NHS
West Suffolk
NHS Foundation Trust

Board of Directors (In Public)

Schedule	Friday, 29 Mar 2019 9:15 AM — 11:30 AM GMT
Venue	Northgate Room, Quince House, WSFT
Description	A meeting of the Board of Directors will take place on Friday, 29 March 2019 at 9.15 in the Northgate Room, 2nd Floor Quince House, West Suffolk Hospital, Bury St Edmunds
Organiser	Karen McHugh

Agenda

AGENDA
Presented by Sheila Childerhouse

Agenda Open Board 29 Mar 2019.docx

9:15 GENERAL BUSINESS
Presented by Sheila Childerhouse

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

   Apologies: Angus Eaton
   For Reference - Presented by Sheila Childerhouse

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

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

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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 01 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 Mar '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.docx

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

   Item 9 - Board report Cover sheet - M11.docx

   Item 9 - Finance Report February 2019 FINAL.docx

10:20 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

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

    Item 10 - Board Report - Staffing Dashboard - February 2019 data.doc

    Item 10 - WSFT Dashboard - Feb 2019.xls

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11. Education report
    To accept a report, including undergraduate training
    For Report - Presented by Jan Bloomfield

    Item 11 - Education report Trust Board March 19.docx

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12. National staff survey report
    To approve the report and recommendations
    For Report - Presented by Jan Bloomfield

    Item 12 - National Staff Survey Report Trust Board March 2019.doc

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13. Healthcare worker flu vaccination report
    To receive the report
    For Report - Presented by Jan Bloomfield

    Item 13 - Healthcare Worker Flu Vaccination Report cover sheet.doc

    Item 13 - WSH Report - Flu Campaign 2018-2019.docx

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

    Item 14 - Consultant appointment board report - March 2019.doc

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

11:00 BUILD A JOINED-UP FUTURE

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

Item 16 - Alliance March cover sheet for WSFT Board V1.doc

Item 16 - WSFT Alliance update paper 29March2019.doc

11:20 GOVERNANCE

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

Item 17 - TEG report.doc

18. Charitable Funds report
To receive the report
For Report - Presented by Gary Norgate

Item 18 - Charitable Funds Board Report 29th March 2019.doc

19. Council of Governors report
To receive the report
For Report - Presented by Sheila Childerhouse

Item 19 - CoG Report to Board March 2019.doc

Item 19 - CoG Report Annex A Governors Code of conduct 2019 DRAFT.pdf

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

Item 20 - Items for next meeting.doc

11:30 ITEMS FOR INFORMATION

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

22. Date of next meeting
To NOTE that the next meeting will be held on Friday, 26 April 2019 at 9:15 am in Quince House, West Suffolk Hospital.
For Reference - Presented by Sheila Childerhouse

RESOLUTION TO MOVE TO CLOSED SESSION

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

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For Approval

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MINUTES OF BOARD OF DIRECTORS MEETING

HELD ON 1 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		
Nicola Lambert	Rheumatology Nurse Specialist		
Tara Rose	Head of Communications		
Kate Vaughton	Director of Integration and Partnerships		
Governors in attendance (observation only)			
Robin Howe, Jo Pajak, Florence Bevan, Amanda Keighley, Jane Skinner, Peter Alder, Judy Cory, Justine Corney, Liz Steele			

Action

GENERAL BUSINESS

19/27 INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies for absence were noted as above.

The Chair welcomed everyone to the meeting and was particularly pleased to see the number of governors in attendance.

19/28 QUESTIONS FROM THE PUBLIC RELATING TO MATTERS ON THE AGENDA

- John Ellison, west Suffolk resident, commented that he had a problem with opening part two of the papers for this meeting as the pages came out half size. It was explained that if these were saved as a pdf they would then open as a full size document.

  He noted that cumulatively the WSFT was owing £89.3m at the of January and asked what the practical implications to the organisation were. He also asked what the control total for next year would be. It was agreed that these would be addressed under agenda item 7.

  He referred to the two week wait for breast cancer and noted that in January 2018 the target was achieved in over 97% of patients, however performance in December 2018 was only half of this figure and in January 2019 it was 72.1%.

He also noted the considerable increase in the waiting list over 18 weeks since January last year, particularly over the past few months. Helen Beck said she would comment on the above two observations under agenda item 8.

- Joe Pajak referred to the Chief Executive's report and asked what percentage of staff had received flu jabs and whether this met the national expectation. The Chief Executive reported that just over 75% of staff had had a flu jab. Jan Bloomfield said there would be a more detailed report at the next board meeting. She confirmed that WSFT had met the national target of 75.1% of staff, which was a very good achievement and the highest it had ever achieved. The Trust was now trying to understand why people had not had their flu jab. **J Bloomfield**

  Nick Jenkins reported that the flu vaccine had been effective this year; however the worst cases that had been seen were in younger people.

- Florence Bevan commented on the amount of information and detail that was in the integration quality and performance report (item 8).

- Liz Steele thanked the Chief Executive for mentioning the governors in his report and said that they aspired to support the hospital in every way they could.

  She also said that she would not have been able to keep her husband at home during his illness if it had not been for the support of community services and everyone connected to those teams. She thanked everyone for their support during this time, particularly Rowan Procter. The Chair said that this illustrated that WSFT was about supporting families as well as treating the acute patient.

19/29 REVIEW OF AGENDA

The agenda was reviewed and there were no issues.

19/30 DECLARATION OF INTERESTS

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

19/31 MINUTES OF THE MEETING HELD ON 25 JANUARY 2019

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

19/32 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following comment made:

Item 1667; agreed to work with ESNEFT to develop a shared briefing for governors. Richard Jones reported that he had raised this with ESNEFT and if it was not possible to develop a shared report WSFT would continue to brief its own governors. Gary Norgate considered that it was important to produce a combined briefing so that everyone received the same information and message. Richard Jones would follow this up with ESNEFT. **R Jones**

The completed actions were reviewed and there were no issues.

19/33 CHIEF EXECUTIVE'S REPORT

The Chief Executive reported both January and February had continued to be busy months.

In January there had been an 11.6% increase in attendances, ie 10.1% increase year to date, and a 10.3% increase in admissions in the month. As a result a large number of escalation beds were open in the hospital and staff were working extremely hard.

The Trust was already thinking about plans for next winter and had agreed with the CCG, GPs and community services that the focus should be on trying to prevent attendances and admissions and working with care homes, community teams and the rapid intervention vehicle (RIV).

A never event had been reported in February which was very disappointing; a full investigation was being undertaken.

Alan Rose asked if the better weather during the last two weeks had helped to reduce pressure on the hospital. Helen Beck said that it had been possible to close one escalation ward yesterday and emergency department performance was over 95% on most days and had been over 95% for last week. There continued to be a high volume of attendances and admissions but reduced length of stay.

Gary Norgate commented on the amount of media coverage the Trust had received about Medic Bleep and said that everyone should be very proud that WSFT was piloting this. The Chief Executive agreed and credited Tara Rose and her team for this coverage. He also commented on the recent coverage by Sky News which told things as they really were, ie how busy and challenging it was.

The Chair asked for a comment on the recent MHRA inspection. Nick Jenkins reported that the MHRA had visited the Trust last week. There was a new inspector who would also be inspecting the other organisations in the NEESPS partnership. He did not identify anything that was not already known about which was reassuring. The inspector commented on the progress that had been made, and particularly commended the quality of the lab validation of Haemonetics which was about to be launched. There was still a lot of work to be done and progress was not as the Trust would wish and was still under the remit of the implementation action group, however overall Nick Jenkins considered this to have been a positive visit.

DELIVER FOR TODAY

19/34 INTERGRATED QUALITY AND PERFORMANCE REPORT

The Chair explained that there was a new way of presenting some of the data and asked for feedback on whether people found this helpful.

Rowan Procter referred to pressure ulcers and explained that nationally there had been a change to how these were described and that they would be categorised as 1-4, or uncategorised if it was not possible to determine the grade of the pressure ulcer. They would no longer be categorised as avoidable or unavoidable. This would be all about learning which she considered to be a very positive change.

Alan Rose asked if this change meant that it would not be possible to compare against previous performance. Rowan Procter explained that how to present the data in a better format but still compare with a year ago was being looked at.

Alan Rose referred to the pressure ulcer statistical process control (SPC chart) and considered this to be a very helpful way of displaying data.

Rowan Procter explained that 80 additional beds had been opened, therefore pressure ulcer performance during this period was commendable.

The number of falls had increased but was still within the control limits. There had been an increase in the number of patients with multiple falls and patients who fell while in community assessment beds. It was explained that the least high risk decision had to be made about which patients were put in which beds, particularly when being moved into community beds.

All falls resulting in harm went through the root cause analysis (RCA) process and lessons learned.

There had been a significant increase in complaints in the month which was the highest seen in a number of years. 12 related to inpatients and the emergency department. A number of others were historical, ie two years old. Some correlated to the number of beds open but this would be monitored to see if it continued next month. Complaints were often because people had not been told they would have to wait or it not being explained what was going on and what was happening with their care.

Alan Rose asked if it was everyone's job in the emergency department to inform people about waits. Rowan Procter confirmed that it was everyone's job to communicate with patients and their relatives. Within the emergency department this was primarily the job of the floor co-ordinator but when it was very busy this did not always happen. Nick Jenkins explained that there was a board in the waiting areas which displayed estimated waiting times, however people were not seen in arrival order but in priority order which could cause issues if they were not aware of this.

Initial assessments for children in care were an ongoing problem and significant work was being undertaken with the local authority on pathways for this. Helen Beck explained that she was now overseeing this instead of Dawn Godbold and would be attending meetings which were also attended by the lead for this service. The Chair said that this was an important area which needed an integrated approach and there seemed to be a commitment from the local authority to address this. Gary Norgate requested a detailed report and action plan with realistic time scales as to when this could be achieved. **H Beck**

Kate Vaughton explained that there was one strategic lead for this which was a joint role which was not enough resource. Therefore the case had been made for a lead for each alliance as the children's agenda needed to mirror the adult agenda.

Rowan Procter explained that maternity services were undergoing a massive renovation but high standards of care were still being maintained. Caesarean section rates were lower than the national standard although showing as red. Every unplanned Caesarean section was reviewed by the governance team to ensure there were no themes, but none had been identified.

Richard Davies noted that action point 1670 stated that the action plan for neutropenic sepsis was included in this report, which was not the case. This would be circulated to board members. **R Procter**

He noted that the report stated that progress on discharge summaries remained steady but he was not convinced about this. He said that the SPC charts were very helpful in showing trends and asked if it this was possible for discharge summary data. **C Black**

Helen Beck explained that she had spoken to staff about completing discharge summaries and also providing education for junior doctors to help them understand how important these were and the information required.

Nick Jenkins reported that progress was being made on discharge summaries for elective patients but progress was not being made in two particular areas for non-elective patients and these two areas were now being monitored. The Trust's deputy chief pharmacist had presented WSFT's work on discharge summaries to a Cerner conference this week. Other Cerner sites were reporting that they were sometimes below 40% on discharge summaries. Nick Jenkins said that it was important to keep this in perspective while not being complacent.

Gary Norgate noted that when the organisation was under pressure an increase in red indicators was seen, ie complaints, nutrition assessments etc. He referred to the areas that were under performing and asked for assurance that when the hospital was under pressure people were more aware of the risks and the need for risk assessments. Richard Jones confirmed that this had been added to Datix which had highlighted a backlog for risk assessments. This had been reviewed by the corporate risk committee and the backlog would be addressed.

Rowan Procter explained that there was a daily 'safety huddle' with members of staff from across the organisation who reviewed all Datix entries that came in overnight and anything that required immediate action. Gary Norgate said that he was reassured by this discussion.

Gary Norgate referred to the recent mixed sex breaches. He acknowledged that this was very difficult to manage but asked if the decision that had been made was the right one and if there was any learning that could be taken from this. Rowan Procter explained that if one patient was put in the wrong area, every patient in that bay was counted as a breach. Often very difficult decisions had to be made in order to maintain safety at both the front and back door, even though they were not ideal. There was also a lack of staff awareness/understanding over where patients could be put in various areas, eg G9 where there were two individual bed spaces. These had now been identified for particular genders.

Helen Beck confirmed that staff were not aware that all patients would count as breaches if one patient was in the wrong area and education about this was now being undertaken.

Louisa Pepper said that the SPC charts were much clearer and enabled an understanding of what was really important and allowed a greater perspective of issues. She said it would be helpful to learn from the team what they would suggest as the next stage for this report. Craig Black explained that this would be discussed at the next scrutiny committee meeting as to how extensive the report should be, what it should focus on and how to gain assurance that other areas in the organisation not presented to the board were being managed. Jo Rayner, Head of Performance & Efficiency, would be attending the meeting to provide input and training. The Chair said that it would also be helpful to gain feedback from governors on the SPC charts.

C Black

Helen Beck reported that she had just received the February performance figure for the emergency department which was 88% compared to 85% a year ago. Taking into account the increase in activity this was good. Last week's performance was currently 97.54%.

Helen Beck referred to the significant reduction in performance against the two week wait for breast cancer symptoms. One of the key reasons for this was a 35% increase in the number of patients coming through this pathway which was above the Trust's ability to provide additional capacity. There was an action plan to address this and some improvement had been seen, however this could be due to a slight reduction in demand.

The Trust was also working with the CCG to look at referral pathways and demand management. She explained that WSFT had a low cancer pick up rate for breast services and inappropriate referrals needed to be addressed.

Richard Davies cautioned against the use of the phrase "inappropriate referrals" and asked if the Trust recognised that demand would continue to increase as there was a national drive for earlier referrals and a big pressure on primary care to do this. Kate Vaughton explained that the CCG had just signed off an education package for GPs to support them in this. Helen Beck acknowledged that this was an issue and confirmed that the Trust was looking at increasing capacity; however it would also require additional radiologists and other resources.

Overall cancer performance was 84.5% versus a target of 85%. The difference was due to one patient and some improvement was starting to be seen as detailed in the report. Helen Beck was more confident about early escalation but could not provide total assurance about reacting to a peak in particular services and work continued across the system to look at streamlining referral pathways etc.

As reported last month there had been a seven week gap with access to the patient tracking list (PTL) which had resulted in a backlog on reporting referral to treatment times (RTT). However, Helen Beck thought that the number reported was adverse to what she believed this figure to be. Additional funding had now been received and from Monday there would be a team of six validators for a month to clean up the data, which meant that the areas that needed to be targeted could then be understood. She explained that 84% was not a real figure and at the end of March there would be a real figure that had been validated. Good progress was being made on the longest waiting patients and it was anticipated that there would only be one patient waiting over 52 weeks in April and it was out of the Trust's control to bring this patient in before then.

Alan Rose asked about the RTT target at the beginning of the year and if the Trust was under pressure to achieve the target by the end of the year. Helen Beck said that there was a target but this would be extremely challenging to achieve; however, the incomplete total waiting list size does need to be the same or less than that it was in March 2018. She said that performance this year was disappointing but there were no financial penalties for not achieving the target.

Gary Norgate referred to the problems with RTT and the increase in elective and non-elective activity which was affecting indicators such as nutrition assessments etc. He asked what steps were being taken to balance patient experience, eg RTT and waiting times versus safety measures. Rowan Procter explained that quality had gone down but a safe level of care was being maintained.

Helen Beck explained that this winter the Trust had managed to continue its non-cancer elective programme, which it had not done last year. She stressed that this had been risk assessed on a regular basis and the ability to safely staff the elective programme. Staff availability had been looked at if the elective programme was stopped; however the effect that cancelling elective surgery would have on patients also needed to be taken into account.

The Chief Executive stressed that the organisation was very focussed on safety but also the importance to patients to have their elective surgery. Gary Norgate noted that elective surgery was currently significantly ahead of plan. It was explained that this was due to phasing and also the Trust's ability to continue elective surgery during the winter pressures period.

19/35 REVIEW OF CANCER PATHWAYS AND ACCOUNTABILITY

The board noted the content of this report and discussions that had already been had in this meeting.

Helen Beck explained that a steering group had been set up and there was increased scrutiny and governance with more senior focus. Alan Rose asked if this group would be ongoing or if it was a task and finish group. Helen Beck confirmed that this would be an ongoing group.

The Chief Executive considered this to be a good report and noted the focus on cancer and commended Helen Beck and her team for this. He also noted the focus of the STP on the cancer strategy and collaboration on this. It was expected that there would be more focus and details through the long term plan.

Kate Vaughton reported that she has spoken to Richard Watson about accessing additional funding for further GP support.

19/36 FINANCE AND WORKFORCE REPORT

Craig Black reported that the Trust was ahead of planned financial performance in month but slightly behind year to date, however it was still forecasting to achieve the control total. The most notable feature was an increase in spend on agency nurses, which in January was £322k in the hospital and £25k in the community; nearly double the amount spent in December. This was a reflection of the organisation being under pressure but it needed to try to maintain control on agency spend and had been able to close an escalation ward yesterday.

He explained that the control total for next year was breakeven and the Trust had indicated that it was agreeable to this but was still working through details with the CCG. In agreeing to this control total there would be extra funding and additional support relating to pricing etc. There would be a significant injection of additional cash into the organisation but the Trust would also need to improve from a deficit position to a breakeven position; therefore there would not be the ability to spend the additional money.

Craig Black referred to the level of borrowing and explained that WSFT and every other acute hospital was having to borrow money from the Department of Health as it was not adequately funding acute hospitals. The consequence of this was that interest had to be paid on the money borrowed and in theory the loan had to be repaid, although there was no realistic prospect of being able to repay £89m of borrowing. Discussions were being had within financial communities across the NHS about what could be done about this.

Alan Rose referred to agency staff and asked about employment of medical agency staff. Craig Black confirmed that this included junior doctors. Nick Jenkins explained that there had been a step change last August and WSFT had been allocated fewer trainees than previously. This was particularly key to the emergency department where middle grade doctors were present 24/7 and the number required had been doubled over night to manage performance in this area. The Trust continued to try to reduce agency staff for both consultants and junior doctors. This situation could change again next August as it was not known what the allocation would be, however compared to most organisations WSFT was in a very good position

Craig Black said that in the long term there was no real solution to the shortage of junior doctors. Therefore the Trust had to try to diversify the workforce away from junior doctors, eg Advanced Clinical Practitioners (ACPs), Advanced Nurse

Practitioners (ANPs) etc.

Gary Norgate asked about cash flow which was below plan and if the board should be concerned about cash flow taking into account the need to pay interest on borrowing. Craig Black explained that the cash position would not get close to zero until the end of the financial year as there was an arrangement with the CCG to front load payments. Therefore there was a borrowing facility in place for this March but it would be a problem next March. Cash flow was always a concern and took up a lot of the finance department's time.

Gary Norgate was pleased to see a year on year decrease in extra sessions and over the last three months, but asked why this was happening when demand was so high. Nick Jenkins acknowledged that this was a concern and explained that it could be to do with the tax implications as a result of the changes to the pension rules; therefore some consultants were trying not to increase their income. He also explained the increment system for consultants which was five yearly and could also be having an effect. How to manage this had been discussed by the executive team and with the clinical directors. Jan Bloomfield said they were looking at bringing in a financial advisor to speak to consultants to help them understand the situation and make the right decisions.

Helen Beck agreed but said there were also other contributing factors such as additional substantive appointments reducing the number of extra sessions required, eg in dermatology.

This would continue to be focussed on to ensure that it did not start to impact on RTT.

36.1 MANDATORY TRAINING REPORT

Jan Bloomfield explained that this was another example of the effect of winter pressures. She assured the board that this was being closely monitored and an improvement was expected over the next few months.

The Chair stressed the importance of inductions as it helped staff across the Trust feel part of one organisation.

Louisa Pepper referred to conflict resolution training and the increased risk of assaults and abuse on staff. Jan Bloomfield explained that was an ongoing issue as the training was a four hour session therefore it was a challenge to release staff. She said that dementia training was also very important as most inpatient violence was due to dementia and people with cognitive impairments. The restrictive physical intervention (RPI) team was also now in place and provided support to staff 24/7.

Rowan Procter explained that a report giving the breakdown of the clinical cause for violence and abuse would be going to the Health and Safety Committee.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

19/37 NURSE STAFFING REPORT

Rowan Procter explained that changes in nurse sensitive indicators, eg medication errors, were not all due to staffing levels. All medication errors were discussed with the individual involved to understand why this had happened.

Pressure ulcers in the Bury Town community health team appeared to be quite high and there were a number of possible reasons for this.

Gary Norgate said that the nurse sensitive indicators were very transparent but noted that where these changed there appeared to be a correlation with staff shortages. He asked if there was a system wide approach to this that WSFT should be adopting. Rowan Procter explained that the Trust was working with STP and nationally on safer staffing and the future workforce. She explained that this was not just about registered nurses but also about nursing assistants.

Pressure ulcers and falls were expected to reduce when bay based nursing was fully implemented. She explained that there was a considerable length of time between a newly registered nurse joining the Trust and becoming fully competent in practice; this was similar with nursing assistants becoming fully competent and independent.

Craig Black explained that as a country UK trained fewer nurses and doctors, therefore work was being undertaken with education to provide students with different choices. Rowan Procter reported that WSFT was working closely with West Suffolk College and if students qualified they would automatically be given a job at WSFT. The removal of the bursary was also being looked at and whether this should be reversed. Currently a nurse's income when they qualified would not outweigh the debt from training.

Jan Bloomfield said that the long term plan had set out a workforce strategy for the NHS. It had been recognised that international recruitment was the way to bridge the gap and Matt Hancock had asked for a report by the end of April about how there could be a Department of Health led recruitment campaign internationally to address staffing issues.

The Chief Executive said that in the meantime WSFT's international recruitment was starting to make a difference.

Gary Norgate referred to roster effectiveness and noted 16 wards had over 20% ineffective time. He asked if study leave and annual leave was being managed effectively over the winter months. He also asked what this would look like if agency staff, unpaid sick leave and study leave were taken out and the amount of time nurses spent nursing rather doing other things.

Rowan Procter explained that the Trust was trying to make more use of Healthroster to look at effectiveness but if staff were moved around they were not always moved on Healthroster. Therefore planned staffing and actual staffing could change on a daily basis. This report was currently being developed to make it more real and help to understand annual leave, sick leave, study leave and how it related to effectiveness. She proposed going through the first draft of this report with Gary Norgate before it went to the board. **R Procter**

Jan Bloomfield explained that every week the Healthroster team met with the operational managers and matrons to look at the six weeks ahead and effectiveness. Craig Black said there was a need to look at how effectively staffing was planned; annual leave should ideally be evenly spread, sickness as low as possible and study leave appropriate. Each of these needed to be looked at in isolation by division, if appropriate.

19/38 QUALITY AND LEARNING REPORT

Rowan Procter explained that this was learning from different areas, as detailed in the report. The learning from deaths review was being looked at as this had identified the importance of working with the patient and family when it was recognised that end of life care was most appropriate for the patient.

Richard Davies considered this to be a very good report and that there was an emphasis on learning across the organisation.

19/39 GENDER PAY GAP REPORT

Jan Bloomfield introduced Denise Pora, deputy director of workforce who had produced this report.

The Chair said that the board needed to concentrate on the things that WSFT could do as an organisation but there were also a number of issues under the control of wider society.

Craig Black noted the improvement and asked if there was anything that the Trust had done to drive this or if this was just something that had happened. Denise Pora said she thought that this was something that had happened. The biggest improvement was the bonus median pay gap for clinical excellence awards (CEAs). When looking at the detail this was not a conscious decision but a change in balance of the gender of people receiving different levels of the award. She said that appendix A was the most important information for the board to monitor in terms of gender and the level of clinical excellence awards.

Jan Bloomfield explained that the gender pay gap had allowed discussions with consultants about the employer based awards committee (EBAC) and ensuring there was no gender bias.

Alan Rose asked if WSFT was in line overall with other NHS organisations. Denise Pora confirmed that last year this was the case, however most other organisations had not yet submitted their reports for this year. Jan Bloomfield explained that it was difficult to make exact comparisons as organisations reported in different ways. NHS Employers would be producing a report on this and details of would come back to the board. **J Bloomfield**

The Chair said that whilst it was understood that there were a number of things that were out of WSFT's control, there was a need to be assured that people were supported and able to progress as their careers developed within the Trust.

The Chief Executive considered this to be a very good report and thanked Denise Pora for all her work on this. He proposed that this report should be taken to the next EBAC meeting. **J Bloomfield**

19/40 STAFF SUPPORTERS

Jan Bloomfield reminded the board that Angus Eaton had expressed concern about the number of referrals going through to Nick Finch. This report had been produced to provide an explanation of the other areas of support available to staff.

Denise Pora explained that a number of staff had volunteered to take on these roles. A real effort had been made to promote this to staff including posters around the hospital and in the community so that everyone was aware of the support that was available.

The Chair suggested that people should also be made aware of all the various routes by which their voice can be heard including the senior independent director (SID). Also ensuring that, where appropriate, they first take issues through the management route

The Chief Executive asked how many people had attended the tea and empathy sessions and how many staff were on the rota. Denise Pora explained that there were approximately 20 people on the rota; there had not been a large number of people taking this up but it was not known how aware staff were of this support facility.

19/41 CONSULTANT APPOINTMENT REPORT

The board noted the appointment of the following:

Dr Seth Dockrill, Consultant in Cardiology
Dr Ioannis (John) Kolovos, Consultant in Radiology (part time)

Jan Bloomfield explained that both these specialties were difficult to recruit to therefore it was good to be able to attract people to work at WSFT.

19/42 PUTTING YOU FIRST AWARD

Jan Bloomfield reported that there had been two nominations for Putting You First awards this month; Laura Cardy, critical care nurse and Aaron Thompson, apprentice nurse.

Laura had been part of a working group set up to ensure community staff received training in deteriorating patient and sepsis. She had been fantastic at working with the team, creating the learning content and delivering the training. This would have a huge impact on service delivery and keeping people safer. Staff would be more equipped to recognise sepsis in the community and know what to do to ensure a fast efficient response as well as knowing how they could assist the emergency teams to ensure all information was shared

Aaron Thompson joined WSFT as a bank porter; he was smart, polite, helpful and interested in the job in hand, carrying out his duties conscientiously. He was keen to progress and broaden his horizons and moved into the emergency department as a carer. An opportunity then became available to for him move to the Wedgwood Unit as a support worker, following which he moved to the theatres team. He recently became an apprentice nurse, studying at UEA.

His nomination said. “Where to next, I wonder? Aaron is a stable character who sees things through. My forecast for him? A bright future with the NHS!”

The board congratulated both Laura and Aaron and for their commitment to the organisation.

Jan Bloomfield noted that Aaron was an example of how the Trust supported people to develop their career within the organisation. Nick Jenkins reported that Aaron had recently taken a day’s leave to attend a Cerner conference; both he and Helen Beck had been very impressed by this.

19/43 AVOIDING TERM ADMISSIONS TO THE NEONATAL UNIT

Craig Black explained that if the Trust delivered the high impact improvements to its maternity services, as well as improving patient experience and safety it would receive a rebate from its insurance premium. He stressed that WSFT did not have a problem with term admissions to the neonatal unit, however there was still room for improvement.

The board approved the action plan and to delegate authority to the Scrutiny Committee to review future returns as part of the maternity incentive scheme.

BUILD A JOINED UP FUTURE

19/44 COMMUNITY SERVICES AND WEST ALLIANCE UPDATE

Kate Vaughton explained that there would be a change in leadership of the STP and that the process for appointing an independent chair would be led by Sheila Childerhouse. Ed Garrett had been asked to step into an executive role and the formal recruitment process for a new accountable officer was about to commence.

A review was being undertaken across the three Alliances to ensure that the governance required was understood and in place for more partnership working. The management of estates across the system was also being looked at and Jacqui Grimwood had been appointed as the estates lead for West Suffolk.

The mental health strategy had been signed off. How services could be provided differently and the potential model for commissioning was now being looked at.

An engagement session had recently taken place with voluntary services to look at how working together with the Alliance could be improved.

This afternoon there would be a session with the Kings Fund on Buurtzorg and the new senior clinical lead would be working with the Buurtzorg locality team on how to take this forward. A joint board session with the CCG would then take place to look at this work.

The new primary care contract included a greater requirement for partnership and joint working. GPs were now in the process of agreeing with neighbouring practices on how they might work together.

There were a number of initiatives on demand management and the rapid intervention vehicle (RIV) had been particularly successful.

Rowan Procter reported that she would be attending a meeting to consider how to support patients with long term conditions.

The Chief Executive referred to the named leads for each of the six localities and the requirement for a named clinical lead from each primary care network and asked if there was any insight into this. He proposed that there should be discussions with the CCG and system executive group (SEG) about encouraging GPs to work with neighbouring practices. The Chair proposed highlighting the advantages to GPs in co-aligning with other practices. Kate Vaughton agreed and explained the proposals for doing this.

Gary Norgate noted the ongoing issues with IT in the community and that this had been raised as an issue at the last meeting of the Council of Governors. He was concerned that one of the issues preventing the implementation was the contracting issues with North East London Commissioning Support Unit (NELCSU) and asked what work was being undertaken to address this. Craig Black confirmed that this had been raised with the CCG as the lead contractor for provision of IT services in the community. Further discussions would be taking place to see if it was possible to break the contract as the service was wholly unacceptable and should mean a breach of the contract. If this was not possible then how performance could be driven to improve would need to be looked at.

The Chair said that the level of service being provided was totally unacceptable and asked for a report to come back to the board on this. **C Black**

The Chief Executive agreed and apologised to community staff and said that IT services in the community should have improved. He was concerned that the majority of community staff were not aware of what the Trust was trying to do on this. Kate Vaughton said that despite the issues with IT, this was a very good example of staff working together without IT.

GOVERNANCE

19/45 TRUST EXECUTIVE GROUP REPORT

The Chief Executive explained that there was an ongoing focus on Brexit planning. There had also been a discussion about decisions on waivers.

19/46 AUDIT COMMITTEE REPORT

Gary Norgate explained the changes in accounting policies, going concern and significant accounting estimates. The board approved the 2018/19 Trust accounts being prepared on a going concern basis.

46.1 Standing orders, standing financial instructions and accounting policies

The board approved the revised standing financial instructions, scheme of reservation and delegation and standing orders.

It was explained that the Council of Governors had also approved the revised documents and the amendments would be incorporated in the Trust's constitution and submitted to the regulator. **R Jones**

46.2 Charitable funds annual report and accounts

Gary Norgate asked the board to note the Charitable Funds annual report which was attached for information. These were in good order with an increase in legacies.

19/47 AGENDA ITEMS FOR NEXT MEETING

The scheduled agenda items for the next meeting was approved.

ITEMS FOR INFORMATION

19/48 ANY OTHER BUSINESS

There was no further business.

19/49 DATE OF NEXT MEETING

The next meeting would take place on Friday 31 March at 9.15am in the Northgate Room, Quince House, West Suffolk NHS Foundation Trust.

RESOLUTION TO MOVE TO CLOSED SESSION

19/50 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 – 29 March 2019

Agenda item:	6			
Presented by:	Sheila Childerhouse, Chair			
Prepared by:	Richard Jones, Trust Secretary & Head of Governance			
Date prepared:	22 March 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		HB	26/04/19	Green
1674	Open	25/1/19	Item 16	Agreed to provide update on the Alliance ambitions transformation plans and integrate this within the quarterly transformation report		KV / HB	26/04/19	Green
1686	Open	1/3/19	Item 11	Nurse staffing report to be developed within engagement from Gary Norgate	Review meeting taken place	RP	26/04/19	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	29/03/19	Green
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	RJ	26/04/19	Green

Closed actions

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1668	Open	25/1/19	Item 7	Joint workshop with Board and Governors to discuss strategy and operational plan for 2019-20	Date confirmed for 13 March 2019	RJ	01/03/19	Complete
1673	Open	25/1/19	Item 10	Schedule an update on the Buurtzorg test and learn, including staffing position	**AGENDA ITEM** - Buurtzorg update slides included in the Alliance report	KV	26/04/19	Complete
1681	Open	1/3/19	Item 7	Detailed flu immunisation report to next meeting	**AGENDA ITEM**	JB	29/03/19	Complete
1682	Open	1/3/19	Item 8	Provide a recover trajectory and plan for children in care services	**AGENDA ITEM** - IQPR	HB	29/03/19	Complete
1683	Open	1/3/19	Item 8	Circulation the action for neutropenic sepsis	**AGENDA ITEM** - IQPR	RP	29/03/19	Complete
1684	Open	1/3/19	Item 8	Apply an statistical process control (SPC) chart to the discharge summary performance	**AGENDA ITEM** - IQPR	CB	29/03/19	Complete
1685	Open	1/3/19	Item 8	Report to Scrutiny Committee on the plan to implement the 'plot the dots' initiative for the IQPR, including SPC charts	Report presented to Scrutiny Committee on 13/3/19 - approved initial metrics with dual reporting to Board	CB	10/04/19	Complete
1687	Open	1/3/19	Item 13	Include the gender pay gap report as an agenda item of the next EBAC meeting. Also agreed to circulate the NHS employers report to the Board when received.	Included in the EBAC meeting reporting schedule. The NHS employers report is not yet available but will be circulated when published.	JB	29/03/19	Complete

7. Chief Executive’s report

To ACCEPT a report on current issues from the Chief Executive

For Report

Presented by Stephen Dunn

Board of Directors – 29 March 2019

Agenda item:	7			
Presented by:	Steve Dunn, Chief Executive Officer			
Prepared by:	Steve Dunn, Chief Executive Officer			
Date prepared:	21 February 2019			
Subject:	Chief Executive's Report			
Purpose:	X	For information		For approval

Executive summary:

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

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

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

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

Recommendation:

To receive the report for information

Chief Executive's Report

As you already know, **Jan Bloomfield**, executive director of workforce and communications will be retiring this month. We couldn't let 'our Jan' go without a fanfare – she likes to trumpet - and so in her honour we have been gathering together throughout the month to celebrate what a West Suffolk treasure she is! I will say a little more at the Board and at her leaving do. But one of Jan's major contributions to our Trust has been helping to create the quality focused culture at West Suffolk. Once again the recently published 2018 NHS staff survey highlights this.

In the **latest NHS staff survey** we were ranked as the best Trust in the Midlands and East and the fourth best Trust nationally by the Health Service Journal in terms of engagement, i.e. in terms of whether our staff liked working here, would recommend their friends and family and that they feel empowered. Our staff have rated the Trust the best general acute in the country for giving staff control and choice over how they do their work. The Trust scored the highest rating in the country (61.1%) against other acute hospital trusts in England on this question, coming in well above the national average of 54%. The report also highlights that staff feel more supported and better valued by their managers than in the previous year: ratings have improved for staff getting support from their immediate manager (up 2.5%); getting clear feedback on their work (up 2.1%); being asked for their opinion before changes are made (up 2.9%); and for feeling like their manager values their work (up 1.4%).

We are delighted to have maintained our excellent staff survey results. We work hard to make sure that WSFT is a happy, healthy environment for our staff to work. We know that staff that feel engaged, happy and supported at work provide the best care, so we look very carefully at our staff survey as an indicator of the quality of care we give to our patients. That said we cannot be complacent, and there are areas where we need to improve. Our focus this year will be around reporting issues, whether actual or near-misses, creating a compassionate and inclusive culture, and ensuring leadership is visible and supportive across the organisation. Jan helped launch the *Freedom to Speak, Freedom to Improve* campaign. And we will further supercharge this in Jan's honour.

Jan has also been a champion of teaching and training at the Trust and we are delighted that the new accommodation is just recently opened, that it looks fantastic and that we will be naming the blocks after Jan and other long serving West Suffolk heroes who have been big supporters of our staff, Nigel Beeton and Dr John Clark. Nigel has been instrumental in our achieving Imaging Services Accreditation Scheme (ISAS) accreditation, which still only a small number of trusts have achieved. John, who is a mean tennis player, has been central to the stewardship and expansion of the Cambridge Graduate Medical Programme, which doubles in size this year. What is more in naming the blocks after Jan, John and Nigel we will have our own BBC in Bloomfield, Beeton and Clark blocks! Can I also say a big thanks to the Estates and Facilities team and Jacqui Grimwood and Tony Floyd who have done an amazing job in ensuring that a great job has been done which will massively help with recruitment and retention and teaching and training.

We are also delighted that the **Student Nursing Times Awards 2019** has shortlisted us in the Student Placement of the Year: Hospital category. Students about to progress into their third year are given the opportunity to be linked with a senior member of staff, for example a senior matron, for support and advice as they start to plan their future career pathway. The education team has also created a peer mentor scheme, where students get to meet each other confidentially to discuss their experiences and take ownership of their acute setting learning experience, feeding back with any concerns or particular comments about their placements to the education team. This is fantastic recognition for our clinical education team and is very well deserved!

As another example of how our staff go the extra mile I am humbled to say that once again the **National Hip Fracture Database** (NHFD) has rated our Trust as the top hospital in England, Wales and Northern Ireland for meeting best practice criteria for patients treated for a hip fracture.

The Trust achieved 93.6% against the best practice criteria in 2018, against an average of 58.7%. A multidisciplinary staff team, including doctors, specialist nurses, trauma practitioners, and orthopaedic, elderly medicine, and rehabilitation teams, ensures the patient is identified as soon as they attend the emergency department. This progressive, integrated team works closely together to identify the care and ongoing rehabilitation needs of each patient, ensuring they receive the best standard of care as soon as possible. While I am talking about surgery I also want to call out and say thank you to the surgical and anaesthetic teams who with our magnificent IT team have gone live with a new eCare theatres module. It has been another example of a Digital Exemplar walking the talk. Thank you especially to Stephen Colman and Dr Maryam Jadidi who have provided such leadership.

Jan has also been a champion of our volunteers and loves the annual volunteer tea party. This month we celebrated the first anniversary of our wonderful **discharge waiting area (DWA) volunteers**, who have already given more than 400 hours of their time to the DWA and interacted with more than 1,000 patients. Having volunteers to assist us on the unit has a massive impact on patient experience. On busy days the volunteers have time to sit with anxious patients and be a source of support. They keep all the patients topped up with tea and biscuits and they have become valuable members of our team, providing us all with support and friendship. Volunteers really enjoy their role and love sitting and chatting to patients, commenting: “It’s nice to give something back.” They are highly valued and patients often comment on how friendly and helpful they are, and how they help to make their experience in the DWA a good one.

Nutrition and Hydration Week has been running since 2012 to highlight and educate staff and patients about the value of food and drink in maintaining health and wellbeing in health and social care. Organisations from all areas of health and social care around the world take part. This year the Trust’s dietitians, along with the nursing and catering teams, got involved with stands in Time Out on the following themes:

- **MUST Monday** – promoting the Malnutrition Universal Screening Tool (MUST) and nutritional care plans
- **Thirsty Thursday** – promoting the importance of hydration and recording fluid balance
- **Fruity Friday** – promoting the importance of fruit as part of a healthy balanced diet.

Our community dietetic team has been encouraging local nursing homes to participate in the week, reminding health and social care colleagues to use the Nutrition and Hydration Week packs that were produced for them last year, as well as highlighting the importance of MUST screening and encouraging sign up to our Trust’s free MUST training day.

We’ve heard this month that the Government is considering a review of some of our **national standards**. The four hour A&E target has transformed emergency medicine, and has been particularly helpful in supporting patient flow, however, it was introduced a number of years ago and it’s important for the NHS to consider wider metrics that will help NHS trusts improve patient care. I have appended a briefing from NHS Providers (Annex A) on this issue. The clinical review of the access standards, launched last week, contains a number of proposals that will now go through a trial and testing phase with a number of trusts, with full roll out anticipated later in 2019/20. We have shared that we’d support being a trial site for the emergency department measures.

Meeting the **four-hour A&E standard** is important to us, and we know it’s important to our community too. Despite us seeing and caring for more people, we are generally performing much better than last winter thanks to better preparation and planning, and to the incredible efforts of our staff. They continue to pull out all the stops to provide high-quality care to people, every day, and we remain above the national performance average as a result at 88.0% for February 2019.

Overall in terms of **February's quality and performance** there were 54 falls and 34 Trust acquired pressure ulcers with four cases of C. difficile. We failed to deliver on the target for three areas: 2 week wait breast symptoms with performance at 82.0%; 62 day GP referrals with performance at 82.5%; and incomplete 104 day waits with 1 breach reported. The 4 hour wait performance for the emergency department for February was 87.9% with attendances continuing at an increased level year-on-year level. Referral to treatment for February was 83.6% with seven patients waiting longer than 52 weeks for treatment.

The **month eleven financial position** reports a deficit of £9.0m which is £0.3m worse than plan. We agreed a control total to make a deficit of £13.8m which will provide PSF of £3.7m should ED and financial targets be met. Therefore, the Trust is now planning on a net deficit of £10.1m for 2018-19. In order to achieve the control total the 2018-19 budgets now include a stretch cost improvement programme (CIP) of £2.8m bringing the total CIP plan to £12.2m (5%).

As we do every year, we have **reviewed our car parking charges**. From 1 April, we are introducing a small increase to some of our rates, largely in line with inflation, and for day-parking this increase ranges from an additional 10p to 30p a day depending on the length of stay. No changes have been made to concessionary rates for carers, neo-natal patients, phototherapy patients, or cardiac patients, and an additional concession has been introduced, so that families collecting death certificates will not having to pay for their parking. Last year we froze a charge increase for staff, but as shared with staff at that time that we expected charges to rise annually, again largely in line with inflation, from this year and these changes will also come in on 1 April; this will only affect those staff who choose to park on site rather than use the free parking and shuttle bus we provide. All income from car parking helps us to make improvements, both to the car parks themselves in terms of improving road surfaces and lighting, and in reinvestments in our services – the money we make from car parking in a year is roughly equivalent to a ward's worth of nurses. We know that many people, rightly, feel very strongly about hospital car parking, and we do not take these decisions lightly.

With ongoing negotiates regarding **EU Exit** we continue to plan and prepare. Alex Baldwin and Barry Moss are doing a great job on this. As I mentioned in my Lent Lecture "Local Health Services in a Global World" at St Edmundsbury Cathedral we recognise the importance of our EU staff in the delivery of services both in the hospital and community and are very pleased to offer two important information briefing sessions for all of our EU employees. The purpose of these sessions is to provide vital information and support to all of our EU employees to apply for Settled Status, which will protect the right to live here, work here and access public services such as healthcare and benefits.

We have also reviewed the East Suffolk and North Essex Foundation Trust **(ESNEFT) strategy consultation** (Annex B) which sets out a five year strategy with its underpinning strategic objectives. The document reflects the merger of Ipswich and Colchester and sets out some of the future clinical strategies which we will need to ensure we actively engage with.

Chief Executive blog
At the forefront of digital technology in healthcare:
https://www.wsh.nhs.uk/News-room/news-posts/Goodbye-to-beeping-pagers.aspx

Deliver for today

World Hearing Day
Members of the audiology team organised an information event in the main reception area at West Suffolk Hospital. The team spoke to members of the public and staff about the importance of hearing health and regular hearing checks, as well as handing out information about local services that support people with hearing problems. World Hearing Day is an annual event that aims to raise awareness of hearing health and this year there was a particular emphasis on the importance of regularly checking your hearing. Early detection of hearing loss is crucial for its effective rehabilitation.

Invest in quality, staff and clinical leadership

Local students donate beautiful artwork
The Trust has been gifted a colourful new mural from some creative students at King Edward VI School, Bury St Edmunds. The group decided to create the mural for our staff and students to enjoy at the Drummond Education Centre as part of a sixth form art project.

Build a joined-up future

No Smoking Day
On 13 March we supported national No Smoking Day to help people think about quitting smoking. Our Trust is here for patients when they get ill, but we also want to play a part in preventing illness and helping our community to live long and healthy lives. We provided support stands, social media information and help guidance for staff and patients alike, and I hope it may have inspired some people to kick the habit! It's tough, as cigarettes are so addictive, but smokers are four times more likely to quit if they get medication and support than if they go it alone – which makes sense, lots of things in life are easier when we help each other and have advice and moral support.

Trust Recycling
We are keen to adopt further sustainable processes within the organisation, and waste management is just one of the areas with a sustainability focus. The objective of the Trust's waste policy is to reduce the impact of waste on the environment in relation to waste disposal, and between April and December 2018 we recycled 22% of our total waste. Our aim for the future is to achieve at least 30%.

Works at West Suffolk Hospital
The estates and facilities development team is currently undertaking the following works at West Suffolk Hospital.

- **Labour suite** - works to refurbish the existing labour suite are ongoing with phase one nearing completion. Phase two will follow immediately afterwards. The work will mean that the birthing rooms will have en-suites and the facilities in the area will be modernised to current standards. Phase one will be open for us late March

- **Acute assessment unit** - phase one has been completed and is in use, with phase two currently in progress. This will provide a brand new ward environment for acute assessment patients and will be open for use in August

- **Residences** - three brand new accommodation blocks located on the edge of car park C. This will provide purpose-built, up-to-date accommodation providing 160 rooms. The facility opened in March.

National news

Deliver for today

A teachable moment: delivering perioperative medicine in integrated care systems
This report showcases a number of innovative programmes in hospitals across England that are improving patient care before, during and after surgery. It highlights how integrated care systems can facilitate wider adoption of perioperative pathways of care.

Keeping kids safe: improving safeguarding responses to gang violence and criminal exploitation
This report estimates there are 27,000 children in England who identify as a gang member, only a fraction of whom are known to children's services. It recommends that the government needs to make child criminal exploitation a national priority, and lay out clear expectations about the role of all organisations working with children – including the police, schools, children's services and NHS bodies. There also needs to be more support from the NHS, including better mental health support for children at risk of gang membership and exclusion.

Invest in quality, staff and clinical leadership

Public satisfaction with the NHS and social care in 2018
This survey, written with the Nuffield Trust, shows that public satisfaction with the NHS overall continued to fall in 2018. The public are satisfied with the quality of care, the fact that the NHS is free at the point of use, the range of services and treatments available and the attitudes and behaviour of NHS staff. The four main reasons for dissatisfaction were long waiting times, staff shortages, lack of funding and money being wasted.

Beyond the high fence
This document is a joint publication by NHS England and Pathways Associates. It was co-produced with people with a learning disability and autistic people who are, or have been, in hospital and offers their views on what more needs to happen to improve quality of care and support people to make a successful return to their communities.

Sicker patients account for the weekend mortality effect among adult emergency admissions to a large hospital trust
Patients admitted to hospital on weekends are sicker than those admitted on weekdays. The cause of the weekend effect may lie in community services. (BMJ Quality and Safety)

New report focusses on design and implementation of patient safety alerts
The National Patient Safety Alert Committee should set standards for all issuers of patient safety alerts that require an assessment for unintended consequences, the effectiveness of barriers in the alert, and the advice the alert issuers give providers on implementation and on-going monitoring. This follows 32 cases of unintentional connection to air instead of oxygen supply in hospitals during 2018.

Bullying and sexual harassment 'endemic' in NHS hospitals
Data shows that reports of bullying and harassment in England rose from 420 in 2013-14 to 585 in 2017-18. The figures, obtained by the Guardian using a freedom of information request, showed that only a fraction of these cases led to dismissal or disciplinary action. (Guardian 24th Feb.)

Medscape Global Physician's Burnout and Lifestyle comparisons

This online survey of nearly 20,000 doctors looks at the differences in lifestyle of doctors in the UK, Europe and the US and assesses which doctors have the highest incidence of burnout and depression.

Build a joined-up future

Local system review: Reading
This report is one of 23 targeted local system reviews looking specifically at how older people move through the health and social care system, with a focus on how services work together. The reviews look at how hospitals, community health services, GP practices, care homes and home care agencies work together to provide seamless care for people aged 65 and over living in a local area.

How can you measure loneliness?
The Campaign to End Loneliness has produced new guidance on measuring loneliness, and measuring your service's impact on service- users' levels of loneliness. This guidance introduces three scales and the ways in which you can use them.

Vaping in England: an evidence update February 2019
Annual update of Public Health England's e-cigarette evidence review by leading independent tobacco experts.

Breaking point: the social care burden on women
This report sets out the challenges facing many women who are carers. The report shows how women are going above and beyond what should reasonably be expected to care for loved ones because they are unable to find good, reliable social care support.

