NHS
West Suffolk
NHS Foundation Trust

Board of Directors (In Public)

Schedule	Friday 31 January 2020, 9:15 AM — 11:30 AM GMT
Venue	Room 19a, Drummond Education Centre, West Suffolk Hospital
Description	A meeting of the Board of Directors will take place on Friday, 31 January 2020 at 9.15 in room 19a, Drummond Education Centre, West Suffolk Hospital, Bury St Edmunds
Organiser	Karen McHugh

Agenda

AGENDA
Presented by Sheila Childerhouse

9:15 GENERAL BUSINESS
Presented by Sheila Childerhouse

1. Introductions and apologies for absence
   To NOTE any apologies for the meeting and request that mobile phones are set to silent
   For Reference - Presented by Sheila Childerhouse

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

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

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

5. Minutes of the previous meeting
   To APPROVE the minutes of the meeting held on 29 November 2019
   For Approval - Presented by Sheila Childerhouse

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

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

9:40 DELIVER FOR TODAY

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

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

10. Winter planning - tracking report
    To ACCEPT the report
    For Report - Presented by Helen Beck

10:20 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

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

12. Mandatory training and appraisal performance reports
    To ACCEPT the report
    For Report - Presented by Jeremy Over

13. Safe staffing guardian report
    To ACCEPT the report
    For Report - Presented by Nick Jenkins

14. Consultant appointment
    To ACCEPT the report
    For Report - Presented by Jeremy Over

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

11:10 BUILD A JOINED-UP FUTURE

16. Integration report
    To receive the report
    For Report - Presented by Kate Vaughton and Helen Beck

17. Digital board report
    To receive the report, including community IT
    For Approval - Presented by Craig Black

11:20 GOVERNANCE

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

19. Quality & Risk committee report
    To ACCEPT the report
    For Report - Presented by Sheila Childerhouse

20. Charitable funds report
    To APPROVE the report
    For Approval - Presented by Gary Norgate

21. Remuneration Committee report
    To ACCEPT the report
    For Report - Presented by Angus Eaton

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

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

11:30 ITEMS FOR INFORMATION

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

25. Date of next meeting
    To note that the next meeting will be held on Friday, 28 February 2020 at 9:15 am in West Suffolk Hospital
    For Reference - Presented by Sheila Childerhouse

RESOLUTION TO MOVE TO CLOSED SESSION

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

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DRAFT

MINUTES OF BOARD OF DIRECTORS MEETING

HELD ON 29 NOVEMBER 2019 AT NEWMARKET HOSPITAL

COMMITTEE MEMBERS			
		Attendance	**Apologies**
Sheila Childerhouse	Chair	•	
Helen Beck	Chief Operating Officer	•	
Craig Black	Executive Director of Resources	•	
Richard Davies	Non Executive Director	•	
Steve Dunn	Chief Executive	•	
Angus Eaton	Non Executive Director	•	
Nick Jenkins	Executive Medical Director	•	
Gary Norgate	Non Executive Director	•	
Jeremy Over	Executive Director of Workforce and Communications	•	
Louisa Pepper	Non Executive Director	•	
Rowan Procter	Executive Chief Nurse	•	
Alan Rose	Non Executive Director	•	
In attendance			
Georgina Holmes	Trust Office Manager *(minutes)*		
Richard Jones	Trust Secretary		
Tara Rose	Head of Communications		
Kate Vaughton	Director of Integration and Partnerships		
Governors in attendance (observation only)			
Peter Alder, Florence Bevan, Peta Cook, June Carpenter, Justine Corney, Jayne Gilbert, Robin Howe, Barry Moult, Jayne Neal, Jane Skinner, Liz Steele			

Action

GENERAL BUSINESS

19/227 INTRODUCTIONS AND APOLOGIES FOR ABSENCE

There were no apologies for absence.

The Chair welcomed everyone to the meeting, and introduced Jeremy Over, Executive Director of Workforce and Communications who was attending his first board meeting.

She was very pleased that the board meeting was taking place at Newmarket hospital and said how important this facility was for WSFT as there was considerable potential for developing services for the community. She encouraged those attending the meeting to take time to walk around and meet the staff and invited everyone to take part in a tour of the hospital at 1.00pm.

19/228 QUESTIONS FROM THE PUBLIC RELATING TO MATTERS ON THE AGENDA

Liz Steele referred to agenda item 8, formal complaints and was concerned that these were increasing and were consistently at a higher level than in previous years. She asked what action was being taken to address this. Alan Rose explained that the main concern had been the way that complaints were responded to; if there were the right resources and the approach to doing this in a timely fashion and this was being addressed. He did not consider the number of complaints, ie 10-15 per month, to be a significant issue and explained that the Trust also learned from complaints.

He did not think that WSFT was an outlier or that this was a major concern, as there were no obvious consistent patterns or themes to the complaints.

It was explained that complaints were becoming more complex and cross organisational. Rowan Procter said that one of the most common reasons for complaints was around communication; work was therefore being undertaken on this across the whole organisation and reminding staff of the importance of explaining things clearly to patients.

Liz Steele referred to an item on the news this morning that funding for a new hospital would be treated as loan. Craig Black confirmed that this was the case and explained that all capital funding was treated as a loan and was subject to a dividend of 3½% of a Trust's assets. Therefore there was an ongoing cost to any investment in capital and this would be included in the business case. It was explained stakeholders would also be involved in the development of this. The Chair said that the board and governors would receive a financial briefing on the new hospital. **C Black**

Barry Moult referred to the video that had been shown at the beginning of the previous board meeting, ''How Power Silences Truth" and the fact that the board and senior management thought they did listen to people. He asked if this had been reviewed and if any lessons had been learned. The Chair explained that the whole board had been very struck by the video and it had made them reflect on this. She referred to a recent experience which had made her think about the way that people perceived her. She said that the board needed need to think about how they listened to people and how people saw them as individuals. This would be reflected on further.

The Chief Executive said that this was also about how when someone raised an issue this was reacted to and if people were scared to raise issues with people in power. There was a need to be assured that issues that were raised were addressed in an appropriate manner and that everyone was listened to whatever role they were in. The Trust had been working very hard on this over the past year. He explained that the feedback from the CQC was that the board had been listening but they questioned whether they had been hearing. He said that it was important to communicate actions that were being taken, eg more nurses had been recruited from the Philippines to help address the issue of nurses having to be moved around the organisation.

19/229 REVIEW OF AGENDA

The agenda was reviewed and there were no issues. The Chair requested that everyone remained focussed on the key issues as this was a very long agenda.

19/230 DECLARATION OF INTERESTS

None to report.

19/231 MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2019

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

19/232 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following update given:

Item 1736; provide quarterly report on locality baseline reviews. Kate Vaughton explained that this was proving more difficult than expected and there was not yet a clear list of KPIs for the localities.

A draft was available for each one but these still needed to be signed off. There would be a further update in January. The Chair said that the board would appreciate this method of reporting for each of the localities.

Item 1751; Continue to improve the narrative in the IQPR to ensure consistency and clarity in terms of 'When' field for timing of improvements e.g. pressure ulcers. Also review the SPC metrics which are indicators of future performance. Angus Eaton was concerned that this information would not be available until the end of January as there was a need to be clear about when actions would be completed. He said that this was a question of pace. Craig Black explained that this was a continuous process and they were trying to move the organisation towards a much clearer process of solving problems rather than describing the reason for a problem and actions that would be taken. He hoped to see a steady improvement in the quality of responses month on month. The Chair agreed that this was important but difficult to achieve and suggested that this should be followed up outside the board meeting. **C Black**

Item 1752; Need a clear plan, including timescales, to deliver improvement in nutrition performance (including feedback from the F9 pilot). Rowan Procter explained that a paper was going to the quality group before the next board meeting. Gary Norgate reported on the progress that was being made which would enable nutrition assessments be recorded on e-Care.

Item 1754: provide an update on action to improve access/use of care plans in e-Care. Rowan Procter reported that the transformation team had been out into the community to try to understand the issues and were following this up.

Item 1775; review delivery of the new model for non-emergency patient transport. Helen Beck reported that subject to some minor modifications the new model would be going live as from Monday (2 December). This would allow the WSFT team to focus on inpatients and E-Zec to focus on outpatients.

The completed actions were reviewed and there were no issues.

Gary Norgate referred to page 12 of the minutes and his question about mental health. He requested that there should be an action to update the board in January. **K Vaughton**

19/233 CHIEF EXECUTIVE'S REPORT

The Chief Executive referred to the ongoing financial challenges and explained that the current forecast and revised forecast would be discussed later in the meeting.

The Trust was working through a range of issues following the recent CQC inspection and governors would be briefed on these following this meeting. Further details would also be discussed in the closed board meeting. He explained that there was a degree of surprise at some of the things they had raised and the manner in which they had raised them. The Trust had responded quickly and comprehensively to these and he thanked the team for all their hard work on this.

The organisation was prepared for winter and plans were as robust as they could be. It was seeing more demand and an increase in attendances in the emergency department (ED)

He referred to the issues with the structure of the building and explained that work was being undertaken which went above and beyond the recommendations in the alert. A number of tests and investigations were being undertaken on the structure and he thanked Craig Back and the estates team for all the work they were doing on this. He also thanked Tara Rose and her team for the communications around this.

He referred to the potential of Newmarket hospital and the regional learning event which had been organised by Helen Ballam.

He welcomed Jeremy Over and explained that that a leadership day would be taking place on Monday for people across the organisation which would be focussing on supporting staff.

Gary Norgate reported that he had undertaken a back to the floor in the frailty assessment unit and was very impressed by the staff in this area and said it would be good if the Trust could do more of this.

Angus Eaton reported that he had attended a workshop on the RAAC plank issue and was very reassured by the work that was being undertaken. He was also assured that the board was being kept up to date on everything around this.

DELIVER FOR TODAY

19/234 INTEGRATED QUALITY AND PERFORMANCE REPORT

Rowan Procter updated the board on the key areas of concern and the actions that were being undertaken.

There had been three cases of *c.difficile* in the month. One was attributable to WSFT, one was not and one was still being reviewed.

There had been an increase in falls but none had resulted in serious harm, which was very positive. Ongoing work continued on falls prevention.

Pressure ulcers identified in the community had increased, however this was a positive as a great deal of training had been undertaken and staff in the community were now picking these up better. Work on this continued, not only on identifying pressure ulcers but also on how to manage these with partners, eg nursing homes and care homes.

There were no outstanding duties of candour. There was a national change to the patient safety incident reporting framework and WSFT had been part of the ICS pilot site. The new way of working would be coming back to the board.

There had been one MHRSA bacteraemia which was not attributable to WSFT and the CCG were investigating this.

Out of seven patients who required decolonisation one was missed, therefore work was being undertaken with the team on what could be done to ensure this did not happen.

Nutrition assessment performance had improved however there were still concerns in Women & Children and a deep dive was being undertaken by the appropriate team.

HR and the CCG had recruited someone to assist with responses to complaints and the Trust was currently advertising for a number of additional members of the team.

One patient with sepsis out of 14 was missed in ED and an RCA was being undertaken on this.

Gary Norgate referred to complaints which had a big impact on people who had made a complaint. He felt that this was an area that really needed to be focussed on and asked for a comment on the pace of this as the problem had been known about for a while. He also asked how this sort of problem could be detected and acted on more quickly. Rowan Procter explained that they tried to prevent an issue/problem becoming a formal complaint through PALs and a senior member of staff meeting with the family before a complaint was made. However, the complexity of some complaints meant that this could not be avoided.

Gary Norgate noted that it took up to six months to act on this sort of issue. He said that the Trust needed to pick up matters of this type quickly and address them more quickly, ie pace. The Chair agreed that this was a good point and that this was related to pace, which the CQC had also raised. Gary Norgate said that this was a point of reflection rather than criticism.

He referred to Women & Children and nutrition assessments and suggested that there was a trend in this division and performance was poor compared to the other divisions. There were a number of indicators that were red which were green in other divisions, eg pain management and completed VTE risk assessments. Rowan Procter said that pain management had been raised by the CQC and actions were being taken with the division on this and how to support them.

Angus Eaton asked about explanation of medication to patients when they were discharged and if there were any underlying issues with pharmacy and if there was anything that the board should be concerned about. Rowan Procter explained that there was something about having time to go through medication with patients and sometimes family members felt that this should have been explained to them as well. It was important that this was explained to the right person who would understand and a piece of work needed to be undertaken around this.

It was explained that there was an issue with vacancies in pharmacy and work was being done to recruit appropriate levels of staff but there was a shortage of people to recruit. The main area that was suffering was the ward based pharmacy role. The Chair reported that there had been a number of discussions at ICS level which might be worth considering from an HR point of view.

The Chief Executive referred to the CQC's concerns around pace and explained that this was something that the organisation was reflecting on. However, it was also an issue of bandwidth and this was being focussed on, as it was not possible to do everything at pace. Therefore there was a need to prioritise any concerns that were critical to safety or quality and ensure that these were being addressed at pace. The Chair agreed and said that appropriate prioritisation was key in any organisation.

Tara Rose explained that Cassia Nice had looked at the structure of the complaints team and was undertaking a restructure of the department. This could delay the recruitment process as there would need to be changes to job descriptions etc so that the most appropriate people were recruited.

Helen Beck referred to completion of initial health assessments for children in care within 15 working days of receiving all the relevant information. She had hoped that this would improve by leaving vacant appointments in order to address this. However, she had met with the consultant paediatrician and gained a much better understanding of the issue, ie each assessment took a whole session (half a day) including preparation, assessment and writing the report.

Some of the actions detailed in the exception report were being followed up and a business case had been submitted to the CCG for additional support for this service.

These actions should help to improve the situation but it would take a while. The board would be kept updated on progress.

Referral to treatment times (RTT) had not improved due to capacity. The longest waiting patients were being focussed on but the Trust had been unable to secure external capacity. Therefore, this was about how additional capacity could be provided internally. In order to do this theatre one needed to be operational and this was in the capital plan but significant improvement was unlikely to be seen until additional capacity was available. The longest waiting patients and the risk around pathways were being managed.

Diagnostics had improved considerably, particularly in endoscopy; but this was still not green.

Cancer two week wait performance was disappointing and had dipped for the first time since April and was just below target in a number of areas. Five of the 110 breaches were due to capacity and also patients choosing not to accept appointments for a number of reasons. The Chair said that this was about patients taking responsibility.

Progress was being made on 62 day cancer performance but it was still not where it should be. In order for this to be sustainable the Trust needed to aim for 90% not 85% which was the target and work continued on this. Helen Beck was forecasting consistent delivery by the end of the financial year.

WSFT continued to be part of the national A&E pilot and was maintaining its position as one of the top performers in the pilot and was delivering performance around the indicative mean. The Chair explained to governors that it was not the Board's choice to be so circumspect about how this was reported.

Gary Norgate noted the ongoing improvement in appraisal rates and the work that had been undertaken by Kate Read on this. He referred to children in care health assessments and said that it was helpful to understand the time that these took. However, he noted that this had been a problem since last April and the reasons were only now being understood, which was again related to pace.

He also referred to ambulance handovers and noted that performance appeared to have got worse. He asked if there was anything that the Trust could do to address this. Helen Beck explained that there were two scenarios and some observation work had been undertaken. The first scenario was when there was flow through the department and everything was going relatively well things appeared to slow down, therefore work could be done to address this. The other scenario was when the department was full including AAU, ie 70 people, there was nowhere to put patients which gave the Trust a very significant problem. There had been a 14% increase in attendances at certain times, ie 60-70 patients in the emergency department at any one time. The Trust was looking at different ways to manage demand, eg surgical admissions unit, frailty unit but there was also an issue with resources. Helen Beck assured the board that everything was being done to meet the ambulance handover target and there was a focus on this. It was hoped that the new emergency department would also help.

Nick Jenkins said that the situation would get worse as attendances increased during the winter period. He explained that this was also about ambulance crews in the department. Gary Norgate asked if there was a system response around this to try to improve the morale of the ambulance team.

Nick Jenkins said that, if possible, not forcing the crew out of the department as soon as they had delivered a patient if they wished to stay for some respite could help. The Chair noted that there was a hospital ambulance liaison officer (HALO) who was a member of the team, and this was part of the system response.

Kate Vaughton explained that this was a big focus of the CCG board, as the main commissioner for the East of England Ambulance Service, and they were looking at how to rotate staff around the system. She said that ambulance staff also had very good results on preventing admissions.

Louisa Pepper referred to looked after children and said it was important to recognise the need for them to have the right care plan and this needed to be balanced with time taken for health assessments.

She also referred to discharge summaries where performance had increased last month. However, she noted that this had decreased again this month and asked for assurance that this was still being focussed on. Nick Jenkins explained that one of the actions to help to address this was the training that had been arranged for junior doctors on discharge summaries and it was hoped that this would help to improve performance in this area again. However, he did not expect this to improve during the winter whilst staff were under a considerable amount of pressure.

The Chief Executive referred to pace and the work that was being undertaken on hospital and system flow and the new emergency department metrics that would be introduced. He considered that WSFT had done a considerable amount of work around system flow but this was an ongoing challenge with increased levels of demand across the whole NHS. He suggested that the board needed a sophisticated understanding of pace issues and how to react to these.

19/235 FINANCE AND WORKFORCE REPORT

Craig Black explained that the situation was very similar to last month ie pressure on the organisation due to an increase in activity resulting in an overspend on pay and non-pay. The overspend on pay was due to an increase in temporary staff; the main changes were detailed on page 9, ie spend on temporary nurses. Overtime for nurses had been removed due to recruitment of additional nurses; however the Trust needed to get better at slowing down the use of temporary staff as opposed to stopping it. The increase in spend on non-pay was a result of additional equipment in the community to help facilitate discharges and increased pressure in the east. Discussions were therefore taking place with colleagues at Ipswich hospital about trying to control this.

Cash remained under pressure, however confirmation had been received that the loan had been approved for the capital programme and a loan request would be submitted in line with this.

Capital spend had been restricted but this had been reversed and additional capital been made available. There was now widespread concern that Trusts would not spend their capital budget as they had been delayed in spending this earlier in the year. WSFT was one of the few organisations that had tried to deliver its capital forecast. All organisations were being asked to come up with plans to spend capital quickly, particularly where it could generate additional capacity during the winter. WSFT had responded to this with plans to accelerate IT in nursing homes and in the community, as well as in the acute hospital.

WSFT would be formalising its position around the year end forecast which had been discussed for a while. The process for submitting a reforecast could only happen at the end of a quarter and this would be acted on. When the Trust submitted its report at the end of January it would be forecasting a variance against the control total of £10m, which would result in a deficit of £15m as it would not receive sustainability and transformation funding.

Craig Black was talking to colleagues in the rest of the system to explore whether there were any investments outside the organisation which could be slowed down in order to divert more income into WSFT. This would become more apparent towards the year end.

Alan Rose referred to the additional savings of £1.8m which had been identified for this year and asked how this would affect the Trust's financial position. Craig Black explained that this would be discussed in more detail in the closed board meeting. The Chair said that there was also a concern that savings in-year could cost twice as much next year.

Gary Norgate referred to non-elective and outpatients, both of which seemed to be in line with forecast, with the exception of A&E which was significantly more than had been planned for. He asked if enough was being done to balance resources between non-elective and outpatients to cover A&E and move people to different areas. Craig Black explained that the most notable part of additional expenditure on temporary medical staff was in the emergency department. Nick Jenkins said that it was only possible to move people with relevant skills and experience to work in the emergency department

Helen Beck referred to the RTT position and explained that demand on elective and outpatient activity was already above what was being delivered, therefore it was not possible to move people across to the emergency department.

Angus Eaton asked why income was down for elective and non-elective if activity had increased. It was explained that this could be about case mix. Craig Black explained that when there was pressure on beds elective patients were cancelled, so there was less activity going through theatres. Therefore there was additional pressure to move patients through day cases but this had a lower tariff than inpatient activity. Nick Jenkins explained that more patients were also turned around without admitting them which resulted in less income than if they became inpatients.

The board approved delegated authority for the Board Assurance Statement to be signed off as required in relation to the formal re-forecast to the Chair, Chief Executive, Craig Black and Angus Eaton.

19/236 WINTER PLANNING – TRACKING REPORT

Helen Beck explained that this was a tracking report to keep the board updated. The bed occupancy model showed a slight peak but was more or less tracking where it should be. To date it had not been necessary to open winter escalation capacity, unlike most of the surrounding organisations which already had their escalation capacity open and full. However, it was likely that WSFT's winter capacity would be opened next week which would more than a week ahead of plan but staff were prepared for this.

The report provided details of how this would be managed from a resource point of view. However she stressed that this was a developing plan that would change week on week and staffing would be about skill mix and where they could be moved from.

Weekly meetings were held with the teams and good progress was being made, but she still expected that there would be challenges. Rowan Procter agreed and said it was important to have staff who wanted to be in this area so it was about skill mix and also willingness and development of staff.

Alan Rose said that the chart on page 1 of this report was very helpful and asked if it could indicate when escalation capacity opened both internally and in the community. He asked if community beds would also be opened next week. Helen Beck explained that these would be utilised from January onwards. **H Beck**

Gary Norgate was very pleased that staff were being engaged with early but asked for assurance about escalation areas and single sex accommodation and if the area was fully prepared and ready and that there would not be same problem with breaches as last year. Helen Beck and Rowan Procter said that they were both more confident this year but could not guarantee that there would not be any breaches. They confirmed that there was good senior management in place for this area and the equipment was already in place for the first of the two wards. F10 would be opened first as the nursing team considered that this provided a better environment.

Gary Norgate referred to the rapid response vehicle and asked if a second one was in place. Kate Vaughton explained that it might not be possible to get a second vehicle but the hours could be extended and they were also looking at raising more awareness of this in the community. An update would be provided at the next Board meeting. **K Vaughton**

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

19/237 NURSE STAFFING REPORT

Rowan Procter explained that this report showed that there was currently an over establishment of unregistered nurses. This was because the overseas nurses were categorised as unregistered nurses until they had passed their OSCE (Objective Structured Clinical Examination) and had their PIN. Once they had these they would move across to registered nurses.

19/238 QUALITY AND LEARNING REPORT

Rowan Procter noted that it appeared that in the quarter there had been a number of serious incidents in Women & Children; this had also been raised by the CQC. Nick Jenkins, Helen Beck and Rowan Procter would be undertaking a more in depth review of this. **N Jenkins / H Beck / R Procter**

The Chair said Non-Executive Director assistance with this as available if required.

19/239 ANTENATAL AND NEWBORN SCREENING REPORT

Nick Jenkins explained that it was a requirement that the Board had sight of this report.

Gary Norgate referred to tracking and explained that a solution, which would be supported by e-Care, was being put in place in time for the go-live of e-Care in maternity.

19/240 CONSULTANT APPOINTMENT REPORT

No appointments to report.

Gary Norgate reported that there had recently been three excellent candidates and appointments to areas that were under pressure.

19/241 PUTTING YOU FIRST AWARD

Jeremy Over reported that Putting You First Awards had been received by Jenny Ogden and the ward F6 team, and Tom Lawrence, digital communications officer, and Lucy Lawrence, patient safety manager.

Jenny and the team recently cared for a challenging and aggressive patient on ward F6 who required mental health involvement and 24/7 security. They provided exemplary care in very difficult circumstances and continued to do so when the patient was transferred to the Wedgewood Unit. Jenny's leadership was exemplary and the team was caring throughout, whilst safeguarding other patients on the ward.

On leaving work, Tom and Lucy came across a very elderly gentleman in one of the car parks who had been looking for his car for two hours after dropping his wife off at the hospital for an overnight stay. He was very cold and seemed quite confused so they invited him to sit in their car and warm up while Tom went to search the car park for the gentleman's car.

He searched the entire car park on his own but was unsuccessful so contacted the security team for assistance. Tom and Lucy made sure the gentleman was safe and warm in their car until help appeared and then Tom took the time to walk the gentleman steadily to the hospital reception where he could wait, to make sure he remained safe and comfortable. Both Tom and Lucy stayed well beyond their finishing time to make sure he was cared for. Tom also took the time to provide feedback to PALS about certain things he thought could have been done better, in an effort to try and improve patient experience.

The board congratulated the above individuals for their care and compassion. The Chair noted that caring for people was not just the responsibility of doctors and nurses.

BUILD A JOINED-UP FUTURE

19/242 7 DAY SERVICES REPORT

Nick Jenkins explained that the Trust was not meeting the standard that 90% of patients should have a review within 14 hours of being admitted. It was only achieving 80% and the reason for this was shown in the table on page 2 of this report, ie a small number of patients in certain specialties. In acute medicine it was a conscious decision that there would be a consultant in the hospital for 13 hours a day. There were no point in an acute physician seeing a patient until results of tests were known; therefore patients who arrived in the evening did not see a consultant until the next morning and these were the patients who breached the 14 hour standard.

The Chair asked if the board could be assured that there was no risk to patients. Nick Jenkins explained that in some areas this standard would be very difficult to achieve and would require an additional number of acute physicians which would be financially challenging and there were also likely to be recruitment issues. Where there was a particularly high risk to a patient, eg paediatrics, a system had been put in place so that consultants undertook twice daily reviews. He considered that the Trust was as good as it could be for a hospital of its size.

The Chief Executive suggested that a clinical risk assessment should to be undertaken around this and the process and mitigations captured. Craig Black said that it would be very helpful to understand whether the 28 patients who were outside the 14 hours were seen within 20 hours. **N Jenkins**

Nick Jenkins explained that the Trust was meeting the standard for within 17 hours and there was not likely to be a different safety element around this time period.

Richard Davies referred to standard 8 and noted that the figures for the weekend were not good. He asked if this was still due to the weekend effect. Nick Jenkins explained that most patients were not seen by a consultant at weekends except for patients on the high dependency unit or those who had been defined as needing to be reviewed once a day. Nick Jenkins explained that the Trust was not choosing not to meet the standard but it did not have the resources for every speciality. The Chair said that there was a need to capture how this was mitigated for in any situation that occurred. **N Jenkins**

19/243 STAFF HEALTH AND WELLBEING PROGRAMME

Jeremy Over explained that this was an annual update. The executive summary detailed the achievements since the last report and also the plan for the following year. This year everyone had been given the opportunity to take part in the staff survey and to date there had been a 50% response rate which was an improvement on last year when only 48% of a sample of staff had responded. The headlines from this survey should be available in February.

Angus Eaton complimented Denise Pora for the work that she had undertaken on this. He said that it was very important that the board continued to support this.

Tara Rose commented on how valuable the mental health for managers training had been and that it helped managers to support staff in the best possible way. Jeremy Over explained that he had previously worked on this and that it had helped to reduce absences and managers learned to identify staff with issues and address these early.

GOVERNANCE

19/244 TRUST EXECUTIVE GROUP REPORT

The Chief Executive reported that the video ‘“How Power Silences Truth” had been cascaded and a good discussion was had on this.

19/245 AUDIT COMMITTEE REPORT

The board received and noted the content of this report.

The board approved the Charitable Funds Annual report and Accounts for 2018/19.

19/246 CHARITABLE FUNDS REPORT

Gary Norgate highlighted the very good legacies, the number of which was increasing. He also reported that a large amount of money had been raised through the Soap Box Challenge.

19/247 COUNCIL OF GOVERNORS MEETING REPORT

The Chair thanked the governors for all the work they had undertaken and their involvement in various engagement activities throughout the year.

19/248 ANNUAL GOVERNANCE REVIEW

Richard Jones explained that Trust was due to undertake a three yearly independent development review and this was overdue. He proposed that this should be triangulated with the CQC report.

The board approved the proposal for the annual governance self-assessment approach to be administered through a questionnaire to directors.

The board also approved the proposal that the results of the questionnaire as well as the forthcoming CQC inspection report would be used to inform the scope of a planned developmental review in 2020. **R Jones**

19/249 AGENDA ITEMS FOR NEXT MEETING

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

ITEMS FOR INFORMATION

19/250 ANY OTHER BUSINESS

Rowan Procter reported that WSFT was in the top three in the East of England for flu vaccinations. To date 68% of staff had been vaccinated versus a target of 80%.

19/251 DATE OF NEXT MEETING

Friday 31 January at 9.15am in the Northgate Room, Quince House, West Suffolk NHS Foundation Trust.

RESOLUTION TO MOVE TO CLOSED SESSION

19/252 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 – 31 January 2020

Agenda item:	6			
Presented by:	Sheila Childerhouse, Chair			
Prepared by:	Richard Jones, Trust Secretary & Head of Governance			
Date prepared:	24 January 2020			
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
1751	Open	27/9/19	Item 8	Continue to improve the narrative in the IQPR to ensure consistency and clarity in terms of 'When' field for timing of improvements e.g. pressure ulcers. Also agreed as art of next phase of IQPR development to review the SPC metrics which are indicators as future performance	1/11/19 - agreed to provide more granular responses, if unable to state a timescale for improvement then indicate the blockers to doing this**. An individual response has been sent to highlight the areas which require stronger narrative. There is a need to review the IQPR and its scope - this will be followed up at future Scrutiny Committee**	CB	31/01/20	Amber
1752	Open	27/9/19	Item 8	Noted overview of nutrition performance in the IQPR and quarterly learning reports. However agreed that need a clear plan, including timescales, to deliver improvement (including feedback from the F9 pilot).	Included in IQPR but action ongoing. Plans and progress to be reported to the Quality Group in December with IQPR update to January '20 Board. **Pilot still under review due to winter pressures this has not taken a priority, however the improvements have continued**	RP	29/11/19	Amber

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1754	Open	27/9/19	Item 8	Provide an update on action to improve access/use of care plans in e-Care	The transformation team are spending time with district nurse team to look at a number of issues. One being the e-Care access that they have and how this is used. There will be an update later in December. **All access is given and staff are using it when needed – confirmation email has been issued to staff to provide assurance this is correct**	RP	29/11/19	Amber
1775	Open	1/11/19	Item 11	Review delivery of the new model for non-emergency patient transport	The new proposed model outlined at the previous Board was implemented at the beginning of December. We have seen significant improvements in the quality and timeliness of the inpatient discharge service which we are now managing internally. In relation to the outpatient service we do not yet have the December performance data (to be discussed at the contract meeting on Wednesday, 29th January), however whilst there are still some issues with this part of the service anecdotally we believe there has been an improvement. Performance data to provide assurance on this will be presented to the next meeting.	HB	~~31/01/2020~~ 28/2/20	Green

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1777	Open	1/11/19	Item 16	Prepare updates for Board based on agreed schedule in response to the national FTSU guidance	An updated FTSU strategy will be developed in light of planned work with the National Guardian's Office, and the recommendations of an imminent internal audit report following a review undertaken in January.	JO	31/01/20	Green
1791	Open	29/11/19	Item 2	Provide an update on the plan for development of the new hospital, including financial implications of the loan. The development must be underpinned by engagement with stakeholders	Governance structure for new development was submitted to the Scrutiny Committee and will be reported to the Board in April as part of the strategic outline case (SOC)	CB	24/04/20	Green
1796	Open	29/11/19	Item 16	Undertake clinical risk assessment for the areas of non-compliance with the 7-day services standards	This has been discussed at Clinical Director's meeting and an update will be given at March Board as part of the next scheduled update on 7-day working.	NJ	27/03/20	Green
1797	Open	29/11/19	Item 22	Use the results of the annual governance review to inform the scope of the developmental review planned for 2020	Responses from the annual governance being reviewed	RJ	28/02/19	Green

Closed actions

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1736	Open	26/7/19	Item 8	Provide quarterly reporting on locality baseline reviews	Scheduled to complete first round of reviews in October/November. Will be included in the next NEW FORMAT integration report scheduled in Jan '20. **Included. Update provided as part of strategic update in closed session as remains in draft. Scheduled to include in the next quarterly Integration Report.**	KV	31/1/20 ~~(29/11/2019)~~	Complete
1749	Open	27/9/19	Item 2	In respond to national patient survey finding relating to discharge issues and communication it was confirmed that a repeat training session will be scheduled for the trainees (including primary care perspective)	Grand Round was held on Discharge Planning on 11 December 2019 and was attended by a range of doctors (Consultants, trainees, students) and facilitated by Dermot O'Riordan and Chris Browning.	NJ	29/11/19	Complete
1759	Open	27/9/19	Item 15	Following co-production process the Patient Experience Committee to receive plan in response to the national patient survey results	**The inpatient survey improvement plan was reviewed by the Patient Experience Committee (PEC) on 6 December. Progress will continue to be monitored with divisions at the Patient and Carers Experience Group and reported to PEC.**	RP	31/01/20	Complete

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1768	Open	1/11/19	Item 7	Develop the governance arrangements in response to the national funding announcement for new development. Needs to be approached as a system-based development.	See 1791	CB	31/01/20	Complete
1792	Open	29/11/19	Item 5	Provide an update on mental health services	AGENDA ITEM - Update provided as part of the Integration Report	KV	31/01/20	Complete
1793	Open	29/11/19	Item 8	Review the assurance processes for women and children in light of recent concerns and report to the Board	In addition to the new Head of Maternity starting we have sought external additional support for the area. Action to address the concerns highlighted by the CQC have been taken, the embedding of these being tested through audit and monitoring to provide assurance. This has also been strengthened by the appointment of Chris Colbourne, a former head of midwifery and CQC specialist adviser, to provide support to the area. The Board will maintain oversight of this through its monitoring of the CQC action plan.	RP / HB / NJ	31/01/20	Complete
1794	Open	29/11/19	Item 10	In future reports annotate the activity chart to indicate significant changes in capacity – e.g. winter capacity opened	**AGENDA ITEM**	HB	28/02/20	Complete

Ref.	Session	Date	Item	Action	Progress	Lead	Target date	RAG rating for delivery
1795	Open	29/11/19	Item 10	Confirm the position re extending the RIV (vehicle and/or hours)	RIV has now been extended to working 12 hours a day 7 days a week from 15 December. It continues to respond to over 100 calls a month with an 80% non-conveyance rate.	KV	31/01/20	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 – 31 January 2020

Agenda item:	7			
Presented by:	Steve Dunn, Chief Executive Officer			
Prepared by:	Steve Dunn, Chief Executive Officer			
Date prepared:	27 January 2020			
Subject:	Chief Executive's Report			
Purpose:	X	For information		For approval

Executive summary:

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

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

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

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

Recommendation:

To receive the report for information

Chief Executive's Report

You may be aware that Trust has featured in some **high-profile media** over the last few weeks, in relation to an investigation about a data breach. We appreciate that this coverage may have caused concerns. A review of the investigation process is being commissioned, which we welcome. The review has been commissioned NHS Improvement, and overseen by Ed Argar MP, Minister of State at the Department of Health and Social Care. In these complex cases, an independent review with maximum transparency is the right way forward, and we are in support of this approach.

The **Care Quality Commission** (CQC) has concluded its planned inspection of the Trust and at the time of writing we are awaiting publication of the final report. Alongside the actions we've already taken from the inspectors' initial feedback, there will of course be more we need to do and learn from and we will welcome that opportunity to improve our organisation.

I would like to **thank our staff** who have responded so well as we have experienced sustained activity and operation pressures over the New Year and January. Our plans for the winter supported our response but early January we took the decision to suspend our routine elective activity for two weeks. This allowed us to better manage activity during the period of very high demand until we were able to safely staff and open our planned surge capacity on G9. This capacity was opened in line with our plans on mid-January using 16 beds, the ward can flex up to 29 beds if required. The main impact of the decision to suspend routine elective activity was on orthopaedic joint replacements, I am pleased to say that due to the flexibility of the clinical teams and hard work of the operational teams all of the affected patients have been rebooked.

Overall in terms of December's **quality and performance** we continue to be challenged against a range of metrics. There were 62 falls, 56 Trust acquired pressure ulcers and four C. difficile infections. The challenge of demand and capacity continues with three areas failing the target for December 2019. These areas were cancer 2-week wait breast symptoms with performance at 90.3%, cancer 62-day GP referral with performance at 81.8%, and incomplete 104-day waits with two breaches reported in December 2019. Referral to treatment performance for December was 79.8% with five patients waiting longer than 52 weeks. The Trust is part of a pilot scheme trialling a number of new metrics for emergency department (ED) performance. When the new metrics have been agreed nationally they will be included in this integrated quality and performance report.

Our **financial position** remains extremely challenging with the deterioration in our financial performance with the month nine position against plan, reporting a deficit of £7.3m year to date which is £5.8m worse than plan. We agreed a control total to breakeven which means we need to deliver a cost improvement programme of £8.9m. However, we have received additional funding associated with activity above our agreed plan which will mean, if we deliver our current cost improvement plans, that we will meet our original plan to break even in 2019-20.

Pathology Services across Suffolk and North East Essex have developed a clinical strategy and vision for pathology services over the next five years. One of the key aims of the clinical strategy is to describe how ESNEFT and WSFT can deliver high quality pathology services at best value. During December our cellular pathology service was unsuccessful in its assessment for UKAS accreditation. We have put in place an escalation framework to provide oversight of our pathology services, this framework includes a monthly oversight meeting with Board members and senior service leaders. It is clear from these discussions that staff remain concerned and clear plans are required to deliver a sustainable workforce and service accreditation.

The National Director of Emergency and Elective Care and Chief Medical and Nursing Officers have asked all trusts to complete a best practice management checklist for **healthcare worker flu vaccination**. In order to provide public assurance our self-assessment against these measures is appended to this report.

Deliver for today

Wuhan novel coronavirus (WN-CoV)
We're supporting staff with information and advice about the Wuhan novel coronavirus (WN-CoV). There are currently no confirmed cases in the UK or of UK citizens abroad, and the risk to the public is low, but the government is monitoring the situation closely and will continue to work with the World Health Organization (WHO) and international community. Public Health England has released some very comprehensive information, including some really helpful guidance for members of the public which can be found here and we'd recommend: https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public. The Department of Health and Social Care are publishing updated data on this page on a daily basis at 2pm until further notice.

Rapid Intervention Vehicle supports more than 900 patients to stay at home
A partnership service that has allowed more than 900 people in west Suffolk to be cared for at home, rather than admitted to hospital, has been extended into spring. A holistic health and social care team of ambulance and community staff uses a rapid intervention vehicle (RIV) to visit and assess patients in their own home, helping to maintain patients' independence and reduce the pressure on hospital services. The service is jointly provided by our Trust and the East of England Ambulance Service Trust (EEAST), in collaboration with the West Suffolk Clinical Commissioning Group (WSCCG) as part of the West Suffolk Alliance – a commitment to better joint-working between healthcare providers and beyond for the benefit of local people. Most of the patients the service cares for are elderly, frail and housebound; may have had a fall or developed an infection, and are unable to go to their GP. The RIV can visit between five to six patients a day, depending on the travel involved.

West Suffolk cancer survival rates highest in region
Latest national figures have revealed that cancer survival rates in the NHS West Suffolk Clinical Commissioning Group area are the best in the east of England. The figures from Public Health England show that the one-year survival rate for patients in west Suffolk diagnosed with cancer is 74.9%, higher than any other CCG area in the east and above the national average of 73.3%. This one-year cancer survival rate has been increasing every year in west Suffolk and is up from 65.1% in 2002. This is due to the close collaboration of our Trust, NHS West Suffolk Clinical Commissioning Group, GPs and partners.

Invest in quality, staff and clinical leadership

Cardiac team celebrates one year of caring for community hearts
The cardiac centre at West Suffolk Hospital was officially opened on 11 December 2018, by the Every Heart Matters appeal ambassador, Frankie Dettori. The centre was built with a £5.2 million investment from West Suffolk NHS Foundation Trust (WSFT), and half a million pounds raised by My WiSH Charity and their fundraisers, who all worked together to transform heart care for the local community. One year on, and the centre is doing just that, with new procedures taking place and patients receiving top quality care close to home. In the 11 month period after the new centre was opened the Trust has performed more than 19,500 diagnostic tests. These vital tests help to ensure a quick and accurate diagnosis for our cardiac patients.

Transforming the world with a Smile
For most people in the developing world, access to the free, safe healthcare we take for granted is out of reach. Clinicians from the West Suffolk NHS Foundation Trust (WSFT) support the charity Operation Smile, which works across the world to transform the lives of children affected by cleft lip and palate. WSFT paediatrician Dr Arun Saraswatula has recently returned from Morocco, where Operation Smile has been caring for people for 20 years. He was joined on the 11-day mission

near Agadir by WSFT theatre nurse Lindsay Anderson, where they helped to treat 217 patients and carried out 273 procedures during five days of surgery. The rest of the time involved preparation, after care, teaching and training local clinicians and support workers.

Build a joined-up future

New Macmillan navigators improve cancer support
A cancer diagnosis is never easy to receive and can affect a person for the rest of their life but a new team based at our Trust is trying to make things that bit easier for local people living with or beyond cancer. The Macmillan cancer care navigator service is working with West Suffolk Hospital and local GP surgeries to offer people the chance to have a one to one, personal conversation about their non-medical needs, such as worries about money or feelings of anxiety. The navigators will then direct people to the right information and support services in their area. The service can support patients, their families and carers by:

- providing practical information and support about their cancer
- explaining the financial support available, and how patients can access it
- exploring what is important to their physical and emotional wellbeing
- signposting or referring them to local activities and resources.

They offer a phone call consultation to explore a patient's needs and face-to-face support sessions in the community, as part of a two-year trial period funded by Macmillan Cancer Support.

National news

Deliver for today

More than half of acute trusts are failing to reduce their use of antibiotics The Pharmaceutical Journal
More than half of acute trusts in England failed to reduce their antibiotic use between 2017/2018 and 2018/2019 with some trusts having increased their antibiotic consumption by as much as 27% in the same year. NHS trusts are incentivised to reduce antibiotic consumption through the Commissioning for Quality and Innovation framework (CQUIN), which was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating quality improvements.

Better for women: improving the health and wellbeing of girls and women
A survey of more than 3,000 women commissioned by the Royal College of Obstetricians and Gynaecologists found that women are struggling to access health care services locally. This is due to the underfunding and fragmentation of sexual and reproductive health care services. This report recommends that one-stop women's health clinics provide reproductive and sexual health care services – such as contraception, STI testing, cervical screening, and treatment and advice about the menopause – in one location and at one time to improve services for women and make savings for the NHS.

Invest in quality, staff and clinical leadership

Shifting the mindset: a closer look at hospital complaints (Healthwatch)
There has been some positive change in the years following the Mid Staffordshire Inquiry to improve openness and transparency in the NHS. Yet when it comes to complaints, many hospitals are too focused on process rather than demonstrating how they've listened.

Festive Hot Drinks Loaded with Sugar & Calories Reveals Lack of Progress in Achieving Sugar Reduction Targets Action on Sugar
Many high street coffee chains are failing to make progress towards the Government's voluntary sugar reduction targets (overseen by Public Health England) with their festive milk and milk alternative hot beverages. A survey, which analysed both the sugar and calorie content of the largest available sizes of hot chocolates and seasonal lattes made with milk and milk alternatives (i.e. oat, almond, coconut, soya, rice-coconut) by popular high street chains, revealed certain seasonal beverages contain almost as much sugar as three cans of cola.

Build a joined-up future

'If you think competition is hard, you should try collaboration.' Kings Fund.
Under current plans all parts of the NHS in England are meant to have created an integrated care system (ICS) by April 2021. Better integrated care requires the dilution or destruction of the long-standing barriers between hospitals, GP practices, community services and social care, with the health system also working far more effectively with local government in tackling the broader determinants of population health. Getting there requires system leadership: the creation of collective leadership across all of that, for the benefit of the whole. These new systems, however, are having to be constructed locally by 'coalitions of the willing', to use the phrase from the chair of one of the sustainability and transformation partnerships (STPs) that have been (and in many cases still remain) the pre-cursors of an ICS.

How will we know if integrated care systems reduce demand for urgent care? Establishing fair benchmark levels for the blended payment system (The Strategy Unit)
For the 2019/20 financial year the National Tariff Payment System (NTPS) for emergency care moved from a fee-for-service arrangement to a blended payment system. The blended system encourages the provider to moderate activity growth by providing financial incentives for effective demand management. However, there is currently scant detail surrounding crucial aspects of the NTPS scheme. Failure to address this issue may not only lead to the inappropriate distribution of resources across the health system; it could result in tens of millions of pounds being diverted away from urgent care.

Community-centred public health: taking a whole system approach (Public Health England)
These resources aim to provide guidance to improve the effectiveness and sustainability of action to build healthy communities and to embed community-centred ways of working within whole systems action to improve population health. These resources are intended for use by local authority, NHS and voluntary and community sector decision-makers.

Improving population health on the frontline - a patient's view (NHS England)
This film from NHS England highlights how health professionals in Berkshire West integrated care system are using population health management (PHM) to identify patients in need of targeted support.

Countdown on health and climate change: 2019 Report The Lancet
This report tracks the relationship between health and climate change, and in particular, looks at the impact on children and future generations. The life of every child born today will be profoundly affected by climate change, with populations around the world increasingly facing extremes of weather, food and water insecurity, changing patterns of infectious disease, and a less certain future. Without accelerated intervention, this new era will come to define the health of people at every stage of their lives.

Flu Vaccination Campaign 2019 - 20

The National Director of Emergency and Elective Care and Chief Medical and Nursing Officers have asked Trusts to complete a best practice management checklist for healthcare worker flu vaccination and publish a self-assessment against these measures in Trust Board papers in order to provide public assurance. WSFT's assessment against the checklist is provided below.

A	**Committed leadership** (number in brackets relates to references listed below the table)	**Trust self-assessment**
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	The board is expecting that we achieve the CQUIN target and fully supports the flu campaign. Those who decline the vaccine will be asked for their reasons in January.
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers.	For all under 75 years old and those above who have been offered Trivalent vaccine.
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt.	This was issued in spring 2019.
A4	Agree on a board champion for flu campaign.	Executive Chief Nurse and Medical Director
A5	All board members receive flu vaccination and publicise this.	All board members have had vaccine.
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives.	The Flu team is multidisciplinary and made up of staff from across the trust.
A7	Flu team to meet regularly from September 2019.	The Flu team have met at least monthly since September 2019
B	**Communications plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions.	Communication used all available resources and publicised using The Greensheet, social media and printed media.
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper.	Published widely using social media, electronically and through posters.
B3	Board and senior managers having their vaccinations to be publicised.	For example, photographs tweeted of senior staff after receiving the vaccine.
B4	Flu vaccination programme and access to vaccination on induction programmes.	We worked closely with the Education and Training team to ensure these were covered
B5	Programme to be publicised on screensavers, posters and social media.	For example, this was on the intranet front page, posters, Greensheet and social media.

B6	Weekly feedback on percentage uptake for directorates, teams and professional groups.	Weekly feedback as a trust for frontline staff.
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered.	Peer vaccinators in many areas within the hospital and in community settings.
C2	Schedule for easy access drop in clinics agreed.	Drop in available all day in Occupational Health ongoing from 1 October to date and in Time Out staff canteen every lunch time for the first 3 weeks of the campaign.
C3	Schedule for 24 hour mobile vaccinations to be agreed.	Peer vaccinators available at night and weekends.
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this.	Weekly £20 vouchers, pens, pin badges, sweets and stickers. Weekly winners published in Greensheet
D2	Success to be celebrated weekly.	Up-to-date percentage achievement celebrated weekly in Greensheet

9:40 DELIVER FOR TODAY

8. Integrated quality and performance report

To ACCEPT the report

For Report

Presented by Rowan Procter and Helen Beck

Trust Board – 31st January 2020

Agenda item: **Presented by:** **Prepared by:** **Date prepared:** **Subject:**	8 Craig Black Joanna Rayner, Head of Performance and Efficiency 22nd January 2020 SPC Integrated Quality & Performance Report			
Purpose:	x	For information		For approval
Executive summary:	The attached report contains a new style of performance reporting using statistical process control charts.			

Trust priorities	Deliver for today			Invest in quality, staff and clinical leadership		Build a joined-up future	
	X						
Trust ambitions	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
		x					
Previously considered by:	Monthly at Trust Board						
Risk and assurance:	To provide oversight and assurance to the Board of the Trusts performance.						
Legislation, regulatory, equality, diversity and dignity implications:	Performance against national standards is reported.						
Recommendation: That the report is noted.							

NHS
West Suffolk
NHS Foundation Trust

Understanding how performance data are presented in our Board papers

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

What is it?

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

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

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

What will it show me?

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

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

What does it look like?

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

Generally speaking:

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

Putting you first

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

Assurance (how we're doing)

No target:

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

Hit and miss against target:

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

Consistently below target:

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

Consistently above target:

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

Variations (the trends)

Common cause variation:

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

Special cause variation (blue or orange):

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

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

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

Charts

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

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

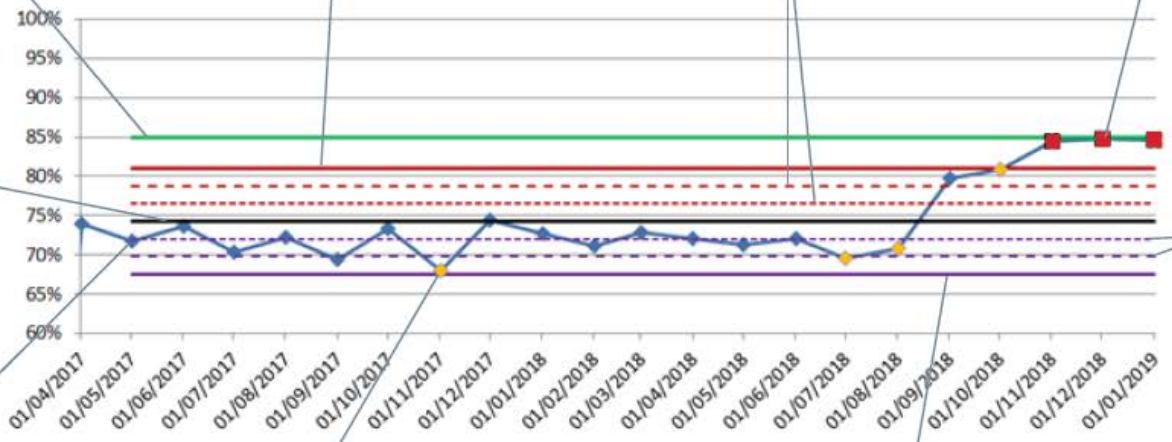
A control chart always has:

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

These lines are determined from historical data.

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

SPC chart: example graph



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

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

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

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

Black line: shows the average, or mean, performance

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

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

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

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

Putting you first

Summary Table

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

Date	Dec-19

Safe domain	Standard	Actual	Trend	Assurance	Notes
New Pressure Ulcers - Trust	0	56	Special Cause Variation - High	Consistently above target	

Effective domain	Standard	Actual	Trend	Assurance	Notes
Discharge Summaries: Outpatients	85%	ND	ND	#VALUE!	No data since August 2018
Discharge Summaries: A&E	95%	86%	Common Cause Variation	Consistently below target	
Discharge Summaries: Non Elective Admissions	95%	88%	Special Cause Note/Investigation - High	Consistently below target	
Discharge Summaries: Elective Admissions	85%	89%	Special Cause Note/Investigation - High	Hit and miss against target	

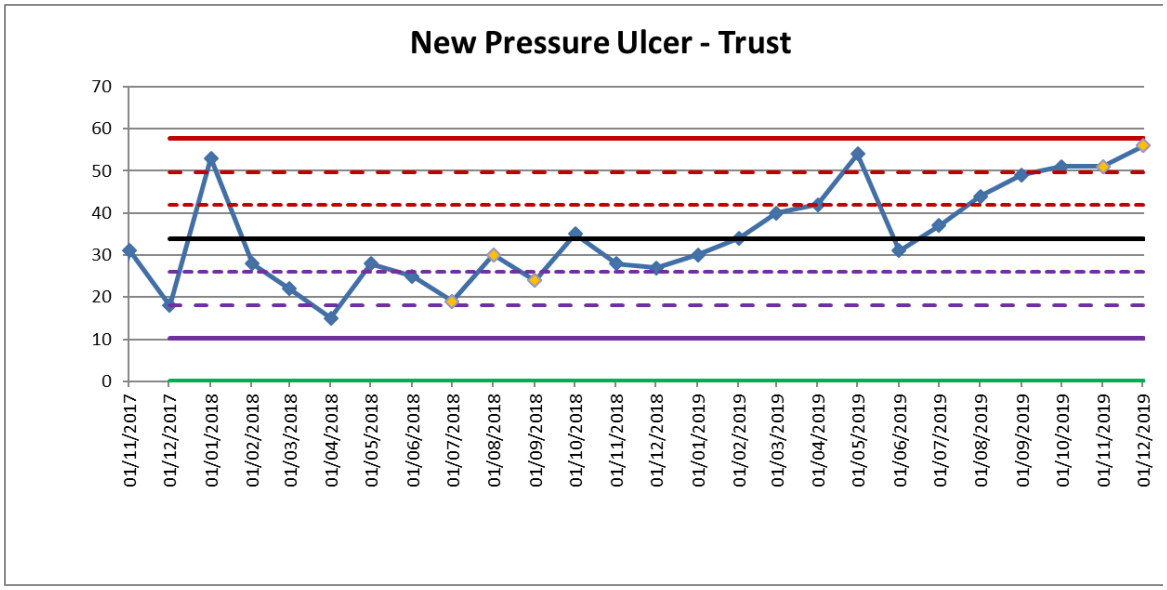
Caring domain	Standard	Actual	Trend	Assurance	Notes
Compliments	No target	33	Common Cause Variation	No target	
Complaints	35	15	Common Cause Variation	Consistently below target	

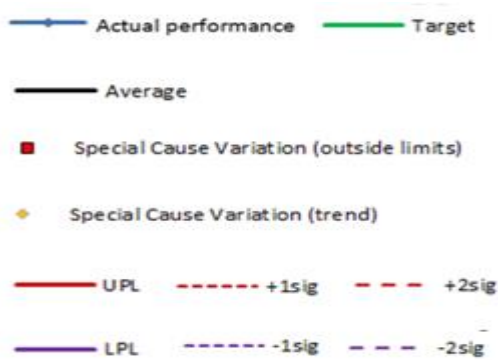
Responsive domain	Standard	Actual	Trend	Assurance	Notes
Referral to Treatment 18 week standard	92%	80%	Special Cause Variation - Low	Consistently below target	
Diagnostics 6 week standard	99%	96%	Special Cause Variation - Low	Hit and miss against target	
Sepsis	100%	89%	Special Cause Note/Investigation - High	Hit and miss against target	
Cancer 2 week GP referral to assessment standard	93%	93%	Common Cause Variation	Hit and miss against target	
Cancer 2 week breast referral to assessment standard	93%	90%	Special Cause Variation - Low	Hit and miss against target	
Cancer 62 day referral to treatment standard	85%	82%	Special Cause Variation - Low	Hit and miss against target	
Community referral to treatment within 18 weeks	90%	99%	Common Cause Variation	Hit and miss against target	
Wheelchair waiting times - Child (Community)	92%	100%	Common Cause Variation	Hit and miss against target	

Well-led domain	Standard	Actual	Trend	Assurance	Notes
Sickness Absence	3.5%	4%	Common Cause Variation	Hit and miss against target	
Proportion of Temporary Staff	12%	11%	Common Cause Variation	Hit and miss against target	

Maternity	Standard	Actual	Trend	Assurance	Notes
Number of deliveries (births)	210	182	Common Cause Variation	Hit and miss against target	
Caesarean Section rate	22.6%	21%	Special Cause Variation - High	Hit and miss against target	
Breast Feeding Initiation	80%	80%	Common Cause Variation	Hit and miss against target	

Pressure Ulcers - Trust



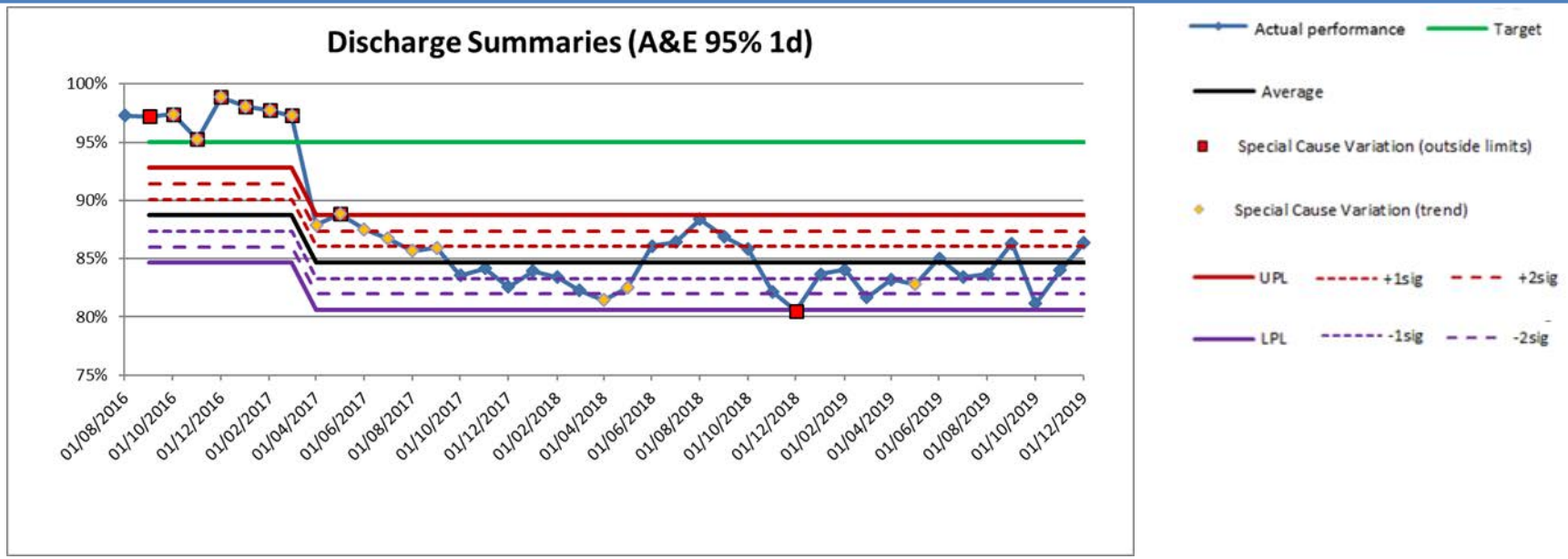


Narrative

What	During December, there were 56 New pressure ulcers which is an increase from 51 in November. The most significant increase was in the Community Health Teams, (Cat 2, Cat 3 and Unstageable). Bury Town and Sudbury Community Health Team's reported the highest incidence; as these are the 2 teams with the largest practice populations this is not surprising, however two smaller teams (Bury Rural and Mildenhall/Brandon) also reported high incidence. A similar increase of Pressure ulcers have been reported on admission to services, indicating frailty and previous injury, which new patients present with. Acute areas have observed a reduction in Pressure ulcer incidence from 28 last month to 19 during December, despite an increase in our bed base with the opening of F10. No Cat 4 Pressure ulcers were reported across the organisation during the month.
Why	We continue to work with Governance colleagues and Tissue Viability leads to understand the trends behind this increase. Tissue Viability colleagues continue to focus on the categorising of wounds and fundamental wound healing within their education programme, we are also reviewing Mandatory Training content to ensure that wound care receives the attention it merits as the largest part of clinical practice for patients receiving nursing care in their own homes.
How	A 'deep dive' exercise is underway to understand these trends and develop an action plan to address specific areas of concern.
When	We continue to explore informal benchmarking opportunities with regional colleagues and hope to have outcomes from the Deep Dive exercise for reporting next month.

