** is due to arrive in Suffolk on 6 May. The NHS App provides a simple and secure way for people to access a range of NHS services on their smartphone or tablet. The app allows people to check their symptoms and get advice, and, providing their GP practice is connected, they can book and manage GP appointments, order repeat prescriptions, register as an organ donor, and view their medical record. GP practices are being connected to the app gradually and will all be connected by 1 July. This is another step forward on the digital agenda for the NHS, and it will be great to see a 'one stop shop' of easy access for patients to get online help and advice when they're unwell.

I want to acknowledge some **brilliant news about our Macmillan Unit** this month, which has once again scored highly in its MQEM (Macmillan Quality Environment Mark) accreditation reassessment – achieving a level 4 (classed as 'very good') rating. Macmillan's quality standards of excellence consider the cancer care physical environment and reflect the views and expressed wishes of people with cancer. New improvements since the last inspection were acknowledged, and were deemed to 'have had a profound effect on the environment'. It takes a lot of hard work to

retain the accreditation and colleagues do their utmost to ensure service quality and design of physical space meets needs and expectations. It's fantastic that patients clearly agree. And patient experience of our cancer services is good. In the latest National Cancer Experience Survey, 92% of patients said that they were always treated with dignity and respect while they were in hospital, and the average rating given by patients when asked to rate their care on a scale of zero (very poor) to 10 (very good) was 8.8. All of this is underpinned by our good cancer outcomes – were sustaining a very good record of one year survival for all cancers; the latest reported figure is 74.1% against an England average of 72.8 %. We know how much the quality of cancer care and the speed of treatment matters greatly to our local community, so it's important we keep this focus up.

Building on the collaborative approach to developing the Long Term Plan, the **NHS Assembly** has been created to advise the Boards of NHS England and NHS Improvement on delivery of the improvements in health and care it outlined. I'm delighted to be one of the 50 members. The group will meet for the first time in Spring, and then quarterly afterwards, the idea being that we bring our collective experience, knowledge and links to wider networks to inform discussion and debate on the NHS's work and priorities. The Assembly members are drawn from national and frontline clinical leaders, patients and carers, staff representatives, health and care system leaders and the voluntary, community and social enterprise sector. The membership includes practising or training doctors, nurses and other health professionals, ensuring that the needs and priorities of the NHS's 1.3m-strong workforce are well represented.

I was proud and humbled to be placed third in the **top CEO rankings** by the Health Service Journal. As always, this recognition is accepted on behalf of the entire Trust staff. We continue to see and care for more and more people and our staff work so hard to ensure we deliver high-quality, compassionate care for our patients.

Chief Executive blog
So long, farewell: http://www.wsh.nhs.uk/News-room/news-posts/So-long-farewell.aspx

Deliver for today

Diabetes prevention week
Type 2 diabetes is prevalent and numbers are growing. More than 4.7 million people in the UK have diabetes and 90% of these are type 2; there are around 200,000 new diagnoses every year. As part of a programme of events during the week specialist support and advice was available for OneLife Suffolk and our diabetes and dietetics teams.

G3 – our new permanent general medical ward
After a period of use as a winter escalation area, G3 has now opened as the Trust's new permanent medical ward with a focus on endocrinology, the branch of medicine concerned with endocrine glands and hormones. There is a diverse range of interdisciplinary working on the ward, with close communication and integrated working with the Trust's medical, occupational and physiotherapy teams, as well as discharge planning.

Invest in quality, staff and clinical leadership

Lunch is served!
Patients on the Rosemary ward at Newmarket Community Hospital now have the opportunity to have their lunch in a dining room that opened in March in the inpatient area.

Dedicated volunteer meets The Queen at Windsor Castle
Our very own dedicated volunteer, Ron Knight, 88, was invited to Windsor Castle where he met Her Majesty The Queen, The Princess Royal and the Duke and Duchess of Gloucester. The Queen paid tribute to the nation's volunteers, hosting more than 200 guests from voluntary organisations at the reception to celebrate the 100th anniversary of the National Council for Voluntary Organisations (NCVO).

Build a joined-up future

Children's therapy service marks 10 successful years
Therapy Focus Suffolk (TFC), which offers specialised, targeted therapy to children with cerebral palsy (CP), is marking its 10th anniversary this year with a training day, poster presentation and focus events. The team is part of the integrated community paediatric service and operates across the whole county, offering children specialist advice and treatment in addition to that offered by their local therapy team.

National news

Deliver for today

Home to the unknown: getting hospital discharge right (British Red Cross Report)
This research explored patients' unplanned stays in hospital and what it was like for them after they had returned home. More specifically, the research sought to reveal: patients' experiences of being discharged from hospital; hospital systems and health care professionals' experiences and perceptions of the discharge process; and what it was like for people returning home from hospital feeling more or less prepared. As a result, it aimed to explore the impact of discharge on recovery and wellbeing and to identify opportunities to improve systems, communication and support.

NHS Long Term Plan to reduce toll of 'hidden killer' sepsis

Hospital staff must alert senior doctors if patients with suspected sepsis do not respond to treatment within an hour, as part of the NHS Long Term Plan to save thousands more lives. The initiative comes as the NHS prepares to pilot new clinical standards aimed at providing swifter diagnosis and treatment for patients arriving at A&E with suspected sepsis. The new focus on fast treatment for sepsis in emergency departments – along with other major killers such as heart attack, stroke and severe asthma attacks – is part of a raft of improvements to NHS waiting time standards which will be trialled over the coming months.

NHS can save millions by preventing broken bones
This report provides CCGs with a summary of the audit's national key findings, recommendations and results for fracture liaison services (FLSs) within their locality. The report explains what an FLS is and how FLSs could help CCGs not only reduce the number and cost of unplanned admissions but also make a significant reduction in morbidity and mortality for older people. It finds that there are significantly fewer FLSs available for older people in some parts of England and Wales than others, with an estimated 54,000 preventable life-altering fractures to occur over the course of the next five years as a result.

Invest in quality, staff and clinical leadership

The NHS in England will offer free tampons and other sanitary products to every hospital patient who needs them.
From this summer, all women and girls being cared for by the NHS will be given, on request, appropriate sanitary products free of charge. Many already provide them but this will be mandated in the new standard contract with hospitals for 2019-20. The announcement by NHS England and supported by the BMA, was welcomed by charity Freedom4Girls, which campaigns against period poverty.

Staffing on wards
The nature of patient needs and ward activity is changing. Inpatients tend to be more acutely unwell than they used to be, many with complex needs often arising from multiple long-term conditions. At the same time, hospitals face the challenges of a shortage and high turnover of registered nurses. This review presents recent evidence from funded research by the National Institute for Health Research, including studies on the number of staff needed, the support workforce and the organisation of care on the wards.

National LGBT Survey 2017: Healthcare amongst lesbian and bisexual women
The Government Equalities Office launched the National LGBT Survey in July 2017 to gain better insight into the experiences of lesbian, gay, bisexual and transgender people and people who identify as having any minority sexual orientation or gender identity, or as intersex, and were aged 16 or more and living in the UK. In total, there were 108,100 valid responses to the survey. This report is one of a series of short thematic reports, which present further analysis of the survey. It builds on the findings of the main research report. This report presents key findings on healthcare amongst lesbian and bisexual women who responded to the survey. The analysis of cisgender and trans women are presented separately as the main survey revealed that the two groups report different experience

Build a joined-up future

Integrated homes, care and support: measurable outcomes for healthy ageing
This report provides an overview of the research findings from the collaborative research project between Aston Research Centre for Healthy Ageing (ARCHA) and the ExtraCare Charitable Trust. This report extends the findings of the 2015 report, covering the period from 2012 to 2018.

Throughout the report, the focus is on the benefits to residents generated through ExtraCare villages and schemes, including sustained improvements in markers of health and wellbeing for residents and the subsequent cost implications for the NHS.

A menu of interventions for productive healthy ageing: for pharmacy teams working in different settings (Public Health England)
This document lists interventions that can be made by pharmacy teams to help older people to lead more independent lives and improve their health. The document includes interventions based around: preventing falls; dementia; physical inactivity; social isolation and loneliness; and malnutrition. In addition to pharmacy teams, the guidance can be consulted by pharmaceutical and medical committees, local authorities, clinical commissioning groups and local NHS England teams.

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 – April 2019

Agenda item:	Integrated Quality & Performance Report			
Presented by:	Rowan Procter, Executive Chief Nurse Helen Beck, Interim Chief Operating Officer			
Prepared by:	Rowan Procter, Executive Chief Nurse Helen Beck, Chief Operating Officer Joanna Rayner, Head of Performance and Efficiency			
Date prepared:	April 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.							

Integrated quality and performance report



Month Twelve: March 2019

3

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 March 2019 and there was 1 hospital attributable clostridium difficile case within the month. The trust compliance with decolonisation decreased in March to 92.0%.

CAS (Central Alerting System) Open (PSAs) – A total of 70 PSAs have been received in 2018/9, with 11 in March 2019. All the alerts have been implemented within timescale to date.

Patient Falls (All patients) - 56 patient falls occurred in March 2019 which was an increase from 54 the previous month. (Exception report at page 21)

Pressure Ulcers- In March 2019, 40 cases occurred with a year to date total of 335. (Exception report at page 22)

ARE WE EFFECTIVE?

Cancelled Operations for non-clinical reasons - The rate of cancelled operations for non-clinical reasons was recorded at 0.6% in March 2019

Cancelled Operations Patients offered date within 28 Days – The rate of cancelled operations where patients were offered a date within 28 days was recorded at 73.3% in March 2019 compared to 100% in February 2019.

Discharge Summaries- A&E has achieved a rate of 81.7% in March 2019, whereas inpatient services have achieved a rate of 74.9% (Non-elective) and 87.9% (Elective). (Exception report at page 35)

ARE WE CARING?

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

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

Complaints responded to in time – March 2019 reported performance at 94.0% compared to 100% in February 2019.

ARE WE RESPONSIVE?

A&E 4 hour waits – March reports performance at 89.4% with a 10.3% year to date increase in attendances between March 2018 and 2019. (Exception report at page 40)

Cancer – Cancer has experienced significant increases in demand in the last few months. The challenge of demand and capacity continues with three areas failing the target for March. These areas were cancer 2 week wait breast symptoms with performance at 63.5%, Cancer: 2 week wait for urgent GP Referrals with performance at 90.4% and Incomplete 104 days wait with 1 breach reported in March 2019. (Exception reports at pages 43,44,45)

Referral to Treatment (RTT) – The percentage of patients on an incomplete pathway within 18 weeks for March was 84.8%. The total waiting list is at 19730 in March 2019, with 2 patients who breached the 52 week standard. (Exception reports at pages 41,42,48)

ARE WE WELL LED?

Appraisal - The appraisal rate for March 2019 is 79.0%. (Exception report at page 52)

Sickness Absence – The Sickness Absence rate for March 2019 is 3.7%. (Exception report at page 51)

2. INTEGRATED QUALITY & PERFORMANCE REPORT DASHBOARD

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

INTEGRATED QUALITY & PERFORMANCE REPORT																	
Are we..	Ref.	KPI	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Av/YTD
1. Safe	1.01	CAS (Central Alerting System) Open	NT	0	0	2	5	3	4	5	4	7	8	8	13	11	70
	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%	97.3%	98.2%	94.1%	95.1%	93.0%	93.7%	94.0%	96.0%	96.1%	94.4%	94.6%	95.2%	95.4%	95.0%
	1.05	Clostridium Difficile infection - Hospital Attributable	15	2	1	0	0	1	1	1	1	2	0	0	4	1	12
	1.06	MRSA Bacteraemias - Hospital Attributable	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
	1.07	Patient Safety Incidents Reported	NT	535	486	579	465	469	521	488	511	478	546	766	627	642	6578
	1.08	Never Events	0	0	0	0	0	0	0	0	0	0	1	0	1	0	2
2.Effective	2.02	Canc. Ops - Cancellations for non-clinical reasons	1%	0.9%	0.6%	0.8%	1.5%	1.8%	1.5%	1.2%	1.5%	1.3%	0.5%	1.0%	1.0%	0.6%	1.1%
3. Caring	3.01	Compliments (Logged by Patient Experience)	NT	45	21	93	44	49	33	35	73	31	38	40	48	16	521
	3.02	Formal Complaints	20	9	13	13	11	20	9	10	8	10	6	27	18	13	158
	3.03	Mixed Sex Accommodation Breaches	0	1	0	0	1	0	0	0	0	0	0	28	0	0	29
	3.04	IP - Extremely likely or Likely to recommend (FFT)	90%	98.0%	99.0%	99.0%	98.0%	99.0%	99.0%	99.0%	96.0%	98.0%	98.0%	98.0%	97.0%	97.0%	98.1%
	3.05	OP - Extremely likely or Likely to recommend (FFT)	90%	95.0%	97.0%	97.0%	97.0%	97.0%	98.0%	96.0%	96.0%	96.0%	97.0%	97.0%	97.0%	97.0%	96.8%
	3.06	A&E - Extremely likely or Likely to recommend (FFT)	85%	94.0%	94.0%	93.0%	94.0%	96.0%	95.0%	97.0%	96.0%	96.0%	97.0%	96.0%	97.0%	99.0%	95.8%
	3.07	Maternity - Extremely likely or likely to recommend (FFT)	90%	100%	98.0%	99.4%	96.7%	100%	95.0%	92.0%	100%	93.0%	100%	100%	100%	ND	97.6%
	3.08	Community - Extremely likely or likely to recommend	80%	96.0%	94.0%	98.0%	97.0%	90.0%	98.0%	95.0%	100%	100%	97.0%	98.0%	95.0%	100%	96.8%
4. Responsive	4.01	A&E under 4 hr. wait	95%	85.4%	84.9%	93.7%	93.9%	89.0%	87.6%	95.9%	93.3%	94.6%	91.4%	86.8%	87.9%	89.4%	90.7%
	4.02	RTT: % incomplete pathways within 18 weeks	92%	89.5%	90.4%	92.2%	91.4%	91.4%	89.3%	89.9%	90.2%	89.7%	88.3%	84.7%	83.6%	84.8%	88.8%
	4.03	52 week waiters	0	24	19	14	10	9	10	2	7	6	10	7	7	2	103
	4.04	Diagnostics within 6 weeks	99%	99.3%	99.7%	99.6%	99.8%	99.9%	97.6%	99.5%	99.0%	99.6%	97.1%	91.7%	92.2%	90.0%	97.1%
	4.05	Cancer: 2w wait for urgent GP Referrals	93%	94.7%	95.9%	94.9%	91.6%	97.6%	89.5%	80.9%	76.1%	89.8%	92.2%	93.4%	95.8%	90.4%	90.7%
	4.06	Cancer 2w wait breast symptoms	93%	86.7%	96.7%	82.6%	84.9%	92.8%	95.9%	93.9%	96.4%	76.7%	48.8%	72.1%	82.0%	63.5%	82.2%
	4.07	Cancer 31 d First Treatment	96%	100%	99.1%	100%	100%	100%	100%	100%	99.3%	100%	100%	99.2%	100%	100%	99.8%
	4.08	Cancer 31 d Drug Treatment	98%	100%	100%	100%	100%	100%	98.7%	98.5%	100%	100%	100%	100%	100%	100%	100%
	4.09	Cancer 31 d Surgery	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94.4%	100%	100%	99.5%
	4.10	Cancer 62 d GP referral	85%	87.8%	93.3%	85.1%	86.5%	84.8%	89.9%	78.0%	80.6%	79.5%	78.3%	85.5%	84.8%	88.9%	84.6%
	4.11	Cancer 62 d Screening	90%	95.5%	72.7%	100%	100%	88.2%	100%	90.5%	80.0%	93.8%	87.9%	100%	100%	95.2%	92.4%
	4.12	Incomplete 104 day waits	0	ND	3.0	1.5	0	1.0	3.0	2.0	0	3.0	0	0	1.0	1.0	15.5

Putting you first

NHS
West Suffolk
NHS Foundation Trust

INTEGRATED QUALITY & PERFORMANCE REPORT																	
Are we..	Ref.	KPI	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Av/YTD
5. Well Led	5.01	NHS Staff Survey (Staff Engagement score -Annual)	NT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	7.4%	NA	NA
	5.02	Staff F&F Test % Recommended - care (Qrtly)	75%	ND	NA	NA	95.0%	NA	95.0%	NA	93.0%	NA	NA	NA	91.0%	NA	93.5%
	5.03	Staff F&F Test % Recommended - place to work (Qrtly)	75%	ND	NA	NA	83.0%	NA	82.0%	NA	82.0%	NA	NA	NA	78.0%	NA	93.5%
	5.04	Turnover (Rolling 12 mths)	<10%	8.8%	8.4%	8.4%	8.5%	8.6%	8.6%	8.7%	8.0%	8.0%	8.0%	8.0%	7.0%	8.0%	8.2%
	5.05	Sickness Absence	<3.5%	3.7%	3.8%	3.8%	3.7%	3.8%	3.8%	3.9%	3.8%	3.9%	3.8%	3.9%	3.8%	3.7%	3.8%
	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	373	331	196	330	433	507	393	381	620	500	637	330	524	5182
	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	20.0%	-10.3%	-7.5%	-6.3%	-7.30%	-6.80%	-7.20%	-6.40%	-6.00%	ND	-6.10%	-5.80%	-5.50%	-6.8%
	6.03	Capital service cover	Var	0.68	0.48	1.64	-0.80	-0.93	0.87	-0.92	-0.63	-0.50	ND	-0.42	-0.25	-0.27	-1.73
	6.04	Liquidity (days)	NT	7.86	12.34	16.83	15.36	16.67	14.36	19.19	17.56	21.57	ND	15.86	15.18	26.80	17.43
	6.05	Long Term Borrowing (£m)	4	65.4	67.6	69.8	69.0	70.7	74.2	75.3	75.5	76.5	ND	85.5	87.7	91.4	76.7
	6.06	CIP (Variance YTD £'000s)	1.9	-539	-54	-47	-75	-100	-120	-38	-28	-46	-53	-45	-48	0	-54.5
7. Maternity	7.01	Total number of deliveries (births)	210	206	198	203	201	172	208	208	224	202	209	179	172	179	2355
	7.02	% of all caesarean sections	<22.6%	30.1%	28.2%	22.4%	18.2%	17.1%	17.0%	22.8%	22.7%	25.9%	25.4%	22.9%	20.3%	26.8%	22.5%
	7.03	Midwife to birth ratio	1.3	1.29	1.30	1.30	1.30	1.30	1.30	1.30	1.31	1.29	1.30	1.28	1.26	1.27	1.29
	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%	97.0%	86.0%	85.0%	88.0%	94.0%	95.0%	93.0%	93.0%	94.4%	95.0%	96.0%	95.0%	93.0%	90.2%
	7.06	Maternity SIs	NT	1	2	2	0	1	0	0	1	0	0	0	1	0	7
	7.07	Maternity Never Events	NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	7.08	Breastfeeding Initiation Rates	80%	79.0%	76.1%	76.3%	80.7%	85.1%	76.2%	80.2%	83.0%	82.6%	78.5%	78.5%	82.4%	78.1%	79.8%
8. Community	1.32	No of avoidable serious injuries or deaths from falls - Community	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	4.27	RTT 18 weeks Non-Consultant led services - Community	90%	99.4%	99.2%	97.6%	100%	98.7%	99.0%	99.0%	99.0%	99.0%	100%	99.7%	99.6%	100%	99.2%
	4.39	Urgent Referrals for Early Intervention Team (EIT) - Community	95%	NA	100%	100%	100%	100%	100%	ND	100%	100%	100%	NA	100%	100%	100%
	4.40	Nursing & therapy Red referrals seen within 4hrs - Community	95%	100%	96.4%	100%	100%	98.2%	100%	100%	100%	99.9%	100%	96.6%	100%	100%	99.3%
	4.41	Nursing & therapy Amber referrals seen within 72hrs - Community	95%	97.6%	98.8%	99.4%	99.5%	97.4%	99.4%	99.5%	99.0%	99.2%	98.4%	99.0%	98.8%	99.3%	99.0%

9

Putting you first

3. IN THIS MONTH –MARCH 2019, MONTH 12

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

From Month Year	Mar-2019					To Month Year	Mar-2018				

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

In this month.... March 2019

Mth We Received.....	Mar-19	Mar-18	Variance	Var. %	Traffic
GP Referrals	5,498	6,340	-842	-13.3%	⇩
Other Referrals	4,697	5,372	-675	-12.6%	⇩
Ambulance Arrivals	1,677	1,930	-253	-13.1%	⇩
Cancer Referrals*	1,042	954	88	9.2%	⇧
Urgent Referrals*	2,513	2,574	-61	-2.4%	⇩

YTD We Received.....	2019	2018	Variance	Var. %	Traffic
GP Referrals	76,859	72,290	4,569	6.3%	⇧
Other Referrals	62,342	62,274	68	0.1%	⇧
Ambulance Arrivals	21,642	21,860	-218	-1.0%	⇩
Cancer Referrals*	12,249	11,280	969	8.6%	⇧
Urgent Referrals*	31,939	29,703	2,236	7.5%	⇧

Mth We Delivered.....	Mar-19	Mar-18	Variance	Var. %	Traffic
ED Attendances (excluding GP Expected/Streamed)	5,669	5,102	567	11.1%	⇧
**ED Attendances(Adjusted)	7,127	6,269	858	13.7%	⇧
GP Expected via ED	566	543	23	4.2%	⇧
GP Streamed	460	526	-66	-12.5%	⇩
GP Expected direct to AAU/AEC	432	98	334	340.8%	⇧

YTD We Delivered.....	2019	2018	Variance	Var. %	Traffic
ED Attendances (excluding GP Expected/Streamed)	62,842	62,542	300	0.5%	⇧
**ED Attendances(Adjusted)	79,230	71,862	7,368	10.3%	⇧
GP Expected via ED	6,571	6,133	438	7.1%	⇧
GP Streamed	5,223	2,291	2,932	128.0%	⇧
GP Expected direct to AAU/AEC	4,594	896	3,698	412.7%	⇧

A&E - To IP Admission Ratio	29.7%	29.6%	0.1%	0.1%	⇧
Outpatient Attendances	25,799	25,397	402	1.6%	⇧
Inpatient Admissions	6,226	5,978	248	4.1%	⇧
Elective Admissions	460	526	-66	-12.5%	⇩
Non Elective Admission	2,812	2,739	73	2.7%	⇧
Inpatient Discharges	6,210	6,035	175	2.9%	⇧
Elective Discharges	3,414	3,239	175	5.4%	⇧
Non Elective Discharges	2,826	2,761	65	2.4%	⇧
New Births	179	206	-27	-13%	⇩

A&E - To IP Admission Ratio	28.3%	30.1%	-1.8%	-5.9%	⇩
Outpatient Attendances	284,286	297,664	-13,378	-4.5%	⇩
Inpatient Admissions	72,277	69,149	3,128	4.5%	⇧
Elective Admissions	33,281	32,691	590	1.8%	⇧
Non Elective Admission	38,997	36,458	2,539	7.0%	⇧
Inpatient Discharges	72,246	69,150	3,096	4.5%	⇧
Elective Discharges	33,279	32,711	568	1.7%	⇧
Non Elective Discharges	38,968	36,439	2,529	6.9%	⇧
New Births	2,354	2,499	-145	-6%	⇩

* - Included in Referrals Above

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

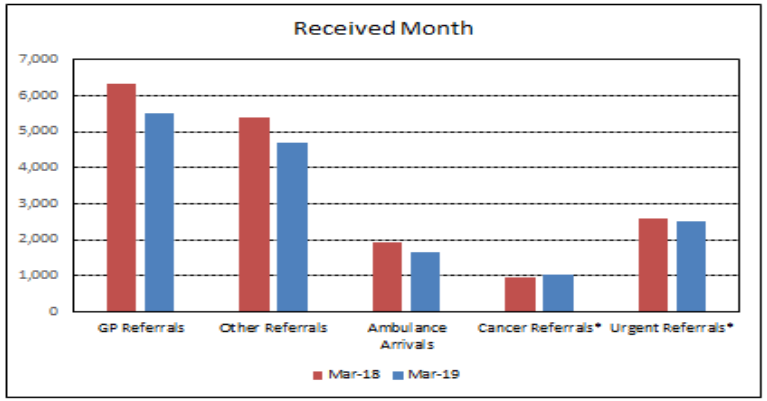
10

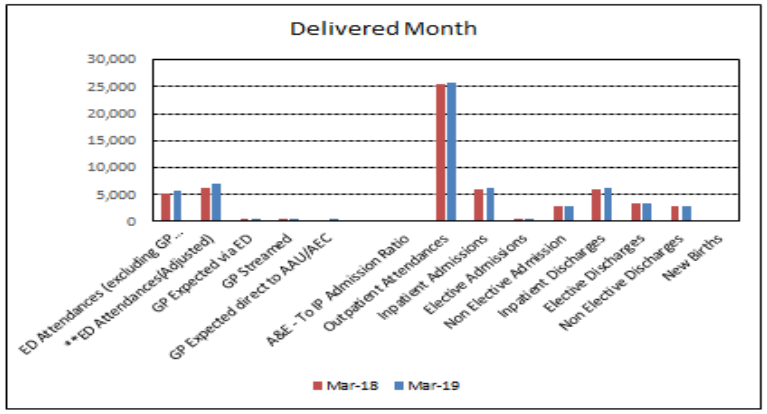
Putting you first

A&E Attendances Year chart (Adjusted)

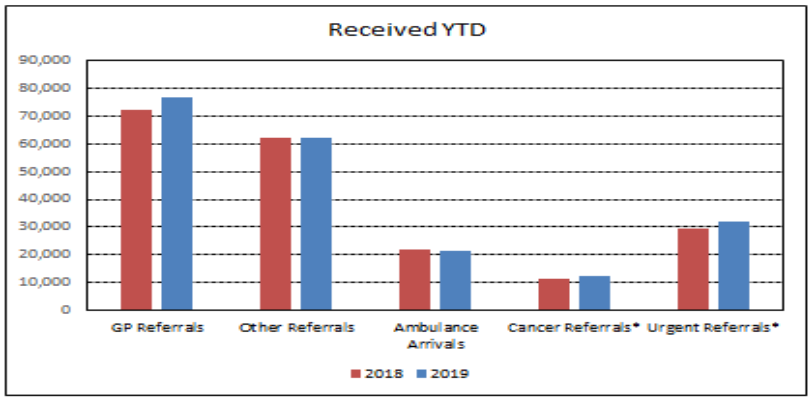
GP and other referrals demonstrate a reduction year on year however cancer referrals are showing signs of increasing. A&E attendances continue to show an increase and incomplete RTT pathways are higher than last year.

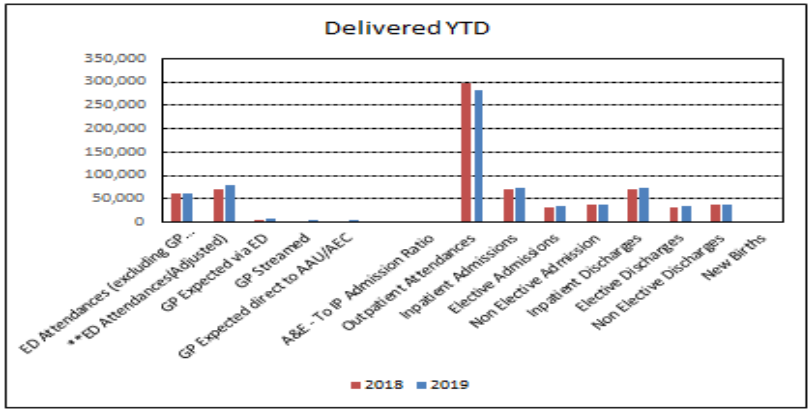
MONTHLY





YEAR TO DATE





Putting you first

NHS
West Suffolk
NHS Foundation Trust

DETAILED REPORTS

Putting you first

4. DETAILED SECTIONS – SAFE

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

Are we..		Ref.	KPI	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD(Apr18-Mar19)
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%	94.4%	100%	99.5%
		1.10	HII Compliance 1b: Central venous catheter on-going care	100%	100%	100%	95.0%	100%	91.0%	97.0%	95.0%	100%	96.0%	100%	96.2%	96.4%	87.1%	96.1%
		1.11	HII Compliance 2a: Peripheral cannula insertion	100%	100%	100%	100%	100%	100%	100%	100%	96.0%	96.0%	100%	97.9%	100%	96.4%	98.9%
		1.12	HII Compliance 2b: Peripheral cannula on-going	100%	100%	100%	98.0%	97.0%	98.0%	96.0%	88.0%	100%	100%	100%	97.0%	99.3%	99.2%	97.7%
		1.13	HII Compliance 4a: Preventing surgical site infection preoperative	100%	100%	100%	100%	100%	100%	100%	100%	100%	95.0%	100%	100%	100%	100%	99.6%
		1.14	HII Compliance 4b: Preventing surgical site infection perioperative	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		1.15	HII Compliance 5: Ventilator associated pneumonia	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90.0%	99.2%
		1.16	HII Compliance 6a: Urinary catheter insertion	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90.9%	100%	100%	99.2%
		1.17	HII Compliance 6b: Urinary catheter on-going care	100%	97.0%	100%	95.0%	92.0%	97.0%	97.7%	89.0%	94.0%	97.0%	98.0%	92.2%	88.8%	95.2%	94.7%
	Incidents	1.18	Safety Thermometer: % of patients experiencing new harm-free care-Trust	100%	98.5%	99.2%	97.8%	98.7%	99.2%	88.0%	97.8%	98.7%	98.7%	96.2%	98.3%	97.0%	97.9%	97.3%
		1.19	Safety Thermometer: % of patients experiencing new harm-free care - Community	100%	NA	99.4%	98.1%	99.0%	99.3%	99.1%	97.7%	98.9%	99.0%	96.4%	98.4%	97.0%	99.0%	98.4%
		1.20	No of SIRIs	NT	6	8	11	0	5	6	2	4	3	5	6	2	2	54
		1.21	RIDDOR Reportable Incidents	NT	1	2	4	1	1	1	0	3	2	3	1	3	3	24
		1.22	Total No of E. Coli (Trust level only)	NT	3	1	2	0	1	0	0	0	0	1	2	0	1	8
		1.23	No of Inpatient falls - Trust	NT	72	68	72	62	42	75	64	61	48	61	81	54	56	744
		1.24	No of Inpatient falls - WSH	<48	64	55	61	50	31	63	55	47	35	53	61	42	47	600
		1.25	No of Inpatient falls - Community Hospitals	NT	8	13	11	12	11	12	9	14	13	8	20	12	9	144
		1.26	Falls per 1,000 bed days	NT	5.17	6.13	6.76	4.84	2.83	5.73	5.27	4.29	3.35	4.82	5.21	3.95	4.17	4.78
		1.27	No of Inpatient falls resulting in harm - Trust	NT	20	24	24	22	13	24	12	12	17	15	25	14	15	217
		1.28	No of Inpatient falls resulting in harm - WSH	NT	19	18	19	22	11	20	12	11	13	12	22	10	13	183
		1.29	No of Inpatient falls resulting in harm - Community Hospitals	NT	1	6	5	0	2	4	0	1	4	3	3	4	2	34
		1.30	No of avoidable serious injuries or deaths resulting from falls - Trust	0	0	ND	0	0	0	0	0	0	0	2	1	0	0	3
		1.31	No of avoidable serious injuries or deaths resulting from falls - WSH	0	0	ND	0	0	0	0	0	0	0	2	1	0	0	3
		1.32	No of avoidable serious injuries or deaths from falls - Community	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		1.69	PU present on admission to service - Trust	NT	64	62	64	67	74	68	73	77	71	78	99	69	87	889
		1.70	PU present on admission to service – Inpatients	NT	42	49	50	57	61	53	58	60	57	61	77	49	58	690
		1.71	PU present on admission to service – Community teams	NT	13	14	10	13	15	15	17	17	14	17	22	20	29	203
		1.33	Number of medication errors	NT	76	60	85	43	56	61	63	71	54	61	79	78	72	783
		1.72	New PU - Trust	0	22	15	28	25	19	30	24	35	28	27	30	34	40	335
		1.67	New PU – Inpatients	0	8	3	9	9	6	10	14	13	19	17	11	16	21	148
		1.68	New PU – Community teams	0	14	12	19	16	13	20	10	22	9	10	19	18	19	187
		1.73	Moisture associated skin damage	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	17	18	22	57
		1.74	Device related (% of total)	NT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.0%	6.0%	5.0%	4.3%
		1.60	% of patients at risk of falls (with a Falls assessment)	NT	71.7%	71.1%	71.6%	72.2%	74.6%	72.8%	72.0%	73.3%	72.7%	71.6%	73.0%	71.9%	73.9%	72.6%

13

Putting you first

Are we..		Ref.	KPI	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD(Apr18-Mar19)
1. Safe	Reporting	1.38	MRSA Quarterly Std (including admission and LOS screens)	90%	92.0%	NA	NA	88.0%	NA	NA	87.0%	NA	NA	89.0%	NA	NA	88.0%	88.0%
		1.39	MRSA Bacteraemias - Community Attributable	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
		1.40	Clostridium Difficile infection - Community Attributable	NT	2	4	1	1	4	5	4	3	2	2	4	1	6	37
		1.41	MRSA - Decolonisation	95%	95.0%	85.0%	91.0%	90.0%	81.0%	97.0%	86.0%	95.0%	97.0%	94.0%	94.0%	100%	92.0%	91.8%
		1.42	MRSA - RCA Reports	NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		1.43	MSSA (Hospital)	NT	0	0	2	2	0	0	0	1	1	0	0	0	2	8
		1.44	SIRI final reports due in month submitted beyond 60 working days	0	3	3	3	0	1	0	0	0	1	0	0	0	0	8
		1.45	SIRIs reported >2 working days from identification as red	0	ND	0	1	0	0	0	0	0	0	0	0	0	1	2
		1.46	Green, Amber & Red Active / Accepted risk assessments not in date	0	0	1	3	2	0	3	0	4	2	3	79	55	55	207
		1.47	Datix Risk Register Red / Amber actions overdue	0	3	1	4	3	0	0	0	1	4	1	65	65	65	209
		1.48	Rapid access chest pain clinic access within 2 wks.	100%	99.1%	57.5%	97.3%	97.3%	96.2%	96.7%	98.6%	99.2%	99.2%	100%	100%	100%	100%	95.2%
		1.49	Verbal Duty of Candour outstanding at month-end	0	1	1	1	2	2	0	0	0	0	6	0	4	5	21
		1.50	Hand Hygiene Audits	95%	100%	100%	99.0%	99.0%	99.0%	100%	100%	100%	99.6%	98.8%	100%	100%	99.7%	99.6%
		1.51	Quarterly antibiotic audit	98%	89.0%	NA	NA	92.2%	NA	NA	89.0%	NA	NA	90.0%	NA	NA	87.0%	89.6%
		1.52	Serious Incident RCA actions beyond deadline for completion	0	4	9	4	4	7	4	2	5	11	5	14	8	13	86
		1.53	% of Green Patient Safety incidents investigated	NT	68.0%	68.0%	64.0%	61.0%	68.0%	59.0%	63.0%	64.0%	60.0%	59.0%	71.0%	72.0%	71.0%	65.3%
		1.54	Quarterly Environment/Isolation	90%	91.0%	NA	NA	92.0%	NA	NA	93.0%	NA	NA	93.0%	NA	NA	92.0%	92.5%
		1.55	Quarterly VIP score documentation	90%	80.0%	NA	NA	86.0%	NA	NA	83.0%	NA	NA	84.0%	NA	NA	85.0%	84.5%
		1.56	Isolation data (Trust Level only)	95%	89.0%	86.0%	88.0%	87.0%	88.0%	91.0%	91.0%	91.0%	91.0%	90.0%	80.0%	75.0%	85.0%	86.9%
		1.57	Pain Mgt. Quarterly internal report	80%	NA	NA	NA	NA	86.0%	NA	NA	85.5%	NA	NA	84.5%	NA	NA	85.3%
		1.58	Nutrition % of patients with a MUST/PYMS assessment completed for within 24hrs	95%	90.0%	90.0%	93.0%	88.0%	91.0%	88.0%	82.0%	83.0%	83.0%	84.0%	83.0%	81.0%	79.0%	85.4%
		1.59	Median NRLS (national reporting & Learning system) upload 6 month rolling average (No. of days)	41	63	26	31	60	59	51	40	75	84	101	ND	ND	ND	59
		1.61	E coli - Hospital Attributable	NT	3	1	2	2	1	1	1	2	0	1	2	0	1	13
		1.62	E coli - Community Attributable	NT	7	14	19	14	13	15	13	14	13	11	8	9	16	143
		1.63	Klebsiella spp. - Hospital Attributable	NT	0	1	0	0	2	0	0	0	0	1	0	1	0	5
		1.64	Klebsiella spp. - Community Attributable	NT	3	4	1	0	3	2	3	1	3	2	1	1	1	21
		1.65	Pseudomonas - Hospital Attributable	NT	0	0	0	0	0	1	0	0	0	0	0	1	0	2
		1.66	Pseudomonas - Community Attributable	NT	1	1	1	0	0	0	1	1	0	1	1	2	0	8

SAFE – DIVISIONAL LEVEL ANALYSIS

Indicator	January			February			March		
	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children
HII compliance 1a: Central venous catheter insertion	100	100		87.5	100		100	100	
HII compliance 1b: Central venous catheter ongoing care	100	92		100	93.33		100	73.33	
HII compliance 2a: Peripheral cannula insertion	100	96.29	100	100	100	No Data	100	94.44	100
HII compliance 2b: Peripheral cannula ongoing	100	98.8	88.88	100	99	No Data	100	98.75	100
HII compliance 4a: Preventing surgical site infection preoperative	100			100			100		
HII compliance 4b: Preventing surgical site infection perioperative	100			100			100		
HII compliance 5: Ventilator associated pneumonia	100			100			90		
HII compliance 6a: Urinary catheter insertion	100	0		100	100			100	
HII compliance 6b: Urinary catheter on-going care	100	88.63		100	85.25		100	93.02	
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)									
Hand hygiene compliance	100	100	100	100	100	100	98.75	100	100
Total no of MSSA bacteraemias: Hospital	0	0	0	0	0	0			
Total no of C. diff infections: Hospital	0	0	0	1	3	0			
Quarterly Antibiotic Audit									
Quarterly Environment/Isolation									
Quarterly VIP score documentation									

15

Putting you first

Indicator	January			February			March		
	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children
No of Inpatient falls	10	49	2	9	33	0	7	39	1
No of Inpatient falls resulting in harm	2	14	2	2	8	0	1	13	0
No of avoidable serious injuries or deaths resulting from falls	0	1	0	0	0	0	0	0	0
No of ward acquired pressure ulcers	2	6	0	5	11	0	2	19	0
Nutrition: Assessment and monitoring	77.0	82.5	14.0	79.0	86.0	8.0	78.0	85.0	52.0
No of SIRIs	1	5	0	1	0	0	0	0	1
No of medication errors	13	41	3	24	37	5	21	30	10
Cardiac arrests	2	3	0	1	4	0	0	3	0
Cardiac arrests identified as a SIRI	0	0	0	0	0	0	0	0	0
Pain Management: Quarterly internal report	86.5	88	34.6						
VTE: Completed risk assessment (monthly Unify audit)	94.5	94.9	92.2	96.3	94.4	94.6	97.2	94.0	96.4
Quarterly VTE: Prophylaxis compliance									
Safety Thermometer: % of patients experiencing new harm-free care	98.7	96.6	100.0	97.7	95.2	100.0	98.8	97.1	100.0

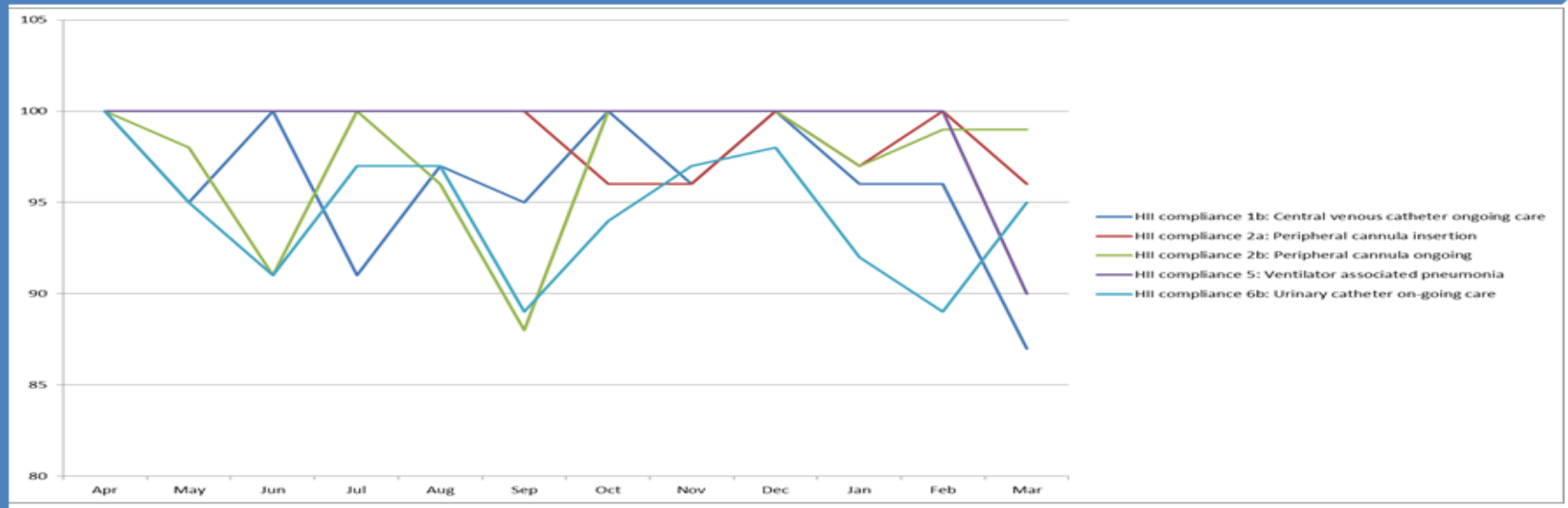
Indicator	January			February			March		
	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children
Patient Satisfaction: In-patient overall result	97.0	93.0		95.0	92.0	95.0	96.0	94.0	
How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	98.0	97.0		99.0	93.0	96.0	98.3	96.2	
In your opinion, how clean was the hospital room or ward that you were in?	98.0	96.0		96.0	92.0	96.0	98.0	94.0	
Did you feel you were treated with respect and dignity by staff	99.0	99.0		98.0	97.0	100.0	100.0	99.0	
Were staff caring and compassionate in their approach?	99.0	99.0		98.0	97.0	100.0	99.0	99.0	
Did you experience any noise in the night time that you think could have been avoided?	86.0	82.0		82.0	79.0	83.0	87.0	89.0	
Did you find someone in the hospital staff to talk about your worries and fears?	100.0	94.0		97.0	96.0	100.0	98.0	96.0	
Were you involved as much as you wanted to be in decisions about your care and treatment?	97.0	92.0		96.0	90.0	88.0	97.0	92.0	
Did staff talk in front of you as if you were not there?	100.0	97.0		98.0	95.0	100.0	99.0	98.0	
Were you given enough privacy when discussing your condition or treatment?	100.0	98.0		99.0	98.0	100.0	100.0	98.0	
Were you given enough privacy when being examined or treated?	100.0	100.0		100.0	98.0	100.0	100.0	99.0	
Did you get enough help from staff to eat your meals?	98.0	89.0		96.0	96.0	100.0	98.0	91.0	
How many minutes after you used the call button did it usually take before you got the help you needed?	84.0	70.0		82.0	74.0	78.0	81.0	73.0	
Number of Inpatient surveys completed	196	134		243	192	24	228	258	
Same sex accommodation: total patients	0	28	0	0	0	0	0	0	0
Complaints	9	12	4	4	8	3	5	1	2
Environment and Cleanliness	93.0	92.2	94.8	93.6	91.2	93.8	94.7	93.3	96.0

17

Putting you first

5. Exception reports – Safe

High Impact Interventions (HIIs)

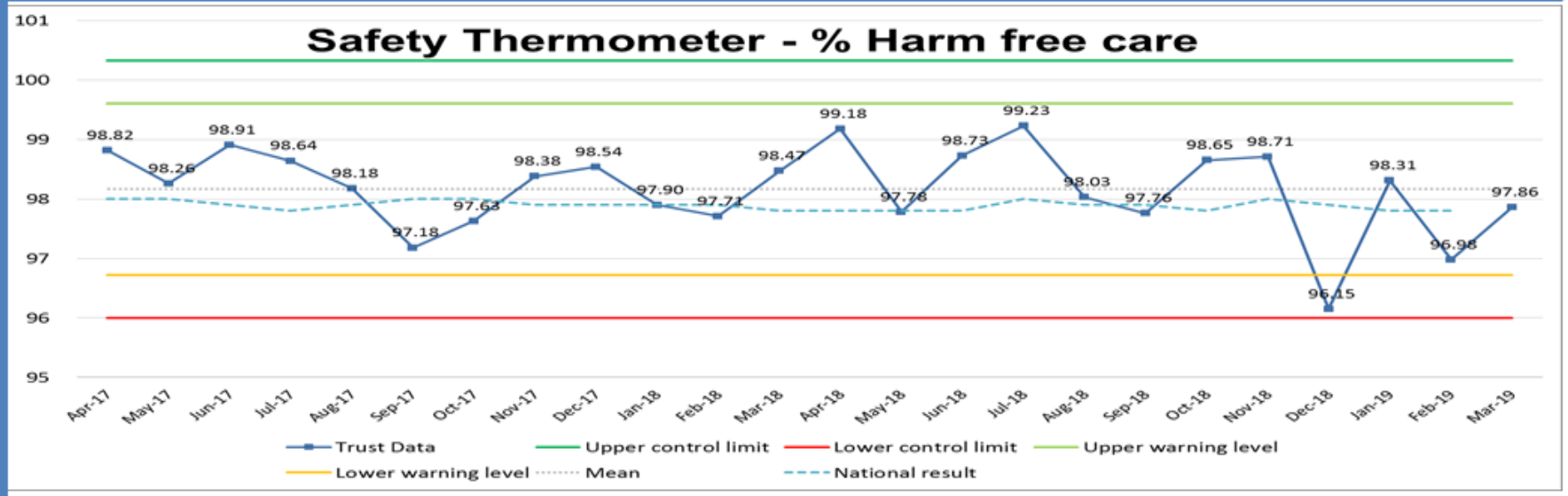


Narrative

What	*Performance is measured against a target of 100% for each High impact intervention (HII). In March five of the HIIs did not achieve this target.*
Why	*Failures in 1b (on wards G4 and F8), 2a (on ward G1), 2b (on ward G5), 5 (Critical Care) and 6b (on wards G4, G5 and G8) brought performance down. All other areas achieved 100% in all their audits.*
How	*The Matrons will be working closely with the teams to ensure performance improves for April*
When	Ongoing monthly

Safe

Safety Thermometer



Narrative

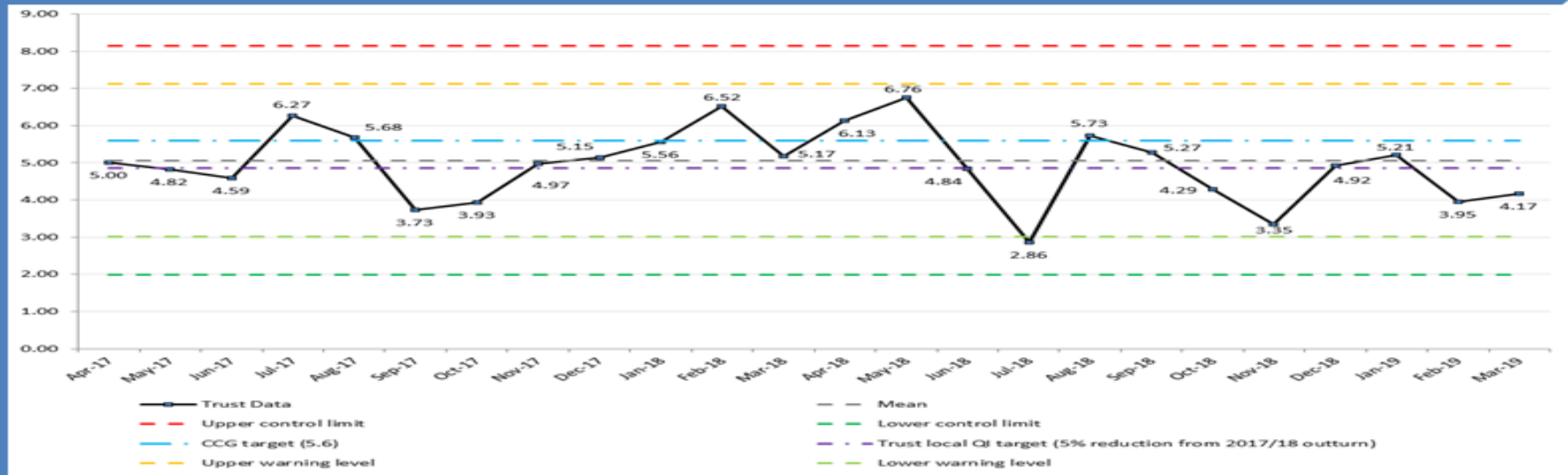
What	*The Trust harm free care was reported as 97.86 for March. The National figure for March has not yet been issued for comparison however this figure is an improvement compared to February (96.98%)*
Why	*The National 'Harm Free' care composite measure is defined as the proportion of patients without a pressure ulcer (ANY origin, category II - IV), hare from a fall in the last 72 hours, a urinary tract infection (in patients with a urethral urinary catheter) or new VTE treatment. It should be noted that the Safety Thermometer is a spot audit and data is collected on a specific day each month.*
How	*The SPC chart below shows the Trust Harm Free care compared to the National benchmark for the period April 2017 to March 2019.*
When	Ongoing monthly

Safe

19

Putting you first

Falls



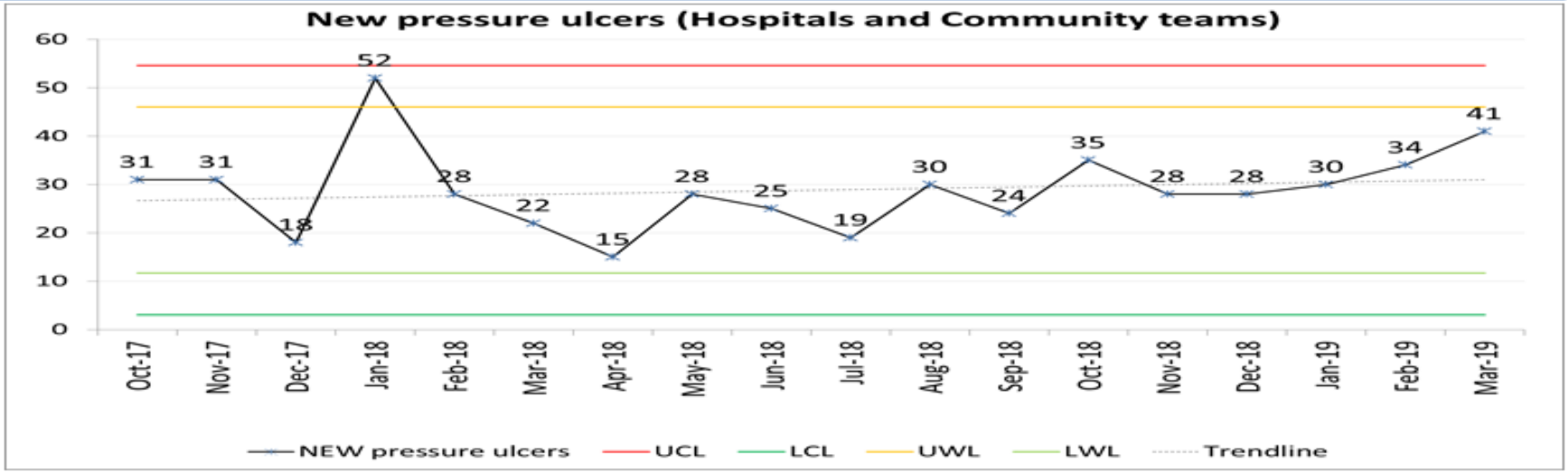
Narrative

What	*Whilst performance fluctuates month on month, there is a downward (positive) trend over a two year period which, enabled the Trust to meet its Quality Improvement target of reducing total Falls per 1000 bed days by 5% comparing 2017/18 (5.19) to 2018/19 (4.61).*
Why	*The Trust monitor trends in patient falls on a monthly basis and has participated in the recent NHSI Falls collaborative, the details of which was included in the last quarterly Board learning report. This has now ended and the Trust is now looking to roll out the learning hospital-wide. Feb19 saw the first of the new Falls champion (link nurses) study days which was well attended from wards across the hospital. Also in February trust leads attended the National Falls Summit in London to present "Reducing harm from inpatient falls: focusing on inpatient falls resulting in hip fracture".*
How	*Key areas for quality improvement in 2019 include:* *Introduction of Link practitioner study days three times a year and ensuring that all wards have falls link nurses (ward champions) to attend study sessions and feedback to staff* • *Review and update of current falls training package to reflect current local and national initiatives* • *Use of perfect ward data to review completion of assessments and falls prevention care plan* • *Review membership, agenda and frequency of Trust falls group meeting* • *Assess the impact of 'Bay based nursing' on inpatient falls* • *Last day rounding to be included in the Trust wide nursing documentation review.* • *Introduction of 'Carers Contract' to ensure early collaborative with patients and carers* *Actions being scoped for further consideration in 2019:* • *Implementing concise RCA process for patients who have fallen twice or more to highlight learning.* • *Alternative wander guards which are attached to the bedframes and utilised until full risk assessments can be carried out* • *Review of the impact of other factors on falls occurrences and trends through initiatives such as a study on vitamin D and bone health within Orthopaedics*
When	*This is an ongoing work plan and quality improvement initiatives will continue to be progressed via the Falls Group including ongoing liaison with the contacts gained through the previous work in the regional collaborative.*

Safe

20

Pressure Ulcers



Safe

Narrative

What	No obvious trend. Possibly very slight upward trajectory in reporting period Apr18-Mar19 which will continue to be monitored. Please note change in reporting and investigation method from Dec2018 onwards to focus on numbers rather than avoid ability as per national guidance from NHSI.
Why	Aspirational target of zero however recognition that potential for development of pressure ulcers is always present in the high risk patient.
How	Overall the month of March has unfortunately seen a small increase in the number of new pressure ulcers reported by the organisation. This included one Category 4 PU which, whilst most regrettable, given the co-morbidities faced by the patient, no lapses in care have been identified (full investigation continues). Throughout March, acute escalation beds remained open and the complexity of patient care needs was evidenced across the whole organisation. • It is commendable that the Community Inpatient Beds, the CHT at Newmarket and the Surgical Division as a whole, reported no new PUs during March. Further, the Respiratory Ward which reported four last month improved their position following much hard work and focus. Our Tissue Viability Team continue to provide support to clinicians and patients whilst carrying vacancies, it is pleasing that they have also managed to continue their integration work and facilitate a joint teaching session in one of our local Residential Homes to demonstrate the importance of repositioning patients, following on from the NHSi Collaborative initiative.
When	This is an ongoing work plan and quality improvement initiatives will continue to be progressed via the Pressure Ulcer Prevention Group (PUPG) including ongoing liaison with the contacts gained through the previous work in the regional collaborative. The new reporting template has enabled data capture for audit as well as occurrence and the review of this data will further assist in identification of areas for improvement.