Exploring dementia and agitation: how public policy needs to respond
With 850,000 people living with dementia in the UK, there is a significant need to understand how to improve the quality of life for them and their carers. This report summarises a number of key findings from the MARQUE (Managing Agitation and Raising Quality of Life in Dementia) project, led by Professor Gill Livingston from UCL. MARQUE is the largest-ever study involving people living in care homes.

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 – March 2019

Agenda item:	8			
Presented by:	Rowan Procter, Executive Chief Nurse Helen Beck, Interim Chief Operating Officer			
Prepared by:	Rowan Procter, Executive Chief Nurse Helen Beck, Chief Operating Officer Joanna Rayner, Head of Performance and Efficiency			
Date prepared:	March 2019			
Subject:	Trust Integrated Quality & Performance Report			
Purpose:	x	For information		For approval
Executive summary:	The attached report provides an overview of the key performance measures for the Trust. A detailed section is included from page 17 onwards.			

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

Trust ambitions	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
		x					

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

Recommendation:

The Trust Board notes the monthly performance report.

NHS
West Suffolk
NHS Foundation Trust

Integrated quality and performance report



Month Eleven: February 2019

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Putting you first

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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 February 2019 and there were 4 hospital attributable clostridium difficile cases within the month (*Exception report pg. 19)*. The trust compliance with decolonisation increased in February to 100%.

CAS (Central Alerting System) Open (PSAs) – A total of 59 PSAs have been received to date in 2018/9, with 13 in February 2019. All the alerts have been implemented within timescale to date.

Patient Falls (All patients) - 54 patient falls occurred in February 2019 which was a decrease from 81 the previous month. (*Exception report pg. 24,25)*

Pressure Ulcers- In February 2019, 34 cases occurred with a year to date total of 295. (*Exception report pg. 26,27)*

ARE WE EFFECTIVE?

Cancelled Operations for non-clinical reasons - The rate of cancelled operations for non-clinical reasons was recorded at 1.0% in February 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 100% in February 2019 compared to 82.8% in January 2019.

Discharge Summaries- Performance to date, whilst below the 95% target to issue discharge summaries, is showing an improvement (Non Elective Inpatients). A&E has achieved a rate of 84.0% in February 2019, whereas inpatient services have achieved a rate of 78.0% (Non-elective) and 84.6% (Elective). (*Exception report pg. 37).* Statistical process control charts are shown at pages 38-40.

ARE WE CARING?

Mixed Sex Accommodation breaches (MSA) – No Mixed Sex Accommodation breaches occurred in February 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 – February 2019 reported performance at 100% compared to 75.0% in January 2019. (*Exception report pg. 45)*

ARE WE RESPONSIVE?

A&E 4 hour waits – February reports performance at 87.9% with an 8.2% increase in attendances between February 2018 and 2019. (*Exception report pg. 49)*

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 February. These areas were cancer 2 week wait breast symptoms with performance at 82.0%, 62 day GP referrals with performance at 82.5% and incomplete 104 day waits with 1 breach reported in February (*Exception report pg. 53-55)*

Referral to Treatment (RTT) – The percentage of patients on an incomplete pathway within 18 weeks for February was 83.6%. The total waiting list is at 18,341 in February 2019, with 7 patients who breached the 52 week standard. (Exception reports at 50,51,58)

ARE WE WELL LED?

Appraisal - The appraisal rate for February 2019 is 76.0%. (*Exception report pg. 66)*

Sickness Absence – The Sickness Absence rate for February 2019 is 3.8%. (*Exception report pg. 65)*

2. INTEGRATED QUALITY & PERFORMANCE REPORT DASHBOARD

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

INTEGRATED QUALITY & PERFORMANCE REPORT			TRUST TOTAL														
Are we..	Ref.	KPI	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Av/YTD
1. Safe	1.01	CAS (Central Alerting System) Open	NT	0	0	0	2	5	3	4	5	4	7	8	8	13	59
	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%	97.6%	97.3%	98.2%	94.1%	95.1%	93.0%	93.7%	94.0%	96.0%	96.1%	94.4%	94.6%	95.2%	94.9%
	1.05	Clostridium Difficile infection - Hospital Attributable	15	0	2	1	0	0	1	1	1	1	2	0	0	4	11
	1.06	MRSA Bacteraemias - Hospital Attributable	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1
	1.07	Patient Safety Incidents Reported	NT	553	535	486	579	465	469	521	488	511	478	546	766	619	5928
	1.08	Never Events	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2
2.Effective	2.02	Canc. Ops - Cancellations for non-clinical reasons	1%	1.2%	0.9%	0.6%	0.8%	1.5%	1.8%	1.5%	1.2%	1.5%	1.3%	0.5%	1.0%	1.0%	1.2%
3. Caring	3.01	Compliments (Logged by Patient Experience)	NT	20	45	21	93	44	49	33	35	73	31	38	40	48	505
	3.02	Formal Complaints	20	19	9	13	13	11	20	9	10	8	10	6	27	18	145
	3.03	Mixed Sex Accommodation Breaches	0	0	1	0	0	1	0	0	0	0	0	0	28	0	29
	3.04	IP - Extremely likely or Likely to recommend (FFT)	90%	98.1%	98.0%	99.0%	99.0%	98.0%	99.0%	99.0%	99.0%	96.0%	98.0%	98.0%	98.0%	97.0%	98.2%
	3.05	OP - Extremely likely or Likely to recommend (FFT)	90%	96.2%	95.0%	97.0%	97.0%	97.0%	97.0%	98.0%	96.0%	96.0%	96.0%	97.0%	97.0%	97.0%	96.8%
	3.06	A&E - Extremely likely or Likely to recommend (FFT)	85%	94.9%	94.0%	94.0%	93.0%	94.0%	96.0%	95.0%	97.0%	96.0%	96.0%	97.0%	96.0%	97.0%	95.5%
	3.07	Maternity - Extremely likely or likely to recommend (FFT)	90%	93.0%	100%	98.0%	99.4%	96.7%	100%	95.0%	92.0%	100%	93.0%	100%	100%	100%	97.6%
	3.08	Community - Extremely likely or likely to recommend	80%	97.4%	96.0%	94.0%	98.0%	97.0%	90.0%	98.0%	95.0%	100%	100%	97.0%	98.0%	95.0%	96.5%
4. Responsive	4.01	A&E under 4 hr. wait	95%	85.2%	85.4%	84.9%	93.7%	93.9%	89.0%	87.6%	95.9%	93.3%	94.6%	91.4%	86.8%	87.9%	90.8%
	4.02	RTT: % incomplete pathways within 18 weeks	92%	89.6%	89.5%	90.4%	92.2%	91.4%	91.4%	89.3%	89.9%	90.2%	89.7%	88.3%	84.7%	83.6%	89.2%
	4.03	52 week waiters	0	13	24	19	14	10	9	10	2	7	6	10	7	7	101
	4.04	Diagnostics within 6 weeks	99%	99.8%	99.3%	99.7%	99.6%	99.8%	99.9%	97.6%	99.5%	99.0%	99.6%	97.1%	91.7%	92.2%	97.8%
	4.05	Cancer: 2w wait for urgent GP Referrals	93%	97.5%	94.7%	95.9%	94.9%	91.6%	97.6%	89.5%	80.9%	76.1%	89.8%	92.2%	93.4%	95.6%	90.7%
	4.06	Cancer 2w wait breast symptoms	93%	92.9%	86.7%	96.7%	82.6%	84.9%	92.8%	95.9%	93.9%	96.4%	76.7%	48.8%	72.1%	82.0%	83.9%
	4.07	Cancer 31 d First Treatment	96%	100%	100%	99.1%	100%	100%	100%	100%	100%	99.3%	100%	100%	99.2%	100%	99.8%
	4.08	Cancer 31 d Drug Treatment	98%	100%	100%	100%	100%	100%	100%	98.7%	98.5%	100%	100%	100%	100%	100%	100%
	4.09	Cancer 31 d Surgery	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94.4%	100%	99%
	4.10	Cancer 62 d GP referral	85%	79.8%	87.8%	93.3%	85.1%	86.5%	84.8%	89.9%	78.0%	80.6%	79.5%	78.3%	85.6%	82.5%	84.0%
	4.11	Cancer 62 d Screening	90%	85.7%	95.5%	72.7%	100%	100%	88.2%	100%	90.5%	80.0%	93.8%	87.9%	100%	100%	92.1%
	4.12	Incomplete 104 day waits	0	ND	ND	3.0	1.5	0	1.0	3.0	2.0	0	3.0	0	0	1.0	14.5

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INTEGRATED QUALITY & PERFORMANCE REPORT			TRUST TOTAL														
Are we..	Ref.	KPI	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Av/YTD
5. Well Led	5.01	NHS Staff Survey (Staff Engagement score -Annual)	NT	4.0%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	7.4%	NA
	5.02	Staff F&F Test % Recommended - care (Qrtly)	75%	NA	ND	NA	NA	95.0%	NA	95.0%	NA	93.0%	NA	NA	NA	91.0%	93.5%
	5.03	Staff F&F Test % Recommended - place to work (Qrtly)	75%	NA	ND	NA	NA	83.0%	NA	82.0%	NA	82.0%	NA	NA	NA	78.0%	93.5%
	5.04	Turnover (Rolling 12 mths)	<10%	8.7%	8.8%	8.4%	8.4%	8.5%	8.6%	8.6%	8.7%	8.0%	8.0%	8.0%	8.0%	7.0%	8.2%
	5.05	Sickness Absence	<3.5%	3.7%	3.7%	3.8%	3.8%	3.7%	3.8%	3.8%	3.9%	3.8%	3.9%	3.8%	3.9%	3.8%	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	306	373	331	196	330	433	507	393	381	620	500	637	330	4658
	5.08	Monitor Use of Resources Rating	NT	3	3	3	3	3	3	3	3	3	3	3	3	3	3
6. Productive	6.01	I&E Margin	Var	-2.6%	20.0%	-10.3%	-7.5%	-6.3%	-7.30%	-6.80%	-7.20%	-6.40%	-6.00%	ND	-6.10%	-5.80%	-7.0%
	6.03	Capital service cover	Var	0.07	0.68	0.48	1.64	-0.80	-0.93	0.87	-0.92	-0.63	-0.50	ND	-0.42	0.25	-0.96
	6.04	Liquidity (days)	NT	6.84	7.86	12.34	16.83	15.36	16.67	14.36	19.19	17.56	21.57	ND	15.86	15.18	16.49
	6.05	Long Term Borrowing (£m)	4	64.1	65.4	67.6	69.8	69.0	70.7	74.2	75.3	75.5	76.5	ND	85.5	87.7	75.2
	6.06	CIP (Variance YTD £'000s)	1.9	-469	-539	-54	-47	-75	-100	-120	-38	-28	-46	-53	-45	-48	-59.5
7. Maternity	7.01	Total number of deliveries (births)	210	211	206	198	203	201	172	208	208	224	202	209	179	172	2176
	7.02	% of all caesarean sections	<22.6%	17.1%	30.1%	28.2%	22.4%	18.2%	17.1%	17.0%	22.8%	22.7%	25.9%	25.4%	22.9%	20.3%	22.1%
	7.03	Midwife to birth ratio	1.3	1.29	1.29	1.30	1.30	1.30	1.30	1.30	1.30	1.31	1.29	1.30	1.28	1.26	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%	94.0%	97.0%	86.0%	85.0%	88.0%	94.0%	95.0%	93.0%	93.0%	94.4%	95.0%	96.0%	95.0%	90.2%
	7.06	Maternity SIs	NT	0	1	2	2	0	1	0	0	1	0	0	0	1	7
	7.07	Maternity Never Events	NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	7.08	Breastfeeding Initiation Rates	80%	76.2%	79.0%	76.1%	76.3%	80.7%	85.1%	76.2%	80.2%	83.0%	82.6%	78.5%	78.5%	82.4%	80.0%
8. Community	1.32	No of avoidable serious injuries or deaths from falls - Community	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	4.27	RTT 18 weeks Non-Consultant led services - Community	90%	100%	99.4%	99.2%	97.6%	100%	98.7%	99.0%	99.0%	99.0%	99.0%	100%	99.7%	99.6%	99.2%
	4.39	Urgent Referrals for Early Intervention Team (EIT) - Community	95%	NA	NA	100%	100%	100%	100%	100%	ND	100%	100%	100%	NA	100%	100.0%
	4.40	Nursing & therapy Red referrals seen within 4hrs - Community	95%	96.4%	100%	96.4%	100%	100%	98.2%	100%	100%	100%	99.9%	100%	96.6%	100%	99.2%
	4.41	Nursing & therapy Amber referrals seen within 72hrs - Community	95%	98.0%	97.6%	98.8%	99.4%	99.5%	97.4%	99.4%	99.5%	99.0%	99.2%	98.4%	99.0%	98.8%	98.9%
	5.55	Safeguarding Children Mandatory Compliance (Community)	90%	95.7%	97.0%	98.2%	95.8%	95.3%	94.7%	95.1%	96.2%	95.9%	96.1%	94.9%	ND	ND	95.8%
	5.56	Safeguarding Adults Mandatory Training Compliance (Community)	90%	93.2%	95.6%	96.0%	95.0%	94.9%	94.3%	94.9%	97.0%	97.1%	96.3%	94.5%	ND	ND	95.5%

3. IN THIS MONTH –FEBRUARY 2019, MONTH 11

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	Feb-2019					To Month Year	Feb-2018				

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

In this month.... February 2019

Mth We Received.....	Feb-19	Feb-18	Variance	Var. %	Traffic	YTD We Received.....	2019	2018	Variance	Var. %	Traffic
GP Referrals	5,310	5,946	-636	-10.7%	⇩	GP Referrals	73,812	65,950	7,862	11.9%	⇧
Other Referrals	4,282	4,730	-448	-9.5%	⇩	Other Referrals	57,134	56,902	232	0.4%	⇧
Ambulance Arrivals	1,773	1,842	-69	-3.7%	⇩	Ambulance Arrivals	19,965	19,930	35	0.2%	⇧
Cancer Referrals*	971	948	23	2.4%	⇧	Cancer Referrals*	11,201	10,326	875	8.5%	⇧
Urgent Referrals*	2,329	2,445	-116	-4.7%	⇩	Urgent Referrals*	29,284	27,129	2,155	7.9%	⇧

Mth We Delivered.....	Feb-19	Feb-18	Variance	Var. %	Traffic	YTD We Delivered.....	2019	2018	Variance	Var. %	Traffic
ED Attendances (excluding GP Expected/Streamed)	4,808	4,672	136	2.9%	⇧	ED Attendances (excluding GP Expected/Streamed)	57,173	57,440	-267	-0.5%	⇩
**ED Attendances(Adjusted)	6,157	5,689	468	8.2%	⇧	**ED Attendances(Adjusted)	72,103	65,593	6,510	9.9%	⇧
GP Expected via ED	486	484	2	0.4%	⇧	GP Expected via ED	6,005	5,590	415	7.4%	⇧
GP Streamed	6,157	5,689	468	8.2%	⇧	GP Streamed	4,763	1,765	2,998	169.9%	⇧
GP Expected direct to AAU/AEC	418	52	366	703.8%	⇧	GP Expected direct to AAU/AEC	4,162	798	3,364	421.6%	⇧
A&E - To IP Admission Ratio	31.6%	32.1%	-0.5%	-0.5%	⇩	A&E - To IP Admission Ratio	28.2%	30.1%	-2.0%	-6.5%	⇩
Outpatient Attendances	24,143	24,010	133	0.6%	⇧	Outpatient Attendances	258,487	272,267	-13,780	-5.1%	⇩
Inpatient Admissions	5,903	5,566	337	6.1%	⇧	Inpatient Admissions	66,051	63,171	2,880	4.6%	⇧
Elective Admissions	445	481	-36	-7.5%	⇩	Elective Admissions	30,469	29,952	517	1.7%	⇧
Non Elective Admission	2,808	2,575	233	9.0%	⇧	Non Elective Admission	35,583	33,219	2,364	7.1%	⇧
Inpatient Discharges	5,952	5,548	404	7.3%	⇧	Inpatient Discharges	66,036	63,115	2,921	4.6%	⇧
Elective Discharges	3,096	2,991	105	3.5%	⇧	Elective Discharges	30,453	29,950	503	1.7%	⇧
Non Elective Discharges	2,808	2,555	253	9.9%	⇧	Non Elective Discharges	35,584	33,165	2,419	7.3%	⇧
New Births	172	211	-39	-18%	⇩	New Births	2,175	2,293	-118	-5%	⇩

* - 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.

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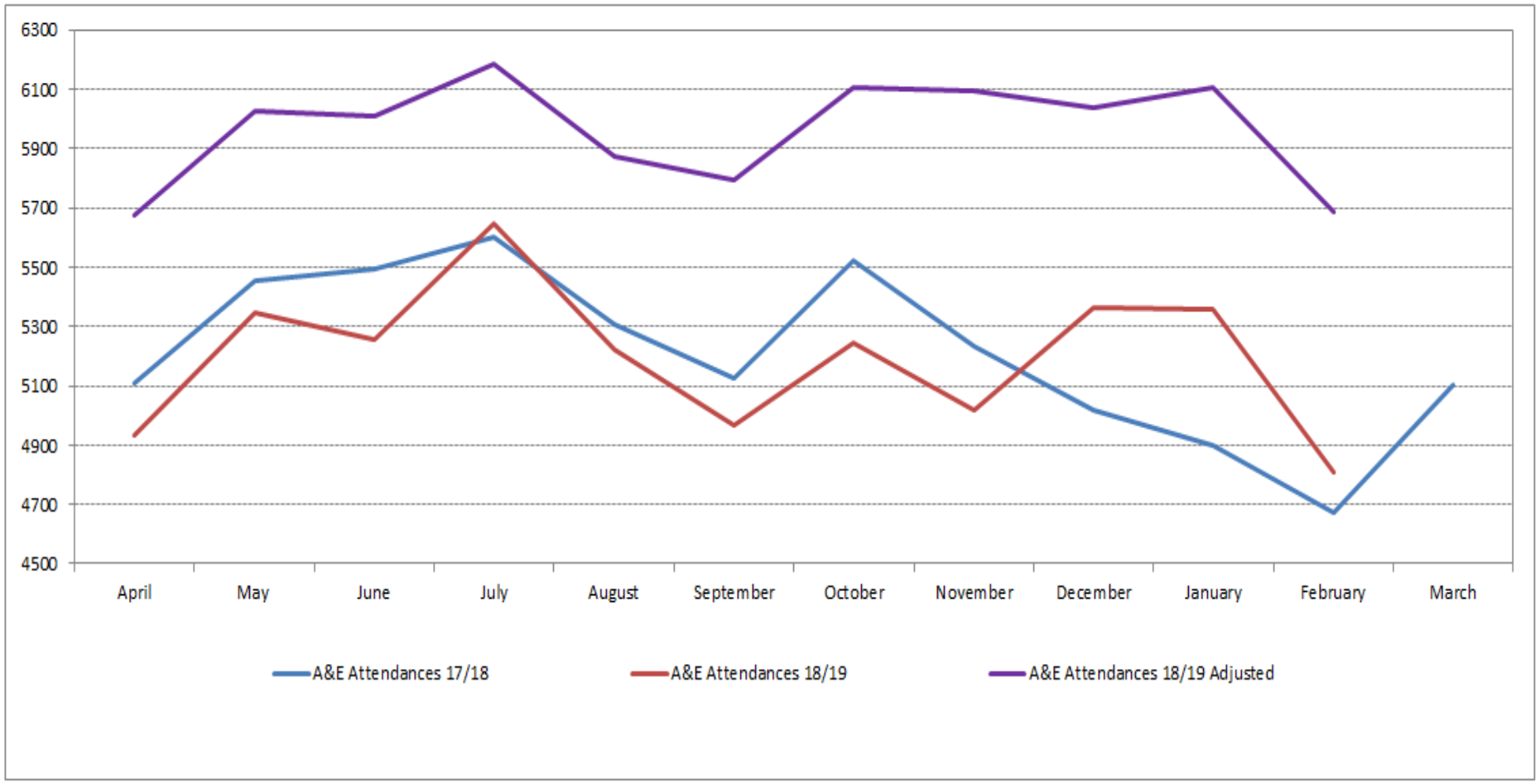
A&E Attendances Year chart (Adjusted)



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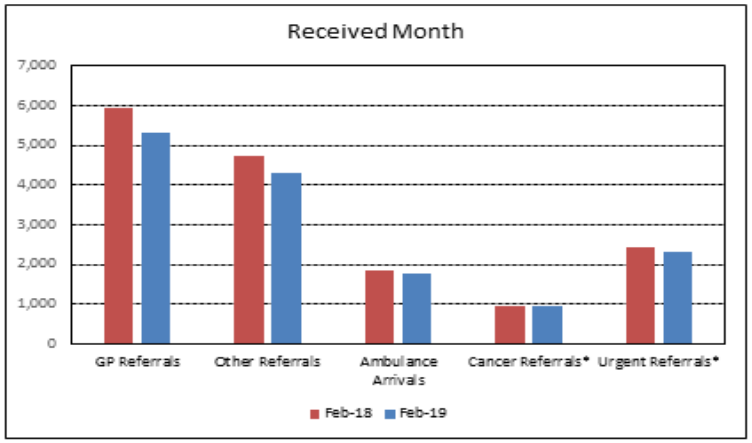
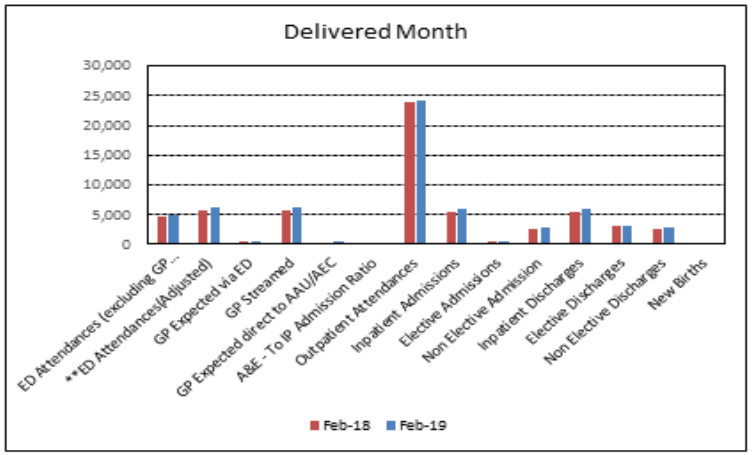
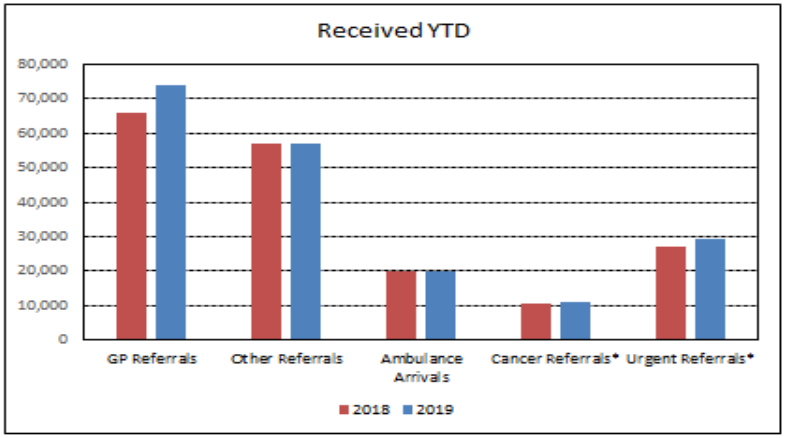
GP and other referrals demonstrate a reduction year on year however cancer referrals are showing signs of increasing. A&E attendances continue to show an increase and incomplete RTT pathways are higher than last year.

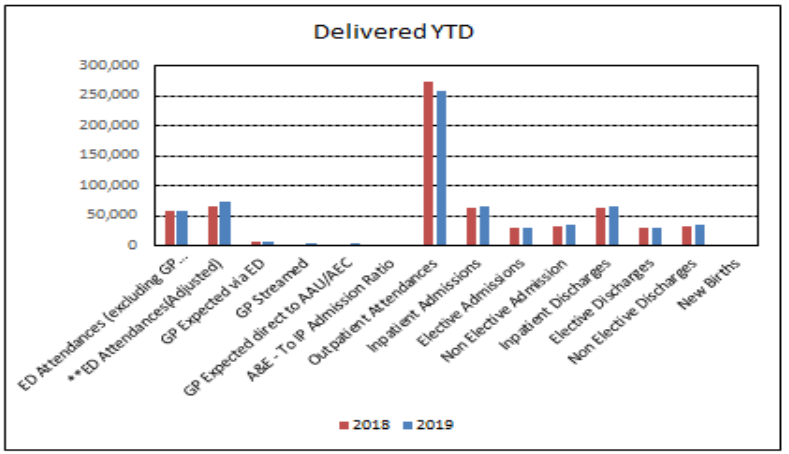
MONTHLY





YEAR TO DATE





NHS
West Suffolk
NHS Foundation Trust

DETAILED REPORTS

Putting you first

4. DETAILED SECTIONS – SAFE

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

Are we..		Ref.	KPI	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD(Apr18-Feb19)
1.Safe	HII Compliance	1.09	HII Compliance 1a: Central venous catheter insertion	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94.4%	99%
		1.10	HII Compliance 1b: Central venous catheter on-going care	100%	100%	100%	100%	95.0%	100%	91.0%	97.0%	95.0%	100%	96.0%	100%	96.2%	96.4%	97.0%
		1.11	HII Compliance 2a: Peripheral cannula insertion	100%	100%	100%	100%	100%	100%	100%	100%	100%	96.0%	96.0%	100%	97.9%	100%	99.1%
		1.12	HII Compliance 2b: Peripheral cannula on-going	100%	100%	100%	100%	98.0%	97.0%	98.0%	96.0%	88.0%	100%	100%	100%	97.0%	99.3%	97.6%
		1.13	HII Compliance 4a: Preventing surgical site infection preoperative	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95.0%	100%	100%	100%	99.5%
		1.14	HII Compliance 4b: Preventing surgical site infection perioperative	100%	95.0%	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%	100%	100%
		1.16	HII Compliance 6a: Urinary catheter insertion	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90.9%	100%	99%
		1.17	HII Compliance 6b: Urinary catheter on-going care	100%	99.0%	97.0%	100%	95.0%	92.0%	97.0%	97.7%	89.0%	94.0%	97.0%	98.0%	92.2%	88.8%	94.6%
	Incidents	1.18	Safety Thermometer: % of patients experiencing new harm-free care-Trust	100%	97.7%	98.5%	99.2%	97.8%	98.7%	99.2%	88.0%	97.8%	98.7%	98.7%	96.2%	98.3%	97.0%	97.2%
		1.19	Safety Thermometer: % of patients experiencing new harm-free care - Community	100%	NA	NA	99.4%	98.1%	99.0%	99.3%	99.1%	97.7%	98.9%	99.0%	96.4%	98.4%	97.0%	98.4%
		1.20	No of SIRIs	NT	11	6	8	11	0	5	6	2	4	3	5	6	2	52
		1.21	RIDDOR Reportable Incidents	NT	2	1	2	4	1	1	1	0	3	2	3	1		18
		1.22	Total No of E. Coli (Trust level only)	NT	1	3	1	2	0	1	0	0	0	0	1	2	0	7
		1.23	No of Inpatient falls - Trust	NT	82	72	68	72	62	42	75	64	61	48	61	81	54	688
		1.24	No of Inpatient falls - WSH	<48	74	64	55	61	50	31	63	55	47	35	53	61	42	553
		1.25	No of Inpatient falls - Community Hospitals	NT	8	8	13	11	12	11	12	9	14	13	8	20	12	135
		1.26	Falls per 1,000 bed days	NT	6.52	5.17	6.13	6.76	4.84	2.83	5.73	5.27	4.29	3.35	4.82	5.21	3.95	4.83
		1.27	No of Inpatient falls resulting in harm - Trust	NT	26	20	24	24	22	13	24	12	12	17	15	25	14	202
		1.28	No of Inpatient falls resulting in harm - WSH	NT	25	19	18	19	22	11	20	12	11	13	12	22	10	170
		1.29	No of Inpatient falls resulting in harm - Community Hospitals	NT	1	1	6	5	0	2	4	0	1	4	3	3	4	32
		1.30	No of avoidable serious injuries or deaths resulting from falls - Trust	0	1	0	ND	0	0	0	0	0	0	0	2	1	0	3
		1.31	No of avoidable serious injuries or deaths resulting from falls - WSH	0	1	0	ND	0	0	0	0	0	0	0	2	1	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	81	64	62	64	67	74	68	73	77	71	78	99	69	802
		1.70	PU present on admission to service – Inpatients	NT	52	42	49	50	57	61	53	58	60	57	61	77	49	632
		1.71	PU present on admission to service – Community teams	NT	22	13	14	10	13	15	15	17	17	14	17	22	20	174
		1.33	Number of medication errors	NT	49	76	60	85	43	56	61	63	71	54	61	79	78	711
		1.72	New PU - Trust	0	28	22	15	28	25	19	30	24	35	28	27	30	34	295
		1.67	New PU – Inpatients	0	14	8	3	9	9	6	10	14	13	15	17	11	16	127
		1.68	New PU – Community teams	0	14	14	12	19	16	13	20	10	22	9	10	19	18	168
		1.73	Moisture associated skin damage	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	17	18	35
		1.74	Device related (% of total)	NT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.0%	6.0%	4.0%
		1.60	% of patients at risk of falls (with a Falls assessment)	NT	71.1%	71.7%	71.1%	71.6%	72.2%	74.6%	72.8%	72.0%	73.3%	72.7%	71.6%	73.0%	71.9%	72.4%

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Are we..		Ref.	KPI	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD(Apr18-Feb19)
1. Safe	Reporting	1.38	MRSA Quarterly Std (including admission and LOS screens)	90%	NA	92.0%	NA	NA	88.0%	NA	NA	87.0%	NA	NA	89.0%	NA	NA	88.0%
		1.39	MRSA Bacteraemias - Community Attributable	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
		1.40	Clostridium Difficile infection - Community Attributable	NT	0	2	4	1	1	4	5	4	3	2	2	4	1	31
		1.41	MRSA - Decolonisation	95%	86.0%	95.0%	85.0%	91.0%	90.0%	81.0%	97.0%	86.0%	95.0%	97.0%	94.0%	94.0%	100%	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	0	2	2	0	0	0	1	1	0	0	0	6
		1.44	SIRI final reports due in month submitted beyond 60 working days	0	1	3	3	3	0	1	0	0	0	1	0	0	0	8
		1.45	SIRIs reported >2 working days from identification as red	0	3	ND	0	1	0	0	0	0	0	0	0	0	0	1
		1.46	Green, Amber & Red Active / Accepted risk assessments not in date	0	4	0	1	3	2	0	3	0	4	2	3	79	55	152
		1.47	Datix Risk Register Red / Amber actions overdue	0	1	3	1	4	3	0	0	0	1	4	1	65	65	144
		1.48	Rapid access chest pain clinic access within 2 wks.	100%	100%	99.1%	57.5%	97.3%	97.3%	96.2%	96.7%	98.6%	99.2%	99.2%	100%	100%	100%	94.7%
		1.49	Verbal Duty of Candour outstanding at month-end	0	2	1	1	1	2	2	0	0	0	0	6	0	4	16
		1.50	Hand Hygiene Audits	95%	100%	100%	100%	99.0%	99.0%	99.0%	100%	100%	100%	99.6%	98.8%	100%	100%	99.6%
		1.51	Quarterly antibiotic audit	98%	NA	89.0%	NA	NA	92.2%	NA	NA	89.0%	NA	NA	90.0%	NA	NA	90.4%
		1.52	Serious Incident RCA actions beyond deadline for completion	0	8	4	9	4	4	7	4	2	5	11	5	14	8	73
		1.53	% of Green Patient Safety incidents investigated	NT	74.0%	68.0%	68.0%	64.0%	61.0%	68.0%	59.0%	63.0%	64.0%	60.0%	59.0%	71.0%	72.0%	65.3%
		1.54	Quarterly Environment/Isolation	90%	NA	91.0%	NA	NA	92.0%	NA	NA	93.0%	NA	NA	93.0%	NA	NA	92.7%
		1.55	Quarterly VIP score documentation	90%	NA	80.0%	NA	NA	86.0%	NA	NA	83.0%	NA	NA	84.0%	NA	NA	84.3%
		1.56	Isolation data (Trust Level only)	95%	90.0%	89.0%	86.0%	88.0%	87.0%	88.0%	91.0%	91.0%	91.0%	91.0%	90.0%	80.0%	75.0%	87.1%
		1.57	Pain Mgt. Quarterly internal report	80%	NA	NA	NA	NA	NA	86.0%	NA	NA	85.5%	NA	NA	84.5%	NA	85.3%
		1.58	Nutrition % of patients with a MUST/PYMS assessment completed for within 24hrs	95%	89.0%	90.0%	90.0%	93.0%	88.0%	91.0%	88.0%	96.0%	95.0%	95.0%	83.0%	83.0%	81.0%	89.4%
		1.59	Median NRLS (national reporting & Learning system) upload 6 month rolling average (No. of days)	41	65	63	26	31	60	59	51	40	75	84	101	ND	ND	59
		1.61	E coli - Hospital Attributable	NT	1	3	1	2	2	1	1	1	2	0	1	2	0	13
		1.62	E coli - Community Attributable	NT	10	7	14	19	14	13	15	13	14	13	11	8	9	143
		1.63	Klebsiella spp. - Hospital Attributable	NT	0	0	1	0	0	2	0	0	0	0	1	0	1	5
		1.64	Klebsiella spp. - Community Attributable	NT	0	3	4	1	0	3	2	3	1	3	2	1	1	21
		1.65	Pseudomonas - Hospital Attributable	NT	1	0	0	0	0	0	1	0	0	0	0	0	1	2
		1.66	Pseudomonas - Community Attributable	NT	0	1	1	1	0	0	0	1	1	0	1	1	2	8

SAFE – DIVISIONAL LEVEL ANALYSIS

Indicator	December			January			February		
	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children
HII compliance 1a: Central venous catheter insertion	100	100		100	100		87.5	100	
HII compliance 1b: Central venous catheter ongoing care	100	100		100	92		100	93.33	
HII compliance 2a: Peripheral cannula insertion	100	100	100	100	96.29	100	100	100	No Data
HII compliance 2b: Peripheral cannula ongoing	100	100	100	100	98.8	88.88	100	99	No Data
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			100		
HII compliance 6a: Urinary catheter insertion	100	100		100	0		100	100	
HII compliance 6b: Urinary catheter on-going care	100	97.5		100	88.63		100	85.25	
HII compliance 7: Clostridium Difficile- prevention of spread									
Total no of MRSA bacteraemias: Hospital	0	0	0	0	0	0	0	0	0
Quarterly MRSA (including admission and length of stay screens)	98	81	86						
Hand hygiene compliance	100	96.33	100	100	100	100	100	100	100
Total no of MSSA bacteraemias: Hospital	0	0	0	0	0	0	0	0	0
Total no of C. diff infections: Hospital	0	0	0	0	0	0	1	3	0
Quarterly Antibiotic Audit	91.2	89.4	100						
Quarterly Environment/Isolation	92	91	95						
Quarterly VIP score documentation	82	85	81						

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Indicator	December			January			February		
	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children
Quarterly VIP score documentation	82	85	81						
No of Inpatient falls	9	44	0	10	49	2	9	33	0
No of Inpatient falls resulting in harm	3	9	0	2	14	2	2	8	0
No of avoidable serious injuries or deaths resulting from falls	0	2	0	0	1	0	0	0	0
No of ward acquired pressure ulcers	5	12	0	2	6	0	5	11	0
Nutrition: Assessment and monitoring	81.9	58.7	61.3	77.0	82.5	14.0	79.0	86.0	8.0
No of SIRIs	0	0	0	1	5	0	1	0	0
No of medication errors	17	28	6	13	41	3	24	37	5
Cardiac arrests	0	3	0	2	3	0	1	4	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)	95.12	93.61	98.28	94.5	94.9	92.2	96.3	94.4	94.6
Quarterly VTE: Prophylaxis compliance	NA	NA	NA	NA	NA	NA	NA	NA	NA
Safety Thermometer: % of patients experiencing new harm-free care	98.8	94.2	95.5	98.7	96.6	100.0	97.7	95.2	100.0

Indicator	December			January			February		
	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children
Patient Satisfaction: In-patient overall result	97.0	94.0	95.0	97.0	93.0		95.0	92.0	95.0
How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	98.0	96.0	100.0	98.0	97.0		99.0	93.0	96.0
In your opinion, how clean was the hospital room or ward that you were in?	99.0	94.0	95.0	98.0	96.0		96.0	92.0	96.0
Did you feel you were treated with respect and dignity by staff	99.0	97.0	100.0	99.0	99.0		98.0	97.0	100.0
Were staff caring and compassionate in their approach?	98.0	98.0	100.0	99.0	99.0		98.0	97.0	100.0
Did you experience any noise in the night time that you think could have been avoided?	89.0	87.0	86.0	86.0	82.0		82.0	79.0	83.0
Did you find someone in the hospital staff to talk about your worries and fears?	98.0	91.0	91.0	100.0	94.0		97.0	96.0	100.0
Were you involved as much as you wanted to be in decisions about your care and treatment?	98.0	95.0	100.0	97.0	92.0		96.0	90.0	88.0
Did staff talk in front of you as if you were not there?	100.0	96.0	100.0	100.0	97.0		98.0	95.0	100.0
Were you given enough privacy when discussing your condition or treatment?	100.0	99.0	100.0	100.0	98.0		99.0	98.0	100.0
Were you given enough privacy when being examined or treated?	100.0	99.0	100.0	100.0	100.0		100.0	98.0	100.0
Did you get enough help from staff to eat your meals?	99.0	98.0	100.0	98.0	89.0		96.0	96.0	100.0
How many minutes after you used the call button did it usually take before you got the help you needed?	88.0	70.0	100.0	84.0	70.0		82.0	74.0	78.0
Number of Inpatient surveys completed	255	116	7	196	134		243	192	24
Same sex accommodation: total patients	0	0	0	0	28	0	0	0	0
Complaints	2	1	2	9	12	4	4	8	3
Environment and Cleanliness	92.9	91.2	94.8	93.0	92.2	94.8	93.6	91.2	93.8

5. Exception reports – Safe

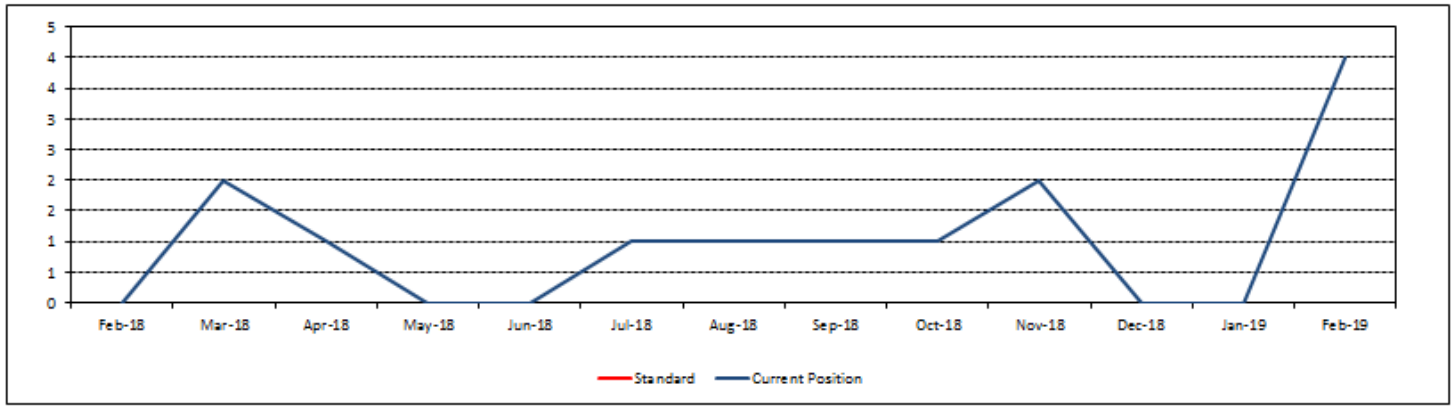
WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT	
Indicator	Clostridium Difficile infection - Hospital Attributable
Standard	15
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

There were 4 cases of Hospital attributable CDT in February 2019. Whilst the Trust is still under trajectory this is the highest number of cases in a month that we have recorded to date in 2018/2019.
Overall summary as of 28th February there have been 11 reported cases of C difficile, 2 Trajectory cases, 4 Non Trajectory (Green), 3 Non Trajectory with learning (Amber) and 2 awaited.
Currently the Trust is under trajectory in the first three quarters of 2018/19. However the reporting regulations will be changing from 1st April 2019 to include patients who have an admission to the Trust in the preceding 4 weeks. An exception report has been requested as had this criteria been in place there would be an additional 11 cases requiring investigation.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	0	2	1	0	0	1	1	1	1	2	0	0	4

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



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

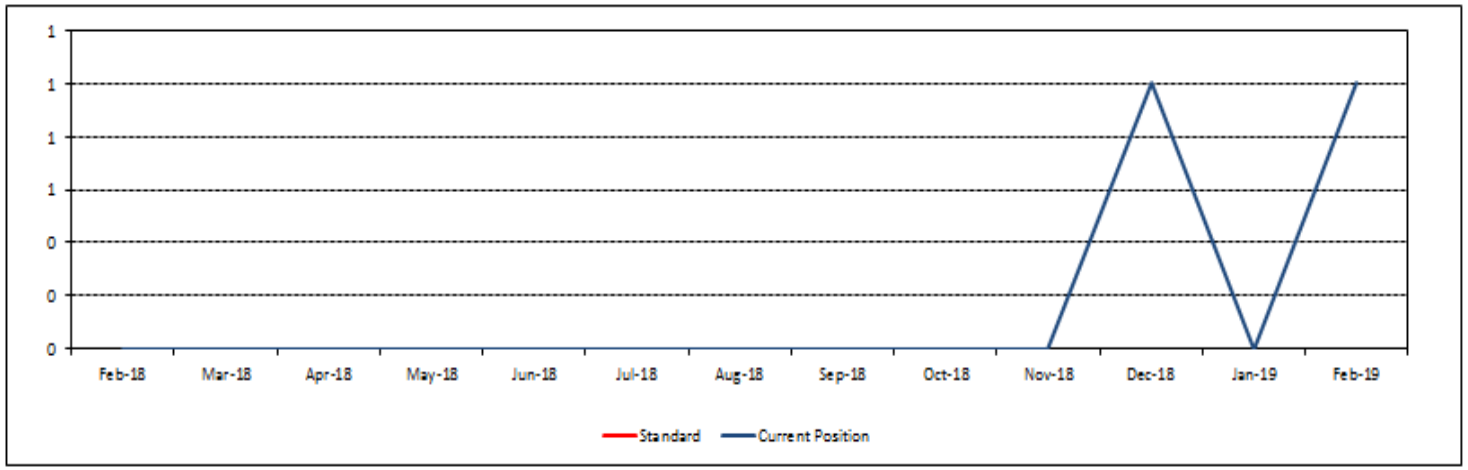
Indicator	Never Events
Standard	0
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

This is the second never event reported in three months although they are unrelated. It has been reported to NHSI, the CQC and the CCG as per normal protocols. An SI investigation is ongoing. There is no evidence of any patient harm as a consequence. The patient has been informed of the error and written Duty of Candour performed

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

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



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

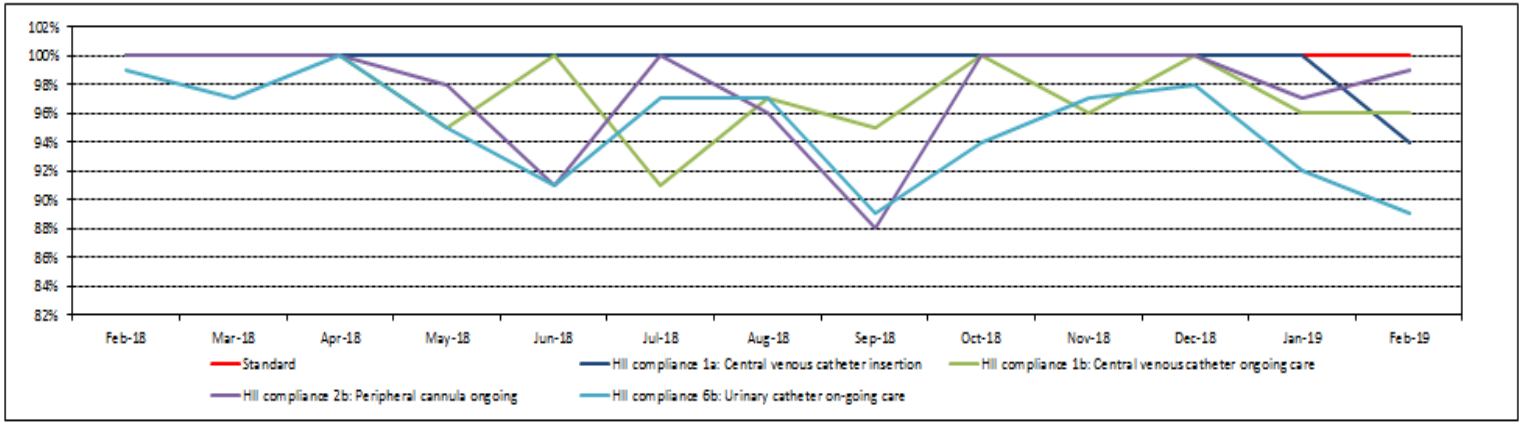
Indicator	HII Compliance
Standard	100%
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

Ward G1 (which had a number of failures in January) manage to achieve 100% throughout the HII audits in February. Failures on G4 (1b, 2b and 6b) as well as CCS (1a), WEW (6b) and G8 (6b) brought performance down. The Matrons will be working closely with the teams to ensure performance improves for March. All other areas achieved 100% in all their audits.