Safe

Discharge Summaries ED

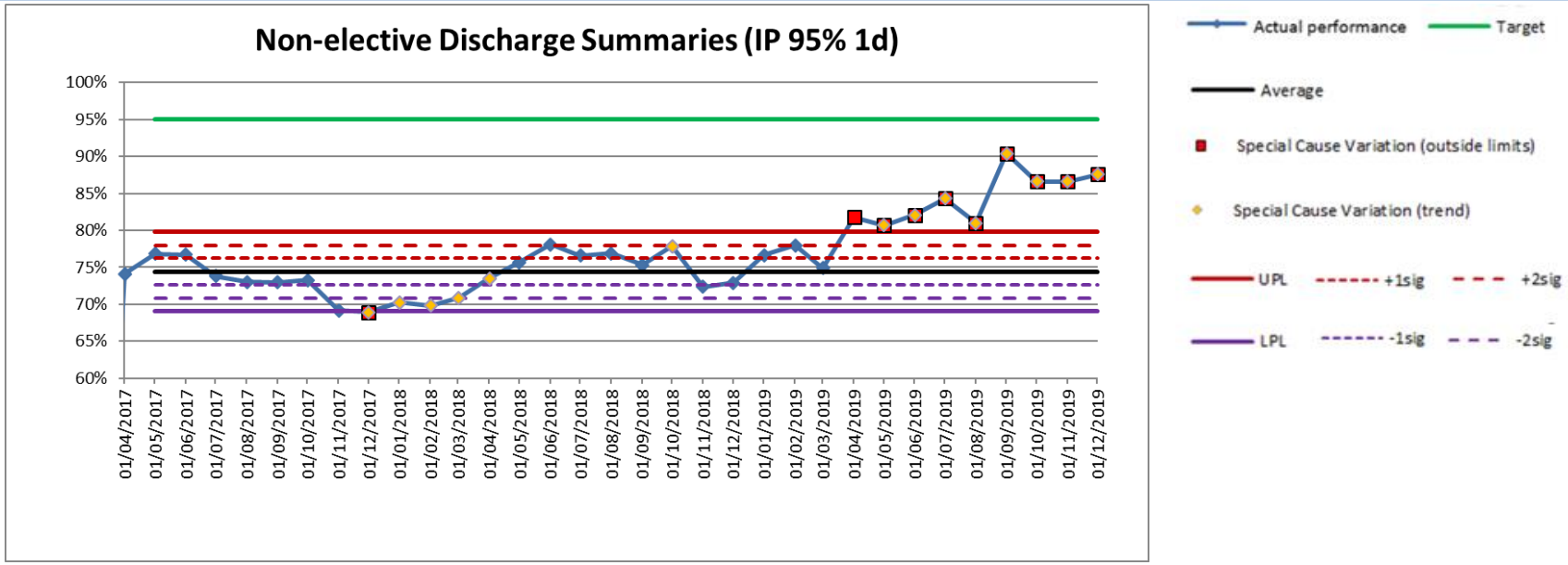


Narrative

What	Common Cause Variation
Why	The performance has evidenced that the current actions are not having the desired impact. A new approach is being investigated to ensure that relevant data is received on the wards in a timely manner to enable improvements in this area.
How	Identify and deliver relevant data at ward level to enable timely completion of discharge summaries.
When	March 2020

Effective

Discharge Summaries Non elective admissions

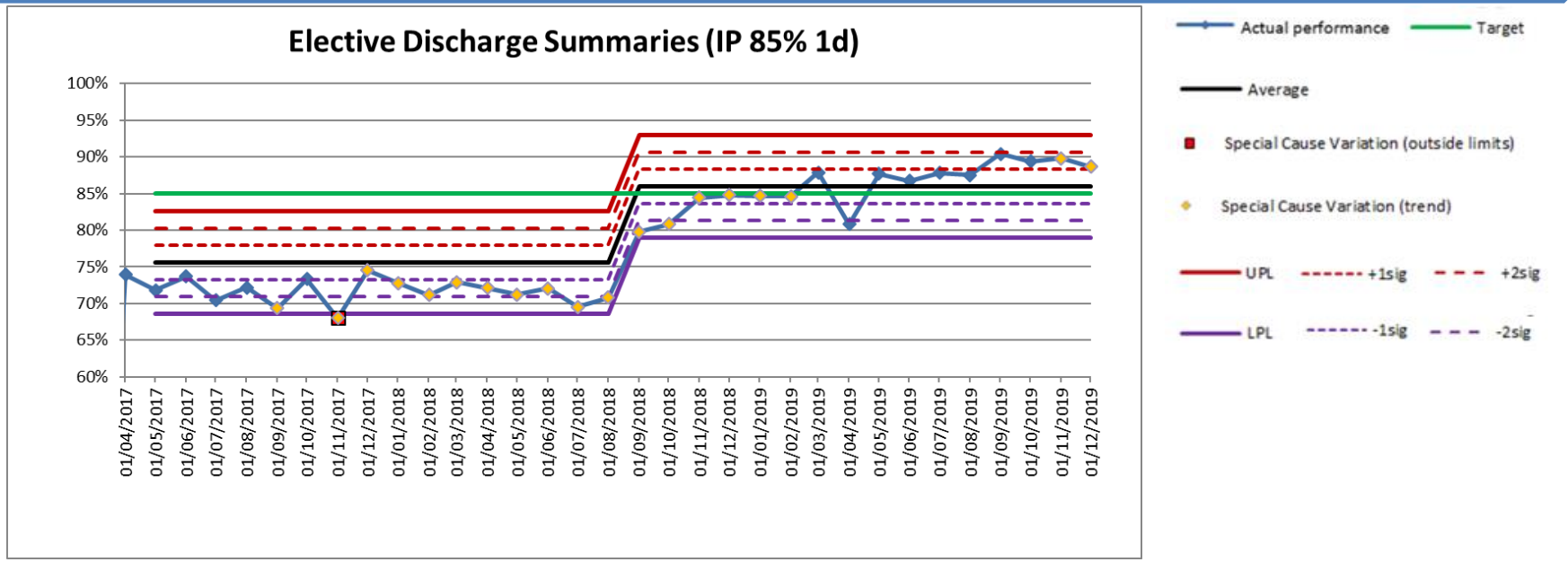


Narrative

What	Special Cause Note/Investigation - High
Why	The performance has evidenced that the current actions are not having the desired impact. A new approach is being investigated to ensure that relevant data is received on the wards in a timely manner to enable improvements in this area.
How	Identify and deliver relevant data at ward level to enable timely completion of discharge summaries.
When	March 2020

Effective

Discharge Summaries Elective admissions

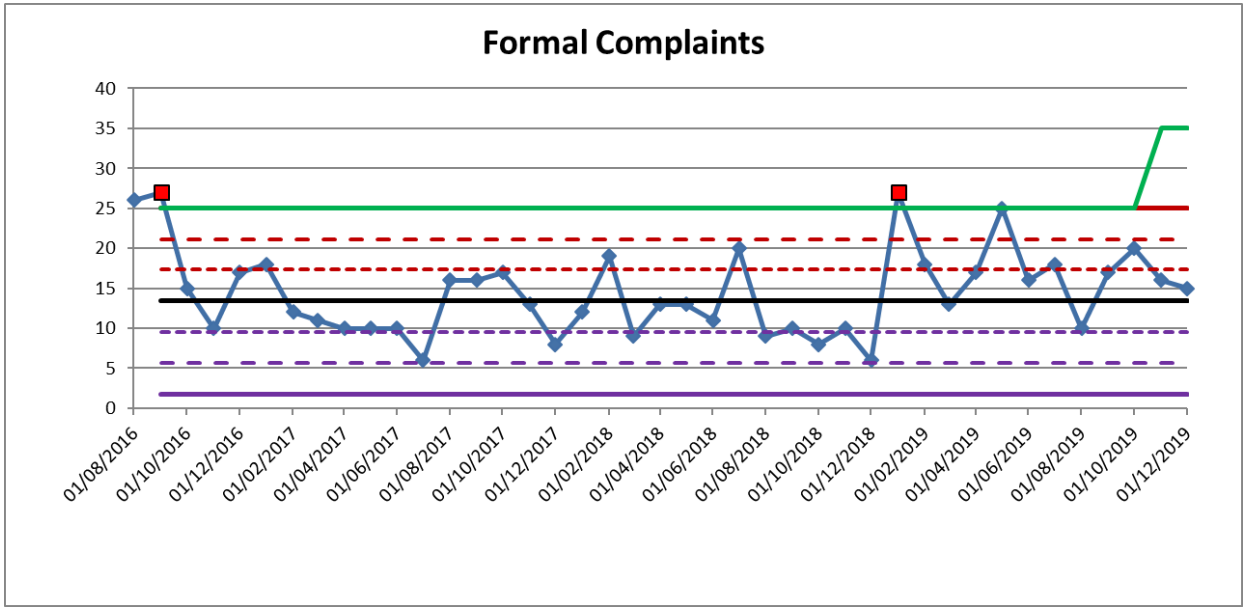


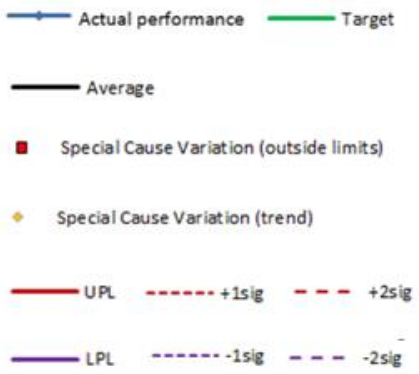
Narrative

What	Special Cause Note/Investigation - High
Why	The performance has evidenced that the current actions are not having the desired impact. A new approach is being investigated to ensure that relevant data is received on the wards in a timely manner to enable improvements in this area.
How	Identify and deliver relevant data at ward level to enable timely completion of discharge summaries.
When	March 2020

Effective

Complaints



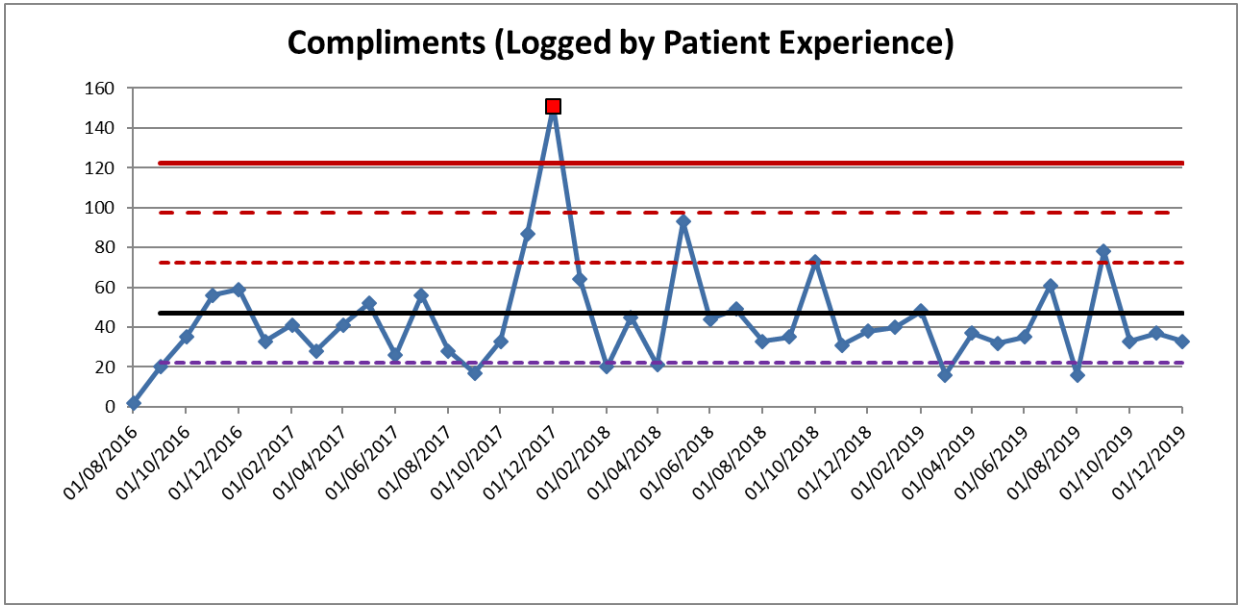


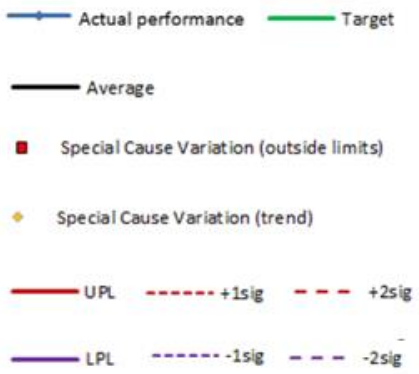
Narrative

What	Common Cause Variation
Why	Formal Complaints have increased over the Calendar year and continue to remain at a higher level than previous years.
How	The PALS Team continue to deal with concerns and enquiries proactively to offer support to patients and relatives and try to offer quick resolutions. Resources within the patient experience team are being reviewed to manage increasing demands.
When	The Total number of Complaints is expected to remain at this higher level despite the utilisation of PALs. To ensure we are delivering a good service to patients and relatives, resources within the team are being reviewed

Caring

Compliments



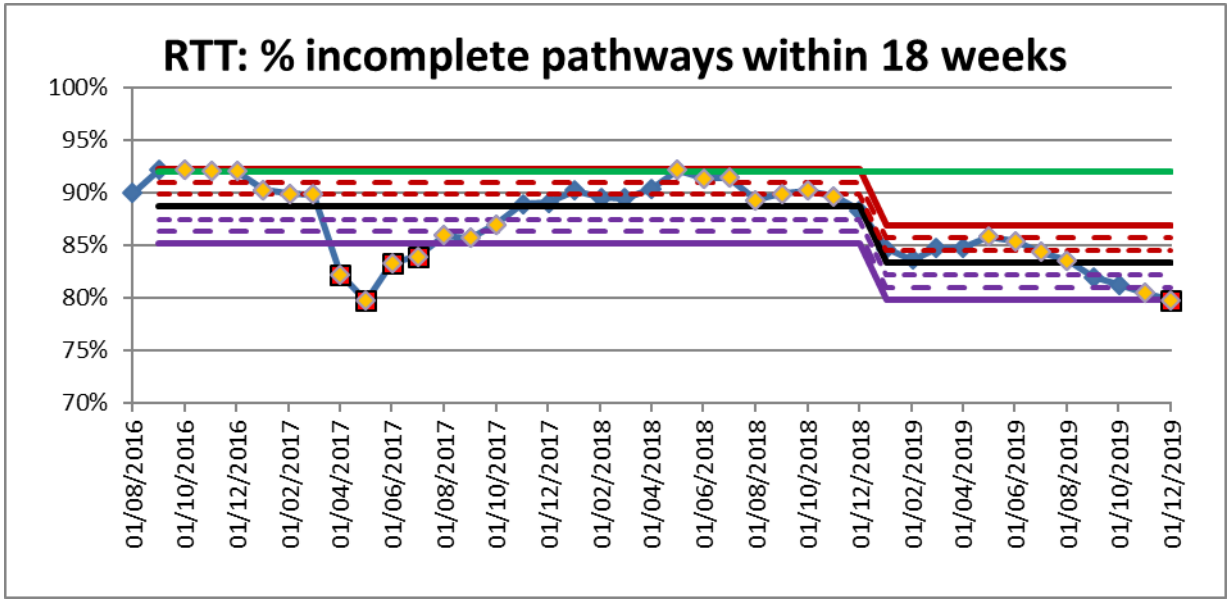


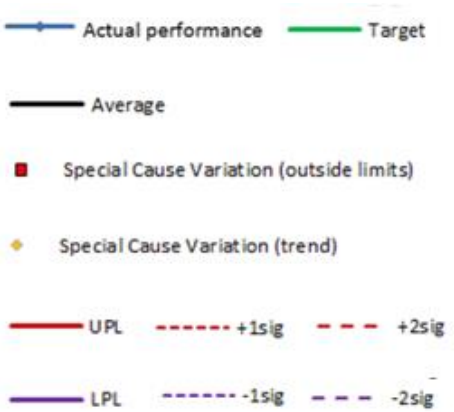
Narrative

What	Common Cause Variation
Why	Wards & Departments provided less compliments with the patient experience team for central logging.
How	Our Aim is for all compliments to be shared with the patient Experience team.
When	Ongoing

Caring

RTT



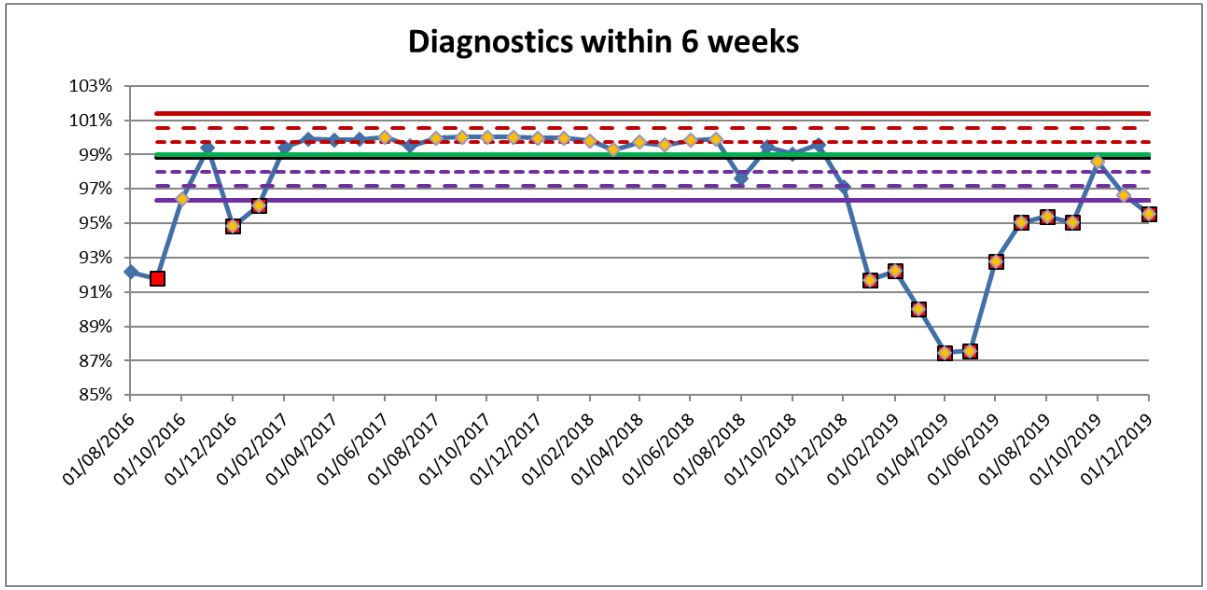


Narrative

What	Special Cause Variation - Low
Why	Performance has dropped by 0.4% from November to December due to an increase in patients waiting over 18 weeks. Whilst some specialities, including Urology, Ophthalmology, Cardiology, Neurology and Geriatric Medicine, have shown improvement to performance, there has been a significant decrease in performance within General Surgery (from 77.07% in November to 74.23% in December), Plastic Surgery (from 85.61% in November to 81.76% in December).
How	Continue to monitor long waits at weekly access meeting.
When	Ongoing

Responsive

Diagnostics within 6 weeks

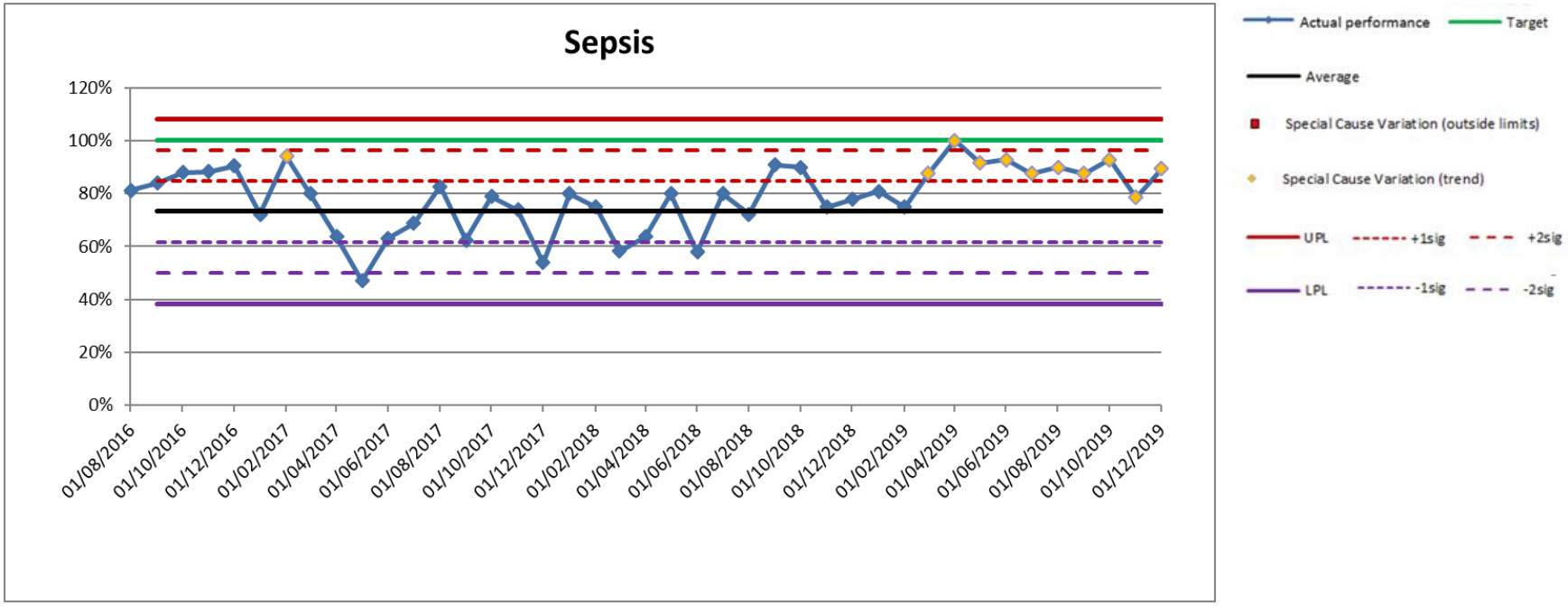


Narrative

What	Special Cause Variation - Low
Why	Diagnostic performance has deteriorated again this month with further deterioration noted across all endoscopy related diagnostic modalities.
How	Intensive Support Team have been supporting Endoscopy to review administrative processes and capacity and demand. A initial report has been published recently and form this a draft action plan has been developed which includes areas for improvement which include administrative processes, enhancing operational management and oversight of waiting lists and improving the management of annual leave for medical scopers. This action plan will be discussed at the Endoscopy Management Team and Endoscopy User Group meetings to obtain agreement on actions needed, action owners and timeframes. A fortnightly meeting has been set-up between the Division and Deputy Chief Operating officer to monitor progress.
When	Ongoing

Responsive

Sepsis

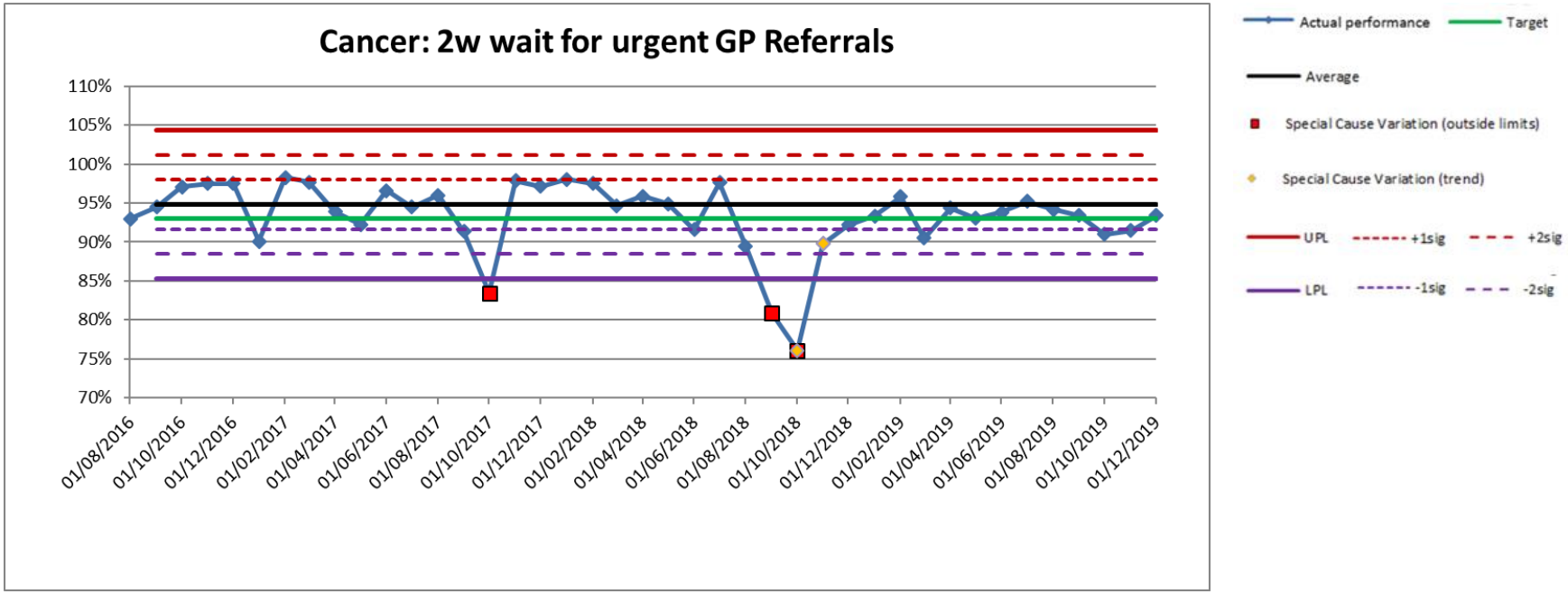


Narrative

What	Special Cause Note/Investigation - High
Why	Performance against national standards for Door to Needle time for Neutropenic was 89.5% for the month of December. Of the 4 patients who were admitted to G1, all 4 patient's received the required treatment within the 1 hour time scale. Of the 15 patients who were admitted through ED, 13 patients were treated within the hour and 2 patient breached the national standard. Please see below action plan to address the issues and improve performance against this standard.
How	Separate teaching and sign-off for neutropenic sepsis anti-biotic PGD by ED PDN
When	Ongoing

Responsive

Cancer 2 week referral

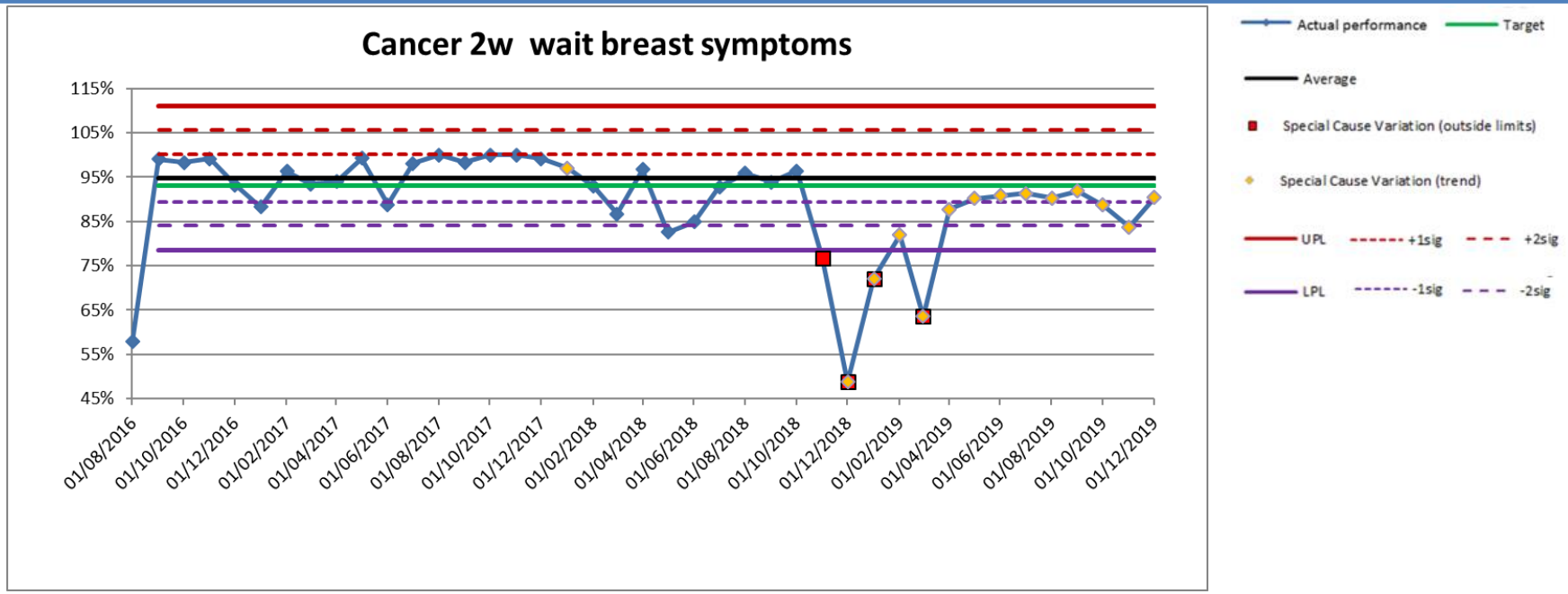


Narrative

What	Common Cause Variation
Why	December shows an increase to 93.4% reaching Target.
How	-
When	-

Responsive

Cancer 2 week referral Breast

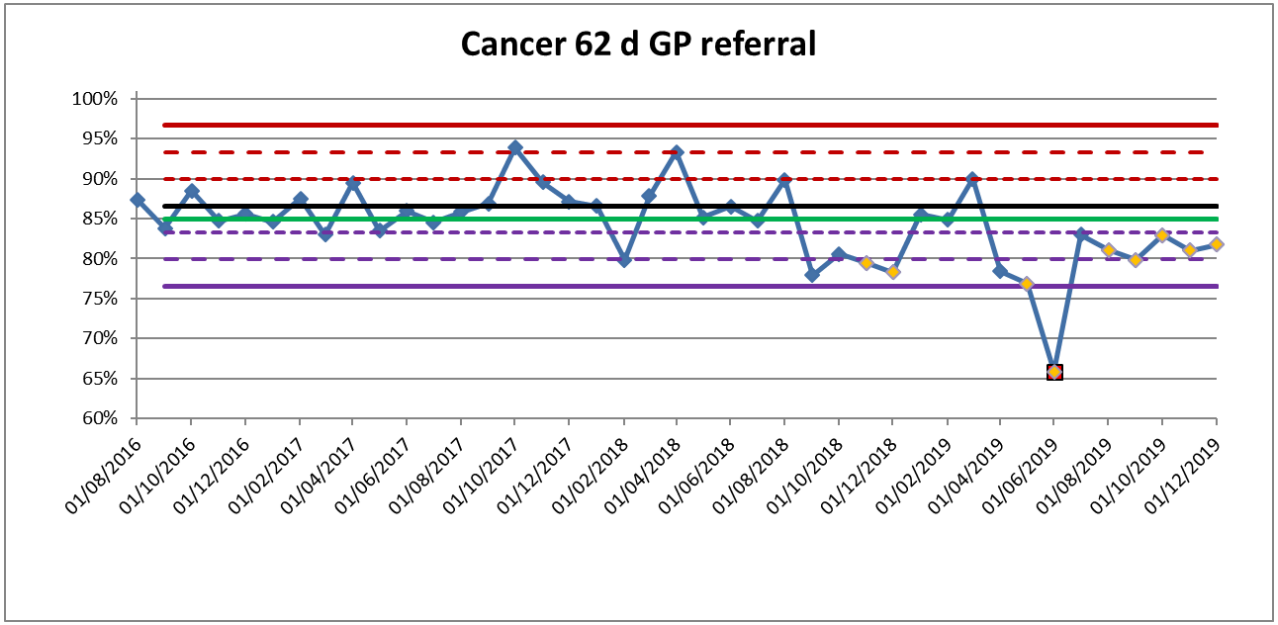


Narrative

What	Special Cause Variation - Low
Why	There were 14 Breaches in December, 4 of these were due to Capacity Issues with 10 Breach's as a result of Patient Choice.
How	Capacity has been increased by an additional clinic on Friday PM for breast pain symptom patients. Patient if required further radiological investigation are booked in to the earliest available next slot week
When	Ongoing.

Responsive

Cancer 62 Day



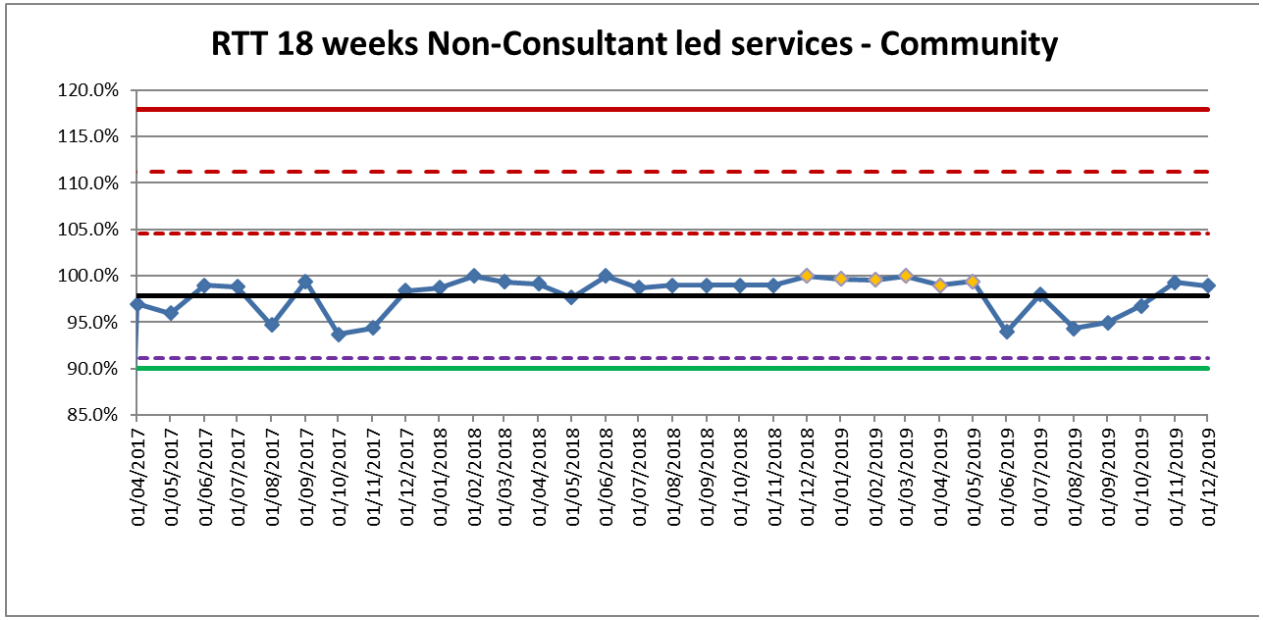
Narrative

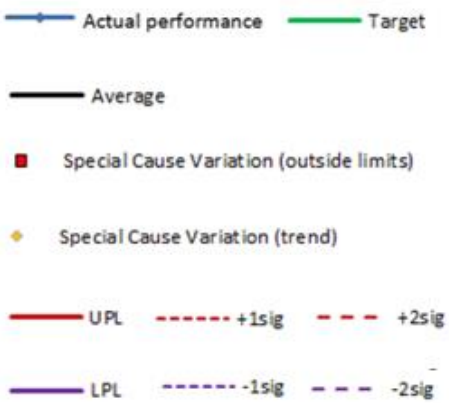
What	Special Cause Variation - Low
Why	Current performance 81.76 %: Owing to 6/11 Urology, 2/11 Colorectal and 1 pathway each in Breast, Haematology, and Skin patients locally treated in the Trust and Gynaecology-2, and Breast, Head and Neck, and Urology one patients each in shared pathways with other providers, some involving cases of late referrals. Once submitted by the treating hospitals the breaches on late referred patients will be fully reallocated back to the Trust.
How	All patients over 62 days are discussed in detail at the weekly Cancer PTL Meeting.
When	Ongoing

Responsive

RTT non-consultant led

Community

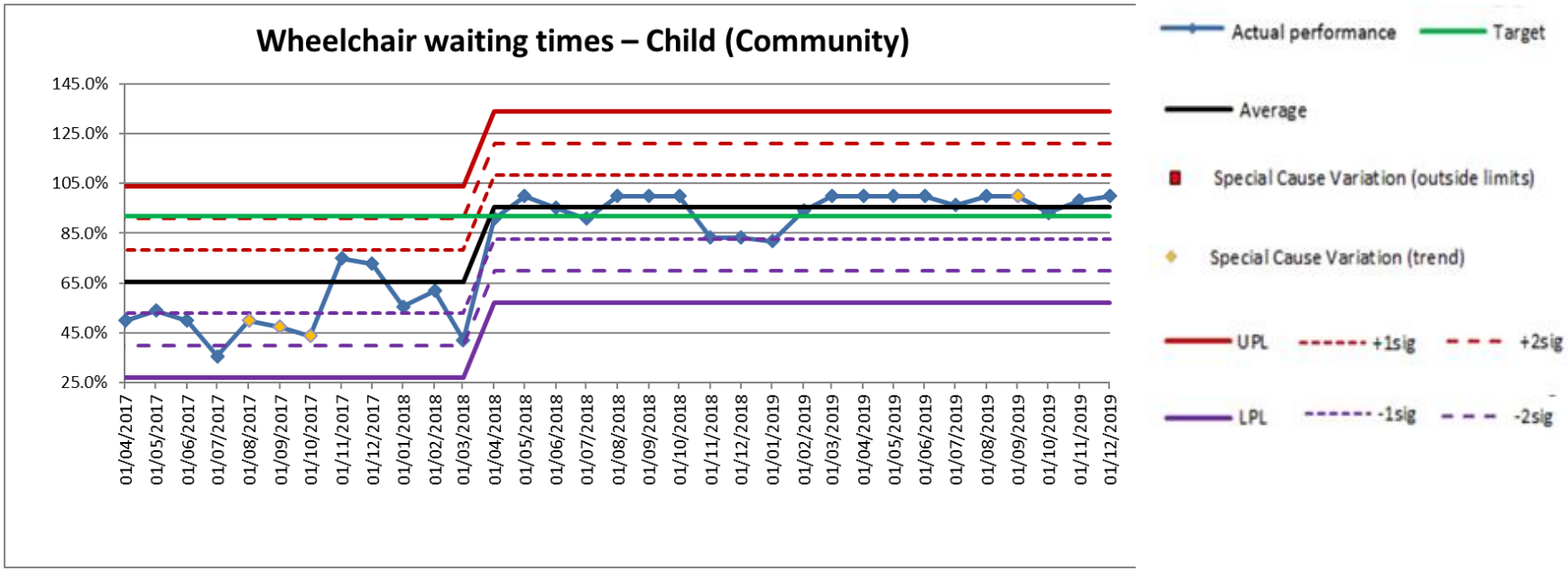




Narrative

What	Common Cause Variation
Why	-
How	-
When	-

Wheelchair waiting times – Child (Community)

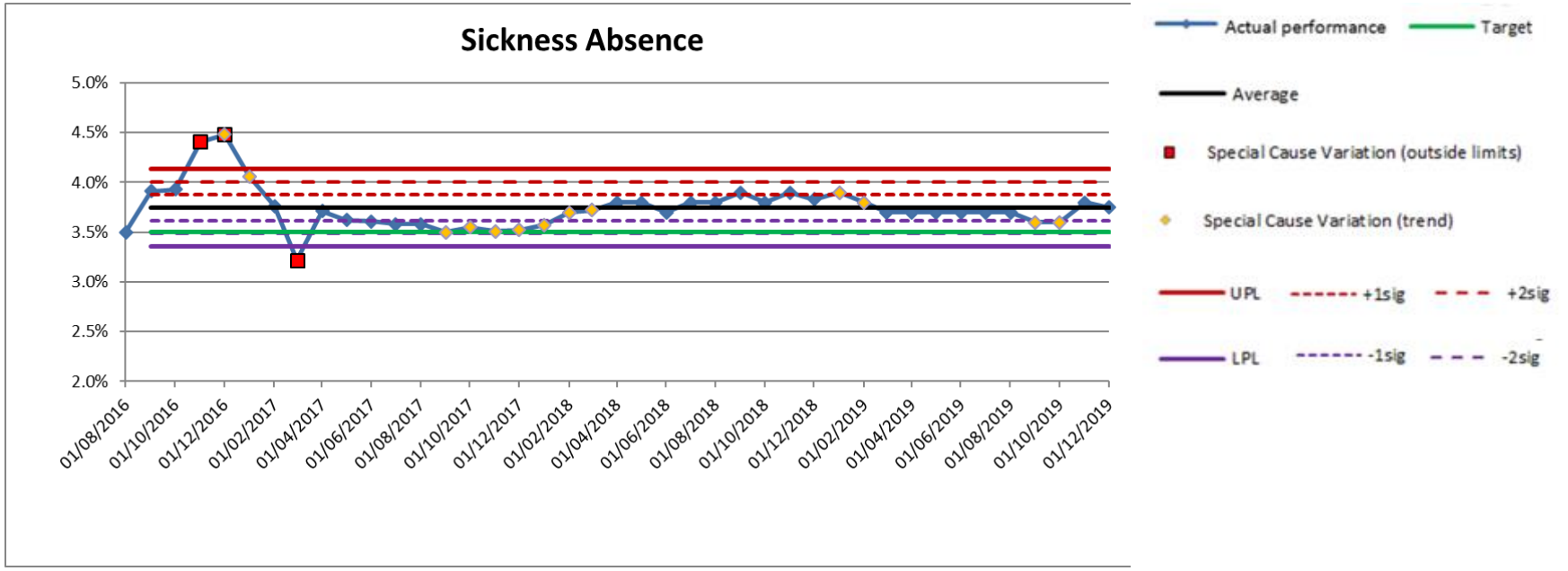


Narrative

What	Common Cause Variation
Why	-
How	-
When	-

Community

Sickness absence

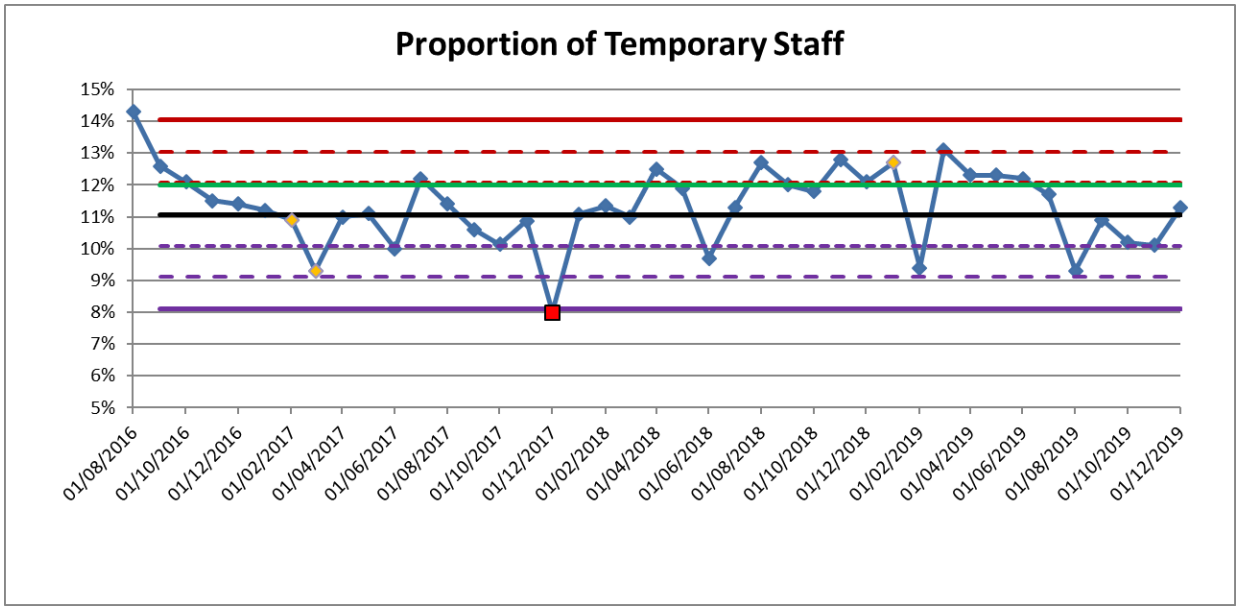


Narrative

What	Common Cause Variation
Why	This is mainly due to seasonal short-term sickness absence, coughs, colds etc. We are also seeing a small increase in long-term sickness absence due to some non-work related injuries, but mainly anxiety, depression etc, both non-work related and work related absence.
How	Actions include; HR continue to support line managers to follow trust policy regarding the management of absence (ongoing). Other actions include; Paul Molyneux will progress the project regarding support for those staff who are off with stress, anxiety etc. The trust embarked on the 2019 flu campaign and continues to encourage staff to take up inoculation. With regard to musculoskeletal problems, we are intending to review the trusts' staff physiotherapy service, as the levels of referral continue to rise. The health and wellbeing committee will continue to pursue initiatives to help reduce the other reasons for absence.
When	Ongoing

Well Led

Proportion of temporary staff

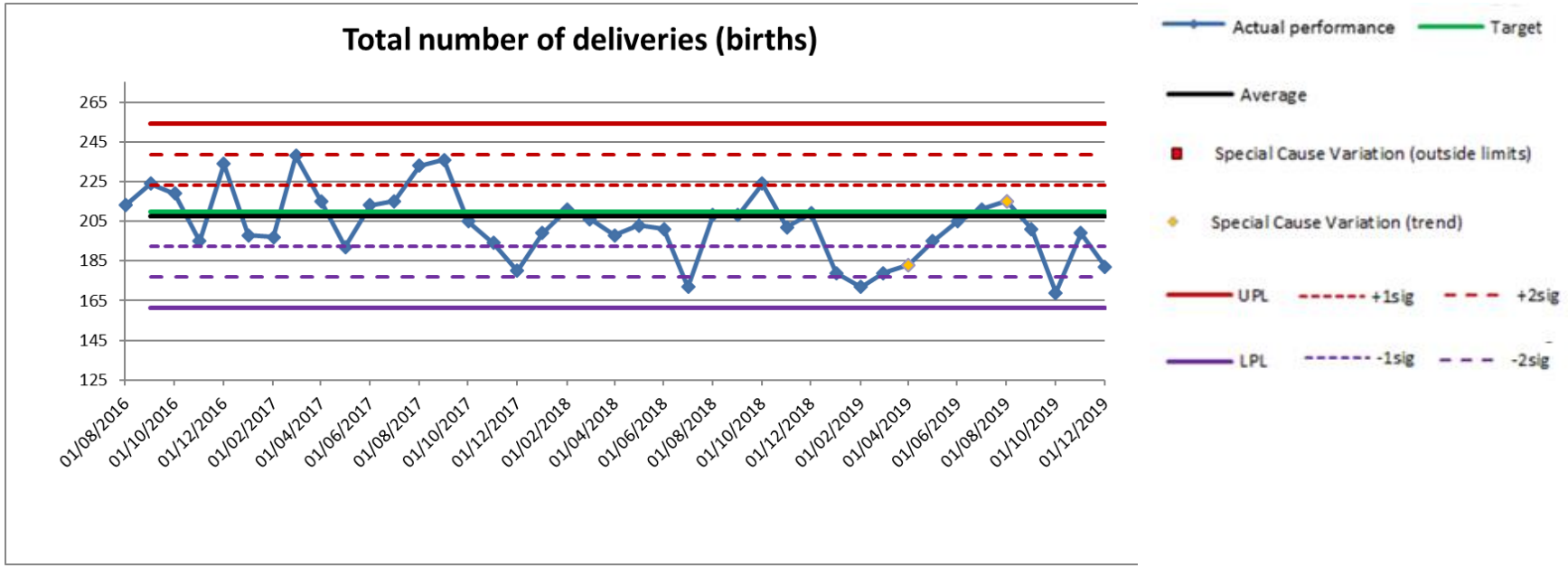


Narrative

What	-
Why	-
How	-
When	-

Well Led

Total number of deliveries

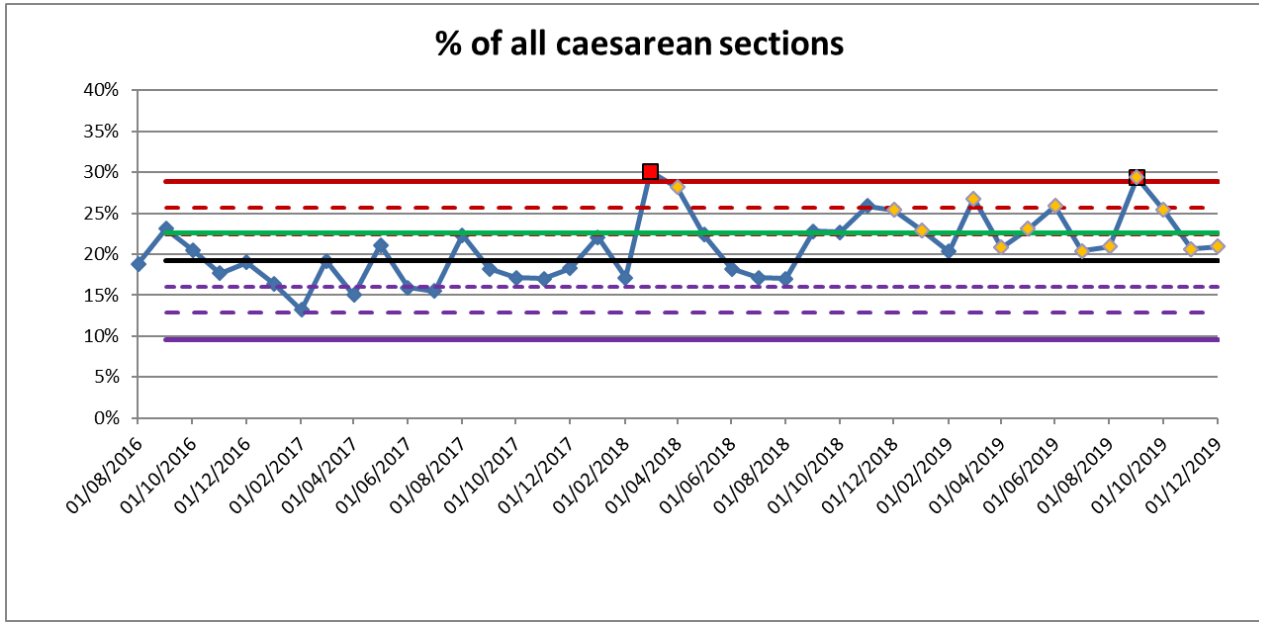


Narrative

What	Common Cause Variation
Why	December shows a decrease in the delivery numbers to 182, 17 less than in the previous month.
How	The service works hard at promoting the unit. It is intended that when the labour Suite is officially opened this will encourage more women to book at the West Suffolk.
When	Ongoing

Maternity

Caesarean section rate

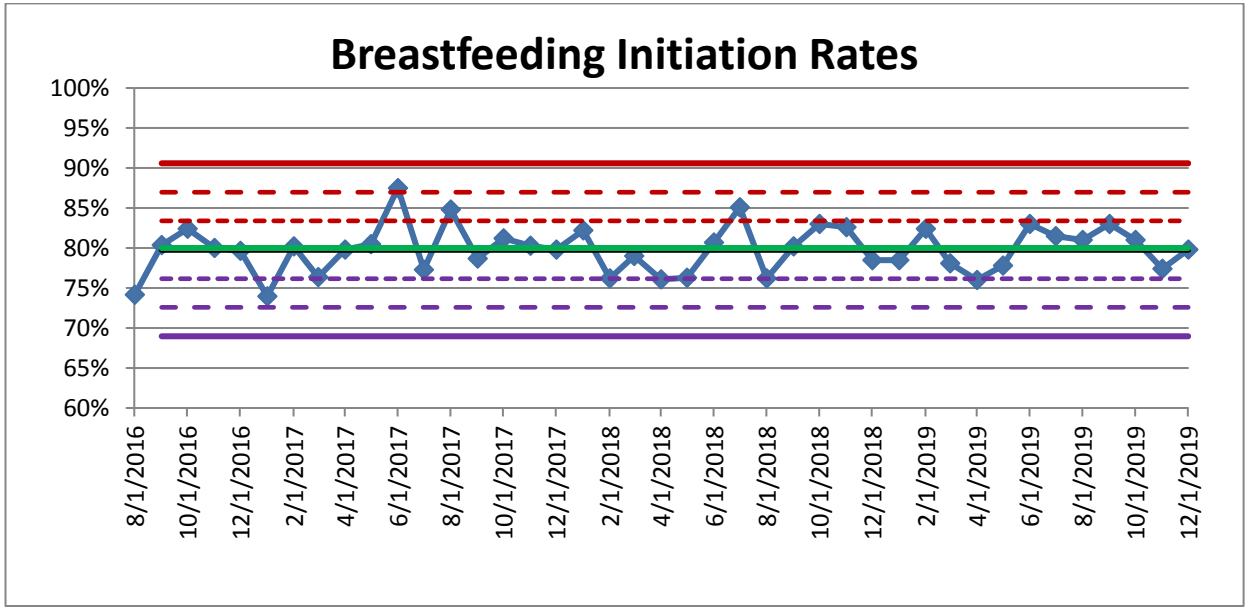


Narrative

What	Special Cause Variation - High
Why	This has Stabilised below Target.
How	The service continue to monitor via Women's Health Governance monthly and weekly at the case management meeting.
When	Ongoing

Maternity

Breast feeding initiation



Narrative

What	Common Cause Variation
Why	Breast feeding rates have increased this month at 79.8 %.
How	Staff have worked very hard to reduce the supplementation rate (giving formula milk) and reducing this to 21.8% from 35% last month, therefore there has been a significant increase of babies who are exclusively being fed breast milk.
When	Ongoing

Maternity

Trust Board – January 2020

Agenda item:	8			
Presented by:	Rowan Procter, Executive Chief Nurse Helen Beck, Chief Operating Officer			
Prepared by:	Rowan Procter, Executive Chief Nurse Helen Beck, Chief Operating Officer Joanna Rayner, Head of Performance and Efficiency			
Date prepared:	January 2020			
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 15 onwards.			

Trust priorities	**Deliver for today**			**Invest in quality, staff and clinical leadership**		**Build a joined-up future**	
	X						
Trust ambitions	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
		x					
Previously considered by:	Monthly at Trust Board						
Risk and assurance:	To provide oversight and assurance to the Board of the Trusts performance.						
Legislation, regulatory, equality, diversity and dignity implications:	Performance against national standards is reported.						
Recommendation: The Trust Board notes the monthly performance report.							

NHS
West Suffolk
NHS Foundation Trust

Integrated quality and performance report



Month Nine: December 2019

Putting you first

NHS
West Suffolk
NHS Foundation Trust

CONTENTS

EXECUTIVE SUMMARY

DETAILED SECTIONS

Putting you first

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 - Hospital Attributable cases and there were 4 attributable clostridium difficile hospital attributable cases within the month. (Exception report at page 18). The trust compliance with decolonisation maintained in December at 90.0%. (Exception report at page 22).

CAS (Central Alerting System) Open (PSAs) – 7 Patient Safety Alerts were received in December 2019. All of the alerts have been implemented within timescale this year to date.

Patient Falls (All patients) – 62 patient falls occurred in December 2019, which is an increase from 49 in November 2019. (Exception report at page 20).

Pressure Ulcers – 56 cases occurred in December 2019, which an increase from 51 in November 2019. (Exception report at page 21).

ARE WE EFFECTIVE?

Cancelled Operations for non-clinical reasons – The rate of cancelled operations for non-clinical reasons was recorded at 0.9% in December 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 95.0% in December 2019 compared to 97.0% in November 2019. (Exception report at page 33).

Discharge Summaries - A&E has achieved a rate of 86.4% in December 2019, whereas inpatient services have achieved a rate of 87.6% (Non-elective) and 88.7% (Elective). (Exception report at page 32).

ARE WE CARING?

Mixed Sex Accommodation breaches (MSA) – 3 Mixed Sex Accommodation breaches occurred in December 2019. (Exception report at page 35).

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

Complaints responded to in time – December 2019 reported performance at 57.0% compared to 58.0% in November 2019. (Exception report at page 39).

ARE WE RESPONSIVE?

Cancer – The challenge of demand and capacity continues with three areas failing the target for December 2019. These areas were Cancer 2 week wait breast symptoms with performance at 90.3%, Cancer 62 d GP referral with performance at 81.8%, and Incomplete 104 day waits with 2 breaches reported in December 2019. (Exception reports at page 46-48).

Referral to Treatment (RTT) – The percentage of patients on an incomplete pathway within 18 weeks for December 2019 was 79.8%. The total waiting list was 20399 as at the end of December 2019, with 5 patients who breached the 52-week standard. (Exception reports at page 42-44).

ARE WE WELL LED?

Appraisal - The appraisal rate for December 2019 is 83.6 %. (Exception reports at page 59).

Sickness Absence – The Sickness Absence rate for December 2019 is 3.8 %. (Exception reports at page 58).