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

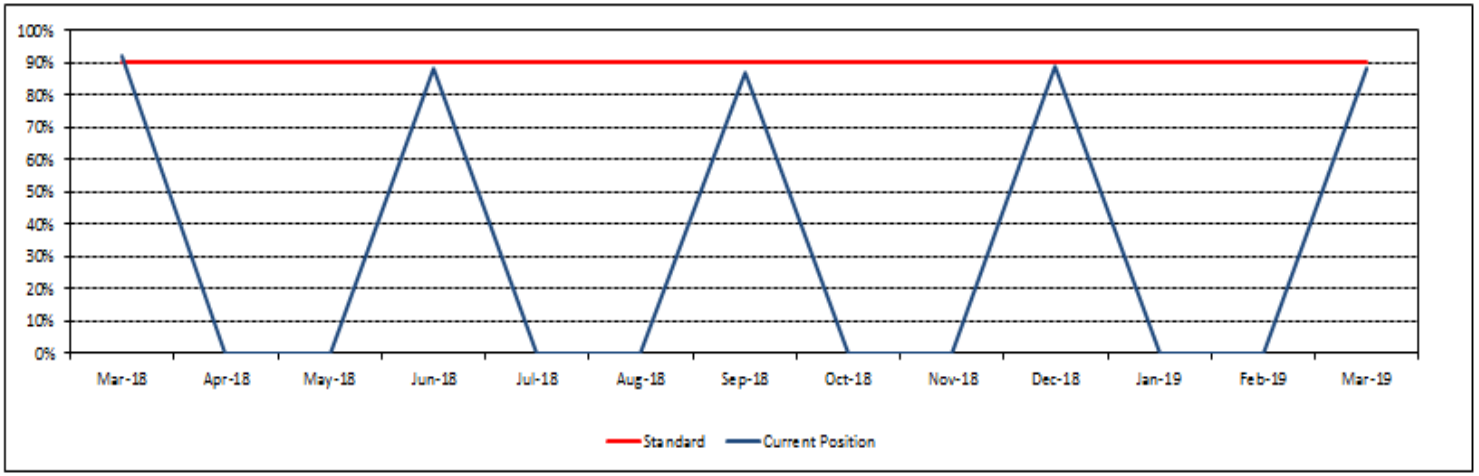
Indicator	MRSA Quarterly Std (including admission and LOS screens)
Standard	90%
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

MRSA screening compliance has decreased slightly from 89% to 88% during Quarter 4. The main areas of non-compliance this quarter continue to relate to the post 21 day screens and weekly thereafter as well as previously positive weekly screens. Discussions often take place with Ward Managers/Senior Nurses at the time of audit particularly if there is a high rate of non-compliance, including patterns high-lighted and planning of how their ward manage the MRSA screening moving forward.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	92.0%	NA	NA	88.0%	NA	NA	87.0%	NA	NA	89.0%	NA	NA	88.0%

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



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

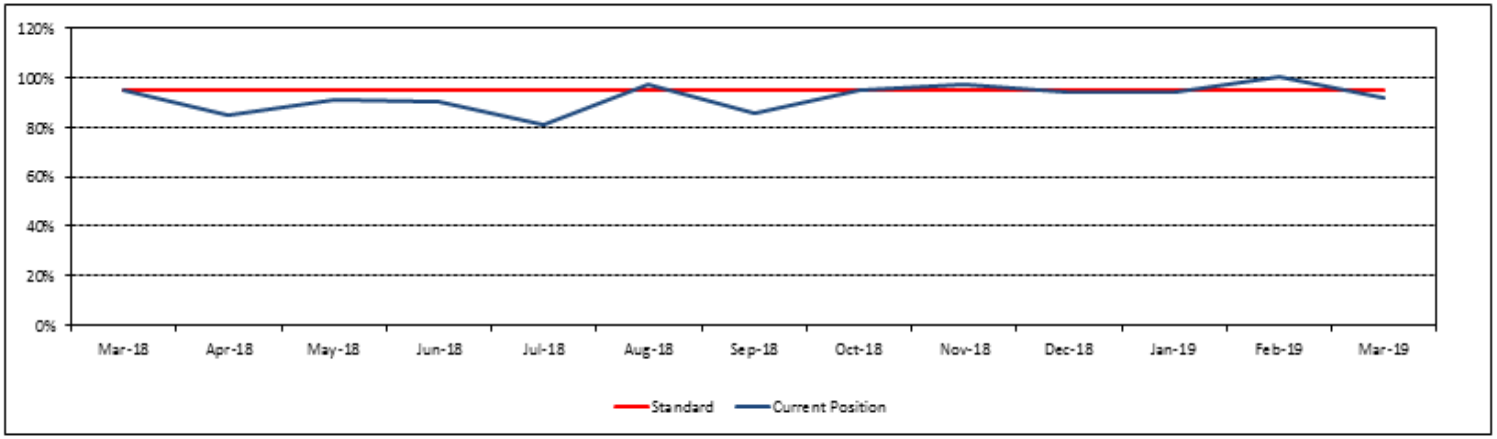
Indicator	MRSA - Decolonisation
Standard	95%
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

The electronic version of the decolonization regimen launched in October 2018. Therefore this data is now captured by timeliness of commencement of the regimen. Of the 10 patients in March 2019, all bar one patient commenced the regimen within 12h of result and met the criteria.

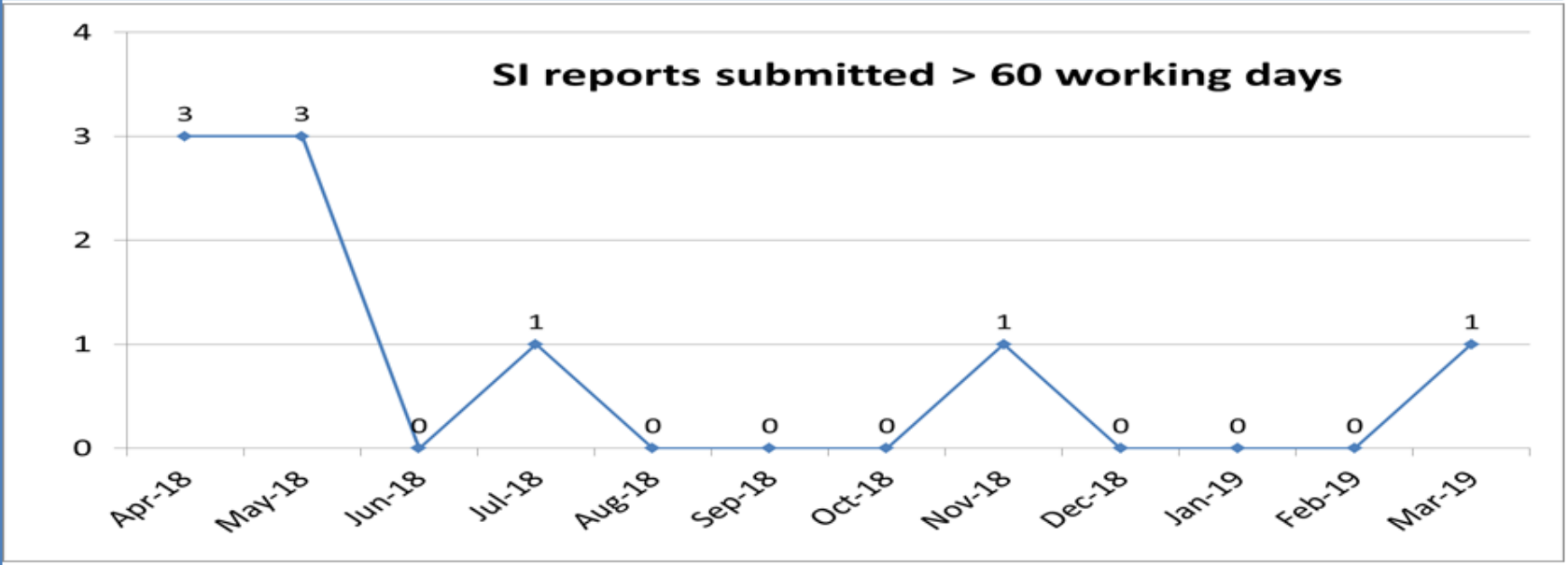
Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	95.0%	85.0%	91.0%	90.0%	81.0%	97.0%	86.0%	95.0%	97.0%	94.0%	94.0%	100%	92.0%

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



Putting you first

SIRI final reports due in month submitted beyond 60 working days

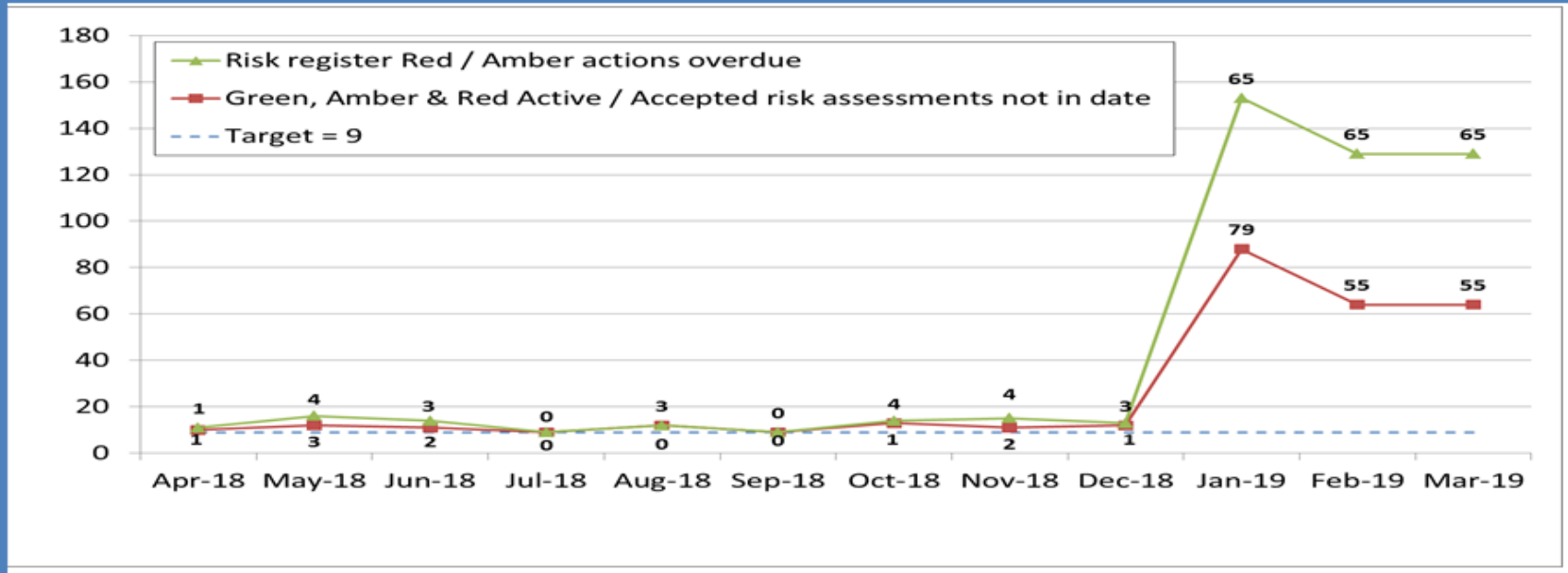


Safe

Narrative

What	One report was submitted later than the agreed target of 60 working days
Why	This was delayed to ensure the appropriate sign-off given the specifics of the case
How	This was a one-off as the target is usually met.
When	Ongoing monthly

Risk Assessments



Safe

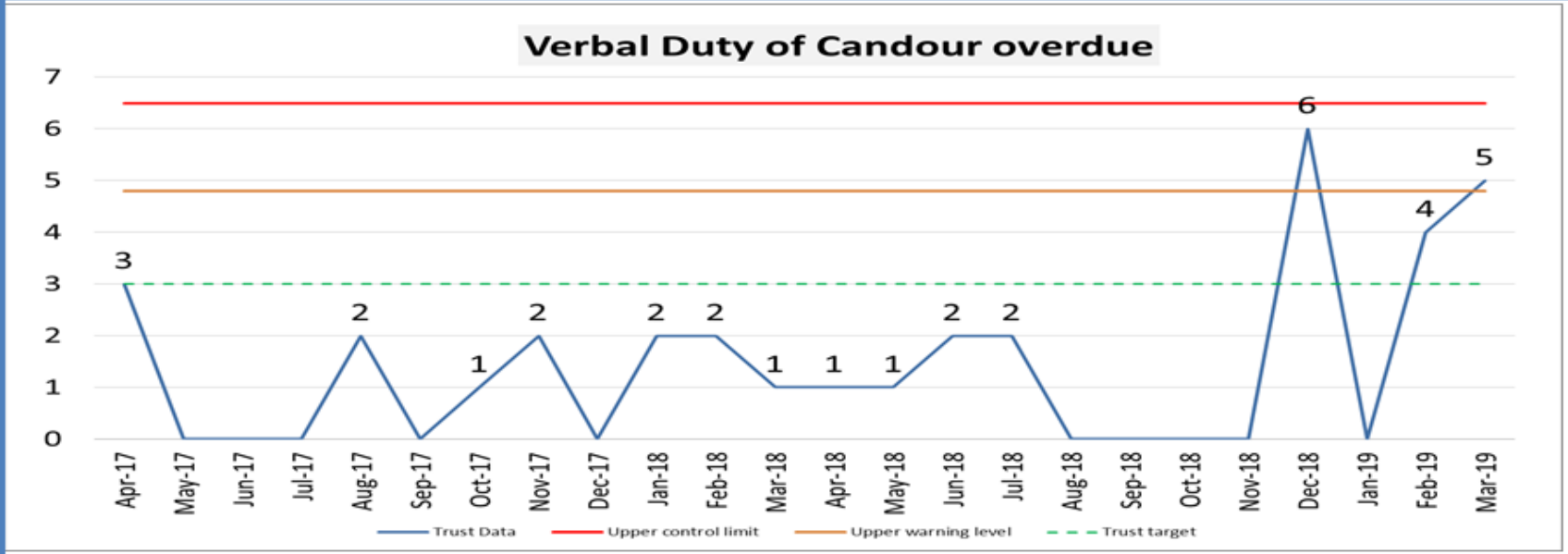
Narrative

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

25

Putting you first

Duty of Candour



Narrative

What	The chart shows no specific trend but performance has deteriorated in the last quarter
Why	This relates to different incidents each month (i.e. it is not just the same cases with an ongoing non-compliance)
How	Targeted follow up of the individuals responsible for undertaking Duty of Candour by the Patient Safety team with escalation to the Divisional steering groups and Clinical Directors meeting.
When	Ongoing monthly

Safe

Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

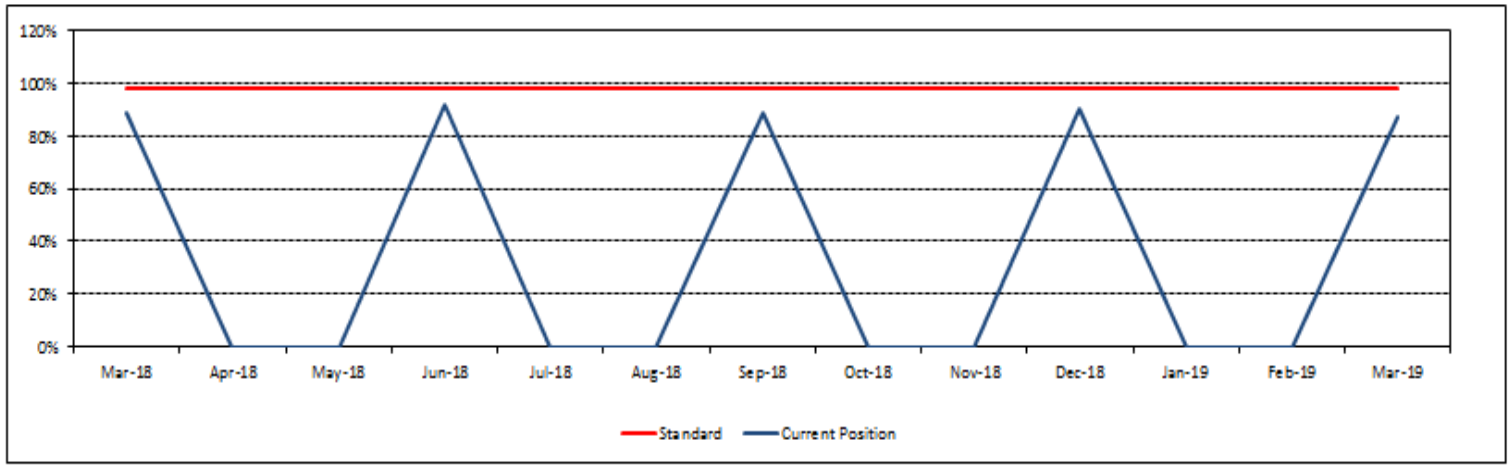
Indicator	Quarterly antibiotic audit
Standard	98%
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

The main issues for concern this quarter continues 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. 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 non-compliance with the use of restricted antibiotics, for example Meropenem and Tigecycline, that were not discussed with a Consultant Microbiologist where the course exceeded 72 hours, as per Trust guidance. This applies even if the restricted antibiotic is 1st line treatment as stated in the Trust Antibiotic Guideline. This requirement is clearly stated on the e-Care prescription of restricted antibiotics, and this information is accessible in both the Trust antibiotic guideline on the Pink Book and on the Microguide App.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Current Position	89.0%	NA	NA	92.2%	NA	NA	89.0%	NA	NA	90.0%	NA	NA	87.0%

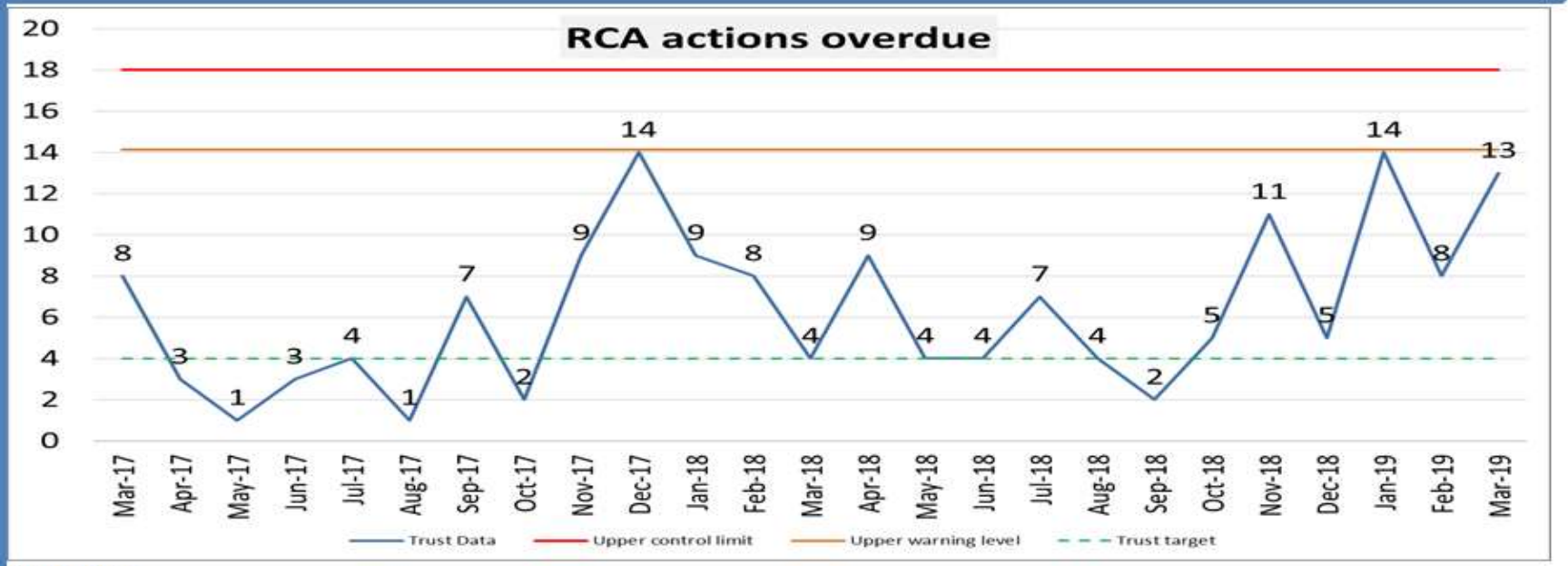
Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End



27

Putting you first

RCA Actions overdue



Narrative

What	Negative upward trend
Why	The target of <5 overdue has been achieved in some months however this has not been the case since September 2018.
How	Targeted follow up of the Action owners by the Patient Safety team with escalation to the Divisional steering groups and Clinical Directors meeting.
When	Ongoing monthly

Safe

28

Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

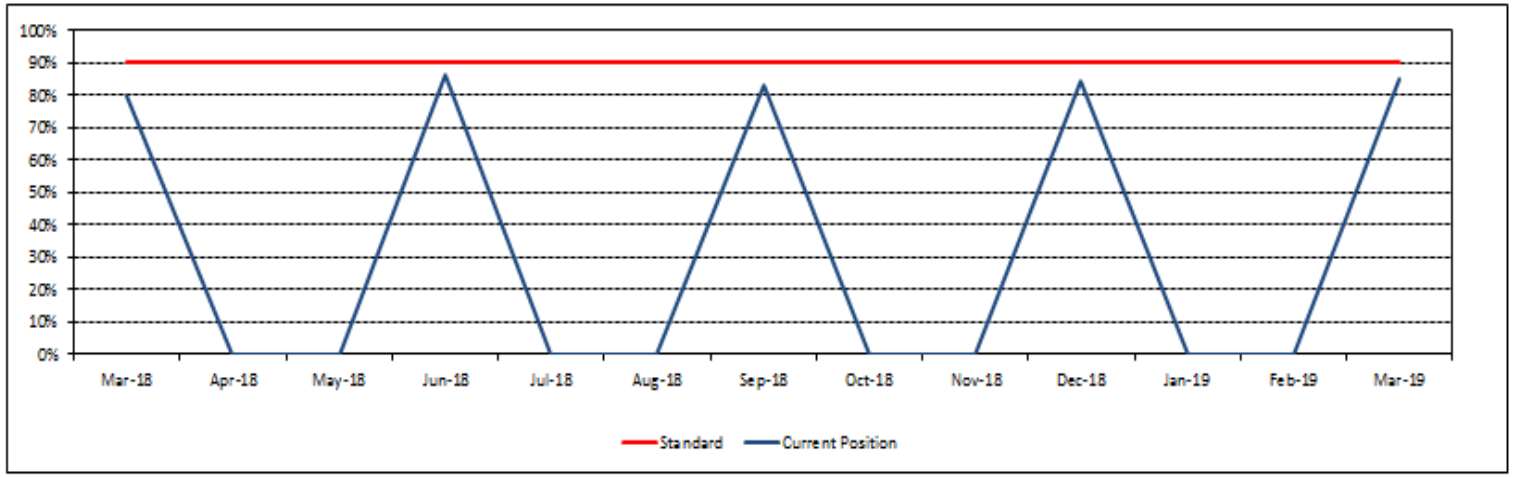
Indicator	Quarterly VIP score documentation
Standard	90%
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

VIP score compliance rates have continued to increase from 84% to 85% 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. Cannula insertions and removal of should be documented on e-Care in 'lines, drains & tubes' at the time of occurrence with a VIP score being documented at the time of removal. Work continues to improve documentation of cannula insertions in particular.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	80.0%	NA	NA	86.0%	NA	NA	83.0%	NA	NA	84.0%	NA	NA	85.0%

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



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

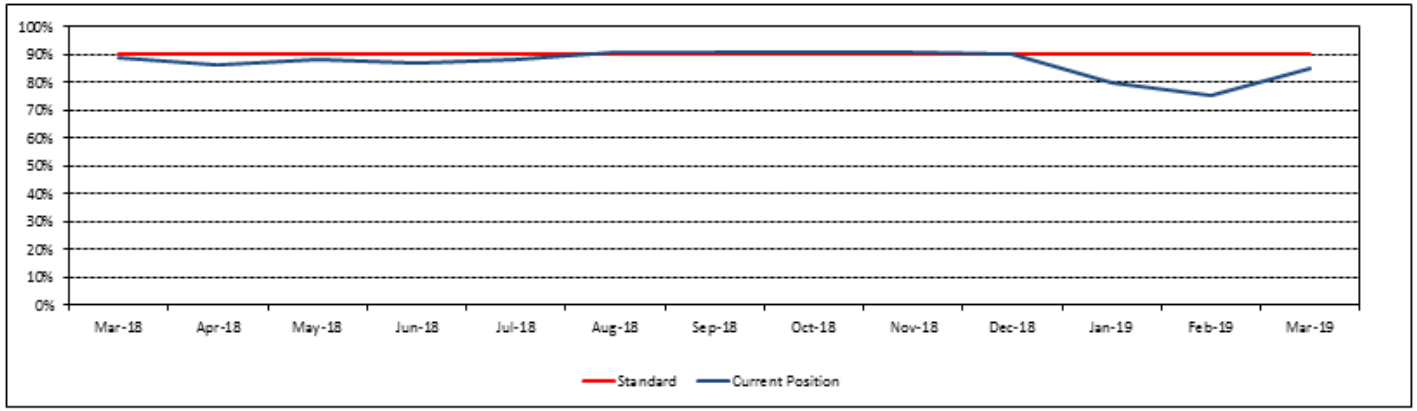
Indicator	Isolation data (Trust Level only)
Standard	90%
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

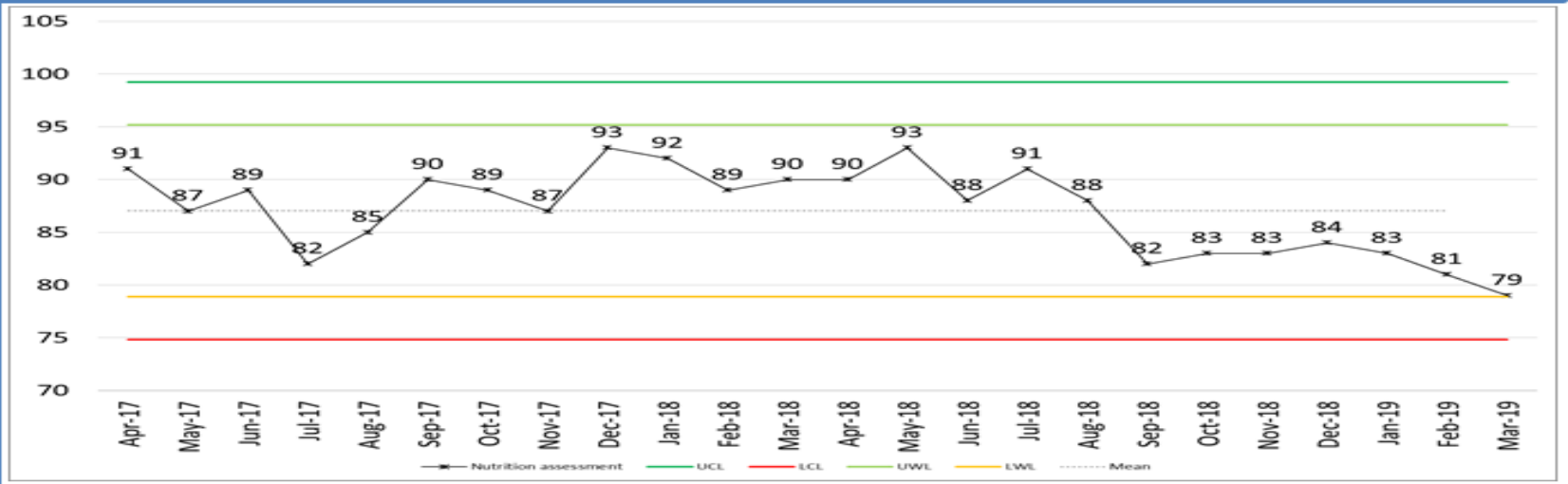
Compliance with Isolation is at 85%. The Trust continued to see patients with seasonal influenza in March 2019 although slightly less than in January & February. A number of local care homes were affected with respiratory illness.
There were 6 patients with Influenza A who had been screened but not isolated until the result was confirmed. There were no available side rooms on those wards due to occupancy. Additional measures were initiated on affected wards with regard to practice, additional cleaning of frequently touched points, respiratory etiquette and prophylaxis of contacts who met the Public Health England guideline criteria.
The side room capacity is monitored daily (Mon to Fri) by the Infection Prevention Nurses(IPN) and occupancy is risk assessed throughout the day, including a daily review of patients on the IPN ward visits and this information is provided to the site capacity/bed flow meetings. Wards were advised on the measures required to mitigate onward transmission. F12 Adult isolation ward has been utilized for optimum use to ensure that patients with the highest infection risk are managed there if at all possible.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	89.0%	86.0%	88.0%	87.0%	88.0%	91.0%	91.0%	91.0%	91.0%	90.0%	80.0%	75.0%	85.0%

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



Nutrition



Narrative

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

Safe

5. DETAILED REPORTS - EFFECTIVE

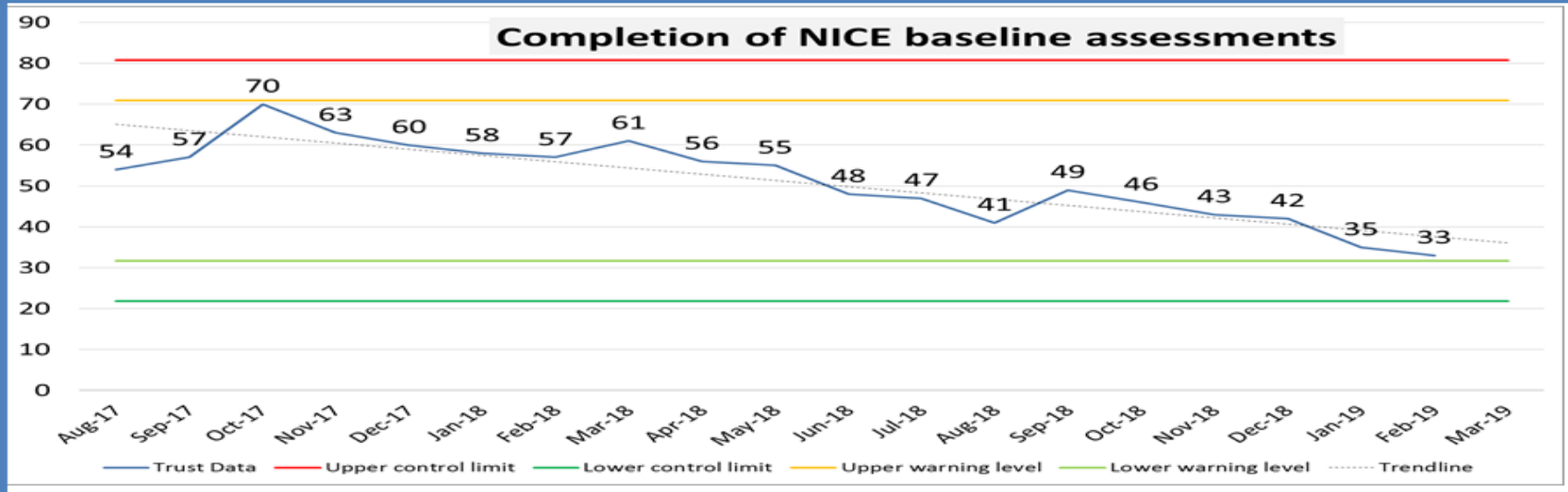
Are we safe? | Are we effective? | Are we caring? | Are we responsive? | Are we well-led? | Are we productive?

we.		Ref.	KPI	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD(Apr18-Mar19)
2.Effective	Incidents/Reports	2.05	Cardiac arrests	NT	ND	3	4	2	7	3	6	9	ND	3	5	5	3	50
		2.06	Cardiac arrests identified as a SIRI	NT	0	1	0	0	0	0	0	0	0	0	0	0	0	1
		2.07	CAS (central alerts system) alerts overdue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		2.09	NICE guidance baseline and risk assessments not completed within 6 months of publication	10	ND	56	55	48	47	41	49	48	43	42	35	33	28	525
		2.10	WHO Checklist (Qrtly)	100%	98.0%	NA	NA	99.0%	NA	NA	98.0%	NA	NA	99.0%	NA	NA	99.0%	98.8%
		2.11	National clinical audit report baseline & risk assessments not completed within 6 months of publication	5	ND	22	23	17	18	18	18	18	19	21	26	28	29	257
		2.12	Av. Elective LOS (excl. 0 days)	NT	3.29	3.39	2.80	2.66	2.85	3.29	2.60	3.25	3.50	3.35	2.81	3.92	2.74	3.10
		2.13	Av NEL LOS (excl 0 days)	NT	8.1	8.53	7.93	7.24	7.87	8.09	7.98	7.66	7.61	7.56	7.43	8.69	7.56	7.85
		2.14	% of NEL 0 day LOS	NT	13.7%	13.6%	15.0%	15.7%	15.0%	13.3%	14.0%	14.4%	15.9%	15.4%	14.6%	13.8%	14.9%	14.6%
		2.15	NHS number coding	99%	99.7%	99.7%	99.8%	99.8%	99.8%	99.3%	99.7%	99.8%	99.8%	99.8%	99.7%	99.7%	99.8%	99.7%
		2.16	Fractured Neck of Femur : Surgery in 36 hours	85%	93.0%	89.0%	79.0%	100%	94.4%	100%	90.3%	96.9%	100%	100%	97.0%	100%	92.8%	95.0%
		2.17	Discharge Summaries (OP 85% 3d)	85%	56.0%	62.0%	57.0%	63.0%	54.0%	ND	ND	ND	ND	ND	ND	ND	ND	59.0%
		2.18	Discharge Summaries (A&E 95% 1d)	95%	82.3%	81.5%	82.5%	86.1%	86.4%	88.4%	86.9%	85.8%	82.2%	80.5%	83.7%	84.0%	81.7%	84.1%
		2.19	Non-elective Discharge Summaries (IP 95% 1d)	95%	70.8%	73.5%	75.7%	78.1%	76.6%	76.9%	75.3%	77.9%	72.4%	72.9%	76.6%	78.0%	74.9%	75.7%
		2.20	Elective Discharge Summaries (IP 85% 1d)	85%	72.9%	72.1%	71.2%	72.1%	69.5%	70.8%	79.8%	80.8%	84.5%	84.8%	84.7%	84.6%	87.9%	78.6%
		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%	91.7%	85.7%	86.4%	91.9%	90.0%	83.8%	86.7%	77.5%	100%	91.7%	82.8%	100%	73.3%	87.5%
		2.23	Canc. Ops. - No. Cancelled for a 2nd time	NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Putting you first

EXCEPTION REPORTS – EFFECTIVE

NICE



Narrative

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

Effective

Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

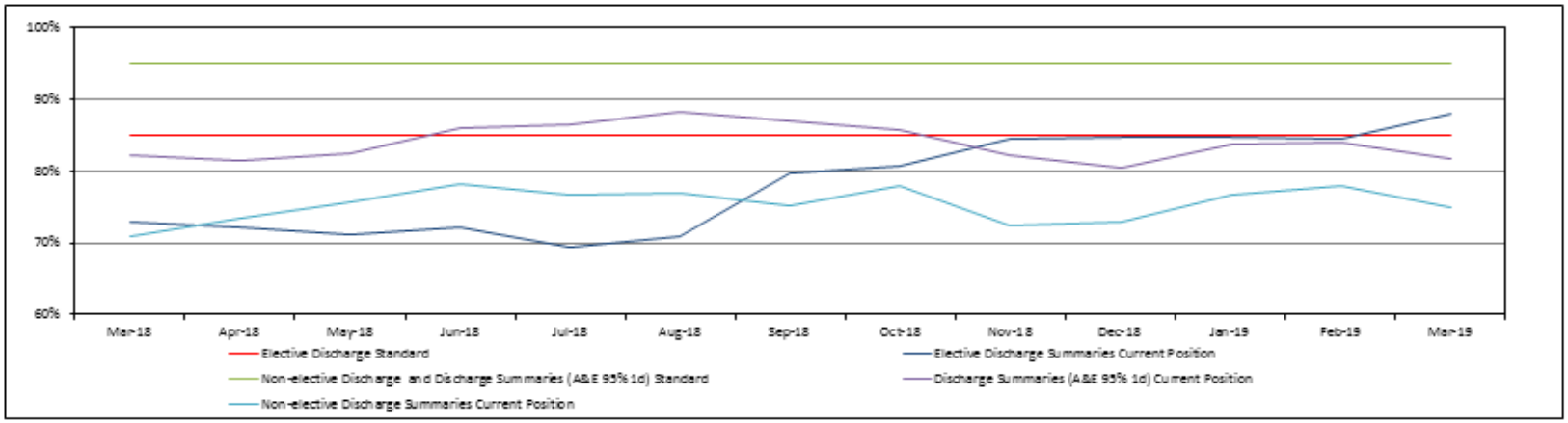
Indicator	Discharge Summaries
Standard	85%, 95%
Executive Lead	Nick Jenkins
Month	Mar-19
Data Frequency	Monthly
CQC Area	Effective

Summary of Current performance & Reasons for under performance

We are pleased to have achieved the CCG target for elective discharge summaries. We have further work to do around non elective discharge summaries (inpatient and emergency department). The Chief Operating Officer (COO) is now leading on this personally and receiving weekly reports on which to identify those wards and clinicians that are consistently failing to achieve the target. Currently monitoring has shown that we need to support paediatrics, maternity and the escalation ward on G3. In addition ED remain fairly static on their performance. The Chief Operating Officer is targeting these specific areas that will each be required to produce a remedial action plan to address performance.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Elective Discharge Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Elective Discharge Summaries Current Position	72.9%	72.1%	71.2%	72.1%	69.5%	70.8%	79.8%	80.8%	84.5%	84.8%	84.7%	84.6%	87.9%
Non-elective Discharge and Discharge Summaries (A&E 95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Discharge Summaries (A&E 95% 1d) Current Position	82.3%	81.5%	82.5%	86.1%	86.4%	88.4%	86.9%	85.8%	82.2%	80.5%	83.7%	84.0%	81.7%
Non-elective Discharge Summaries Current Position	70.8%	73.5%	75.7%	78.1%	76.6%	76.9%	75.3%	77.9%	72.4%	72.9%	76.6%	78.0%	74.9%

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



Putting you first

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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD(Apr18-Mar19)
3. Caring	Other Friends and Family Test Scores	3.09	IP overall experience result	85%	96.0%	97.0%	97.0%	97.0%	97.0%	95.0%	97.0%	95.0%	95.0%	98.0%	95.0%	94.0%	95.0%	96.0%
		3.10	OP overall experience result	85%	96.0%	97.0%	97.0%	97.0%	97.0%	96.0%	96.0%	97.0%	97.0%	97.0%	97.0%	98.0%	98.0%	97.0%
		3.11	A&E overall experience result	85%	94.0%	94.0%	93.0%	94.0%	95.0%	97.0%	94.0%	95.0%	95.0%	95.0%	95.0%	95.0%	96.0%	94.8%
		3.12	Short-stay overall experience result	85%	99.0%	100%	99.0%	99.0%	98.0%	99.0%	100%	99.0%	96.0%	98.0%	98.0%	99.0%	98.0%	98.6%
		3.13	Short-stay Extremely likely or Likely to recommend (FFT)	90%	99.0%	100%	99.0%	98.0%	98.0%	99.0%	99.0%	100%	99.0%	99.0%	97.0%	97.0%	97.0%	98.5%
		3.14	Maternity - overall experience result	85%	100%	99.0%	95.0%	96.0%	100%	97.0%	94.0%	97.0%	91.0%	99.0%	100%	96.0%	ND	96.7%
		3.15	Maternity postnatal community - extremely likely or likely to recommend (FFT)	90%	ND	100%	97.0%	96.0%	100%	100%	98.0%	98.0%	100%	100%	100%	100%	100%	99.1%
		3.16	Maternity birthing unit - extremely likely or likely to recommend (FFT)	90%	ND	100%	ND	ND	100%	100%	100%	100%	ND	ND	ND	ND	ND	100%
		3.17	Maternity antenatal community - extremely likely or likely to recommend (FFT)	90%	ND	100%	100%	94.0%	97.0%	100%	100%	100%	100%	100%	ND	ND	ND	99.0%
		3.18	Children's services overall result	85%	ND	97.0%	99.0%	96.0%	95.0%	98.0%	95.0%	85.0%	95.0%	93.0%	100%	100%	98.0%	95.9%
		3.19	F1 Parent - overall experience result	85%	98.0%	96.0%	99.0%	96.0%	95.0%	98.0%	95.0%	95.0%	98.0%	94.0%	97.0%	97.0%	95.0%	96.3%
		3.20	F1 - Extremely likely or likely to recommend (FFT)	90%	100%	92.0%	100%	96.0%	95.0%	94.0%	91.0%	100%	96.0%	87.0%	100%	100%	100%	95.9%
		3.21	F1 Children - Overall experience result	85%	ND	85.0%	97.0%	96.0%	99.0%	91.0%	95.0%	93.0%	95.0%	93.0%	100%	100%	98.0%	95.2%
		3.22	Rosemary ward - extremely likely or likely to recommend (FFT)	90%	100%	79.0%	100%	88.0%	76.0%	100%	90.0%	100%	100%	100%	100%	80.0%	100%	92.8%
		3.23	King suite - extremely likely or likely to recommend	90%	100%	ND	100%	100%	75.0%	100%	100%	100%	100%	100%	100%	100%	100%	97.7%
		3.24	Community paediatrics - extremely likely or likely to recommend (FFT)	90%	95.0%	94.0%	95.0%	100%	100%	100%	94.0%	100%	100%	100%	100%	96.0%	100%	98.3%
		3.25	Community health teams - extremely likely or likely to recommend (FFT)	90%	90.0%	100%	100%	100%	66.0%	89.0%	100%	100%	100%	100%	93.0%	93.0%	100%	95.1%
		3.27	Stroke Care - Overall Experience Result	85%	100%	95.0%	92.0%	100%	100%	100%	90.0%	100%	93.0%	ND	ND	89.0%	97.0%	95.6%
		3.28	Stroke Care - extremely likely or likely to recommend	90%	100%	100%	100%	100%	95.0%	97.0%	97.0%	100%	100%	100%	ND	93.0%	89.0%	97.4%
	Complaint Handling	3.29	Complaints acknowledged within 3 working days	90%	100%	92.0%	100%	100%	100%	88.0%	66.0%	100%	100%	100%	100%	88.0%	84.0%	93.2%
		3.30	Complaints responded to within agreed timeframe	90%	54.0%	31.0%	70.0%	50.0%	40.0%	83.0%	100%	83.0%	88.0%	83.0%	75.0%	100%	94.0%	74.8%
		3.31	Number of second letters received	1	1	2	2	6	2	1	0	2	1	1	3	2	0	22
		3.32	Ombudsman referrals accepted for investigation	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		3.33	No. of complaints to Ombudsman upheld	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		3.34	No. of PALS contacts	NT	205	183	231	214	275	233	198	224	219	143	231	211	228	2590
		3.35	No. of PALS contacts becoming formal complaints	<=5	1	4	4	4	4	2	2	1	3	0	2	5	4	35

Putting you first

EXCEPTION REPORTS –CARING

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

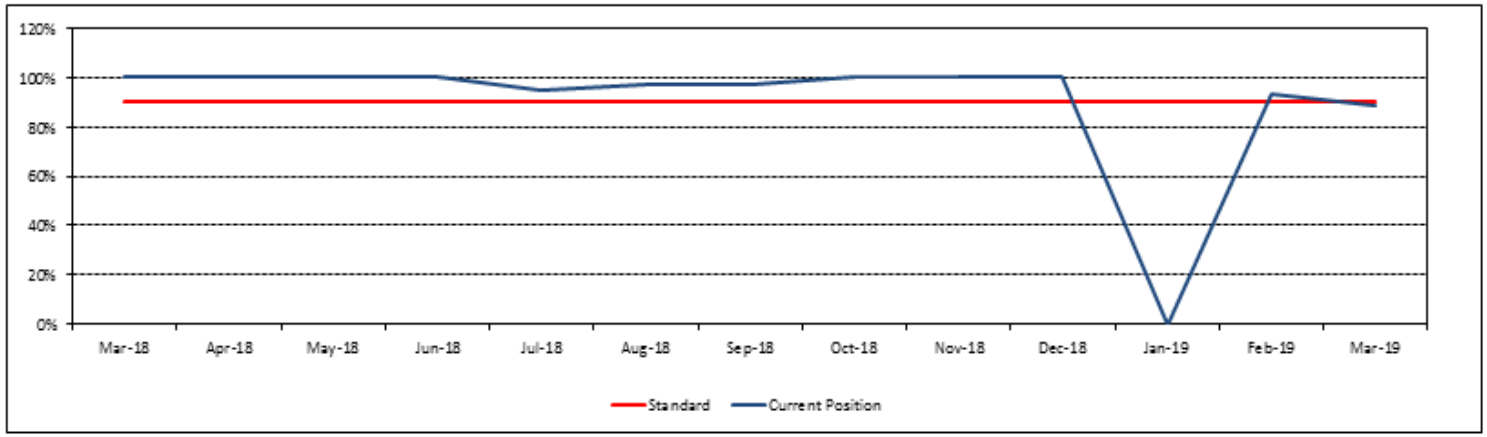
Indicator	Stroke Care - extremely likely or likely to recommend
Standard	90%
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

Upon review many patients throughout the month commented on being unable to sleep due to other patients calling out. The ward had a high number of patients with dementia throughout March who were particularly unsettled during the night. This is being monitored and managed on an ongoing basis as appropriate.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	100%	100%	100%	100%	95.0%	97.0%	97.0%	100%	100%	100%	ND	93.0%	89.0%

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



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

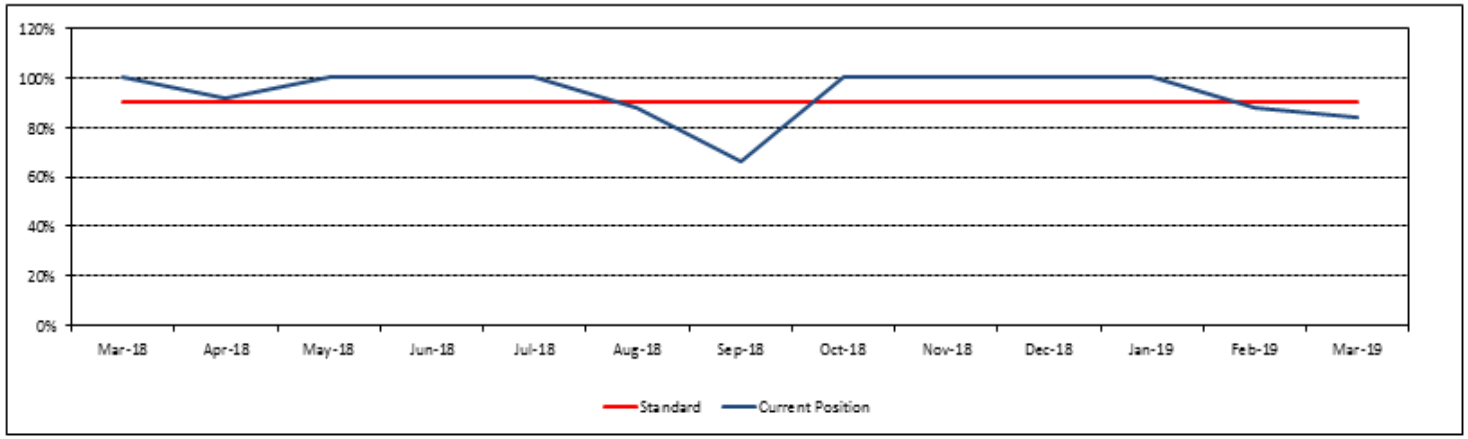
Indicator	Complaints acknowledged within 3 working days
Standard	90%
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

Two complaints of 13 were late being formally acknowledged. We will continue to monitor and prioritise this task.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	100%	92.0%	100%	100%	100%	88.0%	66.0%	100%	100%	100%	100%	88.0%	84.0%

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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD(Apr18-Mar19)
4. Responsive	A&E	4.13	Number of Delayed Transfer of Care - (DTOCs)	NT	321	208	206	203	130	242	176	191	219	256	202	284	393	226
		4.14	A&E time to treatment in department (median) for patients arriving by ambulance - CDM	120	64	62	48	49	49	46	39	46	45	46	47	43	43	47
		4.15	A&E - Single longest Wait (Admitted & Non-Admitted)	6 hrs.	19.50	18.14	10.30	12.22	14.49	15.54	12.23	16.17	13.05	15.35	20.32	14.35	13.55	14.64
		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	46	17	4	8	15	31	10	31	24	54	125	113	65	497
		4.18	A&E - To inpatient Admission Ratio	27%	29.6%	27.9%	25.8%	25.0%	23.9%	25.7%	28.3%	28.6%	30.3%	31.2%	31.3%	31.6%	29.7%	28.3%
		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%	93.5%	92.7%	94.4%	92.8%	91.3%	90.1%	91.0%	93.1%	94.7%	95.0%	94.9%	96.5%	ND	93.3%
		4.21	A&E - Amb. Handover above 30m	0	74	88	84	13	21	24	6	21	15	40	61	33	ND	406
		4.22	A&E - Amb. Handover above 60m	0	17	29	3	5	31	16	2	30	8	14	59	10	ND	207
	RTT	4.25	RTT waiting List	<15396	15396	16223	16481	16739	16715	16601	18105	18071	17915	18426	19601	18341	19730	17746
		4.26	RTT waiting list over 18 weeks	NT	1614	1560	1294	1443	1433	1775	1830	1766	1855	2149	2999	3005	3174	2024
		4.27	RTT 18 weeks Non-Consultant led services - Community	90%	99.4%	99.2%	97.6%	100%	98.7%	99.0%	99.0%	99.0%	99.0%	100%	99.7%	99.6%	100%	99.2%
		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%	70.0%	73.7%	63.6%	77.7%	76.3%	84.4%	93.3%	64.0%	84.0%	80.0%	83.0%	75.5%	84.4%	78.3%
		4.30	Stroke - % patients scanned within 12 hrs.	96%	97.5%	94.7%	97.7%	100%	89.5%	100%	100%	100%	100%	97.5%	94.3%	98.1%	95.6%	97.3%
		4.31	Stroke - % Patients admitted directly to stroke unit within 4h	75%	72.5%	57.9%	73.2%	84.1%	75.0%	79.6%	82.8%	73.3%	83.7%	78.4%	78.4%	61.5%	78.6%	75.5%
		4.32	Stroke - % greater than 80% of treatment on stroke unit	90%	87.5%	81.6%	82.9%	100%	88.9%	88.6%	96.6%	88.9%	93.9%	91.9%	94.1%	84.3%	81.0%	89.4%
		4.33	Stroke - % of patients treated by the SESDC	48%	51.4%	54.8%	48.7%	58.5%	50.0%	53.9%	69.2%	52.4%	63.6%	48.0%	63.2%	49.1%	66.7%	56.5%
		4.34	Stroke -% of patients assessed by a stroke specialist physician within 24 hrs. of clock start	80%	95.0%	79.0%	81.8%	97.8%	92.1%	97.8%	96.7%	94.0%	88.0%	90.0%	96.2%	86.8%	91.1%	90.9%
		4.35	Stroke -% of patients assessed by nurse & therapist within 24h. All rel. therapists within 72h	75%	86.8%	94.6%	92.5%	88.6%	89.2%	79.6%	86.2%	73.5%	89.6%	78.4%	87.5%	89.6%	80.0%	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	ND	57.0%	ND	ND	ND	ND	ND	ND	61.0%	ND	ND	ND	59.0%
		4.38	Stroke -Provider rating to remain within A-C	C	C	NA	NA	C	NA	NA	C	NA	NA	C	NA	NA	ND	C

Putting you first

Are we..		Ref.	KPI	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD(Apr18-Mar19)
4. Responsive	Other	4.39	Urgent Referrals for Early Intervention Team (EIT) - Community	95%	ND	100%	100%	100%	100%	100%	ND	100%	100%	100%	ND	100%	100%	100%
		4.40	Nursing & therapy Red referrals seen within 4hrs - Community	95%	100%	96.4%	100%	100%	98.2%	100%	100%	100%	100%	100%	96.6%	100%	100%	99.3%
		4.41	Nursing & therapy Amber referrals seen within 72hrs - Community	95%	97.6%	98.8%	99.4%	99.5%	97.4%	99.4%	99.5%	99.0%	99.9%	100%	99.0%	98.8%	99.3%	99.2%
		4.42	Nursing & therapy Green referrals seen within 18 wks -Community	95%	99.9%	99.3%	99.9%	100%	100%	100%	99.6%	99.7%	99.2%	98.0%	99.5%	99.5%	99.5%	99.5%
		4.43	Wheelchair waiting times – Child (Community)	92%	42.2%	90.9%	100%	95.2%	90.9%	100%	100%	100%	83.3%	83.3%	81.8%	94.1%	100%	93.3%
		4.44	Wheelchair waiting times - Adult (Community)	NT	72.5%	75.6%	78.3%	80.0%	54.9%	100%	73.1%	ND	ND	ND	ND	ND	ND	77.0%
		4.45	Sepsis - 1 hr neutropenic sepsis	100%	58.3%	63.6%	80.0%	57.9%	80.0%	72.2%	90.9%	90.0%	75.0%	77.8%	81.0%	75.0%	87.5%	77.6%
		4.46	Percentage of Children in Care initial health assessments completed within 28 calendar days of becoming a child in care	100%	ND	0.0%	4.8%	8.0%	23.1%	31.6%	11.8%	33.3%	21.4%	15.4%	0.0%	20.0%	14.3%	15.3%
		4.47	Percentage of Service Users (children) assessed to be eligible for NHS Continuing Healthcare whose review health assessment is completed annually	80%	ND	ND	ND	ND	ND	ND	86.7%	86.2%	90.0%	97.0%	100%	100%	ND	93.3%

EXCEPTION REPORTS – RESPONSIVE

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

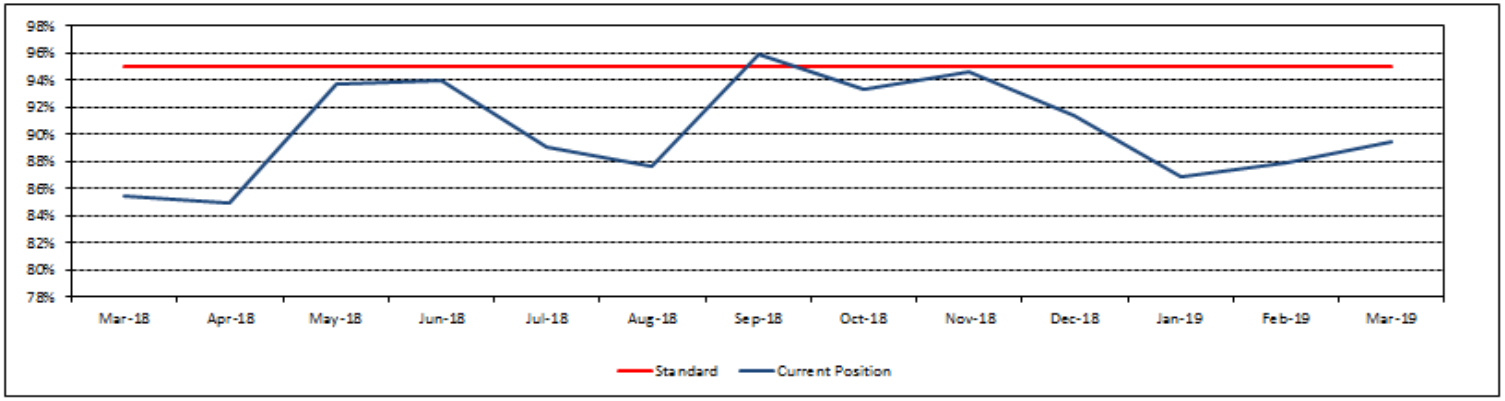
Indicator	A&E under 4 hr. wait
Standard	95%
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

March 2019 performance against 4 hour standard was 89.4%
31.18% of breaches caused by delay to CDM (increased from 26.81% in February)
24.58% of breaches caused by lack of beds (decreased from 40.14% in February)
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.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	85.4%	84.9%	93.7%	93.9%	89.0%	87.6%	95.9%	93.3%	94.6%	91.4%	86.8%	87.9%	89.4%

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	May-19



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

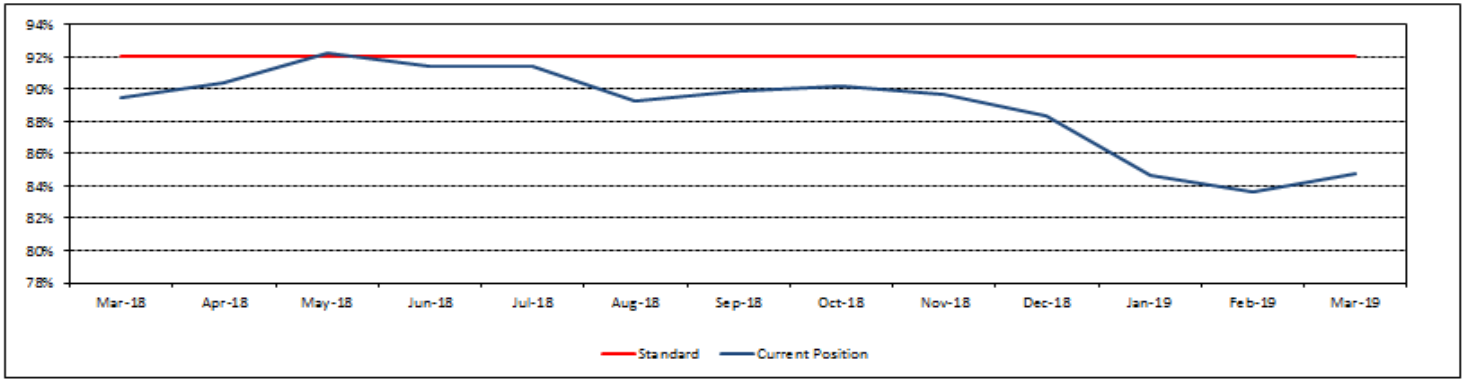
Indicator	RTT: % incomplete pathways within 18 weeks
Standard	92%
Executive Lead	Helen Beck
Month	Mar-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Performance at much the same level as at end of February, despite additional validation. Patients are exceeding their waiting times in multiple specialities, with significant impact in Vascular, Ophthalmology, Cardiology, General Surgery, T&O and Gynaecology. Waiting times for first appointment in Vascular, Cataract surgery in Ophthalmology, ECHO's in Cardiology, Joints in T&O and first appointment and Uro gynaecology in Gynaecology are the main focus.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Current Position	89.5%	90.4%	92.2%	91.4%	91.4%	89.3%	89.9%	90.2%	89.7%	88.3%	84.7%	83.6%	84.8%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Action plan for recovery in place for all specialities not meeting performance	HK	Dec-18	
Continue to monitor long waits at weekly access meeting	HK	Aug-18	
Out/in source of cataract patients	HK	Dec-18	Apr-19
Options for outsourcing vascular cases being explored	HK	Jan-19	TBC