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

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



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

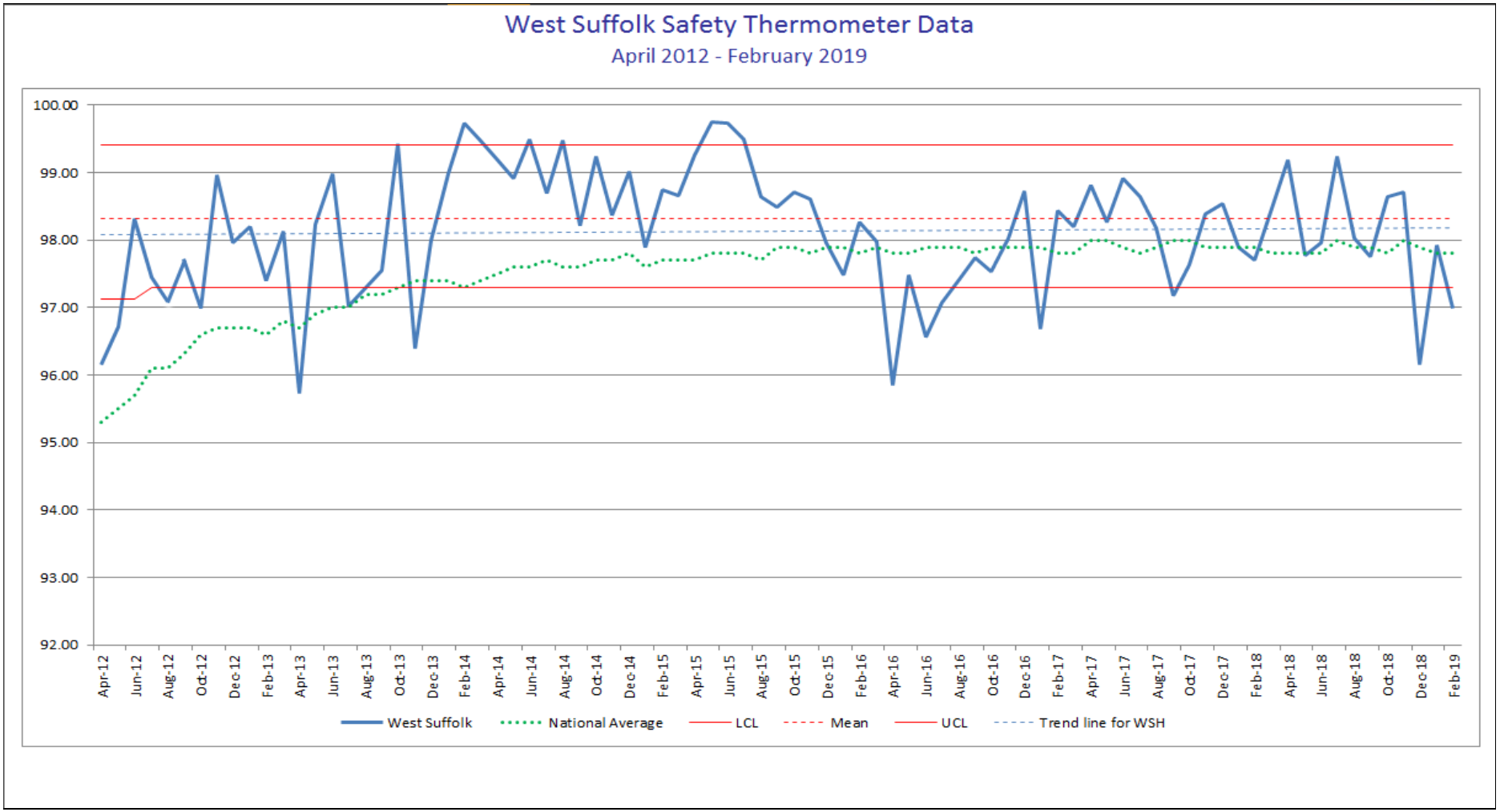
Indicator	Safety Thermometer - Harm-Free Care (New Harms)
Standard	100%
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

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. No data was received from F10 - Gynaecology, F3, F4 or G9.
The SPC chart below shows the Trust Harm Free care compared to the National benchmark for the period April 2012 to February 2019.
The Trust score for February for new harm free care is 96.98%. The national figure for new harm free care is 97.8% and therefore red.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	97.7%	98.5%	99.2%	97.8%	98.0%	99.2%	98.0%	97.8%	98.7%	98.7%	96.2%	97.9%	97.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
To continue to monitor actual harm against national benchmarks.	HB	Sep-17	2018



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NHS Foundation Trust

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Falls
Standard	0%
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Safe

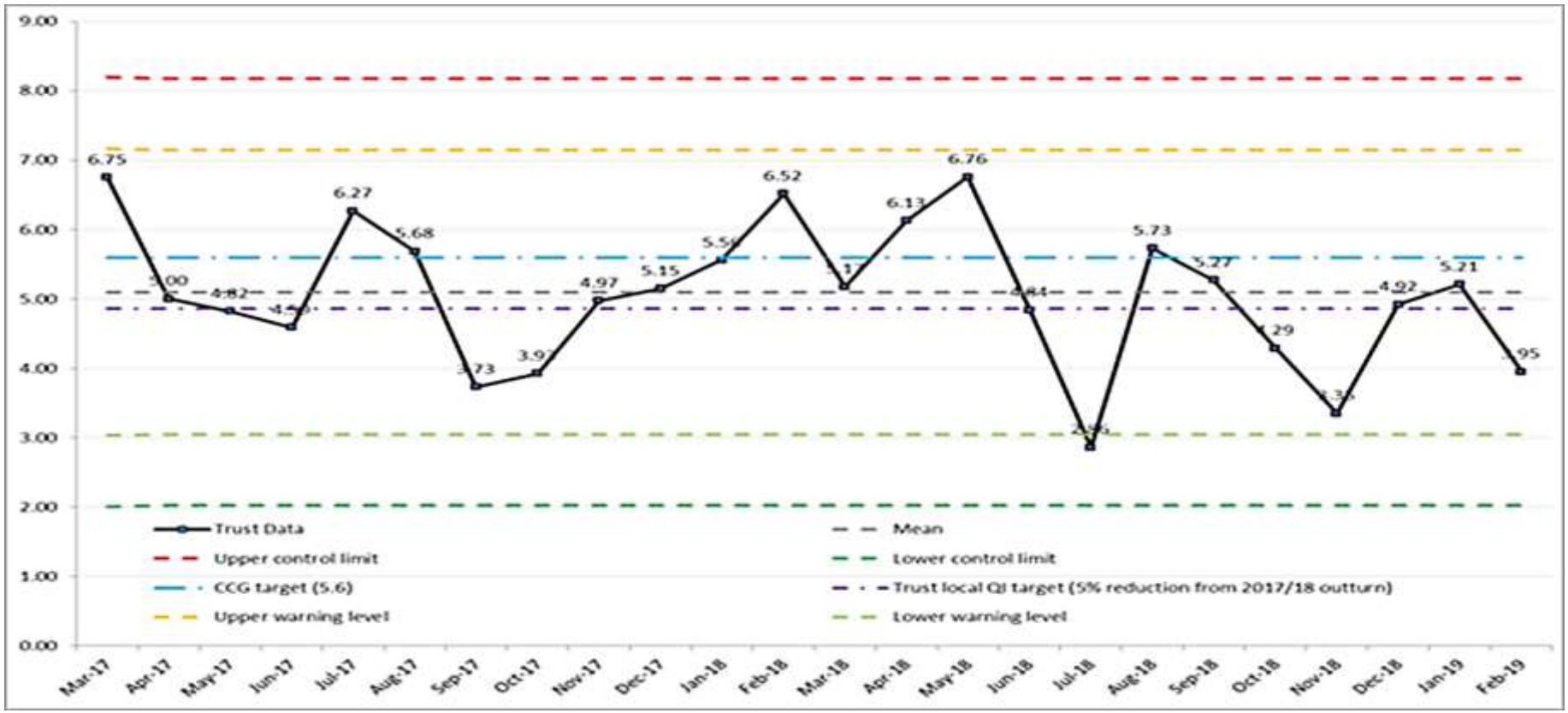
Summary of Current performance & Reasons for under performance

The number of Inpatient falls decreased in February to 54. During the month of February we did achieve our QI target of a 5% reduction in falls, and we continued to meet the CCG target of being below 5.6 as shown within the SPC chart of falls per 1000 bed days at 3.95 as seen below. 12 of the 54 falls occurred within the community beds of Newmarket and Glastonbury.
We had two patients who were classed as frequent fallers, falling more than twice during the month, one patient fell on F7 and had a further three falls at Newmarket, and one patient fell three times on F12.
During February we held our first Falls Champion study day which was well attended from both the acute and community teams, and learning from this day has been taken back to the clinical areas.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Falls per 1000 bed days (WSH only)	6.52	5.17	6.13	6.76	4.84	2.86	5.73	5.27	4.29	3.35	4.82	5.21	3.95
% of patients at risk of falls (with a Falls assessment)	71.1%	71.7%	71.1%	71.6%	72.2%	74.6%	72.8%	72.0%	73.3%	72.7%	71.6%	73.0%	71.9%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Work commencing on improving the training package to staff around falls. This will be led by the HoN for Medicine incorporating the new Matron lead and the Patient Safety Nurse	HoN (Med)	Jul-18	Mar-19
Trust is piloting the use of new symbols for the frequent fallers. UPDATE Plan to roll out new falls symbols on two further wards (F3 & G5) in January with a review in February in ongoing.	HoN (Med)	Sep-18	Dec-18
Project work with Registered Nurse from Community who is looking at introducing 'red slipper socks' for high risk fallers. To develop an QI project for this	HoN (Comm)	Dec-18	Mar-19
First Falls Champion study day in February 2019 was well attended	HoN (Med)	Feb-19	complete
Recent learning from RCA on falls with harm was presented to NMCC in January 2019	HoN (Med)	Jan-19	complete
Falls role within Matron remit to be explored	Deputy Chief nurse	Feb-19	Apr-19
SPC chart below has RAG rating based on: Red (Above upper SPC warning line), Amber (above CCG target of 5.6 and below upper SPC warning line), Green (below CCG target). Year end QI target (5% reduction on 2017/18 outturn at year end) shown as purple line			

Falls SPC Chart



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Pressure Ulcers (Tissue Viability)
Standard	0
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

At the time of writing and with acknowledgement of the variance which occurs following the investigation of pressure ulcers, we have seen a slight increase in the number of new pressure ulcers reported for patients within the acute Trust during February. However only one of these is a Category 3 PU, compared with five Category 3 PU during January, these incidences were predominantly within the Medical Division. Community Teams reported a significant decrease in occurrences of new PU this month, all of which were Category 2 PU, this is also an improvement as during January, three Category 3 PU were reported. There were no PU reported in the community beds. It is important to note that for this reporting period, the Trust was caring for an additional 80 patients in winter escalation beds.

Focus has been around continuing to embed the reporting and investigation changes to PU mandated by NHSi; this has been more complex than anticipated and the Governance Team and senior nurses have been supporting clinicians with these processes. Work also continues around the Repositioning Roadshows, particularly within community settings, with a visit planned to take place at a Care Home in Bury (this work is also linked to the Nutrition Collaborative; good nutrition and hydration is essential for wound healing).

Work continues to integrate both acute and community Tissue Viability Teams, recruitment is ongoing with interviews taking place w/c 18.03.19; it is hoped that 2 candidates will be recruited, one for the acute Trust and one for Community, with the ability to provide support and cross cover for each other.

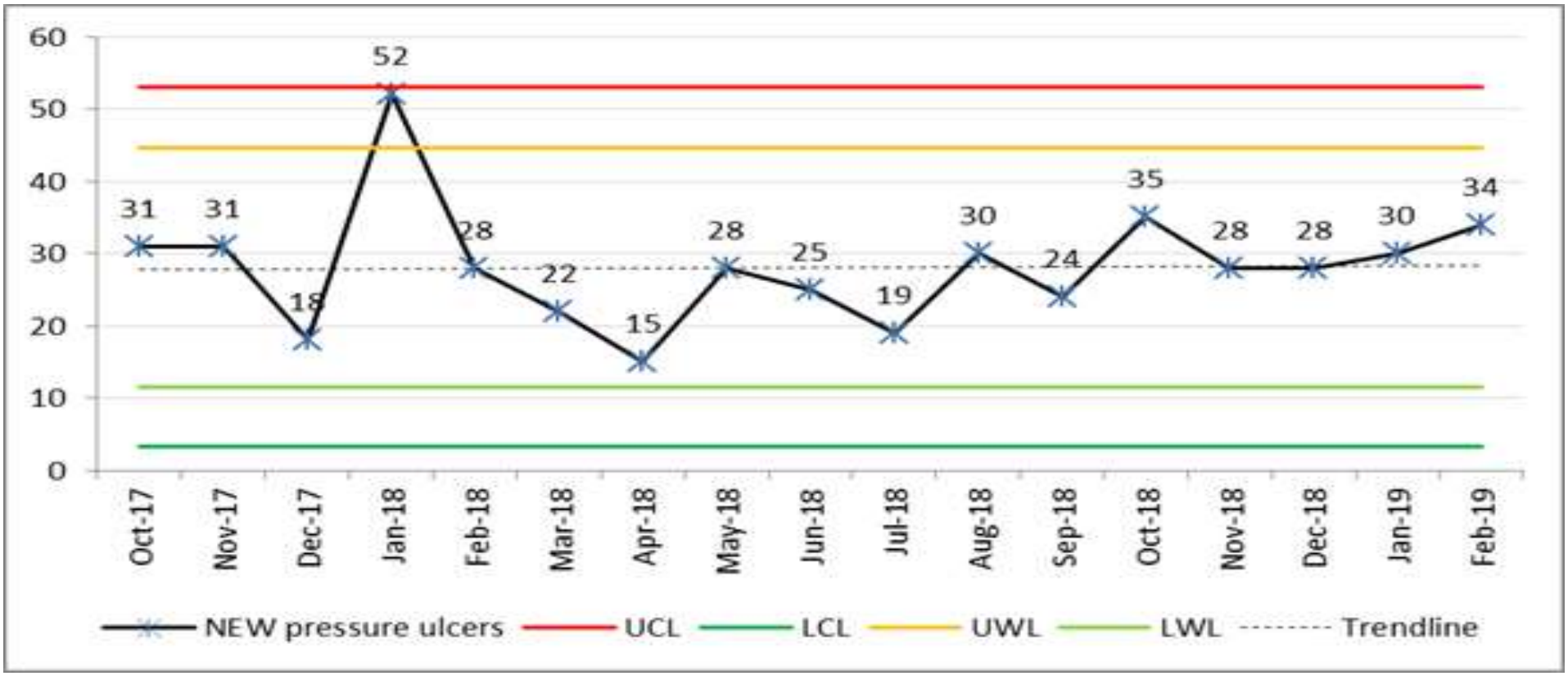
It is important to note the success of the acute Tissue Viability Team, under the leadership of Dan Harvey and Roz Crawford; a 77% reduction in PUs were observed through the acute Trust from January 2018 to January 2019, whilst community reported a 30% increase for the same period. This is attributed to the Bitesize Sessions and Repositioning Roadshows, which continue, as current vacancies allow.

NB: January data has been updated to reflect review and re-coding of some cases.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
New PUs (Trust)	28	22	15	28	25	19	30	24	35	29	29	30	34
PU present on admission to service - Trust	81	64	62	64	67	74	68	73	77	71	71	99	69
Moisture associated skin damage	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	17	18
Device related (% of total)	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	2.0%	6.0%

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

Pressure Ulcers SPC Chart



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NHS
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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

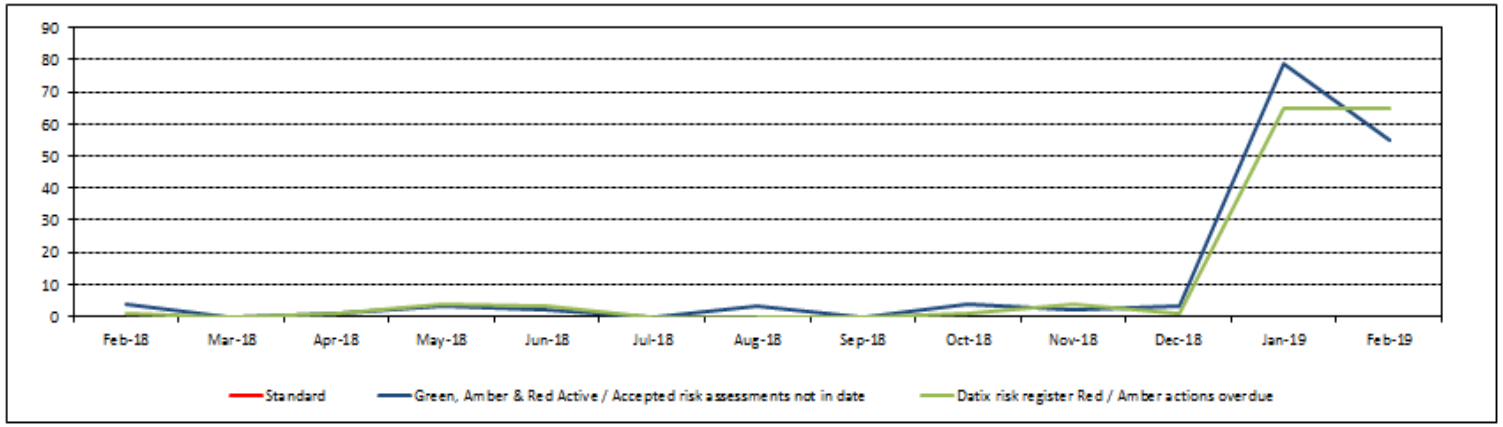
Indicator	Risk register update timeliness
Standard	4
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

55 out of date risk assessments and 65 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.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Accepted risk assessments not in date	4	0	1	3	2	0	3	0	4	2	3	79	55
Datix risk register Red / Amber actions overdue	1	0	1	4	3	0	0	0	1	4	1	65	65

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
External resource to address backlog of Fire risk assessments (and actions)	Ian Stuchbury	Feb-19	Mar-19



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

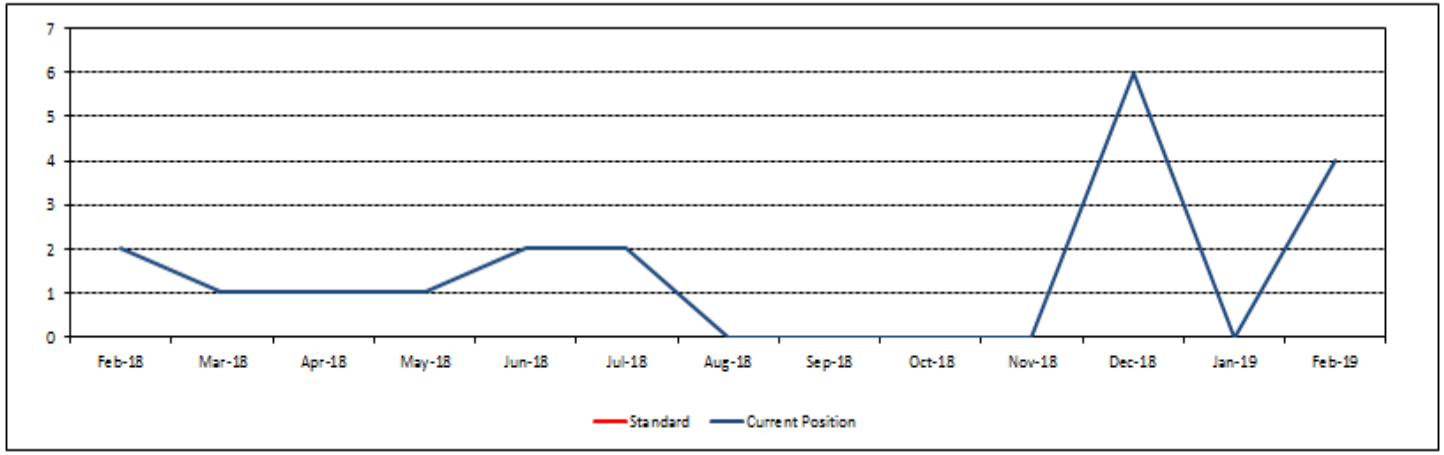
Indicator	Duty of Candour (DoC)
Standard	0
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

The individuals are being actively followed up to achieve completion

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	2	1	1	1	2	2	0	0	0	0	6	0	4

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Ongoing follow up of leads for overdue Duty of Candour	Governance	2018	2018



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	RCA Actions beyond deadline for completion
Standard	0
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Safe

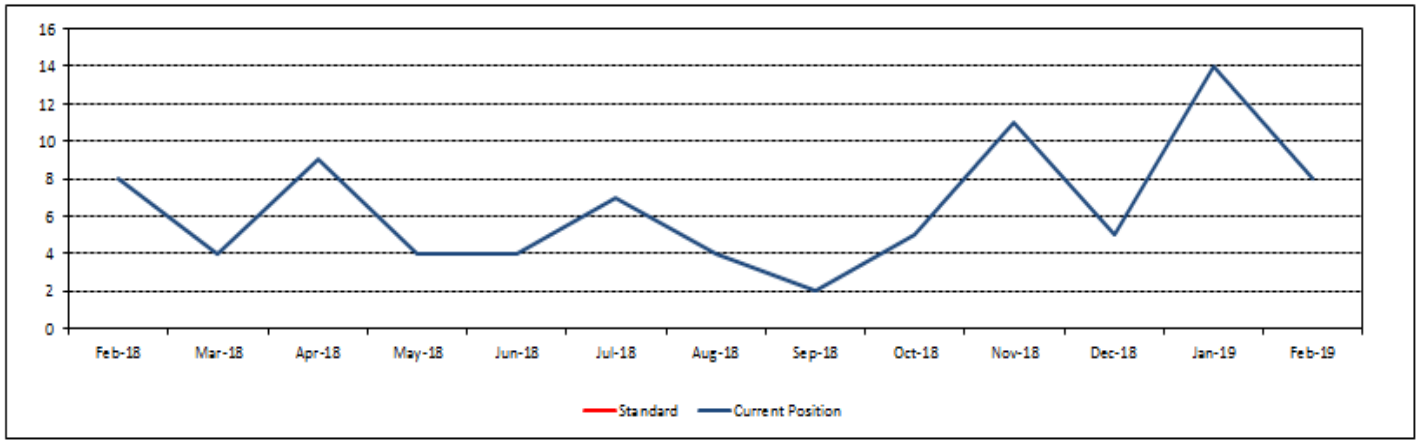
Summary of Current performance & Reasons for under performance

Eight actions remain overdue:

- Three have been reported as overdue for a period of months which are all actions from Maternity SIs. Two of these relate to clinical guidelines which are scheduled for review and issue in April which should enable closure of the action. The final one relates to ultrasound scanning for the detection of small for gestational age babies which should also have an update in April when the project to implement serial scanning for women (in line with Saving Babies Lives Algorithm) is due to be commenced for all pregnant women.
- An additional five became due at the end of February and are actively being followed up by the patient safety team.

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Clinical Directors meeting have agreed to take greater oversight of RCA action completion	Clinical Directors	2018	Ongoing
Discussion with Senior matrons and Ward Managers at Nursing & Midwifery and Clinical Council (NMCC)	NMCC	2018	Ongoing



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

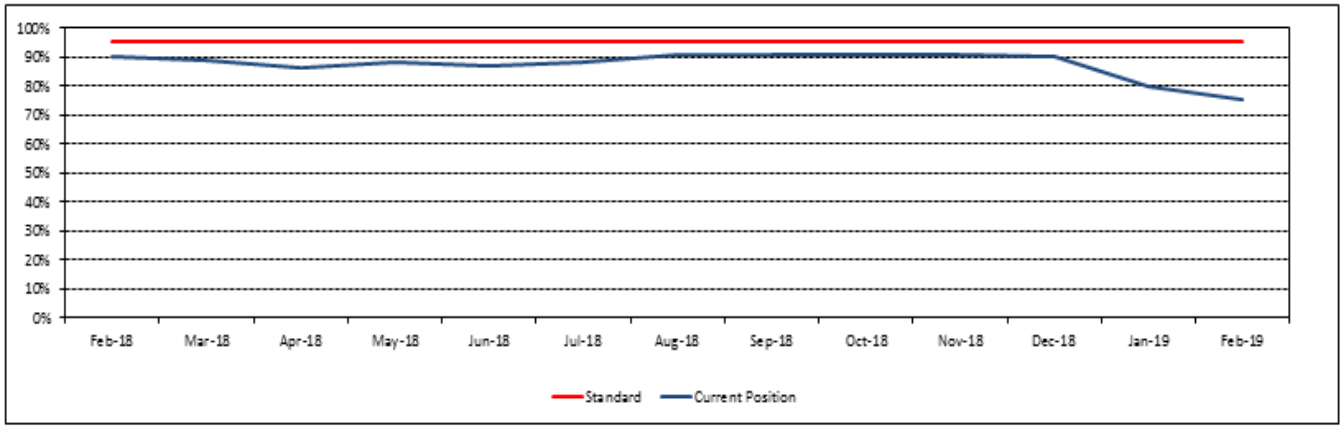
Indicator	Isolation data (Trust Level only)
Standard	95%
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

Compliance with Isolation is at 75%.
The decrease in compliance relates to an increase of patients with seasonal influenza.
In February, the Trust recorded 13 patients with Influenza A who had who had been screened but not isolated until the result was confirmed. There were no available side rooms on those wards due to occupancy either with an acknowledged high risk infection or due to gender. N.B. There were 44 cases of Influenza in February that were correctly isolated on suspicion.
Ward G7 had three patients with Influenza who were cohorted in one bay and the bay was closed to admissions until treatment completed. Additional measures initiated on affected wards with regard to practice, additional cleaning of frequently touched points and respiratory etiquette. Influenza vaccination offered to any staff who had not yet taken up seasonal HCW flu vaccination and prophylaxis of contacts who met the Public Health England guideline criteria.
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	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	90.0%	89.0%	86.0%	88.0%	87.0%	88.0%	91.0%	91.0%	91.0%	91.0%	90.0%	80.0%	75.0%

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



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

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

Summary of Current performance & Reasons for under performance

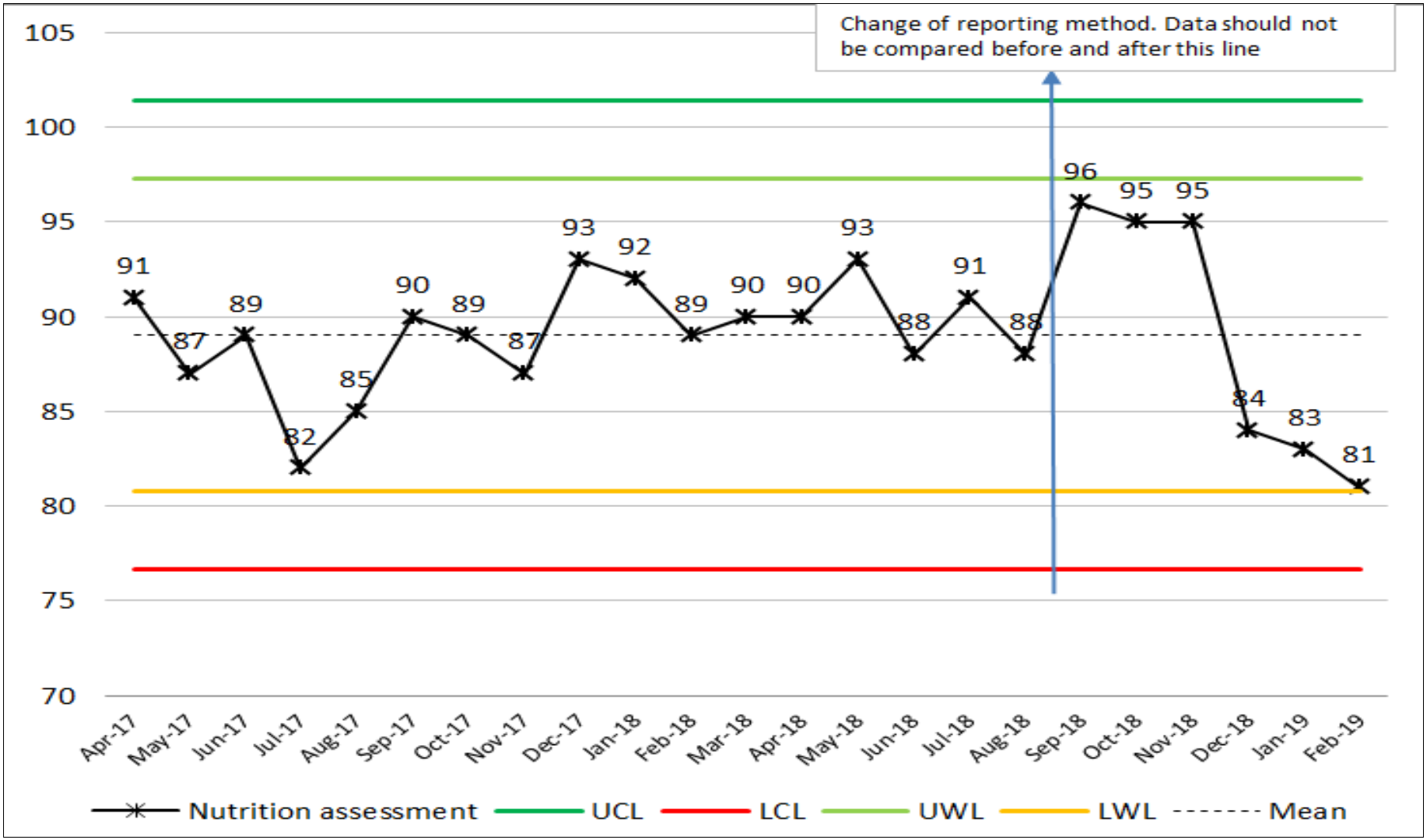
Compliance with completing the malnutrition risk assessment has decreased in February from 83% to 81%. The data being reported is an indication of the percentage of patients who have a malnutrition risk assessment performed within 24hrs of admission. Previous data reviewed only a selection of patients per ward. The current data indicates that the majority of wards are achieving between 80–90% compliance, however, there are some areas which are significantly falling short of the expected target leading to a decrease in the overall figure. On analysis, the areas which are not achieving the assessment within 24hrs of admission are the wards which accept direct admissions from the Emergency Department, mainly, Stroke, Respiratory and the Surgical Wards. It is important to raise that all areas have been experiencing high acuity, capacity pressures and staffing deficits throughout February, as they have continued to support multiple escalation and surge beds within the organisation. Those wards who take patients transferred from the Acute Assessment Unit, have greater compliance with the risk assessment. Also of note, Paediatrics only achieved 7% compliance which is significant in the decrease in the overall score.
To improve compliance, there is work ongoing with the Nutrition group and Information team to create a dashboard for Ward Managers and Senior Matrons to be able to review the data specific to their area and raise awareness of poor compliance. The Deputy Chief Nurse, along with the Heads of Nursing have reviewed the patient safety dashboard (which encompasses Falls, Pressure ulcer and Nutrition) and simplified the data to promote meaningful actions can from the individual departments and Wards. The wards and departments who are struggling to achieve compliance are being targeted by the Senior Matron responsible to ensure compliance improves by reminding staff and regular review of eCare to monitor compliance. Individual wards have been engaging with additional training from the Dietetic team and there is planned activity to raise awareness during Nutrition and Hydration Week in March.
The Nutrition group are continuing to seek assurance of indicators via Perfect Ward and a robust quarterly manual audit is being redesigned and will be commenced in Quarter 1 2019. There is also specific work commencing with focus on the Stroke patients as there has been a marked decrease in the SSNAP data.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	89.0%	90.0%	90.0%	93.0%	88.0%	91.0%	88.0%	96.0%	95.0%	95.0%	83.0%	83.0%	81.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
To work with the Patient information team to find a method of meaningful feedback of results to teams	HoN	Mar-19	
To relaunch the manual quarterly audit in Quarter 1 to seek assurance on the quality of the assessment	HoN	Mar-19	
Senior Matrons to work with teams who have poor compliance to raise awareness and promote timely assessments	Snr Matrons	Mar-19	

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

Nutrition - Assessment & Monitoring SPC Chart



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Median NRLS upload
Standard	46
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

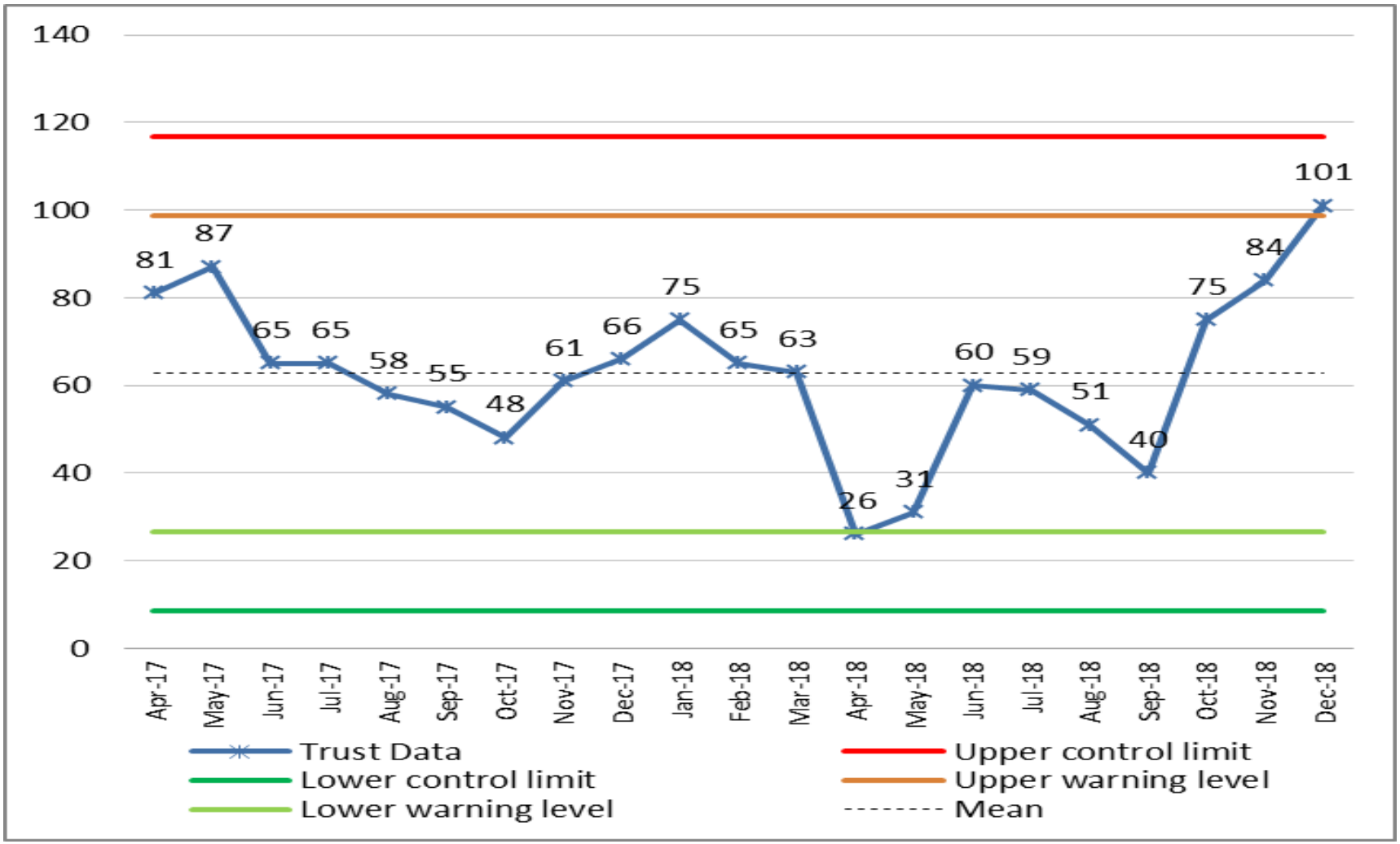
Performance has deteriorated from October onwards. This has been principally as a result of vacancies / staff long-term sickness and currently considerably less than 50% of January or February's incidents have been uploaded to the NRLS although this should hopefully start to improve as staffing has improved although this will only be able to be achieved if there is timely incident investigation. This is being closely monitored to ensure the backlog is addressed in time for the next NRLS close-down in May.

This indicator primarily measures timeliness of upload to the NRLs which is not the same as timely investigation of incidents (although the two are obviously linked). The Trust is considering options for improving timely investigation of incidents including focussing on a more 'trend analysis' style pathway. The Trust is currently participating in the national trial of NHS Improvement's replacement for the NRLS; the PSIMS (Patient Safety Incident Management System). Participants in the pilot will be testing an auto-upload pathway to NHSI. Once implemented this indicator will become obsolete. https://improvement.nhs.uk/news-alerts/development-patient-safety-incident-management-system-dpsims although there is not a timeframe for this change.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	46	46	46	46	46	46	46	46	46	46	46	46	46
Current Position	65	63	26	31	60	59	51	40	75	84	101	ND	ND

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Participation in NHSI pilot for PSIMS	Governance	Nov-18	Mar-19
Exploration of new ways of working for incident investigation / thematic learning pathways	Deputy Chief Nurse	Dec-18	Mar-19

Median NRLS upload SPC Chart



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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	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD(Apr18-Feb19)
2.Effective	Incidents/Reports	2.05	Cardiac arrests	NT	ND	ND	3	4	2	7	3	6	9	ND	3	5	5	47
		2.06	Cardiac arrests identified as a SIRI	NT	0	0	1	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	ND	56	55	48	47	41	49	48	43	42	35	33	497
		2.10	WHO Checklist (Qrtly)	100%	NA	98.0%	NA	NA	99.0%	NA	NA	98.0%	NA	NA	99.0%	NA	NA	98.7%
		2.11	National clinical audit report baseline & risk assessments not completed within 6 months of publication	5	ND	ND	22	23	17	18	18	18	18	19	21	26	28	228
		2.12	Av. Elective LOS (excl. 0 days)	NT	2.27	3.29	3.39	2.80	2.66	2.85	3.29	2.60	3.25	3.50	3.35	2.81	3.92	3.13
		2.13	Av NEL LOS (excl 0 days)	NT	8.13	8.1	8.53	7.93	7.24	7.87	8.09	7.98	7.66	7.61	7.56	7.43	8.69	7.87
		2.14	% of NEL 0 day LOS	NT	13.3%	13.7%	13.6%	15.0%	15.7%	15.0%	13.3%	14.0%	14.4%	15.9%	15.4%	14.6%	13.8%	14.6%
		2.15	NHS number coding	99%	99.7%	99.7%	99.7%	99.8%	99.8%	99.8%	99.3%	99.7%	99.8%	99.8%	99.8%	99.7%	99.7%	99.7%
		2.16	Fractured Neck of Femur : Surgery in 36 hours	85%	96.0%	93.0%	89.0%	79.0%	100%	94.4%	100%	90.3%	96.9%	100%	100%	97.0%	100%	95.1%
		2.17	Discharge Summaries (OP 85% 3d)	85%	58.0%	56.0%	62.0%	57.0%	63.0%	54.0%	ND	ND	ND	ND	ND	ND	ND	59.0%
		2.18	Discharge Summaries (A&E 95% 1d)	95%	83.4%	82.3%	81.5%	82.5%	86.1%	86.4%	88.4%	86.9%	85.8%	82.2%	80.5%	83.7%	84.0%	84.4%
		2.19	Non-elective Discharge Summaries (IP 95% 1d)	95%	69.8%	70.8%	73.5%	75.7%	78.1%	76.6%	76.9%	75.3%	77.9%	72.4%	72.9%	76.6%	78.0%	75.8%
		2.20	Elective Discharge Summaries (IP 85% 1d)	85%	71.2%	72.9%	72.1%	71.2%	72.1%	69.5%	70.8%	79.8%	80.8%	84.5%	84.8%	84.7%	84.6%	77.7%
		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%	96.6%	91.7%	85.7%	86.4%	91.9%	90.0%	83.8%	86.7%	77.5%	100%	91.7%	82.8%	100%	88.8%
		2.23	Canc. Ops. - No. Cancelled for a 2nd time	NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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EXCEPTION REPORTS – EFFECTIVE

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	NICE and AUDIT
Standard	0
Executive Lead	Nick Jenkins
Month	Feb-19
Data Frequency	Monthly
CQC Area	Effective

Summary of Current performance & Reasons for under performance

NICE baseline assessments

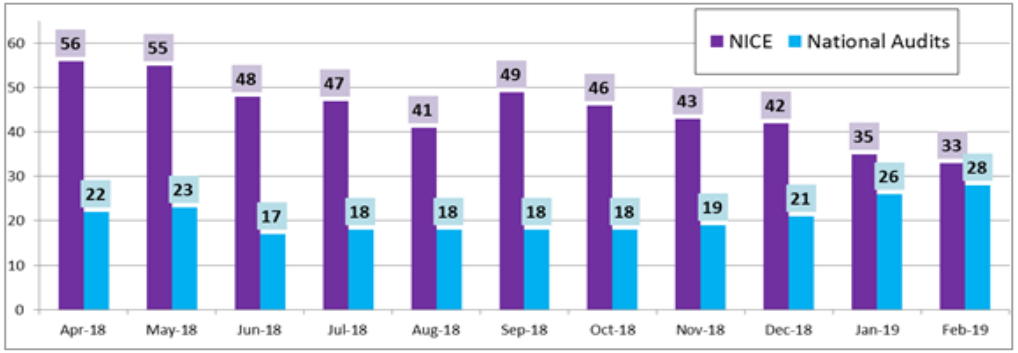
10 baseline assessments were completed in January 2018 and three guidelines were published (six months ago) in August 2018 that require a completed baseline assessment, resulting in a reduction from 42 to 35 baseline assessments not completed within 6 months of publication. This indicator remains AMBER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

National clinical audit baseline assessments

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

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	0	0	0	0	0	0	0	0	0	0	0
NICE	56	55	48	47	41	49	46	43	42	35	33
National Audits	22	23	17	18	18	18	18	19	21	26	28

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



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

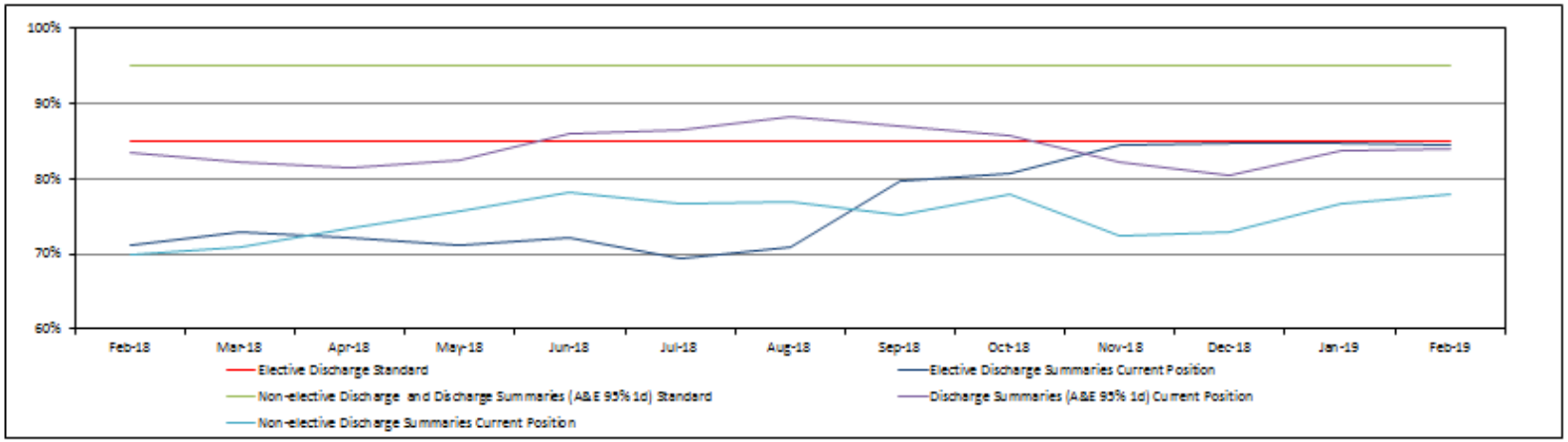
Indicator	Discharge Summaries
Standard	85%, 95%
Executive Lead	Nick Jenkins
Month	Feb-19
Data Frequency	Monthly
CQC Area	Effective

Summary of Current performance & Reasons for under performance

Generally we are seeing progress in improving the timeliness of discharge summaries for inpatient episodes. The Chief Operating Officer is now taking personal responsibility for overseeing performance for each area. Weekly reports are distributed to each area and most areas have less than ten outstanding discharge summaries each week. Any areas with greater numbers than this are required to take immediate action. The main exception to this progress remains the Emergency Department and we continue to work with their teams and the visiting clinicians to try and address this.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Elective Discharge Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Elective Discharge Summaries Current Position	71.2%	72.9%	72.1%	71.2%	72.1%	69.5%	70.8%	79.8%	80.8%	84.5%	84.8%	84.7%	84.6%
Non-elective Discharge and Discharge Summaries (A&E 95% 1d) Current Position	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Discharge Summaries (A&E 95% 1d) Current Position	83.4%	82.3%	81.5%	82.5%	86.1%	86.4%	88.4%	86.9%	85.8%	82.2%	80.5%	83.7%	84.0%
Non-elective Discharge Summaries Current Position	69.8%	70.8%	73.5%	75.7%	78.1%	76.6%	76.9%	75.3%	77.9%	72.4%	72.9%	76.6%	78.0%

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



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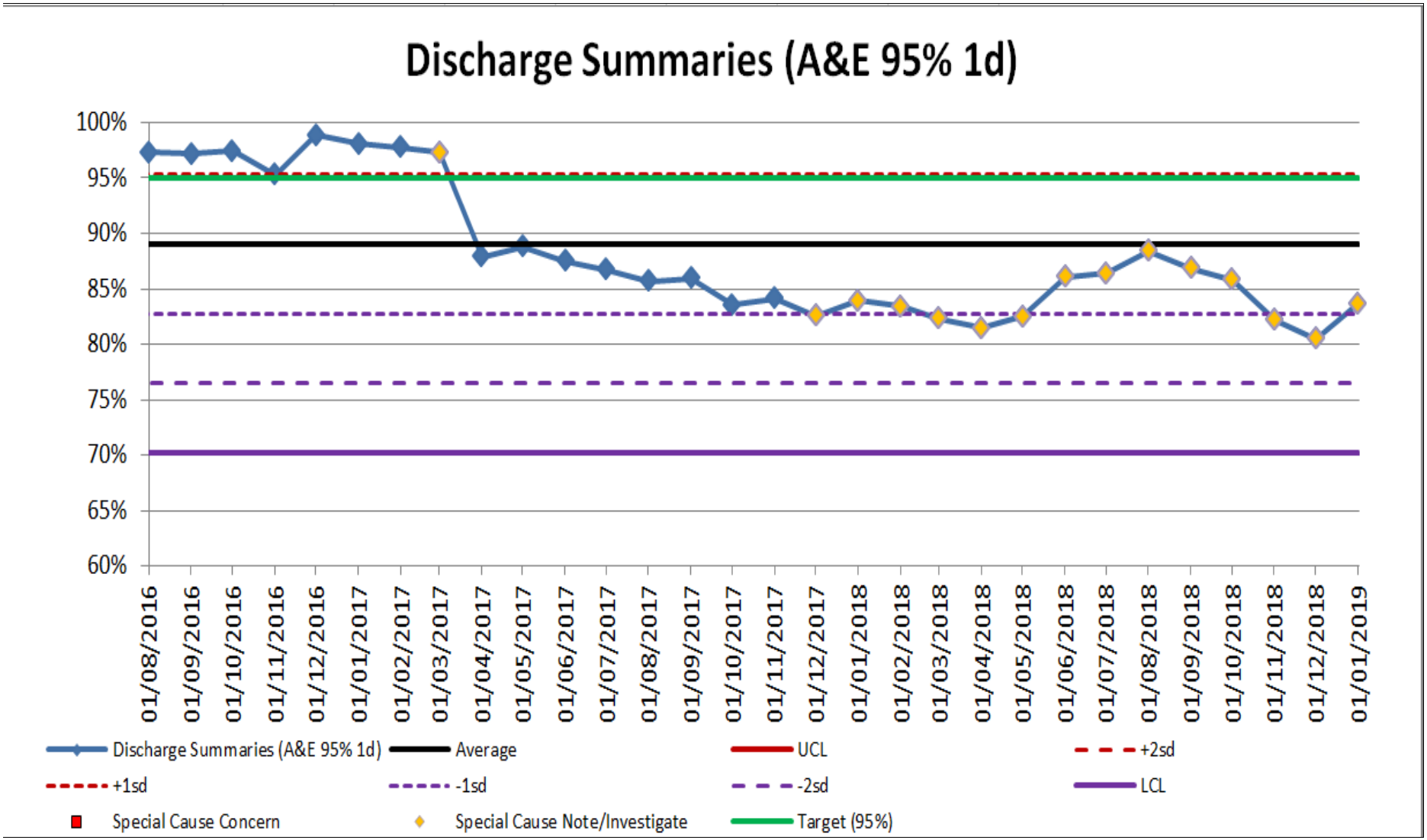