2. INTEGRATED QUALITY & PERFORMANCE REPORT DASHBOARD

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

INTEGRATED QUALITY & PERFORMANCE REPORT																
Are we..	Ref.	KPI	Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Av/YTD
1. Safe	1.01	CAS (Central Alerting System) Open	NT	8	8	13	11	10	6	6	1	1	4	5	7	7	47
	1.02	CAS (Central Alerting System) Overdue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.04	All relevant inpatients undergoing a VTE Risk assessment	95%	94.4%	94.6%	95.2%	95.4%	95.0%	95.4%	95.1%	95.2%	96.2%	95.6%	94.3%	95.4%	95.7%	95.3%
	1.05	Clostridium Difficile infection - Hospital Attributable	0	0	0	4	1	1	2	1	1	2	3	3	3	4	20
	1.06	MRSA Bacteraemias - Hospital Attributable	0	0	0	0	0	0	1	0	0	1	0	0	0	0	2
	1.07	Patient Safety Incidents Reported	NT	546	766	625	646	670	651	602	642	657	633	715	687	648	5905
	1.08	Never Events	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0
2.Effective	2.02	Canc. Ops - Cancellations for non-clinical reasons	1%	0.5%	1.0%	1.0%	0.6%	1.9%	1.2%	1.9%	0.8%	1.6%	1.3%	1.4%	1.2%	0.9%	1.3%
3. Caring	3.01	Compliments (Logged by Patient Experience)	NT	38	40	48	16	37	32	35	61	16	78	33	37	33	362
	3.02	Formal Complaints	20	6	27	18	13	17	25	16	18	10	17	20	16	15	154
	3.03	Mixed Sex Accommodation Breaches	0	0	28	0	0	0	0	4	2	0	0	0	2	3	11
	3.04	IP - Extremely likely or Likely to recommend (FFT)	90%	98.0%	98.0%	97.0%	97.0%	95.0%	95.0%	98.0%	97.0%	97.0%	96.0%	97.0%	98.0%	97.0%	96.7%
	3.05	OP - Extremely likely or Likely to recommend (FFT)	90%	97.0%	97.0%	97.0%	97.0%	97.0%	96.0%	97.0%	96.0%	96.0%	96.0%	96.0%	95.0%	97.0%	96.2%
	3.06	A&E - Extremely likely or Likely to recommend (FFT)	90%	97.0%	96.0%	97.0%	99.0%	94.0%	88.0%	95.0%	87.0%	89.0%	92.0%	93.0%	89.0%	88.0%	90.6%
	3.08	Community - Extremely likely or likely to recommend	80%	97.0%	98.0%	95.0%	100%	95.0%	97.0%	95.0%	94.3%	95.2%	97.0%	97.2%	100%	100%	96.7%
4. Responsive	4.02	RTT: % incomplete pathways within 18 weeks	92%	88.3%	84.7%	83.6%	84.8%	84.8%	85.8%	85.4%	84.4%	83.3%	82.0%	81.2%	80.2%	79.8%	83.0%
	4.03	52 week waiters	0	10	7	7	2	1	4	4	2	2	6	4	8	5	36
	4.04	Diagnostics within 6 weeks	99%	97.1%	91.7%	92.2%	90.0%	87.5%	87.6%	92.8%	95.0%	95.4%	95.1%	98.6%	96.7%	95.5%	93.8%
	4.05	Cancer: 2w wait for urgent GP Referrals	93%	92.2%	93.4%	95.8%	90.5%	94.3%	93.1%	93.8%	95.3%	94.2%	93.5%	91.0%	91.6%	93.4%	93.4%
	4.06	Cancer 2w wait breast symptoms	93%	48.8%	72.1%	82.0%	63.5%	87.8%	90.6%	90.8%	91.3%	90.3%	91.8%	88.4%	83.7%	90.3%	89.5%
	4.07	Cancer 31 d First Treatment	96%	100%	99.2%	100%	100%	100%	98.0%	99.0%	99.0%	100%	100%	100%	99.0%	100%	99.4%
	4.08	Cancer 31 d Drug Treatment	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	4.09	Cancer 31 d Surgery	94%	100%	94.4%	100%	100%	100%	95.0%	100%	100%	100%	100%	100%	100%	100%	99.4%
	4.10	Cancer 62 d GP referral	85%	78.3%	85.5%	84.8%	90.0%	78.4%	76.9%	65.9%	83.0%	81.1%	79.9%	83.2%	84.8%	81.8%	79.4%
	4.11	Cancer 62 d Screening	90%	87.9%	100%	100%	95.2%	92.9%	90.5%	86.7%	100%	100%	82.8%	92.3%	100%	100%	93.9%
	4.12	Incomplete 104 day waits	0	0	0	1.0	1.0	2.0	4.0	5.0	6.0	3.0	3.0	2.0	3.0	2.0	30.0

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INTEGRATED QUALITY & PERFORMANCE REPORT																	
Are we..	Ref.	KPI	Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Av/YTD
5. Well Led	5.01	NHS Staff Survey (Staff Engagement score -Annual)	NT	NA	NA	7.4%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	5.02	Staff F&F Test % Recommended - care (Qrtly)	75%	NA	NA	91.0%	NA	NA	NA	92.0%	NA	NA	93.0%	NA	NA	ND	92.5%
	5.03	Staff F&F Test % Recommended - place to work (Qrtly)	75%	NA	NA	78.0%	NA	NA	NA	79.0%	NA	NA	75.0%	NA	NA	ND	77.0%
	5.04	Turnover (Rolling 12 mths)	<10%	8.0%	8.0%	7.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	5.0%	8.0%	8.1%	7.7%
	5.05	Sickness Absence	<3.5%	3.8%	3.9%	3.8%	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%	3.6%	3.6%	3.8%	3.8%	3.7%
	5.06	Executive Team Turnover (Trust Management)	<20%	0.0%	0.0%	0.0%	0.0%	17.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	17.0%	0.0%	3.8%
	5.07	Agency Spend	550	500	637	330	524	426	366	482	364	530	452	399	417	381	3817
	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	ND	-6.10%	-5.80%	-5.50%	-5.80%	-6.70%	-7.60%	-6.90%	-7.60%	-8.00%	-5.90%	-7.50%	-5.30%	-5.30%
	6.03	Capital service cover	Var	ND	-0.42	-0.25	-0.27	0.34	0.23	0.12	0.17	-0.22	-0.35	-0.37	-0.38	0.18	0.18
	6.04	Liquidity (days)	NT	ND	15.86	15.18	26.80	24.13	24.98	22.90	32.70	37.91	41.60	41.00	32.89	32.64	32.64
	6.05	Long Term Borrowing (£m)	4	ND	85.5	64.1	65.4	95.7	85.0	88.2	82.2	83.4	81.7	83.0	91.2	84.3	84.3
	6.06	CIP (Variance YTD £'000s)	1.9	-53	-45	-48	0	-32	-75	-46	-70	-199	-127	-208	-223	29	29
7. Maternity	7.01	Total number of deliveries (births)	210	209	179	172	179	183	195	205	211	215	201	169	199	182	1760
	7.02	% of all caesarean sections	26%	25.4%	22.9%	20.3%	26.8%	20.8%	23.1%	25.9%	20.4%	20.9%	29.4%	25.4%	20.6%	20.9%	23.0%
	7.03	Midwife to birth ratio	1.32	1.30	1.28	1.26	1.27	1.27	1.28	1.29	1.30	1.31	1.29	1.26	1.28	1.26	1.28
	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	95%	95.0%	96.0%	95.0%	93.0%	94.0%	93.0%	97.0%	97.0%	93.0%	95.0%	95.0%	92.0%	90.0%	94.0%
	7.06	Maternity SIs	NT	0	0	1	0	1	1	2	0	0	1	1	1	2	9
	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%	78.5%	78.5%	82.4%	78.1%	76.0%	77.8%	83.0%	81.5%	81.0%	83.0%	81.0%	77.4%	79.8%	80.1%
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%	99.7%	99.6%	100%	99.0%	99.4%	94.0%	98.0%	94.4%	95.0%	96.7%	99.3%	98.9%	97.2%
	4.39	Urgent Referrals for Early Intervention Team (EIT) - Community	95%	100%	NA	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	ND	100%
	4.40	Nursing & therapy Red referrals seen within 4hrs - Community	95%	100%	96.6%	100%	100%	100%	100%	100%	93.8%	97.3%	97.1%	100%	100%	100%	98.7%
	4.41	Nursing & therapy Amber referrals seen within 72hrs - Community	95%	98.4%	99.0%	98.8%	99.3%	100%	99.5%	99.3%	98.8%	99.5%	99.9%	98.9%	99.2%	98.7%	99.3%

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3. IN THIS MONTH – DECEMBER 2019, MONTH 9

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

From Month Year	Dec-2019					To Month Year	Dec-2018				

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

In this month.... Dec-2019

Mth We Received.....	Dec-19	Dec-18	Variance	Var. %	Traffic	YTD We Received.....	2019	2018	Variance	Var. %	Traffic
GP Referrals	4,605	5,178	-573	-11.1%	↓	GP Referrals	52,940	59,297	-6,357	-10.7%	↓
Other Referrals	4,680	4,506	174	3.9%	↑	Other Referrals	47,978	48,530	-552	-1.1%	↓
Ambulance Arrivals	2,111	1,944	167	8.6%	↑	Ambulance Arrivals	17,549	16,139	1,410	8.7%	↑
Cancer Referrals*	922	773	149	19.3%	↑	Cancer Referrals*	9,712	9,184	528	5.7%	↑
Urgent Referrals*	2,207	2,301	-94	-4.1%	↓	Urgent Referrals*	23,736	24,357	-621	-2.5%	↓

Mth We Delivered.....	Dec-19	Dec-18	Variance	Var. %	Traffic	YTD We Delivered.....	2019	2018	Variance	Var. %	Traffic
ED Attendances (excluding GP Expected/Streamed)	5,927	5,362	565	10.5%	↑	ED Attendances (excluding GP Expected/Streamed)	53,049	47,004	6,045	12.9%	↑
**ED Attendances(Adjusted)	7,131	6,542	589	9.0%	↑	**ED Attendances(Adjusted)	64,599	59,132	5,467	9.2%	↑
GP Expected via ED	497	489	8	1.6%	↑	GP Expected via ED	5,076	4,918	158	3.2%	↑
GP Streamed	321	303	18	5.9%	↑	GP Streamed	3,113	3,909	-796	-20.4%	↓
GP Expected direct to AAU/AEC	386	388	-2	-0.5%	↓	GP Expected direct to AAU/AEC	3,361	3,301	60	1.8%	↑
A&E - To IP Admission Ratio	28.4%	31.2%	-2.8%	-2.8%	↓	A&E - To IP Admission Ratio	27.6%	27.4%	0.2%	0.6%	↑
Outpatient Attendances	23,211	22,353	858	3.8%	↑	Outpatient Attendances	236,006	228,832	7,174	3.1%	↑
Inpatient Admissions	5,935	5,757	178	3.1%	↑	Inpatient Admissions	54,725	53,551	1,174	2.2%	↑
Elective Admissions	2,712	2,394	318	13.3%	↑	Elective Admissions	26,146	24,585	1,561	6.3%	↑
Non Elective Admission	3,263	3,363	-100	-3.0%	↓	Non Elective Admission	28,774	28,966	-192	-0.7%	↓
Inpatient Discharges	5,975	5,725	250	4.4%	↑	Inpatient Discharges	54,800	53,513	1,287	2.4%	↑
Elective Discharges	2,719	2,426	293	12.1%	↑	Elective Discharges	26,421	24,590	1,831	7.4%	↑
Non Elective Discharges	3,216	3,299	-83	-2.5%	↓	Non Elective Discharges	28,358	28,923	-565	-2.0%	↓
New Births	182	209	-27	-13%	↓	New Births	1,760	1,825	-65	-4%	↓

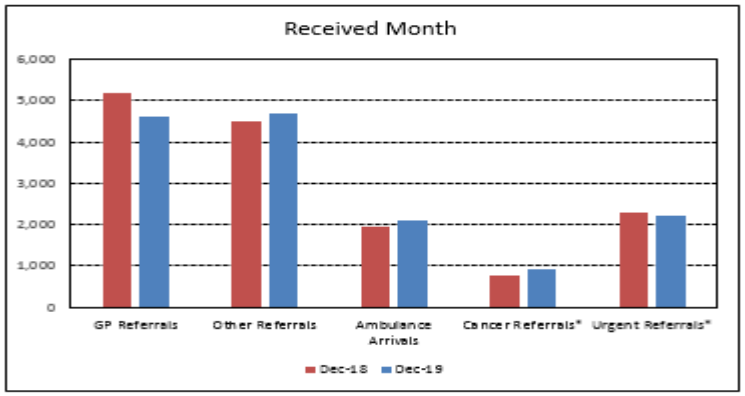
* - Included in Referrals Above

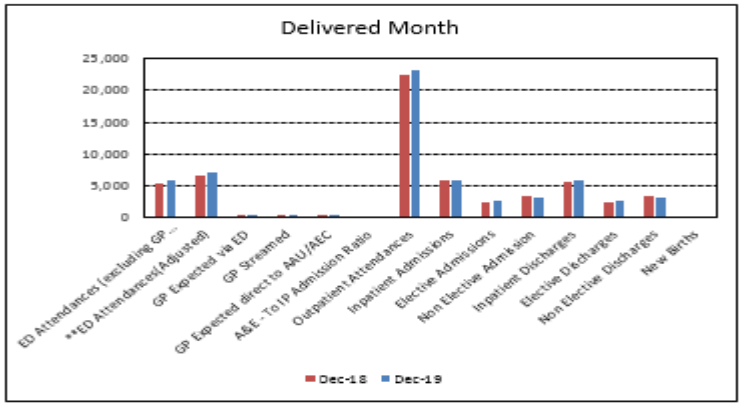
** - The ED adjusted figure adds ED attendances, GP Streamed and all GP expected (Including direct to AAU/AEC) together to reflect the position in 2017 when these were reported together.

Monthly Activity Charts.

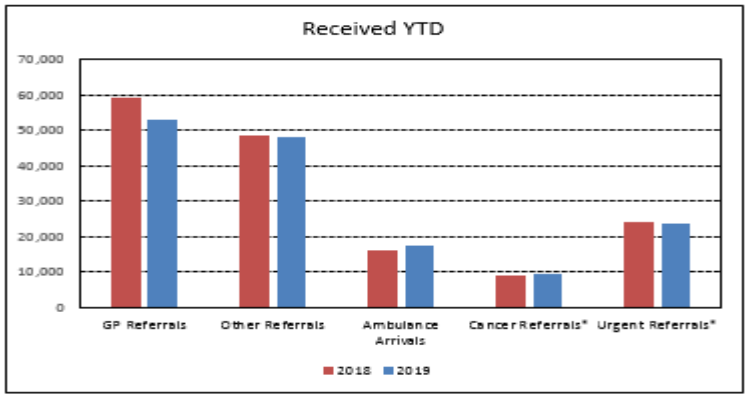
GP and Urgent referrals demonstrate a reduction year on year. A&E, incomplete RTT pathways, other referrals and Cancer Referrals are higher than last year.

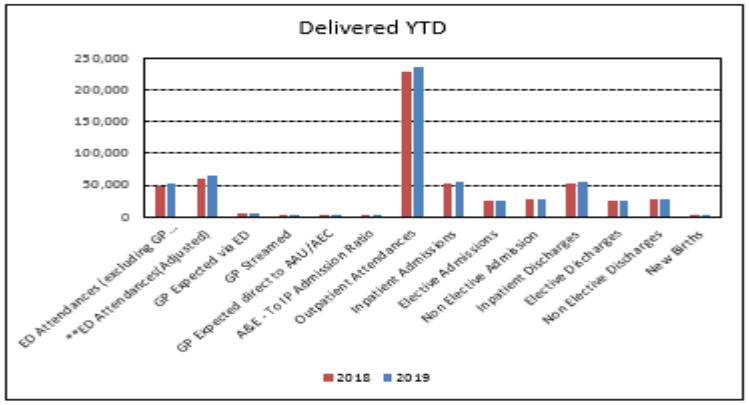
Monthly





Yearly





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DETAILED REPORTS

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4. DETAILED SECTIONS – SAFE

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

Are we..		Ref.	KPI	Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD(Apr19-Dec19)
1.Safe	HII Compliance	1.09	HII Compliance 1a: Central venous catheter insertion	100%	100%	100%	94.4%	100%	100%	100%	100%	100%	83.0%	88.9%	100%	100%	100%	96.9%
		1.10	HII Compliance 1b: Central venous catheter on-going care	100%	100%	96.2%	96.4%	87.1%	89.0%	100%	100%	100%	100%	100%	100%	96.6%	100%	98.4%
		1.11	HII Compliance 2a: Peripheral cannula insertion	100%	100%	97.9%	100%	96.4%	100%	98.0%	100%	100%	91.0%	90.0%	97.6%	98.0%	100%	97.2%
		1.12	HII Compliance 2b: Peripheral cannula on-going	100%	100%	97.0%	99.3%	99.2%	100%	99.4%	100%	99.2%	100%	100%	98.8%	97.2%	99.1%	99.3%
		1.13	HII Compliance 4a: Preventing surgical site infection preoperative	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		1.14	HII Compliance 4b: Preventing surgical site infection perioperative	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90.0%	100%	98.9%
		1.15	HII Compliance 5: Ventilator associated pneumonia	100%	100%	100%	100%	90.0%	ND	90.0%	100%	100%	100%	100%	100%	100%	100%	98.8%
		1.16	HII Compliance 6a: Urinary catheter insertion	100%	100%	90.9%	100%	100%	ND	100%	100%	100%	100%	100%	100%	100%	100%	100%
		1.17	HII Compliance 6b: Urinary catheter on-going care	100%	98.0%	92.2%	88.8%	95.2%	96.0%	94.2%	96.1%	100%	100%	98.8%	95.0%	98.6%	100%	97.6%
	Incidents	1.18	Safety Thermometer: % of patients experiencing new harm-free care-Trust	100%	96.2%	98.3%	97.0%	97.9%	96.6%	97.8%	97.0%	99.1%	98.3%	97.1%	98.3%	97.5%	99.0%	97.9%
		1.19	Safety Thermometer: % of patients experiencing new harm-free care - Community	100%	96.4%	98.4%	97.0%	99.0%	96.1%	99.7%	98.6%	99.7%	99.3%	99.0%	99.3%	97.8%	99.0%	98.7%
		1.20	No of SIRIs	NT	5	6	2	2	5	6	1	3	2	6	4	7	3	37
		1.21	RIDDOR Reportable Incidents	NT	3	1	3	3	2	2	2	0	1	2	1	2	1	13
		1.22	Total No of E. Coli (Trust level only)	NT	1	2	0	1	1	3	2	4	3	1	0	2	1	17
		1.23	No of Inpatient falls - Trust	NT	61	81	54	56	74	77	61	72	62	55	70	49	62	582
		1.24	No of Inpatient falls - WSH	<48	53	61	42	47	60	66	53	64	58	50	63	40	49	503
		1.25	No of Inpatient falls - Community Hospitals	NT	8	20	12	9	14	11	8	8	4	5	7	9	13	79
		1.26	Falls per 1,000 bed days	NT	4.82	5.21	3.95	4.17	5.21	5.71	4.98	5.87	5.60	4.94	ND	ND	ND	5.39
		1.27	No of Inpatient falls resulting in harm - Trust	NT	15	25	14	15	21	15	18	22	15	17	24	16	11	159
		1.28	No of Inpatient falls resulting in harm - WSH	NT	12	22	10	13	16	14	14	20	14	17	21	15	10	141
		1.29	No of Inpatient falls resulting in harm - Community Hospitals	NT	3	3	4	2	5	1	4	2	1	0	3	1	1	18
		1.30	No of avoidable serious injuries or deaths resulting from falls - Trust	0	2	1	0	0	4	2	1	2	1	1	0	0	1	12
		1.31	No of avoidable serious injuries or deaths resulting from falls - WSH	0	2	1	0	0	4	2	1	2	1	1	0	0	1	12
		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	78	99	69	87	89	90	88	62	89	80	97	94	97	786
		1.70	PU present on admission to service – Inpatients	NT	61	77	49	58	60	62	64	35	72	69	67	73	70	572
		1.71	PU present on admission to service – Community teams	NT	17	22	20	29	29	28	24	27	17	11	30	21	27	214
		1.33	Number of medication errors	NT	61	79	78	72	89	76	65	89	56	83	73	81	59	671
		1.72	New PU - Trust	0	27	30	34	40	42	54	31	39	44	49	51	51	56	417
		1.67	New PU – Inpatients	0	17	11	16	21	20	25	11	19	18	19	17	28	19	176
		1.68	New PU – Community teams	0	10	19	18	19	22	29	20	20	26	30	34	23	37	241
		1.73	Moisture associated skin damage	0	NA	17	18	22	18	14	24	26	21	29	42	21	29	224
		1.74	Device related (% of total)	NT	NA	2.0%	6.0%	5.0%	4.0%	5.0%	3.0%	2.0%	4.0%	0.0%	2.0%	3.0%	3.0%	2.9%
		1.60	% of patients at risk of falls (with a Falls assessment)	NT	71.6%	73.0%	71.9%	73.9%	73.2%	73.7%	73.1%	73.3%	74.7%	72.4%	74.3%	64.2%	64.4%	71.5%

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Are we..		Ref.	KPI	Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD(Apr19-Dec19)
1. Safe	Reporting	1.38	MRSA Quarterly Std (including admission and LOS screens)	90%	89.0%	NA	NA	88.0%	NA	NA	87.0%	NA	NA	91.0%	NA	NA	92.0%	90.0%
		1.39	MRSA Bacteraemias - Community Attributable	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2
		1.40	Clostridium Difficile infection - Community Attributable	NT	2	4	1	6	3	4	3	5	1	2	2	2	3	25
		1.41	MRSA - Decolonisation	95%	94.0%	94.0%	100%	92.0%	100%	100%	94.0%	100%	95.0%	100%	90.0%	90.0%	90.0%	95.4%
		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	0	0	1	1	2	0	0	0	0	4
		1.44	SIRI final reports due in month submitted beyond 60 working days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		1.45	SIRIs reported >2 working days from identification as red	0	0	0	0	1	0	0	0	1	0	1	0	2	0	4
		1.46	Green, Amber & Red Active / Accepted risk assessments not in date	0	3	79	55	55	55	53	56	53	19	0	1	1	1	239
		1.47	Datix Risk Register Red / Amber actions overdue	0	1	65	65	65	65	64	65	41	30	1	3	2	2	273
		1.48	Rapid access chest pain clinic access within 2 wks.	95%	100%	100%	100%	100%	100%	100%	100%	100%	97.5%	99.0%	100%	99.1%	99.2%	99.4%
		1.75	Verbal DoC undertaken within 10 working days of incident report	NT	NA	NA	NA	NA	47.0%	60.0%	69.0%	63.0%	55.0%	30.0%	40.0%	37.0%	63.0%	51.6%
		1.76	Total written (initial notification letter) Duty of Candour still outstanding at month-end NB: Only includes cases where verbal has already been completed	3	NA	NA	NA	NA	4	3	5	8	5	3	0	6	5	39
		1.49	Verbal Duty of Candour outstanding at month-end	0	6	0	4	5	4	4	2	5	2	3	0	3	3	26
		1.50	Hand Hygiene Audits	100%	98.8%	100%	100%	99.7%	100%	100%	99.5%	100%	97.0%	99.0%	100%	100%	100%	99.5%
		1.51	Quarterly antibiotic audit	98%	90.0%	NA	NA	87.0%	NA	NA	89.0%	NA	NA	90.0%	NA	NA	89.0%	89.3%
		1.52	Serious Incident RCA actions beyond deadline for completion	0	5	14	8	13	25	21	26	19	14	16	8	7	22	158
		1.53	% of Green Patient Safety incidents investigated	NT	59.0%	71.0%	72.0%	71.0%	63.0%	74.0%	63.0%	68.0%	67.0%	68.0%	76.0%	69.0%	78.0%	69.6%
		1.54	Quarterly Environment/Isolation	90%	93.0%	NA	NA	92.0%	NA	NA	92.0%	NA	NA	93.0%	NA	NA	95.0%	93.3%
		1.55	Quarterly Visual Infusion Phlebitis score documentation	90%	84.0%	NA	NA	85.0%	NA	NA	86.0%	NA	NA	87.0%	NA	NA	89.0%	87.3%
		1.56	Isolation data (Trust Level only)	90%	90.0%	80.0%	75.0%	85.0%	85.0%	85.0%	89.0%	85.0%	87.0%	87.0%	87.0%	86.0%	85.0%	86.2%
		1.57	Pain Mgt. internal report	80%	NA	84.5%	NA	NA	85.2%	84.1%	84.3%	83.2%	84.3%	83.5%	80.3%	81.7%	81.5%	83.1%
		1.58	Nutrition % of patients with a MUST/PYMS assessment completed for within 24hrs	95%	84.0%	83.0%	81.0%	79.0%	81.0%	81.0%	82.0%	83.0%	84.0%	85.7%	86.2%	90.0%	91.9%	85.0%
		1.59	Median NRLS (national reporting & Learning system) upload 6 month rolling average (No. of days)	41	98	78	82	38	57	70	84	107	61	42	47	38	ND	63
		1.61	E coli - Hospital Attributable	NT	1	2	0	1	1	3	2	4	3	1	0	2	1	17
		1.62	E coli - Community Attributable	NT	11	8	9	16	12	18	17	24	24	15	13	17	20	160
		1.63	Klebsiella spp. - Hospital Attributable	NT	1	0	1	0	1	0	0	1	1	0	0	0	0	3
		1.64	Klebsiella spp. - Community Attributable	NT	2	1	1	1	2	3	4	6	1	6	3	4	5	34
		1.65	Pseudomonas - Hospital Attributable	NT	0	0	1	0	2	0	0	0	0	0	0	1	0	3
		1.66	Pseudomonas - Community Attributable	NT	1	1	2	0	0	1	3	4	1	1	2	1	1	14

SAFE – DIVISIONAL LEVEL ANALYSIS

Indicator	October			November			December		
	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children
HII compliance 1a: Central venous catheter insertion	100	100		100	100		100		
HII compliance 1b: Central venous catheter ongoing care	100	100		100	93.3		100	100	
HII compliance 2a: Peripheral cannula insertion	100	95.2	100	100	96.0	100	100	100	100
HII compliance 2b: Peripheral cannula ongoing	100	98.0	100	100	94.8	100	100	98.4	100
HII compliance 4a: Preventing surgical site infection preoperative	100			100			100		
HII compliance 4b: Preventing surgical site infection perioperative	100			90.0			100		
HII compliance 5: Ventilator associated pneumonia	100			100			100		
HII compliance 6a: Urinary catheter insertion	100	100		100	100		100	100	
HII compliance 6b: Urinary catheter on-going care	100	91.5		100	97.4		100	100	
HII compliance: Antibiotic Prescribing - All care setting	89.0	96.0			81.0	100			
HII compliance: Antibiotic Prescribing - Secondary Care	33.0	74.0		71.0	83.0	100			
HII compliance: Chronic Wounds									
Total no of MRSA bacteraemias: Hospital	0	0	0	0	0	0	0	0	0
Quarterly MRSA (including admission and length of stay screens)							96.0	90.0	75.0
Hand hygiene compliance	100	100	100	100	100	100	100	100	100
Total no of MSSA bacteraemias: Hospital	0	0	0	0	0	0	0	0	0
Quarterly Environment & Standard Principles Compliance							95.0	94.0	95.0
Total no of C. diff infections: Hospital	0	3	0	0	3	0	1	3	0
Quarterly Antibiotic Audit							83.1	91.2	95.0

Indicator	October			November			December		
	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children
Quarterly VIP score documentation							86.0	90.0	94.0
No of patient falls	8	55	0	11	29	0	3	46	0
No of patient falls resulting in harm	0	20	0	2	10	0	3	7	0
No of avoidable serious injuries or deaths resulting from falls	0	0	0	0	0	0	0	0	0
No of ward acquired pressure ulcers	3	14	0	11	17	0	7	12	0
No of avoidable ward acquired pressure ulcers									
Nutrition: Assessment and monitoring	89.0	88.5	46.5	89.9	93.6	51.9	91.2	95.6	57.5
No of SIRIs	0	1	2	0	2	1	0	1	2
No of medication errors	17	36	7	21	34	9	13	36	2
Cardiac arrests	0	3	0	1	4	0	0	6	0
Cardiac arrests identified as a SIRI	0	0	0	0	0	0	0	0	0
Pain Management	80.7	83.7	46.5	82.5	86.2	51.4	82.1	86.4	48.1
VTE: Completed risk assessment (monthly Unify audit)	95.3	93.5	96.7	97.5	93.6	98.7	96.1	99.1	100
Quarterly VTE: Prophylaxis compliance									
Safety Thermometer: % of patients experiencing new harm-free care	100	97.3	100	97.7	97.0	100	98.6	98.2	100

16

Indicator	October			November			December		
	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children	Surgery	Medicine	Women & Children
Patient Satisfaction: In-patient overall result	93.0	86.0	86.0	94.0	90.0	84.0	94.0	87.0	87.0
How likely are you to recommend our services to friends and family if they need similar care or treatment	99.0	95.0	100	100	95.0	100	99.0	95.0	100
In your opinion, how clean was the hospital room or ward you were in?	98.0	96.0	99.0	98.0	95.0	99.0	98.0	94.0	99.0
How was the food choice during your hospital stay?	88.0	87.0	87.0	88.0	90.0	85.0	89.0	87.0	84.0
How was the food taste and quality during your hospital stay?	87.0	83.0	87.0	89.0	88.0	88.0	91.0	89.0	85.0
Did you feel you were treated with respect and dignity by staff?	99.0	98.0	99.0	99.0	98.0	99.0	100	97.0	97.0
Were staff caring and compassionate in their approach?	99.0	97.0	99.0	99.0	97.0	98.0	99.0	97.0	95.0
Did you find a member of staff to talk to about your worries and fears?	99.0	91.0	98.0	99.0	93.0	100	100	96.0	100
Were you involved as much as you wanted to be in decisions about your care and treatment?	97.0	89.0	91.0	97.0	90.0	90.0	98.0	92.0	92.0
Did you experience any noise in the night time?	83.0	77.0	92.0	83.0	86.0	77.0	88.0	76.0	97.0
Did you get enough help from staff to eat your meals?	99.0	93.0	75.0	99.0	98.0	100	99.0	93.0	75.0
Minutes after you used the call button did it take to get help?	86.0	74.0	90.0	84.0	72.0	96.0	87.0	72.0	94.0
Did someone from pharmacy discuss your medications with you at any time during your hospital stay?	90.0	69.0	31.0	89.0	79.0	14.0	84.0	75.0	6.0
Were you given clear written or printed information about your take-home medications?	96.0	82.0	66.0	96.0	95.0	72.0	95.0	83.0	97.0
Were the purposes of your take-home medications explained to you in a way you could understand?	94.0	78.0	80.0	97.0	90.0	76.0	96.0	76.0	100
Number of Inpatient surveys completed	203	199	48	279	178	43	262	152	33
Same sex accommodation: total patients	0	0	0	2	0	0	2	0	0
Complaints	2	10	6	4	9	0	5	5	3
Environment and Cleanliness	94.7	93.3	95.3	93.7	92.8	95.0	94.6	93.8	96.0

17

5. Exception reports – Safe

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	Clostridium Difficile infection - Hospital Attributable
Standard	0
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Safe

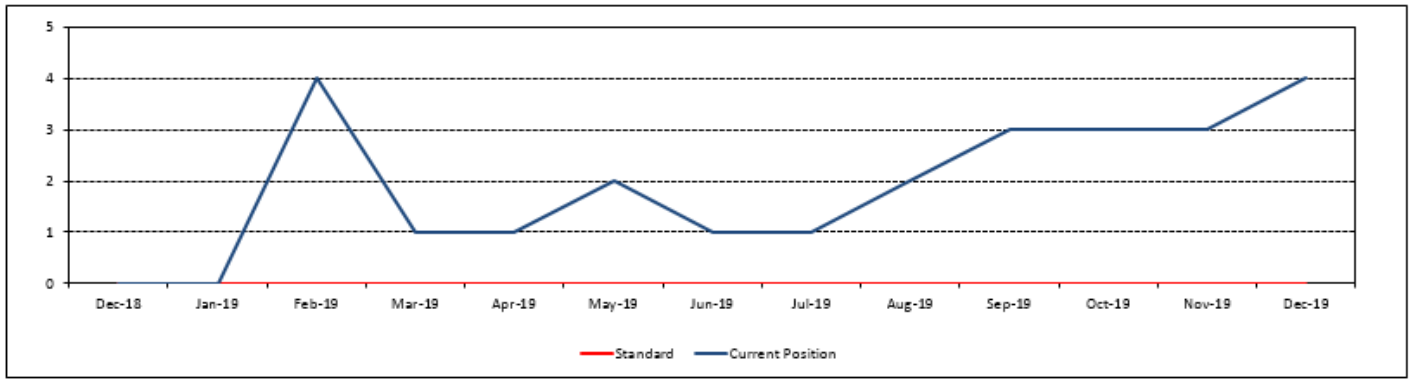
Summary of Current performance & Reasons for under performance

The Trust has seen an increase in the third quarter which is not unexpected on a background of the availability and increased use of Tazocin. This is recorded on the Trust risk register. The figures also reflect the stricter reporting regulations introduced from 1/4/19 whereby specimens sent after 48 hours (a reduction by 24 hours from previous years) are now allocated to the Trust.
In December the Trust also readmitted patients from the previous month who had suffered a relapse and were outside the 28 day repeat reporting regulation. Review and investigation of all of the cases is underway and these have been discussed with our Commissioners. There are no apparent themes but the team will update if that should change.
At this point the Trust has 2 Trajectory cases from the 21 actual cases recorded (commenced 1/4/19) by the end of December 2019. Against a Trajectory of no more than 20 Trajectory cases at 31/3/2020.

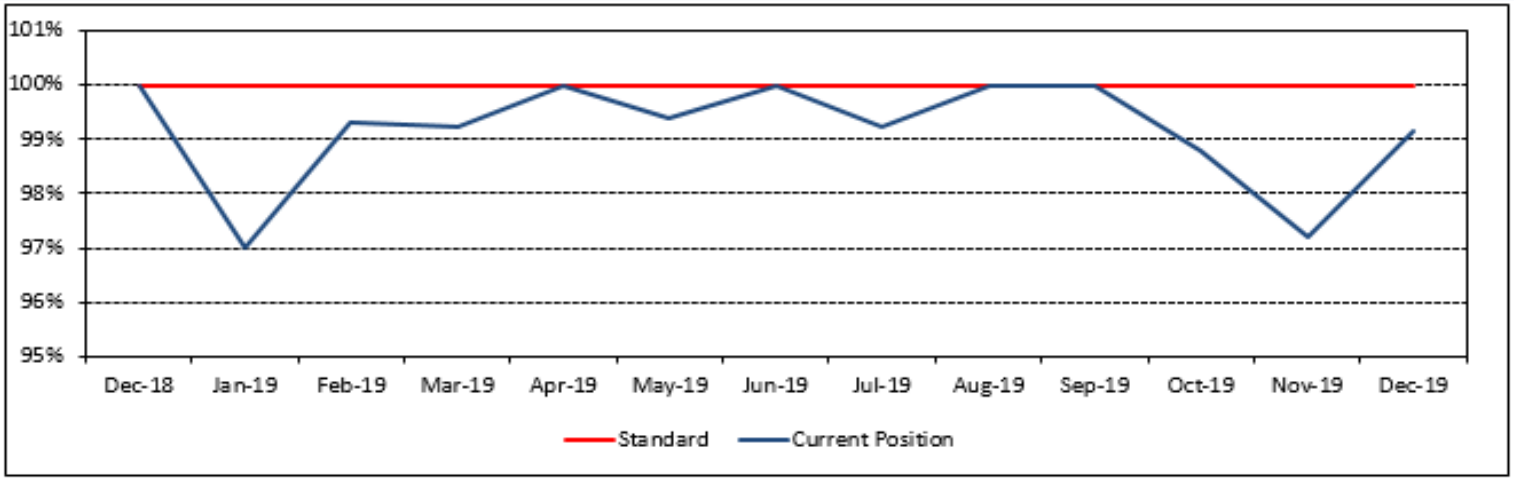
Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	0	0	4	1	1	2	1	1	2	3	3	3	4

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

Description	Owner	Start	End
In conjunction with the Antibiotic pharmacist the Infection Prevention Nurses are piloting an antibiotic ward round in the coming months to establish if this would be helpful in assisting in reducing C difficile cases.	Anne Howe	TBC	



High Impact Interventions (HIIs)

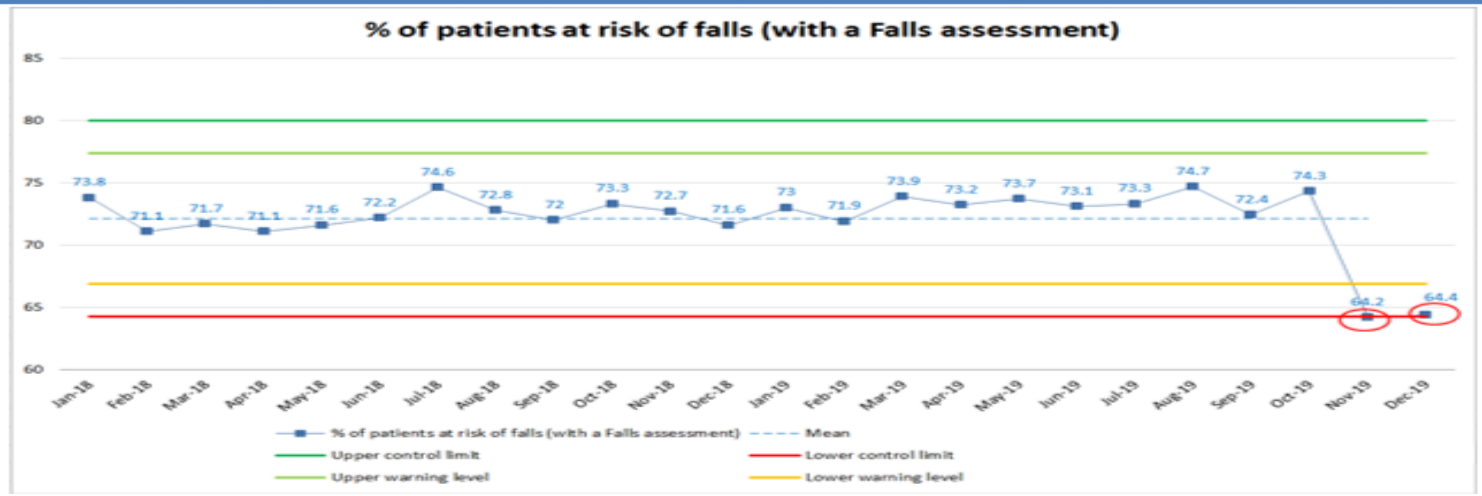


Safe

Narrative

What	Performance is measured against a target of 100% for each High impact intervention (HII). In December all of the HIIs achieved 100% except 2b which achieved 99%.
Why	Failure on ward F10 brought performance down.
How	On the wards the Matrons work closely with the teams to ensure performance is maintained and (where necessary) improves.
When	HII are being looked at as part of a wider IQPR review being led by the Head of Performance. An initial meeting is scheduled for 31st January.

Falls



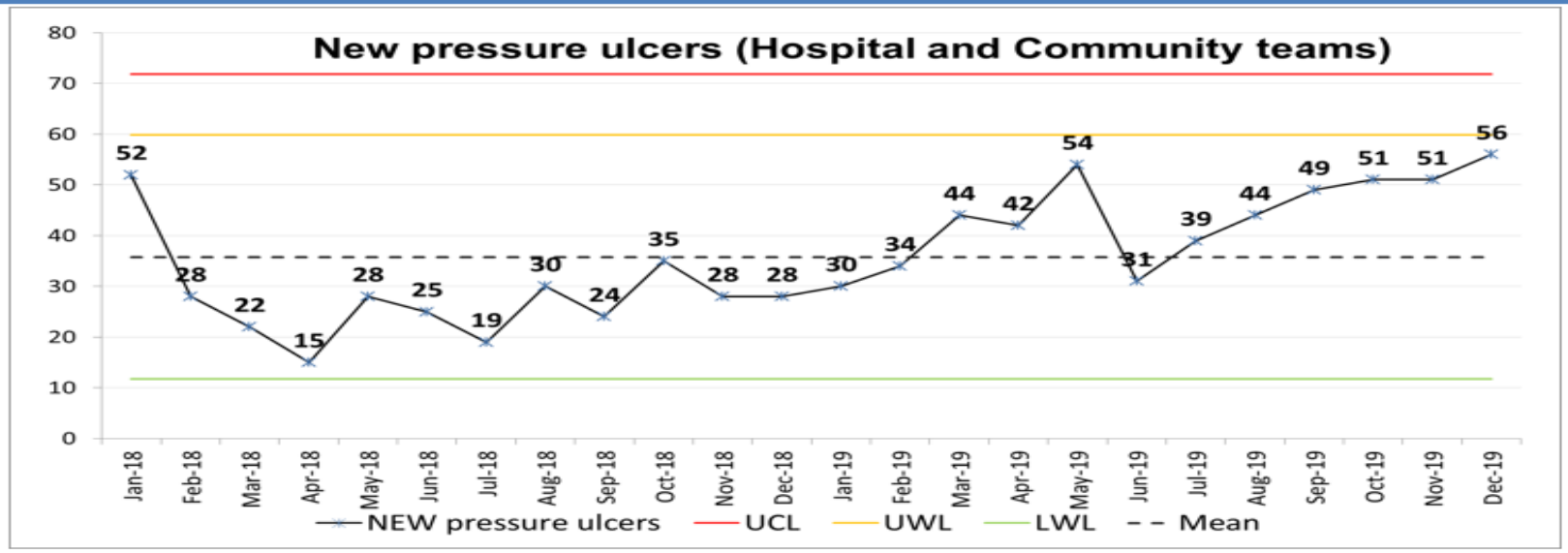
Narrative

What	The total number of Trust inpatient falls increased in December to a total of 62 (49 in WSH & 13 in Community beds), the falls per 1,000 bed days is not available this month. The compliance for patients at risk of falls (with a falls assessment) is 64.4% and therefore an improvement is required.
Why	The Trust monitor trends in patient falls on a monthly basis including the impact of higher levels of bed occupancy and/or patient acuity. Our frequent faller picture is that we have had nine patients, seven who have each fallen twice and two who have fallen three times. One patient experienced 'serious injury' within the month of December (fractured NOF) following being escorted from a female bay. This has been investigated by the ward Matron with the learning currently identified as being 1) lack of post fall documentation 2) post fall observations competencies. With regard to falls assessment compliance a full breakdown of the 64.4% will be obtained to identify each ward areas compliance in order to ascertain which areas require improvements and if there are areas with higher compliance, to share positive learning with underperforming areas.
How	In 2019/20 the new CQUIN Preventing Hospital Falls - Admitted patients aged over 65 years, with LOS at least 48 hours was introduced with a principle that this will drive further improvements although it is acknowledged that the data in the IQPR does not yet support that vision. It is unclear how much the increase (in December) is as a consequence of the increased bed occupancy from the escalation beds as the occupied bed-days data is still not available to enable falls per 1000 bed days calculation. There are no new specific actions highlighted for Jan/Feb as the dedicated Matron hours (focused on falls training and quality improvements within the Trust) has been paused to enable Matron support to the escalation wards. The trial of falls technology, now it has been completed within Glastonbury Court should be able to be reported in the February IQPR. We have implemented the red slipper socks for patients that are at high risk of falls and continue to manage the falls symbol roll out.
When	All actions described form part of an ongoing work plan with quality improvement initiatives continue to be progressed via the Falls Group including ongoing liaison with the contacts gained through the previous work in the regional NHSI collaborative. As described above there are no new specific actions highlighted for Jan/Feb

Safe

20

Pressure ulcers



Narrative

What	During December, there were 56 New pressure ulcers which is an increase from 51 in November. The most significant increase was in the Community Health Teams, (Cat 2, Cat 3 and Unstageable). Bury Town and Sudbury Community Health Team's reported the highest incidence; as these are the 2 teams with the largest practice populations this is not surprising, however two smaller teams (Bury Rural and Mildenhall/Brandon) also reported high incidence. A similar increase of Pressure ulcers have been reported on admission to services, indicating frailty and previous injury, which new patients present with. Acute areas have observed a reduction in Pressure ulcer incidence from 28 last month to 19 during December, despite an increase in our bed base with the opening of F10. No Cat 4 Pressure ulcers were reported across the organisation during the month.
Why	We continue to work with Governance colleagues and Tissue Viability leads to understand the trends behind this increase. Tissue Viability colleagues continue to focus on the categorising of wounds and fundamental wound healing within their education programme, we are also reviewing Mandatory Training content to ensure that wound care receives the attention it merits as the largest part of clinical practice for patients receiving nursing care in their own homes.
How	A 'deep dive' exercise is underway to understand these trends and develop an action plan to address specific areas of concern.
When	We continue to explore informal benchmarking opportunities with regional colleagues and hope to have outcomes from the Deep Dive exercise for reporting next month.

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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

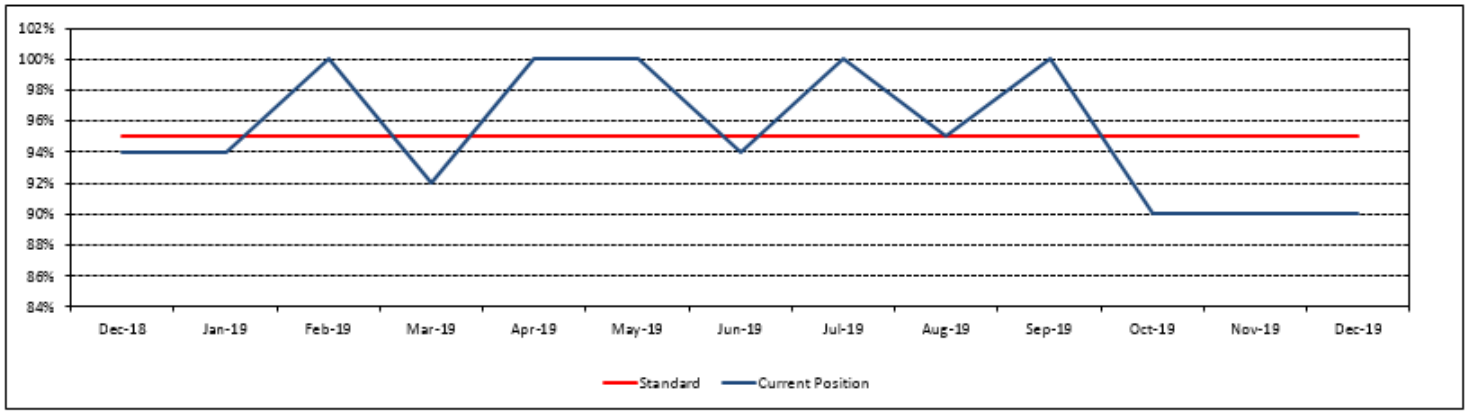
Indicator	MRSA - Decolonisation
Standard	95%
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

Of the 5 patients who met the criteria for MRSA decolonization, 4 commenced in the required timeframe. 1 patient was delayed by 48 hours. This has been discussed with the ward team. The Infection Prevention team have also reviewed the process for ensuring decolonization has commenced to ensure this is more stringently captured.

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
The Infection Prevention Nurse Team are developing an auto text for insertion into the eCare record of patients requiring MRSA decolonization which it is anticipated will make the need for decolonization clearer to the prescribers.	Anne Howe	Dec-19	Feb-20



Putting you first

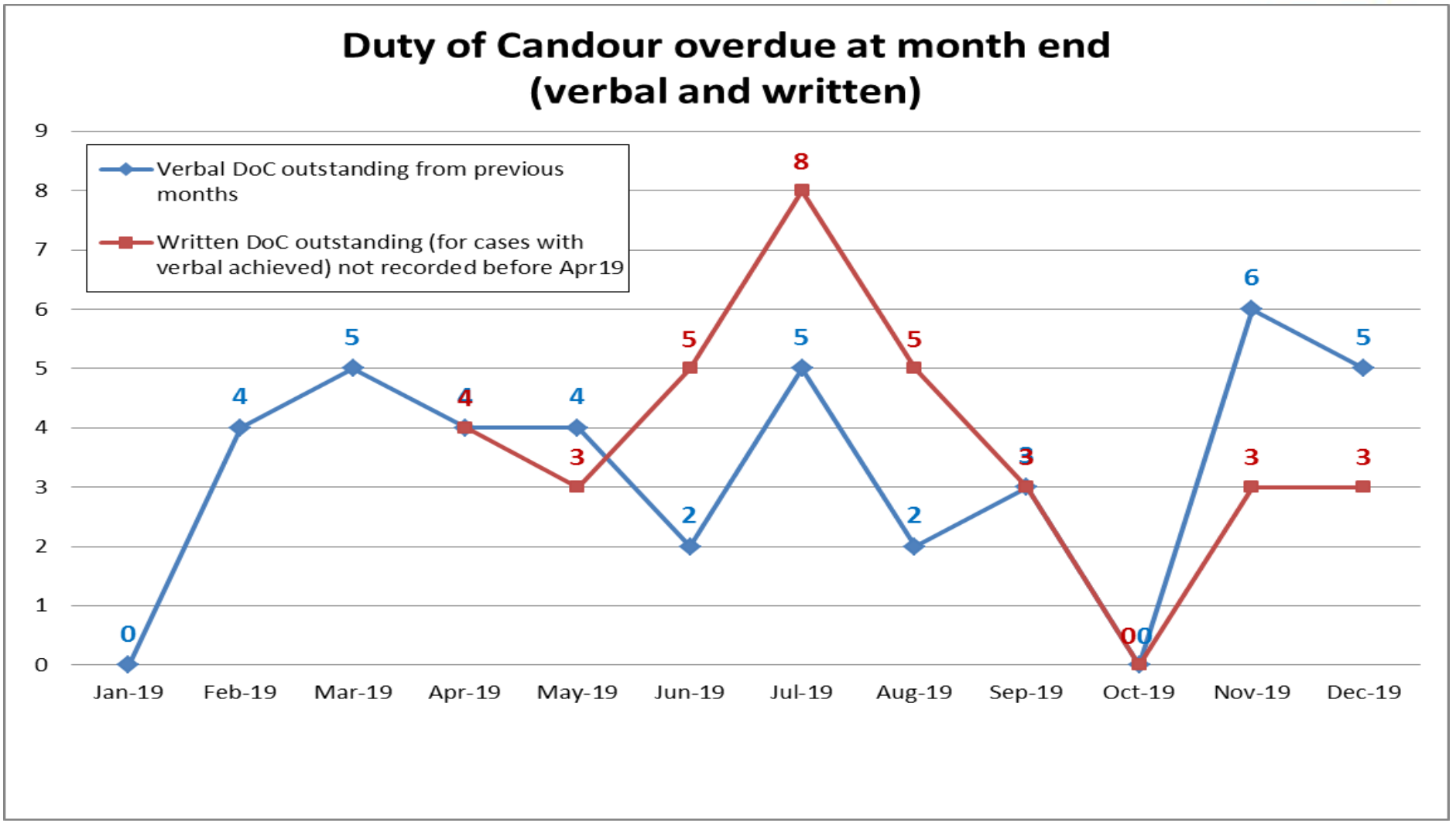
Duty of Candour

Verbal Duty of candour undertaken within 10 working days

Narrative

What	Compliance with the 10 day target improved considerably in December. The performance varies month on month however it is not usually adversely affected by total number of cases. The number of Duty of Candour overdue remains higher than target in December with a number (5 verbal or 3 written) still outstanding at the time of report submission.
Why	Compliance with the 10 day target improved considerably in December. The performance varies month on month however it is not usually adversely affected by total number of cases. The number of Duty of Candour overdue remains higher than target in December with a number (5 verbal or 3 written) still outstanding at the time of report submission.
How	In September, options to improve all three Duty of Candour indicators were discussed. This is a multi-faceted issue with separate issues relating to different professions, different divisions and even record-keeping and it has been suggested that it might benefit from a QI-style improvement plan. An initial outline for this plan has been input onto Life QI and it is planned to meeting in the New year to seek opportunities to address various elements which may have different solutions (e.g. Hospital acquired C. difficile compared to New community team reported pressure ulcers)
When	The new Patient Safety Incident Response Framework pilot will also impact on Duty of Candour (not on the overarching need to do Duty of Candour but more in terms of what patients are told about investigation pathways) and so the Duty of Candour improvement plan needs to run side-by-side with that. To that end, a timeframe of Q4 19/20 has been set.

Safe



Putting you first

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

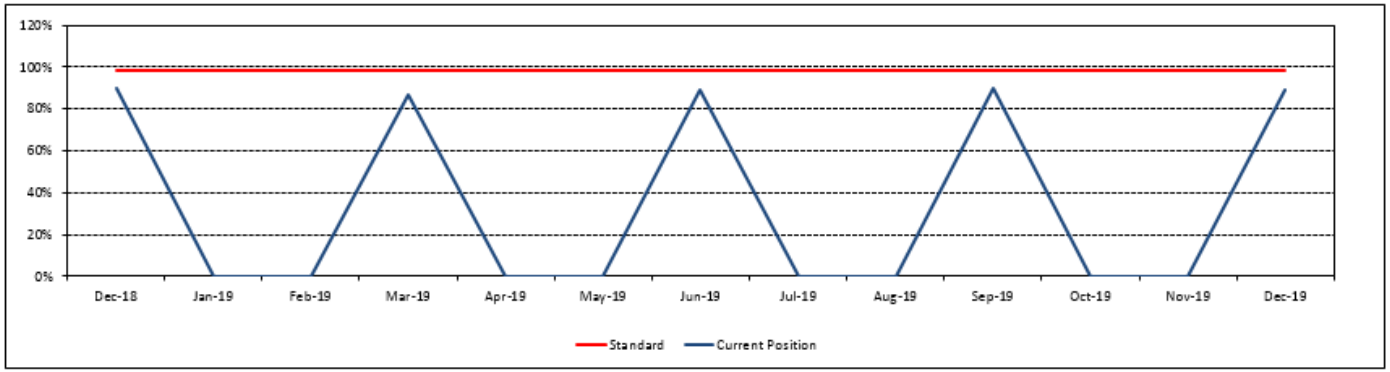
Indicator	Quarterly antibiotic audit
Standard	98%
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Quarterly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

The antibiotic target is 98% which is currently under negotiation with the CCG with a view to reduce this to a more realistic figure. The Antibiotic Pharmacist and Audit Nurse are planning to meet with the infection Prevention Team to discuss increasing the education for Nursing staff in relation to Antimicrobial Stewardship and the Nurses role.

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

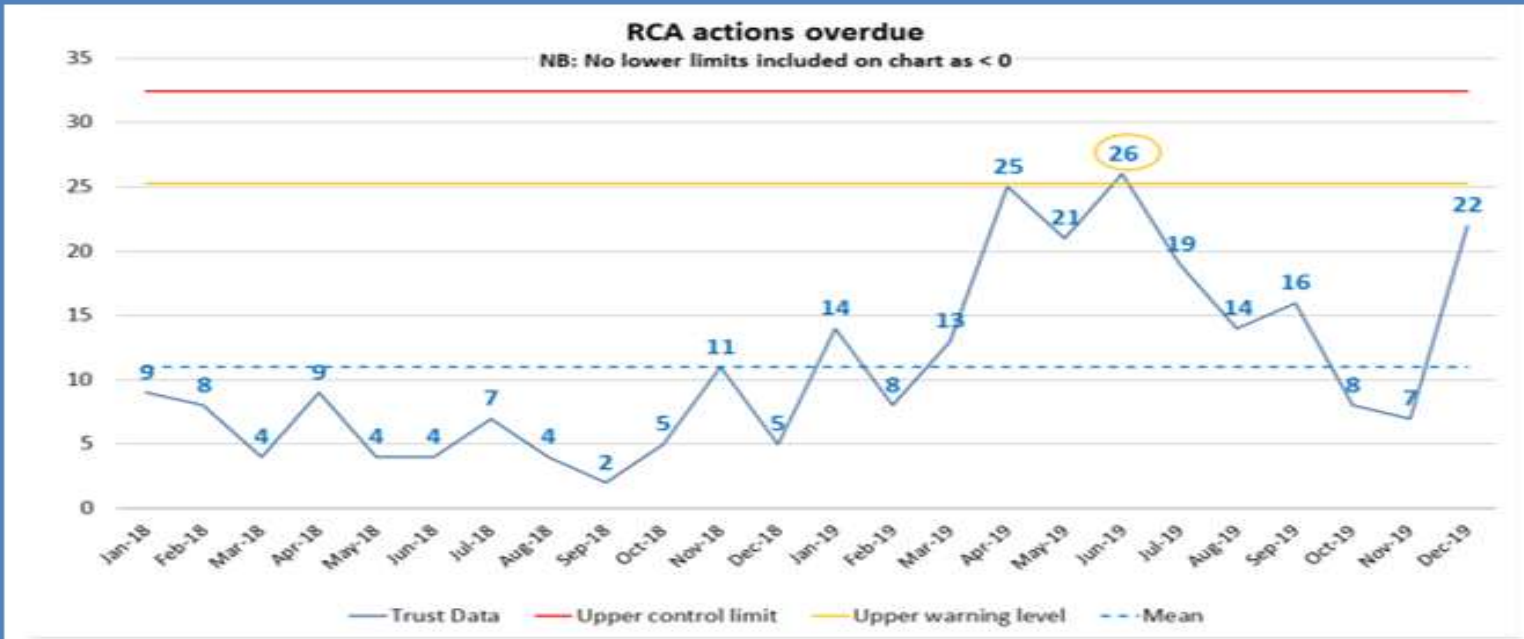
Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
The Antibiotic Audit Nurses and Antibiotic Pharmacist are available to attend individual Ward Governance meetings to discuss with the Doctors, Ward Pharmacists and Ward staff to discuss non-compliances with a view to promoting best practice prescribing alongside Antimicrobial Stewardship.	Amanda Devereux	Jan-19	Ongoing
Pharmacists incorporate antibiotic prescribing practice within the medical and surgical induction training sessions and Pharmacy alongside the Antibiotic Audit Nurses provide annual training on Antibiotic Stewardship to the Registered Nurses via the Mandatory Training platform. With the Appoiintment of the new Antibiotic Pharmacists in 2018.	Amanda Devereux-Matt Youngman	Jan-18	Ongoing
Ward Pharmacists are regularly updated on any changes to antibiotic supply that may affect prescribing practice, by the Antimicrobial Pharmacist.F1.	Amanda Devereux	-	Ongoing
The Microguide App (available on desktop and smartphone) is regularly updated by the Antibiotic Pharmacist which provides a comprehensive user friendly guide.	Amanda Devereux	Jan-20	Ongoing



25

Putting you first

RCA actions



Narrative

What	The number of open RCA actions has deteriorated. There are a higher number of these in the Surgical Division than the other divisions although there are not more actions originally assigned to Surgery.
Why	The target of <5 overdue has not been achieved since September 2018 despite targeted follow up of the Action owners by the Patient Safety team with escalation to the Divisional steering groups and Clinical Directors meeting.
How	Targeted follow up with Surgical division. Consider if including RCA actions overdue in the Performance review meeting would improve compliance
When	A meeting with the key leads in Surgery will be scheduled in February with a view to achieving an improved status for the division by March

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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

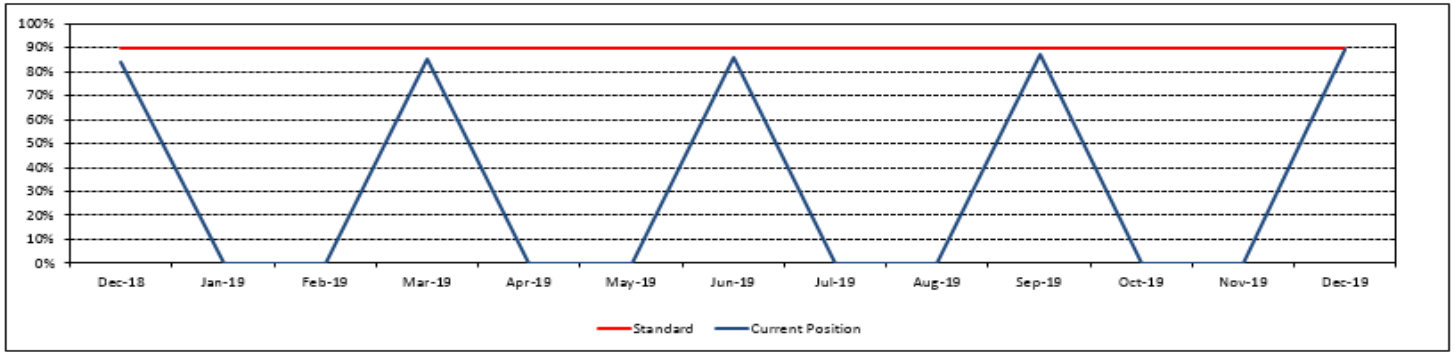
Indicator	Quarterly Visual Infusion Phlebitis score documentation
Standard	90%
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Quarterly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

Areas whose compliance rates were particularly low this quarter have plans in place to work on during Quarter 4 (led by staff in those areas) with a view to improving the compliance rates. Recommendations have been made to speak to Ward Managers from the areas that are consistently performing well, for guidance.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	84.0%	NA	NA	85.0%	NA	NA	86.0%	NA	NA	87.0%	NA	NA	89.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Update new staff using IV therapy study days.	Amanda Devereux	May-16	Ongoing
Recommendations have been made to speak to Ward Managers from the areas that are consistently performing well, for guidance.	Amanda Devereux	Dec-19	Ongoing



27

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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

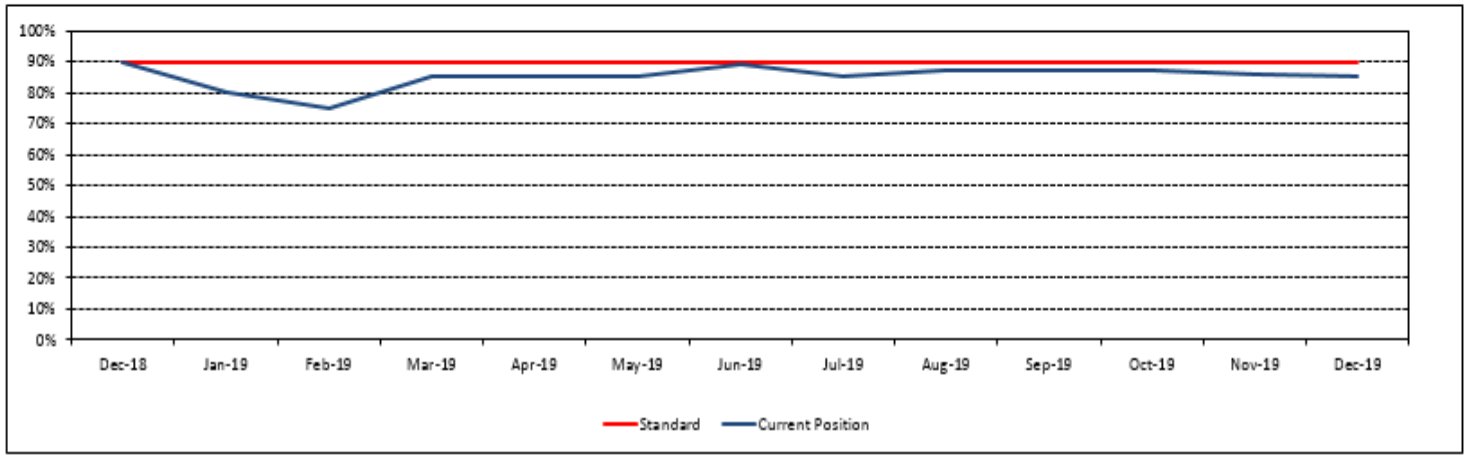
Indicator	Isolation data (Trust Level only)
Standard	90%
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Safe

Summary of Current performance & Reasons for under performance

There were 4 cases identified in ward bays which required isolation. Three patients with suspected and then confirmed influenza were identified on F9 the ward was closed on confirmation, reopened on 09/01/2020 . Patients were escalated for isolation both within the ward areas and the wider organization. Isolation achieved as soon as possible.

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

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



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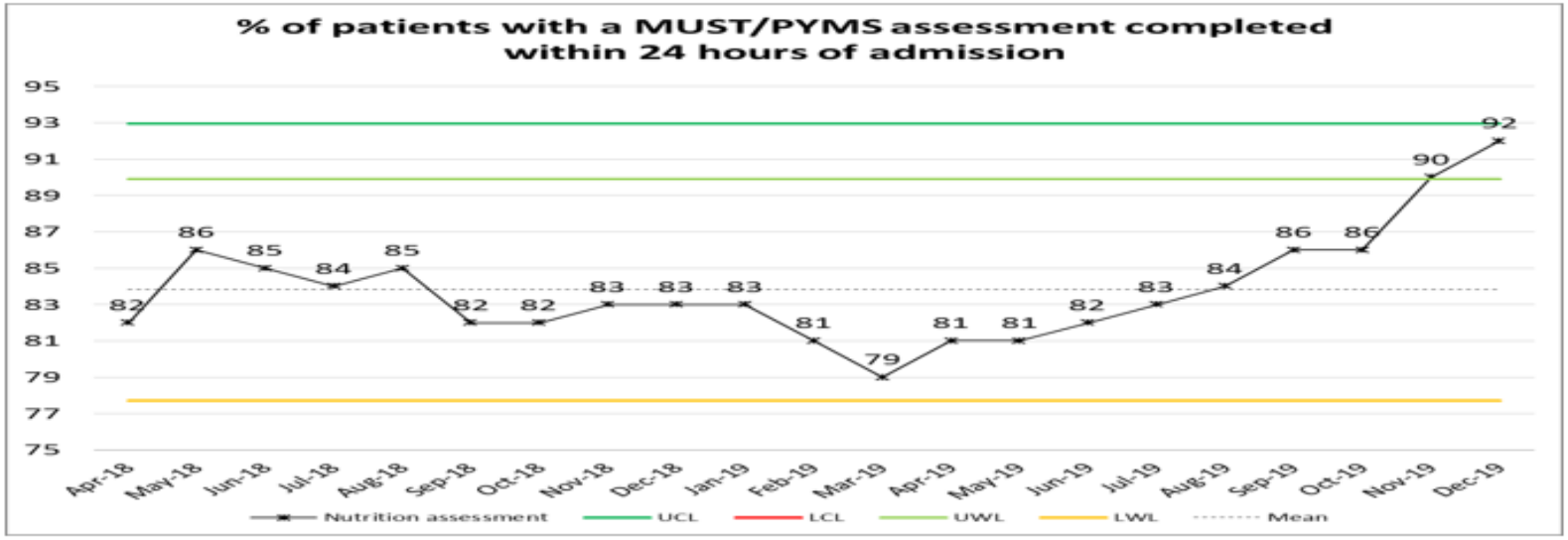
Nutrition

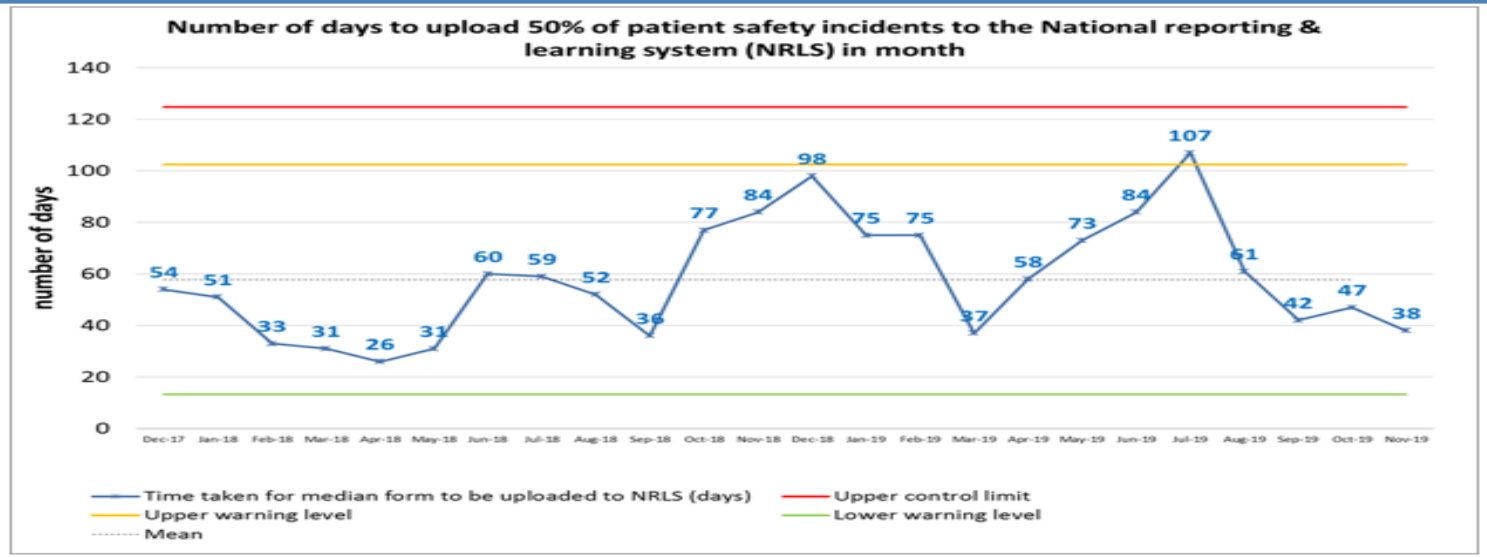


Narrative

What	Positive upward trend continues. Assurance audits also demonstrate continual improvement in compliance and accuracy of assessments and associated care planning.
Why	Improving compliance with completion of the MUST scores on adult wards has improved overall compliance. Paediatrics continues to struggle with timely risk assessment and measuring height (element of BMI calculation) but can assure that nutritional needs of children being met despite poor compliance with PYMS scores
How	Ward Managers are updated monthly through the patient safety dashboard and the Head of Nursing for Surgery (who leads on Nutrition) feeds back to the teams to promote healthy competition and thus improved compliance. Perfect Ward assurance, though not 100%, is improving. A programme of quarterly protected mealtime audits was commenced in quarter 3 and results are being analysed
When	Ongoing work plan and quality improvement initiative overseen by Nutrition Group, Nutrition dashboard and Perfect Ward audit data. Nutrition Quality improvement sub-group continues to focus on other aspects of nutritional improvement, including protected meal times, nutritional support, healthy menu choices and enriched drinks and snacks provision.