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

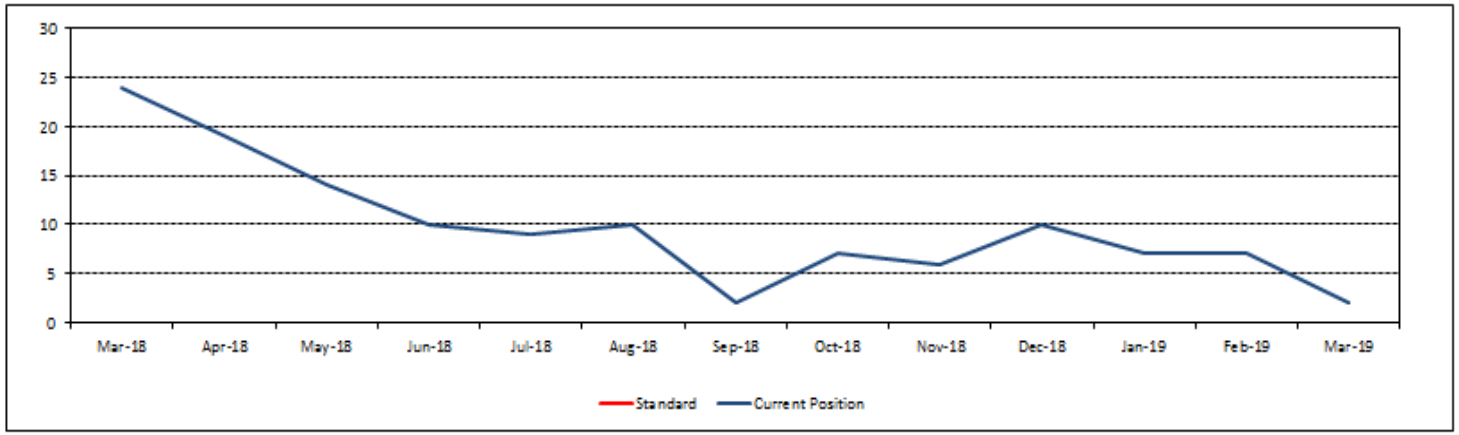
Indicator	52 week waiters
Standard	0
Executive Lead	Helen Beck
Month	Mar-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Significant improvement in 52 week breaches. One Colorectal patient who is extremely complex and needed a lot of diagnostics and then work up to surgery, is now dated for the 10/05/19. One ENT patient who is a prisoner, offered multiple dates prior but the prison were unable to bring him is dated for the 29/04/2019.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	24	19	14	10	9	10	2	7	6	10	7	7	2

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to monitor long waits through Trust access meeting	HK	Nov-17	
Escalation process in place for any patients at risk	HK	Mar-19	



Putting you first

NHS
West Suffolk
NHS Foundation Trust

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Cancer: 2w wait for urgent GP Referrals
Standard	93%
Executive Lead	Helen Beck
Month	Mar-19
Data Frequency	Monthly
CQC Area	Responsive

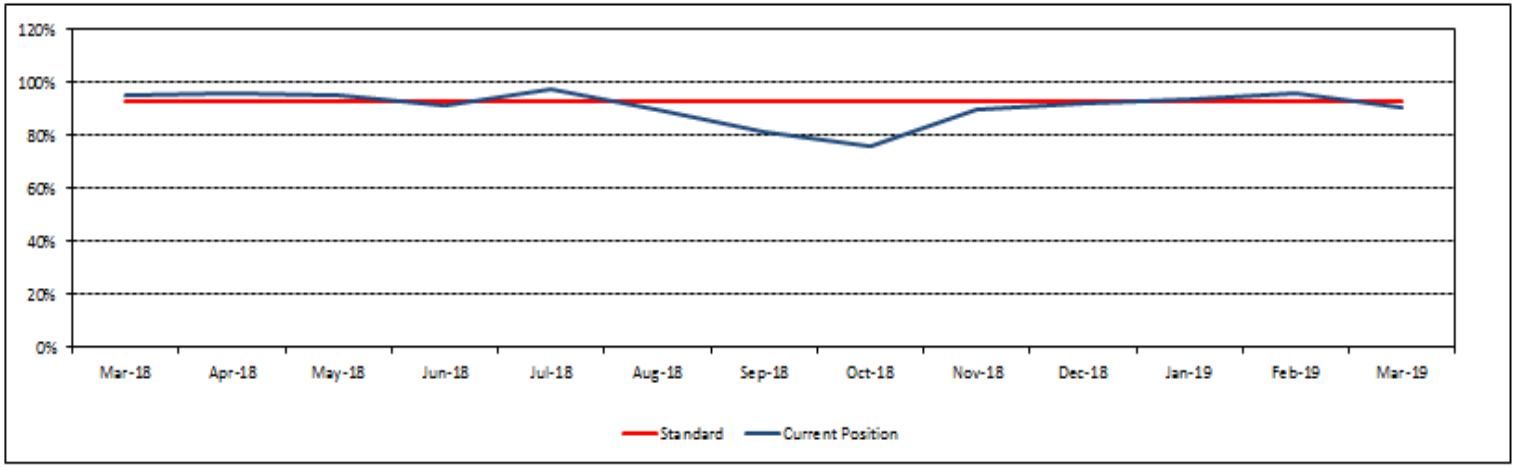
Summary of Current performance & Reasons for under performance

March performance has dropped to 90.4% following the recovery in previous month, the drop in performance is primarily owing to Breast performance at 72%. There has been an increase in Breast referrals in March, and a lack of Radiological resource to allow additional clinics to be ran at the required level.
The quarter has been achieved at 93%.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
Current Position	94.7%	95.9%	94.9%	91.6%	97.6%	89.5%	80.9%	76.1%	89.8%	92.2%	93.4%	95.8%	90.4%

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

Description	Owner	Start	End
Continue to run additional clinics when possible	All	Apr-18	
Source Radiological locum to cover additional weekend lists	AP	Mar-19	
Review of 2WW referral forms and producing pre-referral guidance for breast	AP/CCG	Apr-19	



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

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

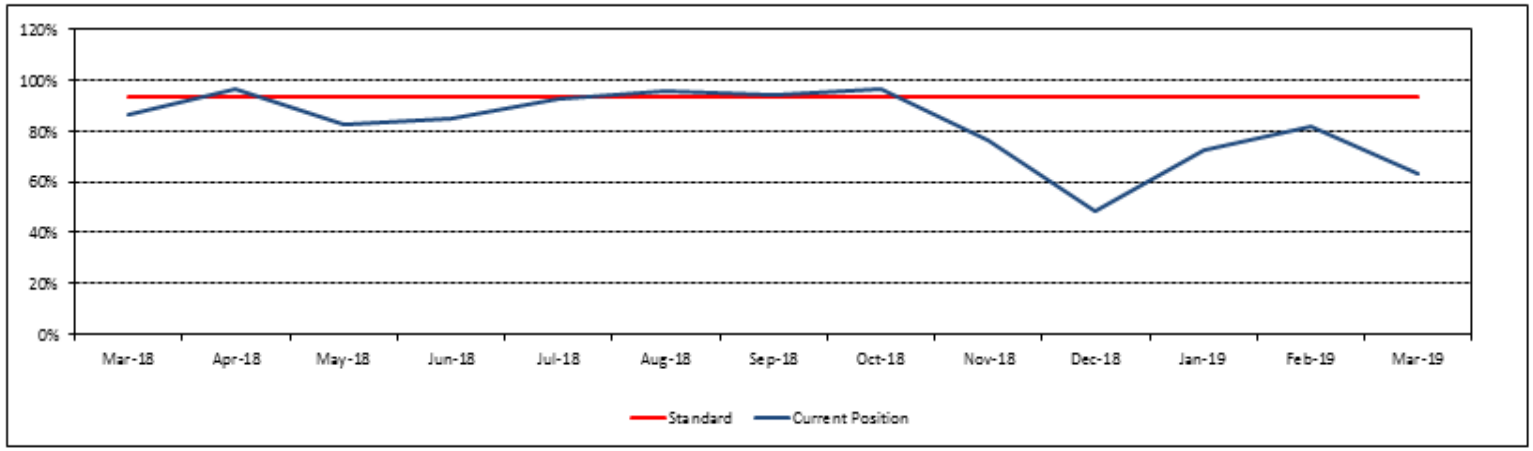
Summary of Current performance & Reasons for under performance

March performance has dropped to 63.5% this is due to a combination of ongoing radiology capacity issues, rising numbers of referrals to breast service and some patient choice factors.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
Current Position	86.7%	96.7%	82.6%	84.9%	92.8%	95.9%	93.9%	96.4%	76.7%	48.8%	72.1%	82.0%	63.5%

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

Description	Owner	Start	End
Continue to run additional clinics when possible	AP	Apr-18	
Source Radiological locum to cover additional weekend lists		Mar-19	
Review of 2WW referral forms and producing pre-referral guidance	AP/CCG	Apr-19	



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

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

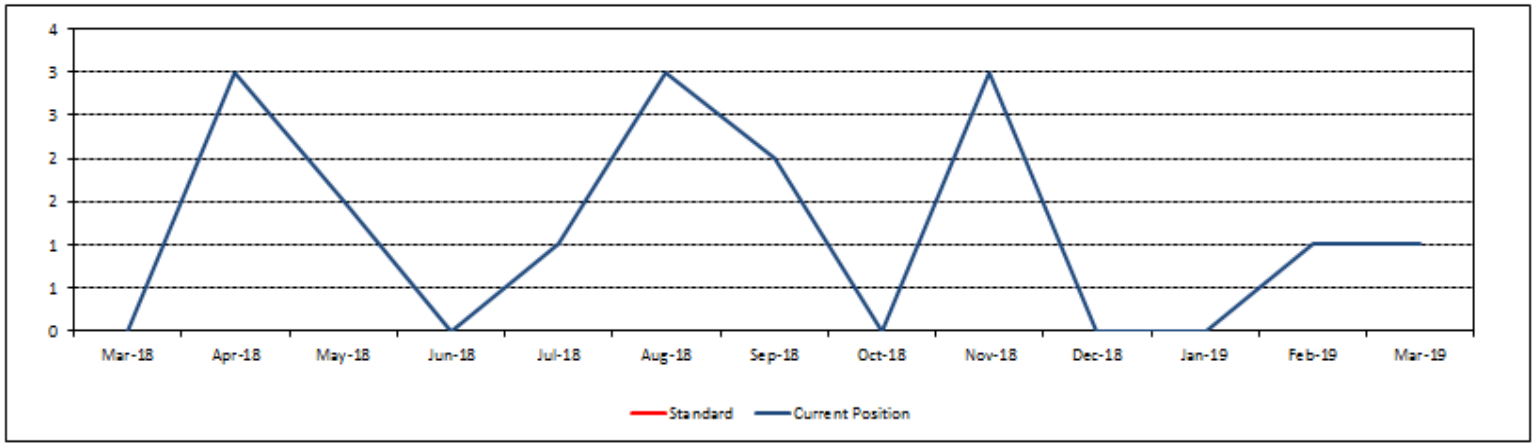
Summary of Current performance & Reasons for under performance

One patient delay in commencing treatment due to delayed diagnostic investigations, patient then referred to have specialist surgery at the centre but patient was then referred to have this back at WSFT. Capacity issue as reliant on visiting Consultant who only has a list once a month which has caused further delay.

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

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

Description	Owner	Start	End
All patients who are 104 days will be added to Datix, and thoroughly investigated.	SD	Dec-18	
All long waiting patients discussed at the weekly Cancer PTL	SD	Oct-18	



45

Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

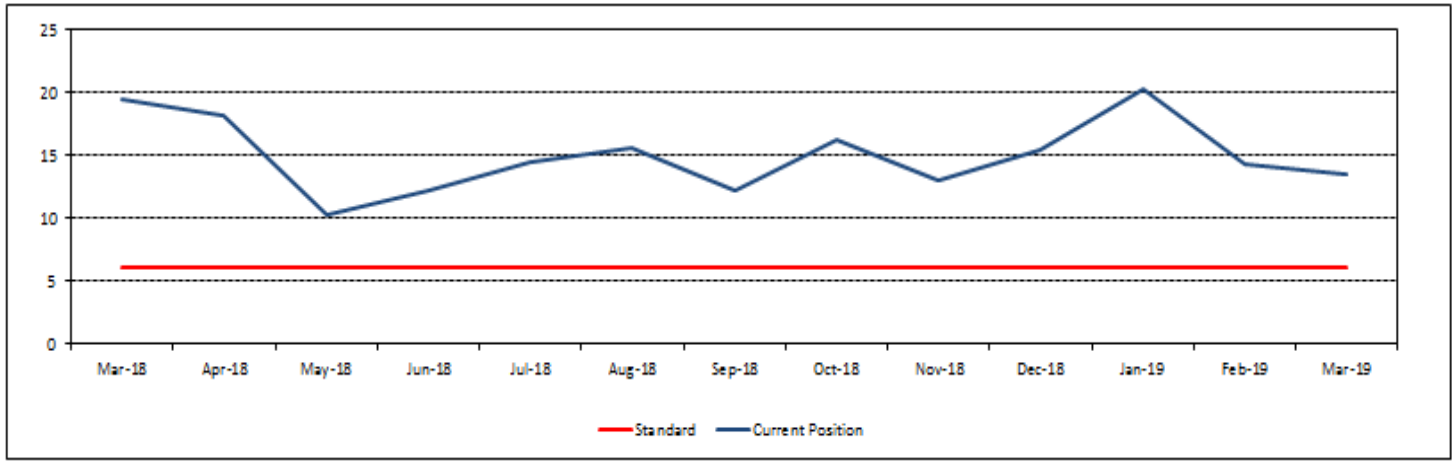
Indicator	A&E - Single longest Wait (Admitted & Non-Admitted)
Standard	6
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

The longest wait in ED in March 2019 was 13 hours and 55 Minutes. This patient was admitted at the end of her life for comfort and pain relief. Due to the condition of the patient on admission, a clinical decision was made for this lady to remain in the department until an appropriate bed was found for her rather than be admitted through an assessment unit.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	6	6	6	6	6	6	6	6	6	6	6	6	6
Current Position	19.50	18.14	10.30	12.22	14.49	15.54	12.23	16.17	13.05	15.35	20.32	14.35	13.55

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Delivery of the ED, Hospital and System wide improvement plan to improve flow and reduce bed waits for patient requiring admission.	ED Team	Nov-18	Ongoing



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

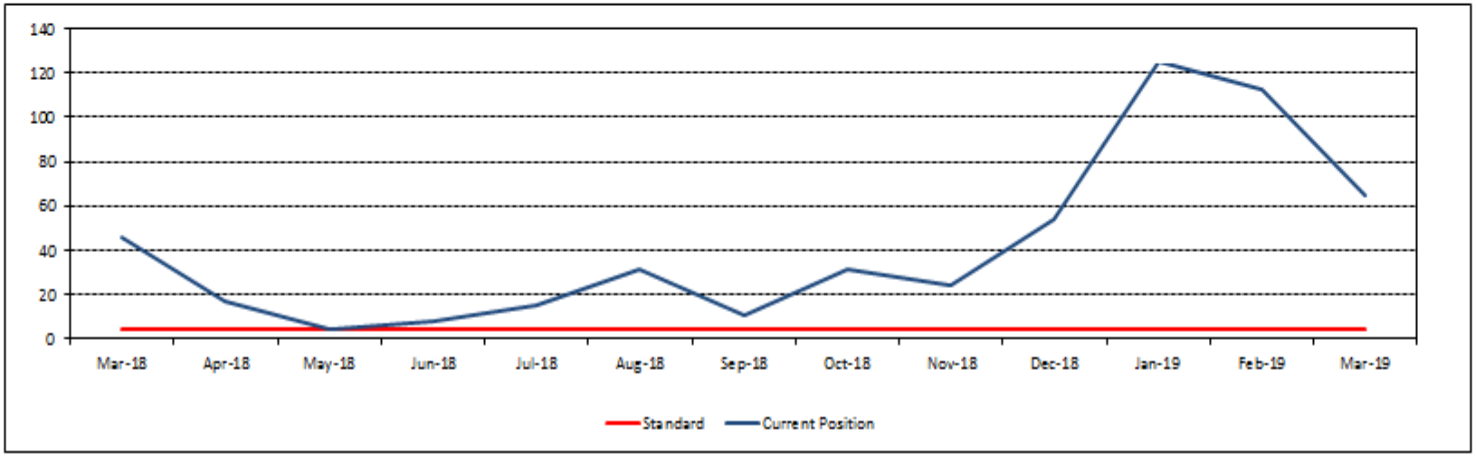
Indicator	A&E - Admission waiting 4-12 hours from dec. to admit
Standard	4
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

65 patients of 2148 admitted patients (3.02%) waited between 4-12 for a bed following a decision to admit. This has decreased significantly for the second month. It remains higher than we would hope due to the impact of high demand on the hospital services resulting in bed pressures within the hospital. This was reflected in the breach analysis for March which demonstrated that 24.8% of breaches being due to bed capacity..
The there is a comprehensive improvement plan of ED, hospital and system wide actions to address the delays in getting patients to the appropriate ward once the decision to admit has been made.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	4	4	4	4	4	4	4	4	4	4	4	4	4
Current Position	46	17	4	8	15	31	10	31	24	54	125	113	65

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Delivery of the ED, Hospital and System wide improvement plan aiming to improve patient flow.	ED Team	Nov-18	Ongoing



47

Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

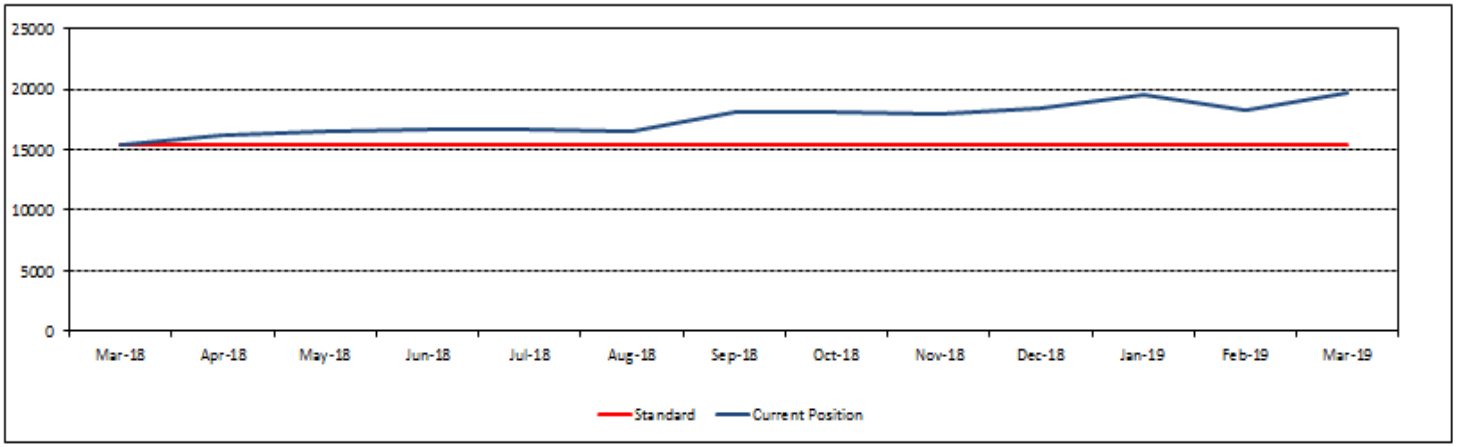
Indicator	RTT waiting List
Standard	15396
Executive Lead	Helen Beck
Month	Mar-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Overall waiting list number has increased, despite additional focus on validation. Overall number increase in Cardiology, Gastroenterology, General Surgery, and Gynaecology.

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

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



48

Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

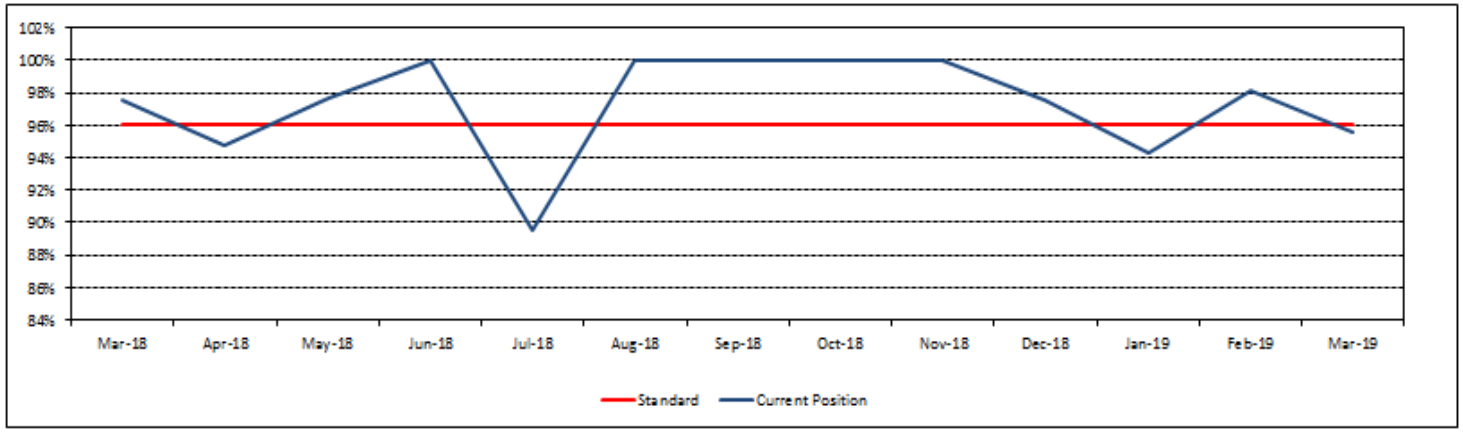
Indicator	Stroke - % patients scanned within 12 hrs.
Standard	96%
Executive Lead	Helen Beck
Month	Mar-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

The target was very narrowly missed for 12 hours to scan although we met the 1 hour to scan target. 2/45 patients breached and both of these are considered to be atypical presentations with one presenting with chest pain and one initially treated for sepsis, both later being found to have suffered a stroke. It is considered that given the presentations of these patients, both were treated appropriately therefore no action is required.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
Current Position	97.5%	94.7%	97.7%	100%	89.5%	100%	100%	100%	100%	97.5%	94.3%	98.1%	95.6%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Appropriate treatment given in relation to presentation, no action required.			



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

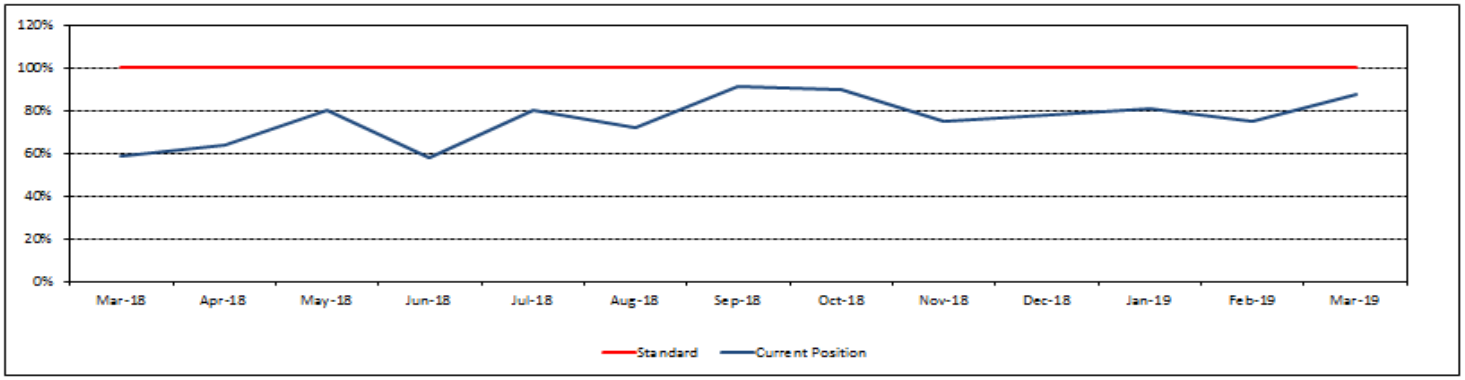
Indicator	Sepsis - 1 hr neutropenic sepsis
Standard	100%
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Performance against national standards for Door to Needle time for Neutropenic sepsis was 87.5% for the month of March. 6 patients were admitted to G1 and all recieved required treatment with the 1 hour time scale. Of the 10 patients who were admitted through ED, 8 were treated within the hour (80%) - 2 breached the national standard. Please see below action plan to address the issues and improve performance against this standard.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	58.3%	63.6%	80.0%	57.9%	80.0%	72.2%	90.9%	90.0%	75.0%	77.8%	81.0%	75.0%	87.5%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Introduction of the Emergency Department Neutropenic Sepsis FastTrack Pathway NSFP (Red Folder) copy displayed on info board in ED staff room	DB/AO	Dec-18	Ongoing
Separate teaching and sign-off for neutropenic sepsis anti-biotic PGD by ED PDN	GB	Dec-18	Ongoing
High level of new starters in ED, ED PDN currently working through teaching and sign-off	GB	Dec-18	Ongoing
Detailed learning and sign-off within the newly introduced Emergency Department Adult and Paediatric Competency Workbooks.	DB/AO	Dec-18	Ongoing
NSFP communicated to the ED Team through 'hot topics' at the start of the shift	IP/DB	Dec-18	Ongoing
Monthly Neutropenic Sepsis Targets to be displayed on info board in ED staff room for continued shared learning	AO/IP	Dec-18	Ongoing
Electronic register of neutropenic sepsis anti-biotic PGD sign-off (will be within the new ED training database which is currently being developed)	AO/IP	Dec-18	Mar-19
Addition to the Band 7 Floor Coordinator individual competencies, responsible for allocating the NSFP to a ED Nurse(with anti-biotic PGD sign-off) within 15 minutes of registration	IP/DB	Dec-18	Ongoing
Neutropenic Sepsis Criteria (used in RCA template) now added to NSFP (red folder) checklist, for clearer guidance	AO	Dec-18	Ongoing
To involve Floor Coordinator with answering neutropenic RCA document around explanation for individual shifts	AO	Dec-18	Ongoing
Regular ED agency nurses to complete competencies and PGD's for neutropenic sepsis antibiotics	GB	Jan-19	Ongoing
ED Administration staff to print Oncology triage from evolve at point of registration and to be included within the NSFP folder	DR/AO	Jan-19	Ongoing



50

Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

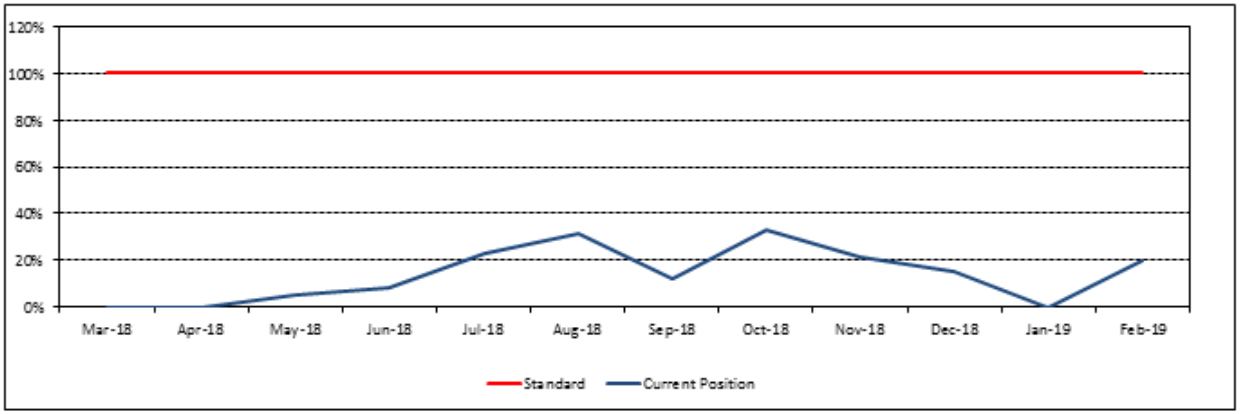
Indicator	Percentage of Children in Care initial health assessments completed within 28 calendar days of becoming a child in care
Standard	100%
Executive Lead	Helen Beck
Month	Mar-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

2 out of 14 Children seen within 28 days of becoming a Child in Care.
12 patients seen at earliest available appointment, between days 34 and 82 of becoming Children in Care but with late notification causing delays of up to 51 days of becoming Children in Care to notification of the service

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	ND	0.0%	5%	8.0%	23.1%	32%	12%	33.3%	21.4%	15.4%	0.0%	20.0%	14.3%

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



Putting you first

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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD(Apr18 Mar19)
5. Well Led	Agency, WTE & vacancies	5.09	Agency Spend Cap	486	378	331	196	330	433	507	393	381	620	500	486	486	486	429
		5.10	Bank Spend		996	1282	1350	1015	1045	1294	1212	1222	1140	1167	1114	971	1277	14089
		5.12	Proportion of Temporary Staff	12%	11.0%	12.5%	11.9%	9.7%	11.3%	12.7%	12.0%	11.8%	12.8%	12.1%	12.7%	9.4%	13.1%	11.8%
		5.13	Locum and Medical agency spend	NT	468	398	319	468	624	524	434	524	570	555	522	389	448	481
		5.57	Additional sessions	NT	167	253	238	207	161	270	250	338	288	266	216	274	283	254
		5.16	% Staff on Maternity/Paternity Leave	NT	1.93%	2.00%	2.30%	2.38%	2.43%	2.60%	2.64%	2.65%	2.73%	2.83%	2.80%	2.64%	2.58%	2.55%
	Other	5.58	New grievance or employment tribunals in the month	NT	NA	0	4	0	0	0	0	1	4	0	2	0	1	12
		5.18	Recruitment Timescales - Av no. of weeks to recruit	7	5.4	5.4	5.6	5.4	5.4	5.0	6.1	6.4	6.4	6.4	5.3	4.8	5.2	5.6
		5.19	DBS checks	95%	97.0%	98.0%	97.5%	98.0%	98.0%	98.0%	98.0%	98.5%	97.5%	97.5%	98.0%	98.0%	98.0%	97.9%
		5.20	Staff appraisal Rates	90%	63.0%	67.0%	67.3%	69.3%	75.8%	75.2%	76.9%	76.0%	79.0%	76.4%	77.0%	76.0%	79.0%	74.6%

Putting you first

Are we.		Ref.	KPI	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD(Apr18 Mar19)
5. Well Led	Training	5.22	Infection Control Training (classroom)	90%	95.0%	94.0%	95.0%	94.0%	95.0%	95.0%	95.0%	94.0%	95.0%	94.0%	96.0%	96.0%	93.0%	94.7%
		5.23	Infection Control Training (eLearning)	90%	90.0%	90.0%	90.0%	91.0%	90.0%	87.0%	90.0%	89.0%	90.0%	91.0%	91.0%	91.0%	81.0%	89.3%
		5.24	Manual Handling Training (Patient)	90%	79.0%	74.0%	76.0%	77.0%	75.0%	79.0%	76.0%	77.0%	76.0%	76.0%	80.0%	77.0%	78.0%	76.8%
		5.25	Manual Handling Training (Non Patient)	90%	88.0%	88.0%	88.0%	83.0%	83.0%	81.0%	85.0%	82.0%	86.0%	84.0%	87.0%	88.0%	67.0%	83.5%
		5.26	Staff Adult Safeguarding Training	90%	92.0%	91.0%	91.0%	92.0%	90.0%	89.0%	91.0%	91.0%	90.0%	90.0%	91.0%	91.0%	85.0%	90.2%
		5.27	Safeguarding Children Level 1	90%	90.0%	90.0%	90.0%	89.0%	89.0%	88.0%	89.0%	89.0%	90.0%	91.0%	91.0%	90.0%	91.0%	89.8%
		5.28	Safeguarding Children Level 2	90%	91.0%	91.0%	90.0%	91.0%	91.0%	89.0%	90.0%	90.0%	90.0%	91.0%	91.0%	91.0%	86.0%	90.1%
		5.29	Safeguarding Children Level 3	90%	83.0%	95.0%	94.0%	94.0%	94.0%	89.0%	91.0%	91.0%	90.0%	90.0%	91.0%	91.0%	57.0%	88.9%
		5.30	Health & Safety Training	90%	91.0%	90.0%	90.0%	91.0%	91.0%	89.0%	90.0%	89.0%	89.0%	90.0%	89.0%	89.0%	87.0%	89.5%
		5.31	Security Awareness Training	90%	90.0%	90.0%	90.0%	91.0%	90.0%	89.0%	89.0%	88.0%	89.0%	89.0%	89.0%	88.0%	81.0%	88.6%
		5.32	Conflict Resolution Training (eLearning)	90%	84.0%	86.0%	87.0%	87.0%	88.0%	82.0%	83.0%	83.0%	85.0%	86.0%	86.0%	86.0%	68.0%	83.9%
		5.33	Conflict Resolution Training	90%	76.0%	69.0%	70.0%	70.0%	71.0%	73.0%	71.0%	69.0%	74.0%	75.0%	72.0%	72.0%	77.0%	71.9%
		5.34	Fire Training (eLearning)	90%	82.0%	80.0%	82.0%	81.0%	81.0%	84.0%	91.0%	83.0%	85.0%	88.0%	85.0%	83.0%	83.0%	83.8%
		5.35	Fire Training (classroom)	90%	90.0%	90.0%	90.0%	90.0%	89.0%	90.0%	84.0%	89.0%	88.0%	86.0%	89.0%	87.0%	89.0%	88.4%
		5.36	IG Training	95%	82.0%	86.0%	86.0%	83.0%	84.0%	82.0%	82.0%	80.0%	83.0%	82.0%	81.0%	83.0%	78.0%	82.5%
		5.37	Equality and Diversity	90%	83.0%	81.0%	80.0%	79.0%	79.0%	79.0%	80.0%	81.0%	82.0%	84.0%	85.0%	85.0%	87.0%	81.8%
		5.38	Majax Training	90%	88.0%	88.0%	88.0%	89.0%	88.0%	88.0%	88.0%	89.0%	89.0%	90.0%	90.0%	89.0%	78.0%	87.8%
		5.39	Medicines Management Training	90%	88.0%	87.0%	87.0%	88.0%	89.0%	87.0%	86.0%	87.0%	87.0%	87.0%	87.0%	86.0%	80.0%	86.5%
		5.40	Slips, trips and falls Training	90%	87.0%	85.0%	85.0%	86.0%	86.0%	86.0%	85.0%	86.0%	85.0%	87.0%	86.0%	86.0%	74.0%	84.8%
		5.41	Blood-borne Viruses/Inoculation Incidents	90%	86.0%	85.0%	86.0%	87.0%	88.0%	85.0%	86.0%	87.0%	88.0%	89.0%	89.0%	87.0%	78.0%	86.3%
		5.42	Basic life support training (adult)	90%	78.0%	75.0%	76.0%	76.0%	75.0%	79.0%	79.0%	79.0%	80.0%	80.0%	81.0%	80.0%	79.0%	78.3%
		5.43	Blood Products & Transfusion Processes (Refresher)	90%	72.0%	73.0%	72.0%	73.0%	74.0%	74.0%	73.0%	74.0%	75.0%	76.0%	77.0%	76.0%	65.0%	73.5%
		5.44	Mandatory Training Compliance	90%	82.8%	83.3%	84.0%	85.0%	84.0%	84.0%	85.0%	85.0%	86.0%	86.0%	85.0%	86.0%	82.0%	84.6%

EXCEPTION REPORTS – WELL LED

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

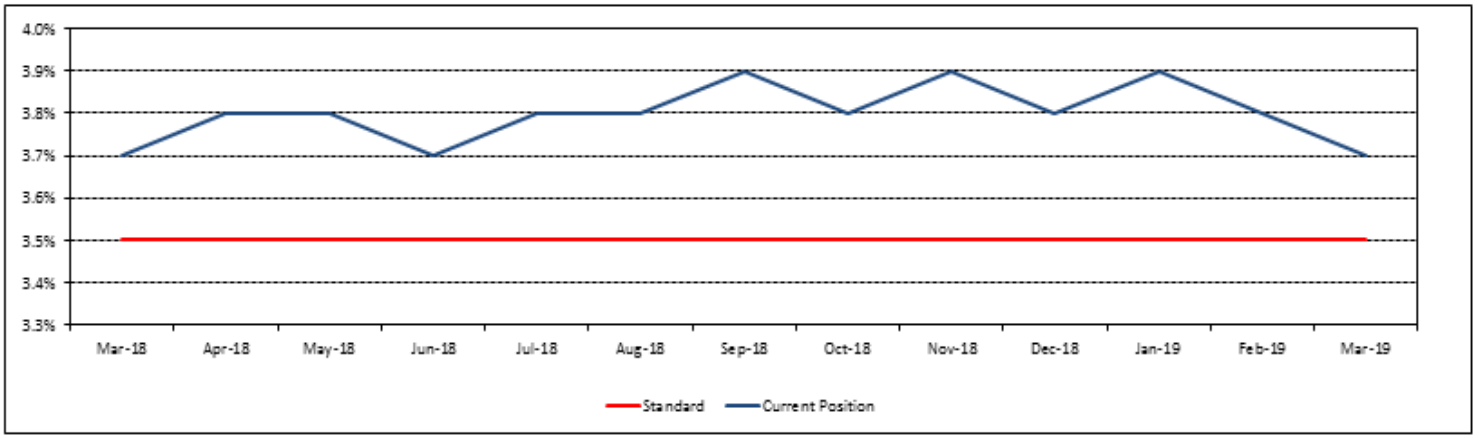
Indicator	Sickness Absence
Standard	3.5%
Executive Lead	Jan Bloomfield
Month	Mar-19
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

Sickness absence has seen a slight (0.1%) drop for March 2019, as we would expect and as was shown at March 2018. The target of 3.5% continues to be challenging during the autumn and winter periods.

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
We continue to offer HR support and guidance to managers for both short term and long term absences.	Denise Needle		



Putting you first

NHS West Suffolk NHS Foundation Trust

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

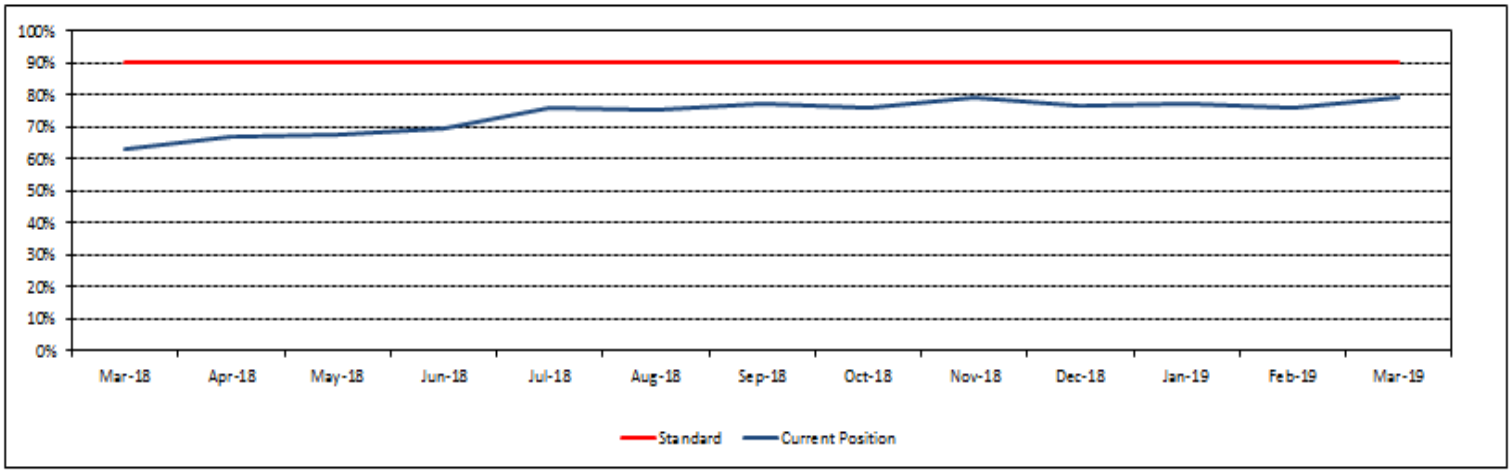
Indicator	Staff appraisal Rates
Standard	90%
Executive Lead	Jan Bloomfield
Month	Mar-19
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

We have increased the compliance rate by 3% this month and is showing a steady rise towards the 90% compliance rate.

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
managers continue to receive monthly reports as to levels of compliance and details of those staff who are out of date. Senior managers also continue to performance manage this indicator closely			



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

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

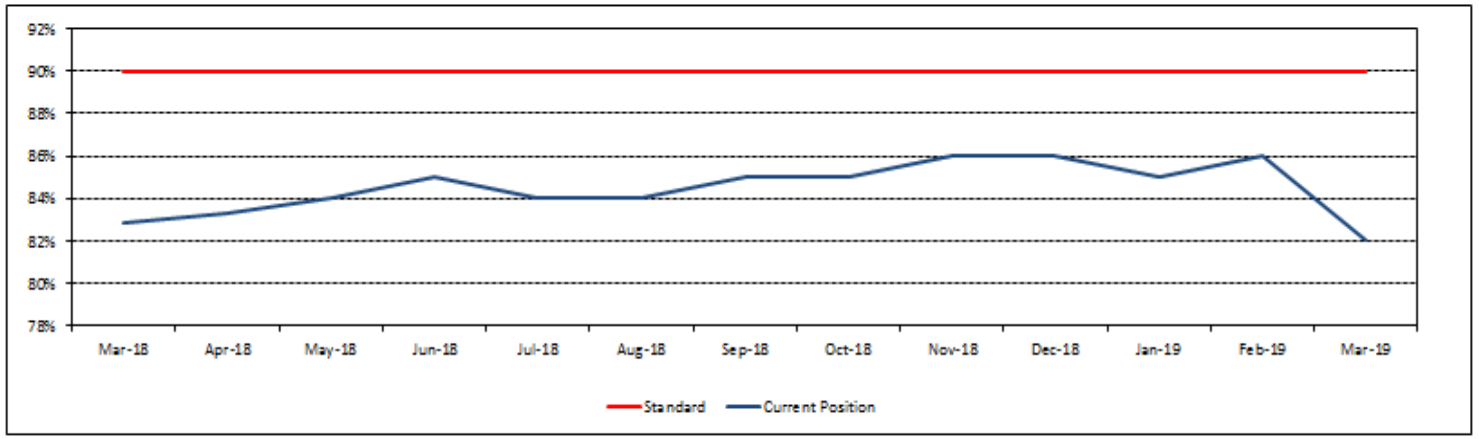
Summary of Current performance & Reasons for under performance

Compliance is currently showing a dip of 2% across all subjects. This is due to two factors; the trust authorised a training amnesty for the month of January 2019, in anticipation of winter pressures; and secondly that the ESR system now reports both the acute and community compliance figures as one. Data issues and changes to community requirements have meant a seeming dip in percentage compliance. Please see the separate board of directors report on mandatory training.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	82.8%	83.3%	84.0%	85.0%	84.0%	84.0%	85.0%	85.0%	86.0%	86.0%	85.0%	86.0%	82.0%

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

Description	Owner	Start	End
Reporting and data issues relating to community integration onto ESR are being addressed, and mandatory training programmes are now being run for all areas.	Denise Needle		



Putting you first

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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD(Apr18 Mar19)
6. Productive	Activity	6.07	A&E Activity	NT	6172	5967	6498	6161	6564	6072	6042	6256	6114	6155	6371	5741	6695	74636
		6.08	NEL Activity	NT	2557	2295	2491	2491	2465	2394	2356	2638	2770	2520	2750	2467	2604	30241
		6.09	OP - New Appointments	NT	6324	6033	6930	6379	6598	6007	6113	7381	7255	5995	7059	6419	7086	79255
		6.10	OP- Follow-Up Appointments	NT	11609	11142	12248	11520	11750	10929	10879	12773	12289	9834	12610	11107	11536	138617
		6.11	Electives (Incl Daycase)	NT	2871	2667	3020	2799	2870	2786	2379	3033	3047	2519	3202	2957	2971	34250
	Finance	6.12	Financial Position (YTD)	Var	-287	-1760	-2793	-3159	-4420	-5641	-7119	-7122	-7494	-6534	-8691	-7955	-9877	-72565
		6.13	Financial Stability Risk Rating	Var	3	3	3	3	3	3	3	3	3	3	3	3	3	36
		6.14	Cash Position (YTD £000s)	Var	3600	5322	4550	2239	6852	7231	3934	1338	1159	4306	2562	2130	4507	46130
	Ratios	6.15	% Consultant to Consultant Referrals	NT	13.0%	14%	12.2%	13.3%	12.8%	11.7%	10.5%	11.2%	13.0%	13.9%	12.5%	12.6%	10.8%	12.3%
		6.16	New to FU Ratios	1.9	1.84	1.85	1.77	1.81	1.78	1.82	1.78	1.73	1.69	1.64	1.79	1.73	1.63	1.75

Putting you first

EXCEPTION REPORTS – PRODUCTIVE

The finance report contains full details.

10. DETAILED REPORTS- MATERNITY

Are we..		Ref.	KPI	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD(Apr18 Mar19)
7.Maternity	Safe	7.09	Elective Caesarean Sections	10%	10.7%	11.8%	10.9%	7.6%	4.7%	7.8%	9.6%	8.6%	10.4%	9.1%	6.7%	9.3%	11.2%	9.0%
		7.10	Emergency Caesarean Sections	12%	19.4%	16.4%	11.4%	10.6%	12.4%	9.2%	13.0%	14.1%	15.4%	16.3%	16.2%	11.0%	15.6%	13.5%
		7.11	Grade 1 Caesarean Section (Decision to delivery time met)	100%	100%	100%	100%	100%	100%	100%	100%	40.0%	100%	100%	100%	100%	100%	95.0%
		7.12	Grade 2 Caesarean Section (Decision to delivery time met)	80%	81.0%	82.0%	93.0%	90.0%	58.0%	64.0%	82.0%	71.0%	57.0%	79.0%	76.1%	92.3%	87.0%	77.6%
		7.13	Homebirths	2%	0.5%	2.6%	5.0%	1.5%	2.4%	1.5%	3.8%	1.8%	2.0%	1.0%	2.2%	2.9%	2.8%	2.5%
		7.14	Midwifery led birthing unit (MLBU) births	>13%	14.1%	16.4%	11.4%	11.4%	18.8%	17.0%	11.5%	14.4%	NA	NA	NA	NA	NA	14.4%
		7.15	Labour Suite births	77.5%	85.4%	81.0%	83.0%	86.9%	78.2%	80.6%	83.7%	82.7%	82.6%	83.0%	78.8%	77.9%	82.1%	81.7%
		7.16	Induction of Labour	29.3%	37.4%	41.0%	37.8%	40.9%	37.6%	36.4%	34.1%	35.5%	38.3%	42.1%	40.8%	39.0%	42.2%	38.8%
		7.17	Instrument Assisted Deliveries (Forceps & VentoUse)	>14%	6.8%	13.0%	9.5%	10.1%	10.0%	12.6%	11.5%	11.8%	13.9%	8.1%	8.9%	12.2%	11.7%	11.1%
		7.18	Critical Care Obstetric Admissions	0	1	1	2	1	0	1	1	0	0	3	1	0	0	10
		7.19	Eclampsia	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2
	Effective	7.20	Shoulder Dystocia	2	8	5	6	8	5	6	9	9	4	4	6	4	4	70
		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	0	0	1	2	0	0	1	0	1	1	0	1	7
		7.23	3rd and 4th degree tears (all deliveries)	12	2	9	4	6	4	7	7	3	8	2	6	2	0	58
	Caring	7.24	Maternal death	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		7.25	Stillbirths	NT	0	1	1	0	1	0	0	0	0	0	0	0	0	3
		7.26	Complaints	NT	1	0	ND	0	3	1	0	1	1	0	3	3	1	13
		7.27	No. of babies admitted to Neonatal Unit (>36+6)	NT	12	18	10	9	7	13	8	9	10	15	7	7	9	122
	Responsive	7.28	No. of babies transferred for therapeutic cooling	0	0	1	0	0	0	0	0	0	0	0	0	1	0	2
		7.29	One to one care in established labour	100%	100%	91.0%	93.0%	92.3%	97.0%	97.0%	100%	100%	100%	99.0%	100%	100%	100%	97.4%
		7.30	Reported Clinical Incidents	50	48	46	56	48	27	39	44	34	42	38	50	40	59	523
		7.31	Hours of dedicated consultant cover per week	60	93	94	90	93	93	90	87	87	99	93	105	87	98	1116
		7.32	Consultant Anaesthetists sessions on Labour Suite	10	10	10	10	10	10	10	10	10	10	10	10	10	10	120
		7.34	No. of women identified as smoking at booking	NT	30	26	31	22	19	21	23	22	20	34	20	18	28	284
		7.35	No. of women identified as smoking at delivery	NT	24	23	26	14	15	27	21	22	18	31	18	16	27	258
		7.36	UNICEF Baby friendly audits	10	10	ND	ND	10	ND	ND	ND	ND	ND	ND	ND	ND	ND	10
		7.37	Proportion of parents receiving Safer Sleeping Suffolk advice	80%	ND	62.9%	77.8%	81.8%	88.0%	80.0%	96.0%	97.0%	95.0%	97.5%	96.1%	97.0%	94.5%	88.6%
	Other	7.38	No. of bookings (First visit)	NT	274	240	251	237	252	236	231	234	222	206	278	226	242	2855
		7.39	Women booked before 12+6 weeks	95%	ND	95.4%	96.0%	96.6%	94.4%	96.0%	92.0%	92.0%	98.0%	95.1%	96.0%	96.4%	92.0%	95.0%
		7.40	Female Genital Mutilation (FGM)	NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Putting you first

EXCEPTION REPORTS – MATERNITY

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

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

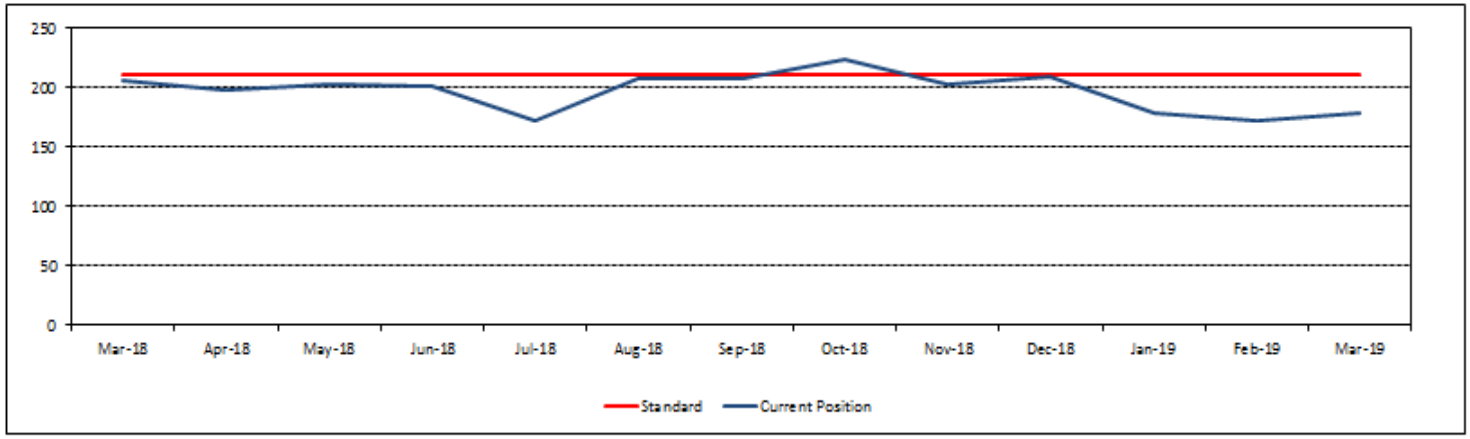
Summary of Current performance & Reasons for under performance

The number of births continues to remain below current standard of 210 for the last three months. The reasons for this is unclear. It is expected that when the Labour Suite refurbishment is completed there is a plan to publicise and promote the high quality ensuite delivery rooms designed for 21st century maternity care. This hopes to attract clients both locally and in particular surrounding areas.

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

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

Description	Owner	Start	End
Following labour Suite refurbishment the service plans to publicize and attract clients from both locally and the surrounding areas.			



60

Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

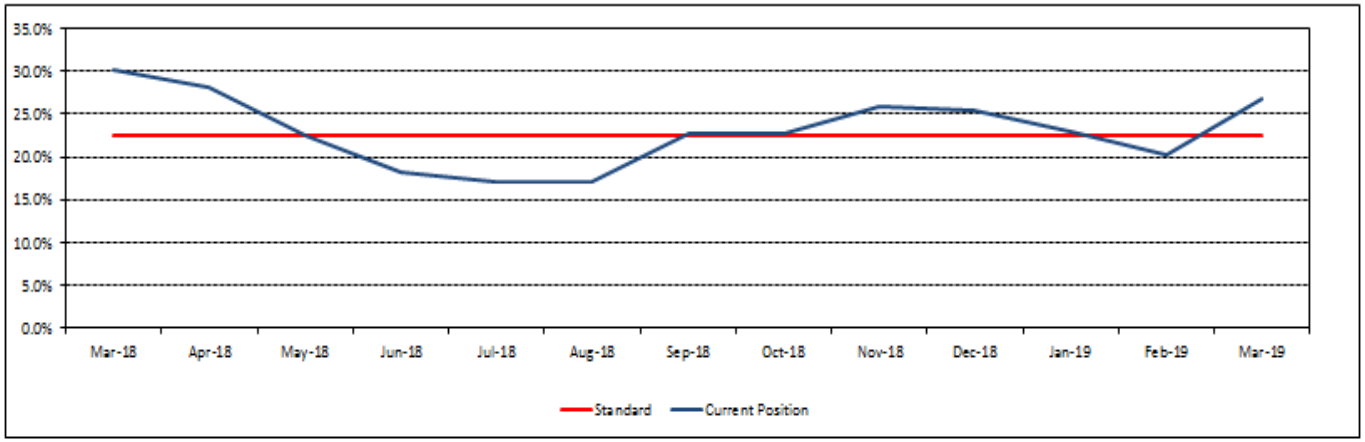
Indicator	% of all caesarean sections
Standard	22.6%
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The overall caesarean section rate this month shows a very small rise above the commissioned rate which has changed from April, from 22% to 26% to reflect the national average. The small increase may be partly due to an increase in the elective caesarean sections which usually remains steady and within the standard rate, but also the impact of fewer deliveries overall will have some influence in the percentage. The data shows 4 elective caesarean sections undertaken for maternal request with no other indication and these cases will be reviewed in more detail. It is hoped that now the overall rate for caesarean sections reflects national average the WSH will stay within this range.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
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	30.1%	28.2%	22.4%	18.2%	17.1%	17.0%	22.8%	22.7%	25.9%	25.4%	22.9%	20.3%	26.8%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Review EL caesarean sections for maternal request. Ongoing audit emergency caesarean sections in progress.			



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

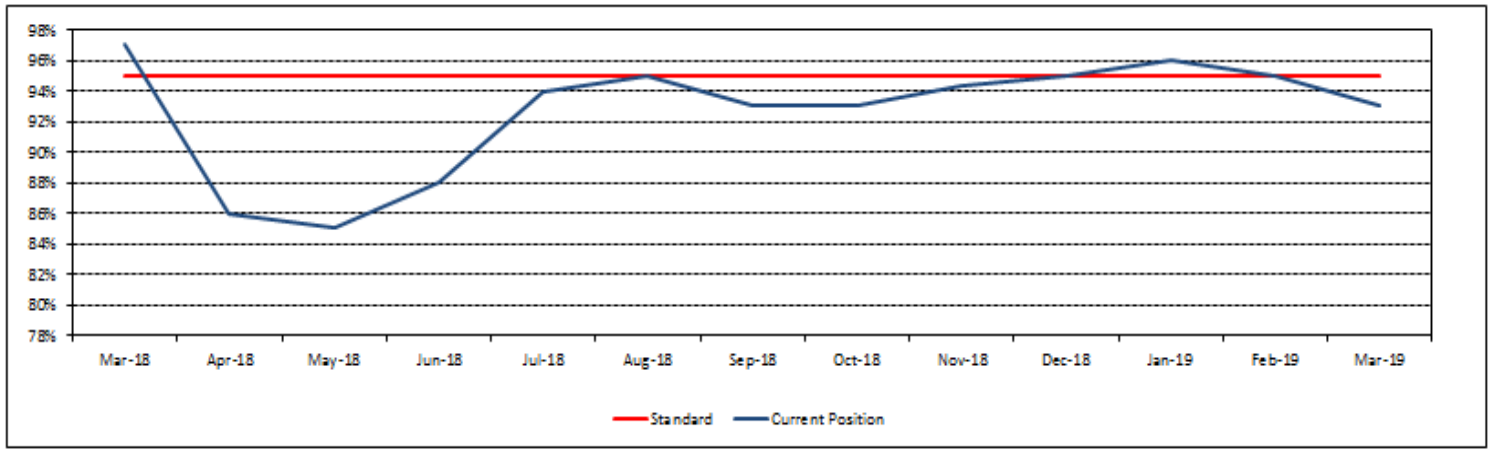
Indicator	Completion of WHO checklist
Standard	95%
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

This months performance dipped below the standard of 95%. This reduced performance is mainly due to sign in and sign out which although has been completed had not been signed by the theatre staff on 8 occasions and 7 by the surgeon. The surgeons have been sent an individual email and the consultant lead has been copied in. Theatre manager has been sent a copy of the completed audit for the month showing non compliance. The maternity service is preparing to amend the maternity WHO form and remove the surgeon and ODP from the sign in and replace this with the anaesthetist and ODP reflecting the recommendations in the National Safety Standards.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	97.0%	86.0%	85.0%	88.0%	94.0%	95.0%	93.0%	93.0%	94.4%	95.0%	96.0%	95.0%	93.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Amend the Maternity WHO form to reflect the standards in National Safety Standards.			