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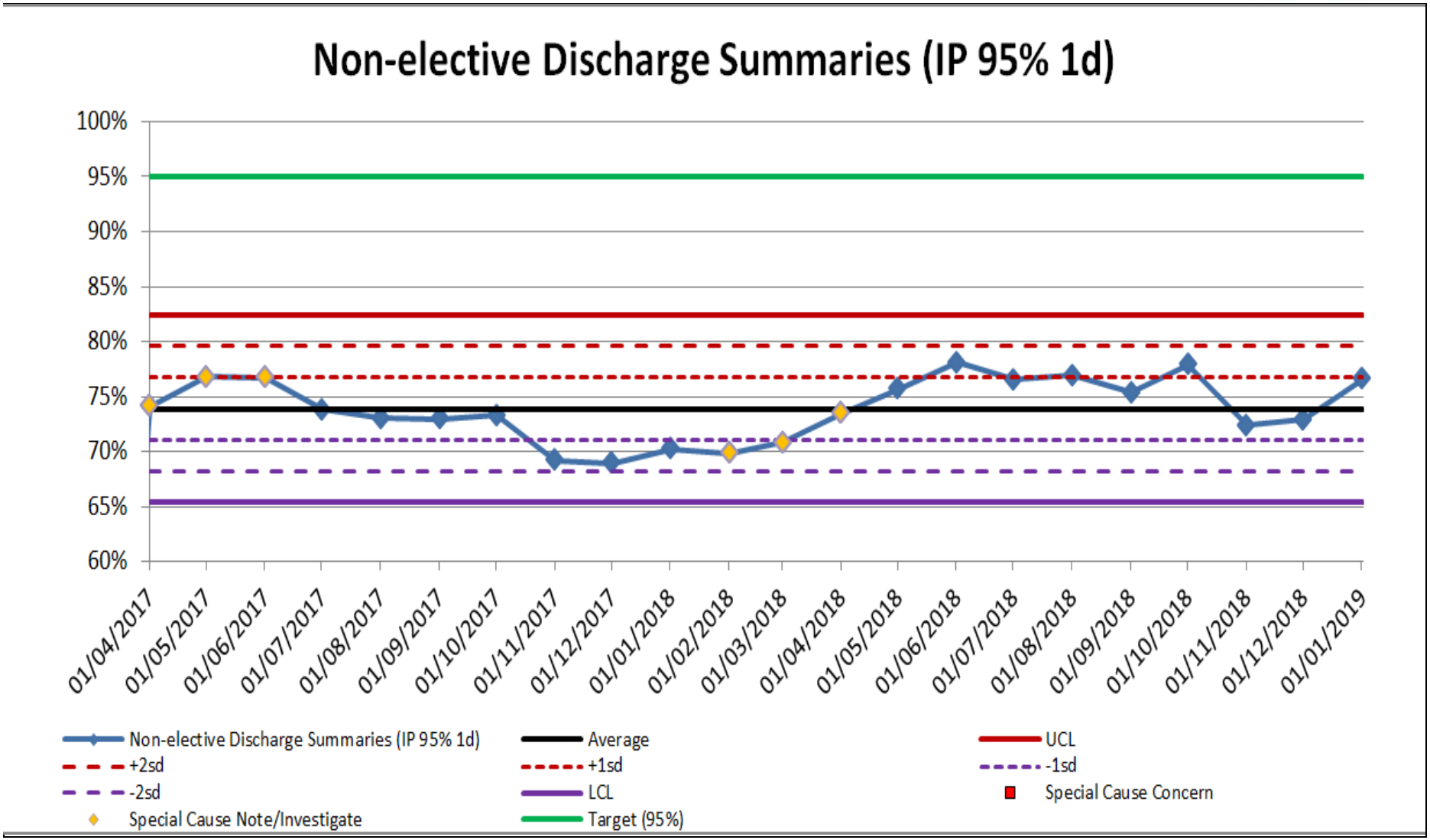

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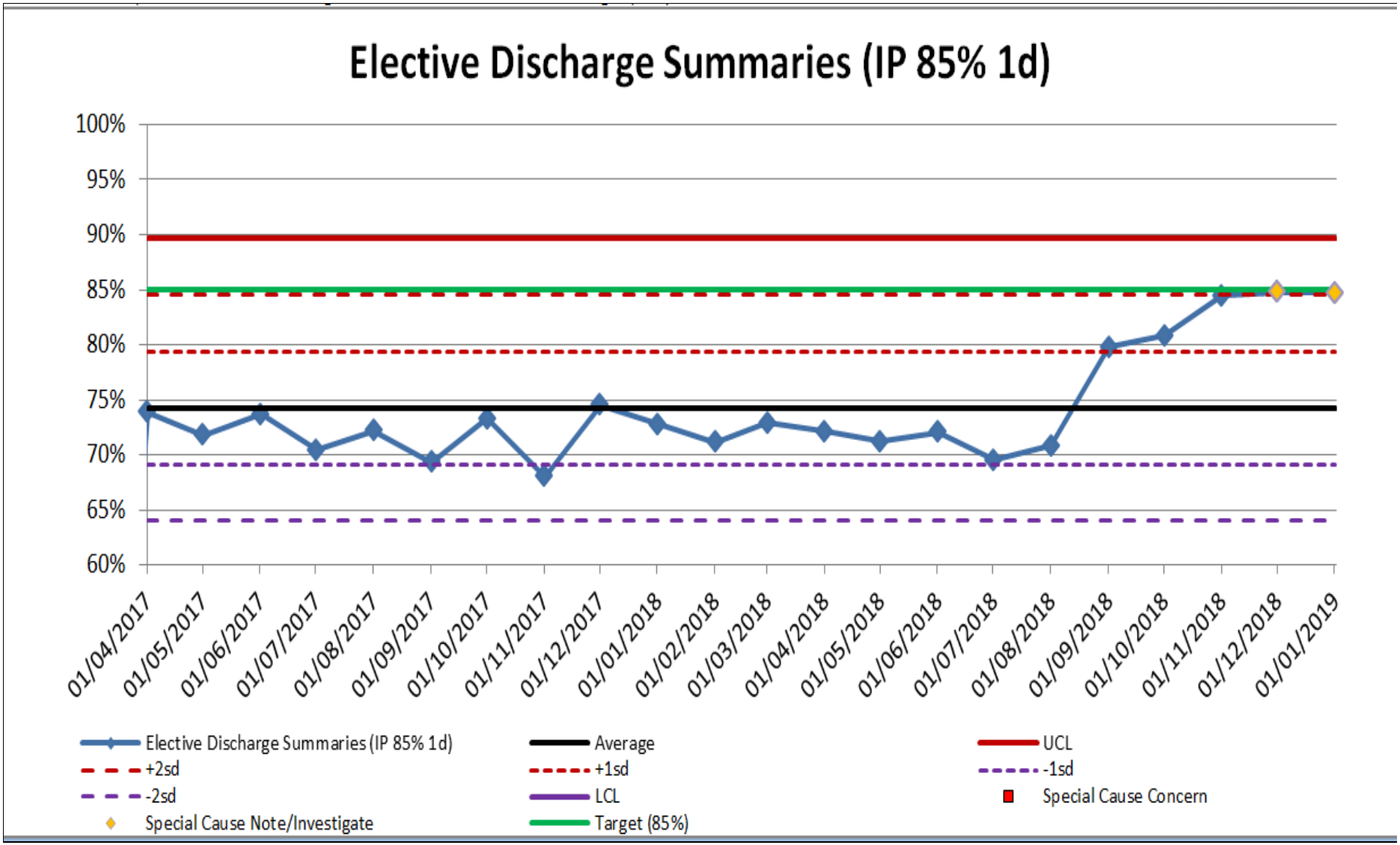

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6. DETAILED REPORTS - CARING

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

Are we..		Ref.	KPI	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD(Apr18-Feb19)
3. Caring	Other Friends and Family Test Scores	3.09	IP overall experience result	85%	95.0%	96.0%	97.0%	97.0%	97.0%	97.0%	95.0%	97.0%	95.0%	95.0%	98.0%	95.0%	94.0%	96.1%
		3.10	OP overall experience result	85%	97.0%	96.0%	97.0%	97.0%	97.0%	97.0%	96.0%	96.0%	97.0%	97.0%	97.0%	97.0%	98.0%	96.9%
		3.11	A&E overall experience result	85%	94.0%	94.0%	94.0%	93.0%	94.0%	95.0%	97.0%	94.0%	95.0%	95.0%	95.0%	95.0%	95.0%	94.7%
		3.12	Short-stay overall experience result	85%	99.0%	99.0%	100%	99.0%	99.0%	98.0%	99.0%	100%	99.0%	96.0%	98.0%	98.0%	99.0%	98.6%
		3.13	Short-stay Extremely likely or Likely to recommend (FFT)	90%	99.7%	99.0%	100%	99.0%	98.0%	98.0%	99.0%	99.0%	100%	99.0%	99.0%	97.0%	97.0%	98.6%
		3.14	Maternity - overall experience result	85%	93.0%	100%	99.0%	95.0%	96.0%	100%	97.0%	94.0%	97.0%	91.0%	99.0%	100%	96.0%	96.7%
		3.15	Maternity postnatal community - extremely likely or likely to recommend (FFT)	90%	ND	ND	100%	97.0%	96.0%	100%	100%	98.0%	98.0%	100%	100%	100%	100%	99.0%
		3.16	Maternity birthing unit - extremely likely or likely to recommend (FFT)	90%	100%	ND	100%	ND	ND	100%	100%	100%	100%	ND	ND	ND	ND	100%
		3.17	Maternity antenatal community - extremely likely or likely to recommend (FFT)	90%	ND	ND	100%	100%	94.0%	97.0%	100%	100%	100%	100%	100%	ND	ND	99.0%
		3.18	Children's services overall result	85%	ND	ND	97.0%	99.0%	96.0%	95.0%	98.0%	95.0%	85.0%	95.0%	93.0%	100%	100%	95.7%
		3.19	F1 Parent - overall experience result	85%	98.0%	98.0%	96.0%	99.0%	96.0%	95.0%	98.0%	95.0%	95.0%	98.0%	94.0%	97.0%	97.0%	96.4%
		3.20	F1 - Extremely likely or likely to recommend (FFT)	90%	100%	100%	92.0%	100%	96.0%	95.0%	94.0%	91.0%	100%	96.0%	87.0%	100%	100%	95.5%
		3.21	F1 Children - Overall experience result	85%	ND	ND	85.0%	97.0%	96.0%	99.0%	91.0%	95.0%	93.0%	95.0%	93.0%	100%	100%	94.9%
		3.22	Rosemary ward - extremely likely or likely to recommend (FFT)	90%	85.0%	100%	79.0%	100%	88.0%	76.0%	100%	90.0%	100%	100%	100%	100%	80.0%	92.1%
		3.23	King suite - extremely likely or likely to recommend	90%	100%	100%	ND	100%	100%	75.0%	100%	100%	100%	100%	100%	100%	100%	97.5%
		3.24	Community paediatrics - extremely likely or likely to recommend (FFT)	90%	97.0%	95.0%	94.0%	95.0%	100%	100%	100%	94.0%	100%	100%	100%	100%	96.0%	98.1%
		3.25	Community health teams - extremely likely or likely to recommend (FFT)	90%	100%	90.0%	100%	100%	100%	66.0%	89.0%	100%	100%	100%	100%	93.0%	93.0%	94.6%
		3.27	Stroke Care - Overall Experience Result	85%	95.0%	100%	95.0%	92.0%	100%	100%	100%	90.0%	100%	93.0%	ND	ND	89.0%	95.4%
		3.28	Stroke Care - extremely likely or likely to recommend	90%	100%	100%	100%	100%	100%	95.0%	97.0%	97.0%	100%	100%	100%	ND	93.0%	98.2%
	Complaint Handling	3.29	Complaints acknowledged within 3 working days	90%	100%	100%	92.0%	100%	100%	100%	88.0%	66.0%	100%	100%	100%	100%	88.0%	94.0%
		3.30	Complaints responded to within agreed timeframe	90%	17.0%	54.0%	31.0%	70.0%	50.0%	40.0%	83.0%	100%	83.0%	88.0%	83.0%	75.0%	100%	73.0%
		3.31	Number of second letters received	1	0	1	2	2	6	2	1	0	2	1	1	3	2	22
		3.32	Ombudsman referrals accepted for investigation	1	1	0	0	0	0	0	0	1	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	178	205	183	231	214	275	233	198	224	219	143	231	211	2362
		3.35	No. of PALS contacts becoming formal complaints	<=5	6	1	4	4	4	4	2	2	1	3	0	2	5	31

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EXCEPTION REPORTS –CARING

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

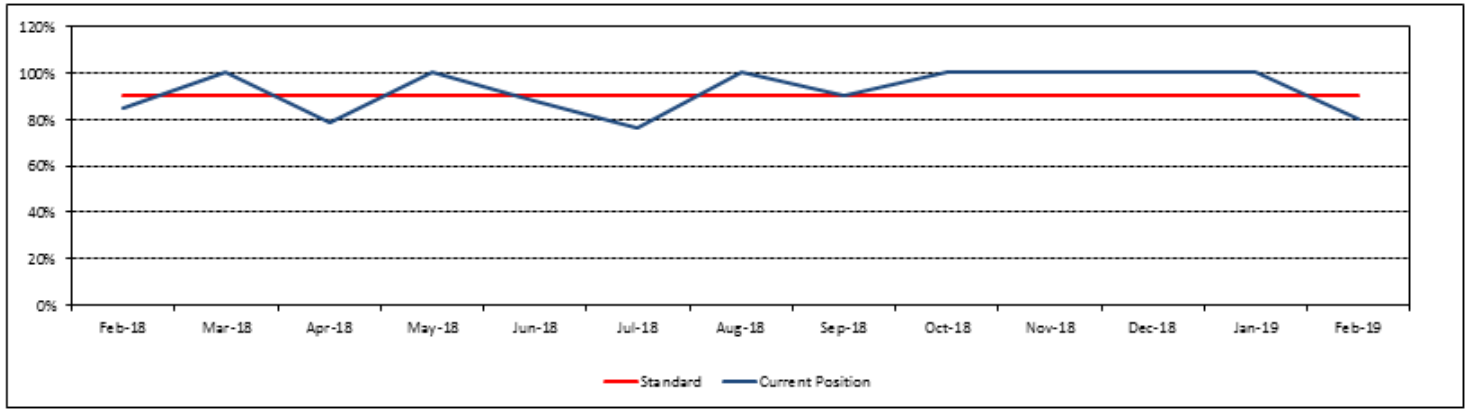
Indicator	Rosemary ward - extremely likely or likely to recommend (FFT)
Standard	90%
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

Due to only 10 patients completing a survey on Rosemary Ward in February, one person's response of 'extremely unlikely' has significantly affected this score (-10%) and one neutral response which does not detract the recommend score nor add to the 'not recommend' score. On analysis the individual providing a poor score felt there was a lack of support from staff - this has been shared with the senior matron for discussing with the team.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	85.0%	100%	79.0%	100%	88.0%	76.0%	100%	90.0%	100%	100%	100%	100%	80.0%

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



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

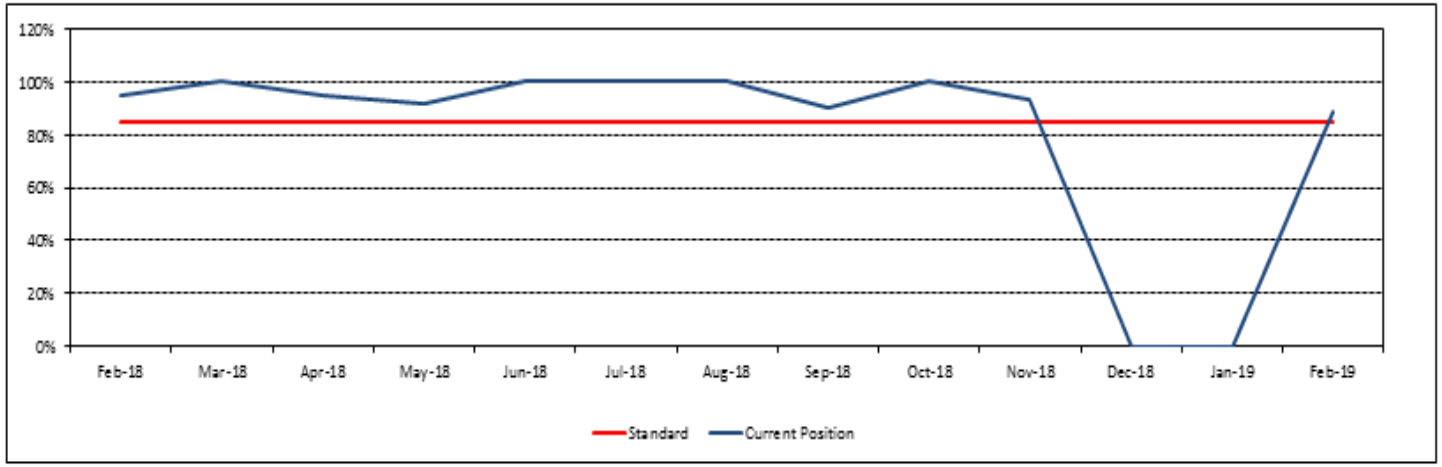
Indicator	Stroke Care - Overall Experience Result
Standard	85%
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

There is no clear reason why the recommender score was lower than usual this month. Only positive comments were left on the 18 surveys submitted in February and the remainder of the satisfaction questions scored mostly highly. The only areas which could have been improved upon were having someone to talk to when worried and involvement in recovery planning. Both of these elements have been raised with the senior matron and queries around additional voluntary support have been recommended.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Current Position	95.0%	100%	95.0%	92.0%	100%	100%	100%	90.0%	100%	93.0%	ND	ND	89.0%

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



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

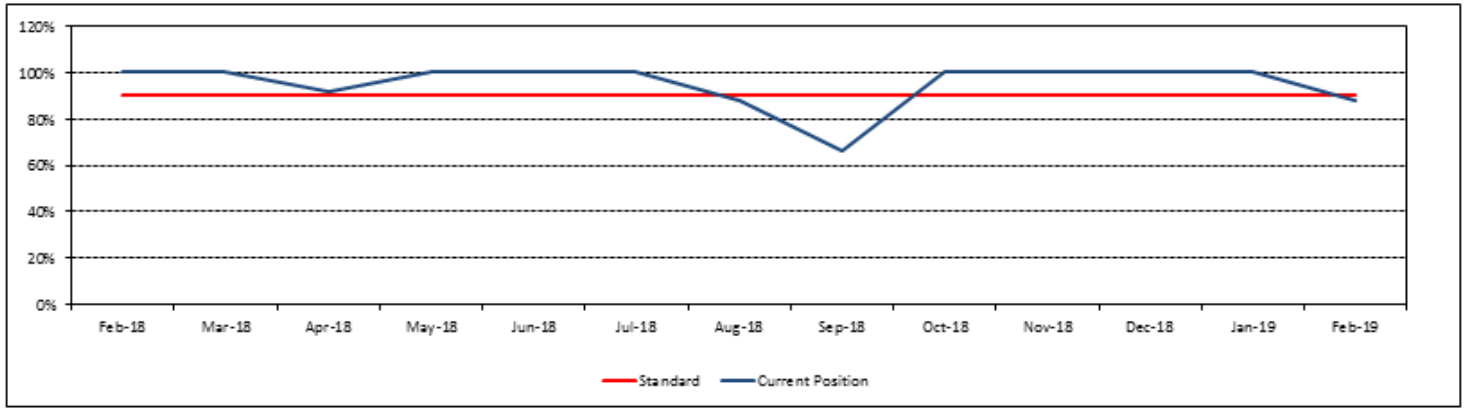
Indicator	Complaints acknowledged within 3 working days
Standard	90%
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

Two out of 18 acknowledgement letters were sent a day later than our target due to unanticipated workload (increased formal complaints). This will continue to be monitored closely.

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

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



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

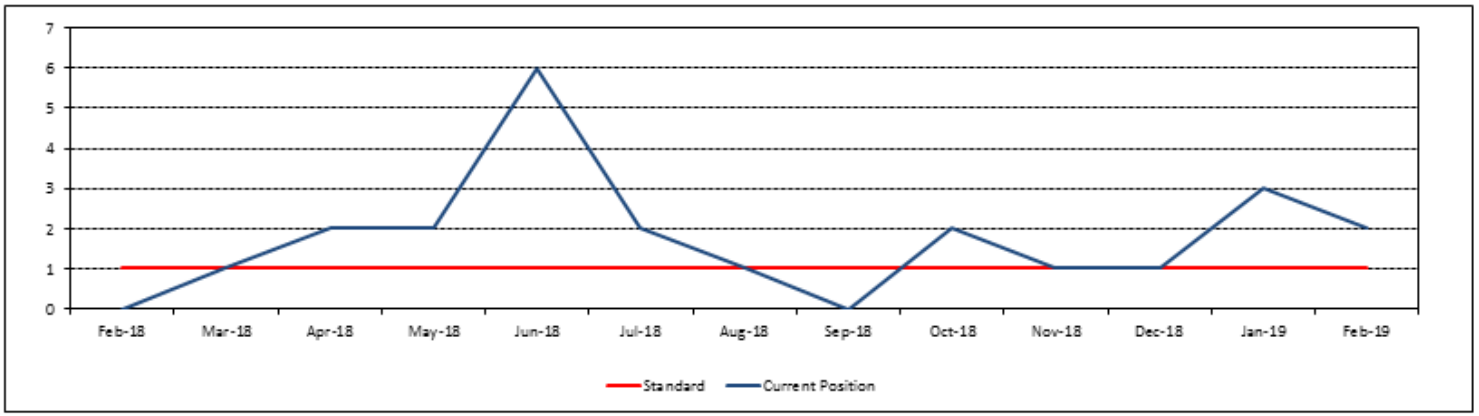
Indicator	Number of second letters received
Standard	1
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

There was an increase in formal complaints over the beginning of the quarter and therefore higher numbers of second letters are not unexpected. Both cases relate to partner's of patient's who have passed away, with additional queries around the circumstances of their deaths.

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

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



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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	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD(Apr18-Feb19)
4. Responsive	A&E	4.13	Number of Delayed Transfer of Care - (DTOCs)	NT	393	321	208	206	203	130	242	176	191	219	256	202	284	211
		4.14	A&E time to treatment in department (median) for patients arriving by ambulance - CDM	120	75	64	62	48	49	49	46	39	46	45	46	47	43	47
		4.15	A&E - Single longest Wait (Admitted & Non-Admitted)	6 hrs.	17.18	19.50	18.14	10.30	12.22	14.49	15.54	12.23	16.17	13.05	15.35	20.32	14.35	14.74
		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	30	46	17	4	8	15	31	10	31	24	54	125	113	432
		4.18	A&E - To inpatient Admission Ratio	27%	32.1%	29.6%	27.9%	25.8%	25.0%	23.9%	25.7%	28.3%	28.6%	30.3%	31.2%	31.3%	31.6%	28.1%
		4.19	A&E Service User Impact (re-attendance in 7 days <5% & time to treat)	1 met	1	1	1	1	1	1	1	1	1	1	1	1	1	1
		4.20	A&E/AMU - Amb. Submit button complete	80%	89.6%	93.5%	92.7%	94.4%	92.8%	91.3%	90.1%	91.0%	93.1%	94.7%	95.0%	94.9%	96.5%	93.3%
		4.21	A&E - Amb. Handover above 30m	0	87	74	88	84	13	21	24	6	21	15	40	61	33	406
		4.22	A&E - Amb. Handover above 60m	0	30	17	29	3	5	31	16	2	30	8	14	59	10	207
	RTT	4.25	RTT waiting List	<15396	15804	15396	16223	16481	16739	16715	16601	18105	18071	17915	18426	19601	18341	17565
		4.26	RTT waiting list over 18 weeks	NT	1650	1614	1560	1294	1443	1433	1775	1830	1766	1855	2149	2999	3005	1919
		4.27	RTT 18 weeks Non-Consultant led services - Community	90%	100%	99.4%	99.2%	97.6%	100%	98.7%	99.0%	99.0%	99.0%	99.0%	100%	99.7%	99.6%	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%	76.7%	70.0%	73.7%	63.6%	77.7%	76.3%	84.4%	93.3%	64.0%	84.0%	80.0%	83.0%	75.5%	77.8%
		4.30	Stroke - % patients scanned within 12 hrs.	96%	100%	97.5%	94.7%	97.7%	100%	89.5%	100%	100%	100%	100%	97.5%	94.3%	98.1%	97.4%
		4.31	Stroke - % Patients admitted directly to stroke unit within 4h	75%	79.3%	72.5%	57.9%	73.2%	84.1%	75.0%	79.6%	82.8%	73.3%	83.7%	78.4%	78.4%	61.5%	75.3%
		4.32	Stroke - % greater than 80% of treatment on stroke unit	90%	96.6%	87.5%	81.6%	82.9%	100%	88.9%	88.6%	96.6%	88.9%	93.9%	91.9%	94.1%	84.3%	90.2%
		4.33	Stroke - % of patients treated by the SESDC	48%	50.0%	51.4%	54.8%	48.7%	58.5%	50.0%	53.9%	69.2%	52.4%	63.6%	48.0%	63.2%	49.1%	55.6%
		4.34	Stroke -% of patients assessed by a stroke specialist physician within 24 hrs. of clock start	80%	83.3%	95.0%	79.0%	81.8%	97.8%	92.1%	97.8%	96.7%	94.0%	88.0%	90.0%	96.2%	86.8%	90.9%
		4.35	Stroke -% of patients assessed by nurse & therapist within 24h. All rel. therapists within 72h	75%	86.2%	86.8%	94.6%	92.5%	88.6%	89.2%	79.6%	86.2%	73.5%	89.6%	78.4%	87.5%	89.6%	86.3%
		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	ND	57.0%	ND	ND	ND	ND	ND	ND	61.0%	ND	ND	59.0%
		4.38	Stroke -Provider rating to remain within A-C	C	ND	C	C	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	C

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Are we..		Ref.	KPI	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD(Apr18-Feb19)
4. Responsive	Other	4.39	Urgent Referrals for Early Intervention Team (EIT) - Community	95%	ND	ND	100%	100%	100%	100%	100%	ND	100%	100%	100%	ND	100%	100%
		4.40	Nursing & therapy Red referrals seen within 4hrs - Community	95%	96.4%	100%	96.4%	100%	100%	98.2%	100%	100%	100%	100%	100%	96.6%	100%	99.2%
		4.41	Nursing & therapy Amber referrals seen within 72hrs - Community	95%	98.0%	97.6%	98.8%	99.4%	99.5%	97.4%	99.4%	99.5%	99.0%	99.9%	100%	99.0%	98.8%	99.1%
		4.42	Nursing & therapy Green referrals seen within 18 wks -Community	95%	99.9%	99.9%	99.3%	99.9%	100%	100%	100%	99.6%	99.7%	99.2%	98.0%	99.5%	99.5%	99.5%
		4.43	Wheelchair waiting times – Child (Community)	92%	61.9%	42.2%	90.9%	100%	95.2%	90.9%	100%	100%	100%	83.3%	83.3%	81.8%	94.1%	92.7%
		4.44	Wheelchair waiting times - Adult (Community)	NT	73.6%	72.5%	75.6%	78.3%	80.0%	54.9%	100%	73.1%	ND	ND	ND	ND	ND	77.0%
		4.45	Sepsis - 1 hr neutropenic sepsis	100%	75.0%	58.3%	63.6%	80.0%	57.9%	80.0%	72.2%	90.9%	90.0%	75.0%	77.8%	81.0%	75.0%	76.7%
		4.46	Percentage of Children in Care initial health assessments completed within 28 calendar days of becoming a child in care	100%	ND	ND	0.0%	4.8%	8.0%	23.1%	31.6%	11.8%	33.3%	21.4%	15.4%	0.0%	20.0%	15.4%
		4.47	Percentage of Service Users (children) assessed to be eligible for NHS Continuing Healthcare whose review health assessment is completed annually	80%	ND	ND	ND	ND	ND	ND	ND	86.7%	86.2%	90.0%	97.0%	100%	100%	93.3%

EXCEPTION REPORTS – RESPONSIVE

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

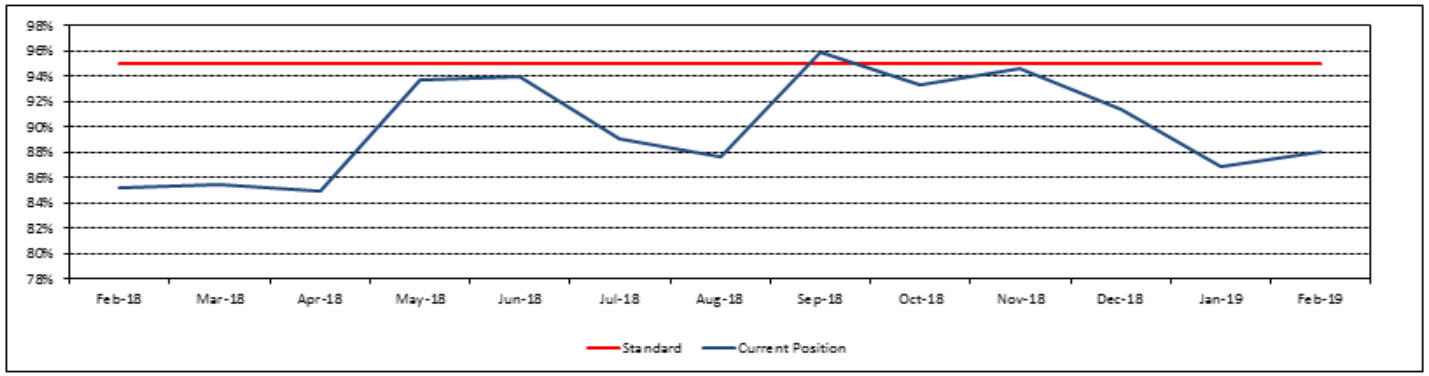
Indicator	A&E under 4 hr. wait
Standard	95%
Executive Lead	Helen Beck
Month	Feb-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

- February 2019 performance was 87.98%
- 40.1% of breaches caused by lack of beds (increased from 39.8% in January)
- 26.8% of breaches caused by delay to CDM (increased from 24.8% in January)
- March 2019 to date: 91.14% at 20.03.19
- Quarter to Date: 88.35% at 13.03.19
- Improvement work aligned with CQC Key Lines of Enquiry
- Departmental learning information board in place to share good practice, performance information and key topics
- Band 5 recruitment on going. 4.33 wte vacancies, however maternity leave and 2 wte not covered until September and 1 wte due to start May. Therefore 8.33 wte vacancies in real terms
- Continued positive feedback regarding ED educator and impact on recruitment and retention of staff
- Consultant-led Super RAT trial 25th February to 17th March- evaluation being completed

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	85.2%	85.4%	84.9%	93.7%	93.9%	89.0%	87.6%	95.9%	93.3%	94.6%	91.4%	86.8%	88.0%

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



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

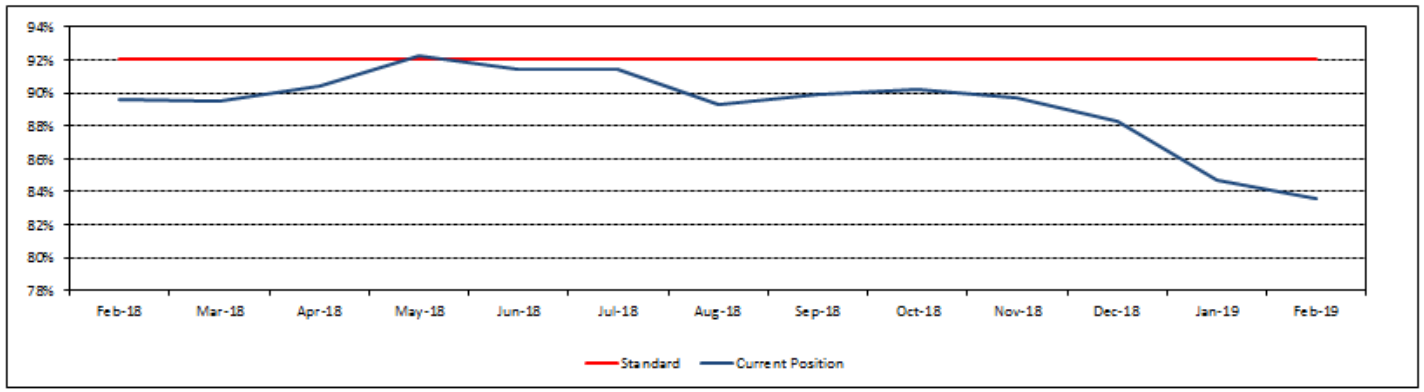
Indicator	RTT: % incomplete pathways within 18 weeks
Standard	92%
Executive Lead	Helen Beck
Month	Feb-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

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

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Current Position	89.6%	89.5%	90.4%	92.2%	91.4%	91.4%	89.3%	89.9%	90.2%	89.7%	88.3%	84.7%	83.6%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Action plan for recovery in place for all specialities not meeting performance	HK	Dec-18	
Continue to monitor long waits at weekly access meeting	HK	Aug-18	
Out/in source of cataract patients	HK	Dec-18	Apr-19
Options for outsourcing vascular cases being explored	HK	Jan-19	TBC
Additional capacity for Orthopaedic Consultants with longest wait times	FK	Mar-19	TBC
External Validation taking place to validate 4500 records	NY	Mar-19	Apr-19



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

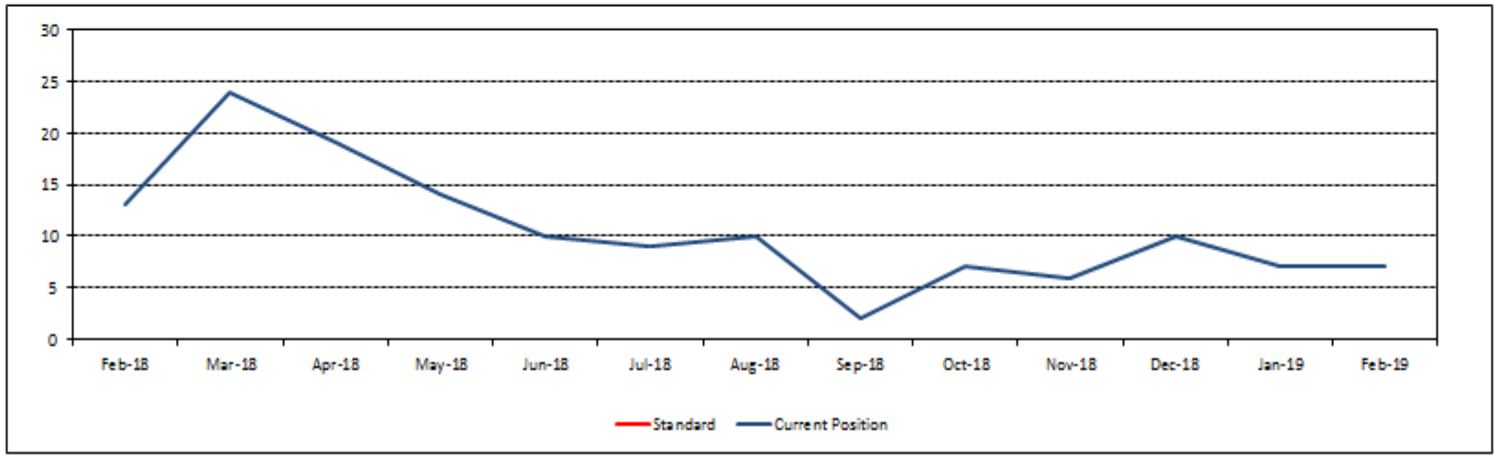
Indicator	52 week waiters
Standard	0
Executive Lead	Helen Beck
Month	Feb-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

7 patients who were over 52 weeks at the end of February. 4 x Vascular, 1 x Colorectal, 2 x ENT. Of these, 4 have now been completed and 3 have plans in place.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	13	24	19	14	10	9	10	2	7	6	10	7	7

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	



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

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

Summary of Current performance & Reasons for under performance

Urology - A new consultant has recently joined the department and this will support the delivery of the urology diagnostic pathways. Additional sessions are being planned for April to support cystoscopy pressures in particular with increased permanent clinic slots planned for the new consultant

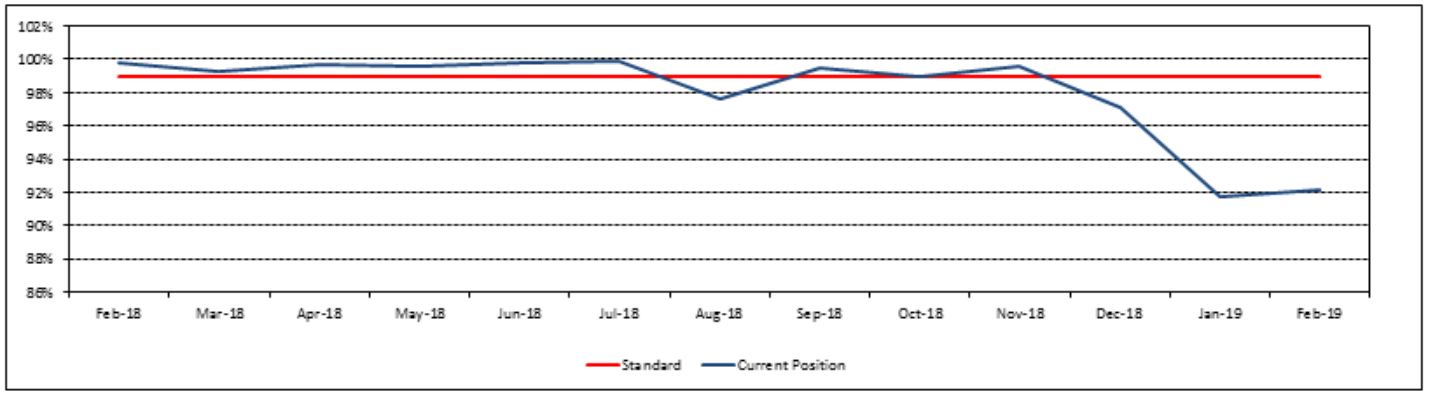
Audiology - work continues to align audiology and ENT appointments and also validate patient choice breaches occurring in the audiology six week diagnostic pathway. This has helped improve audiology performance against the 6 week diagnostic standard in month. Referral triage capacity is being reviewed to ensure that this does not reduce the diagnostic opportunity in the early stages of the RTT pathway for ENT/Audiology patients.

Endoscopy - The 6-week diagnostic target was achieved for all modalities within radiology this month. However, endoscopy recorded 34 breaches against the 6-week target. The performance issues for endoscopy were multi-factorial and action plans have been put in place regarding the information on the waiting list, review of surveillance patients, and re-introduction of weekly scrutiny meetings. These actions have already had a positive impact and March performance for endoscopy is back on track.

Cardiology - Echo Compliance Recovery Plan: Following further validation and fixes to the new software system, the backlog of echo's is now confirmed at just over 1000. The recovery plan includes Saturday sessions and support of locums as well as work to maximise slots. With this plan in place the target date for compliance is May 2019.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Current Position	99.8%	99.3%	99.7%	99.6%	99.8%	99.9%	97.6%	99.5%	99.0%	99.6%	97.1%	91.7%	92.2%

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



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

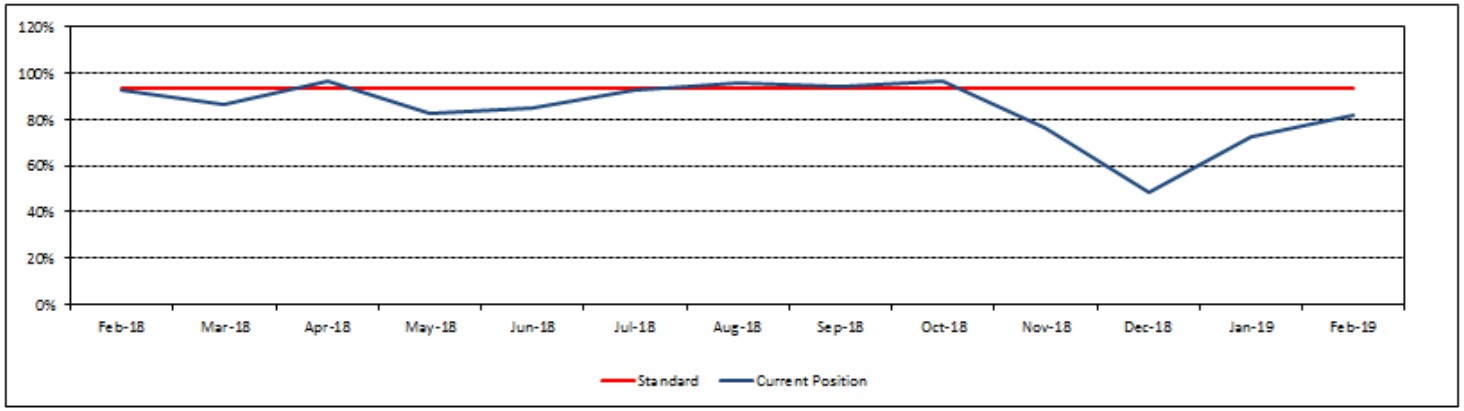
Indicator	Cancer 2 week waited breast symptoms
Standard	93%
Executive Lead	Helen Beck
Month	Feb-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

This months performance is due to combination of factors- ongoing increase in the numbers of referrals, inadequate radiology capacity to run additional clinics and patient choice factors in one third of the total 29 breaches.
Owing to ongoing radiology capacity issues and increasing numbers of referrals to breast service this performance is still challenged. In addition to converting one of the screening clinics to enhance the capacity to book 1st appointments for 2 WW patients, the breast unit also runs additional clinics during when relevant clinicians are available during the evenings and weekends.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
Current Position	92.9%	86.7%	96.7%	82.6%	84.9%	92.8%	95.9%	93.9%	96.4%	76.7%	48.8%	72.1%	82.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Revision of the Breast 2WW referral form	AP/CCG	Apr-19	TBC
Additional Friday PM clinic to commence on a permanent basis	AP	May	TBC
Locum Radiographer request out for ad-hoc additional lists	JA	May	TBC



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

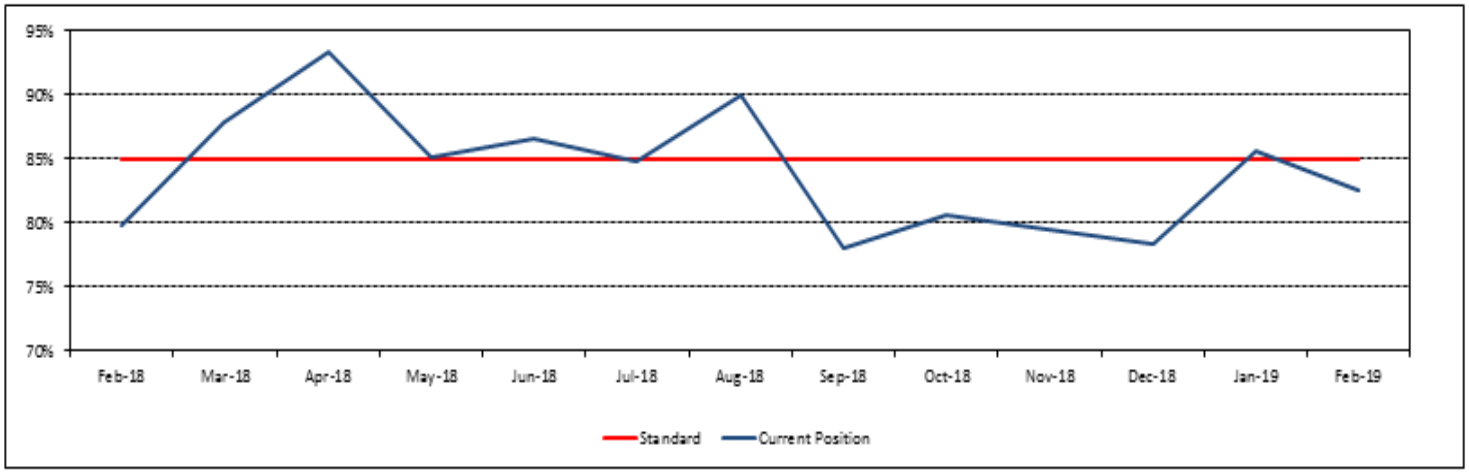
Indicator	Cancer 62 d GP referral
Standard	85%
Executive Lead	Helen Beck
Month	Feb-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

This months performance has deteriorated as expected owing to 8 local and 5 shared breaches. Capacity constraints for diagnostics in Colorectal and Urology remains a challenge and unexpected breaches in Gynaecology, where the suspicion of cancer was low, has caused the drop in performance.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Current Position	79.8%	87.8%	93.3%	85.1%	86.5%	84.8%	89.9%	78.0%	80.6%	79.5%	78.3%	85.6%	82.5%

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



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

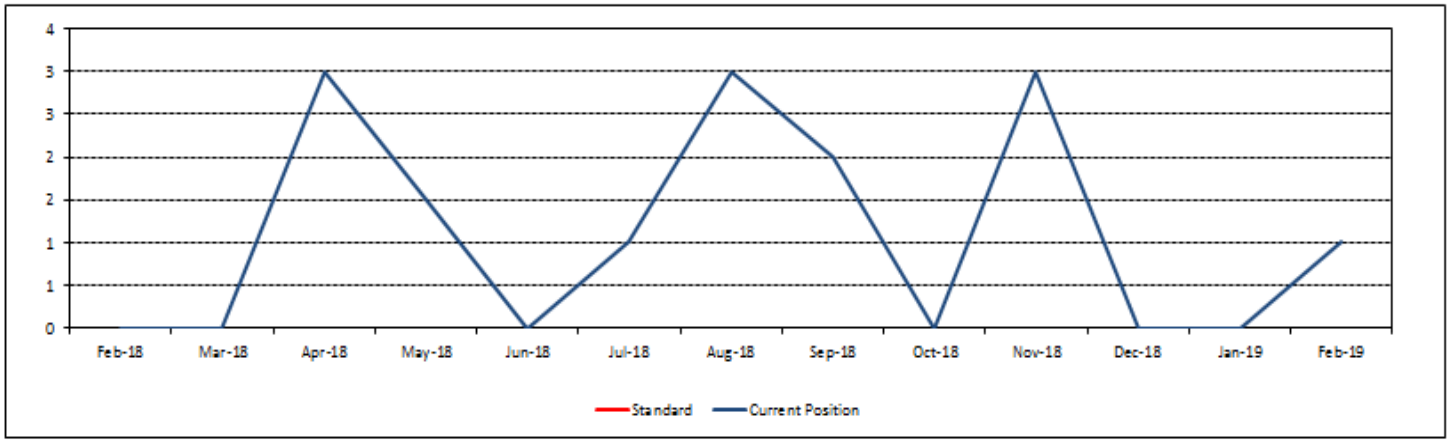
Indicator	Incomplete 104 day waits
Standard	0
Executive Lead	Helen Beck
Month	Feb-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Patient had their treatment on day 125 on a pathway. Patient was referred in to Lung and had multiple diagnostics, and discussion at MDT, referred on to Haematology and after further investigation and MDT referred to Addenbrookes on day 91 as patient choice to take part in trial, however referred back to West Suffolk on day 118 as unsuitable for trial and treated on day 125. Full RCA and pathway review will be undertaken via DATIX.