Safe

National reporting & learning system median upload



Narrative

What	This indicator measure the time taken to upload 50% of incidents in the reporting month. This is one of the two national performance measures (the other is reporting rate per 1,000 bed days) for which all trusts receives a six-monthly benchmark report
Why	Clinical safety & effectiveness committee receives the benchmark report (most recently in Dec19). This noted that whilst the overall reporting rate is positive, WSFT still struggles with the timely element. It is acknowledged that many trusts do a 'double-upload' which skews the overall benchmark (and provides no measurable benefit to local patient safety) and so the target WSFT aims for is to be in the middle 50%. Viewing the SPC chart performance seems to have improved in the last two reported months (December has not yet hit 50%) but the SPC chart shows that this is showing the traditional pattern around the six-monthly National reporting & learning system upload deadlines.
How	Two national projects will impact on this in 2020. The replacement for the National reporting & learning system and StEIS (PSIMS - Patient safety incident management system) will change how the uploading to the national data-set works including an auto-upload via Datix. This indicator will then become obsolete (as a national benchmark) but a culture of timely investigation still needs to be maintained and encouraged locally. The Patient Safety Incident Response Framework project will change how we investigate all incidents, not just Serious Incidents and this will form part of the project plan.
When	This element of the Patient Safety Incident Response Framework project will be measured in Q1 / Q2 of 2020/21 once the new framework has 'gone live'

Safe

5. DETAILED REPORTS - EFFECTIVE

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

Are we..		Ref.	KPI	Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD(Apr19-Dec19)
2.Effective	Incidents/Reports	2.05	Cardiac arrests	NT	3	5	5	3	4	5	0	7	5	3	3	5	6	38
		2.06	Cardiac arrests identified as a SIRI	NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		2.07	CAS (central alerts system) alerts overdue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		2.09	NICE guidance baseline and risk assessments not completed within 6 months of publication	10	42	35	33	28	19	15	17	16	16	16	19	26	32	176
		2.10	WHO Checklist (Qrtly)	100%	99.0%	NA	NA	99.0%	NA	NA	99.0%	NA	NA	98.0%	NA	NA	98.0%	98.3%
		2.11	National clinical audit report baseline & risk assessments not completed within 6 months of publication	5	21	26	28	29	19	16	13	13	14	14	14	20	34	157
		2.12	Av. Elective LOS (excl. 0 days)	NT	3.35	2.81	3.92	2.91	3.17	2.89	2.76	3.16	2.41	3.15	2.82	2.57	3.45	2.93
		2.13	Av NEL LOS (excl 0 days)	NT	7.56	7.43	8.69	8.05	8.46	8.70	8.93	8.70	8.93	8.61	8.08	8.08	9.05	8.62
		2.14	% of NEL 0 day LOS	NT	15.4%	14.6%	13.8%	14.9%	14.2%	13.7%	13.3%	11.6%	13.3%	13.8%	17.2%	16.3%	14.1%	14.2%
		2.15	NHS number coding	99%	99.8%	99.7%	99.7%	99.8%	99.8%	99.8%	99.7%	99.5%	99.8%	99.8%	99.9%	99.8%	99.8%	99.8%
		2.16	Fractured Neck of Femur : Surgery in 36 hours	85%	100%	97.0%	100%	92.8%	96.2%	92.9%	96.9%	100%	96.0%	100%	93.9%	100%	97.1%	97.0%
		2.18	Discharge Summaries (A&E 95% 1d)	95%	80.5%	83.7%	84.0%	81.7%	83.2%	82.8%	85.0%	83.4%	83.7%	84.9%	81.2%	84.0%	86.4%	83.8%
		2.19	Non-elective Discharge Summaries (IP 95% 1d)	95%	72.9%	76.6%	78.0%	74.9%	81.8%	80.7%	82.1%	84.3%	81.0%	86.3%	86.6%	86.6%	87.6%	84.1%
		2.20	Elective Discharge Summaries (IP 85% 1d)	85%	84.8%	84.7%	84.6%	87.9%	80.8%	87.7%	86.7%	87.8%	87.5%	90.4%	89.4%	89.8%	88.7%	87.6%
		2.21	All Cancer 2ww services available on E-Referrals	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		2.22	Canc. Ops - Patients offered date within 28 days	100%	91.7%	82.8%	100%	73.3%	79.2%	93.3%	100%	90.0%	94.9%	82.9%	100%	97.0%	95.0%	92.5%
		2.23	Canc. Ops. - No. Cancelled for a 2nd time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

EXCEPTION REPORTS – EFFECTIVE

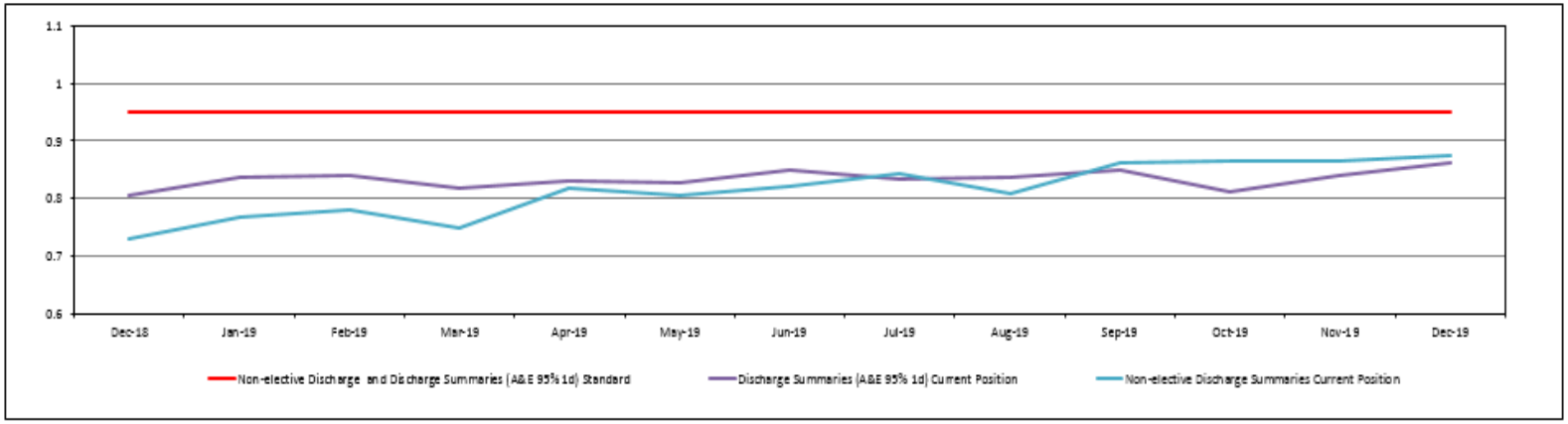
WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT	
Indicator	Discharge Summaries
Standard	95%
Executive Lead	Nick Jenkins
Month	Dec-19
Data Frequency	Monthly
CQC Area	Effective

Summary of Current performance & Reasons for under performance

The performance has evidenced that the current actions are not having the desired impact. A new approach is being investigated to ensure that relevant data is received on the wards in a timely manner to enable improvements in this area.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Non-elective Discharge and Discharge Summaries (A&E 95% 1d) Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Discharge Summaries (A&E 95% 1d) Current Position	80.5%	83.7%	84.0%	81.7%	83.2%	82.8%	85.0%	83.4%	83.7%	84.9%	81.2%	84.0%	86.4%
Non-elective Discharge Summaries Current Position	72.9%	76.6%	78.0%	74.9%	81.8%	80.7%	82.1%	84.3%	81.0%	86.3%	86.6%	86.6%	87.6%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Identify and deliver relevant data at ward level to enable timely completion of discharge summaries.	Helen Beck	Jan-20	Mar-20



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

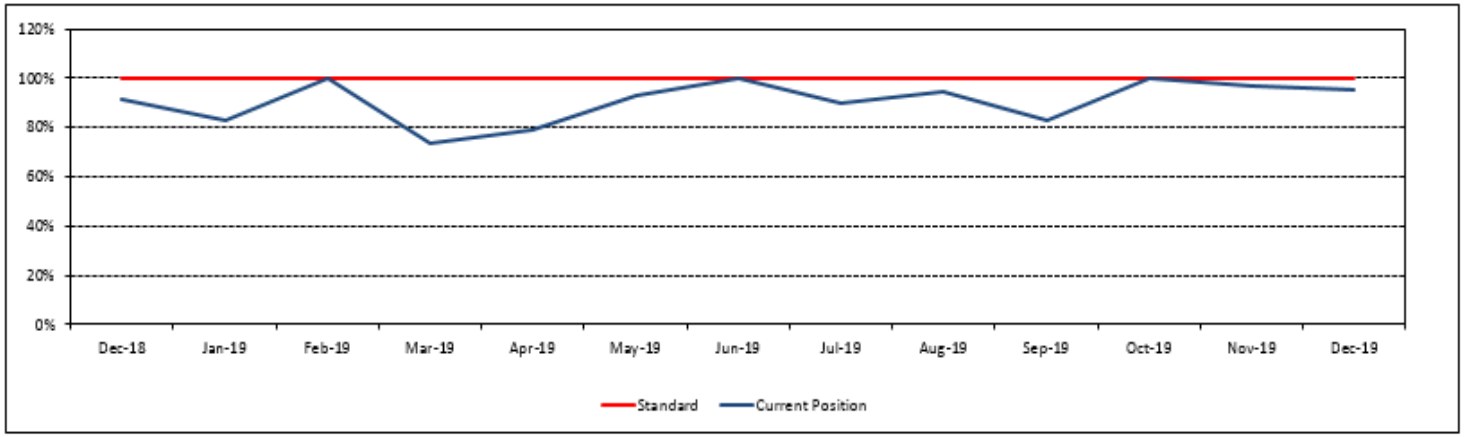
Indicator	Canc. Ops - Patients offered date within 28 days
Standard	100%
Executive Lead	Helen Beck
Month	Dec-19
Data Frequency	Monthly
CQC Area	Effective

Summary of Current performance & Reasons for under performance

1 patient was unable to be re-booked within 28 days within Orthopaedics. This was a complex patient who needed equipment to be ordered prior to being re-dated and the patient was a prisoner which makes dates more challenging, this patient does now have a date for the 29th January 2020.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	91.7%	82.8%	100%	73.3%	79.2%	93.3%	100%	90.0%	94.9%	82.9%	100%	97.0%	95.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to ensure that escalation process for elective cases is followed.	Angela Price	Sep-18	TBC



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6. DETAILED REPORTS - CARING

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

Are we..		Ref.	KPI	Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD(Apr19-Dec19)
3. Caring	Other Friends and Family Test Scores	3.09	IP overall experience result	90%	98.0%	95.0%	94.0%	95.0%	94.0%	90.0%	92.0%	91.0%	90.0%	90.0%	90.0%	92.0%	91.0%	91.1%
		3.10	OP overall experience result	90%	97.0%	97.0%	98.0%	98.0%	98.0%	97.0%	98.0%	96.0%	96.0%	98.0%	97.0%	98.0%	97.0%	97.2%
		3.11	A&E overall experience result	90%	95.0%	95.0%	95.0%	96.0%	93.0%	85.0%	93.0%	86.0%	87.0%	91.0%	90.0%	89.0%	88.0%	89.1%
		3.12	Short-stay overall experience result	90%	98.0%	98.0%	99.0%	98.0%	98.0%	99.0%	99.0%	98.0%	99.0%	98.0%	99.0%	97.0%	98.0%	98.3%
		3.13	Short-stay Extremely likely or Likely to recommend (FFT)	90%	99.0%	97.0%	97.0%	97.0%	99.0%	99.0%	99.0%	98.0%	99.0%	99.0%	99.0%	99.0%	99.0%	98.9%
		3.15	Maternity postnatal community - extremely likely or likely to recommend (FFT)	90%	100%	100%	100%	100%	100%	100%	96.0%	100%	98.0%	98.0%	100%	100%	100%	99.1%
		3.18	Children's services overall result	90%	93.0%	100%	100%	98.0%	96.0%	98.0%	98.0%	100%	100%	95.0%	100%	98.0%	100%	98.3%
		3.19	F1 Parent - overall experience result	90%	94.0%	97.0%	97.0%	95.0%	99.0%	98.0%	99.0%	98.0%	99.0%	97.0%	96.0%	98.0%	98.0%	98.0%
		3.20	F1 - Extremely likely or likely to recommend (FFT)	90%	87.0%	100%	100%	100%	96.0%	98.0%	100%	100%	100%	100%	92.0%	100%	96.0%	98.0%
		3.21	F1 Children - Overall experience result	90%	93.0%	100%	100%	98.0%	86.0%	89.0%	98.0%	100%	100%	95.0%	100%	98.0%	98.0%	96.0%
		3.22	Rosemary ward - extremely likely or likely to recommend (FFT)	90%	100%	100%	80.0%	100%	80.0%	95.0%	100%	86.0%	100%	100%	86.0%	100%	ND	93.4%
		3.23	King suite - extremely likely or likely to recommend	90%	100%	100%	100%	100%	100%	100%	100%	100%	95.0%	100%	ND	100%	100%	99.4%
		3.24	Community paediatrics - extremely likely or likely to recommend (FFT)	90%	100%	100%	96.0%	100%	100%	100%	94.0%	97.0%	98.0%	96.0%	100%	100%	100%	98.3%
		3.25	Community health teams - extremely likely or likely to recommend (FFT)	90%	100%	93.0%	93.0%	100%	100%	97.0%	90.0%	95.0%	92.0%	98.0%	100%	100%	100%	96.9%
		3.27	Stroke Care - Overall Experience Result	90%	ND	ND	89.0%	97.0%	96.0%	95.0%	97.0%	98.0%	89.0%	94.0%	97.0%	95.0%	95.0%	95.1%
		3.28	Stroke Care - extremely likely or likely to recommend	90%	100%	ND	93.0%	89.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Complaint Handling	3.29	Complaints acknowledged within 3 working days	90%	100%	100%	88.0%	84.0%	94.0%	83.0%	81.0%	94.0%	80.0%	94.0%	85.0%	94.0%	20.0%	80.6%
		3.30	Complaints responded to within agreed timeframe	90%	83.0%	75.0%	100%	94.0%	86.0%	77.0%	71.0%	60.0%	44.0%	40.0%	37.0%	58.0%	57.0%	58.9%
		3.31	Number of second letters received	1	1	3	2	0	2	2	4	1	1	3	2	0	0	15
		3.32	Ombudsman referrals accepted for investigation	1	0	0	0	0	0	0	0	1	1	0	0	0	0	2
		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	143	231	211	228	184	190	191	252	207	223	229	187	125	1788
		3.35	No. of PALS contacts becoming formal complaints	<=5	0	2	5	4	2	5	6	4	2	0	5	3	2	29

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EXCEPTION REPORTS –CARING

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

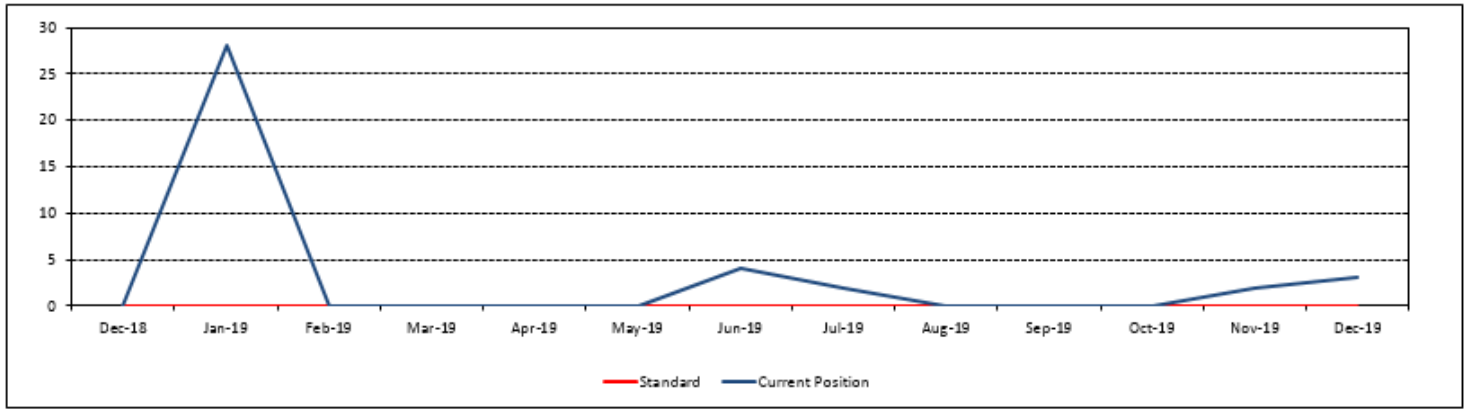
Indicator	Mixed Sex Accommodation Breaches
Standard	0
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

Critical care patient made wardable on 16/12/19 at 08:45, however with limited hospital capacity and escalation areas open a ward bed was not available until 17/12/19 at 19:10. Delayed discharge from Critical Care resulted in mixed sex accommodation breach occurring between this wardable patient and 2 level 2 opposite sex patients in adjoining bed space and the open bay area. Privacy screens were utilised, senior team aware and situation escalated. Datix report completed. The patients involved were made aware verbally of the breach.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	0	28	0	0	0	0	4	2	0	0	0	2	3

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



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

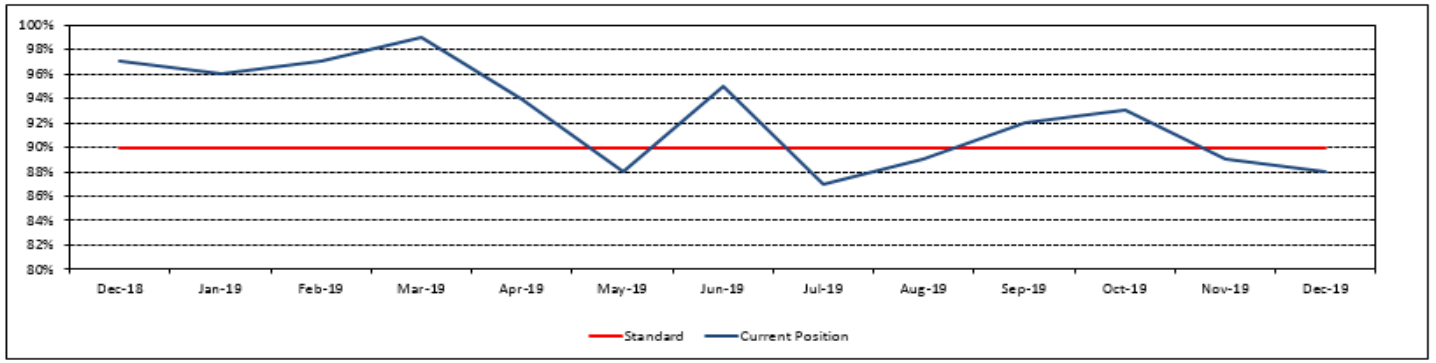
Indicator	A&E - Extremely likely or Likely to recommend (FFT)
Standard	90%
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

This is felt to be due to acuity and pressures on the department and will be discussed at the ED governance meeting. We are also now conducting governor area observations in the department which will allow further identification of improvements. Although the department scored 88% recommender score, the did not recommend was 6% therefore the remaining 6% was a neutral response.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	97.0%	96.0%	97.0%	99.0%	94.0%	88.0%	95.0%	87.0%	89.0%	92.0%	93.0%	89.0%	88.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Reception team away day scheduled for 29th January delivered in partnership with the Patient Experience Team. Administrative teams will be reminded of the importance of collection of friends and family and given refresher training on customer service and the importance of first impressions on patient perception of care.	Ian Pridding	Jan-20	Feb-20
Relaunch of the patient safety checklist as part of the CQC improvement plan aims to engaged clinical teams in the importance's of ensuring patient safety checklist is completed when due. This will support improvements to ensure regular comfort checks for patients and updates on progress with their care, which are often regular themes in Friends and Family. Regularly meetings have been scheduled with the Executive lead to monitor progress and provide executive assurance on the improvement plan.	Abi Ormes/Donna Bowd	Jan-20	Ongoing
Friends and family results and themes of comments are shared as part of the governance meetings in ED. Specific examples of feedback are shared with individuals involved if possible and with the whole department through our shared learning board.	Ian Pridding	Jan-20	Ongoing



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

Indicator	A&E overall experience result
Standard	90%
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

This is felt to be due to acuity and pressures on the department and will be discussed at the ED governance meeting. We are also now conducting governor area observations in the department which will allow further identification of improvements. Patients raised concerns around waiting times and not being aware of signs to look out for when going home.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	95.0%	95.0%	95.0%	96.0%	93.0%	85.0%	93.0%	86.0%	87.0%	91.0%	90.0%	89.0%	88.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Reception team away day scheduled for 29th January delivered in partnership with the Patient Experience Team. Administrative teams will be reminded of the importance of collection of friends and family and given refresher training on customer service and the importance of first impressions on patient perception of care.	Ian Pridding	Jan-20	Feb-20
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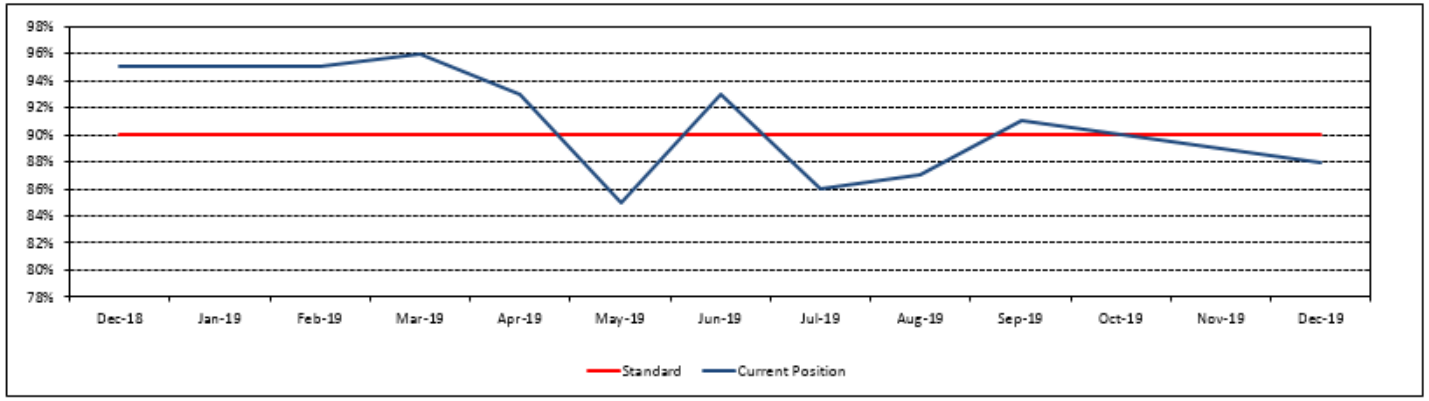
Friends and family results and themes of comments are shared as part of the governance meetings in ED. Specific examples of feedback are shared with individuals involved if possible and with the whole department through our shared learning board.	Ian Pridding	Jan-20	Ongoing



37

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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

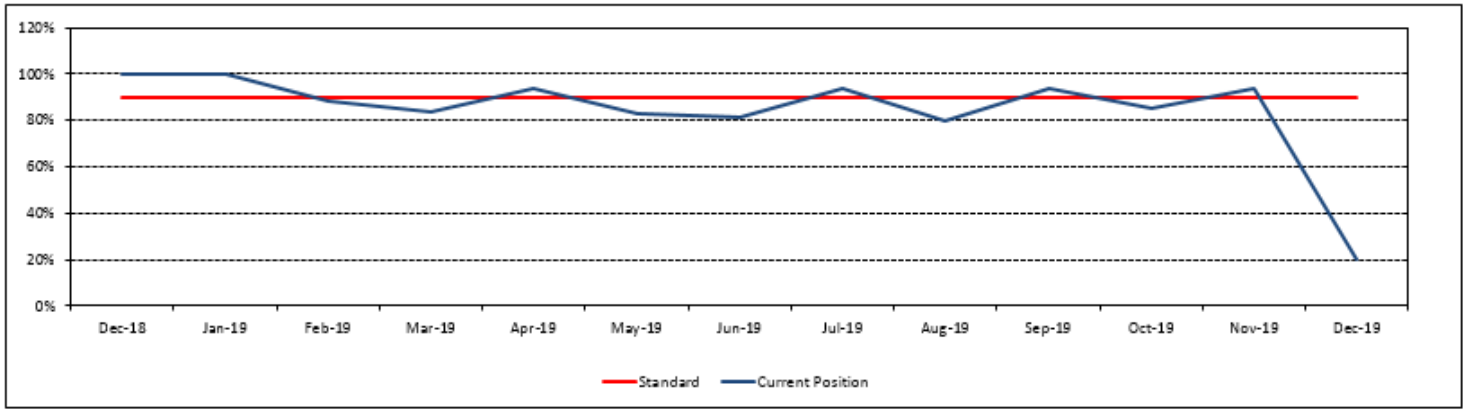
Indicator	Complaints acknowledged within 3 working days
Standard	90%
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

This was due to vacancies within the team coupled with unprecedented staff sickness in December. The team are aware that acknowledgements should be prioritised without delay. We are also currently in the process of recruiting.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	100%	100%	88.0%	84.0%	94.0%	83.0%	81.0%	94.0%	80.0%	94.0%	85.0%	94.0%	20.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Recruiting to team	Cassia Nice	Jun-19	May-20



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

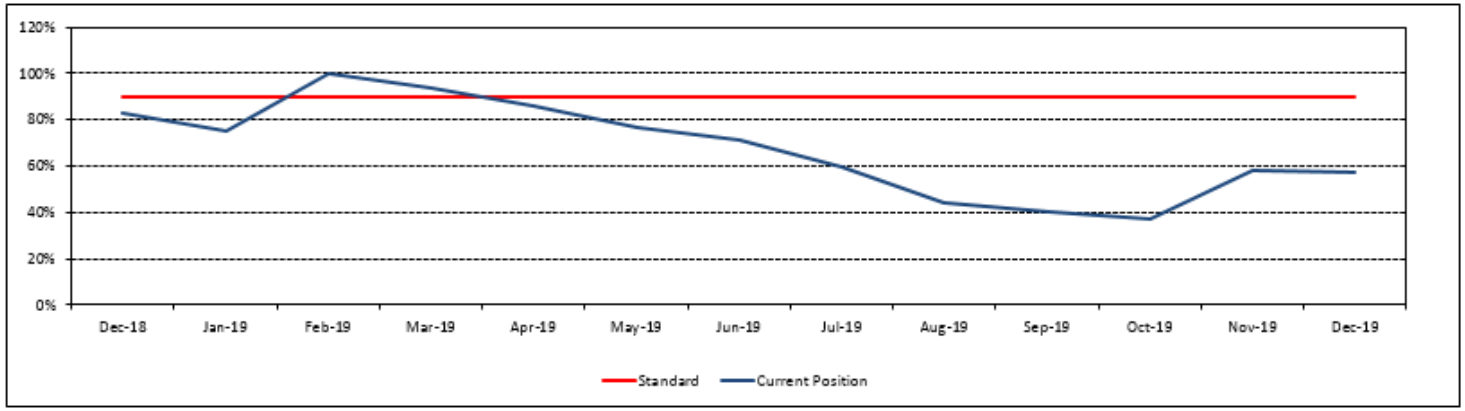
Indicator	Complaints responded to within agreed timeframe
Standard	90%
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Caring

Summary of Current performance & Reasons for under performance

Recruitment is currently underway to recruit to vacant and new posts. We are also in liaison with an agency for short term cover.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	83.0%	75.0%	100%	94.0%	86.0%	77.0%	71.0%	60.0%	44.0%	40.0%	37.0%	58.0%	57.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Recruitment	Cassia Nice	Jun-19	May-20
Agency Cover	Cassia Nice	Jun-19	May-20



39

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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	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD(Apr19-Dec19)
4. Responsive	A&E	4.13	Number of Delayed Transfer of Care - (DTOCs)	NT	320	287	389	460	447	404	425	432	406	488	295	176	269	371
		4.14	A&E time to treatment in department (median) for patients arriving by ambulance - CDM	120	46	47	43	43	46	46	43	55	33	26	25	24	18	35
		4.15	A&E - Single longest Wait (Admitted & Non-Admitted)	6 hrs.	15.35	20.32	14.35	13.55	14.35	13.23	20.01	17.18	20.35	11.48	14.30	12.51	17.41	15.65
		4.16	A&E -Waits over 12 hours from DTA to Admission	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
		4.17	A&E - Admission waiting 4-12 hours from dec. to admit	4	54	125	113	65	155	105	119	133	33	80	63	64	163	915
		4.18	A&E - To inpatient Admission Ratio	32%	31.2%	31.3%	31.6%	29.7%	29.0%	28.8%	27.2%	25.5%	26.1%	27.1%	28.5%	27.7%	28.4%	27.6%
		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%	95.0%	94.9%	96.5%	95.4%	95.3%	95.6%	96.4%	94.7%	96.0%	95.8%	96.6%	97.1%	ND	95.9%
		4.21	A&E - Amb. Handover above 30m	0	40	61	33	41	46	41	41	129	31	57	87	97	ND	529
		4.22	A&E - Amb. Handover above 60m	0	14	59	10	15	13	36	28	74	3	18	56	18	ND	246
	RTT	4.25	RTT waiting List	18500	18426	19601	18341	19730	20427	21061	21253	20937	20942	20831	21073	20259	20399	20798
		4.26	RTT waiting list over 18 weeks	NT	2149	2999	3005	3006	3111	2985	3101	3270	3495	3746	3954	4015	4125	3534
		4.27	RTT 18 weeks Non-Consultant led services - Community	90%	100%	99.7%	99.6%	100%	99.0%	99.4%	94.0%	98.0%	94.4%	95.0%	96.7%	99.3%	98.9%	97.2%
		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%
	Stroke	4.29	Stroke - % Patients scanned within 1 hr.	77%	80.0%	83.0%	75.5%	84.4%	75.8%	75.0%	80.0%	69.6%	70.6%	63.0%	72.5%	84.8%	77.3%	74.3%
		4.30	Stroke - % patients scanned within 12 hrs.	96%	97.5%	94.3%	98.1%	95.6%	97.0%	97.2%	95.0%	95.7%	94.1%	93.5%	96.1%	91.3%	88.6%	94.3%
		4.31	Stroke - % Patients admitted directly to stroke unit within 4h	75%	78.4%	78.4%	61.5%	78.6%	75.0%	71.4%	81.6%	77.5%	63.6%	74.4%	75.5%	88.6%	76.7%	76.0%
		4.32	Stroke - Greater than 80% of treatment on stroke unit	90%	91.9%	94.1%	84.3%	81.0%	96.9%	88.6%	86.8%	90.0%	97.0%	88.4%	91.8%	93.2%	90.7%	91.5%
		4.33	Stroke - % of patients treated by the SESDC	48%	48.0%	63.2%	49.1%	66.7%	54.2%	73.3%	55.0%	40.0%	71.4%	39.4%	40.0%	47.6%	50.0%	52.3%
		4.34	Stroke -% of patients assessed by a stroke specialist physician within 24 hrs. of clock start	80%	90.0%	96.2%	86.8%	91.1%	90.6%	88.9%	90.0%	84.8%	85.3%	82.6%	92.2%	89.1%	85.7%	87.7%
		4.35	Stroke -% of patients assessed by nurse & therapist within 24h. All rel. therapists within 72h	75%	78.4%	87.5%	89.6%	80.0%	76.2%	75.0%	77.1%	92.9%	80.0%	83.3%	77.5%	78.4%	75.8%	79.6%
		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%	56.0%	NA	NA	57.0%	NA	NA	68.0%	NA	NA	69.0%	NA	NA	ND	68.5%
		4.38	Stroke -Provider rating to remain within A-C	C	C	NA	NA	C	NA	NA	C	NA	NA	A	NA	NA	ND	A

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Are we..		Ref.	KPI	Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD(Apr19-Dec19)
4. Responsive	Other	4.39	Urgent Referrals for Early Intervention Team (EIT) - Community	95%	100%	ND	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	ND	100%
		4.40	Nursing & therapy Red referrals seen within 4hrs - Community	95%	100%	96.6%	100%	100%	100%	100%	100%	93.8%	100%	97.1%	100%	100%	100%	99.0%
		4.41	Nursing & therapy Amber referrals seen within 72hrs - Community	95%	100%	99.0%	98.8%	99.3%	99.2%	99.5%	99.3%	98.8%	97.3%	99.9%	98.9%	99.2%	98.7%	99.0%
		4.42	Nursing & therapy Green referrals seen within 18 wks -Community	95%	98.0%	99.5%	99.5%	99.5%	99.4%	99.5%	100%	99.6%	99.5%	99.4%	99.6%	99.8%	99.6%	99.5%
		4.43	Wheelchair waiting times – Child (Community)	92%	83.3%	81.8%	94.1%	100%	100%	100%	100%	96.3%	100%	100%	93.2%	98.1%	100%	98.6%
		4.45	Sepsis - 1 hr neutropenic sepsis	100%	77.8%	81.0%	75.0%	87.5%	100%	91.7%	92.9%	87.5%	90.0%	87.5%	92.8%	78.6%	89.5%	90.0%
		4.48	% of initial health assessments completed within 15 working days of receiving all relevant paperwork.	95%	NA	NA	NA	NA	93.3%	40.0%	46.2%	50.0%	20.0%	21.1%	54.2%	88.9%	100%	57.1%
		4.46	Percentage of Children in Care initial health assessments completed within 28 calendar days of becoming a child in care	100%	15.4%	0.0%	20.0%	14.3%	33.3%	40.0%	38.5%	50.0%	20.0%	6.7%	45.8%	55.6%	66.7%	39.6%
		4.47	Percentage of Service Users (children) assessed to be eligible for NHS Continuing Healthcare whose review health assessment is completed annually	80%	97.0%	100%	100%	ND	99.0%	96.2%	100%	100%	100%	100%	96.0%	96.2%	96.2%	98.2%

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EXCEPTION REPORTS – RESPONSIVE

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

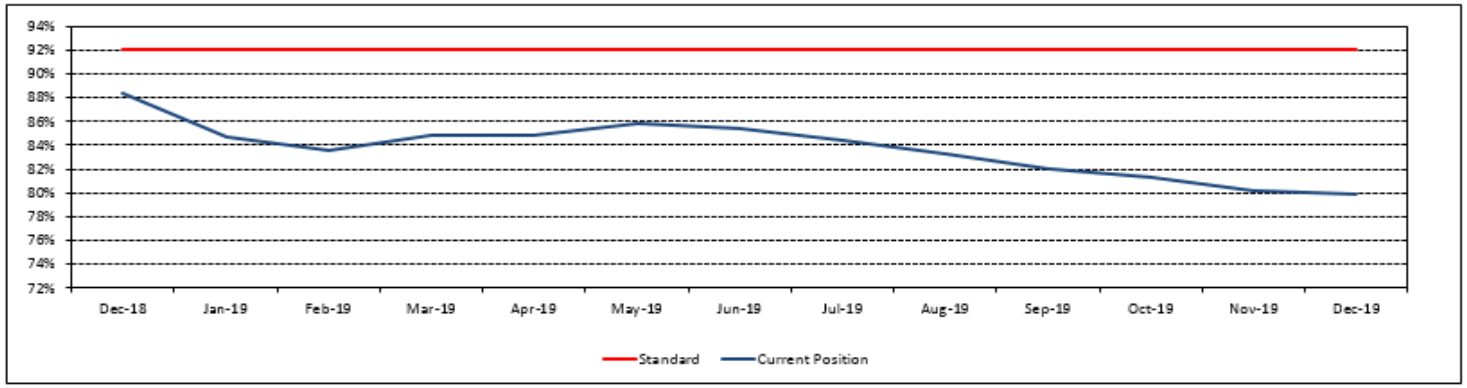
Indicator	RTT: % incomplete pathways within 18 weeks
Standard	92%
Executive Lead	Helen Beck
Month	Dec-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Performance has dropped by 0.4% from November to December due to an increase in patients waiting over 18 weeks. Whilst some specialities, including Urology, Ophthalmology, Cardiology, Neurology and Geriatric Medicine, have shown improvement to performance, there has been a significant decrease in performance within General Surgery (from 77.07% in November to 74.23% in December), Plastic Surgery (from 85.61% in November to 81.76% in December).

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Current Position	88.3%	84.7%	83.6%	84.8%	84.8%	85.8%	85.4%	84.4%	83.3%	82.0%	81.2%	80.2%	79.8%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Action plan for recovery in place for all specialities not meeting performance	Hannah Knights	Dec-18	
Continue to monitor long waits at weekly access meeting	Hannah Knights	Aug-18	
Business cases to be completed for Trauma and Orthopaedics, Ophthalmology, General Surgery and Gynaecology	ADO's	Jan-20	Mar-20



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

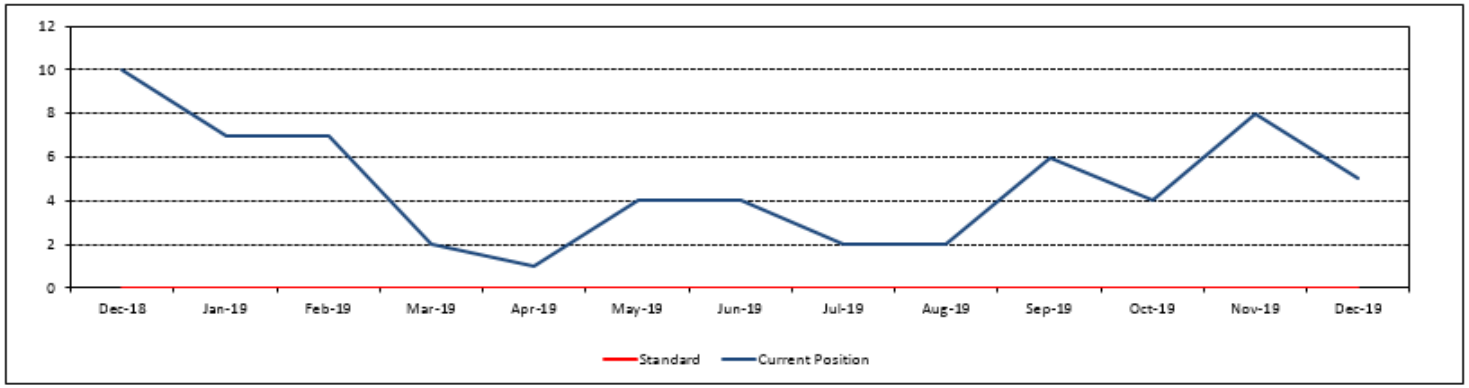
Indicator	52 week waiters
Standard	0
Executive Lead	Helen Beck
Month	Dec-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

5 patients waited in excess of 52 weeks as at the end of December. The breakdown of these are as follows: 1 x Upper GI patient, who was transferred to another Trust due to consultant sickness at WSFT, however then came back once the Consultant returned to work which was sooner than the alternative trust could offer, needed a joint operation with 2 consultants, this was completed on the 7th January 2020. 1 x General Surgery patient, multiple diagnostics and referred late from Gastroenterology to General Surgery, surgery was completed on the 17th January 2020. 1 x Gastroenterology patient, multiple investigations with General Surgery and late referral to Gastroenterology, this pathway was completed on the 20th January 2020. 1 x Gynaecology patient, extended wait time for first appointment, plus patient cancellations and patient choice, this patient had a diagnostic procedure on the 20th January 2020 and we are waiting for histology. 1 x Orthopaedic patient, patient was referred to Ipswich for an opinion and diagnostics and then referred back to WSFT late in the pathway and has now been added to the elective waiting list, but does not have a date yet.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	10	7	7	2	1	4	4	2	2	6	4	8	5

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Monitor of long waiting patients at weekly access meeting	Helen Beck		
RCA's completed for all patients who breach 52 weeks, with clinical harm review	Hannah Knights	Jun-18	TBC
Increased tracking of all patients who have been trasferred to another provider	Hannah Knights	Nov-19	TBC



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

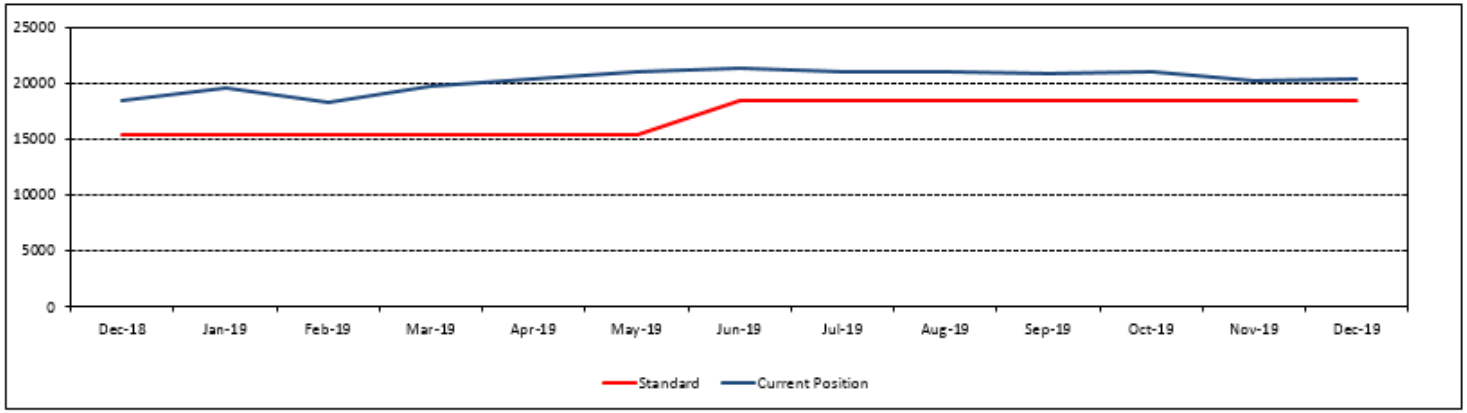
Indicator	RTT waiting List
Standard	18500
Executive Lead	Helen Beck
Month	Dec-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

The overall waiting list size saw an increase in December, partly due to a reduction in activity over the Christmas period. Whilst there has been reduction in the overall waiting list size in Urology, Neurology, ENT, and Gynaecology, there has been a slight increase in Orthopaedics, Ophthalmology, Plastics and General Medicine.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	15396	15396	15396	15396	15396	15396	18500	18500	18500	18500	18500	18500	18500
Current Position	18426	19601	18341	19730	20427	21061	21253	20937	20942	20831	21073	20259	20399

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	Hannah Knights	Dec-18	
Business cases to be completed for Trauma and Orthopaedics, Ophthalmology, General Surgery and Gynaecology	ADO's	Jan-20	Mar-20



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

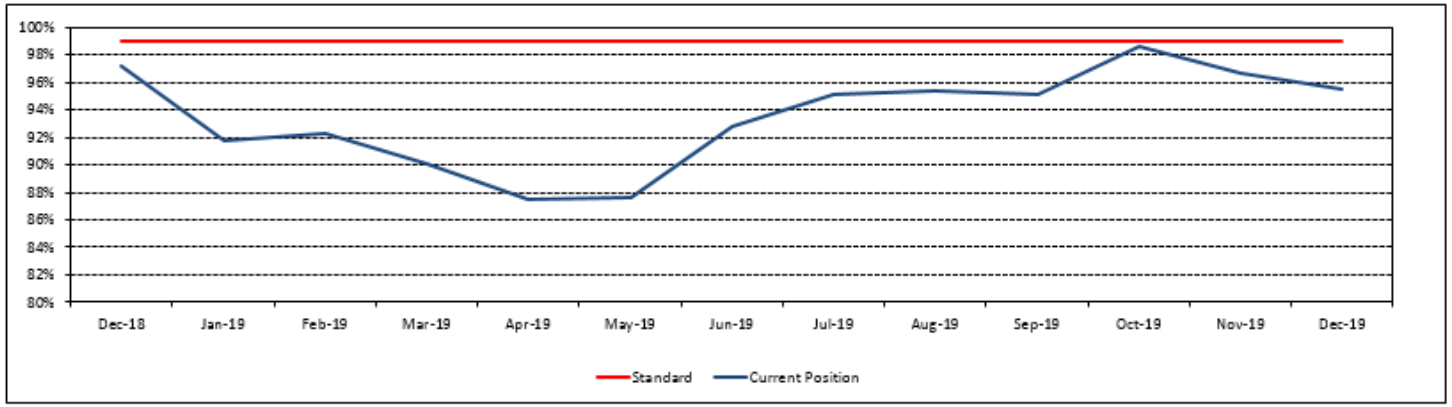
Indicator	Diagnostics within 6 weeks
Standard	99%
Executive Lead	Helen Beck
Month	Dec-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Diagnostic performance has deteriorated again this month with further deterioration noted across all endoscopy related diagnostic modalities. The YTD performance remains above 93% but below the 99% performance standard. The demand for endoscopy, particularly via the rapid access pathway remains high, which has been a driver for the worsened 6-week wait diagnostic performance. However, reduction in available capacity due to public holidays coupled with reduced availability of consultants have been the main reasons for worsened December performance.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Current Position	97.1%	91.7%	92.2%	90.0%	87.5%	87.6%	92.8%	95.0%	95.4%	95.1%	98.6%	96.7%	95.5%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Intensive Support Team have been supporting Endoscopy to review administrative processes and capacity and demand. An initial report has been drafted, leading to the development of a draft action plan. Areas for improvement include improving administrative processes, enhancing operational management and oversight of waiting lists and improving the management of annual leave for medical scopers. This action plan will be discussed at the Endoscopy Management Team and Endoscopy User Group meetings to finalise the action plan (obtain agreement on actions needed, action owners and timeframes). A fortnightly meeting has been set-up between the Division and Deputy Chief Operating officer to monitor progress.	Simon Taylor		
A Plan for Recovery to be developed, Following findings	Rosemary Smith		



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

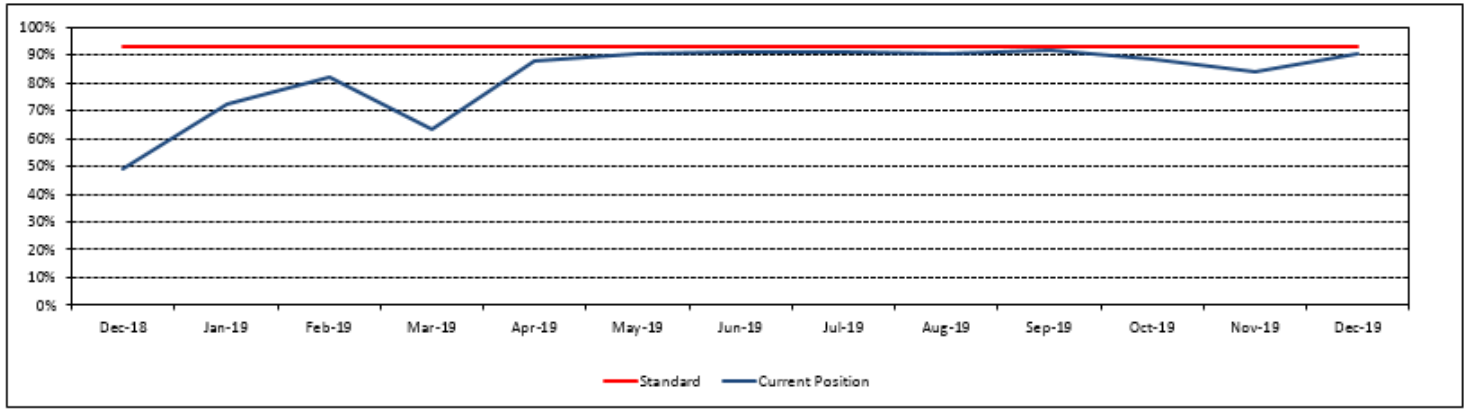
Indicator	Cancer 2w wait breast symptoms
Standard	93%
Executive Lead	Helen Beck
Month	Dec-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

There were 14 Breaches in December, 4 of these were due to Capacity Issues with 10 Breach's as a result of Patient Choice.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
Current Position	48.8%	72.1%	82.0%	63.5%	87.8%	90.6%	90.8%	91.3%	90.3%	91.8%	88.4%	83.7%	90.3%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
The BCN are currently auditing all referrals to configure the clinics and monitors spaces for improved utilisation	James Butcher		Feb-20
Staffing - This continues to be a challenge in all areas. Breast care nurses currently have 1 on Mat leave, 1 on sick leave but have continued where possible to plug gaps when OPD nurses are not available in order that clinics continue. Action utilise good will, flexi time and overtime to support staffing deficits	James Butcher		Feb-20
Successful recruitment of Consultant Radiologist to support rising demands, however due to planned maternity leave	James Butcher		Jan-21
•Actively harvest all clinic slots for maximum opportunity in partnership with cancer pathway coordinators for all arriving from 2 WW referral, including re-prioritisation of routine slots	James Butcher		Feb-20



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

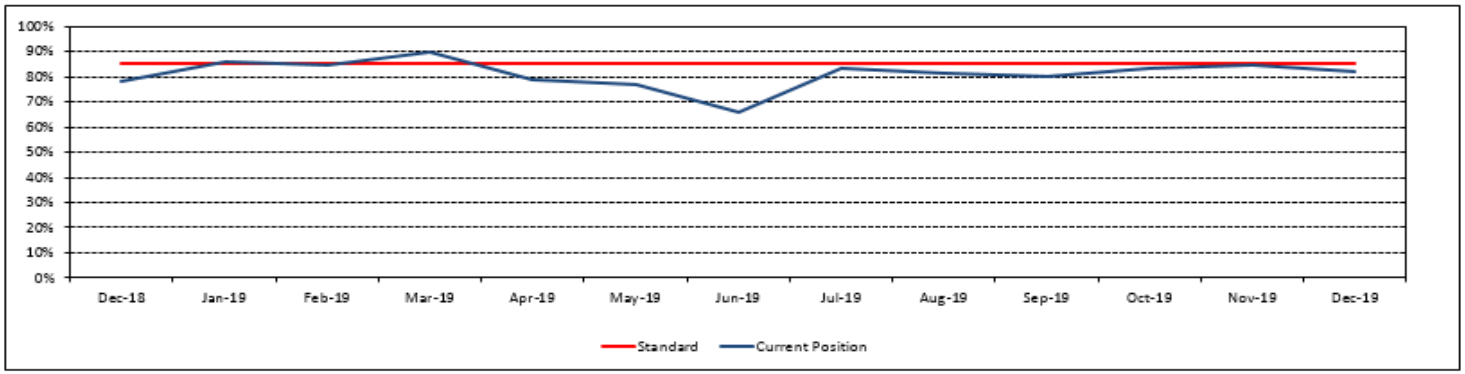
Indicator	Cancer 62 d GP referral
Standard	85%
Executive Lead	Helen Beck
Month	Dec-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Current performance 81.76 %: 11 patients were treated at WSFT over 62 days, 6 in Urology, 2 in Colorectal and 1 in Breast, Haematology and Skin. In additional to this there were 2 Gynaecology, 1 Breast, 1 Head and Neck and 1 Urology all treated by other providers, some of which were referred late to WSFT. There are particularly issues for diagnostic capacity within Urology, for Template Biopsies and Colorectal within Endoscopy.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Current Position	78.3%	85.5%	84.8%	90.0%	78.4%	76.9%	65.9%	83.0%	81.1%	79.9%	83.2%	84.8%	81.8%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
All patients over 62 days are discussed in detail at the weekly Cancer PTL Meeting.	Hannah Knights	Dec-18	
Colorectal, Prostate and Lung teams are currently involved in implementation of the best practice pathways with a view to improve on early diagnostics and timely treatment. Significant actions include; recruitment of a straight to test nurse to allow suitable patients to go straight to Endoscopy and reduce the need for 1st OPA for Colorectal - this is due to start on the 3rd February and the implementation of local anaesthetic template biopsies is anticipated to reduce the waiting time for this diagnostic in Urology.	Hannah Knights	Jan-19	Mar-20
Service engagement increased at PTL meetings to ensure appropriate escalation and action	Hannah Knights	Nov-19	On-going



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

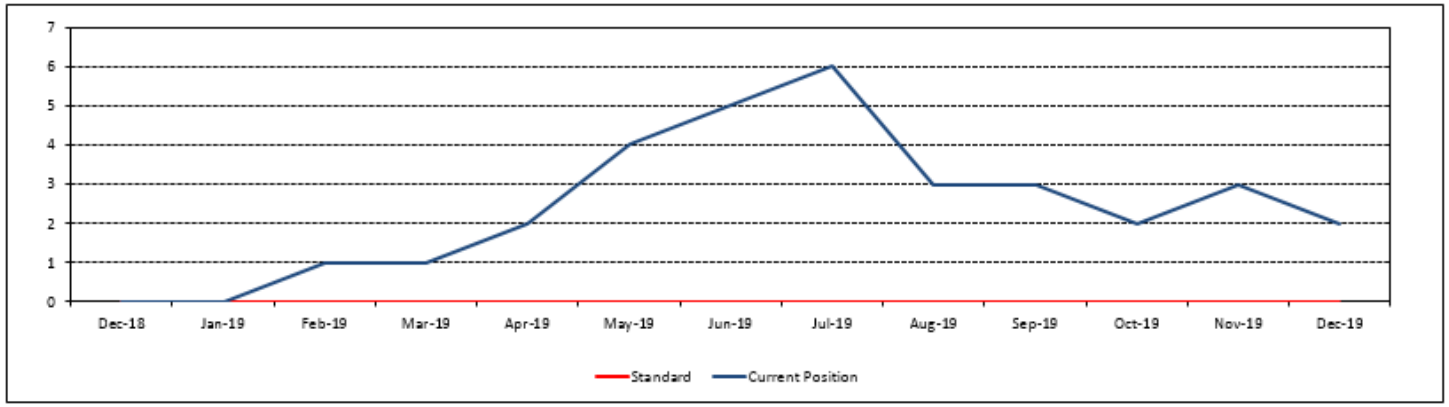
Indicator	Incomplete 104 day waits
Standard	0
Executive Lead	Helen Beck
Month	Dec-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

2 Urology pathways breached. One patient preferred general anaesthetic procedure resulting in long wait for diagnostic and commenced on hormones day 141. 2nd patient had some delay in getting tissue diagnosis and also treatment plan decisions commenced on Surveillance day 104.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position	0	0	1.0	1.0	2.0	4.0	5.0	6.0	3.0	3.0	2.0	3.0	2.0

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



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

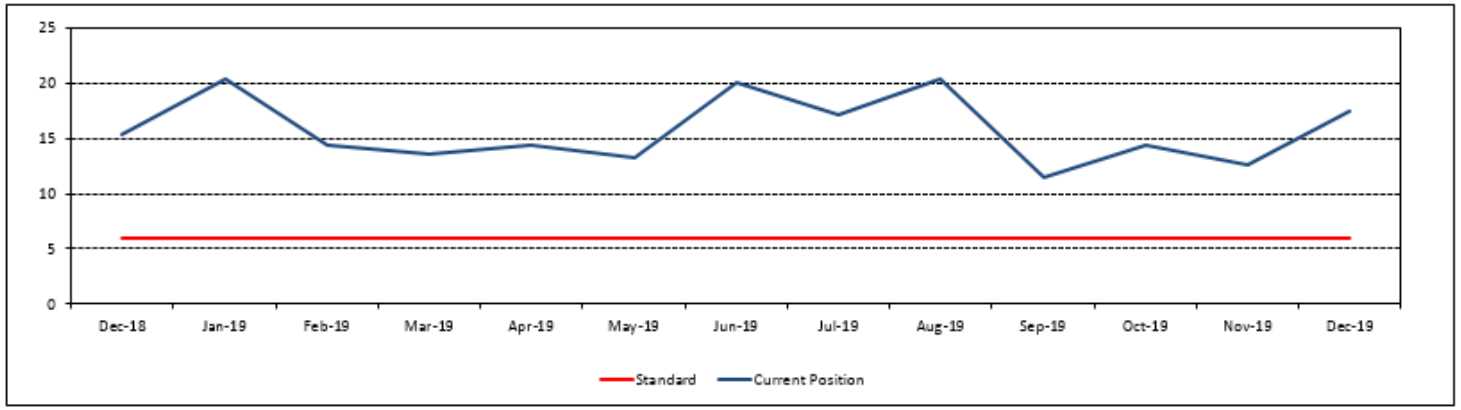
Indicator	A&E - Single longest Wait (Admitted & Non-Admitted)
Standard	6
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

The single longest waiter in December was a complex mental health patient who was in the department for 17 hours 41 minutes. Arrived to a busy department with some delays to triage. Once assessed by the out of hours mental health team, patient required admission and there was delay to transfer due to bed pressures in mental health.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	6	6	6	6	6	6	6	6	6	6	6	6	6
Current Position	15.35	20.32	14.35	13.55	14.35	13.23	20.01	17.18	20.35	11.48	14.30	12.51	17.41

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Proposed implementation of Rapid Assessment and Treatment (RAT) scheduled for 3rd February with allow patients to be assessed by nurse and senior doctor as soon as they arrive. RAT aims to reduce time to initial assessment and support early decision making to reduce over all waits in the department	Ian Pridding	Feb-20	Ongoing
As part of the Urgent Care Standards Pilot, the department will be introducing the measurement of 'Ready for Ward' which records on eCare will allow us to monitor and improve the time between patient being ready to leave ED and when they actually depart. This will aim to reduce overall length of stay and avoid long waits for beds. The trial will start WC 27th January with a view to be externally reporting by the end of February.	Ian Pridding	Feb-20	Ongoing



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

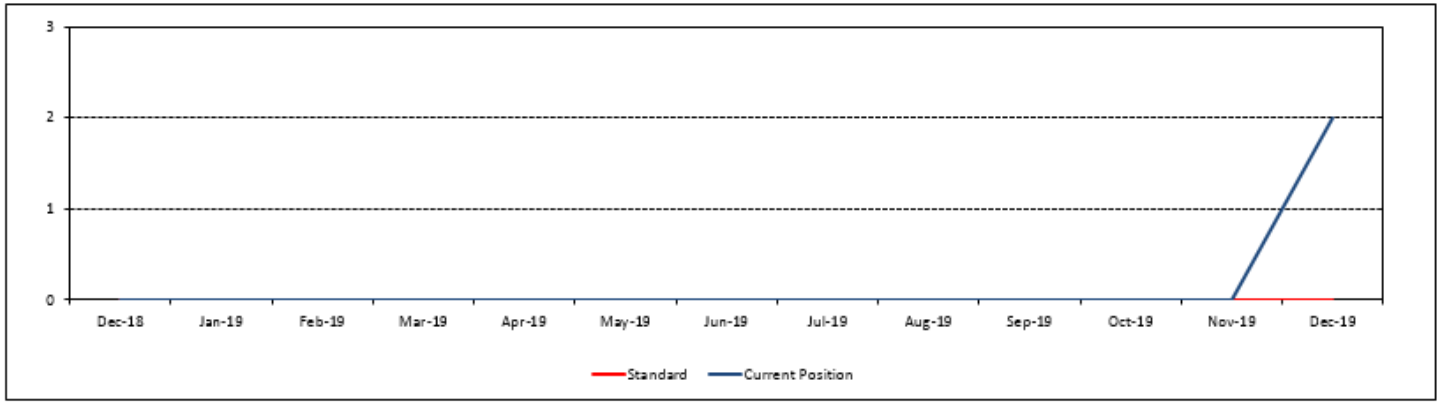
Indicator	A&E -Waits over 12 hours from Decision to Admit to Admission
Standard	0
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Both Decision to Admit breaches occurred on the same day (17th December). Overall Trust status was Black on 16th and 17th December with minus bed balance of 50 beds when the patients arrived on the evening of 16th. The Trust declared an internal critical incident during this period.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-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	0	0	2