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

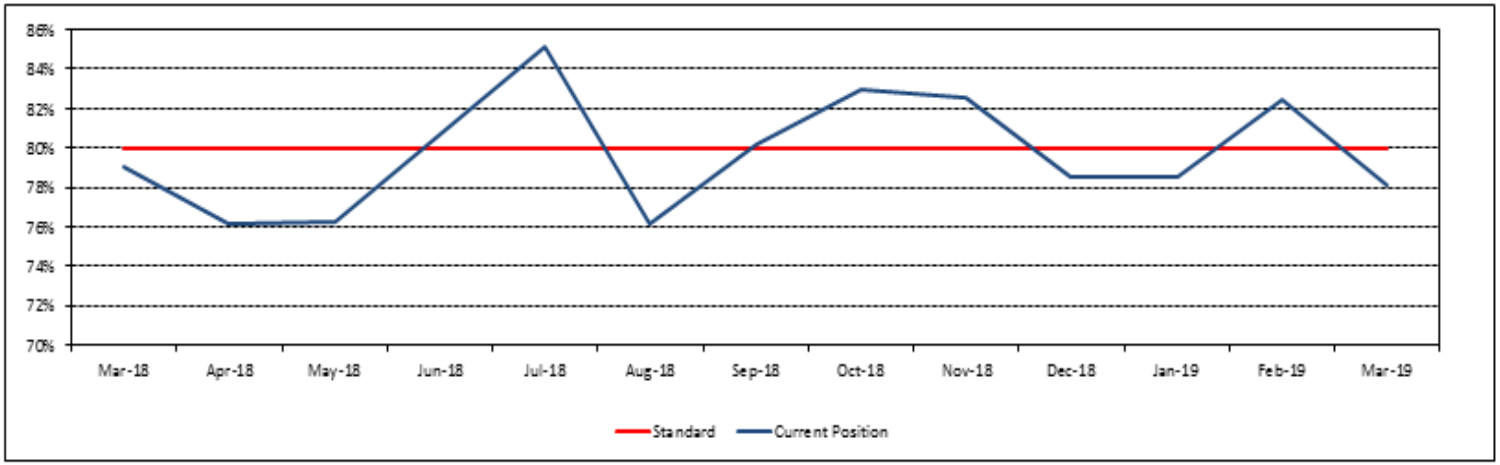
Indicator	Breastfeeding Initiation Rates
Standard	80%
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

This month the chart shows a small decline in initiation rates below the expected standard of 80% and although outside of our expected standard still within the national average of 74.1% (England NMPA). Breastfeeding initiation performance fluctuates without an obvious cause. The service is planning a Quality Improvement drive this month to look at making small changes to see if this improves performance.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Current Position	79.0%	76.1%	76.3%	80.7%	85.1%	76.2%	80.2%	83.0%	82.6%	78.5%	78.5%	82.4%	78.1%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
QI drive to aim to increase performance			



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

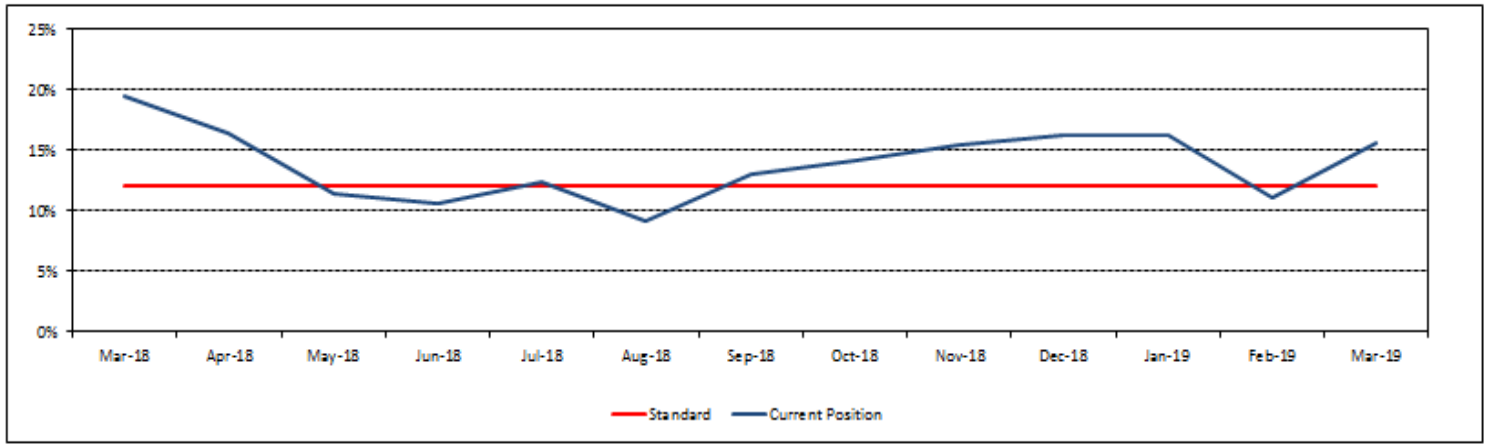
Indicator	Emergency Caesarean Sections
Standard	12%
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The run chart shows a continued increase in emergency Caesarean Sections rates over the previous months. The increase was noted with the appointment of two new obstetricians and the change of obstetric registrars, although there is no evidence that this is the reason for the increase and may be coincidental. The service is currently in the progress of auditing all emergency Caesarean Sections during November and December to identify any themes. The service continues to monitor emergency Caesarean Sections weekly.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%
Current Position	19.4%	16.4%	11.4%	10.6%	12.4%	9.2%	13.0%	14.1%	15.4%	16.3%	16.2%	11.0%	15.6%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Weekly monitoring of Emergency Caesarean Sections. Audit in progress.			



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

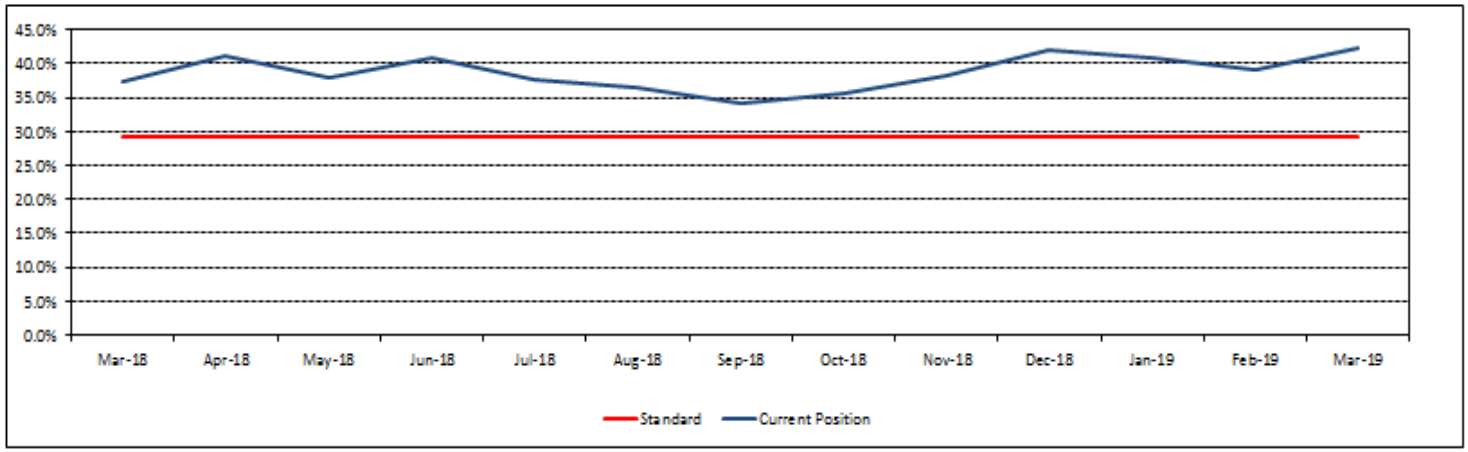
Indicator	Induction of Labour
Standard	29.3%
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The Induction of Labour rate has been consistently above the standard set by the National Maternity Perinatal Audit 2016. The WSH follows the national standards set for Induction of Labour (gestational diabetes, small for gestational age, reduced fetal movements and post maturity) Since 2016 there has been new initiatives to reduce the Stillbirth rate e.g. Gestation Related Optimal Weight monitoring for Gestational diabetes which have all increased the Induction of Labour rate. Previous Audits have shown that the majority are appropriate indications for Induction of Labour. The service is due to present an audit of Induction of Labour at this months CGSG.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%
Current Position	37.4%	41.0%	37.8%	40.9%	37.6%	36.4%	34.1%	35.5%	38.3%	42.1%	40.8%	39.0%	42.2%

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



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

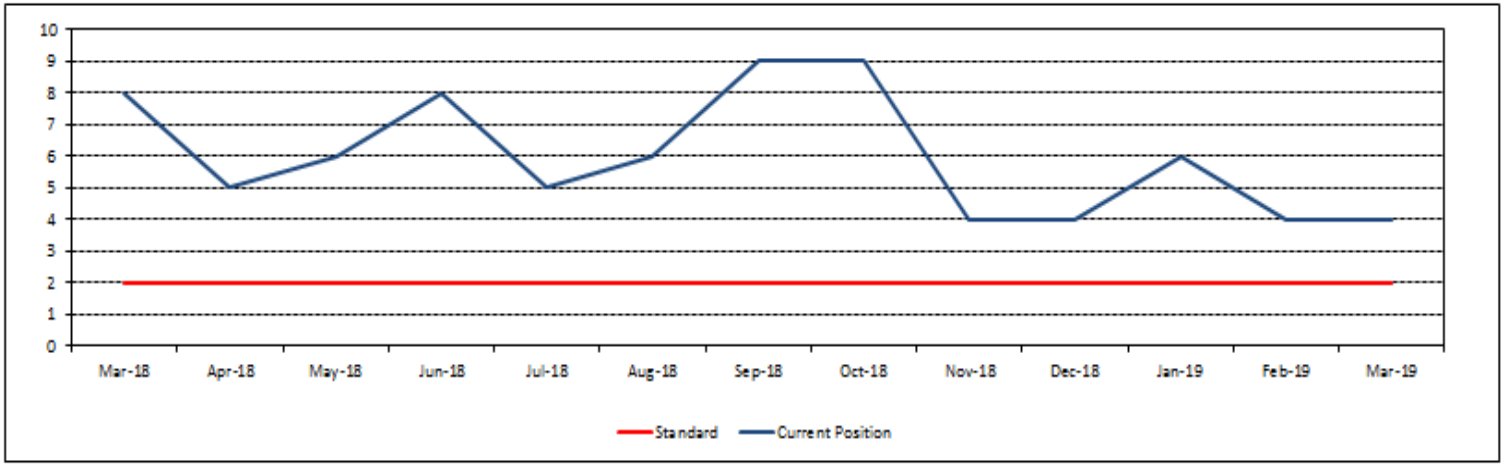
Indicator	Shoulder Dystocia
Standard	2
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The improved rate of shoulder dystocia is possibly due to improved reporting. True shoulder dystocia shoulder dystocia requiring specific internal manoeuvres is rare, however we report all cases which often have only required a change of maternal position. What is key to shoulder dystocia is that staff are highly trained therefore all staff undertake annual training in multi professional teams in the management of shoulder dystocia. There have been no permanent injuries reported of babies or mothers this year who have undergone shoulder dystocia.

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Ensure all midwifery and medical staff continue to attend PROMPT training.			



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

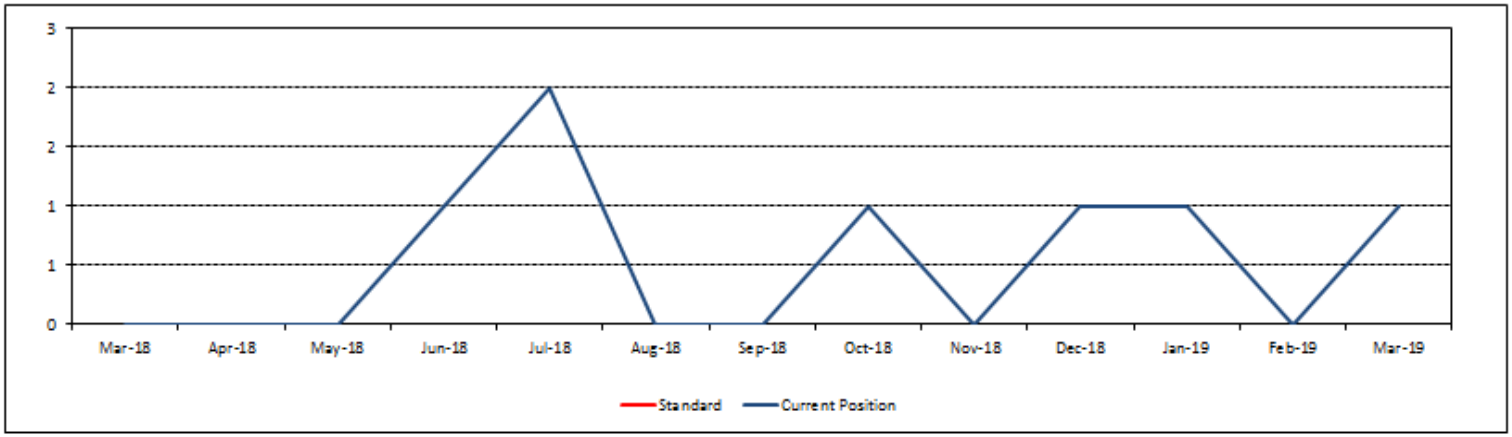
Indicator	Women requiring a blood transfusion of 4 units or more
Standard	0
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

Obstetric haemorrhage is a major source of morbidity and one of the most common direct causes of maternal mortality.The maternity service had one case of a woman requiring 4 units of blood. A twin pregnancy at increased risk due to the increased uterine size and placental site. The first twin delivered vaginally with an episiotomy which was bleeding and under normal circumstances would be repaired immediately however the second twin showed fetal distressed requiring a Grade one Caesarean Sections resulting in further atonic bleeding. The bleeding was attributed to both perineal and uterine atony resulting in major haemorrhage requiring transfusion. This case has undergone a routine multiprofessional case review which identifed that this was a well managed by the multi-disciplinary team.

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

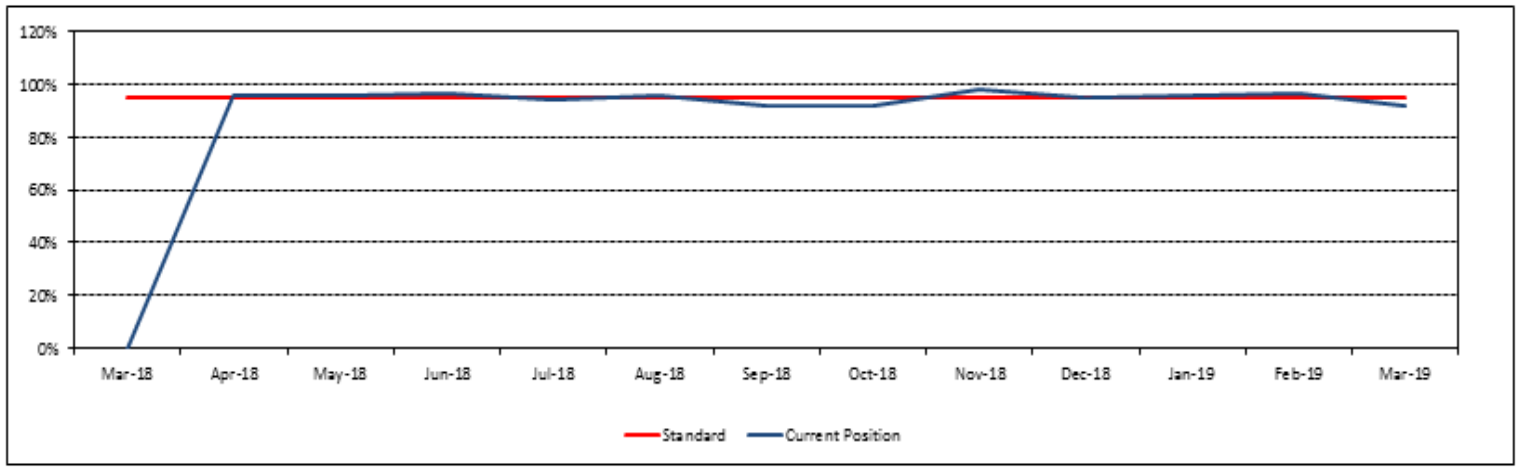
Indicator	Women booked before 12+6 weeks
Standard	95%
Executive Lead	Rowan Procter
Month	Mar-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

There was a slight drop in the timing for booking within 12+6 weeks. The majority of women who are booked after 12+6 are late referring for maternity care and although out of the control of the service these women are included in the figures. The maternity service continue to increase awareness of the importance of booking early particularly emphasising the importance of early screening. The outpatient service manager is aware of the data and will feed this back to the community teams.

Month	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	ND	95.4%	96.0%	96.6%	94.4%	96.0%	92.0%	92.0%	98.0%	95.1%	96.0%	96.4%	92.0%

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



Putting you first

9. Finance and workforce report

To ACCEPT the report

For Report

Presented by Craig Black

Board of Directors – 26 April 2019

Agenda item:	Item 9			
Presented by:	Craig Black, Executive Director of Resources			
Prepared by:	Nick Macdonald, Deputy Director of Finance			
Date prepared:	23rd April 2019			
Subject:	Finance and Workforce Board Report – March 2019			
Purpose:	x	For information		For approval

Executive summary:

The Trust agreed a control total to make a deficit of £13.9m in 2018-19 which enabled Provider Sustainability Funding (PSF) of £3.7m should A&E and Financial targets be met. As a result of over performing our control total we have been notified that additional Indicative PSF of £3.7m will also be distributed. (This is not included in the figures within this report).

The Trust planned to make a net deficit (after PSF) of £10.2m for 2018-19. Our position at year end over-performed this plan by £0.3m, being £9.9m deficit (before the Indicative PSF). The net position is therefore likely to be £6.2m deficit (unaudited).

NHSI have proposed a control total for 2019-20 for the WSFT to break even. In order to achieve this plan the Trust will need to deliver a Cost Improvement Programme of £8.9m. Currently £8.6m has been identified.

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

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

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

FINANCE AND WORKFORCE REPORT
March 2019 (Month 12)

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

Financial Summary

I&E Position YTD	£9.9m	loss
Variance against plan YTD	£0.3m	favourable
Movement in month against plan	£0.5m	favourable
EBITDA position YTD	-£4.3m	
EBITDA margin YTD	-1.2%	adverse
Total PSF Received	£3.273m	accrued
Cash at bank	£4.5m	

Executive Summary

- The planned deficit for the year to date was £10.2m but the actual deficit was £9.9m, a favourable variance of £0.3m.
- We have out performed our control total by £0.3m, (unaudited). In addition there was a favourable variance of £0.3m relating to donated assets.
- As a result of achieving our control total we have been notified that additional Indicative PSF of £3.7m will be distributed. (This is not included in the above figures).
- The net position is therefore likely to be £6.2m deficit (unaudited)

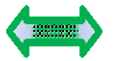
SUMMARY INCOME AND EXPENDITURE ACCOUNT - March 2019	Mar-19 Budget £m	Mar-19 Actual £m	Mar-19 Variance F/(A) £m	Year to date Budget £m	Year to date Actual £m	Year to date Variance F/(A) £m
NHS Contract Income	17.8	16.4	(1.3)	194.9	194.8	(0.1)
Other Income	3.2	6.2	3.0	39.4	43.6	4.2
Total Income	**20.9**	**22.6**	**1.6**	**234.3**	**238.4**	**4.2**
Pay Costs	14.5	14.3	0.2	160.6	162.7	(2.1)
Non-pay Costs	7.6	9.0	(1.4)	77.9	80.0	(2.1)
Operating Expenditure	**22.1**	**23.3**	**(1.2)**	**238.5**	**242.7**	**(4.2)**
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0
EBITDA excl STF	**(1.2)**	**(0.8)**	**0.5**	**(4.3)**	**(4.3)**	**(0.1)**
Depreciation	0.6	0.2	0.4	7.0	6.2	0.8
Finance costs	0.2	0.3	(0.1)	2.6	2.7	(0.1)
SURPLUS/(DEFICIT) pre PSF	**(2.0)**	**(1.4)**	**0.6**	**(13.8)**	**(13.2)**	**0.6**
Provider Sustainability Funding (PSF)						
PSF - Financial Performance	0.3	0.3	0.0	2.6	2.6	0.0
PSF - A&E Performance	0.1	(0.0)	(0.1)	1.1	0.7	(0.4)
SURPLUS/(DEFICIT) incl PSF	**(1.5)**	**(1.1)**	**0.5**	**(10.2)**	**(9.9)**	**0.3**

FINANCE AND WORKFORCE REPORT - MARCH 2019

Contents:

Key:

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

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

FINANCE AND WORKFORCE REPORT - MARCH 2019

Income and Expenditure Summary as at March 2019

The Trust agreed a control total to make a deficit of £13.9m in 2018-19 which enabled Provider Sustainability Funding (PSF) of £3.7m should A&E and Financial targets be met. As a result of over performing our control total we have been notified that additional Indicative PSF of £3.7m will also be distributed. (This is not included in the figures within this report).

The Trust planned to make a net deficit (after PSF) of £10.2m for 2018-19. Our position at year end over-performed this plan by £0.3m, being £9.9m deficit (before the Indicative PSF).

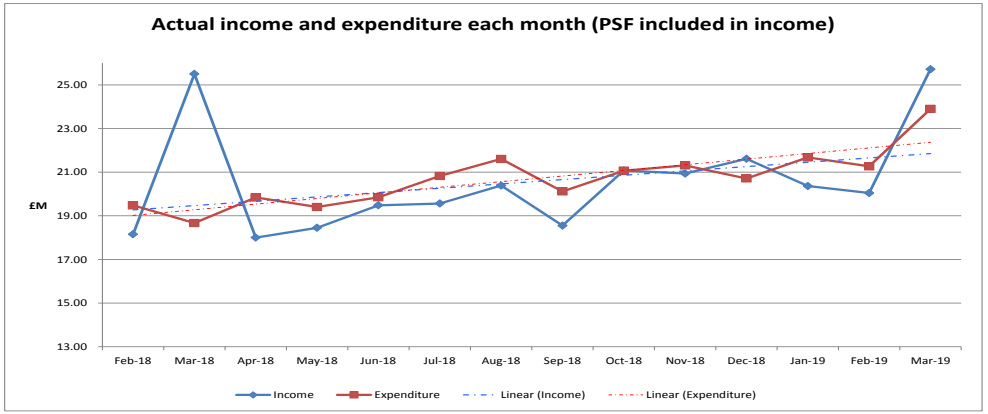
The reported I&E for March 2019 is a deficit of £1,016k, against a planned deficit of £1,545k. This results in a favourable variance of £529k in month (£301k favourable variance for the year).

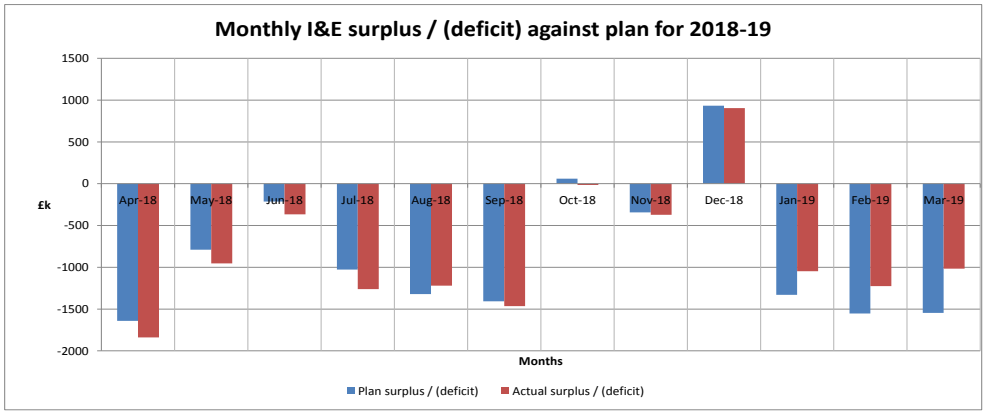
2019-20 Planning

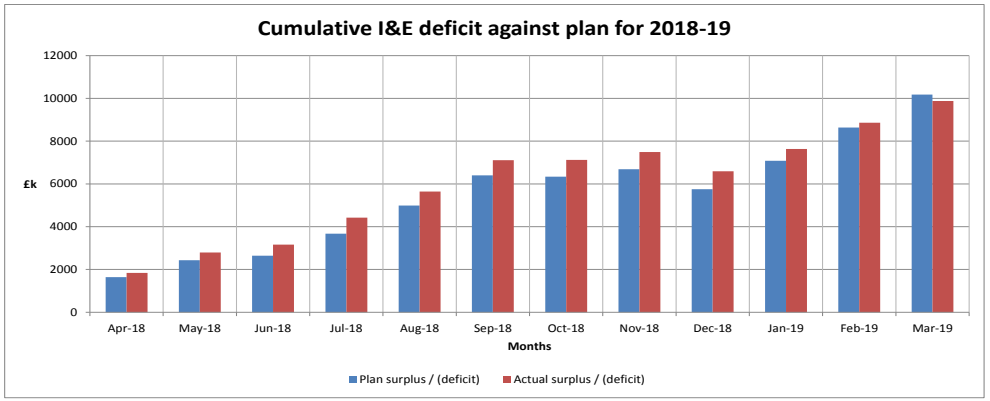
NHSI have proposed a control total for 2019-20 for the WSFT to break even. In order to achieve this the Trust will need to deliver a Cost Improvement Programme of £8.9m. Currently £8.6m has been identified.

Summary of I&E indicators

Income and Expenditure	Plan / target £'000	Actual / forecast £'000	Variance to plan (adv) / fav £'000	Direction of travel (variance)	RAG (report on Red)
In month surplus / (deficit)	(1,545)	(1,017)	528	↑	Green
YTD surplus / (deficit)	(10,179)	(9,877)	301	↑	Green
Forecast surplus / (deficit)	(10,179)	(10,179)	0	↔	Green
EBITDA (excl STF) YTD	(4,283)	(4,286)	(3)	↓	Amber
EBITDA (%)	(1.8%)	(1.8%)	0.0%	↔	Green
Clinical Income YTD	(194,884)	(194,810)	(74)	↑	Amber
Non-Clinical Income YTD	(43,029)	(46,871)	3,842	↑	Green
Pay YTD	160,640	162,669	(2,030)	↓	Red
Non-Pay YTD	87,452	88,889	(1,437)	↑	Red
CIP target YTD	12,239	12,239	0	↔	Green



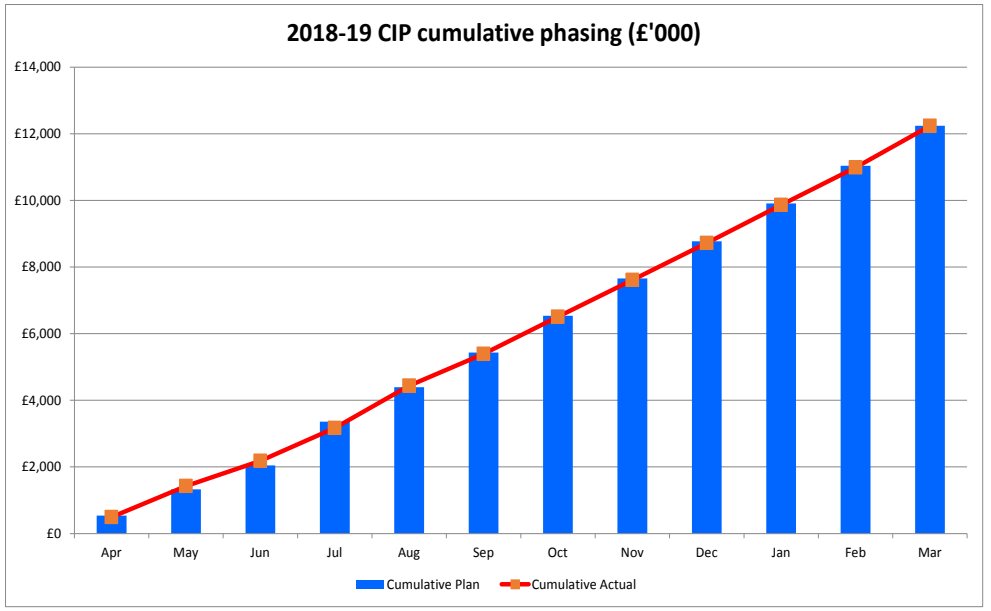


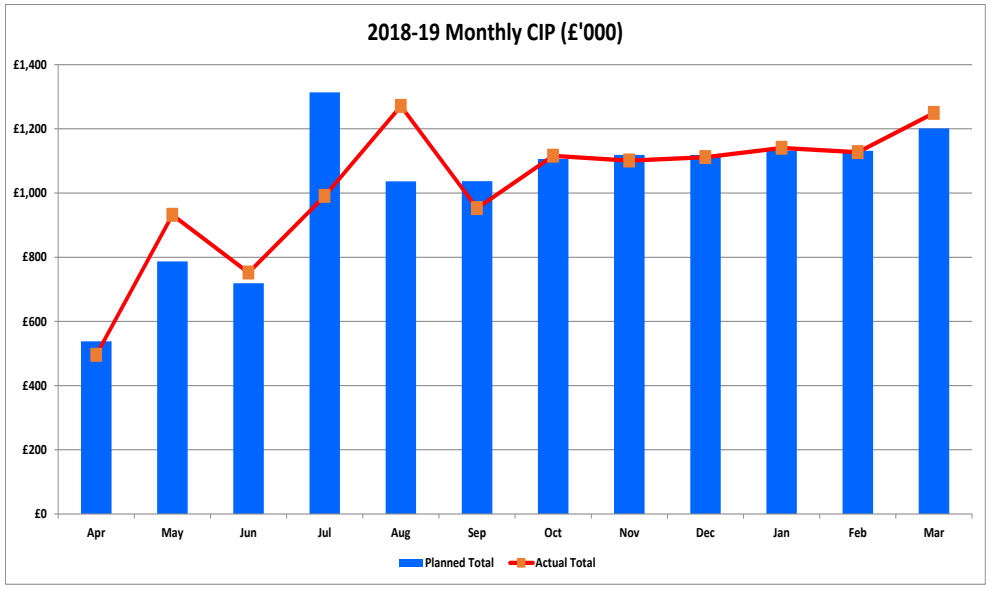


Cost Improvement Programme (CIP) 2018-19

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

Recurring/Non Recurring	Summary	2018-19 Annual Plan	Plan YTD	Actual YTD
		£'000	£'000	£'000
Recurring	Clinical Income	529	529	445
	Activity growth	186	186	-
	Private Patients	78	78	31
	Other Income	897	897	841
	Consultant Staffing	61	61	40
	Nursing productivity	80	80	109
	Staffing Review	295	295	329
	Additional sessions	278	278	188
	Temporary Pay	712	712	909
	Agency	198	198	317
	Pay Controls	-	-	-
	CNST discount	265	265	40
	Community Equipment Service	643	643	618
	Drugs	632	632	1,012
	Contract renegotiation	69	69	62
	Procurement	796	796	552
	Other	159	159	367
	Service Review	385	385	223
	Patient Flow	629	629	630
	Cancelled CIPs	324	324	-
Recurring Total		**7,215**	**7,215**	**6,714**
Non-Recurring	Capitalisation	1,500	1,500	1,500
	Other Income	-	-	-
	Additional sessions	278	278	657
	Contract review	-	-	-
	Divisional Cross Cutting allocation	1,880	1,880	534
	Non-Specific Divisional savings	-	-	662
	Other	1,366	1,366	2,173
Non-Recurring Total		**5,024**	**5,024**	**5,525**
Grand Total		**12,239**	**12,239**	**12,239**

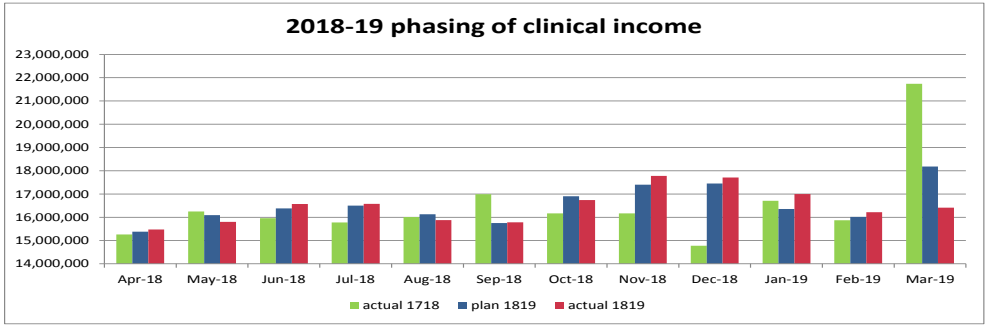




FINANCE AND WORKFORCE REPORT - MARCH 2019

Income Analysis

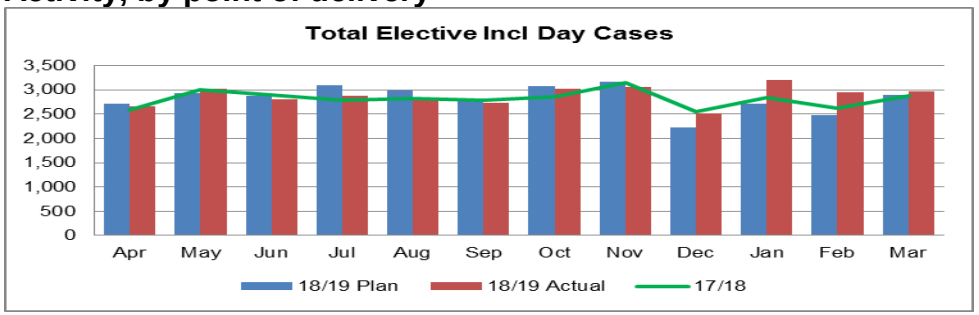
The chart below demonstrates the phasing of all clinical income plan for 2018-19, including Community Services. This phasing is in line with phasing of activity.

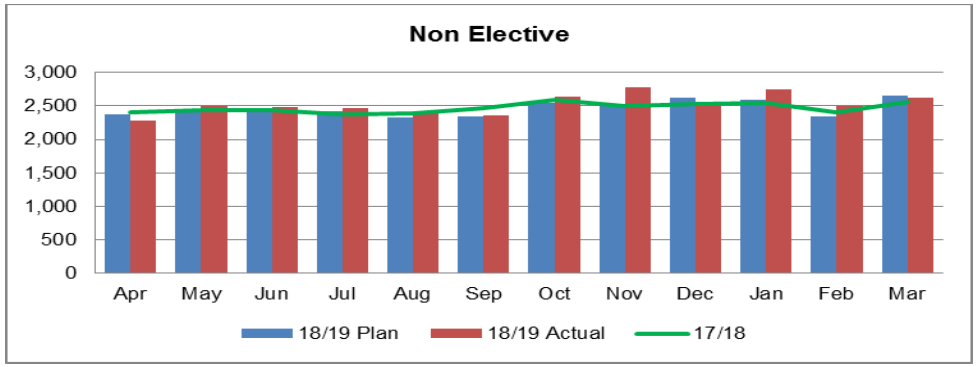


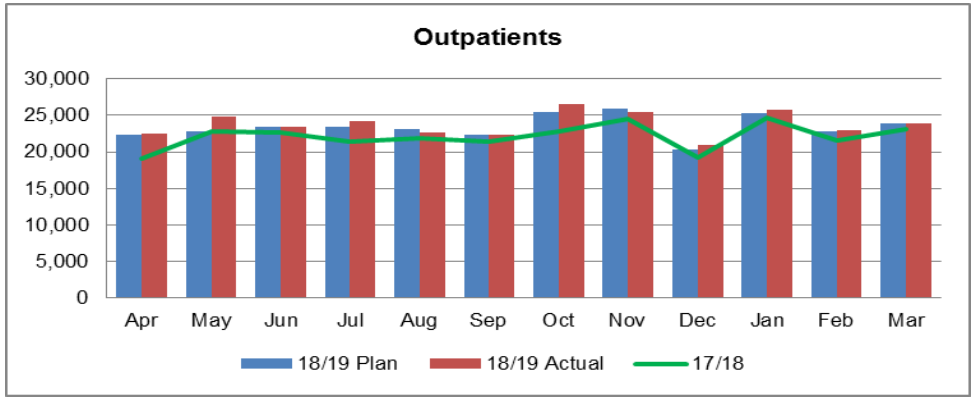
The income position was behind plan for March. The main areas of underperformance were Other Service, Elective and Non Elective activity.

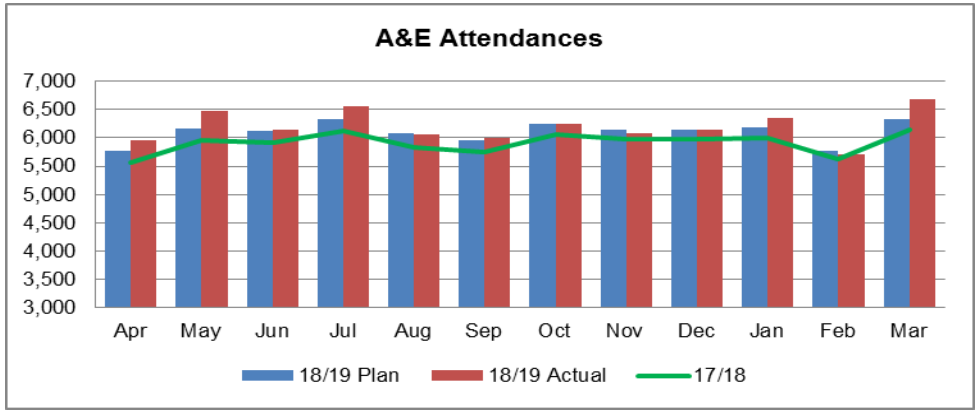
	Current Month			Year to Date		
Income (£000s)	Plan	Actual	Variance	Plan	Actual	Variance
Accident and Emergency	757	822	65	8,465	9,092	627
Other Services	3,220	1,997	(1,224)	26,962	24,142	(2,820)
CQUIN	329	325	(4)	3,791	3,865	75
Elective	2,809	2,655	(154)	33,577	32,915	(662)
Non Elective	5,944	5,662	(283)	66,166	67,140	974
Emergency Threshold Adjustment	(391)	(386)	5	(4,355)	(4,717)	(362)
Outpatients	2,897	3,164	267	34,050	36,207	2,157
Community	2,188	2,188	0	26,227	26,177	(50)
Total	**17,753**	**16,426**	**(1,327)**	**194,884**	**194,821**	**(63)**

Activity, by point of delivery



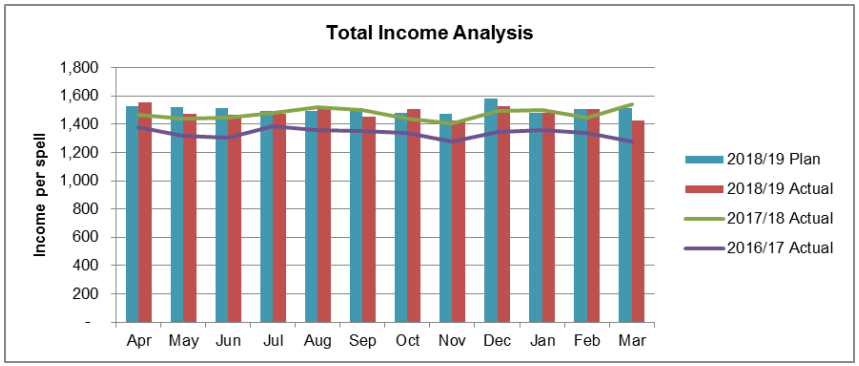


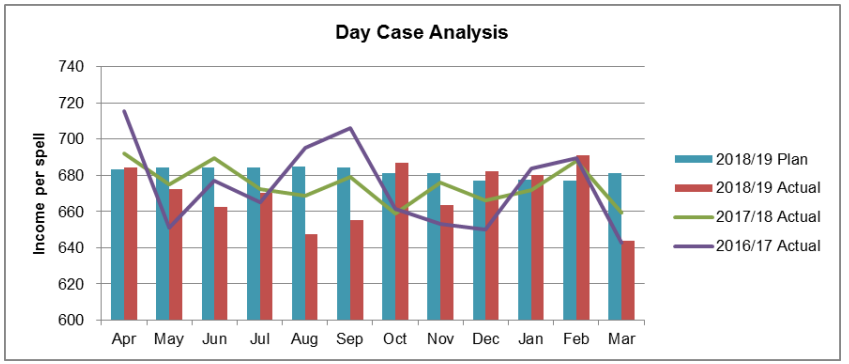


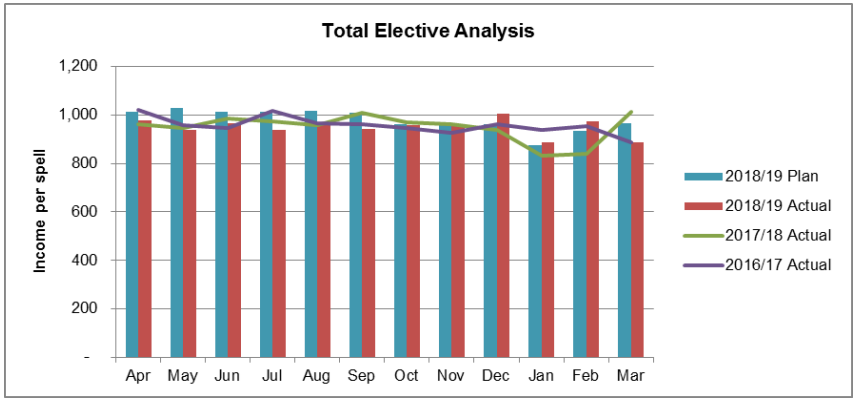


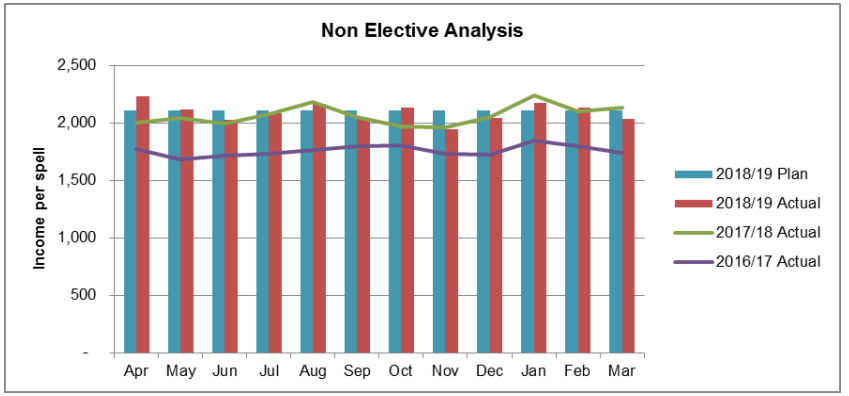
FINANCE AND WORKFORCE REPORT - MARCH 2019

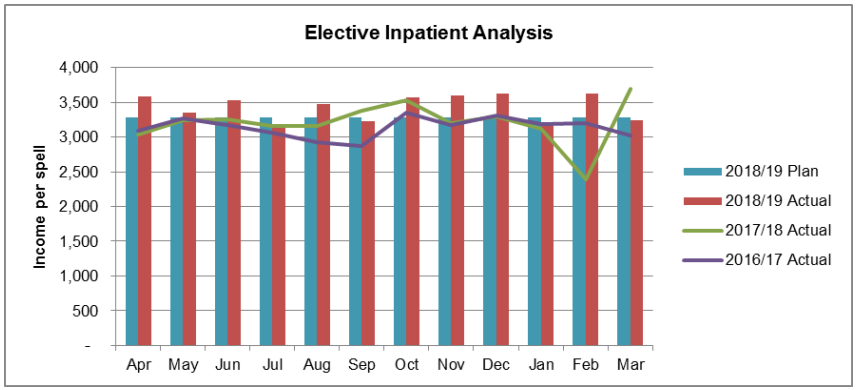
Trends and Analysis

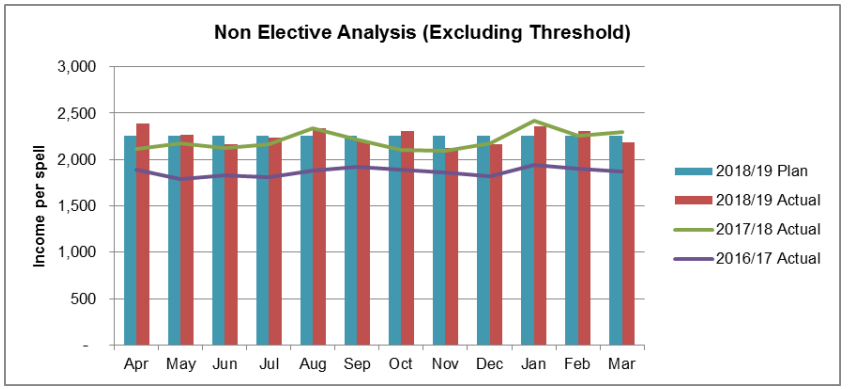












FINANCE AND WORKFORCE REPORT - MARCH 2019

Workforce

Monthly Expenditure (£) Acute services only				
As at March 2019	Mar-19	Feb-19	Mar-18	YTD 2018-19
	£'000	£'000	£'000	£'000
Budgeted costs in month	**11,885**	**11,905**	**10,856**	**140,973**
Substantive Staff	11,247	10,670	9,677	125,750
Medical Agency Staff (includes 'contracted in' staff)	220	131	258	2,588
Medical Locum Staff	213	246	176	2,951
Additional Medical sessions	240	272	211	3,142
Nursing Agency Staff	243	95	89	1,627
Nursing Bank Staff	238	244	212	3,470
Other Agency Staff	31	18	52	426
Other Bank Staff	131	122	110	1,616
Overtime	167	180	117	1,682
On Call	104	73	49	782
Total temporary expenditure	1,587	1,380	1,276	18,284
Total expenditure on pay	**12,834**	**12,050**	**10,953**	**144,034**
Variance (F/(A))	(949)	(145)	(97)	(3,061)
Temp Staff costs % of Total Pay	12.4%	11.5%	11.6%	12.7%
Memo : Total agency spend in month	494	244	399	4,641

Monthly Whole Time Equivalents (WTE) Acute Services only			
As at March 2019	Mar-19	Feb-19	Mar-18
	WTE	WTE	WTE
Budgeted WTE in month	**3,237.9**	**3,238.3**	**3,086.1**
Employed substantive WTE in month	2971.5	2959.31	2757.47
Medical Agency Staff (includes 'contracted in' staff)	26.38	14.56	21.73
Medical Locum	14.49	5.28	16.13
Additional Sessions	20.73	16.04	16.6
Nursing Agency	34.91	24.09	23.52
Nursing Bank	72.2	73.99	72.42
Other Agency	7.68	5.35	11.77
Other Bank	57.21	53.59	50.88
Overtime	52.18	51.79	38.28
On call Worked	6.01	6.86	5.86
Total equivalent temporary WTE	**291.8**	**251.6**	**257.2**
Total equivalent employed WTE	**3,263.3**	**3,210.9**	**3,014.7**
Variance (F/(A))	(25.4)	27.4	71.4
Temp Staff WTE % of Total Pay	8.9%	7.8%	8.5%
Memo : Total agency WTE in month	69.0	44.0	57.0

Sickness Rates (Feb / Jan)	4.16%	4.24%	3.75%
Mat Leave	2.94%	2.79%	2.21%

Monthly Expenditure (£) Community Service Only				
As at March 2019	Mar-19	Feb-19	Mar-18	YTD 2018-19
	£'000	£'000	£'000	£'000
Budgeted costs in month	**1,561**	**1,561**	**1,532**	**18,717**
Substantive Staff	1,449	1,506	1,428	17,843
Medical Agency Staff (includes 'contracted in' staff)	12	8	11	136
Medical Locum Staff	3	3	3	36
Additional Medical sessions	1	1	0	6
Nursing Agency Staff	23	17	15	131
Nursing Bank Staff	23	24	12	229
Other Agency Staff	(24)	4	27	27
Other Bank Staff	8	7	(12)	104
Overtime	7	4	6	86
On Call	3	2	3	37
Total temporary expenditure	54	71	66	792
Total expenditure on pay	**1,503**	**1,577**	**1,494**	**18,635**
Variance (F/(A))	58	(16)	38	82
Temp Staff costs % of Total Pay	3.6%	4.5%	4.4%	4.3%
Memo : Total agency spend in month	10	29	53	293

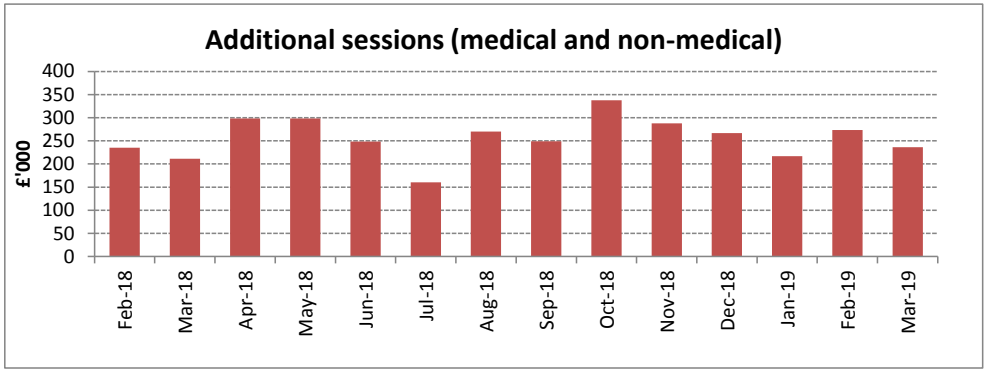
Monthly Whole Time Equivalents (WTE) Community Services Only			
As at March 2019	Mar-19	Feb-19	Mar-18
	WTE	WTE	WTE
Budgeted WTE in month	**486.25**	**486.25**	**496.6**
Employed substantive WTE in month	476.31	472.61	441.63
Medical Agency Staff (includes 'contracted in' staff)	0.74	0.51	0.69
Medical Locum	0.35	0.35	0.35
Additional Sessions	0.00	0.00	0.00
Nursing Agency	3.16	2.36	2.74
Nursing Bank	6.55	6.95	3.96
Other Agency	0.80	1.92	6.69
Other Bank	2.29	2.15	1.25
Overtime	2.13	1.37	1.85
On call Worked	0.00	0.00	0.00
Total equivalent temporary WTE	**16.0**	**15.6**	**17.5**
Total equivalent employed WTE	**492.3**	**488.2**	**459.2**
Variance (F/(A))	(6.08)	(1.97)	37.44
Temp Staff WTE % of Total Pay	3.3%	3.2%	3.8%
Memo : Total agency WTE in month	4.7	4.8	10.1

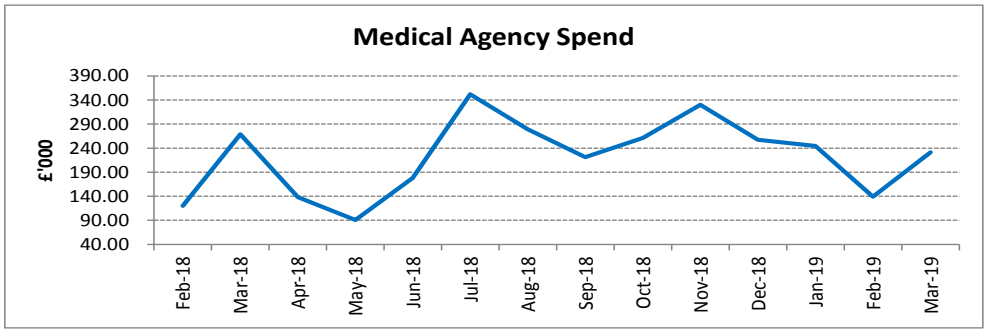
Sickness Rates (Feb/Jan)	4.62%	4.36%	3.56%
Mat Leave	3.08%	3.35%	2.4%

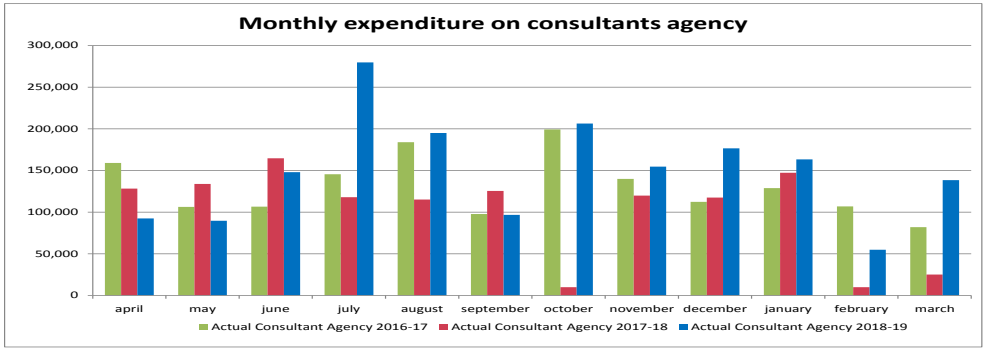
FINANCE AND WORKFORCE REPORT - MARCH 2019

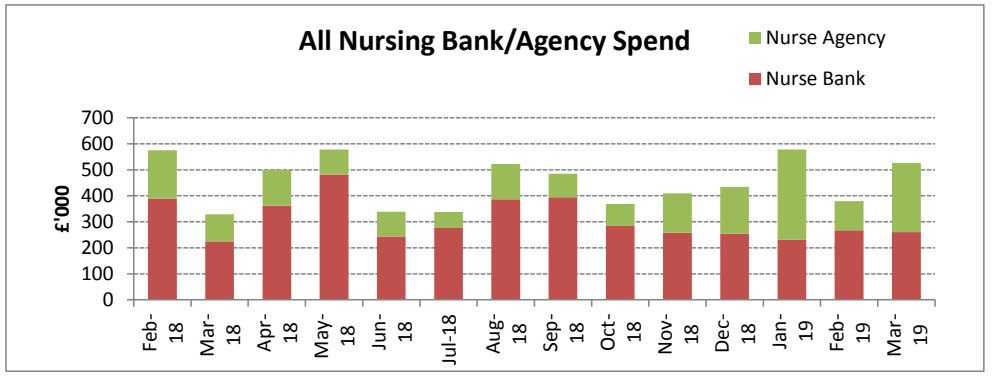
Pay Trends and Analysis

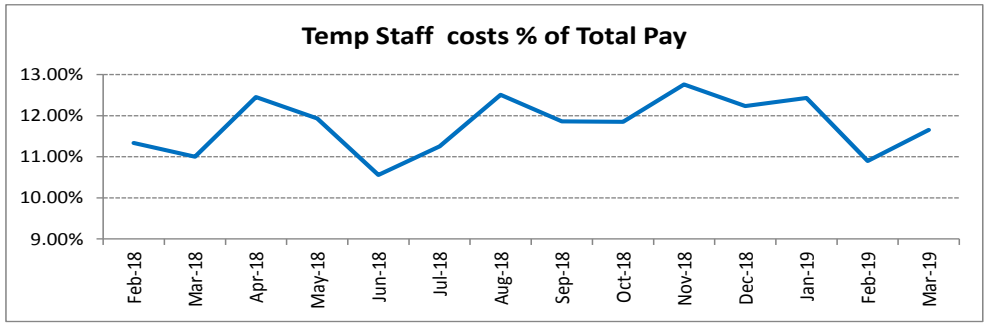
The Trust spent £58k less than budget on pay in March (£2.0m overspent YTD). This partly reflects the unfunded pay award which is estimated to be a cost pressure of £500k in 2018-19.











Registered Nurses (RN) & Nursing Assistants* (NA)

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

	Registered Nurses				Nursing Assistants			
	Leavers 2018	Starters 2018	% Turnover		Leavers 2018	Starters 2018	% Turnover	
			Predicted (Based on previous year)	Actual 2018			Predicted (Based on previous year)	Actual 2018
January 2018	1	4	0.84%	0.26%	2	8	1.51%	0.53%
February 2018	2	2	2.15%	0.52%	4	5	1.00%	1.07%
March 2018	4	6	0.88%	1.03%	5	6	1.04%	1.35%
April 2018	1	6	0.44%	0.26%	2	8	1.54%	0.54%
May 2018	2	0	0.67%	0.52%	1	0	0.78%	0.27%
June 2018	2	2	1.59%	0.53%	3	12	0.26%	0.80%
July 2018	6	0	1.15%	1.63%	9	8	0.76%	2.39%
August 2018	3	1	1.16%	0.85%	1	11	1.02%	0.27%
September 2018	3	15**	1.14%	1.21%	3	15	1.01%	1.19%
October 2018	5	13**	0.23%	1.75%	1	19	1.76%	0.34%
November 2018	0	5**	0.47%	0.00%	3	10	1.02%	1.27%
December 2018	3	10**	1.43%	1.54%	3	10	2.09%	1.24%
January 2019	0	8**	0.26%	0.00%	3	6	0.53%	1.08%
February 2019	1	1	0.52%	0.44%	1	8	1.07%	0.36%
March 2019	3	7**	0.88%	1.29%	5	9	1.04%	1.87%
Totals	36	80			41	135		

** Includes newly qualified Nurses & Oversea Nurses internally moved from Band 3 to Band 5 once Registration PIN received.