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Full investigation to commence via DATIX	SD	Dec-18	
Escalation/Tracking of patients waiting over 62 days	SD	Dec-18	



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

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

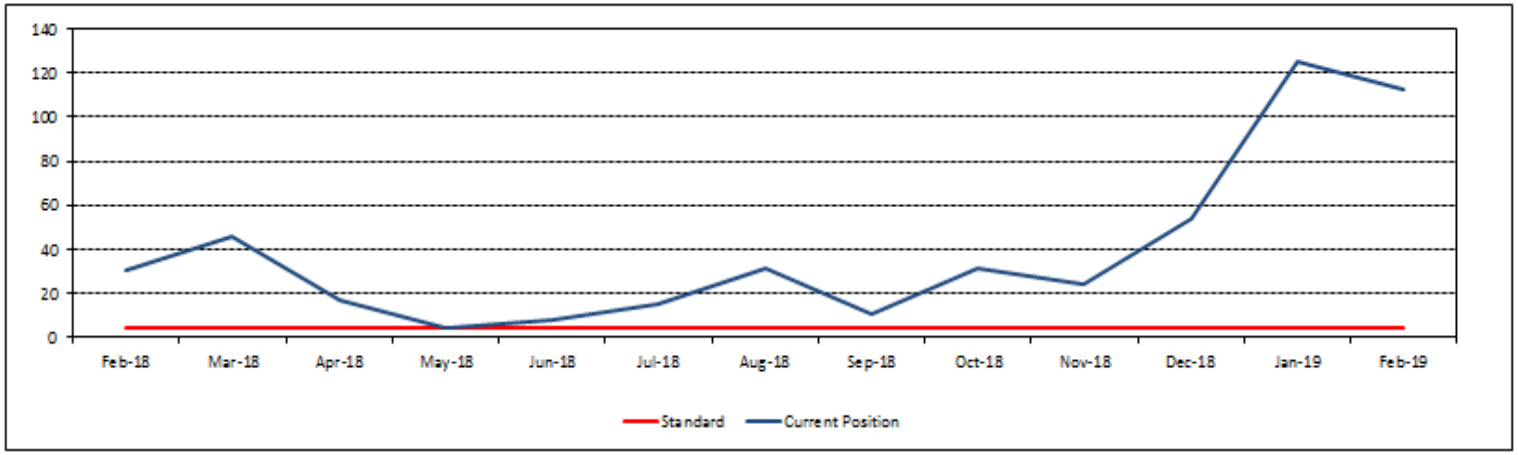
Summary of Current performance & Reasons for under performance

113 patients of 1903 admitted patients (5.9%) waited between 4-12 for a bed following a decision to admit. This has reduced since January but is still high due to the high demand on the hospital services resulting in bed pressures within the hospital. This was reflected in an increase in breaches due to bed requests which increased to 40.1% of all breaches from 39.8% in January.
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	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	4	4	4	4	4	4	4	4	4	4	4	4	4
Current Position	30	46	17	4	8	15	31	10	31	24	54	125	113

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 evaluation of pilot for consultant lead Rapid Assessment and Treatment.	ED Team	Nov-18	Ongoing



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

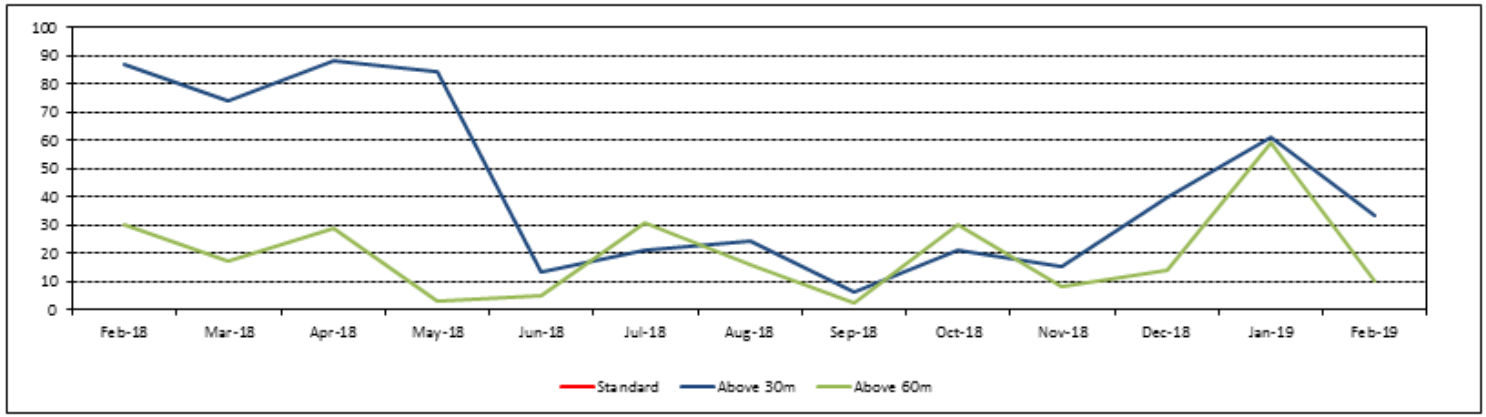
Indicator	A&E - Amb. Handover
Standard	0
Executive Lead	Helen Beck
Month	Feb-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Top risks and issues	Mitigating actions
• Space constraints within the Emergency Department • Awaiting input from EEAST on recovery plan	Ambulance escalation policy in place. Capital project to expand ED Escalation to senior colleagues within EEAST. STP workshop on 28th March to learn from other neighbouring Trusts and expand recovery plan.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Above 30m	87	74	88	84	13	21	24	6	21	15	40	61	33
Above 60m	30	17	29	3	5	31	16	2	30	8	14	59	10

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



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

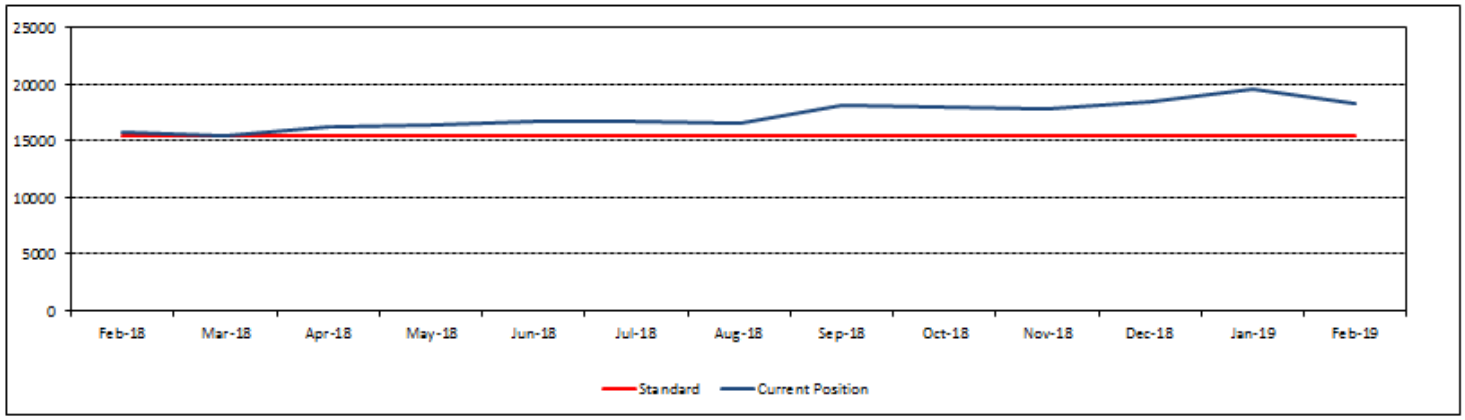
Indicator	RTT waiting List
Standard	15396
Executive Lead	Helen Beck
Month	Feb-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Due to reporting issues in December and January, we were without a PTL document for 7 weeks. This has had a large impact on our ability to validate patients who were not on the PTL previously meaning that there are potentially more data quality issues on the PTL. Overall number has reduced by 1300 due to on-going work to increase capacity and additional validation.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	15396	15396	15396	15396	15396	15396	15396	15396	15396	15396	15396	15396	15396
Current Position	15804	15396	16223	16481	16739	16715	16601	18105	18071	17915	18426	19601	18341

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
Additional capacity for Orthopaedic Consultants which longest wait times	FK	Mar-19	TBC
External Validators contracted to validate 4500 records	NY	Mar-19	Apr-19



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

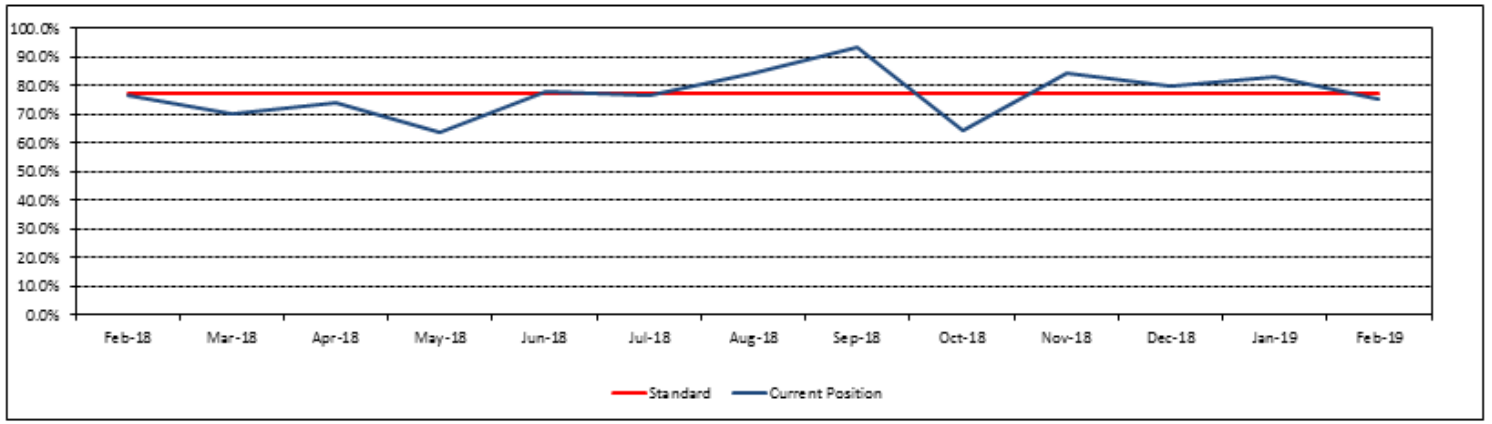
Indicator	Stroke - % Patients scanned within 1 hr.
Standard	77%
Executive Lead	Helen Beck
Month	Feb-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Narrowly missed target. This was a slightly unusual month in that of the 13 breaches, 3 were unusual presentations and initially thought not to be stroke, 3 patients were too unstable to go to CT within the hour, 1 patient went missing in ED, 3 were delays in ED and therefore too late for 1hr scan and 2 were inpatient strokes with a delay in informing Early Stroke outreach team and the final was a delay in assessment by the medical team. 10/13 breaches occurred out of hours.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	77.0%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%
Current Position	76.7%	70.0%	73.7%	63.6%	77.7%	76.3%	84.4%	93.3%	64.0%	84.0%	80.0%	83.0%	75.5%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Monthly reviews with ED managers and Early Stroke outreach team to look through breaches which occurred in ED. Continued education sessions for base ward staff on detection of stroke and escalation to Early Stroke outreach team. Recruiting for an MTI to bolster stroke establishment and enable us to extend the period of hours covered by the stroke team.	JA	Mar-19	Apr-19



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

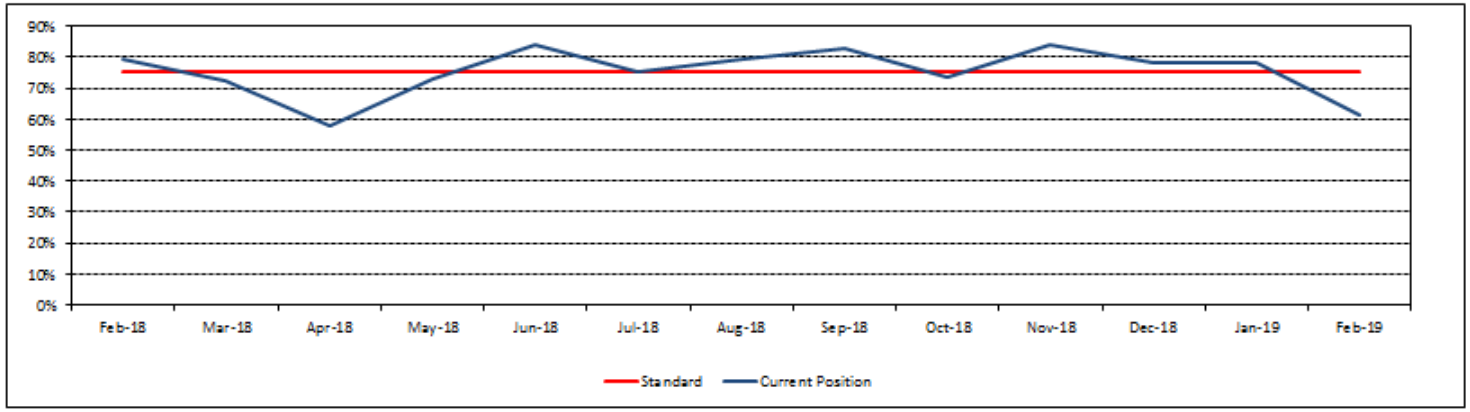
Indicator	Stroke - % Patients admitted directly to stroke unit within 4h
Standard	75%
Executive Lead	Helen Beck
Month	Feb-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

For February we had a high number of stroke discharges - 53 patients. Of these patients, 20 breached the 4 hour to stroke unit target. 45% (9pts) of the breaches have been directly attributed to the fact that there were no ring-fenced beds on G8, which coincided with the demand on the Trust as a whole with escalation areas being open. Had the ring-fenced beds been available the target would have been met. 2 patients required side rooms and were for palliative care, so it was in their best interest to go to a base ward with a side room. One patient went missing from ED and so breached. The remaining breaches were a mixture of not initially being thought to be a stroke and delay in alerting Early Stroke Outreach Team.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Current Position	79.3%	72.5%	57.9%	73.2%	84.1%	75.0%	79.6%	82.8%	73.3%	83.7%	78.4%	78.4%	61.5%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Discussions with patient flow team re: the impact of no ring-fenced beds on our target and overall performance. Currently there is a medicine flow document being compiled to clarify and remind/aide Patient Flow Team etc of the various needs of each department, including ring fenced beds in stroke. Devising a document for aHyper-acute stroke unit on G8 which again will help with ring-fenced beds. Early Stroke Outreach Team continue to provide education to ward staff regarding detection of inpatient strokes and early escalation to Early Stroke Outreach Team.	JA	Mar-19	Apr-19



NHS West Suffolk NHS Foundation Trust

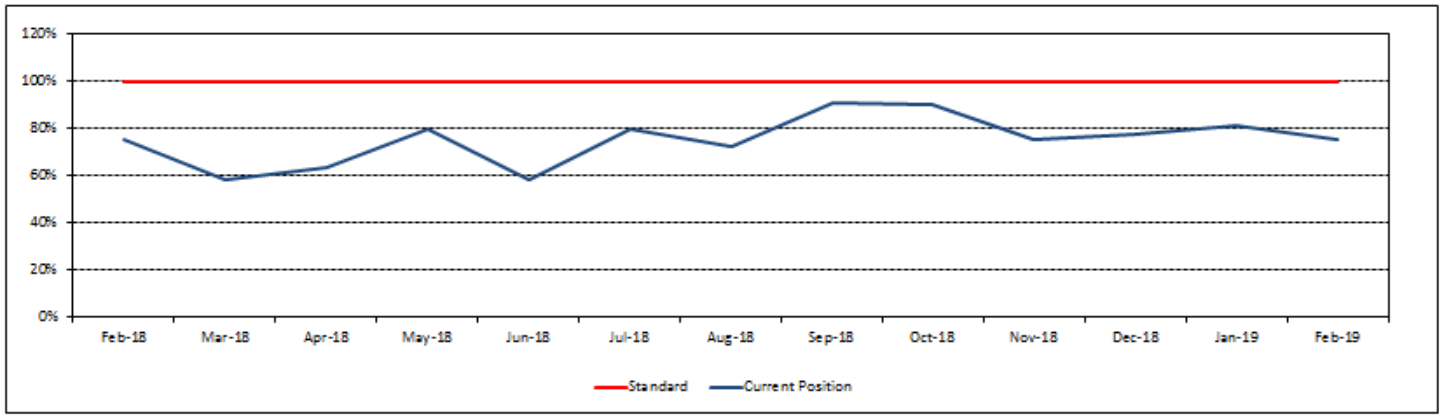
WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT	
Indicator	Sepsis - 1hr neutropenic sepsis
Standard	100%
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Performance against national standards for Door to Needle time for Neutropenic was 75% for the month of February. 1 patient was admitted to G1 and received 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. 1 patient was admitted through AAU and breached the national standard. Please see below action plan to address the issues and improve performance against this standard.

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

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



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

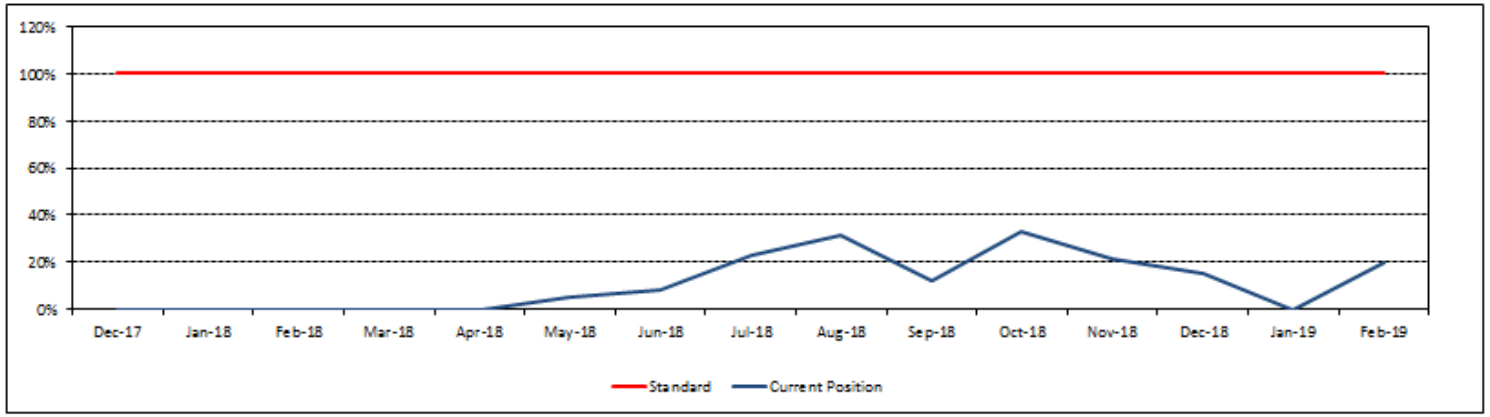
Indicator	Percentage of Children in Care initial health assessments completed within 28 calendar days of becoming a child in care
Standard	100%
Executive Lead	Helen Beck
Month	Jan-18
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

4 out of 20 Children seen within 28 days of becoming a Child in Care.
16 breaches
2 patients seen at earliest appointment 30 & 48 days
14 patients where late notification, or late paperwork, and or refused 1 or more appointments, 3 of these patient also DNA 1 or more appointments.

Month	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	ND	ND	ND	ND	0.0%	5%	8.0%	23.1%	32%	12%	33.3%	21.4%	15.4%	0.0%	20.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Service capacity and operation is under review with the CCG. 4-6weekly performance interagency performance meetings are in place to monitor issues with transfer of information. Escalation process established for those children who are refusing appointments or with carers who are hard to engage. A pilot is being undertaken in the east of the county with GP's to increase core capacity, this hasn't impacted on capacity as there has been minimal activity redirected to the East GP's.	Nic Smith - Howell	Ongoing	



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8. DETAILED REPORTS – WELL-LED

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

Are we.		Ref.	KPI	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD(Apr18 Feb19)
5. Well Led	Agency, WTE & vacancies	5.09	Agency Spend Cap	486	378	378	331	196	330	433	507	393	381	620	500	486	486	424
		5.10	Bank Spend		1093	996	1282	1350	1015	1045	1294	1212	1222	1140	1167	1114	971	12812
		5.12	Proportion of Temporary Staff	12%	11.3%	11.0%	12.5%	11.9%	9.7%	11.3%	12.7%	12.0%	11.8%	12.8%	12.1%	12.7%	9.4%	11.7%
		5.13	Locum and Medical agency spend	NT	487	468	398	319	468	624	524	434	524	570	555	522	389	484
		5.57	Additional sessions	NT	186	167	253	238	207	161	270	250	338	288	266	216	274	251
		5.16	% Staff on Maternity/Paternity Leave	NT	1.98%	1.93%	2.00%	2.30%	2.38%	2.43%	2.60%	2.64%	2.65%	2.73%	2.83%	2.80%	2.64%	2.55%
	Other	5.58	New grievance or employment tribunals in the month	NT	NA	NA	0	4	0	0	0	0	1	4	0	2	0	11
		5.18	Recruitment Timescales - Av no. of weeks to recruit	7	5.4	5.4	5.4	5.6	5.4	5.4	5.0	6.1	6.4	6.4	6.4	5.3	4.8	5.7
		5.19	DBS checks	95%	98.0%	97.0%	98.0%	97.5%	98.0%	98.0%	98.0%	98.0%	98.5%	97.5%	97.5%	98.0%	98.0%	97.9%
		5.20	Staff appraisal Rates	90%	62.3%	63.0%	67.0%	67.3%	69.3%	75.8%	75.2%	76.9%	76.0%	79.0%	76.4%	77.0%	76.0%	74.2%

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Are we.		Ref.	KPI	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD(Apr18 Feb19)
5. Well Led	Training	5.22	Infection Control Training (classroom)	90%	94.0%	95.0%	94.0%	95.0%	94.0%	95.0%	95.0%	95.0%	94.0%	95.0%	94.0%	96.0%	96.0%	94.8%
		5.23	Infection Control Training (eLearning)	90%	90.0%	90.0%	90.0%	90.0%	91.0%	90.0%	87.0%	90.0%	89.0%	90.0%	91.0%	91.0%	91.0%	90.0%
		5.24	Manual Handling Training (Patient)	90%	79.0%	79.0%	74.0%	76.0%	77.0%	75.0%	79.0%	76.0%	77.0%	76.0%	76.0%	80.0%	77.0%	76.6%
		5.25	Manual Handling Training (Non Patient)	90%	89.0%	88.0%	88.0%	88.0%	83.0%	83.0%	81.0%	85.0%	82.0%	86.0%	84.0%	87.0%	88.0%	85.0%
		5.26	Staff Adult Safeguarding Training	90%	92.0%	92.0%	91.0%	91.0%	92.0%	90.0%	89.0%	91.0%	91.0%	90.0%	90.0%	91.0%	91.0%	90.6%
		5.27	Safeguarding Children Level 1	90%	91.0%	90.0%	90.0%	90.0%	89.0%	89.0%	88.0%	89.0%	89.0%	90.0%	91.0%	91.0%	90.0%	89.6%
		5.28	Safeguarding Children Level 2	90%	92.0%	91.0%	91.0%	90.0%	91.0%	91.0%	89.0%	90.0%	90.0%	90.0%	91.0%	91.0%	91.0%	90.5%
		5.29	Safeguarding Children Level 3	90%	88.0%	83.0%	95.0%	94.0%	94.0%	94.0%	89.0%	91.0%	91.0%	90.0%	90.0%	91.0%	91.0%	91.8%
		5.30	Health & Safety Training	90%	92.0%	91.0%	90.0%	90.0%	91.0%	91.0%	89.0%	90.0%	89.0%	89.0%	90.0%	89.0%	89.0%	89.7%
		5.31	Security Awareness Training	90%	91.0%	90.0%	90.0%	90.0%	91.0%	90.0%	89.0%	89.0%	88.0%	89.0%	89.0%	89.0%	88.0%	89.3%
		5.32	Conflict Resolution Training (eLearning)	90%	85.0%	84.0%	86.0%	87.0%	87.0%	88.0%	82.0%	83.0%	83.0%	85.0%	86.0%	86.0%	86.0%	85.4%
		5.33	Conflict Resolution Training	90%	76.0%	76.0%	69.0%	70.0%	70.0%	71.0%	73.0%	71.0%	69.0%	74.0%	75.0%	72.0%	72.0%	71.5%
		5.34	Fire Training (eLearning)	90%	84.0%	82.0%	80.0%	82.0%	81.0%	81.0%	84.0%	91.0%	83.0%	85.0%	88.0%	85.0%	83.0%	83.9%
		5.35	Fire Training (classroom)	90%	90.0%	90.0%	90.0%	90.0%	90.0%	89.0%	90.0%	84.0%	89.0%	88.0%	86.0%	89.0%	87.0%	88.4%
		5.36	IG Training	95%	84.0%	82.0%	86.0%	86.0%	83.0%	84.0%	82.0%	82.0%	80.0%	83.0%	82.0%	81.0%	83.0%	82.9%
		5.37	Equality and Diversity	90%	88.0%	83.0%	81.0%	80.0%	79.0%	79.0%	79.0%	80.0%	81.0%	82.0%	84.0%	85.0%	85.0%	81.4%
		5.38	Majax Training	90%	90.0%	88.0%	88.0%	88.0%	89.0%	88.0%	88.0%	88.0%	89.0%	89.0%	90.0%	90.0%	89.0%	88.7%
		5.39	Medicines Management Training	90%	89.0%	88.0%	87.0%	87.0%	88.0%	89.0%	87.0%	86.0%	87.0%	87.0%	87.0%	87.0%	86.0%	87.1%
		5.40	Slips, trips and falls Training	90%	87.0%	87.0%	85.0%	85.0%	86.0%	86.0%	86.0%	85.0%	86.0%	85.0%	87.0%	86.0%	86.0%	85.7%
		5.41	Blood-borne Viruses/Inoculation Incidents	90%	86.0%	86.0%	85.0%	86.0%	87.0%	88.0%	85.0%	86.0%	87.0%	88.0%	89.0%	89.0%	87.0%	87.0%
		5.42	Basic life support training (adult)	90%	80.0%	78.0%	75.0%	76.0%	76.0%	75.0%	79.0%	79.0%	79.0%	80.0%	80.0%	81.0%	80.0%	78.2%
		5.43	Blood Products & Transfusion Processes (Refresher)	90%	75.0%	72.0%	73.0%	72.0%	73.0%	74.0%	74.0%	73.0%	74.0%	75.0%	76.0%	77.0%	76.0%	74.3%
		5.44	Mandatory Training Compliance	90%	83.2%	82.8%	83.3%	84.0%	85.0%	84.0%	84.0%	85.0%	85.0%	86.0%	86.0%	85.0%	86.0%	84.8%
		5.55	Safeguarding Children Mandatory Compliance (Community)	95%	95.7%	97.0%	98.2%	95.8%	95.3%	94.7%	95.1%	96.2%	95.9%	96.1%	94.9%	ND	ND	95.8%
		5.56	Safeguarding Adults Mandatory Training Compliance (Community)	95%	93.2%	95.6%	96.0%	95.0%	94.9%	94.3%	94.9%	97.0%	97.1%	96.3%	94.5%	ND	ND	95.5%

EXCEPTION REPORTS – WELL LED

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

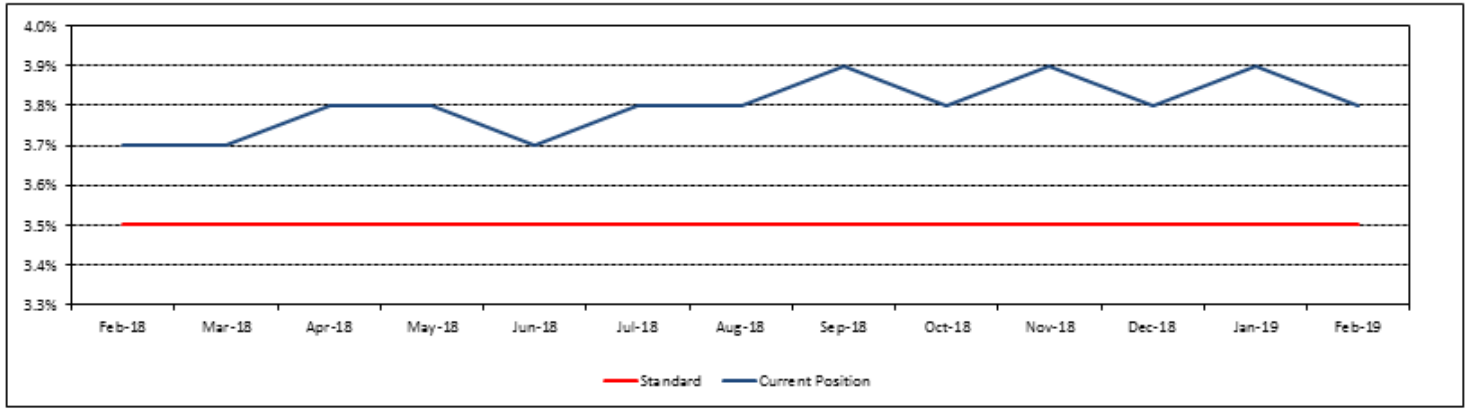
Indicator	Sickness Absence
Standard	3.5%
Executive Lead	Jan Bloomfield
Month	Feb-19
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

seasonal short term sickness is still having an impact, but the figure has improved by 0.1% we would hope that this continues going forward.

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
A robust return to work meeting process is in place for managers to use.(as per the policy). Support is available from HR and occupational health for any issues or challenges identified.			



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

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

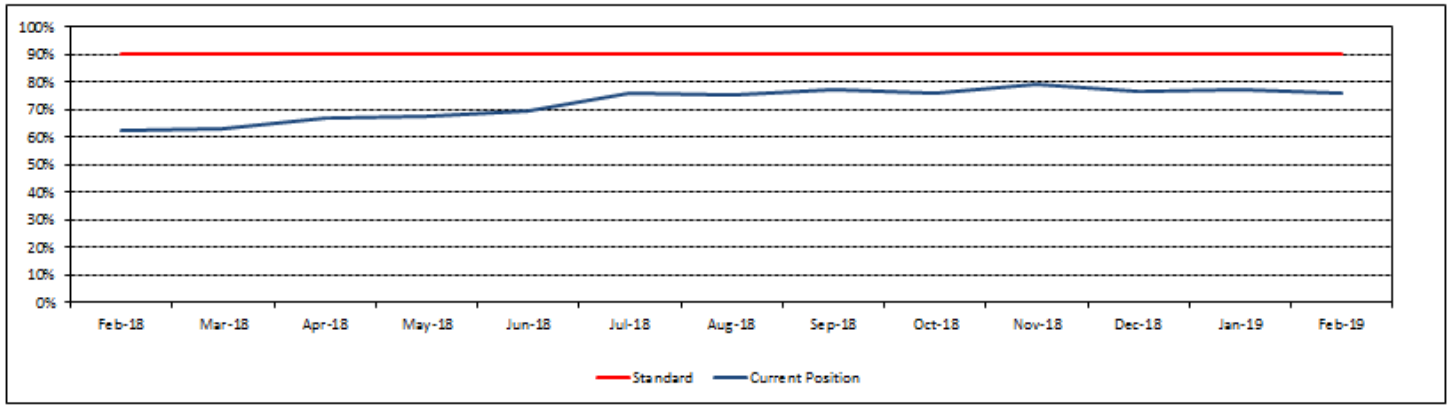
Summary of Current performance & Reasons for under performance

Recent operational/ winter pressures will have impacted upon some staff meeting their appraisal deadlines. Sickness absence will also have played a part for some.

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

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

Description	Owner	Start	End
divisional and department focus on compliance will help to focus staff and managers on the need for appraisal completion.	DN	on-going	



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

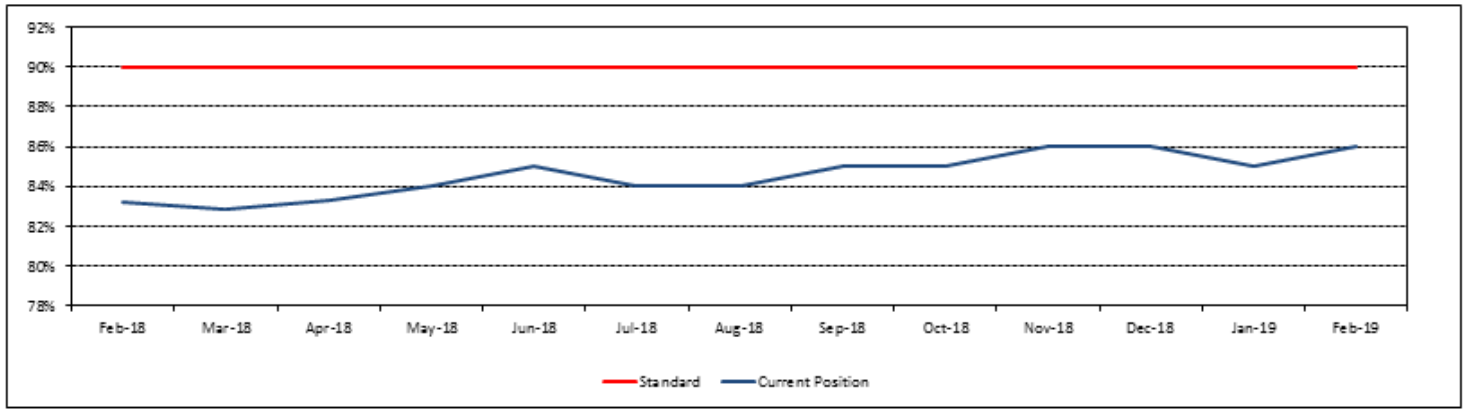
Indicator	Mandatory Training Compliance
Standard	90%
Executive Lead	Jan Bloomfield
Month	Feb-19
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

performance is increasing slowly month on month towards the 90% target. January saw a slight slip due mainly to operational/ winter pressures.

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
regular reporting of compliance levels and targeting by subject matter experts. A 1/4rly report is produced for the trust board that outlines subject specific challenges			



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9. DETAILED REPORTS – PRODUCTIVE

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

Are we..		Ref.	KPI	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD(Apr18 Feb19)
6. Productive	Activity	6.07	A&E Activity	NT	5639	6172	5967	6498	6161	6564	6072	6042	6256	6114	6155	6371	5741	67941
		6.08	NEL Activity	NT	2406	2557	2295	2491	2491	2465	2394	2356	2638	2770	2520	2750	2467	27637
		6.09	OP - New Appointments	NT	5849	6324	6033	6930	6379	6598	6007	6113	7381	7255	5995	7059	6419	72169
		6.10	OP- Follow-Up Appointments	NT	11103	11609	11142	12248	11520	11750	10929	10879	12773	12289	9834	12610	11107	127081
		6.11	Electives (Incl Daycase)	NT	2632	2871	2667	3020	2799	2870	2786	2379	3033	3047	2519	3202	2957	31279
	Finance	6.12	Financial Position (YTD)	Var	-6525	-287	-1760	-2793	-3159	-4420	-5641	-7119	-7122	-7494	-6534	-8691	-7955	-62688
		6.13	Financial Stability Risk Rating	Var	3	3	3	3	3	3	3	3	3	3	3	3	3	33
		6.14	Cash Position (YTD £000s)	Var	3600	3600	5322	4550	2239	6852	7231	3934	1338	1159	4306	2562	2130	41623
	Ratios	6.15	% Consultant to Consultant Referrals	NT	13.7%	13.0%	14%	12.2%	13.3%	12.8%	11.7%	10.5%	11.2%	13.0%	13.9%	12.5%	12.6%	12.5%
		6.16	New to FU Ratios	1.9	1.90	1.84	1.85	1.77	1.81	1.78	1.82	1.78	1.73	1.69	1.64	1.79	1.73	1.76

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EXCEPTION REPORTS – PRODUCTIVE

The finance report contains full details.

10. DETAILED REPORTS- MATERNITY

Are we..		Ref.	KPI	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD(Apr18 Feb19)
7.Maternity	Safe	7.09	Elective Caesarean Sections	10%	7.1%	10.7%	11.8%	10.9%	7.6%	4.7%	7.8%	9.6%	8.6%	10.4%	9.1%	6.7%	9.3%	8.8%
		7.10	Emergency Caesarean Sections	12%	10.1%	19.4%	16.4%	11.4%	10.6%	12.4%	9.2%	13.0%	14.1%	15.4%	16.3%	16.2%	11.0%	13.3%
		7.11	Grade 1 Caesarean Section (Decision to delivery time met)	100%	100%	100%	100%	100%	100%	100%	100%	100%	40.0%	100%	100%	100%	100%	94.5%
		7.12	Grade 2 Caesarean Section (Decision to delivery time met)	80%	83.0%	81.0%	82.0%	93.0%	90.0%	58.0%	64.0%	82.0%	71.0%	57.0%	79.0%	76.1%	92.3%	76.8%
		7.13	Homebirths	2%	2.4%	0.5%	2.6%	5.0%	1.5%	2.4%	1.5%	3.8%	1.8%	2.0%	1.0%	2.2%	2.9%	2.4%
		7.14	Midwifery led birthing unit (MLBU) births	>13%	18.0%	14.1%	16.4%	11.4%	11.4%	18.8%	17.0%	11.5%	14.4%	NA	NA	NA	NA	14.4%
		7.15	Labour Suite births	77.5%	79.6%	85.4%	81.0%	83.0%	86.9%	78.2%	80.6%	83.7%	82.7%	82.6%	83.0%	78.8%	77.9%	81.7%
		7.16	Induction of Labour	29.3%	41.2%	37.4%	41.0%	37.8%	40.9%	37.6%	36.4%	34.1%	35.5%	38.3%	42.1%	40.8%	39.0%	38.5%
		7.17	Instrument Assisted Deliveries (Forceps & VentoUse)	>14%	7.6%	6.8%	13.0%	9.5%	10.1%	10.0%	12.6%	11.5%	11.8%	13.9%	8.1%	8.9%	12.2%	11.1%
		7.18	Critical Care Obstetric Admissions	0	0	1	1	2	1	0	1	1	0	0	3	1	0	10
		7.19	Eclampsia	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
	Effective	7.20	Shoulder Dystocia	2	5	8	5	6	8	5	6	9	9	4	4	6	4	66
		7.21	Post-partum Hysterectomies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		7.22	Women requiring a blood transfusion of 4 units or more	0	ND	ND	0	0	1	2	0	0	1	0	1	1	0	6
		7.23	3rd and 4th degree tears (all deliveries)	12	7	2	9	4	6	4	7	7	3	8	2	6	2	58
	Caring	7.24	Maternal death	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
		7.25	Stillbirths	NT	0	0	1	1	0	1	0	0	0	0	0	0	0	3
		7.26	Complaints	NT	0	1	0	ND	0	3	1	0	1	1	0	3	3	12
		7.27	No. of babies admitted to Neonatal Unit (>36+6)	NT	16	12	18	10	9	7	13	8	9	10	15	7	7	113
	Responsive	7.28	No. of babies transferred for therapeutic cooling	0	0	0	1	0	0	0	0	0	0	0	0	0	1	2
		7.29	One to one care in established labour	100%	100%	100%	91.0%	93.0%	92.3%	97.0%	97.0%	100%	100%	100%	99.0%	100%	100%	97.2%
		7.30	Reported Clinical Incidents	50	46	48	46	56	48	27	39	44	34	42	38	50	40	464
		7.31	Hours of dedicated consultant cover per week	60	93	93	94	90	93	93	90	87	87	99	93	105	87	1018
		7.32	Consultant Anaesthetists sessions on Labour Suite	10	10	10	10	10	10	10	10	10	10	10	10	10	10	110
		7.34	No. of women identified as smoking at booking	NT	21	30	26	31	22	19	21	23	22	20	34	20	18	256
		7.35	No. of women identified as smoking at delivery	NT	22	24	23	26	14	15	27	21	22	18	31	18	16	231
		7.36	UNICEF Baby friendly audits	10	ND	10	ND	ND	10	ND	ND	ND	ND	ND	ND	ND	ND	10
		7.37	Proportion of parents receiving Safer Sleeping Suffolk advice	80%	ND	ND	62.9%	77.8%	81.8%	88.0%	80.0%	96.0%	97.0%	95.0%	97.5%	96.1%	97.0%	88.1%
	Other	7.38	No. of bookings (First visit)	NT	253	274	240	251	237	252	236	231	234	222	206	278	226	2613
		7.39	Women booked before 12+6 weeks	95%	96.0%	ND	95.4%	96.0%	96.6%	94.4%	96.0%	92.0%	92.0%	98.0%	95.1%	96.0%	96.4%	95.3%
		7.40	Female Genital Mutilation (FGM)	NT	1	0	0	0	0	0	0	0	0	0	0	0	0	0

EXCEPTION REPORTS – MATERNITY

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

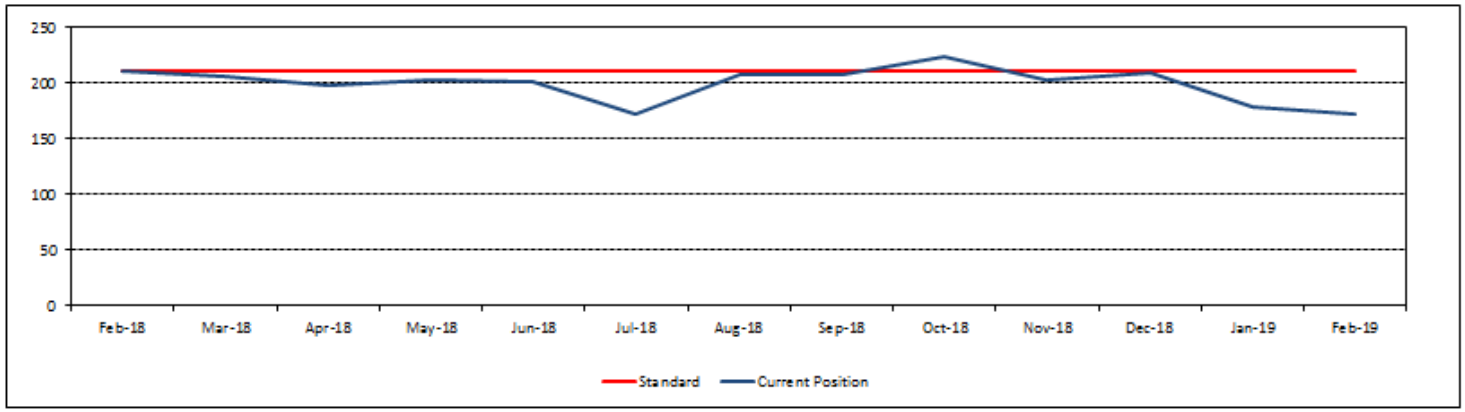
Indicator	Total number of deliveries (births)
Standard	210
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

January and February has shown a decrease in the birth rate of less than 180 deliveries each month. The reason for this is not clear. Fertility rates in all age groups fell in 2017 except for women aged over 40 office for national statistics, so although the birth rate is falling, births are becoming more complex. The maternity service constantly promotes the WSH as a place of birth. It is hoped that the newly refurbished Labour Suite will attract more women along with work we are undertaking with increasing our homebirth rate and continuity of carer for women having elective Caesarean Section.

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to promote birth at the WSH, ensure women are aware they have a choice of where to give birth.			



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

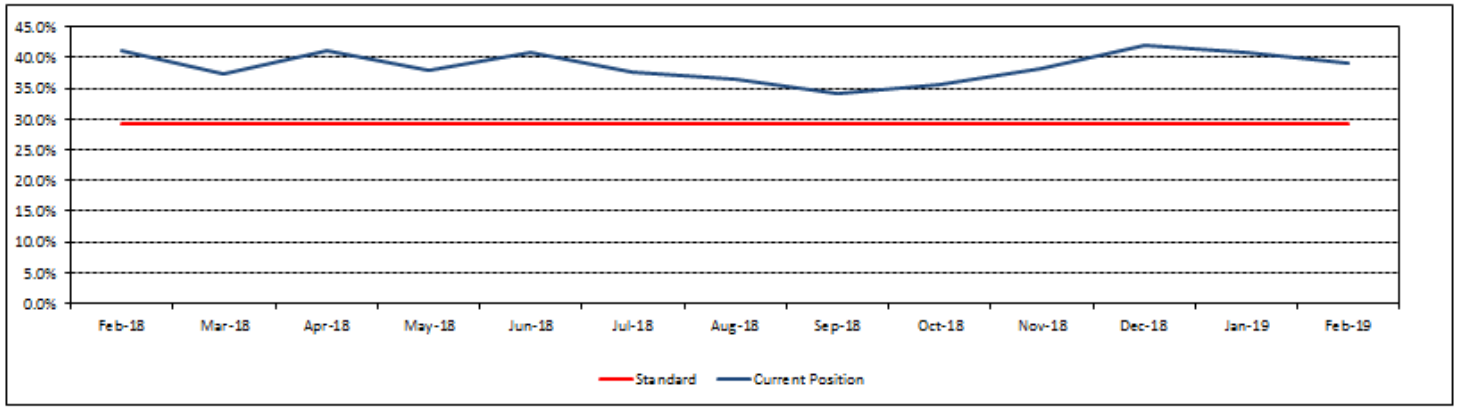
Indicator	Induction of Labour
Standard	29.3%
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The WSH has seen a higher than average Induction of Labour percentage rate over the last year. The national average for a trust of this size is around 29.3% (NMPA 2017) In many situations the alternative is to deliver by Caesarean Sections therefore the rate of Induction of Labour should be considered in the context of the elective Caesarean Sections rate. The average rate of elective Caesarean Sections at the WSH is around 8.5% this is 2% lower than the National average for England. This may be one of the reasons for the higher rate. In addition to this the requirement to induce women with gestation diabetes, recurrent reduced fetal movements and suspected growth restriction has increased significantly since the national data was collected in 2016 and most trusts in the region report a higher incidence.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%
Current Position	41.2%	37.4%	41.0%	37.8%	40.9%	37.6%	36.4%	34.1%	35.5%	38.3%	42.1%	40.8%	39.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to monitor the reasons for IOL .			



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NHS West Suffolk NHS Foundation Trust

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

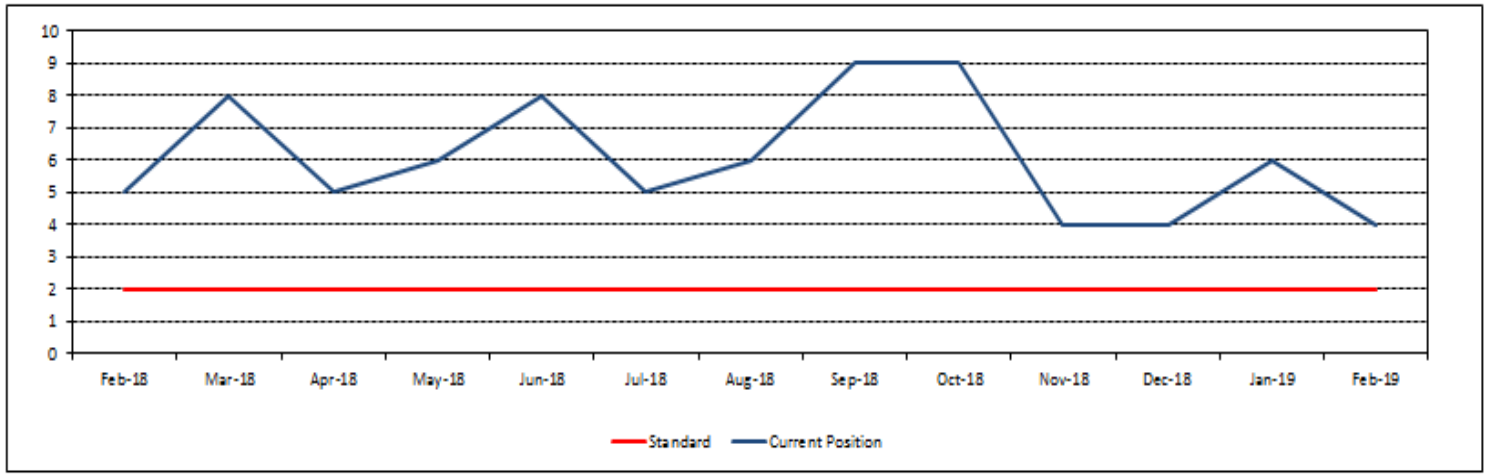
Indicator	Shoulder Dystocia
Standard	2
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The rate of shoulder dystocia saw a reduction in February figures down to 2.3% from 3.4% last month. On the whole Shoulder Dystocia is unpredictable in most cases, however the service follows national guidelines inducing women with diabetes at 38 weeks due to the association of macrosomic babies and incidence of Shoulder Dystocia. All cases of Shoulder Dystocia are investigated fully, there has been no reported injuries to babies. Training is key when Shoulder Dystocia occurs, all staff train annually in the management of Shoulder Dystocia. The service continues to monitor the management and outcomes of all reported incidence of Shoulder Dystocia.