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Delivery of the ED, Hospital and System wide improvement plan to improve patient flow and address capacity shortfall.	Nicola Cottington/ Ian Pridding	Jan-20	Ongoing
Increased focus on Getting it Right First Time metrics in support of the next phase urgent care standards trial to focus on improvements to flow to department and reduction of exit block. Dedicated support funded by NHS England to drive improvements	Nicola Cottington/ Ian Pridding	Dec-19	Ongoing
Implementation of escalation process for long stay to avoid 12 Length of Stay Breaches - ensure patients are escalated to ED Management team and Site Management at 8 hours to ensure a clear plan is in place to transfer or discharge patient aiming to eradicate 12 hour length of stays.	Ian Pridding	Oct-19	Jan-19



50

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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

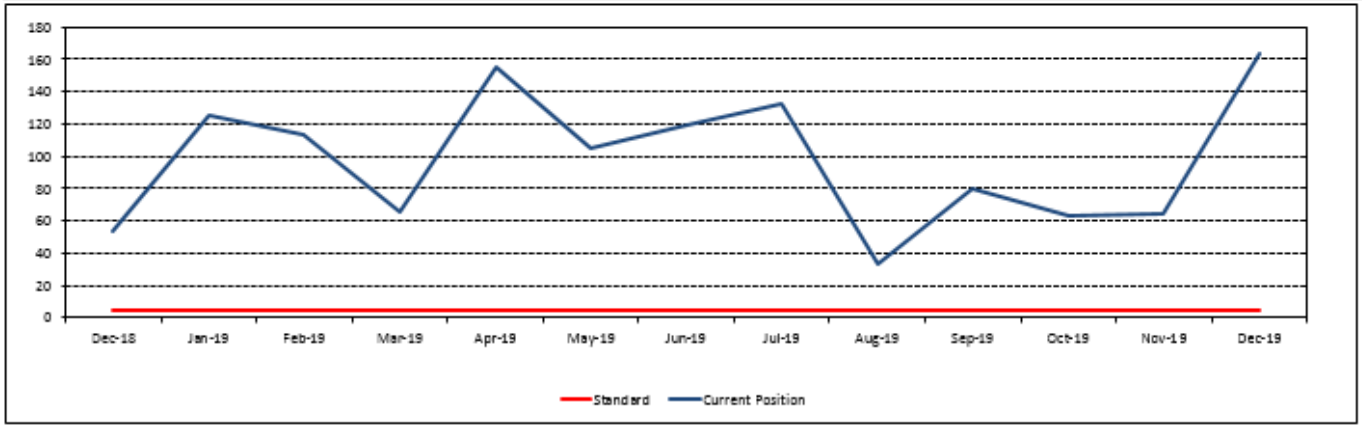
Indicator	A&E - Admission waiting 4-12 hours from dec. to admit
Standard	4
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

163 patients waited between 4-12 for a bed following a decision to admit in December. This has considerably increased since November. There is a comprehensive improvement plan of ED, hospital and system wide actions to address the delays in getting patients to the appropriate ward once the decision to admit has been made.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	4	4	4	4	4	4	4	4	4	4	4	4	4
Current Position	54	125	113	65	155	105	119	133	33	80	63	64	163

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
ED Senior Ops Manager to take on managerial responsibility of Acute Assessment Unit, Ambulatory Emergency Care, F7 (Short Stay Emergency) and G3 to support more joint up working between emergency village (including establishment of Surgical Ambulatory Care Unit.) Aim to improve utilisation of UEC to improve Same Day Emergency Care metrics and avoid admissions.	Ian Pridding	Oct-19	Ongoing
Increased focus on Getting it Right First Time metrics in support of the next phase urgent care standards trial to focus on improvements to flow to department and reduction of exit block. Dedicated support funded by NHS England to drive improvements	Nicola Cottington/Ian Pridding	Dec-19	Ongoing
Introduction of new areas within patient journey to improve patient flow: - Frailty Assessment Unit - November 2019 - Rapid Assessment and Treatment Area - February 2019 - Surgical Ambulatory Care area - December 2019	Ian Pridding	Oct-19	Feb-19



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

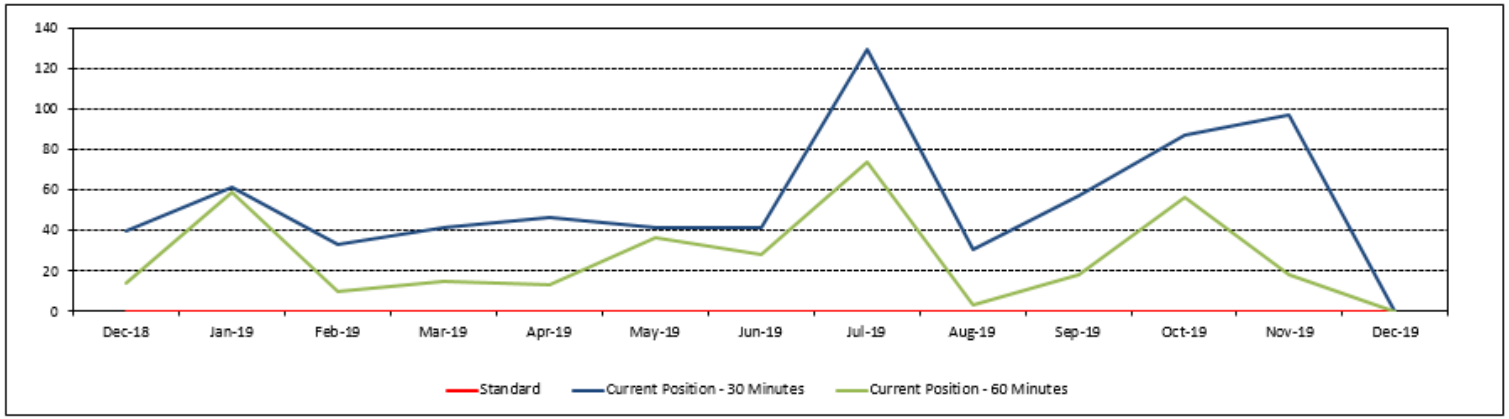
Indicator	A&E - Ambulance Handovers
Standard	0
Executive Lead	Helen Beck
Month	Dec-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

There is no data for ambulance handover for December.
November saw a decrease in patients waiting for over an hour on an Ambulance from 56 in October to 18 in November. There was however an increase in the number of patients waiting over 30 Minutes from 87 in October to 97 in November.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Position - 30 Minutes	40	61	33	41	46	41	41	129	31	57	87	97	ND
Current Position - 60 Minutes	14	59	10	15	13	36	28	74	3	18	56	18	ND

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Establishment of a dedicated Rapid Assessment and Treatment area to facilitate timely ambulance hand over, rapid review and decision making and allow space for escalation of ambulance.	ED Team	Oct-19	Feb-19



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

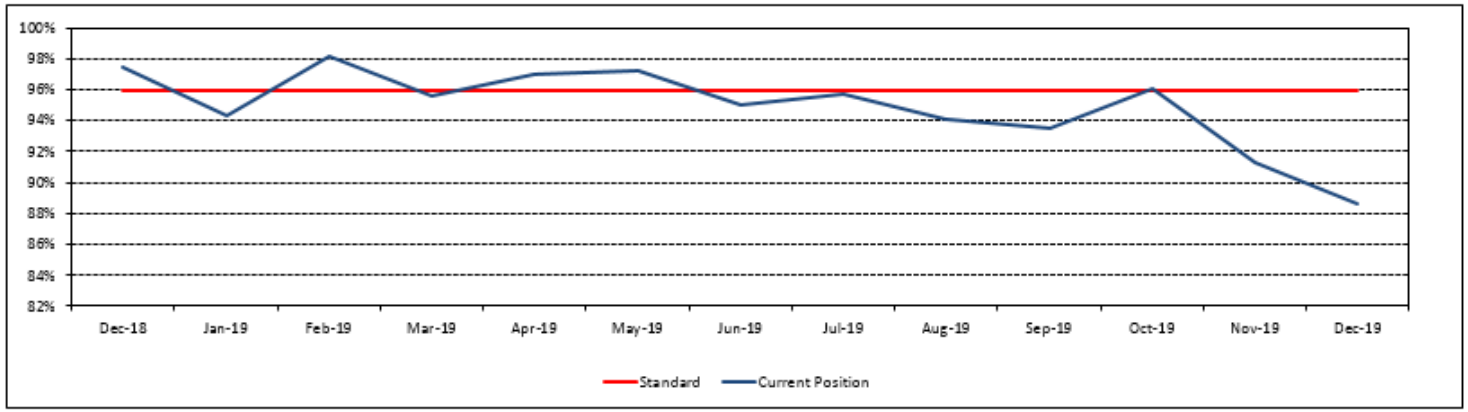
Indicator	Stroke - % patients scanned within 12 hrs.
Standard	96%
Executive Lead	Helen Beck
Month	Dec-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

5/44 patients breached the 12 hour Target this month. 3 of these were atypical presentations. One was a GP incorrectly referring a suspected stroke patient to AAU and AAU failing to divert back to ED/Early Stroke Discharge team, the other was an inpatient stroke where there was a delay in alerting Early Stroke Discharge team in time.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
Current Position	97.5%	94.3%	98.1%	95.6%	97.0%	97.2%	95.0%	95.7%	94.1%	93.5%	96.1%	91.3%	88.6%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Ongoing training days being delivered by Early Stroke Discharge team to educate ward staff on recognition of stroke and how to alert Early Stroke Discharge team.	Jane Allen	Sep-19	Sep-20



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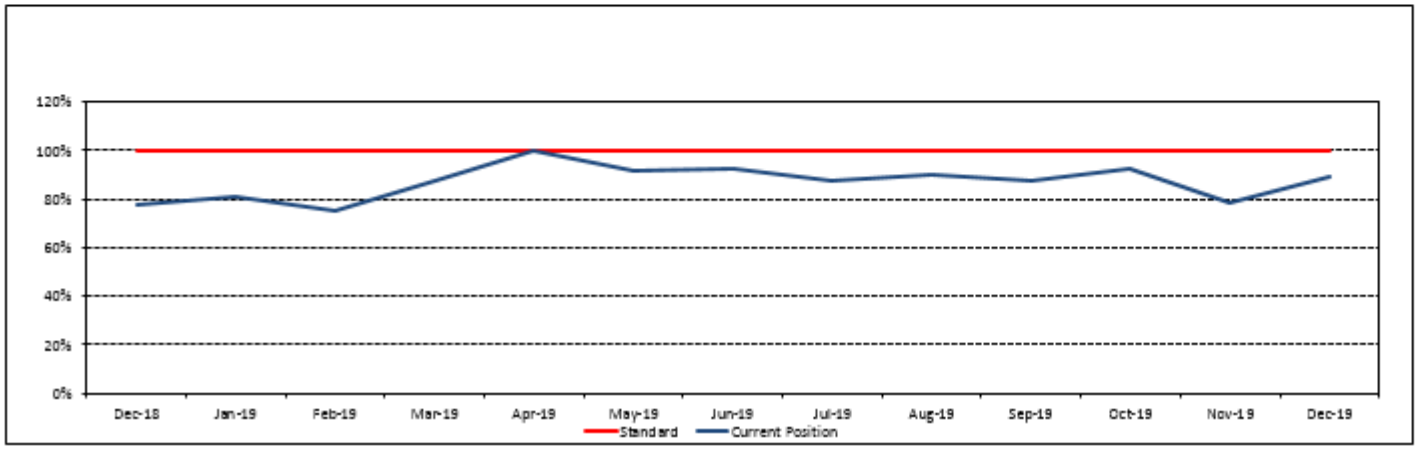
WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT	
Indicator	Sepsis - 1hr neutropenic sepsis
Standard	100%
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Responsive

Summary of Current performance & Reasons for under performance

Performance against national standards for Door to Needle time for Neutropenic was 89.5% for the month of December. Of the 4 patient's who were admitted to G1, all 4 patients received the required treatment within the 1 hour time scale. Of the 15 patients who were admitted through ED, 13 patients were treated within the hour and 2 patients breached the national standard. Please see below action plan to address the issues and improve performance against this standard.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	77.8%	81.0%	75.0%	87.5%	100%	91.7%	92.9%	87.5%	90.0%	87.5%	92.8%	78.6%	89.5%

Actions in place to recover the performance	Expected timeframes for improvements		
Separate teaching and sign-off for neutropenic sepsis anti-biotic PGD by ED PDN	GB	Dec-18	Ongoing
Detailed learning and sign-off within the 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	Ongoing
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
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



54

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	Dec-19
Data Frequency	Monthly
CQC Area	Responsive

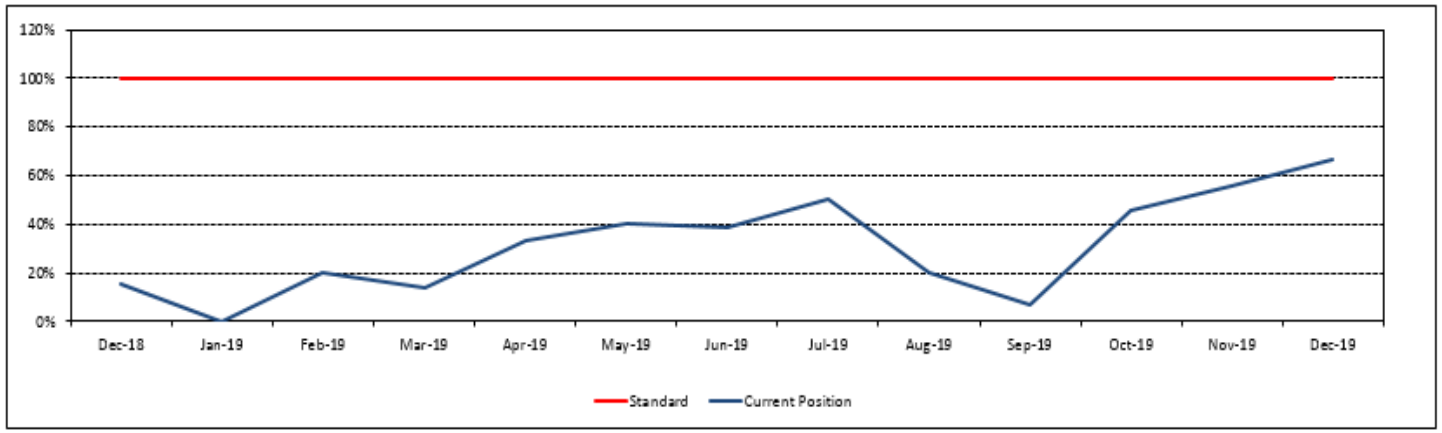
Summary of Current performance & Reasons for under performance

8 out of 12 children had an initial health assessment completed within 28 days of being placed in care. All 4 children who breached were referred late to the service, i.e. delays of 20, 23, 30 and 84 days before the service were notified of the children being placed in care. All 4 children were seen between 5 and 15 working days of the service being made aware of them.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Current Position	15.4%	0.0%	20.0%	14.3%	33.3%	40.0%	38.5%	50.0%	20.0%	6.7%	45.8%	55.6%	66.7%

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

Description	Owner	Start	End
An outline business case, which is to increase a General Practitioner with Special Interest capacity, has been shared with the CCG and has been accepted in principle over a six month pilot period. The detail of this is being discussed currently. Unfortunately the impact of this will only be seen within the west locality.	Nic Smith-Howell	Jan-20	Feb-20



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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	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD(Apr19 Dec19)
5. Well Led	Agency, WTE & vacancies	5.09	Agency Spend Cap	486	500	486	486	486	461	461	461	461	461	461	511	511	511	4299
		5.10	Bank Spend		1167	1114	971	1277	992	777	926	868	1222	920	969	734	876	8284
		5.12	Proportion of Temporary Staff	12%	12.1%	12.7%	9.4%	13.1%	12.3%	11.2%	11.5%	11.0%	13.1%	10.9%	10.2%	10.1%	11.3%	11.3%
		5.13	Locum and Medical agency spend	NT	555	522	389	448	487	238	408	389	615	487	468	366	525	3982
		5.57	Additional sessions	NT	266	216	274	283	272	272	200	221	286	175	279	146	142	1993
		5.16	% Staff on Maternity/Paternity Leave	NT	2.83%	2.80%	2.64%	2.58%	2.82%	2.67%	2.49%	2.40%	2.23%	2.01%	1.96%	2.06%	2.08%	2.30%
	Other	5.58	New grievance or employment tribunals in the month	NT	0	2	0	1	1	0	0	1	0	0	3	0	1	6
		5.18	Recruitment Timescales - Av no. of weeks to recruit	7	6.4	5.3	4.8	5.2	6.0	6.1	5.0	8.0	5.4	5.4	5.4	5.4	5.4	5.8
		5.19	DBS checks	95%	97.5%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	97.0%	97.0%	98.0%	97.8%
		5.20	Staff appraisal Rates	90%	76.4%	77.0%	76.0%	79.0%	77.0%	80.0%	81.0%	81.0%	81.0%	82.3%	83.0%	82.0%	83.6%	81.2%

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Are we.		Ref.	KPI	Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD(Apr19 Dec19)
5. Well Led	Training	5.22	Infection Control Training (classroom)	90%	94.0%	96.0%	96.0%	93.0%	94.0%	95.0%	95.0%	95.0%	96.0%	96.0%	96.0%	97.0%	98.0%	95.8%
		5.23	Infection Control Training (eLearning)	90%	91.0%	91.0%	91.0%	81.0%	82.0%	82.0%	89.0%	90.0%	91.0%	91.0%	90.0%	91.0%	90.0%	88.4%
		5.24	Manual Handling Training (Patient)	90%	76.0%	80.0%	77.0%	78.0%	69.0%	80.0%	78.0%	80.0%	81.0%	83.0%	84.0%	87.0%	87.0%	81.0%
		5.25	Manual Handling Training (Non Patient)	90%	84.0%	87.0%	88.0%	67.0%	56.0%	76.0%	62.0%	67.0%	70.0%	73.0%	91.0%	94.0%	93.0%	75.8%
		5.26	Staff Adult Safeguarding Training	90%	90.0%	91.0%	91.0%	85.0%	85.0%	87.0%	89.0%	88.0%	89.0%	90.0%	89.0%	90.0%	90.0%	88.6%
		5.27	Safeguarding Children Level 1	90%	91.0%	91.0%	90.0%	91.0%	91.0%	92.0%	92.0%	92.0%	93.0%	93.0%	93.0%	93.0%	92.0%	92.3%
		5.28	Safeguarding Children Level 2	90%	91.0%	91.0%	91.0%	86.0%	86.0%	90.0%	90.0%	89.0%	92.0%	92.0%	92.0%	91.0%	91.0%	90.3%
		5.29	Safeguarding Children Level 3	90%	90.0%	91.0%	91.0%	57.0%	51.0%	71.0%	61.0%	58.0%	84.0%	83.0%	84.0%	84.0%	84.0%	73.3%
		5.30	Health & Safety Training	90%	90.0%	89.0%	89.0%	87.0%	87.0%	88.0%	90.0%	90.0%	92.0%	91.0%	91.0%	92.0%	91.0%	90.2%
		5.31	Security Awareness Training	90%	89.0%	89.0%	88.0%	81.0%	83.0%	87.0%	88.0%	88.0%	91.0%	92.0%	96.0%	96.0%	96.0%	90.8%
		5.32	Conflict Resolution Training (eLearning)	90%	86.0%	86.0%	86.0%	68.0%	70.0%	74.0%	81.0%	82.0%	85.0%	88.0%	88.0%	90.0%	90.0%	83.1%
		5.33	Conflict Resolution Training	90%	75.0%	72.0%	72.0%	77.0%	74.0%	78.0%	76.0%	76.0%	75.0%	76.0%	78.0%	77.0%	77.0%	76.3%
		5.34	Fire Training (eLearning)	90%	88.0%	85.0%	83.0%	83.0%	78.0%	83.0%	83.0%	83.0%	87.0%	87.0%	87.0%	89.0%	89.0%	85.1%
		5.35	Fire Training (classroom)	90%	86.0%	89.0%	87.0%	89.0%	88.0%	89.0%	89.0%	89.0%	91.0%	90.0%	89.0%	90.0%	90.0%	89.4%
		5.36	IG Training	95%	82.0%	81.0%	83.0%	78.0%	79.0%	81.0%	94.0%	86.0%	91.0%	90.0%	91.0%	92.0%	93.0%	88.6%
		5.37	Equality and Diversity	90%	84.0%	85.0%	85.0%	87.0%	86.0%	88.0%	90.0%	90.0%	93.0%	92.0%	93.0%	94.0%	94.0%	91.1%
		5.38	Majax Training	90%	90.0%	90.0%	89.0%	78.0%	80.0%	82.0%	84.0%	84.0%	88.0%	87.0%	92.0%	92.0%	92.0%	86.8%
		5.39	Medicines Management Training	90%	87.0%	87.0%	86.0%	80.0%	81.0%	83.0%	86.0%	86.0%	86.0%	86.0%	87.0%	87.0%	86.0%	85.3%
		5.40	Slips, trips and falls Training	90%	87.0%	86.0%	86.0%	74.0%	76.0%	79.0%	82.0%	81.0%	85.0%	86.0%	86.0%	89.0%	87.0%	83.4%
		5.41	Blood-borne Viruses/Inoculation Incidents	90%	89.0%	89.0%	87.0%	78.0%	80.0%	83.0%	85.0%	85.0%	89.0%	88.0%	89.0%	89.0%	88.0%	86.2%
		5.42	Basic life support training (adult)	90%	80.0%	81.0%	80.0%	79.0%	73.0%	81.0%	81.0%	81.0%	81.0%	82.0%	83.0%	87.0%	86.0%	81.7%
		5.43	Blood Products & Transfusion Processes (Refresher)	90%	76.0%	77.0%	76.0%	65.0%	62.0%	68.0%	77.0%	75.0%	77.0%	75.0%	78.0%	78.0%	76.0%	74.0%
		5.44	Mandatory Training Compliance	90%	86.0%	85.0%	86.0%	82.0%	82.0%	85.0%	86.0%	86.0%	87.0%	88.0%	88.0%	90.0%	90.0%	86.9%

EXCEPTION REPORTS – WELL LED

WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

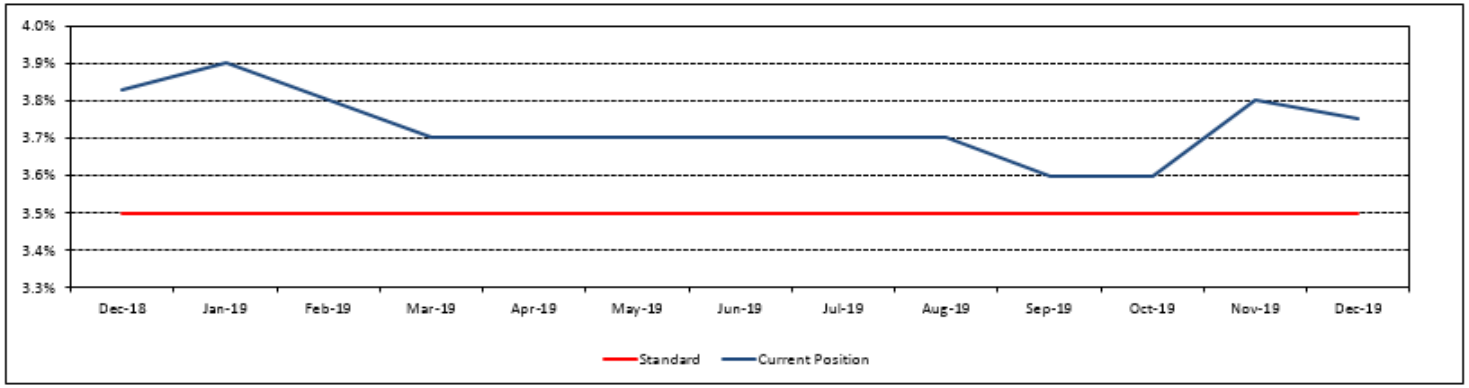
Indicator	Sickness Absence
Standard	3.5%
Executive Lead	Jeremy Over
Month	Dec-19
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

Current sickness absence levels are at the same levels as December 2019. This is mainly due to seasonal short-term sickness absence, coughs, colds etc. We are also seeing a small increase in long term sickness absence due to some non work related injuries, but mainly anxiety, depression etc, both non work related and work related absence. When compared to other NHS organisations we are below other comparable organisations. NHS in England is currently 4.21%. EoE 4.01%. Acute trusts in England 4.04% and Community providers 4.59% (figures NHS Data September 2019)

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Actions include; HR continue to support line managers to follow trust policy regarding the management of absence (ongoing). Other actions include; Paul Molyneux will progress the project regarding support for those staff who are off with stress, anxiety etc. The trust embarked on the 2019 flu campaign and continues to encourage staff to take up inoculation. With regard to musculoskeletal problems we are intending to review the trusts' staff physiotherapy service, as the levels of referral continue to rise. The health and wellbeing committee will continue to pursue initiatives to help reduce the other reasons for absence.	Jeremy Over	Apr-19	Mar-20



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

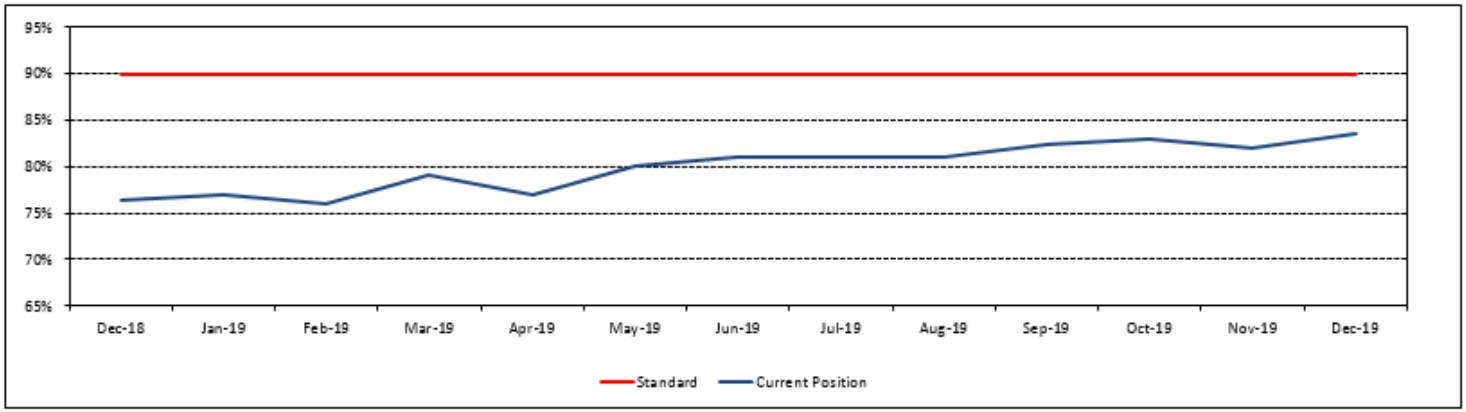
Indicator	Staff appraisal Rates
Standard	90%
Executive Lead	Jeremy Over
Month	Dec-19
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

Current appraisal performance has risen by 1.6%.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	76.4%	77.0%	76.0%	79.0%	77.0%	80.0%	81.0%	81.0%	81.0%	82.3%	83.0%	82.0%	83.6%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Current action plan includes; monthly divisional appraisal report to line managers (includes, individual staff appraisal information, RAG ratings, and compliance figures by department and division), Dedicated support to those areas struggling to reach 90% (on-going). Implement ESR manger and supervisor self-service (01.04.20). Implementation of agenda for change pay progression policy which will require all staff to have an up to date appraisal recorded on ESR (01.04.20). Raise the profile of appraisal compliance throughout the trust. Engage with regional streamlining projects. for firther infomation please see January board report.	Jeremy Over	Apr-19	Mar-20



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

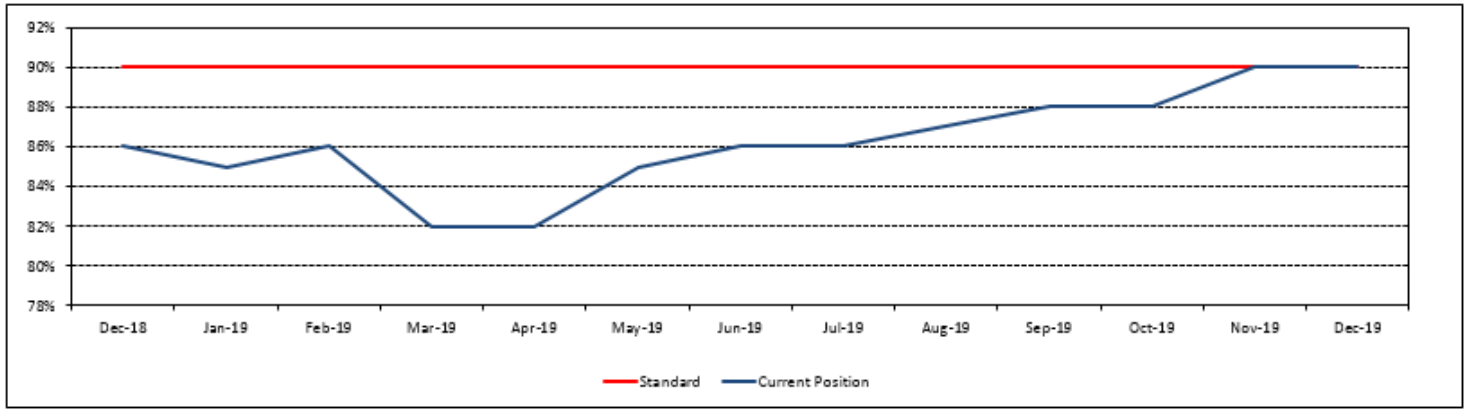
Indicator	Mandatory Training Compliance
Standard	90%
Executive Lead	Jeremy Over
Month	Dec-19
Data Frequency	Monthly
CQC Area	Well Led

Summary of Current performance & Reasons for under performance

Compliance remains at 90% for the second month in a row.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Current Position	86.0%	85.0%	86.0%	82.0%	82.0%	85.0%	86.0%	86.0%	87.0%	88.0%	88.0%	90.0%	90.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
The recovery plan includes; Review of Mandatory Training Subjects (completed September 19), Updating OLM following Mandatory Training Review (in progress, due to complete 04.20). Improve access to e-learning modules (completed). Support streamlining for junior doctors. (in progress). Managers to have direct access to staffs performance information including mandatory training via ESR self service (04.20) Community training data to be reviewed (in progress). further information is provided in the January 20 trust board report.	Jeremy Over	Apr-19	Apr-20



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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	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD(Apr19-Dec19)
6. Productive	Activity	6.07	A&E Activity	NT	6155	6371	5741	6695	6729	6946	6692	7300	6661	6829	6841	6757	6746	61501
		6.08	NEL Activity	NT	2520	2750	2467	2604	2464	2695	2379	2496	2465	2465	2627	2547	2582	22720
		6.09	OP - New Appointments	NT	5995	7059	6419	7086	8369	8947	8536	9365	7660	9115	9631	9141	8055	78819
		6.10	OP- Follow-Up Appointments	NT	9834	12610	11107	11536	22314	19866	19733	21458	19079	19960	21665	20458	17749	182282
		6.11	Electives (Incl Daycase)	NT	2519	3202	2957	2971	2806	2974	2755	3095	2892	3037	3258	3272	2799	26888
	Finance	6.12	Financial Position (YTD)	Var	-6534	-8691	-7955	-287	529	-481	-1681	-2106	-4239	-5712	-7282	-9113	-6174	-6174
		6.13	Financial Stability Risk Rating	Var	3	3	3	3	3	3	3	3	3	3	3	3	3	3
		6.14	Cash Position (YTD £000s)	Var	3518	4924	6870	3600	11140	5825	1467	2119	1787	2061	1498	1519	1886	1886
	Ratios	6.15	% Consultant to Consultant Referrals	NT	17.0%	16.0%	17.0%	15.0%	17.0%	16.0%	16.0%	16.0%	15.0%	15.0%	16.0%	14.0%	16.0%	15.7%
		6.16	New to FU Ratios	NT	2.16	2.31	2.37	2.20	2.66	2.22	2.31	2.29	2.48	2.18	2.25	2.24	2.20	2.31

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EXCEPTION REPORTS – PRODUCTIVE

The finance report contains full details.

10. DETAILED REPORTS- MATERNITY

Are we..		Ref.	KPI	Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD(Apr19-Dec19)
7.Maternity	Safe	7.09	Elective Caesarean Sections	12%	9.1%	6.7%	9.3%	11.2%	9.3%	11.3%	7.8%	9.5%	9.8%	10.0%	13.0%	4.5%	9.3%	9.4%
		7.10	Emergency Caesarean Sections	14%	16.3%	16.2%	11.0%	15.6%	11.5%	11.8%	18.0%	10.9%	11.2%	19.4%	12.4%	16.1%	11.5%	13.6%
		7.11	Grade 1 Caesarean Section (Decision to delivery time met)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		7.12	Grade 2 Caesarean Section (Decision to delivery time met)	80%	79.0%	76.1%	92.3%	87.0%	100%	85.0%	81.0%	82.0%	64.0%	82.0%	91.0%	66.0%	76.4%	80.8%
		7.13	Homebirths	2%	1.0%	2.2%	2.9%	2.8%	3.8%	3.1%	1.5%	2.4%	2.3%	3.0%	4.1%	3.0%	3.3%	2.9%
		7.14	Midwifery led birthing unit (MLBU) births	20%	NA	NA	NA	NA	24.0%	14.4%	16.1%	19.4%	12.9%	14.4%	18.9%	14.6%	9.3%	16.0%
		7.15	Labour Suite births	77.5%	83.0%	78.8%	77.9%	82.1%	71.0%	82.1%	82.0%	77.3%	85.1%	82.1%	76.9%	82.4%	87.4%	80.7%
		7.16	Induction of Labour	29.3%	42.1%	40.8%	39.0%	42.2%	35.0%	39.5%	39.0%	38.9%	35.8%	38.8%	34.3%	42.2%	45.6%	38.8%
		7.17	Instrument Assisted Deliveries (Forceps & VentoUse)	>14%	8.1%	8.9%	12.2%	11.7%	8.2%	8.2%	12.2%	8.5%	10.7%	11.5%	9.5%	11.1%	9.3%	9.9%
		7.18	Critical Care Obstetric Admissions	0	3	1	0	0	0	0	0	0	0	0	0	1	0	1
		7.19	Eclampsia	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
	Effective	7.20	Shoulder Dystocia	2	4	6	4	4	9	2	7	5	0	3	3	3	2	34
		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	1	1	0	1	1	0	0	0	0	0	0	0	0	1
		7.23	3rd and 4th degree tears (all deliveries)	12	2	6	2	0	7	2	4	6	4	3	4	3	2	35
	Caring	7.24	Maternal death	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		7.25	Stillbirths	NT	0	0	0	0	1	1	2	0	0	0	1	0	1	6
		7.26	Complaints	NT	0	3	3	1	0	3	0	0	0	0	3	0	2	8
		7.27	No. of babies admitted to Neonatal Unit (>36+6)	NT	15	7	7	9	8	8	16	4	12	12	3	11	9	83
	Responsive	7.28	No. of babies transferred for therapeutic cooling	0	0	0	1	0	0	0	0	0	0	1	0	1	1	3
		7.29	One to one care in established labour	100%	99.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		7.30	Reported Clinical Incidents	50	38	50	40	59	56	47	43	61	78	44	42	36	47	454
		7.31	Hours of dedicated consultant cover per week	60	93	105	87	98	96	105	90	102	90	96	86	96	98	859
		7.32	Consultant Anaesthetists sessions on Labour Suite	10	10	10	10	10	10	10	10	10	10	10	10	10	10	90
		7.34	No. of women identified as smoking at booking	NT	34	20	18	28	23	25	22	23	27	22	30	34	21	227
		7.35	No. of women identified as smoking at delivery	NT	31	18	16	27	20	20	21	22	28	19	26	27	17	200
		7.36	UNICEF Baby friendly audits	10	NA	NA	NA	NA	NA	24	NA	NA	NA	NA	NA	NA	53	77
		7.37	Proportion of parents receiving Safer Sleeping Suffolk advice	80%	97.5%	96.1%	97.0%	94.5%	95.0%	85.6%	80.0%	93.0%	81.0%	89.0%	97.0%	93.0%	86.6%	88.9%
	Other	7.38	No. of bookings (First visit)	NT	206	278	226	242	231	251	241	257	232	230	235	225	192	2094
		7.39	Women booked before 12+6 weeks	95%	95.1%	96.0%	96.4%	92.0%	95.0%	95.0%	94.0%	98.0%	97.0%	93.0%	97.0%	96.0%	95.0%	95.6%
		7.40	Female Genital Mutilation (FGM)	NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0

EXCEPTION REPORTS – MATERNITY

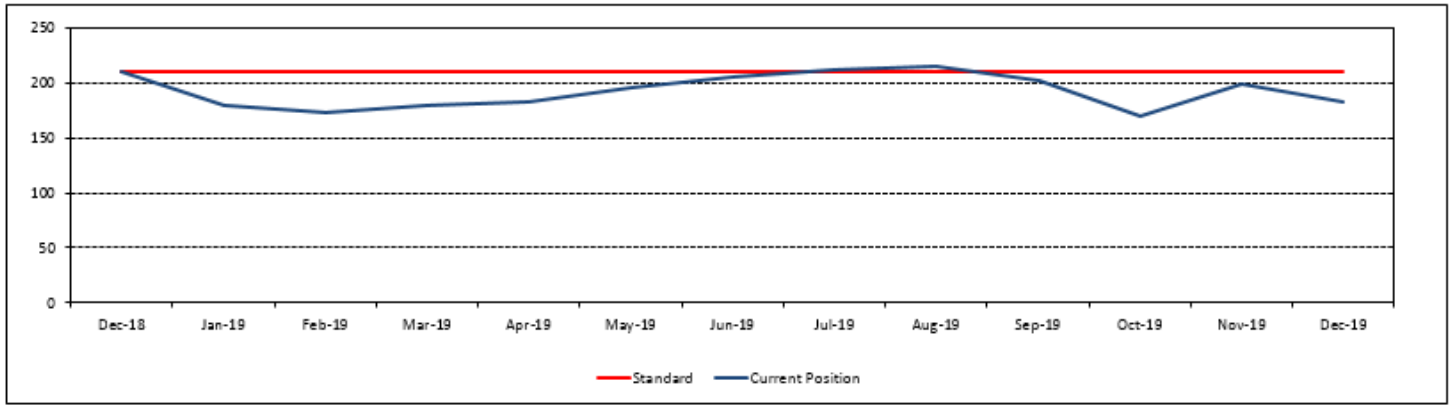
WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT	
Indicator	Total number of deliveries (births)
Standard	210
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

Births at the WSH have been down over the year since the start of the refurbishment with the exception of July and August. The service is planning with communications a launch of the refurbishment of the Labour Suite. It is hoped that with our positive approach and new ways of working women will want to give birth here.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	210	210	210	210	210	210	210	210	210	210	210	210	210
Current Position	209	179	172	179	183	195	205	211	215	201	169	199	182

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Promote the service, Introduce continuity of carer	Jane Lovedale		



WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

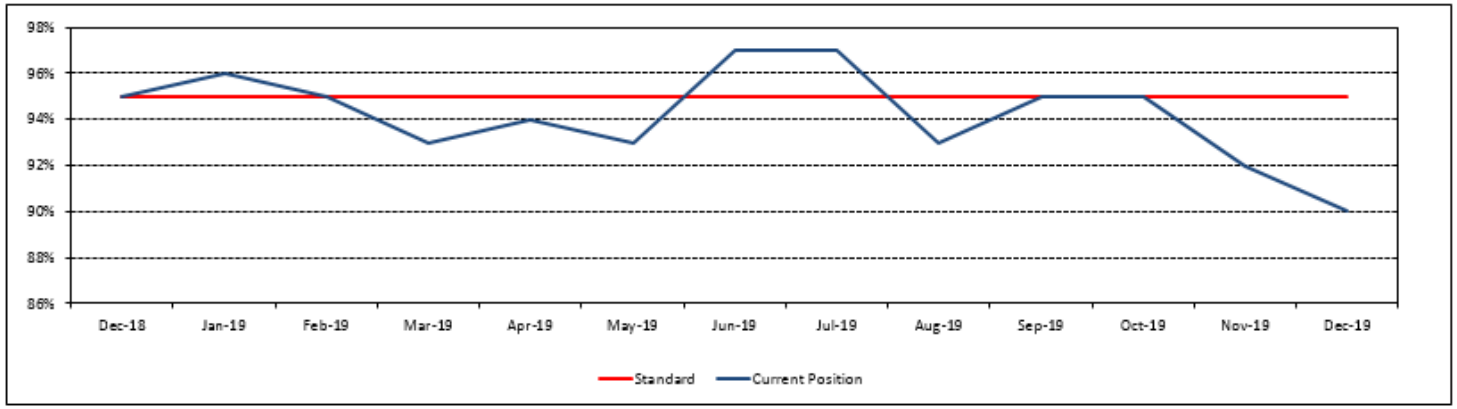
Indicator	Completion of WHO checklist
Standard	95%
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

Disappointingly there has been a further decrease in compliance with the WHO checklist. The majority of non compliance is with theatre staff with 16 areas not completed. Medical staff 7 midwives 2. Obstetric and maternity staff receive an individual email highlighting non compliance. Theatre manager is sent the audit highlighting all staff. Clinical leads copied in to all emails.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Current Position	95.0%	96.0%	95.0%	93.0%	94.0%	93.0%	97.0%	97.0%	93.0%	95.0%	95.0%	92.0%	90.0%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Include the names of Operating department practitioners and scrub nurse therefore individual staff are aware of their non compliance.	Jane Lovedale		



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

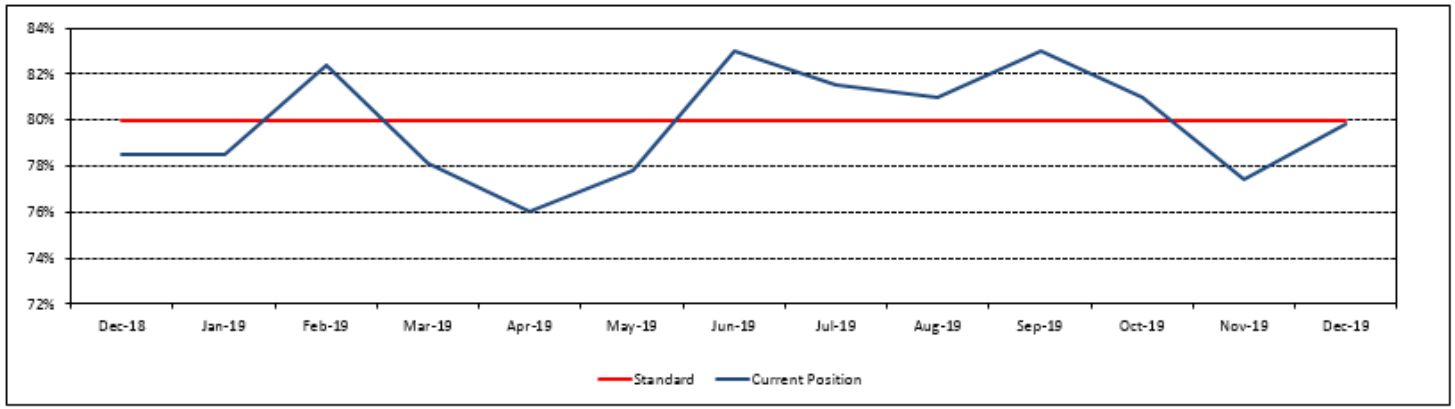
Indicator	Breastfeeding Initiation Rates
Standard	80%
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

Breast feeding rates have increased this month at 79.8 %. Staff have worked very hard to reduce the supplementation rate (giving formula milk) and reducing this to 21.8% from 35% last month, therefore there has been a significant increase of babies who are exclusively being fed breast milk.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Current Position	78.5%	78.5%	82.4%	78.1%	76.0%	77.8%	83.0%	81.5%	81.0%	83.0%	81.0%	77.4%	79.8%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Celebrated on Take 5 this week. Thank you to staff who have worked hard to promote breast feeding mothers and encourage them to give exclusively breast milk.	Jane Lovedale		



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

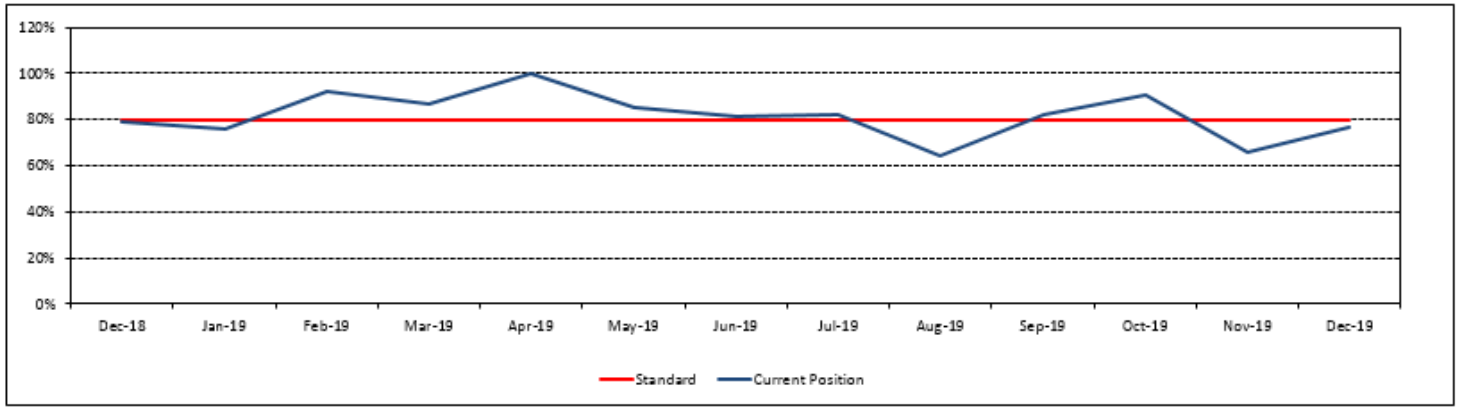
Indicator	Grade 2 Caesarean Section (Decision to delivery time met)
Standard	80%
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

There has been an increase this month of Caesarean Sections achieving decision to delivery time. 4 cases in all. 3 of which were unavoidable due to Caesarean Section theatre in use. The decision to open a second theatre was not felt to be necessary when the records were reviewed at the Caesarean Section review meeting no cases were for fetal compromise. However the consultant at the review meeting stated it was not acceptable to delay the 4th Caesarean Section because of medical handover. It was noted that there had been no compromise to either baby or mother.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Current Position	79.0%	76.1%	92.3%	87.0%	100%	85.0%	81.0%	82.0%	64.0%	82.0%	91.0%	66.0%	76.4%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Highlight on Risky business that handover of staff should not delay an emergency Caesarean Section.	Jane Lovedale		



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

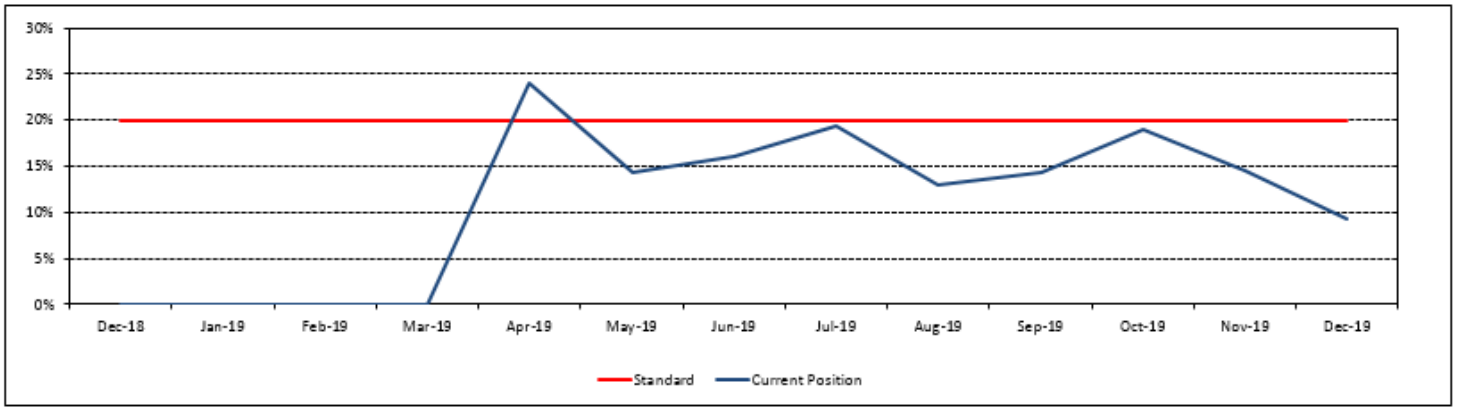
Indicator	Midwifery led birthing unit (MLBU) births
Standard	20%
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The Midwifery Birthing Unit Births has significantly dropped this month to 9.3%. Overall births were down this month, however actions have been put in place by the The Midwifery Birthing Unit lead to increase the numbers. All low risk births are datixed and reviewed for the appropriate place of birth.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Current Position	NA	NA	NA	NA	24.0%	14.4%	16.1%	19.4%	12.9%	14.4%	18.9%	14.6%	9.3%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
The Midwifery Birthing Unit in addition are risk assessing all low risk woman at 36 weeks and stating in the notes if they are suitable for The Midwifery Birthing Unit prior to admission in labour.	Jane Lovedale		



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

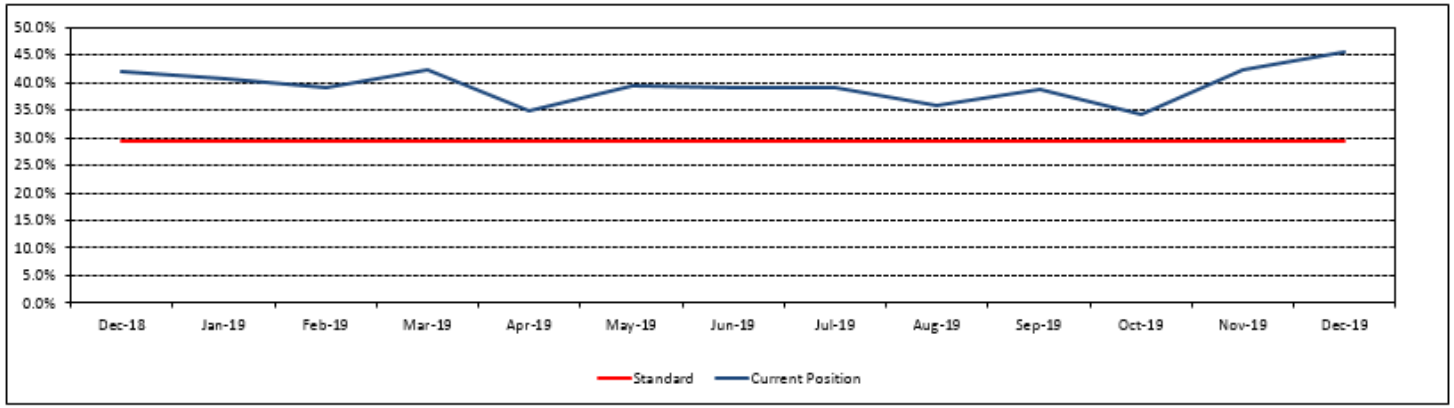
Indicator	Induction of Labour
Standard	29.3%
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

Induction of Labour remains at a higher level than our standard of 29.3%. We are currently looking to see if the data captured by the National Maternity and Perianal Audit is consistent with our dashboard data. It is suspected that the WSH includes all Induction of Labour including spontaneous rupture of membranes which are actually augmentation of labour and not Induction of Labour. Twin births are also included at the WSH but should not be included.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-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	42.1%	40.8%	39.0%	42.2%	35.0%	39.5%	39.0%	38.9%	35.8%	38.8%	34.3%	42.2%	45.6%

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Request data from the National Maternity and Perianal Audit re data collection.	Jane Lovedale		



69

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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

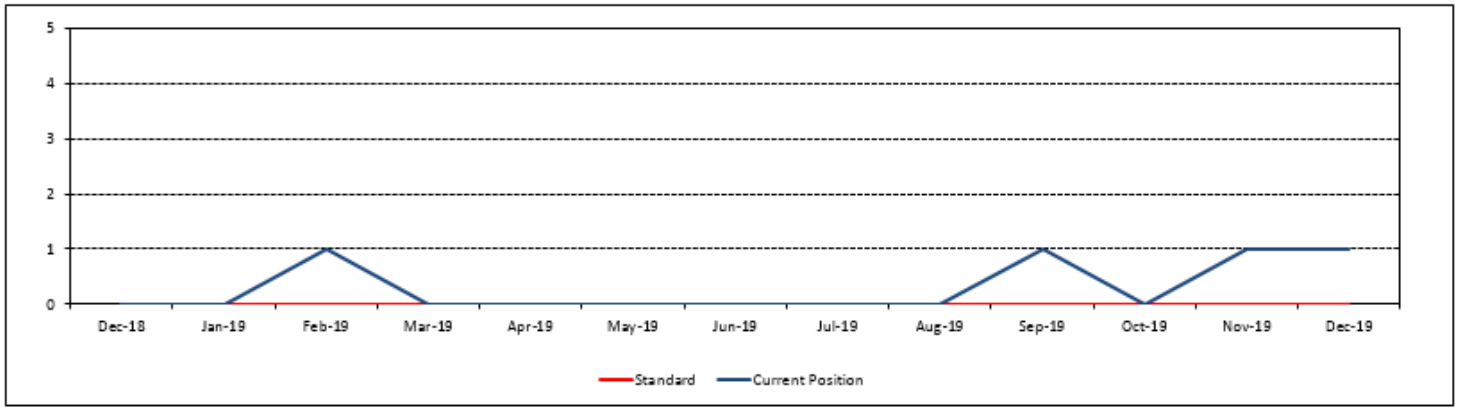
Indicator	No. of babies transferred for therapeutic cooling
Standard	0
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

Baby delivered this month in poor condition following a normal birth complicated by a tight cord around the neck. To reduce the incident of brain injury baby was transferred for therapeutic cooling. All cooled babies are classified as serious incidents and follow the trust process. As a term baby the investigation will be undertaken by the Health and Safety investigation Branch. Maternity services as part of the Matneo project aims to reduce the rate of brain injury by 20% by 2020. The maternity service is involved in improving Cardiotocography interpretation during labour as part of Saving babies lives Version 2.

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

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to work with Saving babies lives Version 2 to improve intrapartum care	Jane Lovedale		



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WEST SUFFOLK NHS FOUNDATION TRUST INTEGRATED PERFORMANCE - EXCEPTION REPORT

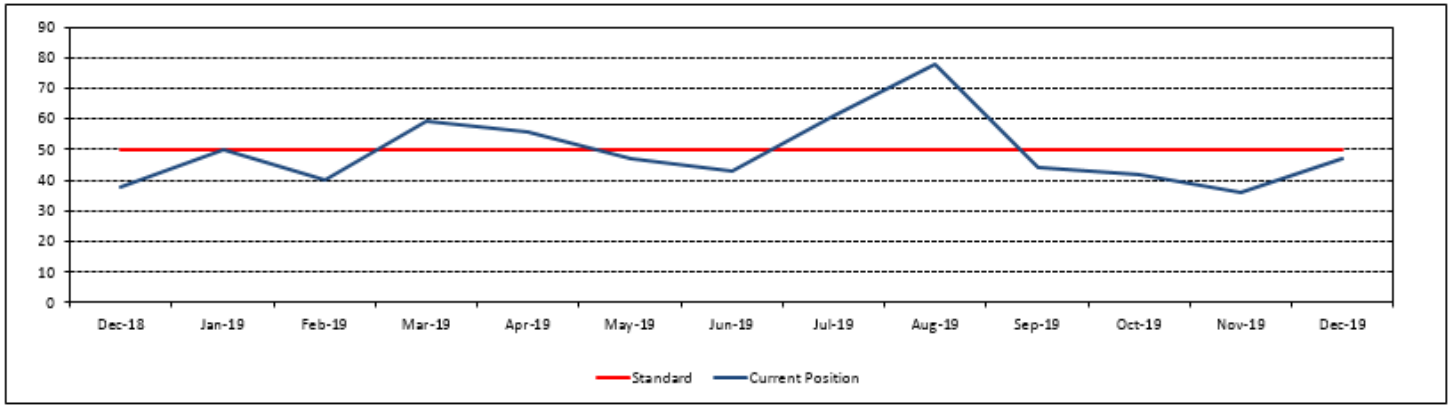
Indicator	Reported Clinical Incidents
Standard	50
Executive Lead	Rowan Procter
Month	Dec-19
Data Frequency	Monthly
CQC Area	Maternity

Summary of Current performance & Reasons for under performance

The reporting of incidents has increased this month to 47. This month births were down so the incident rate would be expected to be lower. Over the last few months we have put reminders out to staff. The Trigger list for reporting is visible in all areas. On average for the year we are about at our standard despite a lower birth rate.

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Standard	50	50	50	50	50	50	50	50	50	50	50	50	50
Current Position	38	50	40	59	56	47	43	61	78	44	42	36	47

Actions in place to recover the performance	Expected timeframes for improvements		
Description	Owner	Start	End
Continue to monitor highlight on risky Business.	Jane Lovedale		



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9. Finance and workforce report

To ACCEPT the report

For Report

Presented by Craig Black

Board of Directors – 31 January 2020

Agenda item:	9			
Presented by:	Craig Black, Executive Director of Resources			
Prepared by:	Nick Macdonald, Deputy Director of Finance			
Date prepared:	24th January 2020			
Subject:	Finance and Workforce Board Report – December 2019			
Purpose:		For information	x	For approval

Executive summary:
The reported I&E for December 2019 is a deficit of £1.2m, against a planned deficit of £0.5m. This results in an adverse variance of £0.7m in December (£5.8m YTD). The YTD loss is now £7.3m.

We have been in discussion with WS CCG around additional funding in line with our increased activity and have now agreed funding of £12m that will ensure we meet our control total to break even. This will mean we should receive all PSF/FRF. Therefore we have not submitted a re-forecast.

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 and to provide the delegated authority for the Board Assurance Statement to be signed off as required in relation to the formal re-forecast.

FINANCE AND WORKFORCE REPORT
DECEMBER 2019 (Month 9)

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

Financial Summary

I&E Position YTD	£7.4m	loss
Variance against plan YTD	-£5.8m	adverse
Movement in month against plan	-£0.7m	adverse
EBITDA position YTD	-£6.3m	adverse
EBITDA margin YTD	-3.3%	adverse
Total PSF Received	£7.271m	accrued
Cash at bank	£1.5m	

Executive Summary

- The planned deficit for the year to date was £1.5m but the actual deficit was £7.3m, an adverse variance of £5.8m.
- The reported position includes accruing for all FRF/PSF.
- The Trust is forecasting to meet its control total for 2019-20 which is to break even. This position includes funding associated with a significant increase in activity during 2019-20. As a result the Trust anticipates receiving all PSF/FRF associated with meeting its control total.
- This forecast requires delivering a recovery plan of £1.8m.

Key Risks

- Delivery of £8.9m CIP programme
- Delivery of £1.8m recovery plan
- Receipt of additional funding as agreed
- Containing demand within budgeted capacity

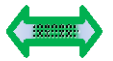
SUMMARY INCOME AND EXPENDITURE ACCOUNT - December 2019	Dec-19 Budget £m	Dec-19 Actual £m	Dec-19 Variance F/(A) £m	Year to date Budget £m	Year to date Actual £m	Year to date Variance F/(A) £m	Year end forecast Budget £m	Year end forecast Actual £m	Year end forecast Variance F/(A) £m
NHS Contract Income	17.9	17.9	0.0	163.7	164.1	0.4	217.8	229.3	11.5
Other Income	1.7	2.3	0.6	21.1	21.3	0.1	28.5	26.7	(1.8)
Total Income	**19.6**	**20.2**	**0.6**	**184.8**	**185.4**	**0.6**	**246.3**	**256.0**	**9.7**
Pay Costs	14.5	14.9	(0.4)	128.7	130.9	(2.1)	172.4	175.8	(3.4)
Non-pay Costs	6.6	6.5	0.1	58.8	60.9	(2.1)	78.4	79.3	(0.9)
Operating Expenditure	**21.1**	**21.4**	**(0.4)**	**187.5**	**191.7**	**(4.2)**	**250.8**	**255.1**	**(4.3)**
Contingency and Reserves	(1.1)	0.0	(1.1)	(3.1)	0.0	(3.1)	(6.3)	0.0	(6.3)
EBITDA excl STF	**(0.4)**	**(1.2)**	**(0.9)**	**0.4**	**(6.3)**	**(6.7)**	**1.9**	**0.9**	**(0.9)**
Depreciation	0.7	0.7	0.0	6.0	5.5	0.5	8.1	7.4	0.7
Finance costs	0.3	0.2	0.1	2.9	2.8	0.1	3.9	3.7	0.2
SURPLUS/(DEFICIT)	**(1.4)**	**(2.1)**	**(0.7)**	**(8.5)**	**(14.6)**	**(6.1)**	**(10.1)**	**(10.1)**	**0.0**
Provider Sustainability Funding (PSF)									
MRET, FRF/PSF - Financial Performance	0.9	0.9	0.0	7.0	7.3	0.3	10.1	10.4	0.3
SURPLUS/(DEFICIT) incl PSF	**(0.5)**	**(1.2)**	**(0.7)**	**(1.5)**	**(7.3)**	**(5.8)**	**0.0**	**0.3**	**0.3**

FINANCE AND WORKFORCE REPORT - DECEMBER 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 - DECEMBER 2019

Income and Expenditure Summary as at December 2019

The reported I&E for December 2019 is a deficit of £1.2m, against a planned deficit of £0.5m. This results in an adverse variance of £0.7m in December (£5.8m YTD).