FINANCE AND WORKFORCE REPORT - MARCH 2019

Summary by Division

DIVISIONAL INCOME AND EXPENDITURE ACCOUNTS	Current Month Budget £k	Current Month Actual £k	Current Month Variance F/(A) £k	Year to date Budget £k	Year to date Actual £k	Year to date Variance F/(A) £k
MEDICINE						
Total Income	(6,184)	(6,867)	683	(71,207)	(74,498)	3,291
Pay Costs	3,742	3,944	(203)	43,380	45,232	(1,852)
Non-pay Costs	1,500	1,590	(90)	16,387	17,366	(979)
Operating Expenditure	**5,242**	**5,534**	**(292)**	**59,768**	**62,598**	**(2,830)**
SURPLUS / (DEFICIT)	**942**	**1,333**	**390**	**11,439**	**11,900**	**461**
SURGERY						
Total Income	(4,329)	(4,817)	488	(60,420)	(60,339)	(81)
Pay Costs	2,930	3,046	(116)	36,143	36,575	(432)
Non-pay Costs	1,190	1,428	(238)	14,080	14,487	(407)
Operating Expenditure	**4,120**	**4,474**	**(354)**	**50,222**	**51,062**	**(839)**
SURPLUS / (DEFICIT)	**209**	**343**	**134**	**10,198**	**9,278**	**(920)**
WOMENS and CHILDRENS						
Total Income	(2,283)	(2,181)	(102)	(24,484)	(23,825)	(658)
Pay Costs	1,142	1,245	(103)	13,678	14,470	(792)
Non-pay Costs	159	145	14	1,865	1,948	(84)
Operating Expenditure	**1,301**	**1,390**	**(89)**	**15,543**	**16,418**	**(876)**
SURPLUS / (DEFICIT)	**982**	**791**	**(191)**	**8,941**	**7,407**	**(1,534)**
CLINICAL SUPPORT						
Total Income	(846)	(759)	(87)	(10,050)	(9,961)	(89)
Pay Costs	1,334	1,424	(90)	16,817	16,797	20
Non-pay Costs	1,028	1,241	(213)	12,443	12,768	(325)
Operating Expenditure	**2,362**	**2,665**	**(303)**	**29,260**	**29,566**	**(306)**
SURPLUS / (DEFICIT)	**(1,516)**	**(1,906)**	**(390)**	**(19,210)**	**(19,605)**	**(394)**
COMMUNITY SERVICES						
Total Income	(3,132)	(3,483)	351	(38,749)	(39,146)	397
Pay Costs	2,067	2,015	52	24,653	24,539	115
Non-pay Costs	1,740	2,291	(551)	12,339	13,114	(775)
Operating Expenditure	**3,807**	**4,306**	**(499)**	**36,992**	**37,653**	**(661)**
SURPLUS / (DEFICIT)	**(675)**	**(823)**	**(148)**	**1,757**	**1,493**	**(264)**
ESTATES and FACILITIES						
Total Income	(375)	(388)	13	(4,501)	(4,418)	(82)
Pay Costs	805	829	(24)	9,553	9,568	(15)
Non-pay Costs	649	932	(283)	7,191	7,662	(471)
Operating Expenditure	**1,454**	**1,761**	**(307)**	**16,744**	**17,230**	**(486)**
SURPLUS / (DEFICIT)	**(1,079)**	**(1,373)**	**(294)**	**(12,243)**	**(12,812)**	**(569)**
CORPORATE (excl Reserves)						
Total Income	(3,995)	(4,376)	381	(28,430)	(29,493)	1,063
Pay Costs	2,276	1,833	443	16,315	15,487	827
Non-pay Costs (net of Contingency and Reserves)	1,321	1,371	(50)	13,622	12,679	942
Finance & Capital	806	554	252	9,553	8,865	689
Operating Expenditure	**4,403**	**3,758**	**645**	**39,489**	**37,031**	**2,458**
SURPLUS / (DEFICIT)	**(408)**	**618**	**1,027**	**(11,060)**	**(7,538)**	**3,521**
TOTAL						
Total Income	(21,144)	(22,872)	1,728	(237,839)	(241,681)	3,841
Pay Costs	14,295	14,337	(42)	160,540	162,669	(2,130)
Non-pay Costs	7,588	8,998	(1,410)	77,925	80,024	(2,099)
Finance & Capital	806	554	252	9,553	8,865	689
Operating Expenditure	**22,689**	**23,889**	**(1,200)**	**248,018**	**251,558**	**(3,540)**
SURPLUS / (DEFICIT)	**(1,545)**	**(1,017)**	**528**	**(10,179)**	**(9,877)**	**301**

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

Medicine (Nicola Cottington)

The division was £390k ahead of plan for the month, (£461k ahead of plan YTD).

Winter pressures continued to vex the Division in the month, with continued pressure on ED and patient flow. In March the number of attendances was 12.8% above the same period last year. This pressure has continued into April (on the 8th April there were 267 attendances - a record number). The difference this year was that GP streamed patients and GP expected were lower (15% and 34% respectively), putting additional pressure on the Department. We missed out on the monthly (95%) and quarterly (90%) targets, finishing the month at 88.58% - although this was well within the top quartile of Type 1 units.

The increased attendances and an increased acuity of patients meant income from Emergency inpatients increased substantially. However, to cope with added demand and slowing of patient flow, additional shifts in ED and AMU/AAU, as well as extra beds opening put pressure on costs. £169k was spent on Medical staff agency and £199k on nurse agency, as well as locum and overtime costs.

£109k was spent on additional sessions – in part on AMU consultants, but predominantly in Diabetes, Gastroenterology, Dermatology and Diabetes to cover vacancies and address RTT 18 week issues.

In 2018/19 there was no budget in respect of the Managed Equipment Service, and this has impacted upon variance in other income (charges for utilities etc) and costs (Service Charges), this has all been addressed in 2019/20.

The Division finished £27k short on its Divisional CIP target (£1.856m), but had issues on cross-cutting and stretch CIPs. As a measure of comfort Medicine ended the year £461k above the overall planned position ie a net improvement in efficiency for the year.

Surgery (Simon Taylor)

The division has underspent by £134k in month (overspent £920k YTD).

Income is £488k ahead of plan in month but £81k behind plan YTD. Surgery had a reduced plan for Month 12 due to the go live of eCare in Theatres. Outpatients has continued to over achieve its plan. Surgery has successfully received payment for a contract that had been in discussion which contributed to the over performance.

Pay reported a £116k overspend in the month and is £432k overspent YTD. The main driver is use of temporary medical staffing, with additional sessions to support delivery of activity and locum junior doctors to support gaps in the rota. Surgery is supporting escalation areas, causing an increase in the need for nurse agency. Non clinical areas continue to underspend.

Non pay reported a £354k overspend in month and is £407k overspent YTD. The current month overspend was driven by the expenditure linked with work procured from a private provider to support RTT in Ophthalmology, as well as the continued over spend on drugs and an under achievement on the procurement cost improvement plan. The position has also been worsened due to year end stock takes that found we were holding less stock in DSU.

Women and Children's (Rose Smith)
In March the division is behind plan by £191k (£1,534k YTD).

Income reported £102k behind plan in-month (£658k behind plan YTD). In the month, the Division experienced lower volumes of inpatient, neonatal and maternity activity. The volume of non-elective patients seen in maternity and obstetrics was much lower than plan and the occupancy of the Neonatal Unit was lower. Year to date, the gynaecology and paediatric specialties have struggled to meet the planned volumes of outpatients because of staff shortages. In addition, maternity and gynaecology inpatient activity was below plan.

Pay reported a £103k overspend in-month (£792k overspent YTD). In-month, a locum consultant was employed to cover long term sickness in Paediatrics and locums were brought in to cover gaps in the middle grade Paediatric rota. Year to date, medical staffing issues in Obstetrics & Gynaecology and Paediatrics have been an issue. In response, an additional Gynaecology consultant is being recruited and Paediatrics have established a plan to address their medium term medical staffing gaps.

Non pay reported a £14k underspend in-month (£84k overspent YTD). The in-month underspend was driven by lower part-pathway charges. The YTD overspend has been driven by lease spends on new equipment in the Neonatal Unit and part-pathway charges for West Suffolk patients who have given birth at other trusts.

Clinical Support (Rose Smith)
In March, the division overspent by £390k (£394k overspent YTD).

Income for Clinical Support reported £87k behind plan in-month (£89k behind plan YTD). In month, a number of recharges relating to Cambridgeshire Community Services and the pathology partnership were retracted as the negotiations around them conclude. Year to date, inpatient activity was behind plan whilst radiology and outpatient activity was in excess of plan.

Pay is £90k overspent in-month (£20k underspent YTD). In month, cost pressures from medical staffing in Radiology and Chemical Pathology put the budget under pressure. The outpatient demand experienced by the Chemical Pathology service is being reviewed. Year to date, the Radiology and Pharmacy departments have not been able to fully backfill their vacancies with bank, agency and overtime.

Non pay reported a £213k overspend in-month (£325k overspent YTD). In month, the end of year Chrystal charges, for radiology equipment and consumables, were higher than anticipated and the Trust spent more on sending letters through Synertec as the Patient Portal project continued. Year to date, the underlying pressures from the HODS element of the Pathology contract continued to put pressure on the division's budget.

Community Services (Michelle Glass)
The division reported a £148k overspend in month (£264k overspent YTD).

Use of Resources (UoR) Rating

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

The key features of the UOR ratings are as follows:

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

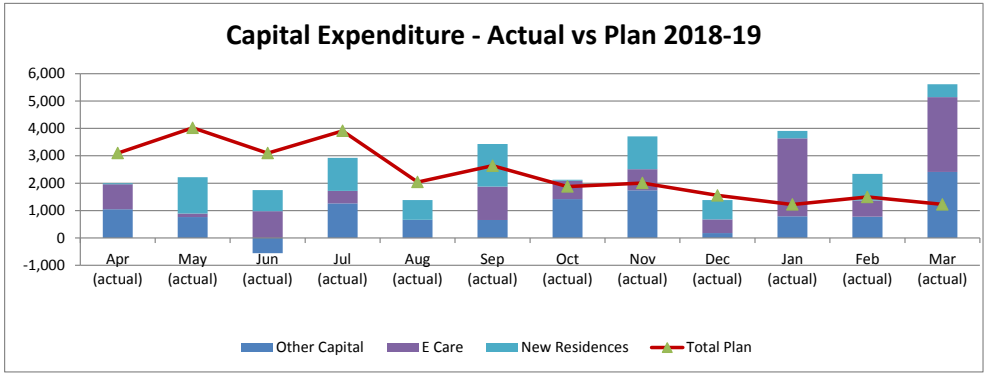
Metric	Value	Score
Capital Service Capacity rating	-0.271	4
Liquidity rating	-26.800	4
I&E Margin rating	-4.00%	4
I&E Margin Variance rating	0.40%	1
Agency	-11.04%	1
Use of Resources Rating after Overrides		**3**

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

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

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

Capital Progress Report



	Apr Actual £'000	May Actual £'000	Jun Actual £'000	Jul Actual £'000	Aug Actual £'000	Sep Actual £'000	Oct Actual £'000	Nov Actual £'000	Dec Actual £'000	Jan Actual £'000	Feb Actual £'000	Mar Actual £'000	Total 2018-19 £'000
E Care	916	131	975	457	-11	1,217	670	766	501	2,849	596	2,730	11,798
New Residences	37	1,329	773	1,210	724	1,557	38	1,203	701	271	967	469	9,279
Other Schemes	1,047	760	-555	1,259	659	658	1,419	1,743	178	788	773	2,414	11,143
Total / Forecast	1,999	2,220	1,193	2,926	1,372	3,432	2,128	3,712	1,381	3,907	2,336	5,613	32,220
Total Plan	3,098	4,022	3,098	3,911	2,041	2,638	1,876	2,007	1,551	1,221	1,497	1,226	28,186

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

The Trust capital expenditure exceeds the plan submitted to NHSI by £4m. This is because of implicit finance leases in IT not included in the plan.

Expenditure on e-Care and associated IT schemes for the year to date is £11.8m.

FINANCE AND WORKFORCE REPORT - MARCH 2019

Statement of Financial Position at 31st March 2019

STATEMENT OF FINANCIAL POSITION

	As at 1 April 2018 * £000	Plan 31 March 2019 £000	Plan YTD 31 March 2019 £000	Actual at 31 March 2019 £000	Variance YTD 31 March 2019 £000
Intangible assets	23,852	27,909	27,909	29,635	1,726
Property, plant and equipment	94,170	111,399	111,399	110,306	(1,093)
Trade and other receivables	3,925	3,925	3,925	3,925	0
Other financial assets	0	0	0	0	0
Total non-current assets	**121,947**	**143,233**	**143,233**	**143,865**	**632**
Inventories	2,712	2,700	2,700	2,698	(2)
Trade and other receivables	21,413	19,500	19,500	18,936	(564)
Non-current assets for sale	0	0	0	0	0
Cash and cash equivalents	3,601	1,050	1,050	4,507	3,457
Total current assets	**27,726**	**23,250**	**23,250**	**26,140**	**2,890**
Trade and other payables	(26,135)	(27,499)	(27,498)	(28,363)	(865)
Borrowing repayable within 1 year	(3,114)	(3,357)	(3,357)	(1,610)	1,747
Current Provisions	(94)	(26)	(26)	(32)	(6)
Other liabilities	(963)	(1,000)	(1,000)	(1,207)	(207)
Total current liabilities	**(30,306)**	**(31,882)**	**(31,881)**	**(31,212)**	**669**
Total assets less current liabilities	**119,367**	**134,601**	**134,602**	**138,794**	**4,192**
Borrowings	(65,391)	(90,471)	(90,471)	(91,385)	(914)
Provisions	(124)	(158)	(158)	(126)	32
Total non-current liabilities	**(65,515)**	**(90,629)**	**(90,629)**	**(91,511)**	**(882)**
Total assets employed	**53,852**	**43,972**	**43,973**	**47,282**	**3,309**
Financed by					
Public dividend capital	65,803	66,103	66,103	69,112	3,009
Revaluation reserve	8,021	8,021	8,021	8,021	0
Income and expenditure reserve	(19,974)	(30,152)	(30,152)	(29,851)	301
Total taxpayers' and others' equity	**53,850**	**43,972**	**43,972**	**47,282**	**3,310**

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

Property Plant and Equipment (PPE)
Net capital investment in PPE is lower than originally planned because ED transformation is starting in 2019/20 rather than late 2018/19.

Trade and Other Receivables
These are £10k less than at the end of February.

Cash
Cash is £3.5m more than plan due to year end receipts and the timing of the payment run.

Trade and Other Payables
These are now £865k more than planned.

Other Liabilities
This reflects the amount of income received in advance not yet recognised. This is now £0.2m more than planned.

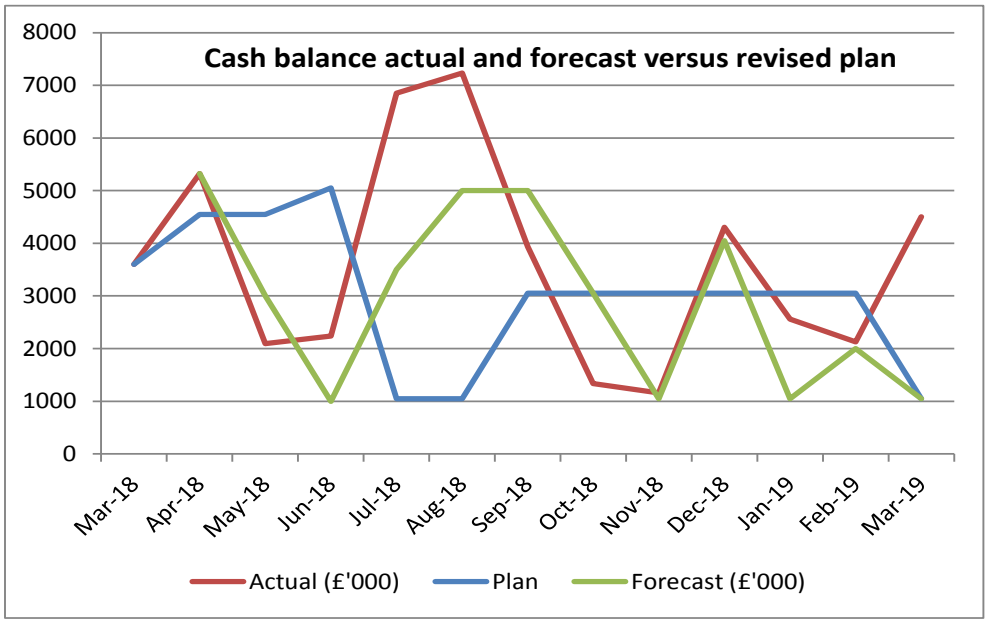
Borrowing
Net Borrowing has increased by £1.5m in March in line with plan.

PDC
PDC is higher than planned because the Trust has been awarded £2.3 million capital PDC for the first phase of the Acute Assessment Unit which opened at the end of November 2018. In addition some capital PDC was received in February from the cancer fund to invest in clinical equipment to reduce the time it takes to diagnose and treat cancer. PDC does not have to be repaid but does attract a cash charge of 3.5% per annum.

Income and Expenditure Reserve
The deficit reserve is £0.3m lower than planned at month 12 due to the Income and Expenditure position being better than plan.

FINANCE AND WORKFORCE REPORT - MARCH 2019

Cash Balance Forecast for the year



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

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

The March 2019 cash position is higher than planned.

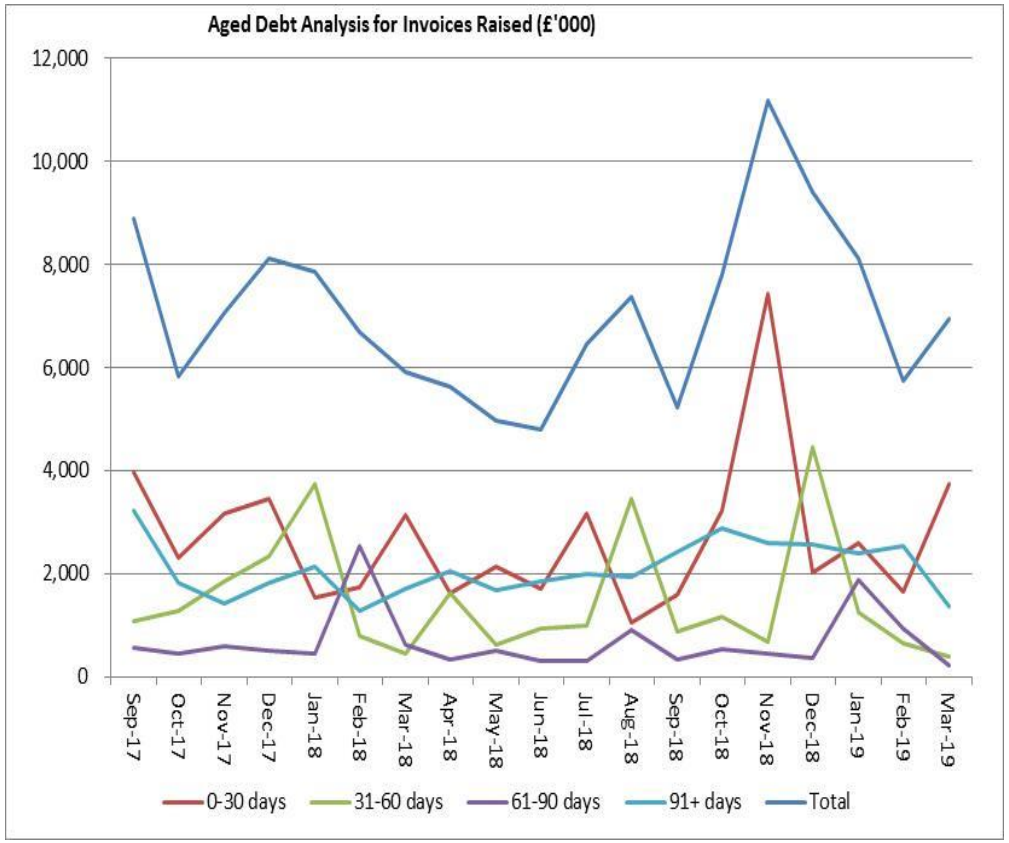
The Trust is borrowing cash from DH equivalent to its control total deficit of £10.2m (after PSF) in 2018/19 in addition to £7.3m capital borrowing. The Trust owes £93.0m at the end of March including finance leases.

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

Debt Management

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

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



The overall level of invoices raised but not paid has decreased by £80k March.

The significant reduction in 91+ days debt relates to other NHS organisations. Of the remainder due from non NHS, £0.3m relates to overseas patients and is considered high risk.

10. Mandatory Training report

To ACCEPT the report

Denise Needle

For Reference

Board of Directors – 26th April 2019

Agenda item:	Mandatory Training			
Presented by:	Denise Needle, Deputy Director of Workforce (Development)			
Prepared by:	Rebecca Rutterford, Workforce Development Manager			
Date prepared:	17th April 2019			
Subject:	Mandatory Training			
Purpose:		For information	☑	For approval

Executive summary:
Mandatory training compliance is currently showing a dip of approximately 2% across all subjects. This is due to two factors; the trust authorised a training amnesty for the month of January 2019, in anticipation of winter pressures; and secondly that the ESR system now reports both the acute and community compliance figures as one. Data issues and changes to community requirements have meant a seeming dip in percentage compliance. Please see the attached report for further detail.
Appendix A is the April 2019 Mandatory Training Report, this represents data taken from the system on 16th April 2019. It includes community training records and has been separated by community only, acute only and combined compliance for review.
Appendix B The Recovery Plan outlines the actions currently in place to improve take up of mandatory training across the Trust in those areas below the relevant target. Whilst we ensure the community data is accurate and all records have been transferred this will focus on acute compliance only.
Appendix C provides performance impact assessments for those areas below target, compiled by the subject matter experts for each area.

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

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

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

Recommendation:
Acceptance of the recovery plan to improve compliance

Increase in target

Subjects which met the previous 80% target have not been included in the recovery plan or impact assessments. This will be reviewed once we are confident we have captured all training completed by the community. At this point the size of the compliance gap and how to achieve the revised target will be assessed with the subject leads.

IT and performance

It has been identified that the server where we hosted our e-learning did not have the required SCORM adaptor downloaded to enable the e-learning to perform as expected. This has created various issues with usability, mainly around the PowerPoint presentations not loading. IT has identified a new server for use and is in discussions with the ESR (Electronic Staff Record) central Team to ensure the SCORM adaptor is loaded and registered. Once the new SCORM adaptor is in place packages which have been created in Articulate can be uploaded, enabling more interactive e-learning sessions. This should improve both usability and quality of the presentations.

There are various fixes in place by IT to enable staff to complete e-learning whilst they work on the permanent solution, however it is expected the difficulties staff are encountering will have a negative impact on compliance.

Community

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

Community Training records have been transferred from staff pathways, their previous learning management system, into ESR and compliance reporting has been submitted and distributed for review. Compliance for the community is below expected levels. Work is taking place to ensure we have captured and recorded all training completed. Some subject requirements are new for community colleagues and this will take time for completions and compliance to increase. Communications are being sent to ensure staff are aware of the new requirements.

Inductions
Our Clinical and HCSW (Health Care Support worker) Inductions have been amended to ensure they are relevant for both acute and community colleagues and our community therapy colleagues will be joining our existing therapies Inductions and pathways.

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

Training Amnesty
All training apart from Inductions were cancelled in advance in January 2019 to support the Trust during winter pressures. This will have had an impact on compliance.

Subject Matter - High Level Mandatory Training Analysis April 2019

NHS West Suffolk NHS Foundation Trust

Appendix A

Competence Name	Trust Target	In Date	Expired	Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr 19 - Acute Only	Apr 19 - Community Only	Apr - 19 Acute & Community
179|LOCAL|Infection Control - Classroom|	90%	1776	98	1874	94%	95%	94%	95%	95%	95%	94%	95%	94%	96%	96%	95%	97%	89%	95%
NHS|MAND|Safeguarding Children Level 1 - 3 Years|	90%	3652	331	3983	90%	90%	89%	89%	88%	89%	89%	90%	91%	91%	90%	91%	92%	91%	92%
179|LOCAL|Fire Safety Training - Classroom|	90%	3570	413	3983	90%	90%	90%	89%	90%	91%	89%	88%	88%	89%	87%	85%	88%	95%	90%
NHS|CSTF|Preventing Radicalisation - Levels 1 & 2 (Basic Prevent Awareness) - 3 Years|	90%	3569	414	3983	87%	88%	90%	90%	90%	91%	91%	90%	91%	92%	91%	91%	91%	85%	90%
179|LOCAL|Safeguarding Children Level 2|	90%	1651	227	1878	91%	90%	91%	91%	89%	90%	90%	90%	91%	91%	91%	91%	93%	69%	88%
179|LOCAL|Health & Safety / Risk Management|	90%	3481	502	3983	90%	90%	91%	91%	89%	90%	89%	89%	90%	89%	89%	89%	88%	83%	87%
179|LOCAL|Equality and Diversity|	90%	3471	512	3983	81%	80%	79%	79%	79%	80%	81%	82%	84%	85%	85%	85%	86%	90%	87%
179|LOCAL|Safeguarding Adults|	90%	3410	573	3983	91%	91%	92%	91%	90%	91%	91%	90%	90%	91%	91%	91%	92%	62%	86%
179|LOCAL|Fire Safety Training - eLearning|	90%	3335	648	3983	80%	82%	81%	81%	84%	84%	83%	85%	86%	85%	83%	83%	86%	76%	84%
179|LOCAL|Security Awareness|	90%	3302	681	3983	90%	90%	91%	90%	89%	89%	88%	89%	89%	89%	88%	88%	91%	51%	83%
179|LOCAL|Infection Control - eLearning|	90%	1823	384	2207	90%	90%	91%	90%	87%	90%	89%	90%	91%	91%	91%	90%	91%	51%	83%
179|LOCAL|Basic Life Support - Adult|	90%	2061	464	2525	75%	76%	76%	75%	79%	79%	79%	80%	80%	81%	80%	81%	83%	78%	82%
179|LOCAL|Medicine Management (Refresher)|	90%	1342	310	1652	87%	87%	88%	89%	87%	86%	87%	87%	87%	87%	86%	86%	88%	26%	81%
179|LOCAL|Information Governance|	95%	3190	793	3983	86%	86%	83%	84%	82%	82%	80%	83%	82%	81%	83%	81%	82%	72%	80%
179|LOCAL|Blood Bourn Viruses/Inoculation Incidents|	90%	1746	437	2183	85%	86%	87%	88%	85%	86%	87%	88%	89%	89%	87%	88%	89%	27%	80%
179|LOCAL|MAJAX|	90%	3179	804	3983	88%	88%	89%	88%	88%	88%	89%	89%	90%	90%	89%	89%	89%	41%	80%
179|LOCAL|Moving and Handling - Clinical|	90%	1698	437	2135	74%	76%	77%	75%	79%	76%	77%	76%	76%	80%	77%	79%	79%	80%	80%
NHS|CSTF|Preventing Radicalisation - Levels 3, 4 & 5 (Prevent Awareness) - No Specified Renewal|	90%	2168	627	2795	17%	26%	36%	44%	51%	55%	60%	66%	68%	70%	70%	70%	77%	80%	78%
179|LOCAL|Conflict Resolution|	90%	1249	379	1628	69%	70%	70%	71%	73%	71%	69%	74%	75%	72%	72%	71%	74%	83%	77%
179|LOCAL|Slips Trips Falls|	90%	1952	615	2567	85%	85%	86%	86%	86%	85%	86%	85%	87%	86%	86%	87%	86%	42%	76%
179|LOCAL|Moving & Handling - elearning|	90%	853	305	1158	75%	76%	79%	80%	76%	77%	76%	76%	78%	76%	75%	77%	77%	55%	74%
179|LOCAL|Conflict Resolution - elearning|	90%	702	296	998	86%	87%	87%	88%	82%	83%	83%	85%	86%	86%	86%	86%	88%	20%	70%
NHS|MAND|Safeguarding Children Level 3 - 1 Year|	90%	384	162	546	95%	94%	94%	94%	89%	91%	91%	90%	90%	91%	91%	91%	92%	41%	70%
179|LOCAL|Blood Products & Transfusion Processes (Refresher)|	90%	1099	553	1652	73%	72%	73%	74%	74%	73%	74%	75%	76%	77%	76%	77%	75%	15%	67%
179|LOCAL|Moving and Handling Non Clinical Load Handler|	90%	313	171	484	88%	88%	83%	83%	81%	85%	82%	86%	84%	87%	88%	86%	78%	25%	65%

Jan 19 new starters	Attended	Not Attended	Grand Total	% Compliance
Trust Induction	43	10	53	81%

Putting you first

Mandatory Training Recovery Plan Apr 2019 **Appendix B**

Subject	Apr 2019 %	Method	Actions	Completion date	Responsibility	Progress
Moving & Handling–e-learning	77%	E-learning	Manual Handling Advisor to email managers encouraging staff to be compliant and complete the eLearning package.	Jul 2019	Neil Herbert	• Manual Handling Advisor has targeted all non-compliant staff.
Moving & Handling - Clinical	79%	Face to face	All mandatory training dates are decided at the beginning of year. The Moving and Handling Team ensure that all sessions are covered by either the service lead or Advisor/Trainer. Some departments use their key workers to update supporting the Moving and Handling Team	Jul 2019	Neil Herbert	• Sufficient courses have been provided to cover staff requirements but the impact of cancelling some mandatory training sessions and courses not being fully attended have had an impact on compliance. • More staff have been trained this year than by the same point last year and more sessions have been provided.
Moving & Handling – Non Clinical Load Handler	78%	Face to Face	The housekeeping department make up almost a third of the staff requiring non-clinical load handler training. In April and May a large percentage of them become non-compliant.	Jul 2019	Neil Herbert	• Housekeeping have training sessions booked in the next few months which will boost the percentage.
Blood Products and Transfusion Processes	75%	E-learning	The Blood Transfusion Nurse Specialists have sought to understand the deteriorating compliance since figures started to drop in Autumn 2017: Requested update of the distribution list for Clinical Directors, General Managers and Matrons who receive monthly reports of staff compliance Sent targeted emails were sent to all line managers in February 2018 highlighting the individual staff' that were non-compliant with the training requirement. Only 2 responses were received from the targeted email to line managers and minimal improvement noted in the March report or since. During 2017/18 established regular additional face: face transfusion updates for Theatre registered practitioners,	Jul 2019	Gilda Bass/Joanne Hoyle	• HTC satisfied sufficient access to e-learning or face: face training is provided

Subject	Apr 2019 %	Method	Actions	Completion date	Responsibility	Progress
			midwives, Paediatric doctors, A&E doctors, general & theatre Porters A review of the training matrix was requested to ensure only those staff that participate in transfusion have the requirement attached to their record. Benchmarked frequency & target for training with other Trusts in the East of England & Salford hospital indicate WSH has a target of 90% for training (range 75%-100%, mean 80%). Requested that Drs completion/non completion is link to appraisal/study leave application Sought information from Lisa Sarson to ascertain how she achieves good compliance stats for her subject. It was concluded that we have tried all the actions she completed when faced with a similar problem. Escalated concerns to HTC, Quality Group & CSEC			
Conflict Resolution	74%	Face to Face	A proposal was agreed at TEG to amend our current Conflict Resolution training to Managing Challenging Behaviour (MCB) which incorporates the main learning outcomes of Conflict Resolution, ensuring we remain compliant with the Core Skills Training Framework learning outcomes, but also techniques and skills of breakaway.	Oct 2019	Darren Cooksey	• The project plans to transition Conflict Resolution to Managing Challenging Behaviour has begun, including: finalising the program, bringing the training in house and ensuring we have sufficient cover to provide the training required, reviewing the training requirements and booking the courses. A business case is being prepared for a full time MCB trainer.
Prevent WRAP (Workshop to raise awareness of Prevent)	77%	Face to Face	A national target of 85% to be reached by March 2018 has been set for all staff who are involved in assessing patients. Restrictions with trainer requirements and a vacancy for the subject lead post have resulted in a delay in rolling out a training package.	Jul 2019	Sara Taylor	• Training courses have been organised and advertised in the Green Sheet for 2019 and extra courses provided where there was demand. • 3 further trainers are now available • Keeping CCG updated with progress • Attendance at EOE NHSE PREVENT FORUM • WRAP has been added to registered and

Subject	Apr 2019 %	Method	Actions	Completion date	Responsibility	Progress
						Non-Registered inductions. • An eLearning package has been made available to support staff to fit the training into their role. • Prevent trainers are targeting existing meetings to offer training to the attendees. • WRAP training has been put on doctors mandatory e-learning completion list • 7% compliance increase since last quarter

Performance impact assessments

Appendix C

Subject	Issues	Performance Concerns	Lead
179|LOCAL|Moving and Handling –e-learning	• Poor uptake	• Potential staff injury • Financial implication such as sick pay, staff cover, court costs, compensation.	Moving and Handling Advisor
179|LOCAL| Conflict Resolution|	• Staffing levels and the Ward/ Departments ability to backfill will affect the numbers attending • Release of staff on clinical areas.	• Failure to recognise body language indications of possible aggression. • Failure to recognise warning signs when an aggressor is agitated or distressed. • Failure to recognise danger signs which may indicate imminent attack. • Failure to employ applicable communication skills • Litigation consequences • Potential staff injuries resulting in RIDDOR absenteeism. • Poor staff morale	Portering and Security manager
NHS|CSTF|Preventing Radicalisation - Levels 3, 4 & 5 (Prevent Awareness) - No Specified Renewal|	• Only reported as a mandatory requirement 3 months ago. • Been a lack of trainers still recently	• Not being aware of all the ways in which your organisation may be vulnerable to its learners becoming radicalised • Not identifying the levels of risk proportionate to your organisation • Not ensuring that all relevant policies and procedures are in place to mitigate that risk Not regularly reviewing these risks and checking to ensure relevant procedures are being carried out.	Prevent Lead
179|LOCAL| Blood Products & Transfusion Processes (Refresher)|	• Failure of staff to use on line training package provided • Not clear of process within Trust to ensure mandatory training is complied with and consequences	• Staff unaware of updated national/local guidelines to minimise the risks of transfusion. • Potential “never event” of ABO incompatible transfusion resulting in patient harm • Potential Litigation • Non-compliance with DoH circular ‘Better Blood Transfusion’.	Blood Transfusion Committee

Subject	Issues	Performance Concerns	Lead
179|LOCAL|Moving and Handling - Clinical|	• Mandatory Training being cancelled due to demands on wards • Release of staff on clinical areas	• Potential staff injury resulting in RIDDOR absenteeism. • Financial implication such as sick pay, staff cover, court costs, compensation. • Inability to discuss both new techniques and remind staff of current best practise	Moving and Handling Advisor
179|LOCAL|Moving and Handling Non Clinical Load Handler|	• Areas which organise own training not putting on sessions • Poor uptake	• MSK injury to staff • Increase in staff RIDDOR'S • Financial implications to the trust	Moving and handling Advisor

11. Transformation report

To APPROVE report which includes Category Towers & Alliance

For Approval

Presented by Helen Beck and Dawn Godbold

Trust Board - 26 April 2019

Agenda item:	11			
Presented by:	Helen Beck - Chief Operating Officer			
Prepared by:	Lesley Standring – Head of Operational Improvement, WSFT Sandie Robinson - Associate Director of Transformation, CCG Jane Rooney - Head of Planned Care Transformation, CCG John Connelly - Head of PMO, WSFT Sheila Broadfoot - CQUIN Lead, WSFT			
Date prepared:	19 April 2019			
Subject:	Transformation Board Report			
Purpose:	√	For information		For approval

Executive summary:
This report provides an update from the last reporting period and relates to the programs of work being undertaken by the joint transformation teams, the Trust PMO and progress against CQUIN.
It should be noted that are links between the work detailed in this paper and that contained within the alliance paper. However it was felt that there was value in the two papers remaining separate as each has a slightly different focus.
Section one outlines work to improve operational efficiency within the hospital in line with the recommendations outlined in the reflections of winter paper.
Section two cover the integrated care programme with the updates to the integrated urgent care contract being particularly relevant to supporting emergency demand management going forward.
Section three gives an initial high level over view of the STP cancer transformation programme which has recently been established to meet the national priorities.
The PMO update in section five gives details of the Allocate medical rostering and appraisal software implementation, aimed at improving efficiency and productivity through better planning.
The final CQUIN section provides the final report for the year 18/19 and the details of the projects to be delivered in 19/20.

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

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

Previously considered by:	Planned Care Board A&E Delivery Board

Putting you first

	TEG
Risk and assurance:	*[Detail relevant issues within the report]*
Legislation, regulatory, equality, diversity and dignity implications	*[Detail relevant issues within the report]*
Recommendation: The board is asked to note the content of the report and progress in a number in a number of key system wide transformation initiatives	

1.0 Update on Hospital Transformation -

1.1 Red to Green (R2G)/SAFER

Improving patient flow is Quality Priority 1 for the trust with the aim of further embedding the Red2Green and SAFER processes across the organisation to ensure:

- Patient's time is valued
- We make the best use of the resources available.
- Patients who no longer require and acute hospital bed are supported to achieve a timely, safe and informed transfer of care.
- Working with system partners to ensure we maximise the benefits of alliance working across the localities

In January 2017 the trust made the decision to go 'big bang' with the introduction of Red 2 Green and SAFER onto all adult inpatient wards. The implementation was largely successful however; last winter highlighted a few areas where the recommended processes are not embedded. The transformation team will lead a planned ward by ward review of the initiatives. They will identify to what extent each ward area has implemented the processes, offering support and alternatives to ensure the principles are executed effectively. We will also take the opportunity to add in any new initiatives which will support flow ahead of next winter.

Ward F3 (non-elective orthopaedic) and G5 (general medicine/renal) will be the first wards that we will focus on during May. The wards have been selected based on the active engagement of staff with Red2Green and SAFER in the past. Members of the team will be linked to each ward providing at least daily support, being mindful of the risks associated with too many new initiatives.
The plan is to roll out across the rest of hospital by mid October 2019.

Wards F3 and G5 have been chosen as the first wards as they have complex patients requiring multiagency support, alongside clinical teams who support the Red2Green process.

The team will support both wards throughout the month of May further embedding elements of the Red2Green and SAFER process. We will identify issues that require a resolution as well as testing several new initiatives. To ensure the focus for change does not rest with one staff group, active engagement will be sought from the wider multidisciplinary team alongside external agencies and the voluntary sector.

Measures will be gathered and on completion the transformation team will review the data and support cascading any new learning across the hospital. It is anticipated the time spent on future wards will be shorter.

1.2 Diagnostic Virtual Ward (DVW)

Transformation funding was agreed to test a DVW. We are running the service from the discharge waiting area.

Currently the patient cohort consists of:
Surgical patients waiting for USS and CT

Saving between 25 – 30 bed days per month
The next cohort the team are looking at is patients waiting as inpatients for ECHO.

1.3 Delayed Transfer of Care (DTOC)

Over recent months we have seen an increase in Suffolk DTOC's in both acute and community bed bases. We are attending a NHSI DTOC workshop in Cambridge on the 16th May. At this point we are unable to identify any key themes.

1.4 Trustmarque

An external consultant was engaged to work with us during October and November to conduct a data exploration exercise using our ED data. The project uses 3 years' worth of ED data which has generated various analytical charts which allows the ED team to drill into the data to identify trends. From this, changes can be implemented to make improvements. Whilst the external consultant has left, the model remains in use in the Trust and connected to our data. This allows it to continue to be used to drill further into any area of interest to better understand the demand at ED. It also means we can use it to measure the impact of test and learn changes which will allow small changes to be made quickly, measured quickly and either implemented fully or reverted back if no impact is achieved. Since selection to be part of the trial of the new ED measures, we will be seeking to add these to the Trustmarque tool so these can also be monitored.

1.5 High Intensity user Co-Ordinator

A project manager has been appointed to undertake a detailed programme of work aimed at reviewing frequent attenders to ED and developing specific plans to enable these patients to be managed more appropriately within their localities if possible.

2.0 Integrated Care Programme Project Highlights

2.1 Integrated Urgent Care

The Integrated Urgent Care (IUC) Service went live across SNEE (Suffolk and North East Essex) on 1 November 2018. This brought together previously separate NHS 111 and GP out of hours' services under a single contract and provider, Care UK, in line with the national IUC service specification. The full range of deliverables within the service specification is still in mobilisation phase:

1. **Clinical Assessment Service**: One of the main aims of the IUC service is to increase clinical triage, with a minimum of 50% of calls triaged by a clinician, with a move to a "consult and complete" rather than an "assess and refer" model. The Clinical Assessment Service (CAS), made up of a variety of clinicians working both physically within the 111 call centre in Ipswich and remotely elsewhere in the Care UK network, is key to this new way of working. The SNEE CAS went live on 6 December 2018 and is still very much bedding in. Care UK are experiencing some challenges in staffing the CAS due to competition from internal staffing pools such as the Colchester Walk in Centre, out of hours and GP streaming.
2. Nationally **NHS111** volumes have increased by 10 – 15% against forecast, partly been caused by a national advertising campaign. Locally, this increase in demand has been further challenged by workforce challenges causing a dip in performance levels.
3. **GP Out of Hours**: Suffolk GP Federation take on the face to face GP OOHs element of the IUC on 24 April bringing opportunities for greater integration with GP+ and GP Streaming. Out of hours performance across SNEE has been challenging largely driven by an increase in urgent face-to-face cases. This has been caused by the latest version of NHS Pathways, which has driven an increase in respiratory cases accounting for 15% of OOH dispositions.
4. **NHS111 On line**: Phase 3 of 111 online, where the user can get a call back from all local services that accept referrals from 111 e.g. OOH, dentists etc. was successfully implemented against plan on 10 April
5. **Direct Booking**: There is a national deliverable of direct booking from 111 into in hours General Practice by the end of March 2019. Our local plan is slightly behind this timeframe with testing in two practices, Saxmundham and Walton and plans being developed across all practices. Whilst the technical capability is there, support from

Practices is required to make bookable slots available. This requirement has been included in the new national GP contract with 1 appointment per every 3,000 patients per day required.

6. **Mental Health Crisis**: The national IUC specification sets out a clear expectation that patients with primary mental health needs will be put through to a mental health nurse within the CAS, or straight through to the mental health provider commissioned within the community, without having to go through to the NHS 111 service.
   Currently there is a Mental Health Practitioner in the CAS during peak hours. However, there is an opportunity to develop this further linked to the proposed local Mental Health Crisis System Model utilising the 111 service as the gateway to accessing mental health support. This is also in line with the aims of the Long Term Plan
7. **Care Coordination Centre**: The Care Coordination Centre currently provides the single point of access and pathway coordination for community health services (adults and children) responding to urgent and non-urgent care demands. The IUC service specification sets an intention to integrate this single point of access so that access to the CCC will be via the 111 number with effect from a provisional date of 1 October 2019.
   There are several anticipated benefits from this approach including:
   all calls into the service will only need to be triaged once; senior clinical decision makers are available to provide support and advice to the initial call takers, patients and other clinicians calling into the CCC; and the ability to refer patients on to other providers e.g. OOH.
   Further discussions need to take place between Care UK and the local Suffolk Alliances to explore whether this remains the right approach for both services.

2.2 Primary Care Streaming

As part of the front door redesign work at West Suffolk NHS Foundation Trust and the transfer of the Suffolk OOH service to the GP Federation, there is an opportunity to review the Primary Care streaming model to provide closer integration between OOH, GP+ and streaming. This will support rota fill by potentially sharing workforce resource as well as shared learning relating to management of minor illness and minor injuries.

The April A&E Delivery Board agreed a new model needed to be agreed by the end of June to meet the contract extension timeframes of end August.

2.3 Rapid Intervention Vehicle

The service is now fully operational across all west Suffolk localities

2.4 Connect Localities

The Transformation Team has now aligned to each West Suffolk Connect locality working with county council, West Suffolk Council and the community health care teams to form a core Locality Delivery Team. A paper updating on locality progress is currently in development.

2.5 Responsive Care

As part of Suffolk County Council's Home Care re-development work, system partners are co-designing the integrated responsive service element which aims to bring together the existing reactive services of west Suffolk health and care services to support

1. People living in the community who have fallen into unforeseen crisis e.g. falls
2. People living in the community who's wellbeing/ability to function is deteriorating
3. People who are coming out of hospital where their long terms needs are unclear and there is potential for reablement to reduce or remove the need for long term care

A west Suffolk system workshop is planned for 2 May to shape the final design using the integration work led under Pathway 1 as an example to build upon.

2.6 MyCOPD

There is a 100 day focus on improving the uptake of this app which offers people with COPD a range of self-help tools and resources supporting correct inhaler technique, medication optimisation, self-management plan and access to a pulmonary rehabilitation programme.

Licences are now available to local GPs and community services to support people to register for the myCOPD app. Secondary care licences continue to be available and we are working with West Suffolk Hospital respiratory team to review any patients who may wish to take up the app.

3.0 Cancer Programme Project Highlights

3.1 Programme Charter

The ICS Cancer Charter for 2019/20 has now been finalised and will be presented to the West Suffolk Alliance Steering Group for sign off in May. The delivery mechanism for this programme of work is still in development for west Suffolk. The key elements of the Charter focus include:

Support delivery and maintenance of eight cancer waiting time standards
Implementation of national optimal lung pathway by March 2020
Lung Significant Event Audits to be completed and action plan in place by September 2019
Implementation of national best practice pathway for prostate by March 2020
Implementation of national best practice pathway for colorectal by March 2020
Implementation of in Faecal Immunochemical Tests primary care by May 2019 and project evaluation by April 2020
Delivery of Recovery Package for breast, colorectal and prostate patients by March 2020
Delivery of risk stratified follow up for breast, colorectal and prostate patients by March 2020
Support implementation of Macmillan Navigators by September 2019

4.0 Planned Care Programme Project Highlights

4.1 100 Day challenge

The Video Consultation pilot for out-patients follow up appointments has been running is Paediatrics' and Dietetics since November 2018. Regular video consultations are being run by both specialties. Feedback from patients has been very positive "seamless, and children were relaxed with being at home". "I saved half a day of time with this appointment as I didn't need to take that time off work".

The next phase is a trial in Urology and other specialties within therapies. A step by step guide has been produced to support the transition to business as usual.
All IT issues were resolved during the pilot and the process modified, an IT lead has been appointed.

The low priority procedures (LPP) programme will go live with specific procedures (ENT, Vascular & T&O) from June following reallocation of resources and completion of training.
The options paper is undergoing revision and will be presented in July for approval once we have tested the new process with a smaller number of specialities.

4.2 Right Care Programme – Cardio Vascular Disease (CVD), Respiratory and Neurology

'RightCare' is about the whole health system taking an evidence-based approach to focus on key areas that will improve health outcomes for the population, reduce unwarranted variation in care and save money. Going forward, RightCare will be working more closely with the GIRFT team to ensure that the two programmes are aligned and no opportunities are missed.

Revised and updated plans delivery plans for CVD, respiratory and Neurology have now been re submitted with work now being encompassed in the wider Elective Care Transformation Programme. Respiratory Rightcare will move to the Integrated Care Team.

4.3 Treatment and Care Funding – Diabetes Management

The data for referrals to the diabetes education programme for type 2's have doubled in comparison to this time last year, with attended rates up by 64% for T2's. The improvement in type 1 attendance shows a 26% improvement.
This work will continue across the year.

Over 50% of practices are now involved with the diabetes enhanced scheme in primary care which provides extras resource in supporting Primary Care to improve care for those living with diabetes; 4 of those practices have starting new mentor clinics in West Suffolk.

46% of GP's have signed up to the ECLIPSE on line platform which provides real time intelligence for practices on patients with diabetes or at risk of diabetes; it supports pro-active care which in turn can release GP time; reducing Primary care burden and prescribing costs. The take up of the programme is likely to continue.

4.4 Integrated Pain Management Service (IPMS)

The new contract is in place and the service stated from April 2019. Three additional trust nurses now deliver community pain management modules. Operationally no issues have been identified; however a final decision needs to be made by Oct 2019 re the single IT system. Currently shared care arrangements are in place and working.

4.5 Ophthalmology

The minor eye pilot has ended and the initial reports are positive. The 6 Optometrists in the pilot saw a total of 299 patients over 100 days, with 86% of those seen on the day. In total 66% were seen, treated and discharged. Further reports and an options paper is now being prepared in order to support the decision on the next steps.

4.6 Stroke

The Stroke service continues to be discussed and reviewed both locally and across the STP. An update was presented to the Alliance steering group in April 2019 where there was agreement to move to procurement for Early Supportive Discharge (ESD) by mid-May.
The work with the stroke association continues and they will return to exec in early May with full proposals for the extended scope practitioners and cost implications. Costed proposals for Neuro rehab beds are being prepared and will present to exec in July 2019.

Progress within Atrial fibrillation (AF) detection, prevention, perfection and correction continue.

AF detection devices have been purchased for clinical and non-clinical detection, the roll out and training will be progressed at pace from May.
A new clinic will be piloted at WSH targeting known patients with AF where their treatment is sub-optimal.

Work continues with the anti-coagulation team looking at support for patients on new anti-coagulation medication.

4.7 Demand Management

Training for Teledermatology has continued and the service is now delivering improved numbers compared to last year. The CCG are finalising an update to all GP practices stating their referral position in a bid to improve the referral rate to tele dermatology even further.

For 2019/20, to support demand management and the aspirations of the NHS Long Term Plan, a new programme of Elective Care Transformation is being developed across the West Suffolk Alliance. The second work shop took place in March and a high level plan has been written. This is now being socialised across the area to all stakeholders as part of the stakeholder plan. The programme is continuing to develop and terms of reference are now in draft for the five agreed pillars of the programme.
All future demand Management work will be incorporated into the Elective Care Transformation programme.

This will include services that been through a service review process for example gynaecology, however there are some quicker fixes to support this service including harm and quality reviews due to the longer wait times.

5.0 PMO Update

5.1 CIP Programme

The 2018/19 cost improvement programme continues to report as overachieving against target.

The 2019/20 cost improvement programme has identified opportunities with a gross value of £8.6M at April 2019. An executive review of divisional programmes is planned for late May.

The focus over the next quarter is the delivery of cross cutting schemes to bridge any remaining gap against divisional targets which have been set at 4% of the Trust expenditure budget.

5.2 Medical e-Rostering (Allocate)

E-Appraisal
The E-Appraisal build is now complete. Appraisal information will transfer from SARD on completion of Appraisals until September 2019. The E-Appraisal module will be handed over to PGME 1st October 2019.

Medical Rostering
The Medical Rostering module for Junior Doctor's has been handed over to rota co-ordinators with the exception of Obstetrics and Gynaecology / Paediatrics. The annual leave calculations are being completed so that leave can be added to the rosters for Consultants and SAS doctors

Allocate are on site 24th and 25th April to support Activity Manager implementation. The PMO team have commenced data gathering for the early adopters in anaesthetics, general surgery and histopathology. The expected go live date for early adopters is early July 2019.

Locum on Duty is currently being implemented in Medical Staffing for booking bank and agency locums. The expected full go live date is 1st June 2019.

Business As Usual
The Business As Usual modelling is complete. Implementation is planned from August 2019 when the current post holder secondment completes.

5.3 Procurement: Category Towers

The following are the category towers contracts:

1. Ward Based Consumables (DHL)
2. Sterile Interventions Equipment and Associated Consumables (CPP)
3. Infection Control and Ward Care (DHL)
4. Orthopaedics, Trauma and Spine, Ophthalmology (CPP)
5. Rehabilitation Disable Services, Women's Health and Associated Consumables (CPP)
6. Cardio-Vascular, Radiology, Audiology and Pain Management (HST)
7. Large diagnostic or capital devices
8. Diagnostic equipment and consumables
9. Office Solutions
10. Food
11. NHS Hotel Services

All Category Towers (1-11) are up and running from 1st April 2019

The Trust is currently awaiting work plans from the LLP to assist with mobilisation so the Trust can link in.

6.0 CQUIN Projects 2018-19

<table>
<tr><th>Staff CQUINs title:</th><th>Progress</th><th>RAG</th></tr>
<tr><td>1a) Staff Health & Wellbeing:
Improve two specific results by 5% from 2016 on the national Staff Questionnaire re:
H&W provision &
MSK & Stress not ‘due to work’.</td><td>National Survey 2018 vs baseline year 2016: all Trusts no improvements & WSFT better than average. Other questions positive & put forward some national issues out of Trust control.
<table>
<tr><th>Question</th><th>2016-7</th><th>Target</th><th>2018-9</th></tr>
<tr><td>H&W provision</td><td>40%</td><td>Increase to 45%</td><td>39%</td></tr>
<tr><td>Work caused MSK</td><td>23%</td><td>Decrease to 18%</td><td>24.7%</td></tr>
<tr><td>Work caused stress</td><td>34%</td><td>Decrease to 29%</td><td>34.9%</td></tr>
</table></td><td>Q4 tbc. Case put forward as met</td></tr>
<tr><td>1b) Food & Drinks sold at WSFT:
Continue changes 2016-7 re: items high in fat, sugar or salt and new targets re 3 shelf changes.</td><td>All in place including liaison with W H Smith.
10% sales max of sugary drinks (no ban); by March 2019 20% of shelf allowed re: >250kcal sweets & 25% shelf re: >400kcal sandwich/wraps/salads. Submit data for NHS Digital.</td><td></td></tr>
<tr><td>1c) Flu vaccination of staff:
75% uptake by end of February.</td><td>Front line staff 2018-9 ‘target met’ 75.1%.
Carrying on 2019-20 – target 80%.</td><td></td></tr>
<tr><th>Patient CQUINs title:</th><th>Progress</th><th>RAG</th></tr>
<tr><td>2a) Sepsis screening of all ED and inpatients. Target 90%</td><td>eCare adds symptoms together & prompts ‘Suspected Sepsis’.
NEWS 2 criteria - eCare updated. Paediatrics yet to have alerts.
Q1-3 met. Q4 audits in progress – predict 100% met.</td><td></td></tr>
<tr><td>2b) Severe/ High Risk Sepsis treatment ED & Inpatients: IV anti-biotic within 1 hour of diagnosis.
Target 90%</td><td>Improvements required.
Q3 ED 64%, Inpatient 66%.
Sepsis Nurse now in post re: education & audit.
Paediatrics yet to have alerts. Q4 audits in progress.</td><td>Q1-4</td></tr>
<tr><td>2c) Severe/ High Risk Sepsis - ED & Inpatients: antibiotic prescription review & assessment.
Q4 target 90%</td><td>Noted: additional criteria – review within 72 hours & additional documentation & IV to oral switch assessment.
Q4 audits in progress – predict met.
Data to be submitted to Public Health England.</td><td></td></tr>
<tr><td>2d) Higher % reduction in ‘total all’ & Carbapenem Antibiotic use vs 2016. Increase usage within Access group AWaRe (Access, Watch & Reserve).</td><td>Note: Total antibiotics & Carbapenems increased 2017-8-9 re: Tazocin shortage. Challenge to reduce 1% & 2% in 2018-9.

Increase, for in & outpatients, by 3% vs 2016 antibiotics within the Access group of AWaRe category – target met.</td><td>Q4 tbc. Case put forward as met
Q4</td></tr>
<tr><td>4) Mental Health need in ED – Selected 2 cohorts: reduced ED attendance.
Outcomes information.
Increased use of MH on ECDS, including audit & improvement plan</td><td>NSFT & ED targets met: Maintained reduced attendance of year 1 cohort. Year 2 cohort of frequent attenders: reduced over 20%.
Use of ‘MH diagnosis’ increased. Data quality plan - met Q2-4.
Q4: plan for BAU submitted as met.
ED meeting to confirm all goals met once feedback received.
Data on cohort attendance - submitted to NHS Digital.
EDCS – Injury Intent data to improve.</td><td>Tbc: ECDS Q3-4</td></tr>
<tr><td>6) Advice & Guidance to GP pre referral via eRS. Specialties offering A&G covered at least 75% of referrals received 2016-7 (NHSE aim A&G reduce referrals).</td><td>Phased monitoring for a total of 20 specialties offering A&G to GPS via eRS. Reminders sent during the CQUIN period. Varied compliance of 2 day turnaround. If GPs do not receive timely response: may refer / complain & patients waiting. CCG – GPs to only use facility for A&G (not referral). 2019-20: Tariff income.</td><td></td></tr>
<tr><td>9) Adult Inpatients – preventing ill health (excluding Maternity):
Targets aim
9a) Tobacco Screening 90%
9b) Tobacco Brief Advice (if yes) 90%
9c) Tobacco Referral and Medication Offer 30%
9d) Alcohol Screening 50%
9e) Alcohol Brief Advice Or Referral (if high score) 80%</td><td>Screening noting Alcohol drinking levels; plus recording ‘Yes given’ Brief Advice, Referrals, Prescribe.
Q4: improved on most Q3 /aim % targets (shown opposite).
eCare change requests now live:
1) Activity Daily Life to capture alcohol levels
2) Brief Advice, Refer & Prescribe (NRT) - doctor role: so task prompts improve data recording: (but no hard stop so can continue on with more urgent patient data).
• Education & communication being updated.
• Part of the Trust’s Quality Priorities Plan.
Aware above is non-mandatory data & other patient data takes precedence. Activity is occurring, but need to improve recording of it. Carrying on as a CQUIN 2019-20 with higher targets.</td><td>Q3 tbc
Q4 tbc. Case put forward as met
2019-20</td></tr>
<tr><td>10) STP (Suffolk Transf) Support</td><td>Local CQUIN. Predict met re: evidence of meetings.</td><td></td></tr>
</table>

2019-20 CQUIN NHS England Spec for Acute.
Targets started Q1. If underperform early quarters, need to over-perform later quarters.
Multi-Trust x 20 letter sent to NHS E to request change to this reward structure.