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to monitor the management and outcomes of all reported incidence of Shoulder Dystocia			



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

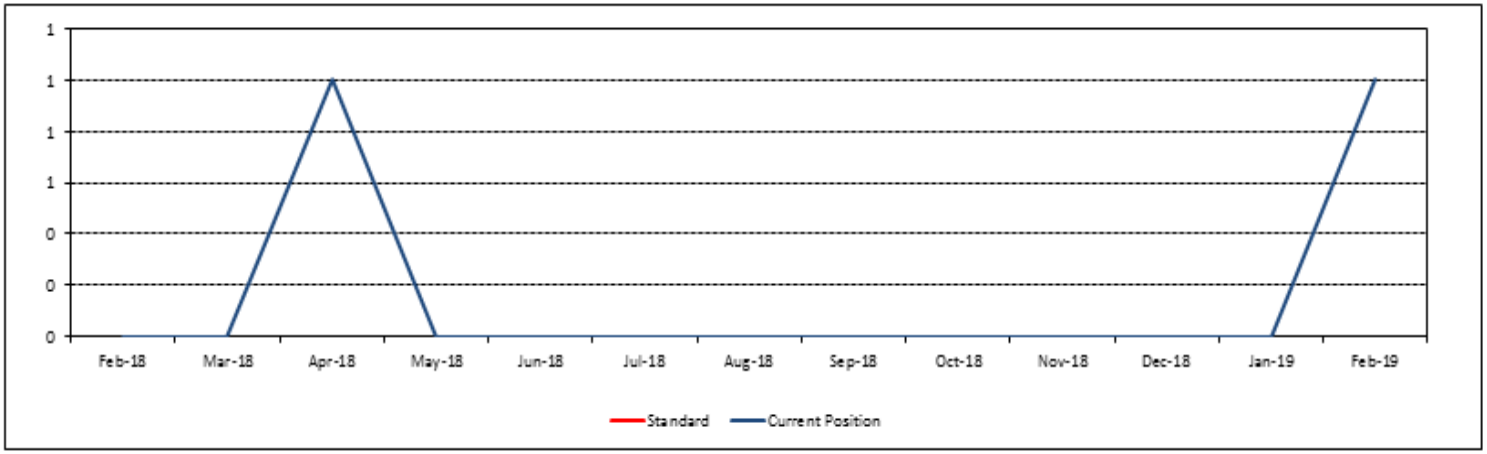
Indicator	No. of babies transferred for therapeutic cooling
Standard	0
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The maternity service reported a baby born in poor condition at 36 weeks gestation and requiring transfer for therapeutic cooling. Babies who require cooling for suspected brain injury reflects the serious clinical condition of these babies at birth and for many the prognosis is uncertain. In 2017 the WSH transferred 5 babies for cooling with just one baby in 2018. All babies transferred for cooling are reported as serious incidents and in this case will follow the trust process for comprehensive RCA investigation.

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Full comprehensive RCA investigation to identify any learning.			



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

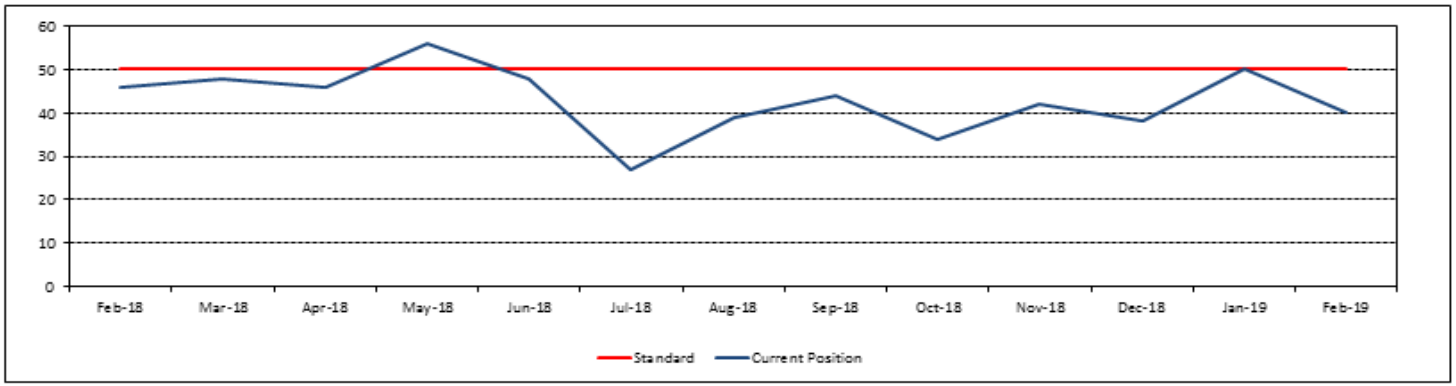
Indicator	Reported Clinical Incidents
Standard	50
Executive Lead	Rowan Procter
Month	Feb-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

Clinical incident reporting has been lower than usual over the last 6 months with the exception of January. This may be due to an increased number of new staff who are unfamiliar with the process. Despite this the majority of new staff as part of their induction meet with the maternity risk midwife or manager. Reminders have gone out via Risky Business highlighting the incident trigger list and reminding staff of the importance of their responsibility to report incidents.

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Standard	50	50	50	50	50	50	50	50	50	50	50	50	50
Current Position	46	48	46	56	48	27	39	44	34	42	38	50	40

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Highlight on Risky Business and Discuss at the senior midwives team meeting.			



Putting you first

9. Finance and workforce report

To ACCEPT the report

For Report

Presented by Craig Black

Board of Directors – 29 March 2019

Agenda item:	9			
Presented by:	Craig Black, Executive Director of Resources			
Prepared by:	Nick Macdonald, Deputy Director of Finance			
Date prepared:	22nd March 2019			
Subject:	Finance and Workforce Board Report – February 2018			
Purpose:	x	For information		For approval

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

The reported I&E for February 2019 is a deficit of £1,320k, against a planned deficit of £1,553k. This results in a favourable variance of £234k in month (£322k adverse variance YTD). We continue to forecast to meet our control total for 18-19.

NHSI have proposed a control total for 2019-20 for the WSFT to break even. The PMO is leading workshops with each Division to formulate CIPs which are shared through the Transformation Steering Group (TSG). Currently £5.3m 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
February 2019 (Month 11)

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

Financial Summary

I&E Position YTD	£9.0m	loss
Variance against plan YTD	-£0.3m	adverse
Movement in month against plan	£0.2m	adverse
EBITDA position YTD	-£3.7m	
EBITDA margin YTD	-17.4%	adverse
Total PSF Received	£3.230m	accrued
Cash at bank	£2.1m	

Executive Summary

- The planned deficit for the year to date was £8.6m but the actual deficit was £8.9m, an adverse variance of £0.3m.
- Additional funding has been approved by WS CCG to recognise increased activity in relation to RTT and repatriated patients

Key Risks

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

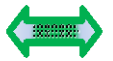
SUMMARY INCOME AND EXPENDITURE ACCOUNT - February 2019	Feb-19 Budget £m	Feb-19 Actual £m	Feb-19 Variance F/(A) £m	Year to date Budget £m	Year to date Actual £m	Year to date Variance F/(A) £m	Year end forecast Budget £m	Year end forecast Actual £m	Year end forecast Variance F/(A) £m
NHS Contract Income	15.6	15.7	0.1	177.1	178.3	1.2	194.9	196.4	1.5
Other Income	3.2	3.8	0.6	36.2	37.3	1.2	39.1	39.2	0.0
Total Income	18.8	19.5	0.7	213.3	215.6	2.4	234.0	235.5	1.5
Pay Costs	13.4	13.6	(0.2)	146.2	148.3	(2.2)	159.7	162.4	(2.7)
Non-pay Costs	6.6	6.8	(0.3)	70.3	71.0	(0.7)	78.7	78.0	0.7
Operating Expenditure	20.0	20.5	(0.4)	216.4	219.4	(2.9)	238.3	240.3	(2.0)
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
EBITDA excl STF	(1.2)	(0.9)	0.3	(3.1)	(3.7)	(0.5)	(4.3)	(4.8)	(0.4)
Depreciation	0.6	0.6	0.0	6.4	6.0	0.4	7.0	6.6	0.4
Finance costs	0.2	0.2	(0.0)	2.4	2.3	0.0	2.6	2.5	0.0
SURPLUS/(DEFICIT) pre PSF	(2.0)	(1.8)	0.2	(11.9)	(12.1)	(0.2)	(13.9)	(13.9)	0.0
Provider Sustainability Funding (PSF)									
PSF - Financial Performance	0.3	0.3	0.0	2.3	2.3	0.0	2.6	2.6	0.0
PSF - A&E Performance	0.1	0.1	0.0	1.0	0.8	(0.2)	1.1	1.1	0.0
SURPLUS/(DEFICIT) incl PSF	(1.6)	(1.4)	0.2	(8.6)	(8.9)	(0.3)	(10.2)	(10.2)	0.0

FINANCE AND WORKFORCE REPORT - FEBRUARY 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 - FEBRUARY 2019

Income and Expenditure Summary as at February 2019

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2019-20 Planning

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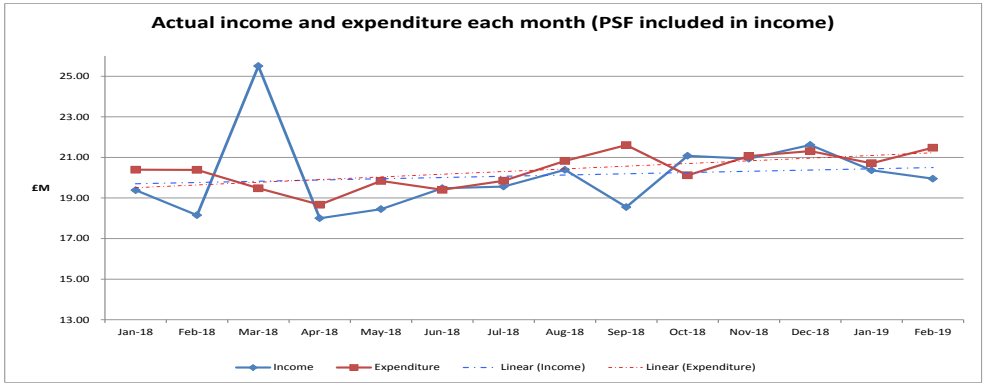
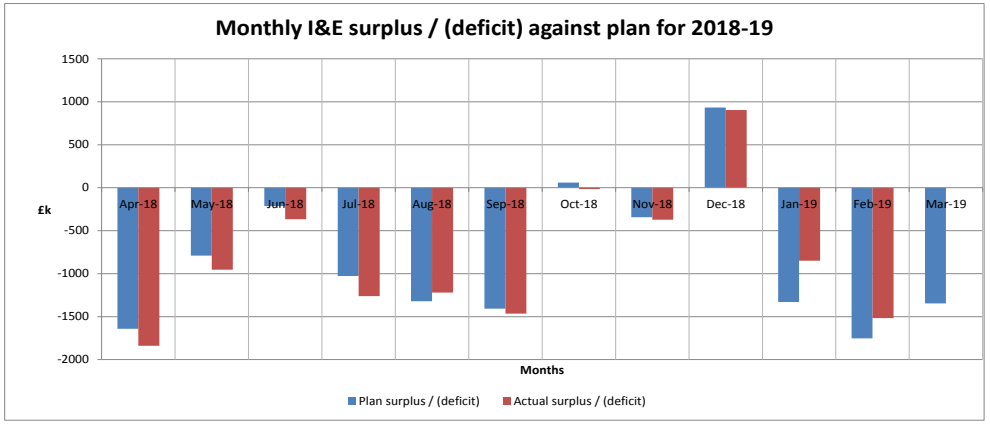
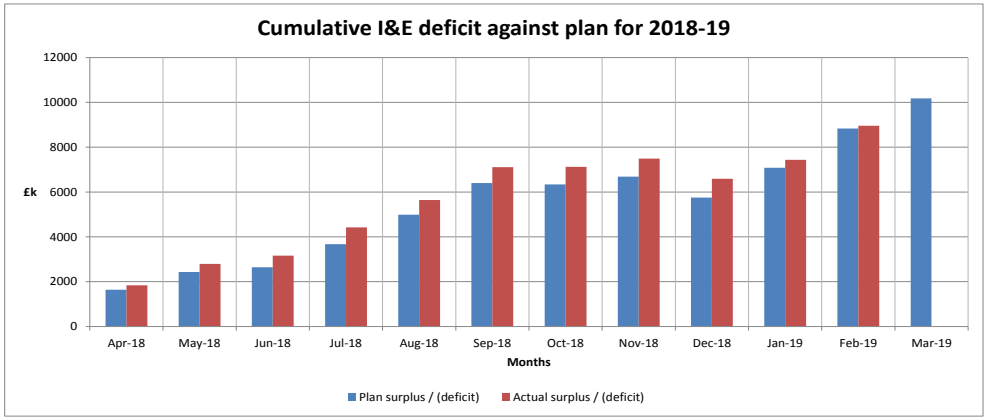
The PMO is leading workshops with each Division to formulate CIPs which are shared through the Transformation Steering Group (TSG). Currently £5.3m has been identified (risk adjusted).

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)	(1,553)	(1,320)	234	↓	Amber
YTD surplus / (deficit)	(8,634)	(8,955)	(322)	↓	Amber
Forecast surplus / (deficit)	(10,179)	(10,179)	0	↔	Green
EBITDA (excl STF) YTD	(3,117)	(3,875)	(757)	↓	Red
EBITDA (%)	(1.4%)	(1.8%)	(0.3%)	↓	Red
Clinical Income YTD	(177,131)	(178,300)	1,168	↑	Green
Non-Clinical Income YTD	(39,428)	(40,414)	986	↑	Red
Pay YTD	146,244	148,332	(2,088)	↑	Red
Non-Pay YTD	78,949	79,338	(389)	↑	Green
CIP target YTD	11,038	10,990	(48)	↑	Amber





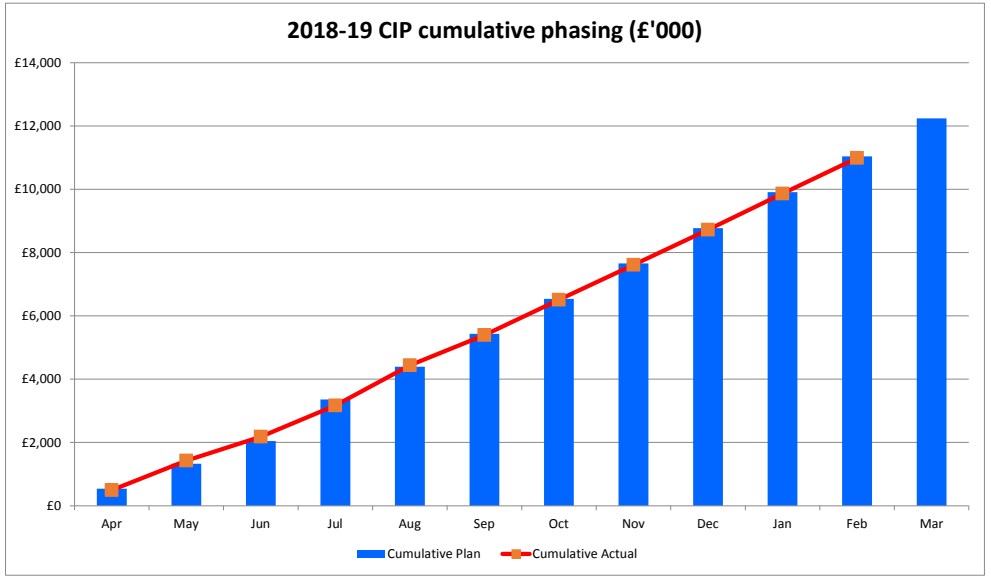


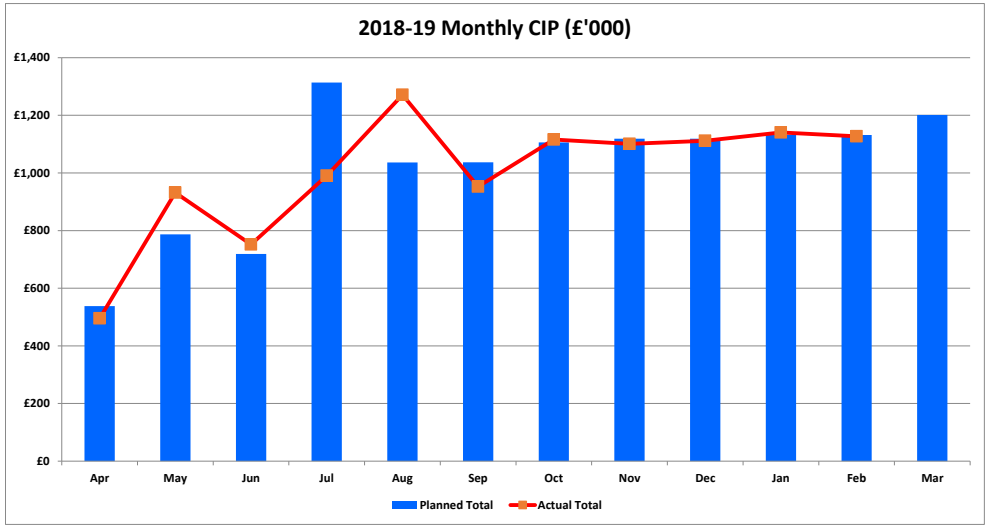
Cost Improvement Programme (CIP) 2018-19

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

The February position includes a target of £11.0m YTD which represents 89.8% of the 2018-19 plan. There is a shortfall of £48k YTD against this plan.

Recurring/Non Recurring	Summary	2018-19 Annual Plan	Plan YTD	Actual YTD
		£'000	£'000	£'000
Recurring	Clinical Income	529	483	309
	Activity growth	186	170	-
	Private Patients	78	72	31
	Other Income	897	754	781
	Consultant Staffing	573	55	34
	Nursing productivity	61	67	91
	Staffing Review	80	519	865
	Additional sessions	10	10	10
	Temporary Pay	712	655	853
	Agency	98	91	116
	Pay Controls	-	-	-
	CNST discount	265	243	38
	Community Equipment Service	643	589	575
	Drugs	632	579	795
	Contract renegotiation	69	63	57
	Procurement	796	704	500
	Other	140	125	305
	Service Review	385	338	189
	Patient Flow	629	629	630
	Cancelled CIPs	324	290	-
	Divisional Cross Cutting allocation	1,880	1,685	398
Recurring Total		**8,986**	**8,123**	**6,577**
Non-Recurring	Capitalisation	1,500	1,375	1,375
	Other Income	-	-	-
	Additional sessions	268	227	144
	Contract review	100	90	181
	Non-Specific Divisional savings	-	-	662
	Other	1,386	1,224	2,050
Non-Recurring Total		**3,254**	**2,915**	**4,412**
Grand Total		**12,239**	**11,038**	**10,990**

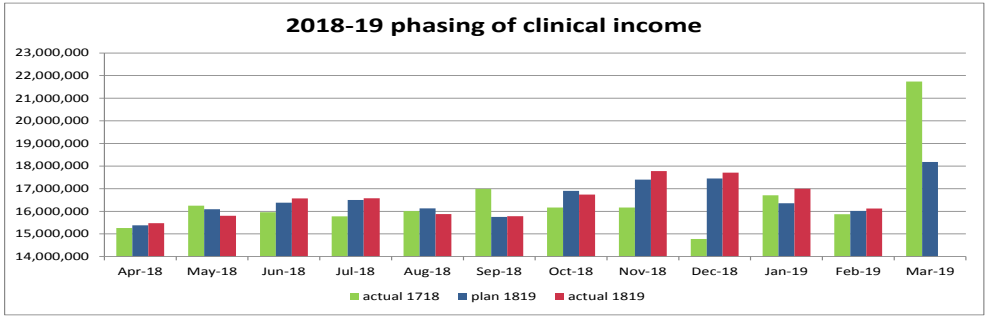




FINANCE AND WORKFORCE REPORT - FEBRUARY 2019

Income Analysis

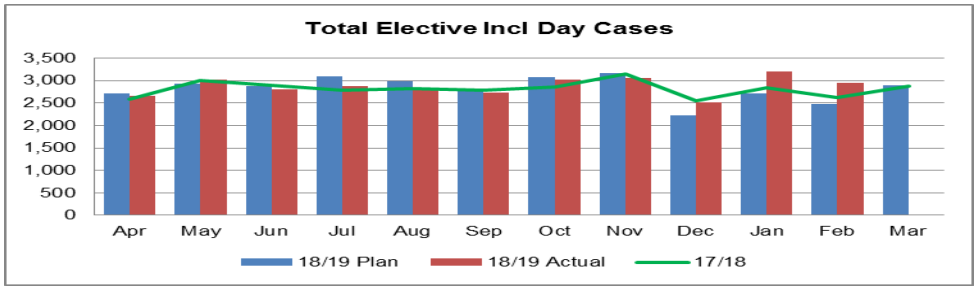
The chart below demonstrates the phasing of all clinical income plan for 2018-19, including Community Services. This phasing is in line with phasing of activity.

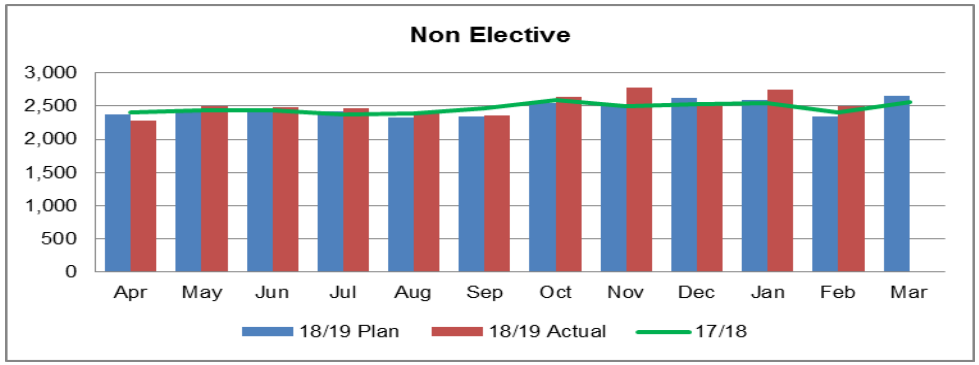


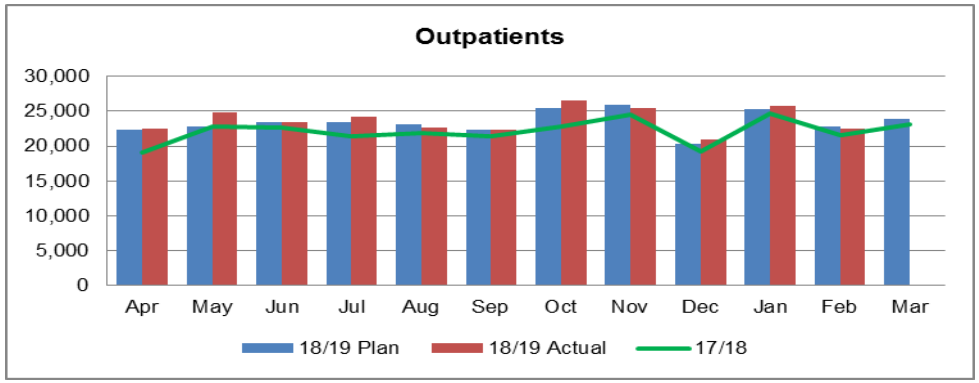
The income position was ahead of plan for February. The main areas of over performance were Elective and Non Elective activity.

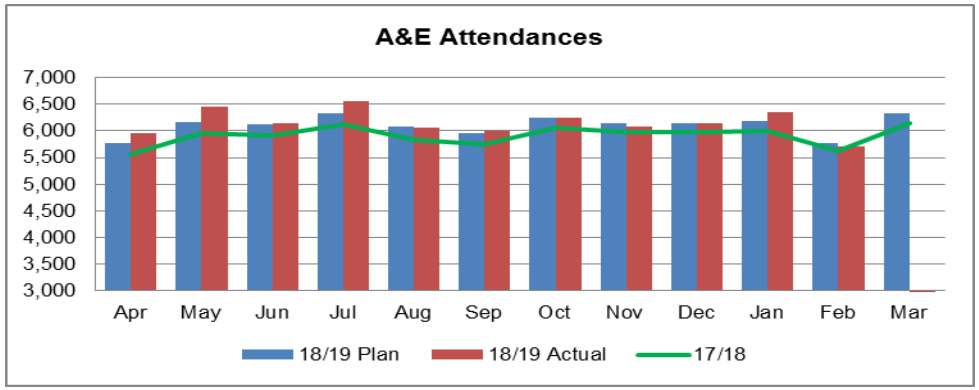
	Current Month			Year to Date		
Income (£000s)	Plan	Actual	Variance	Plan	Actual	Variance
Accident and Emergency	666	698	32	7,708	8,269	560
Other Services	2,440	1,423	(1,017)	23,743	21,958	(1,785)
CQUIN	294	322	28	3,462	3,538	77
Elective	2,342	2,904	562	30,768	30,286	(482)
Non Elective	5,248	5,705	457	60,222	61,483	1,261
Emergency Threshold Adjustment	(346)	(430)	(84)	(3,964)	(4,334)	(370)
Outpatients	2,759	2,891	132	31,153	32,947	1,794
Community	2,188	2,188	0	24,039	24,153	114
Total	**15,590**	**15,700**	**110**	**177,131**	**178,300**	**1,168**

Activity, by point of delivery



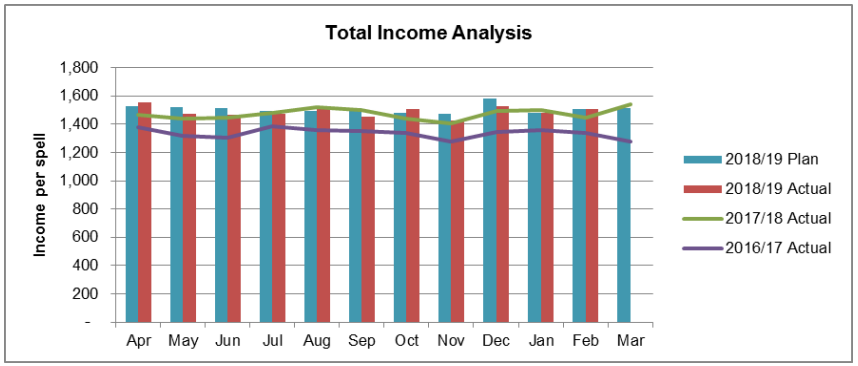


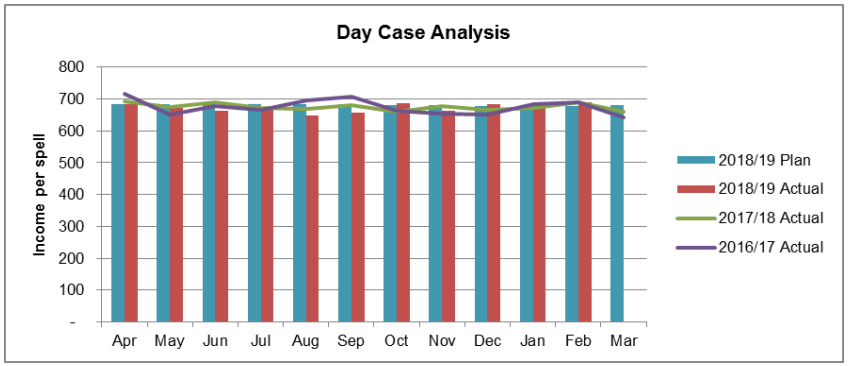


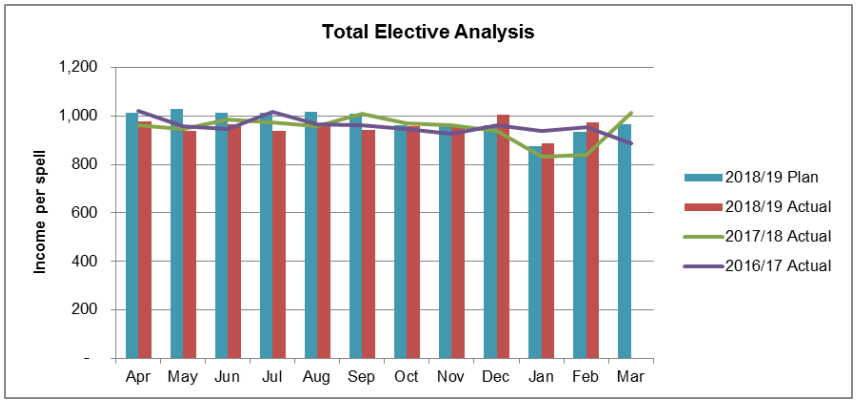


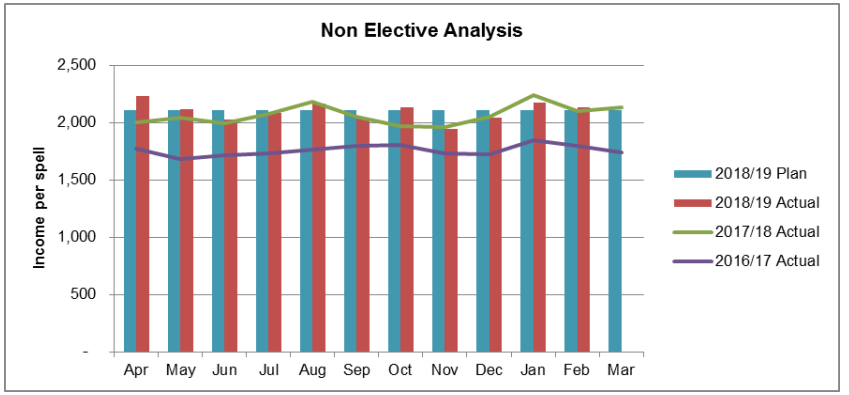
FINANCE AND WORKFORCE REPORT - FEBRUARY 2019

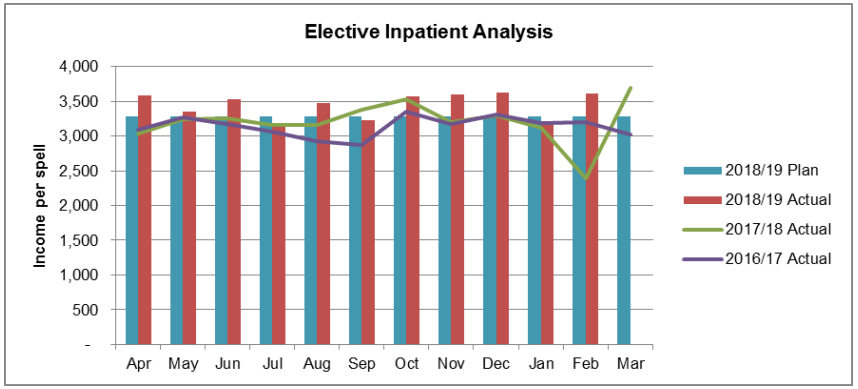
Trends and Analysis

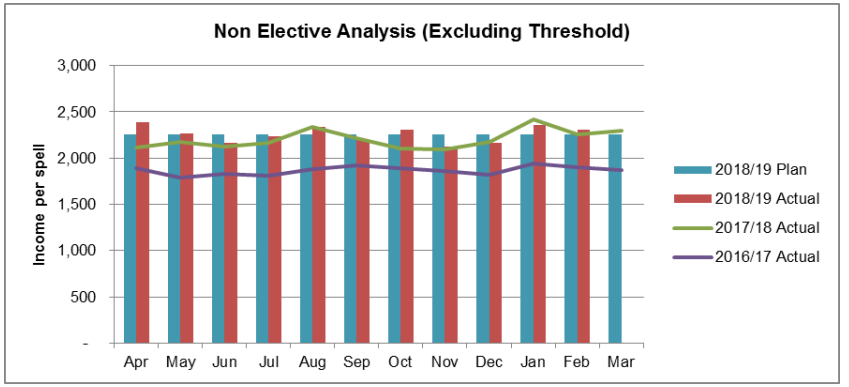












FINANCE AND WORKFORCE REPORT - FEBRUARY 2019

Workforce

Monthly Expenditure (£) Acute services only				
As at February 2019	Feb-19	Jan-19	Feb-18	YTD 2018-19
	£'000	£'000	£'000	£'000
Budgeted costs in month	**11,905**	**11,934**	**10,477**	**129,088**
Substantive Staff	10,670	10,724	9,626	114,503
Medical Agency Staff (includes 'contracted in' staff)	131	236	110	2,368
Medical Locum Staff	246	277	363	2,738
Additional Medical sessions	272	217	235	2,902
Nursing Agency Staff	95	322	170	1,384
Nursing Bank Staff	244	216	364	3,232
Other Agency Staff	18	33	(78)	396
Other Bank Staff	122	114	(2)	1,484
Overtime	180	164	114	1,515
On Call	73	70	29	678
Total temporary expenditure	1,380	1,646	1,306	16,697
Total expenditure on pay	**12,050**	**12,370**	**10,932**	**131,200**
Variance (F/(A))	(145)	(436)	(455)	(2,112)
Temp Staff costs % of Total Pay	11.5%	13.3%	11.9%	12.7%
Memo : Total agency spend in month	244	590	202	4,147

Monthly Whole Time Equivalents (WTE) Acute Services only			
As at February 2019	Feb-19	Jan-19	Feb-18
	WTE	WTE	WTE
Budgeted WTE in month	**3,238.3**	**3,229.7**	**2,920.6**
Employed substantive WTE in month	2959.31	2921.78	2748.07
Medical Agency Staff (includes 'contracted in' staff)	14.56	15.13	9.86
Medical Locum	5.28	22.7	22.03
Additional Sessions	16.04	20.86	19.22
Nursing Agency	24.09	44.96	33.78
Nursing Bank	73.99	67.44	80.19
Other Agency	5.35	4.09	11.17
Other Bank	53.59	50.66	58.5
Overtime	51.79	47.99	43.53
On call Worked	6.86	8.04	7.37
Total equivalent temporary WTE	**251.6**	**281.9**	**285.7**
Total equivalent employed WTE	**3,210.9**	**3,203.7**	**3,033.7**
Variance (F/(A))	27.4	26.0	(113.2)
Temp Staff WTE % of Total Pay	7.8%	8.8%	9.4%
Memo : Total agency WTE in month	44.0	64.2	54.8
Sickness Rates (Jan / Dec)	4.24%	3.95%	3.68%
Mat Leave	2.79%	2.82%	2.2%

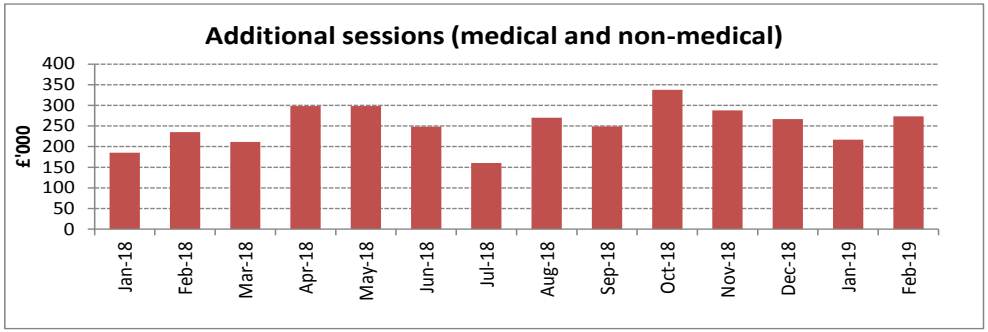
Monthly Expenditure (£) Community Service Only				
As at February 2019	Feb-19	Jan-19	Feb-18	YTD 2018-19
	£'000	£'000	£'000	£'000
Budgeted costs in month	**1,561**	**1,561**	**1,530**	**17,156**
Substantive Staff	1,506	1,480	1,328	16,394
Medical Agency Staff (includes 'contracted in' staff)	8	9	10	124
Medical Locum Staff	3	3	4	33
Additional Medical sessions	1	0	0	5
Nursing Agency Staff	17	25	16	109
Nursing Bank Staff	24	16	25	206
Other Agency Staff	4	(21)	9	51
Other Bank Staff	7	6	12	97
Overtime	4	6	7	80
On Call	2	4	3	34
Total temporary expenditure	71	48	86	738
Total expenditure on pay	**1,577**	**1,528**	**1,414**	**17,132**
Variance (F/(A))	(16)	32	116	24
Temp Staff costs % of Total Pay	4.5%	3.1%	6.1%	4.3%
Memo : Total agency spend in month	29	13	35	283

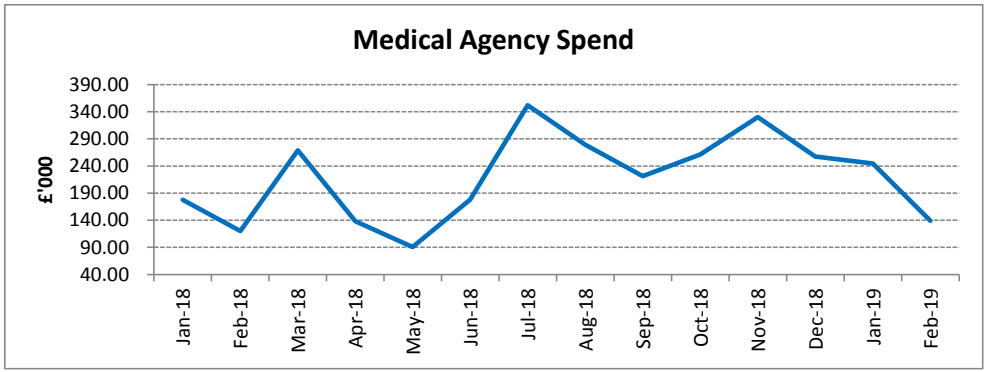
Monthly Whole Time Equivalents (WTE) Community Services Only			
As at February 2019	Feb-19	Jan-19	Feb-18
	WTE	WTE	WTE
Budgeted WTE in month	**486.25**	**486.25**	**496.6**
Employed substantive WTE in month	472.61	466.99	**433.4**
Medical Agency Staff (includes 'contracted in' staff)	0.51	0.58	0.7
Medical Locum	0.35	0.35	0.4
Additional Sessions	0.00	0.00	0.0
Nursing Agency	2.36	3.48	2.6
Nursing Bank	6.95	4.75	5.0
Other Agency	1.92	1.15	3.3
Other Bank	2.15	1.44	1.0
Overtime	1.37	1.99	2.4
On call Worked	0.00	0.01	0.0
Total equivalent temporary WTE	**15.6**	**13.75**	**15.2**
Total equivalent employed WTE	**488.2**	**480.74**	**448.7**
Variance (F/(A))	(1.97)	5.51	47.93
Temp Staff WTE % of Total Pay	3.2%	2.9%	3.4%
Memo : Total agency WTE in month	4.8	5.2	6.5
Sickness Rates (Jan/Dec)	4.73%	4.43%	3.82%
Mat Leave	3.35%	3.72%	1.6%

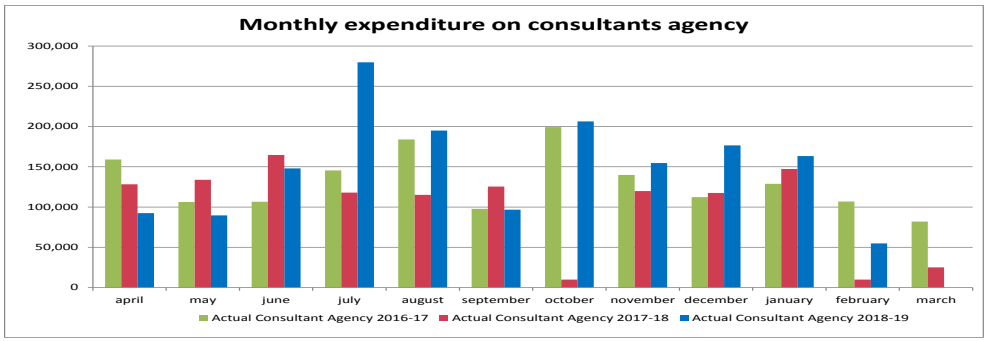
FINANCE AND WORKFORCE REPORT - FEBRUARY 2019

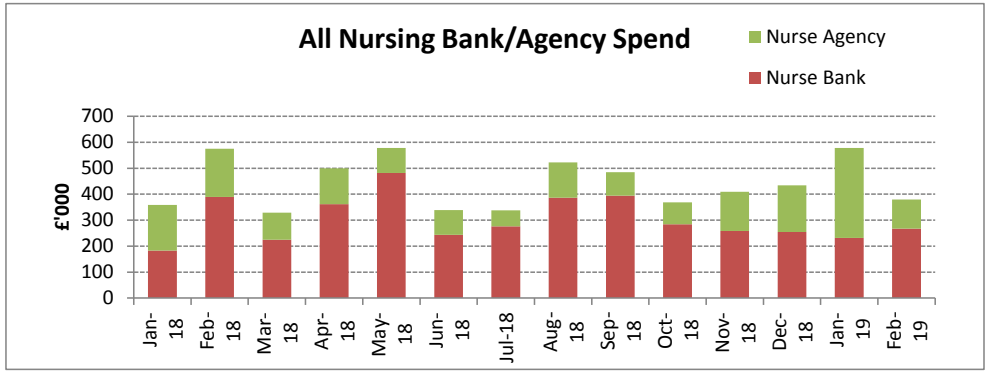
Pay Trends and Analysis

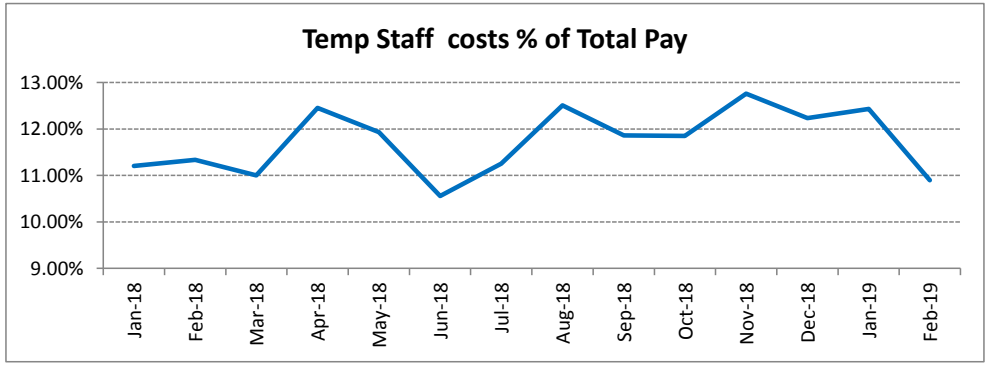
The Trust spent £162k more than budget on pay in February (£2.1m overspent YTD). This partly reflects the unfunded pay award which is estimated to be a cost pressure of £400k in 2018-19.











Registered Nurses					Nursing Assistants			
	Leavers 2018	Starters 2018	% Turnover Predicted (Based on 2017)	% Turnover Actual 2018	Leavers 2018	Starters 2018	% Turnover Predicted (Based on 2017)	% Turnover Actual 2018
January 2018	1	4	0.84%	0.26%	2	8	1.51%	0.53%
February 2018	2	2	2.15%	0.52%	4	5	1.00%	1.07%
March 2018	4	6	0.88%	1.03%	5	6	1.04%	1.35%
April 2018	1	6	0.44%	0.26%	2	8	1.54%	0.54%
May 2018	2	0	0.67%	0.52%	1	0	0.78%	0.27%
June 2018	2	2	1.59%	0.53%	3	12	0.26%	0.80%
July 2018	6	0	1.15%	1.63%	9	8	0.76%	2.39%
August 2018	3	1	1.16%	0.85%	1	11	1.02%	0.27%
September 2018	3	15**	1.14%	1.21%	3	15	1.01%	1.19%
October 2018	5	13**	0.23%	1.75%	1	19	1.76%	0.34%
November 2018	0	5**	0.47%	0.00%	3	10	1.02%	1.27%
December 2018	3	10**	1.43%	1.54%	3	10	2.09%	1.24%
January 2019	0	8**	0.26%	0.00%	3	6	0.53%	1.08%
February 2019	1	1	0.52%	0.44%	1	8	1.07%	0.36%
Totals	33	73			41	126		

FINANCE AND WORKFORCE REPORT - FEBRUARY 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	(5,933)	(6,405)	472	(65,022)	(67,631)	2,609
Pay Costs	3,739	3,756	(16)	39,639	41,288	(1,649)
Non-pay Costs	1,417	1,940	(523)	14,887	15,776	(889)
Operating Expenditure	**5,156**	**5,696**	**(540)**	**54,526**	**57,064**	**(2,538)**
SURPLUS / (DEFICIT)	**777**	**709**	**(67)**	**10,496**	**10,567**	**71**
SURGERY						
Total Income	(4,924)	(5,062)	137	(56,091)	(55,522)	(569)
Pay Costs	3,030	3,053	(23)	33,213	33,529	(316)
Non-pay Costs	1,136	1,086	50	12,889	13,059	(169)
Operating Expenditure	**4,166**	**4,138**	**27**	**46,102**	**46,588**	**(485)**
SURPLUS / (DEFICIT)	**759**	**923**	**164**	**9,989**	**8,934**	**(1,054)**
WOMENS and CHILDRENS						
Total Income	(1,829)	(1,707)	(121)	(22,201)	(21,644)	(557)
Pay Costs	1,142	1,247	(104)	12,536	13,225	(689)
Non-pay Costs	161	178	(17)	1,706	1,804	(98)
Operating Expenditure	**1,304**	**1,425**	**(121)**	**14,242**	**15,028**	**(787)**
SURPLUS / (DEFICIT)	**525**	**282**	**(243)**	**7,959**	**6,616**	**(1,343)**
CLINICAL SUPPORT						
Total Income	(819)	(860)	41	(9,203)	(9,202)	(2)
Pay Costs	1,434	1,420	14	15,482	15,373	109
Non-pay Costs	1,047	1,052	(5)	11,416	11,528	(112)
Operating Expenditure	**2,482**	**2,472**	**10**	**26,898**	**26,901**	**(3)**
SURPLUS / (DEFICIT)	**(1,663)**	**(1,612)**	**51**	**(17,695)**	**(17,699)**	**(4)**
COMMUNITY SERVICES						
Total Income	(3,443)	(3,416)	(27)	(35,617)	(35,662)	45
Pay Costs	2,091	2,085	6	22,587	22,524	63
Non-pay Costs	924	928	(4)	10,598	10,822	(224)
Operating Expenditure	**3,015**	**3,013**	**2**	**33,185**	**33,346**	**(161)**
SURPLUS / (DEFICIT)	**428**	**403**	**(26)**	**2,432**	**2,316**	**(116)**
ESTATES and FACILITIES						
Total Income	(375)	(372)	(4)	(4,126)	(4,030)	(95)
Pay Costs	801	819	(18)	8,749	8,740	9
Non-pay Costs	616	653	(37)	6,542	6,730	(188)
Operating Expenditure	**1,417**	**1,472**	**(56)**	**15,290**	**15,469**	**(179)**
SURPLUS / (DEFICIT)	**(1,042)**	**(1,101)**	**(59)**	**(11,165)**	**(11,439)**	**(274)**
CORPORATE (excl Reserves)						
Total Income	(1,972)	(2,127)	155	(24,435)	(25,022)	587
Pay Costs	1,229	1,249	(20)	14,039	13,654	385
Non-pay Costs (net of Contingency and Reserves)	1,275	992	283	12,300	11,308	992
Finance & Capital	806	811	(5)	8,747	8,311	436
Operating Expenditure	**3,310**	**3,052**	**258**	**35,086**	**33,273**	**1,813**
SURPLUS / (DEFICIT)	**(1,337)**	**(924)**	**413**	**(10,651)**	**(8,251)**	**2,400**
TOTAL						
Total Income	(19,296)	(19,949)	654	(216,695)	(218,714)	2,019
Pay Costs	13,466	13,627	(162)	146,244	148,332	(2,088)
Non-pay Costs	6,577	6,830	(254)	70,338	71,027	(689)
Finance & Capital	806	811	(5)	8,747	8,311	436
Operating Expenditure	**20,849**	**21,269**	**(420)**	**225,329**	**227,670**	**(2,340)**
SURPLUS / (DEFICIT)	**(1,553)**	**(1,320)**	**234**	**(8,634)**	**(8,955)**	**(322)**

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

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Medicine (Nicola Cottington)

The division was £67k behind plan for the month, (£71k ahead of plan YTD). The forecast position is to be just ahead of plan.

ED attendances were 5.5% above plan, but despite this the Department improved its 4 hour performance by 1.04% for Type 1 units.

The key RTT problem areas of Cardiology, Gastroenterology and Dermatology saw significant improvements over plan. Outpatients also were above plan across the Division. February 2019 was the second month in a row where the Division fell below the 92% target (91.1%), but appeared to arrest a declining trend.