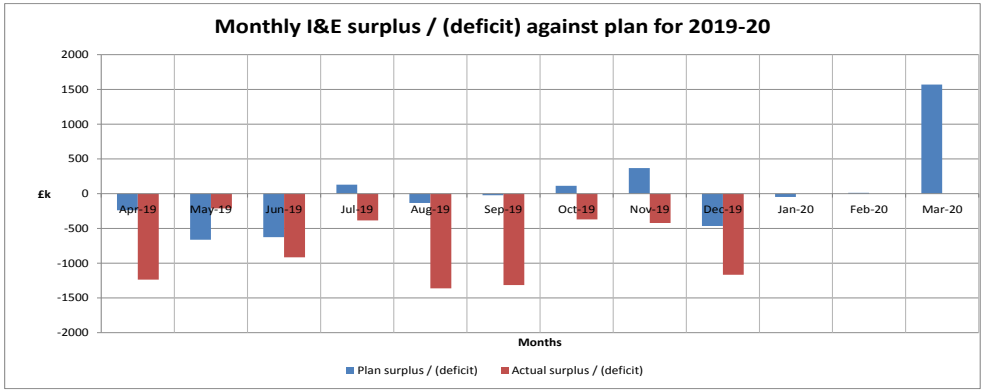
The YTD variance of £5.9m includes activity of £5.0m that is not chargeable under the GIC. Therefore the adverse position can be seen to be driven by demand.

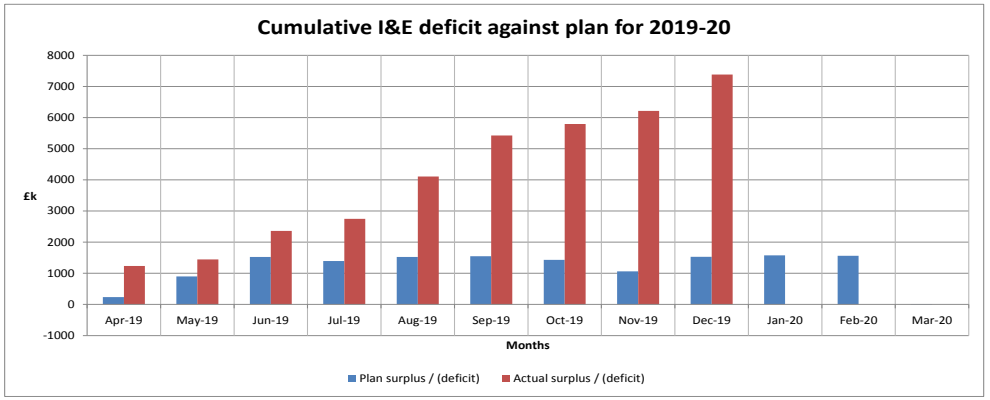
The Trust is forecasting to meet its control total for 2019-20 which is to break even. This position includes funding associated with a significant increase in activity during 2019-20. This additional income is not yet included in the YTD position.

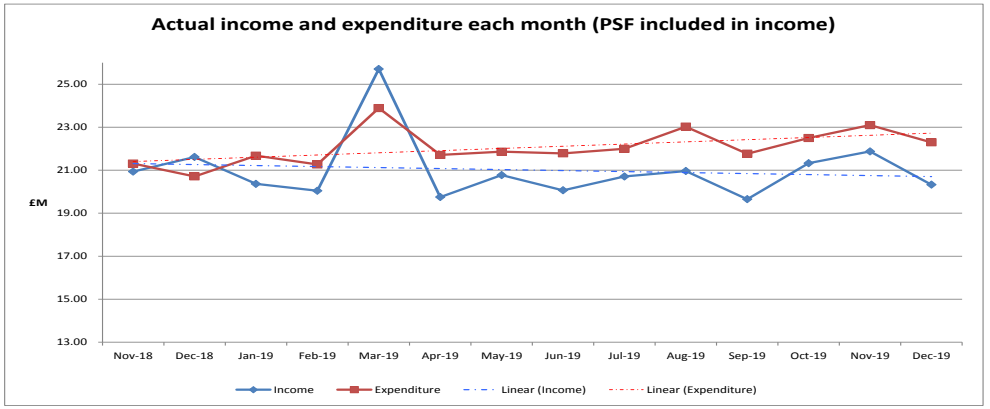
As a result the Trust anticipates receiving all PSF/FRF associated with meeting its control total.

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)	(464)	(1,167)	(702)	↓	Red
YTD surplus / (deficit)	(1,529)	(7,380)	(5,851)	↓	Red
Forecast surplus / (deficit)	9	(15,700)	(15,709)	↔	Red
EBITDA (excl STF) YTD	407	(6,340)	(6,747)	↓	Red
EBITDA (%)	0.2%	(3.3%)	(3.5%)	↓	Red
Clinical Income YTD	(156,769)	(157,188)	419	↑	Green
Non-Clinical Income YTD	(35,051)	(35,469)	418	↑	Amber
Pay YTD	128,748	130,859	(2,111)	↓	Red
Non-Pay YTD	64,601	69,179	(4,578)	↓	Red
CIP target YTD	7,024	7,053	29	↑	Amber







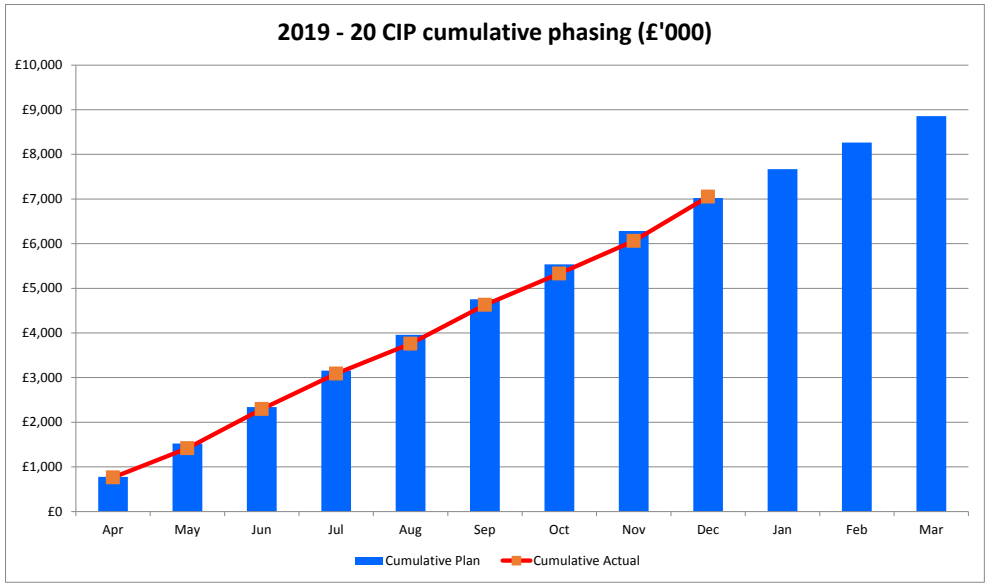
FINANCE AND WORKFORCE REPORT - DECEMBER 2019

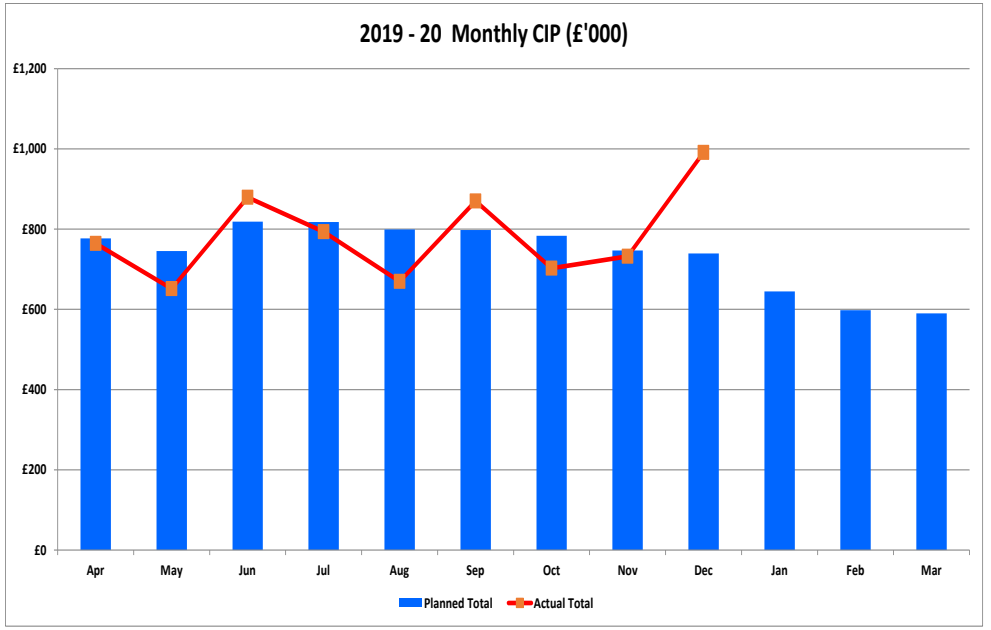
Cost Improvement Programme (CIP) 2019-20

In order to deliver the Trust's control target in 2019-20 we needed to deliver a CIP of £8.9m (4%). By December we planned to achieve £7,024k (79.3% of the annual plan) but achieved £7,053k (ahead of plan, being 79.6%). The improvement during December is due to savings made against biosimilar drugs exceeding the plan.

We have also developed a Financial Recovery Plan (FRP) to deliver £1.8m of savings this year. Savings against this target have been minimal to date. The January Board paper will detail the profile and actual savings against the FRP.

Recurring/Non Recurring Summary	2019-20 Annual Plan	Plan YTD	Actual YTD
	£'000	£'000	£'000
Recurring			
Outpatients	100	75	59
Procurement	731	546	751
Activity growth	-	-	-
Additional sessions	15	11	2
Community Equipment Service	575	541	454
Drugs	1,840	1,693	1,733
Estates and Facilities	60	44	46
Other	1,344	843	1,058
Other Income	1,743	1,411	1,430
Pay controls	361	269	218
Service Review	20	13	8
Staffing Review	1,076	830	668
Theatre Efficiency	178	125	71
Recurring Total	**8,044**	**6,401**	**6,496**
Non-Recurring			
Estates and Facilities	87	69	-
Other	350	264	95
Pay controls	376	291	461
Non-Recurring Total	**812**	**623**	**557**
Grand Total	**8,856**	**7,024**	**7,053**

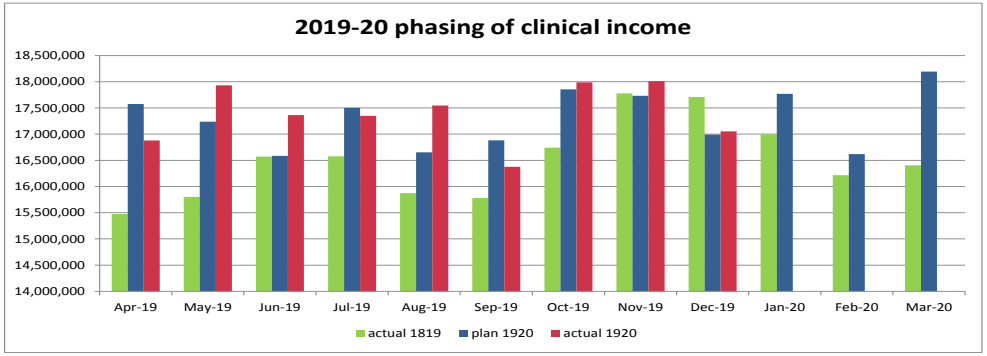




FINANCE AND WORKFORCE REPORT - DECEMBER 2019

Income Analysis

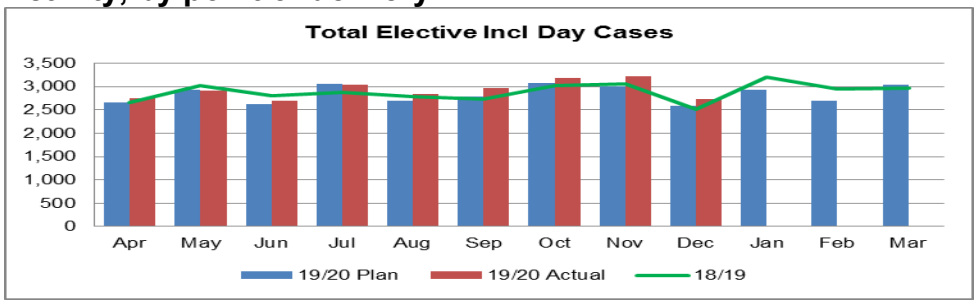
The chart below demonstrates the phasing of all clinical income plan for 2019-20, including Community Services. This phasing is in line with phasing of activity.

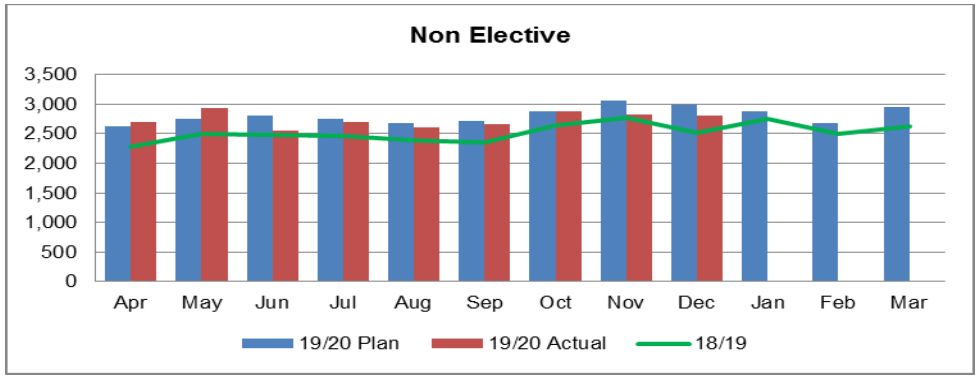


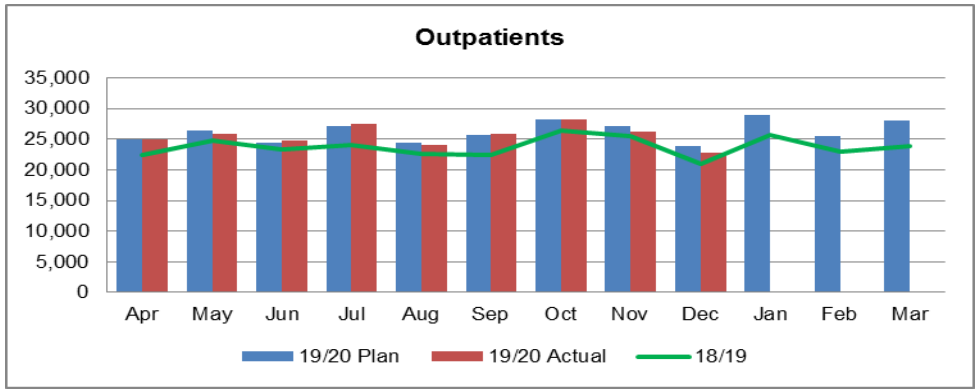
The income position was better than plan for December. The main areas of underperformance were within Other Service and Elective.

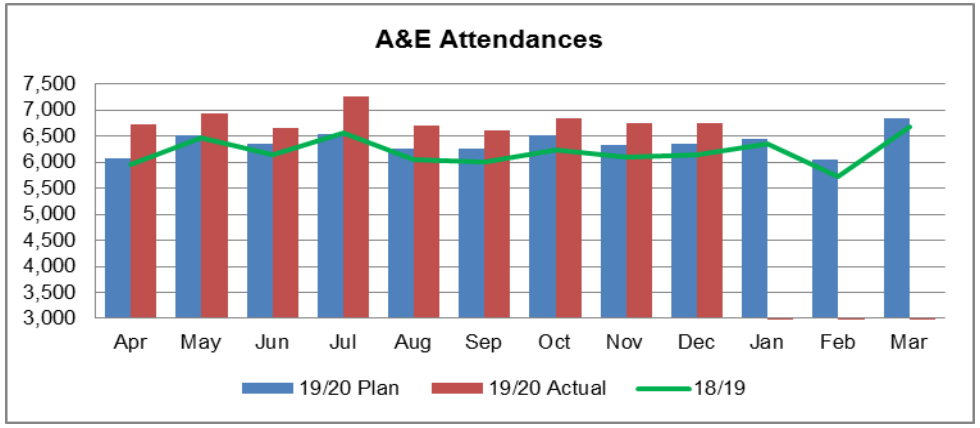
	Current Month			Year to Date		
Income (£000s)	Plan	Actual	Variance	Plan	Actual	Variance
Accident and Emergency	905	976	71	8,138	8,829	691
Other Services	2,154	2,239	85	20,107	20,196	89
CQUIN	170	169	(1)	1,546	1,542	(5)
Elective	2,546	2,632	85	25,029	24,926	(104)
Non Elective	6,576	6,454	(122)	55,899	55,326	(574)
Emergency Threshold Adjustment	(363)	(363)	0	(3,104)	(3,104)	0
Outpatients	2,882	2,803	(79)	27,946	27,856	(90)
Community	2,988	2,988	0	28,134	28,539	405
Total	**17,859**	**17,899**	**39**	**163,695**	**164,108**	**414**

Activity, by point of delivery



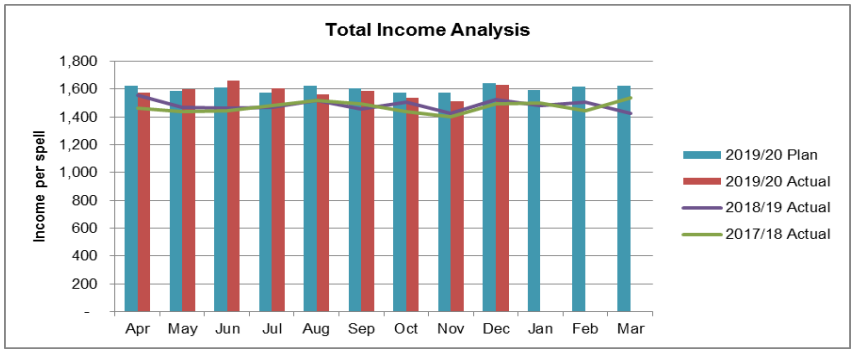


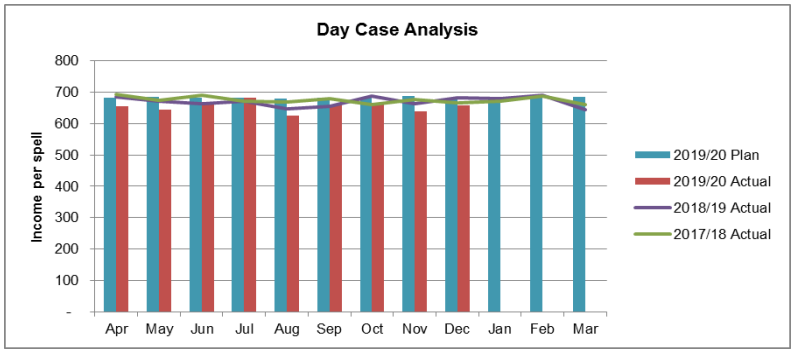


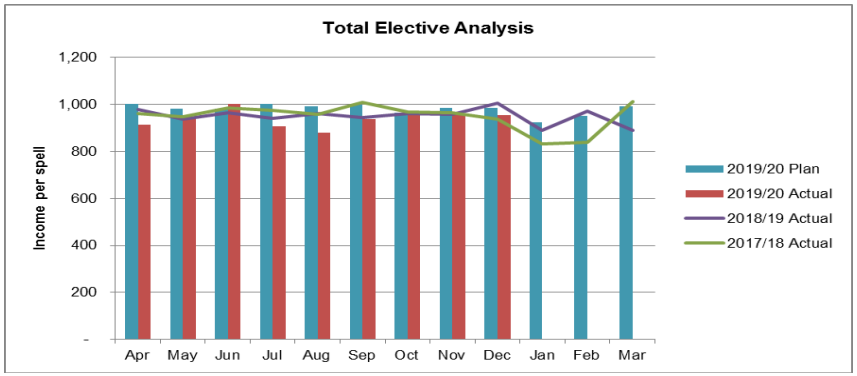


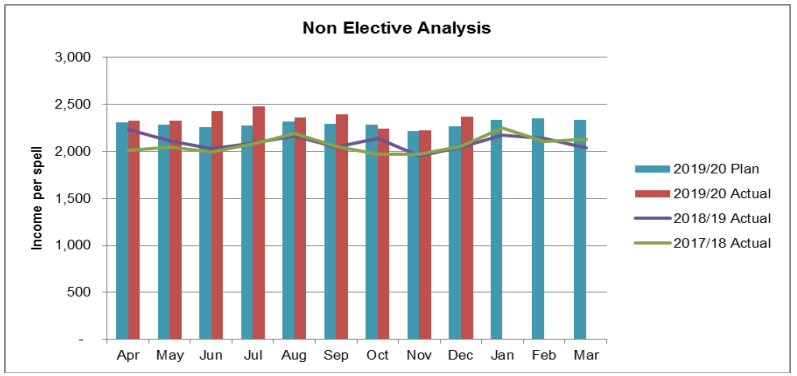
FINANCE AND WORKFORCE REPORT - DECEMBER 2019

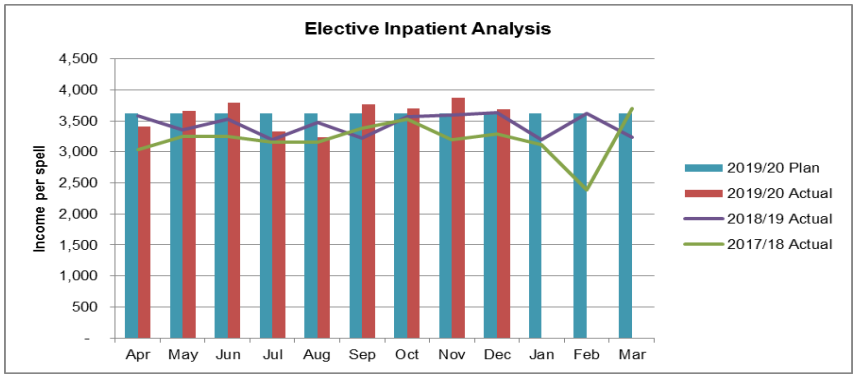
Trends and Analysis

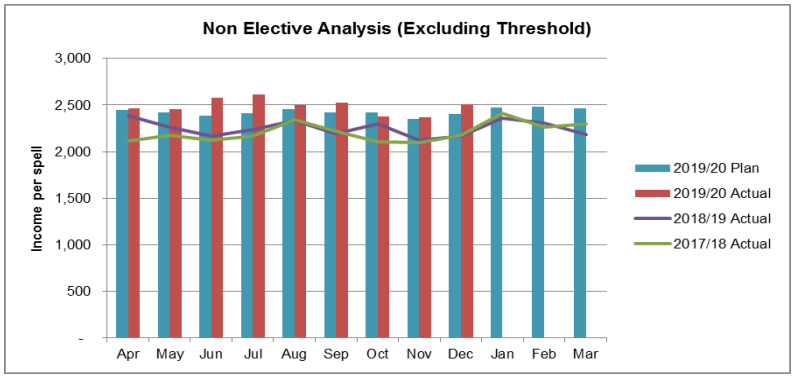












FINANCE AND WORKFORCE REPORT - DECEMBER 2019

Workforce

Monthly Expenditure (£) Acute services only				
As at December 2019	Dec-19	Nov-19	Dec-18	YTD 2019/20
	£'000	£'000	£'000	£'000
Budgeted costs in month	**12,723**	**13,836**	**11,827**	**113,219**
Substantive Staff	11,663	11,596	10,623	101,810
Medical Agency Staff (includes 'contracted in' staff)	160	191	246	1,410
Medical Locum Staff	350	163	294	2,436
Additional Medical sessions	189	189	266	2,354
Nursing Agency Staff	106	109	164	1,273
Nursing Bank Staff	331	301	233	2,520
Other Agency Staff	65	85	39	636
Other Bank Staff	151	137	122	1,278
Overtime	51	60	157	1,137
On Call	76	69	53	613
Total temporary expenditure	1,480	1,304	1,574	13,658
Total expenditure on pay	**13,144**	**12,900**	**12,197**	**115,468**
Variance (F/(A))	(420)	936	(370)	(2,249)
Temp Staff costs % of Total Pay	11.3%	10.1%	12.9%	11.8%
Memo : Total agency spend in month	331	385	449	3,319

Monthly Whole Time Equivalents (WTE) Acute Services only			
As at December 2019	Dec-19	Nov-19	Dec-18
	WTE	WTE	WTE
Budgeted WTE in month	**3,356.4**	**3,354.0**	**3,229.7**
Employed substantive WTE in month	3115.16	3110.97	2925.43
Medical Agency Staff (includes 'contracted in' staff)	10.37	9.93	13.82
Medical Locum	29.96	13.81	22.8
Additional Sessions	16.26	16.74	33.53
Nursing Agency	13.9	95.54	73.22
Nursing Bank	103.37	10.92	6.3
Other Agency	8.15	57.11	54.02
Other Bank	62.35	16.71	20.27
Overtime	12.52	14.98	44.58
On call Worked	6.71	6.87	6.96
Total equivalent temporary WTE	**263.6**	**242.6**	**275.5**
Total equivalent employed WTE	**3,378.8**	**3,353.6**	**3,200.9**
Variance (F/(A))	(22.4)	0.4	28.7
Temp Staff WTE % of Total Pay	7.8%	7.2%	8.6%
Memo : Total agency WTE in month	32.4	162.6	141.1
Sickness Rates (November/October)	3.85%	3.97%	3.13%
Mat Leave	2.08%	2.12%	2.90%

Monthly Expenditure (£) Community Service Only				
As at December 2019	Dec-19	Nov-19	Dec-18	YTD 2019-20
	£'000	£'000	£'000	£'000
Budgeted costs in month	**1,760**	**1,802**	**1,565**	**15,529**
Substantive Staff	1,689	1,670	1,478	14,674
Medical Agency Staff (includes 'contracted in' staff)	12	9	12	98
Medical Locum Staff	3	3	3	37
Additional Medical sessions	0	2	0	9
Nursing Agency Staff	16	6	16	144
Nursing Bank Staff	21	21	21	237
Other Agency Staff	8	(2)	14	40
Other Bank Staff	10	7	16	67
Overtime	4	4	7	53
On Call	3	4	4	32
Total temporary expenditure	77	55	93	717
Total expenditure on pay	**1,766**	**1,725**	**1,571**	**15,391**
Variance (F/(A))	(6)	77	(6)	139
Temp Staff costs % of Total Pay	4.4%	3.2%	5.9%	4.7%
Memo : Total agency spend in month	35	13	41	282

Monthly Whole Time Equivalents (WTE) Community Services Only			
As at December 2019	Dec-19	Nov-19	Dec-18
	WTE	WTE	WTE
Budgeted WTE in month	**542.06**	**542.09**	**486.25**
Employed substantive WTE in month	511.43	506.78	468.13
Medical Agency Staff (includes 'contracted in' staff)	0.74	0.55	0.74
Medical Locum	0.35	0.35	0.35
Additional Sessions	0.00	0.00	0.00
Nursing Agency	2.25	0.87	2.70
Nursing Bank	6.44	6.37	7.20
Other Agency	3.25	0.56	5.09
Other Bank	2.33	1.89	3.62
Overtime	1.42	1.32	2.27
On call Worked	0.01	0.01	0.00
Total equivalent temporary WTE	**16.8**	**11.9**	**22.0**
Total equivalent employed WTE	**528.2**	**518.7**	**490.1**
Variance (F/(A))	13.84	23.39	(3.85)
Temp Staff WTE % of Total Pay	3.2%	2.3%	4.5%
Memo : Total agency WTE in month	6.2	2.0	8.5
Sickness Rates (November/October)	4.14%	3.98%	5.44%
Mat Leave	3.21%	3.00%	3.57%

FINANCE AND WORKFORCE REPORT - DECEMBER 2019

Pay Trends and Analysis

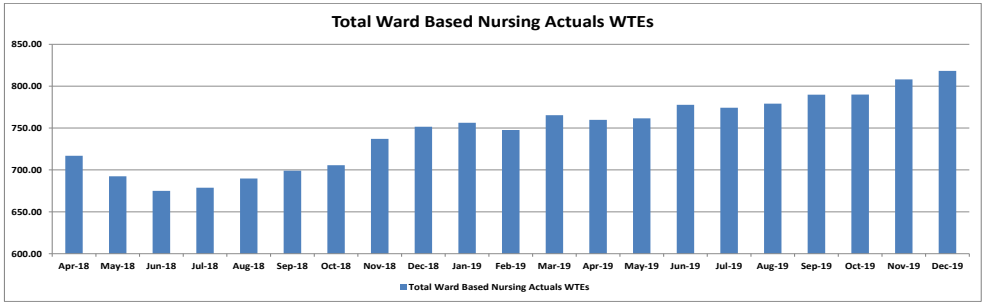
Nursing – Staffing levels

The tables below compare actual registered and unregistered nursing within ward based and non-ward based services between April 18 and December 2019.

It should be noted that during 2018 bay based nursing was introduced which created around 45 unregistered posts and reduced the establishment for registered nursing. Whilst the mix of staff will have changed the total numbers should remain much the same (if there has been no increase in beds). However, over the last 12 months there has been a total increase in nursing of 66.6 WTEs (8.9%) in ward based areas, and 101 WTEs since April 2018 (14.1%).

	Dec 18 to Dec 19			April 18 to December 19		
Nursing WTE Actual Increase / (Decrease)	Ward Based	Non Ward Based	Total	Ward Based	Non Ward Based	Total
Registered	22.47	30.47	**52.94**	16.54	50.73	**67.27**
Unregistered	44.16	11.50	**55.66**	84.72	6.63	**91.35**
Total	66.63	41.97	**108.60**	101.26	57.36	**158.62**

	Dec 18 to Dec 19		
Nursing WTE % Increase / (Decrease)	Ward Based	Non Ward Based	Total
Registered	5.6%	4.5%	**4.9%**
Unregistered	12.5%	6.7%	**10.6%**
Total	8.9%	4.9%	**6.8%**

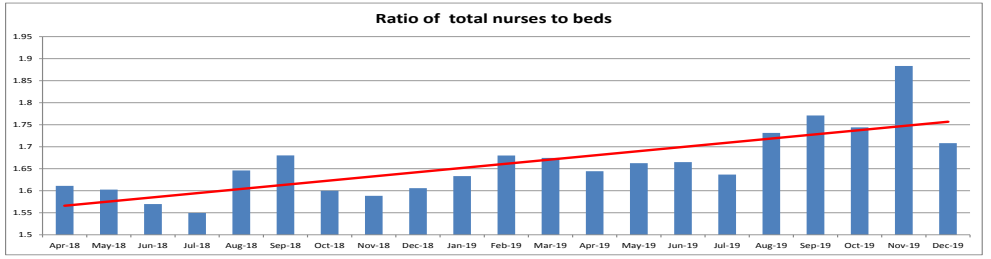


Due to increasing bed capacity the next table compares ward based nursing WTEs with average beds open in each month to demonstrate whether the increase in staffing is in line with growth in capacity. Looking at the total increase in nursing negates changes associated with the implementation of bay based nursing. It can be seen that the ratio of total nurses to beds has increased from 1.61 WTE per bed to 1.71 WTE, an increase of 6.0%.

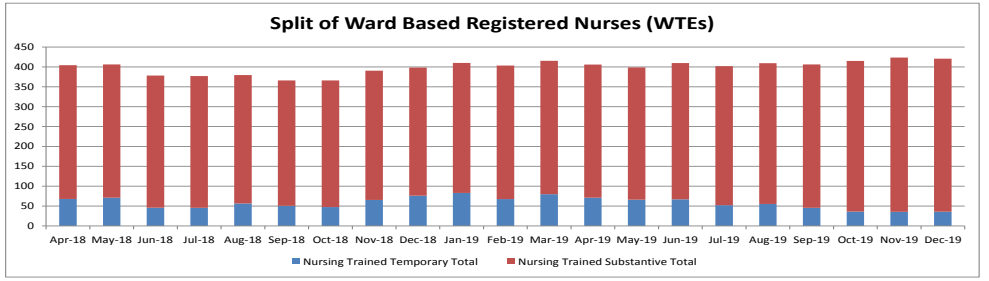
WTEs incl A&E	Apr-18	Apr-19	May-18	May-19	Jun-18	Jun-19	Jul-18	Jul-19	Aug-18	Aug-19	Sep-18	Sep-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	
Registered WTEs	404	406	406	399	378	410	377	402	380	409	366	406	366	415	390	423	398	421	
Unregistered WTEs	313	354	286	363	297	368	302	372	310	370	333	384	340	375	347	385	353	397	
Total	717	760	692	762	675	778	679	774	690	779	699	790	706	790	737	808	752	818	114.1%

All wards incl A&E	Apr-18	Apr-19	May-18	May-19	Jun-18	Jun-19	Jul-18	Jul-19	Aug-18	Aug-19	Sep-18	Sep-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	yr on yr
Registered per bed (incl Agency)	0.91	0.88	0.94	0.87	0.88	0.88	0.86	0.85	0.91	0.91	0.88	0.91	0.83	0.92	0.84	0.99	0.85	0.88	103.2%
Unregistered per bed	0.70	0.77	0.66	0.79	0.69	0.79	0.69	0.79	0.74	0.82	0.80	0.86	0.77	0.83	0.75	0.90	0.75	0.83	109.9%
Total Nursing per bed	1.61	1.64	1.60	1.66	1.57	1.67	1.55	1.64	1.65	1.73	1.68	1.77	1.60	1.74	1.59	1.88	1.61	1.71	106.4%

Excluding A&E	Apr-18	Apr-19	May-18	May-19	Jun-18	Jun-19	Jul-18	Jul-19	Aug-18	Aug-19	Sep-18	Sep-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	yr on yr
Registered per bed (incl Agency)	0.76	0.73	0.79	0.74	0.75	0.73	0.72	0.71	0.76	0.76	0.74	0.76	0.68	0.76	0.69	0.82	0.73	0.74	101.8%
Unregistered per bed	0.65	0.72	0.61	0.74	0.64	0.73	0.64	0.73	0.69	0.77	0.75	0.81	0.72	0.77	0.70	0.84	0.71	0.77	109.1%
Total Nursing per bed	1.42	1.45	1.41	1.48	1.39	1.46	1.36	1.44	1.44	1.52	1.49	1.56	1.40	1.53	1.39	1.66	1.44	1.51	105.4%

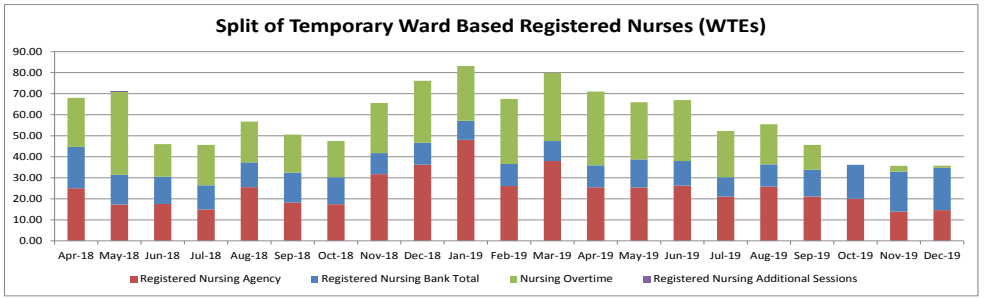


Excluding escalation areas there were 54.9 WTE vacancies at the end of December 2019 (49.9 WTE last month). The tables below demonstrate the split between substantive and non-substantive nurses in ward based areas and how these were filled, as well as a table demonstrating the net vacancies after filling vacancies with temporary staff.

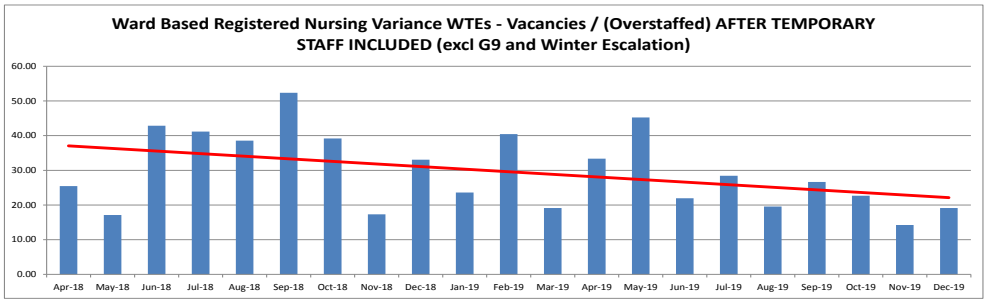


We used 35.8 temporary WTEs to fill the majority of vacant posts during December (35.7 WTE last month). Ward based nursing overtime has almost ceased, although this has resulted in a small increase in bank usage.

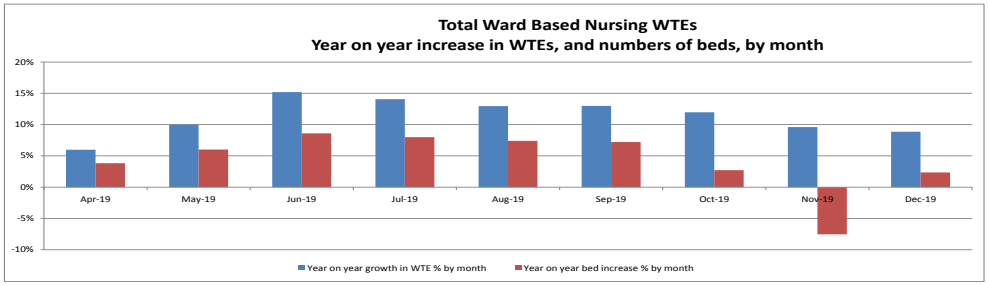
FINANCE AND WORKFORCE REPORT - DECEMBER 2019



However, after using temporary nursing staff there remained 19.1 WTE uncovered Ward Based Registered Nursing Vacancies during December 2019 (14.2 WTE in November, average of 30 WTE from April 2018 to November 2019)



The following graph shows the % growth in WTEs comparing the same month in 2019 to 2018. This is charted against the % growth in bed numbers in the same month. In total there has been a 13% increase in staffing, and whilst the bed base has fluctuated it has usually increased by around half of this.



Note that November 2019 bed numbers appear to be very low. This is due to F10 being closed (and only 11 beds in October) and Bays 4 and 5 being closed on F7.

Division	Ward Area	Sum of plan november 19	Sum of Actual november 19	NET Vacancies (over / (under)) November 19	Sum of plan december 19	Sum of Actual december 19	NET Vacancies (over / (under)) December 19
Medical Services	A&E Medical Staff	6.12	7.05	0.93	6.12	7.14	1.02
	Accident & Emergency	64.46	64.05	(0.41)	64.46	59.59	(4.87)
	C.C.U.	0	0	0.00	0	0	0.00
	Ward F9	20.85	19.1	(1.75)	20.85	18.36	(2.49)
	Ward F12	11.27	9.73	(1.54)	11.27	11.19	(0.08)
	Ward G1 Hardwick Unit	23.74	22.37	(1.37)	23.74	22.61	(1.13)
	Cardiac Ward	22.6	18.99	(3.61)	22.6	20.54	(2.06)
	Ward G4	19.78	18.2	(1.58)	19.78	18.85	(0.93)
	Ward G5	18.93	18.58	(0.35)	18.93	18.99	0.06
	Ward G8	24.62	26.54	1.92	24.62	26.59	1.97
	Medical Treatment Unit	7.04	7.2	0.16	7.04	7.25	0.21
	Respiratory Ward	20.69	18.66	(2.03)	20.69	21.89	1.20
	Cardiac Centre	40.14	37.81	(2.33)	40.14	35.51	(4.63)
	AAU	27.3	23.91	(3.39)	27.3	21.71	(5.59)
	Ward F7 Short Stay	22.66	23.11	0.45	22.66	23.91	1.25
Medical Services Total		330.2	315.3	(14.90)	330.2	314.13	(16.07)
Surgical Services	Ward F3	19.57	22.13	2.56	19.57	19.46	(0.11)
	Ward F4	13.78	14.25	0.47	13.78	14.92	1.14
	Ward F5	19.59	18.86	(0.73)	19.59	18.92	(0.67)
	Ward F6	19.57	19.17	(0.40)	21.41	18.37	(3.04)
Surgical Services Total		72.51	74.41	1.90	74.35	71.67	(2.68)
Woman & Children S	Gynae Ward (On F14)	10.78	10.3	(0.48)	10.78	10.04	(0.74)
Woman & Children Services Total		10.78	10.3	(0.48)	10.78	10.04	(0.74)
Community	Newmarket Hosp-Rosemary ward	12.43	11.61	(0.82)	12.43	12.75	0.32
	Community - Glastonbury Court	11.69	11.75	0.06	11.69	11.72	0.03
Community Total		24.12	23.36	(0.76)	24.12	24.47	0.35
Grand Total		**437.61**	**423.37**	**(14.24)**	**439.45**	**420.31**	**(19.14)**

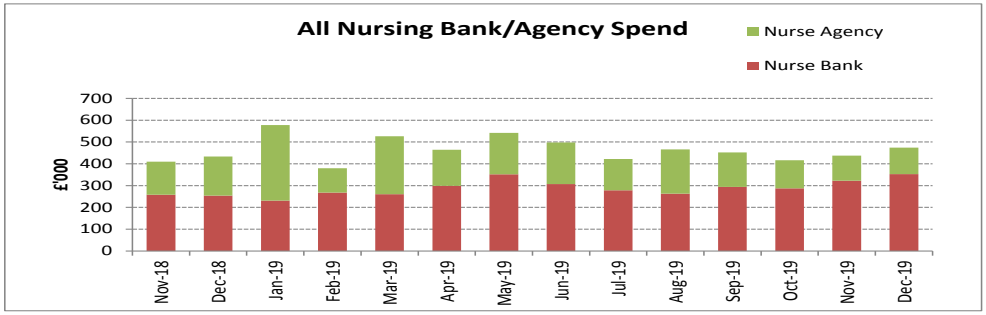
Ward Based Unregistered Nurses were over established by 42.33 WTE during December after utilising temporary unregistered nurses, broken down as below :

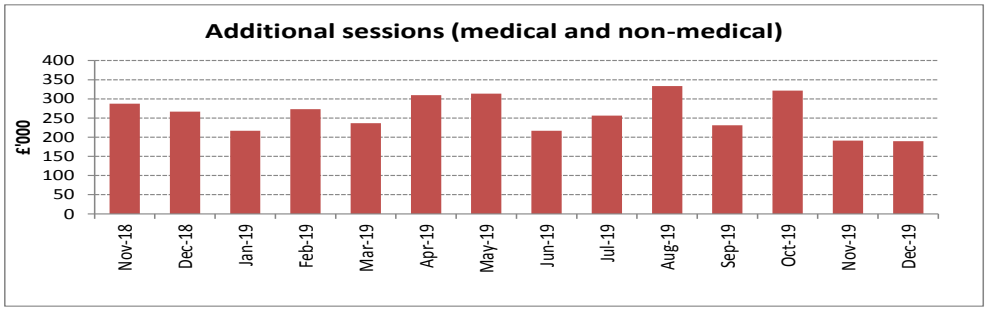
Division	Ward Area	Sum of plan november 19	Sum of Actual november 19	NET Vacancies (over / (under)) November 19	Sum of plan december 19	Sum of Actual december 19	NET Vacancies (over / (under)) December 19
Medical Services	Accident & Emergency	26.51	25.48	(1.03)	26.51	26.36	(0.15)
	C.C.U.	0	0	0.00	0	0	0.00
	Ward F9	23.18	26.72	3.54	23.18	29.13	5.95
	Ward F12	5.15	5.95	0.80	5.15	6.6	1.45
	Ward G1 Hardwick Unit	9.01	12.4	3.39	9.01	12.34	3.33
	Cardiac Ward	25.8	28.06	2.26	25.8	28.44	2.64
	Ward G4	25.03	28.29	3.26	25.03	26.09	1.06
	Ward G5	23.18	28.1	4.92	23.18	33.08	9.90
	Ward G8	25.13	26.28	1.15	25.13	27.34	2.21
	Ward G9 Escalation Ward	0	0	0.00	0	0	0.00
	Respiratory Ward	21.13	23.23	2.10	21.13	23.65	2.52
	Cardiac Centre	15.2	18.82	3.62	15.2	19.08	3.88
	AAU	29.8	29.68	(0.12)	29.8	30.86	1.06
	Ward F7 Short Stay	31.94	27.05	(4.89)	31.94	28.44	(3.50)
Medical Services Total		261.06	280.06	19.00	261.06	291.41	30.35
Surgical Services	Ward F3	22.26	27.31	5.05	23.11	26.72	3.61
	Ward F4	10.46	12.01	1.55	10.46	12.71	2.25
	Ward F5	15.36	17.83	2.47	15.36	17.11	1.75
	Ward F6	15.36	18.45	3.09	18.04	19.27	1.23
Surgical Services Total		63.44	75.6	12.16	66.97	75.81	8.84
Woman & Children Ser	Gynae Ward (On F14)	1	3.03	2.03	1	2.52	1.52
Woman & Children Services Total		1	3.03	2.03	1	2.52	1.52
Community	Newmarket Hosp-Rosemary ward	13.47	13.79	0.32	13.47	13.78	0.31
	Community - Glastonbury Court	12.64	12.14	(0.50)	12.64	13.95	1.31
Community Total		26.11	25.93	(0.18)	26.11	27.73	1.62
Grand Total		**351.61**	**384.62**	**33.01**	**355.14**	**397.47**	**42.33**

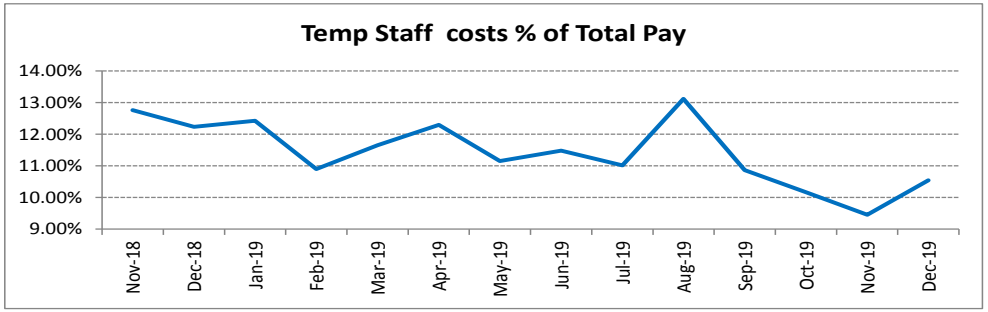
FINANCE AND WORKFORCE REPORT - DECEMBER 2019

Pay Costs and Analysis

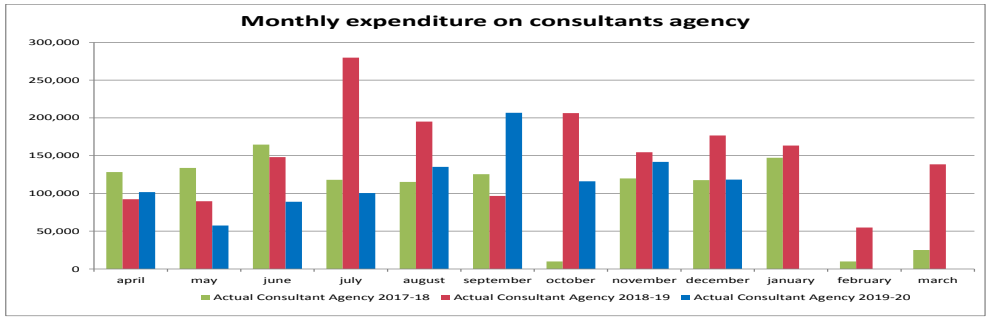
During December the Trust has overspent by £427k on pay (£2.1m YTD).





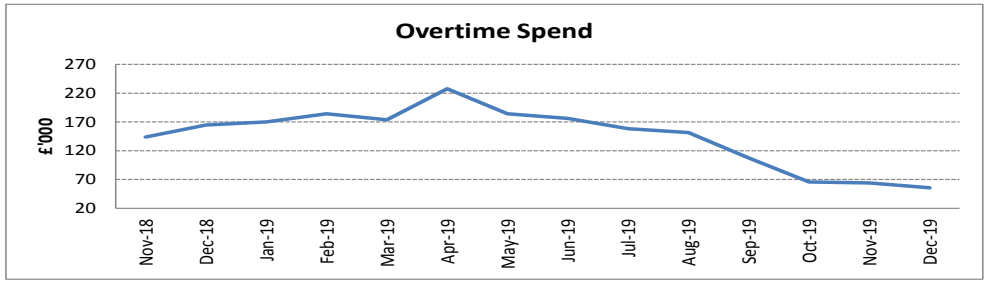


The Trusts proportion of temporary pay expenditure fell to 10.2% in October and is down to 9.5% in November, increasing to 10.5% during December. If we had eradicated the premium paid for agency staff, locums and additional sessions this would have been 8.5%. We are therefore aiming to improve the proportion of temporary pay spend to below 9%.



Temporary Expenditure on Medical Staff 2019-20	Average M1-7	Actual Nov 19	Actual Dec 19	Forecast Jan 20	Forecast Feb 20	Forecast March 20	Forecast Total Year End	Forecast Year End Adverse Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
A&E Medical Staff	140	95	186	133	133	133	1,664	1,174
Gastroenterology	59	-6	6	30	30	30	500	340
Diabetes	34	67	19	33	33	33	421	362
Cardiology	37	31	32	24	24	24	391	203
Junior Doctors - On Take Teams	20	54	18	56	34	34	340	112
General Surgery	31	20	27	18	18	18	321	176
Stroke	23	18	72	-18	21	21	276	239
Anaesthetics	30	-6	15	15	15	15	260	161
Care of the Elderly	21	7	22	17	17	17	231	108
Urology	15	33	18	20	20	20	215	145
Dermatology	20	18	17	6	6	6	192	103
Clinical Haematology	10	25	21	42	28	4	190	180
Plastic Surgery	22	14	5	5	5	5	189	134
Community Paeds Medical Servs	15	13	15	16	16	16	181	140
Microbiology	1	6	29	29	29	29	131	131
Grand Total (for those cost centres forecasting > £100k adverse variance)	**478**	**390**	**502**	**428**	**431**	**407**	**5,503**	**3,708**

Overtime costs are falling as a result of an initiative to replace planned overtime with bank shifts (that do not attract the overtime premium).



FINANCE AND WORKFORCE REPORT - DECEMBER 2019

Summary by Division

DIRECTORATES INCOME AND EXPENDITURE ACCOUNTS (NET CONTRIBUTION) - December 2019

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	(7,022)	(7,036)	14	(64,182)	(65,230)	1,048
Pay Costs	4,167	4,177	(10)	36,482	36,984	(502)
Non-pay Costs	1,704	1,732	(29)	14,395	14,106	289
Operating Expenditure	**5,870**	**5,909**	**(39)**	**50,877**	**51,091**	**(214)**
SURPLUS / (DEFICIT)	**1,152**	**1,126**	**(25)**	**13,305**	**14,140**	**834**
SURGERY						
Total Income	(5,222)	(4,552)	(670)	(47,944)	(47,016)	(928)
Pay Costs	3,122	3,209	(87)	27,932	28,444	(512)
Non-pay Costs	1,155	1,200	(45)	10,517	10,359	158
Operating Expenditure	**4,278**	**4,410**	**(132)**	**38,449**	**38,803**	**(354)**
SURPLUS / (DEFICIT)	**944**	**142**	**(802)**	**9,495**	**8,213**	**(1,282)**
WOMENS and CHILDRENS						
Total Income	(1,882)	(1,919)	37	(17,598)	(17,293)	(306)
Pay Costs	1,224	1,276	(52)	11,014	11,334	(320)
Non-pay Costs	167	168	(1)	1,412	1,397	15
Operating Expenditure	**1,390**	**1,443**	**(53)**	**12,426**	**12,731**	**(305)**
SURPLUS / (DEFICIT)	**491**	**476**	**(16)**	**5,172**	**4,561**	**(610)**
CLINICAL SUPPORT						
Total Income	(813)	(868)	55	(7,558)	(7,656)	98
Pay Costs	1,521	1,541	(21)	13,709	13,623	86
Non-pay Costs	1,051	1,161	(110)	9,488	10,360	(871)
Operating Expenditure	**2,572**	**2,702**	**(130)**	**23,197**	**23,982**	**(785)**
SURPLUS / (DEFICIT)	**(1,759)**	**(1,834)**	**(75)**	**(15,639)**	**(16,327)**	**(687)**
COMMUNITY SERVICES						
Total Income	(2,464)	(2,506)	42	(30,081)	(30,308)	227
Pay Costs	2,351	2,387	(36)	20,824	20,817	7
Non-pay Costs	903	993	(90)	9,037	9,643	(606)
Operating Expenditure	**3,254**	**3,379**	**(126)**	**29,861**	**30,460**	**(599)**
SURPLUS / (DEFICIT)	**(790)**	**(874)**	**(84)**	**221**	**(152)**	**(373)**
ESTATES and FACILITIES						
Total Income	(445)	(447)	1	(3,760)	(3,689)	(71)
Pay Costs	874	846	28	7,866	7,815	51
Non-pay Costs	635	683	(48)	5,394	5,746	(353)
Operating Expenditure	**1,509**	**1,528**	**(20)**	**13,259**	**13,561**	**(302)**
SURPLUS / (DEFICIT)	**(1,063)**	**(1,082)**	**(18)**	**(9,500)**	**(9,872)**	**(373)**
CORPORATE (excl Reserves)						
Total Income	(2,679)	(3,802)	1,123	(20,847)	(21,465)	618
Pay Costs	1,224	1,474	(250)	10,921	11,841	(920)
Non-pay Costs (net of Contingency and Reserves)	(120)	570	(690)	5,582	9,257	(3,675)
Finance & Capital	1,015	880	135	8,927	8,311	616
Operating Expenditure	**2,119**	**2,924**	**(804)**	**25,430**	**29,408**	**(3,979)**
SURPLUS / (DEFICIT)	**560**	**878**	**319**	**(4,583)**	**(7,943)**	**(3,361)**
TOTAL						
Total Income	(20,528)	(21,130)	602	(191,970)	(192,657)	687
Pay Costs	14,483	14,910	(427)	128,748	130,859	(2,111)
Non-pay Costs	5,494	6,507	(1,013)	55,825	60,868	(5,043)
Finance & Capital	1,015	880	135	8,927	8,311	616
Operating Expenditure	**20,992**	**22,296**	**(1,304)**	**193,499**	**200,037**	**(6,538)**
SURPLUS / (DEFICIT)	**(464)**	**(1,167)**	**(702)**	**(1,529)**	**(7,380)**	**(5,851)**

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).

Page 11

Medicine (Nicola Cottington)

The division is behind plan in month by £952k, (£93k YTD).

Pay expenditure exceeded plan by £10k in month, driven by overspends in Medical Staffing (£24k) and Admin and Clerical (£10k) netted against an underspend in Nursing (£24k). The use of temporary recruitment to cover substantive consultant vacancies and sick leave is noted in Cardiology, Stroke and Clinical Haematology. ED recorded a £37k variance above plan in month (inclusive of the budget adjustment recorded in November) reflecting the need for temporary cover for the continued vacancies in middle grade and consultant posts, and increased activity against both prior year and plan (10% and 15% respectively).

The non-pay budget is £29k overspent in month. The decrease noted in consumables spend across cardiology in November (£58k) has reversed in December with a £7k adverse variance. This is in line with the rise in activity noted throughout 19-20. One off spend on flu-testing in ED (£7k) as well as increased consumables (£18k) offset the continued under spend on drugs (£8k in month, £280k YTD).

Overall, the Medicine Division is now forecasting a £109k overspend (excluding clinical income) for this financial year. The division is progressing a further FRP scheme through the QIA process and are working on delivering the benefits to continue to improve the forecast position and bring the division to a breakeven position for the year.

Surgery (Simon Taylor)

The division reported an adverse variance of £802k in December (£1.3m YTD).

Income has underachieved by (£670k) in month and underachieved (£928k) year to date (YTD). Most specialities did not achieve against the elective plan with the exception of T&O. The non-elective variance was mostly caused by a reduction in T&O activity. Surgery has over achieved against outpatient and critical care plans.

Pay overspent by £87k in the month (£512k YTD). Nursing expenditure continues to overspend, however, the expenditure is less than in November. Medical staffing continues to overspend but this has been significantly reduced; partly due to a reduction in additional sessions.

Non pay overspent by £45k in month (underspent by £158k YTD). Theatres non pay has increased due to additional T&O patients being treated in main theatres.

Women and Children's (Rose Smith)
In December, the Division reported an adverse variance of £16k (£610k YTD).

Income reported £37k ahead of plan in-month and is £306k behind plan YTD. This has been dictated by low levels of neonatal and non-elective activity.

Pay reported a £52k overspend in-month and is £320k overspent YTD. In-month, the overspend was driven by the medical staffing gaps in Paediatrics, RTT pressures in Gynaecology, winter pressures on F1 and the dual running of the Head of Midwifery posts. Year to date, the Division has experienced cost pressures from covering gaps on the tier two medical staffing rota in Paediatrics, RTT medical staffing spends in Gynaecology and additional costs from opening beds on F10. The Paediatric Department are in the process of recruiting an acute consultant with the advertisement closing on the 30th January and the interview date planned for the 12th March.

Non-pay reported a £1k overspend in-month and is £15k underspent YTD. This reflects the low levels of non-elective activity.

Clinical Support (Rose Smith)
In December, the Division reported an adverse variance of £75k (£687k YTD).

Income for Clinical Support reported £55k ahead of plan in-month (£98k YTD), driven by high levels of outpatient and breast screening activity.

Pay reported a £21k overspend in-month and is £86k underspent YTD. In month, the overspend was driven by activity in Diagnostics and a locum microbiologist covering gaps in the consultant rota. Year to date, the vacancy gaps in Outpatients and Pharmacy staffing have more than offset the pay pressures experienced from the high levels of demand experienced by Radiology.

Non-pay reported a £110k overspend in-month (£871k YTD). In month, the over spend was driven by activity pressures in Diagnostics and slippage in the Synertec cost improvement scheme. Year to date, the demand related pressures in Radiology have put constant pressure on the Division's non-pay budget.

Community Services and Integrated Therapies (Michelle Glass)
The division reported an adverse variance of £84k in December, (£373k YTD)

Income reported a £42k over recovery in month, (£227k YTD) following an agreement to recover some pay costs incurred by the Division.

There was an in-month over spend on pay of £36k, (an under spend of £7k YTD). Whilst the Division continue to use agency staff to cover some vacant roles, agency has now reduced in some services following recruitment to vacancies, for example in Newmarket Hospital's Rosemary Ward. However, the Division continue to use agency staff to cover some vacancies across Occupational Therapy, Speech Therapy, Dietetics and Paediatric consultancy in order to meet demand, ensure service resilience and to support patient flow.

Non-pay reported an adverse variance of £90k in December, (£606k YTD). The in-month position reflects increased expenditure on Community Equipment, incurred to support both the facilitation of hospital discharge and to enable patients to remain independent at home. We have also put in place a number of initiatives, such as providing clinical advisor capacity to ensure utilisation of recycled special equipment and frequent core stock product reviews to ensure the most effective products are prescribed, to manage the impact of additional demand. The community equipment budget is profiled to anticipate higher spend in the final quarter of the financial year, so we do not anticipate significant further escalation of cost pressures, based on current levels of demand.

Due to the ongoing demand and cost pressures faced by the Division, a Budget Recovery Plan has been prepared which has improved the Division's financial position

Use of resources 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.