WSFT status: identifying SME's/ Leads; Data: what data is in place, what needs to be put in place to determine baseline? Process: Where are we versus project targets, how do we get there?

CQUINs title:	Description / Progress	RAG
Antimicrobial Resistance: **1a) Lower Urinary Tract Infections in Older People** *TBC part manual audit.*	Achieve 90% of antibiotic prescriptions for lower UTI in older people (age 65 and over) meeting NICE guidance & PHE Diagnosis Guidance. 4 audit criteria met and recorded: a) diagnosis based on clinical signs or symptoms. *(Note: data will need to improve)*; b) diagnosis excludes use or urine dip stick (*Note: tbc change of process for older patients*); c) antibiotic prescribed (NICE); d) urine sample sent to microbiology.	a) b)
1b) Antibiotic Prophylaxis for Elective Colorectal Surgery (adults)	Achieve 90% of antibiotic surgical prophylaxis prescriptions for elective colorectal surgery being a single dose and prescribed in accordance to local antibiotic guidelines.	
2) Staff Flu vaccination	Achieve an 80% uptake of flu vaccinations by frontline clinical staff by February 28th 2020. *(Note: 2018-9 achieved target 75%)*	
Inpatient: Tobacco & Alcohol **3a) Screening**	Achieve 80% of inpatients admitted to a ward for at least 1 night who are screened for both smoking and alcohol use (unique patients is non-repeat admission during the duration of the CQUIN). Exclude maternity. *(Note: 2018-9 alcohol screen incl number of alcohol units target was 50%. Current: 50% tobacco, 14% levels of alcohol)*	
3b) Tobacco Brief Advice (incl offer NRT)	Achieving 90% of identified smokers given brief advice (incl offer of NRT). (*Note: 2018-9, only NRT prescriptions is robust data*)	
3c) Alcohol Brief Advice (incl offer referral where relevant)	Achieving 90% of patients identified as drinking above low risk levels given brief advice or offered a specialist referral (if potentially dependent). (*Note: 2018-9, only referrals is robust data)*	
7) Preventing Hospital Falls - Admitted patients aged over 65 years, with LOS at least 48 hours. Exclusions: Patients who were bedfast and/or hoist dependant throughout their stay. *(Note: tbc if this is recorded on eCare).* Patients who RIP during their hospital stay.	Achieving 80% of older inpatients receiving all 3 key falls prevention actions met and recorded: • Lying and standing blood pressure recorded at least once • No hypnotics or antipsychotics or anxiolytics given during stay OR rationale for giving hypnotics or antipsychotics or anxiolytics documented (British National Formulary defined hypnotics and anxiolytics and antipsychotics) *(Note: tbc how data recorded re: rationale)* • Mobility assessment documented within 24 hours of admission to inpatient unit stating walking aid not required OR walking aid provided within 24 hours of admission to inpatients	
Next 3 CQUINs are all re: 'Emergency Care – aged 18 and over, 75% managed in a same day setting where clinically appropriate & discharged to usual place of residence'.** Exclusions: Births; paediatrics		
11a) Pulmonary Embolus	Above criteria patients with confirmed pulmonary embolus (PE). Ref: NICE guide CG144. **Clinically appropriate criteria: No history of cancer; No history of chronic cardiopulmonary (heart failure or chronic lung) disease; Pulse less than 110 beats/ min; Systolic Blood Pressure greater than 100mmHg; Oxygen saturation level (arterial) greater than 90%.	TBC
11b) Tachycardia with Atrial Fibrillation	Above criteria patients with confirmed atrial fibrillation (AF). Ref: NICE guide CG180. **Clinically appropriate criteria: No chest pain; Systolic blood pressure greater than 100 mmHg. Exclusions: Supraventricular tachycardia, postural orthostatic tachycardic syndrome.	TBC

11c) Community Acquired Pneumonia	Above criteria patients with confirmed Community Acquired Pneumonia (CAP). Ref: NICE guide CG191. **Clinically appropriate criteria: No confusion (Mini Mental Test score greater than 8). NB if use AMTS 4: <4 = confusion. Respiratory Rate less than 30 / min Blood pressure greater than 90 mmHg	TBC

Current CQUINs moving to contract but still to audit and submit national data	
Title	**Description**
Food & Drinks via WSFT outlets	Submit SSB (sugary drinks) data: sales less than 10% & confirm all rules 2016-9 continue
Sepsis Screening & Treatment ED	Via Screening, of those found to have Sepsis (presume interpret Severe as per NICE) – IV antibiotic in 1 hour of diagnosis. Target 90%. Audit 50 per quarter. Strategic Data Collection Service – complete & send national template
Sepsis Screening & Treatment Inpatient	Via Screening, of those found to have Sepsis (presume interpret Severe as per NICE as locally agreed) – IV antibiotic in 1 hour of diagnosis. Target 90%. Audit 50 per quarter. Strategic Data Collection Service – complete & send national template
Antibiotics stewardship & reduction	Reduce overall antibiotic usage by1% compared to 2018 and continue to reduce in subsequent years. National data upload.
Advice & Guidance to GP pre referral via eRS.	Aim 2 day turnaround. Clinician ideally responds direct on eRS: work arounds in place. If GPs do not receive timely response: may refer / complain & patient waiting/stress. CCG – GPs ensure only use facility for A&G (not referral). Tariff income per response (outside block): Within 2 working days = £30; 3-7 working days = £20; 8 days or more = £10. National template re Yes or No which specialties provide A&G.

12. Community services and West Alliance update

To ACCEPT the report

For Report

Presented by Dawn Godbold

WSFT Board Meeting 26 April 2019

Agenda item:	12			
Presented by:	Dawn Godbold, Associate Director of Integration and Partnerships			
Prepared by:	Dawn Godbold, Associate Director of Integration and Partnerships Kate Vaughton, Director of Integration and Partnerships			
Date prepared:	16/4/2019			
Subject:	West Alliance Update			
Purpose:	x	For information		For approval

Executive summary:

This paper provides an overview on the progress of the integration agenda of the West Suffolk System.

Main Points:

This paper contains updates on:

- The 'my care record ' programme
- Responsive Care Services Re-design
- Locality Development
- Public Health measures and data
- Transformation Funding for 19/20
- Realising Ambitions Funding
- Community Pharmacies
- Haverhill Health Fair

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*

Putting you first

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

West Suffolk Alliance Update

West Suffolk NHS Foundation Trust Board

26th April 2019

1.0 Introduction

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

1.2 There are 2 appendixes attached to this report that showcase two case studies. These case studies demonstrate the positive impact on both patients and teams of joint working and sharing of knowledge.

1.3 The case studies are examples of joint working between the specialist Lymphoedema team and the locality nursing teams. We began delivering the Lymphoedema service as part of the Alliance community contract in October 2018. Previously this service had been delivered as a 'stand- alone' contract via the GP Federation.

1.4 By applying the Alliance delivery model to the service the specialist team are now working closely with the community nurses and the tissue viability team rather than running separate caseloads.

1.5 This means that care can be shared and expertise is being spread across all teams. Previously the service was only delivered at a location in Bury. Now that the service is integrated with the localities patients can also be seen at home or in out-reach clinics that have been set up in Haverhill and Newmarket, there is a new clinic planned for Sudbury.

2.0 Responsive Care

2.1 The Health Overview and Scrutiny Committee in SCC will receive a report at their meeting on the 24th April which is looking at the progress made to develop integrated teams.

2.2 Both west and east alliances have been able to provide evidence as to how integrated teams are working, which services are involved and where good progress has been made. Some of the areas we have highlighted to the committee are we have a system that supports joint working, that our teams are collaborating in order so that people get co-ordinated and effective care, and that we have dedicated resources to support transformation in our local teams.

2.3 The committee were keen to know what successful integration projects tell us about the characteristics of good integration. Here we highlighted the length of time needed to make change, that building the teams must start with what their own skills and experiences and the experiences of our users, supported by a clear vision and consistent and empowering leadership. Change is as much about culture as about patient pathways, building new cultures and behaviours as employment terms and Conditions.

3.0 Locality Development

3.1 The six geographical localities in the West of Suffolk are well defined and understood. It is the ambition of the Alliance to mature the localities into effective functioning groups so that much of the decision making about resource allocation and identification of priorities can be devolved to them. Each locality now has an identified: locality lead, locality co-ordinator, transformation resource and primary care resource. Patient engagement/representation is also being sourced for each locality. See Appendix 3.

3.2 Each locality has now established a locality group that has membership from: community health, mental health, primary care, county council, district and borough councils, families and communities' team, and other key relevant people from the locality. Once appointed the clinical director from each primary care network will also join the locality group.

3.3 Each locality group has now had their launch meeting and have established a meeting frequency and rhythm going forward. Each group is now agreeing the priorities for their communities and populating a locality plan. This plan will be in the same format as, and be part of, the overarching Alliance delivery plan.

3.4 The locality leads will meet together regularly to ensure consistency, sharing of good practice and to collaborate on pieces of work that need to be approached on a West of Suffolk scale rather than individual localities.

3.5 The locality leads are working together alongside public health colleagues to develop a profile for each locality that contains information on: demographics, socio-economics, morbidity, mortality, educational attainment, and GP practice level activity. This profile will be used to determine the priorities for the locality and provide a baseline of measures to map progress against.

4.0 My Care Record

4.1 The 'My Care Record' is a programme of work intended to simplify the way we communicate with patients about how we use their healthcare record. It is a system wide project being rolled out across our whole ICS footprint. The aim is to collaborate as a system to produce 'one window' for patients to look through to understand how their information is shared.

4.2 There is currently a myriad of different ways that staff and patents access health records, some health providers can see some other provider's records but not all. For example, some GPs can see the WSFT record, but NSFT staff cannot, but NSFT staff can see some GP records but not WSFT records. T

4.3 This is not an IT project and does not replace the current IT programme of work that is aimed at ensuring the various systems work together. My Care Record is about ensuring patients can easily see and understand how we are using their record. The aims of the project are to:

- Drive cultural and behavioural change
- Influence the way in which care is delivered
- Deliver benefits quicker
- Ensure Information Governance is in place
- Ensure full fair processing campaign for all organisations to use
- Easily updated to reflect current and future state
- a ready-made branding structure
- Ensuring coherent, consistent message for local sharing
- Create a mechanism that all organisations within the STP can use

4.4 The next steps of the programme are:

- Approval to adopt system-wide
- Engagement with Clinical Leads
- Engagement with Systems Leads
- Engagement with Communications Leads
- Engagement with Information governance Leads

5.0 Public Health Data and Measures

5.1 Public Health colleagues are now working closely with each locality lead to determine the likely composition of each locality profile, and how we wish to use this data to agree priorities. The data drawn from various parts of the system will assist the Alliance in resource allocation and key areas of work to focus on.

5.2 Likely content will include locality demography, locality population projections, deprivation, prevalence of key conditions including analysis of outliers, radar metrics, indicators of key resource use (admissions of various types), indicators of inequality, possibly metrics for the higher ambitions agreed by the Alliance.

5.3 The aim is to develop a series of web pages structured the same for each locality. These can be added to and amended over time and could potentially be hosted on 'Healthy Suffolk'. Information will be available at different levels of detail, e.g. individual GP practice, locality, west Suffolk or Suffolk as a whole depending on the data.

6.0 Deputy Medical Director for Primary Care

6.1 We have made a successful appointment to the above post. Dr James Heathcote has commenced in role two days per week. Dr Heathcote is a practising GP at Angel Hill surgery in Bury St Edmunds; he has previous experience working at board level with CCG's and the community provider in Bromley.

6.2 This is a new role which will be critical to taking forward, at pace, many of our integration ideas, and will have a particular part to play in our collaboration with primary care and helping create our 'one clinical community' vision and subsequent clinically led service re-design.

6.3 Specifically, as a senior leader, the post holder will be responsible for identifying, mobilising and delivering long term and sustainable change across the primary and secondary care interface. Building a clinical community with a focus on improving patient outcomes, driving improvement and making the most effective use of resources.

6.4 As a senior clinical leader of the Trust, the post holder will support both managerial and clinical colleagues, and in particular the Trust Executive Group (TEG) and System Clinical Forum, to act as patient advocates, thereby ensuring optimum quality, safety and ultimately enhancing the experience of patients, their families and carers.

7.0 Transformation Monies 19/20

7.1 Following last year's system wide approach to allocation of these monies, the CCG intends to follow a similar process for 19/20. Overall the process followed last year was well received in that a wider range of people and organisations were part of the process and money was allocated to 'non-traditional' health spend areas.

7.2 However, the process used last year required bids to be submitted, and did result in providers feeling they were pitched into competition with one another rather than being encouraged to collaborate. The system has matured well since last year's process and therefore the approach being taken this year will vary slightly in that, the Alliance steering group has been asked to identify what they all agree the priorities for the system are.

7.3 There will be approximately £1.5 million non-recurrent funding made available for 2019/20. The Alliance steering group agreed the priority areas for this spend as:

- Mental Health – linked to the upcoming Most Capable Provider (MCP) process and the Haverhill early adopter site;
- Children and Young People – linked to the SEND inspection and clear gaps we need to fill in terms of service needs;
- Demand Management – focus on system wide demand management joining up social care and health in our future planning
- Development of the Localities– woven through all of the above

7.4 Any projects from last year's transformation allocation that require on-going funding would also need to be funded from this pot if continuation was agreed.

8.0 Realising Ambitions Funding

8.1 The ICS has made funding available to support the Alliances to develop and grow their work specifically with the VCSE (voluntary, community, social enterprise) sector. Approximately £480,000 has been allocated for West Suffolk.

8.2 Our local 'Higher Aspirations', identified by local leaders in April 2018: reducing the burden of deprivation, improving mental health and reducing suicides, being more proactive in relation to obesity prevention and treatment, a reduction in unplanned cancer admissions, improved end of life care, neighbourhood action to combat loneliness, fit extremely well with the VCSE areas of expertise and interest.

8.3 The Suffolk and Essex Community Foundations have been appointed to receive and distribute this funding, to enable the VCSE to become more involved in this work alongside other partners in the ICS. They will ensure that this programme also builds VCSE resources, engagement, and volunteering, corporate and philanthropic support.

8.4 The Alliance has now agreed the key priorities for this funding for West Suffolk at 'place' level, as:

- Improving mental health and reducing suicides
- neighbourhood action to tackle loneliness
- being more proactive in relation to obesity prevention and treatment

8.5 These are the areas where the VCSE can have the most impact. As the programme develops these objectives may change and incorporate other priorities, maximising the flexibility and impact offered by a grants programme. This also offers potential for a more structured funding framework, enabling partners to join up different pots of money, for example transformation funding.

8.6 This is one off funding to support the VCSE to make progress with the prevention agenda and tackling the wider determinants of health. West Suffolk Families and Communities team will help play lead role in the roll out of the funding.

8.7 In contrast to previous arrangements, an innovative approach with Suffolk Community Foundation (SCF) managing the process of funding allocation will be used. This should help to ensure that all VCSE organisations have an opportunity to apply for funding with the support of SCF. Smaller VCSE organisations who wish to tackle similar things will be encouraged to work together to enable collaboration rather than competition

8.8 SCF have devised a proposed process and framework to be used for the application, decision, award and monitoring of any funding. A specific application form will be used for this fund which will enable VCSE organisations to apply for sums of money relative to the size of their project and will demonstrate how they will meet at least one of the key priorities.

8.9 The process followed will be three fold:

- Micro grants – up to £1,000 for small charities and community groups. These funds may be held by Parish Councils on behalf of groups that are not constituted (i.e. small luncheon clubs that help prevent loneliness in a rural location) to achieve maximum reach.
- Grants up to £50,000 – with the option of 2-year funding available. These grants will need to address at least one of the two objectives and any grant request will be proportional to the income of the organisation i.e. not over 20% of their annual reported income for their last financial year.
- Grants in excess of this will be considered for up to £70,000 for partnership projects covering the majority of the Alliance areas in East Suffolk and Ipswich that are able to measure impact and meet both objectives. The possibility of two-year funding maybe available.

8.10 Once the criteria are agreed, the fund will be opened on Suffolk Community Foundation's website and shared with partner organisations across Suffolk (excluding Waveney) for promotion. The grant fund will be open for a minimum of 8 weeks (to allow enough time for the organisations to identify the project need, draft up budgets and complete an application). There will then be a period of 6 weeks to assess the applications.

8.11 A panel meeting will be convened to undertake the grant award decision making (after the 6-week assessment period) consisting of up to 7 panel members, drawn from the Alliance and other experts, which SCF will chair. All decisions made will then be communicated by the SCF grants team and successful applicants will receive and agreed the terms and conditions of funding.

8.12 Suffolk Community Foundation will work with all grant recipients who are recommended to submit an end of grant monitoring. In addition, SCF carry out interim visits and telephone follow ups. There may also be some external evaluation alongside this programme.

9.0 Community Pharmacies Initiative

9.1 We have agreed to fund a 'community pharmacies framework' that will enable community pharmacies to expand and increase their service offer. The framework has 3 levels: Level 1 activities aimed at health promotion, Level 2 activities aimed at prevention and Level 3 activities aimed at protection. This should have a positive effect on the service patients receive and their health outcomes, as well as demand management, and assisting our community pharmacies to flourish.

9.2 Approximately £280K has been made available (county-wide) to fund this work. The framework will include supporting pharmacies to be able to offer services such as smoking cessation, sexual health advice and support for self-care, pain management and early diagnosis of cancer as well as training in health coaching for all pharmacy staff.

10.0 Haverhill Health Fair

10.1 Blood pressure testing, Tai-Chi and taster sessions were among the activities on offer at Haverhill's inaugural health fair.

10.2 The event, hosted by ONE Haverhill Partnership and Abbeycroft Leisure with support from West Suffolk Community Engagement Group, gave residents free and practical advice to enjoy a healthier lifestyle.

10.3 Health Secretary Matt Hancock, MP for West Suffolk, was guest of honour at the fair at Haverhill Leisure Centre alongside many health, community and social groups. It was the brainchild of Michael Simpkin, who sits on the community engagement group for the West Suffolk Clinical Commissioning Group (CCG).

10.4 The aim of the event was to give simple tips and advice on staying active, improving health and wellbeing and being an active member of your community," Michael said. "We were really pleased with how it went and we would like to thank everyone who attended and supported."

10.5 About 30 organisations took part and there were a range of information stalls. Abbeycroft Leisure provided taster sessions and exercise classes, the CCG raised awareness of heart condition atrial fibrillation and stroke prevention and Citizens Advice talked about reducing fuel poverty.

10.6 Suffolk County Council's children and young people's services also attended and OneLife Suffolk provided health checks.

10.7 Further discussion are to be held with each locality team to see if this event could be replicated for each area as it provided and excellent opportunity to show case the assets that exist to support people at a neighborhood level.

11.0 Vertical Integration

11.1 Discussions are continuing between the Glemsford GP practice and the Trust. We have now agreed to move forward to the due diligence stage of the process. The first meeting of the project group is planned for 30th April 2019.

12.0 Conclusion

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

Appendix 1

Case Study One

Example of integrated working to benefit patient care, effectiveness and timeliness of intervention. From the Haverhill locality team:

Patient with bilateral leg Lymphoedema has been seen by the community nurse's **long term** for leg ulcer care. Initially he attended a leg ulcer clinic but as the patient got more and more disabled he was **seen at home for the last year**, being visited once a week for below knee compression bandaging. (We also see his wife and son who are all morbidly obese).

Patient was **jointly** assessed in January 2019 by the Lymphoedema service and the community nurses. A plan was agreed for **sharing care** for the next 6 weeks. The first 2 weeks were daily visits by two nurses doing leg wash, cream and full leg compression (**this would take an hour with 2 staff).**

After 2 weeks **the visits reduced down slowly** until 6 weeks when the patient able to get compression wraps on. His legs have reduced considerably in size, and therefore his mobility and comfort has improved. **He has now been discharged from our care**, so although initially it was very time consuming the outcome has been worth it.

Quote from a community team member: *'so results are good and its great our teams are working closer together.'*

Quote from a Lymphoedema team member '*we are hopeful that we will be able to help further with future patients in order to support the community teams and make a difference to patients well-being and management of their condition'*

Appendix 2

Case Study Two

Background

Patient was a community based patient who has been seen by the community nursing team **for 3-4 years** for weeping legs and ulcers. Over this period of time he had received twice weekly visits from the community nursing team for bilateral leg dressings taking **between 30- 60 minutes per visit**.

The patient had a history of lymphoedema to the lower legs and due to a change in circumstance was no longer able to apply the compression garments needed to control the lymphoedema. This led to a breakdown of the skin which is when the community nurses started to attend for dressings.

The lymphoedema service has integrated its work with the community teams to deliver the service **where most appropriate for the patient**. This also improves the opportunity to share learning and skills between the community nurses and the lymphoedema team.

Situation

Patient was assessed **at home** by the lymphoedema team and deemed to need compression bandaging to get the lymphoedema under control. This is a period of intensive management with short stretch thigh high bandaging. At the time of the assessment the patient had chronic skin changes and a worsening of the lymphoedema associated with poor control of the condition and bandage damage due to bandaging up to the below the knee only. The short stretch compression bandaging was started with the patient being seen **initially daily for two weeks by the lymphoedema team shared with the community nurses**. This continued with the visits being reduced until at 6 weeks the patient was able to go into a compression wrap system **where she self-managed with support from husband.**

Result

The patient was then able to self-manage the compression wraps and is due to go back into thigh high compression garments. The size of the limb and the condition of the skin is significantly improved. The patient has been **discharged off the community nurses caseload** and now sits under the care of the lymphoedema service and currently under **bi-monthly reviews with the aim to reduce to 6 monthly reviews.**

Forest Heath (Mildenhall and Brandon)
Locality Lead = Dawn Godbold
Alliance Locality Coordinator = Leiat Becker
Transformation Rep = Hannah Pont & Juliet Estell
Community Health Service Team = Heather Male
Borough Council = Lesley-Ann Keogh & Gemma O'Shea
Primary Care Rep = Emma Gaskall
Social Prescribing = Lauren White-Miller/Suzanne Stevenson
Community Matron = Sandra Webb
Team Manager ACS Social Care = Vacant
GP Lead = Dr Godfrey Reynolds

GP practices:
- Market Cross Surgery
- White House Surgery
- Lakenheath Surgery
- Reynard Surgery
- Forest Surgery
- Brandon Medical Practice

Newmarket
Locality Lead = Sandie Robinson
Alliance Locality Coordinator = Batsi Shamuyarira
Transformation Rep = Chris Barlow & Tracey Morgan
Community Health Service Team = Linda Addison, Jane Sharland
Borough Council = Will Wright & Helen Lindfield
Primary Care Rep = Rachel Seago
Community Matron = Katherine Foxwell
Team Manager ACS Social Care = Vacant

GP practices:
- Orchard House Surgery
- Oakfield Surgery
- Rookery Medical Centre

Haverhill
Locality Lead = Lois Wreathall
Alliance Locality Coordinator = TBC
Transformation Rep = Nicole Smith & Renu Mandel
Community Health Service Team = Karen Line
Borough Council = Lizzie Cocker
Primary Care Rep = Lois Wreathall
Social Prescribing = Lauren White-Miller/Suzanne Stevenson
Community Matron = Rachel Godfrey
Team Manager ACS Social Care = Gillian Leathers
GP Lead = Dr Firas Watfeh

GP practices:
- Haverhill Family Practice
- Clements and Christmas Maltings Practice
- Kedington Surgery
- Wickhambrook Surgery
- Guildhall Surgery

Bury Rural
Locality Lead = Rob Kirkpatrick
Alliance Locality Coordinator = TBC
Transformation Rep = Trisha Stevens & Janet Watkins
Community Health Service Team = Linda Griffiths
Borough Council = Lucy Pettitt, Lauren White-Miller & Ellie McCarthy
Primary Care Rep = Lois Wreathall
Community Matron = Alison Salmon
Team Manager ACS Social Care = Jo Murray

GP practices:
- Botesdale Health Centre
- Stanton Surgery
- Ixworth Surgery
- Wickhambrook Surgery
- Woolpit Health Centre
- Angel Hill Surgery
- Guildhall Surgery
  - Bury
  - Barrow
  - Mount Farm Surgery
  - Swan Surgery
  - Victoria Surgery

Sudbury
Locality Lead = tbc
Alliance Locality Coordinator = Oliva Rigo
Transformation Rep = Kirsty Rawlings
Community Health Service Team = Jenny McCrory
Borough Council = Jonathan Seed (Babergh & Mid Suffolk)
Primary Care Rep = Rachel Seago
Community Matron = Sheila Burns & Shelley Lee
Team Manager ACS Social Care = Dawn Thompson (Interim)
GP Leads = Dr Bahram Talebpour & Dr Christopher Browning

GP practices:
- Guildhall Surgery, Clare
- The Surgery, Glemsford
- Hardwicke House Group Practice
  - Hardwicke House
  - Meadow Lane Surgery
  - Church Square Surgery
  - Stonehall Surgery
  - The Cornard Surgery
  - Long Melford and Lavenham Practice
- Siam Surgery

Bury Town
Locality Lead = Jane Rooney
Alliance Locality Coordinator = Anita Kovacs
Transformation Rep = Trisha Stevens & Martin Bate
Community Health Service Team = Vacant
Borough Council = Lucy Pettitt, Lauren White-Miller & Ellie McCarthy
Primary Care Rep = Lois Wreathall
Community Matron = Caroline Ryan
Team Manager ACS Social Care = Jo Murray

GP practices:
- Angel Hill Surgery
- Guildhall Surgery
  - Bury
  - Barrow
  - Mount Farm Surgery
  - Swan Surgery
  - Victoria Surgery
  - Ixworth Surgery

10:20 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

13. Nurse staffing report

To ACCEPT a report on monthly nurse staffing levels

For Report

Presented by Rowan Procter

QUALITY AND WORKFORCE DASHBOARD

Month Reporting	Mar-19		Establishment for the Financial Year 2018/19		Data for March 2019																	
					Workforce													Nursing Sensitive Indicators					
Trust	Ward Name	Speciality	Current Funded Total Establishment Registered to Unregistered (WTE)		Fill rate Registered %		Fill rate Unregistered %		Bank Use %	Agency use %	Overall Care Hours Per Patient Day	Vacancies (WTE)		Sickness (%)	Annual Leave (%)	Maternity/Paternity Leave (%)	Pressure Ulcer Incidences (Hospital Acquired)	Nursing/Midwifery Administrative Medication Errors	Falls (with Harm)	Red Incidents	Complaints	Compliments
			Registered	Unregistered	Day	Night	Day	Night				Registered	Unregistered									
WSFT	ED	Emergency Department	54.91	23.43	92.6%	97.2%	99.0%	149.2%	7.0%	12.7%	N/A	-11.07	-2.20	4.70%	16.40%	3.80%	N/A	4	0	1 (Papworth)	0	1
WSFT	AAU	Acute Admission Unit	27.30	29.59	76.4%	73.1%	81.3%	106.8%	6.8%	1.6%	11.7	-9.00	-2.41	3.90%	12.30%	4.30%	0	3	0	0	0	0
WSFT	F7	Short Stay Ward	22.84	30.94	66.9%	79.4%	89.9%	95.5%	10.9%	8.7%	6.3	-4.90	-8.25	6.80%	15.30%	4.20%	1	5	2	0	0	0
WSFT	CCS	Critical Care Services	41.07	1.88	101.8%	91.5%	N/A	N/A	4.8%	0.0%	24.4	-1.55	1.00	1.60%	20.70%	2.20%	2	7	0	0	0	0
WSFT	Theatres	Theatres	61.68	22.27	101.5%	101.1%	N/A	N/A	0.7%	0.0%	N/A	-3.94	-1.40	6.50%	16.80%	1.50%	0	0	N/A	0	0	0
WSFT	Recovery	Theatres	21.23	0.96	152.2%	98.2%	66.4%	N/A	4.6%	0.0%	N/A	-1.45	-0.10	5.80%	17.20%	4.60%	0	1	N/A	0	0	0
WSFT	Day Surgery Unit	Theatres	28.43	8.59	56.4%	N/A	114.0%	N/A	0.4%	0.0%	N/A	-3.90	0.00	5.00%	11.40%	0.00%	0	0	0	0	0	1
	Day Surgery Wards		11.76	1.79					14.9%	0.0%		-0.60	-0.10	9.60%	16.90%	0.00%						
WSFT	Cardiac Centre	Cardiology	38.14	15.20	71.1%	100.1%	105.4%	96.5%	2.0%	0.3%	4.6	-6.40	2.30	3.70%	14.50%	2.90%	0	0	0	0	0	0
WSFT	G1	Palliative Care	23.96	8.31	73.1%	98.6%	99.9%	N/A	13.3%	1.1%	7.3	-4.54	-1.80	4.70%	19.50%	5.40%	1	5	0	0	0	0
WSFT	G3 WEW	Winter Escalation	Not budgeted		116.5%	156.1%	127.4%	117.2%	N/A	N/A	5.5	Not available					3	3	2	0	0	0
WSFT	G4	Elderly Medicine	19.16	24.36	84.9%	89.3%	99.0%	103.4%	11.8%	6.7%	5.8	-4.60	0.37	9.00%	16.30%	4.40%	5	2	3	0	0	0
WSFT	G5	Elderly Medicine	18.41	22.66	93.0%	101.3%	86.7%	104.6%	10.2%	9.0%	5.3	-3.55	-3.56	5.10%	15.00%	6.50%	4	0	2	0	0	0
WSFT	G8	Stroke	23.15	28.87	87.1%	92.1%	101.5%	95.0%	14.1%	7.9%	6.7	-6.39	-3.55	4.10%	13.60%	8.50%	0	2	0	0	0	0
WSFT	F1	Paediatrics	18.13	7.16	112.9%	136.3%	77.4%	N/A	16.4%	0.3%	8.0	1.40	0.80	3.70%	18.20%	0.90%	N/A	0	N/A	0	0	0
WSFT	F3	Trauma and Orthopaedics	19.58	22.27	92.2%	98.0%	133.0%	102.0%	12.3%	13.5%	5.3	-3.55	-5.05	4.00%	16.70%	5.80%	0	5	1	0	0	0
WSFT	F4	Trauma and Orthopaedics	12.78	10.59	94.3%	90.3%	86.8%	172.7%	4.1%	11.5%	9.1	-1.10	-1.85	0.70%	17.00%	4.30%	0	2	0	0	0	0
WSFT	F5	General Surgery & ENT	19.58	14.51	90.4%	98.9%	98.2%	120.8%	0.6%	1.2%	5.5	-0.95	-0.99	2.00%	14.20%	10.50%	0	1	0	0	0	1
WSFT	F6	General Surgery	19.57	14.51	90.6%	91.0%	101.1%	107.5%	5.7%	5.9%	5.3	-4.80	2.70	3.30%	12.60%	5.50%	0	3	0	0	1	0
WSFT	F8	Respiratory	19.90	20.13	93.6%	73.5%	107.5%	105.4%	1.4%	3.7%	6.3	-3.30	-3.80	3.70%	15.60%	0.00%	2	3	1	0	0	0
WSFT	F9	Gastroenterology	20.32	22.56	81.2%	97.7%	80.7%	128.8%	20.4%	4.9%	5.2	-3.90	-4.70	10.40%	13.10%	3.50%	2	2	3	0	1	0
WSFT	F11	Maternity	49.58	13.89	110.4%	89.1%	81.6%	51.4%	10.4%	0.0%	N/A	0.66	0.80	9.40%	16.20%	4.30%	0	1	0	0	1	0
WSFT	MLBU	Midwifery Led Birthing Unit															0	0	0	0	0	0
WSFT	Labour Suite	Maternity															0	3	0	0	0	0
WSFT	F12	Infection Control	11.02	5.00	85.9%	99.1%	34.9%	101.0%	1.1%	0.0%	9.5	-1.79	0.10	8.40%	10.30%	4.00%	1	0	0	0	0	0
WSFT	F10	Gynaecology	11.18	1.00	110.0%	111.3%	N/A	N/A	31.0%	1.7%	5.4	-1.70	0.00	1.10%	14.40%	0.00%	0	5	0	0	0	1
WSFT	MTU	Medical Treatment Unit	7.04	1.80	85.1%	N/A	35.7%	N/A	4.6%	0.0%	N/A	-1.10	-1.00	2.00%	16.40%	0.00%	0	0	0	0	0	0
WSFT	NNU	Neonatal	20.85	3.64	94.1%	85.7%	54.8%	48.4%	1.7%	0.0%	21.9	-1.15	-0.02	3.00%	16.80%	4.10%	N/A	1	N/A	0	0	1
Newmarket	Rosemary Ward	Step - down	12.34	13.47	130.2%	91.9%	109.3%	95.7%	7.8%	11.9%	5.3	-3.50	-0.50	10.10%	15.70%	0.00%	1	3	0	0	1	0
Glastonbury Court	Kings Suite	Medically Fit	11.50	12.64	121.3%	97.8%	92.5%	100.3%	7.4%	1.5%	4.6	-1.00	-1.90	9.00%	15.30%	0.00%	0	0	2	0	0	1
					95.03% AVG	97.54% AVG	93.91% AVG	108.23% AVG				-87.67 TOTAL	-35.11 TOTAL	5.52% AVG	15.54% AVG	3.44% AVG	22 TOTAL	61 TOTAL	16 TOTAL	0 TOTAL	4 TOTAL	6 TOTAL

Trust	Team Name	Speciality	Current Funded Total Establishment Registered to Unregistered (WTE)		Patient facing contact (hrs)	Unplanned requests	Vacancies (WTE)		Sickness (%)	Annual Leave (%)	Maternity/Paternity Leave (%)	Pressure Ulcer Incidences (New)	Nursing/Midwifery Administrative Medication Errors	Red Incidents	Missed Visits	Complaints	Compliments
			Registered	Unregistered			Registered	Unregistered									
Community	Bury Town	Community Heath Team	17.59	5.60	1357.83	70	-1.00	0.00	2.70%	_		9	1	0	0	0	0

QUALITY AND WORKFORCE DASHBOARD

Community	Bury Rural	Community Heath Team	10.00	1.20	727.17	32	-1.00	-1.00	22.45%	Not available comprehensively til Healthroster implemented	Not available this month	4	0	0	1	0	0
Community	Mildenhall & Brandon	Community Heath Team	12.59	3.91	865.43	37	-0.60	-0.11	7.98%			1	0	0	0	0	0
Community	Newmarket	Community Heath Team	8.10	2.75	555.93	16	0.00	0.00	2.01%			0	0	0	0	0	0
Community	Sudbury	Community Heath Team	18.03	8.36	1170.00	41	-3.60	0.00	10.44%			4	3	0	3	0	0
Community	Haverhill	Community Heath Team	8.97	4.23	1005.78	43	-2.17	0.00	6.28%			1	0	0	0	0	0
Community	Admission Prevention Service	Specialist Services	11.28	3.45	118.97	0	0.00	0.00	19.21%			0	0	0	0	0	0
Community	Children	Community Paediatrics	16.37	15.01	1202.40	0	-2.00	0.00	2.48%			N/A	0	0	1	1	0
					7003.51	239.00	-10.37	-1.11	9.19%	#DIV/0!	#DIV/0!	19	4	0	5	1	0
					TOTAL	TOTAL	TOTAL	TOTAL	AVG	AVG	AVG	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL

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

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

Trust Board – 26th April 2019

Agenda item:	13			
Presented by:	Rowan Procter, Executive Chief Nurse			
Prepared by:	Rowan Procter, Executive Chief Nurse			
Date prepared:	22nd April 2019			
Subject:	Quality and Workforce Report & Dashboard – Nursing			
Purpose:	X	For information		For approval

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

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

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

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

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

NHSI Safer Staffing - National Quality Board Recommendations

'Developing workforce safeguards – October 2018' document released by NHSI, recommendation's highlight last month to be implemented over this financial year 2019/20.

Overview of March nurse staffing position

Are we safe?
Across the month of March staff fill rate has been inconsistent and the average fill rate is lower this month than February. However areas like Rosemary Ward, F7, AAU and MTU required to update templates by the operational directorate with guidance from Healthroster team – as some areas rosters are being listed as over-filled or severely unfilled but on-the-ground message is different.

Due to gaps in rotas, additional staff being sourced for early parts of the shift has been obtained but, the late and night shifts particularly proved very challenging to staff and risk was mitigated across the organisation to reduce risk and maintain quality care.

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

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

Are we efficient?
There has been an improvement in sickness in the month of March, which could account for a slight improvement in most of the Nursing Sensitive Indicators at West Suffolk NHS Foundation Trust

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

Operational colleagues review key performance indicators by areas of responsibility to ensure that annual leave and study leave are planned appropriately, thus promoting staff wellbeing and good roster cover.

CHPPD figures similar to comparable wards in other hospitals.

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

Nursing vacancy accuracy position – Budget figures to be updated in HealthRoster, in line with new financial year 2019/20

14. Safe staffing guardian report

To ACCEPT the report

Nick Jenkins & Francesca Crawley

For Approval

Trust Board – 26 April 2019

Agenda item:	14			
Presented by:	Nick Jenkins, Francesca Crawley			
Prepared by:	Francesca Crawley			
Date prepared:	April 2019			
Subject:	Safe staffing guardian report - Annual Report April 2018 - March 2019			
Purpose:	x	For information		For approval

Executive summary:
This is the second annual report produced since the introduction of the 2016 Terms and Conditions of Service (TCS) for Doctor and Dentists in Training by NHS Employers. Full details of this contract are to be found here: http://www.nhsemployers.org/your-workforce/need-to-know/junior-doctors-2016-contract

The report is compiled by the Guardian of Safe Working Hours (GOSW), a role appointed as part of the new contract. The purpose of the report is to provide evidence of safe rostering and compliance with the TCS, to highlight any difficulties which have arisen, and to explain how they are being addressed. A system of Exception Reporting is in place, which replaced monitoring of working hours.

It is still early days for the Junior Doctors contract to be established. Whilst Exception Reporting is proving to be a useful tool in high-lighting difficulties in staffing and working practice it is probably underused at present. So far this system has particularly highlighted issues in Medicine with regards to additional hours being worked, and in General Surgery access to support for the lower grades of dcotors.
NB Francesca Crawley, Consultant Neurology has been appointed as Guardian of Safe Working from February 2019.

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

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

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

Recommendation: For the board to endorse the quarterly report.

ANNUAL REPORT APRIL 2018 - MARCH 2019 ON ROTA GAPS AND VACANCIES:

DOCTORS AND DENTISTS IN TRAINING

This report covers the twelve month period (1st April – 31st March 2019 inclusive). During that time there have been quarterly reports from which this summary is drawn.

Introduction

This is the second annual report produced since the introduction of the 2016 Terms and Conditions of Service (TCS) for Doctor and Dentists in Training by NHS Employers. Full details of this contract are to be found here: http://www.nhsemployers.org/your-workforce/need-to-know/junior-doctors-2016-contract

The report is compiled by the Guardian of Safe Working Hours (GOSW), a role appointed as part of the new contract. The purpose of the report is to provide evidence of safe rostering and compliance with the TCS, to highlight any difficulties which have arisen, and to explain how they are being addressed. A system of Exception Reporting is in place, which replaced monitoring of working hours.

The report is also informed by the monthly Junior Doctors' Forum. This meeting is held in two parts: The first is an open (unminuted) forum for all junior doctors; the second is chaired by the GOSW and includes Junior Doctor representatives, including the mess president, chief resident and BMA representatives, and also the Director of Education, The Foundation Programme Director, members of HR, rota co-ordinators, and BMA advisors. This meeting is minuted.

All trainees taking up appointments are on the New Contract. It should be noted that a further 39 doctors working in Trust grade positions are on contracts that mirror the new Contract.

Summary data

Number of doctors / dentists in training (total):	148
Number of doctors / dentists in training on 2016 TCS (total):	148(includes p/t trainees)
Amount of time available in job plan for guardian to do the role:	1 PAs / 4 hours per week
Admin support provided to the guardian (if any):	0.5WTE
Amount of job-planned time for educational supervisors:	0.125 PAs per trainee[1]
Amount of job-planned time for Clinical Supervisors:	0, included in 1.5 SPA time[1]

Exception Reporting

A process is in place on Allocate for the Junior Doctors to fill in an exception report. We have altered the policy so doctors do not need to get 'permission' from a consultant to complete the exception report, but are asked to discuss it at the next opportunity. Details of the exception report are sent to the Guardian and Clinical /Educational Supervisor.

Patterns are now developing which have highlighted working practice within some departments and difficulties which are discussed below.

The system of exception reporting has led to regular discussion with the Junior Doctors. There is a general view that the figures under-represent the true picture. Visits to the wards out of hours have confirmed that Junior Doctors work beyond contractual duties without reporting. Possible causes for this include:

- a perception that the process of ER is cumbersome to complete
- reluctance on the part of the JD to bother the consultant on-call/ward consultant for permission (now resolved as they no longer need to seek permission before exception reporting)
- discouragement from some consultants
- a sense that the exercise is in some way punitive or would discredit the junior doctor involved
- some junior doctors believing that working late is part of their professional responsibility and they do not want to be paid for it

EXCEPTION REPORTS BY DEPARTMENT APRIL 2018 – MARCH 2019				
Specialty	April – June 2018	July – September 2018	October – December 2018	January – March 2019
Surgery	35	29	9	9
Medicine	49	129	65	88
Woman & Child/Paediatrics	1	2	1	2
TOTAL	**85**	**160**	**75**	**99**

Exception Reporting: accuracy

Steps have been taken to address concerns about reporting, with regular encouragement from HR and the GOSW. It is likely to take time for all concerned to adjust to this practice
The GOSW, Medical Director and Chair of the Junior Doctors Forum have just written to all consultants and junior doctors encouraging juniors to exception report and consultants to support this. (Attached)

Patterns of Exception Reporting

With the large increase in numbers joining the new contract in August 2018 it is early days to identify seasonal patterns. Overall the numbers in medicine were much higher than in surgery, except for a time when there was a rota gap due to a doctors start date being delayed. This has been addressed. In addition, two further Trust doctors have been appointed in surgery.

Various reasons for Exception reporting are detailed using the Allocate system, and these are generally about workload or particularly sick patients. Some issues have been highlighted, such as carrying out ward rounds in the afternoon which generate jobs for the junior doctor. These have been fed back to the clinicians involved. Junior doctors have been working with e-care personnel to facilitate prescribing for discharge TTOs. There have been instances of doctors staying behind to speak to relatives - whilst this would seem to be good practice this is an area which needs further thought if contractual requirements are to be kept.

Work Schedule Reviews.

There have been no formal Work Schedule Reviews reported as difficulties have been handled promptly by service managers.

Fines

Total breach fines paid by the Trust from August 2017 to date are £8,439.09 and the Guardian Fund currently stands at £4,585.59.

Locums and Vacancies by quarters & months:

VACANCIES BY QUARTERS – APRIL 2018 – MARCH 2019							
Department	Grade	Q1 – Apr – June 18	Q2 – July – Sept 18	Q3 – Oct – Dec 18	Q4 – Jan – Mar 19	Total gaps (average per quarter)	TOTAL
A&E	ST3+	9	12	9	12	10.5	42
	GP/ ST1-2	3	5	2	2	3	12
	ACCS /CT	0	0	3	1	1	4
Anaesthetics	ST3+	9	4	9	7	7.25	29
	ACCS/CT	3	2	0	0	1.25	5
Medicine	ST1-2	0	5	4	5	3.5	14
	ST3+	6	5	3	0	3.5	14
Obs & Gynae	ST3+	8	2	0	0	2.5	10
T&O	GP 1-2	1.50	0	1	3	1.38	5.5
	ST3+	0	3	1	0	1	4
Pediatrics	ST4+	3	1.2	3	2	2.3	9.2
Total		**42.5**	**39.2**	**35**	**32**	**37.18**	**148.7**

VACANCIES BY MONTH – APRIL 2018 – MARCH 2019												
Department	A&E			Anaesthetics		Medicine		O&G	T&O		Peadiatrics	TOTAL
Month	ST3+	GP / ST1-2	ACCS / CT	ST3+	ACCS/CT	ST1-2	ST3+	ST3+	GP 1-2	ST3+	ST4+	
April 18	3	1	0	3	1	0	2	2	0.5	0	1	13.5
May 18	3	1	0	3	1	0	2	3	0.5	0	1	14.5
June 18	3	1	0	3	1	0	2	3	0.5	0	1	14.5
July 18	4	1	0	1	1	0	2	2	0	0	0	11
August 18	4	2	0	2	1	4	1	0	1	0	0	15
September 18	4	2	0	1	0	1	2	0	0	2	1.2	13.2
October 18	3	1	1	3	0	1	1	0	0	1	1	12
November 18	3	1	1	3	0	1	1	0	0	0	1	11
December 18	3	0	1	3	0	2	1	0	1	0	1	12
January 19	3	0	1	3	0	2	0	0	1	0	1	11
February 19	5	1	0	2	0	2	0	0	1	0	1	12
March 19	4	1	0	2	0	1	0	0	1	0	0	9
										GRAND TOTAL		148.7

Consolidating vacancies and rota issues

From August 2018, the Trust has seen the opening of the new Cardiac Centre and AAU, along with opening more capacity in A&E and a trial SAU.

As a result of these extension, and the uplift in patients being seen within the Trust, the Service Managers have required more doctors.

New 'locally employed doctors' (LED's), have been employed specifically for the Cardiac Centre and to cover the additional capacity in AAU.

There are further plans for 8 additional LED's from August 2018, covering A&E, General Surgery and General Medicine. In total, 30 LED's will be now be specifically employed to ensure that we can safely fill our rota's and staff the wards and ensure safer working hours for all doctors.

Key issues from host organisations and actions taken

Facilities for rest at night are resolved. The medical day unit agreed that their area with reclining chairs can be used to take a break during the night shift and there are two ensuite rooms in the accommodation block for doctors too tired to drive home post nights. The new (temporary) mess also includes a couple of bedrooms which can be used.

The workload for Junior Doctors in medicine remains an issue and is the main cause of Exception Reporting. The Trust is actively supporting training of Physician Assistants who will contribute to the workforce

Summary

It is still early days for the Junior Doctors contract to be established. Whilst Exception Reporting is proving to be a useful tool in high-lighting difficulties in staffing and working practice it is probably underused at present. So far this system has particularly highlighted issues in Medicine with regards to additional hours being worked, and in General Surgery access to support for the lower grades of dcotors.

NB Francesca Crawley, Consultant Neurology has been appointed as Guardian of Safe Working from February 2019.

NHS
West Suffolk
NHS Foundation Trust

Dr Nick Jenkins
Executive Medical Director
West Suffolk NHS
Foundation Trust
Hardwick Lane
Bury St Edmunds
Suffolk IP33 2QZ

To: All Consultants, WSFT

April, 2019

Dear All,

RE: GOSW AND EXCEPTION REPORTING

Some of you will know that Francesca Crawley has just taken up the role of Guardian of Safe Working. This is a great opportunity to improve communication and support to our juniors.

We are already recognized in the region as a trust with good consultant/junior relationships and always do very well in the GMC survey, but there is always room to improve.

We appreciate that many consultants worked 100+ hours a week as juniors, but things have changed and we need to acknowledge the contract our juniors are on.

Exception Reporting came in a couple of years ago with the new contract. It was devised to recognize that junior doctors work hard, often stay late and can miss training opportunities due to the pressure of the wards. They are to ensure a prompt resolution and/or remedial action to ensure that safe working hours are maintained.

The four reportable areas of Exception Reports are as follow:

- *Difference in the hours of work* – when juniors work additional hours.
- *Difference in the pattern of hours worked* – for when the roster consistently differs from the model rota on the Work Schedule (before any swaps the junior may have requested).
- *Difference in education opportunities or available support* – e.g. juniors don't get into theatre or to fixed teaching due to staff shortages or ward rounds over running.
- *Difference in support available during service commitment* – for when juniors need senior support and there is none available.

It is acknowledged that we are all professional and occasionally staying late is part of any profession. However, we would like to encourage juniors who are persistently delayed leaving the ward to Exception Report and for all of us to support this. The new contract resulted in a change in the way juniors are paid, and Exception Reporting is to ensure that doctors are paid for the hours they actually work, not the hours they are meant to work.

We should also be acknowledging that if one of our juniors misses a fixed teaching session due to staff shortages that an Exception Report should be submitted for a missed training opportunity under 'difference in education opportunities' as shown above.

In the medium to long term, we suspect that we will be looking harder at jobs that junior doctors currently do which could be done by another healthcare professional, but in the interim could we please support our juniors who are staying late/missing breaks/ missing training to look after our patients to Exception Report so that we are aware of where the challenges are and the juniors are paid for this time.

Any feedback or other suggestions are very welcome.

Best Wishes,

Francesca Crawley

Nick.

Francesca Crawley	**Nick Jenkins**	**Andreea Culbeece**
GOSW	Medical Director	Chair JDF

Terms & Conditions of Service - Doctors & Dentists in Training - July, 2016

NHS
West Suffolk
NHS Foundation Trust

To: **All Junior Doctors at West Suffolk FT**

Dr Nick Jenkins
Executive Medical Director
West Suffolk NHS
Foundation Trust
Hardwick Lane
Bury St Edmunds
Suffolk IP33 2QZ

April, 2019

Dear All,

RE: GOSW AND EXCEPTION REPORTING

Some of you will know that Francesca Crawley has just taken up the role of Guardian of Safe Working. We view this as an opportunity to improve communication within the trust.

You will all be aware that Exception Reporting came in a couple of years ago with the new contract. It was devised to recognize that you work hard, often stay late and that you should be paid for that time. The pressure on the wards can mean that you can miss training opportunities; these should also be reported.

The four reportable areas of Exception Reports are:

- *Difference in the hours of work* – when you work additional hours.
- *Difference in the pattern of hours worked* – for when the roster consistently differs from your model rota on your Work Schedule (before any swaps you may have requested).
- *Difference in education opportunities or available support* – e.g. you don't get into theatre or clinics as you should, or staff shortages result in you missing your protected teaching/training opportunities.
- *Difference in support available during service commitment* – for when you need senior support and there is none available.

It is acknowledged that we are all professional and occasionally staying late is part of any profession.

However, we would like to encourage any of you who are persistently delayed leaving the ward to Exception Report and for consultants to support this (see letter to consultants- attached).

In the medium to long term, we suspect that we will be looking harder at jobs that junior doctors currently do which could be done by another healthcare professional, but in the interim, please Exception Report rather than feeling irritated that you are staying late unpaid/missing teaching/ feel unsupported. I have asked the consultant body to support this.

Any feedback or other suggestions are very welcome.

Please email Francesca.crawley@wsh.nhs.uk if you would like to meet about any of these issues.

Best Wishes,

Francesca Crawley
GOSW

Nick Jenkins
Medical Director

Andreea Culbeece
Chair JDF

Putting you first

15. Freedom to Speak up guardian

To ACCEPT the report

Nick Finch

For Report

Trust Board – 26 April 2019

Agenda item:	15			
Presented by:	Nick Finch			
Prepared by:	Nick Finch			
Date prepared:	April 2019			
Subject:	Freedom to Speak up gaudian			
Purpose:		For information	x	For approval

Executive summary:

This report outlines the work I have carried over the last few months as the Freedom to Speak Up Guardian for the Trust.

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

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

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

Trust Open Board Meeting April 2019

Agenda item number..

Report from the Freedom to Speak Up Guardian

Executive Director Dr Stephen Dunn

Author Nick Finch

Introduction

This report outlines the work I have carried over the last few months as the Freedom to Speak Up Guardian for the Trust.

Background

In February 2015, Sir Robert Francis published his final report which made a number of key recommendations under five overarching themes with actions for NHS organisations and professional and system regulators to help foster a culture of safety and learning in which all staff feel safe to raise a concern. Two key elements include the appointment of a local Guardian in each Trust and a national Guardian for the NHS. In April 2016 NHS Improvement published a national policy for raising concerns for NHS organisations in England to adopt as a minimum standard. The Francis report emphasises the role of the NHS constitution in helping to create a more open and transparent culture in the NHS which focuses on driving up the quality and safety of patient care.

Role of the Guardian

Independent In the advice they give to staff and trust's senior leaders, and free to prioritise their actions to create the greatest impact on speaking up culture
and able to hold trusts to account for: creating a culture of speaking up; putting in place processes to support speaking up; taking action to make improvements where needed; and displaying behaviours that encourage speaking up.

Impartial and able to review fairly how cases where staff have spoken up are handled.

Empowered To take a leading role in supporting staff to speak up safely and to independently report on progress on behalf of a local network of 'champions' or as the single role holder.

Visible To all staff, particularly those on the frontline, and approachable by all, irrespective of discipline or grade.

Influential With direct and regular access to members of trust boards and other senior leaders

Knowledgeable In Freedom to Speak Up matters and local issues, and able to advise staff appropriately about speaking up.

Inclusive and willing and able to support people who may struggle to have their voices heard

Credible with experience that resonates with frontline staff

Empathetic to people who wish to speak up, especially those who may be encountering difficulties and able to listen well, facilitate constructive conversations, and mediate to help resolve issues satisfactorily at the earliest stage possible.

Trusted by all to handle issues fairly, take action as necessary, act with integrity and maintain confidentiality as appropriate.

Self-aware and able to handle difficult situations professionally, setting boundaries and seeking support where needed.

Forward thinking and able to make recommendations and take action to improve the handling of cases where staff have spoken up, and freedom to speak up culture more generally.

Supported with sufficient designated time to carry out their role, participate in external Freedom To Speak Up activities, and take part in staff training, induction and other relevant activities with access to advice and training, and appropriate administrative and other support.

Effective monitoring the handling and resolution of concerns and ensuring clear action, learning, follow up and feedback.

Updates

Current work undertaken by the Freedom to Speak up Guardian for West Suffolk NHS Foundation Trust to date includes:

- I have attended Preceptorship days for newly qualified Nurse and Midwifes and Clinicians.
- I have attended the Marketplace and helpfulness staff event and given a presentation about my role.
- I attended and met with the new overseas Nurses at their induction giving them a good insight into my role.
- A working link with the Senior Independent Non – Executive Director.
- Working with the National Guardians Office.
- Working with the Eastern Region Guardians Office, attending meetings and telephone conferences.
- Continue to attend Trust Inductions.

Concerns Raised

Concern	Numbers	Status
Behaviour/ attitude	4	0 Resolved 4 Outstanding
Trust procedure/practice	1	Outstanding
Capacity/workload	0	
Miscellaneous	3	Resolved

This table shows the number of concerns raised over the last six months where the FTSUG has been asked to investigate and currently working with staff.

Behaviour/attitude These are two cases where I am either working with staff and HR or where I have been asked to support staff. To date one has been resolved and the other is outstanding with the member of staff awaiting closure.

Trust procedure/practice This case was raised by a member of staff on behalf of a staff group and relates to their departments practices and procedures. The case was forwarded to the director responsible. I am assured and have been able to assure the member of staff that the situation had been discussed by the Executives Directors and plans were being put in place to resolve the matter as soon as possible.
Capacity/workload no cases to date.

Miscellaneous I was approached by three members of staff who raised issues but had not yet communicated with their line manager about their issue**.** All were advised about the role of the Freedom to Speak Up Guardian and what it entails.

Future plans

- To continue meeting with all staff groups to advertise of the role and support where necessary.
- Continue to raise the profile so that staff are fully aware who I am and how I can be approached.
- To continue to work with the Executive Directors, Non –Executive Directors, Senior managers and governors.
- To host the Eastern Counties Freedom to Speak Up Network meeting at West Suffolk Hospital which is now booked for Wednesday 26th June 2019 in the Education Centre.

Conclusion

Over the past 6 months it has become apparent staff are starting to understand the role of the Freedom to Speak up Guardian and during this time I have had a number of staff who have raised concerns either face to face or anonymously, in some cases they have contacted me to ask advice about how to report an issue.
I feel that being visible and the role being well advertised has given staff confidence to come forward with issues and know they will be listened to and in some cases given the help they need.

I recommend the Trust board note this report.