Pay costs were on target, reflecting the significant vacancies at qualified level, netted off by agency and overtime costs. The bay-based initiative has helped the Division cope with the level of vacancies in the short term, whilst overseas nurses and recruitment ease pressures in the medium term.

The main shifts on other income and non-pay relate to adjustments to the Managed Equipment Service as more information was received

CIPs are on track to be delivered. The Adalimumab biosimilar switch is according to plan and in accordance with NHSE expectations.

Surgery (Simon Taylor)

The division has underspent by £164k in month (overspent £1,054k YTD).

Income is £137k ahead of plan in month but £569k behind plan YTD. The main driver for the over performance is elective activity. This is an improvement on the performance earlier in the year. Orthopaedics has significantly improved their performance compared to the previous month.

Pay reported a £23k overspend in the month and is £316k overspent YTD. The main driver is use of temporary medical staffing, which is being used to support delivery of activity through additional sessions and use of locum junior doctors to support gaps in the rota. Surgery is supporting escalation areas which has caused an increase in the need for nurse agency. Non clinical areas continue to underspend.

Non pay reported a £50k underspend in month and is £169k overspent YTD. The in month underspend was driven by a rebate on prosthesis and a reduction in drugs expenditure. The YTD overspend has been driven by a significant overspend on drugs and an under achievement on the procurement cost improvement plan.

Women and Children's (Rose Smith)
In December the division is behind plan by £243k (£1,343k YTD).

Income reported £121k behind plan in-month and is £557k behind plan YTD. In the month, the Division experienced lower volumes of inpatient, neonatal and maternity activity. The number of births was constant but the number of patients registered for pre and post-natal care dropped. Paediatric inpatient activity was 7% lower than plan. Year to date, elective gynaecology and non-elective paediatric activity has been behind plan.

Pay reported a £104k overspend in-month and is £689k 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 £17k overspend in-month and is £98k overspent YTD. The in-month overspend was driven by part-pathway charges and consumable spends for Hospital Midwifery and the Neonatal Unit. The YTD overspend has been driven by lease spends on new equipment in the Neonatal Unit and part-pathway charges for West Suffolk patients who have given birth at other trusts.

Clinical Support (Rose Smith)
In December, the division underspent by £51k (£4k overspent YTD).

Income for Clinical Support reported £41k ahead of plan in-month and is £2k behind plan YTD. In month, inpatient activity was behind plan whilst radiology and outpatient activity was in excess of plan. This is consistent with performance throughout the year.

Pay is £14k underspent in-month and is £109k underspent YTD. In month, cost pressures from medical staffing in Radiology were offset by vacancies across the division. Year to date, the Radiology and Pharmacy departments have not been able to fully backfill their vacancies with bank, agency and overtime.

Non pay reported a £5k overspend in-month and is £112k overspent YTD. Year to date, the underlying pressures from the HODS element of the Pathology contract continue to put pressure on the division's budget.

Community Services (Michelle Glass)
The division reported a £26k overspend in month (£116k 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.

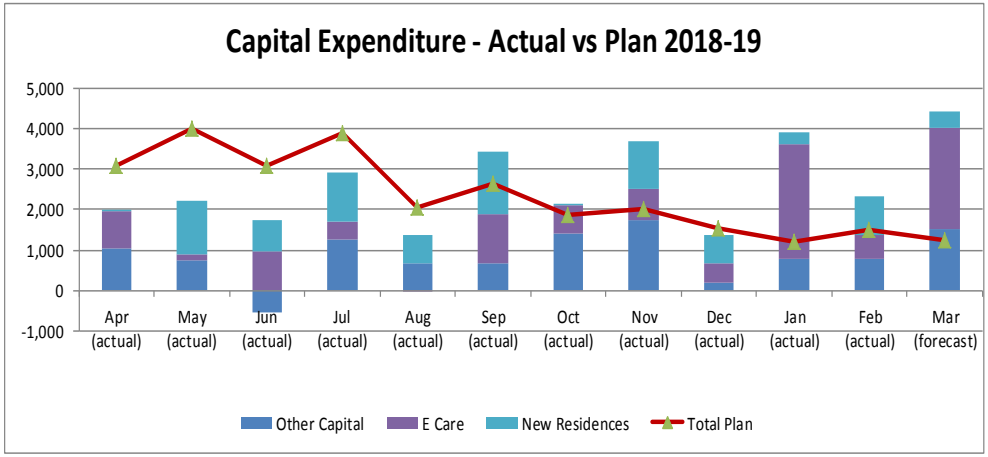
Metric	Value	Score
Capital Service Capacity rating	-0.248	4
Liquidity rating	-15.180	4
I&E Margin rating	-4.30%	4
I&E Margin Variance rating	0.70%	1
Agency	-13.19%	1
Use of Resources Rating after Overrides		**3**

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

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

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

Capital Progress Report



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	2018-19
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
E Care	916	131	975	457	-11	1,217	670	766	501	2,849	596	2,519	11,587
New Residences	37	1,329	773	1,210	724	1,557	38	1,203	701	271	967	394	9,204
Other Schemes	1,047	760	-555	1,259	659	658	1,419	1,743	178	788	773	1,513	10,242
Total / Forecast	1,999	2,220	1,193	2,926	1,372	3,432	2,128	3,712	1,381	3,907	2,336	4,426	31,033
Total Plan	3,098	4,022	3,098	3,911	2,041	2,638	1,876	2,007	1,551	1,221	1,497	1,226	28,186

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

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

Expenditure on e-Care and associated IT schemes for the year to date is £9.1m with a forecast for the year of £11.6m. As noted in last month's report, an assessment of the full impact of further implicit finance leases in IT has increased both the expenditure and the forecast this month but there are minimal cash implications this financial year as the contract has been structured to pay in later years. A total of £2.4m was capitalised in January with a further £1.5m that may be implemented and therefore capitalised by the end of the year.

The actual for the year to date is behind the plan submitted to NHSI and shows a favourable variance of £1.3m. This is because the timing of the implicit finance lease equipment additions in radiology and endoscopy has changed plus there is slippage on Residences compared to plan. With the opening of the Residences this slippage has reduced.

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

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

The forecast has increased this month because approval has been received for some NHS digital STP wide investment (£617k) which has been received as PDC during March 2019.

Statement of Financial Position at 28th February 2019

STATEMENT OF FINANCIAL POSITION

	As at 1 April 2018 * £000	Plan 31 March 2019 £000	Plan YTD 28 Feb 2019 £000	Actual at 28 Feb 2019 £000	Variance YTD 28 Feb 2019 £000
Intangible assets	23,852	27,909	27,805	31,203	3,398
Property, plant and equipment	94,170	111,399	110,830	107,413	(3,417)
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**	**142,560**	**142,541**	**(19)**
Inventories	2,712	2,700	2,700	2,778	78
Trade and other receivables	21,413	19,500	21,600	18,946	(2,654)
Non-current assets for sale	0	0	0	0	0
Cash and cash equivalents	3,601	1,050	3,050	2,130	(920)
Total current assets	**27,726**	**23,250**	**27,350**	**23,854**	**(3,496)**
Trade and other payables	(26,135)	(27,499)	(29,441)	(25,719)	3,722
Borrowing repayable within 1 year	(3,114)	(3,357)	(3,361)	(3,083)	278
Current Provisions	(94)	(26)	(26)	(94)	(68)
Other liabilities	(963)	(1,000)	(4,500)	(1,504)	2,996
Total current liabilities	**(30,306)**	**(31,882)**	**(37,328)**	**(30,400)**	**6,928**
Total assets less current liabilities	**119,367**	**134,601**	**132,582**	**135,995**	**3,413**
Borrowings	(65,391)	(90,471)	(89,170)	(88,302)	868
Provisions	(124)	(158)	(158)	(118)	40
Total non-current liabilities	**(65,515)**	**(90,629)**	**(89,328)**	**(88,419)**	**909**
Total assets employed	**53,852**	**43,972**	**43,254**	**47,575**	**4,321**
Financed by					
Public dividend capital	65,803	66,103	65,803	68,484	2,681
Revaluation reserve	8,021	8,021	8,021	8,021	0
Income and expenditure reserve	(19,974)	(30,152)	(30,570)	(28,929)	1,641
Total taxpayers' and others' equity	**53,850**	**43,972**	**43,254**	**47,575**	**4,321**

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 have decreased in February by £1.5m and the balance is £2.7m less than planned. The main reason for the reduction is that our managed service company has paid £1.1m and our NHS Resolution prepayment has reduced by £0.5m.

Cash

Cash is £0.9m less than plan but is now expected to be higher than plan at the end of March.

Trade and Other Payables

These are now £3.7m less than planned. Significant effort has been made on paying suppliers more promptly.

Other Liabilities

This reflects the amount of income received in advance not yet recognised. This is now £3.0m less than plan because some income had not been invoiced until March for clinical activity.

Borrowing

Net Borrowing has increased by £2.0m in February. This relates to revenue deficit support for the month and a draw of £1.3m for the remaining balance on the £7.3m capital loan agreed in December. The Trust was required to repay £1.2m to DH in February for loans as well as repayments required for finance lease capital payments and commercial borrowing.

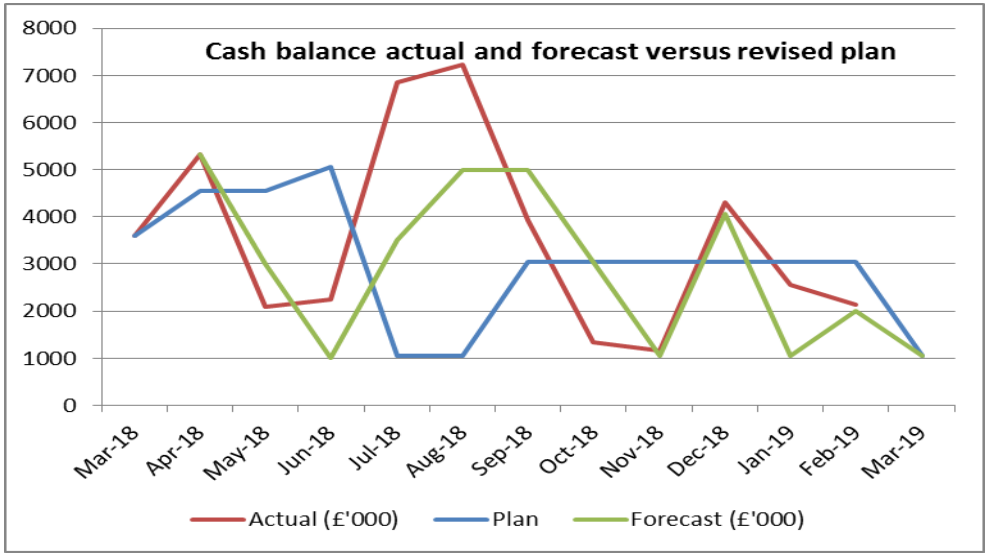
PDC

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 lower than planned at month 11 because the Income and Expenditure position is better than originally planned at this point but is expected to be in line with plan at the end of month 12.

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 still volatile and the year-end position may be higher than planned.

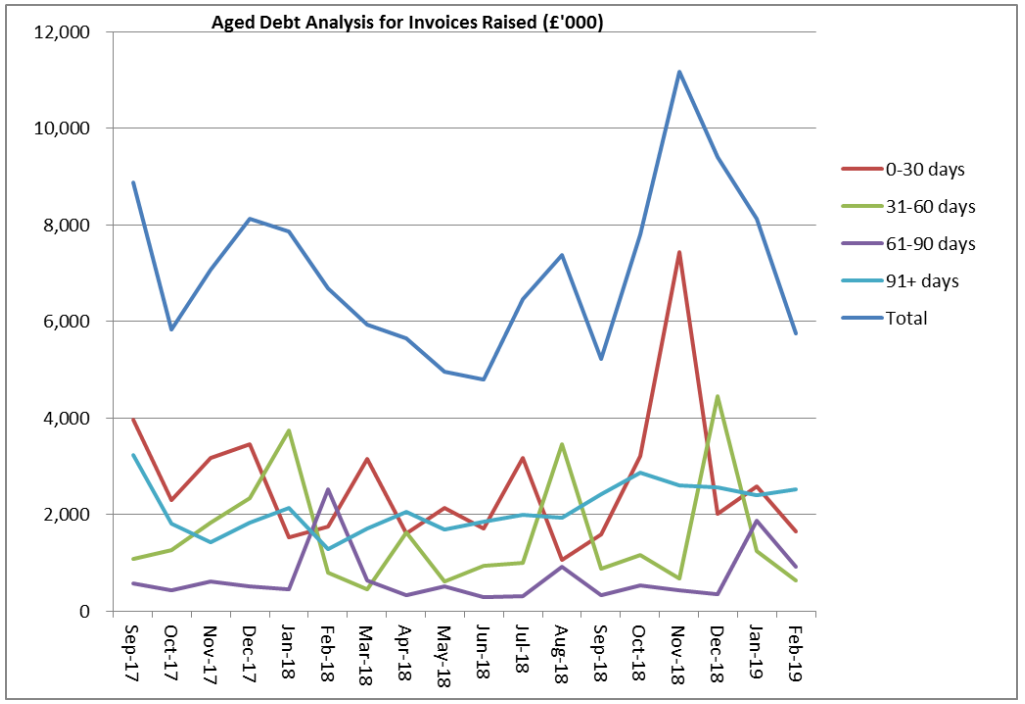
The Trust is borrowing cash from DH equivalent to its control total deficit of £10.2m in 2018/19 in addition to £7.3m capital borrowing. The Trust owes £91.4m at the end of February including finance leases and this will continue to increase before the end of the financial year.

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 £2.4m in February. This is mainly due to our managed service company settling significant invoices of £1.1m raised in previous months. In addition West Suffolk CCG has reduced the amount owing to the Trust by £0.8m.

75% of the £2.5m 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.

10:20 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

10. Nurse staffing report

To ACCEPT a report on monthly nurse staffing levels

For Report

Presented by Rowan Procter

Trust Board – 29th March 2019

Agenda item:	10			
Presented by:	Rowan Procter, Executive Chief Nurse			
Prepared by:	Rowan Procter, Executive Chief Nurse			
Date prepared:	22nd March 2019			
Subject:	Quality and Workforce Report & Dashboard – Nursing			
Purpose:	X	For information		For approval

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

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

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

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

Recommendation:
This paper is to provide overview of February 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

Following the release of 'Developing workforce safeguards – October 2018' by NHSI, some alterations to our process of reporting and implementing changes to establishment may be required. This is not just for nursing staff but all clinical groups, areas and teams such as medical staff, AHPs, healthcare scientists and the wider workforce and areas like Outpatients and Radiology.
Changes include:

- Monthly staffing reports to cover all areas, departments and clinical services
- Annual workforce review and assessment, as an MDT and not in silos, i.e. operations, clinical, HR, finance – all in one report.
- Workforce budget setting based NQB guidance and not on previous year spending
- Biannual review of SCNT but would need to obtain licences from Imperial Innovations and not do a local manipulation. Use of BirthRate Plus for maternity areas.
- Establishment changes have to have a QIA review – WSFT have used this in most cases
- Annual governance statement specifically about staffing governance processes
- Staffing risks flagged by using risk register – WSFT have used this in most cases
- Workforce plans altered as demand change and not on yearly/three yearly review process
- Electronic job planning – not just using excel

These are a view recommendations pulled form this report

Overview of February nurse staffing position

Are we safe?
Across the month of February we have seen a slight improvement in staff fill rate on shifts. However work is required to review 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 shift particularly proved very challenging to staff and risk was mitigated across the organisation to reduce risk and maintain quality care.

During February, staffing G9 adequately from existing nursing establishments proved very 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 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 mid-May before HealthRoster can start to be implemented

Are we efficient?
There has been an increase in sickness in the month of February, which could account for an overall increase in medications incidents in the West Suffolk Hospital and pressure ulcer incidences in the Community Health Team areas.

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 are slightly higher this month and the calculation and provision of data will be reviewed if they stay at this level in March's data.

In line with NQB standards – some areas/wards record on the Risk Register on Datix that there are staffing concerns and mitigated actions taken. There is no overall nurse staffing risk registered, however if the method of individual areas/departments completing them is accepted then no action is required

Nursing vacancy accuracy position - Budget figures have been updated but improved vacancy figures will not be seen till next roster period, which will be next month's Board Report. Financial and HealthRoster records show small inconsistencies in cost code management and this is being reviewed by respective teams.

Future planning – Nursing staff

Overseas Nurses/Nursing Assistants

Month	Number of arrivals
Jul-18	3
Aug-18	4
Sep-18	6
Oct-18	9
Nov-18	5
Dec-18	0
Jan-19	4
Feb-19	7
Total	31

Information as at 12 March 2019:

30 overseas nurses have passed their OSCE and are now working as Band 5 Nurses
1 Failed OSCE - to arrange resit
7 Undertaking OSCE preparation – OSCE to be booked for April 2019
6 Nurses to arrive on 28 March 2019

Welcome Payments:

36 welcome payments have been made to Band 5 nurses – 27 relating to WSH acute nurses and 9 to WSH community nurses.

B5/B6 'Introduce a Friend' initiatives:

4 'Introduce a Friend' payments have been made since June 2018.

QUALITY AND WORKFORCE DASHBOARD

Month Reporting	Feb-19		Establishment for the Financial Year 2018/19		Data for February 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	88.5%	97.8%	111.2%	118.2%	5.1%	10.5%	N/A			6.40%	14.60%	4.10%	N/A	1	0	0	5	3
WSFT	AAU	Acute Admission Unit	27.30	29.59	96.1%	72.5%	86.2%	126.6%	7.6%	0.5%	17.3			6.00%	13.90%	3.20%	0	6	0	0	0	0
WSFT	F7	Short Stay Ward	22.84	30.94	67.5%	84.2%	95.4%	96.0%	6.8%	12.7%	13.3			6.40%	16.00%	4.20%	1	9	1	0	0	0
WSFT	CCS	Critical Care Services	41.07	1.88	102.4%	89.4%	N/A	N/A	3.2%	0.0%	I/D			2.30%	7.80%	5.20%	3	7	0	0	0	0
WSFT	Theatres	Theatres	61.68	22.27	105.0%	99.6%	N/A	N/A	0.3%	0.0%	N/A			7.40%	16.30%	0.90%	0	1	N/A	0	0	0
WSFT	Recovery	Theatres	21.23	0.96	141.7%	94.6%	83.7%	N/A	5.2%	0.0%	N/A			8.90%	13.90%	1.20%	0	0	N/A	0	0	0
WSFT	Day Surgery Unit	Theatres	28.43	8.59	59.5%	N/A	117.2%	N/A	0.1%	0.0%	N/A			8.40%	8.80%	0.10%	0	1	0	0	1	4
	Day Surgery Wards		11.76	1.79					10.1%	0.0%				9.90%	10.20%	0.00%						
WSFT	Cardiac Centre	Cardiology	38.14	15.20	73.1%	97.5%	98.2%	91.5%	1.3%	0.2%	9.2			3.70%	13.20%	2.70%	1	1	0	0	0	0
WSFT	G1	Palliative Care	23.96	8.31	87.1%	97.4%	123.1%	N/A	12.4%	0.8%	16.4			7.20%	15.00%	7.00%	0	3	0	0	2	0
WSFT	G3 WEW	Winter Escalation	Not budgeted		111.3%	141.5%	111.8%	98.4%	12.8%	12.8%	5.0			9.70%	13.10%	1.40%	3	4	1	0	0	0
WSFT	G4	Elderly Medicine	19.16	24.36	89.5%	90.4%	107.9%	100.3%	12.7%	1.9%	12.4			9.90%	13.30%	4.20%	1	2	0	0	1	1
WSFT	G5	Elderly Medicine	18.41	22.66	82.0%	92.6%	83.3%	109.4%	13.1%	7.6%	10.5			6.00%	13.30%	6.50%	0	2	1	0	0	0
WSFT	G8	Stroke	23.15	28.87	83.6%	88.1%	94.4%	96.6%	12.0%	8.1%	13.1			5.20%	13.30%	10.90%	0	0	2	0	0	0
WSFT	F1	Paediatrics	18.13	7.16	114.9%	260.9%	84.8%	N/A	19.2%	0.0%	13.6			9.00%	13.20%	3.90%	N/A	1	N/A	0	0	0
WSFT	F3	Trauma and Orthopaedics	19.58	22.27	83.8%	90.7%	118.3%	106.6%	12.0%	10.0%	11.0			8.50%	16.20%	5.90%	1	9	1	1	0	0
WSFT	F4	Trauma and Orthopaedics	12.78	10.59	76.5%	88.3%	88.9%	162.3%	7.9%	13.5%	12.0			10.90%	17.10%	4.80%	0	3	0	0	0	0
WSFT	F5	General Surgery & ENT	19.58	14.51	85.3%	98.9%	106.9%	235.1%	1.0%	0.3%	11.7			3.80%	12.20%	10.50%	0	0	0	0	1	0
WSFT	F6	General Surgery	19.57	14.51	83.2%	84.0%	107.0%	117.5%	6.1%	7.4%	10.4			6.40%	11.90%	5.70%	1	2	1	0	0	0
WSFT	F8	Respiratory	19.90	20.13	88.6%	74.5%	109.9%	104.6%	3.1%	6.1%	13.1			4.70%	17.10%	0.00%	4	3	3	0	0	0
WSFT	F9	Gastroenterology	20.32	22.56	80.9%	93.7%	67.1%	112.1%	16.5%	4.7%	10.2			9.10%	16.60%	4.50%	0	1	0	0	1	0
WSFT	F11	Maternity															0	1	0	0	1	0
WSFT	MLBU	Midwifery Led Birthing Unit	49.58	13.89	117.8%	93.9%	79.7%	57.1%	9.9%	0.0%	N/A			7.30%	14.90%	3.90%	0	0	0	0	0	0
WSFT	Labour Suite	Maternity															0	2	0	1	1	0
WSFT	F12	Infection Control	11.02	5.00	88.5%	93.7%	66.4%	109.1%	1.9%	1.1%	19.2			3.00%	12.20%	3.90%	0	0	0	0	0	3
WSFT	F14	Gynaecology	11.18	1.00	104.9%	105.6%	N/A	N/A	30.4%	1.6%	9.81180556			9.20%	4.60%	0.00%	0	1	0	0	0	0
WSFT	MTU	Medical Treatment Unit	7.04	1.80	81.9%	N/A	58.4%	N/A	3.8%	0.0%	N/A			2.10%	13.40%	0.00%	0	0	0	0	0	0
WSFT	NNU	Neonatal	20.85	3.64	101.4%	89.3%	37.5%	47.5%	2.8%	0.0%	I/D			0.70%	13.00%	4.10%	N/A	0	N/A	0	1	10
Newmarket	Rosemary Ward	Step - down	12.34	13.47	225.3%	99.4%	172.0%	102.0%	6.9%	15.2%	12.3			11.10%	13.30%	0.00%	0	2	3	0	0	3
Glastonbury Court	Kings Suite	Medically Fit	11.50	12.64	117.2%	97.2%	91.5%	99.3%	7.2%	0.8%	9.7			12.00%	13.40%	0.00%	0	0	1	0	0	0
					97.68% AVG	100.61% AVG	98.30% AVG	115.03% AVG				0.00 TOTAL	0.00 TOTAL	6.97% AVG	13.28% AVG	3.53% AVG	15 TOTAL	62 TOTAL	14 TOTAL	2 TOTAL	14 TOTAL	24 TOTAL

Healthroster budget figured updated on **13/03/2019** but more accurate vacancy figure not available till end of next roster period

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	1319.15	43	-2.00	0.00	5.23%		5.76%	4	0	0	1	0	0
Community	Bury Rural	Community Heath Team	10.00	1.20	671.37	42	-1.60	-1.00	16.66%		0.00%	5	0	0	0	0	0
Community	Mildenhall & Brandon	Community Heath Team	12.59	3.91	807.90	32	-0.60	-0.19	8.34%		2.07%	3	0	0	1	0	0

QUALITY AND WORKFORCE DASHBOARD

Community	Newmarket	Community Heath Team	8.10	2.75	496.37	23	0.00	0.00	1.02%	Not available - comprehensive Healthroster implemented	0.00%	1	0	0	0	0	0
Community	Sudbury	Community Heath Team	18.03	8.36	1157.68	45	-4.20	0.00	10.69%		4.26%	2	2	0	2	0	0
Community	Haverhill	Community Heath Team	8.97	4.23	918.07	59	-0.63	0.00	5.62%		6.15%	3	0	0	0	0	0
Community	Admission Prevention Service	Specialist Services	11.28	3.45	94.48	0	0.00	0.00	14.86%		17.10%	0	1	0	0	0	0
Community	Children	Community Paediatrics	16.37	15.01	955.73	2	-2.00	0.00	5.84%		0.00%	N/A	0	0	0	1	0
					6420.75	246.00	-11.03	-1.19	8.53%	#DIV/0!	4.42%	18	3	0	4	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

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

11. Education report

To accept a report, including undergraduate training

For Report

Presented by Jan Bloomfield

Board of Directors –29th March 2019

Agenda item:	11			
Presented by:	Jan Bloomfield, Executive Director Workforce & Communications			
Prepared by:	Mr Peter Harris, Director of Medical Education, Lorna Lambert, Medical Education Manager, Denise Needle, Deputy Director of Workforce (Development), Diane Last, Non-Medical Clinical Tutor, Dr John Clark, Associate Clinical Dean & Denise Pora, Deputy Director of Workforce (Organisation Development)			
Date prepared:	22nd March 2019			
Subject:	Education Report			
Purpose:	☑	For information		For approval

This report provides an update on education and training issues of strategic and service delivery importance for Board Members' information

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:	September 2018 Education and Training Trust Board paper
Risk and assurance:	Risk to patient safety due to lack of staff training and education, patient safety, correct staffing levels, staff morale, turnover etc. internal and external reputation. Staff perception of Education, Training & Development opportunities through the annual NHS Staff Survey. Medical Education - Royal College and HEEoE visits and assessments Results of annual GMC annual survey of training grade doctors
Legislation, regulatory, equality, diversity and dignity implications	Legislation & regulatory implications, linked to professional body requirements. Equality and health and safety legislation regarding skills, equipment and behaviours of all staff.

Recommendation: For information

Education and Training – Report for Trust Board Members 29th March 2019

This report demonstrates how Education and Training is contributing to the three priorities of the Trust's Strategic Framework 'Our patients, our hospital, our future, together'.

Priority 1: Deliver for today

- A sharp focus on improving patient experience, safeguarding patient safety and enhancing quality.
- Continuing to achieve core standards

Undergraduate Medical Education

- The Cambridge Graduate Course in Medicine continues to thrive at the West Suffolk Hospital with a large number of medical staff involved in teaching the students.

- Thirty six students started the course at the end September 2018. This doubled the size of the course and has increased teaching income for the Hospital.

Postgraduate Medical Education

- **Reporting to HEEoE**
  No incidents reported on between August 2018 and January 2019.
  The Trust reports to HEEoE on any fitness to practice concerns about doctors in training. This is for onward reporting to the GMC. Reports are required for:
  1. Serious incidents where the trainee has been named and investigated
  2. Complaints naming the doctor
  3. Concern about probity or conduct

- **Foundation Training Programme Director**
  Dr Francesca Crawley has been replaced as FTPD wef 01.02.19 by Dr Kaushik Bhowmick. Dr Crawley will support Dr Bhowmick for a period of 6 months.

- **Learning Facilitator to support Physicians Associates**
  From 01.02.19 Dr Wasim Huda and Dr Suresh Mohanraj are job sharing the above role for our student Physicians Associates. They replace Joseph Yikona and Ravi Ayyamuthu who have been thanked for doing this work for the past 3 years.

- **SAS Tutor**
  Boby Sebastian will be completing 2 years as SAS Tutor and will be stepping down from this role. Invitations for a replacement have been circulated to the SAS Dr's. Interviews are due to take place on the 24.04.19.

Nursing, Midwifery and Allied Health Professionals

- **Quality Improvement Performance Framework (QIPF)**
  We are currently in the process of updating the Quality Improvement Performance report for HEE. We have highlighted a new 'red' risk relating to the uncertainty around educational support for students and staff in community settings. The community educational team are hosted by ESNEFT and work across the whole of Suffolk. The team of four will be reduced to one from the 1st May and there has been difficulty recruiting to the vacancies due to the uncertainty of whether this service will continue to be hosted by ESNEFT or split between ESNEFT and WSFT. This represents a risk to the pre-professional, pre-registration and post registration educational provision within the community. This has been escalated internally by both ESNEFT and the WSFT.

- **Adult Nursing Student Numbers**
  We continue to host pre-registration students from a variety of adult nurse programmes (traditional 3 year, 2 and 4 year apprenticeships) and are reaching maximum capacity within the organisation.

Cohort (UoS)	Target	Recruited	Actual on programme in 2019
February 2019	20	5	5 + 11 (2 year apprenticeship)
September 2018	30	24	24 + 13 (4 year apprenticeship)
February 2018	20	8	8 + 3 (2 year apprenticeship)
September 2017	30	13	12
February 2017	20	11	12
September 2016	30	33	25

We continue to offer placements to students from UEA and have seen an increase in students from this university applying for newly qualified positions within the Trust.

- **Multi-professional Pre-registration Students**
  We continue to recruit pre-registration students from four universities within the region. We are beginning a partnership with UEA to host students for the child, midwifery and ODP programmes to ensure that we are maintaining our planned numbers

- **International Registered Nurses**
  Our overseas nurses continue to arrive in the UK to begin their OSCE preparation ready for NMC registration. The OSCE programme has been successful with the majority of nurses passing at the first attempt and all passing within two attempts.

Numbers are as follows:

Arrival Date	Numbers	Passed OSCE	Potential OSCE exam date
28th June 2018	3	3	NA
5th October 2018	10	10	NA
19th October 2018	9	9	NA
29th November 2018	5	5	NA
3rd January 2019	4	3	TBA
28th February 2019	7	0	TBA
28th March 2019	6	0	TBA
TOTAL	**44**	**30**	

- ***Nursing and Midwifery Council (NMC) Educational Standards***

  The new educational standards from the NMC come into effect in September 2019. The new standards set out the role of a newly registered nurse, the requirements of the training programme and the support and assessment required. The education team have been working closely with our educational providers regarding the validation of pre-registration programmes and the framework required to support students in practice. Information will be disseminated via different means including GreenSheet, workshops, attendance at team meetings etc to ensure that all clinical staff are aware of the changes.

- ***Nursing Times Award***

  The WSFT has been shortlisted in the Nursing Times Student Placement of the Year (hospital) award. They received a record number of entries but the WSFT has been shortlisted within the final 9. Winners will be announced at the award ceremony on the 26th April in London.

Support Workforce/Other Staff Groups

- **Care certificate:**
  All health care support workers are required to complete a basic qualification to undertake their role. Care certificates are co-ordinated by the Nursing Directorate.

- **Apprenticeship levy:**

  The Government Apprenticeship Levy, commenced in May 2017. The levy fund is currently £1.69 million, which includes a carry-over from last year.

  The Trust is now able to commission apprenticeship training, which allows the education provider the opportunity to draw down the cost of the training from the Levy.
  For apprenticeships we now have 81 individuals on the Digital Apprenticeship Service (DAS) account, with 9 having completed an apprenticeship. We spent £712,000.00 last year, and have £214,000.00 committed so far for 2019/20.

  We have apprenticeships across the following subjects;
  - Business Administration Level 2
  - Business Administrator Level 3
  - Health Pharmacy Science Level 3
  - Operations/Departmental Manager Level 5
  - Engineering Manufacture Level 3
  - Senior Health Care Support Worker Level 3
  - Healthcare Assistant Practitioner Level 5
  - Registered Nurse Level 6
  - Team Leader Level 3

  We are currently exploring the possibility of gifting some of our levy to our West Alliance partners who are not levy payers.

Priority 2: Invest in quality, staff and clinical leadership

- Invest in quality and deliver even better standards of care which, over time, should deliver an 'outstanding' CQC rating

Leadership development

Executive Directors reviewed and agreed the Trust's updated Talent Management Strategy in March 2019. This includes:

- Leadership summits for senior leaders. The summit held on 3 December 2019 focussed on resilience, this followed a highly successful summit on the same topic for middle level leaders earlier in the year. The 2019 summer leadership summit will be held in June and its theme will be the role of compassionate and inclusive leadership in improving patient safety and staff satisfaction through reducing bullying, harassment and victimisation.

- The second 2030 Leaders Programme for aspiring senior leaders started in March 2019. 21 clinical and non-clinical leaders from the Trust and CCG are participating in this programme.

- Fourteen of our most senior leaders have participated in the internal key leaders programme to date. Development activities include 360 feedback, one-to-one coaching and participation in a range internal and external leadership development programmes.

- The existing Skills Plus and Senior Leaders Management Development Programmes have been combined and expanded to provide a more comprehensive single Leadership, Management and Staff Development programme for Trust staff.

- New consultants are participating in the NHS Leadership Academy Edward Jenner foundation leadership programme as part of their induction programme. They receive the NHS Leadership Academy Award in Leadership Foundations on completion of the programme.

- The very successful Expert Navy programme for new band 7 ward managers and band 6 nurses aspiring to a ward leadership role is running again in 2019 and a programme has also been developed for Allied Health Professionals at band 6. These programmes are run by the Clinical Education Team in the Nursing Directorate.

- The 5 O'clock club continues with regular bi-monthly meetings in 2019. Upcoming speakers include Baroness Lynne Featherstone, the architect of the same sex-marriage act which will form part of our celebration of Suffolk Pride in June. Deputy Chief Constable of the Sussex Police Force, Joanne Shiner will be speaking in November.

- A clinical leadership event for 30 junior doctors, organised by Dr Jane Sturgess, Consultant Anaesthetist, is being held in April. The day introduces participants to basic leadership concepts and to gain knowledge of the importance of clinical leadership

- A number of staff are participating on Management Apprenticeships at levels 3 and 5 using the national apprentice levy – both through external educational providers and an in-house programme.

Postgraduate Medical Education

- **HEE East of England Quality Improvement Performance Framework (QIPF)**
  This report is currently being updated before submission to HEE. The 'Red' risk relates to Foundation Doctors and gaps in the rota. This is a national problem and adverts placed for quality, non-career middle grade medical personal. Also looking at the possibility of increasing support for LED's to improve recruitment and retention.

- **GMC National Training Survey 2019**
  Results from the survey will be received into the trust in the next of months. Results of which will be notified via the next board report in September 2019.

- **Career Advice**
  A Medical Careers Fair was held on the 31st October in the lecture theatre. Representatives from specialties across the hospital manned stalls offering advice and guidance to junior doctors about future career aspirations. A large number of Medical students attended who found the event very useful. Another is planned for later in the year.

- **Education/Clinical Supervisors Training**
  For the last five years we have delivered Educational/Clinical Supervisor training in house (thanks in particular to Dr Francesca Crawley).
  HEE are launching a new development to offer a standardised tiered approach to Educators training which will apply to all specialities across the region. The first two dates running at WSH are June 5th and October 18th.
  The faculty group to coordinate and deliver this consists of the WSH DME, Jane Sturgess (Associate Dean HEE), Kaushik Bhowmick, Kate Read, David Ross, DME's from sister sites Ipswich & Colchester, local primary care GP's and the Associate Director of GP's (11 in total).

Nursing, Midwifery and Allied Health Professionals

- ***Learning Beyond Registration (LBR) Funding***
  Post-registration education has been funded during the last year from the LBR fund, the charitable funds and the non-medical student tariff. We are waiting to see if we will receive funding from Health Education England for 2019/2020.

Health Education England are funding 10 Advanced Clinical Practitioner (ACP) training programmes for the Trust for posts based in Emergency Department, Surgery, Medicine and Paediatrics. They have further funding for the next financial year; applications are being sought currently.

Support Workforce/Other Staff Groups

- **Work experience placement;**

This service is co-ordinated by the Deputy Voluntary Services Manager. We continue to offer both student volunteering and clinical shadowing for potential and future employees. In addition we also liaise with schools to off a limited opportunity for work placements for year 10/11's (15-16 year olds).

Priority 3: Build a joined up future

- Reduce non elective demand to create capacity to increase elective activity. Help develop and support new capabilities and new integrated pathways in the community

Nursing, Midwifery and Allied Health Professionals

- **Promoting WSFT to Potential Healthcare Students**

Between April 2018 and March 2019 we have attended or hosted 86 different events and spoken to over 2,000 students/people interested in a career in healthcare.

Support Workforce/Other Staff Groups

- **Health Ambassadors; (Career advice to schools and colleges)**

Please see above

12. National staff survey report

To approve the report and recommendations

For Report

Presented by Jan Bloomfield

Agenda item:	12			
Presented by:	Jan Bloomfield – Exec Director Workforce & Communications			
Prepared by:	Len Rowland – Workforce Information Manager			
Date prepared:	29th March 2019			
Subject:	National Staff Survey Trust Results 2018			
Purpose:	✓	For information		For approval

Executive summary

The 2018 National Staff Survey was received into the Trust on 7th February 2019, but was embargoed from external publication until 26th February 2019.

The survey was completed by staff during the period September 2018 to December 2018. A sample of 1250 staff was randomly selected, of which 601 responded. This is a 48% response rate; the average for acute trusts was 44%.

The National NHS Staff Survey provides a very useful source of data on a number of the issues, especially staff engagement, staff views on quality of care, on willingness to raise concerns and to recommend the services of the organisation (the staff friends and family test). Although the report highlights some areas of concern which the developing action plan will seek to address. The overall report is very positive and looks to reinforce that the cultural improvement journey the Trust is on.

Together with other data, this will enable us to identify key workforce and service issues and develop further strategies for dealing with areas for improvement.

Source of data: The information in this report is based on 2018 NHS Staff Survey Benchmark Report supplied by the Survey Coordination Centre.

The average is based on the responses of the 89 acute trusts in our group.

Our overall performance

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.6	6.7	7.3	6.7	6.5	8.1	8.5	9.6	7.2	7.6
Your org	9.3	6.4	7.0	6.4	5.5	7.6	8.1	9.4	7.0	7.4
Average	9.1	5.9	6.7	6.1	5.4	7.4	7.9	9.4	6.6	7.0
Worst	8.1	5.2	6.2	5.4	4.6	7.0	7.1	9.2	6.0	6.4
No. responses	579	584	583	569	496	519	575	571	576	593

Our Highlights

- Benchmarked as highest in country for
  - I have a choice in deciding how to do my work.
  - Have you felt pressure from your manager to come to work, when not feeling well?
  - Above average in 83% of questions
  - Recent Health Service Journal analysis for Recommending the trust as a place to work and receive treatment – The Trust was best in the East of England and 4th in the country

Our Opportunities for improvement

- Benchmarked as lowest in country for
  - The last time you experienced physical violence at work; did you or a colleague report it?
  - The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?
  - The last time you saw an error, near miss or incident that could hurt staff or patients / service users, did you or a colleague report it?

Our priorities for continuous improvement

- Reporting – why do people not report as much at West Suffolk as other organisations?
- Creating a compassionate and inclusive culture, being kind to each other – bullying and harassment, equality and inclusion.
- Visible Leadership - Where we value and engage with staff.

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

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*
		✓			✓		✓

Previously considered by:	Trust Executive Group
Risk and assurance:	Impact on CQC Well Led assessment
Legislation, regulatory, equality, diversity and dignity implications	Addressed in the report
Recommendation: For information	

Annual Staff Survey 2018

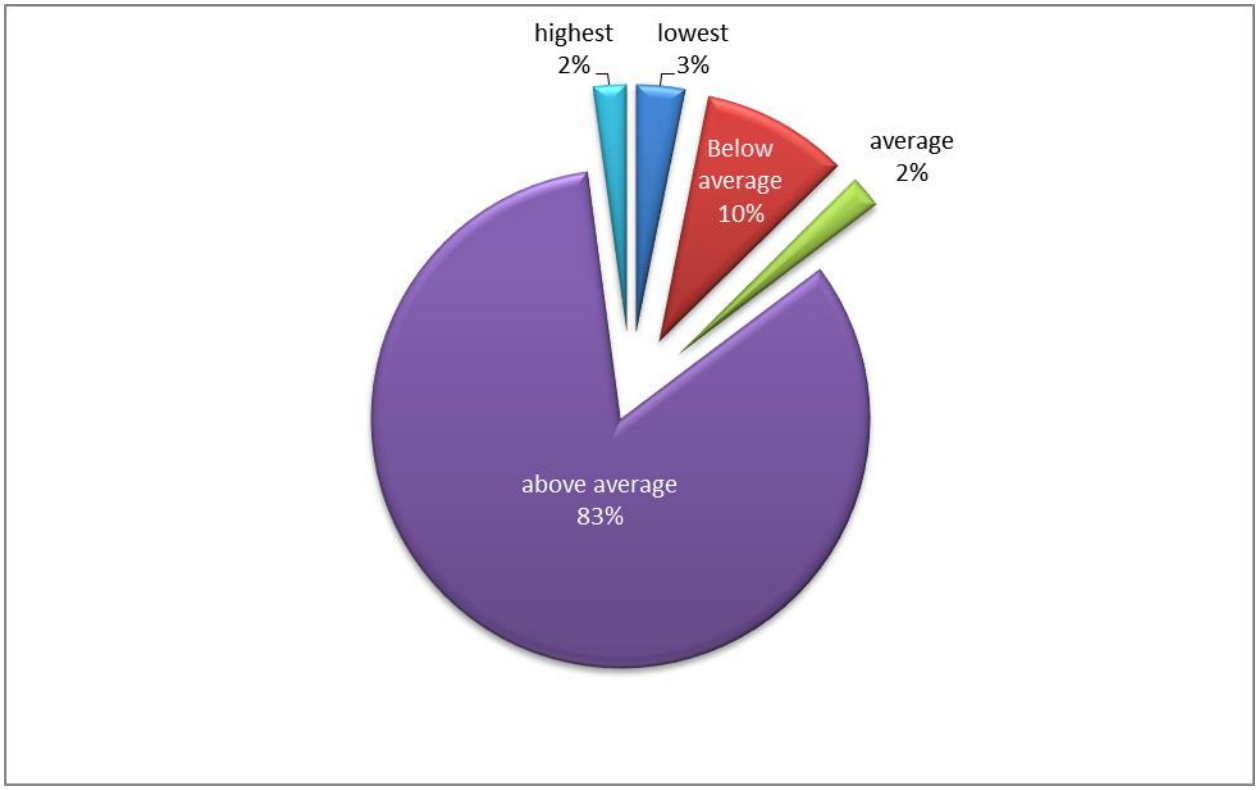
Staff Engagement

The figure below shows how West Suffolk NHS Foundation Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 10, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 10 indicating that staff are highly engaged. The trust's score of 7.4 is above average when compared with trusts of a similar type.
This figure is calculated based on responses of three questions and may differ from the total number of responses.

	2014	2015	2016	2017	2018
Best	7.5	7.6	7.4	7.4	7.6
Our org	7.3	7.3	7.4	7.4	7.4
Average	6.8	7.0	7.0	7.0	7.0
Worst	5.9	6.4	6.5	6.4	6.4
No. responses	418	461	620	596	593

Overall comparison against other acute trusts

The chart shows how our trust compares against other acute trusts in response to the 95 questions.
There are 103 questions in the survey, eight of which cannot be categorised in terms of best or worst, for example: Do you have face-to-face contact with patients / service users as part of your job?



Benchmarked as lowest in country

Further analysis

The results below show where our trust is lowest in the country (Q12d, Q13d, Q16c). However, looking at related questions in this area the trust is above average in the majority of these areas. It demonstrates that staff are confident that the incident will be treated fairly; the organisation encourages the reporting of incidents; the organisation takes action; feedback is given; know who to report it to; feel secure raising issue and confident that the organisation would address the concern.
Based on this information it would suggest that the issue is around the reporting mechanism and or process.

The last time you experienced physical violence at work; did you or a colleague report it? Q12d

This question was only answered by staff who reported experiencing at least one incident of violence in the last 12 months.

	2014	2015	2016	2017	2018
Best	84.7%	86.6%	76.0%	79.2%	76.7%
Our org	71.6%	63.3%	68.4%	65.2%	49.7%
Average	65.9%	66.0%	67.2%	66.4%	65.6%
Worst	38.2%	44.2%	49.8%	55.9%	49.7%

Related Questions	Our org	Average
Q12a > In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?	15.1%	14.3%
Q12b > In the last 12 months how many times have you personally experienced physical violence at work from managers?	0.7%	0.7%
Q12c > In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	1.1%	1.6%

The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? Q13d

This question was only answered by staff who reported experiencing at least one incident of harassment, bullying or abuse in the last 12 months.

	2014	2015	2016	2017	2018
Best	59.7%	58.4%	56.9%	59.1%	54.8%
Our org	57.3%	25.5%	51.1%	51.2%	37.9%
Average	46.6%	42.5%	45.1%	45.0%	44.2%
Worst	26.0%	16.4%	36.5%	36.0%	37.9%

Related Questions	Our org	Average
Q13a > In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?	26.2%	28.4%
Q13b > In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?	11.9%	13.7%
Q13c > In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	19.3%	20.0%

The last time you saw an error, near miss or incident that could hurt staff or patients / service users, did you or a colleague report it? Q16c

This question was only answered by staff who reported observing at least one error, near miss or incident in the last month.

	2014	2015	2016	2017	2018
Best	100.0%	99.3%	98.7%	99.2%	97.6%
Our org	91.9%	93.4%	95.7%	90.1%	91.4%
Average	94.3%	94.2%	94.8%	94.7%	95.0%
Worst	89.6%	86.0%	91.2%	90.1%	91.4%

Related Questions	Our org	Average
Q16a > In the last month have you seen any errors, near misses, or incidents that could have hurt staff?	17.8%	18.6%
Q16b > In the last month have you seen any errors, near misses, or incidents that could have hurt patients / service users?	26.7%	30.3%
Q17a > My organisation treats staff who are involved in an error, near miss or incident fairly	68.8%	58.5%
Q17b > My organisation encourages us to report errors, near misses or incidents	92.6%	88.0%
Q17c > When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again	77.4%	69.9%
Q17d > We are given feedback about changes made in response to reported errors, near misses and incidents	65.3%	58.9%
Q18a > If you were concerned about unsafe clinical practice, would you know how to report it?	93.0%	94.2%
Q18b > I would feel secure raising concerns about unsafe clinical practice	71.3%	69.2%
Q18c > I am confident that my organisation would address my concern	63.2%	56.8%

Benchmarked as highest in country

I have a choice in deciding how to do my work. Q6b

	2014	2015	2016	2017	2018
Best	0.0%	0.0%	0.0%	0.0%	61.1%
Our org	0.0%	0.0%	0.0%	0.0%	61.1%
Average	0.0%	0.0%	0.0%	0.0%	54.0%
Worst	0.0%	0.0%	0.0%	0.0%	47.0%

No trend data available as a new question.

Have you felt pressure from your manager to come to work? Q11e

This question was only answered by staff who selected 'Yes' on q11d, In the last three months have you ever come to work despite not feeling well enough to perform your duties?

	2014	2015	2016	2017	2018
Worst	44.0%	41.4%	33.2%	35.1%	35.2%
Our org	27.3%	33.3%	24.6%	25.6%	19.1%
Average	33.3%	29.5%	27.1%	26.7%	25.9%
Best	20.8%	18.3%	18.2%	17.0%	19.1%

Based on the trend our trust has been above average and this is a significant change in our trend.