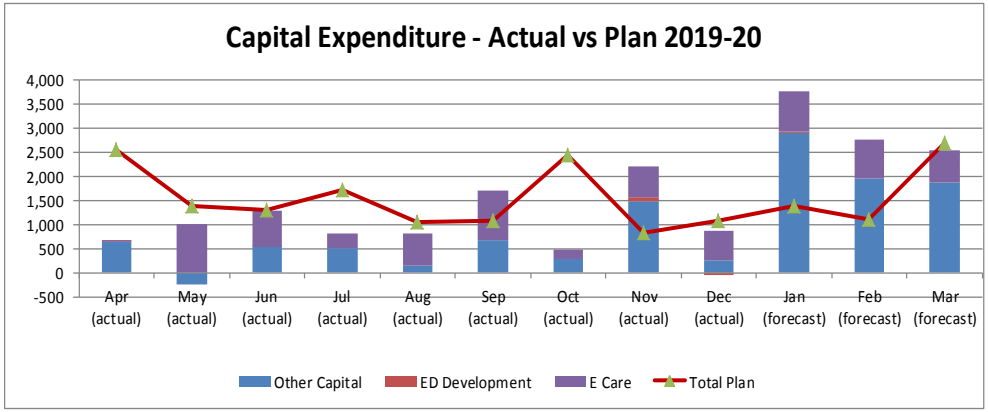
Metric	Value	Score	Plan	Forecast
Capital Service Capacity rating	0.2	4	4	3
Liquidity rating	-32.6	4	4	3
I&E Margin rating	-3.6%	4	2	1
I&E Margin Variance rating	-3.2%	4	1	1
Agency	-11.0%	1	1	1
Use of Resources Rating after Overrides		3	3	2

The Trust is scoring an overall UoR of 3 this month, which is consistent with previous months. The forecast rating has improved based on our current forecast position.

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.

The Trust's revenue position for 2019/20 will need to improve to a significant surplus in order to be able to repay borrowing due and fund the planned capital programme without further borrowing.

Capital Progress Report



	Apr Actual £'000	May Actual £'000	Jun Actual £'000	Jul Actual £'000	Aug Actual £'000	Sep Actual £'000	Oct Actual £'000	Nov Actual £'000	Dec Actual £'000	Jan Forecast £'000	Feb Forecast £'000	Mar Forecast £'000	Total 2019-20 £'000
E Care	34	1,019	743	290	679	1,018	214	640	608	822	820	654	7,540
ED Development	0	0	0	0	0	0	0	60	-40	40	0	0	61
Other Schemes	636	-242	534	512	138	683	278	1,494	260	2,893	1,944	1,877	11,007
Total / Forecast	670	777	1,277	802	817	1,700	492	2,194	829	3,755	2,763	2,531	18,607
Total Plan	2,560	1,385	1,305	1,710	1,050	1,075	2,434	815	1,075	1,380	1,101	2,702	18,592

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

The capital programme for the year is shown in the graph above. The ED transformation scheme has now been approved subject to Full Business Case approval for £14.9m less £1.5m for an anticipated asset sale. This scheme is shown separately in the table above. It is now due to commence in 2020/21.

During the first eight months the Trust has been awaiting final confirmation of a capital loan to support the capital programme. For this reason many of the estates projects were held awaiting this approval. The loan was approved during the early part of November with a total of £8.2m to be received during 2019/20. This loan partly supports the capital expenditure and therefore is not additional capital resource. This funding has meant that delayed schemes can now commence. The revised forecast represents the current view on the likely progress to the year end.

The Trust also received notification of additional capital funds mainly for IT schemes £1,133k (GovRoam, GDE and HIE) other schemes for point of care testing and chairs for the discharge lounge totalled £200k. These additional funds are included within the forecast and are due to spend within the financial year.

Statement of Financial Position at 31st December 2019

STATEMENT OF FINANCIAL POSITION

	As at 1 April 2019	Plan 31 March 2020	Plan YTD 31 December 2019	Actual at 31 December 2019	Variance YTD 31 December 2019
	£000	£000	£000	£000	£000
Intangible assets	33,970	35,940	35,721	35,505	(216)
Property, plant and equipment	103,223	115,395	114,104	114,899	795
Trade and other receivables	5,054	4,425	4,425	5,054	629
Other financial assets	0	0	0	0	0
Total non-current assets	**142,247**	**155,760**	**154,250**	**155,458**	**1,208**
Inventories	2,698	2,700	2,700	2,940	240
Trade and other receivables	22,119	20,000	20,000	28,397	8,397
Other financial assets	0	0	0	0	0
Non-current assets for sale	0	0	0	0	0
Cash and cash equivalents	4,507	1,050	1,309	1,886	577
Total current assets	**29,324**	**23,750**	**24,009**	**33,223**	**9,214**
Trade and other payables	(28,341)	(32,042)	(30,082)	(31,682)	(1,600)
Borrowing repayable within 1 year	(12,153)	(3,134)	(3,134)	(16,880)	(13,746)
Current Provisions	(47)	(20)	(20)	(47)	(27)
Other liabilities	(1,207)	(992)	(3,355)	(4,286)	(931)
Total current liabilities	**(41,748)**	**(36,188)**	**(36,591)**	**(52,895)**	**(16,304)**
Total assets less current liabilities	**129,823**	**143,322**	**141,668**	**135,786**	**(5,882)**
Borrowings	(84,956)	(99,186)	(98,927)	(88,730)	10,197
Provisions	(111)	(150)	(150)	(111)	39
Total non-current liabilities	**(85,067)**	**(99,336)**	**(99,077)**	**(88,841)**	**10,236**
Total assets employed	**44,756**	**43,986**	**42,591**	**46,945**	**4,354**
Financed by					
Public dividend capital	69,113	70,430	69,525	69,495	(30)
Revaluation reserve	6,931	9,832	8,021	6,931	(1,090)
Income and expenditure reserve	(31,288)	(36,276)	(34,955)	(29,481)	5,474
Total taxpayers' and others' equity	**44,756**	**43,986**	**42,591**	**46,945**	**4,354**

Non-Current Assets

The net capital investment in intangible assets and property, plant and equipment (PPE) is lower than originally planned due to the phasing of the capital programme starting later than planned during 2019/20. However the acquisition of Newmarket Hospital on 30 September for £8.5m is now reflected within property, plant and equipment which was not included in the plan.

Trade and Other Receivables

Receivables are higher than plan. Some items have been re-classified between receivables and payables where miscoding of items has been identified. However a large amount of the increase relates to amounts owed by ESNEFT which totals nearly £2m, where payments are on hold between the Trust and ESNEFT until a credit note issue has been resolved.

Cash

The cash position continues to be rigorously monitored on a daily basis to ensure that the minimum level requirement of £1m is maintained. The cash position is slightly better than and this is due to us not making any payments in the last week of December. Revenue borrowing continues to be obtained to ensure that we can manage our expenditure payments. See below for further narrative on the cash forecast for the year.

Trade and Other Payables

These continue to increase and have increased by £0.3m since November. This is due to the Trust continuing to hold back payments at the end of the month to manage the cash position.

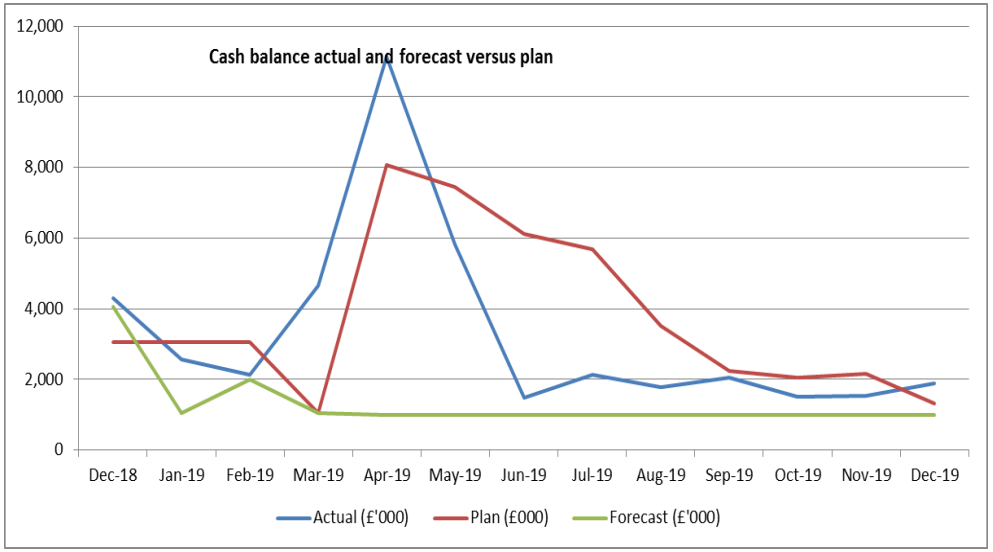
Borrowing

Our borrowing requirements continue to be kept under close review. The Trust received £5.7m of the capital loan allocation in December along with an additional revenue loan of £1m. The Trust is able to continue to draw down against the capital loan allocation. To date the Trust has borrowed £6.6m against the reported deficit. Further revenue borrowing is expected to be required until the end of 2019/20. This will continue to be drawn down against the reported deficit.

FINANCE AND WORKFORCE REPORT - DECEMBER 2019

Cash Balance Forecast for the year

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



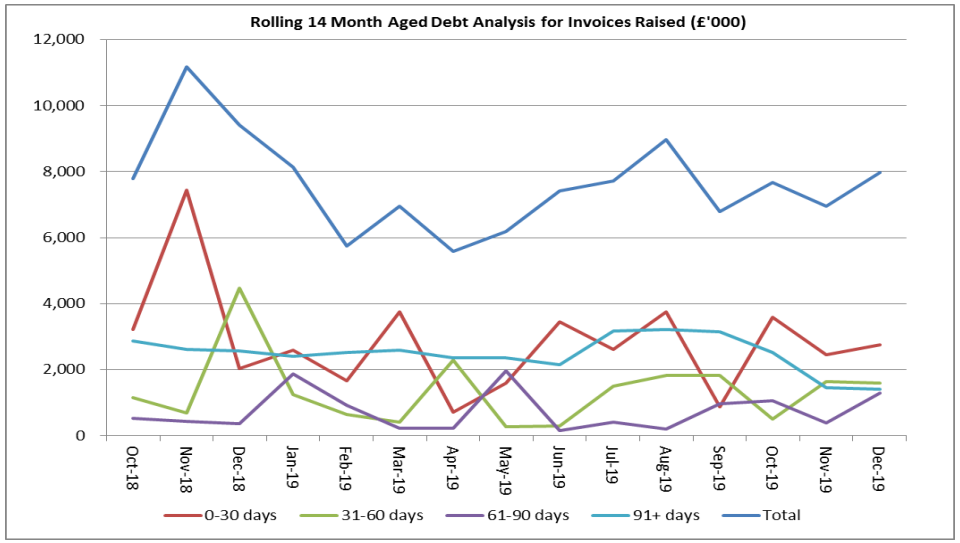
The December 2019 cash position is slightly better than planned and this is due to the fact that we received our large capital loan and also held off payments over the Christmas period.

The cash position is being rigorously monitored on a daily basis to ensure that the minimum level requirement of £1m is maintained.

We are forecasting to achieve a £1m balance at the end of each month and at the end of the year. There is a continued requirement to take out further revenue borrowing and we will continue to borrow against our forecast deficit to achieve our £1m cash balance.

Debt Management

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



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 overall level of sales invoices raised but not paid has increased by £1m since October. Over 83% of these outstanding debts relate to NHS Organisations, with over 24% of these NHS debts being greater than 90 days old. We are actively trying to agree a position with the corresponding NHS Organisations for these debtor balances.

10. Winter planning - tracking report

To ACCEPT the report

For Report

Presented by Helen Beck

Trust Board – January 2020

Agenda item:	10			
Presented by:	Helen Beck, chief operating officer			
Prepared by:	Alex Baldwin, deputy chief operating officer			
Date prepared:	24 January 2020			
Subject:	Winter Plan			
Purpose:	x	For information		For approval

Executive summary:

This paper provides an interim report on winter pressures which summarises the demand profile, actions taken to date and plans for future surge periods.

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

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

Previously considered by:	N/A
Risk and assurance:	
Legislation, regulatory, equality, diversity and dignity implications	To be assured that the Trust has robust plans in place to deal with increased demand during the winter season.

Recommendation:
The Board is asked to note the contents of this report.

Introduction

The board has previously received a summary of proposed plans to manage anticipated increase in demand during the winter season. These plans were based on detailed analysis of the last three years' demand, uplifted by 4.1% to reflect expected 19/20 demand.

A total of 54 additional acute beds have been opened (a mixture of escalation and surge capacity). In addition, the Trust is making use of 14 additional community beds for admission avoidance and reablement support (four more than planned).

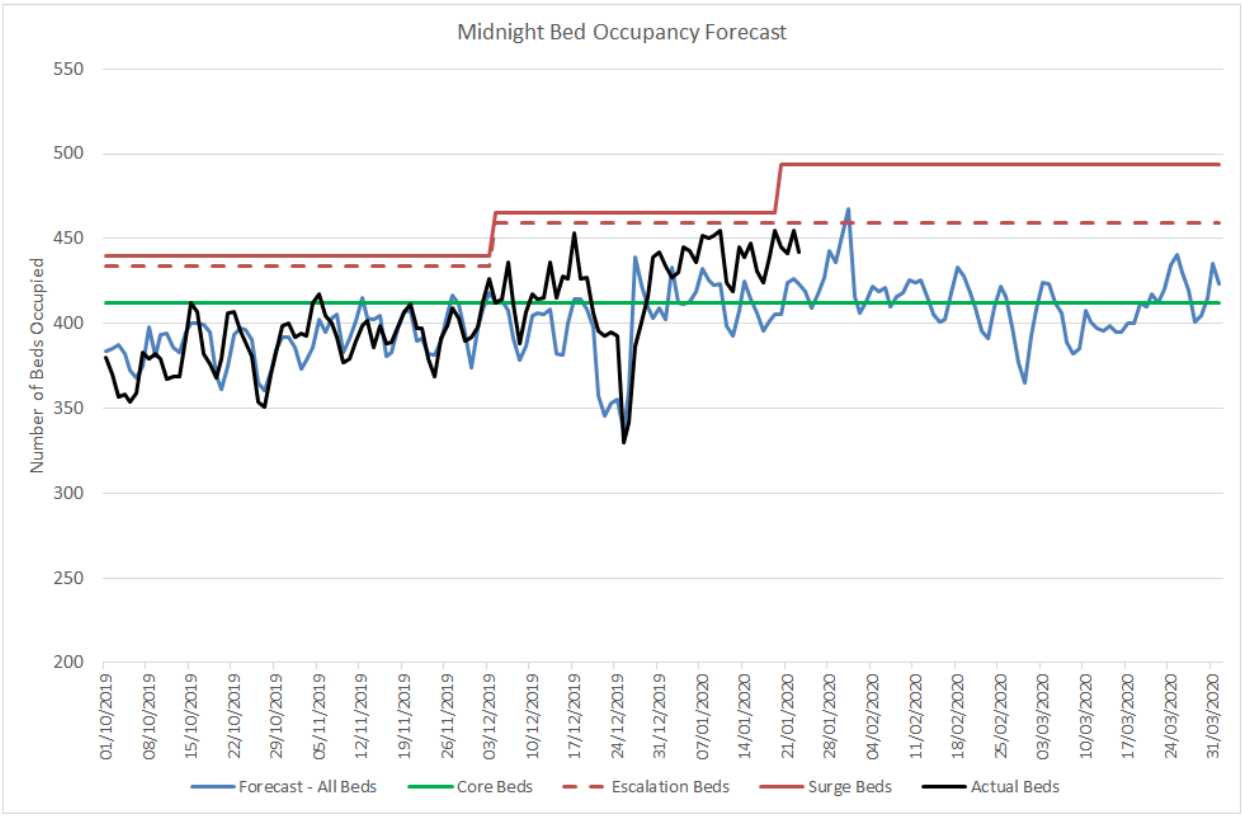
Bed occupancy for the calendar year (January to December inclusive) is 1.3% greater than planned, an increase of 5.4% overall.

Trend analysis

Bed occupancy largely tracked the plan up until early December. On 4th December F10 was opened to manage an early surge in pre-Christmas demand (16 December planned opening). This additional capacity supported flow through the Christmas break period which was largely as expected.

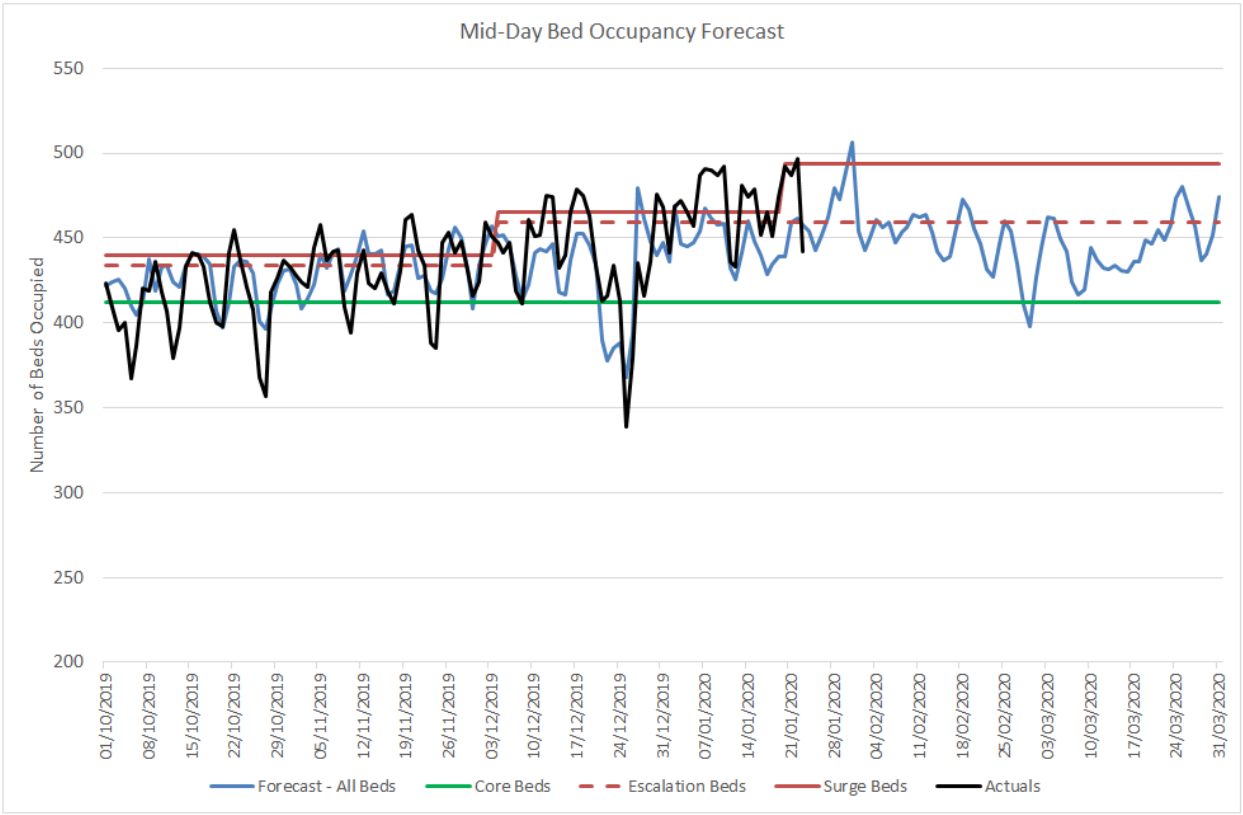
Thereafter we have seen a significant increase in demand which began on New Year's Eve. Table 2 demonstrates that mid-day demand has outstripped total capacity on several days so far. A decision was taken to cancel non-urgent orthopaedic activity and release 12 surge beds on 31st December. These beds were returned to the orthopaedic elective programme on 13th January. In addition, peaks in mid-day demand led to delays in transfer of patients to ward areas and resulted in the use of AEC beds on a number of occasions (these beds are not shown in the surge capacity).

Table 1: forecast and actual bed occupancy (midnight)



N.B. 'Escalation beds' demonstrates the total number of core and escalation beds available. 'Surge beds' demonstrates the total core, escalation and surge beds available. F10 was opened on 4th December. G9 was opened on 20th January. The mid-day scenario includes admitted patients in AAU which are in the actual numbers but not included in the beds available.

Table 2: forecast and actual bed occupancy (midday)



Ward F9 was closed between 1st and 9th January as a result of norovirus and confirmed influenza A. There is some evidence which suggests this flu season has peaked early (as it did in the southern hemisphere earlier in 2019) however the bed model suggest a further peak in demand from 27th January onwards.

The increase in demand / reduced bed capacity led to the opening of G9 on 20th January, seven days earlier than planned. The ward is currently open to 16 beds. The 13 remaining beds will be opened as required from Monday27th January subject to appropriate staffing levels.

The board are asked to note the contents of this report. A further update will be provided to board in February.

10:20 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

11. Nurse staffing report

To ACCEPT a report on monthly nurse staffing levels

For Report

Presented by Rowan Procter

Trust Board – 31st January 2020

Agenda item:	11			
Presented by:	Rowan Procter, Executive Chief Nurse			
Prepared by:	Rowan Procter, Executive Chief Nurse, and Duane M. Elmy, Business Manager			
Date prepared:	22nd January 2020			
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. It also complies with national expectation to show staffing levels within Open Trust Board Papers both inpatient and non-inpatient areas.

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 November's and December's 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
Provides an update on implementation of NHSI Document 'Developing workforce safeguards – October 2018'

Overview of November's and December's nurse staffing position

Are we safe?

Matrons continue to have daily safety huddles and now on 7 day shift pattern to help provide safe staffing assurance. A pilot is also running around additional WSP work on Saturdays to support weekend work around sourcing bank staff outside of hours – it is too early to quantify the success of this.

Assurance for community staffing has interim measures of daily calls with area leads and the local area managers and nursing leads, however for a more visual and accurate measure they will have to wait till later in year before HealthRoster can start to be implemented. Senior team members are actively working with team leads to implement safer staffing measures, as identified in WSFT rostering policy, and all rosters are now visible with the development of a cloud-based IT system

Both inpatient escalation areas are now open with dedicated clinical teams in place. Risk assessment takes place daily to ensure safe staffing levels are maintained, which may on occasions include the short-term support of further clinical staff from areas across the trust.

Are we efficient?

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

CHPPD figures similar to comparable wards in other hospitals; but NNU is higher than usual due to decreased attendance and workforce remains static.

Bank/Agency and unavailability figures for ward F10 have not been released at time of report due to the rostering period.

Future planning – Nursing staff

Information as at 12 November 2019:
84 overseas nurses have passed their OSCE and are now working as Band 5 Nurses
2 OSCE Resits to be booked for November 2019
12 OSCES booked for December 2019
12 Nurses currently going through OSCE preparation and will undertake their OSCE exam in January 2020

Future Arrivals:
13 Nurses due to arrive on 29 November 2019
13 Nurses due to arrive on 2 January 2020
20 Nurses being processed and due to arrive between February - April 2020

WSFT Existing Staff:
2 Internal WSH NA's have now passed their OSCE and working as Band 5 Nurses

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

It is to be noted that there are capacity issues in the 3 national OSCE centres that may impact conversion to registering as qualified nurses for overseas recruits

QUALITY AND WORKFORCE DASHBOARD

Month Reporting	Nov-19		Establishment for the Financial Year 2019/20		Data for November 2019																	
					Workforce													Nursing Sensitive Indicators					
Trust	Ward/Area Name	Specialty	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	91.6%	111.3%	88.6%	177.1%	8.2%	14.6%	N/A	-11.20	0.70	4.70%	12.70%	1.20%	N/A	7	0	0	6	4
WSFT	AAU	Acute Admission Unit	27.30	29.59	93.1%	86.1%	73.6%	115.9%	6.5%	5.3%	16.3	-5.40	0.30	3.30%	14.10%	4.90%	0	7	2	0	3	0
WSFT	F7	Short Stay Ward	22.84	30.94	107.8%	97.7%	86.3%	94.9%	11.8%	3.8%	7.2	-0.90	-4.60	9.00%	12.80%	4.70%	0	1	1	0	2	0
WSFT	CCS	Critical Care Services	41.07	1.88	98.7%	93.7%	N/A	N/A	1.8%	3.6%	26.2	1.60	0.00	6.00%	12.60%	4.10%	4	9	1	0	0	1
WSFT	Theatres	Theatres	61.68	22.27	102.2%	99.4%	N/A	N/A	1.7%	0.0%	N/A	-0.40	-2.80	4.70%	13.50%	1.30%	N/A	0	0	0	0	0
WSFT	Recovery	Theatres	21.23	0.96	148.3%	114.7%	89.5%	N/A	2.2%	0.0%	N/A	0.10	1.00	1.00%	14.60%	4.30%	0	1	N/A	0	0	0
WSFT	Day Surgery Unit	Theatres	28.43	8.59	150.0%	N/A	140.5%	N/A	0.9%	0.0%	N/A	1.70	6.10	7.20%	10.40%	0.00%	0	0	1	0	0	1
	Day Surgery Wards		11.76	1.79					9.3%	0.0%		-0.60	0.10	9.60%	8.50%	4.50%						
WSFT	ETC	Opthalmology	TBC	TBC	77.8%	N/A	78.9%	N/A	1.4%	0.0%	N/A	-5.50	0.20	3.60%	8.50%	4.70%	N/A	3	0	0	1	0
WSFT	PAU	Pre-assessment	TBC	TBC	70.0%	N/A	97.4%	N/A	0.9%	0.0%	N/A	0.00	1.30	7.20%	8.50%	2.90%	N/A	0	0	0	0	0
WSFT	Endoscopy	Endoscopy	TBC	TBC	189.1%	N/A	157.1%	N/A	0.0%	0.0%	N/A	-1.00	0.00	4.20%	14.50%	1.90%	N/A	0	0	0	0	0
WSFT	Cardiac Centre	Cardiology	38.14	15.20	91.1%	91.2%	101.3%	117.7%	4.0%	0.1%	9.8	-3.10	2.40	4.30%	8.70%	2.30%	3	2	2	0	0	7
WSFT	G1	Palliative Care	23.96	8.31	84.6%	115.1%	105.1%	N/A	12.9%	2.8%	11.8	-4.30	4.50	11.90%	8.70%	3.20%	0	5	0	0	0	0
WSFT	G3	Endocrine & Medicine	TBC	TBC	126.8%	151.3%	157.8%	145.4%	13.2%	4.4%	6.6	-5.00	0.30	6.60%	9.90%	0.00%	2	0	0	0	0	0
WSFT	G4	Elderly Medicine	19.16	24.36	85.5%	86.3%	102.3%	112.2%	18.3%	3.3%	5.9	-4.90	0.10	5.90%	8.70%	3.20%	2	2	6	0	2	4
WSFT	G5	Elderly Medicine	18.41	22.66	97.8%	97.2%	94.6%	151.2%	21.8%	1.9%	6.1	-1.80	-0.20	4.50%	10.70%	2.60%	5	5	4	0	0	0
WSFT	G8	Stroke	23.15	28.87	90.0%	95.2%	106.8%	133.5%	16.6%	2.3%	7.8	-1.30	1.70	4.10%	14.60%	6.50%	3	2	5	0	1	0
WSFT	F1	Paediatrics	18.13	7.16	123.5%	105.8%	96.7%	N/A	20.0%	0.0%	18.2	-1.80	-1.00	7.60%	14.80%	3.60%	N/A	5	N/A	1	0	7
WSFT	F3	Trauma and Orthopaedics	19.58	22.27	83.7%	98.9%	106.2%	115.9%	20.3%	0.8%	6.2	-3.0	-0.60	8.00%	12.00%	0.00%	7	9	3	1	0	0
WSFT	F4	Trauma and Orthopaedics	12.78	10.59	77.8%	97.0%	82.0%	116.4%	16.6%	0.0%	7.4	-0.3	-1.30	1.60%	11.60%	0.20%	0	2	1	0	0	1
WSFT	F5	General Surgery & ENT	19.58	14.51	99.2%	97.8%	94.3%	101.2%	8.6%	3.9%	5.6	-1.4	2.50	3.80%	14.60%	5.00%	1	2	2	0	0	10
WSFT	F6	General Surgery	19.57	14.51	91.6%	91.1%	105.3%	109.4%	12.9%	0.8%	5.2	-1.5	2.80	8.20%	14.60%	1.90%	0	0	6	0	0	0
WSFT	F8	Respiratory	19.90	20.13	110.3%	98.3%	102.6%	101.0%	4.2%	0.0%	6.9	-2.20	1.20	4.00%	14.80%	0.00%	2	2	2	0	0	0
WSFT	F9	Gastroenterology	20.32	22.56	100.3%	97.3%	84.5%	130.6%	21.9%	1.5%	5.7	-2.50	0.60	7.80%	12.70%	3.80%	0	1	1	0	1	0
WSFT	F10	Ecalation	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	0	0	0	0	0	0
WSFT	F11	Maternity	49.58	13.89	89.0%	93.0%	83.0%	100.0%	8.8%	0.0%	N/A	3.50	-0.30	1.80%	12.10%	3.30%	0	1	0	0	0	0
WSFT	MLBU	Midwifery Led Birthing Unit															0	0	0	0	0	0
WSFT	Labour Suite	Maternity															0	4	0	0	0	0
WSFT	Antenatal/Gynae Clinic	Maternity	TBC	TBC	88.5%	N/A	70.9%	N/A	3.3%	0.0%	N/A	1.90	-0.40	3.20%	11.00%	0.00%	N/A	0	0	0	1	0
Community	Community Midwifery	Maternity	TBC	TBC	54.8%	N/A	48.1%	N/A	4.6%	0.0%	N/A	-3.50	0.00	3.60%	13.30%	7.00%	0	0	0	0	0	0
WSFT	F12	Infection Control	11.02	5.00	84.8%	88.6%	106.9%	116.7%	8.5%	1.2%	8.3	-1.90	0.90	9.50%	12.30%	0.00%	0	0	0	0	0	2
WSFT	F14	Gynaecology	11.18	1.00	101.7%	96.2%	N/A	N/A	24.3%	1.1%	13.1	-2.50	1.00	9.50%	13.30%	0.00%	0	0	0	0	0	0
WSFT	MTU	Medical Treatment Unit	7.04	1.80	94.3%	N/A	81.9%	N/A	7.6%	0.0%	N/A	0.80	0.60	3.50%	11.90%	5.90%	0	0	0	0	0	0
WSFT	NNU	Neonatal	20.85	3.64	110.6%	73.6%	30.6%	77.2%	2.3%	0.0%	69.8	-1.80	-1.00	1.80%	19.50%	3.20%	N/A	0	N/A	1	0	0
WSFT	Outpatients	Outpatients	TBC	TBC	95.1%	N/A	165.2%	N/A	3.6%	0.0%	N/A	0.50	-2.40	10.60%	12.10%	3.30%	N/A	1	0	0	0	1
WSFT	Radiology Nursing	Radiology	TBC	TBC	81.7%	N/A	128.1%	N/A	7.1%	0.0%	N/A	-0.40	-1.40	2.90%	3.40%	3.40%	N/A	1	1	0	1	0
WSFT	DWA	Discharge Waiting area	TBC	TBC	10.6%	N/A	36.4%	N/A	26.7%	19.8%	N/A	-1.20	-1.00	0.00%	5.00%	0.00%	0	3	0	0	0	0
Newmarket	Rosemary Ward	Step - down	12.34	13.47	119.8%	100.2%	116.8%	101.4%	3.5%	9.3%	5.7	-2.20	0.80	6.00%	15.10%	0.00%	0	0	9	0	0	0
Glastonbury Court	Kings Suite	Medically Fit	11.50	12.64	120.5%	93.6%	103.4%	107.1%	7.1%	2.2%	5.2	-1.20	-0.10	10.30%	13.50%	0.00%	0	0	0	0	0	0
					98.35%	98.83%	100.84%	118.25%				-62.70	12.00	5.60%	11.93%	2.44%	29	75	47	3	18	0
					AVG	AVG	AVG	AVG				TOTAL	TOTAL	AVG	AVG	AVG	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL

Trust	Team Name	Specialty	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	1436.33	84	-3.80	0.00	4.77%	Not available comprehensively till Healthroster implemented	Not available this month	9	3	1	4	1	0
Community	Bury Rural	Community Heath Team	10.00	1.20	762.40	30	-1.40	-0.60	6.96%			6	2	0	0	0	0
Community	Mildenhall & Brandon	Community Heath Team	12.59	3.91	822.38	38	-2.20	0.00	7.88%			1	0	0	0	0	0
Community	Newmarket	Community Heath Team	8.10	2.75	547.58	25	-1.78	-0.60	1.38%			1	1	0	0	0	0
Community	Sudbury	Community Heath Team	18.03	8.36	1392.72	74	-3.48	-1.20	4.43%			3	1	0	2	0	0
Community	Haverhill	Community Heath Team	8.97	4.23	938.33	47	-2.60	0.00	12.16%			0	0	0	0	0	0
Community	Admission Prevention Service	Specialist Services	11.28	3.45	85.17	1	0.00	0.00	6.28%			0	0	0	0	0	0
Community	Specialist Services	Cardiac Rehab and Heart Failure	TBC	TBC	506.65	4			0.00%			0	0	0	0	0	0
Community	Children	Community Paediatrics	16.37	15.01	1309.27	0	0.00	-2.00	2.20%			N/A	0	0	0	0	0
					7800.83	303.00	-15.26	-4.40	5.12%	#DIV/0!	#DIV/0!	20	7	1	6	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. Excludes maternity leave as separate column
Sickness Trust target: <3.5%
Annual Leave target: (12% - 16%)
Maternity Leave: no target

Medication errors are not always down to nursing and can be pharmacist or medical staff as well
DSU has been split into ward and unit only by HR, that is why only a section has been split in this dashboard
F10 (F14) gynae inpatients ward no of beds 16 and 2 SR - and have a ward attender section

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

QUALITY AND WORKFORCE DASHBOARD

Month Reporting	Dec-19		Establishment for the Financial Year 2019/20		Data for December 2019																	
					Workforce													Nursing Sensitive Indicators					
Trust	Ward/Area 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	89.0%	111.4%	86.5%	160.8%	4.8%	11.4%	N/A	-10.20	-0.30	1.10%	14.40%	1.10%	N/A	4	0	0	3	0
WSFT	AAU	Acute Admission Unit	27.30	29.59	90.2%	80.4%	67.7%	102.7%	8.5%	5.8%	12.7	-4.40	-4.40	3.70%	13.30%	4.80%	1	4	1	0	0	0
WSFT	F7	Short Stay Ward	22.84	30.94	107.1%	95.5%	84.8%	95.2%	11.6%	1.5%	6.9	0.10	-6.70	4.20%	15.00%	3.90%	1	2	1	0	0	0
WSFT	CCS	Critical Care Services	41.07	1.88	88.8%	90.3%	N/A	N/A	1.5%	0.0%	26.3	0.60	0.00	7.90%	16.90%	2.10%	2	1	0	0	0	0
WSFT	Theatres	Theatres	61.68	22.27	91.3%	100.0%	N/A	N/A	2.9%	0.0%	N/A	0.80	-4.80	5.20%	13.00%	1.30%	N/A	1	0	0	1	0
WSFT	Recovery	Theatres	21.23	0.96	135.2%	79.9%	60.1%	N/A	3.5%	0.0%	N/A	-0.60	-0.60	4.00%	13.20%	3.10%	0	0	0	0	0	0
WSFT	Day Surgery Unit	Theatres	28.43	8.59	105.5%	N/A	98.0%	N/A	0.3%	0.0%	N/A	6.70	1.10	5.90%	11.80%	0.00%	0	1	0	0	0	0
	Day Surgery Wards		11.76	1.79					13.4%	0.0%		-1.30	0.10	16.10%	7.50%	4.30%						
WSFT	ETC	Opthalmology	TBC	TBC	41.4%	N/A	17.2%	N/A	1.7%	0.0%	N/A	-5.50	-0.80	4.20%	9.20%	3.40%	N/A	1	0	0	0	0
WSFT	PAU	Pre-assessment	TBC	TBC	59.4%	N/A	76.1%	N/A	0.7%	0.0%	N/A	-1.00	0.30	8.30%	13.90%	3.20%	N/A	0	0	0	0	0
WSFT	Endoscopy	Endoscopy	TBC	TBC	155.2%	N/A	142.0%	N/A	0.0%	0.0%	N/A	-2.00	-2.00	4.40%	11.30%	2.50%	N/A	1	0	0	0	0
WSFT	Cardiac Centre	Cardiology	38.14	15.20	88.8%	87.2%	91.0%	96.6%	6.6%	0.0%	9.1	-3.10	1.20	6.90%	14.50%	1.70%	2	1	0	0	0	0
WSFT	G1	Palliative Care	23.96	8.31	78.5%	107.4%	70.3%	N/A	8.0%	3.1%	10.4	-3.30	2.50	13.40%	12.00%	1.80%	0	7	0	0	0	0
WSFT	G3	Endocrine & Medicine	TBC	TBC	113.5%	142.5%	138.6%	143.8%	13.8%	3.1%	6.0	-3.90	-4.30	5.10%	9.80%	0.00%	1	3	0	0	0	0
WSFT	G4	Elderly Medicine	19.16	24.36	92.1%	80.8%	88.6%	112.9%	18.7%	2.4%	5.6	-2.90	-3.90	6.60%	12.70%	1.50%	0	3	0	0	0	0
WSFT	G5	Elderly Medicine	18.41	22.66	92.5%	92.7%	82.1%	150.6%	28.4%	4.5%	5.6	-3.80	-1.20	5.40%	14.00%	2.40%	1	2	1	1	0	0
WSFT	G8	Stroke	23.15	28.87	91.2%	90.5%	100.7%	114.1%	11.2%	2.4%	7.6	-1.10	-2.30	4.70%	14.20%	4.30%	1	1	1	0	0	0
WSFT	F1	Paediatrics	18.13	7.16	125.0%	108.5%	86.6%	N/A	21.9%	0.0%	17.8	1.20	1.30	13.60%	13.60%	3.50%	N/A	1	N/A	0	3	0
WSFT	F3	Trauma and Orthopaedics	19.58	22.27	93.9%	96.9%	95.6%	109.8%	13.2%	5.7%	5.7	-3.1	-1.60	4.30%	13.20%	2.50%	2	3	1	0	0	0
WSFT	F4	Trauma and Orthopaedics	12.78	10.59	92.6%	87.3%	72.3%	99.9%	16.0%	4.0%	8.5	-1.2	-2.30	2.20%	11.50%	0.00%	1	1	1	0	0	0
WSFT	F5	General Surgery & ENT	19.58	14.51	97.7%	89.2%	91.1%	103.9%	7.0%	0.3%	5.7	-1.4	0.90	2.20%	14.70%	0.00%	2	4	1	0	3	0
WSFT	F6	General Surgery	19.57	14.51	94.9%	95.1%	94.9%	103.0%	8.7%	2.6%	5.3	-1.5	0.40	1.30%	13.00%	1.90%	0	1	0	0	2	0
WSFT	F8	Respiratory	19.90	20.13	103.5%	86.6%	103.9%	104.8%	7.9%	7.7%	6.6	-2.10	-2.00	6.30%	13.20%	0.00%	3	2	3	0	1	1
WSFT	F9	Gastroenterology	20.32	22.56	100.0%	94.7%	86.1%	108.0%	22.0%	0.2%	5.9	-3.50	-1.10	4.50%	13.40%	6.40%	0	0	0	2	0	0
WSFT	F10	Escalation	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC				TBC	TBC	TBC	1	4	0	0	1	0
WSFT	F11	Maternity	49.58	13.89	93.1%	89.7%	73.5%	77.5%	9.5%	0.0%	N/A	1.70	-0.90	9.60%	13.60%	4.10%	0	0	0	0	0	0
WSFT	MLBU	Midwifery Led Birthing Unit															0	0	0	0	0	0
WSFT	Labour Suite	Maternity															0	0	0	3	1	0
WSFT	Antenatal/Gynae Clinic	Maternity	TBC	TBC	82.5%	N/A	50.3%	N/A	1.7%	0.0%	N/A	1.90	-0.40	4.10%	8.40%	0.00%	N/A	0	0	0	1	0
Community	Community Midwifery	Maternity	TBC	TBC	106.1%	N/A	99.9%	N/A	10.6%	0.0%	N/A	-2.90	0.00	9.00%	12.60%	8.60%	0	0	0	0	0	0
WSFT	F12	Infection Control	11.02	5.00	80.3%	80.2%	117.1%	114.2%	11.8%	0.0%	8.4	-2.80	0.90	2.10%	14.80%	0.00%	1	0	0	0	0	0
WSFT	F14	Gynaecology	11.18	1.00	109.7%	93.5%	N/A	N/A	22.4%	4.4%	14.1	-2.00	1.00	0.00%	15.50%	0.00%	0	1	0	0	0	0
WSFT	MTU	Medical Treatment Unit	7.04	1.80	80.7%	N/A	78.0%	N/A	3.1%	0.0%	N/A	0.80	-0.20	4.00%	10.90%	5.90%	0	3	0	0	0	0
WSFT	NNU	Neonatal	20.85	3.64	95.4%	92.5%	44.9%	48.4%	3.5%	0.0%	110.8	-1.80	-1.00	1.00%	17.70%	8.20%	N/A	0	N/A	0	0	0
WSFT	Outpatients	Outpatients	TBC	TBC	82.1%	N/A	148.8%	N/A	3.9%	0.0%	N/A	0.50	-2.40	8.60%	10.00%	3.20%	N/A	0	1	0	0	0
WSFT	Radiology Nursing	Radiology	TBC	TBC	83.1%	N/A	122%	N/A	3.9%	0.0%	N/A	-0.40	-1.40	1.90%	3.60%	3.50%	N/A	0	0	0	0	0
WSFT	DWA	Discharge Waiting area	TBC	TBC	13.8%	N/A	34.4%	N/A	37.7%	7.8%	N/A	-0.20	-1.00	0.00%	2.90%	0.00%	0	1	0	0	0	0
Newmarket	Rosemary Ward	Step - down	12.34	13.47	118.9%	93.6%	107.2%	97.8%	4.6%	6.1%	5.7	-2.20	-0.20	8.10%	19.10%	1.00%	0	1	0	0	0	0
Glastonbury Court	Kings Suite	Medically Fit	11.50	12.64	106.1%	95.2%	99.9%	100.6%	8.0%	1.5%	5.0	-1.20	-0.60	7.10%	16.30%	0.00%	0	0	1	0	0	0
					93.69% AVG	94.46% AVG	88.15% AVG	110.26% AVG				-55.10 TOTAL	-36.70 TOTAL	5.47% AVG	12.63% AVG	2.51% AVG	19 TOTAL	54 TOTAL	12 TOTAL	6 TOTAL	16 TOTAL	1 TOTAL

Trust	Team Name	Speciality	Current Funded Total Establishment Registered to Unregistered (WTE)		Patient facing contact (hrs)	Unplanned requests	Vacancies (WTE)		Sickness (%)	Annual Leave (%)	Maternity/Paternity Leave (%)	Pressure Ulcer Incidences (New)	Nursing/Midwifery Administrative Medication Errors	Red Incidents	Missed Visits	Complaints	Compliments
			Registered	Unregistered			Registered	Unregistered									
Community	Bury Town	Community Heath Team	17.59	5.60	1252.75	276	-3.90	0.00	3.15%	Not available comprehensively till Healthroster implemented	Not available this month	16	1	0	2	0	0
Community	Bury Rural	Community Heath Team	10.00	1.20	734.52	63	-1.60	-0.60	3.15%			6	0	0	0	0	0
Community	Mildenhall & Brandon	Community Heath Team	12.59	3.91	850.08	22	-2.20	0.00	6.09%			7	0	0	1	0	0
Community	Newmarket	Community Heath Team	8.10	2.75	529.55	46	-1.78	-0.60	1.67%			3	1	0	2	0	0
Community	Sudbury	Community Heath Team	18.03	8.36	1529.38	31	-3.83	-1.20	4.19%			11	0	0	1	0	0
Community	Haverhill	Community Heath Team	8.97	4.23	860.73	53	0.50	0.00	7.07%			1	0	0	0	0	0
Community	Admission Prevention Service	Specialist Services	11.28	3.45	81.43	56	0.00	0.00	12.88%			0	0	0	0	0	0
Community	Specialist Services	Cardiac Rehab and Heart Failure	TBC	TBC	402.78	3	TBC	TBC	0.75%			0	0	0	0	0	0
Community	Children	Community Paediatrics	16.37	15.01	985.57	1	0.00	-2.00	5.38%			N/A	0	0	0	1	0
					7226.80 TOTAL	551.00 TOTAL	-12.81 TOTAL	-4.40 TOTAL	4.93% AVG	#DIV/0! AVG	#DIV/0! AVG	44 TOTAL	2 TOTAL	0 TOTAL	6 TOTAL	1 TOTAL	0 TOTAL

Explanations

Fill Rate: an indication of patient safety - national target 80% (less than = red), Trust internal target 85% (equal and greater than = green)
In vacancy column: - means vacancy and + means over established. Excludes maternity leave as separate column
Sickness Trust target: <3.5%
Annual Leave target: (12% - 16%)
Maternity Leave: no target

Medication errors are not always down to nursing and can be pharmacist or medical staff as well
DSU has been split into ward and unit only by HR, that is why only a section has been split in this dashboard
F10 (F14) gynae inpatients ward no of beds 16 and 2 SR - and have a ward attender section

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

12. Mandatory training and appraisal performance reports

To ACCEPT the report

For Report

Presented by Jeremy Over

Board of Directors – 31st January 2020

Agenda item:	12			
Presented by:	Jeremy Over, Executive Director of Workforce & Communications			
Prepared by:	Claire Debman-Smith, Workforce Development Manager			
Date prepared:	17th January 2020			
Subject:	Workforce Information reporting			
Purpose:		For information	☑	For approval

Executive summary:
This paper provides the Board with the latest reported position in relation to staff appraisal participation and completion of mandatory training. Plans are in place to continue to deliver real and sustained improvement across both metrics as part of our approach to staff development, safety and well-being at work.

Appraisal

- The purpose of appraisal is to ensure that, at least annually, staff benefit from a dedicated conversation with their manager regarding their contribution at work, what support they need, future plans and personal development.
- The appraisal compliance target is set at 90%; the December compliance figure is 83.6%, a rise in compliance of 2.89% since June 2019.
- Current reporting processes include; monthly divisional appraisal report to line managers (includes, individual staff appraisal information, RAG ratings, and compliance figures by department and division), monthly board reporting through IPQR, quarterly report on actions to improve compliance.

Mandatory training

- The purpose of mandatory training is to ensure and demonstrate that all staff have requisite knowledge and awareness across a range of themes that relate to patient, self and colleague safety.
- The latest compliance figure is 90% against a target of 90%.
- Whilst the expectation is that all staff are up to date in all domains of mandatory training, the Trust target is set at 90% (95% for Information Governance, currently 93% compliant) compliance in order to take in to account staff who fall in to the reporting period, but who are unable to undertake their training due to sickness or parental leave.
- Since the June 2019 Trust Board report there has been an overall increase in compliance of 4% (breakdown see appendix B) with further improvements expected once the mandatory training review changes have been inputted into our training system, Oracle Learning Management (OLM).See appendix C

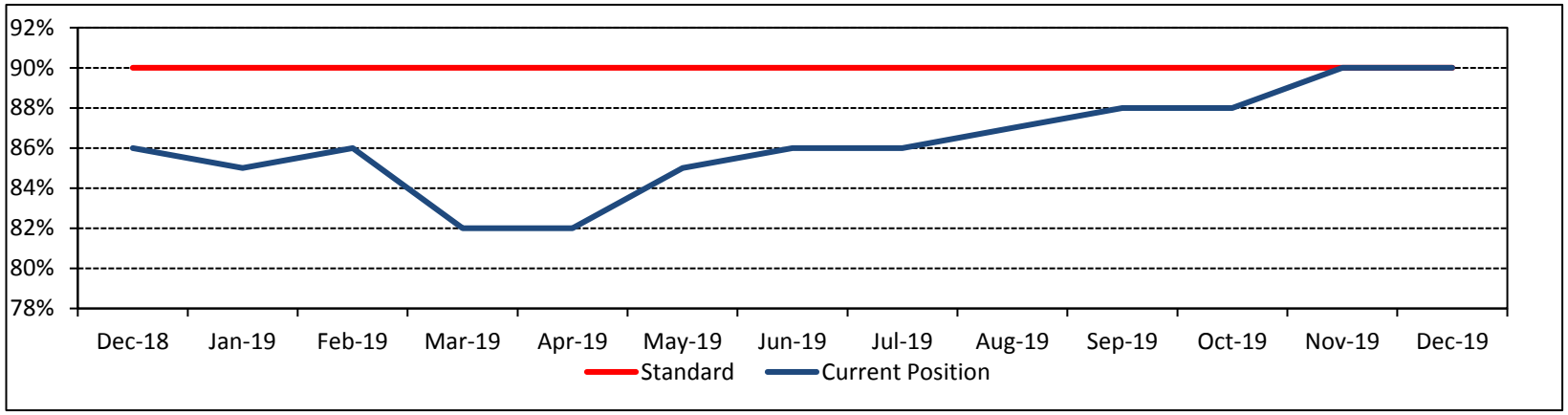
Appendix A Trend Analysis
Appendix B Subject Matter - High Level Mandatory Training Analysis January 2020
Appendix C Mandatory Training Recovery Plan
Appendix D Appraisal Action plan
Appendix E Divisional Compliance

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

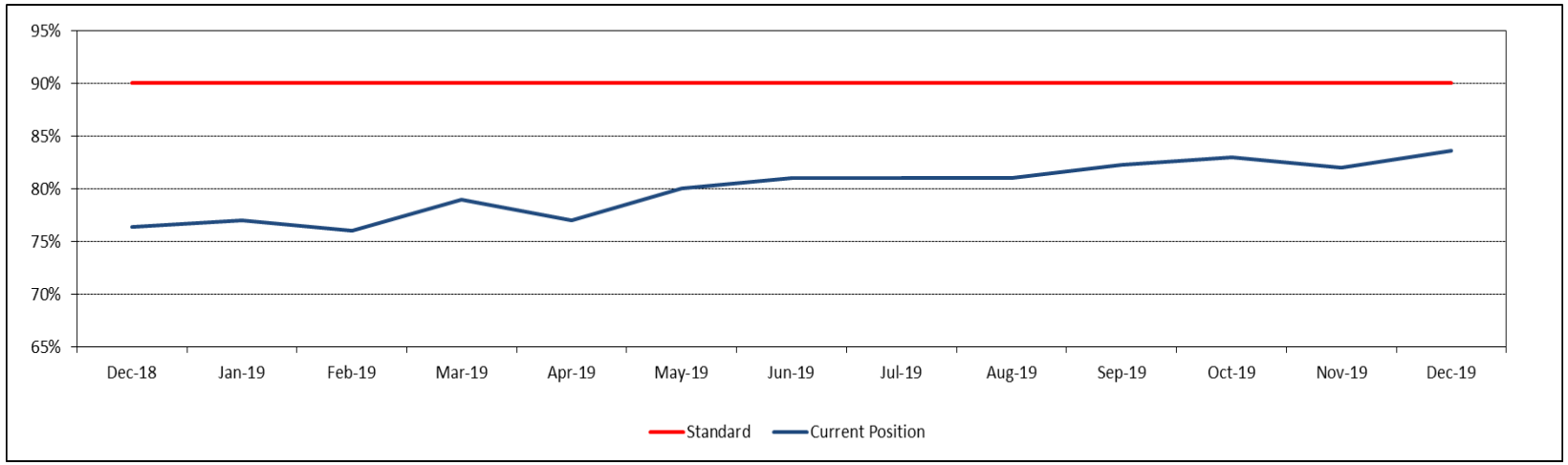
			☑				
Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	 *Deliver personal care*	 *Deliver safe care*	 *Deliver joined-up care*	 *Support a healthy start*	 *Support a healthy life*	 *Support ageing well*	 *Support all our staff*
		☑					☑
Previously considered by:	Mandatory Training Steering Group for mandatory training, and monthly IPQR board report for appraisal and mandatory training.						
Risk and assurance:	Risk to patient safety due to untrained staff. Mandatory Training recovery plan and impact assessments included.						
Legislation, regulatory, equality, diversity and dignity implications	Legislation, regulatory, equality, diversity all included.						
Recommendation: For approval							

Appendix A - Trend Analysis

Mandatory training



Appraisal compliance



Putting you first

Appendix B Subject Matter - High Level Mandatory Training Analysis January 2020

Competence	Trust Target	Match	No Match	Grand Total	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	% Difference between June 19 and Oct 19
179|LOCAL|Infection Control - Classroom|	90%	1986	41	2027	96%	95%	95%	95%	96%	95%	95%	96%	96%	96%	97%	98%	0%
179|LOCAL|Security Awareness|	90%	4013	167	4180	88%	88%	83%	87%	86%	89%	88%	91%	92%	96%	96%	96%	5%
179|LOCAL|Equality and Diversity|	90%	3957	252	4209	85%	85%	87%	88%	90%	90%	90%	93%	92%	93%	94%	94%	2%
179|LOCAL|Moving and Handling Non Clinical Load Handler|	90%	341	25	366	88%	86%	65%	64%	57%	61%	65%	70%	73%	91%	94%	93%	16%
179|LOCAL|Information Governance|	95%	3897	312	4209	83%	81%	80%	81%	85%	86%	87%	91%	90%	91%	92%	93%	5%
NHS|MAND|Safeguarding Children Level 1 - 3 Years|	90%	3879	330	4209	90%	91%	92%	92%	92%	93%	95%	93%	93%	93%	93%	92%	1%
179|LOCAL|Major Incident|	90%	3847	333	4180	89%	89%	80%	82%	82%	85%	85%	88%	87%	92%	92%	92%	5%
179|LOCAL|Health & Safety / Risk Management|	90%	3838	371	4209	89%	89%	87%	88%	90%	91%	90%	92%	91%	91%	92%	91%	1%
179|LOCAL|Safeguarding Children Level 2|	90%	1843	185	2028	91%	91%	88%	90%	89%	90%	89%	91%	92%	92%	91%	91%	3%
NHS|CSTF|Preventing Radicalisation - Basic Prevent Awareness - 3 Years|	90%	3805	404	4209	91%	91%	90%	91%	91%	92%	90%	91%	90%	90%	91%	90%	-1%
179|LOCAL|Fire Safety Training - Classroom|	90%	3801	408	4209	87%	85%	90%	89%	90%	90%	88%	91%	90%	89%	90%	90%	0%
179|LOCAL|Infection Control - eLearning|	90%	2067	222	2289	91%	90%	83%	82%	87%	90%	88%	91%	91%	90%	91%	90%	3%
179|LOCAL|Conflict Resolution - elearning|	90%	929	106	1035	86%	86%	70%	74%	76%	81%	81%	85%	88%	88%	90%	90%	12%
179|LOCAL|Safeguarding Adults|	90%	3777	432	4209	91%	91%	86%	87%	88%	89%	88%	89%	90%	89%	90%	90%	2%
179|LOCAL|Fire Safety Training - eLearning|	90%	3747	462	4209	83%	83%	84%	83%	84%	84%	83%	87%	87%	87%	89%	89%	3%
179|LOCAL|Blood Bourn Viruses/Inoculation Incidents|	90%	2089	286	2375	87%	88%	80%	83%	83%	85%	85%	88%	88%	89%	89%	88%	5%
179|LOCAL|Slips Trips Falls|	90%	2416	361	2777	86%	87%	76%	79%	80%	82%	81%	84%	86%	86%	89%	87%	6%
179|LOCAL|Moving and Handling - Clinical|	90%	2058	316	2374	77%	79%	80%	80%	80%	79%	82%	82%	83%	84%	87%	87%	3%
179|LOCAL|Medicine Management (Refresher)|	90%	1535	241	1776	86%	86%	81%	83%	84%	86%	85%	86%	86%	87%	87%	86%	2%
179|LOCAL|Basic Life Support - Adult|	90%	2354	386	2740	80%	81%	82%	81%	80%	81%	81%	81%	82%	83%	87%	86%	2%
179|LOCAL|Moving & Handling - elearning|	90%	973	162	1135	75%	77%	74%	76%	78%	80%	79%	82%	81%	86%	86%	86%	2%
NHS|CSTF|Preventing Radicalisation - Prevent Awareness - No Specified Renewal|	90%	2496	423	2919	70%	70%	78%	81%	81%	82%	82%	83%	83%	84%	87%	86%	1%
NHS|MAND|Safeguarding Children Level 3 - 1 Year|	90%	447	83	530	91%	91%	70%	71%	82%	80%	79%	84%	83%	84%	84%	84%	1%
179|LOCAL|Conflict Resolution|	90%	1388	423	1811	72%	71%	77%	78%	77%	76%	75%	75%	76%	78%	77%	77%	-1%
179|LOCAL|Blood Products & Transfusion Processes (Refresher)|	90%	1287	399	1686	76%	77%	67%	68%	76%	78%	76%	77%	75%	78%	78%	76%	0%

Appendix C – Mandatory Training Recovery Plan

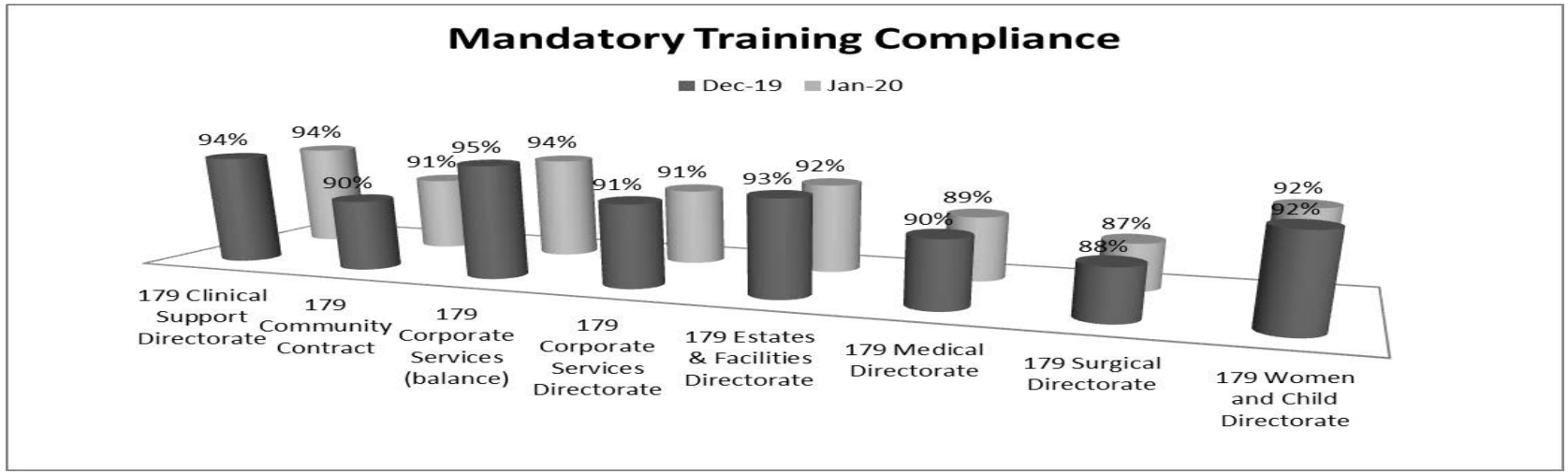
Item	Requirement	Action	Update	Completion date	Responsibility	% Predicted improvement
1	Review of Mandatory Training Subjects	Address increase of mandatory training. (Trust has seen 30% increase in courses provided during previous 12 months)	A full review of all mandatory training courses has taken place to ensure appropriateness, renewal period and relevance to staff group(s). All changes were managed in a safe, auditable way, placing patient and employee safety as the top priority. All changes to Mandatory Training have been outlined in appendix C	Complete	Mandatory Training Steering Committee	4% projected improvement to be seen once changes inputted into ESR
2	Update OLM following Mandatory Training Review	Update ESR and staff records to reflect requirements	Education & Training Team are currently inputting the amendments made following the full mandatory training review (see item above).	30/04/20	Mandatory Training Team	included in above figure
3	Improve access to e-learning modules	Implement necessary changes to server to improve access and usability of e-learning system.	IT completed all relevant sever updates. The mandatory training team have transferred all e-learning packages onto the Articulate software. This has resulted in all employees both on site and off being able to access and complete e-Learning from any device which has access to the internet. It has also made the system easier to use with significantly less work arounds and intervention required from IT.	Complete	Rob Smith Rob Howorth	2%
4	Support streamlining for junior doctors	Continue to engage with streamlining projects Provide opportunities for mitigation where streamlining is not currently in place	Revision of induction timetables to include West-Suffolk specific mandatory training courses Work with Trusts across region to achieve best possible data transfer through ESR system. The Streamlining project for the East of England kick-off date is end Oct 2019. The Mandatory Training Team has provided over 10 additional e-learning sessions to support the August intake of Jr Drs to be compliant with their training at the point of Induction.	Complete 05/08/20	Lorna Lambert, Rota co-ordinators	0.5%
5	Managers to have direct access to staffs performance information including mandatory training	To implement ESR (Electronic Staff Record) Supervisor Self Service	Implementation plan agreed with full roll out by March 2020.	30/06/20	Workforce Team HR	unknown

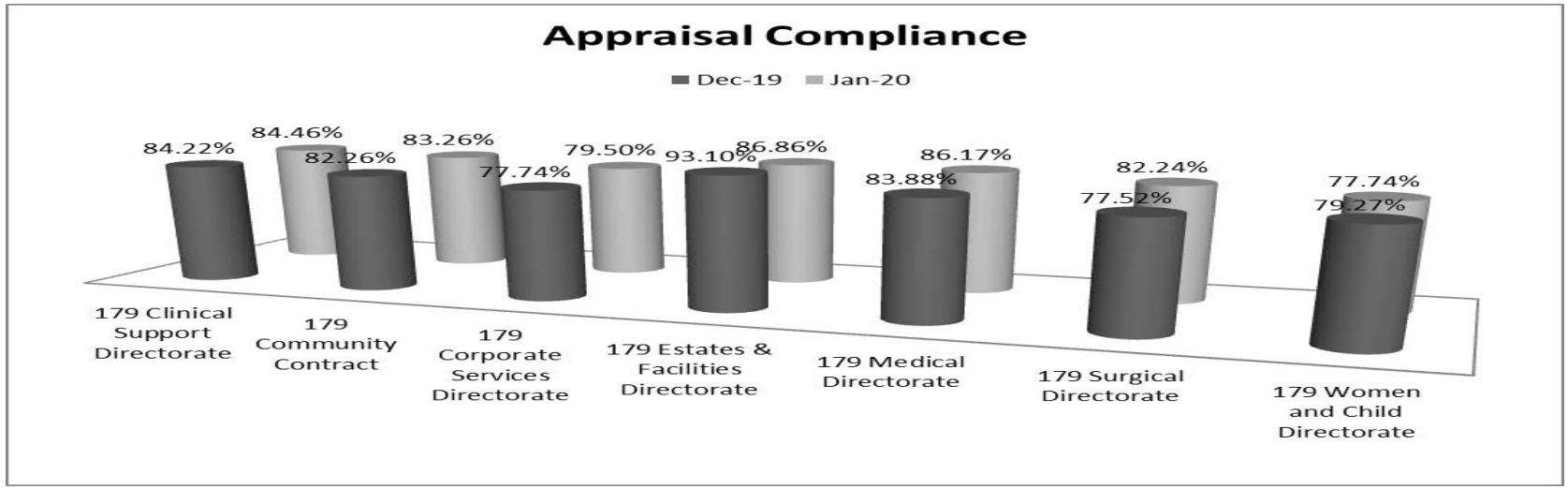
Item	Requirement	Action	Update	Completion date	Responsibility	% Predicted improvement
6	Community training data to be reviewed	It has been raised that some community data does not seem to be accurate within the ESR system and does not match local records, specifically from Paediatrics	Community Leads to provide the Education & Training Team with details of those records/individuals which do not match or are inaccurate in OLM. The Education & training Team to investigate and then update as appropriate.	30/04/2020	Education & Training team	0.5%

Appendix D – Appraisal Action plan

Item	Requirement	Action	Update	Completion date	Responsibility	% Predicted improvement
1	90% compliance for all areas within the trust	Dedicated support to those areas struggling to reach 90%	Workforce and HR provide individual support to those areas struggling to improve compliance, as well as executive support to improve take up.	On-going	Deputy Director of Workforce	0.5% depending upon take up.
2	Improve the Trust system for recording appraisal meetings.	Implement ESR manger and supervisor self-service by 01.04.20	The trust is currently working towards ESR manager self – service (go live 01.04.2020), which will give all managers the responsibility to log appraisals for their own reports/ staff. This will remove the potential for appraisal information to be mislaid.	01/04/20	Deputy Director of Workforce	Sustainability
3	Overall compliance at 90%	Ensure all staff who are at work receive an appraisal on an annual basis	Implementation of agenda for change pay progression policy which will require all staff to have an up to date appraisal recorded on ESR	31/03/20	Workforce Team HR	4% when process is fully implemented
4	All appraisers have the required training to undertake appraisal meetings	Training is provided for all appraisers	Support managers/ appraisers with on-going delivery of both refresher and initial training sessions.	On-going	HR	Sustainability
5	Encourage a culture of appraisal within the organisation	Raise the profile of appraisal compliance throughout the trust	Dashboard on appraisal compliance to be produced for green sheet, raising the profile of appraisals and positive reinforcement for good practice	On hold, pending outcome of other actions	Workforce Team Communications Team	Sustainability
6	Support streamlining for junior doctors	Engage with regional streamlining projects Provide opportunities for mitigation where streamlining is not currently in place	Revision of induction timetable to include West-Suffolk specific mandatory training courses Work with Trusts across region to achieve best possible data transfer through Electronic Staff Record (ESR) system Utilisation of study leave for completion of any outstanding mandatory training modules within first 6-8 weeks	WSFT actions complete. Regional work continues.	Medical staffing team & PGME Manager	0.5% depending upon take up.