16. Consultant appointment report - None to report

For Report

17. Putting you first award

To NOTE a verbal report of this month's winner

Liz Houghton

For Report

11:00 BUILD A JOINED-UP FUTURE

18. Operational plan 2019-20

To receive the plan that has been submitted to NHSI

For Report

Presented by Craig Black and Richard Jones

Board of Directors – 26 April 2019

Agenda item:	18			
Presented by:	Craig Black, Director of Resources Richard Jones, Trust Secretary			
Prepared by:	Richard Jones, Trust Secretary			
Date prepared:	18 April 2019			
Subject:	Operational plan 2019-20			
Purpose:	X	For information		For approval

Executive summary

The draft operational plan was submitted to NHSI along with underpinning financial and operational data in February 2019. The draft plan was subject to change with a focus on the following key areas:

- **CCG acceptance** of the income position which underpins the control total (currently there is a gap of circa £2m)
- Reflecting key deliverables from the **NHS Long Term Plan** within the quality and operational priorities
- Update on the evolving position regarding **integration of primary care and mental health** services
- **Other areas** for feedback and update

The plan informed a **joint Board and Governor workshop** held on 13 March 2019 and the final document was submitted to NHSI on 4 April.

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

Previously considered by:	Annual review by the committee and Board
Risk and assurance:	Failure of the Board to delivery regulator's reporting requirements
Legislation, regulatory, equality, diversity and dignity	Compliance with regulatory reporting requirements.

implications	

Recommendation:

1. To receive the final operational plan which has been submitted to NHSI

NHS
West Suffolk
NHS Foundation Trust

Operational plan

2019 - 2020

West Suffolk NHS Foundation Trust

April 2019

Contents

Throughout this document the organisation West Suffolk NHS Foundation Trust is referred to as WSFT and West Suffolk Hospital as WSH.

1. Introduction from the chief executive

Hello, my name is Steve Dunn and I have the privilege of being the chief executive of the West Suffolk NHS Foundation Trust (WSFT).

I'm exceptionally proud that our Trust remains one of a handful of hospitals in the country to be given the highest possible rating, 'outstanding' by the Care Quality Commission (CQC).

Our success is, without question, down to our incredible, hard-working and dedicated staff – who total nearly 4,000 in number across our acute and community services. Those staff provide care to the some 280,000 strong population of west Suffolk, covering an area of 600 square miles. We are lucky that our staff are supported by a raft of exceptional volunteers, who cover a huge variety roles and generously give us many, many thousands of hours of their time. And as leaders we are supported by our public and staff Governors, who bring their many skills and extensive experience to the table to help us better the organisation.

We are classed as a small district general hospital but I believe we truly punch above our weight in the provision of hospital and community healthcare services to people mainly in the west of Suffolk, and as an associate teaching hospital of the University of Cambridge. In the year the NHS turned 70 years old we gave the people of west Suffolk much to celebrate when it comes to local healthcare.

As well as remaining one of the best-rated hospitals in the country, we built and opened a new acute assessment unit (AAU) which is transforming how we provide emergency care, opened a new urology diagnostic unit, built new accommodation for our staff, launched new community services including ultrasound and X-ray clinics, and enhanced the range of clinical procedures we offer our cardiac patients with the build of a fantastic new cardiac suite; so for the first time, we can now perform procedures like fitting pacemakers on site.

We added to our clinical accolades with some exceptional results in hip fracture care, saw our volunteers go from strength to strength, and made some great digital advances as a global digital exemplar (GDE) organisation; we were the first in the country to link our electronic patient record system with another trust through our work with Cambridge University Hospitals NHS Foundation Trust, and were shortlisted for a Health Service Journal award for our work to replace bleeps with a digital app, Medic Bleep, that saved our junior doctors a staggering 48 minutes per shift during its pilot.

This all builds on the platform of excellence and delivery that we have all worked hard to maintain and improve:

- Good Friends and Family scores: consistently above national average scores for inpatients, outpatients, our emergency department (ED) and maternity services
- The best acute of our type to work at and to receive care in the country – as voted by our staff in 2017 NHS Staff Survey
- Accredited services: Anaesthesia Clinical Services Accreditation (ACSA), Imaging Services Accreditation Scheme (ISAS), accreditation standards for endoscopy services (JAG), information technology (IT), sterile services and the library
- Award-winning housekeeping and catering
- One of the acute trusts awarded 'Global Digital Exemplar' status by NHS England
- WSFT had the fewest excess bed days in the country in 2017, through our close working with partner organisations
- We scored top in the East of England for doctors' overall training satisfaction in acute trusts, in the General Medical Council's (GMC) national training survey 2018

- Named as one of the Top Hospitals for 2018 by CHKS (a provider of healthcare intelligence and quality improvement services).

These accolades are a testament to the professionalism and dedication of all our staff, clinical and non-clinical, who strive to provide the best possible services for our patients. Further details of our many achievements can be found in our Annual Report.

But of course, like much of the NHS it has not been plain sailing. The tail end of the year presented many challenges when it came to national standards on the four-hour emergency department (ED) standard, referral to treatment (RTT) times, and cancer targets – though we remain consistently above the national average for these markers and regularly top the regional tables for our ED performance.

One of the main problems we've had to tackle this year is staffing levels, particularly for registered nurses, and that's been felt by staff right across the Trust both in the hospital and community setting. We aren't alone in having nursing vacancies, but it does have a real impact and we want to continue our recruitment drive to make sure things feel better on the ground next year. We've welcomed more than 25 registered nurses in the last few months alone, and as a fantastic Trust that really tries hard to care for its staff, I feel confident that we can attract talent and increase our workforce to the levels we really need.

We are also working closely with the senior management team at East Suffolk and North Essex Foundation Trust (ESNEFT) to ensure that the pathology services delivered at the West Suffolk Hospital site meet the required standards. 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. We are also working with NHS Improvement to provide focus and support in this area; and will continue to assess the options for the networked provision of pathology services.

As ever, money continues to be on our minds but the recent NHS funding announcements from the Government were wholeheartedly welcomed; I'm delighted that we have been given some £13.4m to improve our emergency department. The ED we have was built for half the number of patients we now see, so just isn't fit for purpose. The funding will be used to enhance and modernise the department, separate ambulance arrivals from other patients needing major and minor services and reduce turnaround time for ambulances, meaning patients are treated faster. It's going to be an exciting venture.

Of course we must also put our heads above the WSFT parapet and make sure that as a system we're improving and working towards the same goals. The NHS Long Term Plan has been announced, which explains how the NHS will spend an extra £20.5 billion of funding to make it fit for the future.

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.

Specifics include things like: giving patients digital access to their GP, like being able to manage prescriptions, make appointments and view health records online; better maternity services, including a dedicated midwife looking after a mother throughout her pregnancy and giving more mental health support to new parents; tackling inequalities by working with specific groups who are vulnerable to poor health, with more funding to areas with high deprivation and targeted support to help homeless people; more support for 350,000 children and young people and 380,000 adults with mental health conditions, including easier access to talking

therapies; and backing our workforce by increasing the number of people working in the NHS, and offering better training, support and career progression.

There also seems to be a major shift to make sure we're using technology better, something that is music to our ears here at WSFT.

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 to make it a reality for our communities.

The good news is, that through our partnership working within the West Suffolk Alliance and Sustainability and Transformation Partnership (STP), 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.

I've no doubt that the 10 years set out in the plan will fly by, as will the next 12 months here at WSFT. I've also no doubt that our staff will remain the incredible, compassionate, hardworking people I see day in and day out. #WeAreWSFT.

Dr Stephen Dunn
Chief executive

2. Strategic vision

The population we serve is ageing; long term conditions are increasing, and costs as well as public expectations continue to rise. The NHS has to change. Acute providers like WSFT must implement innovative and transformational plans for the delivery of safe, high quality, cost-effective and sustainable services that respond to these challenges.

We want to make sure that we build on the excellent work we have undertaken and, with the full involvement of all staff, develop ambitious plans to further improve what we do whilst securing financial stability. This is expressed in our strategic framework document **Our patients, our hospital, our future, together**, which outlines our vision, our three priorities and seven ambitions (available at www.wsh.nhs.uk).

If we are to respond to the challenges of an ageing population, then we need to ensure that our services are safe and integrated, and focus on prevention and earlier intervention rather than just on treating the patient who comes into our hospital.

Our vision is:

To deliver the best quality and safest care for our community.

We can all be clear about how we contribute to this vision and each and every service is encouraged to ask two key questions:

1. Who is currently the best in the country, and how can we build on what they do?
2. How can we integrate our services better with primary and community care, and begin to break down the organisational barriers that exist so that patients don't see the join?

The challenge for our hospital is clear; we must stay ahead on the quality agenda, we must maintain strong operational performance, we must secure financial sustainability and improve the facilities we work with.

Our three priorities are:

- **Deliver for today:** requires a sharp focus on improving patient experience, safeguarding patient safety and enhancing quality. It also means continuing to achieve core standards
- **Invest in quality, staff and clinical leadership:** we must continue to invest in quality and delivery of the standards of care which contributed to our 'outstanding' CQC rating
- **Build a joined up future:** we need to reduce non-elective demand to create capacity to increase elective activity. We will need to help develop and support new capabilities and new integrated pathways in the community.

Our seven ambitions take a holistic approach to the care of our patients.

These ambitions focus on the reason we all get out of bed in the morning and work in the NHS: to serve our patients and work with them and the public to deliver year-on-year improvements in the patient experience.

We believe that by working more closely with other health, social care and voluntary organisations to deliver more **joined up services** we can provide better, more responsive and personalised care to patients and their families and carers.

Working with partners will be important in achieving these ambitions. We want to make sure every child is given the best start by promoting a healthy pregnancy, natural childbirth and breastfeeding. Staff are encouraged to use the contact they have with patients to offer appropriate advice on staying healthy, placing a greater focus on the prevention of poor health.

Increasing age brings an increasing chance of long-term conditions, frailty and dementia. We are working with primary and community care to support patients to retain their independence, but when patients do need to come into hospital we aim to provide care in the most appropriate environment, with care plans developed with the patient and their family and carers.

Whilst we have always acknowledged that our staff are our most important asset and one of our three priorities, in response to significant feedback we introduced an ambition to 'Support all our staff'. This recognises the need for all **staff to feel motivated, valued and supported** with high quality training. It expands on our priority to invest in quality, staff and leadership and reiterates the Trust's commitment to development, education and training to support our staff. This in turn will support the delivery of safe and effective care.

Through increased collaboration between health and care providers the **West Suffolk Alliance** continues to demonstrate its growing maturity and commitment to working differently. This is evidenced through our integration agenda partners, from health and care, making decisions and demonstrating behaviours which benefits the whole system. Building on this during 2019 we will review potential vertical integration with primary care. We have already recognised that hospital and community services needs closer alignment with primary care and that if this can be achieved the benefits to patients of closer working could be significant. We are also working with system partners to support the transformation of mental health and emotional wellbeing services, including consideration of a local model for the delivery of services.

In May 2018 Suffolk and North East Essex STP was successful in their application to become one of the fourteen sites nationally to gain shadow Integrated Care System (ICS) staus. This has allowed access to support from the national teams as well as additional funding for 2019/20 to develop Primary Care Networks and the voluntary and third sector providers at a locality/neighbourhood level.

Priorities in a challenging environment

We are proud of the **quality of our services** and at the same time are determined to keep improving wherever we can. We know from benchmarking data that many of our services offer among the best safety and outcomes recorded anywhere in the country. Our patient surveys demonstrate that most of the time we get it right for them and that they have a good experience of our care. However, this is not the case in every instance and when we receive concerns and complaints we work hard to resolve and learn from them.

During 2018-19 we have been under sustained pressure to deliver **operational performance**. We have struggled to deliver acceptable four-hour wait performance in quarter three and quarter four of the year. Since December 2018, the Trust has seen sustained winter pressure, with high numbers of attendances and admissions of very sick patients. In response, we opened planned escalation beds, but due to the significantly higher than expected numbers of admissions we had to open additional surge beds. This was required to ensure that we had capacity to appropriately care for patients. The sustained pressure, and **difficult decisions** we had to take, impacted on performance in a number of areas - but the priority as always was patient safety. We are already working to ensure that the lessons from this year are used to inform our planning and preparations for 2019-20.

When compared with the same period last year, we have experienced significant increases in activity between April and December 2018 - emergency department (ED) attendances increased by 11.2% and emergency admissions by 9.7%. As a result, **staffing wards was 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 this has been unsettling.

Our staff have worked incredibly hard to improve the Trust's **referral to treatment (RTT) time**. We recognise the impact this has on patients and their families and while it is disappointing that we are not yet sustainably delivering the target during 2018/19 we have delivered consistent improvement in both RTT performance and the reduction in patients waiting 52 weeks.

We have worked with the senior leadership from East Suffolk and North Essex Foundation Trust (ESNEFT) to review the provision of **pathology services**. While operational challenges 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. We have engaged with NHS Improvement to provide focus and support in this area and are continuing to assess the options for the networked provision of pathology services.

The assumptions underpinning the **financial plan for 2019-20** are consistent with the control total proposed of "breakeven". This gives rise to an internal cost improvement plan (CIP) of £8.9m (4.0% of turnover) to achieve our control total, which is considered to be challenging but deliverable.

Our **staff remain our greatest asset** and they have risen to the challenge of growing demand for our services while continuing to provide care that has been rated as outstanding for its quality. Our staff survey provides solid evidence that our staff are positive about working here and feel well engaged in the organisation with us achieving the highest overall score for staff recommending it as a place to work or receive care in the country in the most recent NHS Staff Survey. This is something we are proud of and want to build on, recognising the pivotal roles our staff and leadership play in delivering change. Through Freedom to Speak Up, a campaign to encourage and support staff to speak up and act whenever they see anything that can be improved, issues that need resolving or an area where praise can be given can be systematically acted on.

3. Delivering for today - activity planning

We have a joint approach across the system to the calculation of the 2019/20 demand and capacity. The growth assumptions have been based on the historic data seen in the previous years, with the jointly owned STP solutions tasked with removing the growth impact where possible. The aim will be for the STP solutions to deliver their reductions in activity once they are fully operational in 2019/20.

We are committed to finding a different way to deal with this activity growth and to handling the financial impact of any change in setting as we strive to implement the system-wide solution detailed with the STP.

The financial model has been constructed with the activity growth being included using traditional methodology but is subject to change pending the outcome of the integrated care system (ICS) discussions and STP implementation.

Table 1: Growth assumptions – system-wide

	% Growth Plan 31/03/2020 Year Ending
GP Referrals (General and Acute)	**5.0%**
Other Referrals (General and Acute)	**5.0%**
Total Referrals (General and Acute)	**5.0%**
Consultant Led First Outpatient Attendances	**4.2%**
Consultant Led Follow-Up Outpatient Attendances	**5.2%**
Total Consultant Led Outpatient Attendances	**4.9%**
Total Outpatient Appointments with Procedures	**4.0%**
Total Elective Admissions - Day case	**2.9%**
Total Elective Admissions - Ordinary	**1.9%**
Total Elective Admissions	**2.8%**
Total Non-Elective Admissions - 0 LoS	**2.0%**
Total Non-Elective Admissions - +1 LoS	**4.5%**
Total Non-Elective Admissions	**3.9%**
Total A&E Attendances excluding Planned Follow Ups	**5.0%**
Type 1 A&E Attendances excluding Planned Follow Ups	**5.0%**

The block contract for the delivery of services includes 3.1% for growth in activity which mitigates the inherent growth risk, includes all national commissioning for quality and innovation (CQUIN) requirements and identifies no potential financial penalties.

4. Delivering personal and safe care - quality planning

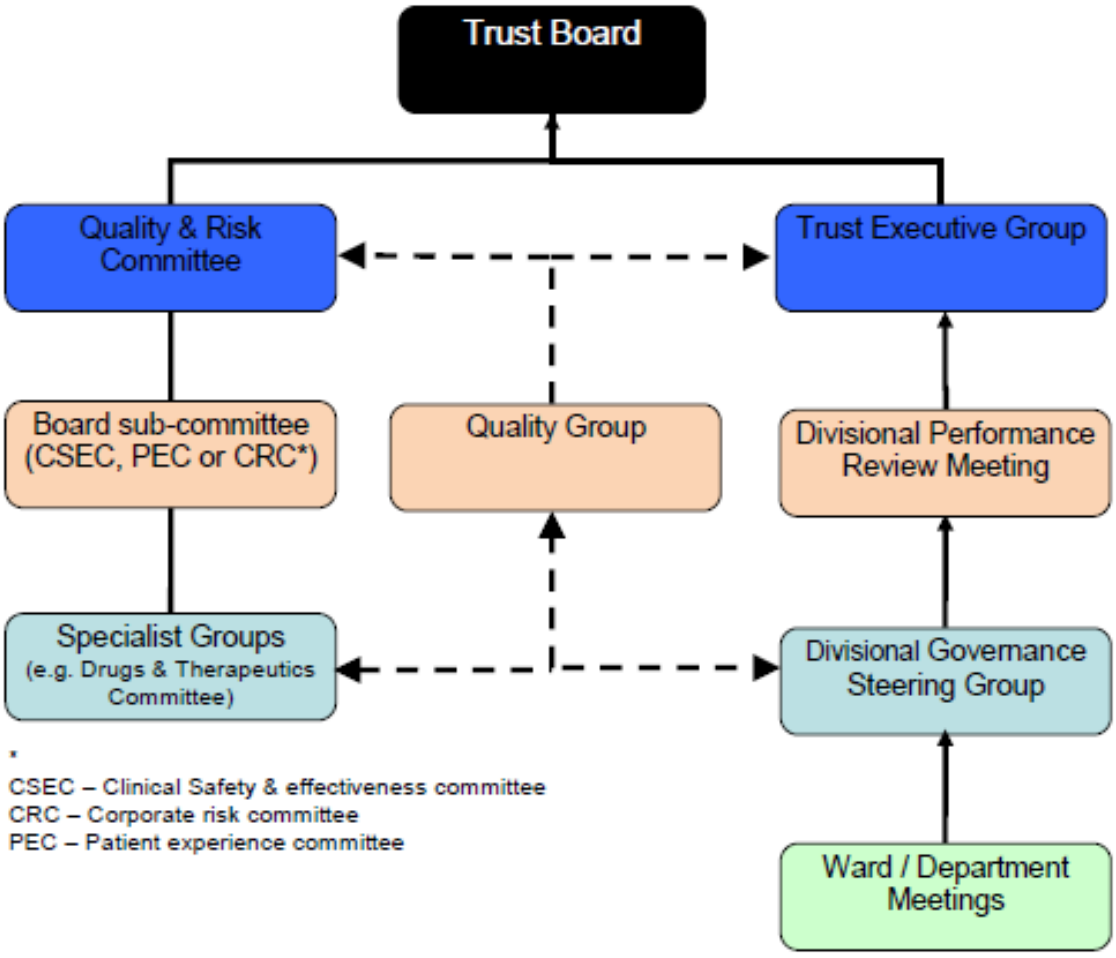
(a) Approach to quality improvement leadership and governance

The executive medical director is responsible for quality improvement.

The Trust operates a governance system, from the front line to the Board which provides quality assurance and monitors progress against quality improvement priorities.

Ward-to-Board governance – the quality group, which is co-chaired by the executive chief nurse and the executive medical director, integrates the governance of quality assurance and quality improvement. This group governs the implementation of the quality priorities. The governance structure for quality improvement is shown below. In 2019/20 the profile of quality improvement will continue to be enhanced as part of a 5 year strategy to embed quality improvement in divisional and departmental governance terms of reference and those of each of the specialist committees. Quality improvement and the Trust's quality priorities have also become a key element of the divisional business planning process.

Governance structure for quality assurance and improvement



The Trust is continuing to develop its approach to quality improvement through a new quality improvement framework. The framework is broad and has been co-designed with staff to cover all the areas required to systematically embed a solid quality improvement culture and enable all our staff to contribute to quality improvement, whatever setting they work in.

The quality improvement framework encompasses:

1. **An inclusive definition** – we will adopt the Institute of Medicine's definition of quality as having six domains, and we will spread awareness of how they interact to create value in healthcare.

2. **Building capability and capacity** – we are creating a small central team of quality improvement specialists who will train quality improvement coaches across the Trust. Changes to the composition of this team as a result of an individual being promoted allows us to review the structure, but will impact on the available resource in the short term. We estimate we need 60-70 coaches. Coaches will be selected for their aptitude for coaching and quality improvement, and from positions which have flexibility in their work plan to allow them to give time to the role. We will also provide focused support for staff who are required to do quality improvement projects for external reasons, e.g. doctors in training and people pursuing masters' courses and leadership programmes. For example, in 2018/19 we continued with our dedicated programme to support foundation doctors. We have also developed a quality improvement (QI) curriculum to support all staff across the organisation to choose the best QI training pathway for them.

   Through these channels we will increase knowledge and skills in improvement science throughout the Trust. We will focus initially on developing confidence and competence in applying the Institute of Healthcare Improvement's Model for Improvement, as a simple, agile method that anyone can make use of.

3. **Information for improvement** – we will develop reliable streams of broad, triangulated information to help teams understand their improvement priorities and measure the impact of the changes they make. We will make use of the wealth of data collected by our electronic patient record system to do this. We will continue to work with information, performance and patient safety colleagues to continue to ensure data for improvement is used to drive change and improvements in patient care.

4. **Practical support** – we have a licence agreement for the LifeQI online platform to help staff set up and manage their projects easily. We will also support knowledge exchange between staff groups, action learning sets and QI surgeries to help staff turn their ideas into effective projects. We have also set up QI seed funding for projects. A process has been set up to allow teams and individuals to apply for seed funding to support quality improvement projects. To date we have funded 3 projects, with 2 further projects in development to apply. All projects are reviewed by the Trust's quality group before funding is approved

5. **Co-production with staff** – the quality improvement framework and the 2018-20 quality priorities have been co-produced with staff, through a series of formal and informal engagement activities. We believe we can mobilise all 3,500 members of staff to contribute to quality improvement of patient care and co-production is essential to achieve a sense of shared ownership and joy in improvement.

6. **Co-production with patients, relatives and carers** – our patient VOICE group has now had its first year in operation and is continuing to embed co-production throughout the organisation; ensuring patients, relatives and carers voices are heard at all levels. The experience of care strategy outlines our commitment to furthering public involvement and engagement in decision-making across the organisation: for our community, with our community.

7. **Reward and recognition** – we will continue to create more opportunities for staff to share their improvement efforts with colleagues around the Trust, and to disseminate successful

changes. We have set up bimonthly learning events, we had our inaugural quality improvement conference in April 2018.

Summary of the quality improvement plan

The Trust's quality improvement plan for 2019/20 takes into account local and national initiatives and are triangulated with plans for finance, activity and workforce

Quality priorities

The quality priorities for 2019-20 have been identified using a different method from previous years. The shape and nature of the organisation is changing, as is our relationship with our partners and our community. Striving to provide excellent reactive care and keeping up with demand is no longer enough.

We are already working differently by developing integrated acute and community services with our partners in the West Suffolk Alliance. As our wider integrated care system starts to take shape, the importance of working collaboratively to devolve all but the most necessary care out of the hospital setting will intensify. The Trust is also increasingly recognising the role it can (and has to) play in improving health and wellbeing, by mainstreaming prevention, contributing to local economic development and helping to build resilient communities. We need to succeed in doing all this in the context of ever-more constrained resources.

The quality priorities have therefore been developed by asking our specialists, listening to what our partners and community tell us, and looking outwards for how we can help other organisations achieve their own goals.

Ways of measuring progress are being developed where they do not already exist; we will strike a balance between what we can measure with numbers and what is better described by feedback and narrative.

The content of the 2019/20 **quality improvement plan** takes into account a range of drivers and will be updated to reflect the deliverables set out in the NHS Long Term Plan:

- Existing quality concerns - as described in the previous section, co-production with staff has enabled full inclusion of concerns at all levels of the trust from ward to board. Examples include sepsis, acute kidney injury (AKI), pressure ulcers, falls, infection prevention and deteriorating patients
- Key risks to quality, including: patient flow, clinical staffing and pathology services. Action to mitigate these risks is outlined in relevant sections of this report and the Board monitors these risks and mitigation on a regular basis
- Learning from relevant national investigations – drawn from relevant publications as a source of potential development. For example the Executive Medical Director-led review of the Gosport independent panel recommendations issued in June 2018 identified successful implementation in 2011 of the 2010 National Patient Safety Agency (NPSA) alert regarding syringe driver usage with no historic incidents ascribed to their use and therefore no specific inclusion was required in the 2019/20 plan
- Other specific national initiatives such as seven day hospital standards, learning from deaths, reduction in gram negative bloodstream infections, national early warning score 2 (NEWS2).

(b) Putting the quality improvement priorities into action

The quality improvement team is a virtual team lead by the Head of Quality Improvement drawing in support and expertise from colleagues across the organisation, including colleagues from governance, quality assurance and education and wider stakeholders. The quality improvement team will:

- support individuals, teams and services to align quality priorities to the wider transformational change agenda and organisation's priorities
- work with all teams, committees and services to support quality improvement activity based on the quality priorities.

The quality improvement priorities have been refined from a long list and split into two sets:

1. Projects which would benefit from targeted support to apply a formal quality improvement approach, either because they are tricky, persistent or especially important to external partners. These are prioritised to support **patient flow, human factors and quality improvement**

2. Projects which can be led effectively by the specialist committees and divisions.

While much of the focus of these priorities (both national and local) is on safety and person centred care, the impact on effectiveness has been considered. The outlined improvements have been developed in partnership with all teams and specialist committees. The emphasis is on delivering spread and sustainability.

The quality priorities are dominated by safety aims at the moment; this reflects the Trust's strong focus on safety and the high representation of safety topics in the specialist committees. Again, in subsequent years, once the outstanding safety issues are securely addressed, we would expect to see our shared priorities shift to being defined more by clinical pathways or population cohorts.

Given the breadth and depth of many of the aims, and recognising that healthcare is complex, improvement is not straightforward and it can take a significant amount of time to embed changes in practice, it is proposed that these priorities are adopted over two years rather than one. It would be necessary to review them after one year, to incorporate any new national requirements and anything which had emerged from our internal intelligence in the meantime, but a working assumption that they would be live for two years would help people plan activities in a sustainable fashion and make some really meaningful headway.

The delivery and governance structure for quality improvement and the quality priorities has been reviewed and updated. This includes a greater emphasis on leadership of improvement activity. Quality improvement is intrinsic in everything we do and will be incorporated and integrated into current governance structures and oversight.

The Trust has also strengthened its arrangements for **learning from deaths**. A team of dedicated medical reviewers and senior nurse reviewers review all deaths objectively using the Royal College of Physicians structured judgment tool. In every case, relatives and carers are invited to give their feedback on the quality of care received, and to raise any concerns or questions they might have. Reviews which identify problems in care or a degree of preventability are reported as incidents. A multidisciplinary learning from deaths group meets monthly to govern the process, and to ensure that the learning from reviews turns into action. A family representative sits on the group. The Trust's Summary Hospital-level Mortality Indicator (which compares mortality at trust level across the NHS in England using a standard and transparent method) is consistently below or within the expected range.

We plan to continue to develop our approach to learning from deaths including:

- inviting more family members to help us improve the care we provide after the time of a patient's death
- ensuring families can hold us to account for making the improvements which are identified from mortality reviews
- establishing systematic ways to share learning throughout the organisation including learning bulletins and learning events for staff
- working with partner agencies to share learning that bridges organisational boundaries.

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

- maintaining up-to-date trust antibiotic treatment and prophylaxis guidelines to address world-wide antibiotic shortages.
- Ensuring continued involvement in planning for all major estates projects
- quality premium to reduce Gram negative bloodstream infections (E coli, Pseudomonas and Klebsiella)
- use of the trust Perfect Ward app to automate some of the infection prevention audits
- exploration of the use of e-Care to further support Antimicrobial Stewardship following the next systems upgrade.

The **adoption of the Royal College of Physicians NEWS2**, (the nationally recognised early warning system for deteriorating patients) has been led by a 'task & finish' group. Actions so far have included:

- Modification to our track and trigger call out parameters due to the difference with NEWS2 compared to modified early warning score (MEWS)
- The transfer of NEWS2 to our observation vital pack machines
- Go live for NEWS2 was included within the 'Deteriorating Patient Awareness week' in September 2018
- e-Care support during DP awareness week and NEWS2 implementation
- Alterations to educational packages

Further quality improvement is focused on:

- Measuring staff adaptation to the new scoring through monitoring the levels of referral calls to the Outreach team
- Use of worklist within e-Care to identify patients with a higher NEWS2 score that may not have been escalated.

The Trust continues to monitor trends in **patient falls** on a monthly basis. When benchmarked, the number of falls in the Trust has consistently been below the national average of 6.63 falls per thousand bed days (Royal College of Physicians 2015). Key areas identified for quality improvement include:

- Relaunch of the Falls link groups as twice yearly link study days
- Introduction of falls ward champions
- Review membership, agenda and frequency of Trust falls group meeting
- Evaluate Matron-led morning multidisciplinary safety huddle to ensure safety issues discussed and acted upon
- Increasing number of Nursing Assistants to be based in bays

- Introduction of 'Carers Contract' to ensure early collaboration with patients and carers
- Consideration of the potential for a Falls Prevention Specialist role within Trust

We continue to focus on improved prevention and management of **pressure ulcers,** including analysis of trends and incident characteristics, e.g. site on body. We are focusing on reducing the number of new pressure ulcers (i.e. those not present when the current care episode began) both in hospital and within the care of our Community Health teams. This includes deterioration of existing pressure ulcers. The React to Red skin campaign has been implemented with the aim to educate as many people as possible about the simple steps that can be taken to avoid pressure ulcers. The tissue viability team have been expanded and now cover extended hours covering from 8.00am – 6.00pm and in 2019/20 it is intended to look at developing closer links between the hospital and community service.

The Trust has a well-represented **seven-day services group** leading the service development and improvement plan. The Trust already operates a full seven-day service for both the emergency department (ED) and inpatients across a wide range of clinical areas in order to manage weekend admissions. Future quality improvement is focused on:

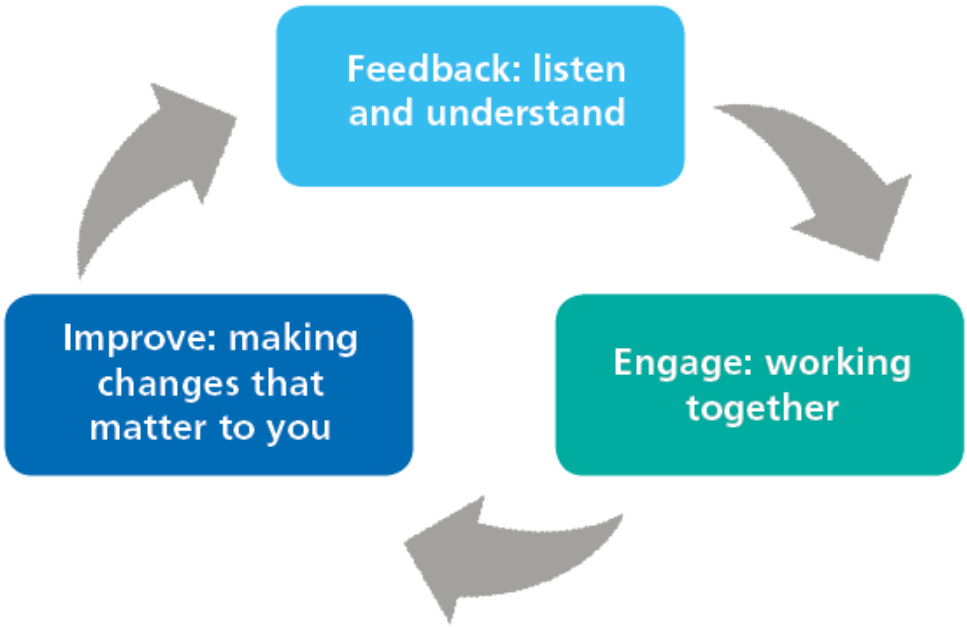
- Standard 2: time to consultant review – compliance with the standard of all patients seeing a consultant within 14 hours of admission has increased to 79% with 90% seen within 17 hours. Work continues to improve this standard and developments in the delivery of front of house services, such as surgical ambulatory care, will support sustained delivery in the coming years
- We already achieve standards 5 (access to diagnostics) and 6 (access to consultant - directed interventions) and expect to maintain this compliance
- Standard 8: on-going review – 95% of patients who require a once daily consultant directed review receive such a review. Our focus for the coming year is ensuring reviews continue at the weekend if they are required.

The Trust has robust in place to comply with the revised reporting framework for seven-day services. In order to provide full assurance the Trust will replicate the national audit methodology as used for the spring 2018 audit. This allows for accurate comparison with previous audit results. It is expected that the audit will run bi-annually with both the framework template and detailed analysis presented to the board for assurance.

During 2019/20 we continue to develop Safety-II methodology, including the '**Just' culture**, which aims to support the consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents. Future planned developments include a 'raising concerns' staff phone-line and a 'Great-ix' system for reporting what went well.

The programme of quality improvement for the Trust is consistent with the STP development plans and will provide evidence to support quality monitoring but enable closer working across agencies to share best practice and improvement quality across health and care settings.

To continue to strengthen our ambition to **deliver personal care** we have developed an 'Experience of care strategy', outlining our key quality improvement aims:



Element 1 - Feedback: listen and understand

- Support multiple methods for patients, visitors, family carers and loved ones to provide feedback about their experiences of our services
- Support staff, volunteers and local partners to develop feedback initiatives.

Element 2 - Engage: working together

- Engage with patients and the public in order to obtain their views, needs and wishes about services
- Involve patients and the public in contributing to plans, proposals and decisions about services.

Element 3 - Improve: making changes that matter to you

- Utilise the feedback provided in order to drive the changes that matter to our patients and the public most
- Develop initiatives to improve the patient experience
- Report on and publicise outcomes of feedback and involvement.

The patient and carer experience group continues to collaborate with its patient, Healthwatch Suffolk and Suffolk Family Carer partners in enhancing patient experience across the organisation; working together to identify learning and areas for improvement as a result of feedback.

Representatives from the Trust's patient and carer experience group are members of key committees and groups (e.g. patient experience committee, clinical safety and effectiveness committee, divisional governance steering groups, maternity voice partnership, nutritional steering group, diabetes group and blood transfusion committee).

The Trust is committed in its efforts to support and empower underrepresented groups by developing equality and inclusion initiatives. It holds a regular equality, diversity and inclusion steering group, as well as the newly formed LGBTQ+ staff network.

Participation in local events and forums also takes place, including recently having become a GreenLight champion partner organisation with Norfolk & Suffolk NHS Foundation Trust, allowing the Trust access to training and resources to improve access to health services for patients with learning disabilities or autism.

There are a number of existing patient-led user groups including the cancer services user group, maternity voices partnership and our central user group: VOICE.

VOICE is made up entirely of patient and family carer representatives who meet on a quarterly basis. Each VOICE member will have involvement in various experiences of care projects across the hospital throughout the year, allowing the patient voice to be heard and fully enabling co-production of patient-centred services.

In line with the experience of care strategy, future focus will be around:

- Further integrating co-production throughout the organisation through the patient VOICE group.
- Organisational roll-out of virtual interpreting.
- Developing feedback collection in community settings.
- Conduct regular area observations to assess the patient experience in our public spaces across the Trust.
- Explore furthering the accessibility of information including our Trust website and information leaflets.
- Improving feedback engagement with our children and young people; including exploring updates to the physical environment of the paediatric ward.
- Furthering our support to family carers by identifying a safe space for them to recuperate and reflect whilst their loved one is in hospital.

A **nursing and midwifery establishment review** was undertaken in June 2016. Staffing data was reviewed over a 20-day period along with patient acuity data. Recommendations from national guidance on staffing ratios and skill mix have been taken into consideration. A review of all relevant literature and guidelines was undertaken prior to commencement of this exercise and included:

- NICE guidance on safer staffing for nursing in adult inpatient wards in acute hospitals (2012)
- Compassion in practice, NHS England (2012)
- Safer nursing care tool
- Nurse sensitive indicators
- Safer staffing guidance, Trust Development Authority (2015)
- Nursing hours per patient day (NHPPD) – calculates registered and unregistered staff; the title is due to be amended nationally to care hours per patient day (CHPPD).

Research has demonstrated the link between staffing levels and quality of care impacting on patient safety issues, such as falls and pressure ulcers, but also on patient experience. Within the Trust, falls at night and pressure ulcers are a concern and appear directly impacted by staffing, with particular issues regarding staff available at night, which could be explored further by the senior nurses.

Further staffing and roster reviews are in place; monthly meetings led by the executive chief nurse take place regarding establishment, annual leave and sickness. This information is also reported to the Board. There is further exploration due around staffing establishment, ward acuity and planned actions undertaken, following reports run from e-Care. We are planning to

draw together all of this information so as this can be reported daily in an easy to use format, enabling informed decision-making.

Our work indicates an increased requirement for staffing in a number of areas, and also identifies opportunities for changes in working practice and patient flow. The recommendations from the review will be implemented with the senior matrons. During the next year, further restructuring of the nursing senior team is planned to ensure both an efficient and effective nursing workforce seven days a week.

We continue to monitor and improve compliance with the **national commissioning for quality and innovation (CQUIN) goals:**

- **Staff health & wellbeing:** a) responses via the National Staff Survey on wellbeing provision; and musculoskeletal issues or stress caused by work; b) healthy food & drinks for staff, visitors and patients; and c) staff flu vaccinations

- **Sepsis:** emergency department & inpatients – screening and treatment, plus antibiotic prescription review

- **Antimicrobial resistance and stewardship:** reduction in antibiotic consumption and increased selection of antibiotics from the Access group, 'AWaRe' (Access, Watch & Reserve) category

- **Mental health needs in emergency department:** monitoring selection of frequent attenders, expanding the use of ECDS (Emergency Care Data Set) & collaborative working with mental health trust.

- **Clinician pre-referral advice and guidance to GPs**: via e-referral service (eRS)

- **Preventing ill health:** inpatient tobacco and alcohol screening, advice, refer/treat.

We also have a locally agreed CQUIN relating to Suffolk Transformation Programme support.

(c) Quality impact assessment process

The cost improvement plans and transformation plans have been setup on a system portfolio basis created and managed jointly with the clinical commissioning group (CCG). This includes the shared allocation of project management office resources from respective redesign and transformational teams. The Trust has invested in additional project management resource to ensure capacity is in place to deliver both the long term transformational plans, and the shorter term plans focused on cost improvement and efficiency.

The development of this system approach has been supported by the block contract agreed with the CCG, allowing a focus on system transformation and joint savings, rather than traditional contractual monitoring.

All projects have an executive sponsor, either WSFT or the CCG, with monitoring through the system portfolio management group. This group is jointly chaired by WSFT and CCG accountable officers.

The underpinning plans for each project are developed by relevant subject matter experts with engagement from clinical leads. The quality assurance process prior to project go-live requires agreement by the WSFT medical director and chief nurse, as well as the CCG's director of nursing and quality.

During implementation, the quality impact of CIPs is monitored through the Board quality report, including the ward level quality dashboard. This set of measures allows early identification of concern in a single clinical area, or where there is deterioration in a single metric across a number of clinical areas. These arrangements are underpinned by ward performance dashboards which review quality, operational and financial indicators. Performance against CIP delivery is reported to the Board regularly through the finance and transformation reports.

In year changes and additions to the CIP programme will be subject to the same divisional and executive quality impact assessment and Board monitoring. The quality impact assessment process will continue to be developed with clinical sign-off at divisional level by the responsible clinical director in addition to that of the medical and nursing directors.

(d) Triangulation of indicators

The Board has worked to ensure that a culture is developed to support and empower leaders and all staff within the organisation. This quality is supported through access to improvement tools, resources and networks on health and social care.

Our aim is to equip staff with quality improvement methodologies to enable further self-perpetuated improvements. The Trust communicates resource and knowledge through the monthly 'Health Management and Innovation Update' and the Chief Executive's report to the Board, which is shared with senior clinical leaders. The Trust also subscribes to The Advisory Board, a global research, technology, and consulting firm helping hospital and health system leaders improve the quality and efficiency of patient care. It has also provided access for all staff to the *Health Service Journal*.

The Trust has consulted with the public, staff and governors in delivering its strategic framework, underpinned by clear vision and values; within these quality and safety are the top priorities. The Trust's governance framework is reviewed regularly by the Board to ensure that responsibilities are clear and that quality, performance and risks are understood and managed.

The focus within Board, executive and operational discussions reflects the vision and values - putting patients and quality at the heart of what we do. This is also driven through a culture of openness and transparency. The Trust ensures quality through a framework of measures and intervention:

- A monthly **quality and performance report** with a red-amber-green (RAG) rated dashboard and regular reports on patient and quality issues such as the complaints report, national patient survey reports, etc. The format of this report is regularly reviewed. This is supplemented by a monthly **transformation report** to the Board and an **aggregated quality report** which includes analysis of trends in incidents and complaints
- The **executive performance review meeting** takes place prior to the Board and hold individual divisions to account for their performance. The outcome of the meeting informs discussion and debate at the Board regarding overall performance of the Trust
- Quality reporting is supported by a monthly **matrons performance meeting** to inform the quality narrative for the Board quality report
- The **board assurance framework** (BAF), which identifies the key risks and assurances to the delivery of the Trust's strategic objectives and is monitored by the Board on a quarterly basis. The BAF is subject to review by internal audit and this is used to refine the reporting arrangements

- The **risk register** is monitored by the corporate risk committee of the Board. This considers high risk issues and performance in managing risks. The risk register performance indicators form part of the monthly dashboard to the Board
- A coordinated approach to support delivery of the Trust's **ambitions** as set out in the Strategic Framework.

Compliance with **CQC requirements** is overseen by medical, nursing and management leads within each division, with each division undertaking self-assessment to identify aspects of good and outstanding practice as well as areas for improvement. The monthly quality report to the Board is aligned to the CQC's five key questions relating to safety, effectiveness, caring, responsive and well-led.

Weekly unannounced quality walkabouts involve executives, non-executives and governors. As well as observing and challenging practices within areas, these visits ensure an overview of the issues by the Board and visibility of the senior leadership team. The quality walkabouts have been integrated with action plans that have been formulated by wards and supporting areas. The ownership of these action plans remains with the division, but areas of best practice are shared.

The **quality improvement governance systems** are headed by the quality and risk committee of the Board. This is chaired by the Trust chairman, and membership includes executive and non-executive directors. This is supported by three other Board committees: clinical safety and effectiveness committee; patient experience committee; and corporate risk committee.

Within the divisions, **governance steering groups** provide a forum at which clinical governance issues are reviewed and escalated from the ward areas and, equally, issues identified as requiring attention from the Board may be raised.

Quality is the gold thread for the organisation for which the Board, all executives and staff have a clear responsibility. The **executive lead for quality** is Rowan Procter, executive chief nurse, who will liaise with Dr Nick Jenkins, executive medical director, on medical issues relating to clinical risk management, patient safety and staff concerns regarding service delivery.

A range of quality indicators is reported to the Board on a monthly basis within the quality and performance report. There is particular focus on a small number of these which form the **quality priorities** for the Trust. The report provides the Board with the in-depth information necessary to ensure these priorities are achieved, whilst maintaining an overview of a wider range of issues.

The monthly quality and performance reports to the Board provide an integrated view of performance across a range of indicators. Performance against indicators is reviewed at an organisational and ward level providing a level of 'deep dive' scrutiny at service level. Key indicators are reviewed which cover:

- quality metrics, including infection prevention, falls and serious incidents
- staffing levels
- financial performance.

These arrangements are underpinned by a regular review of nurse staffing levels based on the relevant national standards for the area. As part of the national 'Making data count' initiative the Board and CCG colleagues are working with NHS Improvement to improve the presentation and use of performance information to support effective decision-making.

5. Supporting our staff - workforce planning

The **annual workforce planning** process is currently being developed, involving finance, activity and workforce. The plan will incorporate sustainability and transformation plans developed by the Suffolk & North East Essex STP, changes to clinical practices and pathways, new ways of working, and will have a focus on local alliance working. The Trust anticipates a small increase in workforce numbers, within our financial capacity, as per our previous plans. Locally it also takes into account service delivery changes, international recruitment and the financial constraints that will necessitate new approaches to the delivery of patient care and how supporting services are designed. This has resulted in:

- changes to current working practices, including the development of physicians associates, acute care practitioners and apprenticeships
- increased collaboration with other healthcare providers (Alliance partners) in delivery of more integrated care. This will include the development of joint posts and joint delivery e.g. early intervention team
- re-profiling of skill mix, including a reduction in agency temporary staffing
- the adoption of new technology to improve service delivery and productivity (e-Care, e-rostering and job planning, robotics)

In addition to the annual process, workforce issues are routinely addressed though:

- monthly staffing report
- six-monthly nursing establishment report
- monthly directorate key performance indicator reports – covering sickness absence levels, turnover, appraisal rates, bank and agency spend
- a vacancy approval process, requiring executive director approval
- quarterly Friends and Family Test, in addition to annual staff survey.

The Board delivers its responsibility for **assuring the workforce planning** process by monitoring and ensuring that targets are achieved, and identifying and managing workforce risks. The main workforce risks have been identified as follows:

- Requirements for community integration
- Skill mix issues – the lack of certain specialist skills and a recent reduction in continuing professional development (CPD) funding to support this
- Ageing workforce
- Changes in working practices associated with seven-day working
- Reduction in national training numbers and nursing shortages
- Shortages in consultant medical specialities
- Financial stability and recurring cost improvement programmes (CIPs)
- Challenging recruitment hotspots, such as nursing and certain medical specialties
- Ability to deliver leadership requirements needed at all levels.

Workforce risk management is monitored through our corporate risk committee and includes recruitment and retention, EU/Brexit and other workforce risks.

The NHS Long Term Plan for the NHS was published in January 2019 – the key workforce issues include:

- **National workforce implementation plan** - will provide clarity on funding available for additional funding in workforce, training, education and CPD.

  WSFT has a five-year workforce strategy (2016-2021) which will be updated as a result of the Workforce Implementation Plan 2019. This national document will outline the way in which the workforce will support the overall Trust strategy

- **Workforce Supply** - the plan to increase supply of key staff and for instance reducing the Nursing vacancy rate to 5% by 2028.

  WSFT's workforce supply needs are identified through its workforce planning in both the short, medium and long term.

  In the short term we have identified hard to recruit areas or 'hot spots', which we have action plans for. In the short term we are recruiting overseas, and in the medium to long term we are working with local education providers with regard to places for both registered and non-registered staff. Continued professional development (CPD) funding is much reduced this year, and it does not look likely that this will change in the near future. The Trust is therefore working through these implications, and is looking at a strategy to maximise its use of the apprenticeship levy. The workforce plan will continue to focus on:

  - Europe and EU exit, so in the short-term we continue to ensure that high-skilled people from other countries from whom it is ethical to recruit are able to join the NHS. This will mean a step change in the recruitment of international nurses to work in the NHS and we expect that over the next five years this will increase nurse supply. WSFT has an active recruitment pipeline from the Philippines for nurses and will be reviewing this in April 2019
  - The changes to the immigration rules in 2018, which exempted all doctors and nurses from the immigration cap, have facilitated more responsive routes for recruiting staff in these professionals
  - We will work to ensure the post-Brexit migration system provides the necessary certainty for health and social care employers, particularly for shortage roles. We continue to inform our EU staff of the processes they need to follow, and we offer support for them in whatever they choose to do
  - While we do not have a high leaver rate, when compared to other trusts, we cannot be complacent. Growing the NHS workforce will partly depend on retaining staff we have
  - Training lead-times mean new investment in staff will not deliver additional supply for at least three years. This means concerted action to support employers in retaining staff is an urgent priority now and will remain a necessity throughout the next decade
  - There is significant evidence (The Kings Fund, 2016) that retaining skilled and competent staff improves the patient experience, the overall quality of patient care and staff satisfaction. In order to ensure we are maximising retention, we will use the NHS Employers guide "Improving Staff Retention", to identify further initiatives to help retain our existing staff. These may include additional flexible working opportunities as well as other initiatives
  - One of the top reasons for people leaving is that they do not receive the development and career progression that they need. CPD and workforce development opportunities have the potential to deliver a high return on investment.

We will maximise our opportunities to develop alliance and system wide joint training, as well as Health Education East funding

- We will expand multi-professional credentialing to enable clinicians to develop new capabilities formally recognised in specific areas of competence. This will allow clinicians to shift or expand their scope of practice to other areas more easily, creating a more adaptable workforce. With partners, we have already developed several credentials, for example the Royal College of Nursing's Advanced Level Nurse Practitioner credentialing scheme and the Royal College of Emergency Medicine's credentialing for Emergency Care Advanced Clinical Practitioners. We will accelerate development of credentials for cardiovascular disease, ageing population, and cancer, with the standards being published nationally in 2020
- We are maximising apprenticeships in a range of clinical and non-clinical areas, and will develop nursing associates as part of the ongoing need to support future supply, delivered in partnership with West Suffolk College and the University of Suffolk. We are also working with local schools and careers agencies to attract local people to work in the NHS and use value-based recruitment to ensure that those we employ have the values and behaviours we are looking for
- Bank and agency action plan - the two main clinical staff groups where agency staff are used are medical staff and nurses. During 2018/19 we used the agencies on the collaborative procurement partnership (CPP) framework preferred supplier list for nursing staff, developed in conjunction with the East of England Procurement Hub. The CPP Framework is audited by the procurement hub for framework compliance. This initiative has helped us to bring down the cost of agency nurses to the NHS Improvement (NHSI) capped rates, however the pressures on the service over the winter months has meant that we have not been able to supply at cap for this period
- We have established a list for agencies supplying medical staff using the CPP Framework preferred supplier list in conjunction with the East of England Procurement Hub. We have also been working regionally with other trusts to reduce rates by sharing information. However, this staff group continues to be a more scarce resource than nursing staff and therefore presents a greater challenge to achieve the same success rates in supplying within cap
- For nursing staff the Trust is now exploring the option of moving away from the CPP Framework and entering into a Master or split vendor contract to try and generate a greater compliance with the capped rates. The East of England Procurement Hub has established a working group to look at the feasibility of establish a collaborative bank approach with our neighbouring Trusts and it is expected that this work will progress in 2019/20
- For medical agency staff, the Trust is working with the East of England Collaborative Hub to review the preferred supplier lists, which will be based on supply, quality and meeting framework and NHSI rates going forwards. Regionally, the Trust is working collaboratively with all other Trusts to meet Agencies to regularly review the rates and other framework issues, with the expressed objective of meeting the capped rates.

- **Nursing** - a range of actions to improve take-up of clinical placements, guaranteed employment, improved access to degrees, improve retention and expansion of nursing associates to 7,500 starting in 2019.

  WSFT is committed to employing all student nurses who train with the local system This year we have already made offers to Student Nurses who are due to qualify in September 2019

- **Medical workforce** - there will be work undertaken to address a range of issues in medical training, including development of generalist skills, movement between

specialities, credentialing and incentives to better meet service needs at specialty and geographical level.

WSFT is actively supporting Specialty Doctors in obtaining their Article 14 to support our consultant medical staffing recruitment and retention plan. We have also worked to support increases in capacity for the Cambridge Graduate course.

- **International recruitment** - there will be expansion of international recruitment of nursing and medical staff (expansion of Medical Training Initiative (MTI)) and to ensure that post – Brexit migration systems support employers particularly for shortage roles.

  WSFT has an international nursing recruitment plan in place to support our gaps in the nursing workforce. The Trust has set up support mechanisms to ensure these staff are in the best position to pass their objective structured clinical examinations (OCSE) once they arrive with the Trust (virtually 100% pass rate). The Trust will continue to offer MTI placements in Emergency Medicine, Medicine, and Surgical specialties, and are rolling out to include Anaesthetics. In Emergency Medicine and General Surgery the Trust has retained the MTI's as substantive medical staff

- **Supporting existing staff** - the plan seeks to support modern employment culture focussing on issues of tackling violence, bullying and harassment, promoting flexibility, wellbeing, career development, equality and inclusion.

  WSFT recognises that inflexible and unpredictable working patterns make it harder for people to balance their work and personal life obligations. To make the Trust a consistently great place to work, we will promote further flexibility, wellbeing and career development, and redoubling our efforts to address discrimination, violence, bullying and harassment.

  Health and wellbeing is the heart of being a great place to work and the Trust will build its already successful health and wellbeing programme. The major focus for 2019-20 will be supporting and helping the mental health of our staff. Our data has shown that this is now the leading single reason for sickness absence. The external pressures on all healthcare services mean that it is crucial to ensure our staff, and therefore the organisation, has resilience to meet these demands wherever possible

- **Leadership and Development** - the plan reinforces the emerging approach to leadership development, offering more support particularly to those undertaking the most challenging roles including the launch of a new 'leadership code' and an improved talent management offer.

  WSFT's talent management strategy leadership development programmes have evolved over the past two years. The core of the strategy remains career development opportunities for all staff based on agreed needs (i.e. via appraisal). Three elements of the strategy are:

  - **Key Leaders programme** – Key leaders focuses on the development, performance management and support of those in the most challenging and influential posts in relation to the Trust critical business needs. Participants are identified by Executive Directors through a structured process and they are offered the opportunity of a bespoke development programme

  - **2030 Leaders programme -** (Rising stars) this is about making sure the Trust and NHS has compassionate, inclusive senior leaders in the future. This is open to all staff band 7 and above including newly appointed and existing consultants.

- **Leadership, management and staff development programmes:**
  i. The existing Skills Plus and Senior Leaders Management Development Programmes are to be combined and expanded to provide a more comprehensive single Leadership, Management and Staff Development programme for Trust staff
  ii. The very successful Expert Navy programme for new band 7 ward managers and band 6 nurses aspiring to a ward leadership role will run again and a programme is also being developed for Allied Health Professionals at band 6. These programmes are run by the Clinical Education Team in the Nursing Directorate
  iii. The 5 O'clock club, which is open to all staff, will continue with regular bi-monthly meetings in 2019
  iv. Two leadership summits will be run in 2019 – the Summer Summit will focus on creating an inclusive culture: identifying and stopping bullying, harassment and victimisation
  v. A number of staff are participating on Management Apprenticeships using the national apprentice levy – both through external educational providers and an in-house programme.

Our strategy sits in the context of the gradual development of West Suffolk Alliance and Suffolk and North East Essex STP strategies for workforce, including leadership and organisation development. The Trust's strategy and priorities for talent management will need to both inform and adapt to these. WSFT's strategy will be kept under review to ensure it remains consistent with and supportive of local and national developments.

6. Delivering sustainable care

(a) Financial forecasts and modelling

Key assumptions underpinning the financial plan are detailed below:

- 2018-19 delivers recurring CIP of £7.5m and a non-recurring CIP of **£4.7m**
- 2019-20 CIP programme of **£8.9m (4.0%)**
- 2019-20 contingency of **£1.5m**
- 2019-20 block contract with lead commissioner, and therefore no financial penalties
- 2019-20 activity growth of **3.1%, funded**
- 2019-20 inflation of **2.7%** on clinical and non-clinical activity (3.8% less 1.1% efficiency)
- Average costs of pay awards have been assumed at **2.4%**.
- The plan does not include any increases in employer pension contributions. We assume any increases will be funded.
- RTT will deteriorate

The Trust has agreed a block contract with West Suffolk Clinical Commissioning Group which reduces risk around activity and financial penalties.

In order to agree to this control total the Trust would need to agree to a **CIP of £8.9m** for 2019-20 (4.0%)

Therefore, the Trust **plans to break even** with £4.1m PSF funding in 2019-20, as summarised overleaf. However, it is still early in the year to confidently assess all the risks relating to 2019-20, in particular the risks detailed below:

- North East Essex and Suffolk Pathology services (NEESPs)
- Cost pressures relating to STP and Suffolk Alliance transformation
- Cost pressures relating to EU exit.

Table 2: Summary income and expenditure account

SUMMARY INCOME AND EXPENDITURE	2018-19 Forecast Outturn	2019-20 Plan
Income	**£m**	**£m**
NHS Contract Income	166.9	166.5
Suffolk Community Health	26.1	26.1
Service Variations and Repatriation	3.4	3.6
Contract growth and inflation (5.75%)	0.0	11.3
PSF (4.5m), MRET (4.1m), FRF (1.8m), CNST (-1m)	3.7	9.1
Urgent and Emergency Care price uplift and other cl	0.0	3.4
Other Income	33.4	34.3
Non-recurring non clinical income (GDE and pay)	5.3	0.0
Total Income	**238.7**	**254.3**
Pay Costs		
Recurring	162.0	162.0
Inflation	0.0	3.9
Growth	0.0	2.5
CIP	0.0	(6.2)
Total Pay	**162.0**	**162.2**
Non-pay Costs		
Recurring	78.4	78.4
Inflation	0.0	0.5
Growth	0.0	1.2
CIP	0.0	(2.7)
Total Non-Pay	**78.4**	**77.4**
Contingency	0.0	1.5
Reserves	0.0	2.5
Total Operating Expenditure	**240.3**	**243.6**
Total EBITDA	**(1.6)**	**10.7**
Profit from Associate	0.5	0.5
Depreciation & Impairments	(6.6)	(7.4)
Finance costs	(2.5)	(3.8)
INITIAL SURPLUS/(DEFICIT)	**(10.2)**	**(0.0)**

Key
CIP – Cost improvement programme
CNST – Clinical negligence scheme for trusts
FRF – Financial Recovery Fund
GDE – Global digital exemplar
MRET – Marginal Rate Emergency Tariff
PSF – Provider sustainability fund

Table 3: Summary of movements

	£m	
2018-19 outturn *	(10.2)	
Net Non-recurrent benefits in 18-19	(8.7)	
Recurring 19-20	(18.9)	
19-20 Growth and inflation for clinical activity	10.5	
19-20 Adjustments to tariff	12.3	
19-20 Cost pressures incl inflation	(8.3)	
19-20 Costs of Growth	(3.0)	
19-20 Contingency	(1.5)	
2019-20 'do nothing' position	(8.9)	
Control total	0.0	
CIP to achieve control total	**8.9**	4%

* subject to audit

The Trust Board has discussed options which could be implemented in order to achieve an increased cost improvement programme (CIP) target, but this would result in deterioration against our performance targets.