Summary of Themes

Theme	Best	Our org	Average	Worst	
Equality, diversity & inclusion	9.6	9.3	9.1	8.1	
Health & wellbeing	6.7	6.4	5.9	5.2	
Immediate managers	7.3	7.0	6.7	6.2	
Morale	6.7	6.4	6.1	5.4	
Quality of appraisals	6.5	5.5	5.4	4.6	Slightly better than average, large margin from best
Quality of care	8.1	7.6	7.4	7.0	Slightly better than average large margin from best
Safe environment – Bullying & harassment	8.5	8.1	7.9	7.1	Slightly better than average
Safe environment – Violence	9.6	9.4	9.4	9.2	Average marginally better than worst
Safety culture	7.2	7.0	6.6	6.0	
Staff engagement	7.6	7.4	7.0	6.4	

Theme trends

Theme		2014	2015	2016	2017	2018	
Equality, diversity & inclusion	Best	9.6	9.6	9.6	9.4	9.6	Trend above average with small margin to best
	Our org	9.2	9.2	9.3	9.2	9.3	
	Average	9.1	9.2	9.2	9.1	9.1	
	Worst	8.3	8.3	8.1	8.1	8.1	
Health & wellbeing	Best	0.0	6.8	6.8	6.6	6.7	Trend above average with small margin to best
	Our org	0.0	6.3	6.4	6.5	6.4	
	Average	0.0	6.0	6.1	6.0	5.9	
	Worst	0.0	5.3	5.3	5.4	5.2	
Immediate managers	Best	0.0	7.3	7.2	7.2	7.3	Trend above average with small margin to best
	Our org	0.0	6.8	6.9	6.8	7.0	
	Average	0.0	6.6	6.7	6.7	6.7	
	Worst	0.0	6.1	6.2	6.2	6.2	
Morale	Best	0.0	0.0	0.0	0.0	6.7	No trend data, but above average and far from worst.
	Our org	0.0	0.0	0.0	0.0	6.4	
	Average	0.0	0.0	0.0	0.0	6.1	
	Worst	0.0	0.0	0.0	0.0	5.4	
Quality of appraisals	Best	0.0	6.1	6.3	6.4	6.5	Trend showing improvement against average, but far from best.
	Our org	0.0	5.1	5.0	5.2	5.5	
	Average	0.0	5.1	5.3	5.3	5.4	
	Worst	0.0	4.2	4.4	4.6	4.6	
Quality of care	Best	0.0	8.3	8.2	8.1	8.1	Trend steady against average, but far from
	Our org	0.0	7.7	7.6	7.7	7.6	

	Average	0.0	7.5	7.6	7.5	7.4	best.
	Worst	0.0	6.9	7.0	7.0	7.0	
Safe environment – Bullying & harassment	Best	0.0	8.5	8.6	8.4	8.5	Trend steady against average, but far from best.
	Our org	0.0	8.1	8.0	8.2	8.1	
	Average	0.0	7.9	8.0	8.0	7.9	
	Worst	0.0	7.0	7.1	7.2	7.1	
Safe environment – Violence	Best	0.0	9.6	9.7	9.6	9.6	Trend steady at average, but small margin to worst
	Our org	0.0	9.2	9.4	9.3	9.4	
	Average	0.0	9.4	9.4	9.4	9.4	
	Worst	0.0	9.1	9.2	9.1	9.2	
Safety culture	Best	0.0	7.2	7.1	7.0	7.2	Trend above average with small margin to best
	Our org	0.0	6.7	6.9	7.0	7.0	
	Average	0.0	6.5	6.6	6.6	6.6	
	Worst	0.0	5.9	6.0	5.9	6.0	
Staff engagement	Best	7.5	7.6	7.4	7.4	7.6	Trend above average with small margin to best
	Our org	7.3	7.3	7.4	7.4	7.4	
	Average	6.8	7.0	7.0	7.0	7.0	
	Worst	5.9	6.4	6.5	6.4	6.4	

Response Rate

	2014	2015	2016	2017	2018	
Best	81.5%	78.3%	76.3%	72.6%	71.6%	Moving closer to average over time.
Our org	52.5%	54.4%	50.1%	47.9%	48.4%	
Average	43.6%	40.4%	42.8%	44.2%	44.4%	
Worst	25.3%	25.4%	31.3%	28.9%	33.1%	

Question Results Summary

7 above average

3 opportunities for improvement

	Worst	Below average	Average	Above average	Best
Your job	0	0	0	29	1
Your managers	0	0	0	11	0
Your health, well-being and safety at work	3	7	2	25	1
Your personal development	0	3	0	5	0
Your organisation	0	0	0	10	0

Report by division against organisational results

36 above average
25 opportunities for improvement

	Our org	Medical	Surgical	Community	Clinical Support	Estates & Facilities	Women & Children	Corporate Services	Corporate Services (balance)
Equality, diversity & inclusion	9.3	9.1	9.4	9.4	9.2	9.1	9.6	9.3	More than 11 responses required to report on results.
Health & wellbeing	6.4	6.0	5.6	6.4	6.8	7.1	6.7	6.9	
Immediate managers	7.0	7.1	6.6	7.2	7.3	6.7	6.8	7.1	
Morale	6.4	6.4	6.2	6.6	6.3	6.4	6.6	6.8	
Quality of appraisals	5.5	6.2	5.0	5.6	5.2	6.1	5.1	5.5	
Quality of care	7.6	7.5	7.7	7.5	7.8	7.3	7.4	8.0	
Safe environment – Bullying & harassment	8.1	7.6	7.5	8.3	8.2	8.9	8.2	8.6	
Safe environment – Violence	9.4	8.9	9.1	9.5	9.7	9.5	9.8	9.9	
Safety culture	7.0	6.9	6.7	7.0	7.2	7.0	7.1	7.3	
Staff engagement	7.4	7.5	7.2	7.4	7.3	7.4	7.6	7.8	

Report by staff group against organisational results

32 above average
27 opportunities for improvement

	Our org	Nursing and Midwifery Registered	Administrative & Clerical	Additional Clinical Services	Medical & Dental	Allied Health Professionals	Estates & Ancillary	Add Prof Scientific & Technic	Healthcare Scientists
Equality, diversity & inclusion	9.3	9.1	9.6	9.4	9.4	9.3	8.9	9.3	More than 11 responses required to report on results.
Health & wellbeing	6.4	6.1	6.6	6.1	6.2	6.4	6.9	6.2	
Immediate managers	7.0	7.1	7.1	7.3	6.0	7.4	6.5	6.3	
Morale	6.4	6.4	6.5	6.4	6.5	6.6	6.2	5.8	
Quality of appraisals	5.5	5.9	5.2	5.7	4.4	5.7	6.0	5.1	
Quality of care	7.6	7.4	7.7	8.1	7.7	7.6	7.5	7.4	
Safe environment – Bullying & harassment	8.1	7.5	8.5	8.1	7.9	8.3	8.8	8.2	
Safe environment – Violence	9.4	8.9	9.9	8.8	9.8	9.5	9.4	9.9	
Safety culture	7.0	7.2	7.0	7.1	6.5	7.1	6.7	6.6	
Staff engagement	7.4	7.6	7.4	7.4	7.2	7.7	7.1	7.0	

Staff Survey Engagement and Improvement Plan

Facilitate in discussion with each division with the expectation that the division contributes a maximum of three new measures for each of the priorities for improvement. The improvements will be monitored at the divisional performance meetings.

13. Healthcare worker flu vaccination report

To receive the report

For Report

Presented by Jan Bloomfield

Board of Directors – 29 March 2019

Agenda item:	13			
Presented by:	Jan Bloomfield, Executive Director of Workforce and Communications			
Prepared by:	Jan Bloomfield, Executive Director of Workforce and Communications			
Date prepared:	21 March 2019			
Subject:	Healthcare Worker Flu Vaccination Report			
Purpose:	✓	For information		For approval

Executive summary:

West Suffolk NHS Foundation Trust has further improved its performance for the staff flu vaccination uptake for 2018/19. A total of 2855 vaccines were provided to frontline staff, achieving the 75% uptake target with low levels of influenza across the country compared to the previous season. The local campaign communication and promotion followed the NHS Employers Flu Fighters theme and this was shared consistently across both the acute and community settings.

The OH Team was the lead unit for providing vaccines and provided daily clinics on site as well as additional clinics across the community bases. OH provided 70% of all vaccines provided. The successful outcome is very much attributed to efforts of many stakeholders and teams. This year the campaign was supported by more local vaccinators (members of staff) called Flu Fighters who assisted in providing the vaccine to their peers and other trust staff. Community Flu Fighters was a new addition formalised this year and has contributed significantly to an improve uptake amongst this group of staff.

An online survey was used at the end of the campaign to record those Opting Out. 53 people responded, which represents a total of 5% of those who didn't have the vaccine. With the exception of the 'other' category, the main reason for opting out was 'I'm concerned about possible side effects' (15 people).

An evaluation of the whole campaign including the opt out data capture and lessons learnt will form part of the planning process for the next campaign; how will we improve uptake and how to best use data to inform continued success. The Trust aims to build on a steadily improving campaign, taking strong planning strategies forward to achieve its goal and the national target (set at 80% for 2019/20 season).

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*
	✓	✓			✓		✓

Putting you first

Previously considered by:	N/A
Risk and assurance:	Addressed in the report.
Legislation, regulatory, equality, diversity and dignity implications	The Trust has met the CQUIN requirements.
Recommendation: For information only.	

West Suffolk Hospital Flu Report 2018/19

1. Total uptake and opt-out rates

	Total numbers	Rates
Number of frontline HCW	2855	100%
Uptake of vaccine by frontline HCW	2144	75.1%
Opt-out of vaccine by frontline HCW	53	1.86%

2. Higher-risk areas

Area name	Total number of frontline staff	Number who have had vaccine	Number who have opted-out	Staff redeployed? Y/N	Actions taken
A&E	118	63	**This was not analysed. Staff groups for opted-out in table below.**		Managers contacted (email). Additional days available for teams.
W&CH	196	127			
Theatres	90	35			
G1 & Oncology	50	32			
CCS	56	44			
Anaesthetics	60	41			
Ward F10 (Resp)	42	31			

Staff Group	Response Number
Registered Nurse or Midwife	8 (15.09%)
Nursing/Healthcare Assistant	7 (13.21%)
Medical and Dental	4 (7.55%)
Allied Health Professional	10 (18.87%)
Scientific and Technical or Healthcare Scientist	4 (7.55%)
Administrative and Clerical	14 (26.42%)

3. Actions taken to reach 100% uptake ambition

- **Vaccinators**: The influenza vaccination campaign is seen as part of the wider Health and Wellbeing Programme. Different vaccinating teams ensured the continuous provision of flu vaccines and easy access to vaccinations. In detail, the vaccinating teams were:
  - ✓ The Occupational Health team was the main vaccinating team.
  - ✓ Local vaccinators (LV)/champions: a team of staff members, easily identifiable by flu campaign bags and badges.
  - ✓ Support from trained bank staff, for extra shifts, during the first 4 weeks of the campaign.
  - ✓ The Infection control team: contributed to planning meetings and were key in vaccinating staff in clinical areas and at some meetings etc.

- **Local Vaccinators:** The importance of peer vaccination is unquestionable, as it is a valuable tool to ensure that staff get consistent access to the vaccination.

In order to support the team, the Chief Nurse and Medical Director were involved and managers of the departments were contacted and encouraged to find volunteers or to nominate a Flu champion/s willing to undertake staff vaccination in their clinical areas. The communication team helped so as staff to be aware of the team. Incentives were in place, in order to motivate the local vaccinators (vouchers or smaller valued gifts), depending on the total amount of vaccinations achieved.

- **Clinics:** The goal was to achieve the main/highest uptake in the first weeks and to ensure easy access to clinics. Daily flu vaccination drop in clinics were available at the Occupational Health Department and in 'Time Out' (staff restaurant at the hospital), which ensured easy accessibility of the flu vaccine for all staff. Information about the flu campaign and clinic locations and times were published via internal communication channels and posters, to ensure staff were fully aware. Additional flu vaccinations were scheduled after reviewing the progress of the campaign.

- **Accessibility of the vaccine:** Apart from the daily drop in clinics, workplace visits were arranged and flu vaccinations took place at inductions and generally speaking at big staff meetings, while the Local Vaccinators ensured that the vaccine is accessible during weekends and night shifts.

- **Community Service**: This year, one of the main focuses was on making the vaccine easily accessible in the community teams, so as to increase the uptake. To improve the accessibility of vaccines, the following steps were followed:
  - ✓ Increased the number of local vaccinators/flu champions in the different teams of the community service which was a new and formalised initiative for this years campaign.
  - ✓ Provided flu vaccination vouchers, in order staff to have not only access to the vaccine but also to have the vaccine in a convenient time and place.

- **Communication strategy**: The communication plan was carefully designed, as it plays a significant role in the success of the flu campaign. West Suffolk FT used the national campaign (flu fighters) brand and materials. Moreover, the flu campaign was highly visible across the Trust and supported by incentives. The main communication objectives were to:
  - ✓ Make the staff fully aware about the flu campaign and create an environment in which flu immunisation is known about, accepted as the right thing to do and where staff encourage one another to get vaccinated.
  - ✓ Ensure staff are aware of their duty of care to protect their patients and know the importance of their role as trusted healthcare professionals.
  - ✓ Dispel misconceptions around flu (myth busting)
  - ✓ Engage as many people as possible at social media about the flu campaign, so as the flu campaign and the messages to be discussed.

The flu campaign was promoted in all our communication channels: internal communication, social media and hospital intranet, posters & printed materials, ensuring that staff had easy access to information regarding the flu campaign and encouraging staff to publish and spread the message. Continuous communication and publications during the flu campaign were conducted (information about available clinics, surveys and facts, key messages, incentives, winners etc) and Senior Trust Leaders and Directors were fully engaged. Furthermore, we updated Senior Trust Leaders and staff regularly about the flu vaccination uptake and progress against the target, so as to create a buzz. In addition, poster packs & flyers for wards were provided, staff department uptake tables were circulated to managers and the flu campaign messages were included in weekly staff newsletters.

- **Communication materials:** posters and printed materials, stickers, pens, mugs, Local Vaccinator badges & bags, T-Shirts, Lanyards & Lanyard Pull reel, hand gels.

- **Incentives:** Vouchers of different values were given to the winners of weekly prizes and to local vaccinators for achieving targets. Other incentives were given to staff that had the flu vaccine, too, such as: pens, stickers.

- **Multidisciplinary team:** The flu team is multidisciplinary and many departments get involved to ensure the success of it, such us pharmacy, bank office, estates and facilities, communication team, local vaccinators and the occupational health team. The campaign approach is from a Trust-wide stance, with many invested in its importance and success, for instance: Chief Executive, Executive Director of Workforce, Medical Director and Chief Nurse to local vaccinators championing at a ward/clinic level.

- **Continuous reassessments** (including risk assessments) and readjustments: during the campaign, depending on the identified needs.

- **Resilience**: Due to different factors (for e.g. delay of delivery of flu vaccines due to manufacturing reasons) we had to be flexible, alter our plans and communicate that with the different teams.

- **High risk areas**: Supervisors and managers were contacted individually via email, informing about the flu vaccination status of their direct reports, available drop in clinics and local vaccinators, arranging workplace visits and encouraging them to motivate their staff to have the flu vaccine. Moreover, the high-risk departments were visited by vaccinators during dedicated days for workplace visits around the hospital.

- **Opt Out Survey**: Opt out information was recorded as an online survey. Learning for next year's campaign to be part of the planning process; how we will improve figures and how to best capture this data.

4. Reasons given for opt-out (all trusts)

Reason	Number
I don't like needles	5
I don't think I'll get flu	1
I don't believe the evidence that being vaccinated is beneficial	9
I'm concerned about possible side effects	15
I don't know how or where to get vaccinated	1
It was too inconvenient to get to a place where I could get the vaccine	5
The times when the vaccination is available are not convenient	3
It's against my beliefs or life-choices	11
I had it before and it made me feel unwell	11
Other reason	24

Some respondents gave 2,3 or even 4 reasons as to why they opted out.

14. Consultant appointment report

To ACCEPT a report

For Report

Presented by Jan Bloomfield

Board of Directors - 29 March 2019

Agenda item:	14			
Presented by:	Jan Bloomfield, Executive Director of Workforce and Communications			
Prepared by:	Medical Staffing, HR and Communications Directorate			
Date prepared:	21st March 2019			
Subject:	Consultant Appointments			
Purpose:	X	For information		For approval

Executive summary:

Please find attached confirmation of Consultant appointments

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

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

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

Recommendation:

For information only

POST:	Consultant in Anaesthetist with an interest in Critical Care
DATE OF INTERVIEW:	Thursday 14th March 2019
REASON FOR VACANCY:	Replacement [redacted]
CANDIDATE APPOINTED:	[redacted]
START DATE:	TBC
PREVIOUS EMPLOYMENT:	[redacted]
QUALIFICATIONS:	[redacted]
NO OF APPLICANTS: **NO INTERVIEWED:** **NO SHORTLISTED:**	2 1 2

15. Putting you first award

To NOTE a verbal report of this month’s winner

For Report

Presented by Jan Bloomfield

11:00 BUILD A JOINED-UP FUTURE

16. Community Services and West Suffolk Alliance report

To ACCEPT the report

For Report

Presented by Kate Vaughton

West Suffolk NHS Foundation Trust Board Meeting
29 March 2019

Agenda item:	16			
Presented by:	Kate Vaughton, Director of Integration and Partnerships			
Prepared by:	Dawn Godbold, Associate Director of Integration and Partnerships			
Date prepared:	19/03/19			
Subject:	West Alliance and System update			
Purpose:	x	For information		For approval

Executive summary:

This paper provides an overview of the developing West Suffolk Integrated Health and Care System.

Main Points:

This paper provides an update on:

- Responsive Care Services configuration
- Children and Young People's Priorities
- Buurtzorg Test and Learn
- Primary Care Networks
- System Governance Review

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

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

Previously considered by:	Monthly update to board
Risk and assurance:	

Putting you first

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

29th March 2019

1.0 Introduction

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

2.0 Responsive Care Services

2.1 Part of the Alliance vision and commitment is to take every opportunity to bring together services wherever it makes sense for people and their families. One key piece of this re-design work is looking at the 'responsive care services'. These are the services whose primary function is to provide a quick short-term response, usually to an unplanned event or to expedite a quick discharge from a hospital bed.

2.2 These services are currently organised on an organisational basis with gaps and duplication between them. In practice this often means that users get passed between services with repeated assessments and differing eligibility criteria. The services affected by this work are: Home First (SCC) Early Intervention (WSFT) Support to go Home (WSFT) and the locality based health and care teams.

2.3 Work is well underway to understand how we can bring these disparate services together so that we have an integrated service offer and response. This should ensure that we are able to respond quicker, support more people, and ensure everyone gets the chance of re-ablement.

2.4 The re-design of these services will support the Discharge to Optimise and Assess work, making sure, that wherever possible, people are given the best chance of remaining as independent in their own home for as long as possible. It is anticipated the impact of this work will be less reliance on major care packages and long term care placements.

2.5 Working groups have been formed where the new service scope and delivery model is being worked up. It is anticipated that the changes will be implemented in a phased way with the services being aligned to our six localities so that each locality can respond to the needs of its community. It is expected that we will be able to start to initiate these changes from September onwards, as part of the new home care model for West Suffolk.

3.0 Children's and Young Peoples Services

3.1 Progress continues with regards to the six priorities identified by the Children and Young People's Board (previously referred to as Children's Alliance). The six priorities are: speech and language, mental health, neurodevelopment and behaviour, community paediatric services, services for children with special educational needs and pathways into and out of the acute setting.

3.2 Priority 1 Speech and Language Service

- Primary focus currently is on the implementation of the Speech, Language and Communication integrated model, including the consultation on the element relating to the Speech and Language Units and Mental Health.
- Wider focus on children's physical health is scheduled to commence early Summer 2019 once additional project resource in place.

- The Board has recognised the need to agree a vision for future of child and family services to ensure that the transformation of services is working towards a single vision, this links with the Policy Development Panel underway exploring the future of Children Centre services
- The business case for the model has been produced and the Governing Body for Ipswich and East and West Suffolk CCG have agreed a total of £1million over the next 2 years for additional speech and language therapy. This will be a re-current investment into the integrated community paediatric service which is commissioned to provide therapy services for children.
- The Council as part of the model has agreed to extend the age range of the Suffolk Communication Aids Resource Centre (SCARC) from 18 to 25 years.
- The resources to roll out Speech link and Language link to all primary school have been secured, including within Waveney. A working group of school representatives is being brought together to support the roll out.
- Makaton training and additional Wellcom packs to aid screening and support in early years is already being rolled out to support the model.

3.3 Priority 2 Mental Health

- The work to support the improvement of CAMHS is three-fold. The first strand of activity is being led by the Quality team within the CCG and they are reviewing service lines within Norfolk and Suffolk Foundation Trust (NSFT) with the purpose of ensuring that services are safe. They have focussed to date on the ADHD service, the Emotional Wellbeing Hub and the Child and Family and Youth pathways in the Integrated Delivery Teams. Recovery plans have been put in place to address any clinical safety concerns that have arisen.
- The second strand relates to the delivery of the priorities identified in the Local Transformation Plan, which was refreshed in October 2018, using the feedback from the wider engagement activity as part of a #averydifferentconversation. The Children's Emotional Wellbeing Group provide oversight and a co-ordination role and a project plan has been developed by each priority lead to ensure effective delivery and engagement by partners.
- The third strand is the wider re-design of CAMHS, which links to the future commissioning of mental health services. The view of the Alliances is that a Most Capable Provider (MCP) process is the preferred route forward. This would allow for a re-design of CAMHS services that could take the opportunity of integrating mental health support with our own Council run/led services where appropriate. While we await a commissioning decision, it has been agreed that within NSFT CAMHS services need to be brought into a single service line. This would give greater visibility of services in the short term and be useful preparation for an MCP process in the future should this be agreed by the Governing Body of the CCG.

3.4 Priority 3 Neurodevelopmental and Behaviour Pathway

- This priority has a significant inter dependency with the mental health priority. The emerging re-design is suggesting a move to a single neurodevelopment service (there are currently 3 services) which would need to be resolved through the mental health MCP process.
- In the interim, the three existing services have been given the opportunity to submit business cases to deal with the immediate service concerns and a pilot programme for parental/family support for those with a neurodevelopment or behaviour concern is being developed and will be seeking funding support from the SEND programme board and the CCG.

3.5 Priority 4 Community Paediatrics

- The intention is to review the breadth of community paediatric services in the medium term, however in the short term a review was undertaken by the provider into the therapy support for specialist education settings in 2018. As a result, the CCG committed additional resources and recruitment by the services is underway.

- This is in addition to the significant investment already committed for Speech, Language and Communication, of which depending on recruitment 70% will be released in 2019/20 and the remaining 30% in 2020/2021.
- It is envisaged that the scope of the Community Paediatrics review be co-produced during late April and May 2019. This will involve a range of partners and stakeholders and will take account of any other reviews under way, such as the complex case review which is being externally commissioned by the CCG.
- The review will need to take account of the changing context that the services operate in. For example the commissioning strategy being developed by Suffolk County Council for specialist education, the relationship with other providers, including those in the charitable sector and the move to greater locality arrangements within the Alliances.

3.6 Priority 5 Special Educational Needs Disability (SEND)

- All the activity listed above all form part of Priority 3 in the SEND programme. In addition, the objectives within this priority also require health and social care to complete the sufficiency plan. The ability of health providers to provide the information needed to complete this is proving to be challenging, this in part due to the way in which data is captured and in part due to capacity of providers to engage with this work.
- The work to develop a performance framework for the Children and Young People Board should help to make progress with the completion of the sufficiency plan, however it is anticipated that a number of data sharing agreements will be required in order to make full progress. The SCC Corporate PMO is providing support with this activity.
- The other elements of the SEND strategy are reported to the SEND programme board.

3.7 Priority 6 Pathways with Acute settings

- The development of the West Suffolk CYP Strategy (part of the overall west Alliance Strategy) has helped to produce a draft document which takes account of the wider system of child and family services. The Strategy is out for partner comment and is overseen but the WSFT system CYP group chaired by Dr Nick Jenkins.
- The implementation will be part of the overall Alliance delivery plan, but of course will need to be cognisant of the county wide re-design described in this board paper. A broader review will be undertaken later in 2019 as part of the delivery of this priority. Similar to the community paediatrics priority the scope of this review will be co-produced with partners and users of the services.

4.0 Buurtzorg Test and Learn Update

4.1 The test and learn phase is now almost complete. We will shortly be moving into the pilot phase. Whilst we are still awaiting the feedback from the evaluation work that Healthwatch Suffolk has undertaken, we have received initial verbal feedback and a written report to comment on from the King's Fund evaluation work. The final report will be shared when received.

4.2 Members of the steering group have been invited to present our learning at a national conference being held in London on 21 March 2019, by the King's Fund. The conference is dedicated to projects that are testing the boundaries between health and care and will focus on the challenges faced by integration. The presentation that will be used at the conference is included as appendix 1 for the board's information.

5.0 Primary Care Networks (PCNs)

5.1 Our general practices need to decide which PCN they wish to be a member of. There are well developed foundations in West Suffolk in respect of practices working together in their geography. Seven PCNs are evolving, with 16 practices attached to emerging PCNs and the remaining eight practices have meetings in their diaries to discuss their options.

5.2 Once the overall configurations are agreed, each PCN will be required to submit an application by 15 May 2019. These will be considered by officers before being taken to the Primary Care Commissioning Committee and then the governing body for their agreement.

5.3 The final proposals will be signed off by the West Suffolk Primary Care Commissioning Committee in May and the WSFT Board will receive a full update as part of this.

6.0 System Governance Review

6.1 On the 6th March key members of the System Executive Group met to discuss the evolution of the governance model for West Suffolk Alliance. At the meeting it was agreed that a mapping exercise would be undertaken for all of the NHS organisations within the West Suffolk footprint to determine where closer working would reduce duplication and improve quality.

6.2 The discussion was also focussed on how as a system, we create a strategic space for leaders of key public and non-public sector organisations, to come together. This would be to ensure the direction of travel and the level of collaboration is sufficient to achieve the transformation required for our system. This forum would be supported by the Suffolk Office of Data Analytics (SODA), to ensure an evidence based approach.

6.3 Work is now underway to progress the agreed actions and outputs will report back to the May SEG.

7.0 Conclusion

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

Appendix 1

West Suffolk Alliance: Working as an Integrated System

Neighbourhood Nursing and Care Team

Our Vision for West Suffolk

In September 2016 health and care partners formed the West Suffolk Alliance with the ambition to:

integrated working

"Move from working as individual organisations towards being a fully integrated single system, with a shared vision, clear local priorities, able to both provide an improved service for people in West Suffolk and also to tackle the sustainability issues faced by the system together."

Our Ambition in West Suffolk

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 can coordinate care** that will help people of all ages to 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.

An Integrated System

Co-ordinating health and social care services around the individual, so that it feels like one service.

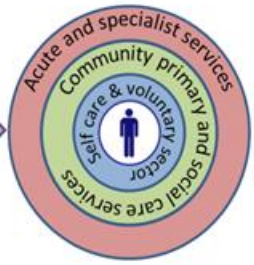
From...

"I have to tell my story multiple times to different people"

"I'm left waiting for services whilst commissioners 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

"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"

Establishing a Neighbourhood Nursing and Care Team

- **Spring 2016** - East of England Local Government Association supported system partners to explore the Dutch Buurtzorg model.
- **Autumn 2016** - System leaders and practitioners go out to Netherlands in to see it in action & partners for across the system agreed to work together to test the model.
- **Early 2017** - Suffolk HWBB sponsors model & pump-priming funding secured.
- **October 2017** - the Neighbourhood Nursing and Care team was established.
- **February 2018** - team start taking patients

The Buurtzorg Model

Buurtzorg is a Dutch social enterprise, care at home organisation – founded by Jos de Blok in 2006.

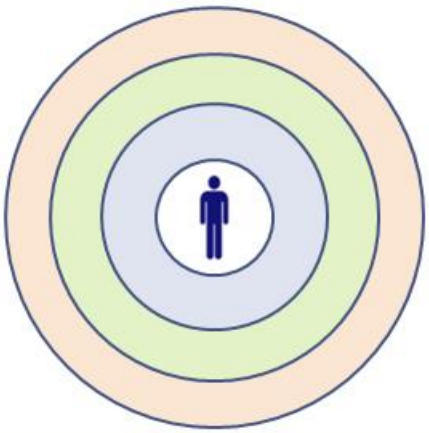
New care delivery model created in response to:

- Time & task care model
- Fragmented care
- Nursing undervalued
- Nurse vacancies
- Ageing population
- Exploding costs

The Buurtzorg model focusses on:

- Holistic, person-centred care.
- A highly qualified workforce.
- Time to care with small case loads and an emphasis on prevention, self-care and independence.
- Professional freedom with responsibility based of self-management and no hierarchy, with reduced overheads.
- Locality working with strong links to formal and networks.

Our Approach



Self-managing patient

Informal network

Neighbourhood Nursing and Care Team

Professional network

The model in action

Mrs B an 85 year old lady lives alone.
Her daughter lives locally and supports. PMH – Diabetes, fractured NOF 01/18, recently diagnosed with dementia.

Before the Neighbourhood Nursing and Care Team:

Morning: Daughter would visit early morning to check blood sugars
District nurses would follow up to administer insulin
Carers would visit later to prepare breakfast and assist with personal care

Lunchtime: Visit from carers to prepare lunch

Evening: Visit from carers about 6pm to assist with personal care and get ready for bed, as Mrs B did not want to go to bed at this time she would get herself to bed later.
Daughter would visit later in the evening to check all OK. Daughter was becoming exhausted and struggling to continue due to concerns about mothers well-being.

Situation now with NNCT support

Morning: NNCT visit at 8am to check blood sugars and administer insulin. They have supported and encourage independence with personal care so often Mrs B is already washed and dressed when they arrive, if not they will assist with a shower. The team encourage mobilisation and Mrs. B has been able to walk into the village with supervision to visit friends.

Lunchtime: Visit from carers to prepare lunch

Evening: Daughter only now visits in the evening to check and support if there are any needs.

Mrs B has increased confidence and her mobility has improved. Socialisation with friends and the local community has also improved.

Lessons Learnt So Far...

- **Need to recognise and celebrate success -** this type of transformational change takes years not months, need to take the time to recognise successes not just challenges!
- **Buy-in and support from senior leaders, as well as equity between partners** has been critical.
- **Getting the right workforce –** leadership skills and entrepreneurial drive.
- **Balancing 'Freedom vs Pressure'** in self-organised teams.
- **Establishing an effective support structure** to 'cut red tape', problem solve and be an intermediary into the wider system to free up the team to deliver care.
- **More expensive model upfront** - but the strength of Dutch Buurtzorg experience demonstrates how worthwhile it could be if we can realise the outcomes here in the UK.

System Learning

This model is a radical approach and in working together to try to deliver it here in the UK as a system it has highlighted:

- operational barriers in the system to change – Getting the right infrastructure eg IT, HR, procurement.
- cultural barriers – Getting the 'mind-set right' is hard!

BUT it has also...

- strengthened relationships and trust across the system
- influenced us to be more progressive and drive forward innovation in other areas
- created an environment of joint accountability - no-one got precious about 'their' money!

What next?

Food for thought:

- What support can be provided nationally to support this kind of innovation? PB's?, flexible funding? professional colleges support?
- How do we square the circle of Buurtzorg v traditional caseload size?
- How do we get the initial injection of funding required in the short to medium term to scale the model? - double running not an affordable option.
- How do we realise the 'extractable' cost savings in the system to enable this way of working? - payback may be a long way off.
- The whole system needs to be brave

Some final thoughts …

"It has been a valuable vehicle for change, something tangible and real for system leaders to pull together on, work through problems on with shared investment and accountability."

"Never under-estimate the challenge presented by the concept of self management – that is my biggest lesson to date."

11:20 GOVERNANCE

17. Trust Executive Group report

To ACCEPT a report

For Report

Presented by Stephen Dunn

Board of Directors – 29 March 2019

Agenda item:	17			
Presented by:	Dr Stephen Dunn, Chief Executive			
Prepared by:	Dr Stephen Dunn, Chief Executive			
Date prepared:	21 March 2019			
Subject:	Trust Executive Group (TEG) report			
Purpose:	X	For information		For approval

Executive summary

18 March 2019

Steve Dunn provided an **introduction** to the meeting and welcomed Dr James Heathcote the newly appointed deputy medical director for primary care. The operational pressures that we are currently experiencing were reviewed with high levels of demand leading to escalation capacity on G9 being reopened. Recognition was also given to the staff who had responded to a fire on the roof of the hospital building over the weekend. It was noted that the new staff accommodation had opened and is starting to be used. It was also noted that a new national policy is being put in place so that were a local case of need is made for property currently owned by NHS Property Services this will be considered favourably. This would be helpful for local plans with Newmarket Hospital.

Discussion took place on the **theatres and anaesthetic go live on e-Care**. Feedback from the clinical director for the area was position about the launch and recognised the careful planning and support from all those involved.

Feedback was provided from the System Transformation Partnership **(STP) board** meeting. It was noted that this was the last meeting chaired by Nick Hulme.

The **red risk report** was reviewed with discussion and challenge for individual areas. One new red risk was reviewed relating to EU exit. Two red risks were downgraded as a result of mitigating action: 'Delay in receiving HER2 testing results'; and 'Patients at risk of slips, trips and falls'. One risk was accepted as red relating to the 'Management of outbreaks and cases of infection in the Trust'. This means that action to mitigate the risk are being managed and kept under review through the Trust's normal governance arrangements. The key strategic risks identified were:

- **System financial and operational sustainability** will impact of the quality of patient services (linked to operational performance and CIP planning and transformation)
- **Winter planning** to ensure safe staffing and capacity for winter
- **Pathology services** – delivery of pathology services, including MHRA inspection, 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.

The **national staff survey results** were reviewed with the HSJ ranking the Trust 4th best in country and best in region for staff engagement. It was agreed that action to address areas for improvement should remained focused on the existing programme for leadership development and quality improvement.

Reviewed the support lines for **staff concerns**, including the range of services and support available. TEG recognised the need for staff to feel confident and engaged to use the tools available, emphasis

was given to the value of clinical psychology support.

An update report was received on the use of **Allocate** for consultant job planning, appraisal and medical rostering. The implementation was seen to be going well with areas for further development and improvement recognised.

Progress was reviewed with plans for **emergency preparedness capability** within the Trust, including learning from the recent planned digital connectivity downtime, EU exit and emergency preparedness, resilience and recovery (EPRR) testing. The progress made was recognised but the programme for the year is currently being reviewed as a result of impact of EU exit planning and preparations.

Reports were received from:

- **Capital strategy group** - outlining good progress against the agreed capital programme for 2018-19
- **Digital programme board** – confirming the final GDE payment had been secured and recognising the significant amount of change that has been introduced for staff over the last two years.

4 March 2019

Steve Dunn provided an introduction to the meeting reflecting of the **busy period in the hospital and community** – a message which had come across in the recent Sky coverage. It was noted that we have been asked by NHSI to provide buddying support to Norfolk and Norwich NHS Foundation Trust.

Quality, operational and financial performance was reviewed from the recent Board papers. The large number of complaints received in January was highlighted. Difficulties reporting referral to treatment (RTT) performance was discussed and remedial action to mitigate the risk of 52 week breaches. Action to increase cancer core capacity was also reviewed.

A business case to for an **additional diabetes consultant** to support the G3 ward was supported. The potential impact of this appointment on support services was considered.

An update report was received on **CQC preparedness** and self-assessment as part of business as usual arrangements. This includes a programme of CQC-style quality walkabouts to review areas and engage staff.

The **elective care training strategy** was approved. This underpinned the new access policy to allow staff to manage patients pathways within the new policy.

The **research and development report** for the first six months of the year was received. It was noted that the majority of funding comes from the East of England Research Clinical Network to a competitive process with other institutions within the network.

The **seven day services report** was approved which summarised our spring 2018 audit performance and provided an update on 7 day services and the changes in national reporting. The audit results were reviewed it was noted that our overall performance had improved.

The **clinical model for the new emergency department** development was reviewed and supported. The clinical engagement through the project to develop the clinical model was recognise as exemplary and the agreed model will now inform the design for the new facility by the architects.

A presentation was received which summarised the headlines from the **mental health strategy** for Suffolk. Discussion took place on the active engagement with NSFT on the current and future provision of mental health services locally.

A review of **losses and special payments** was undertaken. It was emphasised that losses are declining and that we are in a better position currently than in the previous quarter. TEG welcomed the

opportunity to provide senior leadership to maintain the focus on reducing losses in these areas.

Relevant **policy/documents**:

a) **Operational plan for 2019-20** – the document was reviewed and TEG members invited to feed in their comments and views

b) **ESNEFT strategy consultation** – the five year strategy with its underpinning strategic objectives was reviewed and comments invited. The document reflects the merger of Ipswich and Colchester and sets out some of the future clinical strategies which we will need to be engaged with

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

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

Previously considered by:	The Board receives a monthly report from TEG
Risk and assurance:	Failure to effectively communicate or escalate operational concerns.
Legislation, regulatory, equality, diversity and dignity implications	None

Recommendation:

The Board note the report

18. Charitable Funds report

To receive the report

For Report

Presented by Gary Norgate

Trust Open Board Meeting – 29th March 2019

Agenda item:	18			
Presented by:	Gary Norgate, Non-Executive Director			
Prepared by:	David Swales, Technical Accountant			
Date prepared:	21 March 2019			
Subject:	Charitable Funds Board Report			
Purpose:	X	For information		For approval

Executive summary:

The Charitable Funds Committee met on 1st March 2019. The key issues and actions discussed were:-

- The Committee agreed the reserves policy for the Charity. This would be to maintain an unrestricted reserve approximately equal to the average annual unrestricted income over a period of 3 years. This is in line with other NHS Charities.
- The Committee agreed that the fundraising team costs would not be borne by funds where the only income derived from the direct donation from clinicians. They would continue to bear a share of the general administration costs.
- The Legacy officer post is being progressed through the vacancy procedure and the Community fundraiser post will be progressed once this had been completed.
- There has been a lot of fund raising activity in progress and being planned and the Committee were pleased with the progress being made.
- The Committee were updated on the Butterfly Garden project providing a less clinical area for Macmillan patients. A short project plan was discussed.
- The Committee were updated on the disposal of two properties where there Charity is a residual beneficiary. One disposal is hoped to be completed by the end of March the other by the end of June.
- The Committee were updated on the performance on the investments. There had been an initial drop in value but it was noted that investments must be considered over the medium / long term.
- The Committee discussed the large balances in funds and agreed that fundholders of a fund with over £100k would be asked to provide an update on how they intend to spend the funds. This would be followed up by asking them to attend future meetings to discuss the plans.
- The Committee reviewed and agreed an updated Terms of Reference for the Committee.
- The Committee discussed the Vital signs monitoring for the Emergency Department. The Committee agreed that this could be funded through Charitable funds subject to the approval of the Trust Board.

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:	Charitable Funds Committee						
Risk and assurance:	None						
Legislation, regulatory, equality, diversity and dignity implications	None						
Recommendation: The Trust Board is asked to consider the report of the Charitable Funds Committee							

19. Council of Governors report

To receive the report

For Report

Presented by Sheila Childerhouse

Board of Directors – 29 March 2019

Agenda item:	19			
Presented by:	Sheila Childerhouse			
Prepared by:	Georgina Holmes, Foundation Trust Office Manager			
Date prepared:	21 March 2019			
Subject:	Report from Council of Governors, 12 February 2019			
Purpose:		For information	X	For approval

This report provides a summary of the business considered at the Council of Governors meeting held on 12 February 2019. The report is presented to the board of directors for information to provide insight into these activities. Key points from the meeting were:

1. It was noted that Margaret Rutter had resigned as a public governor and had been replaced by Robin Howe.
2. A written report was received from the Chair highlighting meetings and visits she had attended since the last meeting.
3. The Chief Executive's report provided an update on the challenges facing the Trust and recent achievements.
4. Responses to governors' issues raised were received.
5. The quality and performance and finance reports were reviewed and questions asked on areas of challenge.
6. The timetable for producing the Operational Plan and Annual Quality Report was explained. Five governors volunteered to act as readers.
7. Governors agreed with the recommendation to test the learning from deaths process/data rather than the Summary Hospital-level Mortality Indicator (SHMI) which was being recommended by NHSI, as part of the external auditor's limited assurance report of the Annual Quality Report.
8. Governors approved the following proposed changes to the Standing Orders and Code of Conduct for Governors for incorporation into the Constitution, subject to approval by the Board:
   (a) Standing orders - noted and approve the proposed changes to section 6.4 as set out below.
   (b) Code of Conduct for Governors - noted and approved the changes to para 5(a) and 12 (b) of the Code which are provided in Annex A.
9. The summary of the register of governors' interests was reviewed and one amendment was noted.
10. An anonymous ballot took place for the vacant seat for a public governor on the Nominations Committee (two nominations had been received).
11. A report was received from the Nominations committee and the revised annual appraisal process for the Chair and NEDs was reviewed and approved.
12. The Chair reported that at the closed session of this meeting the governors had supported the recommendation from the Nominations committee that Gary Norgate should be offered a further one year term.
13. A report was received from the Engagement Committee.

14. Reports were received from the lead governor and staff governors.

15. Future dates for Council of Governors meetings for 2019 were noted.

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

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

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

Recommendation:

- The Board is asked to note the summary report from the Council of Governors.
- The Board is asked to approve the proposed changes to the Code of Conduct for Governors (bullet 8(b) and Annex A) for incorporation into the Trust's Constitution.

Code of conduct for Governors

(Annex 6 of the Trust's constitution)

Introduction

1 This Code seeks to outline appropriate conduct for Governor, and addresses both the requirements of office and their personal behaviour. Ideally any penalties for non-compliance would never need to be applied; however a Code is considered an essential guide for Governors, particularly those who are newly elected.

2 The Code seeks to expand on or complement the Constitution. Copies will be made available for the information of all Governors and for those considering seeking election to the Council of Governors.

Qualifications for office

4 Members of the Council of Governors must continue to comply with the qualifications required to hold elected office throughout their period of tenure as defined in the Constitution. The Secretary should be advised of any changes in circumstances, which disqualify the Governor from continuing in office. An example of this would be a public Governor becoming an employee of the trust, given that the number of employees sitting on the trust's elected bodies is limited.

Role and functions

5 Governors should:

a) Adhere to the Trust's values and supporting behaviours; rules and policies; and support its objectives, in particular those of retaining Foundation Trust status and developing a successful trust.

b) act in the best interests of the trust at all times

c) contribute to the workings of their Council of Governors in order for it to fulfill its role and functions.

d) recognise that their role is a collective one. They exercise collective decision making in the meeting room, which is recorded in the minutes. Outside the meeting room a Governor has no more rights and privileges than any other member.

e) note that the functions allotted to the Council of Governors are not of a managerial nature.

Confidentiality

6 All Governors are required to respect the confidentiality of the information they are made privy to as a result of their membership of the Council of Governors.

Conflict of interests

7 Governors should act with the utmost integrity and objectivity and in the best interests of the trust in performing their duties. They should not use their position for personal advantage or seek to gain preferential treatment. Any Governor who has a material interest in a matter as defined by the Constitution, shall declare such interest to the Council of Governors and:

- shall not vote on any such matters.

- Shall not be present except with the permission of the Council of Governors in any discussion of the matter.

If in any doubt they should seek advice from the Secretary. It is important that conflicts of interest are addressed and are seen to be actioned in the interests of the trust and all individuals concerned.

8 Any Governor who fails to disclose any interest required to be disclosed under the preceding paragraph must permanently vacate their office if required to do so be a majority of the remaining Governors.

Council of Governors meetings

9 Governors have a responsibility to attend meetings of the Council of Governors. When this is not possible they should submit an apology to the Secretary in advance of the meeting.

10 In accordance with the Constitution, absence from the Council of Governors meetings without good reason established to the satisfaction of the Council of Governors is grounds for disqualification. If a Governor fails to attend for a period of one year or three consecutive meetings (whichever is the shorter) of the Council of Governors, his tenure of office is to be immediately terminated unless the other Governors are satisfied that the absence was due to a reasonable cause and he will be able to start attending meetings of the trust again within such a period as they consider reasonable.

11 Governors are expected to attend for the duration of the meeting.

Personal conduct

12 Governors are required to adhere to the highest standards of conduct in the performance of their duties. In respect of their interaction with others, they are required to:

a) adhere to good practice in respect of the conduct of meetings and respect the views of their fellow elected governors

b) be mindful of conduct which could be deemed to be unfair or discriminatory and support inclusivity

c) treat the trust's executives and other employees with respect and in accordance with the trust's policy

d) recognise that the Council of Governors and management have a common purpose, i.e. promote the success of the trust, and adopt a team approach

e) Governors should conduct themselves in such a manner as to reflect positively on the trust. When attending external meetings or any other events at which they are present, it is important for Governors to be ambassadors for the trust.

Accountability

13 Governors are accountable to the membership and should demonstrate this by attending Members' meetings and other key events, which provide opportunities to interface with their electorate in order to best understand their views.

Induction and development

14 Training is essential for Governors, in respect of the effective performance of their current role. Governors are required to adhere to the trust's policies in all respects and undertake identified training and develop to allow them to effectively undertake their role.

Visits to trust Premises

15 Where Governors wish to visit the premises of the trust in a formal capacity as opposed to individuals in a personal capacity, the Council of Governors should liaise with the Secretary to make the necessary arrangements.

Non-compliance with the Code of Conduct

16 Non-compliance with the Code may result in action being taken as follows:-

a) Where misconduct takes place, the Chairman shall be authorised to take such action as may be immediately required, including the exclusion of the person concerned from a meeting.

b) Where such misconduct is alleged, it shall be open to the Council of Governors to decide, by simple majority of those in attendance, to lay a formal charge of misconduct.

c) notifying the Governor in writing of the charge/s, detailing the specific behaviour, which is considered to be detrimental to the trust, and inviting and considering their response within a defined timescale.

d) inviting the Governor to address the Council of Governors in person if the matter cannot be resolved satisfactorily through correspondence;

e) deciding, by simple majority of those present and voting, whether to uphold the charge of conduct detrimental to the trust;

f) imposing such sanctions as shall be deemed appropriate. Such sanctions will range from the issuing of a written warning as to the member's future conduct and consequences, non-payment of expenses to the removal of the Governor from office.

17 A Governor may be removed from the Council of Governors for non-compliance with the Code of Conduct by a resolution approved by not less than two-thirds of the remaining Governors present and voting at a general meeting of the Council of Governors.

18 This Code of Conduct does not limit or invalidate the right of the Governors or the trust to act under the Constitution.

20. Agenda items for next meeting

To APPROVE the scheduled items for the next meeting

For Approval

Presented by Richard Jones

Board of Directors – 29 March 2019

Agenda item:	20			
Presented by:	Richard Jones, Trust Secretary & Head of Governance			
Prepared by:	Richard Jones, Trust Secretary & Head of Governance			
Date prepared:	22 March 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 – 26 April 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 from winter report	✓		Written	Matrix	HB
Finance & workforce performance report	✓		Written	Matrix	CB
Mandatory training report	✓		Written	Matrix	JB
Transformation report (Including Category Towers and Alliance)	✓		Written	Matrix	HB
Risk and governance report, including risks escalated from subcommittees		✓	Written	Matrix	RJ
Invest in quality, staff and clinical leadership					
Nurse staffing report	✓		Written	Matrix	RP
"Putting you first award"	✓		Verbal	Matrix	JB
Safe staffing guardian report - Francesca Crawley	✓		Written	Matrix	NJ
Freedom to speak up guardian – Nick Finch	✓		Written	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
Strategic update, including Alliance, System Executive Group and System Transformation Partnership (STP)		✓	Written	Matrix	SD
DRAFT Annual report and Quality report		✓	Written	Matrix	RJ
Governance					
Trust Executive Group report	✓		Written	Matrix	SD
Quality & Risk Committee report	✓		Written	Matrix	SC
Scrutiny Committee report		✓	Written	Matrix	GN
Operational plan 2019-20	✓		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

21. Any other business

To consider any matters which, in the opinion of the Chair, should be considered as a matter of urgency

For Reference

Presented by Sheila Childerhouse

22. Date of next meeting

To NOTE that the next meeting will be held on Friday, 26 April 2019 at 9:15 am in Quince House, West Suffolk Hospital.

For Reference

Presented by Sheila Childerhouse

RESOLUTION TO MOVE TO CLOSED SESSION

23. The Trust Board is invited to adopt the following resolution:

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

Presented by Sheila Childerhouse