Appendix E - Divisional Compliance





13. Safe staffing guardian report

To ACCEPT the report

For Report

Presented by Nick Jenkins

Trust Board – 31 January 2020

Agenda item:	13			
Presented by:	Dr Nick Jenkins, Executive Medical Director			
Prepared by:	Francesca Crawley, Gardian of Safe Working			
Date prepared:	23rd January 2020			
Subject:	Safe Staffing Guardian Report – Quarterly Report October – December 2019			
Purpose:	x	For information		For approval

Executive summary:

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

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

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

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

Recommendation: For the board to endorse the quarterly report

NHS
West Suffolk
NHS Foundation Trust

QUARTERLY REPORT ON SAFE WORKING HOURS

DOCTORS AND DENTISTS IN TRAINING

1st October 2019 – 31st December 2019 Executive Summary

Introduction

The purpose of the report is to provide evidence of safe rostering and compliance with the TCS, to highlight any difficulties which have arisen, and to explain how they are being addressed. A system of Exception Reporting is in place and uses Allocate software.

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

All trainees taking up appointments are on the New Contract. Locally employed Doctors are on contracts that mirror the new Contract.

Summary data

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

Putting you first

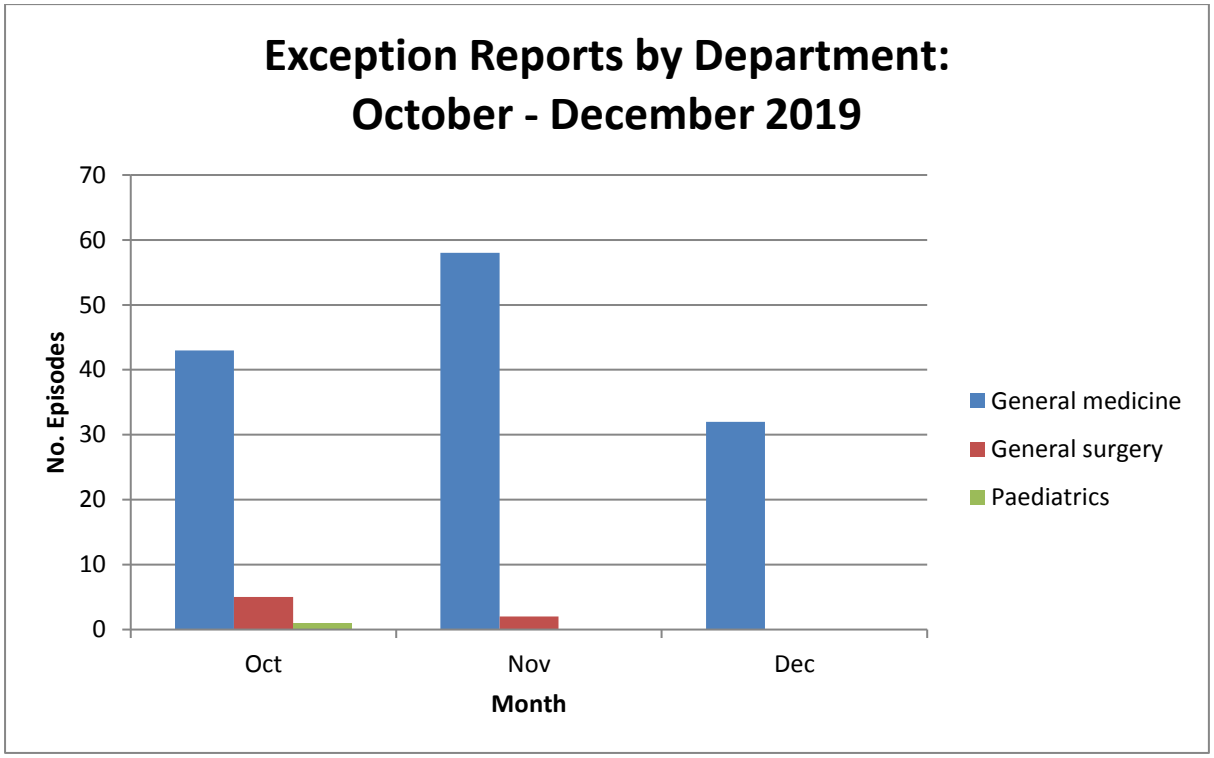
1. Exception reporting: 1st October – 31st December 2019

a) Exception reports (with regard to working hours)

The purpose of exception reporting is to ensure prompt resolution and/or remedial action to ensure that safe working hours are maintained. If there are consistent problems a work schedule review should be carried out. A process is in place on Allocate for the Junior Doctors to fill in the report, which at present requires discussion with a consultant before, during or the day after the period of situation occurred. A narrative of the situation which led to exceeding the contractual obligation is also required. Details are sent to the Guardian and Clinical /Educational Supervisor.

Exception Reports by EXCEPTION TYPE						
Department	Grade	Pattern of Hours worked	Educational Opportunities or available Support	Support available during Service Commitments	Hours of Work	Total overtime hours claimed
Surgery	F1	0	0	0	2	3
	F2	0	0	0	5	11.50
	GP/ST/CT	0	0	0	0	0
	ST3+	0	0	0	0	0
Medicine	F1	2	4	0	65	134.50
	F2	1	1	0	33	58
	GP/ST/CT	0	0	0	26	37.5
	ST3+	0	0	0	1	5.50
Woman & Child	FY2	0	1	0	0	0
	GP/ST/CT	0	0	0	0	0
	ST3+	0	0	0	0	0
Psychiatry/ off site	F1	0	0	0	0	0
Total		**3**	**6**	**0**	**132**	**250**

Exceptions reports by month and department



Please note that as psychiatry claims are not logged by the West Suffolk Hospital's Exception Reporting system, these do no show in the bar graph, but have been resolved as outlined in 1b below.

b) Work schedule reviews for period 1st October – 31st December 2019

Work schedule reviews for individuals may be requested by either the doctor, or the education/clinical supervisor, service manager or guardian in writing.

All work schedules were reviewed and updated in December to bring them in line with the review of the 2016 Doctors contract Terms & Conditions (affecting weekend frequency allowance and additional payments for shifts finishing between midnight and 4 a.m.).

Anaesthetics and Emergency Medicine have agreed with Junior Doctors and the Guardian of Safe Working to continue their existing rota pattern until staffing requirements can be resolved. This is to bring the weekend frequency in line with the requirements of the 2016 contract review; these changes are required by and planned for August 2020.

2) Immediate Safety Concerns: 1st October – 31st December 2019

As outlined in the Terms and Conditions, immediate safety concerns (ICS) should be reported (orally) as an ISC to the consultant in charge on the day of the incident, a datix to be completed and then an exception report submitted within 24 hours.

There have been no ISC in this period.

3) Locum Bookings: 1st October – 31st December 2019

TABLE 1: Shifts requested between 1st October – 31st December 2019 by 'reason requested'

Locum Bookings by REASON REQUESTED							
Department	**Rota Compliance and Induction Cover**	**Leave (Annual, Carers, Study and Interview)**	**Maternity and Paternity Leave**	**Sickness and Reduced Duties**	**Extra**	**Vacancy**	**Grand Total**
Anaesthetics	1			14	5	3	23
Dermatology					19	21	40
Emergancy Medicine	11	150		2	124	214	501
ENT	3			1			4
General Medicine	75	37	29	60	212	213	626
General Surgery	3	9	5	21	15	19	72
Haematology				11			11
Microbiology						27	27
Obs & Gynae	8			7	2	3	20
Ophthalmology	1			7		1	9
Paediatrics	7	1	7	26	1	43	85
Radiology	5				49		54
T&O				1	2		3
Urology	2	6			11		19
Grand Total	116	203	41	150	440	544	1494

TABLE 2: Shifts requested between 1st October – 31st December 2019 by 'Agency / In house fill'

Filled by NHS / Agency		
Department	**NHS**	**Agency**
Anaesthetics	23	
Dermatology	40	
Emergancy Medicine	334	167
ENT	4	
General Medicine	430	196
General Surgery	72	
Haematology		11
Microbiology		27
Anaesthetics	23	
Dermatology	40	
Emergancy Medicine	334	167
ENT	4	
General Medicine	430	196
General Surgery	72	
Haematology		11
Microbiology		27

4) Vacancies – 1st October – 31st December 2019

HR has provided details of current junior doctor vacancies:

Department	Grade	Oct	Nov	Dec
A&E	ST3+	5	4	4
Anaesthetics	ST3+	1	2	2
Medicine	ST3+	0.6	0	0
Paediatrics	F2/ST1-2	0.7	0.7	0.7
General Surgery	ST1-2	0	1	1
Total		**7.3**	**7.7**	**7.7**

5) Fines – 1st October – 31st December 2019

There is a system of financial penalty now in place where exception reporting demonstrates the following:

- a breach of the 48-hour average working week across the reference period agreed for that placement in the work schedule
- a breach in the maximum 72-hour limit in any seven days
- the minimum 11 hours rest requirement between shifts has been reduced to fewer than 8 hours.

Total breach fines paid by the Trust from August 2017 to date are £13,137.75 and the Guardian Fund currently stands at £7,033.14

Matters Arising

1. There have been multiple exception reports form the respiratory team (although these have reduced in December 2019). This has been discussed within the respiratory team and the service manager. As it appears to have only partially resolved there is a meeting scheduled with the GOSW & the service manager at the end of January 2020.
2. The attendance of a wider group of junior doctors at the monthly GOSW meeting has been productive, resulting in less confrontation and more progress. There is a good relationship with the Better Working Lives Group (BWLG) and some of the juniors attend both meetings.
3. There is evidence that an informal debrief allows teams to de-stress after a shift. The junior doctors are going to launch a 'breakfast club jointly with BWLG. As an 'opening offer' we will use the Guardian's fines to give every junior who does nights a voucher for a free breakfast. This is being launched in conjunction with the DME improving handover to include: 'Thank you. Was there anything you want to escalate?' 'Are you all safe to drive home' 'Is anyone going for breakfast?'.
4. There is definite progress on spending the £30,000 'Fight Fatigue' money. Negotiations are well underway for juniors to use the physiotherapy gym out of hours and the juniors are looking at buying additional equipment (which we hope will benefit both staff and patients). The JDF president has discussed redecorating and refurbishing one of the flats in the residences to provide better on call rooms, a place to rest and 'too tired to drive' facilities. We are very aware that this needs to be spent this financial year.
5. The space committee has agreed that a room off F6 can be used as a surgical juniors communal office. Since the surgical assessment unit moved, this room is underused. The surgical juniors currently have a small office with 3 computers for 8-9 of them, making working efficiently impossible.
6. We are delighted that the executive has confirmed that there will be a new mess in the ED rebuild. The current mess is away from the main hospital (in the old residences) and very dingy. As a consequence, it is very poorly used. As a group, we believe that an onsite mess, as available in many of our neighbouring trusts, would enhance a sense of camaraderie and community.
7. There was been a complaint (Dec 2019) from the ward manager of the medical treatment unit (which is used as a place to take breaks during the night shift), that it has been left untidy. This necessitated an email from HR and the GOSW to all juniors. The problem has not recurred and we have invited the ward manger to the GOSW meeting.
8. There is a problem with the internal medical trainees (IMT- 3 year program which has replaced CMT) getting to clinic. They need to attend 80 over the three year program. There is a meeting scheduled with the service manager, college tutor for medicine and the IMT trainees at the end of January. They have been encouraged to exception report as a 'missed educational opportunity'. (This does not generate a fine, but does enable the GOSW to monitor the problem).

14. Consultant appointment

To ACCEPT the report

For Report

Presented by Jeremy Over

BOARD OF DIRECTORS – 31/01/2020

NHS West Suffolk NHS Foundation Trust

Agenda item:	14			
Presented by:	Jeremy Over, Executive Director of Workforce and Communications			
Prepared by:	Medical Staffing, HR and Communications Directorate			
Date prepared:	9th January 2020			
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 Radiologist
DATE OF INTERVIEW:	Thursday 28th November 2019
REASON FOR VACANCY:	Replacement Post
CANDIDATE APPOINTED:	[redacted]
START DATE:	TBC – pending CCT Completion
PREVIOUS EMPLOYMENT:	[redacted]
QUALIFICATIONS:	[redacted]
NO OF APPLICANTS: **NO INTERVIEWED:** **NO SHORTLISTED:**	6 3 3

POST:	Consultant Radiologist
DATE OF INTERVIEW:	Thursday 28th November 2019
REASON FOR VACANCY:	Replacement Post
CANDIDATE APPOINTED:	[redacted]
START DATE:	23rd March 2020
PREVIOUS EMPLOYMENT:	[redacted]
QUALIFICATIONS:	[redacted]
NO OF APPLICANTS: **NO INTERVIEWED:** **NO SHORTLISTED:**	6 3 3

POST:	Consultant Radiologist
DATE OF INTERVIEW:	Thursday 28th November 2019
REASON FOR VACANCY:	Replacement Post
CANDIDATE APPOINTED:	[redacted]
START DATE:	Thursday 28th November 2019
PREVIOUS EMPLOYMENT:	[redacted]
QUALIFICATIONS:	[redacted]
NO OF APPLICANTS: **NO INTERVIEWED:** **NO SHORTLISTED:**	6 3 3

15. Putting you first award

To NOTE a verbal report of this month’s winner

For Report

Presented by Jeremy Over

11:10 BUILD A JOINED-UP FUTURE

16. Integration report

To receive the report

For Report

Presented by Kate Vaughton and Helen Beck

West Suffolk NHS Foundation Trust Board Meeting
31 January 2020

Agenda item:	16
Presented by:	Kate Vaughton, Director of Integration and Partnerships, WSFT/WSCCG Helen Beck, Chief Operating Officer, WSFT
Prepared by:	Jo Cowley, Senior Alliance Development Lead, WSCCG Dawn Godbold, Associate Director, Integration and Partnership, WSFT Sandie Robinson, Associate Director of Transformation, WSCCG Lesley Standring, Head of Operational Improvement, WSFT
Date prepared:	22 January 2020
Subject:	Integration Update

Purpose:	x	For information		For approval

Executive summary:
This is a combined paper on Alliance development and transformation and looks to provide an update on the progress being made on individual transformation initiatives and collaborative working across the West Suffolk System.

Main Points:

This paper provides an update on:

- Primary Care Networks
- Integrated Neighbourhood Teams (INTs)
- One Clinical Community
- Locality Engagement Plan
- Mental Health Transformation
- Transformation Projects Update
- Alliance governance and meetings updates
- Alliance Delivery Plan

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

Putting you first

Previously considered by:	Quarterly update to the Board
Risk and assurance:	
Legislation, regulatory, equality, diversity and dignity implications	
Recommendation: The Board is asked to note the progress being made and agree that they will receive this Integration Report quarterly.	

Integration Update

West Suffolk NHS Foundation Trust Board

29 January 2020

1.0 Introduction

1.1 This paper provides a quarterly update for the Board on activity to transform services and outcomes for people within the west Suffolk alliance area. A number of different teams contribute to the report, from across the CCG and from the hospital and services in the community.

2.0 Primary Care Networks (PCNs)

2.1 In November 2019 we welcomed a new Clinical Director into the Forest PCN, Dr Evelin Hanikat. Evelin is a GP partner working at Forest Surgery in Brandon, and has particular interest in dermatology and women's health.

2.2 On the 23 December 2019 NHS England and NHS Improvement published a set of draft service specifications for PCNs, with a deadline for comments of the 19 January 2020. These five specifications will dictate the work of PCNs during 2020 and beyond. They are written in a way that supports integration with other alliance partners, for instance community health services. Concerns have been raised about the amount of additional work indicated through the service specifications, which national and local bodies are responding to. In West Suffolk Dr Nick Rayner has now resigned as part-time Clinical Director for the Newmarket and Forest following the publication of the draft service specifications.

2.3 In West Suffolk, individual GPs and PCNs are submitting their own comments. In addition, the CCG will be considering the impact of the specifications, whilst being aware that some detail may change following consultation.

2.4 Monthly meetings between the PCN clinical directors and the CCG are in place to share information, align the new activity going forward and agree how best to implement changes to for example reimbursed roles.

3.0 Integrated Neighbourhood Teams (INT)

3.1. The INT is a key element of the community health and care model and is in various stages of maturity across each of the localities. Where co-location exists we have found the INT tends to mature faster with Mildenhall and Newmarket leading the way in forming single teams, shared leadership and sharing information. The INT maturity matrix is nearing completion and has been designed as a simple "checklist" to enable an INT to self-evaluate their development. The matrix is built around four core elements (empowered INT, people telling their story once, responsive and proactive care, and promoting self-care and independence) and has five steps of progression, moving from 'not yet established' to 'exemplary'. Each core element is divided into headings that outline the main development areas that are reflected across all localities.

3.2 Using this tool, the Newmarket INT has tested the matrix and self-assessed themselves as an "established" team and are now forming a plan to move themselves forward along the various elements of the matrix towards exemplar. Some areas of the matrix will be outside the INTs control and will require Alliance leaders to support delivery (i.e. shared record/reporting). An outcomes framework is being developed to support the INT to evidence their achievements. The final version of the Maturity Matrix is expected to be signed off at the February West Suffolk Alliance Steering Group.

3.3 As part of the ongoing work to strengthen integrated working, and to populate the locality delivery plan a workshop style discussion was held with the community health and social care teams in Mildenhall and Brandon to:

- Establish how well they feel they are progressing with integration between the two teams
- Identify what 'wrinkles' exist and what solutions may be possible
- Identify their 'burning issues' and agree any actions/escalation
- Identify their top 3 priorities for the locality to go into the locality delivery plan

3.4 The conversation was lively and demonstrated that a strong relationship exists between the two teams, supported jointly by the respective health and care team managers who helped to facilitate the discussions.

3.5 The three priorities agreed by both teams to go into the locality delivery plan were:

- Improved shared access to equipment – this will remove duplication, save clinical time and reduce the length of time the process takes, meaning a more efficient service for people
- Improve the integration/joint working between themselves and the local mental health teams
- Improve the joint working that happens between the two teams at Brandon to the level/scale of the joint working that happens at Mildenhall – members of the group that work across both the Mildenhall and Brandon areas recognised that 'it feels more integrated at Mildenhall'

3.6 The delivery plan will now be updated to reflect this, and the learning and the priorities from the event will be shared at the next locality delivery group. Having visibility of these locally determined priorities through the delivery plan will ensure that there is alliance group focus and attention, particularly where there are system issues that require resolving.

4.0 One Clinical Community

4.1 The One Clinical Community Leadership Programme is now approaching its third module, which will be focussing on Building a new culture for the Alliance and includes a field trip to Adnams to learn how Adnams as an organisation encourages innovation and hear some of the leadership journeys of key senior players in the organisation.

4.2 The locality teams, have chosen the focus of their projects concentrating on the function of the INT relating to case finding and MDTs, with some looking at high intensity users across the system.

5.0 Locality Engagement Plan update

5.1 The alliance communications and engagement group has been working on a plan that sets out how the alliance will work in partnership with communities to improve wellbeing. The plan will ensure that the public voice and feedback is gathered through community events, and that feedback is evaluated consistently and shared back with the public. It will also be an opportunity to share knowledge gathered in the place-based needs assessments and bring in the public voice to help guide local priorities or actions, working with communities to facilitate their ideas on how to improve health and wellbeing in their areas.

5.2 The first events will be held in the Brandon, Lakenheath and Mildenhall, and the Sudbury localities.

5.3 This is part of the wider work that the Locality Leads are developing with partners in each of our six localities. For instance in Sudbury the locality group is working with the Dementia Action Alliance to make Sudbury and surrounding rural areas a Dementia Friendly Community.

6.0 Transformation Projects Update

6.1 **Integrated Community Paediatric Services Review:** The purpose of this review has been to understand how the service can best meet the needs of children and young people in Ipswich and East and West Suffolk. Phase 1 was completed with a report being discussed at the Children and Young People's Board in November 2019. The report highlighted a number of operational issues for the provider to address and some areas to which a system wide approach is needed. The Board agreed that a number of key priority services would be the focus for Phase 2. The services identified are:

- Medical
- Nursing
- Occupational Therapy and Physiotherapy

6.1.1 This is in addition to the existing work that is currently being undertaken around SLCN and Neurodevelopmental pathways.

6.1.2 Phase 2 will centre on the redesign and development of each service delivery model and will include the interface with other services and predicted future demand. The first steering group meeting to determine the scope and terms of reference for this phase of the project is on 23 January 2020.

6.2 **The Rapid Intervention Vehicle** – The service has been extended to working 12 hours a day, 7 days a week on 15 December 2019. It continues to respond to over 100 calls a month with an 80% non-conveyance rate. Future long term funding of this service needs to be established.

6.3 **Virtual Ward –** Test and learn went live on 6 January 2020 supporting people for step up admission avoidance and step down from hospital. The service works closely with the Community Matrons, Early Intervention Team and the medically optimised team in the hospital and can support up to 8 people. The ward brings health and care closer together in providing an integrated offer of support to people who would otherwise be admitted into a community physical bed. The evaluation will be produced at the end of the test later in May 2020.

6.3.1 The activity on virtual word is part of the programme to ensure people are given the most appropriate treatment in the right environment. The discharge to optimise and assess pathway one work is also part of this programme.

6.4 The evaluation of the **Frailty Test and Learn** in Mildenhall has been well received and is now being adopted by all 6 localities as a model linking into the development of the projects being set up by the One Clinical Community leadership teams.

6.5 **High Intensity Users (HIU) –** The HIU multi-disciplinary team meetings (MDTs) are now taking place monthly. Two patient specific MDTs have taken place which have included Primary care, police, Care UK 111, ED, social care, NSFT with good outcomes for very complex patients. HIU coordinator is in the process of discussing with GPs about the next step plan and how the MDTs move out to the localities.

6.6 **IV antibiotics in the community –** A test and learn working with Brandon Park nursing home is in the planning stages. Patients on IV antibiotics who do not require the services of an acute hospital can be transferred to Brandon Park. They will continue to be monitored by the acute Out Patient Antibiotic Team.

6.7 **Community Teams Productivity –** The hospital transformation team led a session supported by Emergency Care Intensive Support Team. They introduced red to green principles for managing caseloads for district nurses initially. Next steps are for a member

of the team to shadow the district nurses and map out current and future states to understand the gaps and need for change.

6.7.1 The senior leadership team have also been assessing an electronic rostering system designed specifically for community teams and hope to take this forward in the near future. It is anticipated that this will release significant capacity to care from currently administrative heavy tasks.

6.7.3 Work is now underway to exit all community IT support from the current NEL CSU contract. The work is anticipated to take up to a year but will revolutionise IT support for our community teams and enable significant transformation of working practices going forward.

6.8 **Discharge Planning –** From February 2020, a hospital discharge planning nurse will be linked to each locality which will provide the community teams with a point of contact. It is envisaged that the discharge planning nurse will spend time in the locality to build relationships and to get a clear understand what each has to offer.

6.9 An ICS wide **outpatients workshop** is being planned for the 18 February 2020 in the afternoon aimed at challenging local thinking on what a 21st century outpatient model should look like and develop a high level plan to progress the changes required. A West Suffolk team of transformation, clinical and operational leads will represent the system at the workshop and drive forward local implementation of the transformational change.

6.9.1 Progression of a range of digital programmes to support the transformation of outpatient processes has been brought together under one umbrella and will be led by SR Relf. This programme will run in conjunction with the system wide transformation plans to maximise opportunities.

7.0 Alliance governance and meetings update

7.1 **Lay member event –** Over 20 NHS lay members and local authority elected members are meeting on the 22 January 2020 to find out more about alliance working and to discuss how they can be involved and add value through their lay and elected member roles. Sue Cook, Executive Director for People at the County Council, will give the key note speech and she will be joined by front line managers to provide examples of practical integration on the ground that has made a difference to outcomes for people in West Suffolk.

Objectives for the session are:

1. To enhance relationships across the lay community, including non-executive and elected members, as part of establishing a broader lay network within the west Suffolk alliance;
2. To share learning and perspectives about the current and future development of the alliance;
3. To work together to support the development of a future framework for lay and elected member involvement in the west Suffolk alliance;
4. To make recommendations on the next steps.

7.2 **System Executive Group (SEG) –** The SEG meeting on the 8 January 2020 discussed the outputs from the November workshop and how to put these into action.

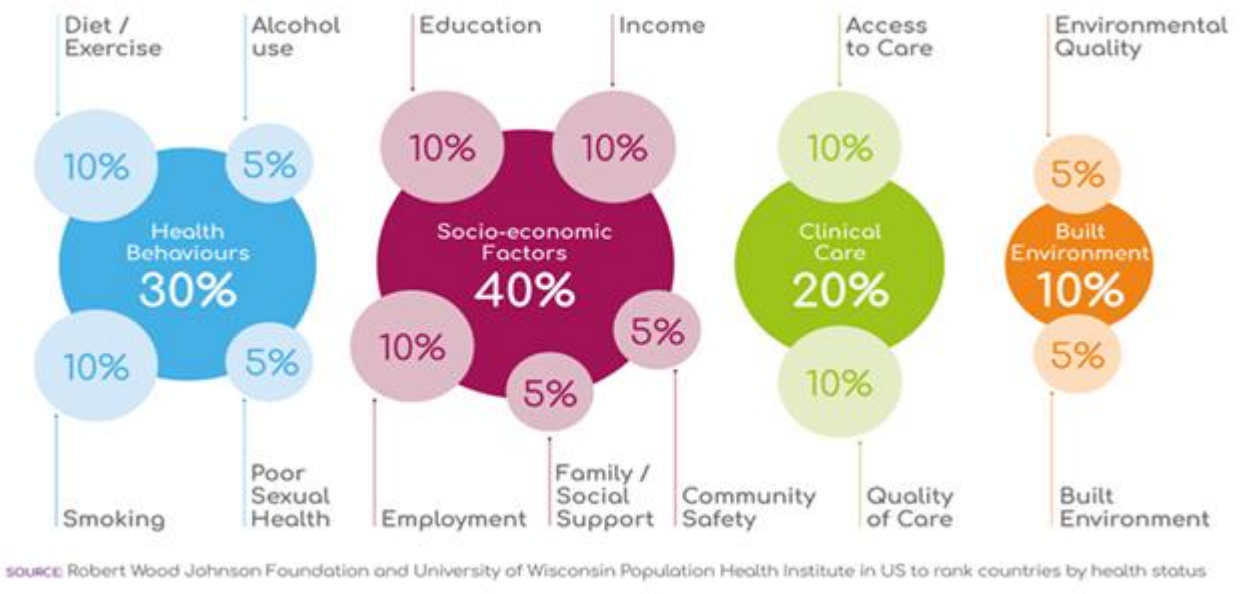
7.3 **System wrinkles –** In terms of issues that impact on all teams there are themes that come up in multiple discussions in different forums on what is working well and what has got in the way. The common themes were that integrated working would flourish much more rapidly if we could make progress areas such as: generic skills, co-location and shared technology, flexible use of resources.

7.4 Most of these are underway but either do not have deadlines or seem to be moving very slowly. The proposal is to use the steering Group and SEG as enablers – supporting the

staff involved to unblock issues and move the plans forward. SEG agreed that this would be a good approach and would be used to shape part of their agenda going forward.

7.5 **Health Inequalities in West Suffolk –** Stuart Keeble, Suffolk's Director of Public Health lead the discussion about adopting a framework to tackle persistent differences in life expectancy between the most and least deprived groups, for both men and women.

7.6 He shared a graphic that showed that the determinants of health and many and varied.



SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

7.7 Stuart proposed that take a new approach at a place level- with Civic, community and service level interventions as the basis of place-based planning. Part of the service response would be to use the levers we have as public sector organisations through purchasing, employment and local leadership. SEG agreed that this would be a useful framework. Detailed actions will be set out in the alliance delivery plan.

7.8 SEG also heard from Andrea Pittock, Head of Grant Programmes at the Suffolk Community Foundation who updated the group on the Realising Ambitions programme. Her update is attached as Appendix 1, showing the groups funded and the next steps for the programme.

7.9 The group also reviewed the timeline for the delivery plan and noted that it would be coming back to the March 2020 SEG meeting for approval.

7.10 **Alliance Steering Group (SG) –** The SG met on the 19 December 2019. Two main items on the agenda were the suicide prevention and the development of the delivery plan. The group heard from Chris Pyburn in the Public Health team, about the funding and priorities around suicide prevention. The SG encouraged him to make links with the locality groups where there is a higher prevalence of suicide: Newmarket, Brandon and Sudbury. The group agreed to set up a small working group to develop proposals around a system wide approach to demand management.

7.11 A presentation about the development of the Delivery Plan lead to a discussion about demand management. A small group was established from steering group members to come up with proposals for wider discussion, and then inclusion in the plan.

7.12. **System Finance Group –** The System Resources Group is meeting regularly with partners from the NHS, the County Council and the District Councils. The most recent meeting

focused on financial challenges and continued to improve the level of financial transparency between the statutory organisations in the system. This assists with understanding how financial decisions taken by individual organisations can often have an impact on those around them. The next meeting is scheduled for 29 January 2020.

7.13. **Quality Group –** The Alliance Quality Group is due to meet on the 29 January 2020. This new group will identify opportunities for quality improvement and areas where we are experiencing barriers in terms of system change. Additionally it will provide the Board function for the system wide Quality Improvement programme, which is a system wide programme hosted by WSFT.

8.0 Alliance Delivery Plan

8.1. Progress is being made with developing the West Suffolk Alliance Delivery Plan. This plan will show the action that is being taken across the alliance to deliver the strategy – All about People and Places. As well as having a focus on West Suffolk priorities the plan will set out how NHS 'must dos' will be delivered (as detailed in the NHS Long Term Plan and reflected in the Suffolk and North East Essex Integrated Care System Strategic Plan). The plan is for the next five years, but will mainly focus on the first year. We will be able to use the plan to refresh the detail in our strategy, which set out our first year actions.

8.2. The main chapters for the plan are as follows:

- **Chapter 1 – Key alliance programmes**
  - Development of localities and Integrated Neighbourhood Teams
  - the prevention and management of long term conditions including mental illness
  - Developing a co-ordinated approach to responsive support services
  - An integrated approach to demand management
- **Chapter 2 – Enablers**
  - Communications
  - Estates
  - Workforce
  - IT/Digital
  - Finance
  - Quality Improvement
- **Chapter 3 – NHS nationally mandated 'Must Dos',** which include: Cancer, stroke; personalised care; primary care – encompassing digitally enabled primary care; out of hospital and community based care; urgent and emergency and hospital care services; mental health in adults; planned and emergency care; cardiovascular disease; stroke care, diabetes; respiratory disease and air quality; maternity and neonatal care; specialist children and young people's services; learning disabilities and autism; oral and eye health; safe care.

8.3. In writing the plan, the requirements of the Alliance and the ICS brought together into one document. Further work will be carried out on a monitoring framework, and the development of more detailed activity plans to support progress in each of the areas above. These will be used to underpin future updates to the Board.

8.4. **Timetable –** The plan will be signed off by the SEG in March 2020. Following this it will go to the ICS Board on the 13 March 2020. In the meantime a working group is meeting fortnightly, and discussions being held with partners and at the SG meetings in January and February 2020. Time has also been allocated for individual organisations to review the draft plan to ensure they are able to support.

8.5. It is anticipated that the delivery plan will be a live document. It will set out the actions that as a partnership we have signed up to for 2020/2021 (and beyond) and provide a way of understanding collectively what our progress is, and working together to take action if delivery is not on track.

9.0 Mental Health Transformation

9.1 In September 2019 four high level models were presented to the Suffolk Alliance partners. The four high level models were developed by the priority groups to provide the foundation for the development of detailed pathways. The four models have been developed in line with the East and West Suffolk Mental Health & Emotional Wellbeing 10 Year Strategy 2019-29 #averydifferentconversation.

9.2 The four priorities are now developing the detailed pathways that will sit behind the high level models. The pathways are being visually mapped and capture the different ways people can access services and what the service journey will look like (including treatment and intervention), how people will step up (to more intensive or specialist services), step down (to less intensive and community services) and transition in between services. The priority groups are leading on this piece of work; the groups have been formed with 'experts' from across providers and settings.

9.3 The programme has set clear deadlines for the completion of the detailed pathways (end of February 2020). Alongside the detailed pathways the Alliance Programme Team, which is made up of system experts who will provide all four priority groups with dedicated input to enable the following specialist models to be developed alongside the detailed pathways

- Demand and Capacity
- Workforce, HR and Training
- Finance
- Governance and Risk
- Information and Systems

9.4 The **Crisis and Learning Disabilities and Autism** priorities have suites of well-developed pathways. They are both progressing through to workforce engagement review to gain further understanding of suitability and ensure the workforce feel confident with the proposals.

9.5 The **Children Young People and Families** priority is progressing well with approximately half of the detailed pathways mapped and a clear plan to develop the remaining pathways.

9.6 The **Community Priority** is focussing on defining the functions of primary care support and liaison and the specialist community mental health elements in the new model during January 2020. This will inform the future pathways. The Early Adopter site in Haverhill is also going to be re-launched due to a number of challenges and the sites in Ipswich and East are being considered to when these commence. The Crisis, Children, Young People and Families and Learning Disabilities and Autism priorities are reliant on the function of the Community priority to underpin the future model.

9.7 A period of public engagement will commence upon completion of the pathways. This engagement will be led by our co-production partners (Suffolk Family Carers, Suffolk Parent Carer Network, Suffolk User Forum and ACE Anglia). Pathways will be developed into materials such as videos and leaflets. Feedback will be collated by the partners and provided to the programme team to allow changes to be made to the pathways. A period of eight weeks has been scheduled for this process.

9.8 The finalised detailed pathways and the specialist models will then be converted into service specifications, which will be used to aid delivery discussion between the Alliance partners. The programme team will facilitate conversations with the provider(s) regarding who is best placed to deliver the services.

9.9 The programme plans looks to have contracts signed by September 2020. The mobilisation of the new services will be phased over an agreed period.

10.0 Conclusion

The Trust is asked to note the progress being made through the West Suffolk Alliance and the Trust's wider partnership working.

Appendix 1:

GRANTS AWARDED

(West Suffolk)

- Active Suffolk
- Age UK Suffolk
- Catch 22
- EPIC Dad Community Interest Company
- Gatehouse Caring
- Green Light Trust
- Home-Start Suffolk
- Home Start Mid & West Suffolk
- Memories are Golden Community Hub
- Noise Solution Ltd
- Our Special Friends
- Rural Coffee Caravan
- Stour Valley Vineyard Church
- Sudbury Gateway Club
- Suffolk Archives Foundation
- Suffolk Artlink
- Suffolk Cruse Bereavement Care
- Suffolk Rape Crisis
- Suffolk User Forum
- Suffolk West Citizens Advice Bureau
- Theatre Royal Bury St Edmunds
- Walnut Tree Health & Wellbeing CIC
- Unscene Suffolk
- Voluntary Network

GRANTS AWARDED

West Suffolk Grants in detail – questions and answers

- Age UK Suffolk
- EPIC Dad Community Interest Company
- Green Light Trust
- Memories are Golden Community Hub
- Noise Solution Ltd
- Our Special Friends
- Suffolk West Citizens Advice Bureau
- Theatre Royal Bury St Edmunds
- Walnut Tree Health & Wellbeing CIC


suffolk GIVE TO WHAT YOU LOVE TOGETHER
West Suffolk Alliance
Total awarded
£437,127
Across 24 grants
Reaching 22,855
beneficiaries
SUFFOLK Community Foundation
CHANGING LOCAL LIVES


What's next?
• Meet all applicants - 12 to see - appointments made
• Define outcome tools to be used
• Individualised monitoring reports with guidance
• Reviewing programme delivery
• Follow up calls during programme/what learnings
• Visits – awaiting dates to share
• Case studies end of March 2020
• Interim evaluation report at end of September
• Final evaluation at end of 1 year for all applicants
SUFFOLK Community Foundation

17. Digital board report

To receive the report, including community IT

For Approval

Presented by Craig Black

Trust Board Meeting – 31 January 2020

Agenda item:	17			
Presented by:	Craig Black, Executive Director of Resources			
Prepared by:	Sarah Jane Relf, e-Care Operational Lead			
Date prepared:	08 January 2020			
Subject:	To receive update from Digital Board			
Purpose:	X	For information		For approval

Executive summary:
This paper confirms key points of interest raised and discussed at the Digital Board on 27 November 2019.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X	**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:	*Separate pillar group meetings and Digital Board.*
Risk and assurance:	*Full risks are reviewed at each meeting with any high level risks reported through to board assurance framework as appropriate.*
Legislation, regulatory, equality, diversity and dignity implications	*GDPR consideration is applied to all projects.*

Recommendation:
The Board is asked to note the update.

1. Background

1.1 In May 2016, the trust embarked on a major change programme to introduce a new electronic patient record (EPR). The programme was branded e-Care with Cerner Millenium as the underpinning software for the vast majority of the trust. Since our initial go-live, a rolling programme of additional functionality has continued, which has included expansion of Cerner functionality as well as new digital solutions.

1.2 In the last year the following additions and enhancements have been made:

- OpenEyes (new ophthalmology system) has been deployed to support the cataract pathway in the Eye Treatment Centre.
- Cerner Millenium is now live across theatres and anaesthetics both in main theatres and the day surgery unit, including integrated bedside anaesthetic monitoring.
- Upgrades to Cerner Millennium functionality including recording of intra-venous fluids, management of deteriorating patients, improved clinical alerting and documentation for medical staff, and integration of radiology PACS viewing.
- Implementation of a new mortuary system, Eden.
- Medic Bleep has replaced non-urgent pagers across the West Suffolk Hospital.
- New cardiology EPR, Solus, has been deployed.
- In-house development of a clinical photography app.
- Roll out of MMODAL voice recognition software.

1.3 The West Suffolk Hospital NHS Foundation Trust (WSFT) was one of 16 hospitals chosen to become a flagship Global Digital Exemplar (GDE). Our GDE programme is coming to an end with some programmes of work continuing – in particular the achievement of HIMSS level 6 and 7 accreditation.

1.4 Our GDE programme comprises of four pillars:

Pillar 1	Digital acute trust	Completing the internal journey of digitisation
Pillar 2	Supporting the integrated care organisation	Creating the digital platform to support the regional ambitions of integrated care and population health.
Pillar 3	Community digitisation	Improving technology within community services.
Pillar 4	Hardware and infrastructure	Ensuring that we have a robust and compliant infrastructure at the foundation of the programme

The remainder of this paper summarises discussions and issues raised at the November Digital Board meeting in relation to the digital programme.

2. GDE and HIMSS update

2.1 The GDE programme for WSFT was due to conclude in April 2019. This was based on the assumption that the trust would have met all agreed milestones, including achievement of HIMSS 6 and 7. HIMSS is an international set of digital standards for acute trusts with level 7 being the highest. The trust is delayed in achieving the HIMSS 6 standard and has agreed a revised target of September 2020 for application with NHS Digital. The delays are due to us working with the NHS Digital national pharmacy team to agree the best approach to closed loop solutions which will then benefit the wider NHS.

2.2 Because of delays NHS Digital had initially withheld £300k from the final GDE payment. However in recognition of the work that the trust is doing this final payment was released in December 2019. The intitial tranche of GDE funding has therefore concluded.

2.3 The trust is expected to continue to participate in the GDE programme and ultimately there will be a formal accreditation process. This includes production of blueprints. The trust has already completed five blueprints and has been commended on the quality of submissions. Blueprints to date have covered:

- Therapy workflows
- SmartZone implementation
- Medic Bleep
- Vital signs/Welch Alleyn
- Change control process

2.4 The trust is starting to consider how the expertise and experience gained could be used to benefit other trusts that are starting on their digital journey.

3. Pillar one

3.1 The e-Care team continues to work on the closed loop approaches for medication management and blood transfusion. 'Closed loop' is where digital systems can account for and track medication or blood products, from issue to patient administration. The closed loop solutions are critical for our HIMSS 6 submission and are therefore currently a priority. The 'closed loop' blood transfusion procurement has identified a preferred supplier and negotiations are underway.

3.2 The project to embed e-Care across our maternity services is underway, with go live still on target for spring 2020. It was noted that it will not be possible to reduce activity for go live and the cutover planning will take this into account with additional support being put into place to cover this.

3.3 The infection control project has hit a barrier to implementation in that there is a dependency on micro-viewer being in place and there are issues with the current Cerner offer. We will be reviewing the position in the new year and deciding on whether the infection control module may need to be delayed.

3.4 A new nursing documentation package had been released. The new documentation had been well received and will improve compliance against assessments completed in first 24 hours of admission.

3.5 MMODAL roll out continues with two main go lives planned for February and March 2020. It was noted that the pilot areas are now starting to show significant productivity gains and safety gains from the automated distribution of letters.

4. Pillar two

4.1 The population health programme was reporting as amber in November. This was due to the need to strip out the community data and re-loading it. In addition there had been some confusion within primary care as to how the various national, regional and local information governance frameworks fitted together and therefore some delay to practices signing up. An information pack was being developed that attempts to demystify the position for all stakeholders. This would also support roll out of health information exchange (HIE).

4.2 The board also received a demonstration of both the atrial fibrillation and risk stratification dashboards which are based on acute data only currently. These will improve further when community and primary care data is added. It was noted that this was truly ground breaking for how we deliver care.

4.3 The patient portal project is now reinstated with dedicated project management resource to take this forward.

5. Pillar three

5.1 The community digital programme is a significant focus for the organisation with a number of clear workstreams now in place. The majority of these workstreams are showing as amber

due to the sheer volume of work. The trust will be exiting the current contract for provision of IT support services to community. It will be significant work to transition across but will mean that we are able to offer a much more comprehensive and responsive service for the community teams.

5.2 The board received an exception report around the distribution of smartphones for community staff. Again this related to the scale of the work and the limited resources to complete this.

6. Pillar four

6.1 The vast majority of programes were shown as amber due to the number of projects to be concluded. The community work as described above will need to be priority focus in the new financial year.

7 IT survey

7.1 The board received the outcomes of the IT survey which had been undertaken by the Better Working Lives group. This has provided a rich source of intelligence and feedback for the e-Care teams to respond to. A formal response had been developed which had been shared back with the organisation and well received. Volunteers had been sought to work with the digital teams to improve the position.

8. Recommendation

8.1 The Board is asked to note the update from the digital board.

11:20 GOVERNANCE

18. Trust Executive Group report

To ACCEPT the report

For Report

Presented by Stephen Dunn

Board of Directors – 31 January 2020

Agenda item:	18			
Presented by:	Dr Stephen Dunn, Chief Executive			
Prepared by:	Dr Stephen Dunn, Chief Executive			
Date prepared:	24 January 2020			
Subject:	Trust Executive Group (TEG) report			
Purpose:	X	For information		For approval

Executive summary

16 December 2019

A workshop was held in December, facilitated by NHS Elect. This focussed on the divisional and senior leadership structures and options for strengthening and development. The results of the workshop will be reported to TEG in February 2020.

6 January 2020

Steve Dunn provided an **introduction** to the meeting wishing people well after the Christmas and New Year period. The meeting reflected on active issues and Steve asked that thanks are passed to staff for their efforts during this challenging operational time. Discussion took place on the CQC inspection, including improvements being made based on the feedback. It was agreed to provide dedicated time for TEG members to reflect on the CQC feedback.

Quality, operational and financial performance was reviewed from the recent reports. It was recognised that hospital and community services were under significant demand and plans prepared for the winter are supporting the operational response. A number of areas of challenge were considered in more detail, including referral to treatment (RTT), pressure ulcers in the community, duty of candour compliance and complaint response times.

Detailed discussion took place on the current **financial position and forecast** for 2019-20. Discussion took place on the impact of additional activity which despite the controls in place was driving a significant overspend. Agreement was reached on the need to consider a reforecast position based on the final month 9 position and the ability to fund additional activity.

It was confirmed that we continue to prepare for **EU exit** at the end of January 2020.

An update was provided on the **patient portal**. This highlighted some of the functionality and confirmed that phase two of the rollout will cover five specialities and increase the user platform to 10k patients. It was confirmed that we will be introducing a second portal ‘drdoctor’ to support patient interaction for appointments; this approach has been welcomed by the patient focus group.

A report was received on **7-day services**. Good overall compliance was reported and work is being undertaken to assess the implications of any service gaps.

A review was undertaken of the opportunity to further develop the **Newmarket Hospital site**. Options for service provision on the site and potential funding were discussed.

Discussion took place on the plans to respond the national funding announcement, including access to seed funding for the Trust to develop a full business case for a **new development** to replace the existing hospital building.

13 January 2020

A session was held to allow divisions and senior leaders to discuss and reflect on feedback from the CQC inspection. This was a productive and honest discussion, but it was agreed the session needed to be the start of a long-term process to reflect as a leadership team, and engage with staff across the organisation in responding to the formal CQC report.

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:

1. The Board note the report

19. Quality & Risk committee report

To ACCEPT the report

For Report

Presented by Sheila Childerhouse

Board of Directors – 31 January 2020

Agenda item:	19			
Presented by:	Sheila Childerhouse, Chair			
Prepared by:	Richard Jones, Trust Secretary			
Date prepared:	23 January 2020			
Subject:	Quality and Risk subcommittee report			
Purpose:		For information	X	For approval

Executive summary:

At the meeting held on 13 December 2019 a presentation was received on the proposed pilot for the new Patient Safety Incident Reporting Framework (PSIRF). This is being developed across the integrated care system with the clinical commissioning groups and providers.

Reports from the subcommittees of the Quality and Risk Committee were received. These reports are submitted for assurance and governance.

(a) **Corporate Risk Committee (22/11/2019)**
Noted report and improvement plan, including planned workshop regarding risk appetite.

(b) **Clinical Safety & Effectiveness Committee (9/12/2019)**
Noted report and improvement plan, including review of compliance in key areas such as the appointment of the Associate Medical Director for quality improvement.

(c) **Patient Experience Committee (6/12/2019)**
Noted report and improvement plan. Discussion took pale on the co-production session that was held with Healthwatch Suffolk, this was seen as an opportunity to engage the public and partners regarding significant developments.

Quality Group Report
A report from the group was accepted which set out key developments.

Trust priorities *[Please indicate Trust priorities relevant to the subject of the report]*	**Deliver for today**		**Invest in quality, staff and clinical leadership**		**Build a joined-up future**		
	X		**X**		**X**		
Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	X	**X**	**X**	**X**	**X**	**X**	**X**
Previously considered by:	-						
Risk and assurance:	-						
Legislation, regulatory, equality, diversity and dignity implications	-						
Recommendation: To receive the report for information and assurance.							

20. Charitable funds report

To APPROVE the report

For Approval

Presented by Gary Norgate

Trust Open Board Meeting – 31st January 2020

Agenda item:	20			
Presented by:	Gary Norgate, Non-Executive Director			
Prepared by:	Liana Nicholson, Assistant Director of Finance			
Date prepared:	28 October 2019			
Subject:	Charitable Funds Board Report			
Purpose:	X	For information		For approval

Executive summary:

The Charitable Funds Committee met on 1st and 29th November 2019. The key issues and actions discussed were:-

- The Committee reviewed the Charity Annual Report and Accounts and recommended that they were approved by the Audit Committee.
- The Committee were updated on the launch of the Butterfly appeal.
- The Committee discussed the positive impact that the focus on legacies was having on the level of income. The charity had received notification of two legacies where the charity had a share of the residual estate. The values were not known at present.
- A piece of landlocked land had been sold and although the amount was relatively small it was felt that this was a good outcome.
- The disposal of a property was still proving difficult but there is an offer in excess of the expected value that had been accepted.
- A report was discussed on the performance of the investment with CCLA. The report showed that it had performed well compared to other funds and benchmarks. The Committee were updated on the performance on the investments. The investment is continuing to perform well and was showing an overall gain of £100k at the date of the meeting
- The purchase of some community sepsis equipment was approved.
- Ongoing work on the rationalisation of funds is continuing. This would be with a view to focus on directorate funds with donors encouraged wherever possible to donate to the directorate.

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							

21. Remuneration Committee report

To ACCEPT the report

For Report

Presented by Angus Eaton

Board of Directors – 31 January 2020

Agenda item:	21			
Presented by:	Angus Eaton, Non-executive director			
Prepared by:	Richard Jones, Trust Secretary & Head of Governance			
Date prepared:	24 January 2020			
Subject:	Remuneration Committee report			
Purpose:	X	For information		For approval

The Committee undertook:

1. A mid-year performance review for each of the executive directors. Discussion took place on the structure and focus of executive director objectives for 2020-21
2. Received a report of the Employers Based Awards Committee, a summary on applications is appended to this report
3. Consideration was given to the pension deferral pilot that the Trust is currently running

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:	A summary of each meeting of the committee is provided to the Board
Risk and assurance:	Failure to comply with NHSI guidance on remuneration for very senior managers.
Legislation, regulatory, equality, diversity and dignity implications	None

Recommendation:

To receive the report for information.

DEMOGRAPHIC Split – EBAC/LCEA Applicants (19) 2018/19

18 of 19 applicants were successful in gaining a New LCEA in the 2018/19 round

Narrative

1. The number of applications was low; only 11.8% of the total number of eligible consultants. Any percentage differentials between demographic groups should therefore be seen in the context of the low number of applicants (1 applicant = 5.3%).

2. Applicants from the Surgical division were over-represented compared to other areas.

3. When compared to the overall male/female split across the Consultant body, the number of female applicants was under-represented. (9% differential; 2 applications)

4. The number of BAME versus white applicants was in proportion to the wider eligible group. The same is true of full versus part-time work applicants.

5. The age group 40 and 49 was over represented when compared to the age profile of those Consultants who were eligible to apply (almost identically inverse numbers compared with the 50-59 group).

6. This data set will be reviewed as part of the December EBAC committee meeting in order to develop an action plan prior to the deadline for 2020/21 applications and to support delivery of the WRES.

Total Number of Applications Split by Demographic Area

Age	**35-39** (1980-85)	**40-44** (1975-79)	**45-49** (1970-74)	**50-59** (1960-69)	**60+** (1959 +)
Total Number of Applications	**1**	**9**	**5**	**3**	**1**
Total Applications Split by Age (%)	5.3	47.3	26.3	15.8	5.3
Eligible Consultants Split by Age (%)	6.2	19.3	23.6	43.5	7.5

Gender	**Female**	**Male**
Total Number of Applications	**6**	**13**
Total Number of Applicants Split by Gender (%)	31.6	68.4
Eligible Consultants Split by Gender (%)	40.4	59.6

Full/Part Time Working	**Full time**	**Part time**
Total Number of Applications	**16**	**3**
Total number of Applications Split by Full/Part time working (%)	84.2	15.8
Eligible Consultants split by Full/Part time working (%)	82.6	17.4

Ethnicity	**BAME**	**White**
Total Number of Applications	**7**	**12**
Total Number of Applicants Split by Ethnicity (%)	36.9	63.1

Eligible Consultants Split by Ethnicity (%)	32.3	67.7

Total Number of Applications Split by Division

Community Paediatrics	CSS / W&C		Medical		Surgical	
Community Paeds	CSS	W&C	Acute/ED	Specialist	Anaesthetics	Surgery
0	1	2	0	3	5	8

22. Register of interests

To ACCEPT the report

For Report

Presented by Richard Jones

Board of Directors – 31 January 2020

Agenda item:	22			
Presented by:	Richard Jones, Trust Secretary & Head of Governance			
Prepared by:	Georgina Holmes, Foundation Trust Office Manager			
Date prepared:	24 January 2020			
Subject:	Register of Interests			
Purpose:	X	For information		For approval

The register of directors' interests is formally reviewed and updated on an annual basis. At each Board meeting declarations are also received for items to be considered.

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

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

Previously considered by:	The Board receive an annual review of the register of interests.
Risk and assurance:	Failure to adequately identify conflicts and manage accordingly
Legislation, regulatory, equality, diversity and dignity implications	WSFT constitution. NHSI (Monitor) Code of Governance

Recommendation:

To note the summary of the register of directors' interests.

NHS
West Suffolk
NHS Foundation Trust

REGISTER OF DIRECTORS' INTERESTS

The Codes of Conduct and Accountability for NHS Trusts requires all Trusts to draw up and maintain a register of director's interests. This register consequently lists all interests, defined by the Codes as relevant and material for all its Board and non-Board directors.

The definition of interests is as follows:

- Directorships held in private companies or plcs.
- Ownership or part ownership of private companies, businesses or consultancies, likely or possibly seeking to do business with the NHS.
- Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.
- A position of authority in a charity or a voluntary body in the field of health and social care.
- Any connection with a voluntary or other body contracting for NHS services.

	Declared Interest	Date Reviewed / Amended
Trust Chairman		
Sheila Childerhouse	Partner in T&D Childerhouse farming company Trustee of the East Anglia's Children's Hospices Director of Charles Burrell & Sons (dormant company) Associate Oliver & Co	31 January 2020
Non Executive Directors		
Richard Davies	Sub Dean at University of Cambridge School of Clinical Medicine. The Clinical School has a contract with the WSFT to provide clinical student teaching.	31 January 2020
Angus Eaton	Group Chief Risk Officer for Hastings plc. As an insurer there is the potential that Hastings or its subsidiaries could have financial or commercial arrangements with the NHS.	31 January 2020
Gary Norgate	Nil	31 January 2020
Louisa Pepper	Trustee for Suffolk Community Foundation Trustee for Daval Charitable Trust	31 January 2020

	Declared Interest	Date Reviewed / Amended
Alan Rose	Chairman, Howard House Patient Participation Group, Felixstowe Governor on Board of Anglia Ruskin University	31 January 2020
Chief Executive		
Stephen Dunn	Trustee of “Brightstars” charity Director of Helpforce Community Honorary Commander, USAF Lakenheath	31 January 2020
Executive Directors		
Helen Beck	Nil	31 January 2020
Craig Black	Wife – Marie McCleary, is Director of Finance for Havebury Housing Association	31 January 2020
Jan Bloomfield *(retired 29 March 2019)*	Governor – Sybil Andrews Academy Co-opted Governor, West Suffolk College Trustee - Suffolk Academy Trust Patron - Suffolk West NHS Retirement Fellowship	31 January 2020
Nick Jenkins	Non-Executive Director – Unity Partnership Trust	31 January 2020
Jeremy Over *(joined Trust 1 Nov 2019)*	Nil	31 January 2020
Rowan Procter	Nil	31 January 2020
Kate Vaughton	Nil	31 January 2020
Trust Secretary		
Richard Jones	Director of Friars 699 Limited (which changed its name to "The Pathology Partnership Limited") Councillor of Brockley Parish Council	31 January 2020

23. Agenda items for next meeting

To APPROVE the scheduled items for the next meeting

For Approval

Presented by Richard Jones

Board of Directors – 31 January 2020

Agenda item:	23			
Presented by:	Richard Jones, Trust Secretary & Head of Governance			
Prepared by:	Richard Jones, Trust Secretary & Head of Governance			
Date prepared:	24 January 2020			
Subject:	Items for next meeting			
Purpose:		For information	X	For approval

The attached provides a summary of scheduled items for the next meeting and is drawn from the Board reporting matrix, forward plan and action points.

The final agenda will be drawn-up and approved by the Chair.

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

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

Previously considered by:	The Board receive a monthly report of planned agenda items.
Risk and assurance:	Failure effectively manage the Board agenda or consider matters pertinent to the Board.
Legislation, regulatory, equality, diversity and dignity implications	Consideration of the planned agenda for the next meeting on a monthly basis. Annual review of the Board's reporting schedule.

Recommendation:

To approve the scheduled agenda items for the next meeting

Scheduled draft agenda items for next meeting – 28 February 2020

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, including update on delivery of the new model for non-emergency patient transport	✓		Written	Matrix	HB/RP
Finance & workforce performance report	✓		Written	Matrix	CB
Risk and governance report, including risks escalated from subcommittees		✓	Written	Matrix	RJ
Invest in quality, staff and clinical leadership					
Nurse staffing report	✓		Written	Matrix	RP
Quality and learning report, including quality priorities for 2020-21	✓		Written	Matrix	NJ
"Putting you first award"	✓		Verbal	Matrix	JO
Consultant appointment report	✓		Written	Matrix – by exception	JO
Nurse strategy update report	✓		Written	Matrix	RP
CQC inspection report	✓	✓	Written	Action point	RP
Serious Incident, inquests, complaints and claims report		✓	Written	Matrix	RP
Build a joined-up future					
Digital board report, including community IT update	✓		Written	Matrix	CB
Operational plan update		✓	Written	Matrix	SD
Strategic update, including Alliance, System Executive Group and Integrated Care System (ICS)		✓	Written	Matrix	SD
Governance					
Trust Executive Group report	✓		Written	Matrix	SD
Council of Governors meeting report	✓		Written	Matrix	SC
Audit committee report	✓		Written	Matrix	AE
Annual governance review		✓	Written	Matrix	RJ
Review of NED responsibilities	✓		Written	Matrix	SC
Board assurance framework review		✓	Written	Matrix	RJ
Scrutiny Committee report		✓	Written	Matrix	GN
Confidential staffing matters		✓	Written	Matrix – by exception	JO
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

24. Any other business

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

For Reference

Presented by Sheila Childerhouse

25. Date of next meeting

To note that the next meeting will be held on Friday, 28 February 2020 at 9:15 am in West Suffolk Hospital

For Reference

Presented by Sheila Childerhouse

RESOLUTION TO MOVE TO CLOSED SESSION

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

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

For Reference

Presented by Sheila Childerhouse