(b) Trajectory improvements and efficiency savings

During 2018-19 we have continued to operate our **joint transformation team** with West Suffolk CCG to support delivery of a comprehensive programme of efficiency and improvement work covering:

- Hospital
- System-~~-wide~~Wide ~~I~~integrated care
- System-wide ~~Wide~~ ~~P~~planned care

Examples from these programmes are set out below and these will be reviewed and developed to take into account the planning assumptions and key deliverables from the **NHS Long Term Plan**.

The Trust's **programme management office (PMO)** has also supported the Trust's cost improvement programme (CIP) and specific projects, delivering the targeted financial savings.

The **hospital transformation programme** is closely aligned to the system wide integrated care programme and focuses on supporting patient flow and reducing length of stay:

- **Red to Green (R2G) /SAFER** – ensures timely patient review and escalation of action to support patient flow. The patient flow team support the escalation of barriers to discharge supported by nominated divisional managers of the day. Executive attendance at board rounds is now targeted at areas of concern as agreed at executive meetings.

Next steps include inclusion of the patient flow team in the R2G process; particularly the identification of the golden patient who will be discharged or moved to the discharge waiting area by 10 am the following day. A to-take-out (TTO) internal professional standard was recently launched, to support timely TTO writing and discharges earlier in the day

- **Multi Agency Discharge Event (MADE)** - following successful MADEs in October 2018 and January 2019, the use of these multiagency events will continue to be used to ensure timely support to the hospital to prepare for and recover from periods of peak activity. During 2018/19 we had excellent support from CCG and social care colleagues which showcased how we work together.

  Evidence shows that running a MADE gives positive benefits: to patients, by ensuring care is delivered in the right place; to acute staff who gain a greater understanding of services available outside of an acute organisation; and to wider system partners who get a flavour of the demands faced.

- **Diagnostic Virtual Ward (DVW)** - transformation funding has been agreed to test a DVW. The concept allows patients who are medically stable to be discharged from hospital and return for planned urgent investigations within 24-48 hours. The service runs from the discharge waiting area and currently the patient cohort consists of: cardiology for echocardiogram patients; gastroenterology for scoping patients; and surgical patients waiting for ultrasound and CT scan. It is planned to increase the numbers of patients from January 2019.

- **Community Delayed Transfer of Care (DTOC)** - working with the discharge team to ensure all three community assessment bed sites follow national guidelines with regard to DTOC reporting.

- **Trustmarque** - an external consultant was engaged to work with us during October and November to conduct a data exploration exercise using our ED data. The project uses 3 years' worth of ED data which has generated various analytical charts which allows the ED team to drill into the data to identify trends. From this, changes can be implemented to make improvements. The model remains connected to our data allowing us to continue to drill further into any area of interest to better understand the demand at ED. It also means we can use it to measure the impact of test and learn changes which will allow small changes to be made quickly, measured quickly and either implemented fully or reverted back if no impact is achieved.

- **High impact users** - WSFT will host a CCG project manager post for 1 year to lead on high impact users across the health and care system. This aims to undertake a programme of work focussed around our high impact users of services to understand their needs and develop improved pathways of care.

- **Medical e-Rostering** – we have been implementing the Allocate medical rostering system over the past year. The eJobPlan module is now live for the 2019/20 job planning round. The e-Appraisal build is also complete and clinical agreement has been reached regarding the migration of existing appraisal data. The implementation of the Medical Rostering modules for juniors will be complete early 2019 with consultants following. Activity Manager will be in place by April 2019.

- **Operating theatres** – the Trust is reviewing operating theatre utilisation with the key objective being to increase productivity within operating theatres, measured primarily by increasing the number of cases per theatre. In addition to this the recommissioning of a mothballed operating theatre will be undertaken during 2019 to increase overall theatre capacity in line with elective demand growth.

- **Outpatients** - the outpatient steering group is leading on a range of initiatives that will realise cost savings through increased efficiency, leading to greater productivity in outpatients' services. The initiatives include a greater focus on data, optimising capacity, review of the booking process underpinned by technology and review of the access policy. Clinic slot utilisation and clinic templates are the biggest areas for efficiency savings. In addition to this a series of system wide outpatient workshops are planned to develop and deliver an overarching outpatient transformation strategy in line with the NHS long Term Plan ambitions.

Despite the efficiency savings and additional capacity opened the increases in activity we have experienced in 2018-19 have placed significant pressures on the system - emergency department (ED) attendances increased by 11.2% and emergency admissions by 9.7%. This significant increase in activity impacted on delivery of the ED performance standard, although unlike 2017/18 we did not repurpose our protected elective ward to accommodate emergency demand. Capacity **plans for winter 2019-20** include:

- completion of phase 2 of the acute admission unit (AAU) build by July 2019
- ongoing UK and overseas recruitment programme to ensure appropriate nurse staffing. This will be supported by our new staff accommodation which will be available from March 2019
- review of ED demand by hour and day of the week to establish the medical staffing requirements to support ongoing increased levels of activity
- continuing to work with system partners on schemes for demand management and to reduce discharge delays. This includes strengthening our community focus with integrated neighbourhood teams along with greater integration of specialist acute and community teams e.g. therapies, COPD and paediatrics.

Reviewing our model for delivery of GP streaming with the GP federation to achieve greater integration with the wider ED team and increased throughput of appropriate patients through the service to maximise available capacity.

The **integrated care programme** is proactive, looking at avoiding unnecessary admissions to hospital, and reactive, looking at maximising patient flow and avoiding delays. Initiatives include:

- **Integrated urgent care (IUC)** – the IUC and clinical assessment service (CAS) services were launched in 2018 and focused on increased clinical triage and therefore reducing ambulance and ED calls.

- **Buurtzorg** - the West Suffolk Alliance partners have committed their support to extending the pilot phase to cover Bury Town and have appointed a dedicated project nurse to oversee implementation. A workshop to consider the Kings Fund review of the implementation is being planned to ensure learning can be extended to the development of the integrated neighbourhood teams.

- **Rapid intervention vehicle (RIV)** - this service has now been operational Monday to Friday across three localities since November 2018 and extended to weekend working at the beginning of December 2018. The vehicle is staffed by a

specialist paramedic or emergency care practitioner and an EIT therapist and responds to EEAST and EIT calls. Key activity ranges from falls, urinary tract infections, shortness of breath, chronic obstructive airways disease (COPD) exacerbations, and 'off legs'. Evaluation of the service is planned to inform future provision and development.

- **Connect Localities** - the Transformation Team has now aligned to each West Suffolk Connect locality working with county council, St Edmundsbury and the community leads to form a core Locality Delivery Team. The Integrated Care Programme is now split across all six localities with Mildenhall and Haverhill being forerunners to shape a locality based plan.

- **Responsive Care** - as part of Suffolk County Council's Home Care re-development work, system partners are co-designing the integrated responsive service element which is likely to bring together the existing reactive services of West Suffolk health and care services to provide: an urgent response irrespective of health or care need; and an integrated reablement/rehabilitation response to support people at home. This might be after a fall, a stay in hospital or a period of illness and the person needs to recover functionality or be taught to adapt to a new condition.

  The services being considered as part of this integrated offer include the Early Intervention Team (EIT), Support to Go Home (STGH) and Homefirst. This may also include some elements of Adult Social Care (ACS) and Domiciliary Care. The new service will be operational from September 2019 and will be integrated into the locality based delivery teams (Integrated Neighbourhood Teams) as much as possible whilst retaining the interface with acute pathways.

- **Discharge to Optimise and Assess (D2OA)** - Pathway 1 is now available to six base wards and is working well. The teams support two to three referrals a day and this will be expected to increase as more wards join, confidence in the referral pathway matures and community and acute OTs integrate to share the responsibility of assessment. The delivery of the model is demonstrating strong integrated working and collaboration across health and care and is an excellent example of how practitioners cut through traditional ways of working to flex delivery to the needs of individuals. An evaluation with case studies is being developed.

- **Stranded patients review** – In line with the national focus on reducing the number of long stay patients in acute hospital beds, we have developed a robust process led by the executive chief nurse. Daily multidisciplinary team (MDT) reviews take place using the e-Care electronic patient record to identify delays in patient care pathways and barriers to discharge and assess reasons for delay for inpatients that have been in hospital for seven days or more.

- **Integrated respiratory service** - work on developing this service is progressing well. The physiotherapy role has been integrated with the respiratory nurses who are now referring most patients for at least one physio consultation whilst on the caseload. This physio element is a new additional service offer made possible now that both acute and community teams are working as one team.

- **Paediatric physiotherapy joint working** - the acute and community based services have been exploring opportunities for integration, and have initiated

changes to the way they work that are having a direct benefit for children, their families and staff.

- **Vertical integration with primary care –** we are working with practices within the west of Suffolk with a view to closer working with the hospital in line with the Wolverhampton vertical integration model. We have already recognised that hospital and community services needs closer alignment with primary care and that if this can be achieved the benefits to patients of closer working could be significant. It also provides an improved offer to support General Practice to meet the rising complex demands of primary care.

- **Mental health and emotional wellbeing transformation –** we are working with system partners to support this transformation programme, including consideration of a local model for the delivery of services.

The **planned care programme** focuses on ensuring patients are treated in the most appropriate care setting, and reducing variations in care pathways across the health system to avoid resource wastage. The focus for development includes:

- **100 day challenge** - this national programme is designed for primary and secondary care to jointly test ways of improving patient experience and speeding up access to elective care and will focus in three areas: rethinking referrals, shared decision making and transforming outpatients. There are two programmes underway using this methodology.

  A video conferencing pilot for follow up consultations went live in November 2018 with a small number of patients in the dietetics department. It was well received by both staff and patients. The gestational diabetes team are planning to join the pilot too. By February 2019, we anticipate having sufficient data and feedback to start rolling this programme out more widely.

  A review of the low priority procedures (LPP) programme is in the final planning stages and will start its 100 days challenge early 2019. There will be an initial roll out of the revised process in five specialties with the remainder coming on board once the initial phase is embedded.

- **Right care programme** – 'RightCare' is about the whole health system taking an evidence-based approach to focus on key areas that will improve health outcomes for the population, reduce unwarranted variation in care and save money. Going forward, RightCare will be working more closely with the getting it right first time (GIRFT) team to ensure that the two programmes are aligned and no opportunities are missed.

  Revised and updated plans for cardiovascular disease (CVD), respiratory, gastroenterology and Neurology in September 2018, have now received feedback and actions are being taken as appropriate. For CVD, neurology and gastroenterology the Rightcare work will be encompassed in the wider Elective Care Transformation Programme. Respiratory Rightcare will move to the Integrated Care Team.

- **Treatment and Care Funding – Diabetes Management** – this NHS England led programme aims to help improve the outcomes of patients with diabetes in two key areas. During 2018 the CCG received an 'Outstanding' rating assessment from NHSE for the Diabetes service in West Suffolk. This is credit to the huge amount of work that has been done by the CCG and WSFT over the past 2 years. Work continues to

promote the structured education services and to encourage the uptake of mentor clinics at GP practices using the expertise from WSFT.

- **Integrated pain management service (IPMS)** - in west Suffolk, pain management is currently provided by two providers - Suffolk GP Federation and West Suffolk Hospital. Following a most capable provider (MCP) process run by the CCG an Integrated Pain Management Service has been developed by the 2 providers and will remove duplication and streamline existing pathways to seamlessly provide a range of education, therapeutic and medical services for patients suffering from acute and persistent pain. The transition plans have been completed and the service is set to go live in April 2019.

- **Ophthalmology** – we continue to work with the CCG to change the delivery system of eye care services, to enable a sustainable and affordable clinical model for the growing elderly population of Suffolk. It aims to integrate eye services for the patient through a strategic partnership model of care, where the consultants can direct where work should appropriately be undertaken and the clinical skill level required in the community.

- **Stroke** - a baseline review has been undertaken and a wider review is now starting across the STP. The aim is to enhance what we already have, and to future-proof stroke services as opposed to major reconfiguration.

  The Stroke service continues to be discussed and reviewed both locally and across the STP. Across the STP a review is pending to consider the HASU and ASU units across the STP. An independent person is to be engaged to run this process. WSFT and the CCG are working on the scope for the options appraisal as well as the considerations that West Suffolk would like included in the review. Progress within AF detection, prevention, perfection and correction continue. There is sufficient funding from NHSE to move the GP review clinics from the GP surgery (for patients known to have AF) into the Trust to ensure that these are completed in a timely way. This is under discussion with the clinical and operational team.

- **Demand management** - this work programme aims to pull together the delivery of a range of schemes to support demand management, e.g. improving advice and guidance between clinicians in different care settings, and changing the way outpatient consultations are delivered:

  - training for Teledermatology is almost complete with just one further GP practice to come on board
  - the gynaecology service review is underway and action plans for clinicians and operational teams will shortly be finalised. Learning for larger, more cross cutting projects will be incorporated into the wider transformation programme.

  For 2019/20, to support demand management and the aspirations of the NHS Long Term Plan, a new programme of elective care transformation is being developed across the West Suffolk Alliance. Currently the vision and scope are being determined prior to a workshop on March 6th to further define the elements of the programme.

Further details on **community transformation** as part of our Alliance working is provided in section 7.

Table 4: Summary savings 2018-19

Directorate	CIP Scheme	£'000	STP Theme	
Clinical Support	Effective use of Out-of-Area data	100	Tactical	Other
Clinical Support	Accelerated roll-out of Patient Portal	100	Tactical	Other
Clinical Support	Improved pharmacy stock management	100	Tactical	Other
Community	Paediatric overhead	39	Tactical	Other
Community	Rosemary staffing changes	14	Tactical	Workforce
Community	CES contract	508	Tactical	Commercial
Corporate	Collaborative Procurement Partnership gain share	250	Tactical	Commercial
Estates	Income from new residences	378	Tactical	Commerical
Medicine	Biosimilars	1,456	Tactical	Medicine Management
Medicine	Internal Loop recorders	77	Tactical	Other
Medicine	Bay based nursing	55	Transformational	Benchmarking
Medicine	Angio/ Pacing suite	278	Transformational	Service redesign
Medicine	Stroke repatriation	105	Transformational	Service redesign
Surgery & Med	Drugs Management	204	Tactical	Medicine Management
Surgery	Procurement savings	415	Tactical	Commercial
Surgery	Improved elective patient pathway - Theatres / Outpatients	450	Transformational	Benchmarking
Surgery	Surgery pay review	205	Tactical	Workforce
Surgery	Service redesign (Ophthalmology)	370	Transformational	Service redesign
Surgery	Increased income - Community Dental Services / private patients	134	Tactical	Commercial
W&C	Maternity CNST discount	300	Transformational	Benchmarking
Various	Other schemes	3,362	Various	Various
	Total	**8,900**		

Further details of the STP efficiencies are provided in section 7 of this plan. The Trust's plans are fully aligned with the STP financial bridge and delivery plans.

2019-20 operational plan - cash

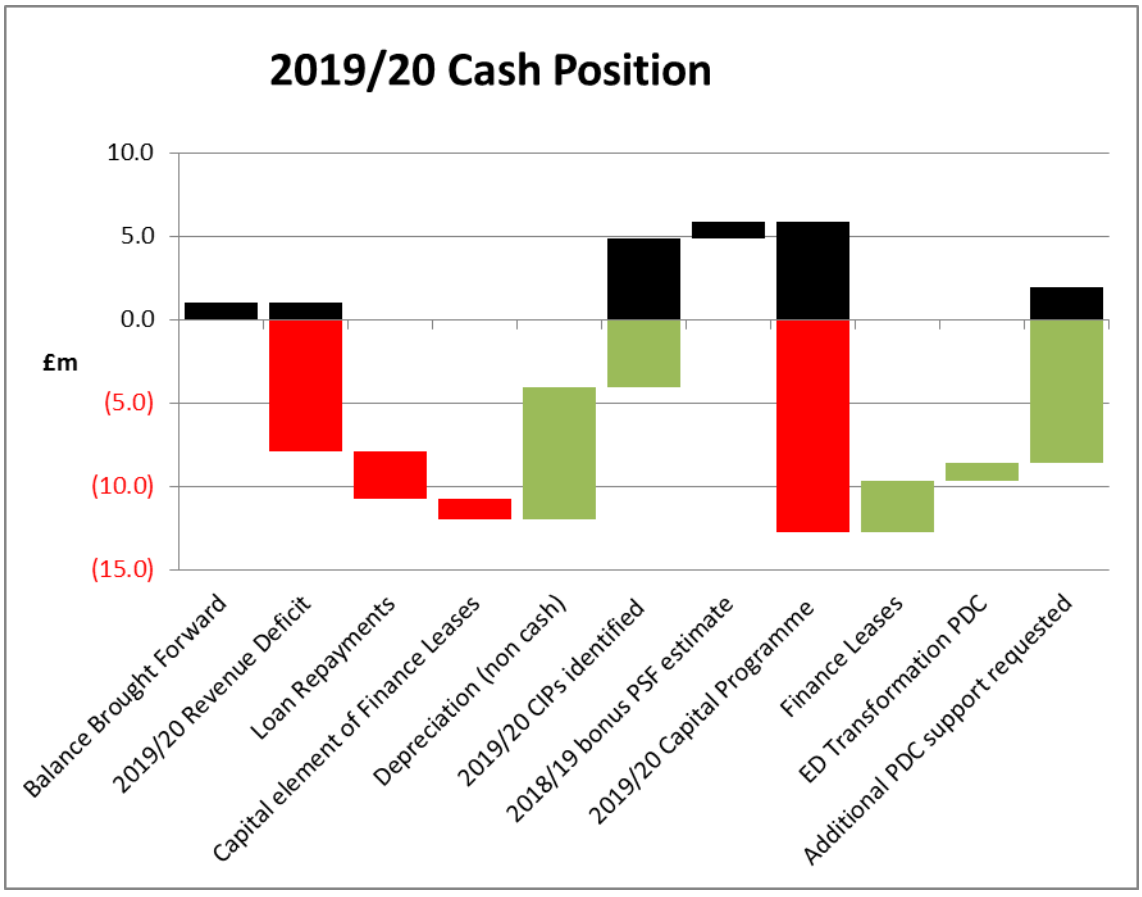
The Trust has been in financial deficit for a significant period which has increased the need to borrow from DHSC in order to meet obligations. In 2019/20 the Trust is planning to break-even but the Trust still has a significant challenge to manage on cash as historical loans need to be repaid and the Trust needs to continue to make significant capital investment. In addition the Trust must ensure sufficient cash supply to meet its obligations for salaries and suppliers.

The Trust is required to repay **£2.9m loans** in 2019/20. This cash should be generated from a revenue surplus but this will not be possible given the proposed plan.

In order to fund a **capital programme of £18.6m** in 2019/20, the Trust has applied for **additional PDC support from DHSC for £10.5m**.

The Trust's capital programme should be funded from current cash, plus depreciation, plus any surplus less loan repayments. The total of these mean that the Trust can fund a **capital programme of £8.1m with funding for ED transformation but with no additional PDC support**.

Operating Plan - Cash Requirements	2019/20 £'000
Balance b/f	1,000
19/20 Plan before CIP	(8,900)
Loan Repayments- DH (incluing Working Capital Repayment)	(2,850)
Capital Repayment Element of Finance Leases	(1,209)
Depreciation (non cash)	7,851
Identified CIPs 2019/20 (assume all cash)	8,900
2018/19 Bonus PSF (estimate)	1,000
2019/20 Draft Capital Programme	(18,592)
Non Cash element of capital programme (finance leases)	3,103
DHSC PDC requested	10,500
DHSC ED Transformation PDC	1,100
Balance required c/f	(1,000)
Forecast Increase/ (decrease) to Cash Position	**903**



Global digital exemplar

The Trust has been identified as a prestigious **global digital exemplar (GDE)** after successfully bidding for a share of £100 million in funding to further improve the way technology is used to benefit patients.

Although the project was due to commence in December 2016, delays in receipt of the funding meant that the project did not start until April 2017. The project has a two-year duration and will conclude in December 2018, although the delivery of some components will continue to March 2019.

The project is being delivered in four pillars: the development of e-Care electronic patient record (EPR) solution; the development of services across the wider health community; the Trust's role nationally as part of the NHS GDE programme; and to deliver new digital infrastructure as a key enabler.

The Trust's vision for a digital future has not changed as it continues to be a primary enabler for the organisation's transformation goals, priorities and ambitions. The integration of community health services into the Trust in October 2017 is now driving a realignment of information management and technology initiatives, with the outcomes and benefits designed to drive transformation and a fully integrated patient journey. This realignment is tightly coupled to the Trust's organisational strategy, discussed with and countersigned by colleagues across the care economy and the wider public sector.
As a GDE, WSFT will deliver enhanced quality of care and seamless services across our whole health and social care economy. The aims of the programme are three-fold and represent our five-year vision:

- **A transformation-led digital trust** – The programme will provide WSFT with a robust, fully digital platform which is paperless at point of care, resulting in operational efficiencies and improvements in quality of care. Real-time access to accurate information about patients and their care plans, and enterprise-wide scheduling will ensure seamless and safe handover of care across care settings. Evidence-based decision support such as early warnings for sepsis will optimise care and prevent illness. Efficiency improvements such as device integration will allow more time for direct patient care. Effective use of medications through improved decision support, compliance and reconciliation across settings will help deliver safer patient care. Many of these, including digital care pathways, early warnings, device integration and improved use of medication management, are already in place either in part or in full.

- **Supporting the goals of the integrated care system (ICS)** - The programme aims to support fully the goals of the emerging Suffolk and North East Essex ICS. A digitally mature Trust is essential for achieving the goals of the wider care community, although the Trust acknowledges digital maturity in community health services requires the same high level of both digital and service integration being delivered by the GDE programme. A key enabler is the continued deployment of e-Care combined with wider system integration, such as the population health package being initiated in 2018 that will allow the Trust to provide an efficient and effective risk stratification approach to patient management. For example, Suffolk has an older than average population, resulting in increasing demand for services versus affordability. By applying a risk stratification approach and targeting segments of the population (e.g. over 85s), we can intervene in a way that abates demand. A centralised business intelligence and analytics function across the ICS will allow us to perform the sophisticated data analysis which is essential to delivering effective risk stratification

- **Promoting our exemplar digital community** – Working with our electronic patient record partners we will establish ourselves as a model digital community within three years. We will contribute to the increased digital maturity of our local partners, including neighbouring acute hospitals, community services, mental health, ambulance and social care, by providing mentorship in all aspects of deployment, including leadership, informatics and intellectual property (IP) development. We will contribute to delivering digital maturity in both Cerner and non-Cerner sites alike

through the sharing of experiences, approaches and solutions, defined as 'blueprinting' with the GDE Programme. We will achieve this goal through strengthening existing partnerships such as digitally advanced suppliers, and we will build new partnerships locally and internationally with other exemplar sites or IP development partnerships.

Agency rules

The two main clinical staff groups where agency staff are used are medical staff and nurses. During 2018/19 we used the agencies on the CPP Framework preferred supplier list for nursing staff, developed in conjunction with the East of England Procurement Hub. The CPP Framework is audited by the procurement hub for framework compliance. This initiative has helped us to bring down the cost of agency nurses to the NHS Improvement (NHSI) capped rates, however the pressures on the service over the winter months has meant that we have not been able to supply at cap for this period.

We have also established a preferred supplier list for agencies supplying medical staff. However, this staff group continues to be a more scarce resource than nursing staff and therefore presents a greater challenge to achieve the same success rates in supplying within cap.

For nursing staff the Trust is now exploring the option of moving away from the CPP Framework and entering into a Master or split vendor contract to try and generate a greater compliance with the capped rates.

The East of England Procurement Hub has established a working group to look at the feasibility of establish a collaborative bank approach with our neighbouring Trusts and it is expected that this work will progress in 2019/20.

Procurement

The Trust has a three-year procurement strategy (April 2016 to March 2019) that supports the Trust in achieving the following:

- A complete purchase-to-pay system that enables procurement to have clear visibility of spend across the Trust
- Ensure all EU procurement directives are followed
- Compliance with the Department of Health standards of procurement
- Contracts are tracked and monitored to ensure compliance and cost savings are being achieved.

Procurement actively engages in the utilisation of framework agreements through the NHS supply chain, Crown Commercial Services and the NHS procurement hub to ensure best value is achieved. The Trust has a work plan that links with the NHS procurement hub. We undertake benchmarking with acute trusts and NHS organisations across England to ensure pricing and commitments agreements offer the best opportunities for the Trust in line with its size and spend.

(c) Capital planning

The Trust has a five-year risk assessed capital strategy that focuses on addressing backlog issues and essential clinical developments in the acute and community sectors. This is further enhanced by an annual prioritisation process for the assessment of investment of capital resources. This is assessed via a multi-professional group using a forced risk ranking process, which assesses the benefits of investment against four criteria: compliance

with the estate strategy; operational/clinical need; financial impact; and statutory compliance. The assessment ensures that:

- Risk priorities remain relevant and have not changed
- Any changes are incorporated from statute, alerts, NHS estates, etc.
- Any maintenance issues arising in year are considered and incorporated.

The Trust has a borough council approved master plan for the development of the main hospital site. The key strategic developments included in the plan are linked to clinical service delivery, with each development subject to a Board approved business case.

The Trust routinely considers leasing as the preferred option to investing capital for equipment through a partnership with Chrystal Leasing.

The Trust has recently been awarded £14.9m subject to full business case approval for transformation of the Emergency Department. The Trust is aiming to complete this project in 2021/22.

A large part of the estate is more than 44 years old with an original design life of 30 years - this is reflected in the backlog maintenance costs. In the longer term, the Trust faces the challenge of providing a level of care appropriate to the 21st century, within aging buildings, making it increasingly difficult to meet this challenge. Future changes are likely to be significant and involve working with St. Edmundsbury Borough Council to achieve the best outcome. The Council's planning framework sets out its policies and strategy for Bury St. Edmunds over the next 20 years and includes an option to build a new hospital on a 22ha site (Westley site) on the western edge of Bury St. Edmunds. Some preliminary work has been undertaken to establish the level of investment required to provide a new hospital (circa £500m), this excludes purchase of the land, on the assumption this will net off from the sale of the current site.

Capital investment plan

Capital Investment Plan	2019/20 Plan £000s	2020/21 Plan £000s	2021/22 Plan £000s	2022/23 Plan £000s	2023/24 Plan £000s	2019/20-2023/24 5 Year Plan £000s
Estates						
Pre-commitments						
Development team & CAD Subscription	520	525	530	536	541	**2,652**
Ambulatory Assessment Unit	1,500					**1,500**
Site electrical infrastructure	2,561					**2,561**
Vacuum plant	230					**230**
Street lighting	110					**110**
Labour suite	700					**700**
Pharmacy Robot	160					**160**
Total pre-commitments- Estates	**5,781**	**525**	**530**	**536**	**541**	**7,913**
Backlog (including Resilience)						
Fire compartmentation	400	250	250	250		**1,150**
Fire alarms	275					**275**
Emergency Lighting	30	30	30	30	30	**150**
Roof replacement	1,200	50	50	50	50	**1,400**
Theatre 1	1,120					**1,120**
Mortuary		1,400				**1,400**
Critical Care		3,000				**3,000**
Hot & Cold Water Systems	100	100	222			**422**
Structural Wall Panels	30	70	1,167	3,000	1,167	**5,434**
Road Repairs and relining	40	60	50	50	50	**250**
Radiology Reporting Room	170					**170**
Other		3,673	2,120	1,780	1,780	**9,353**
Total backlog	**3,365**	**8,633**	**3,889**	**5,160**	**3,077**	**24,124**
Site Development						
Emergency Department Transformation	1,100	9,900	4,000			**15,000**
Total Site Development	**1,100**	**9,900**	**4,000**	**0**	**0**	**15,000**
Equipment Replacement Programme- Estates						
Secure Access/ CCTV/ mag locks	30	30	30	30	30	**150**
Energy Efficient Lighting	435					
Total Equipment- Estates	**465**	**30**	**30**	**30**	**30**	**150**
Feasibilities- Estates						
Theatre Upgrades	35					**35**
Other		200				**200**
Total Feasibilities- Estates	**35**	**200**	**0**	**0**	**0**	**235**
IT						
Pre-commitments						
E-Care	1,565	1,179	989	1,014	1,039	**5,786**
SAN Upgrade	100	100	100	100	100	**500**
Total pre-commitments- IT	**1,665**	**1,279**	**1,089**	**1,114**	**1,139**	**6,286**
Projects						
GDE Upgrades	2,463	800	800	800	600	**5,463**
Wireless Network	290					**290**
SCCM Upgrade		273				**273**
E-Care Software	160	160	160	160	160	**800**
Community	250	250	250	250	250	**1,250**
Recovery Monitoring	420					**420**
Other	958	1,061	1,524	1,499	1,473	**6,515**
Total Projects- IT	**4,541**	**2,544**	**2,734**	**2,709**	**2,483**	**15,011**
Medical Equipment						
Purchase	300	300	300	300	300	**1,500**
Finance Leases- Radiology/ Endoscopy	1,340	2,050	1,220	1,800	235	**6,645**
Total Medical Equipment	**1,640**	**2,350**	**1,520**	**2,100**	**535**	**8,145**
Total Capital Programme/ Gross Capital Expenditure	**18,592**	**25,461**	**13,792**	**11,649**	**7,805**	**76,864**

Prioritised schemes

The annual review had been undertaken to identify the likely implications on the estate over the strategic period arising from the clinical service strategy. The review prioritises schemes and considers the most appropriate location for these developments based on functional suitability of the space and clinical adjacencies. Schemes are considered on a priority/risk basis and the outcomes are broken down into the following service categories:

- Clinical services
- Clinical support services
- Community services
- Non-clinical and corporate services.

Significant schemes planned for delivery in the period are:

Staff Residences

The existing staff residential blocks at the front of the site are nearing the end of their structural design life. Feasibility studies have shown that the refurbishment of the existing accommodation is uneconomical due to the level of work required to adapt the units to modern standards, provide structural improvement and remove the asbestos. The delivery of 160 new keyworker accommodation units is in progress and will replace the existing accommodation; completion is scheduled for March 2019. The existing accommodation will be converted to provide administrative space for staff.

Acute Assessment Unit (AAU)

This scheme seeks to improve the current facilities, which are currently configured as a general ward and improve patient flow associated with the AAU unit and surrounding areas. Co-located to ED the new AAU unit will achieve a reduction in emergency admissions for both medical and surgical patients, improve patient flow and will relieve pressure on the ED, ensuring that the highest acuity patients are seen more quickly and the 4 hour arrival to seen target can be met. It will also improve ambulance handover times and provide an additional area for ambulance escalation during times of high demand. Phase 1 completed in November 2018 with phase 2 completing in July 2019.

Emergency Department (ED)

The ED has a number of issues related to flow and effective decision making, in addition to estate that is no longer functionally suitable. Visits from both the Intensive Support Team and the CQC have resulted in recommendations that require a wholesale redevelopment of the department. The recommendations include the need for:

- separate entrances for ambulance transfers and walk in patients
- separate paediatric waiting and cubicle areas
- increased clinical capacity (minors, majors, resus and primary care streaming).

The redevelopment scheme would provide:

- the solution to a number of patient flow issues and overcome many of the obstacles to reducing the attendance to admission conversion rate
- effective segregation of ambulance arrivals from other patients into major and minor areas;
- separated paediatric waiting and treatment facilities
- a paediatric service consistent with our community focussed paediatric strategy, centred around the development of a children's assessment unit that would facilitate a primary care driven paediatric service
- a more appropriate facility for the assessment and treatment of patients with mental health issues

- the ability for an ED nurse to stream patients directly to a GP, ambulatory emergency care or ED triage depending on their assessment of need
- an overall increase in capacity to meet the STP activity assumptions
- effective co-location of ED with the Clinical Decision Unit and the planned Acute Assessment Unit
- improved patient privacy and dignity

Work on the business case to support the development has started and is due to be presented to the Board for approval in November 2019.

Labour Suite

All of the delivery rooms on the Labour Suite need to be upgraded as they are not functionally suitable and do not meet the requirements set out in the Health Building Note 09-02 Maternity Care Facilities. The scheme will address privacy and dignity issues by providing en-suite facilities to each delivery room, currently women have to leave the delivery room to access a toilet. The refurbishment will include piped medical air to each room, currently bottled gas is used which presents a safety risk. Infection control issues will also be addressed through the provision of a central clinical waste area and sluice. This project is currently on site and due to complete in August 2019.

Theatre 1

The plan for 2019-20 includes conversion back of this area to a general theatre and alternative bed storage area.

7. Delivering joined-up care - sustainability and transformation partnership (STP)

The Suffolk and North East Essex Sustainability and Transformation Partnership (SNEE STP) Board has now been in place since early 2017. In April 2018 local leaders within SNEE STP met and agreed a number of specific local priorities and deliverables, including the development of a small number of agreed, articulated and measurable 'Higher Ambitions' for the partnership. These are as follows:

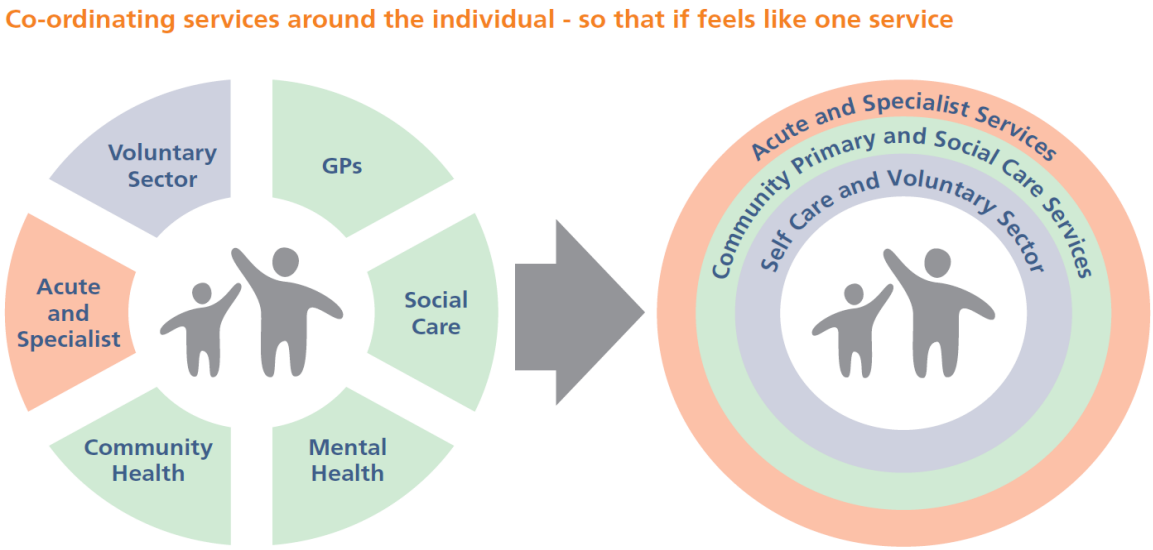
- reducing the burden of deprivation,
- improving mental health and reducing suicides,
- being more proactive in relation to obesity prevention and treatment,
- a reduction in unplanned cancer admissions,
- improved end of life care,
- neighbourhood action to combat loneliness

In May 2018 SNEE STP was successful in their application to become one of the fourteen sites nationally to join the national system transformation programme at NHS England as a shadow **Integrated Care System (ICS).** This has allowed access to support from the national teams as well as additional funding for 2019/20 to develop Primary Care Networks and the voluntary and third sector providers at a locality/neighbourhood level.

The health and care partnership, which makes up the West Suffolk Alliance began to deliver community services within our geographical footprint in October 2017 and has been more broadly working together to improve the service offer to the population of West Suffolk since this point.

Along with the other Alliances within the SNEE STP, West Suffolk was asked to produce a strategy by June 2018. The delivery of the **West Suffolk Alliance strategy** is a critical element of the wider SNEE STP Plan as it provides the detail on the local delivery model and the development of a new way of working in partnership at a locality level.

Our focus within West Suffolk Alliance is on **people and places** and the strategy sets out the commitment of all partners to move from working as individual organisations towards being a fully integrated single system based around the individual. To achieve this shared vision, clear local priorities have been agreed to provide an improved service for people in West Suffolk and to tackle the sustainability issues faced by the system together.



From this

'I have to tell my story multiple times to different people.'

'I'm left waiting for services whilst they argue over who pays.'

'I don't get a say in my treatment.'

'When I'm discharged from a service, I'm not sure where to go next.'

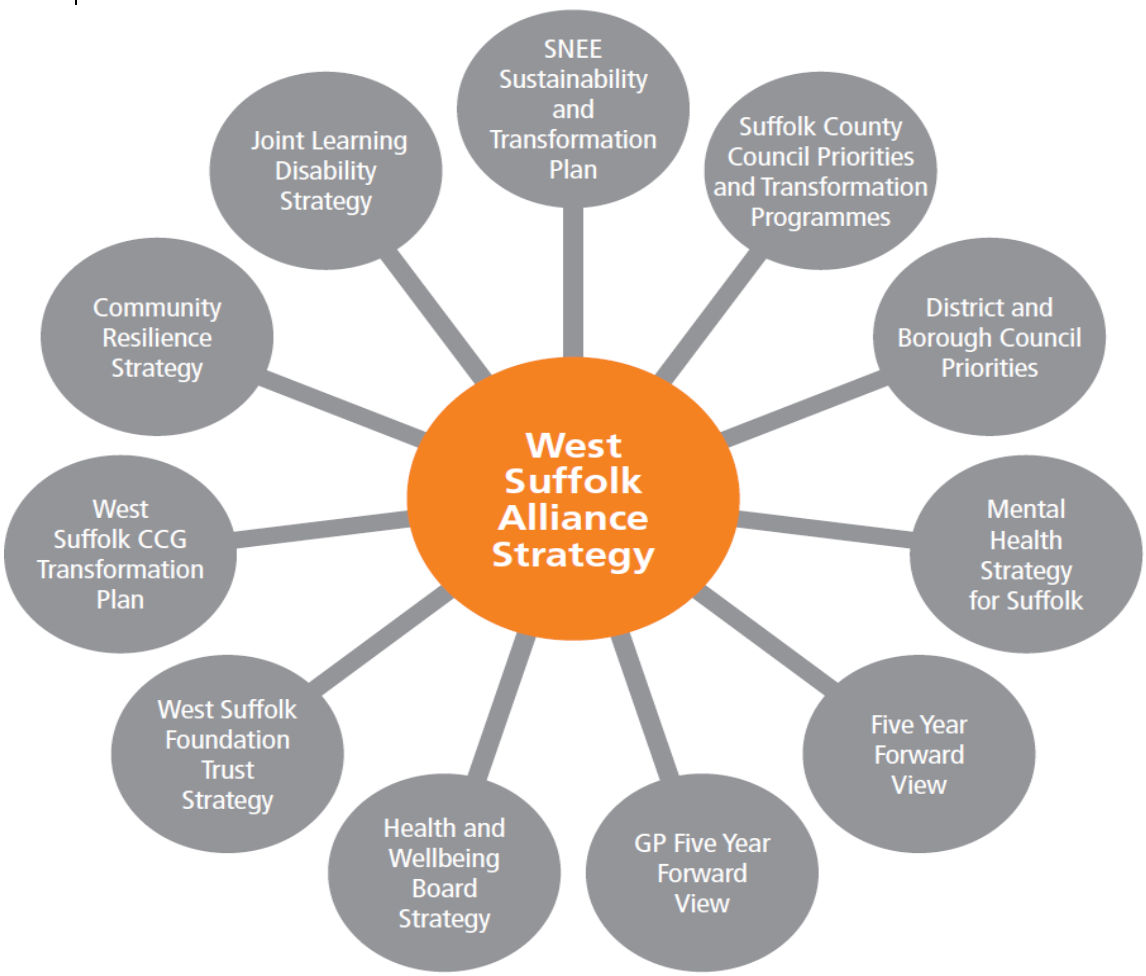
To this

'I completed an integrated care plan, setting out who will provide care and support to me and when.'

'I receive more care in or near to my home, and haven't been to hospital for ages.'

'I feel fully supported to manage my own conditions and live independently.'

The strategy was co-developed by all key partners and reflected the feedback previously given by patients, the public and people who use our services. As per the below diagram the document is part of a wider network of plans and strategies and builds on these to show how we will add value through Alliance working.



The West Alliance has agreed **four interrelated ambitions**, which underpins the strategy; these demonstrate how as Alliance partners we will make progress together. They do not displace the individual organisational priorities, but rather show the benefit from Alliance working. The ambitions are as follows:

1. Strengthening the support for people to stay well and manage their wellbeing and health in their communities

Building local integrated working, across all ages and across both physical and mental health.

2. Focusing with individuals on their needs and goals

Looking at how we co-ordinate services to help people of all ages keep well, get well and stay well.

3. Changing both the way we work together and how services are configured ...

... so that health and care services are sustainable into the future and work well for people.

4. Making effective use of resources

We will use the West Suffolk pound in the best way locally, reducing duplication and waste. All our organisations face challenging finances and if we work together we can use our resources better.

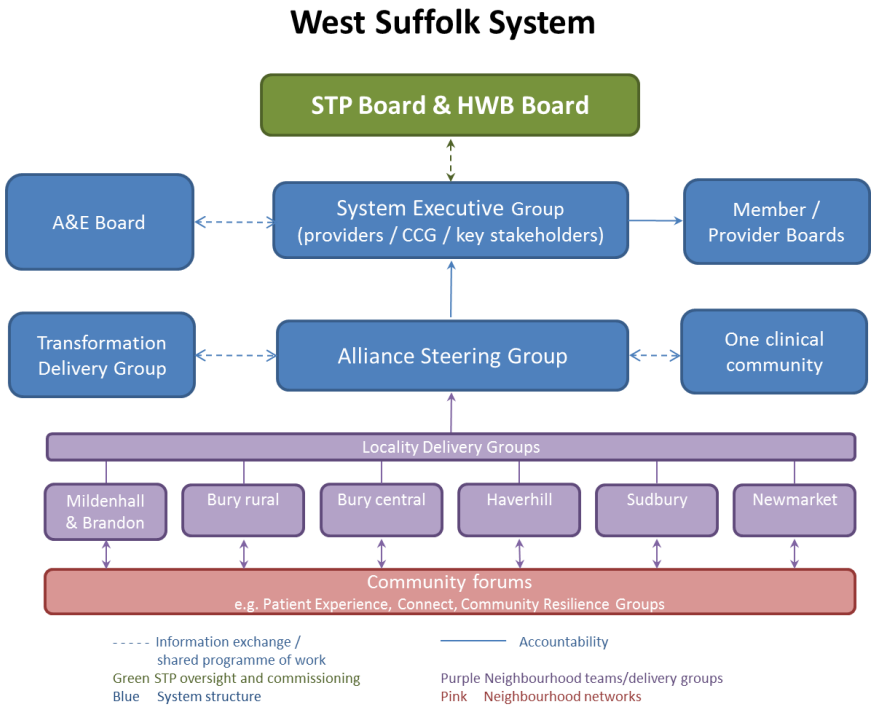
The Alliance strategy builds on the six **Connect localities**, which are arranged around natural communities, with the aim of building resilience and strengthening local services offered wherever possible. For the west of Suffolk the localities are: Newmarket, Haverhill, Sudbury, Brandon and Mildenhall, Bury Town and Bury Rural. These groupings can be thought of as a 'hub and spoke' with the system leadership (the 'hub') and the six locality areas (the 'spokes').

Each locality has a **neighbourhood team** consisting of health and social care teams who work together to provide a person centred, holistic care offer supported by the wider district and voluntary sector. In addition to this, Alliance partners have mapped additional capacity to all localities, with senior leadership now in place for each. The Local Authority has funded a dedicated locality co-ordinator post for each area, to provide the necessary administrative support to the whole team.

The **Locality Delivery Groups (LDG)** have begun to pull together their agreed priorities and these will underpin a more detailed development plan for each. A Joint Needs Assessment is being created for each locality, which will underpin the plan and provide the performance base line to measure outcomes against going forward. Public Health are leading this piece of work with assistance from the wider system.

The **System Executive Group (SEG**) has now been in operation for 12 months with the **Alliance Steering Group** supporting the delivery of the strategy. The role of SEG is to act as a system-wide discussion and shared decision making forum, whose members are partners in the Alliance, West Suffolk Clinical Commissioning Group (WSCCG) and other key system leaders across the west of Suffolk. In June 2018, the WSCCG also agreed to use the SEG as the vehicle to sign off any CCG transformation funding to ensure that the Alliance was leading this process on behalf of the wider system.

Figure 2: West Suffolk Alliance operational/decision making framework



Delivering our vision

During 2018, the Alliance strengthened and embedded integrated working across the West Suffolk System. This was primarily through the mobilisation of the new community contract but also included exploring new partnerships across the system for the benefit of the population.

Below are some examples of the impact this has had in terms of improving services for our population:

- The integration of WSFT and GP Pain services through the MCP process to create a single service and support offer for patients. Contract awarded at the January 2019 WSCCG Governing Body Board meeting.
- Putting joint plans in place from community health and social work teams allowing the locality team to operate from a single plan for a patient/customer. This has been achieved in advance of the technical systems being in place to support, through joint working as a team.
- Discharge to Optimise and Assess has been implemented across the system, which has shown a real flexibility around sharing the mission to get people home and recovering as soon as possible.
- Implementation of Support to Go Home service.
- Further development of the Emergency Integration Team (EIT) to include social care and paramedic capacity to widen the scope of practice. The EIT continues to respond to people in crisis and has avoided over 411 emergency admissions between April and November 2018.
- Over winter, WSCCG invested in a Rapid Intervention Vehicle through the ambulance service that works alongside our EIT. In four months the vehicle response prevented 127 ambulance dispatches of which 89 were not conveyed to hospital. An additional 137 referrals were jointly managed by both services at home away from a hospital admission.

- Reduction in Delayed Transfers to Care through moving to a joined-up team response to safe discharge.
- Integrated and rotational posts in place for acute and community nursing and therapy teams.
- All therapists within the West Suffolk footprint now managed as one team, facilitating extended roles and rotational posts.
- Test and learn site for the Buurtzorg model implemented and reviewed by The King's Fund to inform proposed locality model going forward.
- The development of a system Primary Care Team working across acute and primary care rather than being based solely within the WSCCG.
- The establishment of a clinical education programme and further work towards the one clinical community model.
- Engaged with over 60 staff across West Suffolk on the development of the new Responsive Care Service offer.
- Agreement to create a West Suffolk estates team to allow a more strategic approach to working together for the benefit of the population rather than individual organisations.
- Capital grants received for the development of Newmarket Hospital and the Emergency Department within the hospital.

West Suffolk Alliance governance

Following a year of operation it was agreed at the January 2019 SEG that a full governance review would now be carried out. This is to ensure that the Alliance's model is sufficiently robust to enable further services and functions to be devolved from individual organisations when appropriate.

The WSFT and WSCCG have both already adapted their governance in preparation for these changes by creating governor roles for primary care partners and reducing the frequency of the WSCCG Executive meetings and where appropriate introducing joint committees.

System Partnership Team

As part of evolving the WSCCG in a way that supports and accelerates the growth of the West Suffolk Alliance, the Chief Operating Officer's role has now evolved into the Director of Integration and Partnerships for West Suffolk. This is a new system role and includes a change of accountabilities working more closely and supportively with Alliance partners and joining the West Suffolk Trust Executive team. This role importantly provides full time leadership in developing the Alliance agenda and the formation of the system partnership team.

The WSFT and the WSCCG have also agreed a new GP Deputy Medical Director role for WSFT to work with the WSFT's Medical Director and the Director of Integration and Partnerships to further develop the integration model and to develop the one clinical community in West Suffolk.

Work is underway, led by the Chair of WSFT, to develop a lay member forum to bring together the lay and elected member leaders in the Alliance footprint to ensure their involvement and oversight into the integrated system partnership from the lay perspective.

8. Membership and elections

Governor elections

There were no governor elections in 2018. The next elections will take place at the end of November 2020. During the three-year term of office governors who resign are replaced by the next highest polling candidate in accordance with the Trust's constitution.

Governor, members and the public

In January 2018 governors attended an induction / training day with an external facilitator. This provided an introduction to the role of the Council, the well led framework, NHS finance and quality, listening and questioning skills and the role of the Council of Governors in member and public engagement. There were also two finance training sessions in April 2018, which focused on the operational plan and financial planning.

Governors regularly attendance Board meetings where they are encouraged to ask questions. Through regular meetings with the non-executive directors (NEDs) a two way exchange of intelligence is shared and areas for improvement identified.

Two joint workshop and development sessions with the board of directors took place in March and September 2018. The first session focused on the STP, operational plan and population health. The second session focused on the Trust's estate strategy.

Governors take part in monthly public engagement sessions in the Trust's Courtyard Café, where they talk to patients and members of the public about their views and experiences of the Trust. They also use this as a way of recruiting new members and encouraging people to consider becoming a governor in the future. Information collected from these sessions is reported back to the Trust's patient and carers' experience group and any issues are also escalated to the patient experience committee of the Board and to the Council of Governors. Governors also take part in weekly quality walkabouts and monthly environmental reviews, both within the hospital and in the community.

Governors also attend the public board meetings, annual members meeting and presentations/talks that are arranged for members and the public across the foundation trust (FT) membership area. During 2018 three events took place (including the annual members' meeting) with a total of 547 FT members and members of the public in attendance.

Engagement strategy

As set out in the engagement strategy, governors continue to focus more on engagement with current members and the public, rather than recruitment. The Trust has an active membership, with almost 6,000 public members, which is considered to be an appropriate number that should be maintained.

In early 2018 the engagement strategy was amended to provide more reflection on public engagement and community services, which is reflected in the work plan of the Engagement Committee.

A members' newsletter is sent out to all members at least twice a year, with information on activities, achievements and plans for the Trust. When appropriate this includes a questionnaire, e.g. using feedback to shape our patient experience/safety priorities. The Trust has been able to secure an excellent response from members through these targeted mailings.

11:20 GOVERNANCE

19. Trust Executive Group report

To ACCEPT the report

For Report

Presented by Stephen Dunn

Board of Directors – 26 April 2019

Agenda item:	19			
Presented by:	Dr Stephen Dunn, Chief Executive			
Prepared by:	Dr Stephen Dunn, Chief Executive			
Date prepared:	20 April 2019			
Subject:	Trust Executive Group (TEG) report			
Purpose:	X	For information		For approval

Executive summary

Steve Dunn provided an **introduction** to the meeting and reflected on the EU Exit position. The sustained operational pressures were recognised with more than 300 additional emergency department attendances this March compared to 2018. The new format statistical process control (SPC) charts were discussed and recognised as a valuable tool in focusing discussion. Review also took place of comparable referral to treatment time (RTT) for the region.

The business cases for an additional **obstetrics & gynaecology and oncology consultants** were approved. These will support the sustainable provision of service and improvements in access performance.

The **operational plans for Easter** were reviewed. It was recognised that these plans cover a period of six weeks from 15 April to 26 May due to timing of Easter and other bank holidays. Detailed review of staffing plans took place, including consideration of escalation of concerns.

The **red risk report** was reviewed with discussion and challenge for individual areas. No new red risks were reported. Four red risks relating to pathology services were downgraded as a result of mitigating action which has been put in place.

The key strategic risks identified were:

- **System financial and operational sustainability** will impact of the quality of patient services (linked to operational performance and CIP planning and transformation)
- **Winter planning** (new) to ensure safe staffing and capacity for winter 2018-19.
- **Pathology services** – delivery of pathology services, including MHRA inspection, TPP reconfiguration and implementation of the new Clinisys System. These all have an impact on service delivery and patients services directly impacting of quality and sustainability of services.

Relevant **policy/documents**:

a) **Travel expenses policy** – the document was approved

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

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

20. Quality & Risk Committee report

To ACCEPT the report

For Report

Presented by Gary Norgate

Quality & Risk Committee Report – Friday 26 April, 2019

Agenda item:	20			
Presented by:	Sheila Childerhouse, Chair			
Prepared by:	Ruth Williamson, PA			
Date prepared:	16 April, 2019			
Subject:	Quality and Risk Subcommittee Reports			
Purpose:		For information	X	For approval

Executive summary:

A presentation was received from Helena Jopling, Consultant in Healthcare, Public Health, outlining the work being undertaken as part of Population Health and the joining up of electronic records for the local population held by local health and care practitioners.

A further presentation was received from Dan Harvey, Tissue Viability Nurse, on efforts being made to raise awareness and thus help reduce the number of pressure ulcers.

Reports from the subcommittees of the Quality and Risk Committee were received. These reports are submitted for assurance and governance.

(a) **Corporate Risk Committee (15/2/2019)**
No issues were identified for escalation.

(b) **Clinical Safety & Effectiveness Committee (11/3/2019)**
No issues were identified for escalation.

(c) **Patient Experience Committee (15/3/2019)**
No issues were identified for escalation.

Quality Group Report
Report accepted.

Quality Improvement Priorities
Work is currently being carried out on the Trust's strategy and framework.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**		**Invest in quality, staff and clinical leadership**		**Build a joined-up future**		
	X						
Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
		X					
Previously considered by:	**-**						
Risk and assurance:	-						
Legislation, regulatory, equality, diversity and dignity implications	-						
Recommendation: To receive the report for information and assurance.							

21. Agenda items for next meeting

To APPROVE the scheduled items for the next meeting

For Approval

Presented by Richard Jones

Board of Directors – 26 April 2019

Agenda item:	21			
Presented by:	Richard Jones, Trust Secretary & Head of Governance			
Prepared by:	Richard Jones, Trust Secretary & Head of Governance			
Date prepared:	20 April 2019			
Subject:	Items for next meeting			
Purpose:		For information	X	For approval

The attached provides a summary of scheduled items for the next meeting and is drawn from the Board reporting matrix, forward plan and action points.

The final agenda will be drawn-up and approved by the Chair.

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

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

Previously considered by:	The Board receive a monthly report of planned agenda items.
Risk and assurance:	Failure effectively manage the Board agenda or consider matters pertinent to the Board.
Legislation, regulatory, equality, diversity and dignity implications	Consideration of the planned agenda for the next meeting on a monthly basis. Annual review of the Board's reporting schedule.

Recommendation:

To approve the scheduled agenda items for the next meeting

Scheduled draft agenda items for next meeting – 24 May 2019

Description	Open	Closed	Type	Source	Director
Declaration of interests	✓	✓	Verbal	Matrix	All
Deliver for today					
Patient story		✓	Verbal	Matrix	Exec.
Chief Executive's report	✓		Written	Matrix	SD
Integrated quality & performance report	✓		Written	Matrix	HB/RP
Alliance partners learning and winter planning report for 2019-20	✓		Written	Matrix	HB
Finance & workforce performance report, including staff recommender scores	✓		Written	Matrix	CB
Risk and governance report, including risks escalated from subcommittees		✓	Written	Matrix	RJ
Invest in quality, staff and clinical leadership					
Nurse staffing report	✓		Written	Matrix	RP
Annual review of nursing strategy	✓		Written	Matrix	RP
Quality and learning report, including: - quality improvement priorities - review of never events - learning from deaths	✓		Written	Matrix	RP / NJ
"Putting you first award"	✓		Verbal	Matrix	JB
Consultant appointment report	✓		Written	Matrix – by exception	JB
Serious Incident, inquests, complaints and claims report		✓	Written	Matrix	RP
Build a joined-up future					
West Suffolk Alliance and community services report	✓		Written	Matrix	KV/HB
Annual review of IM&T strategy	✓		Written	Matrix	CB
Strategic update, including Alliance, System Executive Group and System Transformation Partnership (STP)		✓	Written	Matrix	SD
Annual report and accounts		✓	Written	Matrix	CB/RJ
Governance					
Trust Executive Group report	✓		Written	Matrix	SD
Remuneration Committee report	✓		Written	Matrix	SC
Council of governors report, including FT membership strategy	✓		Written	Matrix	SC
Scrutiny Committee report, including draft networked pathology staretgy		✓	Written	Matrix	GN
General condition 6 and Continuity of Services condition 7 certificate	✓		Written	Matrix	RJ
Risk management strategy and policy	✓		Written	Matrix	RJ
Confidential staffing matters		✓	Written	Matrix – by exception	JB

Use of Trust seal	✓		Written	Matrix – by exception	RJ
Agenda items for next meeting	✓		Written	Matrix	RJ
Reflections on the meetings (open and closed meetings)		✓	Verbal	Matrix	SC

11:30 ITEMS FOR INFORMATION

22. Any other business

To consider any matters which, in the opinion of the Chair, should be considered as a matter of urgency

For Reference

Presented by Sheila Childerhouse

23. Date of next meeting

To NOTE that the next meeting will be held on Friday, 24 May 2019 at 9:15 am in Quince House, West Suffolk Hospital.

For Reference

Presented by Sheila Childerhouse

RESOLUTION TO MOVE TO CLOSED SESSION

24. The Trust Board is invited to adopt the following resolution:

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

Presented by Sheila Childerhouse

25. Matters arising from previous meeting